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Supporting the cultural connections of children from culturally diverse backgrounds in out-of-home care: perspectives from Australian foster and kinship carers

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ABSTRACT

This study explored the perspectives of Australian foster and kinship carers ($n = 31$) on the importance of cultural connection for children from culturally diverse backgrounds in care. Most recognized culture as crucial to child identity and wellbeing. However, the findings highlight the complexity of navigating cultural care, including differing opinions on who should lead cultural engagement, challenges in balancing the child's cultural needs with existing family dynamics, and difficulties accessing accurate information and support from child protection agencies. Findings emphasize the need for training in cultural humility for carers, mechanisms for accurate cultural data gathering, and a collaborative approach to cultural care planning involving all stakeholders, including children and birth parents as key stakeholders and decision-makers.

KEYWORDS

Foster care; kinship care; cultural connection; cultural identity; out-of-home care

Introduction

The removal of a child from their family of origin into the statutory care system is an act of profound disruption in the life of a child. Of course, disruption is precisely the point as the state seeks to extract a child from, what has been assessed to be, critically unsafe relationships and environments. The safety of the child is paramount. Nonetheless, there is potentially significant loss for the child in this process: loss of other positive relationships in their lives, loss of all that has been familiar to them, loss of a sense of belonging and place. For children who have a cultural background that is different from the mainstream culture in which they live, removal from their family of origin can also mean disruption to their cultural knowledge, connection to community, and sense of cultural identity (Sawrikar, 2016). While the state is almost exclusively focused on ensuring physical and emotional safety (Jenney, 2020), foster and kinship carers are charged with the daily support of a child to continue in their development and to heal from past trauma including the trauma of removal. This paper gives focus to the experiences of caregivers, or “carers” as they are referred to in Australia, who have been charged with the care of a culturally diverse child. It explores their views on the extent to which cultural connection for the child should be prioritized and, if so, how this is enacted within their home environments.

In the Australian out-of-home care (OOHC) literature, much of this discussion is focused on the importance of cultural connection to wellbeing for Indigenous children (Fauk et al., 2024). A national focus on the care needs of Australian Indigenous children is entirely

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appropriate given the significant over-representation of Indigenous children and young people in care (Australian Institute of Health and Welfare [AIHW], 2024), and the inter-generational trauma associated with historic laws and policies that produced, what is known in Australia, as the Stolen Generations (Grace & Menzies, 2022). The cultural care work and practice principles established within this space provide a solid foundation on which to also consider the care needs of children from non-Indigenous diverse cultural backgrounds. Currently, in Australia, there are 44,900 children in out-of-home care (Steering Committee for Review of Government Service Provision, 2025). Forty percent is Aboriginal or Torres Strait Islander children. Of the remaining non-Indigenous children, there is a lack of standardized reporting on cultural background. As a result, we do not know the cultural make-up of the remaining children. A conservative estimate is at least 14.8% with evidence that this number is steadily increasing (Asif et al., 2023).

There is a large body of research that identifies cultural connection as a key protective factor in the social-emotional development of a child (Castro et al., 2007; Hoerstring & Jenkins, 2011). We know that positive childhood experiences, like positive engagement with cultural communities, can play a vital role in counteracting the lifelong impact of adverse childhood experiences, like childhood abuse and neglect (Sege & Browne, 2017). Collectively, this literature argues that supporting cultural connection is a vital investment in mitigating adversity and reducing the risk of poor long-term and health and wellbeing outcomes. Supporting the child to maintain their cultural knowledge and identity is also key to facilitating enduring relationships with families of origin.

The importance of cultural connection for children in OOH is further reinforced in the recognition of culture as a fundamental human right. The UN Convention on the Rights of the Child (1989) states that every child belonging to any ethnic, religious, or linguistic minority group shall not be denied the right to practice their culture or affiliate with other members of their socio-cultural group. Australia's jurisdictional provisions facilitate legislative guidance that prioritize children's rights and best interests, which includes cultural care considerations (Australian Institute of Family Studies [AIFS], 2022). The National Framework for Protecting Australia's Children 2021–2031 (Department of Social Services [DSS], 2021) includes as a key principle the need for cultural connection for children in care, albeit with a specific focus on Aboriginal and Torres Strait Islander children. How well the system as a whole delivers culturally safe and supportive care is a matter for ongoing discussion and review. The most recent NSW System review, for example, points to the need for improvement, particularly as this relates to fragmented and tick-a-box practice, the importance of dynamic and nuanced care plans, and the establishment of outcomes frameworks and accountability mechanisms (Talbot et al., 2024).

Foster and kinship carers may have a short- or long-term role in the life of a child and are central to supporting positive outcomes. In many cases, carers facilitate relationship maintenance between children and their birth family members while nurturing relationships with other key contributors to the child's care (Pinto & Luke, 2022). The carer role often includes supporting children with behavioral issues likely caused by experiences of childhood trauma and placement instabilities (Goemans et al., 2016). Those who are caring for culturally diverse children may also be working to support children who are experiencing intergenerational migration and acculturation stressors, discrimination, displaced sense of belonging and identity fluctuations (Sawrikar, 2016). In addition, carers need to navigate a bureaucratic system to access permissions and resources needed, and they are routinely scrutinized to ensure they are providing quality care (Australian Institute of Health and Welfare [AIHW], 2022).

Amongst the complexity of child history, trauma recovery, developmental support needs, and intense carer responsibilities is another layer of complexity around the facilitation of a child's culture. Many children may inherit more than one culture within their background. Culture is also dynamic and can change over time. For example, there may be a life event that prompts a resurgence of interest in one part of a family's heritage that had, until then, been largely ignored. Therefore, understanding

the nuance of culture for each individual child, and the intersections with other elements of their life experience, is important.

The cross-country adoption literature is helpful in supporting understanding of the challenges families face when seeking to embed a child from a culturally diverse background into their family. It discusses issues like differences in physical appearance and supporting children who experience discrimination and racism (Lee, 2003), and the concern that promoting cultural connection for the child will accentuate differences between the child and their adoptive family in a way that is not conducive to bonding and a sense of belonging (Harf et al., 2015). While there are many shared issues of concern, the perspectives of adoptive parents are underpinned by permanency. It is possible that the perspectives of foster carers may be different because many provide care for a defined window of time in the life the child.

While there is a growing body of literature exploring carers' experiences of supporting children in care generally (e.g. (Blythe et al., 2014; Pinto & Luke, 2022), there is very little research that gives focus to the experiences of those who specifically support children from culturally diverse backgrounds in Australia's OOHC system (Waniganayake et al., 2019). This has meant that service agencies have worked toward honoring this responsibility, in line with Australia's commitment to the UN Convention, largely in the absence of evidence-based guidance. Internationally, there have also been strong calls for more research on how to best support culturally diverse children in care whilst honoring their right to cultural identity and connectedness (Tonheim et al., 2025). This paper seeks to address this gap, reporting on qualitative research that explored the perspectives of carers on providing care for culturally diverse children.

Methods

Semi-structured qualitative interviews were conducted with carers to understand their lived experiences of providing care to a child from a culturally diverse background. In Australia, the mainstream cultural group is Anglo-Australian, and so in this context "culturally diverse" is a term used to describe people who are not Anglo-Australian. The children of the carers who participated in this study represented 22 different ethnicities from across the world including Pasifika ethnicities, Asian ethnicities, African ethnicities and Middle Eastern ethnicities, with no one group being prevalent. The carer interviews sought out their views on the extent to which cultural connection should be prioritized for the child, the nature of the activities that support this, and the barriers and facilitators to providing culturally appropriate care. The term "culturally appropriate care" refers to professional practices that are informed by, and respectful of, the cultural identities, beliefs, needs and practices of the people being supported. The project was conducted in partnership with eight non-government service organizations, representatives from which provided a project steering committee, and who supported participant recruitment.

Participants

Thirty-one carers were recruited from invitations circulated by caseworkers in the partnering service organizations. The research team asked caseworkers to extend the invitation to any carer who was currently, or had previously, provided care to a non-Indigenous culturally diverse child. Caseworkers did not record the total number of carers they approached. Interested carers were invited to return an Expression of Interest form to the researchers, who then contacted the carer directly to discuss the project and, if the carer was interested in going ahead, secure informed consent.

The participating carers were largely living in the Australian state of New South Wales, with one participating carer in the state of Queensland and one in the state of Victoria. The carers were aged between 20 years old (an older sibling of a child in care) through to 60 years old (a grandmother of a child in care). The average age of the carers was 40 years old. All of the participants were providing

Table 1. Summary of participant characteristics.

Participant Characteristics	Descriptive data
Care type	
Foster care	<i>N</i> = 25 (81%)
Kinship care	<i>N</i> = 6 (19%)
Statewide Recruitment	
New South Wales	<i>N</i> = 29 (94%)
Queensland	<i>N</i> = 1 (3%)
Victoria	<i>N</i> = 1 (3%)
Carer Ethnicity	
Anglo Australian	<i>N</i> = 9 (29%)
Ethnic specific (Non-Anglo Australian), representing the following ethnicities ¹ : Canadian (<i>n</i> = 1), Fijian (<i>n</i> = 2), Vietnamese (<i>n</i> = 1), Welsh (<i>n</i> = 1), Italian (<i>n</i> = 1), Turkish (<i>n</i> = 4), Māori (<i>n</i> = 1), Samoan (<i>n</i> = 1), Sri Lankan (<i>n</i> = 1), Algerian (<i>n</i> = 1), Assyrian (<i>n</i> = 1), Iraqi (<i>n</i> = 2), Indian (<i>n</i> = 1), Lebanese (<i>n</i> = 3), Afghani (<i>n</i> = 1) and South Sudanese (<i>n</i> = 1)	<i>N</i> = 17 (55%)
Multi-ethnic	<i>N</i> = 5 (16%)
Religion/Faith	
Christian	<i>N</i> = 14 (45%)
Islam	<i>N</i> = 9 (29%)
Non-religious or not specified	<i>N</i> = 5 (16%)
Other (Buddhist and Hindu)	<i>N</i> = 3 (10%)
Language spoken by carers	
English-only speaking	<i>N</i> = 11 (35%)
Other languages and English	<i>N</i> = 17 (55%)
Other and no/limited English	<i>N</i> = 3 (10%)
Cultural matching with children in their care	
Unmatched	<i>N</i> = 15 (48%)
Matched (child and carer share ethnicity, language and religion)	<i>N</i> = 6 (20%)
Partially matched (child and carer share one or more elements of ethnicity, language or religion)	<i>N</i> = 10 (32%)
Family composition	
Two parent family	<i>N</i> = 17 (55%)
Single parent family	<i>N</i> = 13 (42%)
Extended family	<i>N</i> = 1 (3%)
Children in the family	
Single foster child living in the home	<i>N</i> = 18 (58%)
Other children in home – biological children of carer/other foster child/ren	<i>N</i> = 13 (42%)
Age range of foster children	
Early Childhood (2-5 yrs)	<i>N</i> = 11 (35%)
Middle Childhood (6-12 yrs)	<i>N</i> = 12 (39%)
Adolescence (13-18 yrs)	<i>N</i> = 8 (26%)

¹Please note that the numbers do not add to the total because there were carers who had more than one ethnicity.

foster care (81%) or kinship care (19%). The care arrangements could be short or long term. Most of the carers (*n* = 26, 84%) had more than 2 years of service as a carer. Only carers who were looking after children from diverse cultural backgrounds were included in this study. Table 1 provides a summary of the characteristics of the participant group.

Data collection

Interviews were all conducted by two members of the research team who were well trained in qualitative interviewing and supervised by senior researchers. Periodically, senior research team members attended the interviews alongside those responsible for conducting the interviews to ensure high-quality data collection and provide feedback. Only 6 (20%) of the participating carers shared the ethnicity of the child they were caring for. Interviews were conducted at a time and place convenient to the participants, most often the family home. Participants were given time to discuss the project and have any questions answered. The interview did not commence until participants confirmed their consent. All but one interview was audio-recorded. One participant declined to be recorded, and so

field notes were taken throughout the interview. For three carers, participation was facilitated by a professional interpreter.

Open-ended semi-structured interview questions and observational field notes were employed for data collection. The data collection was guided by Ecocultural theory (Weisner & Gallimore, 1994), which argues that families are pro-active in constructing sustainable, meaningful and congruent daily routines of life. They create their own unique settings (ecocultural niche's) in response to the surrounding ecological and social forces, guided by the beliefs and values that are important to them (Phenice et al., 2009). It is through the daily activities of life that culture is crystalised (Weisner, 2002). This theory argues that engagement in sustainable routines is critical to the wellbeing of children (Weisner, 2002). Ecocultural theory supported our exploration of whether and how carers prioritized and embedded the culture of the child within their family environment, built on the premise that meaningful support for child cultural identity and connection would manifest in the form of family activities and adapted routines.

Carers were asked about their participation in cultural care planning, whether and how their family routines had changed to accommodate the cultural needs of the foster child, and any other activities they had engaged with relevant to supporting the development and sustainability of the child's cultural identity and sense of belonging in keeping with their own cultural background, including through fostering connection to birth family. Interviews lasted for between 45 and 60 min. All participants were provided with an opportunity to review their transcripts and provide any further reflections. No participant requested changes to their transcripts.

Data analysis

Using a subjectivist inductive approach (Varpio et al., 2020), we developed an analytical framework in NVivo 14 to identify, structure and construct codes and clusters of codes within the data. Initially, the full research team of eight researchers read the same three randomly selected interview transcripts, and together we developed an initial coding structure. Three members of the research team then read another three randomly selected transcripts and revised the coding framework in response to these additional data. Two members of the research team then analyzed all of the remaining transcripts, constantly revising the framework in response to the data, and working together to achieve consensus on data interpretation and a thematic structure. Once all transcripts had been analyzed, the smaller team reported back to the larger team and the key themes were finalized. To be considered a theme, the relevant issues needed to have been raised by the majority of participants. A reflexive approach was employed, openly acknowledging the reviewers' subjectivity and positionality in relation to the data and challenging the assumptions they brought to the analysis (Braun & Clarke, 2021).

Reflexive statement

There was a diversity of life experience within the team which enabled robust discussion, nuanced insight, and the challenging of individual assumptions. Four members of the research team were from diverse cultural backgrounds, and four had Anglo ancestry. Four had a social work disciplinary background, two were from the discipline of early childhood education, one was from the discipline of Psychology, and one from the discipline of Nursing. Six of the researchers were parents, and one had long-term experience as a foster carer. Seven researchers were female, and one was male. The team were of a diverse range of ages and were at different stages in their research careers, from Professors through to HDR students.

Ethical considerations

Ethics approval was secured from the Western Sydney University Human Research Ethics Committee (approval number H14911). Care was taken to secure informed consent. Participant anonymity was

strictly guarded. A distress protocol was developed to support participants who experienced emotional discomfort during interviews. No carer expressed a level of distress that required action beyond the empathic listening and supportive responses of the researchers. Pseudonyms have been used in the paper to protect participant anonymity.

Findings

Four key themes were identified within the interview data, as described below.

Theme 1: different understandings of the importance of cultural connection

Most of the participating carers recognized the importance of culture for children in their care and the role it potentially played in identity formation and a sense of belonging. However, there were layers of difference in the degree to which carers prioritized cultural knowledge, activities and connection. Some carers actively prioritized supporting the child's engagement with their cultural background/s (noting that many children had multi-cultural backgrounds). Other carers did not see that culture could be prioritized above the complex array of additional child and family needs, or questioned the value of their engagement, arguing that they could not authentically support cultural connection when they did not share the child's culture. The range of views expressed within the interviews are summarized below.

Culture is critical to the child's sense of self

The majority of carers ($n = 23$, 74%) who were interviewed for this study expressed commitment to the idea that a child's culture was critical to their sense of self and wellbeing. They saw that supporting the child's connection to culture was a key part of their role as carer, regardless of whether or not they shared the same cultural background. As an example, one carer said:

I think it's really, really important. I feel like, in order for children to know where they're going, they need to know where they've come from. And I think that culture is something that's ingrained within you whether you are aware of it or not. And I think that often, children feel lost or displaced because they don't actually know their roots or where they came from or the walks or trials of their ancestors and things. Culture is huge. (Carer 18)

While carers were also aware that they could never replace the nuanced and embedded cultural learning that may have been available to the child had they remained with their family of birth, they expressed the desire to do the best they could to support the child's knowledge and connection to culture.

I'll never be as good as black parents for our kids, but I'll just do what I can. (Carer 20)

Culture is not always a priority

A smaller number of participating carers ($n = 8$, 26%) did not feel they could prioritize culture. There were three key reasons described to support this position.

- (1) *It is not the place of the carer to take on a cultural facilitator role: "Do I even have a right?"* Some carers who did not share the child's culture felt that any efforts they made to facilitate cultural knowledge and connection would be inauthentic. They argued that culture is a very personal and dynamic part of life that is learned in everyday routines and interactions. Because they did not live the child's culture, they did not feel they could play a meaningful role as a teacher or guide. And so, in the interest of authenticity, they did not include supporting culture as part of their role.
- (2) *The priority is providing a safe and stable home life: "We keep them warm . . . and we love them just like our own."* The narratives of this group of carers reflected the view that the provision of

a safe and caring home is all important, and all absorbing. They felt that nothing mattered more than this, including culture.

... culture is something that's second place. First, a kid needs that discipline. Not discipline, that structure, routine, needs that routine. If the kid hasn't got that routine and those things that he needs aren't provided, culture doesn't really mean much. I think after the routine, and the food, and the stability, the love, the caring that he gets, then the culture comes in. (Carer 22)

3. *Focusing on culture can be divisive: "we're all just people on the inside."* The carers who expressed this view took a "post-race" or universalist position, arguing that all people should be seen and valued for who they are on the inside, and not defined by social constructs such as culture. They associated a focus on culture with a focus on difference and judgmental positioning. For example:

I see past all this multicultural stuff. ... Because of the colour of his skin, it's nothing to us. You've got to see past that. Everyone has got to see past the colour of skin and actually see people for who they are on the inside ... Because everyone, at the end of the day, we've all got the same colour blood, therefore we don't judge. (Carer 5)

Summary

There were a range of views expressed by the participating carers on the importance of culture. While the majority saw culture as a core element in the development of a child's identity and sense of wellbeing, many acknowledged that the support they could provide would never replicate the cultural learning that might have taken place for the child within their birth families. Most sought to do the best they could to support the child's cultural connections under the circumstances. Others felt that it was not their place to attempt to fill this gap. To do so would be inauthentic, and inauthenticity would be less respectful, in their view, than not providing this form of scaffolding at all. For some carers, culture came a long way down on the list of caring priorities, and for others the very concept of culture was not seen as helpful.

Theme 2: who sets and leads the cultural agenda?

For those carers who did see cultural connection as a priority, there were questions around who should play the lead role in taking this forward. Some saw that it was birth parents who should lead the way. Others argued for a child-led approach. Some saw it as the role of the carer, and others as part of the responsibility of the caseworker.

The birth family: honouring their views in the face of family disconnect

There was a recognition amongst the participating carers that culture can be complex and nuanced. For this reason, some felt it was most appropriate that birth families defined what was important for their children to understand about their birth culture, and carers looked to be guided by them.

So, we're really keen to learn as much as we can and teach her about her culture so that Katie understands herself more. And being guided by her birth family as well because they've obviously got the lived experience of the culture. Like, it could be we might have the completely wrong idea, we might read things in a book, but that's not actually what their culture means to them. (Carer 7)

In some cases, being guided by the birth parents meant accepting a birth parents' apparent lack of interest in the passing down of cultural knowledge or in their child identifying as culturally diverse. Being guided by the birth parent in this way could occasionally place a carer at odds with the expectations placed on them by agencies to reinforce the child's cultural background.

If it's not important to the child or the dad, who are of that culture, why do I need to keep trying to find ways to bring it in? Because if Tony, his birth father, doesn't see himself as Portuguese, but sees himself as Australian, well then, why do I need to push? (Carer 13)

Experiences of engagement with birth families and the development of relationships that provided opportunity to understand and honor birth family views could be very challenging. The very nature of the foster care system means that there has been significant trauma experienced by parents and children, as they have been forced into a situation of disconnect, and there can be issues of safety to take into account in terms of whether and how interactions take place.

Nonetheless, there were examples amongst our participants of caring arrangements where birth family members were successfully included in the lives of the children and their carer, and were able to share their cultural knowledge in different ways.

His mother actually interacts with me quite often . . . She basically is teaching him how to cook Indian food, Macedonian foods. She has a really big input with all that. (Carer 5)

The carer: “it is my duty” as the carer and the child’s advocate

There were carers in our cohort who felt that it was their responsibility to play the primary role in supporting all aspects of the child’s learning and growth, including cultural learning. For most, this reflected a way of thinking about what it means to be the primary carer of a child. For others, this reflected a perceived need to fill a void because there did not seem to be anyone else who was willing or able to play this role in the child’s life.

So we are really building on her listening so she can hear her language. Because I think one of the things that worries me most is her mum’s English isn’t going to be enough and Iris’s [Child] Vietnamese isn’t going to be enough for them to have the hard conversations as they grow. And I want to give her every opportunity to be able to. (Carer 2)

It is important to note that the feeling of needing to learn about another culture was not an issue that was unique to foster families only. Kinship carers also expressed this view when the child’s lineage was multicultural. In one example, a child was being cared for by their maternal grandmother, who had a Tongan cultural background. The child’s father was Fijian and had no contact with the child. The grandmother said:

I’ll learn what’s typical of a Fijian. I still want them to learn their own culture because, otherwise, when they grow up, they will say “Nanna, you didn’t teach me this and I’m really not really happy with you.” I don’t want to be the one to be blamed from them. (Carer 3)

Advocacy for the child and supporting them when they experienced racism was another important issue raised within the carer interviews. Carers, who had not experienced racism themselves, described grappling with how to support their children through these experiences.

That’s been big [witnessing the foster children experience racism], and a lot of education for me and teaching the kids how to manage it. I do have my two sisters-in-law who are Asian and they’ve had to navigate it a bit. And they’ve been helpful in teaching me how to manage, teaching the children how to manage it. Obviously, it’s not something I’ve experienced. I’ve just had to learn how to help them stand up for themselves and I also stand up for them too because they’re only children. (Carer 20)

The child: gaging their interest and their developmental readiness

Following the lead of the child and their level of cultural interest was another approach that carers took. The full range of child interest was described by the carers, from intense child curiosity, through to very little child interest. Carers who took this position gave priority to cultural learning and connection in response to the child, regardless of any agency pressure to embed the child’s culture within the home.

It’s really hard to continually try and make someone interested in something they’re not interested in. I think the only people that are interested in his culture are the case managers. If it’s not important to the child, who is of that culture, why do I need to keep trying to find ways to bring it in? (Carer 13)

I don’t know about the Islam faith . . . so it’s hard to pass on to the younger children. Although I’m not their parent, they want to know. I enrolled them into Islamic classes. There’s a lady that helps with culture too . . . If I have questions, if the kids have questions they call her up and she answers. (Carer 12)

Carers were also guided by the developmental stage of the child. Some felt that the meaningfulness of culture did not emerge until into middle childhood and so there was little value in investing in cultural learning before then.

I'm sure Cambodian, Chinese, Vietnamese children would do exactly the same thing as what he's doing. Because I think he's a four-year-old little boy, and just wanting to play. (Carer 6)

The caseworker: coordinating information and the tokenism of "box ticking"

The final group for this theme were carers who felt that the caseworkers must take responsibility for ensuring that the cultural rights of children were being upheld. These carers saw caseworkers as the go-to-people for information and advice. They particularly valued input from caseworkers who shared the child's culture.

Our first case worker was Vietnamese . . . We'd ask her about food. Can she have fish sauce now? She said, "that's a really good question. I'll ask my cousins" . . . said the conversation ran for three days . . . And she was really good about reminding us that we're raising an Australian-Vietnamese child, not a Vietnamese-Vietnamese child . . . And so she was great from that perspective, because she has both. She's had her parents who were born in Vietnam, and she also knows what it's like to grow up in the greater southwest area. (Carer 2)

Carers who were supported by caseworkers with a similar cultural background to the child were the exception rather than the rule. Carers varied in their experiences with caseworkers. Some had positive experiences, such as the carer below who described working closely with the caseworker to gather information.

Yes, we've got a cultural plan, and so they've been helpful in helping us to source books and things. And we've actually just, I've just printed a whole lot of things out of different Māori words, like for days of the week and all of that. And we're planning to put them up on the wall at home. (Carer 7)

Others suggested there was a need for a stronger focus on caseworker training to assist them develop their cultural knowledge, and in turn provide better guidance to the carer.

I also think education of case workers needs to be ramped up a lot. There's a lot of just cultural incompetence, lack of cultural safety . . . The caseworker needs to be well educated in quickly finding and getting information in a way to support the child so they can pass that on to the carer. I think it'll help the family better. (Carer 20)

Some expressed concern at the lack of collaboration in developing a cultural care plan with the carers.

It was just, here's a document for you to edit and discuss. And that's not collaborative. (Carer 11)

A common concern was the prevalence of "box ticking" when it came to culture. For example, one carer said that once a year the caseworker would arrive and insist on using her kitchen to make noodles with her foster son who has a Korean background. The caseworker made no other attempts during the year to introduce culture.

The fact that she could even walk into the house and cook two-minutes noodles just so far misses the whole idea. (Carer 11)

There was very little mention in the interviews of formal or collaborative cultural care planning, which is recommended within the Australian OOHC system.

Summary

Some carers felt that the most appropriate cultural guides for children in care were their birth family members, who understood best the cultural nuances that were practiced and valued within the birth family. Others considered nurturing the child's cultural experiences as primarily part of the carer role, referencing initiatives that reflected advocacy for intentional activities to positively connect the child to their culture. Carers also gave consideration to the child's level of interest in culture, as well as their developmental age. The final sub-theme

focused on how the caseworker and other service representatives approached, prioritized and supported cultural care needs. Consistently, carers described cultural activities as being driven by the caseworker's own cultural profile, knowledge and interests. Where the caseworker's culture aligned with the child's, the carers recalled positive meaningful cultural conversations and activities. Where caseworkers appeared to lack adequate interest in the child's care needs, references were made to tokenistic, tick-a-box cultural casework initiatives.

Theme 3. Creating home, family and community

All of the carers interviewed for this study described wanting to provide for the child in their care a safe and comfortable home and a sense of family. Creating home and family requires a process of interweaving daily routines, relationships and cultural threads. No one person's needs are more important than another's in a family setting, which means both acceptance and inclusion, as well as compromise. The carers spoke about this interweaving process as they sought to embed children in their families.

Home as a melting pot: all the cultures in the home are important

The carers recognized that culture is dynamic, evolving, and influenced by relationships, place and context. As much as the carers were open to learning about the child's culture, they also wanted to share their own culture with the child and have them participate in the routines and rituals of their lives.

I do some symbolic things in my house here. I planted some maize and some other vegetable and I take the kids there whenever I'm doing that. They help me sometimes to water it and I tell them, this is how we do it in our country culturally. It's a part of the culture. As young girls, you need to be aware of this as you grow up. (Carer 29)

Many of the foster children had become part of the extended family of the carer. Inclusion and acceptance within the broader network required knowing how to belong and participate in the customs that were important in this context.

So, on Saturdays or on the weekends, he goes usually by himself to see my [Sri Lankan] mum, who has dementia up at the nursing home. So, he calls her grandma, or *achchi*, which is Sri Lankan for grandma. And she's very aggressive with me, but she adores him. (Carer 11)

The participating carers who already experienced cultural diversity within their homes, had interview narratives that were more comfortable with including another culture within the "melting pot" of home than families who were, until now, mono-cultural. They described the importance of acknowledging potential differences, facilitating conversations between the child and the foster family members in relation to cultural respect, and feeling able to make room for new ways of being.

I blend everything, because I'm from a multicultural background myself ... We've got all different types of multicultural people within our family, within the unit. My husband and I are both from different cultures. And my first marriage with my eldest son is also a different nationality. And my stepfather and I have also been adopted in different nationalities. We're very multicultural. We come from a very multicultural area as well. I feel like we've had to have a good talk and sit down about what our core values are because even things like religion are very diverse as well. (Carer 18)

There were carers who had experienced challenges because the child's heritage included cultural practices that conflicted with the cultural practices of the foster family. Mostly, when needing to address such tensions, the carers made a decision that prioritized the family as a whole and existing carer family practices. A carer who followed Islam faith caring for a child whose birth parents followed different religions shared her approach to managing their cultural differences within her home.

One [birth parent] is Muslim, one [birth parent] is Christian. Mummy said give him the ... Muslim food, Daddy said he can eat the pork. He has to eat pork. I said that's my place, I didn't eat the pork in my place. Sorry, when

he's coming to your place, I don't care what you want . . . I'm a Muslim but I can't ask them the same of them.
(Carer 19)

Embedding cultural elements into the everyday routines of home

When they could, carers sought to embed the child's culture into the everyday routines of home. This could include one-off or periodic activities, structured activities, or embedded routines that organically emerged over time. Carers referenced a range of initiatives suggested by the child or by themselves that were intended to create meaningful cultural experiences. In particular, the following types of activities were described across the carer interviews:

- Including biological family members in home routines. For example, one carer recorded a grandmother reading stories in her first language and played the recordings at bed-time.
- Watching movies and listening to music. For example, watching Bollywood movies.
- Reading stories that include references to language or the rituals of the child's culture.
- Language. For example, carers learning some key words in the child's first language.
- Cooking food from the child's cultural background.
- Carer information gathering. For example, one carer undertook research to learn about how to care for the hair and skin of her African foster child.

Finding community: places and spaces of connection outside of the home

In addition to seeking to embed culture within the practices of family units, many carers also recognized the value in finding cultural connection for the child within the broader community. For some, birth family members could play an important bridging role between the child and their cultural community. For example, the young adult sibling of a four-year-old girl with a Vietnamese background would take her little sister to cultural events in the community.

When family members could not play a bridging role, many carers actively sought out culturally specific activities and opportunities for the child to nurture relationships with people who shared their culture. The spaces for cultural connection described within the interviews included the following:

- Education settings. For example, choosing a school that celebrates the child's culture.
- Culture and language classes. For example, sending Maori children to do kapa haka.
- Nurturing friendships for the child based on culture.
- Eating restaurants that cook cultural foods.
- Attending cultural festivals and religious celebrations

Summary

All of the carers said that the child was, or hoped that the child would be, an accepted and interwoven part of their immediate family, extended family and social networks. That meant that the child needed to learn the ways of the family, as much as the family needed to learn the ways of the child. The times and spaces in which aspects of culture infiltrated the everyday routines of home were described, as the family environment shifted to accommodate and respect the needs of all who were part of it. Many carers also described seeking out opportunities for the child to connect and learn about their culture through community-based relationships or activities.

Theme 4: raising a child inside a system

Being a foster carer is a very unique experience in that you are asked to love and care for a child who remains tied to another family and who has a history that is largely unknown to you, and you need to do that under the scrutiny and direction of government and service agencies who may or may not helpfully intervene when needed or provide timely support. Carers described the OOHC system as having multiple layers and challenges including the breath of regulations and rules, the constant

change over of staff, concerns about the consistency and accuracy of information provided to them, and the limited resources and supports provided to address the child's cultural care needs.

They set the rules but don't provide the necessary support

Frustration was commonly expressed by the participating carers who felt that they were held to high levels of account, and yet so often caseworkers and other agency representatives were slow or unable to provide the support needed. The research team had experiences recorded in the field notes in which carers pleaded with them to advocate to the agency on their behalf for additional financial and other supports, which we had to explain was outside of our role as researchers. Carers recognized how over-worked caseworkers could be, and also how young and inexperienced so many caseworkers could be. They were frustrated when caseworkers they had built positive relationships with were moved on, particularly when this happened without notice. Many felt disillusioned because of promises of support that were not fulfilled.

I think four caseworkers, four times, that's not nice. I'm always repeating, repeating, repeating, saying, I'm just getting tired. I'm not asking any more. I ask many times, they didn't help me (Carer 21)

Caring in the face of no information or misinformation

The carer data suggests that there are significant challenges within the system in both identifying and passing on to carers accurate information about the child's culture. There were many examples of carers feeling uncertain or being provided with misinformation. For example, one foster family (Carer 18) was told the child they were caring for was Russian. They made a connection with a Russian person who became a friend. This friend made videos for them on how to cook Russian food, alongside videos on Russian language and teaching the carers and the child important key words. After many months and much concerted effort, the family was told that the child is not Russian afterall. He is Anglo-Australian.

Summary

Meaningful cultural connection and experiences are impacted by the macro-level system in which the care is embedded. Gaps between the policy requirements, information sharing, support processes, as well as the extent of caseworker experience and knowledge all impacts the meaningfulness of cultural care provided in the care setting. Many carers highlighted concerns that the processes experienced are largely tokenistic and lacking in value.

Discussion

The participants in this study expressed a range of perspectives on the extent to which culture should be prioritized. Each carer had to establish a hierarchy of child and family needs. Where culture sat on that hierarchy was influenced by the strength of other child and family needs, carer beliefs around the importance of culture to child development and wellbeing, as well as ontological positionings. While diversity of opinion is important to understand, it is noteworthy that those who expressed the view that culture was not important, or the view that it was not their place to facilitate this, were at odds with Australian OOH policy and with the child rights agenda. This points to the need for training for carers to understand the importance of culture, and especially guidance on how to facilitate the child's cultural connection and identity in ways that are not divisive and that acknowledge the challenges carers who are cultural "outsiders" from the child's culture and who may feel uncomfortable stepping into cultural spaces that they have not been invited into.

These findings resonate with previous research within the international literature, which found that carers were seeking more information about cultural diversity, more training, and support for their own personal growth to be able to engage positively with diversity (e.g. Brown et al., 2009). These requests for support align with the growing movement away from "cultural

competence” frameworks, toward the concept of “cultural humility.” Cultural competence requires the acquisition of knowledge relating to diverse cultural beliefs, traditions, values and behaviors. Cultural competency training has been mandated in most human service settings and has potentially been instrumental in increasing general awareness of difference. However, this approach has also attracted considerable criticism because the focus on difference can reinforce “othering,” and the notion of “competence” can contribute to the reproduction of social stereotypes and reinforce the power imbalances between professionals and the people they work with (Shepherd, 2019). An approach based on cultural humility supports self-reflexivity, values the expression of cultural expertise from children and families, seeks to share power in decision making, and encourages ongoing curiosity and learning about your own and others’ cultures (Lekas et al., 2020).

The findings of this paper also raise questions about who should take the lead in setting the agenda for the cultural life of the child. The participants explored the role of birth families, carers, children and caseworkers as the direction setters. The experiences they shared suggest that all stakeholders have a role to play, and that the lead role can shift depending on a vast array of ever-changing variables, including the ability, interest and opportunities for birth parents to play this role. At the heart of this agenda setting is the cultural interest of the child. In cases where the child lacks interest in their cultural background, or they are too young to directly express interest, it becomes the responsibility of the adults around them to ensure that the opportunities to pursue cultural knowledge and connection remain open for if and when the child wishes to engage. Regular and ongoing cultural care planning that includes all stakeholders as active participants and decision makers, including parents and children, is critical to encouraging and supporting the collective responsibility to prioritize cultural identity and belonging (Grace et al., 2025).

Guided by ecocultural theory (Weisner, 2002), this study explored the ways in which cultural practices were embedded within the daily routines of home and family. The participants described making a broad range of accommodations in response to the children who became part of their families. Concern to avoid tokenism was expressed by some participating carers, reflecting a strong body of research demonstrating the inadequacy and potential harm caused by tokenistic practices (e.g. Eketone & Walker, 2015). Tokenism, however, can provide a starting point for people as they step into a new cultural space. For example, the preparation of a cultural meal on a one-off basis in the absence of any understanding of its significance is tokenistic. However, this activity can have significance if it starts cultural conversations, demonstrates the care and interest of the person who prepared it, and fuels cultural curiosity. Tokenism is potentially an acceptable starting point, so long as it does not become the end point (Karatasas et al., 2024).

The participants also described many activities designed to link the child with their cultural communities, to find people and spaces in which the child’s culture is understood, lived and celebrated. An approach to cultural connection that was notably absent within the data was formal cultural mentoring. There is a growing body of literature that demonstrates the positive impact of cultural mentoring programs for young people who are at risk of poor life outcomes (Harry et al., 2023; Tyson McCrea et al., 2024). The application of this evidence base to support culturally diverse children in out-of-home care warrants further exploration.

Carer experiences are all shaped by the desire to nurture and care in the context of a large and bureaucratic government system. Out-of-home care systems across the world are criticized for their failure to respond to the individual needs of children (Gatwiri et al., 2024), for the cultural hegemony that underpins their policies and policies (Grace & Menzies, 2022), and for regulatory mechanisms that undermine the building and maintenance of responsive and caring human relationships (James Martin Policy Institute [JMI], 2021). There are widespread calls for significant reform, and the perspectives of the participants in this study reinforce concerns about the quality of the supports that are provided. Our findings would suggest that one important starting point for improvement, as that relates directly to the care of culturally diverse children, would be improvement in the quality of the information provided about the child. Our data include many

stories of misinformation or an absence of information on the child's cultural background. Meaningful support of cultural connection is only possible when accurate information is gathered and shared.

In summary, the following key recommendations are supported by the findings of this study.

- Recommendations for carers: participation in cultural humility training; investing time and resource in linking the child with their cultural community through events and key relationships; and don't be afraid of tokenism so long as it is seen as a starting point for curiosity and cultural conversations.
- Recommendations for caseworkers: participation in cultural humility training; annual cultural care planning with the key cultural stakeholders (including children, families and cultural leaders), investing in positive and respectful collaboration.
- Recommendation for systems: the establishment of mechanisms for high-quality and nuanced data collection, allowing for the identification of multi-cultural background.

Limitations

The study is limited in its generalizability as the result of relatively small participant numbers, the majority of whom were located within one jurisdiction. It should also be noted that the participants were a self-selected group of carers who had volunteered to be interviewed on the topic of cultural diversity, and so it is possible that there was bias within the group as a result.

Future research will explore the perspectives of children in the out-of-home care system on their cultural care needs. Research to develop and trial practice tools and training approaches would be of value. An important further avenue of research would give focus to the barriers and facilitators that exist within organizations to the implementation of culturally appropriate care.

Conclusion

The provision of culturally safe and supportive care is vital to wellbeing and positive outcomes for all children, including those in the out-of-home care system. Primary responsibility for this form of support most often falls to foster and kinship carers, who create the day-to-day home environments in which culture can be embedded. This study described the opportunities and challenges faced by carers, as well as the diversity of views relating to how culture should be prioritized amongst the array of complex care needs that accompany their foster child. The findings support the importance of ongoing training for carers in cultural humility and reflective caring practices. It also highlights the importance of a collective approach in which carers, professionals, children, birth parents and cultural community members all have a vital role to play in supporting the child to understand their family background/s, and navigate how to take that forward within their own lives.

Note

1. Please note that the numbers do not add to the total because there were carers who had more than one ethnicity.

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