

**ORIGINAL ARTICLE**

# Honneth and positive identity formation in residential care

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**Abstract**

Nurturing, maintaining, and supporting positive identity formation for children and young people in residential child care are an underresearched area. Reasons for this are varied not least the fact that residential child care is still often not perceived as a positive choice for children and young people. Concerns about cost, value for money, the quality, and effectiveness of care have been exacerbated by findings from recent national and international government commissioned inquiries into allegations of historical abuse experienced by children and young people in residential child care. Their findings raise serious questions about whether residential care can ever be a positive choice, whether it can offer high-quality care that promotes social, emotional, and psychological well-being, and in particular whether it can nurture and support positive identity formation. Using an adaptation of Honneth's recognition theory and applying it to residential child care practice, this paper contributes to the growing body of work, which argues that residential child care is a positive choice and that it has a key role to play in positive identity formation. The paper ends with some thoughts regarding implications for policy and practice.

**KEYWORDS**

Honneth, identity formation, residential child care

## 1 | RESIDENTIAL CHILD CARE: THE CONTEXT

The view that residential child care is a last resort only to be accessed by children and young people when all other options have been exhausted (Berridge, Biehal, & Henry, 2012; Calheiros, Garrido, Lopes, & Patrício, 2015) has recently been challenged. For example, in a recent English government commissioned review of residential child care, Narey (2016, p. 5) argued that having negative attitudes towards children's homes "is to significantly underestimate the contribution that they can make, the stability that they can deliver, and the high-quality care they can extend to children who have had terribly fractured lives." In an international context, similar reviews support the claim that residential child care continues to be an essential resource and a first choice for certain young people with more complex needs (James, Thompson, & Ringle, 2017; Pecora & English, 2016). Notwithstanding these developments, it remains the case that concerns regarding the ability of the sector to deliver high-quality care that

attends to the needs of children and young people, in particular their identity needs, are well founded for several reasons.

First, investigations into historical child abuse allegations have highlighted accounts by adults, formerly children in residential care settings, of their experiences of abuse, neglect, and harm at the hands of their carers (Australian Government, 2013; HIAI Report, 2017; Langeland, Hoogendoorn, Mager, Smit, & Draijer, 2015; Marshall, 2014; Ryan Report, 2009). Rather than nurturing and promoting positive identity development, the actions of adult carers have had lifelong negative impacts on former residents' self-confidence and self-esteem (Blakemore, Herbert, Arney, & Parkinson, 2017). Although the abuse exposed through the investigations is historical, a consequence of the revelations being placed in the public domain is that the discourse regarding residential child care as a last resort continues to dominate (Frost & Mills, 2019; Hart, La Valle, & Holmes, 2015). Second, the absence of a commonly agreed definition regarding the aims, objectives of residential child care, and debates regarding qualifications required by staff has created further doubts about the sector (Frost &

Mills, 2019; Holmes, Connolly, Mortimer, & Hevesi, 2018). Third, there is a concern that the mix of children and young people (with complex, high levels of need) placed together in residential child care homes has the potential to add to their distress and trauma rather than to nurture a positive sense of self (MacFarlane, 2018; Shaw, 2016; Smith, Cameron, & Reimer, 2017). Fourth, it is noted nationally and internationally that residential child care is costly (Narey, 2016) and research identifying “what works” in securing positive outcomes for children and young people, especially their identity needs, is largely missing (Boel-Studt & Tobia, 2016; Frost & Mills, 2019; Hart et al., 2015). On this point, although several therapeutic models have been introduced to provide high-quality care, their specific focus on positive identity formation varies considerably, and there is little or no research as to what therapeutic models work best and why (Bellonci, Holmes, & Whittaker, 2018; Frost & Mills, 2019). This is all the more concerning given research that highlights children and young people's need for specialist care and support (Bellonci et al., 2018; Moore, McArthur, Roche, Death, & Tilbury, 2017; Moore, McArthur, Roche, Death, & Tilbury, 2018).

While acknowledging the challenges, it is argued that residential child care can be a positive option and that staff can help children and young people acquire a positive and enduring sense of identity premised on self-confidence, self-esteem, and self-respect (Brown, Winter, & Carr, 2018; Sindi & Strompl, 2019). Adopting a broad view that combines psychological and sociological approaches and that construes the developing sense of identity as situated, contextual, and relational (Winter & Cohen, 2005; McMurray, Connolly, Preston-Shoot, & Wyley, 2011; Munford & Sanders, 2015; Crocetti, 2018), it is important to consider the residential child care sector as an environment where attention should be paid to the dynamics, processes, and practices that enable and facilitate positive identity formation (Ferguson, 2018; Stockholm, 2009; Thomas & Holland, 2010; Thrana, 2016; Whittaker, Valle, & Holmes, 2015; Whittaker et al., 2016). In this paper, it is argued that the work of Honneth (1995), added to by the work of Houston (2015), offers an approach that enables practitioners to recognize, develop, and sustain a supportive environment in which young people can develop and maintain positive identity formation. The article outlines key concepts associated with Honneth's work on recognition before applying them in a critically reflexive approach to the residential child care sector. The adaptations to the model proposed by Houston (2015) are also considered and applied.

## 2 | HONNETH'S CONCEPTUAL FRAMEWORK OF RECOGNITION AND SOCIAL WORK

In the book *The Struggle for Recognition*, Honneth (1995) provides a triune framework regarding the formation of human identity. Characterized as a complex and systematic theory, it is centred on the importance of social recognition as a condition for the development of psycho-emotional autonomy and self-realization. Honneth's theory was initially built around the writings of Hegel but also drew heavily from psychoanalytic theory and the social psychology of Mead (1967), Houston (2015), and Turney (2012). Honneth's (1995) conceptual framework is constructed around three forms of recognition mediated through relationships, namely, relations of love, legal relations, and the community of value and of solidarity. By recognition, Honneth (1995) is referring to those interactions and processes by which one accords worth and status to another. Honneth (1995) argues that these processes are fundamental to human development both socially and psychologically in that we depend on feedback from others as part of the development of our sense of self and our identities. The converse is “misrecognition” in which the status and identity of others is undermined or violated in some way, leading to a struggle for recognition. Diagrammatically represented (see Table 1, adapted from Honneth, 1995, p. 129), Honneth (1995) outlines both modes and forms of recognition, the dimensions of the personality involved, the developmental potential of each mode and form of recognition, their practical relation to self, as well as forms of disrespect, and the threatened component of the personality.

There has been a growing appreciation of Honneth's work, specifically “recognition theory” to social work practice. For example, Marthinsen and Skjefstad (2011) used Honneth's work to explore the shame experienced by people facing long-term unemployment. In another type of relationship, Turney (2012) explored how Honneth's work could help reinvigorate the professional relationship with involuntary clients. Husby, Kiik, and Juul (2018) applied Honneth's concept of recognition to their analysis of two accounts of young people engaging with welfare services to understand how communication and collaboration can be improved. A similar approach was taken by Warming (2015) who applied Honneth's three forms of recognition (love, rights, and solidarity) to a case study analysis to illuminate the experience of one young homeless person's struggle for recognition.

**TABLE 1** Adaptation of Honneth's (1995) conceptual framework regarding “recognition”

Forms of recognition	Primary relationships (love and friendships)	Legal relations (rights)	Community of value and solidarity (esteem)
Mode of recognition	Emotional support	Cognitive respect	Social esteem
Dimension of personality	Needs and emotions	Moral responsibility	Traits and abilities
Practical relation to self	Basic self-confidence	Self-respect	Self-esteem
Forms of disrespect	Abuse and rape	Denial of rights and exclusion	Denigration and insult
Threatened component of personality	Physical integrity	Social integrity	“Honour” and dignity

Thomas (2012) has considered how Honneth's concept of recognition could be applied to practice to improve the participation of young people. Most recently, Smith et al. (2017) have applied Honneth's conceptual framework to residential child care practice. This article seeks to build on existing work and to explore further how recognition theory might have practical application in residential child care. The discussion expands on the work of Smith et al. (2017) by adding Houston's (2015) fourth form of recognition (personal change) to provide a blueprint for the development of policy and practice for residential child care practice in which children and young people's positive identity formation can be nurtured, maintained, and supported.

### 3 | HONNETH'S CONCEPTUAL FRAMEWORK AND ITS APPLICATION TO RESIDENTIAL CHILD CARE

#### 3.1 | Relations of love

By relations of love, Honneth (1995, p. 95) is referring to "primary relationships insofar as they—on the model of friendships, parent-child relationships, as well as erotic relationships between lovers—are constituted by strong emotional attachments among a small number of people." The emphasis (as illustrated in Table 1) is therefore on emotional needs. Honneth (1995) argues that the development of the person towards becoming an autonomous, self-confident individual is supported by being nurtured by others in a relationship of reciprocal esteem. In terms of the "nurturer," Honneth (1995, p. xi) uses the term 'mother' to designate a role that can be fulfilled by persons other than the biological mother and their ability to empathically intuit the needs of the inarticulate infant." As noted by Smith et al. (2017), this emphasis is critically important in the context of residential care because it opens the possibility for alternative carers to take up the role of the main carer and engage in the relationship of reciprocal esteem that the child requires.

With regard to the child-adult carer relationship, Honneth's (1995, p. xiii) key consideration is how the relationship of love contributes to

the development and maintenance of the basic relation-to-self that Honneth terms "basic self-confidence" [*Selbstvertrauen*: "trust in oneself."]. If all goes well in their first relationships to others, infants gradually acquire a fundamental faith in their environment and, concomitantly, a sense of trust in their own bodies as reliable sources of signals as to their own needs.

Hence, self-confidence is more about one's own self-belief and trust that one's needs and desires will be met if expressed (and that they will not be abandoned or rejected) rather than the commonly taken-for-granted definition, which links self-confidence with confidence in one's own abilities (Honneth, 1995, p. xiii). Honneth (1995 p. 105) states:

It is only because the assurance of care gives the person who is loved the strength to open up to himself or herself in a relaxed relation-to-self that he or she can become an independent subject.

This recognition of individual worth by others is the prime building block to identity formation (Honneth, 1995; Houston, 2015; Smith et al., 2017). Indeed, the building of one's identity is an intersubjective and relationship-based activity emerging through love experienced in primary relationships that are constructed via "strong emotional attachments among a small number of people" (Honneth, 1995, p. 95). With this in mind, what are the practical implications for children and their carers in residential child care?

#### 3.2 | "Relations of love" applied in residential child care

First, a child's home can be understood as being a "place and space" in which young people can form attachments and develop relationships with professionally trained staff (Smith, Fulcher, & Doran, 2013). These relationships are intended to replicate the strengths and benefits of family life by providing a dependable and predictable rhythm of care (Anglin, 2004). This stability provides the environment in which emotional nourishment and growth can take place (Leipoldt, Harder, Kaye, Grietens, & Rimehaug, 2019; Smith, 2009). The quality of the relationship between the young people and their adult carers is crucial because it is through the relationship that young people experience growth and positive changes (as well as staff, for that matter; Anglin, 2002, 2004; Cameron & Das, 2019; Holden & Sellers, 2019).

Second, and building on the idea of a reciprocal, close, safe, warm, nurturing relationship through which emotional needs can be met and basic self-confidence built (see Table 1; Bendtro, 2019; Steckley & Smith, 2011; Steels & Simpson, 2017), it follows that some realignment of the residential child care role may be required. This is because it is acknowledged that "relationship" in the context of residential child care is a contested term and differently constructed. It can be understood as attachment (Harder, Knorth, & Kalverboer, 2013; Morison, Taylor, & Gervais, 2019), love (Smith et al., 2017), therapeutic alliance (Manso, Rauktis, & Boyd, 2008), and key working (Swan, Holt, & Kirwan, 2018) for example. It is acknowledged that the concept of "love" is also contested in residential care and not without its complications given the risk averse society in which the service is delivered (Smith et al., 2017). In this article, it is suggested that love is understood as a form of recognition and as such permits expressions of warmth and affection including physical touch (Eber, 2018; Steckley, 2012), hugging, brushing a child's hair, snuggling in to read a book together, watch a film, cook meals, and do household tasks together (Almquist & Lassinantti, 2018; Kendrick, 2013; Lausten & Frederiksen, 2016). Although these elements of daily care are apparent in some residential child care settings, it is also the case that in the risk averse macroclimate surrounding the delivery of residential child care, these more intimate aspects of daily care have been

compromised by worker fear and a lack of clarity regarding role (Brown et al., 2018).

Third, the practical outworking of acts of responsiveness to emotional needs is central to the experience of being valued, developing self-confidence and a strong sense of self. As noted by Honneth (1995), the experience of love through recognition develops basic self-confidence as the child's fear of being abandoned by their carer is removed (Marthinsen & Skjefstad, 2011). It is in "the mundane life of homes, schools, neighbourhoods where recognition and misrecognition takes place" (Hakli, Korkiamaki, Kallio, 2018, p. 6). Honneth's framework therefore provides support to the well-known calls for the redefinition of the role of the residential child care worker (Frost & Mills, 2019; Hart et al., 2015). However, "relations of love," as indicated in Table 1, is only one element of Honneth's conceptual framework, and the discussion below considers another element, "legal relations."

## 4 | LEGAL RELATIONS (RIGHTS)

Honneth's conceptualization of recognition through legal rights emerges from a wider discussion of the historic connection between social hierarchies and legal entitlements. Honneth (1995, p. 115) states:

With the uncoupling of traditional rights claims from the ascription of social status, a general principle of equality emerges for the first time, which henceforth requires of every legal order that it allow no exceptions and privileges.

In this form of recognition, an emphasis is placed on equality that the worth of each person is recognized through their participation in universal freedoms to which all are automatically entitled. There is also an emphasis on inclusion. Reflecting this, Honneth (1995, p. 108) states that

We can only come to understand ourselves as the bearers of rights when we know, in turn, what various normative obligations we must keep vis-a-vis others: only once we have taken the perspective of the "generalized other," which teaches us to recognize the other members of the community as the bearers of rights, can we also understand ourselves to be legal persons, in the sense that we can be sure that certain of our claims will be met.

### 4.1 | Legal relations (rights) applied in residential child care

Honneth (1995) therefore highlights the relational aspects regarding individuals' understandings of their rights and of claiming their rights.

Attention is drawn to the fact that rights do not operate in a vacuum and they are not absolutes; rather, they are contingent, contextual, and conditional (Alderson, 2008, p. 80). Constructed as having shared and equal rights, it is theoretically possible for a child or young person living in residential child care to relate as an equal. However, in *practice*, constructing children as rights bearers, as citizens, does not remove the complexities of rights in practice in residential child care settings. For example, there are inherent power differentials between children and adults where adults make "best interests" decisions sometimes against the expressed wishes of children and young people and where, depending on the setting, the liberty of children and young people can be interfered with. As indicated, the application of children's rights is contextual, conditional, and relational, and best interests decisions upholding protection rights are not always congruent with choices that children and young people express. Reflecting the complexities and challenges of a rights-based approach to residential child care, changes in professional practice need to be systemic occurring at three different levels: the intrapersonal (individual attitudes of professionals towards children and childhoods), the interpersonal (the relational practice between professionals, children, and young people), and the social structural (the positioning of residential child care and the strategic approach underpinning its delivery).

Beginning with the intrapersonal, Honneth (1995, p. 119) states that "one is able to respect oneself because one deserves the respect of everyone else" (Marthinsen & Skjefstad, 2011; Smith et al., 2017). Labels commonly applied to children and young people include "client," "service user," "lonely," "deprived," "sad," "rebellious," "needy," "bad," and "victim" (Calheiros et al., 2015; Schofield, Larsson, & Ward, 2017). None of these labels constructs children and young people as active agents, as equals, and like everyone else, as both rights holders and rights respecters. It is hard for children and young people to develop self-respect (critical to their positive identity formation) when carrying negative labels. Thrana (2016), Marthinsen and Skjefstad (2011), and Smith et al. (2017) acknowledge this. Smith et al. (2017), in applying Honneth's (1995) conceptual framework, have argued that legal recognition for young people in care can be conceptualized as a type of citizenship. As such, each individual person is of intrinsic value, a participating member of the humanity and of moral worth. This moral worth is enshrined in legal protections—human rights—to which we are all entitled (Zurn, 2015).

Moving on to the interpersonal professional practice, the argument is that if one understands that each child or young person in residential care is a citizen, a rights bearer, and a unique individual worthy of respect, daily practice will reflect this underpinning. Examples include honouring the choices and agency of children and young people where these do not conflict with their protection rights. This could involve practical acts, social activities, and other aspects of daily life. Repeated over a period of time, honouring choices and agency can potentially encourage the growth of a culture of rights-based consciousness through which children and young people's self-respect can begin to emerge.

Where the expression of choice and agency does impact on the protection rights of children and young people, the role of the

professional is often to manage (not always solve) these tensions. To do so in a child rights compliant way requires that professionals ensure the active engagement in all decision-making processes by appropriately preparing the child or young person about the issue to be decided, providing accessible, suitable information and a suitable environment for hearing their views, undertaking an appropriate assessment of their capacity, being accountable by explaining why and how decisions have been made and what influence a child or young person's own views have had on the decision made, and ensuring that children and young people have equal, easy access to means to redress, representation, and complaint (Alderson, 2008).

Given that, according to Honneth, a rights-based consciousness emerges through reciprocal recognition of everyone's legal entitlements as well as our own (Honneth, 1995, p. 108), education and training of professionals are needed. The best types of training to encourage the awareness and practice of a child rights-based approach in residential child care are those where, first, the training resources have been designed, informed, and shaped by the views of children and young people themselves; second, the training is accessible, not costly, and can be undertaken in a flexible and bespoke way; and third, where it has the potential to make a difference in daily practice (Eenshuistra, Harder, Knorth, 2019). In a search for training material that meets these criteria, one of the best and most recent practice examples that the authors are aware of is the Protection for Participation resource available online (<https://www.qub.ac.uk/sites/participation-for-protection/>). The development of the resource appears to have involved children and young people from six European countries, is online at no cost, available for all professionals working with children and young people, can be undertaken in a flexible format, and comprises tangible real-life examples and resources that if applied could make a difference in daily practice.

Finally, when considering Honneth's concept of 'legal relations', change is also required at a social structural level so that residential child care is constructed as a positive choice and so that the service is delivered in a way that is child rights compliant. As argued by Brown et al. (2018, p. 664), "Rather than consign residential child care to the 'backwaters', a more productive policy response involves investing in models of residential child care practice that do have a positive impact. A reconfigured policy response, combined with a focus on assessing service provision in collaboration with children and young people could lead to change. These two structural responses must co-exist with investment in and commitment to the residential child care workforce." Regarding legal relations, these complexities reflect the real-life challenges in applying the Honneth conceptual framework. A similar theme emerges in relation to the third component of Honneth's recognition framework known as community relations and solidarity leading to self-esteem as explored next.

## 5 | COMMUNITY RELATIONS AND SOLIDARITY

Honneth's framework takes account of the "particular qualities" (Honneth, 1995, p. 122) of the individual, their unique talents,

skills, and contributions where it is explained that (Honneth, 1995, p. xvi)

Self-esteem involves a sense of what it is that makes one special, unique, and (in Hegel's terms) "particular." This enabling sense of oneself as a unique and irreplaceable individual cannot, however, be based merely on a set of trivial or negative characteristics. What distinguishes one from others must be something "valuable." Accordingly, to have the sense that one has nothing of value to offer is to lack any basis for developing a sense of one's own identity. In this way, individuality and self-esteem are linked.

The argument here is that everyone can access personal esteem based on their individual uniqueness and talents, which is recognized as being of value by the wider community. Personal self-esteem rises when persons are able set and achieve goals and have their individual and unique contribution valued by others (Zurn, 2015).

### 5.1 | Community relations, solidarity applied in residential care

Applied to the context of residential child care, it is important to note that Honneth (1995) is referring to the experience of a person who is valued by the wider community and whose self-esteem develops because of increased participation in community-based social and civic responsibilities. Anglin (2002), in his work on residential child care, indicates that when emphasis is placed on the promoting talents and achievements of a young person through sports, hobbies, and personal achievements, this becomes the mechanism by which the child achieves a "sense of normality." And in common with their peer group, a young person is judged on their merit rather than the label associated with being in care (Berridge, 2017; Berridge et al., 2012; Quarmby, Sandford, & Elliot, 2019). Although it might be difficult to create opportunities for children and young people in residential care to access "a community of value" where they have the "opportunity for full self-realization" (Honneth, 1995, p. xvii), efforts in this direction are important. This is because participating in leisure activities can have a normalizing influence (Quarmby et al., 2019) and because promoting prosocial behaviour develops resilience, social competence leading to self-confidence, self-respect, and self-esteem in a residential setting (Lou, Taylor, & Di Folco, 2018; Luksik & Hargasova, 2018). Having said this, it is also equally important to note that being able to access "a community of value" is complicated particularly for those children and young people in residential child care who experience feelings of loss, grief, betrayal of trust, emotional pain, are traumatized, isolation, anxiety, shame and of having no control, joy, or hope, and dislocated from their families and their local communities (Jackson, McKenzie, & Frederico, 2019, p. 105). Anglin (2004) argues that in this regard, an essential role for residential child care is to create bridging experiences internally in settings as a stepping stone to

supporting children and young people to build bridges externally with communities of value. This focus on the internal functioning of residential settings is important because it emphasizes the transformative potential of professional practice in which “a well-functioning group home can offer [...] an intense, supervised, staffed, structured, less emotionally charged and more consistently responsive environment for promoting the personal growth and development of youth who require such intensive care and support” (Anglin, 2004, p. 188). The brief discussion regarding recognition through community relations also draws attention to the capacity of each child and young person to change, which is a fundamental aspect to positive identity formation. Houston (2015) argues that capacity for personal change is not emphasized fully in Honneth's (1995) conceptual framework and therefore proposes a fourth element to Honneth's (1995) framework called “personal change.” This and its application to residential child care practice are discussed next.

## 6 | RECOGNITION, RELATIONS, AND PERSONAL CHANGE

Thomas (2012) has concluded that Honneth's conceptual framework regarding recognition contains an inherent bias against the agency of children. Houston (2015) has since argued that Honneth's (1995) framework is conceptually incomplete as it neglects the individual's capacity for change through recognition. Houston (2015, p. 17) defines “the self” as a “work-in-progress” with the potential for transformation through recognition towards a different self. He states that

People can deploy, negotiate and achieve new descriptions of themselves essentially, they achieve this capacity through social interaction where recognition of this capacity of to the fore. (Houston, 2015, p. 19)

This fourth form of recognition offers hope and is described by qualities including self-belief, self-efficacy, and self-transformation (see Table 2). Change is achieved by staff building a therapeutic alliance

**TABLE 2** Houston's (2015) fourth form of recognition

Forms of recognition	Facilitative relations encouraging personal change
Dimensions of personality	Change and cognition
Mode of recognition	Instilling hope and belief in one's capacity to change
Developmental potential	Optimism and internal locus of control
Practical relation to self	Self-belief and self-efficacy
Forms of disrespect	Reinforced learned helplessness
Threatened component of self	Human agency

(Manso et al., 2008), leading to efficacious action and instilling hope in young people.

### 6.1 | Relations encouraging personal change applied in residential care

This theme of hope linked to interrelations with staff is reflected in earlier research carried out by Anglin (2002, p. 111), when he includes “discovering and uncovering the potential of young people” as a key element of quality care and argues that improved outcomes for young people in terms of family relations, training and employment, and independent living are all linked to acceptance of the past but importantly a sense of hope for the future. The key question for residential child care centres around understanding the mechanisms that can achieve “hope for the future.” Research by Thulien, Gastaldo, McCay, and Hwang (2019) and Berridge et al. (2012) indicates that setting personal goals influences positive behaviour, self regulation, and children and young people's self-concept. The same writers emphasise that workers should create a sense of purpose with young people by agreeing a realistic “plan for change” that is agreed by the young person and fully supported by a trusted adult. This, it is argued, assists vulnerable young people to acquire “identity capital” leading to improved social integration (Berridge et al., 2012; Thulien et al., 2019).

Essential to the empowerment of children and young people, staff must be first empowered (Maier, 1979). For staff to facilitate a supportive and transforming “culture of care,” they also need to experience this in a supportive and transforming culture of personal and professional development. What is required then is a recognition “double-turn”; through recognizing the self-worth of staff, they are then in a better position to recognize the self-worth of children and young people. Indicative of Honneth's (1995) conceptual framework, the interdependence and reciprocal nature of relations between children, young people, and residential child care staff must first be recognized. This, as argued by Brown et al. (2018), requires investment in the service and in the training and professional development needs of staff.

## 7 | DISCUSSION AND CONCLUSION

This article has argued that one of the primary psychological tasks of adolescence, positive identity formation, has not always been fully understood or addressed in residential child care provision. Honneth's (1995) adapted conceptual framework (Houston, 2015) and its applicability in supporting positive identity formation in residential child care has been explored. It has been argued, along with other social work academics, that Honneth's theoretical framework makes a unique contribution, reconceptualizing relationships and connecting the psychosocial development of children and young person to the people, words, actions, human environments, and care structures that sit around the unfolding events and experiences of their daily lives. It is argued that the Honneth/Houston conceptual

framework can inform the identification of the optimal conditions for identity formation in children's homes.

Two main points stem from the paper. First, Honneth's conceptual framework is primarily concerned with the social conditions regarding identity formation. It is evident that relationships are at the core of these processes. The application of Honneth's conceptual framework draws attention to the importance of both the quality and nature of relationships between staff, children, and young people, for optimal positive identity formation. The implication of this for research, policy, and practice is that as much attention needs to be paid to the *processes* of identity formation as well as *outcomes*. Second, it is apparent that changes to professional practice are required but that these cannot be considered in isolation from the wider organizational and structural levels that create the conditions in which individuals are permitted to relate to each other. Most obviously in residential child care, relationships are constrained and bounded by a wider risk averse context, and the sector continues to be seen as a last resort (Brown et al., 2018; Smith et al., 2017). It is apparent therefore that whole system change is required (at the level of the individual, care context, and wider social structures) and that consideration needs to be given to the issue of power and relational dynamics in daily residential child care practice. Residential child care staff may view themselves as the least powerful of all themselves the "victims" of misrecognition and lacking confidence, respect, and esteem. And yet it is through them that, in the right contexts, transformative practice can occur. It is hoped that this article on Honneth's framework as applied to residential child care will make a useful contribution to developments in this area.

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