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# Different profiles, different needs: An exploration and analysis of characteristics of children in kinship care and their parents☆

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ABSTRACT

The characteristics of children and their parents before placement in kinship care are poorly documented in the literature. The present exploratory study aimed to describe and profile the characteristics of children placed in kinship care and their mothers, as reported before placement. A latent class analysis performed on a cohort of 172 children aged 0–12 years and placed in kinship care revealed 3 distinct profiles. The first profile accounted for 25% of the whole cohort and is characterized by high rates of child functioning difficulties (ADHD, learning problem, mental health and developmental delay). The second profile (55%) had the youngest children with the fewest number of reported psychosocial difficulties out of all three profiles. Finally, the third group stood out with the highest prevalence of three variables: attachment problems in children, a history of maltreatment experienced by the mother and a high probability of permanent placement. Despite a high prevalence of mothers with a history of maltreatment, children in this group were often placed with their maternal grand-parents. Results suggest that families affected by kinship care have different vulnerabilities that may translate into different needs for services. Clinical implications are discussed.

## 1. Introduction

The last 15 years have seen a large increase in formal kinship care placements in several regions around the world, including in the United States (Gateway, 2018; Cuddeback, 2004), Australia (Australian Institute of Health and Welfare, 2018; Kiraly & Humphreys, 2013), the United Kingdom (Farmer, 2009), Scandinavia (Holtan, 2008), and parts of Canada (Drapeau, Hélie, Turcotte, Chateauneuf, Poirier, Saint-Jacques, & Turcotte, 2015). Kinship care placements are considered to be formal when they are part of the protection plan put in place by child protection services. These will be referred to as kinship care placements in the current paper. The rise in kinship care placements can be attributed, in part, to the growing recognition that children need to establish and maintain close ties with loved ones to develop normally (O'Brien, 2012; Shlonsky & Berrick, 2001). Indeed, kinship care placements are a natural extension of important child protection values, such as family preservation, mobilizing family resources, and building social networks (Berrick, Barth, & Needell, 1994; Gateway, 2018; Gibbs & Müller, 2000; Gouvernement du Québec, 2016). Despite growing interest in the topic, researchers still have not produced a clear portrait of the families for whom kinship care is provided. Specifically, some studies on the characteristics of children in kinship care report inconsistent findings, while studies on the characteristics of parents are scarce. Knowing and understanding the characteristics of these families could help to better shape placement practices to their needs.

## 2. Literature review

### 2.1. Characteristics of children in kinship care

Although a growing number of researchers have sought to document the characteristics of children placed in kinship care, some findings remain inconsistent across studies. Specifically, while some authors have reported that children in kinship care tend to be younger than their counterparts in regular foster care (Beeman, Kim, & Bullerdick, 2000; Dubowitz, Feigelman, & Zuravin, 1993; Ehrle & Geen, 2002; Spence, 2004), other researchers have found the reverse (Scannapieco, Hegar, & McAlpine, 1997; Simard, Vachon, & Bérubé, 1998; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Andries, 2012). Still, some authors have reported no significant

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differences between the two groups of children with regard to age (del Valle, López, Montserrat, & Bravo, 2009; Farmer, 2009).

Regarding child functioning, general trends are starting to emerge. It seems that children in kinship care have higher rates of functioning than children in regular foster care overall, but fare worse than children in the general population. More concretely, children placed in kinship care reported significantly fewer mental health problems, such as anxiety and depression, than children in regular foster care (Farmer, 2009). Holtan, Ronning, Handegard, and Sourander (2005) show that children placed in kinship care present less mental health problem compared to children placed in non-kinship care, as measured by the *Child Behavior Check-List* (CBCL). Nevertheless, the authors report that 35.8% of children placed with a kin scored above the clinical threshold on the *CBCL*, stressing that some children still have these difficulties. Furthermore, a recent systematic review also presents that children in kinship care have less internalized and externalized problems than children placed in foster care, alos measured by the *CBCL* (Xu & Bright, 2018). Previous studies have also found that children with physical health problems were less likely to be placed with kin than in regular foster home (Beeman et al., 2000; Farmer, 2009; Grogan-Kaylor, 2000; Simard, Vachon, & Bérubé, 1998). On the other hand, when compared to children in the general population, children in kinship care generally fare worse at the moment of placement than their counterparts in the general population (Fergeus, Humphreys, Harvey, & Herrman, 2018). For instance, one systematic review found that children living in kinship care had more psychosocial difficulties (e.g., behavior problems; school-relate problems such as attendance, suspension, below-average scores) than children in the general population (Cuddeback, 2004). Such findings are not unexpected, given that child removal is a solution of last resort (i.e., only when the child's well-being is compromised) and that lack of social support (i.e., no family able to provide care) is a well-established risk factor for functional difficulties.

But yet, this tendency to describe children in kinship care by comparing them to children in foster care or to children from the general population could overshadow important specificities of children in kinship care. In fact, researchers are currently unable to say whether all or most children in kinship care conform to these trends; the question as to whether some children in kinship care present specific characteristics or important needs remains unanswered.

Most importantly, many studies seem to have assessed child functioning and well-being independently of the effect of time, that is, before (as a baseline), during, or after placement (as an outcome) or simply neglected to establish a baseline (Cuddeback, 2004). According to Cuddeback (2004), most researchers offer descriptions of children and their kin as they exist during or after placement and not before placement. This distinction is important, since functional difficulties, such as attachment problems, behavioral problems, learning difficulties, and mental health symptoms can appear, worsen, or improve during placement. Nevertheless, Farmer (2009) reported some baseline indicators of child functioning and well-being in her study comparing children in kinship care to children in regular foster care. She found that children placed with a family member tended to have experienced fewer instances of adversity ($M = 5.88$) before placement than children placed in regular foster care ($M = 6.29$). According to this study, 45% of children in kinship care exhibited behavioral problems at home and 41% did so outside of the home. None of these difficulties were statistically significant when compared to children in regular foster care, however.

There is overall still little knowledge on the characteristics of the children for whom a kinship placement is the chosen measure, thereby impeding clinicians and decision makers from understanding these children's needs. Researchers still do not have a clear picture of children when they enter kinship care. Specifically, there is still no consensus on the association with age, and the levels of functioning and well-being are not systematically quantified. There seems to be some evidence to suggest that children placed with a kin caregiver generally fare better than their counterparts in regular foster care, but not as well as children in the general population.

### 2.2. Characteristics of parents

Several authors have noted the scarcity of research on parents whose children have been placed in kinship care (Cuddeback, 2004; Kiraly & Humphreys, 2013; Scannapieco et al., 1997). Yet despite this gap in knowledge, some evidential trends seem to have emerged.

For instance, children are more likely to be placed in kinship care because of their parents' substance abuse problems than children placed in regular foster families, where other parental mental health problems are often the cause (Beeman et al., 2000; Cuddeback, 2004; Ehrle & Geen, 2002). Farmer (2009) found that 60% of parents whose children were placed in kinship care had substance abuse problems, compared to only 51% of parents whose children were placed in regular foster care. Also, three studies of American mothers whose children had been placed with a kin caregiver reported rates of substance abuse of 81%, 78%, and 49% (Gleeson, O'Donnell, & Bonecutter, 1997; Testa, Shook, Cohen, & Woods, 1996; Wells & Guo, 2003). According to Kroll (2007), this high proportion can be attributed in part to the efforts of black American grandmothers who cared for their grandchildren during the "crack era" of the 1980s and 1990s. Recently, surges in opioid use and overdose deaths across the United States have also resulted in an increase in the rates of children removal (Cunningham & Finlay, 2013; Quast, Storch, & Yampolskaya, 2018). Although it is still unclear if these children are more likely to be placed with family members than in regular foster homes, it seems likely that parental substance abuse is intimately related to kinship care. High rates of parental substance abuse among the kinship care population could also be explained by the fact that parental substance abuse is a major risk factor for child neglect (Clément, Bérubé, & Chamberland, 2016; Stith et al., 2009), combined with the fact that children in kinship care are more likely to have been removed because of parental neglect or the risk thereof than other types of maltreatment (Cuddeback, 2004; Dubowitz et al., 1993; Farmer, 2009; Hélie, Turcotte, Turcotte, & Carignan, 2015; Spence, 2004).

With regard to other types of parental mental health problems, such as anxiety, depression, personality disorders and psychosis, researchers tend to report varying rates of difficulties among parents whose child is placed with kin. For instance, Gleeson et al. (1997) found that, according to their caseworkers, only 11% of mothers had mental health difficulties prior to their children being placed with a kin caregiver. Yet in her study comparing children in kinship care to children in regular foster care, Farmer (2009) reported high but similar rates (45%) of mental health difficulties in parents of both groups of children. These findings reminds us that child maltreatment is a complex, multi-determined phenomenon, and that there are multiple grounds for child protection services involvement other than just parental substance abuse and other mental health problems.

Helping families where a child as been placed in kinship care and a parent is suffering from a mental health problem may represents an enormous challenge (O'Donnell et al., 2015). Further, the intervention with these families may be complicated by intergenerational issues. In fact, a significant proportion of parents who's child is involved with child protection have themselves been maltreated as children (Bartlett, Kotake, Fauth, & Easterbrooks, 2017; Ben-David, Jonson-Reid, Drake, & Kohl, 2015; Dym Bartlett & Easterbrooks, 2015; Kaufman & Zigler, 1989; Thornberry & Henry, 2013). It is also well known that child maltreatment is a very significant risk factor for adult psychopathology (McLaughlin et al., 2017). Interestingly, Farmer (2009) and Larrieu, Heller, Smyke, and Zeanah (2008) found that parents whose children were placed with a kin caregiver were less likely to have been maltreated as a child. A study that looked at the perspective of foster carers and kinship carers on the mental health of children in care, shows that kinship carers recognize that children's difficulties may be related to their family history and to the difficulties experienced by their parents

(Fergeus et al., 2018). Kinship carers also present a much better understanding of potential intergenerational mental health problems, given their relationship with children's birth families.

Generally speaking, studies on the characteristics of parents whose children were placed in kinship care describe substance abuse as a hallmark problem of this population. Scientists still need to gather more evidence to elucidate the dynamics surrounding other types of mental illness, parental history of maltreatment, and kinship care.

### 2.3. Addressing knowledge gaps

Apart from the points raised above that limit knowledge about the characteristics of children and parents concerned by kinship care, additional aspects of this type of intervention merit further investigation. First, most studies on kinship care have sought to document child and kin characteristics independently and sometimes at the expense of parental characteristics (Alpert, 2005; Kapp & Vela, 2004; Kiraly & Humphreys, 2013). Yet, child removal is a serious decision, and when children are placed, it is specifically because their parents are struggling to meet their needs. Also, previous studies have documented how children can benefit from seeing their parents during placement (Kiraly & Humphreys, 2015, 2016), and so parental level of functioning should remain an important consideration before, during, and after placement (Font, Sattler, & Gershoff, 2018). Finally, previous researchers have also had a marked interest in comparing kinship families to regular foster families or the general population (Cuddeback, 2004; Farmer, 2009). These comparisons may obscure the presence of specific characteristics and needs of families concerned by kinship care, or even the existence of different subgroups of families sharing similar characteristics, which that may in turn require a differential approach of intervention.

### 2.4. Objectives

Looking more specifically at the characteristics of children placed in kinship care and their parents as they exist before placement, appears to be an essential step toward a better understanding of the needs of this population and toward an intervention that is more accurately tailored to these needs. The present exploratory study aimed to describe and profile the characteristics of a cohort of children placed in kinship care and their mothers[1] before placement.

## 3. Methods

### 3.1. Child protection context

This study used secondary data from a larger longitudinal cohort study aimed at evaluating the stability of kinship care placements in the province of Quebec, Canada (authors, in progress). The child protection context in Quebec is similar to that in other parts of the Western world, in that child protection is regulated by the Youth Protection Act and is guided by the child's best interest. Following an extensive investigation by specially trained child protection workers, recommendations are made, and specific interventions are put in place to keep the child safe. When removing the child becomes inevitable, the law favors options that will ensure the greatest odds of stability of care and the preservation of meaningful social ties (Gouvernement du Québec, 2016). From this perspective, when a child needs to be removed from home, the Act asks child protection workers to call upon persons who are already close to the child, such as members of the extended family, whenever possible, before considering other placement options (i.e., foster care, residential care). In Québec's child protection system, the child is the unit of intervention. It means that each child has it's own intervention plan and unique case file, even if other children in the same family are receiving protection services. The possible grounds for child protection services intervention are physical abuse (or serious risk thereof), sexual abuse (or serious risk thereof), emotional abuse, neglect (or serious risk thereof), abandonment and child serious behavior problems.

### 3.2. Study cohort

The cohort consisted of children placed in kinship care by the largest urban child protection services agency in Quebec, Canada (authors, in progress). Every child aged 12 and under placed with a new kin caregiver between April 28, 2014, and April 29, 2015, under the Youth Protection Act in the Montreal area was included in the cohort. During this time, a total of 176 children met these criteria and were deemed eligible to participate. Children who experienced two placements during the window period were only counted once (i.e., data from first placement). Four cases were excluded from the analysis because their caseworkers refused to participate bringing the final cohort size to $N = 172$ children.

### 3.3. Data collection

Data used for this current paper was collected from two sources. First, as soon as an eligible child entered kinship care, one of the three graduate research assistants extracted the child's and mother's sociodemographic characteristics from the electronic case file, using a data collection grid. That grid was developed for the purpose of the main study and tested with three caseworkers in order to ensure the validity of the instrument. Next, they contacted the caseworker for a phone interview to validate the sociodemographic characteristics and to document the early stages of the placement using a short phone questionnaire. The questionnaire consisted of a series of questions regarding the placement (e.g., start date, relationship with the kin caregiver), but was also designed to collect the workers' clinical impressions (e.g., likelihood of permanent placement).

### 3.4. Variables

A subset of 9 dichotomized variables collected through case file reviews and phone interviews at the beginning of placement (baseline) were selected to construct the profiles. These variables were selected for analysis because of their high prevalence in families involved with child protection services (Hélie, Collin-Vézina, Turcotte, Trocmé, & Girouard, 2017a, 2017b). The child's characteristics included the presence/absence of each of the following functional difficulties during the 6 months preceding placement: attention deficit/hyperactivity disorder (ADHD), attachment issues (difficulties in bonding, reactive disorder, insecure attachment style, etc.), learning problems, developmental delay, and other mental health problems (i.e: depression, anxiety, autism, etc.). The mother's characteristics included the presence/absence of the following conditions during the 6 months preceding placement (except for maltreatment during childhood): substance abuse, other mental health problems (i.e: depression, personality disorders, anxiety, psychotic disorders, etc.), and maltreatment during childhood as documented in the electronic file. A difficulty was deemed "present" if a professional made a diagnosis, the mother reported a diagnosis or having a difficulty, or the caseworker saw sufficient evidence to make a referral for a formal evaluation or make a note in the file. These items of the data collection grid were widely used and validated in the context of vast national incidence studies surveying child protection caseworkers to document the characteristics of investigated cases (Trocmé et al., 2010, 2001, 2005). Validation studies reported a very low rate of nonresponse for almost all items of the instrument (Fallon, 2016; Hélie & Girouard, 2016), as well as good test-retest fidelity (Trocmé, Fallon, Black, Felstinger, Parker, & Singer, 2007; Trocmé, Fallon, MacLaurin,

[1] Unfortunately, too many fathers (approximately 1 in 3) were missing from their children's lives to include fathers' characteristics.

Sinha, Black, & Chabot, 2009). The mother's level of education and income were not included, because the overrepresentation of women without a high school diploma (79%) and receiving government assistance (83%) precluded the possibility of finding any valid patterns within the data. The last remaining variable was the child's probability of being reunified with a parent as predicted by the worker (very or somewhat likely/unlikely or very unlikely). This variable gives an indication of the probability of permanent placement for the child, as it is one of the existing permanency options in Québec.

Three additional variables were used to compare the profiles. Child age (in years) at the beginning of placement, type of relationship with kin (maternal grandparent, paternal grandparent, other) and primary ground for intervention (neglect, risk of neglect, physical abuse or risk thereof, sexual abuse or risk thereof, psychological abuse, abandonment).

## 4. Analysis plan

Latent class analysis (LCA) (Lanza, Collins, Lemmon, & Schafer, 2007) was used to confirm or deny the existence of different family profiles within the cohort. LCA uses expectation-maximization techniques to handle missing data; missing value points were assumed to be missing at random. A series of model fit indicators were used to inform class enumeration, that is, Bayesian information criteria (BIC), Akaike's information criteria (AIC), and their respective adjusted values (CAIC and ABIC); the lowest scores always indicates the best fit. Researchers conducted a series of chi-square tests with Bonferroni corrections to test if the differences between the classes were indeed significant. Chi-squares are not as robust as LCAs when it comes to handling missing data, and so results should be interpreted in light of missing values (See *N* total for each chi square. Additional descriptive analyses were performed to compare profiles on child age, relationship with kin caregiver and primary type of maltreatment.

## 5. Results

Table 1 summarizes descriptive statistics for the cohort. Children in the cohort were relatively young ($M = 4.63$, $SD = 3.71$). The most commonly reported psychosocial difficulties among children were attachment problems (32.0%) and developmental delays (28.5%), followed by learning difficulties (19.6%), ADHD (18.0%), and mental health problem (9.3%). The majority of mothers (63.4%) suffered from some type of mental health problem, while 51.2% had a substance abuse problem and close to half had endured some type of maltreatment during childhood (47.1%). Neglect and serious risk thereof were the primary types of maltreatment reported for two thirds of the cohort (28.7% + 36.3%). Other types were physical abuse or risk thereof (14.6%), psychological abuse (12.3%), abandonment (6.4%) and sexual abuse or risk thereof (1.8%). Grandparents or great-grandparents were the most common caregivers (44.8%), followed by aunts and uncles (or great-aunts and great-uncles, at 29.7%), friends of the family (14.6%), and other relatives (e.g., adult siblings, cousins, 9.3%). Child protection workers deemed 57.4% of children unlikely or very unlikely to return home with their parents after placement.

### 5.1. Profile construction

The size and nature of the cohort allowed five models to be generated without overstretching the sample or creating categories that were indistinguishable from each other (Lanza et al., 2007). Multiple starting values were used to ensure robustness of findings and identify a global solution, that is, models that endure despite random starting values (Lanza et al., 2007). The four- and five-class models were discarded due to their very high likelihood of identifying a different model entirely with different starting values (85% and 11% respectively). Model fit indicators are presented in Table 2 for the remaining three models.

**Table 1**
Characteristics of cohort at time of placement.

| | *N* | % |
|---|---|---|
| Child's characteristics | | |
| Age (years) (M = 4.63, SD = 3.71) (N = 172) | | |
| 2 or under | 56 | 32.6 |
| 3–5 | 40 | 23.3 |
| 6–9 | 50 | 29.1 |
| 10–12 | 26 | 15.1 |
| Sex (N = 172) | | |
| Male | 87 | 50.6 |
| Female | 85 | 49.4 |
| Functional difficulties | | |
| ADHD (N = 171) | 31 | 18.0 |
| Attachment problem (N = 171) | 55 | 32.0 |
| Learning difficulty (N = 171) | 32 | 18.6 |
| Developmental delay (N = 170) | 49 | 28.5 |
| Other mental health problem (N = 172) | 16 | 9.3 |
| Mother's characteristics | | |
| Other mental health problem (N = 165) | 109 | 63.4 |
| Substance abuse problem (N = 166) | 88 | 51.2 |
| Maltreated in childhood (N = 148) | 81 | 47.1 |
| Primary ground for intervention (N = 171) | | |
| Abandonment | 11 | 6.4 |
| Neglect | 49 | 28.7 |
| Serious risk of neglect | 62 | 36.3 |
| Psychological abuse | 21 | 12.3 |
| Sexual abuse or risk thereof | 3 | 1.8 |
| Physical abuse or risk thereof | 25 | 14.6 |
| Kin caregiver's relationship (N = 172) | | |
| Grandparent/Great-grandparent | 77 | 44.8 |
| Aunt or uncle/Great-aunt or uncle | 51 | 29.7 |
| Other relative | 16 | 9.3 |
| Friend of family | 28 | 16.2 |
| Odds of returning home (N = 169) | | |
| Very or somewhat likely | 72 | 42.6 |
| Unlikely or very unlikely | 97 | 57.4 |

**Table 2**
Model fit indicators.

| | 1 class solution | 2 class solution | 3 class solution |
|---|---|---|---|
| Log-likelihood | −863.39 | −836.78 | −819.95 |
| G squared | 315.26 | 262.04 | 228.38 |
| AIC | 333.26 | 300.04 | 286.38 |
| BIC | 361.59 | 359.84 | 377.66 |
| CAIC | 370.59 | 378.84 | 406.66 |
| ABIC | 333.09 | 299.68 | 285.83 |
| Entropy | 1.00 | 0.74 | 0.74 |

In the end, the AIC and adjusted BIC (ABIC) favored a three-class solution, while the CAIC and the BIC favored a two-class solution. According the Methodology Center, in a scenario when the AIC favors more classes and BIC less, either option could be satisfactory (Dziak, 2012). It should be noted that there is still no consensus regarding class enumeration (Nylund, Asparouhov, & Muthen, 2007), and information criteria performance appears to depend heavily on scenarios (Dziak, Coffman, Lanza, & Li, 2012). Therefore, when the sample is small and class sizes are unequal (as is the case here), Dziak et al. (2012) and Nylund et al. (2007) recommend using the AIC and ABIC for improved accuracy. Based on these recommendations, the three-class model was selected as the final model. Posterior probability of membership for this model ranged from 0.81 to 0.91, indicating a good level of certainty for each subject's assigned membership in each class. Regarding chi square analyses, only one variable (child mental health) had an expected cell count lower than 5 (33.3%).

**Table 3**
LCA and chi-square results with Bonferroni correction.

| | Profile | | | | | | Bonferroni |
|---|---|---|---|---|---|---|---|
| | 1 Child Needs (25%) | 2 Early Placement (55%) | 3 Relational Difficulties (20%) | *N* | *df* | $X^2$ | Sig. testing |
| Child's mental health | 26.5% | 0.1% | 3.9% | 172 | 2 | 30.423** | 1 > (2 = 3) |
| Child's ADHD | 49.1% | 0.2% | 21.4% | 171 | 2 | 59.317** | 1 > 3 > 2 |
| Child's learning disabilities | 62.2% | 0.4% | 2.2% | 171 | 2 | 117.185** | 1 > (2 = 3) |
| Child's attachment difficulties | 28.4% | 11.3% | 96.9% | 170 | 2 | 95.760** | 3 > 1 > 2 |
| Child's developmental delays | 46.6% | 12.0% | 49.3% | 170 | 2 | 26.654** | 2 < (1 = 3) |
| Mother's substance abuse | 55.2% | 50.8% | 55.6% | 166 | 2 | 0.154 | |
| Mother's mental health | 63.5% | 66.4% | 68.5% | 165 | 2 | 0.872 | |
| Mother's maltreatment history | 55.7% | 42.7% | 85.3% | 148 | 2 | 21.014* | 3 > (2 = 1) |
| Estimated odds of permanent placement | 44.4% | 50.6% | 96.2% | 169 | 2 | 29.587** | 3 > (1 = 2) |

* $p < 0.05$.
** $p < 0.01$.

### 5.2. Description of profiles

A typology of three family profiles was determined based on LCA and chi-square tests with Bonferroni correction results. We named them (1) "Child Needs" ($N = 43$; 25%); (2) "Early placement" ($N = 94$; 55%) and (3) "Relational Difficulties" ($N = 35$; 20%). Tables 3 and 4 describe the three profiles according to the mother and child characteristics defining these profiles, and according to additional characteristics. Since analyses were conducted with a cohort of children and not just a sample, Table 4 reports simple percentages.

The Child Needs profile was characterized by overall high levels of child difficulties, with the exception of attachment issues. In comparison with the other two profiles, child mental health problems were significantly highest in this profile, at 26.5% ($X^2$ [2, 172] = 30.423, $p < 0.001$), as were child learning problems at 62.2% ($X^2$ [2, 171] = 117.185, $p < 0.001$) and ADHD at 49.1% ($X^2$ [2, 171] = 59.317, $p < 0.001$). Estimated odds of permanent placement were the lowest of all profiles at 44.4% ($X^2$ [2, 169] = 29.587, $p < 0.001$). Children in this profile were the oldest of the cohort, at 7.06 ($SD = 2.44$) years old. Children were most likely to be placed with other kin caregiver than. Finally, the frequency of three types of maltreatment is higher in this profile than in the other profiles: physical abuse, psychological abuse, and abandonment.

The second profile, labeled "Early Placement," was characterized by low levels of reported difficulties in children, but significant difficulties in mothers (substance abuse 50.8%; other mental health 66.4%). Mothers in this profile were not significantly more at risk than mothers in the other two profiles, however. Children in this profile were the youngest, at 3.68 (SD = 3.91) years old and were more likely to have been placed with a kin caregiver who is a grandparent. Neglect is more frequent in this profile as compared to the other profiles.

The last profile, "Relational Difficulties", reported significantly higher levels of attachment issues (96.9%) than the other two profiles ($X^2$ [2, 170] = 95.760, $p < 0.001$). Mothers in this profile were significantly more likely to have been maltreated during their childhood than mothers in the other two profiles ($X^2$ [2, 148] = 21.014, $p < 0.001$). Estimated odds of permanent placement were significantly higher in this profile than in the other two, at 96.2% ($X^2$ [2, 169] = 29.587, $p < 0.001$). Children in this profile had a mean age of 4.18 ($SD = 3.16$). Despite the high prevalence of maternal history of maltreatment in this profile, 45.7% of these children had been placed with their maternal grandparents or great-grandparents. Regarding types of maltreatment, children in this profile showed higher prevalence of risk of neglect and of sexual abuse or risk thereof, as compared to children in the other two profiles.

**Table 4**
Additional information on profiles.

| | 1 Child Needs ($N = 43$) | 2 Early Placement ($N = 94$) | 3 Relational Difficulties ($N = 35$) |
|---|---|---|---|
| Child age (years) (*M*) | 7.06 (2.44) | 3.68 (3.91) | 4.18 (3.16) |
| *Kin caregiver's relationship* | | | |
| Maternal grandparents | 18.638% | 24,557% | 45.7% |
| Paternal grandparents | 16,328% | 20,224% | 11,422% |
| Other | 65,133% | 55,318% | 31% |
| *Primary maltreatment type* | | | |
| Abandonment | 11.9% | 4.3% | 5.7% |
| Risk of neglect | 31.0% | 22.3% | 42.9% |
| Neglect | 23.8% | 42.6% | 34.3% |
| Psychological abuse | 14.3% | 12.8% | 8.6% |
| Sexual abuse or risk thereof | 0.0% | 2.1% | 2.9% |
| Physical abuse or risk thereof | 19.0% | 16.0% | 5.7% |

## 6. Discussion

These findings contribute to the current field of study in several ways. First, by describing parent and child characteristics before placement, the study offers a glimpse of the lived realities of families for whom the option of kinship placement has been privileged. This is a significant difference, as most studies so far have documented characteristics of children in kinship care without taking time (i.e., during, or as an outcome) of placement into consideration (Alpert, 2005; Kapp & Vela, 2004; Kiraly & Humphreys, 2013). Second, the current study shows that children placed in kinship care and their parents are not an homogenous group, by clearly identifying how some families appear vulnerable in different ways. The nature of some profiles raises the question of whether the kin caregivers have the capacity to meet the needs of their extended family, especially considering their own family history of maltreatment. These considerations raise questions about specific placement practices of support, supervision, and intergenerational conflict management.

### 6.1. Mothers and children before placement

The current descriptions of children and their mothers in kinship care have added important information to the literature. Unsurprisingly, rates of maternal psychosocial difficulties in the 6 months preceding placement are high (51.2% substance abuse, 63.4% other mental health, 47.1% previous history of maltreatment), and this gives further credence to findings by previous authors who also found high rates of substance abuse and other mental health problems among these mothers (del Valle et al., 2009; Gleeson et al., 1997; Kroll, 2007; Testa et al., 1996; Wells & Guo, 2003). In contrast, however, close to one in two mothers experienced maltreatment as a child, as noted in the child's casefile and further validated over the phone with social worker.

This contradicts findings by previous authors (Farmer, 2009; Larrieu et al., 2008), who found lower rates of maternal history of maltreatment among their samples. In their systematic review ($N = 15$), Montgomery, Just-Ostergaard, and Jeverlund (2018) found that parents who had experienced potentially traumatic events of all types (e.g., war, being refugees, child maltreatment) were consistently at greater risk than other parents to perpetrate child abuse. This risk also increased with the severity of posttraumatic stress symptoms experienced by parents. Discussing previous trauma history with parents is undoubtedly a sensitive issue for caseworkers and researchers, however. Considering the specific impact of this variable, we would urge scientists to document the nature and influence of trauma history among parents in future studies on kinship care.

The current findings regarding the characteristics of children before placement tend to confirm those of prior studies with diversified timing in the measurement of these characteristics (at baseline, during placement, or as an outcome). This study indicates that when they are removed from their home, children placed with a kin caregiver are relatively young, with a notable prevalence of difficulties such as developmental delay and attachment issues 6 months prior to placement. It should be recalled that attachment issues documented in this study are not limited to reactive disorders and insecure attachment styles. Broader difficulties in bonding are also included in so far as they affect child functioning. All these functional difficulties are documented through the clinical judgment of trained social workers. Since the instrument used to document functional difficulties has already been used in prior studies, comparisons can be made with a representative sample of Quebec children under 18 whose cases were corroborated by child protective services (Hélie et al., 2017a,2017b). Mental health problems (other than substance abuse) are less frequent in the present cohort than in the Quebec incidence study (QIS) sample (16% vs. 31%). In contrast, attachment issues and developmental delays were more prevalent in the current cohort (55% vs. 19% for attachment issues and 49% vs. 14% for developmental delays). Several elements can partly explain these differences between the present cohort and the QIS sample: the age difference between the two populations under study; the QIS sample includes corroborated cases having their file closed after investigation because an intervention of protection services was not deemed justified; different data collection procedures. Beyond the high prevalence of these child functioning difficulties in the current cohort, the comparison with QIS sample suggest that kinships care families represent a distinct subpopulation of child protection services with specific needs. Besides, it is interesting to note that the two psychosocial difficulties that are overrepresented in the present cohort are also clustered in one particular profile that appeared especially likely to be placed permanently. Several studies have linked attachment difficulties to psychopathology in children and adults alike (Cohen et al., 2017). Perhaps the manifestation of such difficulties suggests to workers that removal is required to ensure the child's well-being. While there is some evidence that placement with a competent foster family may alleviate reactive symptoms of children with severe attachment disorder (Guyon-Harris et al., 2018), the generalizability of this finding to kinship care may not be straightforward, even if the attachment issues experienced by the child in this type of substitute care appear to be less severe.

### 6.2. Different profiles, different vulnerabilities

The psychosocial difficulties referred to above were not distributed equally across the three profiles, indicating that this kinship care families do not constitute an homogenous group. Some kinship care families appear to be especially vulnerable and their needs could be overlooked if they are lumped in with all families in kinship care. In her study, Farmer (2009) describes children in kinship care as having higher rates of functioning and well-being than children placed in regular foster care. This description is reflected in the Early Placement profile, which represents the largest one ($N = 94$) with the youngest children ($M = 3.68$; $SD = 3.91$). Children in this profile appeared relatively unaffected by their parent's difficulties in comparison to the children in the other two profiles, at least for the difficulties considered in the current study. In contrast, the other two profiles, which together accounted for close to 45% of the entire cohort, did not appear to replicate Farmer (2009) findings. In fact, the children from the other two profiles exhibited significant psychosocial difficulties. Several interpretations of this phenomenon appear pertinent. First, it is possible that the child characteristics considered in the current study are more likely to appear and/or to be observed as children grow older and go to school. Indeed, specific disturbances (e.g., learning difficulties, ADHD) that had previously gone unnoticed start to be reported when children enter the school system and are observed by teachers (Kalsea, Mliner, Donzella, & Gunnar, 2016). And so it is possible that children in the Child Needs profile are simply Early Placement children who grew older and had more people around them to identify signs of strain. Higher rates of child difficulties in this profile may also reflect the fact that, as time goes by, consequences of parental difficulties on the child are more likely to develop. Another possible interpretation is that these children are indeed more vulnerable than children in the Early Placement profile. This interpretation is supported by the group's exposure to physical abuse and risk thereof (19.0% vs. 16.0% and 5.7%), to psychological maltreatment (14.3% vs. 12.8% and 8.6%), and to abandonment (11.9% vs. 4.3% and 5.7%), which in each case is higher that of their counterparts in the other two profiles. The presence of various forms of abuse or risk thereof in a family structure in which both mother and children are under strain suggests a crisis point has been reached. In contrast, children in the Early Placement profile were more likely to have been placed because of neglect (42.6% vs. 34.3% and 23.8%), which suggests placement took place in response to a combination of very young children living with parents presenting serious difficulties. Nevertheless, the findings of the present study suggest that measuring difficulties at baseline is crucial to understanding the experiences of kinship families. Indeed, not all the kinship caregivers in this study appear to have been called on for the same reasons (children with minor vs. major difficulties). Such a finding is worrisome in light of previous studies showing that kinship caregivers receive less training than other resources (Berrick et al., 1994; Cuddeback, 2004; Iglehart, 1995; Scannapieco et al., 1997). There seem to be distinct profiles of families experiencing kinship placement. For some of them, the child seems to be the one with the problems, while for others, it is the parent who needs more help. These profiles may challenge the kinship caregivers in different ways, which means that support strategies need to be adjusted to the context.

The third and last profile, Relational Difficulties, was the most surprising. It was characterized by a high rate of developmental delays and ADHD in children, a high rate of maternal history of maltreatment, the highest rate of attachment issues in children, and the highest odds of permanent placement out of all three profiles. It was interesting to note that neglect and risk thereof were the main reasons for placement, just like for children in the Early Placement profile, and yet these children appeared far more adversely impacted, despite having approximately the same age. What is more worrisome, however, is that these children were also likely to be placed with their maternal grandparents, despite their mothers' high rate of history of maltreatment. This finding must be interpreted with caution. First, the collected data on maternal history of maltreatment does not allow to determine who was responsible for maltreating the mother during her childhood. Thus, the grand-parent who is taking care of the child may not be the one who was responsible of mother's maltreatment. Second, the context that prevailed when the mother experienced maltreatment during her childhood may be very different several years later when her own child is placed with her parent(s). A grandparent who has gone through really adverse conditions when rising his/her own children may now, given a more favorable context, have regain the capacity to take care of a grandchild. Maybe that such situations are accepted under certain

conditions, for example if the grand-parent is strongly significant for the child and if protection services can provide a close supervision. Third, maternal history of maltreatment and being placed with a maternal grandparent are both frequent in the Relational Difficulties profile, but it doesn't mean that both are present for a same child. Further analysis are required to look more closely to this association between maternal history of maltreatment and kinship care involving grandparents.

Nevertheless, this finding highlights the complexity of trying to preserve family ties in the context of traumatized family networks. And yet there are few studies documenting the impact trauma plays on parenting skills (Montgomery et al., 2018; Muzik et al., 2017). On this point, a recent systematic review has highlighted the dearth of studies on the effect of parental trauma on the propensity to perpetuate child abuse (Montgomery et al., 2018). There seems to be a lack of understanding of how traumatized parents relate to their children. The findings underscore the need for a better understanding of the relational and intergenerational issues involved in the placement of children in settings where maltreatment has been reported over several generations. It also show that the three profiles obtained are very distinct in terms of needs and therefore call for different interventions. It seems inevitable that the intervention offered is suitable to the needs of children, parents and kinship carers. The Child Needs profile seems to require providing help, support and resources for kinship that supports children with potentially larger needs, while the relational Difficulty profile highlights the importance of addressing attachment issues. Moreover, in a systematic review of the literature (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007) the authors report that two studies show an association with attachment problems in children and the risk of end of placement. It appeared essential to work well on the relational issues involved in this type of placement, while it is a very specific issue in kinship care placement.

### 6.3. Limitations

Despite its numerous strengths, this study also has limitations. The cohort under study is representative of children placed in kinship care in Montreal during the year 2014–15. It's difficult to determine to what extent the specificities of the Québec child protection system, such as the inclusion of serious risk of maltreatment as a ground for intervention, may limit the generalizability of the findings to other jurisdiction. Children and mothers difficulties were broadly defined in order to capture the problems that affect their functioning, no matter if there was a diagnosis associated with it. In consequence, comparison with the prevalences reported in prior studies are limited. The fact that measures of functioning rely on the clinical judgement of trained social workers can be a strength, but using standardized tools could have yielded different prevalence rates and, most interestingly, different levels of severity for each difficulty. Finally, asking workers to estimate the odds of permanent placement is not the same as relying on actual reunification statistics.

### 6.4. Future direction

We would encourage researchers in the field of kinship care to screen for different needs and vulnerabilities in this population. Indeed, the more accurate the descriptions of these families and their unique realities are, the better we are positioned to help them and address their needs. This research emphasized the high prevalence of maternal history of maltreatment among children placed with kin. Researchers should seek to evaluate and contextualize the role that trauma and symptoms thereof plays in parents' abilities to comply with child protective measures. The moment also appears right to question the role of kinship placement in situations where parents were themselves maltreated during childhood.

## 7. Conclusion

All things considered, we would caution researchers and clinicians against assuming that kinship care families constitute a homogeneous group presenting higher levels of functioning than children placed in foster homes. In fact, up to 45% of children in the cohort did not match this description. Painting this population with a broad brush may lead clinicians and researchers to ignore the needs of some families who appear especially vulnerable. Specifically, children born to mothers with a history of maltreatment appear likely to experience permanent placement. Special consideration should be given to these children.

## Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2019.104531.

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