Are Children in Foster Care in Better Psychological Health than Children in Institutions?

What Factors Influence the Outcome ?

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**Abstract**

The aim of this study was to compare the psychological health of children in foster care with that of children in institutional care. Social workers were asked to assess the psychological health of the children as well as several other criteria on the basis of an analysis grid. Our sample consisted of 568 children placed in foster care and 661 children placed in institutions.

Our results show that children in care who lived longer with their birth parents have a lower psychological health. Furthermore, the psychological health of children in residential care is lower than children placed in foster families. As children in institution are placed later than children in foster families, this may partially explain the lower psychological health of children in residential care.

As a result, children in residential care have experienced more abuse and neglect and witnessed more domestic violence than children in foster care. In addition, children in residential care have more poor-quality contacts with their birth parents than children in foster family. These contacts negatively influence their psychological health.

Finally, the factor that most influences the psychological health of children in care is the quality of the relationship with the people who care for them on a daily basis. Again, children placed in foster families have better-quality relationships with their foster families than children placed in institutions.

Keywords: Placement, foster family, residential care, meeting, foster child, caregiver relationship

**Introduction**

The aim of this research is to compare the psychological health of children placed in foster care with that of children placed in institution and, based on the results of this research and the literature review, to make suggestions for improving youth placement policies.

The children and adolescents who enter the child welfare system, whether in foster care, extended family (kinship care) (Tarren-Sweeney, 2008), are more likely than other children to suffer from mental disorders. Attention deficit/hyperactivity disorder, depression, and developmental disorders are more common among children in care. They are prescribed more psychostimulants, antidepressants, and anticonvulsants than children in the general population (dosReis et al., 2001). They suffer more from attention/hyperactivity disorders and problems with peer relationships (Minnis et al., 2006). The same findings are made for children in institutions, who have the same risk factors for the development of emotional and behavioural problems (González-García et al., 2017).

Children in care feel that their overall psychosocial health is worse than their physical health, especially in terms of emotional functioning (Damnjanovic et al., 2011). In her literature review, Vitte (2015) showed that children in care have a wide range of mental disorders: externalizing disorders (behavioral disorder, oppositional defiant disorder, attention deficit/hyperactivity disorder), anxiety and depressive disorders, and attachment disorders. They are also more frequently subject to isolation and difficulties with social and professional integration than the general population.

Even if studies showed mental health problems in children both in foster and in institutions, some studies highlighted differences of psychological health for children in foster care or for children in institutions. In their study, Damnjanovic et al. (2011) assessed the quality of life, levels of anxiety and depressive symptoms, and general mental health of two hundred and sixteen children and adolescents, aged 8 to 18, from institutional care and foster families. They showed that children in institutions had significantly lower quality of life and more frequent mental health problems than those in foster care. Moreover, they manifest non-specific anxiety disorders and depressive symptoms more frequently than those in foster care. Several studies have indicated that there are short- and long-term benefits to placing children in foster families rather than institutional care (Dregan & Gulliford, 2012).

Children in institutions exhibit more behavioral problems compared to children in foster care (James et al. 2012; Scholte 1997; Scholte & Van der Ploeg 2010). Rates of behavioral or oppositional defiant disorder diagnoses among youth entering institutions are as high as 75% (Handwerk et al., 2000) and twice as high as those of youth in foster care (McMILLEN et al., 2005). 14-45% of children in foster care have emotional problems (CBCL) (Armsden et al. 2000; Bernedo et al. 2014; James et al. 2012; Minnis et al. 2006; Scholte 1997; Sullivan & van Zyl, 2008 ; Tarren-Sweeney 2013; Vanderfaeillie et al. 2013) compared to 39-57% of children in institutional care (James et al. 2012; Scholte 1997; Scholte & Van der Ploeg 2010). 34-63% of children in foster care exhibit externalizing problems (CBCL) (Armsden et al. 2000; Bernedo et al. 2014; James et al. 2012; Minnis et al. 2006; Tarren-Sweeney 2013; Vanderfaeillie et al. 2013; Vanschoonlandt et al., 2012)) while 40-60% of children in institutional care exhibit hyperactive and impulsive behavior or defiant and antisocial behavior (Van der Steege 2012 cited by Leloux-Opmeer et al., 2017).

A study by Tarren-Sweeney (2008) indicates that 36% of children in foster care were prescribed some type of medication, the most common being mood-altering (psychotropic) and asthma medications. For children in institutional care, Hussey and Guo (2002) reported a very high percentage (92%) of children using psychotropic medications.

Scholte's (1997) findings showed that 8% of children in foster care had peer relationship problems compared to 46% of children in institutional care (Scholte 1997). Minnis et al. (2006), on the other hand, reported the much higher percentage of 63% of children in foster care with peer problems. For children in institutional care, Van der Steege (2012) (cited by Leloux-Opmeer et al., 2017) reported that 29% of children had problems with peers.

This study found that children in institutional care had significantly lower IQs than those in foster care (IJzendoorn et al., 2008). The other, more recent, meta-analysis compared institutionalization, foster care, and no-placement; the authors found that institutional placements had the poorest outcomes (Lee et al., 2011). The results of the meta-analysis by Li et al. (2019) showed that children placed in foster families had consistently better experiences and fewer problems, in particular because foster care allows for more individualized, stable child care and a more secure family environment than institutions. In addition, preliminary research on the effects of the interaction between resilience and type of placement indicates that foster care increases children’s resilience compared to institutional care (Sim, Li, & Chu, 2016). For this reason, children in institutional care are more likely to develop a psychopathology than those in foster care, particularly since children in foster families are generally placed in care earlier than those in institutional care and therefore spend less time in abusive situations (Wade et al., 2018; Chartier et Blavier, 2021). However, Whetten et al. (2009) found that institutionalization is not consistently associated with poorer well-being than foster care.

There are several factors often intertwined with each other that may explain these differences in psychological status between children in foster care and those in institutional care. This difference is explained by a combination of several factors that we will develop.

The first factor is the stability of the relationship offered by the foster family as compared to the caregivers of children in residential care. Several research studies show that children are able to create a secure attachment relationship with their foster family (Dozier, Stovall, Albus, & Bates, 2001; Moore & Palacio-Quintín, 2001; Ponciano, 2010). The quality of children's emotional connections with their foster families allows the child to overcome the trauma they have experienced. Young children in foster care who are able to develop a secure attachment to their foster parents and show perform better academics performancies (Erickson & Egeland, 1987, Marcus, 1991; Cheung & al., 2011; Masten & Shaffer, 2006; Legault & al., 2006). On the institutional side, it can be more difficult to establish stable emotional bonds between children and caregivers (Oriol et al., 2014). Educators who work in institutions, therefore, play a fundamental role, as they act as significant attachment figures, promoting security and emotional support (Fergus & Zimmerman, 2005; Lanctôt & al., 2016 ; Mota et al., 2016).This role is even more challenging because referring caregivers have other children in their care and are not present all the time (Deborde & al., 2016). Recall that the caregivers therefore should be have fewer opportunities to be emotionally involved or even have time to play than foster families. In addition, turnover, vacations, and sick leave create a disruption in attachment figures (Bakermans-Kranenburg & al., 2011; Vorria & al., 2003).

Age is not a significant factor as such but it is related to the possibility of developing a secure attachment as well as the type and amount of neglect and abuse experienced by the child (Morin, 2015). Children in foster care are on average placed earlier than those in institutional care. Being placed earlier allows children in foster families to more easily develop a secure attachment with their foster parent. In addition being placed earlier also means that children have been in neglect and maltreatment for less time on average (Wade & al., 2018). The type and amount of abuse and neglect experienced by children are, along with intellectual disability, the strongest predictors of mental health problems among children in care (Tarren-Sweeney 2008; Jones & Morris 2012).

Placement stability is also an explanatory factor for the differences in mental health observed between children in institutional and foster care. Indeed, children in institutional care had an average of four placements prior to their current placement compared to 1.3 and 1.8 for children in foster care (James & al. 2012; Hussey et al., 2006 ; Strijker & al. 2008). Placement stability is paramount to meeting the developmental needs of children and youth (Pasztor Mayers et al., 2006 ; Schmidt & Treinen, 2017; Schormans et al., 2006). It also helps keep children safe (Lanigan & Burleson, 2017).

The goal of child placement is therefore, to enable the child to gain or regain emotional security in the new living environment, through the privileged relationship of a professional adult (caseworker, family assistant), provided that the care environment is sufficiently secure, available and involved (Euillet, 2010). Erickson and Egeland (1987) concluded children in foster family who are secure in their attachment to their foster family and who perceive the greatest warmth or affection are likely to be the most psychologically healthy and to obtain the best academic results.

Belgium is a small but highly complex country in political terms. There are 5 levels of government (federal, community, regional, provincial and municipal). The legislation concerning prevention, youth care and youth protection depends on the communities, i.e. it is different for the Flemish, German-speaking and French-speaking communities called the Wallonia-Brussels Federation (Chartier & Blavier, 2021)

The decree of 18 January 2018 on the code of prevention, youth assistance and youth protection stipulates that "when the child health and safety are considered to be compromised, the authorities may decide, in exceptional situations, that the child will be temporarily housed outside the home environment for the purpose of education or treatment ; the health or safety of a child is considered to be currently and seriously compromised when his or her physical or psychological integrity is threatened, either because he or she habitually or repeatedly engages in behaviours that genuinely and directly compromise it, or because he or she is the victim of serious neglect, ill-treatment, abuse of authority or sexual abuse that directly and genuinely threatens it”. When the counsellor (child protection worker ) proposes to house the child outside his or her living environment, he or she considers entrusting him or her in the following order of priority: to a member of his or her family or to one of his or her relatives; to a foster care who is neither a member of his or her family nor one of his or her relatives; to an appropriate establishment for his or her education or treatment.

Although the policy is to encourage family placement, more or less 3500 children are placed in foster families and 3000 children are placed in institution (Administration générale de l'aide à la jeunesse, 2018). Of the 3500 children placed in foster care, only 2000 are followed up and supervised by a foster care support service. Therefore, approximately 40% of the kinship foster families are not followed by foster care services. In the Wallonia-Brussels federation, there is great diversity in the institutions that house children in care, which can be children's homes, institutions with about fifty places, or homes with about fifteen beds (« Tous ces enfants qui vivent loin de chez eux et de leurs racines », 2020). It has very few psychosocial resources to follow up on the children in the institution. The supervision of 15 children is structured as follows: 6.5 caregivers (educators), with a maximum of one chief educator among the educators; 0.5 psychosocial; 0.5 administrative; 1.5 technical; 1 director. Institutions are often organized by age of child. As a result, children sometimes have to change institutions several times as they grow up (Aide la jeunesse, sd.). Brown (2005) showed that Belgium was one of the countries in Western Europe with the highest number of young children in residential care.

When child welfare services deem it necessary to place a child, they will give preference to foster care in the child's community. If a foster family cannot be found, the child will be placed in an institution until he or she returns to live with his or her parents or until he or she is placed in foster family. There are three types of foster families. The first type of foster family is the kinship foster families, which are families who are related to the child (grandparent, uncle, aunt...). If a placement is to be considered, the child protection services will first look for a kinship foster family who could take into the child. The second type of foster family is the so-called “extended network” families. If there is no kinship foster family available to take the child in, the services will expand their investigation into the parents' network. Often, as the child grows up, he or she may also meet a family that wishes to become his or her foster family. Finally, the last type of foster family is the selected foster families. These are volunteer families who have no connection with the child and who have been selected by the foster care services. The selection process to become a host family takes between 6 and 9 months. Most of the time, they take in care children who have been living for several months in an institution (familledaccueil.be, s.d.). Family placement services in the Wallonia-Brussels Federation currently favor foster care for children in care under the age of 5 (Chartier & Blavier, 2021). This may be related to the fact that, on the one hand, foster families are reluctant to take in an older child or an adolescent and, on the other hand, the older child or adolescent is less able to adapt to a new family arrangement than a younger child (Potin, 2009). This is the reason why older children are placed and remain placed in institutions (Chartier, 2018).

Furthermore, in the Wallonia-Brussels Federation, the only project foreseen in the legislation is the return to the family of birth. Also, the placement of the child remains a short-term project and is therefore subject to annual re-evaluation (Administration générale de l'aide à la jeunesse, 2018). Although the policy is to encourage family placement, only one third of these children are placed in foster families, while two thirds reside in institutions (Saluwé, 2013). There is very little research on youth care policies in the Walloon-Brussels Federation. The last major study was conducted by Isabelle Delens-Ravier in 1997.

The aim of our study was to confirm whether the same differences mentioned in the literature are observed between the psychological health of children placed in foster families and those placed in institutions in the Wallonia-Brussels Federation, as well as the factors that may influence them. It will also present avenues for reflection to improve placement policies.

**Methodology**

**Sample and Data Source**

This research was conducted over two years. In the first year, we collected data on 568 children placed in foster care as of June 30, 2017, or 30% of cases of children placed in foster care and followed by the Foster Family Support Services (SAAF), which is in charge of medium- and long-term placements (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 children placed were in the 3 types of foster families: intrafamilial (52%), "extended network"(17%) and selected (31%). In agreement with the federation of French-speaking Belgian placement services, we met with the caseworkers from each placement service who had agreed to participate in the study. All family placement services (a total of 17) agreed to participate in this research.

In the second year, we complemented this sample with data from 661 files on children placed in institutions, representing 19% of the children placed in institutions of the Walloon-Brussels Federation. This sample represents 18% of children placed in Youth Protection Services (SRG) and 28% of children placed in Specialized Early Childhood Services (SASPE). We contacted the institutions to ask them if they were interested in participating in the research.

We visited 35 institutions. We have a balanced distribution between the number of boys (n = 287) and girls (n = 285) placed in AF and the number of boys (n = 326) and girls (n = 335) placed in institutions.

**Procedure**

Within each foster care service or institution, we met with one to four social workers (depending on the size of the service) who agreed to participate in this research. We randomly selected one-third of the files for children being monitored by the foster care service or housed by the institution. For each one, we encoded the social workers’ answers to the following questions during an interview:

* Age, gender, date of placement.
* How long did the child live with one of the parents?
* 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 child’s last visit?
* Had the child been neglected or abused or witnessed domestic violence prior to placement?
* Finally, the social workers scored the following points from 1 to 10 according to a grid: the quality of the parent-child relationship; the quality of the child-foster family relationship; and the child’s psychological health according to their perception.

In order to limit the social workers’ subjective assessment, we defined criteria to allow us to objectively assess the scores from 1 to 10 (see Appendix 1) given by the workers. In Belgium, workers in foster care services are in contact with the children in their care at least once a month. Workers in institutions are in contact with the children every day. The social worker had generally known the children for several months or years. However, the instructions were to assess the psychological health at the time of the data collection. It is therefore a photo at a given time. Nevertheless, their evaluations may still be subject to biases. This is one of the limitations of this research.

**Data Analysis**

We analyzed descriptive statistics and compared the population of children in foster care with that of children in institutions.

Then, using SPSS software, we identified the variables that could influence each other and their predictive value by performing correlation analyses, and simple and multiple regressions. The regressions were considered significant at p < 0.05.

**Results**

The mean age at the time of placement of children in foster families was 3.07, σ = 3.41; for children in institutional care, it was 5.95, σ = 4.34. There is a significant difference between the age at placement of children placed in families and those placed in institutions (β = 0.324, R2 = 0.105, p < 0.000). The older the children were, the more likely they were to end up in institutional care.

The caseworkers estimated that some 73% of children placed in foster families were in good psychological health compared to almost 58% of children placed in institutions. Thus, according to caseworkers, children placed in institutions and those in families have significantly different psychological status (β = –0.155, R2 = 0.024, p < 0.000) and children placed in foster families have better psychological health (μ= 6,38, σ = 1,575) than those placed in institutions (μ= 5,81, σ = 1,552) (Table 1).

Among children placed in foster families, 21% had never lived with either parent, compared to 11% of children placed in institutions. Children who have never lived with their parent were either placed directly at their birth in kinship foster care or placed in selected foster care. Children who have not lived with their parent who are in an institution are either in an assessment phase to analyze whether reunification is possible or are waiting for a foster family.

Furthermore, 2% of children placed in families had never had contact with either birth parent since birth, compared to 1.6% of children placed in institutions. Finally, 79% of children placed in families and 89% of children placed in institutions had lived with one of the two parents (at home, in the father’s or mother’s family, or in a shelter, maternity home or mother-and-baby unit). We therefore recorded the time during which the child lived with one of the two parents, regardless of the type of accommodation (multiple or single homes).

We observe a significant difference (β = 0.313, R2 = 0.098, p < 0.000) between children placed in institutions and those placed in families regarding how long they had spent with both parents. Children placed in institutions had lived longer with their parents (μ= 66,9, σ = 56,22) than those placed in foster families (μ= 34,01, σ = 38,95) (Figure 1).

Caseworkers considered that the quality of the relationships between the children and their parents was generally good or neutral. However, according to the caseworkers, children placed in institutions had significantly more negative with their birth mothers relationships (μ= 5,34, σ = 1,84) (β = –0.148, R2 = 0.022, p < 0.000) and fathers (μ= 5,74, σ = 1,79) (β = –0.148, R2 = 0.022, p < 0.001) than children placed in AF( mother : μ= 5,89, σ = 1,65 and father μ= 6,23 σ = 1,21) . We also found that many more meetings with mothers were prohibited by the authorities in the case of children living with foster families: 24% vs. 11% for children in institutional care, a difference of 13 percentage points. Foster children are therefore more protected from negative encounters with their birth mothers than children in institution. In fact, caseworkers working in institutions seek half as many no-contact orders when parent-child visits are negative with authorities as those working in foster care.

The quality of relationships between children and their caregivers was judged to be good in most cases. On the other hand, the quality of relationships between the caregiver and children placed in institutions (μ= 6,46, σ = 1,42) was considered significantly poorer (β = –0.253, R2 = 0.064, p < 0.000) than that with foster families (μ= 7,22, σ = 1,51) (Table 2).

Two-thirds of the children placed in foster families and three-quarters of the children placed in institutions had suffered from neglect while living with their birth mothers. Institutionalized children were significantly more likely to have a neglectful mother than children living in foster families (β = 0.238, R2 = 0.057, p < 0.000). One-third of children in foster families and half of children in institutional care had witnessed violence in the mother’s home. Institutionalized children witnessed significantly more domestic violence in their birth mother’s home than children in foster families (β = 0.406, R2 = 0.165, p < 0.000). Institutionalized children had experienced twice as much maltreatment as children in foster families (β = 0.193, R2 = 0.037, p < 0.000).

Half of the children placed in both institutions and foster families had been neglected by their fathers. Institutionalized children were significantly more likely to have a neglectful father than children in foster homes (β = 0.253, R2 = 0.064, p < 0.000). Institutionalized children witnessed significantly more spousal violence in their father’s home than children in AF (β = 0.445, R2 = 0.198, p < 0.000). Ten percent of children in AF and 30% of children in residential care had experienced abuse by their fathers (β = 0.251, R2 = 0.063, p < 0.000) (Table 3).

We found that, in itself, the length of time spent with the parents did not predict the psychological health of the children in care. The factor that best predicted their psychological health was the quality of their relationship with their foster parents or caregivers. Factors such as having been a victim of neglect or abuse and witnessing domestic violence were the next most likely to explain children’s psychological health. To a lesser extent, the quality of the current parent–child relationship also predicted psychological health, as this relationship is also strongly influenced by parental neglect and abuse. Children in foster care spend significantly less time with their parents and therefore experience less neglect and abuse and witness less spousal violence (see Table 4). They therefore enjoy better psychological health than those placed in institutions.

If we include all the significant factors (p < 0.05) that can influence the psychological health of children placed in AF in a multiple regression, only the factor “Quality of the child–foster parent relationship” emerges as a predictor of psychological health (β = 0.384, R2 = 0.147, p < 0.000).

**Discussion**

We note that according to the caseworkers, that 1/3 are psychologically well, 1/3 of the children have psychological difficulties that do not require follow-up, and 1/3 of which require a follow-up. In accordance with the findings of Bernier & al. (2004), we found that children who had experienced abuse or neglect or had witnessed domestic violence reported poorer psychological health. However, children placed in foster families, on average, had better scores than those placed in institutions, especially at the psychological level. These results confirm those of previous studies (van IJzendoorn & al., 2008; Lee et al., 2011; Li & al., 2019).

Our study provides information on the various explanatory factors that can be put forward to shed light on these differences:

Approximately 80% of foster family placements take place before the age of five, and 28% of placements are decided in the child’s first year. Conversely, only 52% of placements in institutions take place before the age of five, and 20% take place in the first year of life. Older the children are when they are placed, the more likely they are to end up in institutional care. As we saw, children are placed in foster families at a mean age of three, whereas, on average, children placed in institutions are about six. This is because most foster family placements occur before the age of five, as very few foster families wish to take in older children.

We found that children in institutional care had lived longer with their parents, and were therefore older when they entered care; consequently, they had experienced abuse and neglect over a longer period of time (Wade & al., 2018).

Another main the result of our study is that caseworkers felt that the quality of the current relationship between parents and their children in care was generally good. However, the quality of the relationship between parents and children in institutions was significantly poorer than in the case of children in foster families. Mothers who have poor quality visits with their children in foster family will have significantly more visits prohibited by the authorities than mothers who have poor relationships with their children in residential care. So children in foster family were more protected from negative encounters with their birth mothers. Our results suggest that there is a societal belief among caseworkers that it is preferable to maintain even a bad relationship with the birth parents, rather than depriving the child of all contact with them. On the other hand, it seems that caseworkers involved with foster families are more ready to ask for contact to be prohibited, because they are very careful to avoid difficulties for the child and the foster parents, which could jeopardize the placement. The combination of these two points of view means that children in foster care are twice as likely to have visits with their parents prohibited, but as a result they experience fewer negative effects. This factor also helps explain the poorer psychological health of children in institutional care, which is partly due to the maintenance of a less positive, even harmful, relationship with their birth parents. Several studies have shown that more than the frequency of contact, it is the quality of contact that has a psychological impact on children in institutions. Children with poor visit quality had higher levels of psychosocial problems ([Hukkanen & al.,](#_bookmark22) 1999 ; Attar-Schwartz, 2008).

The quality of relationships between children and foster parents was good in most cases. This was the factor that best predicted the psychological health of the children in care. With the exception of a modest influence of the quality of attachment to the birth mother, most data confirm the crucial importance of the quality of attachment to the foster parents, not to the birth parents (Marcus, 1991). On the other hand, the relationship between child care workers and children placed in institutions is slightly less significant than that with foster families. These results are quite logical, as the care arrangements differ substantially in terms of supervision and proximity to the child. In an institution, the care worker is not permanently present and divides his or her time among the whole group. In foster care, on the other hand, the foster parents often have only one child in care and are permanently present, which allows for a stable attachment figure and more personalized support (Deborde & al., 2016). In any case, the quality of relationship with the foster family or child care workers remains a determining factor for children’s general condition. It is therefore crucial to preserve it as much as possible.

Our results are therefore consistent with the literature, the difference in psychological health between foster and children in residential care is explained by a combination of factors. The most important factor is the quality of the relationship between the foster family and the child, which is better than that of children in residential care with their referring caregivers because the bond is less exclusive and permanent (Bakermans-Kranenburg, et al., 2011; Vorria, et al., 2003). Second, another explanatory factor is the amount and type of abuse and neglect experienced by the child before the placement (Tarren-Sweeney 2008; Jones & Morris 2012). Finally, the child’s psychological health is also influenced by the fact that caregivers working in institutions do not solicit a reduction or suspension of contact with his or her parent when visits are of poor quality (Barnum, 1987; Deprez & Wendland, 2015).

**Conclusion and Implications for Social Work**

This study highlights a significant difference between children in institutional care and those in foster care.

We observed that children in institutions have a lower psychological health than children in foster families. Therefore, it would be necessary to increase the psychosocial support available for children in residential care, either by reinforcing the psychosocial teams inside residential services or by using specialized external therapists.

The fact that children in foster care have a better psychological health than children in institutional care emphasizes the need of a significant increase in the number of foster care spaces. It would be necessary to recruit foster families willing to take in children over 5 years old or teenagers. We have seen that there are 2,000 places to follow children in foster care compared to 3,000 places for children in institutions. It is therefore necessary to start the process that has been started in several countries that have reduced the number of places in institutions and increase the resources for monitoring foster care (Ainsworth & Thoburn, 2014).

In this context, it would be necessary to review the recruitment campaigns. Indeed, in the Wallonia-Brussels Federation, they use mass media, and while these campaigns are very useful to inform the general public about the role of foster care, they do not seem to be the most efficient way to attract new foster carers (Delfabbro et al., 2008; Moore et al., 1988; Lawrence, 1994; Smith & Gutheil, 1988). The most effective methods for recruiting foster families are word-of-mouth from foster families who communicate the benefits (including enjoyment and satisfaction) they receive from fostering a child (Martin et al., 1992). Therefore, campaigns should target friends as well as the entourage of current foster families, as they are more likely to have a realistic understanding of what foster care is like.

In addition, the literature highlights the importance of developing campaigns specifically aimed at the lesbian and gay communities, as they see foster care as a first option for building a family. Moreover, they are often able to successfully care for high-needs children (Riggs & Augoustinos, 2009). For some children, placement with a gay or lesbian foster parent may be more appropriate, such as young men who are experiencing difficulties with their mother or a woman who could benefit greatly from placement with a man. Biological parents may feel less threatened by homosexual foster parents (Riggs & Augoustinos, 2009).

Finally, Moore (1988) suggests recruitment campaigns for children with special needs, such as older children, children with disabilities, or behavioral problems. He suggests targeting professionals (e.g., nurses, psychologists, etc.) who would be more likely to deal with children who may have challenging behaviors. Another possible strategy is to approach adults who already have a personal relationship with the child (Moore et al., 1988).

Our data lead to same conclusions as the literature. Contact with the parent has a positive effect on children's psychological health if the quality of the relationship is good with the parent (Oyserman & Benbenishty, 1992 ; Cantos & al., 1997; McWey & Mullis, 2004; Schofield & Ward, 2011). Conversely, poor quality relationships negatively influence children's psychological health (Humphreys & Kiraly, 2010; Morgan & al, 2012). It is therefore essential that caseworkers be able to identify which children benefit from visits and which do not. The caseworkers should be able to analyze each child’s situation by taking multiple factors into account to define parent-child meeting arrangements Currently in the Wallonia-Brussels Federation, the modalities of visits are set on the basis of the perceptions of those involved. Increasing or decreasing visits or even suspending them is a complex and difficult decision. It is therefore essential to develop a methodology or tool to guide care workers in their analysis and decision-making, which are essential for the well-being of the children in care.

Our data confirm that the quality of the relationship between the child and the foster family is the most significant predictor of psychological well-being and therefore of the success of the placement. This is why it is essential to develop a recruitment policy for foster families ready to take in children over the age of seven in the Wallonia-Brussels federation, especially since, in Belgium, foster care is provided on a voluntary and unpaid basis. Within this framework, it is necessary to develop a specific project for the care of older children that starts with the recruitment of families willing to invest in this type of project. It is important to think about suitable approaches to match between the foster family and the child (temporary fostering, meeting in an institution, etc.).

In general, all initiatives that will improve and stabilize the quality of the relationship between children and their child care workers or foster families are to be encouraged and developed. It would be interesting to develop training programs that particularly develop the interactive sensitivity that exists between the child and his or her caregiver (Saint-Pierre, 2016). In addition, it would be essential to reduce the size of some institutions into smaller family-type structures which are clearly better for the overall development of the child (Leloux-Opmeer & al., 2017). It is also important to allocate sufficient resources and to create favourable working conditions for those working in institutions in order to limit turn-over as much as possible and thus to promote the development of stable relationships with the children placed in institutions (Bakermans-Kranenburg & al., 2011; Vorria & al., 2003).

**Strengths and Limitations**

The key strength of this research is that it is based on a large sample and allows for comparison of data between children in foster families and institutional care with the same methodology, as well as the possible biases associated with that methodology.

However, it is mainly based on the caseworkers’ discourse and evaluations. Children, foster families and parents were not interviewed. It would be interesting to complement this research with their points of view on the situation.

The children’s psychological well-being was assessed empirically on a scale. In the future, standardized tools should be used to confirm the results.

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