

Treatment / Child Wellbeing: Social Emotional Functioning

A foster care intervention in Romania improved the social emotional deficits of children who spent early years neglected in orphanages.

Evidence status	Moderate risk of bias	Moderate evidence of impact on social and emotional functional outcomes
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The summary in brief

After the Ceausescu political regime ended in 1989, Romania was left with many children living in terrible orphanages. To address these issues, *The Bucharest Early Intervention Project (BEIP)*, a novel foster care programme, was introduced in 2000. At that time, foster care was very uncommon in Romania.

The cell has four primary papers (all on *BEIP*) that report social and emotional functioning outcomes: Myke 2010, Wade 2020, Tang 2021, and Colich 2021. A full summary of two *BEIP* papers (Johnson 2010 and Bick 2015) is available in the guidebook. There are eleven papers in total of this RCT in the EGM.

Before their third birthday, children in orphanages (institutional care) were randomised to either move to foster homes (i.e., receive *BEIP*) or to remain in the orphanages (institutions). The aim was to study the effects of reasonably early intervention for children who experience severe neglect in early years. Foster caregivers received regular support from trained social workers, who aimed to facilitate a strong bond between children and their foster carers.

Children who entered foster care (in *BEIP*) before they turned two (children were eligible to enter *BEIP* till their third birthday) tended to form secure attachments with their caregivers while institutionalized children generally had more disorganized attachments with their caregivers. Even in adolescence, *BEIP* foster care children were able to form good friendships like children who had always lived at their birth homes. Institutionalized children continued to struggle with social communication and social relationships well into adolescence. The evidence shows that early intervention can reverse many of the adverse effects of the orphanages.

The cell also includes two systematic reviews. One looks at cognitive behavioural therapy for young sexual offenders and the other at systemic efforts to provide trauma-informed care to children in foster care. There is some indication that social emotional functioning outcomes improve through these interventions, but the quality of the available evidence is low.

Contents of the cell

A. Primary Studies

The papers are all from the same RCT, and all have moderate risk of bias.

Smyke 2010	Romania. Children in institutional care (orphanages) in Bucharest.
Wade 2020	Evaluation of the <i>Bucharest Early Intervention Project (BEIP)</i> , a foster

Tang 2021	care programme for children in institutional care.
Colich 2021	The papers are reporting on different social emotional functions of children from early childhood to adolescence.

The intervention

Under the Ceausescu dictatorship in Romania (until 1989), abandoned children lived in dreadful orphanages¹. Bucharest had six institutional care centres (“orphanages”), which were characterised by terrible environments for children to grow physically, mentally, socially, or emotionally. Foster care was practically non-existent in Romania during this time.

In the year 2000, *The Bucharest Early Intervention Project (BEIP)* was created to provide foster care. *BEIP* established 56 foster families that could take in children from institutions. Randomisation of children to *BEIP* or continuing institutional care was rationalised since, without *BEIP*, all children would continue to live in awful conditions. This was a chance to identify an effective intervention that could be used to address this issue.

Foster care recruitment and training were standardised and relevant to the local context. Three social workers supported foster caregivers on a regular basis. Social worker roles focused on monitoring the relationship between children and their foster caregivers, promoting parent-child attachment relationships, providing support for behavioural management as needed, and serving as a resource for foster caregivers on the special needs of their children. Social workers were trained and received ongoing support from US-based mental health practitioners every week. Overall, social workers promoted a committed relationship between foster caregivers and the children.

Children entered foster care between five and 31 months of age. An assessment conducted when a child was four and a half years old showed that most *BEIP* children were still with their foster family. *BEIP* was not directly supported by the local government initially, but after a few years, the local government in Bucharest provided financial and administrative support for foster families and children.

More details on *BEIP* are provided in other summaries in the guidebook (Bick 2015 and Johnson 2010; and the syntheses of Treatment X Child Cognitive Functioning and Treatment X Mental Health).

Does the intervention work in improving children’s social emotional functioning?

Children who went into foster care before they turned two (children were entered into *BEIP* until their third birthday) tended to develop strong emotional bonds with their caregivers, i.e., secure attachment, when assessed at 42 months. Children who continued to live in the orphanages typically showed more tenuous bonds with their caregivers, i.e., disorganized, or insecure attachment.

¹ Weir, K: American Psychological Association. (June,2014). The lasting impact of neglect. Retrieved from <https://www.apa.org/monitor/2014/06/neglect>

This secure attachment persisted in adolescence (age 16 when assessed), with fostered children having more friends and better relationships with friends than the institutionalized children. In fact, fostered children had similar friendships as children who had always lived with their birth families. Social communication problems persist into adolescence for institutionalized children, and early intervention (foster care programme) can mitigate these issues to a large extent.

Have the interventions been implemented at scale?

Not really. This was a unique study in Bucharest in a situation that was quite out of the ordinary.

Which type of organisation delivered the intervention?

The intervention and the associated RCT were designed by researchers from various US universities. The researchers partnered with a local NGO (SERA Romania) to implement *BEIP*. The team also collaborated with local authorities at the Ministry of Health and the Directorates of Child Protection.

What do the interventions cost?

The study does not report cost data.

How is the programme meant to work? The theory of change

The study does not mention a specific theory on which the programme is based.

Are the results generalisable?

BEIP covered the entire Bucharest area since children in all six institutional care facilities were included in the programme. It was implemented in Bucharest at a time when foster care was uncommon in Romania. Findings from this trial are probably generalisable to jurisdictions looking to ramp up support for fostering children - because *BEIP* was a newly created foster programme.

How reliable is the evidence?

Moderately reliable.

Risk of Bias for Randomised Controlled Trials (RCTs)

Study (Author and year)	Overall risk of bias	Randomised process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result
Smyke 2010	Some concerns	Some concerns	Some concerns	Some concern	Low risk	Some concerns
Tang 2021	Some	Low risk	Some concerns	Some	Low risk	Some concerns

	concerns			concerns		
Wade 2020	Some concerns	Low risk	Some concerns	Some concerns	Low risk	Some concerns
Colich 2021	Some concerns	Low risk	Some concerns	Some concerns	Low risk	Some concerns

What else do we know about the *Bucharest Early Intervention Project (BEIP)*?

The *Bucharest Early Intervention Project (BEIP)*, which is the subject of eleven papers on the EGM, placed children from terrible orphanages in Romania into foster care. Foster care children, predictably, did much better than institutional care children on most developmental, physical, mental, emotional, and cognitive health outcomes. They were also able to catch up with their peers, who had always lived at home with their birth families, on many of these outcomes, especially in the short term. The earlier the intervention, the more beneficial the intervention. *BEIP* is classified as a treatment intervention on the EGM since foster care was considered a treatment after living in extremely poor conditions (in orphanages).

B. Systematic Reviews (Sneddon 2020, Bailey 2019)

What are the systematic reviews about?

Sneddon 2020 is a systematic review on the effectiveness of cognitive behavioural therapy (CBT) for young people who show ‘problematic or harmful sexual behaviour.’ Typically, these children have received a formal reprimand or conviction for their behaviour and are receiving treatment in residential facilities.

Bailey 2019 is another systematic review examining trauma-informed care models for children and youth living in out-of-home care.

What are the findings on children’s cognitive functional outcomes?

Only one study reported a small increase in victim empathy with CBT compared to no treatment (Sneddon 2020).

Bailey 2019 found few studies on organizational-wide trauma-informed care models. All studies were from the US. Three models of care were identified – Attachment Regulation and Competency framework (ARC), the Children and Residential Experiences programme (CARE), and The Sanctuary Model. Studies reported different measures of social and emotional function and the results were generally better for children in these programmes compared to usual care. However, most studies in the review were rated as having a high risk of bias meaning low confidence in the “positive” findings for outcomes.

What information is available on cost and cost-effectiveness?

No information is provided on cost or cost-effectiveness.

Are results generalisable?

Not applicable.

How reliable is the evidence?

It's mixed. The quality of one systematic review is rated as low risk of bias (Sneddon 2020) and the other as high risk of bias (Bailey 2019).