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# Supporting Cultural Identity and Connection for Children from Culturally Diverse Backgrounds in Care: A Multi-Case Study of Stakeholder Perspectives

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## Abstract

The United Nations Convention on the Rights of the Child affirms children's right to participate in decisions that affect their lives and to maintain connections with their birth families and cultures. Despite over three decades of this recognition, which is embedded in policy and practice standards globally, there is a dearth of research providing an understanding of whether and how children's rights are enacted in practice for children from culturally diverse backgrounds in statutory out-of-home care. This article presents four case studies, drawing on the perspectives of children, carers, caseworkers, and a birth family member. One key theme was highlighted in each of the four case studies to capture critical issues within the field. These include: contested motherhood in shaping identity and belonging; fitting in and navigating cultural tensions; competing perspectives on culture and stakeholder roles; and intentionality in nurturing bicultural identity. Findings underscore children's capacity to develop meaningful relationships, cultural connections, and a healthy sense of belonging and identity with both their carer and birth families and cultures. While implementation challenges remain, this study emphasises the significance of intentional and collaborative care approaches that recognise the complex circumstances and interdependence of children and their families, and prioritise the rights, participation and agency of key stakeholders, particularly children, as active agents in their cultural care and identity construction.

**Keywords** Children and young people · Out-of-home care · Cultural diversity · Cultural identity · Cultural connection

## Introduction

Children have improved wellbeing outcomes when nurtured in environments that value their participation, foster a strong sense of connection to family and culture, and support the construction of their identity (Delgado et al., 2022; Ursin et al., 2022). The United Nations Convention on the Rights of the Child (UNCRC) affirms these values, asserting children's rights to family and cultural connections (Articles 30; 20:3) and to freely express their views on matters that affect their lives (Article 12) (UN, 1989). Despite these provisions, children from culturally diverse backgrounds who live in statutory out-of-home care (OOHC) because they cannot live with their birth parents, may face complex challenges, including cultural disconnection and resulting identity ambivalence in OOHC. These challenges can be exacerbated when they are placed in care environments that do not align with their birth culture or provide adequate cultural understanding and care.

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With increased global migration comes an influx of children from culturally diverse backgrounds, creating a tapestry of diversity characterised by languages, religions, ethnicities, and socio-cultural norms that are often distinct from those of host countries. Children fleeing war, natural disasters and difficult circumstances from their home countries and arriving in a foreign country alone or separated from their families as refugees or "unaccompanied minors" contribute to this cultural diversity (United Nations High Commissioner for Refugees (UNHCR, 2021). As of June 2024, the rate of overseas-born populations in the European Union was approximately 9% (European Commission, 2024), a little over 13% in the United States (USA Facts, 2024), 23% in Canada (McAuliffe & Oucho, 2024), and nearly 30% in Australia (Australian Institute of Health and Welfare (AIHW), 2025). Inconsistencies in the definition of cultural diversity continue to hinder consensus on the identification and proportions of these cohorts of children, particularly upon their entry into OOHC (Abdul Rahim et al., 2024). Consequently, in the Australian context, there is a dearth of studies examining their experiences, with Waniganayake and colleagues (2019) noting the challenges of accurately interpreting children's cultural identification due to the complex nature of culture.

Australian literature and government documents commonly refer to these cohorts of the population as culturally and linguistically diverse (CALD) (Australian Bureau of Statistics (ABS), 2022). Over the years, the term CALD has been criticised for carrying negative connotations and for failing to emphasise cultural variables beyond language, such as ethnicity and religion (Sawrikar & Katz, 2009). Scholars argue that the term can be more limiting than inclusive, labelling people based on their proficiency in English, and failing to acknowledge the disparities in the experiences of various ethnic groups (Adusei-Asante & Adibi, 2018). Given the controversies surrounding the term CALD, this paper refrains from using it and instead uses a broader term to refer to the study population as children from culturally diverse backgrounds. These are non-Anglo-Saxon, non-Indigenous children who are either born overseas (first-generation), or have at least one parent born overseas (second-generation), and may practice a religion or speak a language other than the one primarily practiced in the host country.

Children from culturally diverse backgrounds are argued to be at increased risk of OOHC involvement due to identified vulnerability factors, including migration and settlement histories, socio-economic stressors and cultural barriers (Kaur 2012; Sawrikar 2016a). These factors, together with a shortage of carers from their ethnic backgrounds, result in many children from culturally diverse backgrounds being placed in transcultural care, where they live with carers from different cultural backgrounds (Degener et al. 2021b, 2023). Transcultural care placements have been found to complicate children's cultural identity as they navigate intersecting identities and conflicting social messages, both within their care home and in the wider community, while striving to preserve a strong sense of their birth culture and identity (Degener et al., 2023; Ezekwem-Obi et al., 2025). Differences in cultural practices and physical appearances between children and their carers are reported to expose children to discrimination, stigmatisation, low self-esteem and a displaced sense of belonging due to feeling and looking different (Degener et al. 2021a; Wood and Selwyn 2017). When not appropriately understood and supported, these experiences for children can worsen, leading to further vulnerabilities, including behavioural issues, poor physical and mental health and long-term wellbeing challenges (Asif et al. 2024; Sawrikar 2016b).

There is growing recognition of the importance of including children's perspectives in understanding their own care experiences, as this is associated with an improved sense of self and value, greater trust in the care system, and the promotion of their overall safety (Stafford et al., 2021). The limited inclusion of children's perspectives in their care or in research is often linked to philosophies that position children as either incompetent contributors or inherently vulnerable (Kosher & Ben-Arieh, 2020; Toros, 2021). Although much existing research privileges adult stakeholders' perspectives, particularly carers and caseworkers (Waniganayake et al., 2019), those that include children's perspectives have seldom situated them within the socio-cultural environments that shape their experiences, especially in relation to the construction of cultural identity. This paper aims to synthesise the perspectives of key stakeholders, including children from culturally diverse backgrounds, their carers, birth parents, and caseworkers, to understand how cultural connection and identity construction are conceptualised and supported in practice, for and with children, within their care context. While this study includes both children and young people, the term "children" is used primarily in this paper for consistency.

## Out-of-Home Care and the Australian Context

International protection laws across the globe reinforce the rights of at-risk children under 18 years to receive protection within statutory OOHC, ensuring they are provided with safe and stable accommodation and welfare support (McAuliffe & Oucho, 2024). Placement in OOHC typically occurs when children require a protective environment, when birth parents are unable to provide adequate care and supervision, or when family conflict and instability necessitate alternative accommodation (AIHW, 2025). As in

many other countries around the world, OOHC is considered an intervention of last resort in Australia, implemented when the children's court deems it a safer option for children than living with their birth parents (AIHW, 2025). The intervention can be either temporary, allowing birth parents the opportunity to make necessary adjustments for reunification, or permanent, whereby pathways (including adoption) are put in place (AIHW, 2019). Upon entering OOHC, home-based settings are prioritised for children to live with either their relatives in kinship care or with non-relatives in foster care (AIHW, 2025). The policy imperative to provide a nurturing home environment, stability, and permanency for children reflects a growing recognition of the complex needs often faced by children in OOHC, stemming from trauma prior to, or related to, separation from family, placement instabilities and care experiences (Asif et al., 2024; Mendes & McCurdy, 2020).

In Australia, current OOHC policies and practices emphasise the importance of supporting children's cultural connections and their participation in decision-making about their care, as these serve their best interests (Australian Institute of Family Studies (AIFS), 2022). For instance, in the state of New South Wales, 'cultural care planning' is a requirement that documents children's cultural information and sets goals to support their culture. A related strategy, 'cultural matching', aims to prioritise placing children with carers who share similar cultural backgrounds in terms of ethnicity, religion, or language (Paxman et al., 2021). Although these strategies apply across all Australian jurisdictions, the extent to which they are effectively practiced remains a topic of ongoing discussion.

Australian OOHC policies and practices that emphasise cultural connections often prioritise Indigenous children (AIHW, 2025; Department of Social Services (DSS), 2021). This priority is grounded in the historical context of colonisation and the legacy of forced child removal policies, which continue to have intergenerational impacts on Indigenous or First Nations children and their families, including overrepresentation in OOHC (Krakouer, 2023). Much can be learned from current practices involving Indigenous children that can also be applied to non-Indigenous children from culturally diverse backgrounds. However, a recent review of Australian OOHC policies and practices reports that the consistency and evaluation of cultural care provision for children from culturally diverse backgrounds are affected by children's evolving cultural identities and limited cultural understanding among practitioners (Grace et al., 2024).

## Understanding Culture and its Complexity in OOHC

Culture is commonly described as comprising distinct sets of characteristics, including spiritual, physical, and emotional attributes, which are experienced differently across social groups. According to Hall (1976), culture has two layers: surface culture, which includes easily visible elements such as food, art, literature, and language, and deep culture, which encompasses more intricate attributes of a people, like emotional expressions, attitudes and shared values of a people that may not be easily identifiable yet are passed down to generations. For many children from culturally diverse backgrounds in OOHC, culture can be understood as the maintenance of continuity with elements of their birth parents' heritage (Ni Raghallaigh & Sirriyeh, 2015). However, Hatch's (1993) view of culture broadens this understanding by describing it as shared patterns of behaviour and ways of living that are learned through socialisation within social groups, including families, extended relations, or communities, rather than being inherited at birth. Eaude (2020) presents a more integrative perspective, arguing that biology and socialisation, which inform the concept of ethnicity, both serve as powerful markers of culture. It is through these age-old attributes, associations and traditions unique to a specific social group or people that cultural identity is shaped and defined (Eaude, 2020). The research described in this paper aligns with this understanding, which reinforces both nature and nurture as essential contexts for the expression and negotiation of cultural identity.

Due to migration, culture has become more nuanced and complex. It is continually evolving, with certain elements changing or gradually fading over time, especially when adopted or adapted across different cultural contexts (Bauman & Bauman, 2011). As a result, children from culturally diverse backgrounds who are primarily from collectivist societies that emphasise communal responsibility in child-rearing, face sustained intercultural contact in individualist or Western societies with a culture that prioritises child autonomy (Sawrikar & Katz, 2014). Sustained intercultural contact with individuals or groups from different cultural backgrounds can create cultural and behavioural changes, a process known as acculturation (Berry, 1997, 2019). To understand how individuals negotiate these changes, Berry (2019) outlines orientations that include, but are not limited to, integration (embracing both the original and host cultures) and assimilation (abandoning the original culture to adopt the host culture). Factors such as individual agency, power dynamics, and social structures within a child's environment can influence how they acculturate and, subsequently, construct a cultural identity (Van Oudenhoven & Ward, 2013; Wille, 2011), which, if not appropriately understood and addressed, may create acculturative stress

(Renzaho et al., 2017). For children from culturally diverse backgrounds, especially those in long-term or permanent care, this may mean participating in daily immersion in their carers' family values and in the practice expectations set by their caseworkers, all of which may be based on varying cultural understandings and priorities. Sustained intercultural contact can result in the construction of a multicultural identity, in which children internalise two or more cultures that are not necessarily blended but coexist within them (Benet-Martinez & Haritatos, 2005), or they may experience identity ambivalence, leading to confusion about who they are (Degener et al., 2023).

Socio-ecological systems theory, advanced by Bronfenbrenner (1978, 2000), posits that children's growth and development are shaped not only by biological factors but also by the dynamic and interconnectedness of multiple environmental systems. These systems include micro (the immediate surroundings, such as family, school, and neighbourhood), and macro (the broader social, cultural, and organisational values that shape experiences). The theory recognises a child as an active agent who continuously adapts to changes and experiences within their environments. Employing a socio-ecological lens in this study helps conceptualise interconnected relationships and cultures within the environments of children from culturally diverse backgrounds in care, and to understand how their cultures and the decisions made about their cultural care intersect.

## Methods

This study is part of a larger study titled 'Upholding the Right to Cultural Connection for Children in Care', funded by [Grant Name withheld for peer review] and conducted in partnership with eight non-governmental OOHC organisations. The study explored the perspectives of various stakeholders within the OOHC system across Australia, including children ($n=34$), carers ($n=31$), birth families ($n=10$), as well as caseworkers and casework managers ($n=76$). This paper draws on this data to identify four case study sets comprising children, carers, caseworkers, and one birth family member. Using a qualitative, embedded multi-case study design (see Yin, 2018), this paper provides an in-depth empirical investigation of each case to elicit the nuances and interconnected perspectives of selected stakeholders to better understand what is important for children to maintain a connection to culture and identity, and how that is supported in their care. Yin's (2018) guidelines for conducting multi-case study research were followed, including case selection, preparation for data collection (including ethical considerations), data collection, and data analysis, as described below.

This paper addresses the research question: What are the key stakeholder perspectives on how culture is manifested and supported for children in OOHC?

### Case Selection

From the larger cohorts, we selected four case studies, each centred around a child, involving children ($n=4$), their carers ($n=4$), and their caseworkers ($n=4$). We also managed to include a birth family member ($n=1$) in one case. Using purposive sampling, one research member first identified the participating children from the cohorts, based on selection criteria. These included: children who were aged between 12 and 16 years old, in foster care, and identified as having a culturally diverse background by the organisation that provided their care. One participating child had been adopted by their long-term foster carer by the time of the interview. Children were excluded if they were in kinship care or if their carers had not already been interviewed for the larger project. The potential case studies were presented by the first author to the remaining team members. The team then selected four cases that they felt strongly illustrated key issues present across the broader participant groups. Three of the case studies included children who were in trans-cultural care, and one was in a culturally matched placement. Table 1 summarises the cultural characteristics of the case study participants, using pseudonyms and broad cultural identifiers to protect participants' identities and confidentiality.

### Preparing for Data Collection

Given that the children and carers had been interviewed as part of the larger study, the caseworkers and birth family members were identified by the partner organisations who were providing care to the child. The partnering organisation forwarded an invitation to those caseworkers and birth families to participate in the study, and left it to them to contact the researchers if they were interested in participating in this case study research. Four caseworkers and one birth family member volunteered to participate in the case study. One research member reached out to them to discuss the research and interview processes and to address any questions or concerns they might have.

Ethical considerations included awareness of the sensitivity of the research area and the potential power imbalances that might exist when conducting research with individuals experiencing vulnerabilities, including children (McAuliffe et al., 2023). Therefore, strategies such as building rapport and assuring participants of their right to confidentiality were employed with the intention of building trust and a sense of safety. A distress protocol, with detailed

**Table 1** Summary of participants' cultural characteristics

| | Cases | Pseudonym | Immigrant generation | Ethnicity | Language | Religion |
|---|---|---|---|---|---|---|
| Case Study 1 | Child | Elise | Second-gen | Central Asian and Anglo-Australian | English & South Asian language | Muslim |
| | Carer | Amina | First-gen | South Asian | South Asian language | Muslim |
| | Caseworker | Chloe | Non-identified | Anglo-Australian | English | Christian |
| | Birth Family | Rita | Non-identified | Anglo-Australian | English | Christian |
| Case Study 2 | Child | Charles | Second-gen | South Asian | English & South Asian language | Muslim |
| | Carer | Farah | First-gen | South Asian | South Asian language | Muslim |
| | Caseworker | Kareem | First-gen | West African | English | Muslim |
| Case Study 3 | Child | Mike | Third-gen | East Asian | English | Christian |
| | Carer | Cath | First-gen | Central Asian | English | Buddhist |
| | Caseworker | Lana | Second-gen | Eastern European | English | Non-disclosed |
| Case Study 4 | Child | Kalim | Second-gen | West African | English | Christian |
| | Carer | Macy | Non-identified | Anglo-Australian | English | Christian |
| | Caseworker | Sam | Non-identified | Anglo-Australian | English | Christian |

support procedures and contact details for relevant support services, was developed by the research team in partnership with the participating organisations. However, no disclosure or indication of distress necessitated the use of the distress protocol during this research process.

As legal guardians, each carer completed a permission form consenting to the children being contacted for the research. The children provided assent to participate and to be audio recorded, while the adults gave both verbal and written consent prior to the interview commencing. The researcher prioritised safe and respectful processes by giving all participants the opportunity to select their preferred interview times and locations and to be informed of their right to choose whether to continue or withdraw from the study without consequences.

## Data Collection

Three members of the research team participated in data collection. A combination of semi-structured interviews and field observations were utilised for comprehensive data collection (Creswell & Poth, 2018) with the adult participants (carers, caseworkers and birth family). Interview questions centred on topic areas including family (carers' and birth parents') traditions, everyday routines, relationships, and cultural networks around a child, and on care practices that support the child's culture and identity. The questions aimed to explore their understanding and the manifestations of culture within the child's care environment, including how these were conceptualised and supported for the child.

An adapted version of the Label Selection activity (Marks et al., 2007) was used in participatory activity-based interviews with the children. This utilised creative, age-appropriate and culturally sensitive activities to prompt conversations with children, helping them reflect on their understanding of their cultural identity and the meanings they assigned to culture within and beyond their care homes. Conversational prompts were used to explore topics such as everyday routines, household tasks, community networks and events, and the relationships surrounding them. The researchers were conscious of the sensitive nature of the research area and the importance of not asking questions that might leave a child feeling different or "othered"- an experience Udah (2018) associates with perceived exclusion from the majority by default. Writing pads and drawing tools were provided to support children's engagement and offer them a variety of ways to share their experiences. Activities included children drawing themselves and discussing elements that they identified as important to them. It was up to the children whether and how they used cultural markers or identifiers in this activity. Opportunities were provided for children to ask and answer questions to provide further context or clarity. It was through these shared verbal and visual interactions that meanings were captured.

The majority of the interviews were conducted in person, except for four caseworkers and one birth parent, who were interviewed via Zoom. Two carers were interviewed with the assistance of interpreters.

## Data Analysis

The data were analysed using within-case analysis (Miles & Huberman, 1995). The first author conducted the initial analysis as part of their doctoral study and was subsequently supported by ongoing discussions and revisions with the co-authors. The steps in the analysis involved reviewing transcripts and field notes from each case to become familiar with their individual contexts and to develop detailed descriptions of each. The transcripts were imported into NVivo 14, a qualitative software application used to aid

in coding and identifying patterns within and across the four cases. The first author identified the key issues, patterns, and emerging themes within each case and presented the preliminary findings to the team for discussion. The four co-authors critically analysed the findings, drawing on social and environmental factors associated with each case, including the type of care placements (transcultural or culturally matched) and acculturation orientations, as well as how these factors may have influenced a child's experience. Yin (2014) posits that individuals in similar contexts can experience the same phenomenon differently. Hence, the analyses presented individual perspectives of each participant and their collective narratives within each case to identify congruencies and similarities in patterns. These were subsequently discussed with the team and revised until a consensus was reached on the key themes that emerged from each case.

The cases are presented to reveal a range of unique experiences, including the challenges stakeholders face in the cultural care of children. However, the fourth case study presents evidence of an exemplary approach to navigating these challenges and meaningfully supporting a child's cultural connection and positive identity construction.

### Researchers' Reflexive Statement

The research team comprised members from diverse cultural backgrounds, including Anglo heritage and migrant backgrounds. Professional experiences include Social Work, Psychology, and Nursing, spanning a broad range of career levels from early- to late-career researchers. All four research members are women and mothers, and one member contributed lived experience as a foster carer. Through rigorous collaboration and critical discussion, the team interrogated individual assumptions and produced reflexive, nuanced interpretations of the data.

## Findings

There are four case studies, each presenting a case description, the perspectives within the case, and a thematic analysis.

### Case 1: Elise

#### Case Description

**Elise** is a 12-year-old female who has lived in the same transcultural care home with her older maternal half-brother since birth. Her carer, Amina, is a first-generation migrant from South Asia who identifies as a Muslim and primarily speaks her ethnic language. At the time of the interview, Elise spoke English fluently, self-identified with her carer's ethnicity and religion, and had basic skills in the carer's language. Elise's birth mother, Chloe, is an Anglo-Australian who identified as Christian at the time of the interview. Elise's birth father, with whom she is has no contact, is from Central Asia. Elise has scheduled family contact with her birth mother, who lives interstate, and sometimes with other maternal family members. Elise's caseworker, Rita, who identified as Anglo-Australian, had been providing case management to Elise and her family for nearly 20 months.

#### Elise's Perspective

Elise showed limited connection to, and interest in, her birth cultural heritage, but expressed identification with her carers' culture, family traditions and religion, including adorning herself in traditional regalia for Muslim girls. She did not seem interested in cultures beyond her care home, as she expressed a focus on improving her knowledge of her carer's religion and language, believing this learning would strengthen her communication and connection with her carer.

Although Elise did not identify with either of her birth parents' cultures, she did not describe experiencing identity loss or cultural disconnection as a result. She mentioned having scheduled contact with her birth mother, although she indicated that this was irregular. Having expressed "no contact" with her birth father, Elise highlighted that the minimal knowledge she had about him was provided by her caseworker and documented in a book, which she described as "50/50" helpful in her learning about her cultural heritage as "half" Central Asian. The information she shared about her cultural heritage during this session seemed more relevant to her as historical and biological references than as a means of informing her cultural identity.

#### Amina's Perspective

Elise's carer, Amina, described not having her own biological children and taking on the role of a "mother" to raise Elise and her half-brother, thereby immersing them in her cultural values. As a first-generation migrant who retained her cultural values, Amina believed in cultural preservation and played a key role in shaping Elise's identity to reflect core gender-based cultural expectations. According to Amina, "She [Elise] is a girl, she's a female, so [wearing] hijab is one of these things." Amina's commitment to her role was also demonstrated through her active efforts and the reasons for seeking cultural schools for Elise, which further emphasised active cultural immersion, as she said:

> "Currently, I enrol her at a private school for the purpose of two things. First, she will pick up our religion, or my religion, and secondly, she will start a normal career pathway like other schools… I don't have kids from my marriage previously, but when I look at these kids, I consider them exactly as my biological kids. They were in my care when they were very young, so obviously it means that step by step they started understanding and observing my culture, which I was praying on them." [Amina through an Interpreter].

Amina reflected on her observations of Elise's difficulty in forming a sustained connection with her birth family and expressed a willingness to support the relationship should Elise show interest. According to Amina, Elise's reaction after each phone contact with her birth family was described as "a boring call, because the same topic and issues." Given the circumstances, Amina identified cultural socialisation as a crucial need for Elise, and her role in helping her foster new extended kinship networks and belonging, stating:

> "I want to expose them [Elise and half-brother] to their social relationship because I want them to be in some sort of relationship and contact with my family back home. Sometimes we travel, we visit them… And also, in Australia, I have got friends, and I have got my brother, so I need the two children to be close to these people as well." [Amina through an Interpreter].

In her narrative, Amina positioned herself strongly as 'mother'. Given this role, she actively nurtured Elise within her own cultural values and connections, which may have allowed little to no room to support Elise's interests and strengthen connections to her birth family and culture.

#### Chloe's Perspective

Elise's birth mother, Chloe, emphasised the importance of exposing Elise to her birth culture and supporting her in maintaining connections with her birth family, viewing this as essential to Elise constructing a healthy cultural identity. Chloe expressed significant concern over her perception that these aspects were not prioritised for Elise, whom she believed was subjected to enforced immersion in her carer's culture and neglect of her birth culture. She reported feeling that her voice was marginalised in decisions regarding Elise's cultural care, as she said:

> I keep telling them, I want them to understand that I'm a Christian. My whole religion is never brought up to them from get-go. It's always about Islam. I feel like I'm left out of my own kid's life. It doesn't mean that the carers can force their religion on my children. Because that's what I feel. I want her [Elise] to understand where she comes from. Like what country her father comes from. That's really big thing for me… And for Elise wearing a hijab, when I last saw her in December last year, it hit me really hard. Like, I went back home to [state] crying. I don't want my child to wear the hijab. Is that possible, please? Because it's not fair for me seeing my kid, like my only daughter that I have. She's my only oldest daughter, that has to wear this hijab? It breaks my heart.

Chloe attributed Elise's assumed cultural identity to a decline in her relationship with her birth family, including Elise's grandmother and siblings, suggesting that Elise's new cultural practices were alien to her birth family, and negatively impacted family contact and relationships, as she said:

> If they [Elise and half-brother] do come home to me, I will not understand Islam. I will not know what to do for them… I'm not from that background. I don't eat halal food. I eat pure Australian food. Every time I have contact, even when my mum has contact with the kids, she can't bring food or buy food for the kids if it's not halal.

Chloe's priority was to ensure that Elise received support in maintaining meaningful connections with her birth family and cultural heritage. She felt that Elise's perceived assimilation into her carer's culture was forced on her, which hindered her ability to connect with her birth family and culture. Chloe expressed limited participation in Elise's care decisions and that her cultural priorities for Elise were given no consideration.

#### Rita's Perspective

Rita noted Elise's multicultural affiliations, including family dynamics and differing cultural priorities between her carer and birth mother, and felt it was important to give equal consideration to the cultures of both Elise's care home and her birth family. She ascribed particular attention to Elise's birth father's culture as a significant component of her cultural identity, which Rita acknowledged that Elise "hasn't even connected to." Rita associated Elise's limited interest in and connection to her birth culture with what she believed was a prolonged cultural disconnection, and her carer's limited effort in supporting her cultural connection. She expressed concern that, as Elise was moving beyond her formative years and developing a deeper sense of belonging within

her carer's culture, it was increasingly difficult to maintain her connection to her birth culture:

> They [Elise and her brother] definitely identify with their carer's culture… They speak [the carer's ethnic language], and they've been overseas to visit their carer's family. They are hesitant to engage in their culture because they haven't really been exposed to it, I guess, as much as we've liked. As they get older, it is more difficult to get them to engage in their culture, especially if they're not living in a household that is their religion or is a part of their culture.

Despite the challenges, Rita expressed optimism about future opportunities. She believed that adopting a more practical approach to deepen her understanding of Elise's cultural priorities and collaborating with everyone involved in Elise's care would improve the planning and facilitation of her cultural care, as she said:

> I think it is important to do your own research when writing cultural plans, but not to get too stuck on just what you read. Talk to the families about their lived experiences and how they perceive their culture. We've never been able to contact Elise's father and never been able to seek his views on the cultural plan, but we speak to the mum. She wants one thing, and then the carer wants another thing, and then the children, another. It is challenging. But we speak to all parties separately and hope to come to a unanimous decision.

Factors identified by Rita as affecting Elise's cultural care included differing cultural priorities between her carer and birth mother, a lack of connection with her birth father, and the carer's positioning and long-term active role in shaping Elise's cultural identity. She emphasised that supporting cultural connection and identity were significant developmental tasks. Despite the challenges she noted, including a perceived difficulty in coordinating the priorities of everyone involved in Elise's care, Rita expressed a continued commitment to improving her practice to support Elise's cultural care.

#### Case 1 Main Theme: Contested Motherhood in Shaping Identity and Belonging

Elise's case highlights the critical role of a child's immediate environment in shaping their identity and belonging beyond their biological inheritance. Her care environment, defined by her carer's maternal positioning, seemed to provide nurturing, safety, consistency, stability, and a strong sense of mutual connection. However, the concept of 'motherhood' emerged as a point of tension, with both her carer and her birth mother asserting their maternal rights from different contexts, including relational, ecological, and biological. Her carer's maternal rights stemmed from her duty as Elise's long-term nurturer, which created an opportunity to strengthen their connection and an opportunity for daily cultural immersion. Elise's birth mother appeared to lose her maternal rights due to Elise's removal from her care at birth and a continued feeling of powerlessness to participate as a mother in her daughter's care, thereby exacerbating their disconnection. This illustrates how a stable relational connection can foster a child's sense of belonging in one context while creating disconnection in another. However, Elise did not express any form of discordance; rather, she demonstrated a strong sense of cultural identity and belonging, albeit within her carer's family and cultural context.

### Case 2: Charles

#### Case Description

**Charles** is a 16-year-old male living with his younger brother in a long-term, culturally matched care placement, sharing the same ethnicity, language, and religion as their carer. Charles was born in Australia and speaks fluent English with basic proficiency in his ethnic language. His carer, Farah, a first-generation migrant from a South Asian country, primarily speaks their ethnic language and has limited English skills. Charles does not have contact with his birth parents. He witnessed a traumatic, fatal event at his birth home, which led to the demise of one parent and the incarceration of the other, leading to his subsequent entry into care. Charles' caseworker is from a West African background and has case-managed Charles for 18 months.

#### Charles' Perspective

Charles expressed a complex relationship with his cultural identity, shaped by his experiences growing up in Australia with first-generation migrant parents and later with his carer. It was observed that Charles was the only member of his care home who used an English name and identified as both Australian and South Asian. In the interview, he expressed, with some uncertainty, a more ambiguous understanding of his identity when he added, "I'm white, I guess." This expression suggested that Charles desired to fit into the dominant Australian culture in which he was raised, however, unsure whether he could identify racially. When asked to describe the significance of his connection to his birth culture, Charles responded:

> Semi-important. I don't focus on it, but if I've got to do it, and it's there, so I just practice it… I've been really practicing my religion, Muslim. Praying three to four times a week, I'm trying.

There were suggestions that his cultural practices were more of an obligation expected of him in his care home than an integral part of his identity. Consequently, rather than focusing on maintaining connections with his birth culture, Charles preferred to prioritise other aspects of his life, including building trusting relationships outside his care home and attending to his other wellbeing needs:

> I have my psychologist, I have my caseworker, I have two to three of my teachers. They don't really support me, but it's someone to talk to. I'd probably want to go to my psychologist a bit more.

Charles' reflections highlighted the intersections of maintaining a sense of duty to his birth culture in his care home, and forming new relational and cultural connections beyond it, all while seeking autonomy to make choices about his priorities for his cultural identity and psychological wellbeing. By identifying with what seemed like uncertainty as a 'white' person, it appeared that Charles needed reassurance that he could identify as he desired.

#### Farah's Perspective

Charles's carer, Farah, valued cultural preservation, considering it his responsibility to ensure Charles was actively immersed in his South Asian culture before he was exposed to cultures outside his birth and care home. Farah's intentions appeared to stem from concern about the potential influence of Australia's dominant culture, and Charles' desire to engage more in activities with his peers outside the home. Farah believed such intercultural encounters could diminish Charles' interest in his birth cultural values. Emphasising the importance of prioritising the undiluted values from their home country, Farah said:

> "We bring our culture from our country, and then we teach them. It doesn't matter if you are in a different country, but we still have to follow the culture, follow all. It is very important to know their own culture first and then get to know new cultures so they can compare which ones are better. So they don't forget. First, their own culture is better… then they can know more about the other cultures if they want" (Farah through an Interpreter).

Farah highlighted mealtime as a significant family tradition in his household, which facilitated family bonding and cultural knowledge exchange, as he shared:

> "We eat together at night times. We talk, we sit a little bit, and I try to talk to them and bring them all together, so they don't forget about their religion and their background. We're trying for them to learn their own language a lot, and the food they eat, to learn more about their culture. My wife does learn English from them, and she teaches them how to speak [ethnic language]" (Farah through an Interpreter).

Farah felt that carers were often provided with training on how to care for the children, which he stated focused on "how to act with the kids, how to talk to them, what not to do to make them sad." Farah wished that OOHC organisations would extend a similar training opportunity to children, to teach them "how to respect the carer and how to behave. Respect others and focus more on their studies. Not to be on the phone a lot." Farah suggested experiencing challenges with Charles' perceived unwillingness to conform easily to Farah's approach to prioritising cultural connection, and, as a result, he believed that support from an authority outside the home was necessary to reinforce his values while ensuring compliance with his statutory obligations.

Farah's account highlighted his commitment to ensuring that Charles was immersed in his family and cultural values, which should be prioritised over other cultural influences. However, he appeared conflicted by Charles' growing sense of autonomy and his desire to integrate into the broader socio-cultural environment, hence conceptualising it as a factor of disrespect to family values and disobedience toward his authority at home.

#### Ahmed's Perspective

Ahmed is Charles' caseworker. He believed that Charles, having experienced severe childhood trauma and subsequent disconnection from his birth family at a young age, required a stable, culturally similar, family-like environment. Ahmed emphasised the importance of cultural matching and highlighted some observable impacts on Charles, noting that he "developed a lot of his speaking vocabulary in the [ethnic] language, and his self-esteem is just continuing to grow."

Ahmed noted that achieving cultural matching both with the carer and with the caseworker can be challenging due to the complexity of culture. He noted that, although he and Charles shared the same religion, they could not be a cultural match because of sectarian differences within it. Ahmed explained:

> "We're not in any given shape or form matched. We both happened to be male. They thought it fit that Charles and his brother would be better off matched with a male figure caseworker. Yeah, religion may have played a part, but I would not think so in my head. We are both Muslims, [but] there is a difference in Islam. You got a lot of sectarian divisions. They always have clashes and issues. So, there's a difference."

Ahmed discussed his understanding that the complex nature of culture, especially the contrasting cultural orientations between Charles and his carer, created cultural tensions between them and posed a risk of placement breakdown. Ahmed observed that Charles' cultural identity was significantly influenced by experiences both within his care home and in the broader Anglo-Australian environment. However, Ahmed suggested that Charles' developmental and cultural changes, especially the expression of autonomy in his actions, were misinterpreted by his carer through a cultural lens as disrespectful:

> Charles thinks liberal, and he thinks more Australian. Now that he has come of age, he sometimes goes to basketball and doesn't want to tell anyone what time he's going or what time he's meant to come home. Unlike his carer, 'No! You are still a child, and you can only go whenever and come whenever when you're 18 or above; otherwise, leave my house!' See what I mean? He's not doing any harmful thing. Some sort of, you know, …boundaries that are mainly culturally embedded, derived from [a South Asian] value.

Ahmed highlighted Charles' traumatic childhood history, suggesting that supporting Charles' psychological and developmental needs may sometimes take priority over his cultural care needs:

> He was traumatised. He has learned a lot. So yeah, he's coping. He's trying his best. You know, there's a lot really happening… And trauma! You see what I mean. There is a gap there for me that is more emotional aspects, as compared to one seeking support to understand their culture.

Ahmed's perspective underscored the need for a cultural care approach that views a child's cultural care more holistically, taking into account cultural nuances, environmental factors, and the impact of childhood trauma on the child's experience. While Ahmed expressed an understanding of the underlying factors driving tensions in Charles' cultural care, his accounts suggested limited effort to share his knowledge with Charles and his carer, and to coordinate with both stakeholders to offer strategies for navigating such experiences.

#### Case 2 Main Theme: Fitting in and Navigating Cultural Tensions

Charles' case highlights the complex impact of acculturation on the lives of second-generation migrant children in care, who must navigate social structures within their immediate and broader environments while negotiating their cultural integration. Although Charles and his carer shared a cultural background, a generational gap between them along with Charles' growing autonomy, appeared to drive cultural tensions within the care home. The carer's cultural preservation and prioritisation of family values, did not appear to support Charles' desire to integrate into Australia's dominant culture. This conflict in cultural priorities posed risks to their relationship, placement stability and Charles' overall wellbeing. Although Charles' caseworker expressed an awareness of these dynamics, there was limited evidence of how he supported them in navigating the cultural tensions to minimise further vulnerabilities.

### Case 3: Mike

#### Case Description

**Mike** is a 13-year-old male in long-term transcultural care placement. He was born in Australia to a Christian and second-generation East Asian mother, and a birth father whose identity was unknown. Mike also identifies with his birth mother's cultural background and speaks only English at his care home. Mike has monthly contact with his birth mother and is exploring the possibility of establishing a relationship with his maternal grandmother. His carer, Cath, has cared for him since he was nine. Cath is a non-practising Buddhist who speaks fluent English. Although she falls into the first-generation category, she noted that she migrated from a Central Asian country with her parents as a young child and has lived in Australia for almost her entire life. Mike's caseworker is a female of Eastern European descent who speaks English as a second language. She has worked with Mike for approximately two years.

#### Mike's Perspective

Mike expressed a desire to deepen his connection with his cultural heritage, as evident in his statement about "finding out more about my background". His identification with his cultural heritage and his interest in further cultural learning were evident in his historical references, which also

highlighted a sense of pride in his heritage and in his birth mother for the knowledge she possessed:

> Just like battleships and stuff. Oh, wait! The first battleship in the world was actually made by the [country name] … My mum knew it. Biological mum. I want to go to [country name].

It appeared that Mike shared a strong connection with his carer, whom he referred to as 'Mum'. His reflections during the interview largely emphasised this bond, which was evident in his interactions with his carer, who was making him a smoothie while he was being interviewed. Mike's account suggested that his relationship with his carer was stable and filled with interesting memories. For instance, describing how he enjoyed spending his day, Mike said:

> "We [Mike and his carer] like watching movies. I'm trying to get her to play some games with me online, but she doesn't like it."

Mike's reflections, though brief, indicated a desire to visit, learn more about, and connect with his cultural heritage, which appeared significant to his sense of identity. However, the stability and relational connections he experienced with his carer appeared crucial to him, as they fostered emotional security and a sense of belonging.

#### Cath's Perspective

Cath acknowledged that she had no biological children and, consequently, was raising Mike as her own. Her sense of duty as a mother contributed to her influence in determining what was culturally important to Mike and the extent to which she supported those aspects. Cath stated that Mike's knowledge of, and desire to, connect with his cultural heritage were not sufficient to support his cultural connection. Rather, she considered factors including Mike's developmental age, safety, ability to express interest, and understanding of his culture, as influencing how she prioritised Mike's cultural connection, as she said:

> I don't know how much he identifies as [East Asian]. I think he loves the idea of being [East Asian]. And originally, he was like, 'I'm a Catholic'. I'm like, okay, have you ever been to church? I've seen a lot of negative things, and very keen for him not to get too involved in the church. And really, should we be forcing what we think is culture on this kid who's 13? If he's interested, absolutely!

Cath suggested there were common misconceptions about culture, which make people often perceive cultural connection as engagement in social activities. She highlighted Mike's physical appearance as a significant expression of his cultural identity; as such, she expressed her approval, stating, "I like him to have his hair. Because, to me, the way you look is also, to a degree, an expression of your culture." Cath suggested that, beyond one's biological inheritance, culture could be nurtured through meaningful relationships and daily interactions with members of one's family or ethnic community, and could not be taught by anyone outside that community. Believing that she was as much a part of Mike's family as his birth family and having taken on a maternal role in his life, Cath emphasised that it was important for her to focus on immersing Mike in her own culture, rather than Mike's birth culture, expressing concern about the risk of tokenism. Cath said:

> Culture, for me, is relational. It's not stuff like food. So, I think you get your culture from living with your family. It's nothing that you can specifically point to. I remember people saying to me, oh, you just take him out to martial arts. That's a really bizarre, very narrow idea of what culture is. I feel very strongly about cultural appropriation… I am [Central Asian] and not [East Asian], and it's not my job to tell him how to be [East Asian]. It's as important that he takes on my culture as it is whatever heritage he has. I talk about what we do as a family.

Elaborating on her understanding of culture, Cath noted that her views diverged significantly from those of Mike's caseworker. She referenced a particular incident that exemplified her belief that culture was not only diminished but also that her home and cultural values were disrespected in the process:

> She [caseworker] came into the house, and just said, 'oh, I just thought this visit I'd cook [an East Asian] food.' Like, it was just packet noodles… The fact that she could even walk into the house and cook noodles just so far misses the whole idea, the whole point. It was this real inability to work out the importance of culture… And then I texted her, and I said, in our family, in our culture, it's very intimate to come and cook in somebody's house, and only family would do that.

Cath highlighted Mike's complex needs arising from being in care and emphasised her commitment to nurturing emotional connection and safety for Mike's overall wellbeing, stating, "these kids have a hell of a lot of needs, and it's very hard to catch up on ten years of trauma and non-participation

in education." Therefore, she believed it was her responsibility to prioritise ensuring that Mike felt safe, loved and belonging within his new family, through the nurturing strategies she described:

> Usually, the two of us lie on that couch together, and we eat together, and we watch our TV, and we have our cuddle time. It's like our official cuddle time. And then, I put him into bed, and we have a whole routine where I say, my heart to your heart, and he says, my heart to your heart. And then I say, you're safe, you're loved. On Saturdays or on the weekends, he goes usually by himself to see my mum, who has dementia up at the nursing home. So, he calls her grandma.

Cath's account highlighted the importance of family relationships in strengthening cultural connections. However, based on her understanding of culture, she asserted that she was responsible for immersing Mike in her own culture, while the connection to his birth culture rested with his birth parents. She appeared to conflict with others' perceptions of culture, and exercised primary decision-making authority over which aspects of Mike's culture and wellbeing needs were prioritised for his development.

#### Lana's Perspective

Lana believed that Mike's background is shaped by a complex cultural context, necessitating active support to strengthen his connection to his cultural heritage, and in turn, his sense of identity. Lana noted that Mike's father's cultural background was unknown, yet Mike's physical appearance suggests he could be biracial, even though he identifies as East Asian. She expressed concern that, with Mike growing up in a multicultural environment, there was a risk of exposure to situations in which he could question his cultural identity and belonging if not appropriately supported:

> "With him being with his carer and just seeing her particular background, the way that she does things is different to the way that his friends do things. He can see that she's also coming from another background. He's going to want to know about where he's come from, his family and, that is going to help him as he grows into an adult, figure out his identity, where he fits in. He's got a bit of this. He's got a bit of that. So, well, 'where do I fit into all of these?' How he fits into the [East Asian] culture, how he fits into the Anglo culture."

Lana expressed dissatisfaction with the support Mike was receiving at his care home, suggesting that his carer had little or no intention of routinely utilising Mike's cultural care plan because the carer believed the interventions were tokenistic. She acknowledged that Mike's carer held a different cultural understanding from hers, particularly regarding what was a priority for Mike, who was responsible for implementing it, and how:

> She [carer] still believes that that role is the mother's role. So we see very differently on that aspect. I believe that we're all in this together. It shouldn't be just on those times when you go out to this festival. Why don't you bring this into the house? Why don't you do this or just simple things? Yes, it can seem tokenistic, but the thing is, if he doesn't have a cultural plan, when he grows up, what do we do? … It's really important because if all this information isn't collected and collated, it is not going to be there. I just think it's about making sure that we can share as much and give him as many opportunities as he grows older, so that he can also make an informed choice about how he sees himself.

Lana's account emphasised intentionality and consistency of practice in supporting Mike's connection to his birth culture as he navigated multicultural affiliations. She seemed concerned that failing to do so might lead Mike to experience identity uncertainty and a sense of non-belonging in the future. Although Lana encouraged active documentation of Mike's cultural information and collaboration in care, there was limited evidence of successful implementation.

### Case 3 Main Theme: Competing Perspectives on Culture and Stakeholder Roles

Mike's case reveals the complex and often competing perspectives of stakeholders who support children as they navigate socio-cultural contexts within OOHC. While Mike appeared to have formed a strong connection and a sense of belonging with his carer and carer's family, he also demonstrated cultural curiosity about his birth mother's heritage, signalling bicultural awareness. Mike's carer and caseworker viewed cultural identity as a critical factor in Mike's development. However, their approaches for nurturing this need did not align. Mike's caseworker advocated for incorporating elements from his birth culture into his daily care routine rather than occasionally, expressing concern that limited exposure could result in identity ambivalence in the future. Meanwhile, Mike's carer prioritised relational connections over cultural activities, expressing concerns about tokenism and cultural appropriation. Although their

perspectives may have been well-intentioned, they seemed more focused on their own interpretations of Mike's best interests than on his cultural priorities, highlighting the power dynamics at play in their assertions of expertise and authority.

## Case 4: Kalim

### Case Description

**Kalim** is a 13-year-old male who has been in long-term transcultural care placement since he was 3 years old, until his carer adopted him. Kalim is a second-generation migrant who identifies as West African and Australian, and a Christian who speaks only English. Both of Kalim's birth parents came to Australia from West Africa as refugees, have a Muslim background, and have limited English skills. Kalim maintains contact with his birth father but has no contact with his birth mother. His adoptive mother, Macy, is an Anglo-Australian Christian who speaks only English at home. She has four biological children and two other foster children, all of whom form part of Kalim's immediate family. Kalim does not currently have a caseworker due to his adoption status. However, he was previously case-managed by several caseworkers, including Sam, a male Anglo-Australian caseworker who was interviewed for this study.

### Kalim's Perspective

Kalim's narrative strongly emphasised his ethnicity, alongside other cultural and relational influences from both his cultural heritage and his immediate environment, as crucial to his cultural identity. As he described himself, he highlighted specific visible cultural markers, demonstrating a strong alignment with and pride in his heritage alongside characteristics of his new home, including his adoptive mother, whom he referred to as 'mum':

> I'm [ethnicity], West African, and my [adoptive] mum is from Australia. I'm Christian. Dark skin. Hair with dreadlocks. I like to learn stuff about [country name], what they eat and how their daily lifestyle is. It gives me a sense of what my dad did when he was little and how he grew up. I knew that he was from [country name], and that he grew up there.

Kalim reflected on what it felt like to live in an Anglo-Australian family in what he described as "more a white community than a black community", and how that experience shaped his sense of identity. He acknowledged that even though he looked different from most people around him, he still felt a sense of belonging amongst them. His account suggested he created a sense of belonging by forging meaningful relationships with those around him and within his local community, regardless of their ethnicity. These relationships included the children in his new home, whom he regarded as siblings, and community members at his adoptive mother's local church, as he recounted:

> I like to play soccer with my brother, and I like to draw with my younger sister, and me and my older sister go on runs. I'm close to my friend's dad, who lives up the road and his parents. And I have people at church. And I have a couple of friends down the road, too, so that's good.

Kalim's perspective highlighted a nuanced interplay between his cultural heritage and the new environment, as well as his ability to maintain a positive identity and establish new connections amid significant cultural differences. Residing in a predominantly Anglo-Australian home environment did not diminish Kalim's confidence in his cultural heritage; instead, he felt safe integrating into his new cultural environment and forming what appeared to be a bicultural identity.

### Macy's Perspective

Kalim's adoptive mother, Macy, believed that children who had experienced physical separation from their birth family should not be subjected to further emotional and cultural disconnections. She recognised the traumatic impact of OOHC on children and their families, particularly when the care environment does not reflect the child's culture. Therefore, she emphasised the importance of, and children's capacity in, maintaining connections with both of their families and cultures, stating:

> Children shouldn't have to feel that they can't stay connected to their first family. You can keep them connected to both, of course. [They] have the capacity to love everyone. If all the adults in that child's life realise the importance of connection to culture and family, and prioritise that as time and needs allow. Understanding how traumatic it is, not just for children to leave their families, but to grow up black with white parents in a white community and how hard that is for them.

Macy emphasised family relationships as crucial for strengthening cultural connections, believing that "family and culture are so tightly connected." She acknowledged having limited knowledge of caring for children of African descent before Kalim entered her care and recognised

that this limitation could adversely affect Kalim's wellbeing if she did not take active steps to understand and support his cultural needs. Therefore, she prioritised curiosity and a strong willingness to seek external support, including engagement with Kalim's ethnic community:

> "I'll never be as good as black parents for Kalim, but I'll just do what I can. Educating myself and finding out what is important. Finding out just how important it is to be well-groomed. It's a different value on family, different! I connected with other people from the same cultural background, and [they] were very gracious in helping me navigate things like skincare and haircare.

However, Macy highlighted that language was a barrier to Kalim maintaining connections with both families, and the role she played in bridging the gap:

> He came to us not understanding or speaking any English. We learnt basic [ethnic language] to be able to communicate with him, and to keep him connected with his mother, particularly because she didn't speak English at that time. His family spoke [ethnic language] because they'd been in [state] refugee camps for quite a while. I asked the parents what was important for them, [and] it was to learn the language, so that if he goes back, they can communicate; otherwise, they'll feel very out of place.

Macy demonstrated an understanding of Kalim's cultural priorities, including his linguistic and unique physical cultural needs, while also supporting his cultural integration. Her intentionality in supporting Kalim's cultural identity was evident in her efforts to connect with others and seek support, particularly from Kalim's birth parents and ethnic community members.

#### Sam's Perspective

Sam provided case management for Kalim before his adoption. He discussed his organisation's commitment to prioritising culturally matched placements for children from culturally diverse backgrounds whenever possible. However, he noted that this was not feasible in Kalim's case, due to the limited availability of carers of West African heritage in their city. Sam expressed that, given that Kalim's adoptive mother and caseworker were both of Anglo-Australian heritage, it became necessary that they took practical steps in involving everyone caring for Kalim and providing resources to ensure that he was intentionally supported to maintain a connection with his birth family and culture. Describing some of his strategies, Sam said:

> We always ask the [birth] parents questions. Generally, we do have lots of little bits of resources. With the cultural care planning, they were consulted every time a new cultural plan was done. And that's around what they would like for us to do and what they feel is important about their culture. It's more age-appropriate for children, where we can show them pictures and ask them things that they might like… We have a section that is about support that the carer will need in keeping that child connected to their culture… And the reason for this is to have an understanding of the culture. What is the culture of the family, and what do we need to do to keep that child connected?

Sam emphasised an understanding that learning the ethnic language was a significant need for Kalim and a priority identified by his birth father, noting that Kalim had lost both proficiency and interest in it over the years. Sam described observing that Kalim's reliance on interpreters to communicate with his birth father was limiting the sustenance of their connection. He described creating opportunities aligned with Kalim's interests and, with support from his carer and ethnic community, aimed to integrate language learning into activities of interest to Kalim, to enhance both his engagement and the outcome:

> He's interested in drumming, African food and attending events, and wasn't interested in learning the language. So, some of the stuff that [we] did was link them in with [ethnic] community leaders in the city to stay in contact about different festivals. The carer did take these West African cultural events, and also made some connections with people suggested by his [birth] father, connecting him with the [ethnic] community. They were provided with age-appropriate cultural resources written in [ethnic language] and English. And they looked at trying to organise a Skype contact with some relatives in Africa as well.

Sam strongly emphasised the opportunities offered by cultural care planning and the importance of its practical, intentional use not just for documentation but also for facilitating activities that support Kalim's connection with his birth family and culture. He underscored the importance of collaborating with people who could provide meaningful information and support for Kalim's cultural care, especially his birth family and ethnic community, while emphasising the risks of negligence and inadequate cultural care, especially for a child in transcultural care.

### Case 4 Main Theme: Intentionality in Nurturing Bicultural Identity

Kalim's awareness of the significant cultural differences between himself and his adoptive family and community did not seem to evoke feelings of exclusion or non-belonging. Instead, he displayed confidence as he expressed what appeared to be a positive bicultural identity construction, consistently identifying elements from his cultural heritage and in his immediate and broader environments as crucial to his sense of self. Central to this positive outcome was the intentionality embedded in his adoptive mother's approach, characterised by sensitivity, curiosity, consistency and pragmatism. This was evident in her awareness of the potential challenges of growing up as a minority within a majority culture with visible cultural markers, her compassion for the trauma experienced by children and their birth families, and her continued efforts to deepen her cultural knowledge and facilitate cultural socialisation with both families and ethnic communities. Beyond merely being well-intentioned, Kalim's adoptive mother and caseworker appeared to leverage the roles and contributions of key stakeholders, exploring opportunities and strategies that supported Kalim's cultural care. This case demonstrates that with an appropriate approach, transcultural care can also foster stability and cultural safety, enabling children to build confidence as they negotiate a sense of belonging and identity within both their families and cultures, without feeling disconnected from either.

## Discussion

This study highlights that children from culturally diverse backgrounds in care navigate complex and intersecting realities, including contested motherhood, cultural tensions, competing perspectives, and bicultural identity. While previous research has associated the experience of removal from birth family with childhood trauma and developmental concerns (Tyrell et al., 2019), this study points to disruptions in cultural and relational connections, knowledge, and identity. It also underscores that the impact of childhood trauma and the complexities of culture, if not recognised and adequately addressed, can intersect with children's cultural care and result in further disruptions and adverse wellbeing outcomes, irrespective of whether they are in transcultural or culturally matched care.

Research associates cultural matching for children with improved placement stability, cultural continuity, and reduced stress, especially when adapting to the foster family and their values (Brown et al., 2009; Hultman et al., 2025; LaBrenz et al., 2022). While these benefits are widely recognised, this study found that culturally matched care can also expose children to adverse experiences. This is particularly the case when divergent acculturative orientations and intergenerational gaps exist between a child and their carer, and when there is insufficient understanding and support to navigate the resulting challenges. In the cases of Charles and Elise, although they were in different care types, one notable similarity was that their carers were first-generation migrants who prioritised the preservation of and active immersion in their culture of origin. Renzaho and colleagues' (2017) study revealed that due to intergenerational acculturation gaps between children and their migrant parents, children's assertion of autonomy to adapt to the dominant culture may be interpreted by their parents as challenging family authority and values. In this study, Charles' perceived desire to culturally integrate seemed to create cultural tensions in his care, exposing him to heightened risk of acculturative stress, as well as relationship and placement breakdown. However, Elise's experience was different. She seemed to conform to her carer's cultural immersion, while it was her mother who expressed distress regarding what she believed was Elise's enforced cultural assimilation and the risk of further disconnection from her birth family and culture.

Consistent with previous findings (Tonheim et al., 2025), this study broadly highlights the relational nature of culture and the significance of facilitating cultural connection through meaningful relationships, especially with birth family. Meaningful relationships, rooted in sustained emotional connections that extend beyond mere physical contact and biological ties, are emphasised as also contributing to children's development and the social-emotional wellbeing of children and their birth families (Cashmore & Taylor, 2020). Despite this evidence, and alongside policy and UNCRC recommendations affirming children's rights and their best interests in maintaining a connection with their birth family where feasible (AIFS, 2022; UN, 1989), our findings highlight the challenges and limitations in practice. The children in this study showed stronger relationships with their carers and carers' networks than with their birth parents and extended family members. Scheduled family contact was sometimes approached with indifference or limited interest. This is likely because the children had been living with their carers for longer and spent much more time bonding and creating memories daily than they did with their birth families. Consistent with our findings, research reveals that birth families' struggle in maintaining relationships with their children can be impacted by factors such as a sense of powerlessness, traumatic history, stigma and cultural and service barriers (Davies et al., 2023). Elise's case demonstrates how birth parents may feel their voice and cultural priorities are marginalised despite their efforts to participate in

their children's care. Ross and colleagues (2023) highlight the critical role carers can play in helping rebuild relationships with birth parents through respectful communication, empathy for their circumstances, and a positive attitude, especially towards family contact and culture. Kalim's case mirrors this. His adoptive mother's concerted effort to learn Kalim's ethnic language to help him maintain a connection with his birth parents and to find support in caring for his skin and hair, especially his "dreadlocks", likely communicated to Kalim that his birth family and culture were integral to his identity and, importantly, that they were valued. The outcome is associated with improved self-esteem, a positive sense of self, and stronger social connections among children (Tyrell et al., 2019), as evidenced by Kalim's experience.

Although the role of 'mother' was marked by tensions between birth parents and carers, consistent with previous findings (Blythe et al., 2013; Cooper et al., 2024), it was also found to be critical in strengthening parent-child relationships between children and their carers, and contributing to children's sense of belonging as part of their carers' home and family. Belonging is a fundamental human need defined by the desire for stable, mutual and sustained emotional connections with others (Baumeister & Leary, 1995). This was evident in the cases of Elise, Mike and Kalim. In line with Gatwiri and James (2024), it is important that children feel and embody belonging; otherwise, they may be physically present in their care home yet still experience non-belonging or feel like outsiders. For three children in this study, a sense of belonging within their carers' family and culture was deemed paramount, and when present, it was vital in aligning their identity with their carers' culture. The findings suggest that it is nearly impossible for carers who have assumed a maternal role to provide nurturing to children without immersing them in the carers' culture. As Idang (2015) posits, children learn culture through daily interactions, observations, emulated behaviours and relationships with members of their family. Consistent with the findings of Cooper and colleagues (2024), this study affirms that children in long-term home-based care are members of their carers' families as much as they are of their birth families. Amid distress stemming from care experiences, a sense of belonging can help children self-regulate and feel safe enough to give and receive care, and, in turn, nurture a healthy cultural identity (Sirriyeh & Ní Raghallaigh, 2018). This aligns with the primary aim of home-based care, often valued for its capacity to provide children with the nurturing of a family environment, which we argue is crucial for supporting a child's cultural identity and connection.

Children have the capacity to form meaningful connections with both their carer and birth families and cultures. Kalim's case illustrates this capacity, as he appeared to develop a healthy bicultural identity despite navigating cultural differences in his care environment. As his carer emphasised, children can "love everyone" and "shouldn't have to feel that they can't stay connected to their first family" simply because they feel belonging or a sense of identity within their carer's family and culture. Eaude (2020) argues that it is important for children's identity to be robust and flexible, not constrained or defined by a single marker or treated as a static entity, so they can adapt to increasingly changing environments as they grow. Two caseworkers in this study echoed this concern. They stressed that children, including those with mixed cultural heritage, who were being raised in transcultural care and within a broader culturally diverse environment, might be vulnerable to future identity ambivalence if they were not actively supported in understanding and negotiating their potentially multilayered identities. Citing the cases of Charles and Kalim, it is important to highlight that negotiating multiple cultural identities is inherently complex and can lead to positive or negative outcomes (Benet-Martinez & Haritatos, 2005). Hence, there is a critical need to deepen understanding of how factors within a child's socio-cultural contexts intersect to shape children's experiences and identity construction, and how they can be meaningfully supported on their journey.

There was ambiguity regarding what constituted a child's cultural care priorities and who was responsible for facilitating them. Previous studies have suggested that these were largely the responsibility of carers, describing them as "parenting plus" or "cultural load" (Berrick & Skivenes, 2012; Healy et al., 2024), as they extend beyond traditional parenting roles. Our findings showed that supporting children's cultural identity and connections required approaches that go beyond what carers alone can provide. Similar to the work of Scott and colleagues (2013), this study emphasises the importance of shared knowledge and collaborative care practices among stakeholder groups. For instance, references were made across at least three cases to the need for cultural care plans to support consistency in the cultural information shared and collaboration in care. This was particularly evident in cases involving children in transcultural care, where such plans were potentially useful in supporting stakeholders' cultural understanding, decision-making on cultural priorities, and implementation strategies. While this proved challenging to coordinate, especially in Elise's and Mike's cases, Kalim's case demonstrates what can be achieved. Across the cases, the importance of building a community of support around children, especially when their birth parents were unavailable, was further emphasised, albeit with limited success. This includes engaging with other members of a child's extended family and the cultural community, who are also described in the literature

as serving as their tribe or village (Mugadza et al., 2021; Reupert et al., 2022). As emphasised in Kalim's case, this was found to have potential in significantly reducing the risk of further cultural disconnection and vulnerability for both the children and their birth family.

Wille (2011) posits that individual agency, which is one's capacity to act or make choices according to one's desires, is crucial to how children meaningfully participate in their care environment and, in turn, construct their cultural identity. Mike's case revealed the risk that can arise when adult stakeholders try to impose their own cultural understanding on a child's cultural care and exert their authority to facilitate it, as such an approach can inadvertently diminish a child's agency and de-centre them from their own care. While children's cultural priorities were noted across the cases, there was limited consistency in how these priorities were valued or incorporated into their cultural care. Some factors cited as contributing to this inconsistency included the children's age and their limited cultural understanding and interest, which were largely attributed to their prolonged disconnection from their birth culture. However, Kalim's case illustrates that carers and caseworkers can make greater efforts to utilise resources that support care coordination with other stakeholders, especially children. Beyond seeking cultural knowledge and documenting a cultural care plan, Kalim's caseworker and adoptive mother leveraged each other's positioning (the caseworker's professional expertise and the adoptive mother's maternal nurturing) to embed Kalim's interests within his birth family's cultural priorities, with the adoptive mother facilitating this through age-appropriate activities. Children can be offered opportunities to experience the cultures around them, creating environments where they feel safe and confident enough to choose what resonates with their evolving identity. As a result, their decision to either culturally integrate or assimilate can stem from their own agency rather than from obligation or a lack of cultural exposure.

This study had a small number of participants, who were mostly located in a particular geographical area, and included only one birth family member, all of which limit its generalisability. The use of interpreters for some carers allowed the inclusion of participants who might otherwise have been excluded. However, the process of language translation could have influenced cultural nuances and the data's contextual meaning. Another limitation concerns the data collection procedure, in which children and their carers were interviewed in their homes, at their request, with one another within earshot. This request was acknowledged, as there were suggestions that it would help make the children feel more comfortable engaging with the interviewer. It is uncertain how much this may have influenced the responses provided by both parties, especially the children, whose responses were mostly brief, as reflected in the paper. Collectively, these limitations may have impacted opportunities for richer data and exploration of nuanced experiences. However, a rigorous and collaborative analytical process revealed consistent patterns, thereby enhancing the integrity of the interpretations and findings.

## Implications for Policy and Practice

This study acknowledges the efforts and challenges faced by stakeholders, especially carers and caseworkers, who strive to balance the diverse priorities of supporting children's cultural connections with the broader expectations of meeting other wellbeing needs. Nevertheless, opportunities for improvement have been identified; thus, the following recommendations:

### For Policy

We recommend that OOHC policies for children from culturally diverse backgrounds mandate training on cultural care for key stakeholders, especially caseworkers and carers. This is aimed at enhancing stakeholders' understanding of practices and approaches, including the use of cultural care plans, that may support the coordination and provision of meaningful cultural care. Completion of this mandatory training could also serve as part of the eligibility criteria for caseworkers and carers before they begin caring for children from culturally diverse backgrounds, to minimise the exposure of children to further disruptions and wellbeing risks. We recommend that policies which recommend cultural matching as a principal criterion for the care placement of children from culturally diverse backgrounds emphasise that cultural similarity between a child and a carer, which in itself is complex, does not override other key wellbeing factors, all of which are to be considered collectively as crucial for holistic cultural care outcomes.

### For Practice

We recommend that caseworkers and carers actively prioritise strategies that empower birth families and value their participation in their children's cultural care, treating it as a right and a wellbeing factor for both children and their birth families. It is important that caseworkers and carers demonstrate greater awareness of, and sensitivity towards, the circumstances of birth families, and build relationships with them through compassion, consistency and respect. When birth parents are unavailable, due to circumstances that may include incarceration, trauma or stigma, it is important for practices to explore the option of seeking the inclusion of

children's extended family networks. Also, a child's cultural community members can be a resource for cultural information and support. We recommend that carers and caseworkers enhance their knowledge and capacity for collaborative cultural care practices that prioritise power-sharing, open dialogue, mutual respect and curiosity, so that stakeholders caring for a child can collectively feel safe and valued in participating in the child's care.

## Conclusion

This study underscores the complex cultural care experiences of children from culturally diverse backgrounds and the significant need for intentional care approaches that emphasise curiosity, consistency, and collaboration with other key stakeholders to support children's cultural identity and connections. These approaches uphold children's right to stable, safe care placement alongside their right to maintain connections with their birth families and cultures, and to exercise agency in their identity construction. Emphasised is how cultural complexities, such as divergent migration histories, acculturative orientations and cultural values within a child's socio-cultural context, whether in transcultural or culturally matched care, can motivate intentionality or pose challenges. While intentionality is found to be crucial in supporting children's cultural care, this study underscores the need for practical strategies and the fundamentally relational cultural contexts that nurture a child's sense of belonging and, in turn, support the development of a positive cultural identity. Children have the capacity to foster meaningful relationships, connections, and identity with both their carer and their birth families and cultures if intentionally supported. Therefore, supporting their sense of belonging in either family or culture should not result in non-belonging in the other.

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**Data Availability** The data generated and analysed during this study are available from the corresponding author upon request.

## Declarations

**Competing interests** The authors declare no competing interests.

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