A New Model of Foster Care for Young Children: The Bucharest Early Intervention Project

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The Bucharest Early Intervention Project (BEIP) is a randomized, controlled trial of foster care as an intervention for infants and toddlers following institutionalization.1,2 The feasibility phase of the study, conducted in Bucharest, Romania, began in November 2000, and the study itself began in April 2001. The participants in this unique study were 208 young Romanian children who were assessed at baseline and then at regular intervals during the next 3 years.1 Of this group, 136 institutionalized children were randomized into conditions of either care as usual (CAU) (ie, institutional care), or transfer into Romanian foster families. Comparison children, recruited from local health centers, had never been institutionalized and lived with their families in Bucharest. On average, children were 21 months old when the study began (range, 5–30 months). The institutionalized children had spent well over half their lives in institutional care.

BEIP personnel were Romanian psychologists and social workers who were recruited in Bucharest. The project manager was a Romanian-born American citizen...
who was particularly adept at understanding and addressing the cross-cultural issues that were inevitable with such an effort. For a complete description of the study design and the sample, see Zeanah and colleagues, 2003.1

The essential question that the project is designed to address is whether a quality foster care program can enhance the development of children who have been abandoned and placed in institutions in early life. The design of the study also allowed us to examine moderators of intervention effects, including timing of placement, gender, and caregiving quality. The comparison group of never-institutionalized Romanian community children allowed the assessment of the degree of recovery of children in foster care.

The purpose of this article is to describe details of the foster care intervention, which we designed to be informed by the latest thinking in infant mental health regarding early intervention. Because of space limitations, we refer the interested reader to other sources in which we have considered the many ethical issues involved in the project in detail.3,4 Here, we describe the process and content of the intervention before briefly reviewing the results of the project. We conclude with some of the remaining challenges of child protection for abandoned and maltreated infants and toddlers.

THE BUCHAREST EARLY INTERVENTION PROJECT FOSTER CARE NETWORK

We sought to establish child-centered foster care, a model in which foster parents became fully invested in and psychologically committed to the children in their care, loving them as their own. To describe how we implemented this intended model, we begin by describing the context of foster care when we began the project.

Context of Foster Care in Bucharest

Creating a foster care network for BEIP was challenging because of the particulars of the Romanian context at the time the project began. Institutional care, which had been the chief form of care for orphaned and abandoned children for more than 200 years in Romania, became even more widespread during the Communist era there from 1945 to 1989. Following the revolution of 1989, it became clear that tens of thousands of young children were living in institutions, most in appalling conditions. Adoption of thousands of these children into North American and Western European families was common for about 12 years. Foster care was implemented on a small scale by international adoption agencies who placed some young children in foster homes for a few months before they were adopted out of the country. They had used the French model, in which a designated foster parent was paid a salary and benefits for the job of being a foster parent, in contrast to the US system in which generally modest board payments follow the child in care wherever they are placed.

The international adoption process in Romania was widely perceived to be corrupt, and in response to pressure from the European Union, international adoption was ended by the government in April 2001. The international adoption agencies that had previously supported some modest foster care networks in Bucharest had no money to maintain them, and they were eliminated.

We also encountered widespread suspicions about foster care, because it had such a limited tradition in Romania. We heard rumors that foster care was a front for plans to sell children for their organs or for pedophilia. Some government officials believed that institutional settings were more likely to provide children with professional caregiving, including the structure and activities they require to develop optimally.
We believed that the key to success of the foster care intervention was the social work staff who would implement and maintain it. Therefore, hiring social workers who were enthusiastic, eager to learn, and able to innovate was essential.

A major challenge was that the tradition of social work in Romania was limited at the time the project began. During the communist era, there were no social workers, meaning that there were neither traditions nor senior mentors for the new social work graduates who had begun to practice in the decade following the revolution. We hired three recently graduated social workers who had had no previous experience with institutionalized children or foster care. On the other hand, they embodied the characteristics we sought, and they approached the task enthusiastically.

We trained these social workers extensively in basic principles of infant mental health, including building attachment relationships, understanding children’s post-institutional adjustment, and managing common behavior problems. The guiding principle was to develop open relationships with foster parents based on trust and on respect for their important work.

We recognized that the challenges for foster parents of caring for postinstitutionalized infants and toddlers were considerable. The BEIP foster care network would require extensive support, both for the foster parents working directly with the children and the social workers working with the foster parents. Each of the social workers was responsible for a third of the study participants in foster care and their foster parents. They visited with each foster family on a weekly basis and after a year reduced these visits to three per month. Frequent phone contact was maintained with each family throughout the project.

Following in-person training at the outset of the project, experienced US clinicians provided weekly video consultation with the social work team throughout the life of the project.

Foster Parent Recruitment and Training

We recruited foster parents for the BEIP in much the same way that they are recruited in the United States, with newspaper advertisement, posted flyers, and radio interviews of BEIP project personnel. Background checks of foster parents were conducted to verify education, employment, and absence of criminal histories once parents had expressed an interest in the project.

The initial foster parent training was subcontracted to an NGO experienced in providing foster parent training in Romania. This NGO used manuals of foster care that had been developed in the United States and then modified for and by Romanians who had been involved in the international adoption agencies using foster care.

BEIP social workers also organized groups for prospective foster parents, helping them to obtain their licenses. These early efforts helped the social workers to gain a better understanding of the foster parents and to anticipate appropriate matches between foster child and foster parent. We sought foster parents who seemed to understand young children and who seemed to possess the requisite emotional availability for the intensive work of caring for a postinstitutionalized infant or toddler. Demographic characteristics of the 56 foster parents in the BEIP network were similar to those of foster parents in the United States: They averaged 46 years of age and most had a gymnasium (34.5%) or high school (52.7%) education. Some had previous experience caring for young children as they transitioned from institutions to international adoption (27%) but most had never fostered before (73%).
were married (54.5%), and the remainder were single (7.3%), divorced (18.2%), or widowed (20%). On average, there were 2.5 other persons in the foster household.

BEIP social workers next attempted to match the children who were randomized to foster care to specific foster parents. The US consultants held frequent discussions with the social workers regarding the needs and problems of young, postinstitutionalized children. This allowed the social workers to orient foster parents to the process of the children’s transition from institutional care to family care, using attachment theory and research as the foundation for the work.

Social workers had foster parents spend time with the child with whom they were matched in the institutional setting before the child was placed in their home. The goals were, first, to begin the establishment of a relationship between the foster child and the foster parent and, second, to give the foster parents some appreciation of the child’s institutional experience.

As the project continued, BEIP social workers also provided counseling, support, and parenting to biological parents who contacted Child Protection authorities to recover their children. Initially, during the consent process for the project, Romanian Child Protection officials had asked the BEIP social workers to obtain consent from as many biological parents as they could locate for their children to be placed in foster care. The social workers worked hard to locate parents by going to old addresses and asking neighbors and relatives where parents might be. In some cases, parents had not known where their children were located once they entered the Child Protection system, and they were relieved to receive information about them. Some of these parents eventually came forward and sought to be reunited with their children. They were assisted in the establishment of a relationship with their children in several cases in which Child Protection officials decided that reunification was appropriate.

Challenges of Caring for Young, Postinstitutionalized Children

Although most children navigated transitions from institutional care to family care successfully, there were challenges requiring special support. A number of children displayed 1 or more problems, including regulatory problems (eg, sleep, eating, and toileting), developmental problems (eg, cognitive, speech and language delays, and gross motor delays), social interaction problems (eg, extreme withdrawal, indiscriminate behavior, and aggression), as well as problems with agitation and stereotypies. One of the most ubiquitous early challenges for foster parents was the children’s “loudness.” This was a real problem for many foster parents living in large apartment buildings separated from neighbors by thin walls.

Our approaches to these issues were based on our experiences in a program for maltreated infants and toddlers in foster care in the southern United States. Consultants from the United States visited quarterly and accompanied the social workers on home visits to talk with foster parents. For example, the social workers were working with a quiet, seemingly depressed foster mother who had received a loud, agitated, 2½ -year-old boy from the institution into her home. Her husband and her son liked the child but were irritated by the child’s agitation and his inability to sleep at night. The foster mother was desperately worried about her neighbors’ reaction to the child’s loud screaming. The team had made serious efforts to make good matches between foster children and foster mothers. However, they reported during weekly supervision that the foster mother had decided that the job was too difficult and she did not want the child to remain in her home. This prompted intensified visits from the BEIP social worker.

The social worker had phoned and visited the foster mother many times, and the foster mother, resistant to openly discussing the problems that the child was having
and the effect on her family, initially had reported no problems before requesting the child’s removal 3 weeks later. The request coincided with the visit of the US consultant, so a visit to the foster mother’s home was arranged. We spoke with the foster mother, interpreting back and forth between English and Romanian, and she talked about her many concerns about the young child. She told the social workers and the consultant that her young foster son had ceased to use the toilet, had very delayed language, and showed many stereotypies.

As we talked back and forth, we stressed that it was the child’s experience of institutional living that was directly responsible for the behavior that he displayed. This was important, because we wanted to stress that the child was reacting to his experience and was not a “bad child.” We also noted an important point: the first 6 weeks of a placement are often the most challenging. In our experience, if a family weathered the first 6 to 8 weeks, the relationship generally becomes more satisfying for both foster parent and child. In addition, we pointed out a number of behaviors that we observed in the home that clearly indicated that the boy was becoming attached to his foster mother. Finally, knowing that there was “nothing to lose” we detailed the profound impact on the child that would come if he were moved from her home. It had taken a great deal for him to learn to trust his foster mother, and we explained forthrightly how difficult it would be for this young toddler to be sent away.

The foster mother related that her family was due to go on vacation and said that they would take the young boy with them, think carefully about what the social workers and the consultant had suggested, and then make a final decision about his placement with them after they returned. The child and his foster parents seemed to relax and to get to know each other better during their time on vacation. In the carefree environment of the sunny beach, the boy recovered his ability to use the toilet. His sleep problems disappeared, and his stereotypies decreased significantly. As the family returned from vacation, their foster son was calmer, more comfortable, and potty trained. He had begun to thrive as he learned to trust his foster mother who had chosen to keep the youngster with her. The family kept the young boy for another 2 1/2 years, and eventually, they helped to facilitate his transition back to his biological family. The foster mother later reported that she occasionally visits the little boy who was part of their family for more than 2 years.

Toilet training was also a concern for many of the foster parents, particularly as the children grew older. Children in the institution had been potty trained by placing them simultaneously as a group on plastic potties placed on the floor at the designated “potty time,” sometimes for more than an hour, until they “produced.” BEIP social workers provided each foster family with a potty seat, but parents were stunned by the absolute refusal of the young children to even sit on the seats. The consultants, based on experiences with children in foster care in the United States, encouraged them to wait at least 6 months after the children had been in the home before attempting toilet training. Of course, many children were willing to resume use of the potty after a shorter period of time, but this plan removed pressure from the foster parents to train the children.

Similarly, during observations of young children in institutions, we had noted that bath time was rarely a time of positive interaction between caregiver and child. Young children seemed terrified of their baths, looking on in grim, fearful anticipation as they watched their unit mates screaming during the bath, knowing that their turn would soon come. Soon after placement, foster parents remarked on the children’s abject fear of the bath. With encouragement and a “normalization” of this behavior, foster parents developed a variety of ways in which to make bath time more enjoyable.
As the foster children grew older, it was evident that some of them would benefit from a preschool program. Several of the foster children reacted strongly and in a dysregulated manner to visiting hospitals and clinics, presumably from prior experiences. However, one of the most appropriate preschool programs was located on the grounds of a local hospital. After discussing this dilemma with the consultants, the social workers negotiated with the director of the program to do preliminary home visits, getting to know each child before he came into the preschool. The director was open to working with the children to get them acclimated to the preschool, and the children were able to have a gradual transition into a program that allowed them peer interaction as well as access to special education.

The social workers noted that some foster parents called them very frequently to discuss the adjustment of their young children, whereas other foster parents rarely had any concerns. They noticed as well that although most foster parents had developmental expectations that were appropriate for their foster children, some foster parents expected way too much of their young foster children, and some foster parents placed no demands on their children at all, vastly underestimating the child’s abilities. Some foster parents expressed ongoing sadness about children that they had fostered before they were employed in our foster care network. The consultant and the social workers felt that foster parents might feel supported if they met together.

From these concerns, we created what we believe to be the first foster parent support group in Romania. It became clear that issues of loss were prevalent for many of the foster mothers and several of them cried openly in the group. The foster mothers seemed to benefit from talking to one another about their experiences and provided support to one another. Notably, this occurred despite the fact that the foster parents had concerns about sharing private feelings with others. During the Ceaucescu regime, the secret police had actively encouraged people to inform on one another. As a result, no one had felt safe, as even family members had been known to inform on one another. At the support group, the foster parents seemed to appreciate very much the opportunity to discuss their hopes and concerns. This theme of reluctance to share feelings and concern about what might happen as a result was one of the major ones that had to be addressed in our Romanian-American collaboration. The establishment of the foster parent support groups and the foster parent training groups, conducted by the BEIP social workers, helped foster parents to see that the difficulties that they were experiencing were far from unusual and provided them with concrete suggestions regarding methods with which to manage their young foster child’s behavior.

**Support to Social Workers**

Supervision as a professional process was virtually unknown in Romania when we first began our collaboration. The social workers and research assistants had experienced “administrative” supervision in previous settings. For example, they might be questioned regarding the number of children they had placed or quizzed about the amount of paperwork they had prepared. Having a “boss” rather than a “consultant” meant that the focus was on administrative issues rather than on discussion of psychological issues for parents and young children.

The consultation model that we introduced was one of reflective/supportive supervision. We hoped to support our Bucharest team in their very stressful work. The US consultants spent time getting to know the BEIP social workers during the early phases of the study, and we began weekly group supervision. Initially, our hour-long sessions were conducted via telephone and included both the social workers and the research assistants. There was a great desire on their part to learn as much
as they could about the various theoretical foundations of the work we were doing. Questions regarding administration of the study measures were soon supplanted by questions regarding the adjustment of infants and toddlers to family life and the reaction of foster mothers to their new charges.

Several key elements were introduced to the team in Romania. First, we wanted them to recognize that there was an art to talking to foster parents if one wanted to gain a clear understanding of how a foster child is doing. Our experience in the United States had shown us that many foster parents had difficulty telling us when problems had developed. General questions about how things are going were usually met with the response that everything was fine. We knew that it was essential to ask specific questions regarding eating, sleeping, toileting, and other areas to learn about the child’s actual behavior in the home. In our experience, foster parents are rarely comfortable reporting problems, because they do not want to seem as if they are not successful at their jobs. Persistence and nonjudgmental interest was an important means to put the foster parent at ease and engage her in the task of making the young foster child’s life better.

The social workers had some initial worries about the process of consultation/supervision. They had wondered if supervision was actually ongoing evaluation. Would the consultant go straight to the boss with the information gleaned in supervision, possibly causing them to be fired? Would the consultant understand what the supervisee thought? What if we disagreed? What if the consultant did not really understand how things were in Romania? What if their English was not good enough on the phone?

There were other challenges. All of the social workers were required to be bilingual. Nevertheless, they had varying levels of comfort expressing themselves in English, especially since the topics being discussed were also new to them. Additionally, the consultants were talking to them via telephone, and the absence of visual cues made the consultation experience difficult for both parties.

These concerns diminished after we obtained a simple videoconferencing system that allowed for access to visual cues. In addition, the consultant began to learn Romanian, and the social workers became more comfortable and knowledgeable in English. These developments reduced the technical barriers to communication.

There were also psychological barriers that gradually emerged. Talking about one’s feelings and reactions in front of colleagues was unfamiliar and difficult. It took time for their reservations about this to be disclosed because of their uncertainty about the process of reflective supervision. After these problems emerged gradually in the consultation sessions, the social workers later pointed out that this was likely a parallel process with their interactions with foster parents who also felt evaluated and put on the spot when asked to talk about their feelings about young foster children.

Many of the concepts discussed with the team were new to them. Initially, they found it difficult to think about implementing an idea if they had not seen it in practice. However, there were no obvious ways in which they could practice techniques other than actually trying them with the families. When the consultant asked if they thought they could implement a particular plan, a dilemma presented itself. Was the consultant literally asking if the social worker could implement the intervention, or was she giving an “order?” The consultant sensed occasional reticence but attributed this to lack of confidence rather than to confusion about whether a command had been issued. In turn, the social workers were not sure if they were allowed to disagree with the consultant, because open discussions had not been tolerated in their previous job experiences.
Building trust was a gradual process. Consultants traveled quarterly to the study site to meet with the social workers and research assistants. They worked to listen to their experiences and to understand the ways in which American approaches were foreign to them. Although many American and Romanian work sites are based on a hierarchical model of power distribution, the particular model that we were offering for team development was more egalitarian, based on a system that invited all members of the team, regardless of their educational level or experience, to share their experiences and their impressions of a given child or caregiver. The social workers were unfamiliar with such a model and took time to trust that consultants really meant what they said.

At one point, the team reported that a foster mother was having marked difficulty managing the challenging behavior of a 3-year-old foster child. The child was dysregulated at times and frequently “tested the limits” of what behavior would be tolerated. The team had talked to the foster mother about helping the child to develop more appropriate behavior. They visited her in the home and discussed several techniques with the foster mother. Team members noted on subsequent visits that the child’s behavior had changed little. There were clearly barriers to implementation of the behavior plan, but they were not immediately clear. The consultant suggested that the social workers carefully begin to discuss the foster mother’s own early experiences to determine if there were issues that could be identified as a barrier. The social workers were uneasy about asking the foster mother such personal questions about her early experiences. With encouragement, the social workers practiced role playing the interaction, and they agreed to try.

Later, they reported that their efforts to talk to the foster mother had been richly rewarded. She revealed that she and a sibling had been placed in an institution when she was 9 years old, because her mother could not afford to feed them. She had remained there for 2 years, and she remembered them as the worst years of her life. As she took on the care of her foster daughter, she thought painfully about how difficult the child’s experiences had been. The social workers were surprised to see how much the foster mother’s early experiences had affected her current behavior. The social workers talked with the foster mother about how important it was to help her foster daughter to learn how to regulate her emotions and shape her behavior so that she could engage with her peers and with other adults. The foster mother eventually mastered this idea and was proud of the progress that her foster daughter had made.

Some topics that are common in US mental health settings were almost taboo in Romania. For example, the team asked for suggestions regarding behavior management for a 42-month-old child after he had been reunited with his biological family at the direction of Child Protection officials. After his return, the child had stabbed his father in the hand with a small knife. The parents called the BEIP social worker and asked for help. The social worker was initially uncertain about what to say, and she asked for help from the consultant.

The consultant wondered immediately if domestic violence were an issue in this child’s life. She told the social workers that the level of the child’s aggression was quite unusual at his age and that it seemed plausible that this child had witnessed serious violence. She recommended that the social worker inquire about the possibility of domestic violence in the family. At first, the social workers discounted this possibility, but following much further discussion and review of the literature, they agreed to consider domestic violence as a possible way of understanding the boy’s behavior. They approached the parents to discuss the child’s aggressive behavior. The parents acknowledged that they had been fighting before the child got the knife, but they said
that it was only “play fighting.” The social workers used their new understanding to talk with parents regarding the effects of witnessing such “play” on a young child, particularly as he was just making the adjustment to their home. They used the literature they had reviewed to inform their discussions with the parents and felt more confident making recommendations.

This clinical dilemma also led to a discussion among the social workers and the consultant about the experiences they had had with domestic violence involving their own relatives and friends. They indicated that the topic had been largely taboo in Romania and that they found it hard to discuss. Their experience in applying what they had learned to the family of the 3-year-old boy described here increased their comfort in considering contextual influences on the behavior of young children. Additionally, they later had a daylong group discussion about ways in which small children exhibit distress through dysregulated behavior and in their everyday tasks, such as eating, sleeping, and interaction with their family members.  

DISSEMINATING THE INTERVENTION WITHIN ROMANIA AND BEYOND

As the project moved toward permanency planning for each child, an agreement with the local Bucharest Child Protection agencies went into effect, and in several of the sectors, the BEIP foster parents were transferred into local government foster care. The team continued to provide some support to foster parents. The transition was difficult for the foster parents and for the social workers, as they recognized that the model that they had implemented was not always continued. As different questions arose regarding rapid changes of placement for foster children, the team reached out to the governmental social workers regarding their thoughts about the best interest of the child. They seemed somewhat disinterested in what the BEIP social workers had to say. About this time, the project organized one of several continuing education events, and one of the US consultants conducted a workshop regarding the importance of attachment in foster care, which was attended by 60 child protection personnel. It was clear from the discussion that followed the presentation that individuals working with institutionalized children often knew that a given arrangement is not in a child’s best interest but that they were uncertain of viable alternatives. Broadening the perspective of a variety of professionals charged with protecting children remains a challenge.

A model for training social work students from Bucharest University by BEIP social workers was created and included a team-teaching approach. The social workers explained the developmental and behavioral interventions they performed with foster parents and children. The students alternated their weekly meetings between the BEIP social workers and the research assistants. This enabled them to learn about the effects of institutionalization on child development and to view videotapes of children’s behavior in institutions and in foster homes. The social workers explained how attachment theory could be used to understand the needs of home-reared and institutionalized infants and toddlers.

PARALLEL PROCESSES

We hoped that our interactions with the BEIP team would be a positive start in a parallel process supported by supervision. As we treated the team with warmth and respect, we hoped that they would interact similarly with the foster parents with whom they worked. In turn, we hoped that foster parents, treated with respect and warmth, would bestow these same gifts on their young foster children. We approached our interactions with foster children, foster mothers, and the biological families from an
attachment perspective, and it is for that reason that there was little movement from one caregiver to another. Interestingly, child protection personnel were surprised that so many of the BEIP foster parents were interested in adopting their foster children, even though it meant losing their foster care salary. They did not understand that the use of an attachment perspective in foster parenting means that the foster parents form an attachment to the young child as well as the child’s attachment to the foster parent. One of the most rewarding aspects of our work on this project has been the way in which the Romanian foster care team mastered the concept of attachment and its essential application to work with young children.

Future Collaboration

BEIP social workers developed many ideas about ways in which to effectively use the knowledge that they had gained in the course of their work with the project. They talked about editing and updating the foster parent training manual in a way that emphasized the importance of attachment in our orientation to foster care. They also thought of ways to work toward actively promoting in-country adoption. Additionally, they were concerned that, although they believed institutionalized children should be reunified with their families as a general principle, this should not happen if the families were not ready to receive them. They understood the importance of working with parents to establish a consistent relationship with their young children before the child’s return home.

OUTCOMES OF THE INTERVENTION

The BEIP foster care intervention was designed to change the experience of young children and thereby to favorably alter their developmental trajectories. For that reason, the children’s development and the intervention itself were carefully assessed. Following baseline assessments, 136 institutionalized children were randomly assigned to CAU (continued institutional care) or to removal from institutions and placement with foster families. The 68 children in the foster care group (FCG), the 68 children in the CAU group, and the 72 children in the never-institutionalized community group (NIG) all were seen for follow-up assessments at 30 and 42 months, and for some measures, also at 54 months. To test the effects of the foster care intervention, we contrasted outcomes in the FCG and the CAU. To assess the degree of recovery, we contrasted the FCG with the NIG.

All assessments of effects of the intervention were assessed using intent-to-treat analyses, meaning that whatever group the child was originally assigned to (foster care or CAU), the child continued to be included in that group when evaluating outcomes. In fact, there was movement out of institutions during the course of the study, as many institutionalized children were returned to their biological families, adopted by Romanian families, or placed in government-sponsored foster care that did not exist at the time the study began. Because we used intent-to-treat analyses, the results reported are conservative estimates of intervention effects. Before turning to child outcomes, however, we first report results related to the child protection system that we created.

Child Protection Outcomes

One of the central outcomes to be considered in evaluating foster care from the perspective of child protection is that it provides quality caregiving as well as necessary safety and stability for young children who have already experienced serious adversity. Judged from these perspectives, BEIP was successful. First, we conducted
formal assessments of the children’s caregiving environment at baseline and again at
30 and 42 months of age using the Observational Record of the Caregiving Environ-
ment.10,11 We demonstrated that the quality of caregiving was significantly better in
foster care than that in institutions at both 30 and 42 months of age. Further, the quality
of caregiving in foster care was indistinguishable from the quality of caregiving in the
families of never-institutionalized children from the community. Second, during the
4 years of the initial phase of the project, there were only two foster care disruptions.
The first occurred because 1 foster mother developed signs of a major mental illness
and had to be hospitalized. The second was a single foster mother who died suddenly.

After the children turned 54 months of age, we arranged for the foster care network
that had been supported by the project to be transferred by the local governmental
sectors in Bucharest, as we had negotiated at the outset of the project. Because
Romania was undergoing a transition from institutional care to foster care at that
time, the local governments hired the foster parents and used governmental social
workers to monitor the needs of these families. Thus, we established and supported
a high-quality foster care network throughout the life of the project and then trans-
ferred it to local government support at the project’s conclusion.

Child Outcomes

Developmental outcomes
Cognitive functioning was assessed with the Bayley scales at 30 and 42 months and
the Wechsler Preschool and Primary Scale of Intelligence at 54 months. Develop-
mental quotients at 30 and 42 months and intelligence quotients at 54 months were
significantly higher in the FCG than those in the CAU, though they remained signifi-
cantly lower than the NIG at every age assessed.13 Interestingly, the younger the child
was when placed in foster care, the more the cognitive gains. In fact, there was little
intervention effect for children older than 24 months of age at the time of placement.
Language results were similar.12 Both expressive and receptive language was signif-
icantly higher in the FCG compared with the CAU at 30 and 42 months of age, but the
FCG did not attain the language level of the NIG. The one exception was that children
placed before 15 months of age had language skills that were indistinguishable from
the NIG children.

There was also a powerful intervention effect for emotional responsiveness.13 In
tasks designed to elicit positive emotional responses in young children (puppets
and peek-a-boo activities), the FCG demonstrated significantly more positive affect
and attention to task than the CAU. In fact, they exhibited more positive affect than
the NIG at 54 months of age.

Attachment, measured by Strange Situation classifications, indicated powerful
intervention effects.14 Significantly more FCG children (49%) had secure attachments
at 42 months of age compared with those of CAU children (17.5%). Continuous ratings
of security showed that all three groups were significantly different from one another,
with CAU children having the lowest scores and NIG children having the highest
scores. In addition, significantly fewer FCG children had disorganized, controlling,
or insecure/other classifications compared with those of the CAU.

Brain functioning outcomes
Brain functioning was assessed by recordings of electroencephalograms (EEGs) and
event related potentials (ERPs). The former was used to assess general brain activity
and the latter to detect responses to facial expressions of emotion. EEG spectral
power and coherence were not greater in the FCG than those in the CAU at 30 or
42 months, but there were correlations between length of time in care and increased
EEG power and decreased coherence for children in the FCG at 42 months. These findings indicate more electrical activity and more hemispheric differentiation for children who had been placed in foster care at younger ages. For ERPs, at three assessments (baseline, 30 months, and 42 months), institutionalized children showed markedly smaller amplitudes (ie, brain activity) and longer latencies (ie, processing speed) for the occipital components compared with noninstitutionalized children. By 42 months, ERP amplitudes and latencies of children placed in foster care were intermediate between the institutionalized and noninstitutionalized children, indicating that foster care was partially effective in ameliorating deficits caused by institutionalization. The age at which children were placed into foster care was unrelated to their ERP outcomes at 42 months. Facial emotion processing was similar in all three groups of children; specifically, fearful faces elicited larger amplitude and longer latency responses than happy faces for frontocentral components. Taken together, these results indicate that foster care was somewhat effective in restoring normal brain functioning.

**Clinical outcomes**

Psychiatric morbidity was assessed by structured interviews with institutional caregivers, foster parents, and biological parents. Several major areas of functioning were assessed in the clinical domain. First, there was no demonstrated benefit of foster care for reducing externalizing disorders (ie, aggressive behavior disorders, Attention-deficit/hyperactivity disorder) at 54 months of age among the children with a history of institutional rearing. In contrast, there was a significant reduction in internalizing disorders (ie, anxiety and depression) at 54 months for children in foster care compared with children in CAU. Third, there was a significant reduction in signs of the emotionally inhibited type of reactive attachment disorder for children in foster care at 30, 42, and 54 months of age. For the disinhibited type of reactive attachment disorder, the only significant difference was at 42 months, when the group in foster care had fewer signs than the group in CAU. Regarding clinical outcomes, intervention effects were evident, but they were more readily demonstrable in the emotional rather than the behavioral realms.

As Romania moves away from institutional care and into foster care, one of the challenges will be discovering ways in which to ensure the quality of foster care for infants and toddlers who cannot be cared for by their parents. We value the contributions of the BEIP social workers and study personnel to this model of child-centered foster care and look forward to learning other ways in which to ensure that foster care provides young children with the emotional and developmental support that they need. We seek to increase the recognition among Child Protection professionals that, far from being a “place to stay,” foster care is actually a proactive, important intervention aimed at supporting young children in their recovery from maltreatment and abandonment.

**SUMMARY**

An attachment-based, child-centered approach to foster care for young, previously institutionalized children was developed in Bucharest, Romania, as part of the BEIP, a randomized, controlled trial of foster care versus CAU, including institutionalization. Regular, weekly consultation from clinicians in the United States was used to provide support to the social workers who were responsible for the day-to-day implementation of the intervention. Consultation included discussion of specific ways to manage challenging postinstitutionalized behaviors and ways in which to support foster parents so that they could scaffold infants and toddlers in the development of socioemotional,
communicative, and problem-solving skills. Ways in which to understand the young child’s response to traumatic events such as witnessing domestic violence were also discussed. In turn, the social workers were charged with providing support to foster parents as they assisted children in making the difficult transition to family life and came to understand their own feelings about caring for the needs of these young children. The BEIP examined outcomes for infants and toddlers in developmental areas, such as cognitive development, speech and language, behavior, and brain development. Children placed in foster care, compared with CAU, made significant gains in a variety of spheres of development. The BEIP demonstrates that a child-centered approach to foster care is not only feasible but preferred in supporting the socioemotional development of young children who have experienced deprivation during their early rearing.

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REFERENCES