

Young people's lived experience of relational practices in therapeutic residential care in Australia

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ABSTRACT

Young people living in therapeutic residential care face major challenges that can prevent them from forming healthy relationships and connections within the community, which are critical building blocks for their well-being and safety. To address these challenges, Australia has introduced 'therapeutic residential care' (TRC) models in a number of states and territories. TRC in Australia is designed to respond to high levels of complexity of need, for those young people who are unable to live in a home-based care arrangement. This research sought to explore whether and how relational practices in TRC enable the experience of positive, trusting relationships for young people. Young interviewees between the ages of 12 and 18 years ($N = 38$) reported experiencing trust when staff members genuinely invested time in their wellbeing, demonstrated care and respect, and made them feel valued. Conversely the lack of these practices and/or particular organisational and systemic conditions were often considered barriers that could lead to 'misrecognition.' Drawing directly from the lived experience as recounted by the young people currently living in residential care, the researchers conceptualise and introduce a new dimension of relational practice in residential care settings.

1. Background

Young people living in residential care often face complex and persistent challenges in forming and maintaining relationships that are positive, safe and lasting (McPherson et al., 2021). Trust is a critical factor for many given their prior exposure to unsafe caregiver/child relationships (McPherson et al., 2018; Moore et al., 2018). Whilst in care, young people often are subject to multiple moves and high staff turnover (Moore et al., 2017), and may continue to experience violence, threats and abuse in unsafe residential care settings (Biehal et al., 2014, 2005; Parkinson & Cashmore, 2017). Similarly, the absence of recognition (in this study, understood as mutual experiences of being valued, respected

and cared for) can impact positive identity formation, resulting in poor self-esteem, self-respect and self-confidence (Boel-Studt & Dowdy-Hazlett, 2023; Kelly et al., 2019; Slaatto et al., 2023).

Consistently poor outcomes for young people with complex trauma and behaviours that challenge in residential care led to the introduction of a raft of policy and program interventions internationally, including, most recently, 'therapeutic residential care' (Ainsworth & Bath, 2023; McNamara & Wall, 2023; Whittaker, 2017; Whittaker et al., 2016). In the US and UK, group care, residential treatment and children's homes are an integral component of the child welfare system, where large congregate care facilities have operated as 'therapeutic communities' (Gharabaghi, 2024; Hodgdon et al., 2013, Whittaker et al., 2023). More

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recently, whole of organisation approaches in the UK and USA, for example, have replaced behavioural approaches, drawing on attachment and trauma theories with articulated models of change (Arvidson et al., 2011; Holden et al., 2010). In continental Europe a social pedagogy approach offers a theory led model of social learning, facilitated by degree qualified staff (McPherson et al., 2018).

In Australia, however, the traditional residential care model has been one of supervision and containment rather than of conscious and explicit use of a therapeutic approach. Young people placed in residential care were and are typically placed in suburban houses, educated within the community and cared for by rostered staff with minimal qualifications. In recent years ‘therapeutic residential care’ (TRC¹) has been implemented in a number of states and territories, delivered by government and non-government organisations and funded by the relevant state departments. These initiatives differ from many international approaches in that they are not based on manualised ‘programs’ and are not delivered within a whole of community or whole of campus model. In common with some other programs, however, they rely on the development of a therapeutic milieu as the primary form of intervention (McPherson et al., 2018).

TRC in Australia emerged in response to a growing awareness of the complexity of need for young people for whom, care alone was not seen to be enough to ameliorate the impact of trauma for a small cohort of young people living in out-of-home care (OOHC) (McNamara & Wall, 2023). State-wide reforms, official inquiries and internal investigations commonly concluded that for a particular cohort of young people living in OOHC a more nuanced, specialised response was needed to address their highly complex needs and behaviours that challenge their carers and others, including in some circumstances the community. Models of TRC were subsequently implemented to address that need (Mitchell et al., 2020; Whittaker et al., 2014).

The stated aim of TRC, in Australia, is to create “positive, safe, healing relationships and experiences informed by a sound understanding of trauma, damaged attachment and developmental needs” (McLean et al., 2011, p. 1). A growing body of evidence supports such an approach, highlighting that effective, trusting relationships are integral to a felt sense of safety and security (Calheiros et al., 2020; Cashmore et al., 2006; Izzo et al., 2022; Magalhães et al., 2024; McPherson et al., 2018; Moore et al., 2020; Steckley, 2020; Whittaker et al., 2023). Such security, along with strong, positive social connections, potentially enhances the likelihood of positive therapeutic outcomes and successful transition from care (Cashmore et al., 2006; Mendes et al., 2019).

Whilst a move toward therapeutic approaches in residential care is widely recognised as a positive one, family-based care placements, in the form of kinship or foster care remain the policy preference and placement of choice within Australia, recognising the limitations of residential care offering multiple carers to children who have often experienced relational and attachment instability. In addition, the legacy of the forced removal of Indigenous children from their families continues to impact children and their families. Most recent Australian data demonstrating this strong orientation toward family-based care reveals that 54 % of children placed are placed in kinship care arrangements, 37 % in foster care and just 7 % nationally placed in residential care (AIHW, 2024). Kinship care in particular provides connection to family, community and culture (Clark, 2022), family protection and support following the trauma of forced removal. That said, residential care is recognised as an important part of the OOHC system for those children who cannot live in a family environment.

A critical gap in the current evidence base informing TRC is around the actual practices within and beyond the immediate care environment that enable or constrain the development of these relationships. Furthermore, there is no understanding of whether/how these practices

potentially interrupt the trajectory towards isolation, poor social connections and fractured trust. This research, focussed on TRC settings to critically examine the *interpersonal practices* that contribute to the development of trusting relationships in TRC contexts, as well as the *institutional conditions* (policies, systems, processes) that enable or constrain the structural arrangements necessary for building trust, healthy social connections, cultural safety, positive help-seeking behaviours and opportunities to contribute to the community.

The inherent tensions between interpersonal and institutional norms are likely amplified in complex support environments like residential care, but little is known about the lived experience of associated *practices* for young people in these settings, and for the adults who support them, in terms of their ability to form safe, trusting relationships and social connections. Internationally, research investigating TRC has primarily focused on behavioural outcomes, for example, reductions in the use of physical restraint by staff, or the reduction in violent critical incidents within the care setting (Arvidson et al., 2011).

A limitation of much of this research is the absence of the perspectives of young people in care, which is a major issue requiring urgent attention given they are the recipients of such intervention. Previous research has found that young people living in residential care may be at risk of being silenced within the context service systems that have been heavily critiqued for their failures in respect of these children (Munro et al., 2011). There is a growing awareness of the value of privileging the voices of children and young people, about their experiences and perceptions of services or programs offered to them (Fox, 2022). This awareness has extended to contemporary research methods and includes participatory and other methods that are designed to capture the voices of service users and collaborate with them throughout the research process (Garcia-Quiroga & Agolia, 2020; Mendes et al., 2023). While policies in the sector increasingly refer to the United Nations Convention on the Rights of the Child (1989), and children and young people’s participation is gaining momentum more broadly (Byrne & Lundy, 2019), gaining access to young people in residential care to ensure their views are reflected in policy and practice reforms remains a challenging proposition for many researchers where the state as guardian of the child may be reluctant to allow access to information less than optimal practice (McPherson et al., 2021; Mendes et al., 2019; Moore et al., 2017).

2. Methodology

This manuscript draws from a large-scale mixed-method study funded by the Australian Research Council (ARC) and an Australian charitable organisation. Recognising the value of privileging the voices of children and young people as the key informants about their lived and living experience of TRC (Fox, 2022), it reports on findings from qualitative in-depth interviews with young people 12–18 years ($N = 38$) living in TRC in NSW in Australia. The quantitative phase of the larger study is still underway.

This phase addressed the following research question: *What are the interpersonal practices and institutional conditions that enable and constrain the experience of positive, trusting relationships within therapeutic residential care?*

2.1. Theoretical framework

The research was guided by two complementary theories which share a similar critical/transformational aim to bring about positive transformational change in the lives of young people. Recognition theory was employed to understand how relationships and connections in TRC contribute to young people’s experience of feeling being valued, respected and cared for (Honneth, 1995). The theory of practice architectures (TPA) provided a useful analytical tool to examine the practices and conditions (or the ‘architectures’) that hold these practices in place at a particular site, in this case TRC in NSW, Australia. Each theory

¹ In New South Wales (NSW), TRC is known as Intensive Therapeutic Care (ITC).

informed the design of the research and the analysis of findings and is explored further below.

Recognition theory argues that identities are partly shaped by positive recognition, which is the complex visible and (in) visible processes through which one is accorded value, worth and respect (Häkli et al., 2018). Given such recognition is a basic human need, close attention is also given to relationships that engender misrecognition since these can result in a “confining or demeaning or contemptible picture of themselves” (Taylor, 1992, p. 25) and feelings of hurt, shame and degradation (Honneth, 1995, 2014). Misrecognition is described as the antithesis to recognition, hence not being valued and respected, and not being cared for (Korkiamäki & Gilligan, 2020). Recognition theory also provides scope for analysing how “private ills” (for example, psychological and emotional suffering) link with “public issues” such as abuse, marginalisation, exclusion and injustice (Houston & Montgomery, 2017). In the context of residential care, recognition theory has also been utilised to reframe limiting notions of young people and recasting ‘problem behaviours’ as acts to seek out recognition or resist misrecognition in these environments. Theories of recognition have increasingly been applied in various social care research contexts to understand the experiences of particular groups whose lives and circumstances often position them as marginalised (Dunwoodie et al., 2020; Fisher et al., 2021; Graham et al., 2023; Graham et al., 2017; Häkli et al., 2018; Korkiamäki & Gilligan, 2020; Paulsen & Thomas, 2018; Robinson et al., 2022).

In recent years, recognition theory has been utilised to better understand the experiences of young people in residential care (Warming, 2015). In particular, research has focused on Honneth’s triune framework regarding the formation of human identity and considered ways in which the key forms of recognition are embedded into welfare practices. In their adaptation of the framework for residential care settings, for example, Marshall et al. (2020) apply Honneth’s three key forms of recognition namely (1) relations of love, (2) legal relations and (3) community of value and of solidarity whilst also exploring Houston’s (2015) fourth form of recognition – personal change. In recent Australian research, practices that fostered recognition in residential care (and other settings including schools and disability services) led to young people’s sense of safety and wellbeing (Moore et al., in press).

The current study builds upon and extends such theorising by not only exploring whether and how interpersonal recognition is experienced by young people in relation to care practices and institutional norms in TRC, but also exploring how such experiences of recognition and misrecognition (Korkiamäki & Gilligan, 2020), are mediated by institutional norms within a broader child protection and OOH system context. Attention to misrecognition allows for consideration of the ways in which young people living in ITC respond to adverse practices and conditions whilst living in care, for example by “adopting a diminished identity (resigning) [or] standing up against misrecognition (resisting)” (Korkiamäki & Gilligan, 2020, p. 1).

These areas of enquiry reflect the site-ontological approach guided by the theory of practice architectures (Kemmis et al., 2014) and the focus on the ‘happenings’ or ‘practices’ in a specific site and the conditions that keep those practices in place. The theory of practice architectures was, in fact, employed in this study as a theoretical lens as well as an analytical tool to ‘zoom in’ and explore the practices which unfold at a particular site, in this case the TRC placement, and at the same time ‘zoom out’ and examine the arrangements or conditions, in the wider systemic and institutional contexts, that hold these practices in place (Nicolini, 2012). Mahon et al. (2017, p. 7) defines the theory of practice architectures as “an account of what practices are composed of and how practices shape and are shaped by the arrangements with which they are enmeshed in a site of practice.” Practice architectures are thus a combination of cultural-discursive (e.g., language), material-economic (e.g., resources), and social-political arrangements (e.g., relationships) at a site that enable or constrain practices (Kemmis et al., 2014). By examining the interpersonal practices that enable or constrain the experience of positive, trusting relationships, this research also uncovered the

systemic architectures that enable or constrain the development of healthy social connections, cultural safety, positive help-seeking behaviours and opportunities to contribute to the community.

Analysing young people’s perceptions of care practices through both interpersonal practices and organisational environments, cultures and conditions is critically important, since previous findings suggest institutional norms and structures implicitly and explicitly shape relationships and impact interpersonal recognition (the experience of being valued, respected and cared for) (Fisher et al., 2021; Graham et al., 2023; Moore et al., in press; Robinson et al., 2022). The inherent tensions between interpersonal and institutional norms are amplified in complex support environments like residential care, but little is known about the lived experience of associated practices for young people in these settings in terms of their ability to form safe, trusting relationships and social connections.

2.2. Recruitment of participants

Recruitment of participants was approached via an invitation to ten services managing the TRC settings in one state in Australia. Eight of the ten providers invited then expressed interest in participating and distributed information about the research to staff, including therapeutic care workers, therapeutic specialists and managers, and to young people currently living in TRC. A representative of each service provider also joined the Project Advisory Group (PAG) comprised of international academics, policy actors, and cultural advisors. Together with our Young People Advisory Group (YPAG), a group of young adults with lived experience of life in the residential care system, they guided each phase of the research. The YPAG met three times a year to provide strong recommendations on various topics, such as recruitment strategies, engaging with young people in TRC, and the wording of interview questions. These recommendations were then implemented by the research team.

A total of 38 young people between the ages of 12 and 18 years across the eight TRC services were recruited to participate in the in-depth face-to-face interviews. This represents 7.2 % of the total number of children and young people in TRC in NSW ($N = 525$) as at June 30, 2023 (NSW Department of Communities and Justice). To be included in the sample the young people needed to be: within the age range of 12 to 18 years; interested in participating in an interview; and living in TRC for longer than two months. This timeframe allowed the young person to have a sufficient range of experiences within TRC to participate fully in the interview. Maximum variation sampling was used to ensure diversity of participants. The variation factors were determined in collaboration with research advisors and included: geographic location; representation from each service provider organisation; and gender, ethnicity, disability and indigeneity (see Table 1).

2.3. Data collection methods

The majority of in-depth interviews with young people were organised face-to-face in their TRC placement home and facilitated by two researchers. This location was negotiated with the key contact from the service to accommodate the young person’s preference, privacy and safety. A few interviews were carried out in a private office space at the service headquarters and/or online. The interviews lasted between 30 and 60 min and were audio recorded with participants’ consent for later transcription. The young people received a \$50 voucher at the end of the interview in recognition of their involvement.

The semi-structured interviews were focused on three key areas: 1) the practices that staff engage in that help young people form positive relationships and connections within and outside TRC; 2) what gets in the way; 3) and what needs to change in TRC to help young people build and maintain connections and relationships. The interviews with young people also included probes around their interests, hobbies, daily routines in the home and future plans. In addition, two mapping activities

Table 1
Demographic characteristics of participants.

Characteristic	Young people in sample	Total n. of young people in ITC in NSW ¹
	<i>n</i>	<i>n</i>
Gender		
Female	11	216
Male	25	303
Other ²	2	6
Age		
Under 12 years	/	10
12–14 years	11	124
15–17 years	25	325
18 + years	2	66
Ethnicity		
Non-Aboriginal ³	22	347
Aboriginal	16	178
Services		
ITC	30	/
ITC-SD	8	/
Location		
Hunter & Central Coast	12	139
Mid North Coast, Northern NSW	6	85
Western NSW Districts	/	81
Sydney & Districts	9	131
Illawarra & Southern Districts	11	74
Statewide Services	/	8
Missing	/	7
TOTAL	38	525

¹ Data source: Combined HCEA and HCEA – ITC/RESI BigQuery file, ETL 2023–09–01 (NSW Department of Communities and Justice). Data in our sample was collected in June–July 2023.

² Other gender category consists of missing answers as well as “Indeterminate”, “No”, “Non-binary”, “Transgender.”

³ Non-Aboriginal includes missing or unknown.

were used by the research team to collect information on the important people in young people’s lives and the ways in which they felt valued, respected and cared for (see Fig. 1).

Given the overrepresentation of First Nations young people in TRC, and in OOHC more broadly, as far as possible interviews with Indigenous children were led and facilitated by an Indigenous scholar. All young participants, but particularly those with a diagnosed disability (eg; cognitive disability) were given the option of having a youth worker present during the interview for additional support. Thirteen of the thirty-eight young people accepted this offer. The interview questions were adapted and simplified to facilitate the engagement of this cohort of young people.

2.4. Ethical considerations

The ethical aspects of this research were approved by Southern Cross University’s Human Research Ethics Committee (approval number: ECN 2022/143). Approvals were also sought from the Department of Communities and Justice in NSW. The recruitment strategy was designed to ensure that the participation of young people was voluntary and not coerced or manipulated. This is particularly important given the usual power imbalances and compliance expectations evident in organisations in which young people live, including TRC services. Recruitment was facilitated for all young people, including those with a cognitive disability, by a nominated staff member who knew them well and provided access to a short video.² This video was co-designed with our YPAG. Having viewed the video, young people were provided with a participant information sheet and consent form. Young people were

asked to return signed consent forms only if they wished to participate. The information in the consent material made it clear that young people could decline or choose to withdraw at any time without negative consequences. A co-consent process was developed to ensure the safe and consensual participation of young people with the delegated Principal Officer at the service signing the consent form only after the young person consented.

Pseudonyms have been used to protect the privacy of participants. The core tenets of the International Ethical Research Involving Children (ERIC) Charter and Guidance influenced both the procedural aspects of this research (i.e. institutional ethics approvals) as well as the ‘in situ’ ethical decisions made to uphold the rights and dignity of our young participants (Canosa et al., 2018; Graham et al., 2013).

2.5. Positionality

The research team members involved in field work comprised researchers with significant experience in working with and for young people in the Australian OOHC system. Some researchers had prior experience in child protection, social work and youth work, which they leveraged during the interview. Members also included researchers from Aboriginal and ethnically diverse backgrounds with interest and expertise in decolonising research methods who brought non-Western approaches to research conduct and data analysis. None of the team have lived in TRC. Although all research is subjective, the research team spent time reflecting on the ways in which their backgrounds, practice and research histories influenced the relationships that they had with participants, the ways in which data was gathered and analysed and the broader study at large.

2.6. Data analysis

All interviews were transcribed, coded and analysed using QSR NVivo12, a qualitative data management and analysis software. The additional written data collected through the mapping activities was photographed and used to support the analysis of the young people’s interviews. The coding was approached in a series of stages including:

1. Initial themes (identified as tree-nodes in NVivo) were developed from the questions that guided the interviews and were coded using the auto-code function in NVivo.
2. A more in-depth coding was performed to identify the relational practices (what staff do or say, and how they relate to young people) and the conditions (organisational and/or systemic factors) that facilitated (or hindered) positive relationships and connections for young people both inside the TRC placement and in the community.
3. To identify the most important themes (practices and conditions mentioned most often by participants) a coding density analysis was carried out in NVivo.

2.7. Limitations

Although the qualitative approach of this research phase limits the generalisability of the findings to the TRC context in NSW, several implications can be drawn for the broader OOHC context, both locally and internationally. These implications can help advance child protection systems that are therapeutic and child-rights oriented, aligning with the aims of the UNCRC (Whittaker, et al., 2023). Limitations also include the fieldwork challenge of recruiting young people. Despite our best efforts only 7.2 % of the total number of young people living in TRC in NSW participated in the qualitative phase of this research. In the quantitative phase, we hope this number will increase. Despite these challenges, our sample reflects the characteristics of the population of young people living in TRC in NSW, with the majority being male, non-Aboriginal, 15–17 years and living in the Hunter and Central Coast regions (see Table 1).

² <https://www.youtube.com/watch?v=-pAZqr8kXeA>

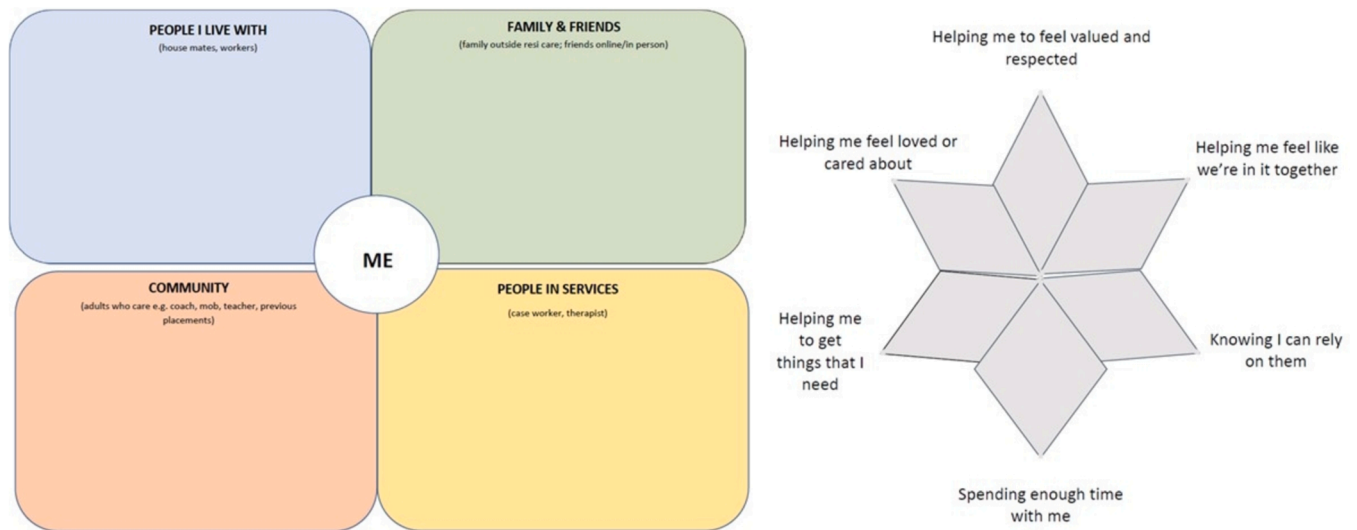


Fig. 1. Interview mapping activities.

3. Findings: Young people’s lived experiences of relational practices in TRC

The findings presented here focus on young people’s lived experiences of relational practices in TRC. A coding density analysis in NVivo revealed that the overarching practice that was talked about most often by young people, and which was closely linked to all other practices, was a practice that we have subsequently identified as ‘recognitional practice’. Recognitional practice included practices which went beyond the mere transactional ‘doing for’ in the daily tasks of care giving to ‘being and doing with.’ This practice communicated to young people that staff were genuinely interested in spending time with them, were caring towards them, made them feel valued and respected and built mutual trust. Recognitional practice began with listening and seeking to understand young people’s diverse contexts and experiences. It involved taking time to listen, suspending judgement, and showing respect for young people’s experiences, contexts, beliefs, culture, and coping capacities. Young people valued residential care staff listening deeply to their stories, and showing motivation to learn about their circumstances and the complex issues they have managed.

These intentionally recognitional practices enabled all other practices identified by young people as important to them. Conversely the absence of these practices and/or particular organisational and systemic conditions were considered by the young people as barriers to building and maintaining positive relationships and connections for young people in TRC. These findings are presented in descending order of frequency from most mentioned theme to the least mentioned with key practices summarised in Table 2 and the organisational/systemic conditions discussed in Section 4.

3.1. Recognitional practice

Recognitional practice was conceptualised by the research team, based on the thematic analysis of the young people’s reported experiences of practices and conditions. Three interconnected sub-themes are integrated within recognitional practice:

- Genuine interest and care – high warmth, compassion and being genuinely interested in young people.
- Trust – forming and maintaining professional, nurturing relationships with young people by building trust through visible interest and active engagement.
- Valuing and respecting – young people are valued, respected, listened to and heard.

Table 2

Practices that contribute to positive relationships and connections in TRC.

Practices	Young People
1. <i>Recognitional practice</i>	<ul style="list-style-type: none"> • Prioritizing spending time with young people over other tasks • Keep showing up despite young people’s difficult behaviours • Open and compassionate communication • Validating young people’s feelings and using empathy • Being honest • Deep listening • Valuing and respecting young people • Respecting young people’s personal space • Treating young people as equal
2. <i>Facilitating connection to family</i>	<ul style="list-style-type: none"> • Building a relationship with the family • Organising regular family visits including transport • Facilitating communication
3. <i>Fostering interests and life skills</i>	<ul style="list-style-type: none"> • Supporting young people to pursue interests/hobbies • Supporting young people to learn life skills • (e.g. cooking, license, part-time work) • Supporting young people to transition from TRC
4. <i>Facilitating connection to social networks (beyond birth family)</i>	<ul style="list-style-type: none"> • Supporting connections to sports & youth clubs (e.g. driving, co-regulating) • Knowing when to bend the rules to support friendships • Caring and speaking up for peers in the house
5. <i>Facilitating safety and wellbeing</i>	<ul style="list-style-type: none"> • Organising regular visits with GP and mental health professionals • Deep listening and validating of feelings • Rostering appropriate mix of staff • (paying attention to gender)
6. <i>Facilitating participation and autonomy</i>	<ul style="list-style-type: none"> • Facilitating involvement in decision-making • Fostering a sense of agency
7. <i>Facilitating connection to culture</i>	<ul style="list-style-type: none"> • Family finding and supporting connections with ‘mob’ and community • Facilitating engagement in cultural activities

Within these sub-themes, young people identified a series of practices or ‘what staff do’ that is helpful in fostering positive relationships and connections. The practice young people most valued was staff choosing to ‘prioritise spending time with young people’ over other tasks. Young people felt staff who did this were then able to take steps to

build trusting relationships with young people and in turn scaffold them to connect socially outside TRC. These practices were valued by young people who felt that these staff kept ‘showing up’ despite the young person’s difficult behaviours, and through this commitment, young people felt cared for and understood.

“A good worker, for me, is someone who’s dedicated, who won’t complain about how much work they’re being given, who won’t be on their phone all the time. I like workers who are dedicated, who really love people, love working with these people.” (Evelyn, 14 years, Service A).

“There’s one carer I like the most. She plays video games with me and plays card games. She interacts with us a lot. She talks to us quite a bit.” (Asher, 17 years, Service F).

“Our staff workers are great. Very good at listening to what we need. Me and him have a great relationship. He’s honest with me. He’s gone through stuff as well, so he just tells me how it is. If I need help he’s there... They’re always there and supportive. If I need something, like they’ll give it. They always want to hang out with me.” (David, 16 years, Service B).

Conversely, young people perceived staff who spent most of their time attending to administration duties in their office to be uncaring and uninterested in building positive relationships with young people. The following quotes, describing very different experiences, exemplify the importance of spending time with young people in a genuine and caring way:

“They’re [workers] rude. You can tell they’re not there to interact with you. You can tell they’re not full of heart for you. They don’t care. They’re just here because it’s an easy job because they run a house and they’re getting paid for it.” (Emma, 17 years, Service C).

Other practices which helped young people feel valued and cared for included: validating young people’s feelings and speaking with empathy; being honest; listening to young people; respecting young people and their personal space, and treating them as equal.

3.2. Facilitating connection to family

As mentioned, recognitional practices were perceived to be the building blocks for fostering and nurturing other important practices which were connected to young people’s ability to socialise and establish positive relationships outside TRC with family, friends and community. The second most important set of practices discussed by young people was ‘facilitating connection to family.’ Young people talked about the things that staff do which helped them remain connected to their families. These included: helping young people communicate with their family; organising regular family visits including transport; getting to know the young person’s family and building a positive relationship with them:

“This time, he [worker] organised it without me asking but it’s just he noticed I want more contact with them, so he’s trying to make more. I think he said he’s trying to get me to see them every holiday.” (Jack, 15 years, Service H).

“So my case manager, they’re organising everything. So, they’ve got everything there to try and make contact with most of my family.” (Liam, 15 years, Service E).”

Young people noted that their ability to stay connected was helped or restricted by decisions made by statutory child protection workers and the court as well as agencies’ capacity to invest time in ensuring that these relationships were fostered.

3.3. Fostering interests and life skills

The third set of practices mentioned most often by young people was the support they received from staff to pursue their interests and develop important life skills which would prepare them to transition out of the care system at the age of 18. Young people talked about staff

encouraging them to pursue their interests (e.g., fishing, music, sport) and teaching them how to do household chores such as cooking, cleaning and budgeting. Milo and Liam explained how staff help them on a daily basis:

“She just talks to me on my level and she actually helps me with stuff.” (Milo, 14 years, Service B).

“Most of my workers, they interact ... going to the gym, going for a walk, or going out for a drive somewhere, have lunch or dinner and probably just sit down and try to interact with me.” (Liam, 15 years, Service E).

When it came to plans for future accommodation, some noted that within their existing accommodation there were options to transition into an arrangement where there was more autonomy and expectations that, with support, young people would learn and demonstrate skills for post care living, including budgeting, shopping and cooking. These supported-independent living arrangements (SIL) were part of the TRC program in NSW and were identified by some young people as the next step in terms of living arrangements when the time came for them to move. In some instances, young people liked living in such arrangements while others were concerned that, in attempts to make them more independent, supports had waned:

“I like that I’m not living with workers. I’m not living with other kids all the time, because that’s just annoying. I don’t want to see the same faces every day unless it’s a face that I actually choose to see.” (Chloe, 17 years, Service B).

Young people talked about understaffing as a constraining factor which prevented staff from driving young people to sports and other activities that gave them opportunities to feel like they belonged, had interests beyond the care setting, and were valued by the adults. Some young people also spoke about organisational or practice cultures that encouraged dependence on adults, with some reporting that they felt de-skilled when not given opportunities to demonstrate or build on their skills to look after themselves and others.

3.4. Facilitating connection to social networks (beyond birth family)

Another important practice discussed by young people was supporting and scaffolding them to build positive social connections and networks with friends and community. Young people talked about staff who helped them to manage their strong emotions and to remain calm when participating in community life, drove them to visit friends and knew when to bend the rules to facilitate social connections and friendships (e.g., having friends ‘hang out’ in the front yard rather than in the house):

“I’m allowed to hang out with whoever I want as long as I’m making the right choices. I like go out to the shops with my friends like down to the mall when I want to. The workers will drop me off and they’ll pick me up.” (Sarah, 15 years, Service B).

Describing themselves as “that weird Church kid” Genni, for example, had established a lifelong friendship with a young couple in the community, through a local church youth group. This couple were youth leaders in the local youth group that Genni attended each Friday night. According to Genni, plans were being put in place to enable them to live with this family, on a permanent basis:

“They see me as their daughter, and we hang out all the time... Originally, this just started out as a joke, but they’re actually looking at adoption now because I’ve become part of their family... It’s a long process... no one actually wants to do it, no one actually wants a 16-year-old girl. I’ve been told that by numerous people.” (Genni, 16 years, Service B).

Reflecting on this positive progress, Genni felt that a number of adults had helped her to develop and work toward her goals, including staff at the TRC, teachers and her chosen family: “They just listen. They support me and believe in me. Different people give me information.”

3.5. Facilitating safety and wellbeing

Facilitating safety and wellbeing was another important practice identified by the young people in this research. The majority of participants talked about being physically safe in TRC but often referred to a lack of relational safety. Practices associated with safety included workers stepping in when conflicts arose, and helping to restore relationships and identify other ways of managing disagreements. Young women who had experienced past sexual assault often talked about casual male workers being rostered on despite their complaints. This made them feel unsafe in their homes often causing them to retreat to their bedrooms:

“They just kept putting on male workers after I asked for them to stop. I remember there was male workers every single day for a week straight at my house. I locked, I literally for that whole week, I didn’t come out.” (Mia, 15 years, Service G).

Young people also talked about staff supporting their health and wellbeing through practices such as organising visits to the GP and mental health professionals, and by actively listening in ways that made them feel heard while validating their feelings:

“They calm me down and say everything is going to be all right, nothing’s going to happen. Yes, they try to calm me down and keep me safe.” (Liam, 15 years, Service E).

However, some young people recognised that there were practices that workers engaged in and also some requirements in their units that impeded their sense of trustworthiness. They recognized, for example that locks on doors, fences, cameras, and alarms on bedrooms, might be in place to increase their physical safety but unwittingly sent messages to young people that they were untrustworthy, that their freedoms and agency were curtailed and that they and their peers were ultimately considered unsafe.

3.6. Facilitating participation and enabling autonomy

While some young people experienced a sense of agency and participation in decision-making within their TRC placement, this was mostly related to minor day-to-day activities such as what food to prepare for the evening meal:

“If I want to cook some food, I come out here and I make it. And I’ll clean up everything after, put everything away.” (Mia, 15 years, Service G).

Others talked about their lack of involvement in decisions, such as where they were placed and with whom, and a lack of follow through with requests. Participants also believed that more needed to be done to involve young people in decisions about their health (e.g. scheduling visits with a Doctor), education (e.g. which school to attend) and general wellbeing (e.g. how much food available in the home), as well as, about planning for their future and transition out of the care system. In such scenarios, a lack of practices led to misrecognition:

“They should be listening to the kids. They never listen to my voice and that is the reason why I am like the way I am. 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.” (Mia, 15 years, Service G).

“I don’t get a choice. I don’t get a say on where I live. I go through the right complaints and everything, but they end up nowhere. Nothing really happens. One of the bosses came to speak with me, and I spoke with them and I told them all my concerns and issues, and nothing’s happened.” (Felix, 15 years, Service F).

Young people often expressed a frustration related to a perceived lack of autonomy for example, in restrictions on their freedom and their ability to take some control over their lives. Young people often felt that they enjoyed little freedom whilst in care and observed that when

workers enforced certain rules and regulations this kept them from being able to spend time away from units, limited what they could do whilst in care and their relationships with others. Some young people demonstrated agency in ways that were not seen as social or appropriate, including spending time away from their placement, not going to school or defying workers and the rules. This often resulted in consequences, a compounded sense of frustration and a belief that they were working against workers and ‘the system’.

3.7. Facilitating connection to culture

The vast majority of young people experienced a disconnect with their cultural background due primarily to family breakdown, being placed ‘off Country’ and not being given opportunities to build their knowledge about their family heritage. In some instances, staff were able to initiate ways to reconnect with family members, as Liam explains in the following quote:

“We are actually in the process of getting my two little sisters to meet their other sister that I just met for the first time. So, they’re trying to get us together to meet up and hang out for a bit. My case manager and house manager they’re organising everything. So, they’ve got everything there to try and make contact with most of my family.” (Liam, 15 years, Service E).

Given the cultural significance of ‘family’ among First Nation Australians (Davis, 2019), reconnecting with family was an important practice to facilitate connection to culture. For the majority of participants, however, the absence of cultural knowledge was a constraining factor in building relationships and connections to their ‘mob’ and they often blamed the system:

“My family is originally from [name of Country]. I don’t really know much about, like I know that my totem is a red kangaroo. But that’s really all I know about.” (Sarah, 14 years, Service B).

“I am so confused, I don’t know much about it. I don’t know my Aboriginal side. I feel like everything, like DOCS and everything is working to keep bringing us down. How many more generations, especially us Aboriginals man. How many more generations, while government people going to fucking do the worst and like and take away our generation.” (Mia, 15 years, Service G).

Some young people felt workers provided enough information about their cultural background but often family breakdown prevented them from reconnecting with their culture. In the absence of cultural knowledge that was relevant to the young person’s Country, some valued workers’ efforts to help them connect with Aboriginal and Torres Strait Islander mentors, including sports coaches and educational liaison officers. Some schools engaged young people in Aboriginal dance and art activities while they were attending school but this discontinued when young people stopped attending or were moved from one school to another.

In the next section, we focus on the constraining organisational and systemic conditions that were identified by young people as areas of change in TRC to improve relationship-building practices for young people.

4. Findings: Conditions that need to change to improve relationships and connections for young people in TRC

Consistent with our theoretical framework, the theory of practice architectures was used to ‘zoom in’ on the practices that enable the experience of positive, trusting relationships for young people in TRC, as well as, ‘zoom out’ to explore the institutional and systemic conditions that either facilitate or hinder these practices. In order to explore ‘what needs to change’ in TRC it was necessary to pay close attention to the conditions that hold certain practices (or absence thereof) in place. Change at the organisational level is not possible if the wider systemic

conditions that hinder such practices are not addressed. In particular, young people identified five major constraining conditions that hindered recognitional practices and in some situations promoted misrecognition.

4.1. Lack of placement or relational stability

The majority of young people in TRC talked about being ‘moved around’ a lot with some reaching 60 to 80 placements by the age of 16. This was due to frequent placement breakdowns while in kin care and/or other forms of home-based care. Young people talked about their inability to form trusting relationships due to the multiple placements experienced and the unpredictable way in which they were moved from one placement to the next sometimes with little warning or transparency. This sometimes impeded staff’s capacity to utilise practices intentionally or proactively, although (as noted above) many took active steps to build trust and forge relationships regardless. Several young people shared their stories of the transition into TRC or the transition from one TRC service to another:

“I was only aware of it two weeks before it happened. I only had two weeks to get ready to go and to change to [name of service]. I didn’t have time to prepare or anything, really. These people are all strangers.” (Felix, age 15, Service F).

“It was hard because we were just in the middle of school, and then [name of service] came and they’re just like, oh, yes, we’re just going on a little holiday for a couple of days, and then they changed their mind and decided to say, oh, yes, we’re going for a week and I knew straight away, it was a lie. I knew that we were moving, and honestly, I kind of felt annoyed that they were lying to us and stuff.” (Evelyn, age 14, Service A).

The most frequently mentioned suggestion to improve TRC was to provide placement stability so that young people could build and maintain important social connections in the community including at school. Young people also talked about needing more time and preparation to move from one placement to the next and wanting to have a say in the decision-making processes connected to these moves. Young people’s sense of instability arising from these constant moves were compounded when they were not only moved from one unit to another but from one region (where they went to school, had friends and family connections) to others where they felt alone.

Another condition which was perceived as a constraining factor in building positive relationships with peers and staff in the placement, was the often sterile and unhomely environment of the house. During the fieldwork, the research team observed that the houses were often equipped with an internal room with locked doors or steel gates, which was used by staff as an office and to store medication and other household items considered unsafe for young people. While this may have been necessary for safety reasons, young people often perceived it as a barrier to building trusting relationships with staff who were seen by some as unavailable and choosing to remain behind a locked door or gate.

Young people argued that a possible improvement to their TRC placement was to make their house more ‘homely’ with a consistent care team in place in order to normalise children’s experiences in care. This is consistent with the therapeutic intent of TRC in achieving a home-like environment (Mitchell, 2019). Reflecting on what she would change, Mia suggested:

“I will 100 % get them food all the time, make it homely. Let them even get a barbeque out the back and all of them get together and have a barbeque. You know what I mean? Just something a bit more normal ... This is meant to be our home. This is meant to be our safe space. And how do we feel safe with all these different workers coming in and out, especially the ones we don’t like.” (Mia, 17 years, Service C).

4.2. School issues

Disengagement from school and the lack of success of staff and TRC providers in finding alternate school placements (or schools’ unwillingness to take them on) were concerning to many of the young people. While absent from school, young people did not have opportunities to feel like they belonged nor to build the social connections that schools often afforded them. For some young people, school was also an unsafe environment where they were bullied.

The young people interviewed felt TRC needed to do more to help them attend school or find alternative pathways to learning (e.g. TAFE or alternate education). Often young people talked about their difficulty in catching up with their schooling and anxieties connected to attending school when they had such big learning gaps due to poor attendance. They also argued that the way schools currently addressed behavioural issues needed to change in order to make children in care feel included rather than further marginalising them through, for example, suspensions.

“I’ve changed schools a lot... So, I was just like, no. The social anxiety... because being the new kid and I felt like everyone’s looking at me, and I still do, I don’t go outside much anymore.” (Sofia, 16 years, Service B).
“At school, I used to get suspended a lot because I used to hate most of the teachers.” (Ben, 16 years, Service E).

“I’m going to be completely honest; I barely ever went to school and they did nothing about it. But yet, if that happens in our parent’s care, oh yes, they’re getting taken off you.” (Mia, 17 years, Service C).

In some of the homes, young people discussed what they perceived as an ambivalence shown by staff and their peers about their participation in education. Some noted that there was a culture amongst young people that school was not valued and that absenteeism was common. When young people moved houses, they and their workers also reported challenges in finding new schools that would accept them and spoke about significant disruptions arising while new enrolments were negotiated.

4.3. Policies and rules

The majority of young people felt particular rules, and external and institutional policies, were constraining conditions that prevented connections to social networks, peers in the community and family. They talked about how getting approval from both their unit and the child protection department to visit friends and family took too long or were not approved. Young people often lamented a lack of freedom to hang out with friends due to the detailed safety planning involved:

“If I do have a friend, which I don’t, I can’t even invite them over... I can’t even invite my auntie in, if she comes and visits, which rarely happens because she works all the time I can’t invite any family over, because of the other kids.” (Felix, 15 years, Service F).

Some young people talked about forming close relationships with staff in TRC and then having to change placement and not being able to keep in touch with these staff due to organisational policies. Some spoke with grief about how these connections had been broken due to placement moves and they could not understand why ‘the system’ discouraged them from having ongoing relationships with these valued and trusted people.

Young people believed that sometimes these policies and procedures were used by staff to justify poor practice, for example, when staff refused to pick young people up from a ‘non-approved’ friend’s house. A few younger children also felt the rules around pet ownership needed to change so as to allow children in TRC to own a pet:

“I would actually like a pet... teach me more responsibilities and I won’t hurt the pets. I’m really good with pets.” (Owen, age 12, Service H).

4.4. Staffing

The majority of young people experienced a lack of consistency in their care team, including front line youth worker staff and believed better systems needed to be in place to make sure youth workers suited to working with children, and with the necessary skills, were employed. Some young people living in semi-independent living arrangements (SIL) complained about the limited adult support available particularly when staff were away sick with no substitutes in place. The young people saw the systemic issue of high staff turnover and instability as disrupting the possibility of forming positive relationships between young people and staff working in TRC.

Young people in some services lamented the frequency of casual agency staff filling in for their usual youth workers. These external staff were often employed for short periods, did not always have the training or support to build relationships with young people and were often seen as more punitive in their approach to managing young people's behaviours. They referred to these staff as "lazy and rude" and "not caring" towards young people (Mia, age 17, Service C).

In addition, young girls who had been victims of sexual assault complained about the insensitive way in which male workers were often rostered on, making them feel unsafe. Young people believed more funding to employ (and adequately remunerate) qualified and passionate youth workers was necessary. In the few cases in which the service was able to provide a consistent and stable care team, young people positively commented on the sense of trust and belonging they experienced in the placement:

"So [youth worker], who is on today, he's been here for ten years, I've been with him the whole time. They know what my triggers are, they know what really pisses me off, and they know how I am, which is good." (Andrew, 16 years, Service G)

4.5. Lack of funding and time

Many of the suggestions that young people put forward had to do with recognitional practice and the need to feel valued, respected and cared for. The majority of young people felt staff needed to spend more time with them and that administration tasks, funding and staffing issues got in the way of this practice. For example, Asher felt that staff should:

"Interact more with the kids because some carers don't interact with us all that much. They're in the office probably on their phones or doing reports. Because a lot of casual staff do it, they're not interacting because they've probably been taught to not interact and just let us do our own things." (Asher, age 17, Service F)

Young people also pointed to the fact that the capacity for helping young people maintain relationships with family, friends and communities were often restricted due to a lack of time and resources. For example, when young people were moved from regional to metropolitan areas they often found it difficult to stay connected to the communities within which they had previously built connections and friendships. Although some were supported to visit friends and family during holidays, many spoke about feeling isolated and were told that it was not practical for them to spend more time there.

5. Discussion

5.1. What are recognitional practices?

Findings in this research suggest that what we describe as 'recognitional practices' include the interpersonal and organisational activities that facilitate the development of positive, trusting relationships for young people living in TRC. Recognitional practices are those actions that are intentional and aim to build young people's sense of being cared for, of being valued and as working alongside young people. We see the

concept of recognitional practice as speaking to the centrality of relationships in children and young people's lives. Social work literature, focusing on the use of self and the importance of relational or relationship-based practice, has been well established (Steckley, 2020). Over the decades, this research has demonstrated that it is the quality of the relationship between the social worker and service user that is a strong predictor of outcomes (Izzo et al., 2022; O'Leary et al., 2013; Ruch, 2014).

The young people in this study felt been valued, respected and cared for were key to building positive relationships and social connections for them within and beyond their TRC placement. Consistent with the policy documentation guiding practice, the relationship between a young person and their TRC workers is "a critical vehicle through which change and healing occur" and is in and of itself 'therapeutic' (Bristow & Mitchell, 2021, p. 5). Our findings suggest that young people want and need relationships of care and support to feel respected and valued ('being with') beyond the transactional 'doing for' in the daily tasks of care taking. For the young people, staff relating to them in this way communicated that they were genuinely interested in spending time with them, were caring towards them, made them feel valued and respected, and could be trusted.

In many instances, young people in our research referred to current or past residential care workers or care teams who practiced in these ways as being central to their healing journey and essential to their ability to learn how to develop or build positive social connections and relationships with family, friends and community. This further underlines the principle of recognition theory, the act of giving and receiving 'recognition' is a fundamental human right which is important in achieving a positive self-identity particularly for care leavers who have experienced complex trauma due to unsafe family relationships early on in their lives (McPherson et al., 2018; Moore et al. 2020). Honneth's (1995) three modes of intersubjective recognition (love, rights and solidarity) were reflected in our data when young people in TRC talked about feeling cared for by staff – having trusted workers who genuinely wanted to spend time with them (love); being respected – when workers respected their rights, listened to them and treated them fairly (rights); feeling valued – when workers kept on showing up despite young people's difficult behaviours (solidarity). Recognitional practice goes beyond the individual young person locating them in the context of their family, culture and community, recognizing the centrality of practices that build family and social networks in young people's lives – their carers, family and friends – and the critical importance of practices that promote relational stability, continuity and permanence. Practices here include facilitating young people's connection to hobbies and interests, through which they have additional opportunities for lasting relationships and connections (Kor et al., 2022, Tucci et al., 2024).

A third and critical dimension of recognitional practice, in addition to interpersonal practices, which build positive trusting relationships and strengthen family and social networks, is the appropriate use of power. Practices that are sensitive to power imbalances, the potential for marginalised young people to be silenced and further disempowered, are a critical element of recognitional practice. The promotion of young people's agency and rights to participation in decisions which impact their lives is central to recognitional practice in this domain.

Looking at the 'arrangements' that hold these helpful practices in place, according to the theory of practice architectures (Kemmis et al., 2014), recognitional practice is sustained by organisational and systemic conditions that privilege and enable staff to be truly 'present' with young people, 'being with' and showing care, respect and solidarity (e.g. consistent care teams and staff retention). Traditional concepts of what it is to be 'professional' within the residential care worker/young person relationships are critically reconceptualised to promote quality, continuity and consistency of care. Practices that promote misrecognition are actively challenged using recognitional practices and supported by favourable organisational and systemic conditions.

5.2. What are misrecognition practices?

Whilst the multi-faceted construct of recognitional practice is presented here as central at the microlevel ('zooming in'), particular organisational and/or systemic conditions at the macrolevel ('zooming out') constrained workers' ability to practice in this way. At the same time, the absence of these practices (or poor practices) often got in the way and led to what Honneth would describe as 'misrecognition'. These constraints and poor practices were also barriers for young people, particularly in relation to their ability to build and maintain positive relationships and connections in TRC and beyond.

Misrecognition has been defined as the antithesis to recognition, including: (a) not being cared for; (b) not being respected and (c) not being valued, resulting in feelings of hurt, shame and degradation (Calheiros et al., 2020; Dallas-Childs, 2023; Honneth, 1995, 2014). Korkiamäki and Gilligan (2020, p. 2) argue that misrecognition is a "structural and cultural phenomenon" that manifests as "subtle everyday practices of differential treatment, avoidance, silences, mistrust and many micro level forms of aggression." Hence, misrecognition may cause "stigmatized identities" (Korkiamäki & Gilligan, 2020, p. 2) and in many cases hinders the relationship-building efforts which are so central in residential care contexts.

While the conditions and areas of change identified, according to the theory of practice architectures (Kemmis et al., 2014), were often of a systemic nature, they translated into everyday practices of misrecognition. For example, while lamenting the frequency of placements (condition: placement instability), young people were talking about their 'lack of voice' and 'power' in decision-making processes (practice: participation). The casualization of the workforce in the sector (condition) was also described by young people in misrecognition terms, namely that it led them to feel ignored, disrespected or treated as inferior by casual and untrained staff (practice). Lack of solidarity was also experienced by young people when workers chose to attend to administration tasks rather than spend time with them.

While most homes we visited were clean and functional, young people often talked about feeling emotionally separated from workers due to the locked internal rooms where staff slept and attended to administration duties. Participants told us that this arrangement or condition reinforced their sense that young people could not be trusted and were in some respects 'inferior' and 'unsafe' due to their past traumas and externalising behaviours.

Another important issue that young people felt needed to change to improve relationships and social connections, was engagement with school. Young people's struggles to attend school may have stemmed from considerable learning gaps due to multiple placement moves and learning difficulties due to diagnosed or undiagnosed disabilities. Some young people spoke about being "the new kid," "the kid in care" or the one who "gets suspended a lot", which might be what others have described as 'systemic misrecognition'. As Korkiamäki and Gilligan (2020, p. 3) suggest, misrecognition is often engendered by the act of othering via "simplified categorizations" that causes individuals to feel less valued than others. While young people felt TRC workers and their care teams had to do more to encourage them to attend school, or find alternative education pathways, they often failed to acknowledge that education systems also need to improve to make school more inclusive of all students (Canosa et al., 2024).

5.3. What conditions perpetuate misrecognition?

Employing the theory of practice architectures (Kemmis et al., 2014), allowed us to take the 'helicopter view' and explore the organisational and systemic conditions that needed to change to counter misrecognition for young people in TRC. Policies and rules were seen as barriers to young people forming and sustaining relationships and social connections, constrained young people's freedom/autonomy and restricted access to family and friends. Rules around not being able to

have friends and family visit them in their home were experienced by young people as unfair and going against their fundamental human right to solidarity.

Some young people in the study spoke about how in seeking out connections, relationships, care and solidarity, which they were otherwise lacking, they often broke the rules by absconding from placements or not attending school. Others have characterized these acts as 'claims for recognition', where young people seek recognition (or defend themselves against misrecognition) through protest and resistance (Korkiamäki & Gilligan, 2020, p. 3). As Korkiamäki and Gilligan (2020, p. 3) argue, however, such misrecognition-related resistance and acts of defiance do not always lead to positive outcomes, and when attempts are unsuccessful, "misrecognition may also paralyze young people and cause them to resign from efforts at change in their lives." In this study, however, there were several instances where young people's apparent 'acts of resistance' were fueling their plans for the future. Emma, for example, was planning to become a family court magistrate to make a difference and help young people in care. In another 'act of defiance', Genni also facilitated her own long-term family placement and progressed plans to study midwifery at University.

6. Conclusion

In an era where the 'lived experience' of service users is gaining momentum and is appreciated as an invaluable resource (Fox, 2022; Mendes et al., 2023), practice frameworks and models of care are often theorised and developed by academics and service system managers who do not claim lived experience expertise. This study aimed to understand what enabled the development of positive, trusting relationships and what got in the way based on the views and lived experiences of 38 young people currently living in TRC in Australia.

While this study reinforces the evidence from previous research on the importance of relationships for young people in TRC, it also extends knowledge via the innovative combination of perspectives from recognition theory (Honneth, 1995, 2014) and the theory of practice architectures (Kemmis et al., 2014). Findings suggest that practices which facilitate recognition are supported and kept in place by particular 'practice architectures' or conditions. Recognitional practices, for example, are kept in place and facilitated by consistent care teams and placements stability (condition or practice architecture) while misrecognition practices happen when these conditions are disrupted by the systemic and organisational challenges often facing the sector (i.e. understaffing, lack of funding). Ultimately change at the organisational level is not possible if the wider systemic conditions that hinder such practices are not addressed.

Policy reforms to address conditions required to hold recognitional practice in place are that, first and foremost, program design within service settings reflects an understanding of the need for deeply relational practice which is 'recognitional' at the individual level; is 'recognitional' as it connects young people to family, community and social networks; and is 'recognitional' in its sensitivity to issues of power, participation and the potential to perpetuate marginalisation. Further research and development is needed to investigate what it is to be a 'professional' residential care worker in the context of deeply recognitional practice.

Policy which supports a paradigm shift in focus, from case note recording in an office to 'recognising' the child in their living room, is just one (albeit a fundamental) condition requirement which needs reform. A close and careful revisiting of the intent of the 'therapeutic milieu', which is enshrined within the ten essential elements of the current TRC model is warranted. This is a priority for all children coming into the wider OOH system. Shifting the focus of care back to the creation of an environment that prioritises healing relationships, personal growth and positive peer dynamics, may enable young people to build trust and connections within a supportive community.

A second clear area for policy reform is the need to ensure that all

young people, in particular Indigenous young people, have authentic and meaningful connection to their culture. This should first and foremost involve Aboriginal and Torres Strait Islander children being placed with family, within community and on Country. Where a family-based placement is not possible, Indigenous children in TRC should be supported to reconnect with their cultural backgrounds.

Finally, implications for the recruitment, development and skilled supervision and support of residential care workers require close and careful consideration. Young people consistently lamented the lack of continuity of staff who were often engaged on a casual basis and lacked training and skills. The resulting mismatch between undertrained, inexperienced staff working with a highly marginalised cohort of young people should be addressed as a policy priority and include a review of minimum qualifications to undertake complex frontline work. These policy recommendations are made at a time when major reforms in the commissioning of OOH, including residential care, in the state of NSW are currently under development.

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Data availability

The authors do not have permission to share data.

References

- Ainsworth, F., & Bath, H. (2023). Therapeutic residential care in Australia. A new dawn or more of the same? In J. Whittaker, L. Holmes, J. F. del Valle, & S. James (Eds.), *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges* (pp. 391–404). Oxford Academic.
- Arvidson, J., Kinniburgh, K., Howard, K., Spinazzola, J., Strothers, H., Evans, M., Andres, B., Cohen, C., & Blaustein, M. E. (2011). Treatment of complex trauma in young children: Developmental and cultural considerations in application of the ARC intervention model. *Journal of Child & Adolescent Trauma*, 4, 34–51.
- Australian Institute of Health and Welfare (AIHW, 2024). Child Protection Australia 2022-23. Australian Government. <https://www.aihw.gov.au/getmedia/04055637-d163-4c7e-8923-ab5107d6b0cf/child-protection-australia-2022-23.pdf?v=20241003111627&inline=true>.
- Biehal, N. (2005). Working with adolescents at risk of out of home care: The effectiveness of specialist teams. *Children and youth services review*, 27(9), 1045–1059. <https://doi.org/10.1016/j.childyouth.2004.12.031>
- Biehal, N., Cusworth, L. S., Wade, J., & Clarke, S. E. (2014). *Keeping children safe: allegations concerning the abuse or neglect of children in care* <https://eprints.whiterose.ac.uk/79854/1/Abuseincare.pdf>.
- Boel-Studt, S., & Dowdy-Hazlett, T. (2023). Reflections on Care Experiences Among Early, Middle, and Late Adolescents in Residential Care. *Developmental Child Welfare*, 5(3), 95–111.
- Bristow, G., & Mitchell, J. (2021). *Practice guide: What makes a good Therapeutic Residential Care worker?* Sydney, NSW: Centre for Excellence in Therapeutic Care.
- Byrne, B., & Lundy, L. (2019). Children's rights-based childhood policy: A six-P framework. *The International Journal of Human Rights*, 23(3), 357–373. <https://doi.org/10.1080/13642987.2018.1558977>
- Calheiros, M. M., Patrício, J. N., & Silva, C. S. (2020). Social support as a moderator of associations between youths' perceptions of their social images and self-representations in residential care. *Children and youth services review*, 119, Article 105667. <https://doi.org/10.1016/j.childyouth.2020.105667>
- Canosa, A., Graham, A., Boyle, T., & Simmons, C. School is for Everyone (SIFE) Phase 1 Report: Student Focus Groups & Staff Interviews. <https://doi.org/10.25918/repourt.377>.
- Canosa, A., Graham, A., & Wilson, E. (2018). Reflexivity and ethical mindfulness in participatory research with children: What does it really look like? *Childhood*, 25(3), 400–415. <https://doi.org/10.1177/0907568218769342>.
- Cashmore, J., Higgins, D. J., Bromfield, L. M., & Scott, D. A. (2006). Recent Australian child protection and out-of-home care research: What's been done – and what needs to be done? *Children Australia*, 31(2), 4–11. <https://doi.org/10.1017/S103507720001107X>
- Clark, N. (2022). Perseverance, Determination and Resistance: An Indigenous Intersectional Analysis of Social Work Colonial Violence in the Lives of Indigenous Girls. In D. Baines, N. Clark, & B. Bennett (Eds.), *Doing Anti-Oppressive Social Work: Rethinking Theory and Practice* (4th ed., pp. 39–56).
- Dallas-Childs, R. (2023). *"It was a thing about belonging and identity. I just felt, this is who I am": Residential care experienced children and young people actively (re) creating identity, family and community*. University of Edinburgh. Moray House PhD thesis.
- Davis, M. (2019). Family is Culture: Independent Review into Aboriginal and Torres Strait Islander Children and Young People in Out-of-Home Care in New South Wales. Department of Communities and Justice (NSW). <https://apo.org.au/node/267061>.
- Dunwoodie, K., Kaukko, M., Wilkinson, J., Reimer, K., & Webb, S. (2020). Widening University access for students of asylum-seeking backgrounds:(Mis)recognition in an Australian context. *Higher Education Policy*, 33(2), 243–264.
- Fisher, K. R., Robinson, S., Neale, K., Graham, A., Johnson, K., Davy, L., & Hall, E. C. (2021). Impact of organisational practices on the relationships between young people with disabilities and paid social support workers. *Journal of Social Work*, 21(6), 1377–1398.
- Fox, J. (2022). Perspectives of experts-by-experience: An exploration of lived experience involvement in social work education. *Social Work Education*, 41(4), 587–604.
- García-Quiroga, M., & Agoglia, I. S. (2020). Too vulnerable to participate? Challenges for meaningful participation in research with children in alternative care and adoption. *International Journal of Qualitative Methods*, 19. <https://doi.org/10.1177/1609406920958965>
- Gharabaghi, K. (2024). Quality care in residential care and treatment settings in North America: From complex research to four everyday principles for practice. *Youth*, 4(1), 244–259.
- Graham, A., Canosa, A., Boyle, T., Moore, T., Taylor, N., Anderson, D., & Robinson, S. (2023). Promoting students' safety and wellbeing: ethical practice in schools. *The Australian Educational Researcher*, 50, 1477–1496. <https://doi.org/10.1007/s13384-022-00567-8>.
- Graham, A., Powell, M. A., Taylor, N., Anderson, D. L., & Fitzgerald, R. (2013). *Ethical research involving children (ERIC): Compendium*. Innocenti: UNICEF Office of Research -. <http://childethics.com/>.
- Graham, A., Powell, M. A., Thomas, N., & Anderson, D. (2017). Reframing 'well-being' in schools: The potential of recognition. *Cambridge Journal of Education*, 47(4), 439–455.
- Häkli, J., Korkiamäki, R., & Kallio, K. P. (2018). 'Positive recognition' as a preventive approach in child and youth welfare services. *International Journal of Social Pedagogy*, 7(5), 1–13.
- Hodgdon, H. B., Kinniburgh, K., Gabowitz, D., Blaustein, M. E., & Spinazzola, J. (2013). Development and implementation of trauma-informed programming in youth residential treatment centers using the ARC framework. *Journal of Family Violence*, 28, 679–692.
- Holden, M. J., Izzo, C., Nunno, M., Smith, E. G., Endres, T., Holden, J. C., & Kuhn, F. (2010). Children and Residential Experiences: A comprehensive strategy for implementing a research-informed program model for residential care. *Child Welfare*, 89(2), 131–149.
- Honneth, A. (1995). *The struggle for recognition: The moral grammar of social conflicts*. Polity Press.
- Honneth, A. (2014). *Freedom's right: The social foundations of democratic life*. John Wiley & Sons.
- Houston, S. (2015). 'When I look I am seen, so I exist to change': Supplementing Honneth's recognition model for social work. *Social Work & Society*, 13(2).
- Houston, S., & Montgomery, L. (2017). Reflecting critically on contemporary social pathologies: Social work and the 'good life'. *Critical and Radical Social Work*, 5(2), 181–196.
- Izzo, C. V., Smith, E. G., Sellers, D. E., Holden, M. J., & Nunno, M. A. (2022). Promoting a relational approach to residential child care through an organisational program model: Impacts of CARE implementation on staff outcomes. *Children and youth services review*, 132. <https://doi.org/10.1016/j.childyouth.2021.106330>
- Kelly, C., Anthony, E. K., & Krysiak, J. (2019). "How am I doing?" narratives of youth living in congregate care on their social-emotional well-being. *Children and youth services review*, 103, 255–263.
- Kemmis, S., Wilkinson, J., Edwards-Groves, C., Hardy, I., Grootenboer, P., & Bristol, L. (2014). *Changing practices, changing education*. Springer Science & Business Media.
- Kor, K., Fernandez, E., & Spangaro, J. (2022). Relationship-based practice in Therapeutic Residential Care: A double-edged sword. *British Journal of Social Work*, 52(2), 663–681. <https://doi.org/10.1093/bjsw/bcab018>
- Korkiamäki, R., & Gilligan, R. (2020). Responding to misrecognition – A study with unaccompanied asylum-seeking minors. *Children and youth services review*, 119, Article 105687. <https://doi.org/10.1016/j.childyouth.2020.105687>
- Magalhães, E., Ferreira, M., Ornelas, S., Silva, C. S., Camilo, C., & Calheiros, M. M. (2024). Youth-caregiver relationship quality in residential youth care: Professionals' perceptions and experiences. *Journal of Social and Personal Relationships*, 41(4), 822–845. <https://doi.org/10.1177/02654075231215824>

- Mahon, K., Kemmis, S., Francisco, S., & Lloyd, A. (2017). Introduction: Practice theory and the theory of practice architectures. In K. Mahon, S. Francisco, & S. Kemmis (Eds.), *Exploring education and professional practice through the lens of practice architectures* (pp. 1–30). Springer.
- Marshall, G., Winter, K., & Turney, D. (2020). Honneth and positive identity formation in residential care. *Child & Family Social Work, 25*(4), 733–741.
- McLean, S., Price-Robertson, R., & Robinson, E. (2011). *Therapeutic residential care in Australia: Taking stock and moving forward*. Australian Institute of Family Studies. <https://aifs.gov.au/resources/policy-and-practice-papers/therapeutic-residential-care-australia-taking-stock-and>.
- McNamara, N., & Wall, S. (2023). Australian residential care: Creating opportunities for hope and healing. In J. Whittaker, L. Holmes, J. F. del Valle, & S. James (Eds.), *Revitalizing Residential Care for Children and Youth: Cross-National Trends and Challenges* (pp. 339–355). Oxford University Press. <https://doi.org/10.1093/oso/9780197644300.003.0023>.
- McPherson, L., Gatwiri, K., Tucci, J., Mitchell, J., & Macnamara, N. (2018). A paradigm shift in responding to children who have experienced trauma: The Australian treatment and care for kids program. *Children and youth services review, 94*, 525–534.
- McPherson, L., Vosz, M., Gatwiri, K., Parmenter, N., Macnamara, N., Mitchell, J., & Tucci, J. (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.
- Mendes, P., Baidawi, S., & Saunders, B. (2019). The experiences of Indigenous young people transitioning from out-of-home care in Victoria, Australia. In V. Mann-Feder, & M. Goyette (Eds.), *Leaving care and the transition to adulthood: International contributions to theory, research and practice* (pp. 149–172). Oxford University Press.
- Mendes, P., Purtell, J., Morris, S., Berger, E., Baidawi, S., D'Souza, L., Bollinger, J., Anderson, N., & Armstrong, G. (2023). Examining the role of lived experience consultants in an Australian research study on the educational experiences of children and young people in out-of-home care. *Qualitative Social Work, 22*(5), 975–991. <https://doi.org/10.1177/14733250221117688>
- Mitchell, J., Tucci, J., & Macnamara, N. (2020). What are the key elements of therapeutic care? In J. Tucci, J. Mitchell, & E. Tronick (Eds.), *The Handbook of Therapeutic Care for Children: Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care* (pp. 35–58). Jessica Kingsley Publishers.
- Mitchell, J. (2019). Practice Guide: Creating positive social climates and home-like environments in therapeutic care. In Sydney, NSW: Centre for Excellence in Therapeutic Care.
- Moore, T., Graham, A., & Canosa, A. (in press). "Somewhere you can grow" – young people and workers' views on residential care settings and the value of relationships and social support. In S. Attar-Schwartz & E. Magalhaes (Eds.), *Is Someone There for You? Social Support of Young People in and after Residential Care*.
- Moore, T., McArthur, M., & 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*(2), 108–135. <https://doi.org/10.1080/0886571X.2019.1682487>.
- Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (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*, 212–219.
- Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (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.
- Munro, E. R., Pinkerton, J., Mendes, P., Hyde-Dryden, G., Herczog, M., & Benbenishty, R. (2011). The contribution of the United Nations Convention on the Rights of the Child to understanding and promoting the interests of young people making the transition from care to adulthood. *Children and youth services review, 33*(12), 2417–2423.
- Nicolini, D. (2012). *Practice theory, work and organisation: An introduction*. Oxford University Press.
- O'Leary, P., Tsui, M.-S., & Ruch, G. (2013). The boundaries of the social work relationship revisited: Towards a connected, inclusive and dynamic conceptualisation. *British Journal of Social Work, 43*(1), 135–153.
- Parkinson, P., & Cashmore, J. (2017). Assessing the different dimensions and degrees of risk of child sexual abuse in institutions. *Report for the Royal Commission on Institutional Responses to Child Sexual Abuse*. <https://espace.library.uq.edu.au/view/UQ:731375>.
- Paulsen, V., & Thomas, N. (2018). The transition to adulthood from care as a struggle for recognition. *Child & Family Social Work, 23*(2), 163–170.
- Robinson, S., Graham, A., Canosa, A., Moore, T., Taylor, N., & Boyle, T. (2022). Ethical practice in disability services: Views of young people and staff. *Ethics and Social Welfare, 16*(4), 412–431. <https://doi.org/10.1080/17496535.2022.2072519>
- Ruch, G. (2014). 'Helping children is a human process': Researching the challenges social workers face in communicating with children. *The British Journal of Social Work, 44* (8), 2145–2162.
- Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child feelings of safety in residential care: The supporting role of adult-child relationships. *Residential Treatment for Children & Youth, 37*(2), 136–155.
- Slaatto, A., Kleppe, L. C., Mellblom, A. V., & Baugerud, G. A. (2023). Youth in residential facilities: "am I safe?," "do I matter?," and "do you care?." *Residential Treatment for Children & Youth, 40*(1), 87–108. <https://doi.org/10.1080/0886571X.2022.2082628>
- Steckley, L. (2020). Threshold concepts in residential child care: Part 2, relational practice as threshold. *Children and youth services review, 112*. <https://doi.org/10.1016/j.childyouth.2020.104825>
- Taylor, C. (1992). *Multiculturalism and 'The Politics of Recognition*. Princeton University Press.
- Tucci, J., Mitchell, J., Porges, S. T., & Tronick, E. (2024). Looking beyond: Examining the contribution and future of the trauma-informed approach. In J. Tucci, J. Mitchell, S. T. Porges, & E. Tronick (Eds.), *The Handbook of Trauma-Transformative Practice*. Jessica Kingsley Publishers.
- United Nations (1989). Convention on the Rights of the Child (UNCRC). New York: Office of the High Commissioner for Human Rights Retrieved from <http://www2.ohchr.org/english/law/crc.htm>.
- Warming, H. (2015). The life of children in care in Denmark: A struggle over recognition. *Childhood, 22*(2), 248–262.
- Whittaker, J., Holmes, L., del Valle, J. F., & James, S. (2023). Residential care for children and youth in a cross-national perspective. In J. Whittaker, L. Holmes, J. F. del Valle, & S. James (Eds.), *Revitalizing residential care for children and youth: Cross-national trends and challenges* (pp. 3–15). Oxford Press.
- Whittaker, J. K. (2017). Pathways to evidence-based practice in Therapeutic Residential Care. *Journal of Emotional & Behavioral Disorders, 25*(1), 57–61. <https://doi.org/10.1177/1063426616686345>
- Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., Canali, C., Courtney, M., Currey, L., Daly, D., Gilligan, R., Grietens, H., Harder, A., Holden, M., James, S., Kendrick, A., & Knorth, E. (2016). Therapeutic Residential Care for children and youth: A consensus statement of the International work group on Therapeutic Residential Care. *Residential Treatment for Children & Youth, 33*(2), 89–106. <https://doi.org/10.1080/0886571X.2016.1215755>
- Whittaker, J., del Valle, J. F., & Holmes, L. (Eds.). (2014). *Therapeutic Residential Care for Children and Youth: Developing Evidence-Based International Practice*. Jessica Kingsley Publishers.