‘Sometimes I feel at home’

Adolescents’ narratives of everyday life in residential care

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Abstract

Purpose
A residential care is home for children who live there and is simultaneously a workplace for employees aiming to safeguard the needs and development of children. Studies have shown that adolescents’ descriptions of life in residential care are connected to feelings of otherness and deviance. The purpose of this study is to explore how adolescents in residential care in Norway relate residential care as a home to their experiences of everyday life in this context and to their relationships with the employees.

Design
The study draws on individual, qualitative interviews with 19 boys and girls (aged 15-18 years) living in residential care homes in Norway. The interviews explored their narratives of everyday life in residential care. The adolescents were encouraged to tell about yesterday and were asked follow-up questions regarding everything that had occurred during encounters with employees. The Norwegian Center for Research Data approved the study.

Findings
The analysis shows tensions in the adolescents’ accounts between the institution as an abnormal context and their own subject position as normal. By drawing upon the terms ‘stigma’ and ‘recognition’ in the analysis, the study shows how recognizing relationships between the youth and staff decrease the potential to experience stigma.

Originality
This study contributes to existing knowledge on social work in residential care. The paper shows how the institutional framework and employees’ practices impact adolescents’ self-understanding and their experiences of residential care as a home.
Keywords: stigma, recognition, social work, residential care

Introduction

At any given time, approximately 1,000 children and youth live in residential care in Norway, and whether they feel at home in this period, albeit short-term, is an important component of their experience. Adolescents’ experiences of everyday life in residential care are shaped by a complex interplay of factors, including the background and reasons for moving there, the building, its location and the staff and the other residents. A residential care home differs to what most adolescents associate with a traditional home, owing to various institutional characteristics, such as the character of the building, the location, employees working on shifts, rules, and routines. Understanding what constitutes a home is influenced by physical and material conditions and complex social and emotional relationships to the place and

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people residing there. For many adolescents, a home is associated with blood ties and family practices. Living in residential care represents a deviation from the norm and this may be particularly challenging during adolescence, when appearance and how one is perceived by others are predominant (Smith, 2016; Sundsdal & Øksnes, 2018).

An out-of-home placement of a child is an intrusive measure and selected in differing circumstances, for example maltreatment, behavioural problems, or other demanding family conditions. There are various reasons why residential care might be chosen over other placement types. The child may have psychosocial difficulties that require a professional intervention; alternatively, residential care may be used to assess and prepare for a planned foster home placement. However, youths may prefer residential care over foster care; they may already have a family and may not want a new one, or they may have a bad foster home experience (Backe-Hansen *et al.*, 2017).

The current study examines how adolescents relate residential care as a home to their experiences of everyday life in this context and to their relationships with the employees. Specifically, the objective is to explore the perceptions of adolescents in residential care in Norway of whether residential care can be equated to a home and the opportunities and limitations that influence this.

In the following, the article describes residential care in Norway and a literature review of previous studies on adolescents in residential care. It will then present the theoretical concepts 'stigma' and 'recognition', before presenting the methodological approach. It will then present the findings before a discussion and conclusion on the article's implication for social work in residential care.

Background

Residential care in Norway

90 % of the children in residential care in Norway are adolescents aged ≥ 12[1]. Reducing the number of children and adolescents living in residential care is a stated goal in all the Nordic countries, and residential care placement is considered the last resort (Backe-Hansen *et al.*, 2017; Bengtsson and Jakobsen, 2009). There is minimum variation when it comes to the proportion of the child population in public care in the Nordic countries; however, four times as many children in Finland and Denmark are in residential care, compared to those in Norway and Sweden. (Bengtsson & Jakobsen, 2009, p. 58). In Norway almost 15.000 children in Norway were in public childcare at the end of 2019, and, of these, 8 % were living in residential care (SSB, 2020).

Residential care homes in Norway are run by the Office for Children, Youth and Family Affairs, non-profit organizations, and other private companies. The design varies, but residential care is generally organised as homes with staff working on shifts. On average, each home places 4-7 youths, each with his or her own separate bedroom. Typically, the common areas include a kitchen, living room and activity room. Most of the employees in Norwegian residential care homes have health and social work education (Backe-Hansen *et al.*, 2017).

Literature review

In recent years, there has been increased interest in research on residential care, with a focus on understanding employees' practices and young people's everyday lives (Backe-Hansen *et al.*, 2017; Egelund *et al.*, 2009). In their report based on a review of international studies on

[1] https://www.ssb.no/statbank/table/11361/tableViewLayout1/

residential care, Storø *et al.* (2017) claimed that many studies have examined psychosocial functioning among adults who have previously lived in residential care and, to a lesser extent, focused on different qualities of everyday life in this context. Furthermore, they noted that Norwegian studies have evaluated the everyday life experiences of children and young people in institutions from a human rights perspective.

In a review of Nordic and British research on residential care, Egelund *et al.* (2009, s. 68) identified mainly two analytical interests: (1) the institution's 'inner life' (including the social dynamics between the children and employees, and how young people create purpose and meaning in their everyday lives), (2) structural and societal factors that influence residential care practices, together with the conditions that this context creates for young people and employees.

The development of self-understanding is central during adolescence, an aspect of which involves adolescents comparing themselves with their peers However, this can be negatively impacted by available discourses about children living in residential care (Jansen, 2010). Jansen's (2010) study showed that the young people in residential care struggled to position their self-understanding owing to being 'trapped' between the imposed subject positions 'victim' and 'problem child' as the available subject positions in discourses about 'child welfare children'. This challenged the maintenance of an identity as 'normal youth' when living in residential care.

Previous research has described how institutional social work practices limit the extent to which a residential care is experienced as a home. Rules and routines form part of social work; however, they are often the unintentional consequences of institutionalisation (Egelund *et al.*, 2009). McIntosh *et al.* (2016) described a residential care home as a dynamic mix of home, workplace, and institution, claiming that its overlapping spheres of public and private and a culture characterized by rules and routines mitigate against the sense of belonging, even though both employees and youths try to contribute to a family-like environment. Ulset and Tjelflaat (2013) found that informal relationships characterized by reciprocity and true interest, heighten the homey sense in a residential care home. Stable staff over time contribute to the experience of ownership of an institution by employees, leading them to and act more like a family. Backe-Hansen *et al.* (2017) demonstrated that consistent routines, boundaries and rules may create institutional characteristics of everyday life in residential care and compromise its potential to become a home. However, consistent practices by employees are paramount to ensuring that young people experience predictability and security in their everyday lives, which supports their development and contributes to an overall positive experience with this measure (Ulset, 2010).

Several studies identify how the routines in residential care affect young people's experiences of their everyday lives. Rules and routines are an integral part of everyday life in residential care and may challenge ideals such as user participation and individually adapted care (Egelund *et al.*, 2009). Ulset and Tjelflaat (2013) showed that the routines influence what the residential care home meant to youths—whether it is first and foremost an institution or a home. They interviewed adolescents in residential care who stated that employees need to invest time in relationship work; furthermore, they stressed the importance of reciprocity and employees showing a genuine interest in the youth. Rules and routines and the professional role of employees can counteract young people's perceptions of the residential care as their home. Furthermore, rules and routines may create an experience of feeling different and deviant and limit the participation by adolescents shaping their everyday lives (Ulset, 2010). The Norwegian Social Research Institute (NOVA) conducted a survey of young people in

residential care and rules and routines were shown to affect the relationships between employees and youngsters (Gautun *et al.*, 2006). For example, the adolescents would avoid having confidential conversations with members of staff, out of fear that they would be discussed among employees. They also found a lack of telephone contact with employees with time off to be unnatural. The report concluded that even though both parties want to be close, the employees are committed to their colleagues and the workplace, not just to the youth.

'Stigma' and 'recognition'

This passage will present how the concepts 'stigma' and 'recognition' are understood in the analysis.

Normality is often linked to the statistical average and/or an ideal norm (Grue, 2016). Living in residential care is neither the statistical average nor is it compliant with the ideal image of 'a normal home'. Categorising something as abnormal implies that it is a deviation, and deviations are often linked to a person's morality. Therefore, normalising residential care as a home for youths, and freeing their self-understanding of the perception that they are living an abnormal everyday life is important.

Honneth's (2008) theories clarify how recognition supports the development of a positive identity and self-confidence, and Goffman's (1986) theories highlight how stigmatisation processes may have the opposite effect. Goffman (1986 [1963]) defined stigma as a negative social construction, an undesirable attribute associated with physical signs, a way of life or discredited behaviour, linked to a devalued societal status. A stigma identifies a person or group as possessing a deeply discrediting attribute that deviates from norms or ideals. Society makes a distinction between those who are 'normal' and those who carry a stigma. A stigma may imply a gap between an individual's apparent identity and his or her actual social identity (Goffman, 1986, pp. 44-48). As an example, the stereotypical notion of adolescents living in residential care may place their social identity as 'normal' at risk, which could result in that other personality features are ignored. Stigmatisation processes are locally constructed and depend on environmental reactions and categorisations. Goffman (1986, pp. 83-84) divided the stigmatised into two categories: those who can hide the stigma and those who have stigmatised qualities that are visible in their interactions with others (i.e. not possible to conceal). Those who can hide the stigma—to protect themselves from shame and social rejection—continually struggle over whether to hide it. The stigmatised learn, through their 'moral career', how society encounters and categorises the discreditable sign, and in which situations they are at risk of losing self-worth and status. Goffman (1986, p. 169) noted that many people may feel unworthy, incomplete and inferior and society's general perception of normality casts a shadow over individuals' encounters with others.

The concept of recognition is rooted in Hegel's dialectical theory (Hegel, 2006; Wind, 1998), which assumes that actual recognition can only be obtained from a person whom the individual himself or herself recognises (Høilund & Juul, 2015). In residential care, this would imply that the relationship between the adolescents and employees would need to be grounded in mutual respect for one another's perspectives and experiences (Aamodt, 2003).

Honneth (2008) identified three patterns of recognition—love, rights, and solidarity—and argued that recognition, as confirmation of autonomy and individuality, is fundamental to the human ability to function socially and positive self-relation. Love encompasses emotional and bodily recognition and basic self-confidence is attained through a balance between

independence and emotional bonding. This enables the individual to take part in close fellowships and empowers him or her to be comfortable when alone. The second of recognition, 'rights', involves the recognition of someone as a legal rights holder. Honneth (2008) stressed that formal rights are of no use unless they are supported by true recognition of an individual's rights and worth. This form of recognition has consequences for the individual's moral relations with others and the development of self-respect. The third form of recognition, 'solidarity', refers to recognition of an individual's traits and way of life, that is, of individual qualities that are not necessarily equal to others. Honneth (2008) argued that individuals whose way of life or perception of reality have been degraded suffer a form of stigma that negatively affects their self-esteem (Honneth, 2008; Høilund & Juul, 2015).

Methodological approach

Material

The current study is a part of a PhD project (N.N., 2019, 2020) that focused on available opportunities to develop relationships between adolescents living in residential care and employees. The study is based on interviews with 19 adolescents living in residential care in Norway, who were recruited by approaching managers of 12 state and private institutions. Inclusion criteria were adolescents aged ≥ 13 years living in residential care due to deficiencies in the daily care provided in the original home. Adolescents with care orders due to behavioural problems or treatment needs were excluded. The adolescents provided their own consent to participate in the research; parental consent was obtained for those aged <16 years. The participants chose the location of the interview, and all of them chose to meet at the residential care home. Face-to-face interviews were conducted to be able to explore the adolescents' narratives about their everyday lives. The interviews were informed by the life mode interview (Haavind, 1987). Specifically, the adolescents were asked to tell about the previous day. They began by describing how they woke up, after which follow-up questions were asked. Interest was expressed in everything that unfolded with respect to their interactions with employees. The open-ended nature of the interviews allowed the adolescents to extend their answers to questions and include topics that were important to them, even though a direct inquiry had not specifically been made. The interviews were recorded and transcribed. The transcripts were anonymized in terms of personal information and the names of places. The adolescents were given fictitious names that are used in this article.

Analytical strategy

The analysis sought to identify the adolescents' perspectives on everyday life in residential care. A thematical analysis of the material (Braun and Clarke, 2006) was performed, which started with transcribing the interviews verbatim. In the first phase of the analysis, I read through the interviews and noted key words that pertained to the themes that were identified through their statements. The narratives primarily centred on their interactions and relationships with employees and the institutional characteristics of everyday life in residential care. The material was coded and key narratives were highlighted. In the process significant themes and topics (both repetitive topics and deviant accounts) were identified. The concepts of 'recognition' and 'stigma' were used to understand recurring statements made by the participants about employees who care and the narratives in which the experiences were described as 'normal' or 'abnormal'. The two concepts 'recognition' and 'stigma' contributed to a deeper insight into the association between their everyday life experiences in residential care and their understanding of themselves as normal or abnormal.

Findings

Being normal in an abnormal context

A key theme, identified in the interviews with the participants, was that they often used the terms 'abnormal' and 'normal' in their accounts of everyday life in residential care. In addition, they either explicitly linked or distanced themselves from the label of being a 'normal' or an 'abnormal' youth. Examining when and how these classifications occurred was the focus of further analysis. Alexandra (18) describes other people's perceptions of living in residential care:

> *Alexandra: Nobody wants to live in residential care. Nobody wants that. Like, everyone wants to have a normal life. Still, a lot of people think of the institution as a pretty abnormal life. It's not the best, in a way.*
>
> *Interviewer: So when people hear that you live in an institution ..?*
>
> *Alexandra: They are really negative. They think that you have all kinds of drug problems, or you're a delinquent or head case who is like… yes… They judge you right away. It is something negative. When I, at 13/14 years old, first found out that I was going to an institution, I thought, 'Oh my God, I'm going to be beaten every day!' When you say 'residential care', people think that you don't have a family.*

Alexandra explains that nobody wants to live in residential care because it represents an abnormal way of living, and therefore not a good alternative too an ordinary home. Thus, living in residential care is not in accordance with the idea of a normal life. In several accounts participants reiterated that living in residential care is associated with societal stigma. Goffman (1986) noted that an individual has a social identity that comprises a category to which the person belongs and the qualities he or she possesses. This means that the outside world acquires certain preconceptions and expectations about a person based on his or her social identity. Alexandra describes living in residential care as a discredited way of life; she has observed that others may associate it with the assumption that she is a problem child or an orphan, living an abnormal everyday life. She accentuates that these associations arise quickly in connection with residential care.

Alexandra refers to the time before she moved to residential care, which corresponds with how Goffman explained that stigmatised people refer to their knowledge and perceptions before the stigma occurred. For Alexandra, evidence of her own prejudice constitutes a point of reference for how outsiders perceive youths who live in residential care. Goffman (1986, p. 75) noted that knowledge of the stigma, seen from a 'normal' point of view, leads to challenges with building a new identity and can cause self-reproachment by the individual. When living in residential care, the status of being a 'normal' adolescent is at risk. A person's place of residence is linked to his or her identity, and the risk of being stigmatised jeopardises adolescents' self-respect and social identity.

Several adolescents talk about the house where the residential care is located, and whether the house is normal or abnormal. Martin (16) lives in a residential care home located in a detached house in a neighbourhood with similar houses:

> *It's a house. It looks just like a normal home. I'm very happy about that, that it's not like a real institution. That it's located in a residential area and that perhaps the nearest neighbor knows what it is but no one else. If you walk past here, you're not like; 'oh there's an institution'. Like you're not branded by people you don't know.*

Martin is thankful that the house is designed like a normal home. He emphasises that if the residential care had the characteristics of an institution, it would have implied discreditation by strangers passing by. Kristin (16), who lives elsewhere, also describes the house in which she lives:

> *This doesn't feel like a home. It looks like a welfare office here. Offices, and a huge building and… (…) And our rooms look like in an institution. Everyone has the same beds and everyone has the same chests of drawers and - it's very institutional here. So I can't bring friends here. We've talked about that here, that we miss living in an ordinary house, with an ordinary garden, where it is actually homey. Because here it's not…*

Kristin lives in a residential care home that is housed in a newly built, modern house and customised to function as a residential care facility and a workplace. She observes that this implies that it doesn't feel like a traditional home, and she describes it as 'very institutional'. She links the building to its representation as a public agency; and admits that she can't show her friends where she lives owing to the implied risk of being discredited.

This is in line with the observations of Goffman (1986), who stated that the character of a building exacerbates and makes more visible the stigma connected to living in residential care. The house itself does not provide Kristin with an opportunity to hide her stigma. The extent to which the stigma is visible is vital, considering the substantial burden of stigmatisation, and is minimised when the individual can 'pass as normal' (Goffman, 1986, pp. 48-51). Martin and Kristin reveal how others may stigmatise adolescents if the building, by appearing more institutional than homelike, exposes the stigma, thus placing their social identity at risk.

Elena (16) notes that the employees work shifts, and cites this as an obstacle to developing a sense of being 'home':

> *Well, this is their job. Like, they go home, and we stay here. There are a lot of different people here and many to get to know. And we are supposed to feel at home. So even if you're at home, you're like not really at home. But sometimes I feel at home. Because when I have bad days or when I cry, they come and comfort you, hug you and check if you are ok, ask if you want hot chocolate or something. Like, they make you feel better.*

Elena reveals how everyday life unfolds in a contradictory context, where what constitutes her home is also the employees' workplace. She demonstrates an ambivalence regarding her perception of the residential care as a home (i.e. when she was comforted by the residential staff when she was upset) despite its institutional characteristics (i.e. routines and employees working shifts). In line with Elena's narrative, many adolescents referred to rules and routines while in residential care, claiming that similar rules would not be applied in 'ordinary homes'. Specifically, Ingrid (16) complains about the rules relating to daytime internet access:

> *In an ordinary home, there aren't rules like that. And they say we should feel like at home, but we don't. (…) If we are supposed to feel at home, then there shouldn't be those rules. Because we are youth who should feel like home. Like, we move in here, and the rules are stricter than at home. It's an institution. The thing with the internet is different, TV, cleaning day and tidying our rooms and cooking, and you are not allowed to hang out with whoever you want, you are not allowed to be out late, you have to agree in advance, you… It's a huge difference.*

Ingrid contrasts living in residential care with living in a home and suggests that the rules and routines are indications that where she resides is not an ordinary home. Thus, rules and routines underscore the abnormality of growing up in residential care as they remind the residents that it is not a home. Goffman established that a stigmatised individual tends to have the same perceptions of identity as anyone else; deep down, he or she perceives him og herself as ‘a normal human being’, and therefore they should be treated the same as everyone else (Goffman, 1986, p. 48). When describing the rules and routines as abnormal, Ingrid demonstrates that, despite her ‘abnormal’ situation, she identifies with ‘normal’ adolescents and wants a normal everyday life. When the routines are not normal, her social identity as normal is at risk.

The many faces of recognition

Throughout the interviews the adolescents describe employees who care or those who *really* don’t care. This surfaces in connection with the residential care being a home for the adolescents and a workplace for the employees. For example, Hussein (15) identifies differences between employees regarding whether they tell the residents about their everyday lives in their leisure time:

> *I don’t like it when people are very, very closed and don’t want to say anything about themselves, that this is like just a job, and you have nothing to do with me, and then I’m a bit like: ‘Why do you work here?’*

Hussein observes that when employees conceal their private lives, it creates a distance in their relationship. This implies a lack of reciprocity and leads to his conviction that an employee who is reluctant to reveal personal details about himself is unsuitable for residential care work. He implies that working in residential care necessitates being open about your private social identity. Hussein’s perspective is in line with recognition as reciprocal as Honneth described (2008). Adolescents receive recognition as equal partners with social value, which helps to build their self-esteem, when employees tell them about their lives beyond work (Honneth, 2008).

Andrea (15) explains how she determined whether employees perceive her as something ‘more than just a job’:

> *Yes, for example. I'm pretty hard to wake up, but they don’t give up. I can get pissed, and they wake me up many times. But still, many of them, when I wake up, they give me a smile. And then you know that they’re not just doing this as work. They also do it because they care about how things will be for me in the future, if I'm doing ok and all that. That's why really.*

Andrea explains that although she gets angry and doesn’t even respond to the employees trying to wake her up, they smile at her when she finally does wake up. Andrea interprets these smiles as confirmation that the employees regard working there as more than just a job—that they are also concerned about whether she is ‘doing okay and all that’. Andrea’s description is an example of Honneths (2008) notion of the elementary form of recognition in primary human relationships, summarized as a kind of mother-child love where the recognition is unconditional even though the child may be difficult. Honneth described this elementary form of recognition as a prerequisite for the development of self-confidence. Evidence that the employees care unconditionally is demonstrated by their good-natured approach to Andrea, even when she is difficult and bad-tempered. This corresponds with Thrana’s (2016) findings concerning the importance of employees not giving up when rejected and enduring in relationships with youths regardless of their behaviour. This

elementary form of recognition is the basis for the adolescents developing self-belief (Honneth, 2008).

Leah (17) also describe her positive experience of employees caring for the youths beyond the dictates of the position: *"That they don't stay in the office all the time, but they like hang out in the living room (...)That they choose to be out in the common areas."*She interpreted the decision by staff not to remain in their office and to come out to the common areas as a commitment to and an interest in the adolescents. Leah recognises that office work makes residential care differ from an ordinary home and accentuate it as a workplace. Sitting in the office reflects a choice not to be with the adolescents. Leah understands that choosing to be in the common areas signals that the employees enjoy spending time with them. Many adolescents in this study interpret the decision by employees to join them in the common areas as proof that they want to be in their company, thus showing that they 'really care'. Vincent (16) is aware of an employee who often cleans the house when at work:

> *There is this lady who works here. She is always doing a lot of cleaning when she is at work. We have a cleaning staff here too, but she doesn't think it's good enough, I think. At least she does a lot of cleaning. She really cares, I think. About the house. Like she wants the place to be nice somehow. (...) When she cares that much about the house where I live, then I know. That she cares about us living here.*

Vincent concludes that the employee's concern about keeping the house clean shows that she cares about those who live there, including himself. He emphasizes that this is not something she *must* do, as they have cleaning staff, but that she does it anyway. Vincent's account is an example of a narrative of an employee doing more than expected in terms of her job description (i.e. something out of the ordinary) which constitutes evidence that the staff genuinely care. It is unlikely that cleaning the house, reading the newspaper, or doing gardening rather than office work, are part of the job instructions for employees in residential care. Nonetheless, these practices are highlighted by the adolescents as indications that working in residential care meant more to them than merely executing their job functions. The adolescents connect these practices to perceptions that the employees act 'as if they were at home'. The adolescents cite many examples of employee practices that were not part of their duties, such as coming to work for an extra day to help them study for a school test, staying beyond working hours to complete a conversation or sending a text message when off for the weekend.

These findings are in line with those of Thrana (2016) who suggests that adolescents experience recognition through practices that signal that the employee is willing to do 'a little extra'. Whether the adolescents view each staff member first and foremost as an employee or as a person who cares, has consequences for their self-understanding. In narratives about employees who demonstrate that working in residential care is 'more than just a job', the adolescents present themselves as individuals who are worth looking after and investing in emotionally. In this way they claim their normality, drawing parallels with an 'ordinary family' and an 'ordinary home'. This allows them to break free of the stigma associated with living in residential care and defend their status as normal. Being an object to someone is not compatible with recognition, as recognition is characterized by reciprocity, being treated as an object by someone makes recognition unattainable.

The adolescents describe how they manage nearness and distance to shift-working employees, which can be understood as examples of the mutual nature of recognition (Honneth, 2008). Throughout the material there are accounts of how the adolescents' relationships with employees differ, and they identify 2-5 favourites among the staff. Nathalie (16) explains:

> *I talk to everyone who works here, can be on good terms with all of them, but I'm very picky - about who I have here (indicates circle around herself) and who I have there (indicate circle further from herself). So, there are a few who are quite close, and the rest are a little more on the outside. The few who are quite close, near me, they know almost everything about me, and I can talk to them about absolutely anything. And those who are more on the outside are a little more like, we talk a bit of nonsense and laugh and stuff like that.*

By denoting circles around her, Nathalie reveals that some employees are close to her emotionally, others are a little less close, and the remainder are peripheral. She differentiates between different degrees of nearness in her relationships with the employees, but she also shows that a reduced degree of nearness does not necessarily reflect poor quality relationships with them. She describes the closest relationships as being those where the employees know her intimately, and with whom she is free to disclose details of a personal nature. Different degree of nearness in relationships with employees who works shifts may have repercussions for adolescents in residential care. For example, several of them said that if they had something on their mind or were feeling sad, they would wait until one of their 'favourites' was at work. Several claimed that everyday life at the institution varies depending on which employees who are at work. Ada (15) explains that she manages nearness and distance in her relationships with employees by specifying how each of them can wake her up in the morning, which allows her to select who will have greater access to her emotionally:

> *I kind of do not want everyone here to come in and sit on my bedside. Like, it's not all of them I think it's that much fun with, so some I think it's okay that they sort of come in and sit on my bedside and stuff, while others, it's nice that they just knock the door and say that it's morning. With some, that's most comfortable.*

Ada appraises similar practices differently, for example entry into her room and sitting on her bed, depending on who performs them. Several adolescents describe how they felt about employees approaching them in their room, and how entering their bedroom could imply recognition or be degrading, depending on their relationship with the employee. Thus, the way in which the employees' practices are performed (i.e., posture, facial expressions, pace and humility) and who performs them based on the nature of the personal relationship between the employee and the adolescent, impact the extent to which the youth feel recognised. The mutual character of recognition means that a youth can only experience recognition in relationships with someone whom he or she recognises (Høilund & Juul, 2015; Aamodt, 2003). When similar actions can be experienced as either recognition or violation, employees sensitively tuning in is required. Ada was able to choose how she prefered to be awakened, and this reflects recognition of her as an individual with specific qualities that are not necessarily equal to anyone else's (Honneth, 2008).

Discussion

In the current study, the extent to which adolescents experienced residential care to be like a home was closely related to their relationships with the employees and their perceptions of whether the characteristics of everyday life in residential care were normal or abnormal. Their personal appearance (and not standing out) is particularly important during adolescence, and these are associated with their home location. As Goffman pointed out, a deviation in their way of life places the social identity of adolescents at risk and creates difficulties with developing an identity and self-esteem (Goffman, 1986). The building and the residential care routines can also increase the risk of being discredited and experiencing their home as abnormal.

Variations in family constellations today allow for broader understandings of the relationship between home and family, and what constitutes a family is a topic that is negotiable. Nonetheless, this study explicates that youths struggle with living in residential care as they perceive it to be a deviation from a traditional home. By combining the concepts 'stigma' and 'recognition' in the analysis, it was determined that recognizing relationships between youth and the staff decreased the potential for stigma. This is of great importance to the adolescents' identity processes. Youths work on achieving a self-understanding that they are normal despite living in an abnormal context. Employees can support this by showing that they genuinely care.

In addition, the risk of stigmatisation can be reduced by minimising the institutional characteristics of the buildings chosen for child welfare purposes. Therefore, ensuring that they signal that they are homes, rather than institutions, is of central importance. Creating a sense of home involves the building's architecture, location and interior, but also the employees' presence in the buildings. Employees' contribution to the creation of a homelike atmosphere in residential care is linked to the notions of an 'ordinary home', for example, perceptions about peers' access to Wi-Fi, expectations related to order and hygiene, and whether employees act as if they are at home or choose to spend time in common areas, rather than performing office work. Furthermore, sharing experiences and aspects of their everyday, non-working lives with youths should be part of what it means to be a social worker in residential care. Thus, there are several ways to recognise the social identity of residents as normal, thereby minimising the experience of stigma which is connected to living in residential care.

Recognition is a basic human need and is therefore the foundation of conducting social work in residential care. During adolescence, youths fluctuate between developing independence and relying on adults for guidance and support, and this involves particular challenges for youths in residential care. The current study demonstrates how adolescents' self-understanding is connected to their relationships the employees. The findings are in line with Honneth's (2008) understanding of that recognition is conditioned by reciprocity. Conferring recognition can be impeded by the boundaries of employees; for example, when the adolescents value when employees break the boundaries by sending a text message in their spare time or staying longer at work to finish a conversation. However, such a flexible approach to working hours can present challenges in terms of employees' rights (and the need) to have time off between shifts; it could also contribute to collegial conflict.

The potential stigmatization of the child welfare institution cannot be eliminated. Adolescents will continue to compare their homes with those of their peers, and residential care cannot eradicate every institutional characteristic. Being a public workplace with several employees with different personalities implies the potential for conflict between adolescents and employees and between colleagues. Ulset (2010) pointed out that different employee practices create insecurity and a lack of predictability. However, this study highlights how adolescents appreciate differences among the employees; by showing who they are, the employees recognize the adolescents' social identity. A main task of the employees is to support the adolescents in handling the specific challenges involved with living in residential care. In doing so, they support their development of a self-understanding as normal.

Conclusion

This study explored the impact of care practices related to recognition on adolescents' perspectives of residential care as a home and the stigma associated with living there. The

research contributes to existing knowledge of adolescents' perspectives on everyday life in residential care. The theoretical concepts of 'recognition' and 'stigma' highlighted the tensions related to living in this specific context. The adolescents related their self-understanding to growing up in an abnormal context; however, employees' care practices that afforded them recognition had the potential to minimise their stigmatising experiences. A main finding of this study was how relationships of mutual recognition between employees and adolescents, were essential to the development of a self-understanding as normal. Importantly, employees must shape their professional roles in flexible ways to meet the adolescents' needs for mutual equal relationships.

Social work practices connected to highlighting the homelike features of residential care and to reciprocity in recognising relationships with the adolescents are essential in supporting youth's self-understanding as normal. Adolescents are at risk of exclusion and marginalisation when they experience their way of life as a deviation from the norm and consider it to be devalued. The study elucidates how shame and social rejection are some of the things at stake for adolescents. Through the stigmatising gaze of others, youths judge themselves, and there is a risk of facing prejudice when living in residential care. Thus, this study demonstrates that minimising and counteracting the stigma that youths experience is a central task of residential care employees. Furthermore, the study contributes to knowledge of the dual nature of residential care as both a workplace and a home.

The analysis showed that social work practises that accentuated residential care as a deviation from a 'normal' home increased the risk of adolescents experiencing stigma and violation. Furthermore, the institutional context may thwart the opportunity to develop close relationships. However, the study also showed that developing relationships of recognition *is* possible and highlighted the importance of employees' relationship work as key to overcoming these obstacles. In addition, providing adolescents with a sense of home can be facilitated through a homelike building and interior design, as well as its location and practices, which is an important contribution of this work. Important work remains to ensure that residential care as a child welfare measure meet the needs of each child and adolescent and minimise the stigma associated with living there. It is crucial that adolescents encounter employees can balance consistent practices with personal engagement as social workers. Additional studies are warranted to further explore residential care as the context for adolescents' everyday lives, including how residential care can be homelike, thus expediting the development of young people's self-identity.

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