



Premature adult mortality and orphanhood Orphans under child protection placed in kinship care

KEYWORDS

TRUSTED THIRD PARTY - ORPHAN
QUANTITATIVE STUDY - QUALITATIVE STUDY
CHILD PROTECTION - PLACEMENT

MOPADOR a research project by **Bernadette Tillard, Coralie Aranda and Lucy Marquet, Univ. Lille, CNRS, UMR 8019 - CLERSE - Centre Lillois d'études et de Recherches Sociologiques et Economiques, F-59000 Lille, France**

In France, fewer than 10% of children in care are looked after family or friends. What do we know about the adults with whom these children are placed by the court? And who are the children concerned? Some have lost their father and/or their mother. Are the kinship carers who take in orphans different (or not) from the carers of children with living parents? Drawing on a questionnaire and in-depth interviews with trusted third parties, this study sheds light on the little-known realities of child protection, with particular focus on young orphans.

INTRODUCTION

Conducted in two French departments with high levels of premature adult mortality, this study focuses on the trajectories of fatherless and/or motherless orphans placed under child protection and on the support provided to the people who care for them. This question is encompassed within the broader issue of coordination between private support by family or friends on the one hand, and public intervention on the other, embodied here by the child welfare agency (Aide Sociale à l'Enfance, ASE).

Who are the children cared for by family and friends?

The quantitative study provides information on the children cared for by a friend or family member in the Nord and Pas-de-Calais departments while also describing the sub-group of orphans. Among the full

set of children in placement, boys and girls are equally represented; the proportion of girls increases with age; contact is maintained with their fathers (44%) and mothers (59%) but its frequency decreases steadily over time. The main reasons given by kinship carers for taking the child into their homes are parental separation (only 10% of parents live together), the absence of contact with the father and/or the mother, and conflictual parent-child or parental relations. The findings also reveal the importance of maternal health problems (28%) among the reasons for child placement. While 17% of the children concerned have no siblings, they more often have two or more (38%). This is confirmed in our survey, as in one quarter of all cases, the kinship carers are looking after several children from the same family. Kinship care arrangements with family members and friends are also particularly long-lasting: one quarter of the children in our survey had already been with their foster family for more than seven years and the arrangement was still ongoing. The children were monitored by child welfare services in half of all cases. Monitoring measures are also pronounced by the children's judge. They involve monthly visits by a specialised counsellor to meet the kinship carer and the child at the carer's home.

Who are the kinship carers?

Among kinship carers as a whole, equal numbers come from the father's and the mother's side. While they often take in more than one child, and for long periods of time, as mentioned above, the data collected show that they are more economically disadvantaged than the general population of these two departments. For example, fewer kinship carers are homeowners than among the general population, and they are more often inactive than other people of the same age. Among children looked after by kinship carers below age 65, two-thirds live in a single-parent home where the working-aged carer is unemployed at the time of the survey. This is especially the case when the carer is a woman. Only 88% of these carers receive a maintenance allowance and they do not always seem to be aware of their potential rights

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to family allowances or tax deductions. Carers with no blood ties to the child, who more often provide long-term voluntary care, but who represented only a small fraction of our sample (8%), appear to be a less disadvantaged sub-group than kinship carers. These carers more often provide long-term voluntary care under a different legal framework from that of care by a trusted third party (article L.221-2-1 of the Social Welfare and Family Code (Code de l'action sociale et des familles)).

Who are the orphans cared for by family and friends?

The orphans placed with kinship carers were older than the non-orphans in our sample at the time of the survey. None of these orphans were below 6 years of age at the time of the survey, contrary to what was observed in the previous study [1]. However, 26% of them were below age 6 when they were first placed with kinship carers. This apparent paradox can be explained by the fact that before being officially taken in by trusted third parties, many children were already cared for by them on an informal basis. So when carers were asked to give the start date of the care arrangement, they probably also counted this initial informal period. Children cared for informally before age 6 are not included in the departmental council databases.

For most criteria, the situation of orphans is not significantly different from that of other children in kinship care (two or more siblings, contact with surviving parent, carer's kin relationship to the child, siblings fostered together, carer's occupational category, dwelling occupancy status, duration of placement up to the time of the survey). One specific tendency was noted, however: **their kinship carers are generally younger and more often of the same generation as the child's parents or the child him/herself.**

Orphans are less often monitored by child welfare services and the kinship carers less often receive a maintenance allowance (see box).

The main reason for the orphans' placement identified by kinship carers was the absence of contact with the father (59%) and/or the mother (62%). Other causes, also found in the group of non-orphans, include conflict with parents preceding the death (22%) and maternal health problems (21%). The study also found that the timing of placement with a kinship carer differs for children whose mother has died and those whose father has died.

The circumstances of orphan placement

The interviews provided additional information on the circumstances of orphan placement and its organisation.

When the child is placed before the parent's death, this arrangement is often the final stage

of a parental life trajectory marked by severe health problems. **If not triggered by a death, deteriorating health is the reason behind the child's placement with family or friends.** When the parent dies, the child's future care arrangements depend not only on the ability of the surviving parent or step-parent to raise the child, but also on negotiations between this parent and other family members.



When the placement is triggered by a death, orphaned children and adolescents are more often placed under child protection in cases of the mother's death and the father's prolonged absence, or at least his disinterest in the child. Most often these children are from lone-parent families in which the mother

What are the specific features of kinship care for orphans?

The study identified a more diverse range of kinship carers among those caring for orphans. They include a higher proportion of uncles, aunts, older brothers and sisters, but also close friends, with a smaller share of grandparents (45% of orphan carers compared with 68% of non-orphan carers). Family members and friends who agree to care for an orphan are generally younger (28% below age 45 versus 18%). They more often belong to the parent's generation or are the child's siblings (48% versus 22%).

Unexpectedly, orphans are less often monitored by child welfare services (38% versus 55%). Yet, even though social workers are not well-informed about carers' entitlements, the 2016 study [1][2] had already shown that child monitoring was associated with a higher take-up of maintenance allowances. In the present study, it would appear that kinship carers of orphans are less well monitored and have lower levels of maintenance allowance take-up than carers of non-orphaned children (78% versus 92%).

The study also highlights another specific aspect of orphan kinship care which deserves to be studied more fully, that of legal guardianship. Given that the parent is permanently absent due to death or the withdrawal of parental authority for serious misconduct, legal guardianship of an orphan is granted more quickly to kinship carers than in other types of placement. The process revealed by our survey deserves to be studied in its own right. The present study only captures situations where the kinship carer's status has shifted from trusted third party to that of legal guardian for a short period (from data retrieval up to the visit to the carer's home), i.e. a period of 8 to 10 months. This is because once a legal guardian has been appointed, the children concerned are removed from the list of direct placements with a third party. Some remain under child protection if they are subject to an upbringing educational measure, but the others leave the child welfare agency. In both cases, the children are no longer considered to be in placement and are removed from the database that was the starting point of our investigation. For this reason, the specific issues associated with orphans who have lost both parents or whose surviving parent has been deprived of parental authority can only be partially examined with our survey method. The situations encountered are highly complex. While the change of status resolves many of the daily decision-making problems encountered by the person with parental authority, the withdrawal of maintenance payments and upbringing childrearing support that may have been received until then leaves the kinship carer alone to face sometimes inextricable material and administrative problems.

Clersé

The Centre lillois d'études et de recherches sociologiques et économiques (Lille Centre for Sociological and Economic Research, Clersé UMR 8019) is a joint research unit of CNRS and the University of Lille. First set up in 1982, it is a multidisciplinary laboratory whose research sheds light on various aspects of public policy. It investigates and analyses social, economic and environmental vulnerabilities observed across France in a context of ecological transition and ongoing health crises.

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dies, obliging the family to take a decision about the child's future care.

Last, when the placement occurs after the death, in most cases the parents were living together when the death occurred. In these cases, the child is raised by the surviving parent, to begin with at least. Conflict between the surviving parent and the child, neglect that may or may not be linked to the parent being «overwhelmed» after the partner's death, or even suspicion of ill-treatment are circumstances that may make it necessary to envisage placing the child with a kinship carer. The death does not trigger the placement, but corresponds to the start of a new stage of negotiations that are more complex than in the previous cases.

Our analysis reveals the importance of the parents' conjugal situation and their respective states of health in the child's trajectory. This conclusion, based specifically on cases of orphaned children, highlights the mechanisms of influence of characteristics that concern all children placed with kinship carers, as pointed up by the reasons for placement of non-orphans. This result highlights the consensual aspects of child protection that come into play when the child's needs are considered, showing how they operate in specific situations of orphanhood.

The study shows that 78% of motherless orphans are taken in by a kinship carer before or at the time of her death, compared with 48% of children who have lost the carer that families consider to be the father.

This is consistent with the difference between fatherless and motherless orphans observed by Isabelle Frechon et al. (2020) [3] in the ELAP study.

In addition, based on data collected in the interviews, analysis of the timing of placement with respect to the parent's death shows that decisions are faster and more permanent for orphans than for non-orphans. The previous study [1] had shown the stability of the kinship care arrangement when the parent(s) accepted their inability to raise the child. Here, several sets of circumstances lead to a similar situation: severe parental health problems; parental death; absence of a known surviving parent or of a parent deemed fit to care for the child; the other parent's health status; his or her involvement in the parent's death etc. In these cases, the parent(s) do not ask for custody of the child, all the more so when the dead parent is a lone mother. In many of the family configurations encountered in our survey where one parent had died and the other was absent, a parental death led to a faster and more permanent placement decision than in the majority of child protection situations.

What are the parental causes of death mentioned by kinship carers?

Kinship carers were sometimes reluctant to report the precise cause of death of the parent(s), so the

exact cause mentioned on the death certificate is unknown. But their explanations nonetheless gave an idea of the circumstances of death and of its impact on the child's trajectory. While a large number of deaths are linked to alcohol and illicit substance abuse, most causes of death are among those known to cause premature death in France: "cancers, external causes (accidents, suicides and other external causes of death) and diseases of the circulatory system are the three most frequent causes, accounting for 40%, 14% and 12% of premature deaths (<65 years), respectively" [4]. However, while premature mortality affects twice as many men as women in the general population (25% of all male deaths versus 12% of female deaths), maternal deaths outnumbered paternal deaths in the study of orphans placed with kinship carers. This finding is consistent with the information given in the study on transition to independence after placement covering all young people placed under child protection [7]. While many fathers and stepfathers take over from an absent mother, responsibility for childcare is shared



Research method

In collaboration with the child welfare services of the Nord and Pas-de-Calais departments, a questionnaire survey was conducted in 2018 on 921 relatives or friends of a minor entrusted to their care [5]. Most were designated as "trusted third parties" by the children's judge who approved the child's placement. The expression "trusted third party" used in the everyday language of social work encompasses both extended family members and friends of the parents or child to whom the child is entrusted with the approval of the children's judge. The survey also aimed to explore the implementation of a new system entitled "long-term voluntary care" instituted by law in 2016. However, this system has been implemented in only one of the two departments and for a very small number of minors, so our results mainly concern children placed with a kinship carer by the children's judge rather than those placed under this new system, which only applied to around 30 foreign unaccompanied minors at the time of the study.

A total of 458 kinship carers responded to the postal survey. The answers given by respondents enabled us to distinguish between carers of non-orphans and of orphans who had lost one or both parents, and hence to compare the two populations and the associated conditions of care. This first quantitative study phase was followed by a second phase of semi-structured interviews of 46 kinship carers, among whom 27 were looking after an orphaned minor.

This study method, focusing exclusively on the children's carers, gives a more detailed picture of their viewpoints. However, it tends to overlook tensions among relatives, in contrast with the previous study [1] and with the analyses developed by Sarah Mosca in her thesis [6].

The research results cover both the full set of surveyed kinship carers and the subset of carers looking after a minor orphaned by the death of one or both parents.

unequally by men and women so a mother's death or abandonment more often leads to child placement than paternal neglect.

What recommendations can be made in light of this study?

Most recommendations concern all third parties caring for children and adolescents, be they orphaned or non-orphaned. They encompass people practising "long-term voluntary care" under the law of 2016, but who were still rare at the time of our study.

As in the previous study [1], kinship carers often express a need to share their concerns with other people experiencing the same difficulties. Receiving little support from social services, some would appreciate access to specialised advice for child placement situations (arrival of the child, financial or housing difficulties, healthcare expenses, maintenance allowance and family allowance entitlements, specific tax deductions etc.). However, social workers are rarely involved in cases of direct placement with a third party and do not always possess the necessary knowledge. Some carers specifically mention the need to meet others in the same situation in order to share experience and know-how.

The study highlights the crucial need to award the maintenance allowance automatically to all kinship carers as trusted third parties. This would prevent at least 10% of them from being deprived of this financial support. It would also reduce the disparities between kinship carers looking after an orphan and those looking after a non-orphan: 22% of the former do not receive this allowance versus just 10% of the latter. This study also points up the need to continue

the maintenance allowance until the child reaches age 18 at least, or even age 21. The question of granting the allowance to third-party guardians of orphaned children should be addressed in a similar manner, and these children should be monitored by social services for at least 18 months to provide support for guardians in their dealings with the administration. In this respect, it should be noted that the child protection bill currently being examined includes a provision for ensuring that family members and trusted third parties caring for a child receive adequate information and support in the absence of childrearing support measures. However, the wording does not make provision for children no longer under child protection and entrusted to a legal guardian.

"To find out more"

RESEARCH

Mopador research project. *Orphans under child protection placed in kinship care* Research supported by ONPE and by the University of Lille. Final report submitted to ONPE in September 2020, available online at the ONPE website : <https://onpe.gouv.fr/actualite/rapport-recherche-orphelins-confies-leurs-proches-en-protection-lenfance>

MOPADOR PROJECT

The Clersé MOPADOR project (premature adult mortality and orphanhood) compares the situations of orphans who have lost one or both parents with that of other children looked after by kinship carers and placed under child protection in the north of France.

Bibliographic references

1. Direction de la Recherche, des études, de l'évaluation et des statistiques (DREES), Santé Publique France (SPF). (2019). L'état de la santé de la population en France, Rapport 2017.
2. FRECHON I., GIRAULT C., ABASSI E., GANNE C. MARQUET L., BREUGNOT P., (2019). Les jeunes orphelins placés : Quels sont leurs conditions de vie et leur devenir à la sortie de placement ? Rapport rendu à la Fondation OCIRP, 132p. + Annexe
3. FRECHON I., ABASSI E., BREUGNOT P., GANNE C., GIRAULT C., MARQUET L., (2020) Les jeunes orphelins placés : Quels sont leurs conditions de vie et leur devenir à la sortie de placement ?, Revue Forum - Revue de la recherche en travail social, Champ social, n°159, p. 5-21.
4. MOSCAs., Regards croisés sur le placement de l'enfant chez un proche, Thèse de doctorat en sociologie, Université de Lille, 2019, 381 p. Disponible en ligne : <https://pepite-depot.univ-lille.fr/LIBRE/EDSESAM/2019/50377-2019-Mosca.pdf>
5. SELLENET C., L'HOUSNI M., PERROT D., CALAME G., Solidarités autour d'un enfant ; l'accueil dans la parentèle ou chez des tiers dignes de confiance en protection de l'enfant, Rapport pour le Défenseur des Droits, 2013, 102p.
6. TILLARD B., MOSCA S., Enfants confiés à un proche dans le cadre de la Protection de l'enfance, Rapport final pour l'ONED, septembre 2016, 123 p. Disponible en ligne : <https://www.onpe.gouv.fr/system/files/ao/ao02014.tillardrf.pdf>
7. TILLARD B., MOSCA S., Les travailleurs sociaux et le placement de l'enfant chez un proche. Recherches familiales. 2019, n°16, vol. 1, p. 25-36.

"Prior search for a relative or trusted third party before any child placement"

Article 1 of Law 2022-140 February 7, 2022, on child protection, aims to maintain the child in his or her usual environment by entrusting him or her to a member of his or her family or to a trustworthy third party, subject to a prior assessment. Henceforth, except in emergency situations, the judge may give the child custody to a professional, only after the assessment of the potential kinship carers.

Contact : Bernadette.Tillard@univ-lille.fr

CNRS
Délégation Hauts-de-France
43 avenue Le Corbusier
BP 30123
F-59001 Lille Cedex
<http://www.dr18.cnrs.fr>

CLERSÉ UMR 8019
Centre lillois d'Etudes et de Recherches
Sociologiques et Économiques
Université de Lille - Cité scientifique
Bâtiment SH2
F-59655 Villeneuve d'Ascq Cedex
• E-mail : direction-clerse@univ-lille.fr
• Phone : 00 33 3 20 43 66 40

Université de Lille (Headquarter)
42 rue Paul Duez
F-59000 Lille
<https://www.univ-lille.fr>