

# **A rapid review of non-death bereavement interventions for children in alternative care**

**N. Kuit**



[orcid.org/0000-0002-5059-0104](https://orcid.org/0000-0002-5059-0104)

Dissertation submitted in partial fulfilment of the requirements for the degree Master's in  
Social Work in Child Protection at the North-West University

Supervisor: Prof E.H. Ryke

Graduation: May 2020

Student number: 21487596



## **PREFACE**

This dissertation is submitted in partial fulfilment of the requirements for the degree Master's in Social Work in Child Protection. The Social Work Child Protection curriculum consists of a total of 180 credits. Of these credits, the research dissertation accounts for 90 of these credits (180 credits).

This dissertation is presented in article-format in line with the general academic rules of the North-West University (NWU, 2018).

## **ACKNOWLEDGEMENTS**

First and foremost, I would like to thank my study leader and co-researcher for her excellent input and guidance. My abilities and competence in research have been highly expanded by her constant motivation and expertize knowledge in the field of social work. I would like to acknowledge her efforts and expert input into this dissertation and express my gratefulness for this opportunity. Thank you for assisting me to create this work.

I would also like to thank my father who has motivated and encouraged me every step of the way. Without him I would not have been able to complete this Master's degree in Child Protection. Thank you for believing in my abilities and for the opportunity to reach my full potential.

Further I would like to acknowledge every child who I have had the privilege to work with in my years as a social worker in child protection. Each and every one of these children have inspired me to conduct this thesis and do my part to improve service rendering to those without a voice. This dissertation is dedicated to each and every one of you.

Last but not least I would like to thank my Heavenly father for providing me with the opportunity to create this piece of work and for carrying me all the way.

## **ABSTRACT**

Every year a large number of children enter the alternative care system due to the unsuitable circumstances in the care of their biological parents, leading to their statutory removal and placement in alternative care, including temporary safe care, foster care or child- and youth care centres. For a child, this is a significant life transition which is characterized by experiences of trauma, loss and grief. These children need therapeutic services (intervention) in order to address these experiences. Literature covers non-death experiences and bereavement intervention of children in different contexts, but only to a limited degree in terms of children in alternative care.

The aim of the research is thus to do a rapid review of literature about non-death bereavement interventions for children in alternative care and make a recommendation to the academic community and the child welfare system regarding the enhancement of programs and policies to address non-death loss as experienced by children in the alternative care system.

The study is a rapid review with qualitative data analysis. A total of 14 documents are reviewed. The review indicates that a standard intervention model to address loss and grief as experienced by children in the alternative care system has not yet been established. Although various treatment approaches, activities and models have been suggested, there is no indication of an empirically tested standardized intervention model in the current research.

## **OPSOMMING**

'n Groot aantal kinders betree elke jaar die alternatiewe sorgstelsel weens die ongeskikte omstandighede in die sorg van hul biologiese ouers, wat lei tot hul statutêre verwydering en plasing in alternatiewe sorg, soos tydelike veilige sorg, pleegsorg of kinder- en jeugsorgsentrusms. Vir 'n kind is dit 'n ingrypende oorgang in hulle lewe, wat gekenmerk word deur trauma, verlies en hartseer. Hierdie kinders het terapeutiese dienste (intervensie) nodig om hierdie ervarings die hoof te bied. Literatuur dek nie-dood verliese en rou-intervensie van kinders in verskillende kontekste, maar slegs tot 'n baie beperkte mate ten opsigte van kinders in alternatiewe sorg.

Die doel van die navorsing is dus om 'n vinnige oorsig van die literatuur oor ingrypings tydens nie-dood verliese by kinders in alternatiewe sorg te doen en 'n aanbeveling aan die akademiese gemeenskap en die kinderwelsynstelsel te maak oor die verbetering van programme en beleide om kinders in alternatiewe sorg se ervarings van nie-dood verliese aan te spreek.

Die studie volg 'n metode van 'n vinnige literatuur-oorsig met kwalitatiewe data-ontleding. Altesaam 14 dokumente is hersien. Die oorsig dui aan dat daar nog nie 'n standaard-intervensiemodel bestaan om verlies en rou, soos wat kinders in die alternatiewe sorgstelsel dit ervaar, die hoof te bied nie. Alhoewel verskillende behandelingsbenaderings, aktiwiteite en modelle voorgestel is, is daar geen aanduiding van 'n empiries getoetste, gestandaardiseerde intervensiemodel in die bestaande navorsing nie.

## **KAKARETSO**

## **KAKARETSO**

Ngwaga le ngwaga palo e kgolo ya bana tsena mo thulaganyong ya tlhokomelo ya boikemisetso ka ntlha ya maemo a a sa siamang a tlhokomelo ya batsadi ba madi. Se se dira gore ba tlosiwe semmuso mme ba bewa mo tlhokomelong ya boikemisetso jaaka tlhokomelo ya tshireletsego, tlhokomelo ya batho ba e seng batsadi kgotsa disenthara tsa tlhokomelo tsa bana le bašwa. Mo ngwaneng se ke phetogo e kgolo thata bophelong e e bontshang manokonoko, tshenyegelo le manyaapelo. Bana ba ba tlhoka ditirelo tsa kalafi (tsenogare) tse di kgonang go arabela maitemogelo a. Makwalo a thuto a bua ka maitemogelo a a sa tliseng loso le tsenogare ka loso mo baneng mo maemong a a farologaneng, mme go buiwa fela ganye ka bana ba ba mo tlhokomelong ya boikemisetso.

Maikaelelo a patlisiso ka jalo ke go dira thadiso ya bonako ya makwalo ka maitemogelo a a sa tliseng loso le tsenogare ka loso mo baneng mo tlhokomelong e e farologaneng mme go dira katlanegiso go morafe wa baakatemi le thulaganyo ya katlaatlelo ya bana ka go tokafatsa diporokerama le maikemisetso a go arabela maitemogelo a bana mo tlhokomelong ya boikemisetso le maitemogelo a tshenyegelo e e sa tliseng loso.

Thuto e ke thadiso ya bonako ka tokololo ya data ka mokgwa wa boleng. Palogotlhe ya ditokomane di le 14 di a thadiswa. Thadiso e bontsha gore motlele ya tsenogare ya kemo go lebelela tshenyegelo le manyaapelo jaaka e lemogwa ke bana mo thulaganyong ya tlhokomelo ya boikemisetso, ga o ise o diriwe. Le fa mekgwa e e farologaneng ya kalafi, ditirwana le dimmotlele di ile tsa tshitshinngwa, ga go na sesupo sa tsenogare sa gore mo patlisisong ya jaanong jaana go na le mmotlele wa tsenogare o o athotsweng ka dipalo wa kemo.

# TABLE OF CONTENTS

<b>DECLARATION</b> .....	<b>I</b>
<b>PREFACE</b> .....	<b>II</b>
<b>ABSTRACT</b> .....	<b>IV</b>
<b>OPSOMMING</b> .....	<b>V</b>
<b>KAKARETSO</b> .....	<b>VI</b>
<b>CHAPTER 1: ORIENTATION TO THE STUDY</b> .....	<b>1</b>
<b>1.1 Contextualisation and problem statement</b> .....	<b>1</b>
<b>1.2 Research question</b> .....	<b>2</b>
<b>1.3 Research aim</b> .....	<b>3</b>
<b>1.4 Research method</b> .....	<b>3</b>
<b>1.5 Ethical aspects</b> .....	<b>5</b>
<b>1.6 Definition of terms</b> .....	<b>6</b>
1.6.1 Bereavement and grief .....	6
1.6.2 Non-death loss / loss not related to death.....	6
1.6.3 Symbolic loss.....	6
1.6.4 Non-finite loss.....	7
1.6.5 Enfranchised and disenfranchised grief .....	7
1.6.6 Chronic sorrow .....	7
1.6.7 Ambiguous loss .....	7
1.6.8 Alternative care.....	8
1.6.9 Intervention.....	8
<b>1.7 Significance of or rationale for the study</b> .....	<b>9</b>

<b>1.8</b>	<b>Brief chapter overview .....</b>	<b>10</b>
<b>1.9</b>	<b>The annexures .....</b>	<b>11</b>
<b>1.10</b>	<b>The reference list.....</b>	<b>11</b>
<b>CHAPTER 2: THE MANUSCRIPT .....</b>		<b>12</b>
<b>A RAPID REVIEW OF NON-DEATH BEREAVEMENT INTERVENTIONS FOR CHILDREN IN ALTERNATIVE CARE .....</b>		<b>12</b>
<b>2.1</b>	<b>Introduction .....</b>	<b>12</b>
<b>2.2</b>	<b>Background .....</b>	<b>14</b>
2.2.1	Alternative care in the child protection system .....	14
2.2.2	The purpose of alternative care .....	15
2.2.3	The transition into alternative care .....	16
2.2.4	Ambiguous loss in alternative care .....	18
<b>2.3</b>	<b>Purpose of the present study .....</b>	<b>20</b>
<b>2.4</b>	<b>Methods.....</b>	<b>20</b>
2.4.1	Eligibility criteria.....	20
2.4.2	Search strategy .....	21
2.4.3	Selection and data extraction.....	21
<b>2.5</b>	<b>Findings .....</b>	<b>21</b>
2.5.1	Characteristics of included articles.....	23
2.5.2	The themes .....	26
<b>2.6</b>	<b>Discussion .....</b>	<b>36</b>
<b>REFERENCES.....</b>		<b>38</b>

<b>CHAPTER 3: REFLECTION, LIMITATIONS, STRENGTHS AND RECOMMENDATIONS ....</b>	<b>41</b>
<b>3.1 Introduction .....</b>	<b>41</b>
<b>3.2 Reflection on the research question .....</b>	<b>41</b>
<b>3.3 Reflection on the research method .....</b>	<b>41</b>
<b>3.4 Reflection on the findings.....</b>	<b>41</b>
<b>3.5 Limitations and strengths of the review .....</b>	<b>42</b>
3.5.1 Limitations .....	42
3.5.2 Strengths .....	42
<b>3.6 Implications for research .....</b>	<b>42</b>
<b>3.7 Implications for practice .....</b>	<b>43</b>
<b>3.8 Recommendations.....</b>	<b>43</b>
<b>3.9 Conclusion.....</b>	<b>44</b>
<b>BIBLIOGRAPHY .....</b>	<b>45</b>
<b>ANNEXURE A : CASP TOOL.....</b>	<b>49</b>
<b>ANNEXURE B: AACODS CHECKLIST.....</b>	<b>49</b>
<b>ANNEXURE C: ETHICAL APPROVAL LETTER.....</b>	<b>52</b>
<b>ANNEXURE D: CONFIRMATION LETTER FROM LANGUAGE EDITOR .....</b>	<b>53</b>
<b>ANNEXURE E: AUTHOR GUIDELINES .....</b>	<b>54</b>

**LIST OF TABLES**

**Table 1. Summary of included studies ..... 24**

**Table 2: Summary of the results of the thematic analysis ..... 27**

**LIST OF FIGURES**

**Figure 1: Flow diagram of study selection ..... 22**

## **CHAPTER 1: ORIENTATION TO THE STUDY**

### **1.1 Contextualisation and problem statement**

Statistics indicate that a large number of children enter the alternative care system yearly due to unsuitable circumstances in the care of their biological parents (Mitchell, 2018), leading to their statutory removal and placement in alternative care such as temporary safe care, foster care or child- and youth care centres. The Department of Social Development (DSD, 2018) indicate that during 2014 in South Africa, a total of 11 105 children were living in child- and youth care centres; 506 911 children were placed in foster care; and a total of 1 165 children were adopted. According to United Nations International Children's Emergency Fund (UNICEF) the estimated country-level figures of children living in alternative care worldwide, adds up to more or less 2.7 million children between the ages of 0 and 17 years old (Petrowski, Cappa, & Gross, 2017).

The alternative care system provides a temporary out-of-home placement for children who live with families who are not able to provide for their physical or emotional needs sufficiently. This type of intervention is thus in theory designed to reduce the negative effects which the circumstances prior to removal may have on the physical and emotional well-being of the child (Look, 2018). The primary goal of alternative care is to support families in need and to ensure that children are nurtured and cared for in a home environment free of abuse and neglect (DSD, 2018). However, research indicates that this often re-traumatizes children who have already undergone significant trauma before they were removed from their biological parents (Look, 2018; Mitchell, 2018). It has been consistently reported in past and current literature (Benson, 2006; Look, 2018; Mitchell, 2016, 2018; Schoenewald, 2016; Whiting & Lee, 2003) that children in foster care and other alternative care placements experience severe trauma and loss as a result of statutory removal. Relatively little has however been written regarding specific intervention methods to address this trauma and loss.

Children who have been removed and placed in alternative care experience ambiguous loss when they enter the child welfare system (Benson, 2006; Lee & Whiting, 2007; Look, 2018; Mitchell, 2016, 2018; Schoenewald, 2016; Whiting & Lee, 2003). The ambiguity lies in the fact that they essentially lose someone who is still alive. Unlike children who grieve the death of their parents or other significant people in their lives, children in alternative care are not always provided with the opportunity to mourn the loss of their relationship with their biological parent after being removed (Benson, 2006; Mitchell, 2018). The uncertain nature of alternative care may thus significantly increase the trauma experienced by children who are physically separated from their biological parent while the parent is still psychologically present (Benson, 2006).

Although the effects of parental separation/loss will vary from child to child, Hois (2007) indicates that the negative impacts of the loss can be minimized if the child is provided with the opportunity to live in an environment that is supportive to the grieving process and able to offer an explanation and understanding of life events. Hois (2007) further indicates that many children who have experienced non-death loss have not received sufficient help in resolving their issues with loss, which causes them to struggle to develop psychologically beyond the age of the loss they experienced. With this statement Hois (2007) emphasises the importance of therapeutic services and the need for intervention models to address non-death loss as experienced by children in the alternative care system. Mitchell (2018) concurs and states that it is critical to consider how the experience of enfranchised grief versus disenfranchised grief can impact the psychological and emotional well-being as well as the behaviour of children in the system. Past and current literature indicates that there is indeed a significant difference on how children are affected. While some of the participants in a study conducted by Mitchell (2018) indicated that their grief was left unaddressed while in foster care, some participants reported that their grief was not left unattended. The children in Mitchell's study report one facet namely "the enfranchisement of their grief", that made a difference between positive and negative outcomes later in their life. This statement brings the researcher to the conclusion that the traumatizing and uncertain nature of foster care and other alternative care placements may be significantly reduced with effective intervention models and bereavement therapy programs.

There appears to be a constant and diligent theme of loss when children talk about their experiences in alternative care and there appears to be a clear message, which is consistently repeated. A study conducted by Whiting and Lee (2003) indicates that these children displayed feelings of confusion about why they were removed and placed into care and an uncertainty about what would happen to them in the future. The narratives of foster children in this study described loss of many things such as families, friends and possessions, which resulted in feelings of fear and anger (Office of the Children's Advocate, 2016; United Nations, 2010; Whiting & Lee, 2003).

Despite the emphasis on the negative effects of non-death loss and the need for intervention to mitigate its effect, it is unclear in the research what is known about non-death bereavement interventions for children in alternative care. A lack of clarity regarding this phenomenon was thus identified, which led the researcher to the research question.

## **1.2 Research question**

What is known about non-death bereavement interventions for children in alternative care?

### 1.3 Research aim

The review aims to investigate literature regarding non-death bereavement interventions for children in alternative care.

### 1.4 Research method

The procedures of a rapid review were used to search, select, and extract data from sources that met a priori criteria. A rapid review is a form of knowledge synthesis that follows the systematic review process, but components of the process are simplified or omitted to produce information in a timely manner (Dobbins, 2017). There are various approaches to simplifying the review components, such as the reduction of the number of data sources, assigning a single researcher in each step while another researcher verifies the results, excluding or limiting the use of grey literature, or by narrowing the scope of the review (USAID, 2018). The researcher followed the protocol as indicated in the Rapid Review guidebook of Dobbins (2017). This protocol consists of six steps.

The first step of the procedure was to define a practice question. A practice question is a question that is relevant to program and policy decision-making in the health unit and is focused, clearly articulated and answerable (Dobbins, 2017). The practice question for this study was determined as: “*What is known about non-death bereavement interventions for children in alternative care?*” The following components were specified by means of the PICo framework for qualitative studies (Dobbins, 2017). The PICo framework can be explained as follow:

- **Population of interest:** Refers to the characteristics of the population of interest. In terms of this study, the population of interest was identified as: children with non-death loss experiences.
- **Interest:** This relates to a defined event, activity, experience or process. In terms of the study the defined interest was identified as bereavement interventions (therapy or services).
- **Context** refers to the setting or distinct characteristics which were identified as the alternative care field.

The second step of the process entails searching for evidence to address the issue as developed in step one. For the purpose of this study, the issue was defined as: non-death bereavement intervention for children in alternative care. Combinations of the following phrases were used to conduct the search: “Bereavement therapy”, “Bereavement intervention”,

“Bereavement therapeutic services”, “Foster child”, “Foster care”, “Alternative care”, “Temporary safe care”, “Child in the system”, “Out-of-home care”, “Non-death loss”, “Trauma”, “Bereavement” and “Grief”. The search was limited to full-text articles with the following subjects: “Foster care”, “Foster children”, “Trauma”, “Children”, “Child”, “Foster”, “Residential care”, “Intervention”, “Emotions”, “Out-of-home care” and “Grief”.

The database search strategy was determined in this step. The researcher conducted a scope search making use of the OneSearch engine of the Ferdinand Postma library of the North-West University, in Potchefstroom, South Africa, with the assistance of a subject librarian and the study leader. OneSearch is a search engine that provides a fast, exact and inclusive search of 262 electronic databases. The PICO components were used as the basis for the keywords in the search strategy.

Critical appraisal is the third step. Critical appraisal is the process of assessing the quality of study methods in order to determine if findings are trustworthy and meaningful. Each document included in the review was critically appraised using the CASP (Critical Appraisal Skills Programme) tool (2017) or the AACODS Checklist (Tyndall, 2010) under the supervision of the study leader. (See **Annexures A and B**)

Step four of the process entails the synthesizing of evidence. All high quality and relevant evidence that was gathered in the process was aggregated. The overall goal was to come to a conclusion about what is known about the research question in the literature. The evidence was synthesised within three steps:

*a. Extracting relevant information from included documents*

Extracted information included the author(s), year of publication, type of publication, settings, population studies, and recommended interventions.

*b. Summarizing the overall results from included documents*

Results from the data extraction process were used to organize the results and findings. A thematic analysis was conducted according to the six-phase guide suggested by Braun and Clarke (2006). The first step in the thematic analysis process involved the reading of data sources and becoming familiar with the data. This data was then organized in a meaningful and systematic way and themes were identified and reviewed. All the relevant data for each theme was gathered. The identified themes were then refined and the essence of each theme was established.

### *c. Formalizing conclusions.*

The evidence was then considered in its entirety to develop recommendations for policy and practice (Dobbins, 2017).

The fifth step of the process entails identification of applicability and transferability issues for further consideration during the decision-making process. This was done by meeting with the study leader. Important issues regarding applicability and transferability of the findings have been captured in the recommendations and were documented.

The sixth and last step of this process is writing and editing the report and disseminating the findings. The researcher drafted the review and the study leader revised it. The review was then submitted for examination purposes. After examination, it will be submitted for possible dissemination as a journal article.

## **1.5 Ethical aspects**

Research ethics can be referred to as doing what is morally and legally right in a research process. Research ethics are thus in essence the norms for conduct that distinguish between what is right and wrong, and what is acceptable and unacceptable behaviour. Research can be described as “a process of investigation, leading to new insights, effectively shared”. It is thus a multi-stage process to which ethics are the central of this process (Parveen & Showkat, 2017).

### **Risk level:**

This study did not make use of any human participants. Therefore, minimal risk was involved. The researcher completed an online Ethical training course to ensure that all ethical guidelines are taken into consideration. The study has institutional ethical approval.

See **Annexure C** for the ethical approval letter.

The following ethical consideration related to review studies was maintained in the study by:

### **Avoiding redundant (duplicate) publication**

Repeated publications of positive findings and the suppression of negative findings may be misleading (Wager & Wiffen, 2011) and were avoided. The results of the study will only be published once to avoid overlapping publication.

## **Ensuring accuracy**

Data extraction was done accurately and the author did not attempt to slant the results in any particular direction. Data extraction was verified by the study leader.

## **Ensuring transparency**

The researcher followed the general conventions on publication ethics and guidelines as required by the Human Research Ethics Committee of the Faculty of Health Sciences of the North-West University and South African Council of Social Service Professions. She ensured that all contributors were properly acknowledged and that the review does not contain any plagiarized media (Wager & Wiffen, 2011).

## **1.6 Definition of terms**

The proposed study drew on theories of bereavement, grief, non-death loss, symbolic loss, non-finite loss, enfranchised grief, disenfranchised grief, chronic sorrow, ambiguous loss, alternative care and intervention. These terms are defined as follows.

### **1.6.1 Bereavement and grief**

Psychologists and grief theorists describe **bereavement** as the state of having suffered a loss while **grief** is described as the normal reaction a person will experience when in that state. Bereavement is regarded as a natural experience, although it is distressing. Grief is regarded as a combination of psychological and physical manifestations. Psychological manifestations can occur as affective, cognitive, social or behavioural manifestations (Li, Naar-King, Barnett, Stanton, Fang & Thurston, 2008).

### **1.6.2 Non-death loss / loss not related to death**

The concept of loss in the lives of children and youth is mostly linked to death. Unlike children who grieve the death of their parents or other significant persons in their life, children in alternative care grieve non-death losses of parents, siblings, other significant persons and symbolic losses. These non-death losses are often the result of their placement in alternative care (Mitchell, 2018).

### **1.6.3 Symbolic loss**

Symbolic loss refers to the psycho-social losses which an individual could experience, such as the loss of a “future” and the loss of “stability”. These are types of losses that a person can experience while they endure physical losses such as the loss of a home, or the loss of a person. Mitchell (2018) is of the opinion that the theory of symbolic loss provides an important

perspective to explore the grief and loss that children in alternative care experience. This should thus be considered when developing intervention models to effectively address the issue of non-death loss.

#### **1.6.4 Non-finite loss**

Non-finite loss, which is also known as life-span loss, describes the on-going presence of loss, which is re-experienced throughout the child's life (Office of the Children's Advocate, 2016), existing in the past, present and future (Fineran, 2012). Non-finite losses occur slowly, over time and are thus anticipatory in nature (Fineran, 2012).

#### **1.6.5 Enfranchised and disenfranchised grief**

Grief is regarded as disenfranchised when it is not acknowledged or attended to by society and enfranchised when it is. Flynn (2015) explains disenfranchised grief as "*The grief that people experience when they incur a loss that is not openly acknowledged, publically mourned or socially sanctioned*". It is explained as the socially or culturally constructed manner in which an individual's relationship or loss is deemed invalid or unworthy of a grieving process and the person is not considered to have the right to grieve (Murphy & Jenkinson, 2012; Office of the Children's Advocate, 2016). This can take place when children are expected to adapt to a new situation such as a new placement in alternative care, a new school or a new culture. Flynn (2015) further indicates that it is often in response to ambiguous (infinite) loss, where a person is repeatedly expected to adjust to a loss, which can lead to chronic sorrow. Research indicates that in many cases, little attention is paid to what it means to a child who was removed from their primary care givers to be separated from their family, their community and their culture (Mitchell, 2018; Office of the Children's Advocate, 2016).

#### **1.6.6 Chronic sorrow**

Chronic sorrow refers to the impact of recurring experiences of loss as experienced by children in alternative care settings and their families. The Office of the Children's Advocate (2016) indicates that multiple and progressive, losses are not only physical, such as placement moves, but existential, with hopes and dreams, self-concept, identity and belonging profoundly changed. The loss and the sorrow is thus on-going.

#### **1.6.7 Ambiguous loss**

Ambiguous loss refers to conditions where a family-member or loved one is psychologically present, but physically absent. This type of loss can take place due to circumstances such as divorce or placement in alternative care. Ambiguous loss can also occur when a parent or loved

one is physically present but psychologically absent. This can be due to dementia or mental illness (Schoenewald, 2016). The focus of this study is on ambiguous loss as a result of placement in alternative care.

### **1.6.8 Alternative care**

Alternative care is defined as the care of a child in temporary safe care, foster care or in a child- and youth care centre as ordered by a Children's Court (DSD, 2018). According to the Children's Guide, (United Nations, 2010) the guidelines for providing alternative care all arise from two principles.

#### **1. The principle of necessity**

This principle indicates that children should only be placed in alternative care if it is really necessary and such placement must be in the best interest of the child.

#### **2. The principle of appropriateness**

This principle indicates that children should only be placed in an alternative care setting which meets their individual needs and situation.

The Children's Guide (United Nations, 2010) further indicates that lack of income or resources, or conditions which are directly related to poverty should never be the only reason for removing a child from the care of his/her parents or for preventing a child in alternative care from being reunited with his/her family. Such conditions are signs that the family needs support to meet its responsibilities (United Nations, 2010).

### **1.6.9 Intervention**

Intervention can be defined as the overall term used to describe all activities by social workers on behalf of and in collaboration with their clients. This includes activities at all levels of practice (Garthwait, 2012), namely:

Micro level intervention: Interventions on behalf of and in collaboration with individuals and families in which social workers play a variety of roles.

Mezzo level intervention: Interventions on behalf of and in collaboration with groups and organizations in which social workers play a variety of roles.

Macro level intervention: Interventions on behalf of and in collaboration with communities and societies in which social workers play a variety of roles.

Intervention is thus the involvement in and interaction with members of a specific social system to address specific social problems.

The purpose of the intervention process in social work is to assist people to restore their equilibrium, to promote peoples growth and coping capacity, to develop, mobilise and make resources available, to reduce stress and tension and to satisfy problems and needs (DSD, 2018).

### **1.7 Significance of or rationale for the study**

When referring to loss in the lives of children, it is most likely that people connect this experience with death and sometimes family breakdown. However Crowe and Murray (2005) suggest that while these losses are indeed important, and the most widely researched, it is also important to understand the impact of loss on daily life. The non-death loss experiences of children has been researched in different contexts such as after divorce (Lyngstad, 2013), immigration (Becker, Beyene, & Canalita, 2000), refugees (Hamilton, Anderson, Frater-Mathieson, Loewen & Moore, 2000) but to a lesser degree in terms of children in alternative care placements (Crowe & Murray, 2005; Mitchell, 2018).

Within the context of alternative care placements Mitchell (2018) indicates that unlike bereaved children who mourn the death of their parents, children in alternative care grieve non-death loss of parents, siblings and other loved ones, specifically as a result of their placement in alternative care. The transition into alternative care is a significant life transition that is characterized by trauma, loss and grief. This is in addition to the trauma and loss they have already experienced due to the circumstances leading to their removal in the first place. These children experience various non-death losses such as ambiguous loss of family and friends as well as the loss of normalcy (Crowe & Murray, 2005) . Such additional trauma may result in further losses and confusion in the life of the child should it not be addressed (Whiting & Lee, 2003).

According to Mitchell (2018) there is an overabundance of research indicating that youth in alternative care are more likely to experience negative outcomes than youth who have not yet been in the alternative care system. Mitchell (2018) recommends that “the child welfare field enhance child welfare programs and policies to address children’s experiences of non-death bereavement, and educate child welfare professionals and providers about the traumatic impact of non-death bereavement and how to support grieving children and youth in their care”. After researching past and current literature it was found that no systemic intervention methods exist to address these negative outcomes, which appear to be a significant issue in the lives of children in alternative care. The researcher thus identified the need for more specific information

regarding what is known about bereavement therapy and intervention models as part of the current programs and policies in the child protection sector.

## **1.8 Brief chapter overview**

The article-format was utilised for the report and is in line with General Instructions & Guidelines to Examiners for the Evaluation of Theses/Dissertations/Mini-Dissertations of the Faculty of Health Sciences, North-West University (2019). The dissertation was edited for language correctness.

See **Annexure D** for the confirmation letter from the language editor.

The research report will consist of the following sections:

### **Chapter 1: Orientation to the study**

This chapter is structured to describe and clarify the methodology of this study. Chapter 1 consists of a comprehensive literature overview, which enables the reader to understand terminology as well as the methodology and its applicability to this specific study. The chapter covers the rationale and contextualization of the research question as well as the research aim, the research methods and the definition of the terminology. Furthermore, the terminology used in the study is contextualized in order to provide the reader with a better insight and understanding. Chapter 1 thus serves as an introduction to the research study, while the findings are reported in Chapter 2.

### **Chapter 2: The manuscript**

This chapter consists of the manuscript. It covers the study method and study design as well as an explanation of study procedures. This chapter describes the research conducted pertaining to current and past literature in order to establish what is known about bereavement therapy for children who experience loss and grief in the alternative care section.

The manuscript is prepared for *the Child and Adolescent Social Work Journal (CASW)* – Springer Publishing for possible publication. Therefore its editorial policy in the format of the article is incorporated. The *Child and Adolescent Social Work Journal (CASW)* features original articles that focus on social work practice with children, adolescents, and their families. The journal addresses current issues in the field of social work drawn from theory, direct practice, research, and social policy. *Child and Adolescent Social Work Journal (CASW)* utilises the APA-format with regards to referencing.

See **Annexure E** for the Author Guidelines of the journal.

### **Chapter 3: Critical reflection, limitations and recommendations**

In the last chapter, a brief summary and critical reflection of the findings in the study is provided with conclusions and recommendations for further practice and future studies. This chapter provides a self-reflective evaluation of the study, and declares strengths and limitations of the study. Chapter 3 focuses on conclusions and findings drawn from the study and formulates recommendations regarding the testing of intervention models to improve service rendering and outcomes for children in the alternative care system.

#### **1.9 The annexures**

The annexures as indicated in the text are included in this section.

#### **1.10 The reference list**

A combined reference list is included in terms of sources utilized for the dissertation. The manuscript has a separate reference list and is prepared in the APA referencing style.

## **CHAPTER 2: THE MANUSCRIPT**

### **A RAPID REVIEW OF NON-DEATH BEREAVEMENT INTERVENTIONS FOR CHILDREN IN ALTERNATIVE CARE**

#### Abstract

*Background:* Current research explores various aspects of childhood grief and non-death loss in alternative care. All of which conclude that children do experience emotional trauma and non-death loss when placed in alternative care and that interventions to address these negative outcomes should be enhanced.

*Purpose:* The review aimed to investigate literature pertaining to non-death bereavement interventions for children in alternative care.

*Design:* A rapid review was performed according to the guidelines by Dobbins (2017)

*Data source:* After the review and critical appraisal process, a total of 14 articles were found to be relevant to the research question and met the priori criteria.

*Review methods:* The Critical Appraisal Skills Programme (CASP, 2017) was used to appraise the methodological quality of each article. The AACODS checklist (Tyndall, 2010) was utilized to appraise grey literature. Following the critical appraisal, the articles were synthesised by means of thematic analysis in order to identify common themes across the data sources.

*Findings:* A review of the literature indicated that a standard intervention model to address loss and grief of children in the alternative care system has not yet been established. Although various treatment approaches, activities and models have been suggested, there is no indication of an empirically tested intervention model in the current research.

#### **Keywords**

Bereavement, Grief, Enfranchised Grief, Dis-enfranchised grief, Loss, Ambiguous loss, Foster Care, Alternative care, Temporary safe care, Non-death loss, trauma.

#### **2.1 Introduction**

Grief is hard. Unfortunately, in life, everybody experiences this phenomenon and will have to go through times of loss and its consequent grief. Unlike children who mourn the death of their

parents or other significant persons in their life, children in alternative care grieve non-death losses of parents, siblings and other significant persons repeatedly (Look, 2018; Mitchell, 2018).

Every year, a large number of children enter the alternative care system (Mitchell, 2018). This is mostly due to unsuitable circumstances in the care of biological parents, subsequently leading to the statutory removal of these children and placement in alternative care such as foster care, temporary safe care or placement in child- and youth care centres. The transition into alternative care is regarded as a significant life transition that is characterized by trauma, loss and grief (Mitchell, 2016; 2018; Whiting & Lee, 2003). In addition to experiencing trauma due to abuse or neglect in their primary homes, these children tend to experience additional trauma or may be re-traumatized when they are separated from their parents and familiar environment. This additional trauma may result in further losses and confusion in the life of the child (Look, 2018; Mitchell, 2018). Loss as a result of being removed is traumatic and painful, yet according to a study conducted by Mitchell (2018) children in the alternative care system report that these kinds of losses are frequently left unaddressed and disenfranchised by the child welfare system and practitioners (Mitchell, 2018). This raises concern regarding efficient service rendering of social workers in the child protection sector.

Many children in alternative care face numerous and ongoing non-death losses and also have to face these losses alone as they go unrecognised or unaddressed in a context of trying to safeguard these children (Crowe & Murray, 2005; Mitchell, 2018). Empirical evidence, however, shows a significant effect of loss on the lives of children and youth (Crowe & Murray, 2005). It is thus essential to explore how children in alternative care are affected when they are separated from their families. Also how their psychological and emotional well-being is affected in this regard and what interventions are necessary to address these effects.

After reviewing the current literature, it became clear to the researcher that loss infiltrates the lives of many children and youth and is not limited to death only. Therefore, while loss and trauma due to death and dying is widely researched and is indeed important, it is equally important for child welfare practitioners to understand specific losses which are not related to death. Crowe and Murray (2005) and Mitchell (2018) are of the opinion that when practitioners start to recognize the fact that loss is an integral part of nearly all adverse life events, they can begin to realize the importance of providing care takers of children with sufficient knowledge about loss and grief and how to care for children who are faced with such grief (Crowe & Murray, 2005; Mitchell, 2018).

In this manuscript, the researcher will provide a review of past and current literature regarding the research question which is formulated as: What is known about non-death bereavement

interventions for children in alternative care? By addressing this question the researcher aims to make a recommendation regarding the enhancing of intervention methods to address emotional trauma and non-death loss as experienced by children in the alternative care system.

## **2.2 Background**

### **2.2.1 Alternative care in the child protection system**

Children enter the alternative care system as a result of circumstances in the care of their biological parents or legal guardians which are not in their best interest (Mitchell, 2018). This results in their statutory removal and placement in the alternative care system. United Nations International Children's Emergency Fund (UNICEF) indicates that the estimated country-level figures of children living in alternative care worldwide, adds up to approximately 2.7 million children between the ages of 0 and 17 years old (Petrowski, Cappa & Gross, 2017). In South Africa alone statistics indicate that by 2014 a total of 11 105 children were living in child- and youth care centres; 506 911 children were in foster care and 1 165 children were adopted (DSD, 2018). One can thus clearly see that an extremely large number of children are affected by this phenomenon.

Alternative care refers to the care of a child away from the biological parent or legal guardian as ordered by a Children's Court (DSD, 2018). There are various kinds of alternative care but they are mainly grouped into two types, namely informal care and formal care. Informal care involves an agreement between family members or people who are close to the children to take care of them. This is common in most countries according to the Children's Guide (United Nations, 2010). Formal care involves placement of the child by the Children's Court in alternative care such as temporary safe care, foster care or placement in child- and youth care centres. The goal should be to provide a family setting as close as possible to the child's normal housing environment (DSD, 2018; United Nations, 2010). Placement in residential care (such as a refugee transit camp, emergency shelter, children's home, place of safety and orphanage) is only considered where it is appropriate, necessary and in the best interests of the individual child concerned (United Nations, 2010).

#### *Temporary safe care*

Temporary safe care can be defined as an interim form of alternative care to ensure that children who are identified to be at immediate risk of possible harm are protected for the duration of a social worker's investigation before formal children's court proceedings. It is thus a special measure which may be used by a designated social worker or police officer when they, on reasonable grounds, believe that the child is in immediate danger and his/her safety

depends on the immediate removal from a harmful event (DSD, 2018). Temporary safe care can be provided either by a person or a place; or in a child- and youth care centre that is approved to deliver such a program to children (DSD, 2018).

#### *Foster care*

Foster care can be described as a form of alternative care in which a Children's Court places a child who was found in need of care and protection. The placement may be with a person who is not a family member of the child or with a family member who is not the parent or guardian of the child (DSD, 2018). Definitions of foster care however vary internationally. The main goal of foster care is to ensure the safety and well-being of children who are unsafe in their home or family of origin (Look, 2018).

#### *Placement in a child- and youth care centre*

Child- and youth care centres provide residential care to a child in need of care and protection outside of the family environment in a home with more than six children. The intention of such placement, as with all other forms of alternative care, is to ensure the protection and on-going development of the child (DSD, 2018).

### **2.2.2 The purpose of alternative care**

The purpose of the alternative care system is to provide a temporary placement for children who live in families who are regarded as unsuitable or unable to provide in their physical or emotional needs. The primary goal of alternative care is thus to provide support to families in need and to ensure that children are cared for and nurtured in a home environment free of neglect (DSD, 2018). The guidelines for the alternative care of children in South Africa are specify that alternative care should ensure that a child can exercise all his/her rights, including access to education, health and other services, the right to identity, freedom of religion or belief, language and protection of property and inheritance rights. The alternative care arrangements should not separate children from their siblings unless there is a clear risk of abuse or other significant reason (United Nations, 2010).

Alternative care in theory is thus designed to reduce negative effects and harmful circumstances to children as it is intended to provide protection, well-being and stability to children who are in need of care and protection (Look, 2018). The reality is however that for children and families who are engaged with the child welfare system, loss and grief becomes inevitable and acute as soon as children are placed in the alternative care system. Many families experience loss of control and autonomy from their very first encounter with child welfare practitioners. In cases where a child is removed, a family loses a child and the child subsequently loses parents,

siblings, home, family and even community. With every placement change, losses intensify and grief multiplies (Office of the Children's Advocate, 2016). All of this transpires in addition to the loss of hope in being reunited with their families of origin (Fineran, 2012).

### **2.2.3 The transition into alternative care**

The alternative care experience begins with the move of children from potentially harmful or unsuitable housing environment to the safety of an alternative care environment. This move from a potentially harmful environment to a safe environment is considered in practice as suitable and beneficial to the child. Alternative care is however by definition a move away from all that is familiar, to a strange environment and with that comes a set of unique concerns and issues (Look, 2018).

The move from home to an alternative care environment frequently occurs suddenly and without any warning beforehand. Children are often picked up from their home and transferred to an alternative care placement or they are simply taken from a social worker's office, school or hospital and immediately transferred to an alternative home (Look, 2018). This occurs without providing them with the opportunity to return home to collect personal belongings or to say good-bye to family members and other significant people. Mitchell (2016) indicates that children who transitioned to an alternative care placement compared such transfer to the experience of being kidnapped, describing such experience as against their will with minimal explanation provided and little understanding about the reasons for being transferred. Norton (1981) adds to this and indicates that the reaction of a child placed in alternative care is similar to those commonly described in the literature on crisis theory and intervention. Thus, it appears that for most children, separation and placement outside of the natural familiar home may cause a genuine psychological crisis.

Norton (1981) argues that separation from the family and loved ones or separation from significant and familiar places is a difficult experience for most people regardless of age. People in general find a sense of security in familiarity and similarity. Norton (1981) is thus of the opinion that most children would rather remain with their biological parents than be transferred to a physically safe but strange environment even in cases of severe abuse. Norton (1981) also found in her studies that children who have been separated from their biological parents often display similar reactions to people who grieve the loss of the death of a loved one. These reactions often occur in stages such as shock, denial, anger, protest, despair, depression and resolution or adjustment. These stages of reaction is also very similar to the grief process as described in the literature by Elizabeth Kübler Ross on death and dying (Norton, 1981).

The manner in which grief is expressed, varies from person to person. Grief is thus not a linear process and its resolution has no fixed time. The manner in which a child grieves will depend on the age, developmental level and the personality of the child as well as their history of other losses. This depends on the nature of the loss and the meaning of that specific loss for the child. It is thus something specific to each child (Crowe & Murray, 2005; Office of the Children's Advocate, 2016). How children grieve also depends on the support structures available for them and how the loss is explained to them (Office of the Children's Advocate, 2016). Expressions of grief are often misunderstood. Sadness, anger, guilt, powerlessness or loneliness may be expressed by crying, nightmares, anxiety, changes in appetite, enuresis, tantrums, overcompensation, acting out, learning difficulties, headaches, fatigue and risk taking behaviours (Crowe & Murray, 2005; Lee & Whiting, 2007; Office of the Children's Advocate, 2016). This may in turn lead to the child displaying behavioural problems as a result of unresolved trauma and insufficient bereavement care, which then leads to a failed placement and the trauma of being moved from the familiar environment to yet another unfamiliar environment. Thus a vicious circle is created. Schoenewald (2016) indicates that with each move, the child experiences turmoil and unfamiliarity in the home and school environment. The process of understanding and adjusting to new routines and expectations begins again (Schoenewald, 2016).

One can thus clearly observe in the research that children in alternative care mostly experience loss repeatedly and in most cases it is expected of them to adjust to a new situation immediately. These new situations include things such as a new foster family or a new group home with unfamiliar children and personnel, new rules, new food, new schedules, new schools, a new community and a new culture in a strange environment where the emotional and physical anchors the child once had are no longer available (Office of the Children's Advocate, 2016). These children are expected to survive life-altering changes relying only on their individual strengths and skills, and to depend on the support and understanding of foster parents, alternative care givers and social workers who are complete strangers to them (Office of the Children's Advocate, 2016). Adults often simply assume that children are resilient because they are of young age. Adults assume that these children should have the ability to adapt to new situations quickly and with ease. Research however indicates that dealing with trauma can be especially problematic for children who were not provided with the opportunity to experience trauma as an exception and not as the rule (Office of the Children's Advocate, 2016). This is a totally new world for the child who is also experiencing intense loss, with the expectation to adapt to a situation which would most probably intimidate any healthy adult. These children mostly experience ambiguous loss, which in most cases go unrecognized and unaddressed.

#### 2.2.4 Ambiguous loss in alternative care

Ambiguous loss refers to conditions where a family member or loved one is psychologically present but physically absent (Mitchell, 2018). Ambiguous loss in alternative care is regarded as one of the most traumatic kinds of losses but appears to often be unnoticed as a source of trauma. This raises concern as Mitchell (2018) indicates that ambiguous loss can elicit confusion, trauma and turmoil for children in alternative care and, if left unattended, may result in loneliness, hopelessness, depression, despair and in some cases immobilization. Many children also indicate that they experience a lack of clarity about the way forward and when they will see their loved ones again (Mitchell, 2016; Whiting & Lee, 2003). It is noteworthy that the theory of ambiguous loss stresses the fact that without closure, the trauma of this kind of loss can become chronic. Practitioners are thus urged to consider the significant effect that ambiguous loss can have on an individual's life and the implications that can arise when an individual's grief is not attended to (Mitchell, 2016).

Ambiguous loss could however be considered from two different perspectives. From an outsider's perspective, the removal of a child from an abusive or neglectful home environment is generally regarded as a transition that alleviates a child's exposure to further stress and trauma. Mitchell (2016) and Look (2018) however emphasize that although it is indeed in the best interest of the child to be removed from an unsafe and harmful environment, this transition also has the potential to induce further trauma, which sometimes goes unnoticed by the adults in their lives (Look, 2018; Mitchell, 2016). The nature of alternative care thus has the potential to intensify loss and to disrupt the sense of belonging while protecting the child from unsafe environments (Schoenewald, 2016).

From an inside perspective, children's reports suggest that placement into alternative care is a traumatic experience for them and elicits grief and loss, which leaves an enduring impression (Mitchell, 2016). In research studies conducted by Mitchell (2016) and (2018), participants explained their experiences of ambiguous loss of parents, siblings or other loved ones as they were placed in alternative care. One participant stated the following: *"I had so many losses, man. I felt like my life was taken away, I felt like I didn't have no freedom, no independence, it was, to be completely honest with you really, it was one of the worst experiences in my life, going on 21 years that I've been on this earth that was definitely one of the worst experiences in my life, right there. You know, it was terrible. You know, I lost my strength, I lost my life, I lost myself. It was hell man. (male participant)* (Mitchell, 2018). Another study by Look (2018) produced similar results where foster care alumni described their entry into foster care as characterized with grief, worry, guilt and lost identity.

One can conclude from the above statement that placement in alternative care can challenge a child's sense of self, strength, sense of belonging, and self-confidence. It is thus critical that their perspectives and experiences of relationship loss as well as symbolic loss are identified and addressed. Symbolic loss refers to the psycho-social losses which an individual experiences (Mitchell, 2018). The current alternative care system thus appears to be paradoxical in nature, which may be due to a lack in efficient and systemic intervention models. When looking at the current research by Mitchell (2016; 2018) and Look (2018) it becomes clear that losing a loved one, regardless of whether or not the loss is related to death, can have a severely traumatic effect on many facets of a person's life. These effects may be experienced for extended periods of time. Mitchell (2016) writes that the impact of these losses can become further intensified when they are sudden, unexpected and ambiguous. According to Look (2018) the pain that children entering alternative care experience stretches far beyond the anxiety and trauma as a result of separation from the life and significant people in their lives. Schoenewald (2016) indicates that the unexpected changes in home, school and neighbourhood circumstances can create ambiguous losses and significantly affects the sense of belonging of these children.

The loss however does not end there. In the alternative care system, the pattern of broken relationships frequently accelerates as children are moved from one alternative care home to another. In most severe cases this process results in placement of the child into a more restrictive setting such as a group home or residential treatment centre (Look, 2018). The move to alternative care and between alternative care homes often occur without prior warning and children are placed away from people and environments which they are familiar with. This impacts their relationships with significant people in their lives. Schoenewald (2016) emphasizes that appropriate adult functioning in society requires the ability to form relationships and that a distorted sense of belonging can affect that ability. This indicates the importance of efficient and systemic bereavement intervention models in practice.

Many terms such as "non-finite loss", "ambiguous loss" "chronic sorrow", "symbolic loss" and "non-death loss" have been used to explain this continuous cycle of loss. However, no matter how we label this painful experience, research makes it clear that this cycle of loss and grief as endured by children in the alternative care system is a phenomenon which is often left without discussion and is mostly misunderstood (Look, 2018). The removal of children from unsafe and abusive environments however remains inevitable when considering the goal of safeguarding these children (Look, 2018). Therefore, it is of utmost importance that the trauma and loss of removal is addressed efficiently in a way that is least intrusive to the child. Thus, the need exists for a systemic and empirically tested model to achieve this.

An abundance of research exists regarding the experiences of children in the alternative care system. Relatively little has however been written on trauma-informed care within the child welfare system, specifically focusing on bereavement therapy and intervention models, to address these experiences of non-death loss. This paper reviews past and current literature pertaining to what is known about non-death bereavement for children in the alternative care by focusing on the prevalence of trauma and specifically loss and intervention methods to address such loss.

### **2.3 Purpose of the present study**

Given the clear evidence that, although it may be in the best interest of children to be removed from potentially harmful and abusive environments, they still experience severe trauma and grief when they are placed in the alternative care system, various researchers identified a need for programs, policy and practice models to address this trauma and loss in the child protection system. Therefore, this study aimed to research what is known about current intervention models to address the grief and loss as experienced by children in the alternative care system. Specifically, the research question guiding this study is: What is known about non-death bereavement interventions for children in alternative care? The purpose of this review was to investigate literature pertaining to non-death bereavement interventions for children in alternative care.

### **2.4 Methods**

Rapid review procedures were used to search, select and extract data from literature sources that met a priori criteria.

#### **2.4.1 Eligibility criteria**

The following literature sources were eligible for inclusion: Full text journals articles, peer reviewed data sources, non-peer reviewed data sources, quantitative studies, qualitative studies, mixed methods studies, literature reviews, and grey literature such as PhD theses, masters' dissertations / mini dissertations, conference proceedings and web pages. Articles published in languages other than Afrikaans and English were excluded. Only literature sources specifically related to bereavement and grief in the alternative care system was included. The review was not time sensitive and therefore no time range was connected to this study. The age range for this study was zero to 18 as in South Africa a person between the ages of zero to 18 years of age is regarded as a child (Children's Act, 2005). Grey literature and non-peer reviewed literature sources were included in the study on the basis that they may include valuable information. The researcher acknowledges that these literature sources may impact

the quality of the results and therefore main arguments are not based on information obtained from these grey literature sources.

#### **2.4.2 Search strategy**

For the purpose of this research study the issue is defined as: non-death bereavement intervention for children in alternative care. The database search strategy was done by conducting a scope search making use of the One Search engine at the NWU Library. One Search is a search engine that provides a fast, exact and inclusive search of 262 electronic databases. The PICO components were used as the basis for the keywords in the search strategy. Combinations of the following phrases were used to conduct the search: "Bereavement therapy", "Bereavement intervention", "Bereavement therapeutic services", "Foster child", "Foster care", "Alternative care", "Temporary safe care", "Child in the system", "Out of home care", "Non-death loss", "Trauma", "Bereavement", and "Grief".

#### **2.4.3 Selection and data extraction**

Titles and abstracts were screened by the first author (student) for relevance, using a screening form to determine potential inclusion. The Critical Appraisal Skills Programme (CASP, 2017) was used to appraise the methodological quality of each article. The AACODS checklist (Tyndall, 2010) was utilized to appraise grey literature. The second author (study supervisor) verified the quality appraisal. Following the appraisal, the data sources were synthesised by means of the six-phase thematic analysis as suggested by Braun and Clarke (2006) in order to identify common themes across the studies. This was followed by a narrative summary of the methods, interventions, participants, outcomes, and findings of the reviewed literature.

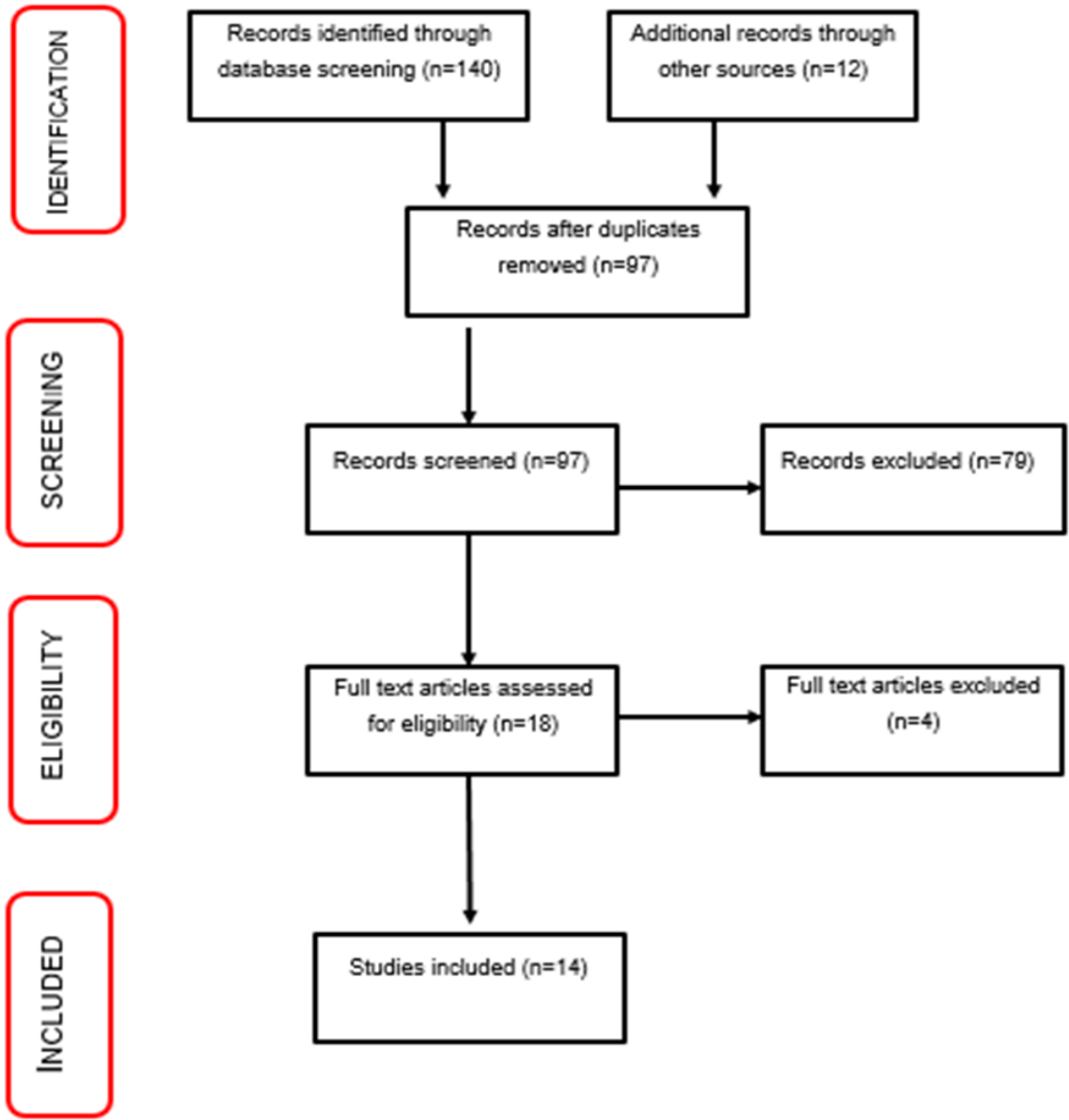
A well-established rapid review approach (Dobbins, 2017) was adopted that included collaboration between the student researcher and study leader in the screening, quality appraisal and data-extracting process to eliminate possible bias and thereby increase to trustworthiness. The study received institutional ethical approval.

### **2.5 Findings**

The initial scoping search produced 377 records and once limiting the search to full text articles, a total of 310 articles were found. The 310 articles were once again limited to the following subjects: "Foster care", "Foster children", "Trauma", "Children", "Child", "Foster", "Residential care", "Intervention", "Emotions", "Out of home care" and "Grief", which reduced the number of articles to 140. A further 12 articles were located after a manual search with the assistance of the subject librarian and study leader. After 55 duplicates were removed, 97 articles remained to

be screened. The author screened the title and abstract of each article and found 18 that matched with the eligibility criteria. After the critical appraisal process, a total of two articles were excluded and another two articles during the data extraction process as the contents proved irrelevant to the research question. A total of 14 data sources met all inclusion criteria and were deemed suitable for the detailed data extraction.

Figure 1 presents the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow diagram summarizing the inclusion and exclusion decisions made by both authors.



**Figure 1:** Flow diagram of study selection

### **2.5.1 Characteristics of included articles**

The characteristics of the included documents (n=14) are presented in Table 1. Of the included documents, n=4 (28.58%) are journal articles reporting qualitative studies, n=5 (35.71%) are review and opinion journal articles, and n=5 (35.71%) were grey literature. The grey literature included one thesis and four web pages. Therefore, nine of these sources are considered secondary literature, with other words not reporting primary data (Singh, 2013).

**Table 1.**

*Summary of included studies*

Source number	Author and year	Publication type	Setting/Population	Intervention
1	Crowe & Murray (2005)	Grey literature, Web page	Children and adolescents in alternative care. Age: Various developmental stages.	Training manual for <b>alternative care workers</b> to present to foster carers. The author suggests a 3 step model to address loss and grief based on expert knowledge and experience.
2	Fineran (2012)	Journal article, Clinical case study	A child in foster care. Age: 8 years.	Describes ways in which <b>counsellors</b> may be able to work with children experiences similar losses and grief processes based on a clinical case study.
3	Henry (2005)	Journal article, Review & opinion article	Children living in out-of-home care (includes foster care). Ages not specified.	Describes a practice model for <b>practitioners</b> regarding the preparation of children for permanency that include assisting the child in grieving loss based on a review of literature.
4	Hois (2007)	Grey literature, Web page	Children separated from or who lost parents. Age: Various developmental stages.	Recommends activities for <b>practitioners and alternative care givers</b> to minimize the effects of loss during various developmental stages based on expert knowledge and experience.
5	Lee & Whiting (2007)	Journal Article, Qualitative study	Children in foster care. Ages: 7-12 and 2-10 years.	Discusses implications for <b>professional practice</b> based on semi-structured interviews with 23 foster children and narratives of 183 foster children and literature.
6	Look (2018)	Journal article, Review & opinion article	Children in foster care. Ages not specified.	Discusses implications for <b>professional practice</b> based on a synopsis of some current statistics about foster care and the experience of the foster care system.
7	Mitchell (2016)	Journal article, Review & opinion article	Children in foster care. Ages not specified.	Suggests ways for <b>practitioners</b> to support children in foster care who experience loss based on the theory of ambiguous loss as guiding framework.

Source number	Author and year	Publication type	Setting/Population	Intervention
8	Mitchell (2018)	Journal article, Qualitative study	Youth transitioning out of foster care  Age: 17, 19 and 21 years.	Recommendations regarding <b>educational programs and policies</b> based on a longitudinal research study examining the outcomes and experiences of youth transitioning out of foster care
9	Murphy & Jenkinson (2012)	Journal article, Review & opinion article	Children in foster care.  Ages: 12-18 years.	The author emphasizes the importance of <b>social work practitioners</b> listening to and acknowledging the voice of the child with a particular focus on grief and loss based on Murphy's own perspective and experience as a foster carer.
10	Norton (1981)	Journal article, Review & opinion article	Children in foster care. Age: Various developmental stages.	The author recommends that <b>practitioners</b> must recognize the 4 stages of separation and deal with it at a maximum level of concern based on expert knowledge regarding developmental stages.
11	Office of the Children's Advocate (2016)	Grey literature, Web page	Children in foster care. Ages not specified.	The 3-5-7 model framework is recommended to <b>practitioners</b> as intervention model as well as specific activities and programs.
12	Schoenewald (2016)	Grey literature Thesis Qualitative study	Foster care alumni. Ages: 18-23 years.	Recommendations regarding <b>policy changes</b> based on theoretical and clinical/intervention based research using photo elicitation techniques and repeated in depth interviews with 10 foster care alumni.
13	Whiting & Lee (2003)	Journal article, Qualitative study	Children in foster care. Ages: pre-adolescence.	Recommends knowledge and skills of the <b>practitioner</b> based on a qualitative analysis of the narratives of 23 pre-adolescent children. The focus is on empathetic intervention.
14	Wisconsin Adoption	Grey literature, Web page	Children in foster care. Age not specified.	A suggested action plan to address grief and loss to <b>foster parents</b> based on literature, expert knowledge and experience.

Table 1 illustrates that the majority of data sources (n=10) make recommendations to the practitioner and suggest specific intervention methods and activities to assist the child in the grieving process. One data source (n=1) indicates that no systemic model exists yet to address the loss and grief of children in the alternative care system and only a few sources (n=3) recommend the change and enhancement of programs and policies in the child welfare system. Specific models for intervention purposes such as the 3-5-7 model by Henry (2005) are also recommended by three (n=3) data sources. The 3-5-7 model is a newly developed method which provides a specific approach for those who work or live with children in temporary safe care, remain in care and are making the transition to permanency through reunification, kinship care or adoption (Henry, 2005). None of the suggested models have however been empirically tested in order to establish a specific program and to make recommendations regarding policy in this regard.

*Alternative care setting:* The majority (n=10) of data sources specifically focus on children in foster care, while two (n=2) studies refer to children in alternative care in general, who have experienced non-death loss. One (n=1) data source refer to children separated from their parents and does not specify alternative care and one (n=1) data source focusses on youth transitioning out of foster care.

*Age:* Six (n=6) data sources specify the ages of children, while five (n=5) sources do not refer to the specific ages of the children in their studies. Only three (n=3) data sources are based on the various developmental stages of children.

*Suggested intervention methods:* One (n=1) data source recommends intervention methods to foster parents and one (n=1) recommends intervention methods to the alternative care worker. The remaining 12 articles (n=12) suggest intervention methods for the professional practitioner or counsellor.

## **2.5.2 The themes**

A thematic analysis was conducted according to the six-phase guide suggested by Braun and Clarke (2006). The analysis facilitated the extraction of four main themes and two subthemes:

1. Recommendations for practitioners;
2. Recommendations in terms of intervention methods;
  - 2.1 Specific models, activities and tools;
  - 2.2 Listening to the voice of the child;
3. The need for expert knowledge;
4. Recommendations regarding programs and policy.

**Table 2:***Summary of the results of the thematic analysis*

<b>Author</b>	<b>Recommendations for practitioners</b>	<b>Recommendations in terms of specific intervention methods</b>	<b>The need for expert knowledge</b>	<b>Recommendations regarding programs and policies</b>
Crowe & Murray (2005)	X	X		
Fineran (2012)	X			
Henry (2005)	X	X		
Hois (2007)	X	X		
Lee & Whiting (2007)	X	X	X	
Look (2018)	X	X	X	X
Mitchell (2016)	X			
Mitchell (2018)		X		X
Murphy & Jenkinson (2012)		X	X	
Norton(1981)	X	X		
Office of the Children's Advocate (2016)	X	X	X	X
Schoenewald (2016)				X
Whiting & Lee (2003)		X		X
(Wisconsin Adoption, n.d.) (retrieved: 2019.03.18)		X		

## **Theme 1: Recommendations for practitioners**

The Office of the Children's Advocate (2016) suggests that practitioners should respond intentionally with empathy, compassion and understanding to ensure physical, emotional and spiritual resiliency of children experiencing loss and grief. Lee and Whiting (2007) emphasize the importance of understanding grief and loss and indicate that therapists, case managers, officers of the court and members of the alternative care family should not regard externalizing and internalizing behaviour of children in alternative care as a pathology. They should rather regard these behaviours as active coping strategies, which are appropriate according to the child's circumstances. Lee and Whiting (2007) caution that attempts to suppress these behaviours in the interest of peaceful placements are unrealistic and may aggravate underlying psychosocial conditions. It is thus essential that professionals who render services to children in alternative care as well as their biological and alternative care givers need to assume the presence of ambiguous loss and its influence on all parties involved. Mitchell (2016) urges practitioners to consider the significant effect that ambiguous loss can have on an individual's life and the implications that can arise when an individual's grief is not attended to. Lee and Whiting (2007) further suggest that practitioners should better inform children in alternative care of the reason for their placement and the current status of their biological families.

Fineran (2012) describes ways for counsellors to work with children experiencing loss and grief and how to assist children and families in navigating the grief process, while Henry (2005) suggests the use of the 3-5-7 model. Fineran (2012) is of the opinion that the goals of the counsellor/practitioners in this process should be to assist the child in accepting the reality that the parent is now absent and can no longer provide the child with care or a home; to assist the child in identifying, processing and appropriately expressing feelings of anger, guilt, anxiety and helplessness; to assure the child that the removal is not his/her fault or responsibility; and affirm and encourage the child while promoting hope for his/her future. Hois (2007) emphasized the importance of considering the developmental stages of the child and gives guidelines to minimize the effects of loss during each developmental stage.

Fineran (2012) and Look (2018) further refer to a series of tasks proposed by Worden (1991) as a way of structuring clinical work related to grief and the process of grieving, whereas Crowe and Murray (2005) refer to specific grieving tasks, which are divided into early tasks, middle tasks and late tasks. Norton (1981) described the four stages of grief as experienced by children who have been separated from their biological families and suggests ways to deal with children in each stage. It is suggested that mourning is a personal process and it should thus be noted that the tasks may be accomplished in no specifically set order.

Fineran (2012) and Look (2018) describe the tasks of grieving as follow:

a. Accepting the reality of the loss

To complete this task, Fineran (2012) suggests motivational interviewing, which refers to an approach developed to work with clients who are perceived to be in denial, resistant or ambivalent. Motivational interviewing is connected with the idea of stages of change in the trans-theoretical model. In this model there are stages that a person navigates in the pursuit of behavioural change. These stages include pre-contemplation, contemplation, preparation, action and maintenance (Fineran, 2012)

b. Working through the pain of the loss

Fineran (2012) suggests various intervention methods to complete this task and indicated that creative arts such as poems, songs and drawings in counselling with children might assist them to identify and manage feelings. Fineran (2012) mentions that these techniques can be particularly helpful for children who find it difficult to verbally express their feelings.

c. Adjusting to the environment where the parent is absent

Fineran (2012) suggests a conversation with the child about how life has changed since the biological parent has been absent. Questions about changes at home, at school and with friends may be helpful to explore. Additionally, questions about how the child has changed since having to be without the parent may provide a pathway for further exploration. Fineran (2012) suggests that by helping the child to investigate how he/she copes with the changes can also lead to a discussion about the child's internal strengths. Psychoeducation focused on developing effective coping strategies and identifying supports can also be a powerful tool in working through this task of grief (Fineran, 2012).

Another important aspect of helping the child through this task is to recognize the fact that many children feel helpless and out of control over their own lives when they have been placed in the alternative care system. It is thus essential for practitioners to focus on helping these children to gain a sense of empowerment (Fineran, 2012; Lee & Whiting, 2007).

d. To emotionally relocate the absent person and move on with life

Fineran (2012) and Wisconsin Adoption (n.d.) suggest various activities to help the child to emotionally relocate the relationship and transition into a new phase of life. These activities include the creation of a birth parent box where the child selects symbolic representative items to place in a box, various letter-writing techniques, the use of life books, timelines, clarifying of

unfulfilled wishes and acknowledgment of anniversaries to assist children with the grieving process.

Fineran (2012) concludes that when working with children in the alternative care system, it is essential that the practitioner recognizes and appreciates the various experiences these children have had in their lives and the fact that they may have different reactions to similar circumstances. Although models may assist the practitioner to conceptualize the child's grief and loss in an organized manner, there are certain limitations to the applications of these practice models and frameworks. Fineran (2012) and Norton (1981) emphasized that it is important to keep in mind that individuals construct meaning from their own lives and grief experiences in various and complex ways. Therefore, no single model or set of tasks can accurately describe each lived experience. It is thus important that practitioners value the unique and multifaceted nature of each grief experience and understand that the above recommendations are provided as guidelines and not necessarily the norm.

Norton (1981) described the stages of grief slightly different than the tasks of grief as suggested by Fineran (2012) and Look (2018). The recommendations for the practitioner regarding dealing with a child who experiences grief are however similar.

The four stages of grief are described as follow:

#### Stage 1: Shock

When dealing with children who experience this stage of separation, Norton (1981) suggests that the practitioner must be sensitive to the child's various response patterns.

#### Stage 2: Protest

During this stage Norton (1981) suggests that the practitioner must help the child to accept the loss and to view it as something that is safely in the past. This is of utmost importance to help the child process the initial trauma of being removed.

#### Stage 3: Despair

This stage appears to be characterized by a state of helplessness (Norton, 1981). The child will participate as little as possible and appears to have no direction in terms of building relationships. Norton (1981) indicated that the passing of this stage will depend on the age of the child. Young children may move through this stage relatively quickly while adolescents may take more time in doing so.

#### Stage 4: Detachment

According to Norton (1981), when dealing with the child during this stage of the separation process, the practitioner must assist the child in developing the necessary coping behaviours in order to deal with the separation.

#### **Theme 2: Recommendations regarding intervention**

Literature suggests the following activities, models and tools for intervention and emphasized the importance of listening to the perspective of the child when rendering services:

##### *Specific models, activities and tools*

Norton (1981) suggests counselling in this regard, while Look (2018) is of the opinion that, although there are times when individual therapy such as child centred play therapy can be beneficial, if practitioners would modify treatment to include more non-traditional modalities such as family, group and community interventions as well as specific grief tools such as the 3-5-7 framework developed by Henry (2005), it could be most likely that effectiveness of treatment will increase.

The Office of the Children's Advocate (2016) agrees with Look (2018) by recommending the 3-5-7 framework developed by Henry (2005), as well as family group conferencing as possible interventions while the resources of Wisconsin Adoption (n.d.) recommend activities such as life books, anniversary acknowledgements and timelines to address grief. The 3-5-7 framework was developed by Darla Henry (2005). It is described as a model to guide social work interventions with children in alternative care in the child welfare system. This model is based on a formula that intertwines three components together through a variety of activities, which assist the child in making a successful transition from uncertainty to permanency as the child reconciles the separations and trauma of his/her life. However, this model has not yet been tested as Henry (2005) indicates that no systematic model currently exists in practice to guide permanency work for those children in alternative care. The purpose of this model as designed by Henry (2005) is to describe a model to guide social work interventions with children in the alternative care system.

Crowe and Murray (2005) present a three-step model, which is based on the theory of loss. This model argues that there are three intertwined but essential steps in care of children, which can be summarized in three words.

- **Respect:** This is the essential first step of any care. The authors emphasize the importance of respect for children in the system, their loved ones and the experience of grieving itself.

- **Understanding:** This entails an understanding of the grief that the individual is experiencing. Crowe and Murray (2005) are of the opinion that this understanding is one of the greatest challenges in working with children.
- **Enablement:** The role of the alternative carer is not to “cure” the child from grief but to support and enhance the normal healing of grieving. Enablement can occur at all levels in a community, from professional activities to systemic intervention, and also can include activities associated with prevention or treatment. Therefore, all disciplines, no matter what their level of interaction with children are, can be involved in the care of children confronted with loss (Crowe & Murray, 2005).

Crowe and Murray (2005) further describe different models of grieving according to various theories as well as the opinions of various theorists regarding children’s ability to grieve. These theories include attachment theory, social constructionist- or social learning theory, cognitive- or behavioural theories and personal construct theory. Lee and Whiting (2007) also suggest that the theory of ambiguous loss will be very helpful to understand children in the alternative care system and to create appropriate interventions. Lee and Whiting (2007) are of the opinion that this theory will provide valuable insights to inform both individual psychological and contextual foci. Hois (2007) gives general guidelines in minimizing the effects of loss during various developmental stages.

#### *Listening to the voice of the child*

The stories of children in foster care are their interpretations of their life experiences, including their interactions with various systems. A better understanding of how children experience these interactions may uncover gaps in the alternative care system where the needs of the children are unmet. Lee and Whiting (2007), Whiting and Lee (2003), and Murphy and Jenkinson (2012) support this statement and emphasize the importance of listening to children in the system. Murphy and Jenkinson (2012) refer to the work of Giligan (2000) where he presents a plausible argument for listening to young people when it comes to social work interventions. According to Murphy and Jenkinson (2012), Giligan makes the statement that life as experienced by children in the alternative care system can only be truly understood within their own narrative. Therefore, they must be an integral component in all decisions and plans made for them (Murphy & Jenkinson, 2012). What we as practitioners perceive as a problem, may not be perceived as such by the child. Service-users are said to have the best understanding and knowledge about their own circumstances and objectives and therefore they should be provided with the opportunity to be heard. Murphy and Jenkinson (2012) thus argue that we have to create a space for the voices of the children within the system. Not doing so may lead to the loss of a valuable resource.

Whatever the reason may be for contact with the child welfare system, the involvement of this system is inevitably invasive and in most cases occurs without any input from the child (Office of the Children's Advocate, 2016). From the child's perspective, introduction to the child welfare system is characterized by the sudden loss of their parents, siblings, extended family, friends, school, home, community and culture. The child may not know when they will see their family, friends or school again and this can result in feelings of instability and fear as well as a loss of personal history, identity, belonging and control (Office of the Children's Advocate, 2016).

There appears to be a constant and persistent theme of loss when children talk about their time in care. It is a clear message which is consistently repeated when children and youth open up about their experiences in the system. A 2003 study into the stories of foster children noted that they experienced confusion and uncertainty about why they were taken into care, and what would happen to them in the future. The narratives of these foster children described the loss of many things, including families, friends, and possessions; and resulting in feelings of fear and anger (Office of the Children's Advocate, 2016; Whiting & Lee, 2003).

*How can listening improve the lives of children in the system?*

According to Murphy and Jenkinson (2012) listening to young people in care requires skill in deciphering the message that is communicated not only verbally, but importantly, via non-verbal methods. It is not always possible to act upon this information but listening, acknowledging their concerns, hearing their perception and eventually explaining or exploring alternatives with them is essential. Murphy and Jenkinson (2012) indicate the following reasons as to why listening to children in care is of utmost importance:

- (1) Care plans will not work effectively unless the views of young people who are already in the system is taken into account. It is argued that it is in the best interest of these children to gain a degree of control over their lives, leading to refinement in all other areas of development. This leads to improved and better informed decision-making by all parties involved.
- (2) Children in alternative care often suffer from low self-esteem, a negative self-perception and the experience of loss and grief. By providing these children with the opportunity to have an input into their own lives may profoundly enhance their resilience to overcome these adversities. Murphy and Jenkinson (2012) further explain that physical and psychological health and happiness is influenced by enhanced social relations, which social workers are able to facilitate. Children and young people who previously felt that they had no voice or perceived themselves as unworthy of recognition, benefit greatly from being listened to and taken into consideration.

- (3) From an ethical perspective Murphy and Jenkinson (2012) indicate that the power imbalance that exists between a child and their social worker can become detrimental. A true partnership can however be problematic due to agency policies as well as due to pressure caused by insufficient resources. They emphasize that social workers can contribute to this inequality if they regard their service users as deprived, vulnerable and dependent. They however argue that this should not prevent the practitioner from attempting to reduce the imbalance. This can be facilitated by re-appraisal of the service user's knowledge. By providing a more central place to the voice of the service user may reduce this power imbalance and contribute to a more equitable exchange. Mitchell (2018) refers to the concept of enfranchised grief in this regard. While some participants in her study indicate that their grief was overlooked and unaddressed while they were in alternative care, some of the participants reported that their grief was not left unattended. One participant reported the following: *"My DSS worker was pretty much like a mentor to me throughout the whole process. To this day I can still call her and talk to her about anything. No matter how depressed or sad I was about being taken from custody I knew that I always had a person even before I had met my foster mother ... because she already knew the situation of why we had got taken from my parents and everything so she could help me understand everything spiritually a lot more and it helped me understand everything"* (Larson, male participant). Another participant identified a foster parent who supported him when he was grieving the loss of his parents. *"My foster parent didn't treat me different than her kids and she showed me love just like a mother would and I got real close. And so, that comfort to start to express myself and she helped me with the anger I had and that everything was gonna be ok. She would reassure me that I'll be ok even though I was going through a tough time"* (Jeff, Male Participant)

The above statements by participants bring us to the conclusion that children who received some kind of acknowledgement and had a person to confide in led to them experiencing foster care more positively than some of the other participants.

### **Theme 3: The need for expert knowledge and skill**

Murphy and Jenkinson (2012), as well as Look (2018) present an argument in their studies outlining the need for an expert knowledge of grief and loss as well as attachment theories on the part of social workers who render services to young people, along with excellent communication and engagement skills to facilitate an understating of the life as experienced by the person in alternative care. There appears to be a need to conceptualize and understand the loss and grief that children in alternative care experience so that it can be treated and resolved more efficiently. Look (2018) is of the opinion that by using positive relationships as a model,

creating a more understanding network around children and by integrating non-traditional loss and grief tools, the face of grief for children in alternative care could be changed. Lee and Whiting (2007) agree with Look (2018) and indicate that interventions should be psycho-educational and involve all stakeholders in a placement plan. According to Lee and Whiting (2007) the immediate goal is to make the things that are regarded as disruptive to the alternative care placement more understandable. This means that all people involved in the placement must move from deficit detecting to appreciating that many of these disturbing behaviours may indeed be signs of ego strength. Most importantly Lee and Whiting (2007) emphasize that we all need to move away from blame, shame and corrective behavioural management strategies that intensify underlying anger, insecurity and depression.

The Office of the Children's Advocate (2016) indicates that children in alternative care deserve caretakers and practitioners equipped with the necessary knowledge of loss and grief. They further suggest that in cases where it is necessary to remove a child, it must be done with a complete understanding of the trauma and losses that the child will experience.

#### **Theme 4: Programs and policies**

According to Look (2018) the most critical intervention for children in the alternative care system is the prevention of multiple placements. Whiting and Lee (2003) point out that the narratives of children who grew up in alternative care might help to shape the institutions that serve them. These institutions, who have the goal of assisting children in the alternative care system, often lack clear and consistent policy prescriptions. By hearing from those in alternative care, institutions can improve their knowledge of the nature of such care and how family service programs and policies can better serve them (Whiting & Lee, 2003). According to Mitchell (2018), practitioners must make conscious effort to prevent adverse outcomes for children in the alternative care system, by the provision of appropriate support and services. Mitchell (2018) believes that the lived experiences of children in the alternative care system demonstrate the need for child welfare providers, practitioners and policy-makers to address the impact of non-death losses on children in the alternative care system.

Schoenewald (2016) on the other hand focuses on the sense of belonging and trauma of children in the alternative care system and suggest that screening of this should be put into place through a formal policy for all children in alternative care. Additionally, policies need to be ratified to necessitate and regulate education for foster parents and alternative care givers about a sense of belonging as well as trauma-informed care. Schoenewald (2016) further suggests that for each new alternative care placement, policy should require the allocation of that child to a multidisciplinary team. Team members should include the child protection

caseworker, other involved social workers, nurses, physicians, teachers, and other applicable specialists, such as psychologists and nutritionists. Even as children in the alternative care system are transferred between homes, and age out of the system, the multidisciplinary team must still ensure consistency, better identification of subtle changes in health status, and appropriate regular screenings. Based on her research Mitchell (2018) recommends that the child welfare field enhance programs and policies in order to address these children's experiences of non-death loss and to educate child welfare professionals about the traumatic impact of non-death loss on children and how to support them during their time of grief (Mitchell, 2018).

## **2.6 Discussion**

The removal of children from the care of their biological parents and placement in alternative care due to unsuitable circumstances remains an inevitable phenomenon in the child protection sector. While the fundamental goal of alternative care is positive and much needed in the sense of providing safer living circumstances for children in need of care and protection, research indicates that there are multiple aspects of alternative care that are potentially negative. There appears to be a long-standing and consistent theme of loss when children share their experiences in alternative care, and there is a clear message regarding ambiguous loss, which is consistently repeated. When a child loses a parent or sibling, the psychological repercussions are always intense. For children that enter the alternative care system, the pain that they experience reaches far beyond the initial anxiety and trauma that results from separation from their primary care givers and people that they were familiar with before they were removed and extends to an on-going loss, which in most cases is left unaddressed.

A striking finding in this study was that past and current research indicate that non-death losses are severely traumatic for children, yet the majority of children interviewed in various research studies as reviewed in this study reported that their losses were overlooked by the child welfare system. This was in spite of the fact that their experiences clearly indicate the need for child welfare service providers, professional practitioners and policy makers to address the negative impact of non-death losses such as ambiguous loss of children in alternative care. It is alarming that some children compare this experience with that of kidnapping and is, according to the researcher, a strong indication that more efficient intervention models should be set in place as placement in alternative care cannot always be avoided. The goal is to improve the circumstances of these children rather than adding to the trauma they have already experienced. It is thus of utmost importance that the procedures when removing children from their primary care giver and placing them with alternative care givers, are improved to reduce trauma and loss as far as possible.

This research found that the alternative care experience holds several losses for children. This experience is characterized by uncertainty and emotional turmoil and intensifies when children are moved between placements as a result of placement instability. The researcher is of the opinion that placement instability can be largely reduced by efficient intervention models to address this initial loss. In many cases, children display behavioural symptoms as a result of their emotional discomfort when placed in alternative care. When this is not efficiently addressed, it will escalate to the point of a failed placement where the child must be transferred to yet another home. This creates a vicious cycle of trauma and loss and will intensify the initial behavioural symptoms, which may lead to yet another unsuccessful placement. These behavioural symptoms of emotional discomfort in children who have been placed in the alternative care system should rather be regarded as normal and ideally, intervention methods of social workers and other practitioners should be guided by these behavioural patterns

In this review the researcher mainly found secondary data sources and only a limited number of primary resources. This is an indication of a definite need in terms of primary research regarding this phenomenon. Despite an abundance of research about the experiences of children in the alternative care system and findings that children do experience trauma and loss after being removed from their familiar environment and loved ones, no standardized and empirically tested intervention model to address the non-death loss has yet been established. Although various issues such as ambiguous loss, grief, trauma and behavioural problems have been identified as a result of placement in alternative care and various intervention methods and treatment approaches have been recommended, a standardized model and a common framework, which is specifically designed to attend to these issues, is still missing.

In particular, research makes recommendations regarding specific intervention methods and activities and emphasizes the importance of taking the view of the child into consideration. It is also recommended that the child welfare practitioner must have an expert knowledge and skill regarding non-death loss as experienced by the child in the alternative care system. However, although intervention models such as the 3-5-7 model by Henry (2005) is suggested in the literature, none of the commonly cited models have been empirically validated in order to establish a specific standardized program and to make recommendations regarding programs and policy.

Children in alternative care will always be faced with ambiguity and loss. The work of practitioners and policy makers is to seek out the most effective means to reduce the impact thereof and must be cautious that their intervention methods do not cause additional trauma and stress to vulnerable children who have already been exposed to unsuitable circumstances. Currently no standardized model exists to address the loss and grief of children in the

alternative care system and the development and empirical testing of such model is thus highly recommended.

## REFERENCES

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi: 10.1191/1478088706qp063oa
- CASP (*Critical Appraisal Skills Programme*). (2017). Retrieved from [www.casp-uk.net](http://www.casp-uk.net)
- Critical Appraisal Skills Programme see CASP.
- Crowe, L. & Murray, J. (2005). *Advanced module: Loss and grief for children in care*. Queensland Government. Department of Child Safety, Youth and Women. Retrieved from <https://www.communities.qld.gov.au/resources/childsafety/foster-care/training/documents/advloss-addnotes.pdf>
- Dobbins, M. (2017). *Rapid review guidebook: Steps for conducting a rapid review*. McMaster University. National Collaborating Centre for Methods and Tools. Retrieved from <https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf>
- DSD see South Africa. Department of Social Development.
- Fineran, K. R. (2012). Helping foster and adopted children to grieve the loss of birthparents : A case study example. *The Family Journal*, 20(4), 369–375. doi: 10.1177/1066480712451230
- Henry, D. L. (2005). The 3-5-7 model: Preparing children for permanency. *Children and Youth Services Review*, 27(2), 197–212. doi: 10.1016/j.childyouth.2004.09.002
- Hois, S. (2007). *Effects of separation and loss on children's development*. Retrieved from [https://pcavt.org/assets/files/Articles/%27s Development.pdf](https://pcavt.org/assets/files/Articles/%27s%20Development.pdf)
- Lee, R. E., & Whiting, J. B. (2007). Foster children's expressions of ambiguous loss. *American Journal of Family Therapy*, 35(5), 417–428. doi: 10.1080/01926180601057499
- Look, A. (2018). The face of grief in foster care. *Journal of Humanistic Psychology*, 1–14. doi: 10.1177/0022167818812723
- Mitchell, M. B. (2016). The family dance: Ambiguous loss, meaning making, and the

- psychological family in foster care. *Journal of Family Theory and Review*, 8(3), 360–372. doi: 10.1111/jftr.12151
- Mitchell, M. B. (2018). “No one acknowledged my loss and hurt”: Non-death loss, grief, and trauma in foster care. *Child and Adolescent Social Work Journal*, 35(1), 1–9. doi: 10.1007/s10560-017-0502-8
- Murphy, D., & Jenkinson, H. (2012). The mutual benefits of listening to young people in care, with a particular focus on grief and loss: An Irish Foster carer’s perspective. *Child Care in Practice*, 18(3), 243–253. doi: 10.1080/13575279.2012.683772
- Norton, F. H. (1981). Foster Care and the Helping Professions. *The Personnel and Guidance Journal*, 60(3), 156–159. doi: 10.1002/j.2164-4918.1981.tb00769.x
- Office of the Children’s Advocate. (2016). *Don’t call me resilient: What loss and grief look like for children and youth in care*. Canadian Child Welfare. Manitoba. Retrieved from <http://www.cyc-net.org/pdf/Loss-and-Grief-FINAL-web.pdf>
- Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse and Neglect*, 70, 388–398. doi: 10.1016/j.chiabu.2016.11.026
- Singh, G. (2013). *Information sources, services and systems*. Delhi: PHI Learning.
- Schoenewald, C. (2016). *A qualitative study to explore ambiguous loss and belonging in foster care* (PhD dissertation). University of Wisconsin-Milwaukee. Retrieved from <https://dc.uwm.edu/cgi/viewcontent.cgi?article=2203&context=etd>
- South Africa. (2005). *Children’s Act 38 of 2005*. Retrieved from <https://www.refworld.org/docid/46b82aa62.html>
- South Africa. Department of Social Development. (2018). *Child care and protection policy*. Pretoria: DSD.
- Tyndall., J. (2010). *The AACODS checklist is designed to enable evaluation and critical appraisal of grey literature*. Flinders University. Retrieved from [https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS\\_Checklist.pdf?sequence=4&isAllowed=y](https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS_Checklist.pdf?sequence=4&isAllowed=y)
- United Nations. (2010). *Guidelines for the alternative care of children*. Retrieved from <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20>

0Care%20of%20Children%20-%20English.pdf

Whiting, J. B., & Lee, R. E. (2003). Voices from the system: A qualitative study of foster children's stories. *Family Relations*, 52(3), 288–295.

Wisconsin Adoption. (n.d.). A series on adoption and foster care issues. Retrieved from [www.wiadopt.org](http://www.wiadopt.org)

## **CHAPTER 3: REFLECTION, LIMITATIONS, STRENGTHS AND RECOMMENDATIONS**

### **3.1 Introduction**

This chapter consists of a critical reflection by the researcher regarding the essence of the rapid review and declares the strengths and limitations of the study as well as implications for practice and future research.

### **3.2 Reflection on the research question**

The aim of this study was to investigate literature pertaining to non-death bereavement interventions for children in alternative care. The research question was identified as: "What is known about non-death bereavement interventions for children in alternative care?" This was a valid question as the literature review indicated that although grief and loss as a result of death has been widely researched, relatively little has been written about non-death loss for children in alternative care. Previous research focused on the experiences of children in alternative care and the impact thereof and it was found that children in alternative care do experience non-death loss and trauma as a result of their placement, yet no intervention model to address this could be identified. Therefore, this study focused on rapidly reviewing literature in terms of what is known about non-death bereavement intervention for children in alternative care and how this can be addressed in a standardized and systemic manner.

### **3.3 Reflection on the research method**

The researcher analysed 14 data sources and the majority of the sources made recommendations to child welfare practitioners and suggested specific intervention methods and activities to assist the child who is experiencing non-death loss. In contrast, only a few of these sources recommended a change in programs and policies in the child welfare system. Although some of the data sources suggested specific models, none of the suggested models have been empirically tested and standardized.

### **3.4 Reflection on the findings**

From the thematic analyses the following themes were identified: Recommendations for practitioners; recommendations in terms of intervention methods; the need for expert knowledge; and recommendations regarding programs and policy.

The proposed research aim can be considered achieved and after critical appraisal, analysis and syntheses of the selected article, this rapid review in essence articulated the importance of

expert knowledge for practitioners and identified the need for a standardized intervention model to address non-death loss for children in the alternative care system.

### **3.5 Limitations and strengths of the review**

#### **3.5.1 Limitations**

Despite the initial rigorous searches, the researcher found limited data sources that specifically focus on non-death loss in the alternative care system and only 14 data sources met the inclusion criteria of this study, of which five sources are grey literature.

Only data sources of which full text was available in the North-West University OneSearch engine portal were included and only data sources which were available in English and Afrikaans were considered. This can be considered as a limitation. However, during the initial scope search, it was found that only two studies were not available in English or Afrikaans.

Another limitation to consider is the fact that the majority of the data sources were secondary sources of information. This affects the quality of the study as secondary data sources are lower valued than sources based on primary research. The researcher was thus compelled to include secondary literature sources in this study due to the lack of primary literature. It should however be noted that all literature sources were critically appraised and thoroughly assessed for relevance and quality before they were included in the study.

This article has reviewed areas of need that typically occur in the treatment of children in the alternative care system, although other issues can potentially also arise, that were considered as beyond the scope of this article.

#### **3.5.2 Strengths**

The findings of this review contributed to the knowledge in the child protection sector regarding non-death loss and trauma for children in alternative care and created the opportunity for changing and enhancement of policy in practice regarding children in alternative care. This study found a significant lack of research in terms of the specific topic and therefore opens the door for future studies and the development of an empirically tested and standardized intervention model to address and effectively treat this issue of non-death loss.

### **3.6 Implications for research**

The results of this review suggest that a standard intervention model to address loss and grief as experienced by children in the alternative care system has not yet been established.

Although various treatment approaches, activities and models have been suggested, there is no indication of an empirically tested intervention model in the current research. It is thus highly recommended that bereavement programs and intervention models are developed and empirically tested in research and included in child welfare programs and policies in terms of statutory services. This will require specific future research on the testing of such intervention models.

### **3.7 Implications for practice**

Findings in this study suggest that it is critical that child welfare practitioners, care providers and policy makers consider how the experience of grief and non-death losses can impact the well-being and behaviour of children in the alternative care system.

Children report one factor namely “the enfranchisement of their grief”, that would make a difference between positive and negative outcomes later in their life. This statement indicates a strong need for efficient bereavement therapy services to children in the system in order to guide them through the grieving process. It is thus highly recommended that the child welfare system enhance programs and policies to address the experiences of non-death loss by means of therapeutic services, such as bereavement therapy and that these services become compulsory in terms of the norms and standards of service rendering to children in alternative care.

The information gathered from the current study indicate a significant emotional crisis in the life of the child who was removed from all that is familiar and a definite need for intervention programs specifically focusing on addressing the losses as experienced by the child can be observed in the research. By implementing an empirically tested and systematic intervention model may produce better results in terms of behavioural problems displayed by children in the system as well as reduce the numbers of placement changes. Through a better understanding of ambiguous loss and the impact of this phenomenon on the experience of children in the alternative care system, practitioners will be better informed when they provide care, with the ultimate goal of improving the physical, mental and developmental health of children in the alternative care system.

### **3.8 Recommendations**

The development and empirical testing of intervention models to address non-death loss and trauma as experienced by children in the alternative care system is highly recommended. The fact that no such model exists leaves room for significant improvement in service rendering of child protection workers.

### 3.9 Conclusion

After reviewing the main constructs of this study namely non-death bereavement, disenfranchised grief, enfranchised grief and bereavement intervention, it was found that the non-death experiences of children in different contexts have been explored in research. It however appears that these experiences were researched to a limited degree in terms of children who find themselves in the alternative care system. Although other experiences of children in the system have been explored in research, relatively little has specifically been written on bereavement intervention of the child who experienced non-death bereavement in the child welfare system.

Recommendations are made regarding specific activities and intervention methods as well as listening to children in care, while particularly focusing on the grief and loss as experienced by the child. A few sources also recommend the enhancement of programs and policies in practice. The need for expert knowledge of grief and loss on the part of practitioners is also strongly recommended, along with proper communication and engagement skills in order to facilitate an understanding of life as experienced by children in the alternative care system. Although specific models are strongly recommended in some of the data sources, research indicated that no systemic model exists yet to address the loss and grief of children in the alternative care system. None of the suggested models in the current research have been empirically tested in order to establish a specific program and to make recommendations regarding policies in this regard.

*“Ideally, no child should grieve alone, all children deserve to have their non-death losses acknowledged and attended to” - (Mitchell, 2018).*

## BIBLIOGRAPHY

- Becker, G., Beyene, Y., & Canalita, L. C. (2000). Immigrating for status in late life: Effects of globalization on Filipino American veterans. *Journal of Aging Studies*, 14(3), 273–291. doi: 10.1016/S0890-4065(00)08022-1
- Benson, L. J. (2006). *Ambiguous loss, number of foster care placements, child age and child sex as predictors of the behavior problems and posttraumatic stress symptoms of children in foster care* (MSc Thesis). University of Maryland, College Park. Retrieved from <https://drum.lib.umd.edu/bitstream/handle/1903/4245/umi-umd-4077.pdf?sequence=1&isAllowed=y>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. doi: 10.1191/1478088706qp063oa
- CASP (Critical Appraisal Skills Programme). (2017). Retrieved from [www.casp-uk.net](http://www.casp-uk.net)
- Critical Appraisal Skills Programme see CASP.
- Crowe, L. & Murray, J. (2005). *Advanced module: Loss and grief for children in care*. Queensland Government. Department of Child Safety, Youth and Women. Retrieved from <https://www.communities.qld.gov.au/resources/childsafety/foster-care/training/documents/advloss-addnotes.pdf>
- Dobbins, M. (2017). *Rapid review guidebook: Steps for conducting a rapid review*. McMaster University. National Collaborating Centre for Methods and Tools. Retrieved from <https://www.nccmt.ca/uploads/media/media/0001/01/a816af720e4d587e13da6bb307df8c907a5dff9a.pdf>
- DSD see South Africa. Department of Social Development.
- Fineran, K. R. (2012). Helping foster and adopted children to grieve the loss of birthparents : A case study example. *The Family Journal*, 20(4), 369–375. doi: 10.1177/1066480712451230
- Flynn, A. (2015). *Disenfranchised grief in response to non-death loss events* (Master's thesis). Humboldt State University, Arcata, CA. Retrieved from [http://humboldt-dspace.calstate.edu/bitstream/handle/10211.3/144406/Flynn\\_Amanda%20Sp2015\\_Final.pdf;sequence=1](http://humboldt-dspace.calstate.edu/bitstream/handle/10211.3/144406/Flynn_Amanda%20Sp2015_Final.pdf;sequence=1)

- Garthwait, C. (2012). *Dictionary of social work school of social work: BSW and MSW programs*. Retrieved from [http://health.umt.edu/socialwork/Master%20of%20Social%20Work/Curriculum/SocialWorkDictionary\\_booklet\\_updated\\_2012\\_Oct23.pdf](http://health.umt.edu/socialwork/Master%20of%20Social%20Work/Curriculum/SocialWorkDictionary_booklet_updated_2012_Oct23.pdf)
- Hamilton, R. J., Anderson, A., Frater-Mathieson, K., Loewen, S., & Moore, D. W. (2000). *Literature review: Interventions for refugee children in new zealand schools: models, methods, and best practice: Report to the Ministry of Education*. Auckland: Auckland UniServices. Retrieved from [https://www.educationcounts.govt.nz/\\_\\_data/assets/pdf\\_file/0016/12139/interventions.pdf](https://www.educationcounts.govt.nz/__data/assets/pdf_file/0016/12139/interventions.pdf)
- Henry, D. L. (2005). The 3-5-7 model: Preparing children for permanency. *Children and Youth Services Review, 27*(2), 197–212. doi: 10.1016/j.childyouth.2004.09.002
- Hois, S. (2007). *Effects of separation and loss on children's development*. Retrieved from [https://pcavt.org/assets/files/Articles/%27s Development.pdf](https://pcavt.org/assets/files/Articles/%27s%20Development.pdf)
- Lee, R. E., & Whiting, J. B. (2007). Foster children's expressions of ambiguous loss. *American Journal of Family Therapy, 35*(5), 417–428. doi: 10.1080/01926180601057499
- Li, X., Naar-King, S., Barnett, D., Stanton, B., Fang, X., & Thurston, C. (2008). A developmental psychopathology framework of the psychosocial needs of children orphaned by HIV. *Journal of the Association of Nurses in AIDS Care, 19*(2), 147–157. doi: 10.1016/j.jana.2007.08.004
- Look, A. (2018). The face of grief in foster care. *Journal of Humanistic Psychology, 1*–14. doi: 10.1177/0022167818812723
- Lyngstad, T. H. (2013). Bereavement and divorce: Does the death of a child affect parents' marital stability? *Family Science, 4*(1), 79–86. doi: 10.1080/19424620.2013.821762
- Mitchell, M. B. (2016). The family dance: Ambiguous loss, meaning making, and the psychological family in foster care. *Journal of Family Theory and Review, 8*(3), 360–372. doi: 10.1111/jftr.12151
- Mitchell, M. B. (2018). "No one acknowledged my loss and hurt": Non-death loss, grief, and trauma in foster care. *Child and Adolescent Social Work Journal, 35*(1), 1–9. doi: 10.1007/s10560-017-0502-8
- Murphy, D., & Jenkinson, H. (2012). The mutual benefits of listening to young people in care,

- with a particular focus on grief and loss: An Irish foster carer's perspective. *Child Care in Practice*, 18(3), 243–253. doi: 10.1080/13575279.2012.683772
- Norton, F. H. (1981). Foster care and the helping professions. *The Personnel and Guidance Journal*, 60(3), 156–159. doi: 10.1002/j.2164-4918.1981.tb00769.x
- Office of the Children's Advocate. (2016). *Don't call me resilient: What loss and grief look like for children and youth in care*. Canadian Child Welfare. Manitoba. Retrieved from <http://www.cyc-net.org/pdf/Loss-and-Grief-FINAL-web.pdf>
- Parveen, H., & Showkat, N. (2017). Research ethics. *Communications Research*, (July). Retrieved from [https://www.researchgate.net/publication/318912804\\_Research\\_Ethics](https://www.researchgate.net/publication/318912804_Research_Ethics)
- Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse and Neglect*, 70, 388–398. doi: 10.1016/j.chiabu.2016.11.026
- Schoenewald, C. (2016). *A qualitative study to explore ambiguous loss and belonging in foster care* (PhD dissertation). University of Wisconsin-Milwaukee. Retrieved from <https://dc.uwm.edu/cgi/viewcontent.cgi?article=2203&context=etd>
- Singh, G. (2013). *Information sources, services and systems*. Delhi: PHI Learning.
- South Africa. Department of Social Development. (2018). *Child care and protection policy*. Pretoria: DSD.
- Tyndall., J. (2010). *The AACODS checklist is designed to enable evaluation and critical appraisal of grey literature*. Flinders University. Retrieved from [https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS\\_Checklist.pdf?sequence=4&isAllowed=y](https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/3326/AACODS_Checklist.pdf?sequence=4&isAllowed=y)
- United Nations. (2010). *Guidelines for the alternative care of children*. Retrieved from <https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20-%20English.pdf>
- USAID. (2018). *Rapid review vs systematic review: What are the differences?* Heard Project. Retrieved from <https://www.heardproject.org/news/rapid-review-vs-systematic-review-what-are-the-differences/>

Wager, E., & Wiffen, P. J. (2011). Ethical issues in preparing and publishing systematic reviews. *Chinese Journal of Evidence-Based Medicine*, 11(7), 721–725. doi: 10.1111/j.1756-5391.2011.01122.x

Whiting, J. B., & Lee, R. E. (2003). Voices from the system: A qualitative study of foster children's stories. *Family Relations*, 52(3), 288–295.

Wisconsin Adoption. (n.d.). A series on adoption and foster care issues. Retrieved from [www.wiadopt.org](http://www.wiadopt.org)

## ANNEXURE A : CASP TOOL



**CASP Checklist:** 10 questions to help you make sense of a **Qualitative** research

**How to use this appraisal tool:** Three broad issues need to be considered when appraising a qualitative study:

- ▶ Are the results of the study valid? (Section A)
- ▶ What are the results? (Section B)
- ▶ Will the results help locally? (Section C)

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions. There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

**About:** These checklists were designed to be used as educational pedagogic tools, as part of a workshop setting, therefore we do not suggest a scoring system. The core CASP checklists (randomised controlled trial & systematic review) were based on JAMA 'Users' guides to the medical literature 1994 (adapted from Guyatt GH, Sackett DL, and Cook DJ), and piloted with health care practitioners.

For each new checklist, a group of experts were assembled to develop and pilot the checklist and the workshop format with which it would be used. Over the years overall adjustments have been made to the format, but a recent survey of checklist users reiterated that the basic format continues to be useful and appropriate.

**Referencing:** we recommend using the Harvard style citation, i.e.: *Critical Appraisal Skills Programme (2018). CASP (insert name of checklist i.e. Qualitative) Checklist. [online] Available at: URL. Accessed: Date Accessed.*

©CASP this work is licensed under the Creative Commons Attribution – Non-Commercial-Share A like. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc-sa/3.0/> [www.casp-uk.net](http://www.casp-uk.net)

## ANNEXURE B: AACODS CHECKLIST

Archived at the Flinders Academic Commons:  
<http://dspace.flinders.edu.au/dspace/>

The **AACODS** checklist is designed to enable evaluation and critical appraisal of grey literature.

The Fourth International Conference on Grey Literature held in Washington, DC, in October 1999 **defined grey literature** as: "that which is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers."

Grey literature includes theses or dissertations (reviewed by examiners who are subject specialists); conference papers (often peer-reviewed or presented by those with specialist knowledge) and various types of reports from those working in the field. All of these fall into the "**expert opinion**"

**Critical appraisal** is "the process of carefully and systematically examining research to judge its trustworthiness, and its relevance and value in a particular context" (Burls 2009)

Grey (unpublished) studies and RCTs should be appraised using the same tools as their black (published) counterparts.

AACODS		YES	NO	?
<b>Authority</b>	Identifying who is responsible for the intellectual content.  <b>Individual author:</b> <ul style="list-style-type: none"> <li>• Associated with a reputable organisation?</li> <li>• Professional qualifications or considerable experience?</li> <li>• Produced/published other work (grey/black) in the field?</li> <li>• Recognised expert, identified in other sources?</li> <li>• Cited by others? (use Google Scholar as a quick check)</li> <li>• Higher degree student under "expert" supervision?</li> </ul> <b>Organisation or group:</b> <ul style="list-style-type: none"> <li>• Is the organisation reputable? (e.g. W.H.O)</li> <li>• Is the organisation an authority in the field?</li> </ul> <b>In all cases:</b> <ul style="list-style-type: none"> <li>• Does the item have a detailed reference list or bibliography?</li> </ul>			
<b>Accuracy</b>	<ul style="list-style-type: none"> <li>• Does the item have a clearly stated aim or brief?</li> <li>• Is so, is this met?</li> <li>• Does it have a stated methodology?</li> <li>• If so, is it adhered to?</li> <li>• Has it been peer-reviewed?</li> <li>• Has it been edited by a reputable authority?</li> <li>• Supported by authoritative, documented references or credible sources?</li> <li>• Is it representative of work in the field?</li> <li>• If No, is it a valid counterbalance?</li> <li>• Is any data collection explicit and appropriate for the research?</li> <li>• If item is secondary material (e.g. a policy brief of a technical report) refer to</li> <li>• the original. Is it an accurate, unbiased interpretation or analysis?</li> </ul>			

<b>Coverage</b>	<p>All items have parameters which define their content coverage. These limits might mean that a work refers to a particular population group, or that it excluded certain types of publication. A report could be designed to answer a particular question, or be based on statistics from a particular survey.</p> <ul style="list-style-type: none"> <li>• Are any limits clearly stated?</li> </ul>			
<b>Objectivity</b>	<p>It is important to identify bias, particularly if it is unstated or unacknowledged.</p> <ul style="list-style-type: none"> <li>• Opinion, expert or otherwise, is still opinion: is the author's standpoint clear?</li> <li>• Does the work seem to be balanced in presentation?</li> </ul>			
<b>Date</b>	<p>For the item to inform your research, it needs to have a date that confirms relevance</p> <ul style="list-style-type: none"> <li>• Does the item have a clearly stated date related to content? No easily discernible date is a strong concern.</li> <li>• If no date is given, but can be closely ascertained, is there a valid reason for its absence?</li> <li>• Check the bibliography: have key contemporary material been included?</li> </ul>			
<b>Significance</b>	<p>This is a value judgment of the item, in the context of the relevant research area</p> <ul style="list-style-type: none"> <li>• Is the item meaningful? (this incorporates feasibility, utility and relevance)</li> <li>• Does it add context?</li> <li>• Does it enrich or add something unique to the research?</li> <li>• Does it strengthen or refute a current position?</li> <li>• Would the research area be lesser without it?</li> <li>• Is it integral, representative, typical?</li> <li>• Does it have impact? (in the sense of influencing the work or behaviour of others)</li> </ul>			

Burls, A. 2009, *What is critical appraisal?*, Bandolier, viewed 4 November 2009.  
[http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What\\_is\\_critical\\_appraisal.pdf](http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/What_is_critical_appraisal.pdf)

Jess Tyndall,  
 Flinders University,  
 Nov 2010

## ANNEXURE C: ETHICAL APPROVAL LETTER



Prof E Ryke  
Social Work  
COMPRES

Private Bag X6001, Potchefstroom  
South Africa 2520

Tel: 018 299-1111/2222  
Web: <http://www.nwu.ac.za>

Health Sciences Ethics Office for Research,  
Training and Support

North-West University Health Research Ethics  
Committee (NWU-HREC)  
Tel: 018-285 2291  
Email: [Wayne.Towers@nwu.ac.za](mailto:Wayne.Towers@nwu.ac.za)

24 February 2019

Dear Prof Ryke

### **APPROVAL OF YOUR APPLICATION BY THE NORTH-WEST UNIVERSITY HEALTH RESEARCH ETHICS COMMITTEE (NWU-HREC) OF THE FACULTY OF HEALTH SCIENCES**

**Ethics number: NWU-00001-19-S1**

Kindly use the ethics reference number provided above in all future correspondence or documents submitted to the administrative assistant of the North-West University Health Research Ethics Committee (NWU-HREC) secretariat.

**Study title: A rapid review of non-death bereavement intervention for children in alternative care.**

**Study leader: Prof E Ryke**

**Student: N Kuit**

**Application type: Systematic review**

**Risk level: Minimal (monitoring report required annually)**

**Expiry date: 29 February 2020 (Monitoring report is due at the end of February annually until completion)**

You are kindly informed that after review by the NWU-HREC, Faculty of Health Sciences, North-West University, your ethics approval application has been successful and was determined to fulfil all requirements for approval. Your study is approved for a year and may commence from 24/02/2019. Continuation of the study is dependent on receipt of the annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation. A monitoring report should be submitted two months prior to the reporting dates as indicated i.e. annually for minimal risk studies, six-monthly for medium risk studies and three-monthly for high risk studies, to ensure timely renewal of the study. A final report must be provided at completion of the study or the NWU-HREC, Faculty of Health Sciences must be notified if the study is temporarily suspended or terminated. The monitoring report template is obtainable from the Faculty of Health Sciences Ethics Office for Research, Training and Support at [Ethics-HRECMonitoring@nwu.ac.za](mailto:Ethics-HRECMonitoring@nwu.ac.za). Annually, a number of studies may be randomly selected for an internal audit.

The NWU-HREC, Faculty of Health Sciences requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the proposal or other associated documentation must be submitted to the NWU-HREC, Faculty of Health Sciences prior to implementing these changes. These requests should be submitted to [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za) with a cover letter with a specific subject title indicating, "Amendment request: NWU-XXXXXX-XX-XX". The letter should include the title of the approved study, the names of the researchers involved, the nature of the amendment/s being made (indicating what changes have been made as well as where they have been made), which documents have been attached and any further explanation to clarify the amendment request being submitted. The amendments made should be indicated in **yellow highlight** in the amended documents. The e-mail, to which you attach the documents that you send, should have a *specific subject line* indicating that it is

## ANNEXURE D: CONFIRMATION LETTER FROM LANGUAGE EDITOR



**Jansie Matthee**

Language practitioner

Translation, text editing, proof reading, project management, copy writing & document design

083 461 8175

jansie.matthee@gmail.com

19 Wessel Street, Avondale, Parow, 7500

Member of SATI

23-Oct-19

## Confirmation of text editing

I, Jansie Matthee, professional, qualified and practicing language editor, hereby confirm that the dissertation of Nadia Kuit, student number 21487596, titled *RAPID REVIEW OF NON-DEATH BEREAVEMENT INTERVENTIONS FOR CHILDREN IN ALTERNATIVE CARE* was edited by me in preparation for submission of graduation in May 2020.

This dissertation forms part of the fulfilment of the requirements for the degree Master's in Social Work in Child Protection at the North-West University.

Should you have any queries, kindly contact me on the above contact details.

Regards

Jansie Matthee

---

## ANNEXURE E: AUTHOR GUIDELINES

### Instructions for Authors

Editorial procedure

#### **Double-blind peer review**

This journal follows a double-blind reviewing procedure. Authors are therefore requested to submit:

- A blinded manuscript without any author names and affiliations in the text or on the title page. Self-identifying citations and references in the article text should be avoided.
- A separate title page, containing title, all author names, affiliations, and the contact information of the corresponding author. Any acknowledgements, disclosures, or funding information should also be included on this page.

Manuscript Submission

#### **Manuscript Submission**

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

#### **Permissions**

Authors wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for both the print and online format and to include evidence that such permission has been granted when submitting their papers. Any material received without such evidence will be assumed to originate from the authors.

## Title page

The title page should include:

- The name(s) of the author(s)
- A concise and informative title
- The affiliation(s) of the author(s), i.e. institution, (department), city, (state), country
- A clear indication and an active e-mail address of the corresponding author
- If available, the 16-digit ORCID of the author(s)

If address information is provided with the affiliation(s) it will also be published.

For authors that are (temporarily) unaffiliated we will only capture their city and country of residence, not their e-mail address unless specifically requested.

### **Abstract**

Please provide an abstract of 150 to 250 words. The abstract should not contain any undefined abbreviations or unspecified references.

### **Keywords**

Please provide 4 to 6 keywords which can be used for indexing purposes.

## General Manuscript Guidelines

All manuscripts should be in English. All manuscript pages (including figure-caption list, tables, and References list) should be double-spaced and use generous margins on all sides. Manuscripts should be checked for content and style (correct spelling, punctuation, and grammar; accuracy and consistency in the citation of figures, tables, and references; stylistic uniformity of entries in the References section; etc.). Empirical articles should include standard sections, such as Introduction, Methods, Results, and Discussion.

## Text

### **Text Formatting**

Manuscripts should be submitted in Word.

- Use a normal, plain font (e.g., 10-point Times Roman) for text.
- Use italics for emphasis.
- Use the automatic page numbering function to number the pages.
- Do not use field functions.
- Use tab stops or other commands for indents, not the space bar.
- Use the table function, not spreadsheets, to make tables.
- Use the equation editor or MathType for equations.
- Save your file in docx format (Word 2007 or higher) or doc format (older Word versions).

### **Headings**

Please use no more than three levels of displayed headings.

### **Abbreviations**

Abbreviations should be defined at first mention and used consistently thereafter.

### **Footnotes**

Footnotes can be used to give additional information, which may include the citation of a reference included in the reference list. They should not consist solely of a reference citation, and they should never include the bibliographic details of a reference. They should also not contain any figures or tables.

Footnotes to the text are numbered consecutively; those to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data). Footnotes to the title or the authors of the article are not given reference symbols.

Always use footnotes instead of endnotes.

### **Acknowledgments**

Acknowledgments of people, grants, funds, etc. should be placed in a separate section on the title page. The names of funding organizations should be written in full.

## APA style

The style and punctuation of the references should conform to strict APA style. In general, the journal follows the recommendations of the 2009 *Publication Manual of the American Psychological Association* (6th ed.), and it is suggested that contributors refer to this publication.

## References

### **Citation**

Cite references in the text by name and year in parentheses

Ideally, the names of six authors should be given before et al. (assuming there are six or more), but names will not be deleted if more than six have been provided.

### **Reference list**

The list of references should only include works that are cited in the text and that have been published or accepted for publication. Personal communications and unpublished works should only be mentioned in the text. Do not use footnotes or endnotes as a substitute for a reference list.

Reference list entries should be alphabetized by the last names of the first author of each work.

Journal names and book titles should be *italicized*.

For authors using EndNote, Springer provides an output style that supports the formatting of in-text citations and reference list.

## Tables

- All tables are to be numbered using Arabic numerals.
- Tables should always be cited in text in consecutive numerical order.
- For each table, please supply a table caption (title) explaining the components of the table.
- Identify any previously published material by giving the original source in the form of a reference at the end of the table caption.

- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body.

## Artwork and Illustrations Guidelines

### **Electronic Figure Submission**

- Supply all figures electronically.
- Indicate what graphics program was used to create the artwork.
- For vector graphics, the preferred format is EPS; for halftones, please use TIFF format. MSOffice files are also acceptable.
- Vector graphics containing fonts must have the fonts embedded in the files.
- Name your figure files with "Fig" and the figure number, e.g., Fig1.eps.
  
- Do not use faint lines and/or lettering and check that all lines and lettering within the figures are legible at final size.
- All lines should be at least 0.1 mm (0.3 pt) wide.
- Scanned line drawings and line drawings in bitmap format should have a minimum resolution of 1200 dpi.
- Vector graphics containing fonts must have the fonts embedded in the files.

### **Halftone Art**

- Definition: Photographs, drawings, or paintings with fine shading, etc.
- If any magnification is used in the photographs, indicate this by using scale bars within the figures themselves.
- Halftones should have a minimum resolution of 300 dpi.

### **Combination Art**

- Definition: a combination of halftone and line art, e.g., halftones containing line drawing, extensive lettering, color diagrams, etc.
- Combination artwork should have a minimum resolution of 600 dpi.

### **Color Art**

- Color art is free of charge for online publication.
- If black and white will be shown in the print version, make sure that the main information will still be visible. Many colors are not distinguishable

from one another when converted to black and white. A simple way to check this is to make a xerographic copy to see if the necessary distinctions between the different colors are still apparent.

- If the figures will be printed in black and white, do not refer to color in the captions.
- Color illustrations should be submitted as RGB (8 bits per channel).

### **Figure Lettering**

- To add lettering, it is best to use Helvetica or Arial (sans serif fonts).
- Keep lettering consistently sized throughout your final-sized artwork, usually about 2–3 mm (8–12 pt).
- Variance of type size within an illustration should be minimal, e.g., do not use 8-pt type on an axis and 20-pt type for the axis label.
- Avoid effects such as shading, outline letters, etc.
- Do not include titles or captions within your illustrations.

### **Figure Numbering**

- All figures are to be numbered using Arabic numerals.
- Figures should always be cited in text in consecutive numerical order.
- Figure parts should be denoted by lowercase letters (a, b, c, etc.).
- If an appendix appears in your article and it contains one or more figures, continue the consecutive numbering of the main text. Do not number the appendix figures, "A1, A2, A3, etc." Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately.

### **Figure Captions**

- Each figure should have a concise caption describing accurately what the figure depicts. Include the captions in the text file of the manuscript, not in the figure file.
- Figure captions begin with the term Fig. in bold type, followed by the figure number, also in bold type.
- No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption.
- Identify all elements found in the figure in the figure caption; and use boxes, circles, etc., as coordinate points in graphs.

- Identify previously published material by giving the original source in the form of a reference citation at the end of the figure caption.

### **Figure Placement and Size**

- Figures should be submitted separately from the text, if possible.
- When preparing your figures, size figures to fit in the column width.
- For large-sized journals the figures should be 84 mm (for double-column text areas), or 174 mm (for single-column text areas) wide and not higher than 234 mm.
- For small-sized journals, the figures should be 119 mm wide and not higher than 195 mm.

### **Permissions**

If you include figures that have already been published elsewhere, you must obtain permission from the copyright owner(s) for both the print and online format. Please be aware that some publishers do not grant electronic rights for free and that Springer will not be able to refund any costs that may have occurred to receive these permissions. In such cases, material from other sources should be used.

### **Accessibility**

In order to give people of all abilities and disabilities access to the content of your figures, please make sure that

- All figures have descriptive captions (blind users could then use a text-to-speech software or a text-to-Braille hardware)
- Patterns are used instead of or in addition to colors for conveying information (colorblind users would then be able to distinguish the visual elements)
- Any figure lettering has a contrast ratio of at least 4.5:1

### **Conflict of interest**

Also, a note about conflict of interest should be included in the manuscript in a separate section entitled Conflict-of-Interest Statement and placed on the separate title page prepared for double-blind peer review. If no conflict exists, this section should state: The author declares that the author has no conflict of interest. For manuscripts with more than one author, if no conflict exists, this section should state: The authors declare that they have no conflict of interest.

## Ethical Responsibilities of Authors

This journal is committed to upholding the integrity of the scientific record. As a member of the Committee on Publication Ethics (COPE) the journal will follow the COPE guidelines on how to deal with potential acts of misconduct.

Authors should refrain from misrepresenting research results which could damage the trust in the journal, the professionalism of scientific authorship, and ultimately the entire scientific endeavour. Maintaining integrity of the research and its presentation is helped by following the rules of good scientific practice, which include\*:

- The manuscript should not be submitted to more than one journal for simultaneous consideration.
- The submitted work should be original and should not have been published elsewhere in any form or language (partially or in full), unless the new work concerns an expansion of previous work. (Please provide transparency on the re-use of material to avoid the concerns about text-recycling ('self-plagiarism').)
- A single study should not be split up into several parts to increase the quantity of submissions and submitted to various journals or to one journal over time (i.e. 'salami-slicing/publishing').
- Concurrent or secondary publication is sometimes justifiable, provided certain conditions are met. Examples include: translations or a manuscript that is intended for a different group of readers.
- Results should be presented clearly, honestly, and without fabrication, falsification or inappropriate data manipulation (including image based manipulation). Authors should adhere to discipline-specific rules for acquiring, selecting and processing data.
- No data, text, or theories by others are presented as if they were the author's own ('plagiarism'). Proper acknowledgements to other works must be given (this includes material that is closely copied (near verbatim), summarized and/or paraphrased), quotation marks (to indicate words taken from another source) are used for verbatim copying of material, and permissions secured for material that is copyrighted.

**Important note: the journal may use software to screen for plagiarism.**

- Authors should make sure they have permissions for the use of software, questionnaires/(web) surveys and scales in their studies (if appropriate).
- Authors should avoid untrue statements about an entity (who can be an individual person or a company) or descriptions of their behavior or actions that could potentially be seen as personal attacks or allegations about that person.
- Research that may be misapplied to pose a threat to public health or national security should be clearly identified in the manuscript (e.g. dual use of research). Examples include creation of harmful consequences of biological agents or toxins, disruption of immunity of vaccines, unusual hazards in the use of chemicals, weaponization of research/technology (amongst others).
- Authors are strongly advised to ensure the author group, the Corresponding Author, and the order of authors are all correct at submission. Adding and/or deleting authors during the revision stages is generally not permitted, but in some cases may be warranted. Reasons for changes in authorship should be explained in detail. Please note that changes to authorship cannot be made after acceptance of a manuscript.

\*All of the above are guidelines and authors need to make sure to respect third parties rights such as copyright and/or moral rights.

Upon request authors should be prepared to send relevant documentation or data in order to verify the validity of the results presented. This could be in the form of raw data, samples, records, etc. Sensitive information in the form of confidential or proprietary data is excluded.

If there is suspicion of misbehavior or alleged fraud the Journal and/or Publisher will carry out an investigation following COPE guidelines. If, after investigation, there are valid concerns, the author(s) concerned will be contacted under their given e-mail address and given an opportunity to address the issue. Depending on the situation, this may result in the Journal's and/or Publisher's implementation of the following measures, including, but not limited to:

- If the manuscript is still under consideration, it may be rejected and returned to the author.
- If the article has already been published online, depending on the nature and severity of the infraction:
  - an erratum/correction may be placed with the article
  - an expression of concern may be placed with the article
  - or in severe cases retraction of the article may occur.

The reason will be given in the published erratum/correction, expression of concern or retraction note. Please note that retraction means that the article is **maintained on the platform**, watermarked "retracted" and the explanation for the retraction is provided in a note linked to the watermarked article.

- The author's institution may be informed
- A notice of suspected transgression of ethical standards in the peer review system may be included as part of the author's and article's bibliographic record.

### **Fundamental errors**

Authors have an obligation to correct mistakes once they discover a significant error or inaccuracy in their published article. The author(s) is/are requested to contact the journal and explain in what sense the error is impacting the article. A decision on how to correct the literature will depend on the nature of the error. This may be a correction or retraction. The retraction note should provide transparency which parts of the article are impacted by the error.

### **Suggesting / excluding reviewers**

Authors are welcome to suggest suitable reviewers and/or request the exclusion of certain individuals when they submit their manuscripts. When suggesting reviewers, authors should make sure they are totally independent and not connected to the work in any way. It is strongly recommended to suggest a mix of reviewers from different countries and different institutions. When suggesting reviewers, the Corresponding Author must provide an institutional email address for each suggested reviewer, or, if this is not possible to include other means of verifying the identity such as a link to a

personal homepage, a link to the publication record or a researcher or author ID in the submission letter. Please note that the Journal may not use the suggestions, but suggestions are appreciated and may help facilitate the peer review process.

### Authorship principles

These guidelines describe authorship principles and good authorship practices to which prospective authors should adhere to.

### **Authorship clarified**

The Journal and Publisher assume all authors agreed with the content and that all gave explicit consent to submit and that they obtained consent from the responsible authorities at the institute/organization where the work has been carried out, **before** the work is submitted.

The Publisher does not prescribe the kinds of contributions that warrant authorship. It is recommended that authors adhere to the guidelines for authorship that are applicable in their specific research field. In absence of specific guidelines it is recommended to adhere to the following guidelines\*:

All authors whose names appear on the submission

- 1) made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data; or the creation of new software used in the work;
- 2) drafted the work or revised it critically for important intellectual content;
- 3) approved the version to be published; and
- 4) agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are

### **Disclosures and declarations**

All authors are requested to include information regarding sources of funding, financial or non-financial interests, study-specific approval by the appropriate ethics committee for research involving humans and/or animals, informed

consent if the research involved human participants, and a statement on welfare of animals if the research involved animals (as appropriate).

The decision whether such information should be included is not only dependent on the scope of the journal, but also the scope of the article. Work submitted for publication may have implications for public health or general welfare and in those cases it is the responsibility of all authors to include the appropriate disclosures and declarations.

### **Data transparency**

All authors are requested to make sure that all data and materials as well as software application or custom code support their published claims and comply with field standards. Please note that journals may have individual policies on (sharing) research data in concordance with disciplinary norms and expectations. Please check the Instructions for Authors of the Journal that you are submitting to for specific instructions.

### **Role of the Corresponding Author**

**One author** is assigned as Corresponding Author and acts on behalf of all co-authors and ensures that questions related to the accuracy or integrity of any part of the work are appropriately addressed.

The Corresponding Author is responsible for the following requirements:

- ensuring that all listed authors have approved the manuscript before submission, including the names and order of authors;
- managing all communication between the Journal and all co-authors, before and after publication;\*
- providing transparency on re-use of material and mention any unpublished material (for example manuscripts in press) included in the manuscript in a cover letter to the Editor;
- making sure disclosures, declarations and transparency on data statements from all authors are included in the manuscript as appropriate (see above).

\* The requirement of managing all communication between the journal and all co-authors during submission and proofing may be delegated to a Contact or

Submitting Author. In this case please make sure the Corresponding Author is clearly indicated in the manuscript.

### **Author contributions**

Please check the Instructions for Authors of the Journal that you are submitting to for specific instructions regarding contribution statements.

In absence of specific instructions and in research fields where it is possible to describe discrete efforts, the Publisher recommends authors to include contribution statements in the work that specifies the contribution of every author in order to promote transparency. These contributions should be listed at the separate title page.

For **review articles** where discrete statements are less applicable a statement should be included who had the idea for the article, who performed the literature search and data analysis, and who drafted and/or critically revised the work.

### **Affiliation**

The primary affiliation for each author should be the institution where the majority of their work was done. If an author has subsequently moved, the current address may additionally be stated. Addresses will not be updated or changed after publication of the article.

### **Changes to authorship**

Authors are strongly advised to ensure the correct author group, the Corresponding Author, and the order of authors at submission. Changes of authorship by adding or deleting authors, and/or changes in Corresponding Author, and/or changes in the sequence of authors are **not** accepted **after acceptance** of a manuscript.

- **Please note that author names will be published exactly as they appear on the accepted submission!**

Please make sure that the names of all authors are present and correctly spelled, and that addresses and affiliations are current.

Adding and/or deleting authors at revision stage are generally not permitted, but in some cases it may be warranted. Reasons for these changes in authorship should be explained. Approval of the change during revision is at the discretion of the Editor-in-Chief. Please note that journals may have individual policies on adding and/or deleting authors during revision stage.

### **Author identification**

Authors are recommended to use their ORCID ID when submitting an article for consideration or acquire an ORCID ID via the submission process.

### **Deceased or incapacitated authors**

For cases in which a co-author dies or is incapacitated during the writing, submission, or peer-review process, and the co-authors feel it is appropriate to include the author, co-authors should obtain approval from a (legal) representative which could be a direct relative.

### **Authorship issues or disputes**

In the case of an authorship dispute during peer review or after acceptance and publication, the Journal will not be in a position to investigate or adjudicate. Authors will be asked to resolve the dispute themselves. If they are unable the Journal reserves the right to withdraw a manuscript from the editorial process or in case of a published paper raise the issue with the authors' institution(s) and abide by its guidelines.

### **Confidentiality**

Authors should treat all communication with the Journal as confidential which includes correspondence with direct representatives from the Journal such as Editors-in-Chief and/or Handling Editors and reviewers' reports unless explicit consent has been received to share information.

### **Compliance with Ethical Standards**

To ensure objectivity and transparency in research and to ensure that accepted principles of ethical and professional conduct have been followed, authors should include information regarding sources of funding, potential conflicts of interest (financial or non-financial), informed consent if the research involved human participants, and a statement on welfare of animals if the research involved animals.

Authors should include the following statements (if applicable) in a separate section entitled "Compliance with Ethical Standards" when submitting a paper:

- Disclosure of potential conflicts of interest
- Research involving Human Participants and/or Animals
- Informed consent

Please note that standards could vary slightly per journal dependent on their peer review policies (i.e. single or double blind peer review) as well as per journal subject discipline. Before submitting your article check the instructions following this section carefully.

The corresponding author should be prepared to collect documentation of compliance with ethical standards and send if requested during peer review or after publication.

The Editors reserve the right to reject manuscripts that do not comply with the above-mentioned guidelines. The author will be held responsible for false statements or failure to fulfill the above-mentioned guidelines.

#### Disclosure of potential conflicts of interest

Authors must disclose all relationships or interests that could influence or bias the work. Although an author may not feel there are conflicts, disclosure of relationships and interests affords a more transparent process, leading to an accurate and objective assessment of the work. Awareness of real or perceived conflicts of interests is a perspective to which the readers are entitled and is not meant to imply that a financial relationship with an organization that sponsored the research or compensation for consultancy work is inappropriate. Examples of potential conflicts of interests **that are directly or indirectly related to the research** may include but are not limited to the following:

- Research grants from funding agencies (please give the research funder and the grant number)
- Honoraria for speaking at symposia
- Financial support for attending symposia
- Financial support for educational programs
- Employment or consultation

- Support from a project sponsor
- Position on advisory board or board of directors or other type of management relationships
- Multiple affiliations
- Financial relationships, for example equity ownership or investment interest
- Intellectual property rights (e.g. patents, copyrights and royalties from such rights)
- Holdings of spouse and/or children that may have financial interest in the work

In addition, interests that go beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed. These may include but are not limited to personal relationships or competing interests directly or indirectly tied to this research, or professional interests or personal beliefs that may influence your research.

The corresponding author collects the conflict of interest disclosure forms from all authors. In author collaborations where formal agreements for representation allow it, it is sufficient for the corresponding author to sign the disclosure form on behalf of all authors. Examples of forms can be found

The corresponding author will include a summary statement **on the title page that is separate from their manuscript**, that reflects what is recorded in the potential conflict of interest disclosure form(s).

Please make sure to submit all Conflict of Interest disclosure forms together with the manuscript.

### Research Data Policy

A submission to the journal implies that materials described in the manuscript, including all relevant raw data, will be freely available to any researcher wishing to use them for non-commercial purposes, without breaching participant confidentiality.

The journal strongly encourages that all datasets on which the conclusions of the paper rely should be available to readers. We encourage authors to ensure that their datasets are either deposited in publicly available repositories

(where available and appropriate) or presented in the main manuscript or additional supporting files whenever possible. Please see Springer Nature's information on recommended repositories.

### **Data availability**

The journal encourages authors to provide a statement of Data availability in their article. Data availability statements should include information on where data supporting the results reported in the article can be found, including, where applicable, hyperlinks to publicly archived datasets analysed or generated during the study. Data availability statements can also indicate whether data are available on request from the authors and where no data are available, if appropriate.

Data Availability statements can take one of the following forms (or a combination of more than one if required for multiple datasets):

1. The datasets generated during and/or analysed during the current study are available in the [NAME] repository, [PERSISTENT WEB LINK TO DATASETS]
2. The datasets generated during and/or analysed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.
3. The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.
4. Data sharing not applicable to this article as no datasets were generated or analysed during the current study
5. All data generated or analysed during this study are included in this published article [and its supplementary information files].