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Lived experiences of First Nations children in Therapeutic Residential Care

Kylie Day^{a,*}, Lynne McPherson^b, Antonia Canosa^c, Robbie Gilligan^d, Kathomi Gatwiri^g, Janise Mitchell^e, Tim Moore^f, Anne Graham^c^a Gnibi College of Indigenous Australian Peoples and Centre for Children and Young People, Southern Cross University, Australia^b Centre for Children and Young People, Southern Cross University and Centre for Excellence in Therapeutic Care, Australia^c Centre for Children and Young People, Southern Cross University, Australia^d Trinity College, Dublin, Ireland^e Australian Childhood Foundation, Melbourne, Australia^f Institute of Child Protection Studies, Australian Catholic University, Melbourne, Australia^g College of Education, Psychology and Social Work Flinders University, Australia

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ABSTRACT

Background: First Nations children and young people are disproportionately represented in residential care in Australia. This overrepresentation is a direct consequence of the enduring legacy of colonialism and assimilation policies that have fractured Indigenous families and communities. **Objective:** This article examines the lived experiences of First Nations young people living in Therapeutic Residential Care (TRC) settings, exploring what supports their wellbeing and what constrains it.

Participants: Sixteen First Nations young people aged 12–18 living in TRC settings across New South Wales, Australia.

Methods: Using thematic analysis informed by Critical Race Theory, the study privileges the voices of young people, positioning them as knowledge-holders whose insights are too often marginalised or excluded from policy discourse.

Results: Participants identified key enablers of wellbeing, including relational stability, cultural affirmation, and opportunities for autonomy and growth. Constraints included frequent relocations, disempowering routines, fractured identity, and cultural disconnection. Themes of systemic racism and the need for cultural safety emerged strongly. Young people articulated both what the system must stop doing (e.g., disempowering practices) and what it must do more of (e.g., honoring relationships, embedding cultural safety, and enabling agency).

Conclusions: The study highlights the urgent need for structural reform in TRC, grounded in Indigenous perspectives and relational accountability. Elevating the lived expertise of First Nations young people is essential to creating culturally safe, empowering care environments.

* Corresponding author at: Gnibi College of Indigenous Australian Peoples and Centre for Children and Young People, Southern Cross University, Locked Mail Bag 4, Coolangatta, QLD, 4225, Australia.

E-mail addresses: kylie.day@scu.edu.au (K. Day), lynne.mcpherson@scu.edu.au (L. McPherson), antonia.canosa@scu.edu.au (A. Canosa), rgillign@tcd.ie (R. Gilligan), kathomi.gatwiri@flinders.edu.au (K. Gatwiri), jmitchell@childhood.org.au (J. Mitchell), Tim.Moore@acu.edu.au (T. Moore), anne.graham@scu.edu.au (A. Graham).

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1. Introduction

The removal of First Nations¹ children from their families has been a defining feature of Australian colonial history. Forced removals, often under the guise of welfare policies, led to generations of Indigenous children being placed in institutional care or with non-Indigenous foster families, deliberately severing their cultural connections (Liddell et al., 1993). The Stolen Generations represent the most extreme instance of these policies, with historical estimates indicating that between one in ten and one in three Indigenous children were forcibly removed from their families between 1910 and the 1970s (Australian Human Rights Commission, 1997). These policies not only dispossessed Indigenous children of their families but also sought to dismantle their cultural identity to embed them within Western societal structures.

Although formal policies of assimilation were repealed in the late 20th century, their legacies persist. Today, First Nations children remain 12 times more likely than non-Indigenous children to be removed from their homes and placed in out-of-home care (AIHW, 2022). Newton (2019) argues that overrepresentation often occurs due to misinterpretations of what constitutes child neglect and acceptable parenting practices in non-Eurocentric contexts. She adds:

“There is such limited knowledge of understanding child neglect from Aboriginal perspectives, there is a risk that non-Aboriginal child protection caseworkers may experience cultural misunderstandings regarding appropriate child-rearing and parenting practices” (p. 220).

This signals ongoing systemic failures to prioritise Indigenous perspectives on child-rearing and kinship care. While kinship care placements have increased, many First Nations children continue to be placed within Western-centric models of care, often with non-Indigenous carers who lack cultural competence or access to Indigenous community networks (AIHW, 2024). Newton et al. (2024) found that even when family restoration was desired, significant barriers remained, including “a lack of access to meaningful and ongoing preservation services, insufficient cultural care planning and family finding efforts that are often too late ... and the lack of culturally informed support for children and their families while children are in care” (p. 1).

2. The impact of cultural disconnection on mental health and wellbeing

The loss of cultural identity and disconnection from kin and community can have severe and lasting effects on the wellbeing of First Nations young people. Indigenous worldviews conceptualise wellbeing as deeply relational, encompassing not just the individual but their extended family, community, and connection to Country (Gee et al., 2014). Disrupting these relationships can lead to profound psychological distress, identity confusion, and increased vulnerability to poor life outcomes (Dudgeon et al., 2017). Research has consistently found that colonisation and associated racism cause serious health inequalities and that, for Australian Indigenous peoples, these concerns persist (Sherwood & Mohamed, 2020).

Terare (2020) emphasises the central role of belonging in First Nations wellbeing, describing it as deeply connected to identity, family, culture, and spirituality. Belonging is not only about knowing where one comes from but also being recognised and supported in that identity by others. Disconnection from kin, community, or cultural knowledge is often a result of child removal that can create lasting harm and a deep sense of loss. Terare also highlights the importance of cultural safety in service delivery, noting that First Nations people draw strength from connections to Elders, ancestors, and Country. When identity is questioned or ignored in care settings, it can cause further distress, reinforcing the need for culturally secure and community-led responses.

Therapeutic Residential Care (TRC) has emerged as a model of out-of-home care that purports to provide a trauma-informed approach to supporting children who have experienced significant adversity. It is important to note that Australian TRC settings are typically very small, accommodating between one and four residents. Unlike the broader concept of a therapeutic milieu commonly emphasised in international literature (Kelly et al., 2019; Parmenter et al., 2025), such an environment is often lacking in the Australian context. Instead, there is a pronounced emphasis on individualised care and targeted intervention programs. However, the extent to which TRC incorporates Indigenous knowledge systems or culturally appropriate care practices remains unclear. Despite national legislative frameworks such as the Aboriginal Child Placement Principle (ACPP) (AIHW, 2022), evidence of the implementation of culturally safe TRC remains absent in the literature (McPherson et al., 2024). The present study sought to address this research gap.

TRC, despite its therapeutic intent, may exacerbate rather than alleviate these issues by failing to integrate Indigenous ways of knowing and healing. The absence of cultural mentors, lack of access to community Elders, and minimal on-Country experiences all contribute to a deepening sense of alienation. Day (2022) highlights this paradox, arguing that while decolonisation rhetoric is present in policy, actual practices often continue to reinforce colonial frameworks.

Professional boundaries are often emphasised in care settings, which can limit the depth of relationships between caregivers and young people (McPherson et al., 2025). This is inconsistent with Indigenous perspectives on care, which emphasise continuity, reciprocity, and relational accountability (Walter et al., 2021). TRC functions within a Western institutional model that restricts the ability of Indigenous young people to maintain kinship ties, community engagement, and access to cultural mentors (Gatwiri et al., 2021).

A decolonial approach would centre Indigenous perspectives in both policy and program design, moving beyond tokenistic cultural plans to full integration of Indigenous relational frameworks (Burns et al., 2024; Rix & Rotumah, 2020). This includes involvement of

¹ In this paper, we have chosen to use the terms First Nations and Aboriginal children interchangeably to acknowledge the diverse nation groups descendants of Australia's First Peoples, as outlined in the Best Practice Guidelines (Woodward et al., 2020, p. 19).

Elders, cultural mentors, and Aboriginal-led organisations in designing care programs that foster rather than fragment identity (Lowe & Weuffen, 2023).

International research highlights the protective role of cultural engagement in care settings. Indigenous-led approaches improve mental health, educational outcomes, and social cohesion (Harris, 2022; DiMaggio, 2019). A shift in TRC models toward Indigenous-led, relational models of care may begin to address the deep-seated crisis of overrepresentation in out-of-home care and restore First Nations young people's connection to kin, Country, and cultural knowledge.

3. Methodology

3.1. Research design

This research is nested within a broader study on the lived experiences of young people in TRC (McPherson et al., 2025), with this paper focusing specifically on the experiences of First Nations youth. The analysis of the data in this research is centred in a decolonial Indigenous research paradigm. This study prioritises Indigenous epistemologies and ontologies, grounded in relationality and accountability to the communities from which these stories emerge. In recognising the racialised power structures within child protection, Critical Race Theory (CRT) provides a necessary analytical lens to interrogate the systemic inequities embedded in TRC. As Kauanui (2017, p. 258) reminds us, race must be understood not as a static ontology but as an “ongoing, ever-shifting contest” within colonial structures of power.

The identified research questions for this study were:

1. What is the lived experience of Therapeutic Residential Care for Australian First Nations children and young people?
2. What enables or constrains First Nations young people's relationships and connections in TRC?

3.2. Recruitment

Sixteen First Nations young people (aged 12 to 18) were recruited from non-government TRC providers in New South Wales (Table 1). All participants had been in TRC for at least two months. Recruitment was facilitated by residential care workers who provided information sheets to young people. Participation was entirely voluntary, and informed consent was obtained from each participant and their guardians.

3.3. Data collection and human research ethics

Data were collected through in-depth semi-structured interviews conducted using a yarning methodology (Barlo et al., 2020), privileging relational conversation and cultural safety. Field notes were taken both within interviews and following each interview, capturing salient comments made by participants, as well as observations made by the research team of the young people and the TRC environment. Interviews were facilitated by Indigenous researchers and allies trained in trauma-informed care. All participants received a \$50 voucher in appreciation of their time. Ethics approval was granted by the Southern Cross University Human Research Ethics Committee (2020/075).

3.4. Data analysis

Transcripts were coded thematically using NVivo 12 software. A two-stage analysis was conducted: first, thematic coding using

Table 1
Participant demographics.

Pseudonym	Gender identity	Age	Time in current TRC house
Luna	Female	14	8 months
Genni	Nonbinary	16	8 months
Luca	Male (Trans)	15	6 months
Sarah	Female	15	2 months
David	Male	16	11 months
Chloe	Female	17	24 months
Emma	Female	17	Unknown
Charlotte	Female	16	12 months
Liam	Male	15	12 months
Charles	Male	13	10 months
Ben	Male	16	3 months
Mateo	Male	15	12 months
Mia	Female	15	9 months
Ava	Female	14	12 months
Ryan	Male	16	Unknown
Owen	Male	12	2 months

open and axial methods; second, categorising themes into ‘enablers’ and ‘constraints’ to align with the aim of amplifying youth voices for reform. Coding was reviewed by multiple researchers to ensure credibility and reliability. At the completion of each interview, the research team met to reflect on key observations and to clarify field notes with support workers in the residential care homes visited.

3.5. Theoretical framework

Experiences of First Nations children in care must be theorised within a racially literate framework that critically interrogates Eurocentric norms, particularly those that construct Indigenous child-rearing practices as deficient or neglectful (Newton, 2019). Critical Race Theory (CRT) provides a rigorous framework for examining the racialised structures that underpin the overrepresentation of Aboriginal children in out-of-home care in Australia. CRT asserts that this overrepresentation is not an anomaly but a systemic feature of institutions, including child protection systems, which continue to reproduce colonial hierarchies and logics (Krakouer et al., 2018; Wright et al., 2024). CRT assists in examining how dominant Western care models, shaped by individualism and nuclear family norms, impose epistemological frameworks that systematically displace Indigenous relationality and kinship networks to liminal and marginal positions thereby reinforcing systemic inequalities within child protection systems (Cripps & Laurens, 2015). Scholars have argued that this is a form of epistemic violence that “colonises both directly through the imposition of universalising, individualistic constructions of human behaviour and indirectly through the negation of Aboriginal knowledges and practices” (Dudgeon & Walker, 2015, p. 276).

CRT also foregrounds Indigenous self-determination and the necessity of culturally safe practices, arguing that reform must be led by Aboriginal communities and informed by Indigenous knowledge systems to resist ongoing cultural erasure (Watego, 2021). By centring race, power, and historical continuity, CRT enables a critical reconfiguration of care that challenges deficit-based paradigms and supports culturally embedded approaches to child wellbeing noting that Aboriginal childhoods are often pathologised, criminalised, and surveilled more intensely than their non-Indigenous peers (Watego, 2021; Day et al., 2024).

In addition to CRT, this study incorporates Indigenous Knowledge (IK) systems, which centres relational epistemologies, land-based knowledges, and collective wellbeing (Day & McPherson, in press). Cultural safety was embedded throughout the research design (Day, 2022); recruitment materials and consent processes were reviewed by Indigenous advisors to minimise harm and uphold ethical cultural integrity. The analytical framework is both interpretive and political, aiming to challenge assumptions of neutrality and benevolence within TRC.

3.6. Positionality

This study was led by an Aboriginal scholar who oversaw the research design and led interviews with most of the Aboriginal young people. The wider study was also supported by a second Aboriginal scholar who took the role of cultural consultant throughout the project. Other research team members were non-Indigenous.

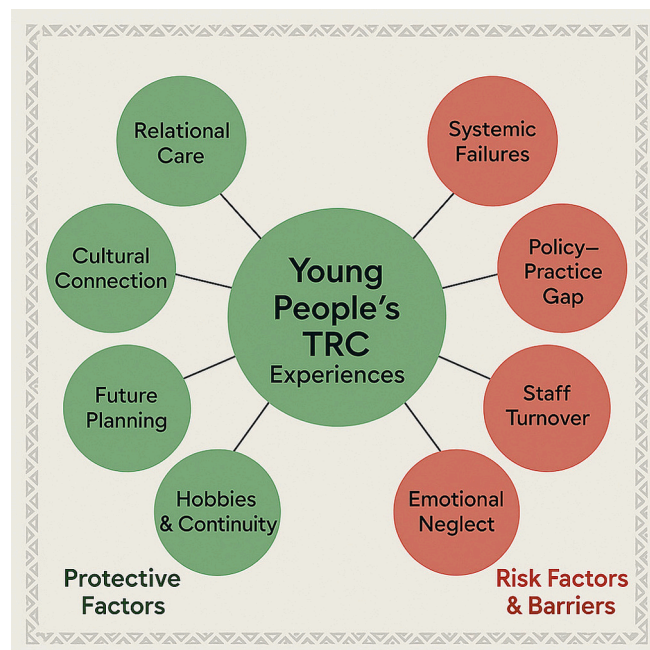


Fig. 1. Protective factors versus risk factors in First Nations young people's experiences of Therapeutic Residential Care.

3.7. Limitations

This study, based on qualitative data from sixteen participants, does not claim generalisability of its findings. Rather, the insights generated highlight the pressing need for further research to explore these themes across broader and more diverse populations. A further limitation is the absence of formal member-checking, which was not feasible within the scope of this project. To mitigate this, interviews were conducted by research teams, enabling internal validation through collaborative discussion and cross-verification of interpretations. While this method does not replace participant validation, it provided a structured approach to enhance the credibility and trustworthiness of the data analysis.

4. Findings

This section presents the lived experience of sixteen First Nations young people in TRC, divided into two overarching categories: 'enabling' and 'constraining' factors that emerged across key relational, cultural and institutional dimensions of care. These thematic clusters are not intended to be exhaustive or definitive, but rather indicative of broader patterns observed within the data and based on field notes. This multifocal structure aligns with a CRT approach, privileging counter-narratives to make visible the complexities, contradictions, and injustices that Aboriginal children may face in care. The approach centres the children as truth-tellers about their own lives, a perspective rarely privileged in policy literature. Fig. 1 below offers a summary of the key themes. What follows is an overview of the enablers and constraints, clustered as key themes.

4.1. Enablers

4.1.1. Relational care: consistent adults and feeling valued

Across the sixteen interviews, young people consistently described the importance of having a reliable adult who showed genuine care. These youth workers offered emotional safety, recognition, and routine, invaluable resources in otherwise unstable lives. Liam (15 years) spoke proudly of his sporting achievements, saying, "*The workers came and watched me play, took me to training on Tuesdays and Thursdays, and even a game on Saturday.*" His account exemplifies the meaningful impact of worker presence.

For Mia (15 years), one house mentor became a crucial source of stability and emotional support: "*The only person that has actually fucking done anything for me, that I can say is proper, is fucking [name of staff].*" This kind of support was rare, but where it occurred, young people responded with loyalty, gratitude, and a sense of being seen. Ben (16 years) reflected on a worker who knew how to support neurodiverse young people: "*He knew what to do for people with ADHD. He listened to me.*"

Feeling valued extended beyond staff to connections with peers and chosen family. Sarah (15 years) found emotional guidance from another young person in care: "*He gave really good advice and listened to me. For 16, he acted like a 25-year-old.*" These moments offered dignity and mutual respect.

For Sarah, a 15 year old Aboriginal young woman, having staff who were her 'go to' staff member as well as her own motivation to change, was the key.

"I used to be doing MDMA like almost every single day and that like really fucked my life up. Sorry for my language but yes".

Since moving into TRC, Sarah says that she had left behind previous friends and had a new boyfriend who makes her feel good about herself. Sarah said that she "*likes playing sports like footie and doing art*". She felt a good sense of connection with some members of her footie team and equally, likes the solitude of creating Aboriginal artwork. Sarah proudly revealed that she has sold a few of her artworks at a local exhibition. After 8 months in TRC, Sarah completed Year 10 and was part way through a beauty course at the local Technical and Further Education (TAFE) college. She advised "*and once I finish that, I will be working at a beauty salon and then I will be having my own beauty business.*" Sarah identified the support and guidance from carers and school staff as pivotal in supporting her to access information, however when asked about who helped her with her goals and future plans, she shared: "*Well, I've always wanted to do something in my life. Dreamed of getting more for myself. That's just it. I am doing it. Staff help- like they drive me to work and stuff but I am doing it*".

4.1.2. Aspirations and future orientation

Twelve young people articulated plans for life beyond care, often in ways that reflected agency and the desire to transform the system for others. Emma's story exemplifies such agency. For Emma, (17 years) anger about the 'system' fuelled her determination to make things different. Her aspirations to study law were primarily founded upon this determination to make a difference for young people living in out-of-home care. Emma had accessed legal representation whilst in care:

"I got myself a lawyer. ...I love her. She's very strong-minded. She would say it Yes, and I said it wasn't just the (lack of) food. It was a lot of other rules. I didn't like how the workers were treating us...like, ah, if you do this, we're calling the cops. We can't do this because it's unprofessional. ...This is meant to be as homely as it can, but how can it be homely when it's just a work placement to them...And I understand they have their policies and procedures like any other company would, but I just think it's wrong. A lot of the things are just stupid. And it's like locking away food, I'm like, no. So then eventually they changed it because I went to court and everything...".

Emma was focussed on her plans for study and future career:

“the only thing I’m focusing on right now is my TAFE and my education. But once that’s all sorted and organised, then I’m going to go and get a job... I kind of want to be a family magistrate, a family judge to be honest to help, so I’m in control and I’m the boss of families and people in care.”

Emma’s motivation to succeed in her education was evident and was complemented by residential care staff who supported and enabled her to pursue her goals.

4.1.3. Joy, culture, and activities as anchors

Engagement in hobbies and extracurricular activities provided young people with a sense of identity, purpose, and social connection. Sarah (15 years) sold her artwork, Mateo (15 years) found comfort in walking his dog, and Charlotte (16 years) excelled in gymnastics and netball. These moments of joy acted as stabilisers in otherwise chaotic lives.

Cultural affirmation, although rare, was meaningful when it occurred. Chloe (17 years) mentioned enjoying NAIDOC² celebrations: *“We did dancing once and got to paint stuff. That was one of the good weeks.”* Even small cultural acknowledgements left lasting impressions. Charles (14 years) had a more informed cultural identity: *“I know my mob. I did a whole assignment on my tribe.”*

These narratives highlight the significance of cultural recognition and the ways in which hobbies, education, and care can overlap with cultural identity when supported appropriately. In relation to enablers, David’s story encapsulates aspects of each of the themes outlined above. David was a 16-year-old young man who proudly introduced himself as Indigenous and named his tribe. David had been in care since infancy and in TRC for the past 11 months, having lived in the same area for some time. This continuity had enabled David to form and maintain friendships who were, notably, his soccer team and coach:

“Me and him (coach) have a great connection from a couple years I’ve been in the same team, so I know all the boys who play, so we have that great connection as to where we can talk and sort it out.”

David was the captain of his team and committed to train twice a week and play a match weekly during the season. His connection to this team pre-dated his entry into TRC and seemed likely to continue on into his future. David’s plans for future accommodation were clear, he was about to become eligible for a semi-independent support unit within the agency: *“I’m transitioning into (new unit). That’s more freedom, which I’m getting used to.”*

David was planning to complete school and enrol in post-secondary education to become either a psychologist or a personal trainer. He worked part time in retail. He was positive, motivated and confident that he could achieve his goals, whilst acknowledging that he was at the beginning stage of planning for his future. His story offers a good example of the significance of relational continuity and the importance of supporting it.

4.2. Constraints

4.2.1. Systemic instability and staff turnover

A dominant theme within the ‘constraints’ was the instability experienced through frequent moves between houses and high staff turnover. This disrupted schooling, relationships, and identity formation. Emma (17 years) said, *“They move you around too much ... it’s not ideal...I really would never wish upon a parent for their kids to get taken off them...it’s quite frankly not ideal.”* Emma’s reflection serves as a critique of the care system. Charles, a 13-year-old boy, shared, *“I’ve been in different houses ... it’s overwhelming and stressful.”* His words capture the emotional turbulence that can accompany life in residential care. This powerful statement reveals the impact of instability and constant transitions on a young person’s mental and emotional wellbeing. Genni (16 years) described being placed with families who did not reflect her identity: *“I wasn’t there for very long because they weren’t Indigenous, then I got moved to a completely un-Indigenous family.”* Such placements not only created confusion but also reinforced systemic racism by positioning Aboriginal identity as secondary. Field notes indicated that throughout the data collection process, there were no identified Aboriginal or Torres Strait Islander staff within any of the TRC facilities visited. In addition, none of the young people interviewed identified an Indigenous staff member within their support network.

These issues highlight a critical tension: while the system aims to support healing among children and young people, it can inadvertently contribute to the very stress it seeks to alleviate. Frequent moves between homes can disrupt a child’s sense of security, continuity, and belonging which are key elements in the healing process.

4.2.2. Cultural disconnection and identity confusion

The most striking ‘constraint’ finding was the near-complete absence of cultural programming, mentoring, or relational continuity with Elders. Not one participant reported having an Aboriginal caseworker. Liam (15 years) captured the resulting confusion: *“I honestly can’t even answer that question because I don’t know what it means [to be Aboriginal].”* Ben (16 years) said, *“I hadn’t met [my] aunts and uncles,”* and Mia (15 years) confessed, *“I am so confused, I don’t know much about it.”*

Genni (noted above) said that she knew that her father was Aboriginal but not which mob he belonged to. She had not had any contact with her birth family for many years, and expressed that she did not want to connect with them:

² NAIDOC is an acronym for the National Aboriginal and Islanders Day Observance Committee. NAIDOC Week is a powerful celebration of Aboriginal and Torres Strait Islander cultures, showcasing their rich heritage, artistic talents, enduring resilience, and the profound contributions they continue to make to communities across Australia.

“I don’t wanna be like both my parents. That’s a big thing. My both parents neither of them finished high school...neither of them went onto achieve anything. My birth father is on the dole and my birth mother’s getting money from Centrelink and does like online scams. So, neither really much going on in their lives.”

Consistent with reflections from young people, the research team field notes indicated a lack of visibility when it came to First Nations staff within the TRC programs. Given that almost all of the First Nations young people interviews were facilitated by an Aboriginal scholar, it was notable that there were no identified Aboriginal members of staff working in TRC throughout the fieldwork process.

4.2.3. Mental health and unmet needs

Mental health struggles were widespread, often exacerbated by feelings of abandonment and the lack of trauma-informed support. Genni (16 years) shared, *“You tell them you’re depressed, and they’re like, ‘why? I don’t know, I got removed from my family, shoved here, and now I don’t get to see them.’”*

Genni talked about her trauma and the level of isolation that she experienced, including in TRC. She said that she spent most days alone in her room, was out of school at the time of interview and depressed:

“I struggle with depression, and I always have. I was ten when I was diagnosed, but I struggled before that, and if you bring up depression or being suicidal here, you will get shut down. I wanted to go to the hospital the other day, and they said, it’s not going to help, we’ve done that before. I said, no, we’ve done sending me to the adult unit. They should be a bit more careful how they manage that sort of thing because saying that sort of stuff can make you more suicidal, the fact that they’re just shutting you down.”

This quote reveals the emotional pain experienced by Genni. Diagnosed with depression at just ten years old, her words reflect not only a long-standing struggle with mental illness but also a profound sense of invalidation by the very system meant to support her.

In summary, young people reported a lack of mental health support from an Aboriginal provider or any culturally safe intervention.

4.2.4. Educational constraints

Schooling was another area where systemic gaps were apparent. Frequent placement changes often led to disrupted education. Liam (15 years) described finding some relief: *“I never wanted to go to school because I got bullied ... but now I’m at a safer school.”* Others were less fortunate. Ava (14 years) said, *“I don’t go to school. I just figure it out for myself.”* Charlotte (16 years) appreciated the flexibility of online learning: *“I only go to school for one reason: my boyfriend, Adam,”* revealing both disengagement and the social centrality of peer relationships.

Some young people said that they missed school and the loss of friendships that was inevitable due to placement instability and changes in school. Ava (14 years) showed a desire to return to school:

“I’m in the middle of moving schools, it’s very complicated. They are trying to find a school for me...I don’t care, I just want to go to school again...if they sign me up to a school I’d go there in a heartbeat. I just want to get back into the classroom. A lot of my family haven’t graduated school before. So, I want to be that first one who has graduated high school, and then moves into university or something like that.”

Despite the instability in her life – evident in the uncertainty around her schooling – Ava’s words reveal a strong drive to break cycles and create a better future for herself even though systems around her were constraining.

4.2.5. Complexity of kinship connections

Young people recounted painful stories involving lost relationships. Chloe (17 years) stated, *“I used to talk to my dad, but we don’t speak anymore.”* Chloe’s decision to disengage from her father is framed as a matter of agency (*“out of choice”*), yet her hesitance to elaborate suggests unresolved discomfort or trauma. Chloe’s pragmatic stance - *“it’s just easier not to talk”* - reveals a survival strategy rooted in emotional safety rather than relational repair.

Despite limited contact, Chloe expressed a desire for improved engagement, supported by caseworkers, *“I wish I could have a connection with them.”* Such reflections underscore the emotional toll of disrupted kinship ties, which for many represent not only personal grief but also a broader cultural erasure.

These disconnections are compounded by institutional practices that appear to prioritise control over care, often at the expense of relational and cultural continuity. Mia (15 years) described how systemic interventions fractured her family and undermined her mother’s efforts to reunite with her children. *“They [child protection] completely fucked me up,”* she said, reflecting on the enduring impact of forced separation and surveillance. Her account reveals not only personal trauma but a broader legacy of silencing: *“She [mother] always thought everyone had taken her voice away from her... I can’t have that happen again.”* Mia’s comment *“If I’m violent, then they finally listen to me,”* shows how young people may resort to extreme behaviours in order to be heard within systems that routinely ignore their needs. Field notes and observations show that these accounts are not isolated incidents but indicative of a system that disciplines rather than dignifies, often failing to nurture the relational and cultural needs of young people.

However, it is essential to acknowledge the diversity of experiences and motivations behind kinship disconnection. Not all instances of limited contact with birth families stem from systemic failures or cultural erasure. Some young people exercise agency in choosing to disengage from birth parents for personal or protective reasons.

5. Discussion

This study drew upon CRT to interpret the lived experiences of First Nations young people in TRC. CRT provided a crucial lens to examine how colonial logics are embedded in the structures, policies, and practices of the child protection system and was utilised to understand the systemic (and often racialised) nature of child protection practices affecting Aboriginal children in Australia (see for example, [Krakouer et al., 2023](#); [Krakouer et al., 2018](#); [Gatwiri et al., 2019](#)). Critical Race Theory's emphasis on counter-storytelling informed the analytical approach to the data underpinning this manuscript, which centred the voices of First Nations young people in out-of-home care. By foregrounding their perspectives, the study challenged dominant adult-centric and white-centric discourses that have historically shaped out-of-home care policy and practice.

The findings of this study revealed a persistent contradiction: although First Nations young people in TRC consistently expressed a strong desire for belonging, stability, and cultural identity, their experiences reflected a system that responded to these needs in fragmented and culturally incongruent ways. Viewed through a CRT lens, this disconnect underscores how mainstream care grounded in Western/Eurocentric frameworks often fail to recognise or prioritise Indigenous concepts of relationality, community, and identity, resulting in care practices that are misaligned with the cultural realities of Aboriginal children. Although some young people described *moments* of genuine support, empathy, and cultural affirmation, these experiences were inconsistent and often eclipsed by ongoing systemic instability, disconnection, and neglect. Themes such as relational care, cultural connection, future orientation, and creative engagement emerged as protective factors. These align with core principles of Indigenous Knowledge systems, including reciprocity and intergenerational teaching ([Day & McPherson, in press](#)).

The findings point to a continuum of experience, where enabling and constraining forces coexist, shaped by the degree of cultural responsiveness, relational consistency, and structural support embedded in practice. This suggests that TRC operates within a set of systemic constraints that limit the meaningful integration of Indigenous ways of knowing, being, and doing, despite their formal recognition in policy frameworks ([McPherson et al., 2024](#)). Rather than proactively challenging colonial legacies, TRC practices of engaging with Aboriginal children seem to reveal how institutional structures can un/intentionally reproduce cultural and racial harm ([Dudgeon et al., 2017](#); [Matthews, 2020](#)).

Despite its therapeutic intent, TRC may inadvertently intensify the adversity experienced by First Nations young people when it fails to meaningfully incorporate Indigenous ways of knowing, cultural connection, and healing. The absence of cultural mentors, limited engagement with Elders, and minimal opportunities for on-Country experiences contribute to a sense of cultural and relational alienation. From a CRT perspective, this reflects how institutional care practices, even when framed as progressive or trauma-informed, can remain embedded in colonial logics that privilege Western cultural norms while marginalising Indigenous epistemologies. As [Day \(2022\)](#) argues, this paradox underscores the gap between decolonisation discourse in policy and its implementation, which often reproduces the very colonial structures it seeks to dismantle.

Our findings also showed that Institutional policies that prioritise professional boundaries over relational engagement can limit First Nations young people's capacity to form meaningful connections with carers and staff ([McPherson et al., 2025](#)). This approach can often conflict with Indigenous perspectives on care, which emphasise reciprocity and relational accountability ([Walter et al., 2021](#)). Within TRC, these tensions are evident when there are restricted opportunities for maintaining kinship ties, engaging with community, and accessing cultural mentors ([Gatwiri et al., 2021](#)). While professional boundaries are important, a CRT lens interrogates how they impact relational connections and restrict the depth and continuity of relationships between carers and young people in out-of-home care. These limitations can therefore be indicative of Eurocentric notions of professionalism that contribute to, and reinforce relational disconnection within care systems.

Participants in this study described experiences of relational instability, frequently shaped by repeated relocations and high staff turnover. However, when these disruptions are navigated with care and accompanied by consistent, supportive relationships with staff and carers – as illustrated in the narratives of Liam, Ben, and Sarah – they can give rise to positive and affirming outcomes. The call for professionals to know young people personally rather than merely as cases can enhance the quality of care and support provided ([Firmin et al., 2024](#)). Conversely, it is essential to recognise that not all care environments successfully implement these relational practices, and systemic barriers may still impede the development of meaningful connections. This highlights the ongoing need for policy reform and training to better support caregivers and young people alike.

International research points to the protective role of cultural engagement in care settings. Indigenous-led approaches have been shown to improve mental health, educational outcomes, and social cohesion ([Harris, 2022](#); [DiMaggio, 2019](#)). A shift in TRC models toward Indigenous-led, relational care may help address the overrepresentation of First Nations young people in out-of-home care and support reconnection with kin, Country, and cultural knowledge.

What follows is a series of recommendations based on the analysis of the findings. Elements of each of these recommendations were evident to some extent in the factors that were found to be enabling. What is proposed here is a comprehensive decolonial approach. A decolonial approach would centre Indigenous perspectives in both policy and program design, moving beyond tokenistic cultural plans to full integration of Indigenous relational frameworks ([Burns et al., 2024](#); [Rix & Rotumah, 2020](#)). This includes involvement of Elders, cultural mentors, and Aboriginal-led organisations in designing care programs that foster rather than fragment identity ([Lowe & Weuffen, 2023](#)).

5.1. Strengthen relational connection

First Nations young people described relationships whether with family members, carers, or peers as essential to their wellbeing. As [Martin and Mirraboopa \(2003\)](#) argue, relationships in Indigenous worldviews are central to identity and healing. For the participants

in this study, even sporadic or partial connections with kin provided critical emotional sustenance. Yet, the TRC system's design – marked by high staff turnover, restrictive contact rules, and frequent placement disruptions – systematically undermined these connections. Relational continuity which facilitates relational permanence is not merely best practice; it is an obligation to uphold the rights of Aboriginal children to remain connected to their cultural communities (Burns et al., 2024). Policies should enable and support long-term relational bonds, including post-placement contact with trusted carers and consistent engagement with extended kin. Research from Aboriginal-led forums reinforces this point (Newton et al., 2024).

5.2. Embed Indigenous relationality

Beyond maintaining individual relationships, there is an urgent need to embed Indigenous relational values into TRC. Indigenous worldviews prioritise relationality as the foundation of identity and knowledge systems (Day et al., 2024; Martin & Mirrabooa, 2003). However, the apparent near-total absence of Aboriginal caseworkers, Elders, or cultural mentors in the sites visited as part of this study reveals a striking disconnect between these values and actual care practice. Yarning spaces, Elder-led decision-making, and cultural mentorship programs are culturally protected practices that should be embedded as normative elements of care (Barlo et al., 2020). TRC must move from cultural inclusion to structural cultural leadership. This means formalising the role of Aboriginal Knowledge Holders in program design and implementation and ensuring that Indigenous staff are supported to lead.

5.3. Support cultural identity and healing

A concerning finding is that none of the participants reported that they knew they had a current, implemented cultural plan, despite existing policy mandates (see also Burns et al., 2024). Cultural identity was often experienced as confusing, fragmented, or unknown – a reflection not of individual failings, but of long-term systemic neglect. As Gatwiri et al. (2021) argue, child protection systems often treat culture as an add-on rather than a core component of care, despite evidence that cultural identity is a critical protective factor for Indigenous youth (Dudgeon et al., 2017).

Culturally safe care must go beyond occasional NAIDOC events or heritage posters in group homes. It requires access to Elders, on-Country programs, Indigenous language and arts education, and Indigenous carers and staff who offer daily opportunities for cultural learning. This work must be led by community, not outsourced to non-Indigenous staff who lack the lived experience to transmit cultural knowledge. Moreover, TRC staff must be equipped with meaningful cultural safety training; training that is continuous, relational, and accountable.

Cultural care must move from being a compliance measure to being the heart of everyday practice. Terare (2020) provides a further layer of insight: when identity is questioned or erased, it inflicts what she describes as an ontological wound, especially for children disconnected from family and Country due to past and present policies. This makes the development of cultural plans, access to Elders, and culturally grounded therapeutic interventions non-negotiable. TRC must adopt a holistic, Indigenous-led approach that views cultural identity as a core pillar of care.

5.4. Improve mental health and access to education

Young people in this study repeatedly spoke of mental health concerns, including depression, anger, anxiety, and a pervasive sense of isolation. Yet not a single participant reported access to an Aboriginal mental health professional or service grounded in Indigenous models of wellbeing. This absence reveals a failure to embed culturally responsive frameworks like the Social and Emotional Wellbeing (SEWB) model (Gee et al., 2014) into practice. SEWB recognises the interconnected nature of physical, emotional, cultural, and spiritual health, making it ideally suited to the complex needs of First Nations youth in care. Mental health interventions must be Indigenous-led and holistic. This includes trauma-informed care, access to Aboriginal counsellors and psychologists, and healing programs grounded in cultural practice.

Similarly, education emerged as both a space of exclusion and of potential refuge. Participants described educational environments where bullying, exclusion, and instability undermined their learning. Yet others, such as those with access to flexible learning or culturally safe schools, found education to be a stabilising force. As Lowe and Weuffen (2023) note, Aboriginal students often resist deficit discourses through acts of cultural and academic resilience. Educational systems must support this resilience by embedding culturally sustaining pedagogy, ensuring school continuity through placement stability, and tailoring curriculum to reflect and respect Indigenous knowledge systems. Educational experiences among participants varied significantly. Central to positive experiences were the presence of respectful, empathic relationships with staff, case managers, and family members. These interactions embodied what has been identified as 'recognitional practice', a form of relational engagement that transcends routine caregiving tasks to prioritise genuine connection, deep listening, and mutual respect (McPherson et al., 2025; Honneth, 1995). Recognitional practice reflects a commitment to being and doing with, creating relational spaces where young people feel heard, understood, and valued (Honneth, 1995). Such practices provide a critical foundation for buffering the effects of systemic neglect and fostering trust, safety, and continuity across care contexts. As McPherson et al. (2025) argue, recognitional practices are not ancillary to care but are its very architecture, enabling young people to form meaningful connections and navigate complex systems with dignity and support.

6. Conclusion

This study has centred on the lived experience of sixteen First Nations young people living in TRC, offering insight into both what is

working and what is not. According to the young people in this study, when TRC is working it is strongly relational, recognises and attends to their unique needs, builds on their strengths and facilitates connection to family and community. Findings offer a glimpse of what culturally grounded, relational practice can look like when enacted with sincerity and consistency.

While many young people described experiences of disconnection from family, culture, and community, including school, there were also accounts of meaningful engagement, cultural safety, and support. These moments, though unevenly distributed, demonstrate the potential of TRC to foster connection and stability when relational intent is matched by structural commitment. Young people interviewed clearly articulated what they needed: connection, culture, stability, and voice. These are not unrealistic demands, but fundamental rights. However, findings also reveal that these needs were inconsistently met, often hindered by systemic neglect and cultural ‘blindness’. Rather than a binary divide, the findings suggest a complex landscape where enablers and constraints coexist, shaped by the quality and consistency of practice.

While the findings in this research pertain specifically to First Nations young people, the principles of cultural safety are broadly applicable. Non-Indigenous young people from marginalised backgrounds – including those who are culturally and linguistically diverse, living with disabilities, from refugee or migrant communities, or identifying as LGBTQ+ – also navigate systems that often fail to recognise and respect their identities. The current policy and practice framework falters when culture for all children and young people, is not actively embedded, when carers and caseworkers lack cultural competence, and when young people’s voices are marginalised or ignored.

Genuine reform begins with enacting cultural safety through an intersectional lens—recognising the layered identities of all children and young people, and addressing the systemic barriers they face. For TRC to become truly therapeutic, reform must begin by privileging the insights of those most affected. This requires reimagining care systems to be relational rather than procedural, Indigenous-led rather than institutionally controlled, and grounded in respect, not surveillance.

The resilience, clarity, and vision of First Nations young people provide a compelling roadmap for such transformation. The task ahead is not to speak for them, but to ensure systems are built that listen, respond, and honour the truths they have shared. Cultural safety must move beyond rhetoric and be embedded in practice – affirming identity, embracing complexity, and restoring dignity across diverse experiences.

CRedit authorship contribution statement

Kylie Day: Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Lynne McPherson:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Funding acquisition, Data curation, Conceptualization. **Antonia Canosa:** Writing – review & editing, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Robbie Gilligan:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Conceptualization. **Kathomi Gatwiri:** Writing – review & editing, Methodology, Investigation, Funding acquisition, Data curation, Conceptualization. **Janise Mitchell:** Writing – review & editing, Supervision, Funding acquisition, Conceptualization. **Tim Moore:** Writing – review & editing, Supervision, Methodology, Investigation, Funding acquisition, Conceptualization. **Anne Graham:** Writing – review & editing, Supervision, Conceptualization.

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Data availability

The data that has been used is confidential.

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Appendix A. Supplementary data

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