#### 1. Introduction

Belgium is a small country but politically very complex. There are 5 levels of power (federal, community, regional, provincial and communal). Legislation concerning prevention, youth care and youth protection depends on the communities, i.e. it is different for the Flemish, Germanspeaking and French-speaking community called the Wallonia-Brussels Federation. There is very little research on policies regarding out-of-home care in the Wallonie-Bruxelles Federation. The last major one dates back to Isabelle Delens-Ravier's research in 1997.

The aim of this research is to identify the number of children who still have visits with their parents when they are placed in long-term foster care. It identifies the factors that can influence the maintenance of parent-child contact and the possibilities for family reunification as estimated by caseworkers. On the basis of the analysis of our results and the literature, we will propose ways of improving policies regarding out-of-home care in the Wallonia-Brussels Federation.

The Wallonia-Brussels Federation favours the use of foster families from the young person's intra-family environment (2/3 of the situations of children placed in foster care) as well as volunteer families selected by the placement services (1/3 of the situations of children placed) The only project of each child placed in foster care in the Wallonia-Brussels Federation is the reunification of the child with his or her family of origin, i.e. the child returns to his or her family on a full-time basis. It is important not to confuse the notion of reunification and regrouping. As family regrouping is about re-establishing the link between children in care and their families, it can be seen as a continuum from full return home to partial return and occasional contact (Maluccio et al., 1996).

While much research has focused on the effects and quality of visits between children in care who have contact with their parents, there is little data regarding the percentages of children who do or do not maintain such contact. The majority of parents maintain contact with their child in foster care, and parent-child contact is planned in 86% to 90% of cases but is not necessarily achieved (Delens-Ravier, 1997). Fanshel & Shinn (1979) found in their longitudinal study that 38% of children had little or no contact with their parents and this percentage increased to 64% after 5 years. According to Sinclair quoted by Berridge (2005), between 40 and 50% of children in foster care have contact with their family, mainly the mother. 54% of children in foster care still have contact with their father (Coakley, 2013).

The presence of parents through their parent visits is considered to be the main intervention to maintain and enhance the development of parent-child relationships necessary for successful family reunification Haight, Kagle & Black, 2003). Fanshel & Shinn (1979) found that 66% of children who had no contact with their parents directly after placement were still in foster care after 5 years. Orlando, L., Barkan, S., & Brennan, K. (2019) highlight early parent-child visits as a crucial and untapped opportunity for work with parents. They add that these early visits are a highlight and, with support from social workers, can strengthen parents' engagement in the visiting process and even increase their commitment to other necessary services. The time factor is therefore a critical factor in keeping parents present in the child's life and increasing opportunities for reunification with their family. As children grow older, their opportunities for reunification diminish (Coakley, 2013; Proch & Howard, 1986).

More frequent contact would improve the quality of interaction between the child and biological parents (McWey & Mullis, 2004) and increase the prospects for family reunification (Davis et al., 1996) compared to children who receive no visits (Cantos, Gris, & Slis, 1997). Regular home visits would also be a factor in promoting reunification (Farmer, 1996). Mothers who visit their child at the frequency recommended in the intervention plan have a tenfold increase in family reunification. More specifically, the number of parent-child visits is correlated with the chances of these children to return to live with their parents earlier, unlike a child who receives little or no visits from his or her parent (Davis et al., 1996). However, studies have shown that there is no relationship between maintaining contact during placement and successful reunification (Festinger, 1996; Frame, 2002; Kimberlin et al., 2009).

Supporting parents in their problems is an essential factor in promoting parental presence and family reunification of foster children (Cole & Caron, 2010; Jedwab, Chatterjee, and Shaw, 2018; Han & Osterling, 2012; Talbot, 2008). The chances of reunification are much higher for children whose parents receive appropriate support that matches their needs (Dawson & Berry, 2002; Cheng & Li, 2012;, Murphy & Fairlough, 2015). This support can take different forms, such as housing assistance, financial assistance, but also treatment for substance abuse (Choi & Ryan, 2007) or mental health problems (Marsh, Ryan, Choi & Testa, 2006).

Fuentes-Pelaez (2016) shows that children in intra-family care have a lower feeling of abandonment than those in another family and experience fewer breaks in care. However, role

confusion may be possible and difficulties may arise between the grandparents taking care of the child and the parents. For his part, Peter van Den Bergh & Wetering (2010) in the Netherlands find that grandparents generally stimulate parent-child contact. Parent-child contact does not pose a threat to the grandparent-child relationship. On the other hand, research in Flanders has shown that intrafamilial placements can make parent-child contact more complicated because the relationship between parents and foster family is often negatively connoted due to their often complicated common history. Whereas foster parents in selected foster homes are more neutral and caring towards the parents (Vanschoonlandt et al., 2012).

Many factors can therefore influence the reunification of parents and children. However, there are no studies to establish that children who return to live with their biological parents would benefit more than those who remain in foster care (Taussig et al. 2001). Research by Lau et al. (2003) even shows the opposite, that children who return to live with their biological parents have more behavioural and emotional problems than children who remain in foster care. They are also more likely to drop out of school and have poorer academic performance.

Vanderfaillie (2015) points out that when there is a return to the family of origin, it is not in fact a 'return' but a departure, i.e. a new separation in the sense of losing a part of oneself built up elsewhere (here, in the foster family). This new separation again recreates a separation trauma with the child's attachment figures, which are the foster families, often present and stable for many years. It is indeed in the daily educational and relational life that belonging develops, the child will become attached to the person who takes care of him or her: "Attachment is born of daily experiences, repeated exchanges and interactions and even conflicts" (Wendland & Gaugue-Finot, 2008). Stability is the basis for developing secure bonds (Horwitz et al., 2001).

In Flanders, the attitude regarding children's return home has changed since the Decree on Foster Care Services of June 29, 2012, was enacted. This decree acknowledges that reunification with the parents is not always in the child's best interests. Consequently, reunification is no longer the only expected outcome of the intervention. Thus, long-term placement with a foster family is now possible (Vanderfaiellie et al., 2012).

For its part, the Wallonia-Brussels Federation seems to view itself more as a defender of the rights of parents, with priority assigned to supporting parents whose condition is fragile and maintaining their family relationships. In this context, foster parenthood is not fully recognized,

as there is a conviction that the child's interests are best served within the family of birth (Lambert, 2018). From this perspective, children must necessarily stay with their parents: they have no other place. It has reached the point where some professionals will oppose and reject a placement plan, to an exaggerated degree, because they hold prejudices along the lines of "the worst possible family is better than the best possible institution" (CODE, 2013). Underlying this option, there is also the idea that it is less damaging to the child to maintain a relationship – however tenuous, however inappropriate – with his/her parents.

The analysis by Chervaz Dramé and Demierre (2018) shows that an adjustment is necessary between the recommendations of legislation, professional practice and children's good development. The authors found that, although children's return to their families of birth is a goal, in reality most family placements are full-time and very long-term; they may prove to be "life placements" even if they are not described as such. The official impermanence of the measure creates uncertainty in the foster family and an atmosphere of psychological and relational insecurity that prevents the child from fully integrating into the family. This insecurity is detrimental to the mental health of children in foster care (Leathers, 2006; Sinclair, 2005).

# 2. Methodology

# 2.1 Sample and data source

We gathered data on 568 children who had been placed as of June 30, 2017, or 30% of all the files being followed by family placement services in charge of medium- and long-term follow-up (i.e. foster care placements for a period of one year, renewable several times, until the child reaches the age of majority) in the Wallonia-Brussels Federation. The files were selected randomly by drawing lots. This research was submitted to the ethical committee of the Faculty of Pyschology of the University of Liège.

#### 2.2 Procedure

All Foster Care Services agreed to participate in this research. We spent one day in each foster care service (17 services). We met with three or four caseworkers agreed to participate in this research. We then randomly selected in average 33 cases per placement service between 8 and 12 per caseworker. For each one, an interview with the caseworker, we encode live in a file their answers to the following questions:

- Age, sexe, date of foster care placement.
- How long has the child lived with a parent?
- In what type of foster family is the child placed? A family selected by the placement service, a family from the child's family circle, a so-called extended network family based on the knowledge of the parent or child.
- If the child is placed in an intra-family setting, what is the relationship with the child (grandparent, aunt, etc.)?
- Is the parent known and present in the child's life, known and absent, unknown or deceased? If the parent is absent, when was the last time the child was visited?
- To the caseworkers' knowledge, does the parent suffer from intellectual limitations, drug or alcohol abuse or psychiatric disorders at the time of foster care placement? Since then, has the parent resolved his drug and/or alcohol addiction problem? The caseworkers answer yes or no to the various questions.
  - From this data, we will add up the number of cumulative problems of the parent.
- Has the child been neglected, abused or witnessed domestic violence during his or her time with his or her parents?
- Finally, the caseworkers gave a score from 1 to 10 on the following points based on a grid (see Appendix 1). : The quality of the parent—child relationship; transportation problems; the possibilities of reintegration with one of the two parents, i.e. the child leaves the foster family to return to live 100% of the time with one of the two parents.

For 32 cases, we went through the children's files in depth to verify that the data provided by the caseworkers were correct. In conclusion, 72% of the data captured in foster care services are consistent with the data in the physical files. For 21% of the files, the data is correct, but an element of the parents' problems is missing. In 7% of the files, we were unable to find the information given by the caseworkers as such.

We have also defined criteria to enable us to objectify the scores from 1 to 10 (see Appendix 1) given by the stakeholders, but this remains a subjective assessment that can be subject to several biases. This is one of the limitations of this research.

# 2.3 Data analysis

We first analyzed the descriptive statistics. Then we used SPSS software to identify the variables that could mutually affect each other and their predictive value by doing simple and multiple regression analyses. Regressions were considered significant if p < 0.05.

### 3. Results

# 3.1 Sample

We have a balanced distribution between the number of boy children (n=287) and girl children (n=285). 12.24% of the parents are still in a couple, while 87.76% are separated from the parent of their foster child. 52% of the children are placed in their intra-family environment, 31% of the children are placed in foster families selected by the foster care service and 17% are placed in the extended network of the parent (neighbour, friend, godfather, ...) or in the extended network of the child (teacher, parent of a friend, ...). 68% of the children are cared for by their grandparents, in second place it is the aunts (17%) who care for their nephews and nieces the most.

There are few children placed before the age of 1 year and the number of placements decreases around the age of 17, probably due to the autonomous placement of children in care (see graph 1). The average age of placement is 3 years with a standard deviation of 3.415 (see graph 2). 64.5% of foster care placements take place in the child's first 3 years, 28% of which are already in the child's first year.

Children in foster care have an average of 2.47 siblings. 74.4% of siblings do not live with their parents, of which 53.8% are placed in institutions.

The percentage of mother and father absent in their child's life is equivalent. 49% of mothers are present against 35% of fathers. The difference between fathers and mothers was the fact that 16% of fathers had not acknowledged paternity and thus were unknown (see Table 1).

Among fathers, 65% were absent from their children's lives. It is important to note that the situation for fathers is very complex. There are fathers who have not acknowledged a child, non-fathers who have acknowledged a child and, sometimes, fathers who have acknowledged a child and later request a revocation because they are not fathers, etc. Thus, we did not distinguish

between these different cases and used the information concerning the father figure that the family placement service had in its files.

More than one-third of children (39%) no longer met with either of their parents, while the remaining 61% did. Of this 61%, 23% met with both parents and 37% with only one: 26% with only the mother and 12% with only the father. We therefore see that mothers are more present in their children's lives.

With regard to maintaining a bond, our data show that 20% of mothers were already absent before the child was placed in foster care, while 24.4% became so after the placement. On average, mothers stopped being present in their children's lives after three years, although 10.3% stopped meeting with their children in the first year of placement.

As for fathers, 26.6% were already absent before the placement while 17.3% exited from their children's lives after placement in foster care – on average, after 2.5 years. Slightly more than half of this group (8.5%) stopped seeing the child during the first year of foster care.

#### 3.1.1 Mothers

When we analyzed the various factors that may impact mothers' presence in their children's lives, we obtained the following results (see Appendix 2).

Addicted mothers were less present in their children's lives (t=-3,588, p<0,000 IC (-0,249- 0,073)). The more issues mothers had (drug addiction and/or alcoholism and/or psychiatric disorders and/or intellectual disabilities), the less present they were in their children's lives ( $\beta$  = -0.183,  $R^2$  = 0.034, p>0,000). Children who had been abused by their mothers had mothers who were less present in their lives (t=-3,352, p<0,001 IC (-0,326 - -0,088)), since meetings had often been prohibited by the authorities. Children who had witnessed violence in their mothers' homes also had mothers who were less present in their lives (t=-3,352, p<0,001 IC (-0,328 - -0,086).

Not surprisingly, mothers whom caseworkers identified as being more mobilized ( $\beta = -0.788$ ,  $R^2 = 0.621$ , p < 0.000) and as having good relations with their children ( $\beta = -0.312$ ,  $R^2 = 0.097$ , p < 0.000) were more present in their children's lives, on average.

Age was revealed to be directly related to the mother's presence: mothers of older children were more likely to be deceased or absent from their lives ( $\beta = 0.097$ ,  $R^2 = 0.009$ , p < 0.021).

The mother is significantly more present when the child is placed in her family environment  $\chi^2(572)$  =19,134 p<0,001. Family ties constitute another significant predictor of the mother's presence ( $\chi^2$  (387) = 73,577, p < 0.000). When foster care was provided by the close family (grandparents, followed by uncles and aunts), mothers remained more present in their children's lives, on average.

### 3.1.2 Fathers

When we analyzed the various factors that may impact fathers' presence in their children's lives, we obtained the following results.

A father tends to be more present in the child's life if the mother is also present ( $\chi^2$  (572) = 47.920, p < 0.000). Contrary to what has been observed among mothers, fathers who are drug addicts (t=0,057, p<0,014 IC (0,025 - 0,223)) are significantly more present in their child's life. Fathers who no longer use alcohol or drugs are also significantly more present in their child's life (t=-6,065, p<0,000 IC (0,312 - 0,611).

The more issues fathers had (drug addiction and/or alcoholism and/or psychiatric disorders and/or intellectual disabilities), the less present they were in their children's lives ( $\beta = -0.347$ ,  $R^2 = 0.120$ , p<0.000). Fathers who were neglectful (t=4,804, p<0,000 IC (0,142 - 0,340)) or had intellectual disabilities (t=2,084, p<0,038 IC (0,007 - 0,239)) were more present in their children's lives.

On average, fathers were more present when a child was placed with relatives ( $\chi^2$  (572) = 46.450, p < 0.000). In addition, when foster care was provided by the close family (grandparents, followed by uncles and aunts), fathers remained more present in their children's lives, on average ( $\chi^2$  (387) = 64,218, p < 0.015).

Mobilized fathers are also the most involved in their child's life ( $\beta$ =-0,787 R2=0,000 p<0,619).

# 3.3 The possibility of children reintegrating into their families of birth.

We found that caseworkers had a very pessimistic view of the possibility of children reintegrating into their families of birth. They considered this to be realistic for only 10,4% of children. In the case of 81,6% of the children, caseworkers considered that there was no possibility of

reintegration into the family of birth (see Table 4). In our sample, only 2% of children were actually in the process of returning to live with one of the parents at the time of data collection.

We observed that, if mothers ( $\beta = 0.175$ ,  $R^2 = 0.031$ , p < 0.000) and fathers ( $\beta = 0.250$ ,  $R^2 = 0.063$ , p < 0.000) did not consume drugs or alcohol, the possibility of returning to live with one the two parents was greater.

On the other hand, for children whose mother (t=3,486, p<0,001 IC (-0,364 - 1,305)) or father (t=2,841, p<0,005 IC (0,269-1,476) had an intellectual disability, the possibility of reintegration was lower. Children whose fathers suffer from psychiatric problems also have lower chances of reintegration (t=2,064, p<0,040 IC (0,032-1,309)).

The older a child was, the lower the chance of reintegrating ( $\beta = -0.158$ ,  $R^2 = 0.025$ , p < 0.000).

It is important to recall that, according to the caseworkers, the prospects for reintegration are generally extremely low. Nevertheless, children placed with family members ( $\beta$ =0,179,  $R^2$ =0,32 p<0,000) and by the grandparent ( $\beta$ =0,147,  $R^2$ =0,21 p<0,004) had somewhat higher possibilities of reintegrating than others ( $\beta$  = -0.229,  $R^2$  = 0.052, p<0.000).

It is not surprising that children whose mother was present ( $\beta = -0.290$ ,  $R^2 = 0.084$ , p < 0.000) had greater prospects for reintegration than others, on average. The quality of the mother-child relationship ( $\beta=0.273$ ,  $R^2=0.074$  p<0.000) and her mobilization ( $\beta=0.315$ ,  $R^2=0.099$  p<0.000) not predict also the possibility of reintegration.

The same phenomenon is observed for children whose father was present ( $\beta = -0.208$ ,  $R^2 = 0.043$ , p < 0.000). Finally, the quality of the father-child relationship ( $\beta = 0.297$ ,  $R^2 = 0.088$ , p < 0.000) and his mobilization ( $\beta = 0.259$   $R^2 = 0.067$  p < 0.000) appears to be a significant predictor of the possibility of the child returning to live with one of the parents.

# 4. Discussion

We observe that 39% of the children no longer have any contact with either parent. Half of the mothers were already absent before the foster care placement, while the other half became absent after the foster care placement. These data are consistent with the findings of Fanshel & Shinn (1979) and slightly lower than those of Sinclair (2005) and Coakley (2013). We hypothesize that this difference is partly explained by the fact that our sample includes only children in foster care

followed by medium and long term foster care and excludes emergency and short term foster care. Indeed, one of the criteria for moving towards medium and long-term foster care for children in medium and long-term foster care is the absence of parents.

Logically, the caseworkerss believe that parents who are present, mobilised and who have meetings with positive effects on their child who have higher chances of reunification. Dawson & Berrry (2002) found that maintaining the child's link with his family is one of the important indicators of reunification possibilities. When fathers are involved, their children are placed in foster care for a shorter period of time and they have higher chances of reunification (Coakley, 2013). There is also evidence that the involvement of the father who provides support in the family context to improve the father's relationship with the mother, the child or both offers better opportunities for reunification (D'Andrade, 2017).

On average, mothers stop being present in the child's life after 3 years in foster care. It should be remembered that 10% of mothers stop meeting with their child in the first year of foster care. This observation is confirmed by the fact that the older the children get, the less the parents are present in their lives. We have noticed that the facilitators have a very pessimistic view of the possibilities of reunification with the biological family. There are only 5.62% of the children for whom the caseworkers believe that it would be entirely possible. For 79% of the children, the caseworkerss believe that there is no possibility of reunification in the family environment. In reality, we found only 2% of children who were in a process of reunification with their parents. Our data confirm that as children grow older, their chances of reunification with their family diminish (Coakley, 2013; Fanshel & Shinn, 1979; Proch & Howard, 1986). Thus, opportunities for reunification decrease over time (Proch & Howard, 1986). Despite the fact that the placement is reviewed annually, it is actually established over the longer term. During our data collection interviews with the casewokers, they mentioned several reasons for the cessation of the visit: the creation of a new couple; a birth (some mothers hide their new child from the caseworkers for fear that it will also be taken away from them); the discouragement of the biological parents who sometimes take several months to realise that the road to recover their child is much more difficult than imagined and who prefer to give up. The first three years, and especially the first one, are therefore crucial years for maintaining links with the parents and for promoting family reunification.

Parents' pathologies influence their presence and the possibilities of reunification with their child. Drug addiction is a pathology that generates more absence among parents. Conversely, parents who no longer use drugs or alcohol increase the possibilities of reunification. Ryans et al (2006) found in their research that parents who made substantial progress in resolving their problems, particularly drug addiction, increased their chances of reunification with their child. Intellectually limited fathers are also less present. The more problems parents have, the less present they are in their child's life. Leetal (2012) found that parents with higher risk factors were more likely to fail the reunification process. Children who are victims of maltreatment and who have witnessed conjugal violence have fewer parents present in their lives and fewer prospects for reunification with their family.

Our analyses show that intra-familial foster care favours the presence of the parents and especially when it is provided by the close circle (grandparents followed by uncles and aunts), the more the biological parents remain present in the life of their child. This is despite the difficulties often mentioned by the workers and linked to intrafamily placement, such as age-related health problems for the grandparents, the generation gap, and the often significant tensions between the biological parents and grandparents. This result should be linked to research by Peter van Den Bergh & Wetering (2010) in the Netherlands, who found that grandparents generally stimulate parent-child contact. Parent-child contact does not pose a threat to the relationship between grandparents and grandchildren.

# 5. Implications for practice and policy for Wallonie-Brussel Federation

If the main objective remains the maintenance of a bond between the parent and the foster child, it is essential to intervene, if possible, from the first intensive year. We have also found that parents suffer from various pathologies that impact their presence and the quality of the relationship with their child. Currently, there is little or no contact between the disability, youth care and mental health sectors. This is why, in our opinion, this support plan must be intensive and multi-disciplinary, i.e. bringing together the various stakeholders from the disability, youth care and mental health sector. It is necessary to develop a multidisciplinary and intensive support plan if possible from the first year. This recommendation is in line with the findings of Jedwab et al (2018), which emphasise the need to set up additional services before and after the reunification of families with addiction or mental health problems. It is essential to treat drug and

especially alcohol problems, as these are significantly associated with higher rates of re-abuse and neglect when the child returns to the family (Farmer and Wijedasa, 2013).

This intensive work should focus on the following areas: financial stability, childcare facilities, housing assistance, parental pathology management, educational and professional success (Dawson & Berrry, 2002). It would also be interesting to consider including training in parental support in this intensive assistance, as it increases parents' ability to respond adequately to their children's needs (Wilmot, 2001). It would also be interesting to include group work, the effectiveness of which was proven by Warsh & al. (1996).

This intensive work with parents should make it possible to clarify the state of the relationship and the framework for intervention more quickly. Whether this evolution is towards reunification, intensification of contact, status quo or, on the contrary, a break-up of contact. Indeed, it is important to be able to detect and respect the disengagement of certain parents, often expressed indirectly through missed acts (refusal to respond, not showing up for appointments, etc.) as well as verbally and explicitly. After this intensive work with the families, the mandators and the caseworkerss should be able to decide by mutual agreement to stop the reminders of certain parents who can sometimes become institutionally abusive to them. Consequently, this intensive work should make it possible to define an adapted and tailor-made life project for the child when its biological parents are involved and present through reunification projects or shared co-parenting until the age of majority.

In other cases, projects are to be established for children with disengaged and absent parents through adoption with maintenance of the bond or adoption (remember that 2.3% of children have never seen their parents).

This is why in many cases, after intensive work with the parents, within a well-defined period of time, it would be more in line with current practice to move towards a project of family reunification rather than family reunification (Maluccio & al., 1996). In this case, it would be appropriate to decide on a project of shared co-parenting until the age of majority. The concept of co-parenting refers to the partnership of parents and the foster family in the parental role.

In research on foster families, the term co-parenting is used to define the complex partnership between the family of origin and the foster family, which is the fundamental condition for the full achievement of the objectives of the intervention (Minuchin, Colapinto & Minuchin, 2007). Coparenting is therefore the process of sharing the responsibilities of both families in which the actions of one family affect and are affected by the actions of the other (Linares & al, 2010). Coparenting is therefore the process of sharing the responsibilities of both families in which the actions of one family affect and are affected by the actions of the other (Linares et al., 2010). There are different experiences of shared parenting, especially in kibutz where children have several parenting figures who provide complementary and supportive parenting to each other (Bornstein et al., 1997). Indeed, Linares et al. 2006 point out that the support of the foster family to the parents allows a more effective education of the children.

In this project, the child would have the assurance of having both families in his or her life until the age of majority and the placement would therefore be "permanent". However, the childcare arrangements could be reviewed each year, with all possibilities open: full-time care by the foster family with scheduled meetings, full-time care by the foster family with weekends with the biological family, alternating care, full-time care by the biological parents with weekends with the foster family...

The fact that the project is clear to all the protagonists (biological parents, foster families, caseworkers and also and above all the children) would make it possible to calm all parties and to develop greater benevolence towards the biological parents, mainly on the part of the foster family. This situation should also calm the conflicts of loyalty that children so often face.

Moreover, this project of shared co-parenting until the age of majority seems particularly appropriate for children whose parents, who are present in their child's life, suffer from intellectual limitations, thus making it easier and quicker to envisage the placement of these children by the principals.

This observation is in line with current research in France which shows that foster care is no longer in a logic of substitution, but in a combination of multiple significant parental figures around the child (Chapon 2014, Chapon & Siffrein-Blanc 2017). The coherence of the links is important, the aim of the placement here is no longer the return, nor the adoption of the child by the foster family, but the maintenance of the child who combines several parental figures (Maluccio et al., 1996; Coum, 2013,) We are talking here about possible foster parenting within

the framework of a real sharing between the foster family and the family of origin, it is a new paradigm that is presented.

Daniel Coum (2013) proposes to go beyond the cleavage that can oppose the two families, foster and origin, by the need to revisit our representations with a view to a possible co-filiation. The latest works on foster parenthood offer a new reading of the links in foster care and of the different types of placement or modes of substitution possible within a foster family (Neyrand et al., 2018).

Finally, it also seems essential to address the issue of adoption. We were able to observe during our interviews that this subject was relatively taboo and little discussed with the parents. However, even if this is clearly not the path to be systematically favoured, it can in certain situations be one of the possible projects, especially if it is planned to maintain the link between the child and his biological parents. This track should be considered with some of these parents during the period of intensive work.

Simple and complementary adoption could become a legal tool for child protection (Mantz & Mantz, 2012), by granting a "second family" to children whose biological parents are profoundly careless and abusive, but with whom links are maintained.

Currently, the law in the Wallonia-Brussels Federation does not allow placements with a perspective. Indeed, the law only provides for the project of family reunification, which in 70% of casesworkers proves impossible for stakeholders, this situation puts all the actors in difficulty, namely:

- Parents who are sometimes maintained in a false hope of recovering their child and who become discouraged in the face of difficulties (on average after 3 years).
- The child, because after a certain amount of time in his foster family (which is also on average after 3 years), the return to his family of origin would mean a new rupture of his main attachment links, with the traumas that may be associated with it.
- The foster family, because even if the principals are very clear about the temporary aspect of their action, they constantly receive a double message: take care of it as if it were your own, but at any time we can withdraw it. This message creates insecurity for some foster

families who then adopt a hostile position towards the biological parents and constantly point out their failings for fear that the child will be taken away from them.

• The caseworkers who are constantly in failure with regard to the only project of reuniting the child with his family of origin.

Our results suggest that an evolution of the Law would be more respectful of all parties involved in foster care and above all more in line with the reality and needs of the field.

Finally, our results also suggest that the use of foster families within the intra-family environment for 2/3 of the children is consistent with the objective of maintaining the link and returning to the family of origin. This type of placement favours the maintenance of the link with the parents and very slightly increases the possibilities of returning to the family of origin, although these remain extremely low. Nevertheless, it would be essential for all these families to be supported and supervised at the beginning of the placement in order, on the one hand, to assess the foster family's capacity to support and stimulate parental contact despite relationships that can be difficult and sometimes conflictual and, on the other hand, to help families set a clear framework and limits so that the foster family remains a safe place for the child (Vanschoonlandt et al., 2012).

# 6. Limitations

This study is mainly based on the speakers' speeches and evaluations. Children, foster families and parents were not questioned on the subject. It would be interesting to complete this research with their point of view on the situation and with the use of standardized tools in order to objectify the quality of the parent-child relationship.

Another limitation is that this research took a snapshot of the situation at a given time. It would be advisable to conduct this type of research in a longitudinal manner in order to measure the evolution of parent-child contact over time as well as the possibilities of reunification.

It was also confined to children in foster care. It would therefore be appropriate to have the same data for children placed in institutions. How often do parents meet children in institutions compared to children in foster care? Does the same phenomenon of parental disengagement also appear? Are the possibilities of returning to the family the same?

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