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# Responding to children's ambiguous loss in out-of-home care: The HEAR practice model

Kenny Kor, Lecturer in Social Work<sup>1</sup>  |Jodie Park, Honorary Senior Fellow, Principal Practitioner<sup>1,2</sup> | Rashelle Dear<sup>3</sup> |Belinda Fabrianesi, Senior Research Assistant<sup>1</sup> <sup>1</sup>School of Health and Society, University of Wollongong, Wollongong, New South Wales, Australia<sup>2</sup>Accredited Mental Health Social Worker, Family Pathway Solutions, Mount Ousley, New South Wales, Australia<sup>3</sup>Aboriginal Community Development Officer, Illawarra – CareSouth, Berkeley, New South Wales, Australia**Correspondence**Kenny Kor, Lecturer in Social Work, School of Health and Society, University of Wollongong, Wollongong, New South Wales, Australia.  
Email: [kennyk@uow.edu.au](mailto:kennyk@uow.edu.au)**Abstract**

Children in out-of-home care may experience multiple losses, from separation from birth parents and siblings to loss of friendships, culture, and sense of belonging and normality. The impacts of these significant losses on a child's development and well-being have typically been the subject of childhood trauma research. While understanding the impact is important, children's experiences of the losses and the ways adults can support them to grieve are less explored in research. Recently, out-of-home care researchers have begun to address this knowledge gap by applying the concept of ambiguous loss to capture and understand children's grief and loss. This article builds on this work and reports findings of a qualitative study that involved 30 out-of-home care practitioners. Constructivist Grounded Theory was applied to analyse the research data which resulted in the HEAR model that outlines the practice components that out-of-home care practitioners considered important in effectively responding to children's experience of ambiguous loss. These components are (1) Honouring ambiguous loss; (2) Establishing a care community; (3) Attuning to the lack of finality of ambiguous loss and (4) Reducing ambiguity. This article presents research findings that supported the development of the HEAR model, and discusses its implications for out-of-home care practice.

**KEYWORDS**

ambiguous loss, child protection, child-inclusive practice, children's rights, looked-after children, out-of-home care

## 1 | INTRODUCTION

Separation from parents and siblings and transitioning into out-of-home care (OOHC) are significant life events that may have profound impacts on a child's psychological wellbeing (Mitchell, 2016). Research suggests that children in OOHC experience multiple losses

throughout the OOHC journey, from losing the physical and social environments with which they are familiar, to losing family ties, kinship and cultural connections, identity and a sense of normality (Davis, 2019; Humphreys & Kertesz, 2014; Kor et al., 2021; Look, 2023; Mitchell, 2016). However, children's need to grieve for these losses is not always recognized and adequately understood by

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adults (Look, 2023; Mitchell, 2016). This unmet need may lead to children displaying anger and sense of helplessness, blaming themselves for the loss and enduring long-term behavioural, emotional, and relationship difficulties (Lee & Whiting, 2007; Mitchell et al., 2010).

Drawing on the findings of a qualitative study undertaken in the state of New South Wales (NSW), Australia, this article applies the concept of ambiguous loss to outline the ways in which OOHC practitioners can more adequately respond to children's experience of grief and loss. In Australia, OOHC refers to a statutory care option for children and young people up to 18 years of age, due primarily to parental abuse and neglect (Australian Institute of Health and Welfare, 2022). In 2020–2021, approximately eight per 1000 children were living in OOHC with the majority in kinship care (54%), followed by foster care (36%) and residential care (7%) (Australian Institute of Health and Welfare, 2022). It is important to note that First Nations children (Aboriginal and Torres Strait Islander children) have continued to be over-represented in OOHC, at a rate of 13 per 1,000 First Nations children (Australian Institute of Health and Welfare, 2022).

## 1.1 | Ambiguous loss

Theorized by Pauline Boss in the 1970s (Boss, 1999), ambiguous loss refers to people experiencing either or both of the following situations: (i) a family member or significant other is physically absent but psychologically present (e.g., a family member has gone missing during natural disasters, wars or forced displacement) and/or (ii) a family member or significant other becomes psychological absent but physically present (e.g., a family member lost the ability to meaningfully communicate such as those suffering from dementia) (Boss, 1999). Drawing on four decades of clinical practice, Boss (1999) argues that, unlike ordinary loss caused by deaths, ambiguous loss lacks clarity and finality, leaving people in 'the paradox of absence and presence' (Boss et al., 2017, p. 73).

Grief is seen as a socially expected and accepted response to losses that are definitive such as deaths of loved ones (Perlesz & Rycroft, 2001). Ceremonial rituals exist across cultures to allow the bereaved to mourn for the loss and find solace, assisting them to build resilience over time towards accepting and living with the loss (Worden, 2003). However, research suggests that the need for those experiencing ambiguous loss to grieve often go unnoticed because the loss is seen by others as reversible and devoid of finality (Boss, 1999; Look, 2023; Mitchell, 2016). The grief associated with ambiguous loss can therefore become disenfranchised (Mitchell, 2017), defined by Doka (1989) as 'hidden sorrow' because the loss is not 'openly acknowledged, publicly mourned or socially supported' (p.4). Without others' recognition of the loss and support to grieve, people experiencing ambiguous loss often endure a persistent sense of hopelessness, confusion, and distress, making them vulnerable to long-term physical and mental health difficulties (Boss, 1999, 2006).

Ambiguous loss has been applied in research to understand the lived experience of families whose members have permanent brain damage (Kean, 2010), parents of transgender children during

transition (Coolhart et al., 2017), and more recently the coping of kindergarten teachers during the COVID-19 pandemic (Craw & Bevan, 2022). These studies have demonstrated the utility of ambiguous loss in understanding the unique experience when people are confronted by non-death losses that have no clear finality, resolution and societal recognition.

## 1.2 | The current study

Out-of-home care literature on children's experience of separation from birth parents and siblings are generally framed within the broader notion of trauma and loss (Collings et al., 2022; Luu et al., 2020). While appropriate, research suggests that the application of ambiguous loss is needed to assist practitioners to develop a more nuanced understanding and approach to addressing children's experience of loss in OOHC (Purtell et al., 2020). The studies that have applied ambiguous loss to understand children's lived experience in OOHC found that while birth parents are physically absent, many children in OOHC felt that their parents are psychologically present (Kor et al., 2021; Mitchell, 2016). Living in this 'paradox of presence and absence' (Boss et al., 2017, p. 73) is made more onerous when children are not informed of the whereabouts of their birth parents or the means by which they can establish or maintain contact (Mitchell, 2016; Mitchell & Kuczynski, 2010). Children in OOHC also demonstrated ambiguous loss of sibling relationships when they have been placed in different OOHC placements or mixed with other children in the placement (Mitchell, 2016). This also engenders the ambiguous loss of self-identity because the role that they play within the sibling relationship or within the family has become unclear or uncertain (e.g., the identity of being the older sibling or the only child in the family may become situational or no longer hold true to the child) (Mitchell, 2016).

Out-of-home care research further demonstrates that children experiencing ambiguous loss reported persistent distress, confusion, and guilt, leaving them "frozen" in grief (Lee & Whiting, 2007). Lack of placement stability and trauma-informed contact with birth families (Collings et al., 2022; Look, 2023) amplifies the negative impacts of ambiguous loss for children in OOHC. Purtell et al. (2020) further suggest that because ambiguous loss is rarely understood and addressed by adults, OOHC leavers are vulnerable to early pregnancy and parenting as they seek to make sense of the loss and reclaim their lost family and identity.

Therapeutic interventions that help people experiencing ambiguous loss to piece together available information and coherently narrate their stories are seen as critical (Boss, 2006). In the context of OOHC, Therapeutic Life Story Work (TLSW, Rose, 2012) is seen as a relevant intervention to reduce children's confusion around their OOHC journey and identity (Staines & Selwyn, 2020) because it develops a chronological account of life history to help children obtain clarity and coherence of their OOHC experience. However, TLSW has remained under-utilized in OOHC (Kontomichalos-Eyre et al., 2023), which has created a significant knowledge and practice gap in the

broader OOHC workforce to recognize and respond to the impacts of ambiguous loss on children. Other scholars shared a similar concern, noting that 'grief in response to ambiguous loss is mistaken for mental health problems' (Knight & Gitterman, 2019, p. 167) and thus calling for wider recognition and understanding of ambiguous loss in order to develop more tailored and responsive support to children in OOHC (Look, 2023; Purtell et al., 2020; Tao & Collins, 2019).

The study reported in this article aimed to respond to this call by drawing on OOHC practitioners' experiences to identify practices that may more adequately support children in OOHC to cope with ambiguous loss. Constructivist Grounded Theory (Charmaz, 2006) was applied to analyse the focus group interview data. The findings of this analysis have been synthesized to a practice model that outlines the ways in which OOHC practitioners can help children lessen the impacts of ambiguous loss and develop their resilience.

## 2 | METHOD

### 2.1 | Setting and participants

This study was conducted with frontline OOHC caseworkers, casework managers and practice improvement specialists within the permanency support and service development programmes at a non-government organization and an OOHC team in the statutory child protection department. This targeted recruitment allowed us to draw on the practice experiences of those who were directly involved in OOHC. Research poster and information sheet were emailed to relevant staff in the participating organizations. In total, 30 staff participated; their characteristics are outlined in Table 1.

### 2.2 | Ethics

Ethics approval was granted by the Human Research Ethics Committee of the University of Wollongong (Ref: 2021/186). While the study did not aim to examine ambiguous loss of First Nations children in OOHC specifically, we acknowledged the persistent over-representation of First Nations children in OOHC in Australia

and the intergenerational trauma it perpetuates against First Nations families and communities. To ensure our research materials and practices were culturally appropriate for First Nations participants, RD (the third author), a proud Wiradjuri woman with over two decades of practice experience, provided cultural mentorship to the research team throughout the study. RD reviewed all research tools, provided debriefings on our research practices, co-analysed the cultural component of the interview data and co-authored this article.

### 2.3 | Data collection

Focus groups were conducted between May and September 2022. In total, we conducted seven focus groups ( $n = 30$ ), ranging from 30 to 65 minutes in duration. Two focus groups with participants working in rural areas took place via Zoom due to travel constraints. The number of participants in each focus group is outlined in Table 2. All participants provided consent for the focus groups to be recorded and professionally transcribed. During the focus groups, we asked participants to draw on their practice knowledge and experiences to describe the impacts of ambiguous loss on children in OOHC and the ways in which they can lessen the impacts.

### 2.4 | Data analysis

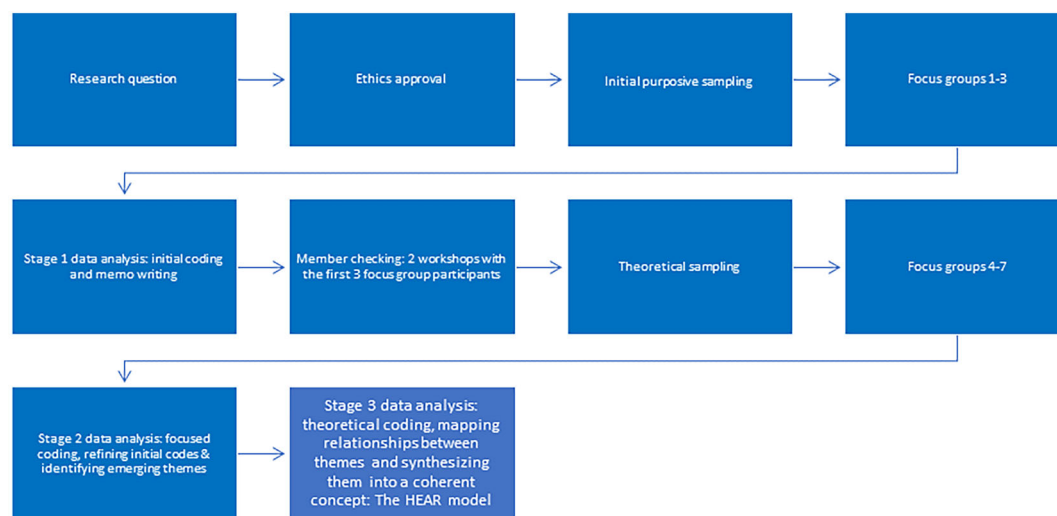
The research question, 'how can OOHC practitioners respond to children's experience of ambiguous loss more adequately?' guided our data analysis. In keeping with Charmaz's Constructivist Grounded Theory (Charmaz, 2006), coding occurred in three stages (Figure 1). In stage 1—Initial Coding, the research team independently coded the early data collected from the first three focus groups inductively. We also wrote memos to capture our initial interpretations of the data and how they developed, both in written and diagrammatical formats. These memos represented our tentative findings and practice model, which were subsequently validated through member checking (Charmaz, 2006). This took place through two workshops where we presented our preliminary findings and the emerging practice model to the practitioners who participated in the first three focus groups. Feedback and suggestions were collated and synthesized in our memos.

**TABLE 1** Participant characteristics.

Item	Characteristics	Total
Service in which they worked	Statutory OOHC	13
	NGO	17
Location in which they worked	Regional	22
	Rural	8
Gender	Female	28
	Male	2
Length of experience	Less than 5 years	21
	5–10 years	3
	10–20 years	6

**TABLE 2** Focus group participants.

Focus group	Type of practitioner	Location	No. participants
1	NGO OOHC	Regional	5
2	NGO OOHC	Regional	4
3	Statutory OOHC	Regional	3
4	NGO OOHC	Rural	4
5	NGO OOHC	Rural	4
6	Statutory OOHC	Regional	5
7	Statutory OOHC	Regional	5



**FIGURE 1** Steps taken to apply Constructivist Ground Theory in this study.

Following this initial analysis and validation, we continued to build the emerging practice model and test our interpretations of the model through theoretical sampling (Charmaz, 2006). Accordingly, in addition to the initial 12 participants in Stage 1, we recruited OOHC practitioners in rural areas ( $n = 8$ ) and a larger number of statutory child protection practitioners ( $n = 10$ ), which brought the total number of participants to 30. This sample's composition (Table 1) brought more diverse voices into our study, thereby refining our development and enhancing the model's potential to be applied across different practice locations and settings.

In stage 2—Focused Coding, the first two authors reviewed the initial codes against the entire dataset and identify emerging themes. Through deliberation, a set of central codes which were most prevalent and relevant were selected and defined for focused coding. The first author conducted focused coding using NVivo. In stage 3—Theoretical Coding, the first three authors reviewed the coded data and re-examined it to identify key concepts. Discrepancy between the authors were clarified or resolved through deliberation and data-checking. This stage resulted in refinement of the key concepts embedded within each code and mapping of the relationships between them. The findings of a grounded theory study can be integrated into a cohesive theory or model (Bryant & Charmaz, 2007). Accordingly, the final step of the analysis involved synthesis of the findings to the HEAR model for describing the ways in which OOHC practitioners can more adequately respond to children's experience of ambiguous loss (Figure 1).

### 3 | FINDINGS

The findings presented in this section derived from participants' responses to questions such as 'what have you found helpful in responding to children's ambiguous loss? Can you provide a de-identified example?' and 'From your perspective, what would help

**TABLE 3** Definitions and themes of the findings.

<b>H</b>	<p>Honouring ambiguous loss refers to acknowledging and validating the grief children in OOHC experience by adopting ambiguous loss as an additional lens to understand and interpret children's feelings and behaviours.</p> <p>Corresponding themes:</p> <ul style="list-style-type: none"> <li>• <i>Using ambiguous loss as a shared language in OOHC practice.</i></li> <li>• <i>Remaining curious as to how ambiguous loss may be contributing to children's emotional and behavioural presentations.</i></li> </ul>
<b>E</b>	<p>Establishing a care community refers to mobilizing strengths and resources from all adults who matter to the child.</p> <p>Corresponding themes:</p> <ul style="list-style-type: none"> <li>• <i>Understanding from the child's perspective of who is important to them.</i></li> <li>• <i>Forging partnerships with these adults to collaboratively identify and respond to the child's needs.</i></li> </ul>
<b>A</b>	<p>Attuning to the lack of finality of ambiguous loss refers to understanding that responses to ambiguous loss need to occur across time.</p> <p>Corresponding themes:</p> <ul style="list-style-type: none"> <li>• <i>Being mindful of potential triggers of ambiguous loss (e.g., family contact or placement transition).</i></li> <li>• <i>Matching responses with the child's developmental needs.</i></li> </ul>
<b>R</b>	<p>Reducing ambiguity refers to providing as much certainty to children as possible at any given time.</p> <p>Corresponding themes:</p> <ul style="list-style-type: none"> <li>• <i>Keeping children informed of people and events that matter to them.</i></li> <li>• <i>Cultivating relational permanency.</i></li> </ul>

children in care to cope with ambiguous loss?' In keeping with Constructivist Grounded Theory (Bryant & Charmaz, 2007), the eight themes that we initially identified (Table 3) were further synthesized into four overarching concepts to capture the essence of participants' perspectives of and experiences in responding to children's ambiguous loss: (1) Honouring ambiguous loss; (2) Establishing a care community;

(3) Attuning to the lack of finality; and (4) Reducing ambiguity. Table 3 details the definitions of these four concepts and their corresponding themes.

The findings of a grounded theory study are best represented in a cohesive model (Bryant & Charmaz, 2007). Accordingly, we present the findings as the HEAR model (Table 3). The findings reported below have informed the development of the HEAR model and are illustrated with selected quotations from the focus group interviews that represent more widely expressed perspectives and experiences among the interviewed participants, unless stated otherwise. As Charmaz (2006) acknowledged, models developed from grounded theory studies are never considered complete as the knowledge base of the subject matter continues to grow and evolve. Therefore, the HEAR model is neither exhaustive nor intended to be applied prescriptively.

### 3.1 | Honouring ambiguous loss

Participants across the focus groups noted that children often display or cope with difficult emotions through internalizing or externalizing behaviours. The link between these behaviours and ambiguous loss is not always immediately clear. Hence, practitioners identified the importance of remaining curious as to if and how ambiguous loss may be contributing to the child's emotions and behaviours.

The child that I'm thinking of in particular ... she must be experiencing this ambiguous loss in context to her relationship with her dad which she hasn't seen dad for ten years, we don't know where he is ... I wonder what it's like for her ... I wonder if I need to open up that conversation with her a bit more because we tend to just avoid it and she doesn't have big behaviors. There is a lot of internalizing feelings that she might be having about that.

(FG 6)

Some participants identified that remaining curious requires adults in the child's life to use ambiguous loss as a shared language in OOHC practice, thereby equipping practitioners and others involved in the care of the child with an additional lens to make sense of the child's emotions and behaviours. Some participants found that this prevents adults from stigmatizing the child and instead recognizes that ambiguous loss may be driving the child's behaviours.

When you look at it through that lens, it just gives you a little bit more, you can put a bit more of an acknowledgement to what it actually is and that would be a lot more dignity towards the kids and saying, "This is your experience and this is why you're feeling this way" rather than going, "You're just being naughty."

(FG 7)

In the context that ambiguous loss is often disenfranchised, some participants noted that understanding the child's emotions and behaviours through ambiguous loss enables them to validate the child's feelings and provide age-appropriate support. This is an important step towards enfranchising ambiguous loss.

Other challenges with feeling ambiguous loss are that a lot of people don't recognize that that's how you're feeling and don't give you that recognition ... I guess for a young child or any person we're working with recognizes that, "Yes. Mum's really hurt me, and I've experienced these really unsafe situations being with Mum but it's okay that I still really miss her. It's okay that I'm still wanting to be around her."

(FG 7)

Overall, participants suggested that using ambiguous loss as a shared language in OOHC practice provides adults an additional lens to explore and make sense of children's internalizing or externalizing behaviours. In doing so, children can feel that their losses, irrespective of how ambiguous they may feel to them, are validated. The child's need to grieve and receive appropriate support can therefore be acknowledged and honoured.

### 3.2 | Establishing a care community

Across focus groups, participants noted the importance of having OOHC carers and birth families involved in supporting children to cope with ambiguous loss. Several participants observed that open and regular information exchange between OOHC practitioners, carers and birth families facilitated them to work together in mobilizing resources that can support the child to remain connected with family, community, and Culture. For example, a First Nations participant spoke about the importance of assisting non-First Nations carers to preserve cultural connection for First Nations children in their care.

Giving some information to the carers on what particular Aboriginal items are available to decorate [the child's] room with ... it could be as simple as a piece of artwork ... that little piece of culture for that little person gives them a sense of home and belonging.

(FG 4)

Other participants added that it is equally important to involve children to identify important people, events and objects that can help them feel connected to their birth family. This could be about asking the child what would help preserve a family ritual, as noted by one participant,

Ask the kids, "What's your favourite meals?" because then it provides that sense of safety and security. I was reading this story a while ago where this young person

came into care. They were with these carers for ages. They wanted just a packet of noodles. They just ate them dry. The carer was like, "Why did you do that?" They said, "I just wanted to feel like I was at home, I was with my mum again."

(FG2)

Many participants found that supporting OOHC carers to cultivate a positive relationship with the birth parents of the child is particularly important because some children are burdened by loyalty conflict. One participant observed that some children can be '*stuck in the middle and feel guilty for liking the carer or liking mum*' (FG 1). Another participant added,

If [children] are sensing something's not good with Mum, they're going to be, "I'm not telling you I'm missing her then because you're not going to agree with me on that." I work with a little boy who used to call the foster carer "Mum." And, then I'd take him to see his birth mum and he would refer to her as "the lady I live with." I was just like, "That's so terrible"

(FG 7).

Participants suggested that a strengths-based approach facilitates OOHC carers and birth parents to forge a collaborative relationship that can help maintain or strengthen the child's connection with birth family.

It's really important that we focus on the positives to the carers and the parents about each other and have that open conversation and get them to meet as soon as possible because the longer that they go without meeting, the more that I found carers feed into the negative.

(FG 5)

It's about being robust and having those open conversations that are facilitated and supported in a safe space because you do see the change in the young person. They can go, "You know what, I can actually say to my carer, 'I want mum to come to my birthday party'."

(FG 2)

The findings presented in this section suggest that each key person in the child's ecology including OOHC workers and carers, birth parents and others identified by the child as being important to them holds invaluable information and insight into how the child can be best supported to feel connected with their family, community, and Culture. Establishing a care community with these key people to collaboratively identify and respond to the child's needs for connection and sense of belonging becomes paramount.

### 3.3 | Attuning to the lack of finality

Some participants questioned the assumption of closure, noting that children can continue experiencing ambiguous loss in OOHC.

Ambiguous loss is an open box. It's going to keep flowing out all the time. That's not something we can have closure, put a lid on or park it.

(FG 7)

These participants viewed closure as a misconception that could inadvertently conceal the child's needs for connection and healing, particularly for First Nations children who have been removed from Country and kinships.

A lot of families get so upset about a child being off Country or a child being in a non-Indigenous placement and a lot of people don't understand why that matters. "They're safe now." Yes, that is true, and the families do want to have their child safe, but there's a lot more going on.

(FG 1)

Many participants observed that family contact can often trigger ambiguous loss because children experience temporary reunification during contact and re-experience separation after contact. The experience of ambiguous loss may be particularly acute when family contact schedule is sporadic or unreliable.

These kids will never have that closure ... I think in the past we'd go, "We need to get them some therapy. We need to get them to talk to someone about it" but they're not just going to go and talk and then go, "I've worked it out in my head and I'm good again." It's an ongoing thing. Every family time it's going to be brought up again.

(FG 7)

Recognizing that ambiguous loss lingers on, participants noted that children may continue to seek information and answers at different developmental stages about their birth parents or other family members, circumstances that led to their removal and other losses. Responding to this ongoing need in ways that are appropriate to children's developmental level is therefore crucial.

Some [children] have bounced around the system and we all know that they get to 14, 15, 16, they start to self-place with family or with others or just abscond... That's linked to the fact that their losses haven't been explained to them and haven't been talked through and resolved, so they're perhaps going to look for answers.

(FG 1)



Not just doing it [responding to ambiguous loss] with a child who's eight, "I've explained it once." Revisit it again at another point in time. Use opportunities as they come as well but also planned opportunities.

(FG 1)

The lack of finality of ambiguous loss signals the need for OOHC practitioners, carers and other adults in the child's life to be acutely aware of the child's continuous search for clarity, certainty, and support, especially around family contact when ambiguous loss may resurface or become more intense with which children may find it difficult to cope without adequate support.

### 3.4 | Reducing ambiguity

Participants across the focus groups raised the need to reduce ambiguity by providing children with as much information as possible, particularly during placement transition.

I think you could probably get the carers involved to just write up a little story, a spiel about themselves.

(FG 5)

Instead of walking into the unknown, at least they know: All right. There's a couple of dogs. The dogs are named this, and that, and this. And, they've got three bedrooms in the house, they've got two bathrooms. This is who the carers are. You know, just all those little things that they know now what they're walking into, and they're not just walking into a strange, scary, scary, scary place.

(FG 5)

One participant cited a practice example to illustrate the need to provide children with honest and age-appropriate information about family contact and restoration.

I had conversations with them quite regularly. I worked with them on creating a timeframe because they would ask, "When am I going back to mum?" I said, "Well, actually, I don't know. But we're aiming for this date, and I'm going to do everything I can." I sat down with them. I made a restoration timeline ... that really helped because the carers said their behaviours decreased because they knew that they were going to see mum. They knew which days. We had calendars.

(FG 2)

In situations where family contact is not deemed to be safe for the children, one participant provided a practice example to demonstrate how honest conversations, even when they are difficult, help children obtain some clarity.

There's a [court order] in place protecting the child from dad. No one had spoken about dad. [the child] has got some really big emotions and behaviors. I worked with the carers and mum to work out how we were going to have some big conversations about dad, knowing that would probably lead to a lot more questions for the little boy. We did that, we had the conversation with him, and we let him know that this is where dad is and he had conversations about, "can I see dad and why can't I see dad, is he nice, what does he look like?" Lots and lots of questions and we were able to answer some ... We thought we were going to see some really big emotions and behaviors, but we haven't, he has just continued to ask questions ... the ambiguous loss of dad [who] was always psychologically there, but never physically there. We've just opened up those conversations and being able to give him some concrete information on his dad.

(FG 6)

Many participants also spoke about the need to reduce ambiguous loss through providing children a sense of emotional permanency in OOHC. However, they reported a common concern that placement instability means children frequently experience relationship disruptions with carers and peers.

You see that when kids have so many placement breakdowns. I know one young person who had 12 in 11 months. Within one year, they had 12 different placements that they were living in. They included different schools. How do you make friends?

(FG 2)

It's such a loss of identity when you're just constantly moving. Your whole environment is just so unknown, and you don't know what's going to happen tomorrow or next week. It's just like, "How am I supposed to figure out who I am."

(FG 2)

Emotional permanency takes on another meaning for First Nations children. Placement instability disrupts not only their relationships with key people, but it also fractures their relationship with Culture and Land, leaving many to feel socially and emotionally isolated.

If they're moved kilometres and kilometres away from family and home, well, they're not really going to feel like they can trust anyone there, can they? If they were still living on Country or close to their community, there'd always be other organizations that would be able to collaborate, and they'd be able to talk and feel

more comfortable there, rather than just shutting down and not saying anything.

(FG 5)

Overall, participants reported a common observation that children experience a heightened sense of ambiguous loss during placement transition or when contact with certain family members cannot continue. While information is not always readily available to OOHC practitioners, participants noted that providing children with some level of clarity and certainty through honest and regular communication is paramount. Participants also raised the need to reduce ambiguous loss through improving placement stability to allow children to develop a stronger sense of emotional permanency with their carers, peers, community and Culture.

## 4 | DISCUSSION

This study aimed to draw on OOHC practitioners' experiences to identify practices that may more adequately support children in OOHC to cope with ambiguous loss. Firmly grounded in the data, the findings are synthesized into the HEAR model (Figure 2). The model does not imply a sequential progression from Honouring ambiguous

loss to Reducing ambiguity. The child is placed at the centre of the model which indicates that the child's needs and contexts determine which of the four components—H, E, A and/or R should take priority at any given time.

The HEAR model indicates the need for ambiguous loss to be integrated into OOHC practice. This is supported by previous research which demonstrated that children in OOHC experience ambiguous loss, yet their support needs associated with the loss are often overlooked by adults (Lee & Whiting, 2007; Mitchell, 2016). Participants noted that ambiguous loss provides an additional and necessary lens through which they can understand children's emotional and behavioural presentations from a broader context. Boss (2006) also observed that practitioners may see clients' failure to move forward from grief as their resistance to accept the loss. The HEAR model acknowledges that ambiguous loss lacks finality which signals the need for practitioners to not pathologize children's reactions to loss but to listen empathically. Boss (2006) adds that ambiguous loss is a perceptual and emotional experience of which the intensity may change over time depending on contexts (e.g., an anniversary of a significant life event, or changes in the person's support network). This supports our finding that practitioners' awareness of possible triggers and curiosity to consider how ambiguous loss may be contributing to the child's feelings and behaviours is an important step

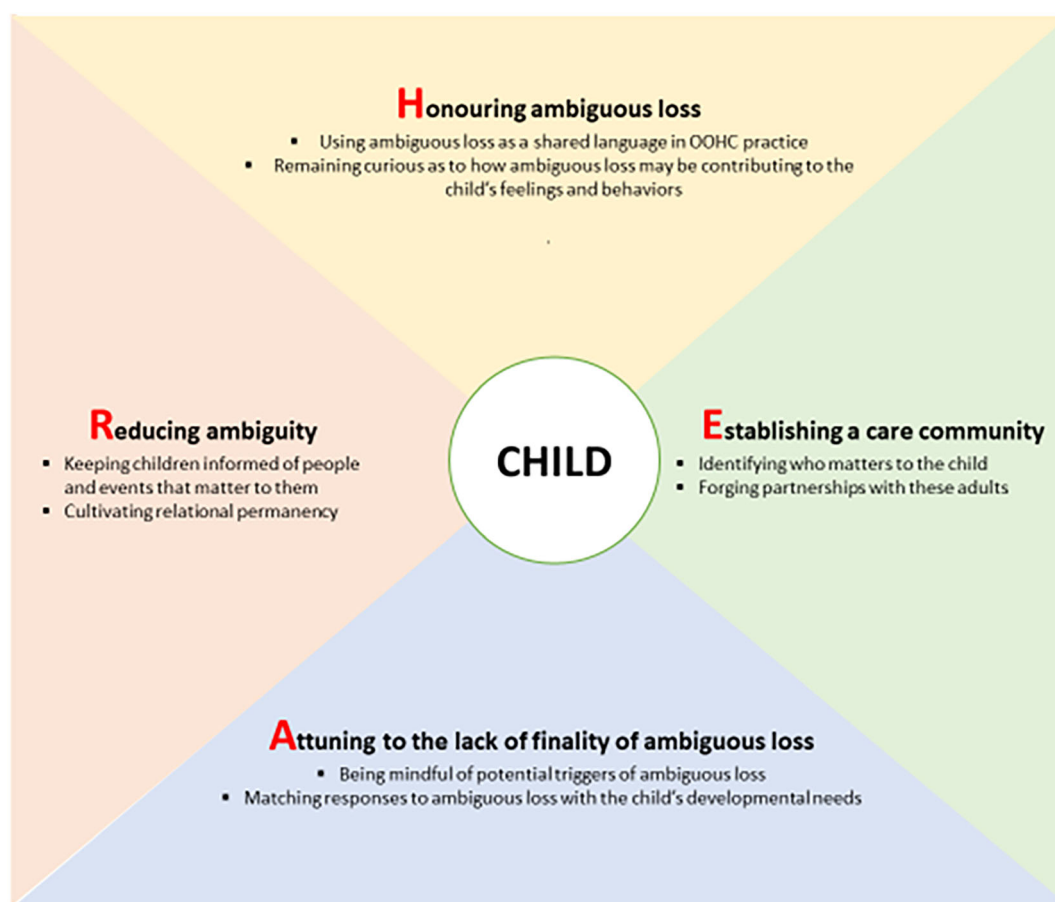


FIGURE 2 The HEAR practice model.



towards validating children's experience of ambiguous loss. This, however, cannot be achieved without first establishing safe and trusting relationships with the child or young person (Bath & Seita, 2018).

Ambiguous loss is a relational loss (Boss, 2006). Therapeutic work should therefore focus on strengthening relationships between the child and people whom they consider important. The HEAR practice model is consistent with the broader grief and loss literature, noting that when children mourn for a deceased parent or sibling, they need to know they will be cared for and they want to be involved in mourning rituals (Silverman, 1999; Wolfelt, 1983). Children also need information about the loss—what happened and how it happened, and need someone to listen to them and find ways to remember the person they lost (Silverman, 1999; Wolfelt, 1983; Worden, 2003). However, when children in OOHC experience ambiguous loss, these needs for information and reassurance may not always be recognized or prioritized. Research demonstrates that children in OOHC wanted more information about their families and OOHC histories, more support to help them make sense of the information and permission for them to keep important memorabilia or family rituals in their OOHC placements (Mitchell, 2016; Staines & Selwyn, 2020). This evidence lends further support to the HEAR model which emphasizes the importance of providing children with age-appropriate, clear, and consistent information, and supporting them to cope with unknowns and uncertainties when the information they seek is unavailable or ephemeral. Consistent with the OOHC literature (Brodzinsky, 2011), the HEAR model also highlights the need for practitioners to provide clarity to children about their OOHC placements, families and OOHC journeys across different developmental stages as they develop growing awareness and competence to seek clarity and make sense of their histories and experiences.

The HEAR model places equal emphasis on the need to mitigate ambiguous loss by establishing a care community and cultivating relational permanence for children in OOHC. Relational permanence is understood as helping children in OOHC forge stable relationships that can provide a sense of connection, belonging, security, and continuity. As Boddy (2013) argues, past and existing relationships within the child's family of origin should be included in the cultivation of relational permanence. However, children in OOHC may experience loyalty conflict between their birth and OOHC families (Biehal, 2012) which can exacerbate children's ambiguous loss (Samuels, 2009). Therefore, recognizing and accepting children's need to feel connected to both birth and OOHC families is a necessary step towards fostering relationships between birth and carer families (Collings & Wright, 2020). In practice, however, birth parents' attitudes towards OOHC carers may be tainted by shame and stigma attached to child removal, or previous negative experiences with child protection authorities. Likewise, OOHC carers may lack understanding in recognizing the importance of birth family connection or may feel insecure in their own parenting role (Collings et al., 2022; Collings & Wright, 2020). Caseworkers' support is therefore needed to facilitate birth and OOHC families to clarify their roles in the child's life and negotiate boundaries around decision-making and interactions (Wright & Collings, 2019).

Healing from ambiguous loss starts from helping people find meanings about the loss despite the absence of information and persisting ambiguity (Boss, 1999, 2006). Therapeutic Life Story Work (TLSW, Rose, 2012) facilitates sense-making by helping children develop an understanding of how their life experience has shaped their perceptions, feelings, and behaviours towards relationships and life events that are important to them (Kontomichalos-Eyre et al., 2023). The HEAR model therefore supports a wider utilization of TLSW. In OOHC, TLSW typically involves a trained therapist working with a child to develop a biographical narrative of the child's life history and experience through photos, pictures, artefacts and other formal or informal documents (Kontomichalos-Eyre et al., 2023). Research suggests that the inclusion of the child's carer (e.g., foster carer) in this process is crucial as it provides the carer a greater understanding of how the child's life history has shaped the child's experience and development. This understanding is seen by carers and children as important step towards strengthening their relationship (Kontomichalos-Eyre et al., 2023). The HEAR model also aligns with this sense-making and relational approach of TLSW because it echoes Boss' (2006) clinical experience that positive relationships with others is the main vehicle through which people attain meanings and develop resilience to cope with ambiguous loss.

The support for First Nations children in OOHC to cope with ambiguous loss deserves specific attention. While not the focus of the study, our findings indicate the need for more concerted efforts to reduce disconnections from Country and Culture. In Australia, the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) specifies the prioritization of placing First Nations children with First Nations families, however, in over 40% of cases, First Nations families were not considered as potential carers for First Nations children (Davis, 2019). Our cultural mentor and author of this article considers this as part of the root cause of what she calls 'cultural exhaustion', which she refers to as the persistent need for First Nations people to fight for their voices and needs to be taken seriously in decision-making around child removals and OOHC placements. First Nations scholars Krakouer et al. (2023) argue that cultural connection 'entails the living embodiment of *being* Aboriginal and/or Torres Strait Islander in relation to Aboriginal and/or Torres Strait Islander peoples, Country, and all things' (p. 10). From the perspective of ambiguous loss, OOHC practitioners can therefore work towards assisting First Nations children to obtain clarity and confidence in their cultural identity and belonging. On a practice level, OOHC practitioners have an important role to play in assisting First Nations children to achieve congruence between actions (identifying as First Nations and being involved in cultural events) and feelings (being connected with and supported by kinship and community network) (Krakouer et al., 2023).

## 5 | STRENGTHS AND LIMITATIONS

The strength of this study has been in drawing on the perspectives and experiences of OOHC practitioners to develop the HEAR model.

The HEAR model was firmly grounded on data and validated through member checking, which might have enhanced its potential to be used as a set of good practice principles for more effective and child-centred response to ambiguous loss. However, given the small sample size and a single jurisdiction of this study, we recommend further research to test the applicability and effectiveness of the HEAR model across different OOHC services and contexts (foster, kinship, or residential care), and groups (OOHC carers and children). Furthermore, the lasting impacts of colonization and inter-generational trauma are likely to intersect with how First Nations children in OOHC and their families experience ambiguous loss. This complexity is yet to be explored and worthy of future research. We recommend that such research endeavours should be led by First Nations scholars and communities.

## 6 | CONCLUSION

Grounded in qualitative research data, the HEAR model outlines the ways in which OOHC practitioners can more adequately respond to children's ambiguous loss. The practice components embedded in the HEAR model are not claimed to be exhaustive and are yet to be evaluated. However, the HEAR model represents a set of good practice principles to help OOHC practitioners to be more cognizant of ambiguous loss and its impacts on children's adjustment to and wellbeing in OOHC, and be alert to the potential triggers throughout their OOHC journeys. The HEAR model also highlights the need for adults who matter to the child to provide emotional permanency and help them develop resilience against uncertainties and unknowns. It is also paramount for adults to provide as much information as available to reduce ambiguity, so that children can move through different transitions and challenges with reduced anxiety and distress.

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## CONFLICT OF INTEREST STATEMENT

None.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study may be available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

## ETHICS STATEMENT

Ethical approval was granted by the Human Research Ethics Committee of The University of Wollongong (no. 2021/186).

## ORCID

Kenny Kor  <https://orcid.org/0000-0002-6919-2173>

Belinda Fabrianesi  <https://orcid.org/0000-0001-8134-7900>

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