

# Is placement in kinship care a guarantee of stability?

This infographic is based on a study that documented the placement trajectory of 172 children aged 0 to 12 who were placed in kinship care by child protection services in an urban area in 2014. Their placement trajectory was observed for three years following the start of the placement.



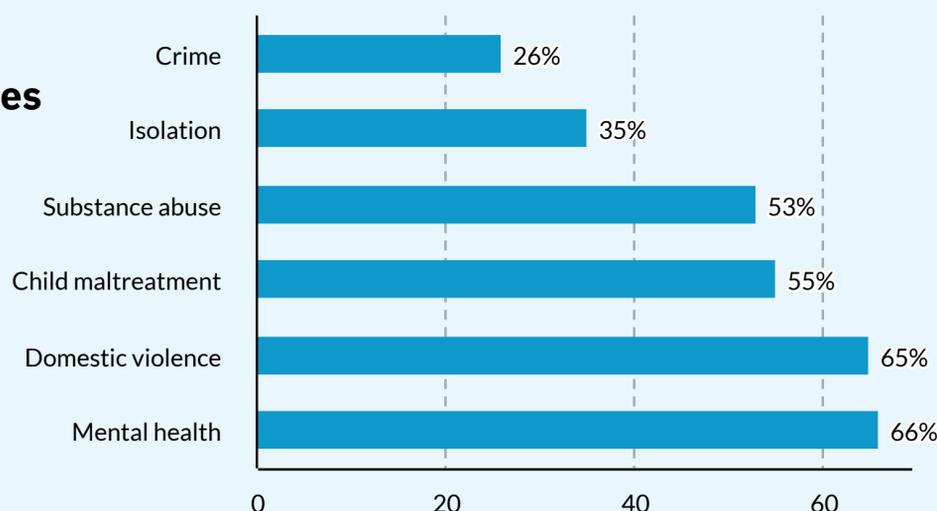
## 1 The child's original environment shows vulnerabilities.

- ✓ 42% lived in single-parent families
- ✓ Average of 2.7 children per family
- ✓ Father unknown to services in 26% of cases

### Who are the kinship caregivers?

They are relatively young (45 years old on average) and include a grandparent in 45% of cases, another family member in 39% of cases and an unrelated person in 16% of cases (e.g., friend, neighbour, former partner, etc.).

### Parental difficulties noted in file



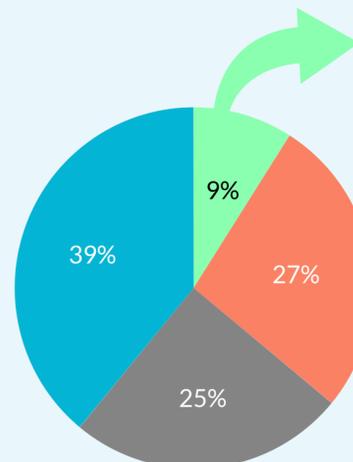
## 2 Placement in kinship care occurs quickly after referral.

It is often used early in the protection process, even before the reported situation is investigated.

### Three years later ...

Although kinship care families are more stable than regular foster families, more than a third of children in kinship care still experience instability.

- Reunification breakdown (9%)
- Placement move (27%)
- Stable reunification (25%)
- Stable kinship care (39%)



Of which ¾ experience multiple reunification breakdowns

Of which almost half moved several times

*Thank you to the caregivers, kinship care families and parents who agreed to be interviewed for this research project.*



**For 1 in 3 children, the placement lasts 3 months or less.**

### 3 Typically, children who were moved from kinship care ...

- ✓ begin their placement in kinship care on a provisional basis
- ✓ were placed with fictive kin (i.e., an individual not related by birth, adoption or marriage to a child, but who has an emotionally significant relationship with the child)
- ✓ are between the ages of 2 and 5
- ✓ have at least one parent with a mental health problem
- ✓ have parents who are not considered socially isolated
- ✓ have had more contact with their parent during placement

It is important to recognize relational issues in kinship care placements.

### 4 Kinship care placements are not homogenous.

Three clinical profiles can be distinguished based on the difficulties noted in parents and children:

Difficulties	Troubled youth	Early placement	Relationship difficulties
<b>Noted in the child</b>			
<b>Mental health</b>	27 %	0 %	4 %
<b>Attention/hyperactivity</b>	49 %	0 %	21 %
<b>Learning</b>	62 %	0 %	2 %
<b>Attachment</b>	28 %	11 %	97 %
<b>Developmental delay</b>	47 %	12 %	49 %
<b>Noted in the parent</b>			
<b>Substance abuse</b>	55 %	51 %	56 %
<b>Mental health</b>	64 %	66 %	69 %
<b>Childhood maltreatment</b>	56 %	43 %	85 %
<b>Perm. placement prognosis</b>	44 %	51 %	96 %

One child in five belongs to this profile. Attachment problems are much more frequent in addition to a history of the parent being maltreated during childhood. Almost all of these children have a prognosis of permanent placement.

This profile represents ¼ of the children. Children in this profile are more likely to have attentional, learning and mental health problems.

Half of the children fall into this profile. Children in this group are younger and more likely to be involved with child protection services for risk of neglect. They tend to have fewer difficulties despite parental issues similar to the other profiles.

### 5 Complex relational dynamics

The life stories of nine parents whose children were placed in kinship care reveal that the relationship between the kinship care family and the biological parents is likely to influence not only the place the parent may occupy in the child's life and the roles he or she may play, but also the course of the placement.

### Interviews with 20 kinship care families reveal the following:

- A deep commitment to the child by the kinship care family
- Adaptation challenges for the kinship care family:
  - upon the arrival of the child, who is sometimes in a state of shock and has significant emotional and behavioural difficulties
  - faced with a new role with the child for which they are not sufficiently prepared
- Strained relationships with the biological parents and difficult parent-child visits. These family tensions can affect the stability of the placement if adequate support is not provided.
- A lack of awareness of the requirements associated with their role as a kinship care family and the complexity of interacting with social workers in the restrictive context of the Youth Protection Act.

## 6 Some food for thought

In the cohort studied, placement in kinship care is often used as a temporary measure early in the process to protect the child while keeping him or her in a familiar environment. This practice can be beneficial for the child if it allows the situation to be stabilized permanently at the end of the placement.

**The complex relational challenges that are specific to this type of placement influence the course of the placement and its outcome.**

Kinship care families need support, particularly in meeting the child's complex needs, in order to manage the relationship with the biological parents and interact with the Director of Youth Protection.

Once the child leaves the kinship care family in order to be reunified or moved, the subsequent placement trajectory does not always appear favourable.

Nevertheless, placement in a kinship care family remains a more stable option than other types of substitute care. Therefore, it is essential to continue to study the permanence of these children beyond their stay in kinship care in order to develop a better understanding of the factors that can contribute to making this type of placement an option that will promote ongoing stability.

**Suggested citation: HÉLIE, Sonia, POIRIER, Marie-Andrée, LAVERGNE, Chantal, DORVAL, Amilie, LAMOTHE, Josianne (2021). Le placement en famille d'accueil de proximité est-il un gage de stabilité?, Infographic, Montreal: IUJD, CIUSSS du Centre-Sud-de-l'Île-de-Montréal.**

#### The content of this document is derived from the following works:

- Hélie, S., Poirier, M.-A., Lavergne, C., Dorval, A. and Lamothe, J. (2021). Factors Associated with Reunification and Placement Move for Children Placed in Kinship Care Under the Age of Thirteen. *Child Abuse & Neglect*, <https://doi.org/10.1016/j.chiabu.2021.105357>
- Lavergne, C., Vargas Diaz, R., Poirier, M.-A., Dorval, A. and Hélie, S. (accepted). Expérience et défis des familles d'accueil de proximité (FAP) en protection de la jeunesse. *Revue de Service Social*, 22p.
- Dorval, A., Hélie, S., Lamothe, J. and Poirier, M.-A. (2020). Different profiles, different needs: An exploration and analysis of characteristics of children in kinship care and their parents. *Children and Youth Services Review*, 108, 104531.
- Lamothe, J., Dorval, A. and Hélie, S. (in press). Les facteurs associés à la stabilité des enfants placés en famille d'accueil de proximité. In D. Lafortune, M.-A. Poirier, Z. Ayoub, C. Laurier, G. Parent and M.-H. Séguin (dir.), *Les jeunes en difficulté, un défi collectif*. Les Éditions du CIUSSS du Centre-Sud-de-l'Île-de-Montréal, Collection Institut universitaire Jeunes en difficulté.
- Dorval, A. (in progress). Comprendre l'expérience de la parentalité de parent d'enfant confié à un membre de la famille élargie par les services de protection de la jeunesse au Québec. [Unpublished doctoral thesis]. Université de Montréal, Canada.

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