Relational care in out-of-home care in NSW:
Learnings from practitioners and managers in non-profit organisations

February 2026

It's actually understanding the rudimentary elements of who we are, what we do and how we do it and how we can be safe in that and then to create the expectation that slowly, slowly, it's actually all about the small things that you do. It's not about your perfect assessment paper trail. It's not about your perfect case note writing. (Practitioner)

I've done so many exit interviews with caseworkers over the years and I can distil it down to one comment, which is " I took this job because I wanted to make a difference to kids and I'm leaving because I spend all my time sitting in front of the computer". (Manager)

About ACWA
The Association of Children's Welfare Agencies (ACWA) is the NSW peak body representing non-government community organisations that deliver services to children, young people and their families who need support. Our member agencies include organisations providing a range of important services to improve children's safety, including early intervention, family preservation and out-of-home care services. We collaborate with our members, partners, government and non-government organisations and other peaks to advocate for systemic reform to improve the lives of children and young people.
www.acwa.asn.au

About the Centre for Relational Care
The Centre for Relational Care is an independent, not-for-profit advocacy body seeking to transform Australia's care systems toward relational models of practice, with an initial focus on out-of-home care. Our work is built on evidence that a system that puts child connection and relationship first, works best for families and keeps children safer. We call this a "Child Connection System". We are growing a community of people with extensive and diverse experience in child protection and care systems to guide our work.
www.centreforrelationalcare.org.au

Contents

Key messages

- **There are good examples of relational practice in out-of-home care at both the individual and organisational level**, with opportunities to share learnings and expand and embed this work across the sector.

- **Relational practice is undermined by system incentives that reward compliance, speed and documentation over time, presence and connection.** Bureaucratic procedures, funding parameters, contractual restraints and regulatory frameworks affect organisations' ability to prioritise relationships, and that in turn impacts practice.

- **There may be a gap between relational *capability* and relational *conditions*.** Many practitioners understand and value relational practice, but system incentives and settings often limit their ability to consistently work in relational ways. Sustained relational practice depends on organisations and systems creating the time, permission and support required for relational practice to occur.

- **Practitioners and managers spend a considerable amount of time on administrative and legal tasks.** This is particularly the case for those working in general foster, relative and kinship care services and residential care services in the Permanency Support Program. This negatively impacts not only children and families but also staff satisfaction and retention. Bureaucratic processes are consuming managers' energy and attention, detracting from a focus on relational practice.

- **Some agencies are asking practitioners to document every aspect of their work in detail,** including their interactions with children, parents, families and carers**.** This is driven largely by the possibility that the agency may at some point be required to provide evidence that they are working in a certain way. Practitioners and managers want government bodies to focus on measuring 'the right thing' and reduce the focus on outputs.

- **Practitioners are feeling the pressure of competing demands.** They want clearer organisational backing and courage at the leadership level to prioritise relationships over excessive or counter-productive procedures, and employers who celebrate the relational aspects of their work rather than achieving compliance or administrative tasks.

- **Bureaucratic language, forms and processes have seeped into non-government practice.** Some agencies are rethinking their procedures - using technology to reduce administrative burden or shifting away from formal, bureaucratic language so that it's clearer and more human.

- **All practitioners would benefit from support and learning opportunities** such as peer mentoring, coaching and time for reflection, particularly those working in general foster, relative and kinship care. Newer practitioners would also benefit from support with some of the more diverse aspects of relationship-building such as building/maintaining trusting relationships with parents and families and managing their own emotions.

Summary

Background

Children thrive when they have positive, supportive relationships with caregivers, family, community and peers. Practitioners in out-of-home (OOHC) services play a crucial role in helping to build, repair and sustain those relationships, work that cannot be done without practitioners themselves developing trusting relationships with children, parents and carers.

This report presents the findings of a survey about relational practice of 201 OOHC practitioners, and discussion groups with OOHC practitioners and managers, undertaken in October and November 2025. It is part of a collaborative project between the Association of Children's Welfare Agencies (ACWA) and the Centre for Relational Care. This report forms part of a much wider conversation across the sector and is intended to serve as a pathway for reflection and discussion. Organisations may consider using the survey questions themselves, exploring how they would respond and what these questions reveal about organisational culture and practice.

Findings and key considerations

This report highlights that relational practice is not simply a matter of individual skill or attitude. While many practitioners demonstrate solid understanding of what relational work requires, the system within which they operate often rewards compliance, speed and documentation over time, presence and connection. In this context, being *capable* of relational practice is not the same as being *enabled or incentivised* to practise relationally. Practitioners may understand how to build trust, respond with empathy and work alongside children, parents and families, but struggle to do so consistently when time, resources, organisational backing and system settings work against these intentions. The research suggests that strengthening relational practice requires changes not only in workforce capability, but in the incentives, expectations and conditions that shape everyday practice.

The bureaucratisation of OOHC

Systemic and organisational conditions are hindering relational practice. These constraints include rigid procedures, staff turnover, and a contractual and regulatory environment that is viewed as overly prescriptive and proscriptive. Fear of failing compliance standards is driving excessive documentation and paperwork, which not only impacts children and families but increases job dissatisfaction. The pervasiveness of bureaucracy shows up in many ways, including the language used by practitioners.

While some agencies are finding ways to work around these constraints, it takes considerable effort to do so. A systematic, sector-wide effort to reduce administrative burdens and inflexible procedures would negate the need for these time-consuming workarounds. This is particularly urgent for agencies providing general foster, relative and kinship care and residential care services. There is also scope for agencies to act now, review their current practice, processes and language, and work with children, parents and carers to further embed relational practice across services.

The importance of supporting practitioners

Most practitioners reported that while their employer encourages them to build relationships with children, parents, families and carers, they are not always supported to prioritise that

relationship-building over administrative work. Practitioners want clearer organisational backing and courage at the leadership level to prioritise relational practice.

All practitioners would benefit from support and learning opportunities such as peer mentoring, coaching and time for reflection. Newer practitioners would also benefit from support with some of the more diverse aspects of relationship-building such as building and maintaining trusting relationships and managing their own emotions.

Next steps

We are working with a group of non-government service providers, government representatives and people with lived experience to drive change across the OOHC sector. Over the first half of 2026, the group will draw on the findings in this report to develop new approaches or expand existing initiatives that support and empower practitioners to prioritise relational practice.

Background, methodology and participants

Children need warm, responsive, stable relationships with adults so that they can thrive. There are almost 14,000 children in out-of-home care (OOHC) in NSW, all of whom have experienced disruption and loss in relationships. Genuine, respectful relationships between practitioners and children and families is crucial to supporting healing and change, yet we know that this is not the experience for many.

ACWA and the Centre for Relational Care are collaborating on a project to strengthen and expand relationship-based practice in OOHC. To better understand the enablers and barriers to developing relationships with children and families, we invited ACWA's member agencies to participate in a survey and discussion groups about relational practice. We also hosted a roundtable with sector organisation leaders to identify practical ways to embed relational practice in OOHC.
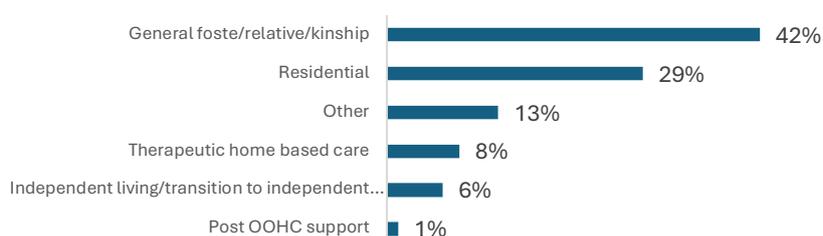
This exploration of relational practice is intended to serve as a pathway for reflection and learning and forms part of a wider ongoing conversation across the sector. Organisations may consider using the survey questions themselves, exploring how they would respond and what these questions reveal about organisational culture and practice. The aim is to open dialogue, explore capability and capacity, and move toward embedding relational practice – building on our understanding of what relational practice involves and how it can be strengthened.

Practitioner survey

The survey (see Appendix A) was designed to provide a point-in-time snapshot of OOHC practitioners' experience of relational practice. It was developed by ACWA and the Centre for Relational Care and piloted with a group of practitioners and senior practitioners to ensure that the questions were easy to understand, applicable to OOHC and to test the time taken to complete the survey.

Survey respondents worked in a range of service types, including general foster, relative and kinship care, residential care and therapeutic home-based care (THBC).

Survey respondents' main area of work

Area of work	%
General foste/relative/kinship	42%
Residential	29%
Other	13%
Therapeutic home based care	8%
Independent living/transition to independent...	6%
Post OOHC support	1%

201 practitioners completed some or all survey questions

Survey respondents' length of time as a practitioner

Length of time	%
Less than 12 months	6%
1-2 years	9%
3-5 years	29%
6-9 years	16%
10+ years	40%
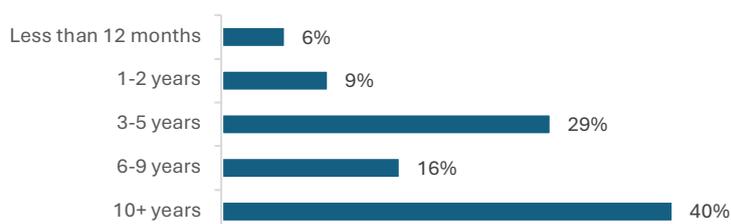
12 practitioners / **13 managers** participated in a discussion group

As with all voluntary surveys, these findings are subject to limitations such as self-selection and social desirability bias. The survey was designed to explore practitioners' experience and understanding of relational practice as determined by this particular group of participants. A more comprehensive understanding of relational care in OOHC in NSW would require wider practitioner input and the input of children, parents and carers.

Discussion groups

ACWA and the Centre for Relational Care co-facilitated four semi-structured discussion groups in November 2025, two with practitioners and two with managers. Participants represented a broad range of experience from different service types across NSW. Discussion groups were held online.

Leadership roundtable

In November 2025, ACWA and the Centre for Relational Care co-hosted a roundtable with The Hon. Kate Washington, Minister for Families and Communities, and her staff, and senior representatives from peak bodies, government and non-government organisations, and Aboriginal Community Controlled Organisations. Delivered in workshop format, the roundtable focused on developing achievable actions that could be immediately implemented. The following themes emerged:
- Cultural authority
- Prioritise relationships
- Learn together
- Develop skills
- Lead and empower
- Reframe language
- Listen and act
- Measure what matters.

FINDINGS

Understanding of relational practice

These are the children who have had the most relational ruptures, and that's why we've got them. So why are we not focusing on the most important thing that needs to be repaired and replaced in their lives, which is quality relationships? (Practitioner)

The survey and discussion groups suggest a consistent understanding of relational practice. Practitioners and managers used similar words and phrases to describe relational care including:
- mutual/reciprocal relationships
- connection, rapport
- trust
- empathy, understanding, compassion
- respect
- collaboration, working together
- transparency, honesty, openness
- humility, acceptance, patience
- dignity
- walking alongside, on a journey together, responding to each unique journey
- genuine listening, giving people a voice, not going in with an agenda
- involving people in choices and decisions
- acknowledging the power imbalance.

In the discussion groups, some practitioners described **practical aspects** of relational care, such as providing information and being available. There was an emphasis on:
- being clear from the beginning about roles, managing expectations, explaining why services are there and what they can and can't deliver
- recognising and acknowledging that practitioners may make mistakes and do not have all the answers.

I was pretty upfront with working with carers about, you know, I probably won't have all the answers. I will need to go find those answers. (Practitioner)

Ask carers, what does communication look like for you? Do you have a preference of if I call you or if I text you and check in? If I e-mail you? How will I introduce myself to the kids? (Practitioner)

Others focused more on **human connection** and **creating emotional safety**.

But for me, you know, it's a relationship built on trust and, like shared humanity is really important. And I guess... it's not just about fulfilling your role. It's about being consistent and emotionally available in ways that feel safe and empowering for each other. (Practitioner)

Getting to know [carers] as people rather than what their role is... getting to the crux of what makes them happy or sad or those triggers and just kind of delving in there and

creating those opportunities of connection where they really feel emotionally safe in your presence. (Practitioner)

Walking beside them in their journeys 'cause ... every journey is unique so we need to be open minded and just make sure that we listen and you know, give them the care that they need to be able to, you know, succeed and build that relationship. (Manager)

Most survey respondents reported that they are undertaking various aspects of relational practice. For example, respondents agreed or strongly agreed with statements such as:
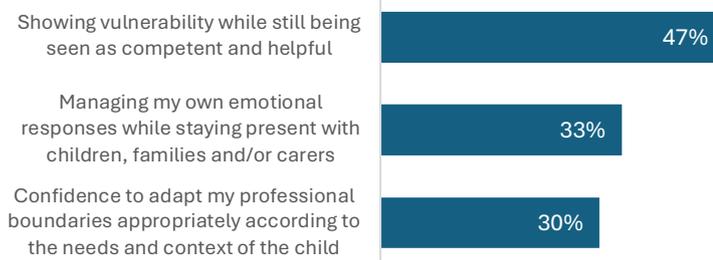- I am open to families challenging or questioning me (97%)
- I adapt my approach based on what children, families and/or carers tell me they need from our relationship (94%)
- I actively look for opportunities to show children, families and/or carers that I trust them (94%)

A fifth (20%) of all respondents disagreed with the statement 'It's fine to share aspects of my own experiences to help build a relationship'.
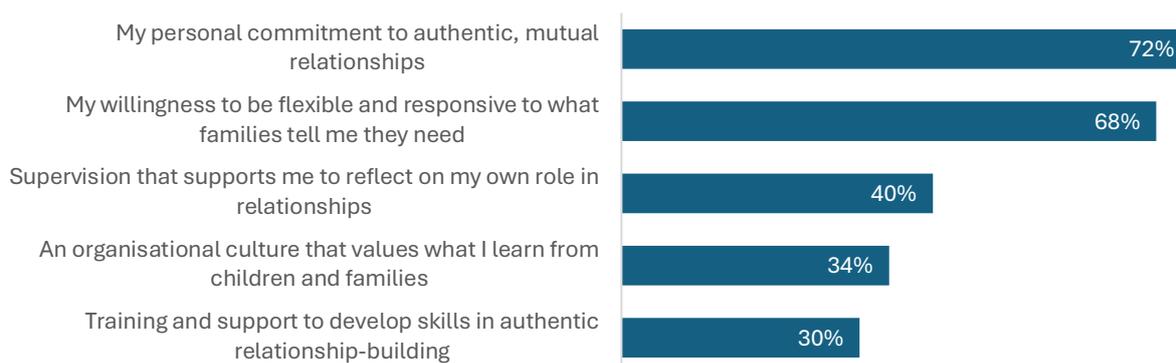
Organisational support for relational practice

What practitioners find most challenging in their practice

When asked what was most challenging in relational work, the most common selection among survey respondents was 'showing vulnerability while still being seen as competent and helpful'.

Showing vulnerability while still being seen as competent and helpful	47%
Managing my own emotional responses while staying present with children, families and/or carers	33%
Confidence to adapt my professional boundaries appropriately according to the needs and context of the child	30%

Practitioners in the discussion groups felt that relational practice is happening but is not embedded across the sector. This is reflected in survey responses. Asked to select up to four factors that most enable their relational practice, practitioners strongly indicated that **their own intrinsic qualities** (personal commitment and willingness to be flexible and responsive) most enable relational work. While some respondents also selected **organisational factors** as enablers there is a marked drop in numbers.

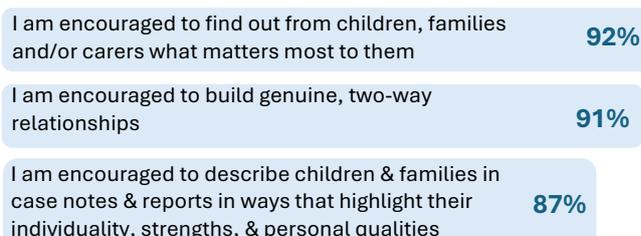|	
My personal commitment to authentic, mutual relationships	72%
My willingness to be flexible and responsive to what families tell me they need	68%
Supervision that supports me to reflect on my own role in relationships	40%
An organisational culture that values what I learn from children and families	34%
Training and support to develop skills in authentic relationship-building	30%

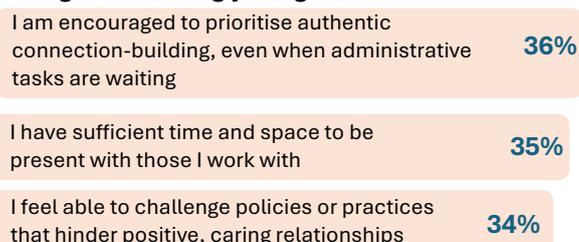## Encouragement and backing to prioritise relationship-building

Survey respondents reported that while their organisation encourages them to develop genuine relationships with children, parents, families and carers, relationship-building tends not to be prioritised over administrative tasks.

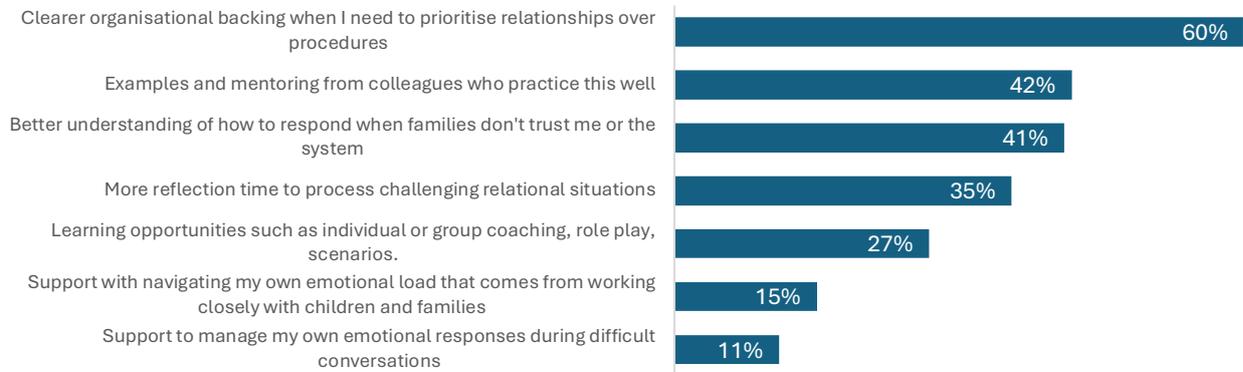### Organisational support (n=184)

Agreed or strongly agreed

I am encouraged to find out from children, families and/or carers what matters most to them	92%
I am encouraged to build genuine, two-way relationships	91%
I am encouraged to describe children & families in case notes & reports in ways that highlight their individuality, strengths, & personal qualities	87%

Disagreed or strongly disagreed

I am encouraged to prioritise authentic connection-building, even when administrative tasks are waiting	36%
I have sufficient time and space to be present with those I work with	35%
I feel able to challenge policies or practices that hinder positive, caring relationships	34%

Most survey respondents indicated that **clearer organisational backing when I need to prioritise relationships over procedures** would most help develop their confidence in relational practice.

Organisational support (n=184)

Category	Percentage
Clearer organisational backing when I need to prioritise relationships over procedures	60%
Examples and mentoring from colleagues who practice this well	42%
Better understanding of how to respond when families don't trust me or the system	41%
More reflection time to process challenging relational situations	35%
Learning opportunities such as individual or group coaching, role play, scenarios.	27%
Support with navigating my own emotional load that comes from working closely with children and families	15%
Support to manage my own emotional responses during difficult conversations	11%

Several managers described 'quarantining' time for administrative work and making it clear to practitioners that their relational work comes first. Examples included:
- agreeing on work from home days to catch up on administrative work
- managers themselves completing administrative work to free up practitioners
- administrative support attending home visits to take notes.

Some practitioners reported that their organisation protects them from paperwork and the audit process.

> *For us, it's bare minimum of what we need to do and when we do have to write notes, obviously we write it in mind knowing that the young person is gonna be reading these one day.* (Practitioner)

Slowing down and taking time

Practitioners talked about the importance of slowing down, allowing time to build relationships and reducing the focus on efficiency.

> *We're pushing people one way to get more efficient and that's actually having a really detrimental impact on the relational journey.* (Practitioner)

> *That purposeful slow pacing, purposeful pacing of actually slowing things down to be more responsive, to be more accessible and to be more sustainably engaged.* (Practitioner)

> *I'm a fixer. I want to problem solve and sometimes I have to slow down and allow when you know. I feel like when you're working in a relational care model, allowing for that discomfort and knowing that that's OK, because that's part of working through a relationship.* (Practitioner)

A manager described their organisation focusing deeply on getting back to relationships and that being the main game for practitioners. This included a strong focus on worker health and wellbeing, putting compliance to one side, and focusing on reflective practice particularly with

newer practitioners. Managers acknowledged that practitioners struggle to work well with children, parents, families and carers when they are feeling pressured or burdened.

> *You know you're never going to feel like you can have reciprocity with people with the kids or the carers or the parents if you're feeling that burdened, you're not going to feel OK you're going to get out, you're going to be tired... So it's about our organisation actually being a bit more aware of the impact and holding people a bit better.* (Manager)

An organisation-wide approach to embedding relational practice

> *It was really transformative for the workforce and for the relationships ultimately of everyone, you know, whether it's teams, whether it was leadership, whether it's working with parents, working with Department - everything.*

A practitioner described their organisation's approach to embedding relational practice across its OOHC services. This included delivering training in trauma responsiveness for all staff, not only those working directly with families. Over four years the agency took what was described as a '*sustained and saturated effort*' to change their language, improve understanding of what drives behaviour in general and in response to trauma, and support compassionate, responsive relationships.

It took time, effort and resourcing to ensure that the relational approach was supported across every aspect of their services, including in-person learning opportunities, changes to supervision, and mentors providing ongoing support.

> *Every interaction that I have with someone, I need to understand why I'm doing what I'm doing and try and do it to connect better.... which ultimately creates stronger, safer more nurturing relationships and helps you understand the person in front of you with...all that compassion, with all that acceptance, with all that patience.*

Leadership

Practitioners in the discussion groups raised the importance of leaders modelling relational practice and having the courage to prioritise relationships.

> *It requires some pretty strong and powerful or confident leadership to be able to say that if we're going to be able to put the time in here, it's going to save it here. And if we can put it in well here, it's actually going to mitigate a whole lot of things that we know and have shown and our reporting would prove also.* (Practitioner)

> *Leadership to encourage a workforce to take that time and to have those conversations and to be vulnerable enough and provide safe spaces.* (Practitioner)

> *Top down support structure to be able to acknowledge what does it mean to get all this stuff right - absolutely means that it looks like temporary loss of productivity or loss of momentum until that becomes the new culture of the new way. It's a long, slow thing and it's a commitment.* (Practitioner)

> *Leaders need to help prioritise, say it's ok for something to be a few days late etc.* (Practitioner)

Reflection, supervision and learning

Several practitioners and managers in discussion groups described their agency embedding models and frameworks that support relational care across the whole organisation, including for staff not involved in service delivery such as those in Human Resources and other corporate support roles. Other approaches used to support confidence and learning in relational practice included:
- pairing new practitioners with more experienced practitioners
- supporting new practitioners with mentoring, shared home visits, role modelling
- matching caseworkers with families as carefully as possible
- culturally appropriate supports for Aboriginal families
- a practice development manager providing one-to-one clinical supervision.

Managers in the discussion groups described agency approaches to supervision including:
- coaching models of supervision
- the *Minnesota Child Welfare Practice Framework* as a model for group supervision
- planning before a visit to discuss with practitioners what might come up, what they're worried about, how they might approach it.

Survey respondents reported engaging in regular reflective practice both individually and with colleagues, with support from supervisors to do so. More than a third, however, indicated that they do not have time to reflect during their workday.

Survey and discussion group participants reported appreciating the support and availability of their supervisor, with some suggesting that incorporating discussions about relationship-building into supervision would be beneficial.

> *What I found was beneficial for me was having those meetings with my manager and telling her how I feel, what's going on and she provides me with reassurance, and she understands where I'm at or the pace I'm at.* (Practitioner)

Developing relational practice (n=165)

Agreed or strongly agreed

I feel confident examining my own assumptions and biases about the children, families and/or carers I work with	94%
I regularly reflect on what I might be bringing to relationships that could be helpful or unhelpful	93%
I regularly consider whether my words and actions demonstrate trust and respect for the children, families and/or carers I work with	93%
Reflective practice helps me manage the emotional demands of being genuinely present with others	86%
My supervisor is regularly available for support, reflection and feedback	83%

Disagreed or strongly disagreed

I have time to reflect during my workday on how my attitudes and assumptions may affect my practice	36%
My organisation provides learning opportunities relative to relational work	23%

While some group participants mentioned the importance of training, others felt that there was an over-reliance on training which does not meet their learning needs.

> *How much money we are just throwing into the wind with endless amounts of training that then isn't remembered or practiced. Training isn't the silver bullet.* (Practitioner)

> *Highly nuanced, complex work about human behaviour, so it's a pretty unfair brief already that's stacked to our frontline workers what we're expecting them to do. There is no perfect training. There is no perfect workshop.* (Practitioner)

Supporting newer practitioners

Newer practitioners in the discussion groups talked about their journey of learning, both academically and on-the-job. They described developing an understanding of what was important and how to prioritise. For example, one practitioner described learning to spend less time on their laptop at home visits and more time playing with the child or finding ways to have incidental conversations with players while helping with household chores.

> *I think when I first started, I had the idea like, you know, you have to get your work done, which my organisation like has made me realise. Like yes, you have to get your work done, but it's also important to connect with families, connect with the child.* (Practitioner)

Some talked about being upfront and honest about being new to the role, not being a parent themselves, or not having all the answers.

> *You know, I probably won't have all the answers. I will need to go find those answers.... So I think having that transparency of always not knowing everything is OK and just sort of reminding them, look, I'll follow up.* (Practitioner)

> *I always kind of frame it as like I'm learning with the carer or I'm learning with the child or even with the birth family and I think it kind of helps to build a little bit of that rapport.* (Practitioner)

Two practitioners who had recently completed social work studies felt that their courses did not adequately focus on the importance of relationships between children, parents, families, carers and communities. As such, the opportunity to learn how to support and navigate those relationships was missing. The focus at university was more on professional, interdisciplinary relationships.

Documentation and bureaucracy

I've done so many exit interviews with caseworkers over the years and I can distil it down to one comment, which is "I took this job because I wanted to make a difference to kids and I'm leaving because I spend all my time sitting in front of the computer". (Manager)

It was clear from both the survey and discussion groups that practitioners are spending a considerable amount of time on administrative, bureaucratic and legal tasks. This was particularly the case for those working in general foster, relative and kinship care.
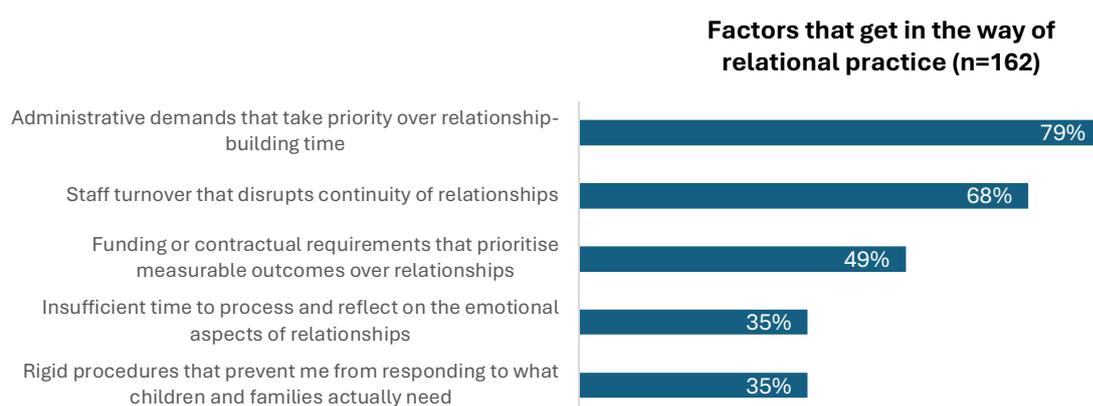
Practitioners in focus groups described feeling the pressure of these administrative demands within their organisations, trying to prioritise as best they can.

You know, if you are a bit behind in other things and you've full noted really well all the all those connections with your families and carers, it's really well understood that OK, that's why they haven't kept up with the paperwork on that sort of thing. (Practitioner)

Not that it's more important but can feel more pressing that there's often a due date and these things take time. (Practitioner)

For some newer practitioners, the extent of the administrative and legal work was a shock when they began in their role, reporting having already written four affidavits in nine months. Managers also reported hearing from practitioners that spending so much time at the computer is at odds with what they expected of the role.

Asked to select up to four factors that most gets in the way of their relational practice, most practitioners selected administrative demands and staff turnover, followed by funding or contractual requirements.

Factors that get in the way of relational practice (n=162)

Factor	Percentage
Administrative demands that take priority over relationship-building time	79%
Staff turnover that disrupts continuity of relationships	68%
Funding or contractual requirements that prioritise measurable outcomes over relationships	49%
Insufficient time to process and reflect on the emotional aspects of relationships	35%
Rigid procedures that prevent me from responding to what children and families actually need	35%

Documenting practitioner activity

If they weren't chained to their desks doing paperwork that helps nobody in the long run, then that relational care and that ability to be out spending time with kids, carers, families, whoever they're working with...I feel like you could spend more time with the people that you're working with. (Manager)

Both the survey and the discussion groups highlighted the extent to which documenting case notes is taking up practitioners' time.

Most survey respondents selected 'documenting case notes' as taking most of their time when not working directly with children and families. Less experienced practitioners were more likely to spend time documenting case notes and writing case plans than were those who had been a practitioner for six years or more.

Percentage of time spent engaging directly with children, parents, families and/or carers (n=176)

Documenting case notes	70%
Data entry	53%
Arranging or attending meetings	49%
Writing case and other plans	42%

Much of the discussion in groups focused on the perceived need to 'document every interaction' with children and families. Both practitioners and managers painted a picture of a significant amount of time being spent documenting case notes, emails, telephone calls and home visits, largely driven by the anticipated or potential need to provide evidence that the work is being done.

> *Then that goes to our compliance team and that's reviewed by management and then we've got, you know, people asking why this isn't done or where you're up to with this for our compliance and where that goes 'cause it's reviewed.* (Practitioner)

> *Culture of, you know, oh, Sydney was the best team across the board this this month because they didn't have any, you know, flagging red...and I think, yes, we've ticked the boxes, but how well have we gone with the quality of those visits...will the carer actually remember the conversation we had when we flew in and few out?* (Practitioner)

One practitioner stated that '*we're encouraged to have at least five file notes on each of our young person for over the month*.'

Some managers reported that this was necessary in case the agency be required to evidence their work, for example in relation to potential future investigation or litigation. Some felt that while accreditation processes had recently improved, there was still a desire among agencies to 'make everything perfect', along with anxiety around leaving out important documentary evidence. Most managers were clear that their agency and their practitioners are over-documenting for reasons that are not related to children and families' wellbeing.

> *What are we documenting and what for?* (Manager)

> *I think that the staff on the ground work so hard because they're they have to document every phone call and every interaction that they have. But at the same time, we want them to have relationships and to do all of that.* (Manager)

> *What do young people actually want to see on their file? They don't want a big pile of emails, case notes.* (Manager)

Bureaucratic processes

But I think just centering ourselves as more of a human and more of someone that our clients can relate to is really important because I think we can just get lost to the system a little bit. And I think we're limited by policy and procedures and practices that families are often burned by. (Practitioner)

The extent to which 'red tape' impacts OOHC services was clear for everyone, particularly for managers. Examples of processes that take up time included:
- Additional Carer Support package applications
- Complex Needs package applications
- Data entry into ChildStory, the Carer Register and the Residential Worker Register as well as maintaining agencies' own data systems
- Safety plans
- Cultural plans
- Behavioural plans
- Future plans
- Progress reports to parents
- Affidavits that have due dates for filing.

Both managers and practitioners described the package structure of the Permanency Support Program as hindering relational practice. Some processes were described as overly complex, slow and duplicative. For example, a manager described the time taken to respond to an application for a Complex Needs package as being detrimental to sustaining relationships and ultimately to children's safety and wellbeing – not to mention time spent 'going back and forth' on applications. Another gave an example of contract parameters restricting what practitioners can do for children and families. A practitioner described the process of applying for funding as inherently deficit based.

PSP is very structured and I feel like sometimes we're a little bit scared about stepping outside the box. (Practitioner)

Just the process of actually trying to apply for funding means that you have to pull apart that child and dehumanise them to the point where you're working from a complete deficit base perspective in order to be able to just get what they need. That whole process is not relational in any sense. (Practitioner)

Keeps people running around in circles. (Manager)

Managers reported having to meet increasing contractual and funding demands, with one reporting that '*every dollar has to be accounted for.*'

The discussions among practitioners highlighted the use of checklists, compliance and standard questions in their practice. For example:
- one practitioner talked about their experience of carers responding negatively to being asked the same questions each month
- another described time spent with young people as being part of their compliance requirements.

So there's still that, like compliance kind of monthly task that you have to visit each young person, whether it's here, face to face, virtually. (Practitioner)

The discussion that followed highlighted how practitioners are having to find ways of asking carers 'set' questions, in a way that is relatable and natural. It is unsurprising that some managers described carers experiencing home visits as procedural and like a box-ticking exercise.

> *For some – this results in home visits not really allowing time for just relating – and carers and children and families feel that, they report that it feels like they're just coming in to tick a box. Like they're being watched and documented and judged – not relational.*
> (Manager)

Monthly home visits

Practitioners across different agencies frequently referred to 'monthly home visits' as the primary structure in which they develop relationships with carers, with some reporting feeling pressure to achieve these visits each month.

> *There's a compliance meeting at the beginning of every month, so that will reflect the prior month with what's being completed and we need it kind of uploaded in a specific space.*
> (Practitioner)

An exploration of this approach with practitioners and with managers revealed that they were uncertain of why this structure is in place. Focus group participants stated variously that:
- they were unsure as to where the requirement for monthly visits arose
- it was a requirement of the OCG
- there was a government policy of 12 visits per year
- it was part of safeguarding and 'sighting' the child.

> *I look at something that is monthly for the sake of being monthly and ask myself why.*
> (Practitioner)

One manager explained that their computer system requires monthly home visits to be logged, making it difficult to change that approach.

Redesigning carer support

One manager described how their organisation has designed monthly visits with carers as therapeutic coaching sessions. Regularity is viewed as an important part of a consistent, ongoing approach to sustaining their relationship and supporting children to thrive.

> *We do support and coaching and it's around connecting back to what the strength of the child that they've identified and whether we are maintaining that growth.*

The organisation mirrors this approach in how they support practitioners, offering support and coaching rather than supervision.

Oversight important but bureaucracy getting worse

> *Oversight is very important – it's just not in the right place. Things are better in terms of oversight and documentation but just gone too far.* (Manager)

Managers were clearly grappling with how to enable relationship-building within the constraints of policies, procedures and contractual requirements.

They ascribed some of these challenges not only to the OOHC sector itself, and the multiple oversight bodies such as DCJ, OCG and the NSW Ombusdsman, but to a much broader global culture of litigation and risk-aversion ('*the world we live in*') that is ultimately having a direct impact on practitioners' ability to build genuine relationships with children, parents and carers. They described facing potential scrutiny from processes such as the National Redress Scheme, future litigation and SafeWork compliance. The combination of these factors was thought to be driving a focus on documenting every effort and every interaction, to the detriment of children and families.

Managers commented that regulation and standards are necessary to ensure children's safety, and some felt that recent changes to the focus of accreditation were an improvement. However, managers with two or three decades of experience in the sector felt that many of the procedural and bureaucratic requirements were getting worse. There was a feeling that government agencies were focusing on '*the wrong thing*', and that things had '*gone too far*' – with the fallout being a lack of time for families.

One manager related her experience of working in other heavily regulated industries, describing the regulation for OOHC in general, and the PSP in particular, as being considerably more onerous. Another related the challenge of creating a home-like environment for those in residential care in the face of so much oversight.

> *I think it's really more red tape within the system now than there's ever been.* (Manager)

> *You know, so it's crazy. You've got the OCG, you've got the Ombudsman, the Official Visitors. You've got all these things occurring, you know, to the ITC. We're trying to say, well, it's got to be home-like, how many homes have an OCG visit every frigging month or whatever, right, you know?* (Manager)

Technological and practical solutions

Managers commonly reported using technological solutions to reduce administrative burden, including Artificial Intelligence (AI). Examples included:
- streamlining processes to reduce the number of steps required to add a note to a file
- using AI for meeting minutes
- applying AI to file searches.

One discussion group participant explained that their agency was moving to more holistic planning with children and young people, consolidating the various plans (behaviour support plans, case plans, future plans, education plans, health plans) into one document.

Language and framing

The language and framing used by some practitioners and managers reflects the procedural context in which they are working. Examples include:

- practitioners talking about 'completing' the monthly home visits with carers
- practitioners 'making sure' that they have conversations with young people about their views and the importance of noting that down in the monthly home visit report

One practitioner described being transparent with parents and carers from the start to manage their expectations in terms of what the practitioner can do within the guidelines.

> *With the honesty - just explaining exactly what you can and can't do, like if their expectations are a little bit higher of what you can actually do as a caseworker. Just explain why that is so to them. You know, we don't make the rules. We just have to follow the guidelines.* (Practitioner)

Another described administrative tasks as the work that needs to be done:

> *I had the idea like, you know, you have to get your work done, which my organisation has made me realise - yes, you have to get your work done, but it's also important to connect with families, connect with the child.* (Practitioner)

The bureaucratic language of government seems to have filtered through into the language used by practitioners and managers. Several discussion group participants prompted discussions about language, particularly in relation to carer supervision and carer reviews.

> *We've even had conversations around the name carer review. It doesn't sit well with me because it's like we're measuring how well you're caring, where a care review should be about celebrating what's occurred for you in the last 12 months, what's been great about being a carer and how can we support you in any way possible?....I don't like the name review because it has connotations of we're measuring you.*

Some participants described how their agency consciously avoids using this language to support relational practice, referring to 'carer support and development' or 'catch-ups' rather than 'carer supervision'. One practitioner described how their agency has replaced terminology such as case plan, cultural plan and caseworker. Several practitioners were interested in this approach to language which sparked a broader discussion about the message that our choice of words can send to children, parents, families and carers.

> *We don't call it a case plan. Caseworkers are coordinators like, even to the family. It's not a case, you know, they're not a case for us. I guess it's a family. It's a setting.* (Practitioner)

Differences by service type

The survey findings suggest that practitioners working in general foster, relative and kinship care – and to a lesser extent those working in residential care - appear to have less time, flexibility, encouragement and support to prioritise relational practice than those working in THBC.

Percentage of time spent engaging directly with children, parents, families and/or carers (n=138)
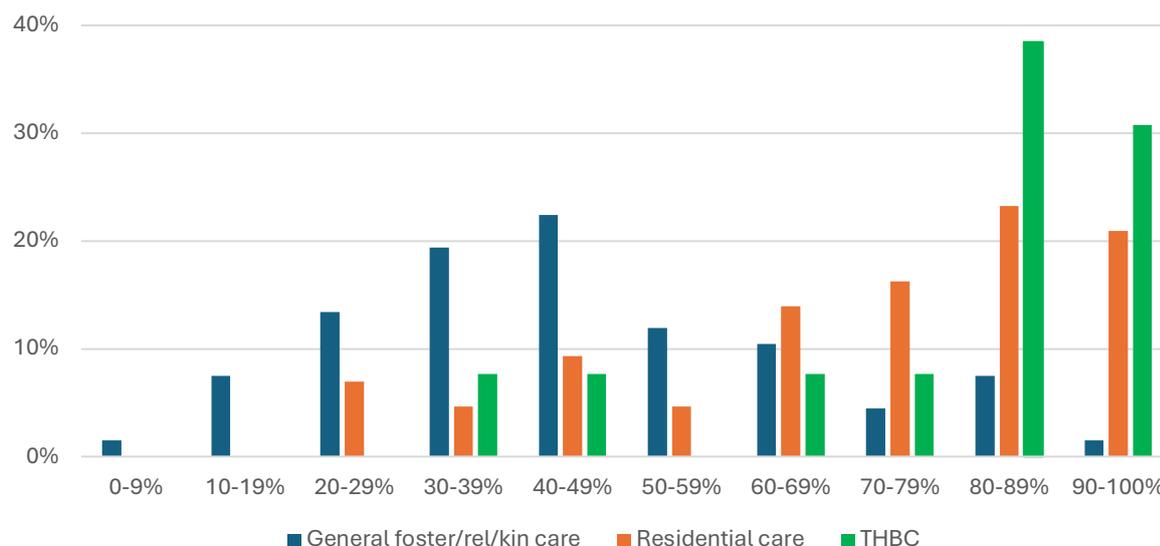
Organisational support (n=138)

Disagreed or strongly disagreed	General foster/rel/kin care	Residential care	THBC
I have sufficient time and space to be present with those I work with	45%	25%	15%
I feel supported to develop relationships that unfold naturally over time, without rigid timeframes	33%	15%	16%
I am encouraged to prioritise connection-building even when admin tasks are waiting	48%	23%	34%
My organisation values the relational aspects of my role as much as compliance and administration	25%	22%	8%
Leaders in my organisation regularly emphasise the importance of building genuine relationships with children & families	30%	20%	0%
My organisation actively uses feedback from children & families to improve services	33%	20%	0%
My organisation helps me work with children & families to find culturally meaningful and relationally strong pathways	21%	15%	0%

Developing relational practice (n=138)

Disagreed or strongly disagreed	General foster/rel/kin care	Residential care	THBC
My organisation provides learning opportunities relevant to relational work	27%	13%	0%
I have time during my workday to reflect on how my attitudes and assumptions may affect my practice	42%	23%	31%

Practitioners working in general foster, relative and kinship care or residential care were considerably more likely than those in THBC to select administrative demands as getting in the way of relational practice.

Selected up to 4 factors that get in the way of relational practice (n=138)

Proportion who selected the factor	General foster/rel/kin care	Residential care	THBC
Administrative demands that take priority over relationship-building time	82%	80%	54%

Those in THBC were more likely to select the following factors as getting in the way:

	General foster/rel/kin care	Residential care	THBC
Rigid procedures that prevent me from responding to what children and families actually need	31%	25%	54%
Uncertainty about how to maintain professional boundaries while being authentic	3%	7%	23%

Asked what would most help develop confidence in relational practice:
- those working in general foster, relative and kinship care or residential care most commonly chose 'clearer organisational backing when I need to prioritise relationships over procedures' (58% and 61% respectively)
- the most common choice among practitioners in THBC was 'learning opportunities such as individual or group coaching, role play, scenarios'.

Differences by length of experience

Survey findings indicate that newer practitioners are generally more likely than those with more experience to find the actual practice of relationship-building challenging and to ask for more support with managing their own emotions and more learning and mentoring opportunities. Those with more than five years' experience were more concerned about procedural issues such as rigid timeframes, role restrictions, lack of time and the need for organisational backing to prioritise relationships.

Challenging factors in relational practice (n=158)

Proportion in each group who selected these factors	Up to 5 years' experience	5+ years' experience
Knowing how much of my own experiences to share appropriately	40%	25%
Managing my own emotional responses while staying present with children, families and/or carers	41%	26%

Those with more experience were more likely to choose 'other', citing examples relating to timeframes, role restrictions and lack of time.

Factors that would help build confidence (n=158)

Proportion in each group who selected these factors	Up to 5 years' experience	5+ years' experience
Examples and mentoring from colleagues who practice this well	52%	38%
Better understanding of how to respond when families don't trust me or the system	51%	40%
Learning opportunities such as individual or group coaching, role play, scenarios.	41%	30%
Support to manage my own emotional responses during difficult conversations	17%	6%

	Up to 5 years' experience	5+ years' experience
Clearer organisational backing when I need to prioritise relationships over procedures	69%	44%
More reflection time to process challenging relational situations	42%	30%

Factors that enable relational practice (n=158)

Proportion in each group who selected	Up to 5 years' experience	5+ years' experience
Freedom to follow the lead of children and families rather than rigid procedures	24%	36%
Training and support to develop skills in authentic relationship-building	42%	25%

Developing relational practice (n=158)

Disagreed or strongly disagreed	Up to 5 years' experience	5+ years' experience
My supervisor is regularly available for support, reflection and feedback	7%	14%

Time spent when not engaging directly with children and families (n=158)

Proportion in each group who selected these factors	Up to 5 years' experience	5+ years' experience
Writing case plans and other planning documents	32%	50%
Arranging or attending meetings	60%	45%

NEXT STEPS

Embedding relational practice at scale requires deliberate changes to system incentives - including how time is allocated, how performance is assessed, and how risk and accountability is framed - so that relational practice is something the system actively enables. We are establishing a Working Group of non-government service providers and government representatives to drive change across the OOHC sector. Over the first half of 2026, the group will draw on the findings in this report to develop new approaches or expand existing initiatives that support and empower practitioners to prioritise relational practice. We will work closely with young people, parents and carers with lived experience of OOHC to influence this work.

Relationships in OOHC are embedded within systems of authority, surveillance and decision-making power, which may limit the extent to which relationships are experienced as truly reciprocal. While there are examples of important research undertaken with children, parents and carers in Australia to understand their experiences of relational practice, further work is needed to explore children and families' relational and emotional experiences of OOHC in NSW. There is scope to work with children, parents and carers to define what safe, meaningful and genuine relationships look like, and align those learnings with cultural and systems change at the individual, organisational and systems levels.

APPENDIX A Practitioner survey

Relational practice in out-of-home care: A pulse check

This survey explores how professionals working in OOHC understand and practice relational care with children, young people, families, and carers. We're interested in your perspectives on what helps and hinders building and maintaining relationships with the people you care for, and how your organisation supports this relational aspect of your practice.

There are no right or wrong answers. Please give us your honest responses about how you are currently able to work – we're keen to learn about what's happening in NSW at this point in time.

The survey takes approximately 15 minutes and will be followed by focus groups and initiatives to strengthen relational practice across the sector. Your responses will be anonymous, and nothing you share will be identifiable.

If you need to, you can return to the survey to pick up where you left off or edit previous responses up until you click the Done button.

Thinking about relational practice

Q1 What words come to mind when describing "relational practice"?

Q2 For each statement below, please indicate your level of agreement:
[Strongly disagree; Disagree; Agree; Strongly agree; I'm not sure]
- For children, families and/or carers to trust me, I need to demonstrate that I can trust them
- I actively look for opportunities to show children, families and/or carers that I trust them (e.g. believing their perspectives, following their lead)
- It's fine to share aspects of my own experiences when it helps to build a relationship
- I am open to children, families and/or carers challenging or questioning me
- I adapt my approach based on what children, families and/or carers tell me they need from our relationship
- I recognise that meaningful relationships require me to be open to being changed by the children, families and/or carers that I work with

Organisational support for relational practice

Q3 For each statement below, please indicate your level of agreement:
[Strongly disagree; Disagree; Agree; Strongly agree; I'm not sure]
- I am encouraged to build genuine, two-way relationships with the children, families and/or carers I work with
- I have sufficient time and space to be present with those I work with
- I feel supported to develop relationships that unfold naturally over time, without rigid timeframes
- I am encouraged to prioritise authentic connection-building, even when administrative tasks are waiting
- I am encouraged to find out from children, families and/or carers what matters most to them

- I am supported to show appropriate vulnerability and authenticity as part of developing healthy relationships
- I am encouraged to keep checking in with children, families and/or carers on whether I am being helpful
- My organisation values the relational aspects of my role (building trust and connection) as much as compliance and administration
- Leaders in my organisation regularly emphasise the importance of building genuine relationships with children, families and/or carers
- I am encouraged to describe children and families in case notes and reports in ways that highlight their individuality, strengths, and personal qualities
- My organisation actively uses feedback from children, parents, families and/or carers to improve services
- I feel able to challenge policies or practices that hinder positive, caring relationships
- My organisation helps me work with children, families, and communities to find culturally meaningful and relationally strong pathways

Time and competing demands

Q4 In your organisation, what percentage of your time would you estimate is spent engaging directly with children, parents, families and/or carers? (Include in-person visits, phone calls and video calls. Exclude travel time.)
[0% - 100% sliding scale]

Q5 Please select the top 3 tasks that take up most of your time when you're not directly working with children and families:
- Arranging or attending meetings
- Travel time
- Data entry (e.g., ChildStory, Carer Register, agency data systems)
- Preparing for accreditation / responding to requirements for accreditation
- Writing case plans and other planning documents
- Documenting case notes
- Preparing for court proceedings
- Carer assessment processes (home inspections, probity checks, paperwork)
- Other (please specify)

Developing relational practice

Q6 Select up to 3 factors that you find most challenging in building genuine mutual relationships with children, families and/or carers? (Select up to 3)
- Knowing how much of my own experiences to share appropriately
- Confidence to adapt my professional boundaries appropriately according to the needs and context of the child
- Confidence to set aside my assumptions, feelings and beliefs and focus on families' goals
- Being open to learn from the families I work with
- Showing vulnerability while still being seen as competent and helpful
- Managing my own emotional responses while staying present with children, families and/or carers
- Other (please specify)

Q7 Select up to 3 factors that would most help you develop your confidence in your own relational skills. (Select up to 3)
- Support to manage my own emotional responses during difficult conversations
- More reflection time to process challenging relational situations
- Examples and mentoring from colleagues who practice this well
- Better understanding of how to respond when families don't trust me or the system
- Support with navigating my own emotional load that comes from working closely with children and families
- Clearer organisational backing when I need to prioritise relationships over procedures
- Learning opportunities such as individual or group coaching, role play, scenarios
- Other (please specify)

Q8 For each of the statements below, please indicate your level of agreement:
[Strongly disagree; Disagree; Agree; Strongly agree; I'm not sure]
- My organisation provides learning opportunities relevant to relational work
- My supervisor is regularly available for support, reflection and feedback
- I have time during my workday to reflect on how my attitudes and assumptions may affect my practice
- I have opportunities for safe, non-judgmental reflection with colleagues
- I feel confident examining my own assumptions and biases about the children, families and/or carers I work with
- I regularly reflect on what I might be bringing to relationships that could be helpful or unhelpful
- Reflective practice helps me manage the emotional demands of being genuinely present with others
- I regularly consider whether my words and actions demonstrate trust and respect for the children, families and/or carers I work with
- I sometimes avoid reflection because examining my own role in relationships feels confronting

What helps and what gets in the way

Q9 From the list below, select up to 4 factors that most enable your relational practice:
- My willingness to be flexible and responsive to what families tell me they need
- Supervision that supports me to reflect on my own role in relationships
- Time and opportunities to process the emotional demands of relational work
- Freedom to follow the lead of children and families rather than rigid procedures
- Organisational understanding that relationships take time and can't be rushed
- Training and support to develop skills in authentic relationship-building
- An organisational culture that values what I learn from children and families
- Colleagues who model flexible approaches to boundaries in their relationships with children and families
- Other (please specify)

Q10 Select up to 4 factors that get in the way of relational practice:
- Administrative demands that take priority over relationship-building time
- Staff turnover that disrupts continuity of relationships
- Insufficient time to process and reflect on the emotional aspects of relationships
- Supervision that focuses on compliance/management rather than relational skills

- Rigid procedures that prevent me from responding to what children and families actually need
- Organisational culture that fears worker vulnerability or authenticity
- My own discomfort with being authentic and vulnerable in professional relationships
- Funding or contractual requirements that prioritise measurable outcomes over relationships
- Uncertainty about how to maintain professional boundaries while being authentic
- Other (please specify)

Your experiences

Q11 Is there anything else you'd like to share about what supports or hinders relationship-building in your work?

Q12 Can you describe a time when being authentic, vulnerable, or showing trust in a child, family or carer made a meaningful difference in your relationship with them?

Q13 How long have you worked as a practitioner (social worker/caseworker/youth worker etc)
- Less than 12 months
- 1-2 years
- 3-5 years
- 6-9 years
- 10+ years

Q14 Please indicate the main area of support you currently work in:
- General foster, relative and/or kinship care (including recruitment and assessment)
- Therapeutic home based care (specialised or professionalised foster care)
- Residential care
- Independent living/transition to independent living
- Post OOHC support
- Prefer not to say
- Other (please specify)