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Relational care: A personal story

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Once there was a time when I could not have imagined I'd want to meet the mother of my children, to even admit she was a real person who might like dogs, hate cold weather or know some of her neighbours well enough to be invited into their houses. Then came a different time, one that changed my entire worldview, and quite suddenly I was desperate to know her, and distraught at the idea she might simply refuse to acknowledge me.

My son was with me the first time I met her, the woman who had given birth to him and his brother. When I tentatively asked if I could hug her, she embraced me quickly. She was so young, only just out of her teens, but that wasn't a surprise – I'd known I was almost 20 years older than her. We held each other close before she drew back and said she'd barely slept the night before. She'd been sick to her stomach with nerves at the thought of coming face to face with me, she said, while at the same time counting down the days in a bid to make time go faster. I can't remember exactly what we talked about as we watched our toddler son and a social worker play together with a toy kitchen set, but I did tell her how grateful I was that she'd agreed to meet me.

It was death that brought us together, but what has sustained our bond for nearly a decade is the depth and intensity of the love we share for our children. On that day, we shared the first of what would become many long conversations, spending some hours together, and I came away with a small sense of hope. The entire visit had been in striking contrast to the time I had encountered her siblings almost 2 years beforehand. I had been on my way to drop the kids off at a family visit when one of them ruined a fresh nappy along with their own clothes *and* the dress I was wearing. When I inevitably arrived late to the visit, the case worker explained that the children's aunts and uncle were already there, and would I like to meet them? I remember feeling quietly thrilled and I readily agreed. I was in love with the children and in love with parenting. In my eagerness to share that joy, I didn't stop to think.

With all that has now come to pass, I realise my naivety could be seen as unforgivable but, in that moment, it hadn't occurred to me to consider the enormity of the circumstances in which we had all found ourselves. Upon entering the room, the smile was knocked off my face by what I can only describe as a wave of hatred. I understand it now, of course I do, but at the time I was left reeling – anxious and confused and truly afraid to leave the children with them.

Today, when I look back on the first time their mother agreed to meet me, I have nothing but deep respect for the strength it must have taken her to simply turn up. With hindsight, I realise that day

marked a profound turning point in my understanding of what is increasingly known as relational care, an approach that places consistent relationships at the heart of caregiving.

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According to the latest Australian Institute of Health and Welfare report (2026), 137,000 Australian children came into contact with the child protection system during 2024–2025. Aboriginal and Torres Strait Islander children continue to be significantly overrepresented, with rates of involvement in child protection services remaining disproportionately high compared with non-Indigenous children. For First Nations children, and those from migrant or culturally and linguistically diverse backgrounds, these challenges are intensified by the erasure of language, kinship ties and cultural identity (Butler, 2017). These losses strike at the very core of belonging and selfhood. And yet they occur within care systems that are, by design, tasked with safeguarding children's wellbeing. Children living in geographically remote areas are also more likely to be placed in out-of-home care than those residing in major cities (Australian Institute of Health and Welfare, 2026).

In Australia, at June 2025, there were 34,600 children in out-of-home care, and about 90% of those (31,300) were in home-based care (foster care, relative/kinship care and other home-based care) (Australian Institute of Health and Welfare, 2026). Foster care placements can vary in length depending on individual circumstances. The placement might be for one child or a sibling group. In addition to emergency care, there is also short-term care, which can last anywhere from a few weeks to several years. This type of care supports children while they await a decision from the Children's Court regarding their long-term future, which may include reunification with their birth parents. Then there is permanent care – my partner and I are permanent foster carers to our children. We take full responsibility for their daily needs: feeding, bathing, teaching, socialising, educating and, most importantly, loving them.

Mandated visits are a legal requirement for children in statutory care to maintain contact with their birth families. These arrangements aim to preserve family connections. When we first tried to explain this to people we knew, there were those who hesitated, even baulked at such an arrangement, protesting that it must be confusing, detrimental and ultimately lead to even deeper trauma for the child. But whether or not children are able to live safely with their birth families is irrelevant to whether or not they should have contact or connection or knowledge of them. There is overwhelmingly strong evidence to support the importance of children maintaining connections with their birth family (Taplin et al., 2015) or, at the very least, having knowledge of them.

Extensive international research now shows that family connections support identity development, emotional wellbeing and a sense of belonging. Understanding their origins helps children make sense of their life story, reduces feelings of abandonment and supports psychological resilience. Children who grow up without access to their biological history struggle with identity formation and experience feelings of loss, uncertainty and disconnection (Wright & Cashmore, 2025).

When children have the chance to stay connected with their birth family, as social work scholar and pioneer of Therapeutic Life Story Work, Professor Richard Rose, has argued extensively throughout his career, they are better able to understand who they are, and these ongoing relationships give them a sense of continuity and belonging. Sustaining and understanding family connections, Rose maintains, is foundational for healing, a sense of identity and long-term wellbeing (Rose, 2012).

A 2025 scoping review identifies supportive relationships as one of the most critical factors when it comes to supporting young people when they move from out-of-home care to live independently. The review highlighted how supportive relationships with adults, whether they be carers or case workers, alongside social networks of extended family and friends, are essential in order to prevent care leavers becoming isolated (Grage-Moore et al., 2025).

An increasingly acknowledged approach in Australia, known as relational care, places meaningful and consistent relationships at the forefront of caregiving. This approach underscores the importance of emotional connection, trust and mutual respect among everyone involved with children in care – carers, birth and extended families and various other support networks. Relational care aims to cultivate a sense of belonging and safety for children, with the overall aim being to support long-term wellbeing through connection. As a philosophy of practice, relational care focuses on building trust and emotional safety between children and their carers and case workers. It involves engaging birth families in care planning and decision making, and it aims to ensure there are consistent relationships throughout a child's life to lessen the impacts of trauma and loss (Munford, 2022).

As straightforward or intuitive as this may sound, such a practice is profoundly complex. The difficulty arises from the multitude of intersecting factors and layered emotional, social and systematic dynamics that shape each relational encounter. The practice of relational care means, where possible, involving birth families as partners in care – seeking ways to involve family and kin so the child can be understood within their broader relational network, not in isolation. It is especially critical for children who have experienced complex and intergenerational trauma due to a focus on rebuilding trust and offering alternate pathways to identity and belonging. Yet one of the major challenges it presents is the emotional labour required from all those involved: case workers, already unforgivably overloaded (Hindman et al., 2023); carers, many of whom receive little acknowledgement and never enough support (Venables et al., 2025); and birth families, who are dealing with deep trauma (Collings et al., 2022).

Some of the key obstacles include placement instability and the high turnover of case workers – both of which make it difficult for young people with a care experience to establish or maintain ongoing relationships – along with separation from siblings and, later, difficulties transitioning into independent living. These obstacles are far from new – reports, reviews and parliamentary enquiries have been highlighting the urgent need for reform for decades (Musgrove & Mitchell, 2018). However, while the systemic and ongoing problems in Australia's foster care sector have been a media constant in the last 2 years, there might finally be signs of change coming. Care frameworks have traditionally focused on procedures, compliance and measurable outcomes, often treating relationships as incidental. While an earlier positive shift in the sector acknowledged the importance of secure attachment and emotional safety (Roberts, 2017), relational care distinctively places

the relationship at the core of practice, prioritising mutual trust and consistency between children and care givers. This model stresses care as reciprocal and ongoing.

The foster care training my partner and I took part in was lengthy and we believed it to be rigorous. It is a small agency and, as I am unable to evaluate it against training provided at any other agency or government body, I cannot provide any meaningful comparison. I completed the training with a clear understanding, at an intellectual level, of the importance of children with a care experience knowing where they come from and, when possible, having contact with their birth family. I was committed to ensuring family visits took place and ran as smoothly as possible, insofar as those aspects of visits I had some control over. But the genuine meaning of relational care took me longer to understand at an emotional level, and I remain deeply ashamed of the following admission. The ugly truth is this: in the beginning, from the moment I knew they existed, in my head, deep in my heart and under the surface of my skin, I wanted those children to be mine.

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When I was growing up in the 1980s, my only references to foster care were either literary – *Anne of Green Gables*, *The Great Gilly Hopkins* and, later, Pip from *Great Expectations* – or were part of family stories that had happened so long before I was born that I took them for granted. My paternal grandmother and her biological brother grew up with two foster brothers. One boy's mother visited regularly for a few years but then suddenly, without explanation, she stopped coming. The other boy was a baby when he was left with my great-grandparents. Although he always knew they weren't his biological parents, who he never met, he was told from a young age that he had been adopted.

According to my father, my great-grandmother was deeply committed to making sure this child – my great uncle – felt loved and fully part of the family. Yet the formal adoption wasn't pursued until he was 16 years old. In her application, my great-grandmother stated that the child had been placed in her and her husband's care when he was only a few days old. She explained that the biological mother had ceased contact and had not 'made enquiries as to the welfare of the said child or contributed towards his maintenance with the exception of the first few months of his life' (Deitz & Sheridan Burns, 2022). She continued that she was 'unaware of the biological mother's whereabouts, and that the child was aware' she and her husband were not his natural parents (Deitz & Sheridan Burns, 2022).

Growing up with these stories, it wasn't until I had children of my own that I stopped to consider what might have driven these mothers to leave their children, or decide the children were better off without them, and how it may have affected the boys in question or the wider family at the time.

Now I am middle-aged, I don't believe that as a community we're much more broadly educated about foster care at all. Whenever a news story appears in the mainstream media, I see the countless negative reactions to old stereotypes and people prone to jumping to conclusions. Those who say children should *never* be taken away from birth families, no matter the circumstances; those who say all carers do is cause more trauma and are only involved for the payments. It seems there will always be as many people quick to condemn birth parents who have their children taken from them as there are people willing to label those who parent other people's children as having a hero complex, or worse.

My own journey to foster care was both excruciatingly long and startlingly swift. After years of unsuccessful attempts to conceive, followed by multiple rounds of IVF, our specialist eventually told us we had reached the limits of what medical science could offer. It was not long after this that I was, by chance, introduced to someone who had recently fostered a 3-year-old girl and her baby brother. This had been arranged through an Australian-based charity and was known as permanent foster care. When I told my partner about the conversation later that evening, his initial reaction was to worry whether he would be able to love a child not our own. He did commit, however, to undertake and finish the training course with me. After an initial home interview conducted by the charity, we were invited to begin the first stage of the foster care program. It started with a full-day Saturday session, followed by four weekly 2-hour evening classes. If we chose to continue, the next phase involved four more 2-hour interviews at home, each more in-depth than the last. The process culminated in my partner and I being interviewed separately, after which our application would be reviewed by a panel.

Most children enter foster care due to abuse or neglect, and training necessarily focuses on how to support children who are emotionally wounded, traumatised, confused and desperately afraid. The first session was thorough and nothing short of devastating. My resolve wavered as we listened to what so many children endure due to the impact of poverty, addiction and lack of adequate mental health care in our society. That night, my partner lay awake for hours, unable to sleep, while I was tormented by countless nightmares. For support, we reached out to the marriage counsellor who had guided us through the grief of our IVF experience.

Once the first stage of training was completed, those of us who had continued until the end – many couples did not return after the first session – were informed via email that we would be permitted to start the next stage – the home interviews. These discussions, for want of a better term, ensured there was little the charity did not know about us or the minutiae of our lives. Just shy of a year after our very first conversation about foster care, we were accepted as official carers.

Our paperwork reflected our choice for the permanent care of a child up to 3 years old. Expecting to wait for some time for what is called a referral – an anonymised file containing basic background information and a medical history – we were taken aback when we received a phone call a few weeks after our approval: would we consider looking at the file of a baby boy? At first glance, there was nothing to indicate we should not say yes immediately. But on closer inspection of a paediatric report, we saw that the baby was severely underweight and that there was the possibility of a congenital illness that, if realised, would significantly impact all of us. At first, we were distraught. Would we be able to provide everything he might ever need? Would we cope if all the health concerns added to the referral by his short-term foster carers were also realised? Would we be good enough?

After days and nights agonising over every aspect of what this decision might mean for our lives and the future of one child, we came to the realisation that there is no way to predict whether

anyone will grow up healthy, happy or what society might call 'normal'. We said yes – we wanted to commit to this baby. The agency emailed a photo. He was the most beautiful baby either of us had ever laid eyes on. The court order was finalised in May 2014. A month later, we welcomed a 6-month-old boy into our lives.

In the beginning, we had no interest in ever engaging with the birth parents or their extended families. This was not due to judgement or disinterest on our part. It was because we didn't want to acknowledge that the baby didn't entirely belong to us. Despite the solid training we'd received about caring for children who 'have two families', a part of me wanted to claim him as mine alone. Over time, however, I began to truly grasp what it meant to be the ones who saw him every day – the ones who watched him grow, celebrated his milestones, kissed and cuddled him whenever we felt like it, and tucked him in each night. As time went on, I started to consider the intricate threads binding us to another family now inextricably linked to mine forever.

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Although endorsed as best practice, relational care faces significant challenges that are systemic, emotional and practical. Carers – that is short-term, long-term, permanent and emergency – already contend with substantial emotional labour, leading to compassion fatigue and vicarious trauma, especially when forming therapeutic relationships with children who have all experienced severe trauma, loss and attachment disruptions (Venables et al., 2025). These children often present with complex emotional and behavioural needs, exhibiting challenging behaviours due to past experiences and multiple placements, which can strain carer–child relationships and make it difficult to sustain trust and stability.

Further hindering effective relational care are inadequate training and support. Many carers feel unprepared to deliver trauma-informed and culturally responsive care due to limited training, infrequent supervision and inconsistent access to allied professionals such as psychologists or cultural consultants (Haynes, 2024). Systemic and structural barriers are also prevalent; the out-of-home-care system is often risk-averse, bureaucratic and under-resourced, prioritising compliance over connection. High caseworker turnover and the siloed nature of some non-government organisations disrupt continuity and relationship building (Brooker, 2025).

For Aboriginal and Torres Strait Islander children, cultural and identity challenges are critical. Carers may struggle to understand cultural protocols, facilitate connections to community, Country and kin, and navigate tensions between mainstream care systems and Indigenous ways of caring, risking unintentional cultural disconnection without strong partnerships with Indigenous organisations and cultural mentors.

Carers frequently report feeling undervalued by the system, which can erode morale and contribute to attrition (Butler, 2025). Despite these formidable hurdles, there are opportunities for positive change. Policy reforms, such as extended-care programs and trauma-informed frameworks, are creating space for relational approaches. Innovations in practice, including therapeutic models, peer mentoring and family-led decision making, are all gaining traction, further enhanced by collaborations with Indigenous organisations and local networks. Ultimately, relational care represents a cultural shift in the out-of-home-care sector, challenging professionals to move beyond compliance and risk management toward authentic engagement, empathy and shared responsibility. By centring relationships in every aspect of care, relational approaches are not just beneficial but vital for supporting children, families and communities to heal and thrive. *But this essential shift also demands government commitment.*

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Now that I am more cognisant of the system, I am well aware that while there are many people who have positively devoted their lives to foster care, either professionally or personally, there are innumerable children and families who have been failed by the system, often repeatedly and with profound consequences. Many children with a care experience in Australia experience multiple placements, with each change severing emotional and social continuity. They move homes, lose contact with siblings, attend different schools and are rarely provided with a full explanation of the reasons behind these changes. Belongings disappear. Records are lost. Workers change. The result is not just instability; it is a profound disruption to their sense of identity and belonging. I remember how shocked I was when I first read about a contemporary foster care case in which a teenage boy mentioned having to move his belongings in a garbage bag. These days, I am aware that this is a common occurrence.

When our boy was 21 months old, we were joined by his biological brother. We were ecstatic. He was completely healthy, the one we were never going to have to worry about and, just like his brother, absolutely gorgeous. Like any family, we had days when everyone was tired, when everyone was cranky, and days when nothing seemed to go right. There were plenty of times when my patience was stretched. But I still loved every single second, and I want to be clear that we did not take one day of our lives as parents and carers for granted. I don't think I will know the particular joy of those days ever again. When tragedy struck, we were completely unprepared. Our younger son was 18 months old when he died suddenly and totally unexpectedly in an accident. Our lives will never be the same. We will never recover from this loss. No-one who loved him ever will, and so many people loved him.

Which is not to say that I cannot be happy, or that the people closest to me do not continue to mean everything to me. And not everyone who outlives their children is as fortunate to have the family, friends and community who rallied around us. I will never take that for granted either, and I come back to that realisation often: the support we were surrounded by. Perhaps most vitally, what emerged out of the complete devastation of the loss of our son was a relationship between my children's mother and myself. The years passed and my children's mother has since grown her family with her new partner.

When I pick our son up from his visits – now occurring more often than the original six mandated visits and held in a park or a suburban play centre rather than a governmental office – children run to me for a cuddle and I chat to the siblings of my children's mother before she and I sit down to talk about our boy. Our son, who for now is reasonably indifferent to his life circumstances, is also open to discussing them with anyone who appears interested. I know how unusual our situation is and am critically aware of the heavy irony of the tragic events that led us to this point.

While I desperately wish it had not taken a tragedy to lead us here, I know that the trust and empathy that has developed between our two families are the exemplars of relational care – and I understand deeply how much more capacity for healing and growth there is in such an opportunity.

Prioritising authentic relationships over bureaucratic processes has the potential to foster environments in which people feel genuinely heard, understood and able to exercise true agency. If care can be enacted through collaboration, empathy and compassion, there remains hope for a system that truly centres the voices of young people, rather than continuing to promise to do so. After decades of rhetoric about participation and inclusion, the challenge is not to keep listening, but to create conditions in which young people's perspectives shape the decisions that affect their lives.

My children's mother texted me recently to say she was contacting me from hospital after suddenly needing an operation that turned out to be routine. She was fine, she explained, but had wanted to let me know. I peppered her with questions and then apologised for doing so while she was still recovering. She sent a number of laughing emojis before answering: 'Don't worry, I'm used to you – that's what we do!'

Note: Some minor details have been changed for reasons of privacy and safety concerning the young people in this piece.

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