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CONTENTS

ABSTRACT

Background: Separation and loss characterise a child's experience in care, yet losses in the care-experienced population have rarely been studied as a possible source of trauma or as events that may justify a grief response. The theories of ambiguous loss and disenfranchised grief may facilitate a more comprehensive understanding of adverse influences on the lives of this vulnerable community. **Aim:** This narrative review seeks to understand the experience and needs of children in care through the lens of ambiguous loss and disenfranchised grief to determine what value these concepts can add to the field. **Methodology:** A literature search relating to ambiguous loss and disenfranchised grief in the children in care population was carried out using ProQuest Sociology, Web of Science, Social Care Online, Applied Social Sciences Index and Abstracts, and Social Services Abstracts. A total of 592 publications were retrieved, 41 full text articles were reviewed, and 16 publications were included. **Findings:** Thematic analysis of the included publications revealed four top level themes: type of ambiguous loss; manifestations of ambiguous loss; transitions; counteracting the effects of ambiguous loss. **Discussion and conclusion:** Short-term behavioural manifestations and long-term effects of ambiguous loss and disenfranchised grief in care-experienced individuals may have deleterious consequences. Social workers have a key role to play in acknowledging ambiguous loss and enfranchising the grief of children and young people in care.

INTRODUCTION

In recent years there has been an increased focus in Scotland on the needs and experiences of children and young people in care, partly due to evidence that many care-experienced people have poor outcomes. Compared to those who do not have a care background, they have fewer and poorer educational attainments, more physical and mental health problems into adulthood and are over-represented as adults in the prison and homeless populations (Ahrens, Garrison and Courtney, 2014; Furnivall, 2011; Leve *et al.*, 2012; Independent Care Review, 2020).

In Scotland, the Children (Scotland) Act 1995 ('the 1995 Act') defines those in the care of their local authority as 'looked after children'. A 'looked after child' is one to whom a local authority is providing a level of care and protection, either as an outcome of a voluntary agreement with the child's family, or of a legal process which transfers certain responsibilities for the child's welfare to the local authority. Looked after children include those: looked after at home (when he or she has been placed under a supervision requirement but with no condition of alternative residence instructed by a Children's Hearing); looked after by foster carers, either through a voluntary arrangement between family and local authority, or compulsory measures issued by a Children's Hearing; looked after by kinship carers (where they are placed with friends or relatives); looked after in residential accommodation. According to the latest statistics available there are currently just under 15,000 looked after children in Scotland (Scottish Government, 2021). Of these, approximately three quarters (n=10,895) are looked after away from home. These settings primarily include foster carers (n=4,744), kinship carers (n=4,456) and residential accommodation (n=1,436). Children who are adopted in Scotland are not considered to be 'looked after' under the parameters set out in the 1995 Act, although local authorities still have a number of specific legal duties in respect of this group. There were 472 adoptions in Scotland in 2019 (National Records of Scotland, 2019). It is the population of children and young people looked after away from home and those adopted from care that this narrative review is concerned with, who for ease will be referred to as children and young people 'in care'.

Children and young people in care represent one of the most vulnerable groups in society. Children come into care for a variety of reasons but, in most cases, it is the need to secure their care and protection which brings them into the system (Scottish Government, 2021). Most children in care have been raised in settings typified by socioeconomic disadvantage and elevated levels of interpersonal conflict, in which they have experienced maltreatment in the form of physical, emotional, psychological or sexual abuse, and/or neglect (Bruskas, 2008; Kelly, 2017; Leve *et al*., 2012; Osborn, Delfabbro and Barber, 2008; Scottish Government, 2021). Children in care are also likely to have been exposed to parental substance abuse or mental health problems (Leve *et al*., 2012; Oswald, Heil, and Goldbeck, 2010).

Consequently, children in care have often experienced considerable trauma and can exhibit common vulnerabilities in terms of developmental, emotional and behavioural problems, at a higher rate than other children. It must be stated, though, that not all children evidence negative effects of their early adverse experiences; some display or express very few, if any, negative consequences (Leve *et al*., 2012). Nevertheless, globally, approximately 40-50% of children in care have been found to have mental health problems, in contrast to around 10% of children in the broader population (Kelly, 2017). ‘Externalising’ behavioural problems such as conduct disorder, which can manifest in aggressive, defiant and deceitful behaviour, are amongst the most commonly identified mental health issues. These problems increase the risk of a child’s placement breaking down due to the challenges associated with dealing with these behaviours (Konijn *et al*., 2019; Oosterman *et al*., 2007). Furthermore, placement breakdowns due to behavioural problems can lead to an exacerbation of problems. One study found that after a child or young person has experienced two placement breakdowns due to behavioural reasons, the chance of attaining a stable placement within the next two years is just 5% (Osborn, Delfabbro and Barber, 2008). The statistics collected nationally in Scotland only report the number of placements children in care have experienced in a year. Of the children currently in care the vast majority (83%) were recorded as having one placement (83%) in 2019/20. Of the remainder, 13% had two placements, and 4% had three or more placements (Scottish Government, 2021). However, as the statistics do not capture the number of placement moves a child undergoes across their full time in care, they fall short of a meaningful representation of transitions within the care system. Currently the national statistics also do not provide the reason(s) for placement moves.

Placing a child into care, by definition, disrupts attachments. Attachment behaviour is stimulated by stress and the quality of children's attachments is strongly shaped by the attributes of their carers. The more consistent and caring the response of a parent or carer to an upset infant, the more secure the developing attachment will be. Children who have suffered abuse or neglect are significantly more likely to develop insecure or disorganised attachments, which can cause enduring physical, emotional and social after-effects (Bowlby, 1998; Howe, 2011; Furnivall, 2011; Shemmings and Shemmings, 2019). For many abused and/or neglected children, placement in a foster family provides the best opportunity for trauma recovery and developing secure attachments. However, every time a child is moved from one placement to another it involves separation and another disruption of an attachment with a carer.

Separation and loss are key characteristics of a child's experience in care (Cournos, 2002; Fahlberg, 1994). Entry into care is itself often a distressing experience and brings with it a significant sense of loss (Cournos, 2002). For many children, all they have known to be familiar is lost and exchanged with life as a foster child in an unknown family filled with strangers. The losses are myriad: birth parents, siblings, community, schools, possessions, a sense of belonging and identity (Baker, 2017; Goodyer, 2016; Samuels and Pryce, 2008; Ward, 2011). Although some of these lost connections may be associated with negative memories, trauma or abuse, a child may still experience them as significant losses (Whiting and Lee, 2003).

The 'loss of a loved person is one of the most intensely painful experiences any human being can suffer' (Bowlby, 1998: 32). Bowlby is referring here to a death loss but arguably his statement is equally as pertinent to children in care – their parents are lost to them, even if only temporarily, and the loss is as keenly felt and forceful as a death (Fahlberg, 1994). The scholar Pauline Boss terms this type of loss, 'ambiguous loss' (1999, 2004, 2007, 2010, 2016). Boss defines ambiguous loss as 'a situation of unclear loss than remains unverified and thus without resolution' (Boss, 2016: 270). She identifies two types of ambiguous loss: type 1 is physical and type 2 is psychological. In type 1, people must cope with a physical presence but a psychological absence. This type of ambiguous loss can be typified by the loss experienced by family members of people with a progressive or permanent cognitive condition such as dementia or a severe brain injury, or a chronic mental illness or addiction. People coping with this type of loss are faced with loss of companionship, intimacy, normalcy and future, but no death has occurred.

In type 2, people live with a psychological presence but a physical absence: a person is physically absent yet remains psychologically present because there has been no death or permanent loss. This type is typified by the losses of families who have loved ones in prison or who are missing. Of interest to this narrative review, this type of psychological ambiguous loss could also be typified by people affected by the care system: parents whose children are taken into care; foster carers whose foster children are moved onto a new placement; and indeed the children taken into care themselves. A biological or foster parent may no longer be physically available, but may they remain compellingly present in the recollections and therefore lives of the children. For many children, their parents are psychologically unavailable to them prior to their removal into care, perhaps through drug use or mental health difficulties (Samuels and Pryce, 2008); therefore, ambiguous loss type 1 could also embody some children’s experiences.

Ambiguous loss is qualitatively different from death loss. Boss contends that it is the most traumatic type of loss because it generates muddled perceptions about family, belonging and identity (Boss 1999, 2004). People must construct their own meaning of the situation within the contradiction and confusion associated with concurrent presence and absence of a loved person (Boss, 2016). The universal human response to loss is an internal experience – grief – which can manifest in a complex blend of painful feelings such as anger, helplessness, guilt, despair and sorrow (Bowlby, 1961; Engel, 1964; Goldsworthy, 2005; Horwarth, 2011). Traditional and influential theories of grief, such as the ‘stages’ model described by Kubler-Ross, the ‘tasks’ of grieving identified by Lindemann and Worden, and Bowlby’s conception of grief as a form of separation anxiety resulting from the loss of an attachment figure, share a consensus that resolution of grief is attainable, and within a specified timeframe (Bowlby, 1998; Goldsworthy, 2005; Horwarth, 2011). However, ambiguous loss typically defies closure and there is no resolution of grief (Boss, 1999). With a death loss, there is clarity and a well-defined path to follow: a death certificate, a funeral, the opportunity to mourn the deceased. It is more straightforward to mourn the death of a loved one than to cope with the confusion and ambivalence of knowing, for example, that a missed parent is alive and well and possibly even living nearby (Boss, 2004).

Grief is considered disenfranchised when it is not acknowledged or addressed by society (Doka, 2002). Disenfranchisement occurs because of the socially constructed nature of grief, with social norms determining what can be visibly acknowledged, publicly lamented, or socially supported, and for how long and by whom. The disenfranchisement of grief has been argued to be ‘an abuse of authority…when others presume to decide what is best for a mourner, to limit his or her options in grieving, to control his or her expressions, or to sanction his or her efforts to overcome suffering’ (Attig, 2004: 202). Doka highlights elements of grief that can be disenfranchised: disenfranchised grief can occur when the relationship is not acknowledged, or non-traditional, for example a non-heterosexual or extra-marital relationship; or the relationship is not thought to be close enough, for example not within the immediate family. Grievers may be disenfranchised when there is failure to acknowledge the grieving capacity of certain groups, for example very young children, or people with cognitive impairments or mental health problems. Circumstances of the death may be disenfranchised if they hinder people asking for or receiving unsolicited support by others, for example stigmatised deaths such as those from suicides, AIDS or drug overdoses. Grieving customs may be disenfranchised when styles of expressing grief conflict with the expectations of others, for example when someone shows too much, too little, or not the right sort of emotion in response to loss and thus breaches the unwritten grieving rules of a particular society or culture. Finally, losses may be disenfranchised when there is no acknowledgement that a loss has been experienced as a significant loss, for example early miscarriages, abortions, or the death of a pet.

Recent theorising on disenfranchised grief has extended it from a binary concept – grief either is or is not disenfranchised – to one encompassing a continuum, with some losses being more acknowledged than others, and others being scorned altogether (Robson and Walter, 2013). On the continuum are six factors that contribute to the extent of disenfranchisement. First, the loss is completely unacknowledged or is minimised. Second, exhibited feelings in response to the loss are dismissed, belittled, or misinterpreted. Third, the individual receives negligible or no support. Fourth, opportunities to grieve are non-existent or deterred. Fifth, reactions of others to the grieving person convey doubt or disapproval. Finally, the loss occurs in a stigmatised context. For example, a child who is placed into care because a parent was abusive complicates the grieving process for that child when they are made to feel they should be grateful to have been removed from that parent, and that their loss does not justify a grief response.

Doka’s theory of disenfranchised grief helps to illuminate certain aspects of the experiences of those affected by ambiguous loss. Ambiguous losses are rarely socially acknowledged and thus the grief associated with them is likely to be disenfranchised. Ambiguous loss is not a problem for everyone – some people have a high tolerance for ambiguity, possibly due to inherent personality traits (Boss, 2004). However, individuals who are negatively affected by ambiguous loss face profound challenges in how they experience grief: they can have ‘frozen’ unresolved grief, blocked coping processes and chronic confusion and uncertainty. Without support and recognition, people are left on their own to cope, with unacknowledged and indefinite grief that may be wrongly diagnosed as personal pathology (Boss, 1999, 2007).

Given the increased likelihood of poor lifelong outcomes for care-experienced children and young people, increased efforts to understand all adverse influences on their lives are both warranted and vital. As relatively new theories, ambiguous loss and disenfranchised grief are being studied and tested in different populations, fields and disciplines. This narrative review seeks to understand what role ambiguous loss and disenfranchised grief might play in the overall picture of the experience and needs of children and young people in care. My interest in this topic was sparked when learning about disenfranchised grief in a lecture in my first year on the MSW course; it was broadened and strengthened by expanding my reading to the theory of ambiguous loss and during my first professional placement working with care-experienced young people. To investigate the topic of ambiguous loss and disenfranchised grief in the children in care population I originally planned to carry out a small-scale qualitative study, investigating how practitioners understood and responded to this type of loss and grief in the children and young people they worked with. The impact of the unforeseen global coronavirus pandemic meant that carrying out such a project would have been both unworkable due to lockdown restrictions imposed, and irresponsible given the unprecedented added pressures social workers had to contend with in their professional lives. This narrative review therefore represents a substitute for my original dissertation.

METHODOLOGY

Narrative reviews use literature to provide a critical synthesis of the key empirical and theoretical contributions, insights and issues that exist in a field of knowledge (Clark, Foster and Bryman, 2019; Kiteley and Stogdon, 2014). Despite operating in a less restrictive and more subjective environment than a systematic review, narrative reviews can employ some of the techniques used in systemic reviewing to extend their scope and sensitivity (Clark, Foster and Bryman, 2019; Rutter *et al*., 2010).

This narrative review sought to achieve credibility and quality through methodological transparency, by employing an effective bibliographic research strategy, by appraising the quality of the selected material, and by being upfront about the limitations of the work (Ferrari, 2015). The overarching approach taken within this review was: methodical searching of electronic bibliographic databases, supplemented by citation harvesting to identify as many relevant publications as possible; quality appraisal of the selected publications; and a thematic analysis of the selected material. These elements are explored in more detail below.

Aims and research question

Within both policy and practice, there is currently a great deal of interest in improving the experience of children in care (e.g. Independent Care Review, 2020). The research process within this interpretive narrative review was concerned with what insight and understanding can be found within the published literature about how ambiguous loss and disenfranchised grief theory can help us understand the experience and needs of children in care.

The research question was framed as ‘How can an understanding of the experience and needs of children in care be advanced through the theories of ambiguous loss and disenfranchised grief?’

Search formula and data sources

Ensuring that practice within the social work profession is based on the best available, robust evidence requires adopting a systematic approach to identifying relevant research. Searching electronic bibliographic databases currently represents the most efficient and effective way to access research of interest (McFadden *et al*., 2012). Databases have different objectives and target audiences. Best practice dictates the use of a number of databases to increase the comprehensiveness, sensitivity and precision of the search (Ferrari, 2015; McFadden *et al*., 2012). Five electronic databases were used for this review: ProQuest Sociology; Web of Science; Social Care Online; Applied Social Sciences Index and Abstracts (ASSIA); Social Services Abstracts. These were chosen to increase confidence in an adequate and efficient coverage of results due to their breadth of focus and mix of disciplines (McFadden *et al*., 2012; Rutter *et al.*, 2010).

After experimenting with key terms and their synonyms, different combinations of words and Boolean operators (Ferrari, 2015; Kiteley and Stogdon, 2014), the following terms were chosen for the database search formula, making *in situ* allowances for database-specific syntax:

> (“Ambiguous loss” OR “non-death loss” OR grief OR loss OR “disenfranchised grief”)
>
> AND
>
> (“children in care” OR “children in state care” OR “looked after children” OR “foster care” OR “foster youth” OR “residential care” OR “adopted children” OR “out of home care”)

The search was undertaken within December 2020.

Inclusion and exclusion criteria

In order to adequately address the overarching research question, the inclusion criteria required papers to: (1) involve discussion of ambiguous loss or its associated terms in the ‘children in care’ population (2) be either empirical or theoretical in nature (3) be published between 2000 and 2020 (4) be published in a peer-reviewed journal and (5) be available in full-text English.

The perspectives of children in care are of key interest to this review, therefore articles were excluded if they focused on the ambiguous loss or disenfranchised grief of foster carers or residential staff, as opposed to the children in their care.

Publications that met the above inclusion criteria were chosen for more in-depth analysis and potential synthesis. The inclusion process was guided by considerations of: is the focus of this empirical study relevant to the review? Is the theoretical focus of this publication relevant? Is the sample or participants of the study relevant? Are the outcomes measures of relevance? (Rutter *et al*., 2010)

Publication selection process

The search formula applied to the electronic bibliographic databases yielded 592 publications when the search terms were applied to ‘abstract only’. Duplicates were removed and publications were screened and eliminated against the inclusion criteria based on title (n=397), and then abstract (n=154). 41 full text papers were reviewed and 9 were deemed relevant for inclusion. Applying consistent inclusion and exclusion criteria, reference harvesting was used to fill in any possible gaps in the database searches (Clark, Foster and Bryman, 2019; Ferrari, 2015). A further 7 papers were harvested from the 9 selected papers, resulting in 16 final papers for inclusion in the narrative review (see Figure 1). Of these 16 papers, 10 were empirical and 6 were non-empirical.

Quality appraisal

When appraising literature, the aim is to first form a judgement about whether a particular publication is relevant to the research question – carried out during the publication selection phase – and then make an assessment about whether its findings are reliable, valid and trustworthy (Clark, Foster and Bryman, 2019; Kiteley and Stogdon, 2014; Rutter *et al*., 2010). In order to critically appraise the quality of the 16 publications deemed relevant to the research question, I employed recognised tools: I applied a critical review form for qualitative studies developed by the Critical Appraisal Skills Programme (CASP, 2018) to the 10 empirical papers. This tool interrogates aspects of each study such as study aim and design, methods of data collection and analysis, and ethical issues (see Appendix). My inexperience in qualitative analysis and the time constraints associated with this review meant that the evidence taken forward into the synthesis phase was not formally weighted; however, using the CASP tool helped guide my thoughts about the quality and generalisability of the 10 empirical papers which are discussed within the context of the synthesis of the material. All 10 empirical studies supported their findings with quotations of the participants' views, aligning with SCIE guidance on reviewing qualitative data (Rutter *et al.*, 2010).

Non-empirical publications are more difficult to appraise in that there are fewer aspects against which to objectively assess quality (Rutter *et al*., 2010). The six non-empirical publications in this review were appraised through the CRAAP test (Blakeslee, 2004) and found to be suitable for inclusion in the synthesis.

Data extraction and synthesis of findings

The purpose of extracting data from publications included in a narrative review is to provide the basis for quality appraisal and to extract findings from each empirical study or theoretical overview in a consistent manner to enable later synthesis and interpretation (Rutter *et al*., 2010).

In order to extract the data from the identified papers in as coherent and systematic a way as possible, the following information from each publication was recorded in a consistent format: (1) general content e.g. year of publication, country in which the study was undertaken (2) information on the design and methods used in each empirical publication (3) details on the population and sample for empirical studies (4) the publication's key findings (5) my initial thoughts on significance, meaning and connections between publications and to the wider literature (Kiteley and Stogdon, 2014; Walliman, 2011). Approaching the data extraction task in this manner thus provided a means for critical reflection on my developing ideas and analysis (Bell, 2014; Clark, Foster and Bryman, 2019).

The extracted data was synthesised through thematic analysis. Thematic analysis is a flexible method that can be used to analyse qualitative material, and identify patterns (themes), across a range of disciplines and research questions (Braun and Clarke, 2006; Clark, Foster and Bryman, 2019; Nowell *et al*., 2017). A realist approach was taken to the thematic analysis, aimed at understanding and reporting the reality, experiences and meanings of children in care, whether through their participation in empirical research, or theorised upon by scholars in non-empirical reviews (Braun and Clarke, 2006). The themes were isolated using a semantic methodology, whereby the explicit meanings of the data were identified and used as the foundation for an interpretive and analytic discussion about the significance of the patterns and their potential broader meanings and implications (Braun and Clarke, 2006). I followed the approach to thematic analysis as developed by Braun and Clarke (2006) that has been lauded as strong in terms of its methodological transparency (Clark, Foster and Bryman, 2019; Nowell, *et al*., 2017). Their method follows a six-stage, iterative and reflective process: familiarisation; initial coding; identifying themes; reviewing themes; defining themes; evidencing themes in the final write-up (Braun and Clarke, 2006).

Limitations

The flexibility of thematic analysis allows for a breadth of potential findings and discussion points. However, this breadth can also mean that the reviewer may struggle to home in on suitable, coherent themes for analysis (Braun and Clarke, 2006; Nowell *et al*., 2017). This potential shortcoming may have been compounded by my inexperience in using this method and must be acknowledged as a limiting factor with respect to this narrative review's accomplishments.

Using findings and concepts from non-empirical papers allowed me to gain an enhanced understanding of the theoretical and conceptual frameworks underpinning the empirical studies, clarify empirical discoveries, and anchor the coding process (Clark, Foster and Bryman, 2019; Rutter *et al*., 2010). Nevertheless, a potential limitation of including non-empirical publications is that their ideas and concepts excessively orchestrate the coding/theme-finding within empirical papers (Clark, Foster and Bryman, 2019). Using Braun and Clarke's six-stage, iterative model to thematic analysis may have to some degree mitigated the effects of these identified limitations.

There are recognised limitations in narrative reviews as a method of evidence gathering. These include limitations in the search strategy; for example, this review only included publications in English and materials from a restricted timeframe, thus potentially excluding relevant and significant research pre-2000 or published in another language (Kiteley and Stogdon, 2014; Rutter *et al*., 2010). Further, due to time constraints, the search strategy for this narrative review did not extend to the grey literature. The possible limitations this has imposed in terms of comprehensiveness and publication bias must therefore be acknowledged, although the latter is thought to represent less of an issue in the social work-related literature (McFadden *et al*., 2012; Paez, 2017).

Variations in the terminology and vocabulary to describe key concepts across professions and cultures adds complexity to the search process, with bearings on the sensitivity and precision of the publication recovery (McFadden *et al*., 2012). Attempts were made to improve the quality of the search by using a breadth of databases and search terms, but it may be that information retrieval was somewhat impacted.

A lack of transparency about decisions taken throughout the review process, such as explicitness relating to inclusion and exclusion criteria, can lead to questions about bias and the confidence that can be given to the findings: ‘Subjectivity in study selection is the main weakness ascribed to [narrative reviews] that potentially leads to biases’ (Ferrari, 2015: 231). The active role of the reviewer, in terms of publication selection, determining themes, then selecting which are of interest and to be presented to the reader, necessitates the execution of many judgements, and draws on the reviewer’s interpretive biases, skills and perceptions. This has a potential bearing on the objectivity and reliability of the work (Clark, Foster and Bryman, 2019; Denscombe, 2007). Using the CRAAP test and CASP tool, which cover different aspects of relevance and technical quality, may have helped to mitigate against some of my unconscious biases; equally, being transparent about my methodological approach will hopefully further instil confidence in the outputs of this review (Clark, Foster and Bryman, 2019; Rutter *et al.*, 2010). Nevertheless, it is appropriate to acknowledge that, as the person carrying out the review, my perspectives, interpretations, and decisions will remain a presence in the outcome of the work.

Any limitations arising from the literature itself – for example with respect to diversity of populations studied or study design – will be addressed in the findings chapter.

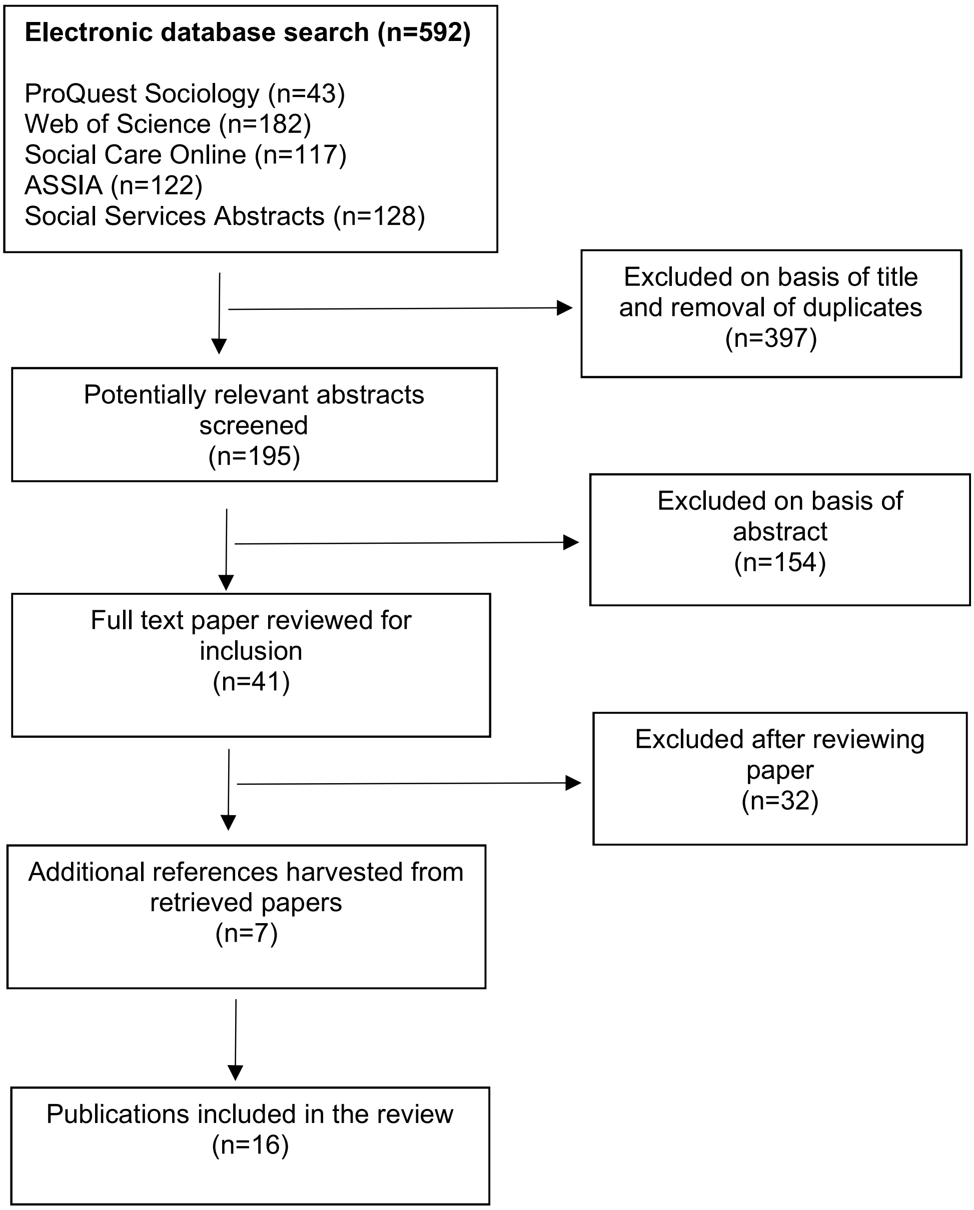

Figure 1. Schematic representation of selection process

FINDINGS

Characteristics of the featured publications

16 relevant papers were identified. The 10 empirical studies were conducted in the US (n=6), Canada (n=2), Australia (n=1) and Portugal (n=1). Of the review papers, three were from the US, one was from Australia, one from the UK (Scotland) and one was from Canada. The studies all employed the use of semi-structured interviews, followed by a range of different analysis methods, including the constant comparative method, hermeneutic phenomenology, and ethnographic analysis. Four studies involved children currently in foster care; three involved foster care alumni; one involved children who had been adopted from care; one involved young people transitioning out of care; and one involved children currently in residential care. Eight studies had a reasonable balance of genders; one was heavily male; and one did not disclose the gender split. Three studies involved a mix of ethnicities; three provided no data on ethnicity; three were majority or entirely African American; and one was entirely white or Caucasian. All ten captured the views and experiences of those affected by this topic. On balance, despite it being disappointing that only one empirical study was conducted in Europe, and none in the UK, I consider these studies to reflect a range of relevant experiences to help illuminate this topic.

Four top level themes were identified: (1) Type of ambiguous loss (2) Manifestations of ambiguous loss (3) Transitions (4) Counteracting the effects of ambiguous loss. Each theme will be discussed in turn.

Type of ambiguous loss

Researchers and theorists in all studies and review papers in this narrative review comment in some way on the traumatic impact that removal from all that is familiar has on a child who is placed into care. The studies in this review identified many different aspects and types of ambiguous loss that can be stratified into two broad types: relationship losses and psychosocial losses.

Relationship losses

The loss of parents, siblings or loved ones represent the person being no longer physically present in the child's life yet remaining psychologically present in their mind. As a result of their temporary (and often multiple) placements in foster care, children experience ambiguous loss of family, friends and caring adults. In Lee and Whiting's study of 205 children aged 2 to 12 years in foster care (2007), many referenced an enduring sense of loss involving their birth parents, siblings, friends and extended family members when either interviewed (n=23) or in response to pictures depicting a puppy in relationship to its family (n=182). In their smaller-scale study of 20 children in care Mitchell and Kuczynski (2010) reported the most common form of ambiguous loss related to the loss of parents, perpetuated by feelings of helplessness pertaining to when, how or if the children could communicate with their birth parents.

Despite involving only eight participants (aged 12 – 18, seven of whom were male), as the only study in the data set focusing solely on the experiences of children in residential care, Kor, Fernandez and Spangaro's research (2020) offers an important insight to this review. All of the young people had some continued contact with their birth mothers but still expressed an acute sense of loss, tallying with the physical absence-psychological presence aspects of ambiguous loss. Fewer than half of the young people had regular contact with their fathers or siblings, exacerbating their ambiguous loss and suggesting to the researchers that, despite lack of contact, emotional connections remain.

Children in care have identified the importance of the sibling connection to their lives and wellbeing (Herrick and Piccus, 2005; Mitchell, 2016; Mitchell and Kuczynski, 2010; Schwartz, 2010; Unrau, Seita and Putney, 2008). In her large-scale, longitudinal study of over 200 young people transitioning out of foster care, Mitchell found that of all the relationship losses, the ambiguous loss of siblings was named and discussed most frequently by the participants in her research (2018). Whiting and Lee (2003) also recorded that many children told life stories that orbited around their siblings, and their reliance upon that unique bond. In their review of the sibling relationship within the foster care system, Herrick and Piccus (2005) anchor these findings in an exposition of the sibling connection as one that can provide children with a connection to their past, a sense of permanency and hope, and continuity with their birth families. It follows, therefore, that children for whom this connection is severed can experience adverse effects such as loss, grief and hopelessness.

As the only retrieved study investigating ambiguous loss in adopted children, Soares *et al*.'s research (2018), with a large sample of 102 children aged 8 – 10, makes a valuable contribution to the findings. 33 of the adopted children in the study cited birth family loss as a difficulty they live with, all of whom had lived significantly longer with their birth families than children who did not mention this ambiguous loss, implying the phenomenon may relate to separations of longer-held significant relationships, or it may relate to having the capacity to distinguish birth and adoption families. Nevertheless, the research indicates that even in the ultimate case of absent parental contact, i.e. adoption, the biological family system remains a psychological presence for children.

It is acknowledged within the research that when children are first removed from their homes, they may have already experienced ambiguous loss, possibly due to one or both of their parents having been physically present but psychologically absent, perhaps through addiction or mental illness (Lee and Whiting, 2007; Samuels, 2009). Whiting and Lee (2003) also found that although over half of the children's stories contained negative memories of family relationships related to mild to severe abuse or neglect, this did not generally impact on them expressing ambiguous loss for those relationships. Similarly, there were no differences in terms of adverse experiences in their birth family in Soares *et al*.'s study (2018) between those who cited ambiguous loss of their birth family and those who did not, suggesting this not a pre-adoption condition that leads to the expression of this type of loss.

Relationship losses are not limited to when children are first removed into care, but also occur as a result of placement changes. Participants in Unrau, Seita and Putney (2008) and Chambers *et al*.'s studies (2018), of 22 and 43 foster care alumni respectively, both identified a profound sense of loss relating to foster carers, friends and siblings associated with their placements.

Psychosocial losses

The research supports that children in the care system are not only feeling the loss of their siblings and birth parents, but also psychosocial losses, which span the intersection of the psychological and social context of their lives. In studying these types of losses, scholars have extended Boss' theory of ambiguous loss from purely a relational disorder.

In her large-scale study, Mitchell (2018) found that young people experience symbolic or psychosocial losses as well as relationship losses. For example, the young people reflected a loss of identity, a sense of future, stability, beliefs, self, independence and belonging. Whiting and Lee's study similarly reveals a loss of a sense of future (2003). Samuels (2009) frames such losses as experience of chronic psychological impermanence: a series of uncontrolled loss events impacting on identity, stability and a sense of belonging. Conceptualising this as an ambiguous loss of the concept of 'home', in her study of 29 foster care alumni (aged 17 - 26) all participants described a sustained desire for finding or restoring their sense of home. The psychosocial benefits of having a permanent sense of home, connection and enduring familial identity – that can be depended on in times of challenge and joy – were viewed by participants as vital but that remained absent for them as they entered into adulthood.

Unrau, Seita and Putney (2008) similarly unearthed psychosocial losses related to being in care in 22 foster care alumni (aged 18 – 65). The authors considered the age range a strength of the study due to the dearth of information on older foster care alumni; however, the memory aspect of looking back over so many years must be considered as a counterbalancing effect. The participants identified loss over: personal destiny; personal possessions and with them, anchoring memories; self-esteem; and normalcy. The study's authors use the concept of 'family privilege' to relate these losses to the idea of the intangible benefits that individuals gain from permanent membership of a family, linking to Samuels' concept of ambiguous loss of home, and underlining the centrality yet absence of a relational sense of permanence for adults who have been through the care system.

The participants of Kor, Fernandez and Spangaro's study (2020) also questioned their sense of identity and belonging generated by feelings of disconnection from their past.

Through case illustrations in their theoretical insight piece on ambiguous loss, Gitterman and Knight (2019) suggest another dimension to psychosocial ambiguous loss, that of the loss of time and associated opportunities. Relating this to the loss of identity and self-esteem that many in care may experience, the authors argue that those in this predicament may grieve the cumulative loss of time and missed opportunities through years spent trying to attain these core elements of self-worth.

Manifestations of ambiguous loss

Symptomatology

After coding their interviews and observations of over 200 foster children from toddlerhood through to young adolescence (Whiting and Lee, 2003), Lee and Whiting (2007) concluded that manifestations of ambiguous loss were ubiquitous amongst the participants. Mapping their results onto Boss's theory and symptomatology of ambiguous loss, the researchers provide examples of children in states of outrage/anger, confusion and distress, uncertainty about the future, helplessness and conflict, guilt and denial. This study is particularly reliable in commenting on the manifestations of ambiguous loss given it records the *in situ* lived experiences, perspectives and behaviours of children in care. However, some caution should be applied given the fact that children's voices are being installed into adult constructs for the purposes of research.

Mitchell's 2018 study found that over a quarter of the more than 200 participants experienced psychological, emotional, behavioural, physical and relational manifestations and reactions to their ambiguous losses that, in her view, were best considered as grief, but not recognised as such. These participants cited feelings typically associated with death grief like anger, sadness, self-blame and guilt. In Chambers *et al.* study (2018) of 43 foster care alumni, participants expressed anger, hurt and depression when talking of ambiguous loss of relationships, particularly regarding losing relationships with their siblings. The participants in both Chambers *et al.*'s (2018) and Unrau, Seita and Putney's (2008) studies cited emotionally 'shutting down' and becoming socially withdrawn as a consequence of so many of the ambiguous losses experienced.

These bodies of research provide some evidence to suggest that behaviours labelled as 'problem' behaviours – such as anger, aggression, hostility and withdrawal – that have thus far been viewed as behavioural and emotional problems of children in the care system, may in fact be indicators of the manifestations of ambiguous loss and grief.

Unrau, Seita and Putney (2008) theorise that another lens through which to look at the emotional states of children in care and beyond is that of complex trauma. They argue that this can manifest as problems with affect regulation and behaviour problems and lead to lifelong limitations in how one relates to others and regulates emotions. This tallies with their study participants' experiences and acts as a reminder that a 'differential diagnosis' of symptoms must be held in mind.

Disenfranchised grief

Due to the non-specific signs and symptoms manifesting from ambiguous loss, theorists and researchers alike maintain it is less often recognised than death loss and therefore often goes unsupported. This can lead to the risk of sustained distress, long-term consequences such as remaining emotionally detached into adulthood, and disenfranchised grief (Chambers *et al*., 2018; Gitterman and Knight, 2019; Knight and Gitterman, 2019; Mitchell, 2016; Mitchell, 2018; Samuels, 2009; Unrau, Seita and Putney, 2008; Vaswani, 2018).

Mitchell's 2018 study supported her earlier research (Mitchell and Kuczynski, 2010) which indicated that young people's experiences of ambiguous loss in foster care were not adequately acknowledged and they were rarely provided with opportunities to grieve. Mitchell argues that these losses and their associated grief are thus disenfranchised: the loss experienced does not justify a grief response. She provides examples of young people hearing disenfranchising statements such as “you’re better off” or “you should be grateful you are in foster care” due to their removal from an abusive parent.

Through case illustrations in their theoretical insight piece on ambiguous loss, Gitterman and Knight (2019) suggest an especially detrimental aspect of ambiguous loss is the extent that, because of its lack of recognition and support for its attendant grief, it can lead to children’s beliefs of non-lovableness and ambivalence about forming new attachments, that can persist into adulthood. Based on their study data analysis, Lee and Whiting (2007) hypothesise that children can often decide that if they were more lovable, they would not have been taken into care.

Transitions

Abrupt transitions into care

Often children can be removed from their original or birth families with little or no warning. In Mitchell and Kuczynski’s study of twenty 8 – 15 year olds in foster care (2010), the majority of children were told of their removal into care on the same day it happened. This transition is evoked as a significant life transition that is attended by ambiguous loss, trauma and grief, which can go unnoticed by the adults in their lives. Samuels goes one step further and states ‘the removal from one's nuclear family system into foster care is an institutionally caused ambiguous loss and trauma’ (2009: 1237).

Exclusion from placement decisions

Ambiguous loss is often compounded by poor communication to the child about the reasons for their going into care, why they are moving placement, and when they can see loved ones again. In Mitchell and Kuczynski’s study (2010) many children did not know the meaning of foster care and over half indicated they did not know why they had been removed from home. In many cases, this led to the children blaming themselves for being placed into care. In Whiting and Lee's study (2003) nearly all of the 202 children expressed confusion, doubts and self-blame about the purpose and duration of the foster care placement. When further reflecting on their data set, Lee and Whiting suggested that withholding information 'may elicit, maintain, or exacerbate ambiguous loss' (2007: 427) and compound feelings of grief. This sense is corroborated by Kor, Fernandez and Spangaro (2020) who submit that a lack of understanding as to why contact with family members is limited exacerbated the ambiguous losses for the young people in their study. Exclusion from placement decisions compounding the sense of ambiguous loss also features in Chambers *et al*.'s study (2018).

Multiple placement moves

Within the research is data that demonstrates that the more placements young people experience, the more exposure they have to additional experiences of ambiguous loss. For example, in Mitchell's 2018 study, her participants cite how establishing a bond with someone during one placement, only to see it lost when moved on, can deepen their feelings of grief and trauma.

In Chambers *et al*.'s study (2018) the 43 participants had between 2 and 56 placement moves. They describe the inevitability but unpredictability of moving keeping them in a perpetual state of loss of 'home', school and relationships. Placement instability also elicited memories of experiencing profound loss – both relational and psychosocial – in the participants of Unrau, Seita and Putney's study (2008), over a third of whom had 10 – 20+ placement moves.

Long-term consequences of multiple placement moves

Chambers *et al*. (2018) researched how foster care alumni perceived the consequences of multiple placement moves into adulthood. As identified previously, this study identified the ambiguous loss of relationships as a major theme within the experiences of the participants, 70% of whom had between 10 and 56 placement moves. The study also revealed that placement instability can provoke additional losses, and what the long-term consequences of these losses were. Almost all participants described maintaining emotional distance into adulthood as a result of chronic ambiguous loss of relationships from multiple moves during their time in foster care. As a result, participants lacked close, trusting adult relationships. From a constant ambiguous loss of ‘home’ and a sense of belonging, multiple participants noted a pervasive feeling of instability as adults, living more transient lifestyles that meant not connecting meaningfully with others. However, not all effects of multiple placement moves and chronic ambiguous loss were negative: participants noted they had developed adaptability and resilience in later life. The authors note their small and geographically-limited sample limits the generalisability of the findings. Both Mitchell’s 2018 research and Samuels’ study (2009) similarly contribute to evidence that ambiguous loss is present beyond childhood into the early adult years.

The lasting detrimental effects identified in Chambers *et al*.’s study align with the perspectives of foster care alumni in Unrau, Seita and Putney’s related study (2008). Participants described similar feelings of instability, transience and maintaining detachment in their interpersonal relationships. Similarities can also be drawn to a degree on the positive aspects derived from cumulative ambiguous loss, in that some participants reported deriving resilience from their experiences. The authors appropriately recognise that they cannot isolate the losses generated through multiple placement moves as the lone contributor to how people perceive their present day challenges and that more investigation is needed before definitively arguing such a point. In her review of ambiguous loss, Vaswani (2018) reminds us that by the time they enter the care system children may have already been exposed to an extensive array of Adverse Childhood Experiences (ACEs) such as abuse and neglect, but also parental substance misuse or mental illness, or the imprisonment of a family member – events that can typify ambiguous loss. The myriad ACEs that a child may live through prior to being moved into care are likely to be both compounding and confounding factors when trying to illuminate a clear picture of the effects of ambiguous loss.

Counteracting the effects of ambiguous loss

Throughout the literature three sub-themes emerged that related to how to counteract, or navigate, the effects of ambiguous loss.

Permanent connections

The 29 participants (aged 17 – 26) in Samuels' study (2009) describe strategies they have assumed to try and overcome the ambiguous loss of 'home' – 'chronic and repeated loss events of one's identity and sense of belonging within a permanent family system' (Samuels, 2009: 1229). Conceptions of family meant access to an enduring and hospitable abode and to lifelong relationships that could support and encourage their sense of unconditional belonging. Samuels found most of the participants were connecting to the people with whom they hope to build this authentic sense of 'home'. The young adults sought to create a self-defined relational state of permanence, with definitions of family that were flexible and complex and often disregarded the confines of blood or legal ties. Most participants imparted their strongly held beliefs and memories from childhood that adoption could not provide the opportunity to resolve their ambiguous loss of home. Adoption was seen by the participants in this study as something to threaten their ambiguous ties to their biological parents; further, a legally-defined 'belonging to' an adopted family was seen differently to experiencing a sense of familial belonging. Demonstrating the persistent power of the continued psychological presence of parental relationships, many participants had hopes of reunification with their biological parents but some found they remained physically absent after leaving care. Painful stories from some within the study of being let down by other potentials for permanent connection helps demonstrates the need for relational ties to be mutual and lifelong to create an enduring sense of home and authentic belonging. This study was small and over-representative of females but nevertheless provides an interesting viewpoint on some ways people who have been through the care system have sought to navigate ambiguous loss of 'home' and obtain permanent connections. Samuels' findings connect with conclusions drawn by Unrau, Seita and Putney (2008) in which they theorise that the human capital gains and psychosocial protective effects of permanent connections are needed for any child to effectively transition through adolescence into adulthood, but these remain lacking for many foster care alumni.

In contrast to Samuels' findings on perceptions about adoption, adoption and its ability to provide an opportunity to experience healthy family life was seen as an important gain in 60% (n=62) of the participants of Soares *et al.*'s study. A longer time with the birth family and an older age at adoption tallied with a higher number of adopted-related gains identified. The authors theorise that when children can actually identify themselves as family members and develop a sense of permanence and belonging, they value it as a gain, and perhaps one which can help counteract the effects of past ambiguous losses. The lived experience of being part of an adopted family in Soares *et al.*'s study versus the imagined one in Samuels' perhaps goes some way to explaining the opposing views of adoption in the two studies.

As the only retrieved publication involving solely African American participants and focusing on the extent kinship placements can act as a buffer against young people's experience of loss in foster care, Schwartz's paper (2010) offers an interesting insight, albeit with a small sample size of 18 (ages 11 – 14). Relationship losses (siblings and birth mothers being particularly prominent) and losses of place (e.g. school, neighbourhood) were cited amongst both groups. Participants in kinship placements in general had greater continuity and stability in their placement histories and were given more opportunities to maintain their relationships with their birth families than those in non-kinship placements. They were found to also perceive fewer losses and disruption than those in non-kinship settings. Participants in non-kinship placements encountered compounded ambiguous losses and disconnection. In general, Schwartz argues that the relational context of the kinship setting provided enduring connections to people and place that helped promote a sense of emotional permanence. Although findings from this small, qualitative study cannot be generalised, Schwartz's findings lend credence to the protective effects of connection to kin, and for the argument that continuities in relationships and place can mitigate the effects of ambiguous loss to a certain extent.

Acknowledging loss and enfranchising grief

Evidence within this data set suggests that the social acknowledgement of ambiguous loss helps support young people to grieve their separations and ambiguous losses, and form new attachments. Those in Mitchell's 2018 study cohort whose losses and grief *were* acknowledged and attended to by various people in their lives felt it had a positive impact on relationship-forming, and their psychological and emotional wellbeing and behaviours. Lee and Whiting (2007) put forward that their exposition of the manifestations of ambiguous loss in over 200 foster children establish the value of the ambiguous loss model for creating appropriate interventions that seek not to pathologise behaviours but rather support the grieving process. Knight and Gitterman (2019) similarly draw attention to the pathologising of reactions to ambiguous loss, often because of their chronicity. All authors make the point, though, that given young people's behaviours are not often recognised as those manifesting from ambiguous loss, it follows that the opportunities to be supported to grieve these losses are limited.

Meaning making

A confusion relating to the concept of family, more specifically the boundaries and roles within the family make-up (e.g. who the parents figures are) is one of the themes supported by the voices and children in Lee and Whiting's research (2003; 2007). Mitchell and Kuczynski's 2010 study similarly demonstrated that the process of transitioning into care provoked many realms of anxiety and ambiguity for children, particularly with regard to familial relationship ambiguity. Mitchell (2016) takes a distinctive view of this. Using Boss' ambiguous loss framework to explore a child's 'meaning making' in relation to their understanding of family and home during their time in care, she theorises that children experiencing grief, sorrow and uncertainty due to ambiguous loss may engage in meaning making to resolve their distress. Meaning-making is also a recognised important facet of grieving death loss (Goldsworthy, 2005). Mitchell argues that children in care are not only faced with the loss of their original family but are also required to re-appraise (probably more than once) their beliefs about who is in a family and their role within the family unit. For example, they may question what is the meaning of a parent, and whether it will be a betrayal to their birth parents if they allow other adults to assume the role of a parent. These loyalty conflicts can be stressful for children and Mitchell argues that in efforts to alleviate the stress, children may build beliefs about family that allow them to attain congruence between birth and foster parent, for example by concluding that children can have more than one set of parents or that biological parents are not the only adults with whom a child can live. Children who are able to assert a meaning-making strategy that will assist them in achieving a sense of belonging and acceptance within their family unit may help deliver harmonised interpersonal relationships and placement stability.

DISCUSSION

The implications of the findings in terms of the Scottish policy and legal landscape, social work practice and future research will now be discussed in turn.

Policy and legal landscape

There is currently much political and aspirational focus on children in care in Scotland. In the autumn of 2016, the First Minister of Scotland commissioned a 'root and branch' review of Scotland's care system (Scottish Government, 2016). Between 2017 and 2020 the Independent Care Review heard over 5,500 accounts of the care system, over half of which were from people who were care-experienced. The remainder were from families and the workforce associated with the system. The Review culminated in the publication of seven outputs in February 2020, the main volume of which was The Promise (Independent Care Review, 2020).

The Promise prioritises several areas which correspond with the findings of this narrative review. For example, the importance of sustaining, lifelong emotional connections between children and important relational and familial ties is a dominant theme: 'At every turn and in every setting children must have access to safe, stable, emotionally available, consistent, nurturing relationships and environments that enable them to reach their full potential' (Independent Care Review, 2020: 73). The preservation of siblings groups is a key part of this, asserting a recognition that separation from siblings by virtue of being placed in care has often had 'profound and lifelong consequences' (Independent Care Review, 2020: 62). The importance of the sibling connection is supported in a recent systemic review on birth family contact on children in care (Boyle, 2017).

The importance of minimising the number of transitions within care is also a key message within The Promise, incorporating an impetus on planning and good communication so that children and young people have time to collect important personal belongings and that they have as much information as possible about why and where they are going. The ambition to maintain appropriate relationships even if the move is unavoidable is stated. The Promise asserts that kinship care 'must be actively explored as a positive place for children to be cared for' (Independent Care Review, 2020: 74). This aligns with the positive effects unearthed in this review that kinship care may exert over non-kinship placements, also identified more widely in the literature (Chapman, Wall and Barth, 2004; Winokur, Holtan and Batchelder, 2018).

As the forward-looking, aspirational initiative that is guiding the direction of care in Scotland, it is appropriate that The Promise and its related documents is given prominence within this discussion. Despite being present subtly in the background, arguably as an underlying theme driving many of the priorities in The Promise, loss and lessening the burden of loss for children in care is not given explicit primacy in the direction of travel set out. The concept of loss is only mentioned twice within The Promise: once in passing in relation to the loss of (birth) family love that care-experienced people may endure; once in relation to the loss and grief felt by birth families when children are removed. Concepts of belonging, stability, self, and identity are conspicuous throughout The Promise, albeit with the latter two more in relation to the workforce than about what children in care may have lost during their experiences. As one exemplar where loss might have made more of a feature, the recognised behavioural and emotional dysregulation that children in care may experience is mentioned principally in relation to developmental delay and trauma; the possible contributions to these behaviours that unresolved loss and grief may be making is not explored. Given the number of care-experienced people inputting their views to this Review, it could be argued that the absence of 'loss' within its principal output is evidence that ambiguous loss is not a feature in these children's lives. Alternatively, it could be evidence of the lack of acknowledgement and disenfranchisement of loss and grief that many authors of the retrieved papers for this narrative review discussed. Ultimately, given that many of the themes and subthemes identified within the findings section of this review such as ambiguous loss of siblings, maintaining permanent connections and minimising the effects of transitions can be seen woven through The Promise, the conspicuous absence of loss as an overarching 'signature piece' may represent solely an academic point.

Despite significant political support and momentum, it is understood that the outputs of the Independent Care Review represent a policy focus or roadmap, not an assured set of deliverables. A rather sobering thought relates to how much of the ambitions and objectives within The Promise are already set out in current legislation and guidance, suggesting that government strategy does not always reflect what happens in practice. For example, strategies for minimising the trauma of a move (such as making sure children retain familiar possessions), ensuring planned rather than abrupt transitions, and the importance of children's understanding of the reasons for being in care are principles stressed within national guidance accompanying the Looked After Children (Scotland) Regulations 2009 (Scottish Government, 2010). And despite this long-standing guidance directing local authorities to try and ensure siblings are placed together, research estimates that around 70% of children in care are separated from their siblings (Jones and Henderson, 2017). Efforts are currently being made to provide a stronger legal framework that acknowledges and protects sibling groups in care. The Children (Scotland) Act 2020 includes legal duties on local authorities to: where appropriate, place siblings in care together or near each other; take steps to promote direct contact between a child in care and their siblings; and establish the views of a child's siblings, when possible, before making any decision with respect to placing that child into care. The move to enshrine these obligations into primary legalisation not only acknowledges the importance of these relationships to the community of children in care, but also serves as a reminder of the failings to realise this ambition through other means.

When dealing with relational aspects of a child's experiences in care, policy and legislative aspects can only do so much. It is the people and ways of working within the system that are responsible for so much of its outcomes; therefore, it may be that the findings of this narrative review bear their most relevance in relation to implications for social work practice.

Social work practice

Beyond the scope of any national policy or law are the details and minutiae of *how* social work practitioners approach the work with their service users and carry out their roles.

The findings of this narrative review substantiate the view that many of the children and young people in the care system are likely to have experienced ambiguous loss. Not all children will be negatively affected by ambiguous loss (Boss, 2004) but research within the wider literature support the findings of this review that the behaviours exhibited by children in care labelled as 'problem' behaviours, such as anger, hostility or social withdrawal, may relate to separation and ambiguous loss brought about by transitions into and through the care system (Bruskas, 2008; Konijn *et al*., 2019; Mann-Feder, 2018; Newton, Litrownik and Landsverk, 2000; Rubin *et al*., 2007). At a minimum, therefore, the research advocates that social workers should assume the presence of ambiguous loss and should interpret the behaviours of the children and young people they are working with through a 'differential diagnosis' lens that includes ambiguous loss.

Grief-oriented interventions such as grief awareness training of foster carers and parents with children in care has been found to be associated with a higher rate of retention of foster carers, improved cooperation between biological parents and social workers, and a greater chance of reunification of children in care with their biological parents (Hebert and Kulkin, 2016; Hojer, 2011; Schofield *et al*., 2011). Allowing children the chance to express their grief in a supportive environment has been shown to be an effective strategy to help them explore and make sense of some of their memories, feelings and views about their past (Fineran, 2012; Mann-Feder, 2018; Winter, 2010). This review's findings identified that the social acknowledgement of the ambiguous losses a child may have endured can support children to grieve for such losses, and thus may go some way to reducing the risk of negative behavioural and emotional short-term and long-term consequences (Chambers *et al*., 2018; Gitterman and Knight, 2019; Knight and Gitterman, 2019; Mitchell, 2016; Mitchell, 2018; Samuels, 2009; Unrau, Seita and Putney, 2008; Vaswani, 2018). Doka (2002) contends that the earlier enfranchisement of grief supports individuals to become less prone to intense feelings of guilt or anger, hopelessness, and feelings of disconnection.

The social work profession is well placed to help address the gap that exists in terms of helping children in care acknowledge, validate and process their losses, especially where they blame themselves or have other misunderstandings about their situation (Winter, 2010). Since these feelings may have gone unacknowledged and/or mislabelled, social workers' skills in reframing and use of empathy are key (Gitterman and Knight, 2019). However, a practitioner's competence at providing support on many different levels and issues does not automatically translate into knowing how to communicate with or help children who are grieving (Doka, 2002; Mann-Feder, 2018; Fahlberg, 1994). Over and above validating non-death, ambiguous loss and reframing young people's behavioural responses as grief when appropriate, social workers will need to provide interventions specific to the unique aspects of ambiguous loss. These include the many different types of ambiguous losses associated with being in care, it not being known if or when a child or young person in care will return to their biological family, and the exposure to the sometimes-destabilising effects of family contact (Mann-Feder, 2018).

Given ambiguous loss is a relatively new concept, several researchers agree that developing a practice guideline to support social workers and other relevant professionals in how to respond to children's experience of ambiguous loss and trauma related to being in care would be beneficial (Knight and Gitterman, 2019; Mitchell, 2018; Unrau, Seita and Putney, 2008). Such a guideline would presumably be of value to foster carers also. As Cairns puts it: 'Looking after children is taken to be a matter of common sense. The process is very different when looking after children who have started life in another family group' (Cairns, 2002: 6). The findings of this narrative review, reinforced by the wider literature, support a theoretical basis for such a practice guideline, incorporating theories of grief and loss, attachment theory, and theories relating to trauma and resilience (Cairns, 2002; Goldsworthy, 2005; Unrau, Seita and Putney, 2008). This tallies with broader arguments from the professional discourse that there should be an expansion of grief and loss theory in social work training and practice across the whole profession, but particularly in relation to working with children in care, to allow for the building of specialist knowledge, skills and values in working with and communicating about loss and grief (Goldsworthy, 2005; Mann-Feder, 2018; Simpson, 2013; Winter, 2010).

The Promise similarly prioritises practice grounded in theory, and sets out its vision for the professional identity of the workforce that interacts with children in care. It references: values that reflect the primary purpose of care, which is to develop trusting, nurturing, compassionate and respectful relationships so that children feel safe and loved; the development of a courageous workforce that can manage risk in a relational rather than process-driven way and challenge practice that is not meeting the needs of children; and the essential aspects of supervision and reflective practice (Independent Care Review, 2020). A practice guideline providing the theoretical grounding for identifying and responding to ambiguous loss that also gives credence to these important underpinning aspects of practice could be of significant value to practitioners.

According to ambiguous loss theory and concepts, (Boss, 1999, 2004, 2010), there are several overarching approaches and insights that could form the basis of an ambiguous loss and grief-oriented practice guideline for social workers:

- Listen patiently and without judgement.
- Encourage story-telling about the ambiguous loss – the missing parent, a favoured possession or pet, a sense of belonging.
- ‘Learning to hold a paradox’ (Boss, 2010: 141) – support the child to become more tolerant of the still-open door, to not having a clear answer. Someone or something they love can be both absent and present at the same time.
- Identify the ambiguous loss as an ‘external culprit’ – this helps diminish self-blame. Let children be angry at parents who do not dependably visit, live up to promises, or do what they need to do for reunification to happen.
- Recognise that ‘closure’ is a fallacy – in ambiguous loss the inability to resolve grief or find closure is due to an external situation beyond the control of the individual.
- Groupwork can help form connections through common experience.
- Help to reconstruct ambiguous loss of identity through building relational connections.

Findings from this narrative review supports wider evidence that children in care need permanent, loving and unconditional connections (Independent Care Review, 2020; Samuels, 2009; Schwartz, 2010; Unrau, Seita and Putney, 2008). Social workers can make a positive impact in their practice to minimise the effects of ambiguous loss and build these connections through advocating for and utilising family group decision-making processes. In relation to children in care, family group decision-making can work to identify and maintain lifelong connections in a child’s life, and include extended family members in planning and decision-making processes regarding placements - both identified as national policy objectives (Independent Care Review, 2020; Schwartz, 2010). Lifelong Links is a project running in Scotland and across the UK that utilises the family group decision-making process to engage family members and other supportive adults connected to a child in care who are willing to make a lifelong commitment to that child (Family Rights Group, 2021). An evaluation of its work found that following Lifelong Links input, there was: a significant increase in the number of meaningful connections for children in care; a positive impact on placement retention; almost double the number of children and young feeling an improved sense of identity and belonging compared to a comparator group (Department for Education, 2020). This strengthens the argument that even when biological family members cannot provide a physical, stable, permanent home, they may still be able to provide relational continuity and thus a sense of permanence for care-experienced children and young people (Samuels, 2009; Unrau, Seita and Putney, 2008).

Social workers are well-placed to minimise the deleterious effects of transitions by ensuring the involvement, to the fullest extent possible, of children and young people in placement decisions. An example of the inherent complexity of this endeavour in practice is illustrated by realising the well-evidenced benefits of keeping siblings in care together. Despite a favourable policy and legal backdrop, social workers face significant challenges when attempting to keep siblings together. Considerations such as whether to disturb established placements so as to place siblings together if brothers and sisters enter care at different times, and finding foster carers that can accommodate sibling groups in a timeframe that does not delay or disrupt permanency options for each child, are complex and time-consuming (Herrick and Piccus, 2005). The added legal impetus to maintaining sibling connections and involving siblings in care-related decisions mandated within the Children (Scotland) Act 2020 will hopefully provide the means for adequate social work capacity, funding and time to be allocated to this complex endeavour.

Wider evidence reminds us that whilst continued contact with siblings is considered a protective factor, continued contact with birth parents is less straightforward. It can help mitigate some children's feelings about loss whilst, for others, managing competing loyalties to biological and foster parents can be associated with detrimental effects and prolong the ambiguity of their situation (Boyle, 2017; Chapman, Wall and Barth, 2004; Mann-Feder, 2018). Linked to Mitchell's theorising about the impact of meaning-making on a child's ability to achieve congruence between birth and foster family (2016), social workers could play a significant role in the development of such a meaning-making strategy, helping children and young people cope with the inherent confusion and ambiguity in their situation (Boss, 1999, 2004; Goldsworthy, 2005).

Future research

The findings of this narrative review come from a relatively balanced array of data sets in terms of the gender and ethnicity of the participants. Despite this, the data is not clear on if or how gender or ethnicity/culture might influence how a child deals with ambiguous loss, or what role they might play in their experience of transitioning through care (Lee and Whiting, 2007). The cultural aspects of how ambiguous loss is responded to seems important given that grief is a socially constructed concept which is understood and expressed very differently in different cultures (Doka, 2002). The data also does not take account of different characteristics such as disability or sexual orientation, which can similarly 'filter' how one sees and experiences the world and thus may impact on perceptions about ambiguous loss. Further study on these key areas from a wider range of countries and cultures would illuminate whether different groups are impacted similarly by ambiguous loss, and/or need a different type of response.

Although the retrieved papers studied ambiguous loss and its effects in different age groups, from toddlerhood through to older adulthood, no firm conclusions could be drawn about whether there are protective or deleterious effects relating to the issues of ambiguous loss and the age at entering care. Similarly, only one study was carried out solely on children in residential care so no conclusions could be made about whether there are differences in experiences in these two relevant populations. Future research aimed at shedding light on these unexplored areas would be of value (Kor, Fernandez and Spangaro, 2020; Mitchell, 2016).

In line with Boss' strategies for responding to ambiguous loss, research into the most effective approaches to encourage story-telling in the children in care population are warranted. Research into how children in care's attachment styles or cognitive development can enhance or hinder meaning-making and ability to engage with grieving would similarly make a valuable contribution to our understanding and future practice (Boss, 2004; Lee and Whiting, 2007; Mitchell, 2016).

The effects of ambiguous loss are thought to persist and generate long-term consequences for care-experienced people (Chambers *et al.*, 2018; Mitchell, 2018; Samuels, 2009; Unrau, Seita and Putney, 2008). There is therefore a need for more longitudinal studies of this population that explore how experiences of ambiguous loss shape their lives, and to lend weight to the assertion that a relationship exists between ambiguous loss in care and factors such as future identity, stability and relationship formation.

It would be useful to have an expanded body of research regarding whether better training of foster carers, residential staff and indeed social workers in how to manage loss and grief results in a better adjustment of children in care, increased placement stability and improved long-term outcomes. Longitudinal study design here would also therefore be advantageous.

In terms of the social work profession, a deeper understanding of and research into non-death, ambiguous loss could lead to evidence-informed intervention strategies that reflect and respect the grief that children in care may be experiencing. It may also be of benefit to understand through research the lived experience of social workers of assisting children in the care system through their transitions and the impact loss has on practitioners (Mitchell and Kuczynski, 2010; Simpson, 2013).

CONCLUSION

There is a significant amount of research which indicates that care-experienced people experience poorer outcomes compared to those who have not been in the care (Ahrens, Garrison and Courtney, 2014; Furnivall, 2011; Leve *et al.*, 2012; Independent Care Review, 2020). This fact alone makes it imperative that as forensic an approach as possible is taken to understanding the needs and experiences of children in care, with a view to taking all possible action to improve outcomes for this inherently vulnerable population.

Separation and loss characterise the experience of children in care. From tangible losses, such as the removal from birth parents, separation from brothers and sisters, or the loss of personal possessions, to more ethereal losses such as loss of identity or a sense of belonging: loss within the children in care population is inescapable and has a bearing on many facets of their lives. The theory of ambiguous loss provides a lens through which to understand the impact of such losses on an individual. It posits that the physical absence-psychological presence of a loved one, or sense of familial belonging and identity, can manifest in psychological distress. Boss argues that ambiguous loss is the most traumatic type of loss because it generates confusion, uncertainty, and unacknowledged and thus disenfranchised grief. Both Boss' theory of ambiguous loss and Doka's theory of disenfranchised grief argue that unattended grief can have a detrimental and debilitating effect.

Such losses have rarely been studied as a possible source of trauma or as events that may justify a grief response in the children in care population. The findings of this review provide evidence for both the short-term behavioural manifestations and the long-term effects of ambiguous loss in care-experienced individuals. The manifestation and effects of ambiguous loss may have the potential to hamper children's adjustments to new surroundings and attachments to new carers, and contribute to the reasons for placement breakdowns (Fahlberg, 1994; Konijn *et al.*, 2019; Lee and Whiting, 2007; Oosterman *et al.*, 2007; Whiting and Lee, 2003). Manifold and continuous ambiguous losses associated with multiple placement moves has a cumulative effect that can generate long-term negative consequences, such as limited emotional connections and an inadequate sense of belonging into adulthood (Chambers *et al*., 2018; Mitchell, 2018; Samuels, 2009; Unrau, Seita and Putney, 2008). There are, of course, many compounding and confounding factors, not least related to the adverse experiences children will have had – by definition – before entering care, that may be unrelated to the concept of ambiguous loss. Nevertheless, the literature analysed for this narrative review suggest that it would be more than appropriate for the presence and effects of ambiguous loss in the lives of children in care to be assumed by the professionals and carers in their lives. Although ambiguous loss does not negatively affect every person, assuming its presence and responding to it in a grief-oriented manner may mean some individuals are less likely to be inappropriately pathologised and, rather, are supported to grieve their losses.

Diminishing the burden of loss is not explicitly noted as an underpinning policy objective in the current roadmap for improving children's experiences of care in Scotland, as set out in the Promise. However, The Promise puts the spotlight on many of the same priorities illuminated in this narrative review which used the lens of ambiguous loss to consider the issues, such as cultivating lifelong, nurturing connections, ensuring children are involved in the decisions relating to their placements, and reducing the number and trauma of moves. Interestingly, this narrative review supports the compelling notion that social workers can realise meaningful change in terms of supporting children to understand, process and cope with their ambiguous losses. Working with loss and grief is recognised as one of the core skills of social work practice (Goldsworthy, 2005; Howe, 2009). The social work profession is therefore ideally situated to acknowledge and recognise the varied forms and experiences of loss, and the grief associated with it, in all the service user populations they work with. By interpreting the behaviours of the children and young people they are working with through a 'differential diagnosis' lens that includes ambiguous loss, social workers can take an important first step in enfranchising their grief. The simple act of acknowledging a child's loss and supporting them to process and grieve their loss may have an important part to play in the overall national focus to improve the experiences of children in care and their long-term outcomes (Knight and Gitterman, 2019; Lee and Whiting, 2007; Mitchell, 2016; Mitchell, 2018).

Social work leaders could support practitioners working in this field through the development of a theoretically-underpinned grief-oriented practice guideline, which identified the specific practice considerations for children in care who may be experiencing the effects of ambiguous loss. Aside from the first important step of acknowledging their loss, the guideline could include practice suggestions such as encouraging the child in story-telling and making meaning of their situation, supporting them to recognise that their loss may not be resolvable and to build tolerance and resilience to the inherent ambiguity in this, and helping them to rebuild their identity through encouraging permanent connections (Boss, 1999, 2004, 2010; Knight and Gitterman, 2019; Mitchell, 2018; Unrau, Seita and Putney, 2008).

It is crucial that all available efforts are made to prevent and/or minimise negative outcomes for children in care. This narrative review has provided evidence that an understanding of ambiguous loss and disenfranchised grief can help illuminate the experience and needs of this community of vulnerable young people. Adding the effects of unacknowledged ambiguous loss and disenfranchised grief to social work's theoretical armoury and set of interpretive hypotheses has the potential to provide meaningful intervention for at the very least some children and young people in care, and may play a part in reducing the lifelong negative consequences that are associated with being care-experienced.

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Appendix: CASP scoring of the 10 empirical publications included in the analysis

Quality criteria	**Meets criterion**	**Does not meet criterion**	**Not addressed / Cannot tell**
1. Was there a clear statement of the aims of the research?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*.(2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
2. Is a qualitative methodology appropriate?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
3. Was the research design appropriate to address the aims of the research?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
4. Was the recruitment strategy appropriate to the aims of the research?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
5. Was the data collected in a way that addressed the research issue?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010)		

Appendix: CASP scoring of the 10 empirical publications included in the analysis

	• Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
6. Has the relationship between researcher and participants been adequately considered?	• Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell and Kuczynski (2010) • Schwartz (2010) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		• Chambers *et al.* (2018) • Mitchell (2018) • Samuels (2009) • Soares *et al*. (2019)
7. Have ethical issues been taken into consideration?	• Kor, Fernandez and Spangaro (2020) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Soares *et al*. (2019)		• Chambers *et al.* (2018) • Lee and Whiting (2007) • Samuels (2009) • Schwartz (2010) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)
8. Was the data analysis sufficiently rigorous?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
9. Is there a clear statement of findings?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		
10. How valuable is the research?	• Chambers *et al.* (2018) • Kor, Fernandez and Spangaro (2020) • Lee and Whiting (2007) • Mitchell (2018) • Mitchell and Kuczynski (2010) • Samuels (2009) • Schwartz (2010) • Soares *et al*. (2019) • Unrau, Seita and Putney (2008) • Whiting and Lee (2003)		