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Editorial

"Resetting The Foundation Stones of Relational Practice"

Martin Stabrey

The articles in this issue of *Relational Child and Youth Care Practice* are from a selection of presentations at the Unity 2024 conference in Dublin, Ireland. The conference theme was "Resetting The Foundation Stones of Relational Practice".

Relational practice is front and centre of all we do in Child and Youth Care. However, for many who work with children and youth, relational practice, as understood by CYCs, remains a vague (if not unknown) concept.

The Unity 2024 conference abstract spoke of "Relational Practice existing as a concept in many caring professions including Child & Youth Care/Social Care, Social Work, Education, Medicine/Nursing, Psychology/Psychotherapy and as an 'approach' Relational Practice is universally appreciated as one that is necessary if we are to be of any assistance to the people we work with and serve. Yet, no single and universally accepted definition exists of what Relational Practice is. Instead, there are many different (yet related) interpretations. Indeed, it was noted that *Relational Practice is a bit like love … we might not be able to clearly define it, but we know what it is when we see it or feel it.*"

Presenters at the Unity 2024 conference delivered workshops on a range of topics that could all be viewed as being part of the foundations of relational practice. The twelve papers selected for publication in this issue of *Relational Child and Youth Care Practice* all speak directly to these foundations, exploring the development of relational practice, the many roles of the relational practitioner, and what we today understand as relational practice with children and youth in our care. The topics considered form the core values of relational practice, interrogate what it means to be an effective relational practitioner, its 'wisdoms', its history, approaches, techniques, as well as ways of thinking and 'doing' relational practice..

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From Individual Wellbeing to Mutuality in Everyday Care: Exploring Relational Practice and 'Mattering' in Child and Youth Care

Sebastien Monteux

While the concept of 'relational care' is increasingly appreciated across a range of helping professions, particularly within approaches such as Child and Youth Care (CYC) (Garfat et al., 2018; Smith, 2021), there is still considerable ambiguity around what relational practice truly entails. Is it simply about being kind and compassionate? About having good interpersonal skills? Or does it demand something deeper, more transformative, and more complex?

This article argues for a critical shift in how we understand care. It suggests moving away from individualised models focused on predetermined outcomes and independence toward *relational interdependence* – an approach characterised by emotional closeness, mutuality, and support.

It takes the concept of *mattering* (Rosenberg, 1985) as a central thread to explore relational practice not just as a technique, but as a deeply ethical and ontological stance. Although the idea of mattering is not new to CYC, having been championed by scholars such as Grant Charles (Charles and Alexander, 2014; Charles and Anderson-Nathe, 2019), this article positions it as a foundational lens through which we can

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understand the purpose and impact of everyday care work. It connects the notion of mattering to broader concerns about belonging, recognition, and the existential need to be seen – not as a problem to be solved, but as a person to be met and mutually impacted by.

Disconnection in Contemporary Times

We live in an era marked by profound upheaval. Zygmunt Bauman (2000) described 'our time' as one of "*liquid modernity*", where technological acceleration, shifting global crises, and diminishing moral certainties leave many feeling untethered. The dominant cultural narrative in late modernity encourages hyper-individualism, personal responsibility, and constant self-optimisation, often at the expense of connection to others and the broader collective.

In our post-modern world, individual identity has become paramount. Frank Furedi (2021) argues that society has shifted from a focus on universal values and shared goals to an emphasis on individual and group identities, based on race, gender, or sexuality, undermining broader social connectedness. This shift, he claims, is increasingly tied to experiences of victimhood and harm, leading to a "therapeutic" culture where personal grievances replace collective ideals. The focus on identity fosters social fragmentation, as people retreat into ever smaller groups rather than engage with shared concerns. In turn, this has enabled vested identity politics to dominate public debate, often framing disagreement as personal attack. Furedi links this trend to a broader crisis of cultural authority, where weakened institutions like politics, religion, and family leave individuals searching ever more inward for meaning and purpose. Similarly, Christopher Lasch's *The Culture of Narcissism* (1978) highlights how a narcissistic culture fosters disconnection and erodes genuine human relationships. Lasch argues that by understanding these trends, individuals can begin to reclaim the virtues of empathy, community, and collective responsibility.

These dynamics are deeply felt in the spaces where care is practiced. Increasing workloads, bureaucratic pressures, risk-averse policies, and the relentless push for standardised outcomes all contribute to what Charles and Anderson-Nathe (2019)

have poignantly described as a "time of disconnection." When disconnection becomes systemic – when care systems are driven by metrics and throughput, rather than mutuality and meaning – the very foundations of relational care are put at risk. Disconnection isn't just an abstract feeling; it shows up in the weariness of practitioners, the defensive mechanisms of young people, and the silent erosion of trust in care relationships. As Charles and Anderson-Nathe (2019.p. 117) observe:

> *"We are living in a time of disconnection… when enough people begin to think that who they are is not important, then our social systems start to fall apart."*

Despite widespread lip service to the importance of relationships, particularly in youth mental health services, education, and social care provision, these relationships are often treated as a means to an end, employed to deliver behavioural change or ensure compliance. In such a climate, relationships are instrumentalised rather than honoured as the heart of everyday care practice (Monteux and Monteux, 2020; Smith and Monteux, 2020).

Beyond Instrumental Relationships: Toward Relational Interdependence

The dominant approaches across many health and social care settings remains heavily directed by individualised models of manualised practice (Collier-Sewell and Monteux, 2024). Despite the popularity of concepts like resilience or attachment, these frameworks risk overlooking the fundamentally social nature of healing. Garfat et al. (2018) draw a crucial distinction between 'doing to' and 'being with' – relational care is not about fixing, but about co-creating meaning through shared presence.

Relational interdependence calls into question the pervasive ideal of autonomy. Rather than viewing dependency as weakness, this approach recognises that we are always already dependent on one another. Interdependence honours the reciprocal nature of human relationships, not just what we do for others, but also what we receive

from them in return. It embraces the idea that vulnerability and support are not liabilities, but vital parts of our shared humanity (Monteux and Monteux, 2020).

This shift aligns closely with care ethics, which foregrounds the relational, contextual, and moral dimensions of care (Tronto, 1993; Steckley and Smith, 2011). In a relational paradigm, the goal is not to mould young people into self-contained adults, but to cultivate spaces where they feel they belong, where they can trust, and where they matter.

Psychologisation of Care and the Search for Certainty

As relational practice becomes increasingly subsumed under clinical, bureaucratic, or notions of 'best practice', there is a risk that care loses its radically human potential. The psychologisation of care refers to the tendency to explain and treat human distress primarily through individualised, diagnostic lenses. While psychological insight is undoubtedly valuable, it can become limiting when detached from social, economic, cultural, and historical contexts.

De Vos (2014) warns against the overreach of psychology, arguing that it often serves to depoliticise suffering, transforming structural issues into personal symptoms. Similarly, the rise of what some scholars call "*neuro-liberalism*" (Whitehead et al, 2017) where behavioural, psychological, and neurological insights are used to deliberately shape human conduct, reflects a broader societal shift towards what some have called "*neurobabble*" (Raz and Thibault, 2019): the oversimplified, commodified, and depoliticised use of neuroscience. This belief that brain-based explanations should guide our policies and practices creates the seductive illusion of explanatory power (Weisberg et al., 2008), while masking the complexity of human experience behind a smokescreen of 'scientism' (Timimi, 2017).

This framework favours measurable outcomes, manualised interventions, and quantifiable change. But in doing so, it risks flattening the richness and ambiguity of relational care. Complex emotions are medicalised; challenging behaviour is pathologised, and solutions are psychologised. The relational space – the messy,

unpredictable, and deeply human space where care happens – is increasingly replaced by master scripts and algorithms.

This is most starkly seen in the recent 'turn to trauma', epitomised by trauma-informed approaches (Smith, Monteux and Cameron, 2021). While well-intentioned and grounded in compassion, Bloom (2017) warns that such approaches, when applied uncritically, risk blunting deliberative reasoning. Compassion, he argues, must be augmented by critical analysis and structural understanding. If we rely too heavily on trauma as a clinical construct transposed onto everyday care settings, we may fail to name the structural causes of suffering and overlook the importance of supportive social networks and relational care (Smith and Monteux, 2023).

Moreover, the pursuit of certainty in care work can be illusory. To manage risk and demonstrate accountability, practitioners may become overly reliant on procedures and protocols. This can foster a defensive practice culture, where institutional protection takes precedence over meaningful engagement. Yet, true care requires courage – the courage to show up, stay present, and embrace uncertainty.

Practice Beyond Scripts: Embracing Ambiguity

Child and Youth Care, like most 'people work', does not follow a linear path. There are no universal solutions, no guaranteed outcomes, no neat beginnings, or tidy conclusions. It is a form of practice that resists easy categorisation – responsive, intuitive, and shaped by the unique rhythms of each relationship and its context.

Drawing from an Aristotelian position, we can understand CYC practice as *phronetic*, guided by practical wisdom, moral judgment, and contextual awareness. It requires not just *episteme* (formal knowledge) and *techne* (technical skill), but *phronesis* – the ability to discern what is appropriate, compassionate, and effective in any given moment – the "*it depends*" (Smith, 2020). This has profound implications for professional identity. Relational practitioners must be willing to relinquish control, sit with discomfort, listen more than they speak, and embrace ambiguity. They must be attuned to the unspoken – body language, pauses, humour, and the emotional undercurrents that shape every interaction. In short, they must be human.

I have argued elsewhere (Monteux and Monteux, 2020) that practice unfolds not in abstract principles, but in human encounters within the terrain of everyday moments. It is built through shared meals, car rides, unexpected laughter, and moments of mutual recognition. These moments cannot be standardised and rarely show up in formal evaluations, but they are the essence of care. Relational practice is often messy. It does not follow a script and cannot be reduced to competencies or checklists. It requires emotional labour, critical reflexivity, and an openness to being affected by others. The Scottish educational philosopher John Macmurray (1961) challenges the dominant image of the autonomous individual, asserting that the self is constituted by its relation to the other. This positions relationships not as optional extras, but as central to human existence. We become who we are through our engagements with others – we are "*persons in relation*."

Care, then, is not just something we give, it is something we co-create. The best care is not transactional, but transformational. It touches both parties. As Steckley and Smith (2011) write, care work is most powerful when it is reciprocal, when practitioners are willing to show vulnerability, share parts of themselves, and be changed by the relationship. This can be unsettling in professional settings that privilege neutrality and distance. Yet, as many young people attest, it is the realness of the practitioner – their humour, honesty, quirks, and flaws – that builds trust. That is what makes them matter.

Relationships as Sites of Mutuality and Mattering

In the relational care context, relationships are not tools for behaviour modification, they are sites of connection, recognition, and mutual significance. Garfat and colleagues' (2018) framework for relational CYC identifies key characteristics such as presence, engagement, and mutual respect – not as soft skills, but as the bedrock of effective practice.

Mutuality involves moving away from hierarchical relationships toward co-created ones. This shift does not mean abandoning boundaries or professional expertise but honouring the agency and perspective of the young person. It means listening deeply, apologising when necessary, and allowing relationships to evolve authentically.

Psychotherapy research consistently shows that the quality of the therapeutic alliance – not the model or technique – is the strongest predictor of positive outcomes. The ultimate power of therapeutic engagement lies within the 'common factors,' not in the specificity of technical skill or intervention (Wampold, 2015). Similarly, in CYC practice, it is often the relational climate – the sense of being known and valued – that determines whether young people engage meaningfully with support. Garfat (2008) calls this the "in-between spaces between us," where connection is built in everyday moments.

Rosenberg (1985) conceptualised "mattering" as a core psychological need, encompassing three dimensions: being noticed, feeling important, and knowing that others depend on you. These elements reflect the fundamental human desires for belonging, validation, and purpose. This understanding of mattering parallels the emphasis on mutuality and common purpose in relational care, where the basis of "what works" lies not in technical interventions but in building shared alliance and significance.

In care relationships, mattering is not just a sentiment, it is an embodied experience. It is communicated through small, consistent actions: eye contact, humour, feedback, and shared experiences. It is felt when a worker remembers your favourite snack, checks in after a hard day, or fights to keep you safe.

Henry Maier (1979) captured this well: "*I matter to them, and they matter to me.*" This is not simply about boosting self-esteem through praise but about experiencing real relational significance. When young people experience mattering, they are more likely to take positive risks, reflect, and grow. In turn, the practitioner is also transformed through mutual authentic engagement.

The idea that what matters most in care is not the model, but the manner – the way we relate, the way we care, and the way we make others feel that they matter – is central to relational practice. Mattering involves being present, which means showing up fully, not just physically, but emotionally. It requires attunement, curiosity, and responsiveness. It says: "*I see you, I am with you.*" Being skilful is not simply about applying the right technique – it's about knowing when to speak and when to stay

silent, when to push and when to hold back. It reflects an intuitive, context-sensitive wisdom that adapts to the needs of the moment. Being human means allowing young people to see the person behind the professional role. It is about connection, humour, and mutual regard. This authenticity transforms formal interaction into genuine relational presence.

Closely connected to these ideas, the terms '*hanging in*' and '*hanging out*' have become shorthand in CYC for the informal, often invisible aspects of relational care (Garfat et al., 2018). 'Hanging in' refers to remaining present through crisis, conflict, or emotional volatility. It communicates commitment, persistence, and belief in the young person, even when circumstances are challenging. 'Hanging out' describes the relaxed, informal time spent together – playing cards, watching TV, cooking dinner. These seemingly small moments are, in fact, the foundation of meaningful relationships. They are where mattering is felt most deeply. Together, these practices convey the message: "*You are worth my time. I want to be with you – not only when things are easy, but also to support you when things are difficult.*"

Mattering, as a concept, offers a powerful framework for rethinking the purpose and impact of care. It encompasses both feeling valued and contributing value. It addresses the human need to feel seen, heard, and significant – not just in abstract terms, but in the everyday moments of daily life. It also speaks to the desire to make a difference in someone else's life, to feel needed.

This dual aspect of mattering – being valued and adding value – challenges the deficit-based models that often dominate care systems. Rather than focusing on what young people lack or need to fix, it asks: How can we create conditions – relational, cultural, institutional – that enable young people to contribute and feel significant, included, and real?

This is not soft or sentimental work. It is rigorous, disruptive, and often uncomfortable. It demands challenging practices and policies that reduce young people to cases, behaviours, or risks. It requires resisting the pull toward master theories, ready-made solutions, detachment and over-professionalisation. And it

necessitates building communities, both within and beyond care systems, that embrace complexity, uncertainty, and interdependence.

Conclusion

This article has argued for a shift in how we conceptualise and enact care, from a narrow focus on individual achievement and self-sufficiency to a broader emphasis on mutuality, belonging, and mattering. In an age of disconnection, relational practice offers not merely a methodology, but a way of seeing, being, and doing that counters alienation and cultivates hope. Caring well is not just about helping others feel better; it is about building relationships that affect, change, and expand all participants. It is about creating spaces where people feel seen, valued, and connected – where they truly matter. This requires not only new practices but a renewed sense of purpose: one that holds at its centre the radical, tender idea that our lives are inextricably bound together.

Relational practice is demanding. It asks us to remain present when things get messy, to be brave in our uncertainty, and to believe – despite pressures to the contrary – that what matters most is not what we do for others, but how we are with them. To truly centre relational practice, we must resist reductive models of care. We must affirm that the manner of our care is as important as the actions themselves. The shift from a focus on individual wellbeing to mutual care requires us to embrace ambiguity, reject the oversimplification and psychologisation of distress and social suffering. Mattering, then, is not a bonus – it is the foundation. It is what gives care its ethical weight and emotional depth.

> *"We heal disconnection through engagement – deliberate, messy engagement …. We heal it through active and mutually accountable relationship with one another, and that authentic relationship starts with mattering."* (Charles & Anderson-Nathe, 2019. p118)

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Information

Relational Child and Youth Care Practice (formerly *The Journal of Child & Youth Care*, established 1982) is committed to promoting and supporting the profession of Child and Youth Care through disseminating the knowledge and experience of individuals involved in the day-to-day lives of young people.

This commitment is founded upon the belief that all human issues, including personal growth and development, are essentially "relational".

Certain pieces in *RCYCP* have received peer review. However, we do not peer review all articles as we choose not to exclude those voices where peer review would be inappropriate – or on request from writers.

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Relational Child and Youth Care Practice is committed to providing equitable and inclusive spaces that promote and support the global profession of Child and Youth Care through disseminating the knowledge and experience of individuals involved in the day-to-day lives of young people, families and communities. This commitment is founded upon the belief that all human issues, are essentially "relational".

Relational Child & Youth Care Practice welcomes submissions on all aspects relating to young people, families and communities. This includes material that explores the intersectionality of Child and Youth Care practice and the lived experiences of all who are engaged in Child and Youth Care practice. Considerations will also be given to interpersonal dynamics of professional practice and all submissions that assume a relational perspective. This might include topics such as cultural values, ethics, social policy, program design, supervision, education, training etc. Welcomed are also submissions that address advocacy, social justice and reconciliation practices within the diverse spaces and places of Child and Youth Care. Each issue may include refereed articles that comply with acceptable 'academic' standards; submissions contributed by regular and guest columnists; short pieces that describe particular relational experiences and reflections; poetry; artwork and photographs.

Material should be submitted by email to rcycp@press.cyc-net.org in standard word processing format (eg. .doc, .rtf). Formal articles should not exceed 6000 words in length (excluding references). Referencing should conform to either APA or Harvard format. Author-date citations should be used within the text and a double-spaced reference section should accompany each article. In all submissions, authorship details including an abstract of no more than 150 words should be included, as well as a short list of keywords at the beginning of the article, a headshot photo and a short author bio of about 100 words to publish with your article. Importantly, authors should also indicate whether a peer review is required (in addition to the standard editorial review).

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