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## Original Research Article

# Navigating invisible echoes: Ambiguous loss in residential care

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## Abstract

Children and young people are typically removed from their birth home due to adverse living conditions, including abuse and neglect. Although removal is essential for their safety and protection, they frequently experience multiple losses, including separation from family and community, familiar routines, and identity. These experiences have been widely recognised within child welfare literature, but the concept of ambiguous loss in residential child care settings remains underexplored. This qualitative narrative study explored how children and young people make sense of their ambiguous loss, and how, in turn, professionals working with them, understand and respond to such experiences. Narrative interviews were conducted with five young people aged 14-17 years old living in residential care. Semi-structured interviews were conducted with five professionals within the care system. Findings revealed five interrelated themes: ambiguity and lack of clarity at removal; behavioural and emotional responses; trust, relationships and stability; perceived loss and children's unmet needs; and professionals' knowledge of ambiguous loss. The study argues that an ambiguous loss framework provides a valuable understanding of behavioural and emotional distress, often observed in residential care settings.

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Furthermore, the importance of systemic approaches helps acknowledge grief, reduce ambiguity, and promote emotional healing. Based on the findings of the study, implications for residential care practice and policy are discussed.

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# Introduction

Children and young people entering residential care often arrive following experiences of abuse, neglect, domestic violence, parental substance misuse, and other significant adversities (Bruskas, 2008; Delfabbro, King & Barber, 2010; Kelly, 2017; Leve et al., 2012). Child protection services execute protective removal orders when other family preservation interventions have been exhausted, such that removal becomes essential for the child's safety.

In Malta, approximately 520 children and young people live in alternative care settings, and while fostering is prioritised, access is dependent on the availability and suitability of foster carers, including consideration of the age and circumstances of minors. When such placements are unavailable, minors are placed in residential care. Although alternative care has been demonstrated to be less harmful than ongoing exposure to chronic abuse and neglect (Tarren-Sweeney & Goemands, 2019), the transition itself often represents a further traumatic experience, leading to further loss and complex grief, overlaying the child's pre-existing trauma (Biehal, 2014).

Notwithstanding the intended comprehensive care and support within residential care settings, the often chaotic, fast-paced, crisis-oriented, and frequently complex nature of care work can result in attention being directed primarily towards observable behaviour and immediate risk. Emotion dysregulation, meltdowns, resistant non-compliance, and withdrawal may consequently be interpreted as high-risk behaviours, rather than understood as possible expressions of trauma, disrupted attachment, and accumulated grief (Mitchell, 2016b; Scott & Anglin, 2016). Furthermore, emotional withdrawal and apparent compliance may mask underlying grief and relational difficulties, which may remain unrecognised when behaviour is viewed primarily through a behavioural management lens (Biehal, 2014; Boswell & Cudmore, 2017).

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For children in out-of-home care, loss is characterised by profound uncertainty, particularly where contact with parents and siblings is disrupted (Vaswani, 2018). Family members are still psychologically present, despite their physical absence, resulting in ongoing ambiguity, and a loss that lacks clarity or finality. Boss (1999, 2006, 2016) conceptualised such experiences as ambiguous loss, a form of loss that lacks clarity, closure and resolution, unlike bereavement, where loss follows death. In ambiguous loss, loss is suspended between presence and absence, complicating the process of grief and healing.

Ambiguous loss has been applied across a range of contexts, including experiences associated with missing persons and dementia (Boss & Yeats, 2014), but limited research has explored ambiguous loss among minors in residential care settings, and how they make sense of their experiences. This research addresses this gap in residential care literature, through the narratives of children and young people living in residential care, while simultaneously examining how professionals understand and respond to their experiences of ambiguous loss. This study does not approach residential care as a physical placement or environment, but as a relational system where children's experiences and emotions are continually negotiated.

## Theoretical framework and literature review

### Ambiguous loss and Attachment Theory

Ambiguous Loss Theory, developed by Pauline Boss (1999), differentiates between bereavement and non-definitive losses. The framework posits that ambiguous loss is the most traumatic type of loss, and particularly difficult to grieve (Boss, 2000, 2016; Courtney, 2000; Mitchell, 2008), due to its lack of finality, clear boundaries, and resolution.

Ambiguous loss is conceptualised in two primary configurations: a person may be physically present but psychologically absent, or psychologically present but physically absent. Most minors entering the care system experience both forms, where, prior to removal, parents may be physically present but emotionally unavailable due to the ongoing circumstances, and, following removal, they parents become physically absent while remaining psychologically and emotionally significant to the child (Lee & Whiting, 2007; Mitchell, 2016a; Samuels, 2009). This results in relief from an unsafe environment, but also the grief associated with

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leaving it, creating a particularly complex relational context, adding to existing ambiguity.

Attachment Theory provides an additional framework for understanding these experiences. Bowlby (1988) argues that secure attachment provides the foundation for emotional development and hence relationship formation. Disruptions to secure relationships may contribute to emotional dysregulation and difficulty in establishing future relationships (Bowlby, 1988; Furnivall, 2011).

When a child is removed from their birth home, they experience a double-tiered disruption in attachment. The experience of neglect and abuse in their birth home already signifies a compromising factor in attachment security, but subsequent removal and placement into a residential care setting, albeit for protection and safety, further disrupts attachment, reinforcing a distrust in adults (Mitchell, 2008; Rushton, 2003). Failure to recognise these emotional losses by future caregivers, results in the child's internalisation of a chaotic suppression of emotions, resulting in profound relational and emotional impairment (Mitchell, 2008).

## Ambiguity in Care

Mitchell (2008, 2016b) highlights five distinct forms of ambiguity experienced by children in out-of-home care, namely:

- Placement reason ambiguity, where there is uncertainty around why the child was removed.
- Structural ambiguity, where the purpose and structure of the welfare system is unclear.
- Placement context ambiguity, where the new environment may differ greatly from that with which the child is familiar.
- Temporal ambiguity, where a lack of a clear timeline of how long they will be in care leaves them clinging to hopes of a swift reunification.
- Role ambiguity, where interpersonal interpretations between the new placement and their family of origin are confused.

Foster care offers children a more consistent and identifiable caregiver, but in residential settings this clarity can be challenged where there are multiple and rotational professional staff, intensifying role and structural ambiguities (Mitchell et al., 2010). In residential care settings, priority is routinely given to safety and basic needs like education and health, but when little attention is given to emotional healing this may be interpreted by the child as a further systemic rejection (Mitchell, 2008).

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Research suggests that ambiguous loss is a major factor leading to behavioural challenges, placement instability, emotional withdrawal, and a lack of healthy trusting relationships (Biehal, 2014; Boswell & Cudmore, 2017; Mitchell, 2008). Despite this, very little research has focused specifically on children in residential care, where so many caregivers, staff turnover and rigid structures, compromise experiences of attachment.

### Existing frameworks and the systemic gap

Two primary clinical frameworks are particularly relevant to ambiguous loss in alternative care. The HEAR Practice Model (Kor et al., 2023) emphasises individual meaning-making, cognitive appraisal, and the training of practitioners, while the C.A.R.E. Framework (Mitchell, 2016b) places emphasis on relational dynamics, family communication patterns, and systemic family therapy.

Existing systemic models in alternative care focus on supporting relationships between minors and their birth families, where for minors living in residential care, the home itself can be viewed as a transactional site of containment. This omits the reality that the residence itself is a dynamic system of inter-relationships, a complex ecosystem within which the objective is relationally cohesive living (Sng, 2009). If viewed as transactional, the residential environment remains fragmented, operating with respect to isolated, individual beliefs, rather than as a system. Considering ambiguous loss is viewed as a relational loss, developing in response to changes in circumstances with significant others (Boss, 2010), it would seem imperative that healing take place through relation-based practice.

## Methodology

This research adopted a qualitative narrative design grounded in interpretivist and social constructionist epistemologies. Narrative inquiry was selected to explore how participants construct meaning around experiences of loss and care.

### Participants

Through a criterion sampling strategy, ten participants were recruited from four distinct residential care homes in Malta, via professional gatekeepers.

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Five minors living in residential care were selected based on the following inclusion criteria:

(a) aged between 14 and 17 years – the researcher focused on adolescents and sought to understand their own account of loss and experiences of care;

(b) engaged in therapeutic services for a minimum of one year – to make sure that participants had some experience of therapeutic support and in safeguarding the minors during a potentially sensitive interview; and

(c) not previously known to the researcher, recruited solely for the purpose of this research – to distinguish the research relationship from an existing relationship between the researcher and the young person.

Five professionals were selected based on their active roles in residential care, representing distinct multi-disciplinary functions: a social worker, a psychotherapist, an educator, a youth worker, and a residential support worker. The purpose of including different occupational roles was to gather different professional perspectives on working with children and young people living in residential care. Their practice-based knowledge helped to contextualise the young people's accounts and explore whether professional understanding and practice aligned with, or differed from, the experiences described by the young people. The professionals had a median of 10 years of active experience in residential care, ranging from two to 25 years.

Professionals and young people interviewed were not previously acquainted, with professionals selected from outside the residential settings where the participating young people lived.

## Data collection procedure

Data collection with the minors was completed using an adapted Biographic Narrative Interpretive Method (BNIM) (Wengraf, 2001), with the aim of collecting rich, autobiographical accounts, capturing both conscious recollections and deeper, implicit experiential narratives (Wengraf, 2008). While BNIM traditionally uses three sub-sessions, this study used the first two, being the Single Question Used to Induce Narrative (SQUIN) and the Particular Incident Narrative (PIN).

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Prior to the interviews with minors, a pilot study using the original SQUIN approach revealed that a broad, open-ended SQUIN, initially formulated to minimise researcher bias, created significant anxiety and blockage in the minors. The procedure was thereafter modified, drawing on therapeutic interviewing competencies (Scerri et al., 2012), where the researcher provided a brief, non-suggestive orientation prior to the SQUIN, and PIN follow-up prompts were integrated throughout the session, rather than reserved for a separate sub-session. This modification of the SQUIN-PIN method proved to be successful in facilitating rich and coherent narratives from all five minors. Interviews with minors were conducted in private, familiar rooms within their residential homes, and lasted between 30 and 60 minutes.

Professionals were interviewed using semi-structured interviews. The aim of using this method rather than the BNIM was to gather professional experiences and perspectives on ambiguous loss, allowing the researcher to explore topics relevant to the research questions while drawing on their professional knowledge and practice. The method complemented the young people's open-ended narratives, where the young people described their lived experiences, while the professionals provided practice-based perspectives that could contextualise those accounts. Interviews with professionals functioned as a crucial method of triangulation, enhancing qualitative trustworthiness, clarity, relevance and feasibility (Patton, 2015).

## Data Analysis

The minors' raw narratives were turned into holistic vignettes, preserving the contextual integrity and individuality of each account (Riessman, 2008). NVivo coding was then utilised to preserve individual authentic voices, language, and meaning (Miles et al., 2020), after which a cross-case analysis (Stake, 2010) was used to map recurrent themes, which were then triangulated with thematic findings from the interviews with professionals. This process enabled consideration of both the children's lived experiences and the professionals' interpretations of those experiences.

## Ethical considerations

Ethical clearance was obtained from IFT-Malta ethics committee of the Institute of Family Therapy, Malta. The legal guardian, the director of the

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Directorate of Alternative Care (Child and Youth) in Malta, provided written informed consent for the minors, who also provided their own voluntary written assent.

## Reflexivity

Being a researcher with nine years of practical experience in residential care, the researcher's 'insider' perspective facilitated rapid rapport building, and, to mitigate subjectivity, a reflexive journal was used throughout the process, documenting personal emotions, which was used to cross-check subjective interpretations through repeated readings of transcripts (Silverman, 2013).

# Findings

Cross-case analysis of the minors' narratives, triangulated with the professionals' semi-structured interviews yielded five recurring thematic patterns: (1) Ambiguity and lack of clarity at removal; (2) Behavioural and emotional responses; (3) Trust, relationships, and perceived stability; (4) Perceived loss and children's unmet needs; and (5) Professionals' knowledge of ambiguous loss.

Any identifiable events and details were omitted, and pseudonyms were used to ensure complete anonymity.

### Theme 1: Ambiguity and lack of clarity at removal

A dominant theme across narratives was uncertainty around entry into care, described by minors as sudden, confusing and traumatic, with limited or no explanation as to why they were being separated from their families.

Jamie stated, 'they came to get me from school, told me nothing', adding that, over a decade later, he still experiences uncertainty: 'I still don't know if it's because of what my dad did or my mum'.

Similarly, Benji explained: 'I only received bits and pieces [of information]', which contributed to his mistrust in the system. He also expressed uncertainty about the reasons for his placement, stating, 'I don't see a reason for being here […] if the reason given were true, I wouldn't be here because that issue is not there anymore'.

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Some participants described transitions as more manageable when explanations were provided and parents remained involved in the process. Jack acknowledged that, although the transition was 'shocking and confusing at first', adaptation was much easier and faster because 'my mother, together with a social worker, explained that I would have to come here […] my mum gave me the reason why'.

Professionals unanimously corroborated these findings, highlighting that communication failures during removal can be trauma-inducing. One professional described the experience as follows:

> Like, in the morning, going to school, thinking that they're going to pack up and go home, and then these strangers […] you're put in a car […] literally like being kidnapped (psychotherapist).

A social worker similarly emphasised the importance of transparency, acknowledging inconsistencies in practice: 'Transparency at removal is very important […] the level of depth explained to them is not always agreed upon'. A youth worker reinforced this point, arguing that 'the truth should never be kept from them […] eventually they will learn […] giving them a sense of betrayal'.

These findings align with Mitchell's (2008) concept of placement ambiguity, where when children struggle to understand and make sense of their removal from their birth home, and what their future holds, such ambiguity is associated with heightened anxiety, mistrust and emotional distress.

## Theme 2: Behavioural and emotional responses

All minors described the immediate aftermath of removal as an emotional crisis, where, following placement, their grief and anxiety manifested into two distinct behavioural responses: externalising behaviours, characterised by anger and boundary testing, and internalising behaviours, characterised by withdrawal and compliance.

Jamie described his response in terms of anger and attempts to escape: 'I felt a lot of anger [...] violent outbursts and they thought I would smash the place up [...] so many times I tried to run away'. Similarly, Michael recalled, 'I would get angry and annoyed and I would get loud and get into fights'.

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In contrast, some minors responded by withdrawing and keeping their emotions to themselves. Ella explained, 'I stayed in my room […] I tackle emotions differently […] just not speaking about them', while Benji recalled, 'I just stayed there […] I didn't eat […] I wasn't hungry'.

Beyond these immediate responses, minors also identified triggers to emotional dysregulation, citing loud voices, chaos, perceived disrespect, and broken promises, all of which undermined their sense of emotional safety.

Professionals interpreted such behaviours as non-verbal expressions of pain and distress. As the residential support worker explained, 'most times they are not able to verbalise their emotions, they would be lost, overwhelmed'.

An important finding concerned apparent compliance and people-pleasing behaviours, which may be misconstrued as indicators of resilience and adjustment. However, the psychotherapist cautioned that 'there are kids who have this pleasing coping mechanism […] but it doesn't mean that in itself it's healthy behaviour'.

All professionals highlighted the importance of viewing the underlying reasons for children's behaviours, rather than interpreting them as personal or deliberate attacks. The residential support worker explained, 'you are there acting as their punching bag, but you can't take it personally […] we need to understand where certain behaviour and attitude is coming from'.

These findings suggest that behaviours which are frequently experienced by professionals as oppositional or transgressive may instead be responses to unresolved grief and trauma, supporting the relevance of ambiguous loss as a framework for understanding both externalising and internalising responses.

### Theme 3: Trust, relationships, and perceived stability

Trust emerged as a significant challenge across all narratives, with minors repeatedly identifying the transient and rotational nature of residential staff as a detriment to establishing and maintaining relational continuity.

Jamie expressed his frustration with the instability of the environment, stating, 'carers keep leaving [...] even kids come and go [...] how can I

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get used to a place?'. Similarly, Ella described the difficulties associated with repeatedly having to establish new connections with different carers:

> I don't like the idea of waking up and seeing a different carer every day […] you already built trust with another person […] you have to do that all over again […] never actually getting anywhere.

These accounts confirm that staff turnover represents not only an organisational constraint, but also a relational loss, where each departure requires the children to re-negotiate trust and emotional safety, potentially reinforcing their expectations of instability and disconnection.

Professionals acknowledged these relational difficulties, reflecting on the importance of modelling trustworthy relationships. The educator explained, 'I will always do my best to model the best kind of relationship […] showing them that I trust them'. Similarly, the residential support worker emphasised that 'workers need to be the proper mirror for the children', highlighting the role of staff in modelling healthy relational dynamics.

The importance of recognising children's relational needs was further emphasised by the social worker, who cautioned that 'ignoring them as long as they don't misbehave does nothing in teaching them to build relationships and connections'. This highlighted how children who seem compliant may receive less relational attention, despite their hidden need for emotional support.

High staff turnover, driven by burnout, exposure to trauma, and a lack of systemic clinical support, further undermines relational continuity, creating a barrier to relational permanence. Consistent with Attachment Theory, these findings highlight the relationship between trust, emotional safety, stability, and continuity of care. The value minors placed on carers who communicated openly, spent time with them, and demonstrated genuine commitment, accentuates the importance of consistent and reliable relationships.

### Theme 4: Perceived loss and children's unmet needs

Although the minors did not explicitly use the word loss, their narratives were saturated with a deep longing for connection, emotional safety, and

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respectful personalised care, exhibiting conflicting cognitive appraisals of loss.

Jamie stated, 'I didn't lose my parents, because eventually I will see them again', reflecting a persistent temporal ambiguity of placement and the possibility of future reunification. Similarly, Benji maintained his connection to his mother, stating, 'my mother will always be my mother', and thereby demonstrating a strong familial loyalty despite the hurt associated with his mother's failure to change.

The minors expressed clear relational needs, emphasising that they did not want pity, but rather patience and attentiveness. Jamie explained, 'I just wish they had more time to spend with us, to play and talk'. Benji similarly stated, 'I don't want people to pity me […] not even my friends know I am here', highlighting a desire for privacy and dignity. Meanwhile, Ella described the emotional burden of having to explain herself to different carers: 'here you'd have to repeat yourself […] with different carers […] over and over'.

Professionals corroborated these relational needs, recognising that children's needs extend beyond the practical provision of care. The educator explained, 'they all have the basic needs, but it's not what they want […] because they want to be home […] they wish to be loved'. Similarly, the residential support worker emphasised the importance of emotional acceptance and understanding: 'to be loved, understood and accepted […] to be supported not judged'.

These findings suggest that entry into care does not resolve experiences of loss, but rather, separation from birth families may transform these experiences into ongoing relational and emotional challenges, particularly when uncertainty, unmet emotional needs, and disrupted relationships persist.

## Theme 5: Professionals' knowledge of ambiguous loss

A major critical finding concerned professionals' limited theoretical knowledge of ambiguous loss, where none of them demonstrated a clear working knowledge of the concept. Their initial responses reflected degrees of familiarity, rather than an established understanding of the concept as a theoretical framework.

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The educator described it as 'some form of loss where it's not clear what's happening', while the psychotherapist acknowledged that 'it's not something that automatically comes to mind'. Similarly, the social worker questioned the extent to which the concept is recognised in practice, stating, 'I don't know how much we invest in understanding this phenomenon'.

However, once the parameters of ambiguous loss were explained, the professionals resonated with it and recognised the relevance of the concept to the experiences of minors in their care, suggesting that although the framework was not initially familiar, the underlying experiences resonated with their professional observations and practice. All five professionals agreed that ambiguous loss is an indispensable framework for practice, and should be incorporated into professional training, daily residential practice, and case formulation.

These findings highlight a potential gap, which, if bridged, may provide professionals with a clearer framework for interpreting children's responses, while also informing more sensitive and trauma-informed approaches to care.

## Discussion

The findings herein have demonstrated that ambiguous loss is a significant, and yet insufficiently recognised, aspect of children's daily experiences in residential care, being an active, pervasive and highly disruptive factor to their lives. This is consistent with Boss's (1999, 2006) conceptualisation of ambiguous loss, where the absence of certainty, clarity and closure complicates further the grieving process, extending it beyond physical separation into perceived conditional acceptance (Kor et al., 2023; Vaswani, 2018).

Findings support Boss's (1999, 2006) assertion that ambiguity immobilises individuals, leaving them 'frozen in grief', struggling to make sense of their experience. In the current context, children's understanding of the reasons for removal, the possibility of reunification, and the duration of placement may prevent them from developing a coherent understanding of their circumstances (Mitchell, 2008, 2016a). Such uncertainty may intensify ambivalence, where the children experience longing, affection and hope simultaneously with anger, pain, and

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disappointment. Young people frequently have to navigate complex layers of ambivalence, incongruence and identity dissonance when separated from their birth families (Wilson, 2026), reflecting the complexity of maintaining emotional relationships with significant people where separation and uncertainty define such circumstances (Samuels, 2019; Whiting & Lee, 2003).

The lack of clarity minors experience blocks their resolution of grief, such that subsequent behaviours, whether externalised, such as high-risk behaviour, or internalised, such as withdrawal, should not be recognised as merely a pathology, but rather as an unspoken language of pain, confusion and complicated grief. The minors' narratives highlighted how behaviours of distress are often rooted in unresolved loss rather than deliberate non-compliance. This is consistent with the concept of disenfranchised grief, whereby losses remain unaddressed or socially unsupported (Doka, 2017). For this reason, residential child care practice should look beyond behavioural management approaches and adopt frameworks that recognise grief, trauma and relational disruption.

Findings also highlight the importance of relationship-based practice, in motivating consistent, trusting relationships with carers, which in turn help minors to make sense of their experiences and develop emotional security. High staff turnover and fragmented professional involvement inadvertently reinforce experiences of instability and loss, aligning with Bowlby's (1988) Attachment Theory, where the sensitive, consistent caregiving in the development of secure attachment is crucial.

A consistent finding is the interpretation of the children's behaviour, where non-compliance, high risk behaviour, withdrawal and excessive compliance were present in all participants' accounts. Narratives suggest that behaviours can be viewed as expressions of loss, grief, confusion, and unmet relational needs. In line with these narratives, professionals observed how children are often unable to verbalise their emotional experiences, described themselves as lost and overwhelmed, strongly suggesting that non-verbal communication is a strong form of communication. These findings are consistent with ambiguous loss. This recognises that children might struggle to articulate their experiences, particularly where there is a high element of uncertainty (Boss, 2006; Mitchell, 2016b).

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Although behavioural boundaries and safety are absolutely necessary, interventions need to be carried out with curiosity, moving beyond behavioural management and towards understanding the relational and emotional meaning of behaviour, through the recognition of grief, trauma, attachment and ambiguous loss, an approach consistent with the HEAR Practice Model (Kor et al., 2023). Professionals should consider what behaviours may be communicating, rather than viewing them as oppositional.

Staff turnover is a repeated disruption in trust and attachment, where a child is not only losing a staff member, but also reliving experiences of separation, which affirm to them that relationships do not last, and are merely temporary. This produces further instability and an inability to form secure attachment, consistent with Bowlby's (1988) Attachment Theory, which highlights the importance of reliable and emotionally available caregiving relationships. It also reflects literature on residential care, where multiple rotating caregivers may intensify inconsistency and relational uncertainty, further complicating healthy attachments and the grieving process (Mitchell, 2008).

The finding that compliant children are often overlooked is particularly significant, as these children may continue to withdraw emotionally, internalise their distress, and experience reduced emotional engagement. This can reinforce patterns of emotional suppression, as withdrawal and apparent resilience may mask unresolved grief and relational insecurity (Biehal, 2004; Boswell & Cudmore, 2017).

## The need for a systemic paradigm shift

From a systemic perspective, residential care needs to be looked at as a relational system capable of promoting healing, reducing uncertainty, validating grief, fostering new attachments, and supporting meaning-making. For this reason, a comprehensive, multi-level systemic paradigm shift needs to be conceptualised, moving away from individualistic and behaviour-centric models towards a holistic and relationally attuned approach, which conceptualises the care home as a dynamic and therapeutic family system. This is consistent with Sng's (2009) emphasis on the need to understand residential care as a complex relational environment, and Kor et al.'s (2023) HEAR Practice Model, which highlights the cruciality of shared professional understanding, coordinated care, and the reduction of ambiguity.

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The purpose of such an approach is to recreate an environment of safety, consistency and emotional availability, differentiated from the children's experiences prior to entering care. Although such experiences cannot be erased, they can be acknowledged and processed, while simultaneously living new experiences, and creating new memories. The objective of systemic practice within residential care settings is not to eliminate uncertainty or pressure children to resolve their grief, but it should provide a relational environment where uncertainty can be acknowledged, grief validated, and ambivalence normalised.

## Systemic and clinical recommendations

The application of a systemic approach within residential child care settings would shift the focus away from looking at the child in isolation, bringing the residential facility, social workers, and state welfare policies together as an interconnected ecosystem. It is therefore recommended that relational dynamics within the residence, the collaboration between services, and the wider societal and legal frameworks shaping residential care practice be addressed.

### Micro-systemic level: Staff reflexivity and relational practice

At the micro-systemic level, it is recommended that residential care staff are provided with systemic training and ongoing clinical support to enhance their understanding of children's behaviours within their relational experiences. Training can formally integrate:

- The theoretical constructs of ambiguous loss and attachment security.
- Core systemic principles and circular causality, including the reciprocal relationships between children's behaviour and caregivers' responses.
- Reflective practice, experiential learning and trauma-informed behavioural de-escalation.
- The use of ambiguous loss as a framework for case formulations.

Emphasis on reflexivity is crucial in enabling staff to recognise their own emotional biases, countertransference, and the power dynamics inherent in residential care realities. Regular systemic clinical supervision and reflective practice groups provide professionals with an opportunity to explore their emotional responses, identify triggers, and process transference and counter-transference dynamics. These practices would encourage staff to move beyond the pathologising of children's behaviour and to consider the reciprocal influences between child and caregiver,

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thereby mitigating interpersonal burnout and preserving emotional health and availability, whilst strengthening the relational continuity required in building secure attachments.

## Meso-systemic level: Multi-disciplinary collaboration

It is recommended that formal multi-disciplinary integration protocols be established between residential care staff, social workers, schools, and mental health professionals. The residence needs to be recognised as a complex, dynamic, family-like structure, capable of transforming the experience of instability in the birth home within a more relationally stable environment. The child needs to be looked at beyond immediate individual history during clinical formulations, enhancing the child's active context, including the evaluation of peer-to-peer interactions, active group dynamics, and complex relationships between residents and staff.

To support this contextual understanding, besides regular communication, collaborative case reviews, and care planning, shared guidelines and clearly defined responsibilities would ensure consistency in the responses provided to children across different systems, reducing the risk of them experiencing a fragmented network of services and conflicting care guidelines, whilst promoting a more coherent approach to children's emotional, relational, and developmental needs.

## Macro-systemic level: Structural and policy-related influences

It is recommended that policy makers and state welfare entities assess the societal, legislative, and policy frameworks that shape the provision of residential care. Factors such as staffing constraints, restrictive legal frameworks, insufficient support, and inadequate resources may undermine the quality and continuity of care, resulting in staff burnout, workforce instability, and poor outcomes for children. Such recommendations aim at ensuring collaboration between services and consistent responses to the complex needs of children in residential care settings, shifting responsibility beyond the individual professional, and towards the organisational and societal level.

These recommendations position residential care within an interconnected systemic framework, recognising that children's outcomes are shaped by relationships, organisations, and the wider system, and not only by their individual experiences.

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## Limitations and future research

This research represents a pioneering qualitative contribution to the empirical research on ambiguous loss in alternative care, particularly in the Maltese context. Although this research is small and context-specific, findings still align with other major international studies mentioned in this paper.

Nevertheless, it still calls for further research on ambiguous loss in residential care, to broaden the limited body of research currently available, namely:

- Nationally representative research – examining and exploring ambiguous loss across diverse residential settings, generating more comprehensive evidence to inform national evidence-based policy interventions and ultimately enhancing the psychosocial wellbeing of children living in residential care settings.
- Evaluation of training interventions – needed to assess the effectiveness of training programmes on ambiguous loss and trauma-informed practice. Such evaluations would provide valuable evidence of their impact on relationships and inform the development of training protocols across the child welfare sector.
- Ambiguous loss in alternative care – including fostering and adoption. International literature suggests that children in residential care settings may experience more acute ambiguity due to multiple caregivers. Replicating this research in fostering and adoption contexts would enable a more holistic understanding of the phenomenon across alternative care experiences.

## Conclusion

This research represents a contribution to the emerging understanding of ambiguous loss in residential care within the Maltese residential care context. The framework of ambiguous loss offers a valuable framework for understanding, recognising and addressing experiences of uncertainty, unresolved grief, and disrupted attachments for minors living in residential care (Boss, 2000, 2016; Mitchell, 2016b).

The narratives herein confirm that the removal of children from harm does not necessarily resolve their experience of loss, because they will

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still experience strong psychological and emotional connections to their parents (Samuels, 2009; Whiting & Lee, 2003). Findings, in line with other studies, also suggest that children's behaviour should not be recognised as resistant non-compliance or behavioural disorders, but as a form of communication of unresolved grief and emotional distress (Mitchell, 2016b; Scott & Anglin, 2016). Understanding behaviour through the lens of ambiguous loss paves the way for more compassionate and clinically meaningful responses to such behaviour (Boss, 2016; Kor et al., 2023).

The absence of a working knowledge of ambiguous loss among professionals is significant, especially given that once explained they all acknowledged its relevance to their practice. This suggests a clear need for ambiguous loss to be integrated into clinical formulation, systemic supervision and everyday residential care practice (Kor et al., 2023; Mitchell, 2016b). The move towards a more trauma-informed, relationship-based and healing-oriented practice helps shape emotional wellbeing and behaviour, and attention to ambiguous loss has the potential to improve children's emotional wellbeing and their long-term developmental outcomes.

Minors in alternative care live in a complex and significantly painful vacuum – physically separated from their family of origin, and yet emotionally bound to them, in a state of unresolved and unrecognised grief (Boss, 2000, 2016; Samuels, 2009; Whiting & Lee, 2003). While this research cannot undo the trauma and profound losses of these children and young people, it provides a clear clinical pathway for recognising and responding to their pain. To do this, we move away from focusing on risk management towards relationally stable havens, deeply rooted in human connection, dignity and trust.

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