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Short Article

The relational institution: Some thoughts on the future of residential child care

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Abstract

Debates about the future of residential child care frequently concern treatment models, professionalisation, risk management, and evidence-based practice. These are important developments, but they may obscure a more fundamental question: what kind of institution should a residential institution be? This short article argues that residential care should be understood not primarily as a site in which interventions are delivered, but as a relational and social environment in which children live. Drawing on research on residential care, relationships, and the therapeutic milieu, I develop the idea of the relational institution. Three propositions are explored. First, everyday life should be understood as a central medium of residential care. Second, relationships are not simply created by individual practitioners but depend upon organisational conditions. Third, a good residential institution should be characterised by what I call institutional modesty: it should be sufficiently present to provide safety, continuity, and belonging, while remaining oriented towards relationships and a life beyond itself. The future of residential care may depend less on making institutions increasingly sophisticated and more on making them relational, permeable, and humane.

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Introduction: What kind of institution?

Residential child care has repeatedly been asked to reinvent itself (cf. Anglin & Henderson, 2024, 2025). It has been expected to become more professional, therapeutic, evidence-based, trauma-informed, rights-based, and individualised. Each development has responded to genuine shortcomings in residential provision, not least a troubling history of institutionalisation, coercion, and abuse (Rogers et al., 2026). Yet, the accumulation of models, programmes, and professional ambitions may also obscure something elementary: a residential institution is a place where children live. This distinguishes residential care from many other welfare interventions. A young person does not meet a residential worker for an hour and then return to everyday life. Everyday life itself becomes the setting for intervention. Care takes place at breakfast and bedtime, on the journey to school, during an argument, while watching television, or in the silence that follows disappointing news from home.

Trieschman, Whittaker and Brendtro (1969) famously called this ‘the other 23 hours’. More than half a century later, the expression retains its force. It reminds us that the distinctive resource of residential care is not simply its capacity to provide more treatment, but its access to the ordinary and repeated encounters through which relationships, trust, and development become possible. This suggests that discussions about the future of residential care might begin one step earlier than they usually do. Before asking which interventions institutions should provide, we might ask: what kind of institution should residential care be? I propose the idea of the relational institution as one way of approaching this question.

Everyday life as the medium of care

Relationships are hardly a new area of concern in residential child care. They have occupied a central place in the field for decades. Anglin's (2002) influential study of residential group homes demonstrated how everyday residential practice revolves around attempts to respond to young people's pain while simultaneously creating experiences of normality. More recent research suggests that professionalism in residential care cannot easily be separated from the personal and relational character of everyday life. Lane and Shaw (2020) describe this as a form of ‘everyday professionalism’, while Andersson and Sallnäs (2024) show how staff draw on familial metaphors to articulate

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relationships that extend beyond narrowly professional terms. Furthermore, contemporary research broadly reinforces these arguments. A systematic review of young people's experiences of residential care identified relationships and support, alongside autonomy, control, and safety, as central dimensions of their experience (Cameron-Mathiassen et al., 2022). A systematic review by Pinheiro et al. (2024) demonstrated the importance of relationships between residential staff and young people, and, importantly, shows that their quality is associated with factors operating at several ecological levels. None of this means that residential care should abandon treatment models or specialised knowledge. Young people entering residential settings often present with complex emotional and mental health needs, requiring residential staff to have the knowledge and skills necessary to respond appropriately (Santos et al., 2023; Steels & Simpson, 2017). The point is rather that treatment cannot be separated neatly from the environment in which it occurs. A technically sophisticated intervention delivered within an unstable, frightened, or impersonal institution is unlikely to remain untouched by that environment. Conversely, encounters that appear mundane may become developmentally significant when they are repeated within relationships characterised by reliability, recognition, and trust.

There is therefore a distinction worth preserving: Treatment is something a residential institution can provide. The milieu is something it inevitably is. The future of residential care should consequently not be imagined merely as better interventions delivered inside existing institutional structures. The structure and everyday life of the institution are themselves part of what is being offered (cf. Leipoldt et al., 2019). This also guards against turning every aspect of children's lives into treatment. Not every conversation over breakfast needs a therapeutic objective. Not every football match requires a clinical interpretation. Part of what residential care can offer is precisely the experience of ordinary life with adults who remain present without continuously transforming that life into a professional intervention. The paradox is that everyday life may become therapeutic partly because it is allowed to remain as everyday life.

Relationships are organisational achievements

If relationships matter, an uncomfortable question follows: what makes relationships possible? It is tempting to locate relational practice primarily in the qualities of individual workers. Some practitioners are described as warm, authentic, reflective, or particularly skilled at connecting with

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young people. Such qualities undoubtedly matter, but this explanation easily individualises something that is partly organisational. Relationships require time, continuity, and adults who are sufficiently secure and supported to remain emotionally available when a young person is angry, rejecting, frightened, or withdrawn. Pinheiro et al.'s (2024) review is important in this respect because factors associated with relationship quality extend beyond the characteristics of individual young people and workers. The conditions surrounding their encounters matter as well. This observation has significant implications for how residential care is organised. High staff turnover, fragmented teams, excessive reliance on temporary workers, procedural overload, and organisational cultures dominated by anxiety and risk management do not merely create workforce problems but shape the possibilities for care itself.

If relationships constitute part of the intervention, the organisational conditions for relationships must also be understood as part of it. Steckley's (2010) use of the psychoanalytic concepts of holding and containment in residential child care is particularly useful here. Residential workers are repeatedly exposed to powerful emotions, conflict, and uncertainty (cf. Andersson, 2022). They are expected to contain rather than merely react to these experiences. But containment cannot reasonably be demanded from individual workers while the organisation surrounding them remains unable to contain its own anxiety and uncertainty.

A relational institution must therefore be relational in more than one direction. The organisation must support those whom it expects to support children. Supervision, stable teams, reflective spaces, leadership, and adequate staffing are not peripheral administrative matters, but constitute part of the relational architecture of the institution. This also complicates conventional understandings of professionalisation. In my own research on Swedish secure care, staff frequently described relationships with young people using familial language even within an explicitly professional institutional environment (Andersson & Sallnäs, 2024). Such descriptions should not be romanticised: residential workers are not substitute parents, and institutional relationships remain structurally asymmetric. Yet they point to a persistent feature of residential work. Professional care cannot easily be reduced to professional distance, with its practice often requiring forms of closeness that exceed a narrowly technical understanding of professional expertise.



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The question for future residential care is therefore not whether relationships should be professional or personal, but how organisations can sustain relationships that are professional precisely in their capacity for thoughtful human closeness.

The modest institution

There is, however, a danger in celebrating relational residential care too enthusiastically. However important relationships within residential care may be, young people's relational worlds extend beyond the institution, and maintaining these external ties appears important for their sense of belonging (Fellmann et al., 2026). The relational institution should therefore also be a modest institution, organising time, space, relationships, and everyday decisions. For children living within them, the boundaries between intervention and life can become remarkably thin. This is particularly evident in secure care, but the tension also exists in residential care more generally (cf. Pålsson et al., *forthcoming*).

By institutional modesty, I mean an institution capable of recognising both its importance and its limitations. Residential care may, for some young people and in moments, provide something indispensable: safety, stability, supportive relationships, and conditions that support recovery and adaptation following adversity (Cameron-Mathiassen et al., 2022; Pinheiro et al., 2024). But the institution should resist interpreting this necessity as evidence that it ought to become the centre of the young person's social world. Whittaker et al. (2016) define therapeutic residential care as a purposefully constructed living environment operating in partnership with families and alongside community-based formal and informal resources. The latter part of this definition deserves particular attention. Residential care should not replace the child's relational ecology. It should help repair, strengthen, or expand it. A good residential institution should therefore have permeable boundaries. Families should be present wherever this is safe and possible, with schools, friendships, leisure activities, and communities remaining part of children's lives, rather than becoming external worlds to which they will eventually be returned. Relationships with residential workers matter, but so do relationships that will survive the placement.

This leads to a different way of thinking about institutional success. A young person becoming highly adapted to the routines of an institution is not necessarily evidence that the institution has succeeded. Indeed, the

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opposite may sometimes be true. Residential care should prepare children not primarily for successful institutional living but for lives that are increasingly possible beyond the institution. The institution thus confronts a productive paradox: it must become sufficiently important to provide safety and belonging whilst simultaneously working towards becoming less important. Its task is not to become the child's world, but to make a larger world possible for them.

Concluding remarks: Beyond better institutions

The future of residential child care will undoubtedly involve new knowledge, new treatment approaches, and new forms of professional expertise. These developments are necessary, but technical sophistication should not be confused with quality. Residential care remains a fundamentally unusual intervention because professional practice and everyday life occupy the same space therein. This creates both its possibilities and its dangers. The idea of the relational institution proposed here is therefore less a model than a way of thinking about what institutions are for. It suggests that relationships should not merely be added to treatment programmes as another evidence-based component. They should inform how institutions organise time, staffing, leadership, everyday life, and their boundaries with families and communities. Perhaps the most important quality of the future residential institution is therefore not its ability to do more, but its capacity to know what only it can do – and what it should never try to replace. The quality of residential care may ultimately be judged not only by what happens within the institution, but by whether life within it expands or contracts the young person's world beyond it.

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and young people and on social services' crime-preventive work with young people.

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