

International Conference

21 MARCH • 2024

# CHILD PROTECTION AND CARE REFORM IN THE CONTEXT OF MOLDOVA – EU ASSOCIATION AGENDA



2024 Theme: Ending the placement of young children in institutional care – from policy to action

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# The Hazards of Raising Children in Institutions and the Benefits of Raising Children in Families: Introduction to the *Bucharest Early Intervention Project*

Charles **NELSON** III Professor of Pediatrics and Neuroscience, Professor of Education  
Harvard University  
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Boston Children's Hospital

# Outline



- The role of experience in brain development
  - Critical periods
- The effects of early profound deprivation on development
- History of institutional care
- Institutional care in Romania
- Introduction to the *Bucharest Early Intervention Project*



# The Role of Experience in Brain Development



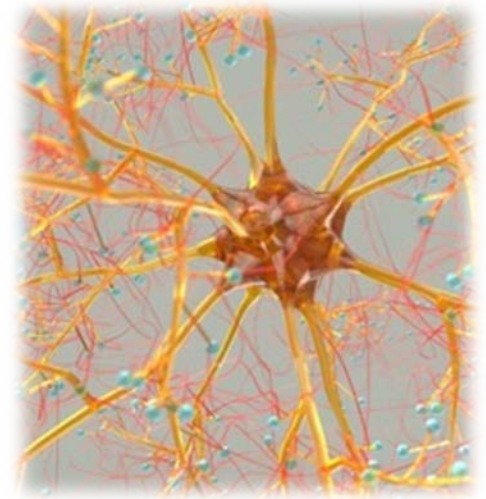
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# Individuality is the product of both biological inheritance & personal experiences

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- Our genes specify the properties of brain cells (neurons) and neural connections (synapses).
- But, because many aspects of an individual's world are not predictable, each individual's brain is built differently, depending on whether the experiences the person has had have been "good" or "bad."



# Role of Experience



- Some experiences are (or should be) universal to all members of the species (e.g., sensory input; and caregiving). These help ensure survival.
- Others may optimize development (e.g., sensitive/consistent caregiving, exposure to complex but age-appropriate language; age-appropriate cognitive stimulation).
- In many cases, both classes of experience must occur during a narrow window of time (a “critical” or “sensitive” period) for development to proceed along a typical developmental trajectory.

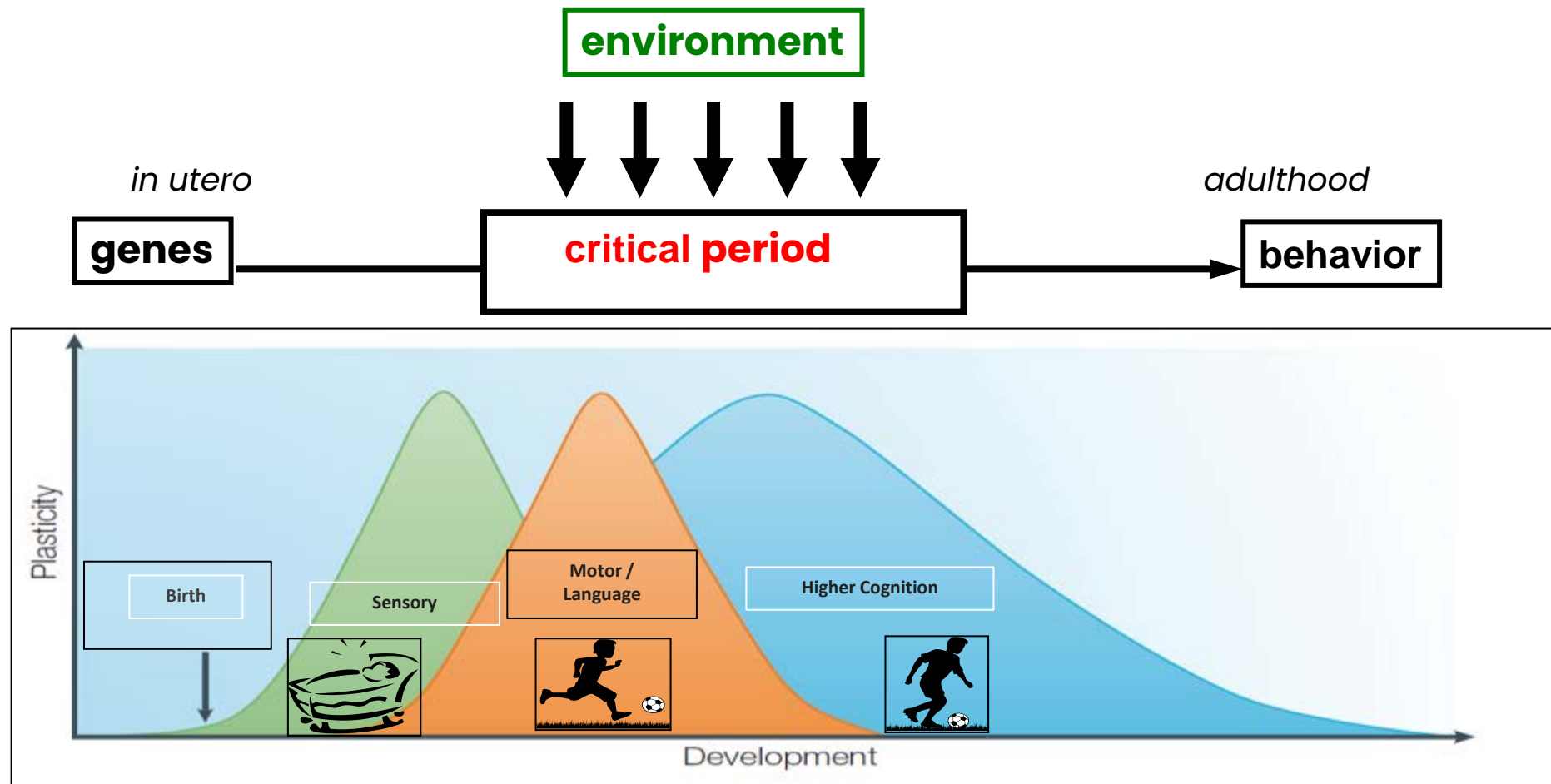


# What is a sensitive (or critical) period?

- A period of time in development during which the brain is particularly responsive to experiences due to underlying plasticity (i.e., easiest to change the structure of the brain during a sensitive period).
- This varies from brain area to brain area but generally occurs in the first few years of life (see next slide).



# Early Windows of Experience Shape Brain Function



Hensch, T. K., & Billimoria, P. M. (2012). Re-opening Windows: Manipulating Critical Periods for Brain Development. *Cerebrum: The Dana Forum on Brain Science*, 2012, 11.



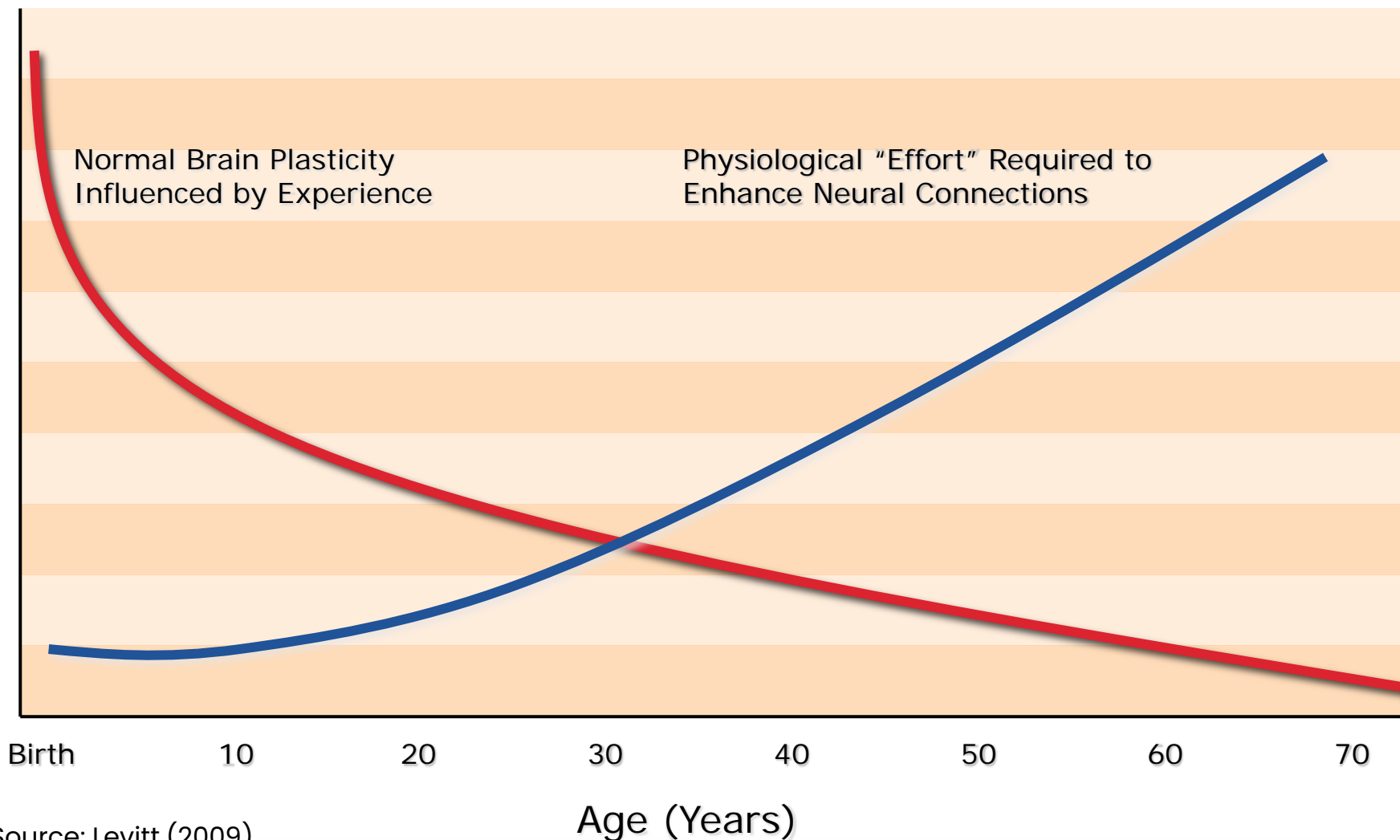


# A final point about experience

- Brain plasticity changes with age; in some domains change is possible throughout the life span (e.g., learning and memory), whereas in others, change is much more difficult (e.g., we don't learn to see better).
- This is illustrated in the next slides.



# The ability to change the brain decreases over time



Source: Levitt (2009)

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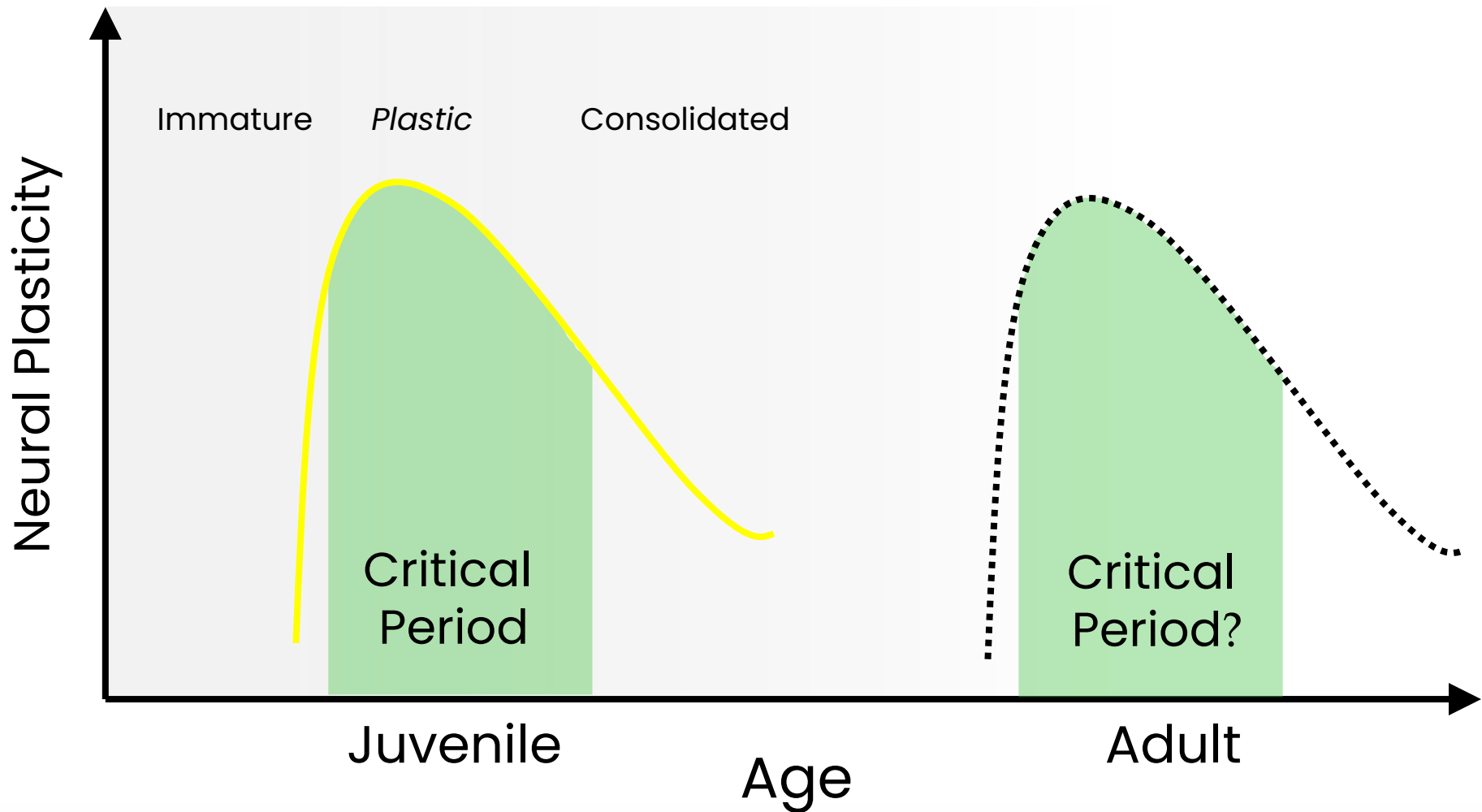


# Summary

- Many elements of postnatal brain development adhere to the principle of critical periods.
- Most critical periods occur during a time of rapid brain development – the first years of life. After a critical period has passed, the effort involved in altering brain development becomes greater.
- A big question: Can we figure out ways to “rescue” critical periods in adulthood, and thus, reopen plasticity (next slide)?



# The Future: Can we reverse critical period plasticity in adulthood?



# The Effects of Early Profound Deprivation on Development





# The Effects of Profound Neglect

- What happens to brain development when there is a profound violation of the “expectable environment?”
- Specifically, what happens when children fail to receive the stimulation necessary to foster healthy brain development, such as those raised in institutions?



# Psychosocial Deprivation

- Neglect is the most common form of child maltreatment in the United States.
- One way to think of neglect is the deprivation of basic of experiences that should be present in the lives of all children, such as high-quality caregiving, social-cognitive stimulation, and meeting a child's basic needs for safety and security (housing, food, psychological).
- A particularly extreme form of neglect is being raised in institutions, which often involves conditions of profound psychosocial deprivation.



# What is an institution?

In 2020, we<sup>1</sup> defined an institution as *a non-family-based public or privately staffed collective living arrangement for children. This includes but is not limited to so-called 'orphanages,' children's institutions, group homes, infant homes, children's villages, and similar residential settings for children.*

<sup>1</sup> van IJzendoorn MH, Bakermans-Kranenburg MJ, Duschinsky R, Fox NA, Goldman PS, Gunnar MR, Johnson DE, Nelson CA, Reijman S, Skinner GCM, Zeanah CH, Sonuga-Barke EJS. Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Psychiatry*. 2020 Aug;7(8):703-720).



# History of Institutional Care: A “preferred” form of care for orphaned and abandoned children

**Antiquity** – Informal adoption



**Dark ages** – Monasteries and nunneries



**Middle Ages and Renaissance** – Beginning of founding homes



**18th-19th Century** – Institutions

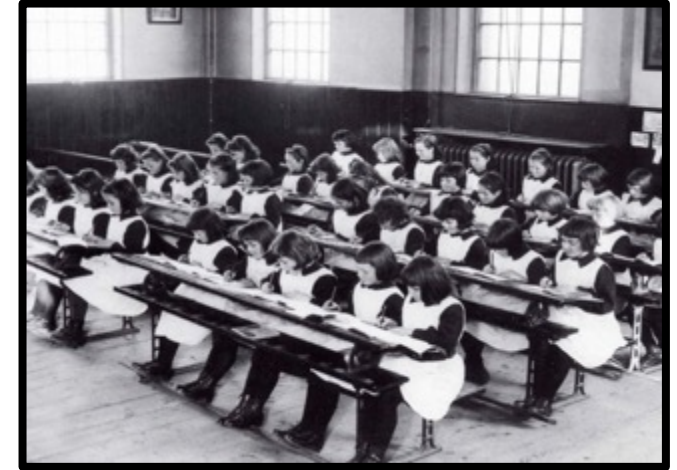


**20th-21st Century** – Foster care



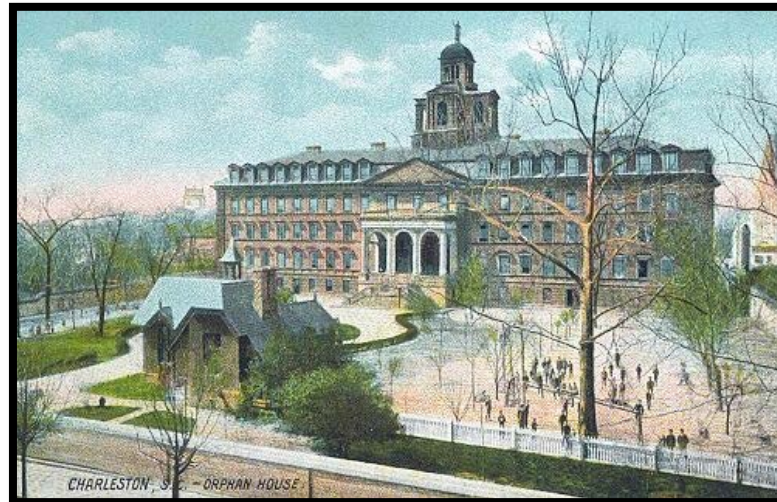


# London Foundling Hospital



## First public orphanage in USA

1790 – Charleston, SC





# Children on an Orphan Train



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# First White House Conference on Children

As to the **children who for sufficient reasons must be removed from their own homes, or who have no homes**, it is desirable that, if they

Children should be placed in families – not in institutions

are normal in mind and body and not requiring special training, they **should be cared for in families whenever practicable**.... Such homes should be selected by a most careful process of investigation, carried on by skilled agents through personal investigation and with due regard to the religious faith of the child. After children are placed in homes, adequate visitation, with careful consideration of the physical, mental, moral, and spiritual training and development of each child on the part of the responsible home-finding agency is essential.



# First White House Conference on Children (cont.)

So far as it may be found necessary temporarily or permanently to care for certain classes of children in institutions, ***these institutions should be conducted on the cottage plan***, in order that routine and impersonal care may not unduly suppress individuality and initiative....

If children cannot be in families, they should be in as “family-like” a setting as is possible.

It secures for the children a larger degree of association with adults and a ***nearer approach to the conditions of family life, which are required for the proper molding of childhood.***





# The Journal of the American Medical Association

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CHICAGO, ILLINOIS

JANUARY 2, 1915

## ARE INSTITUTIONS FOR INFANTS NECESSARY?\*

HENRY DWIGHT CHAPIN, M.D.  
NEW YORK

In considering the best conditions for the relief of acutely sick infants and for foundlings or abandoned

mentioned in this connection. Young children with nasal catarrh, enlarged tonsils or adenoids may harbor diphtheria bacilli that remain latent, which accounts for their being attacked without apparent hetero-infection, or, if not succumbing themselves, spreading the disease to others.

Perhaps the greatest danger in keeping sick infants long together, comes from the ordinary ward infections. The mucous membranes usually bear the brunt

The best conditions for the infant thus require a home and a mother. The further we get away from these vital necessities of beginning life, the greater will be our failure to get adequate results in trying to help the needy infant. Strange to say, these important conditions have often been overlooked, or, at least, not sufficiently emphasized, by those who are working in this field.

hospital should be as short as possible. The reasons for this are obvious to those who have had much experience along this line. Unless the infant is quickly discharged after the acute symptoms have subsided, there is nearly always a slow but progressive loss of weight which bears an inverse ratio to the age, being especially marked under six months. If this atrophy gets beyond a certain point no change of environment or food will save the patient.

Another danger consists in the spread of specific

carefully guarded from auto- and hetero-infection while there, and, finally, sent out to recuperate under as favorable conditions as possible.

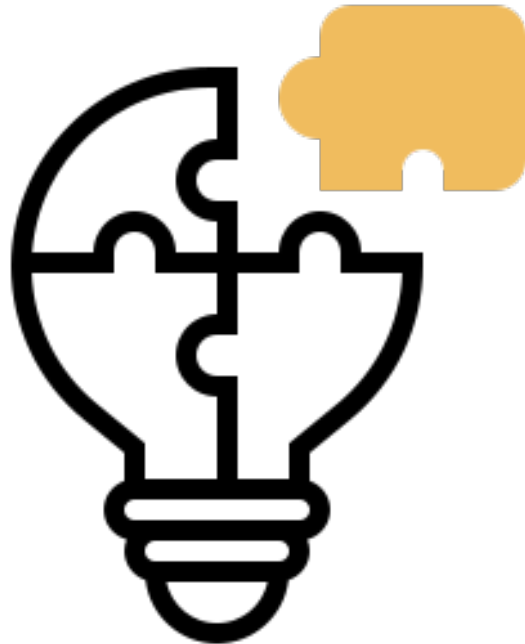
I do not believe that the multiplication of infant's hospitals through the country should be encouraged. When infants need hospital care it had better be in small units. The dangers of cross infection must be guarded against by the most skilful nursing as well as by working in small units. There should be one good nurse to three or four sick infants so that there may

21 MARCH



# So, this is an old problem...

For which new solutions are desperately needed...



which led to the Bucharest Early Intervention Project (BEIP)





# 1989: The fall of the Ceausescu regime: the aftermath...

170,000 children “warehoused” in state institutions

- Poverty #1 reason for child abandonment
- International media brought the plight of these children to the attention of the world
- Large numbers of children adopted internationally, often by Western families unprepared for challenges that lay ahead



# This is what we found 10 years later



# Why institutional rearing might be bad for the brain

## **Insensitive Care**

- Regimented daily schedule
- Non-individualized care
- Sensory, social-emotional, cognitive, and linguistic deprivation

## **Isolation**

- No response to distress
- Unchecked aggression

## **Lack of psychological investment by caregivers**

- Rotating shifts
- High child/caregiver ratio



# Children reared in institutions..

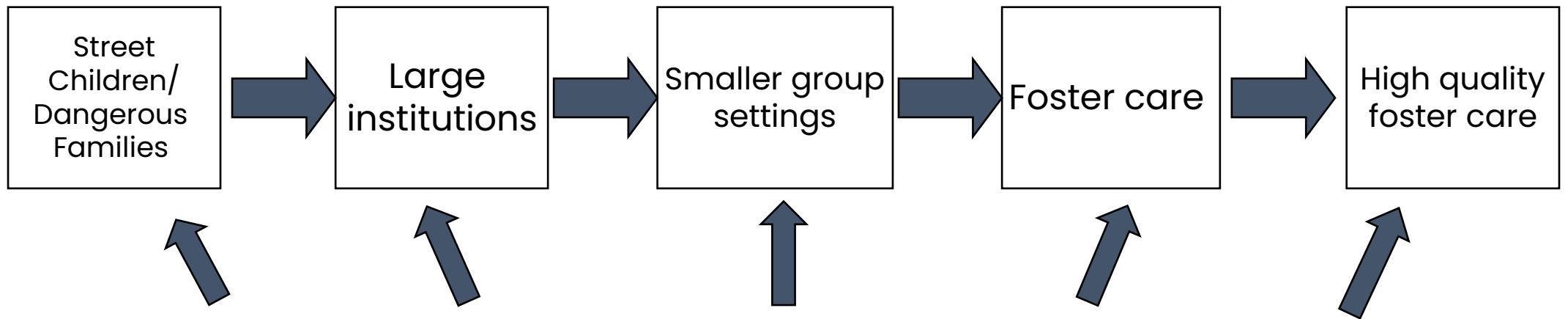
...are at dramatically increased risk for a variety of cognitive, social, and behavioral problems:

- disturbances of social relatedness and attachment
- externalizing behavior problems
- inattention/hyperactivity
- deficits in IQ and executive functions
- syndrome that mimics autism
- growth stunting (next slide)



# Continuum of Caregiving Approaches

- Overwhelmingly consistent evidence favoring foster care over institutional care
- Generally (although there are exceptions), family preservation has poor results.



Orphaned, abandoned and maltreated children requiring societal intervention





# Why did we conduct BEIP in Romania?



- Tens of thousands of institutionalized young children--mostly abandoned at birth
- Opportunity to study the importance of early experiences in young children
- Invited to conduct the study by the Minister for Child Protection
- Interest in developing policies for intervening with abandoned children
  - Institutional care versus foster care



# Study Design

*First ever randomized controlled trial of foster care as intervention for social deprivation associated with institutionalization*

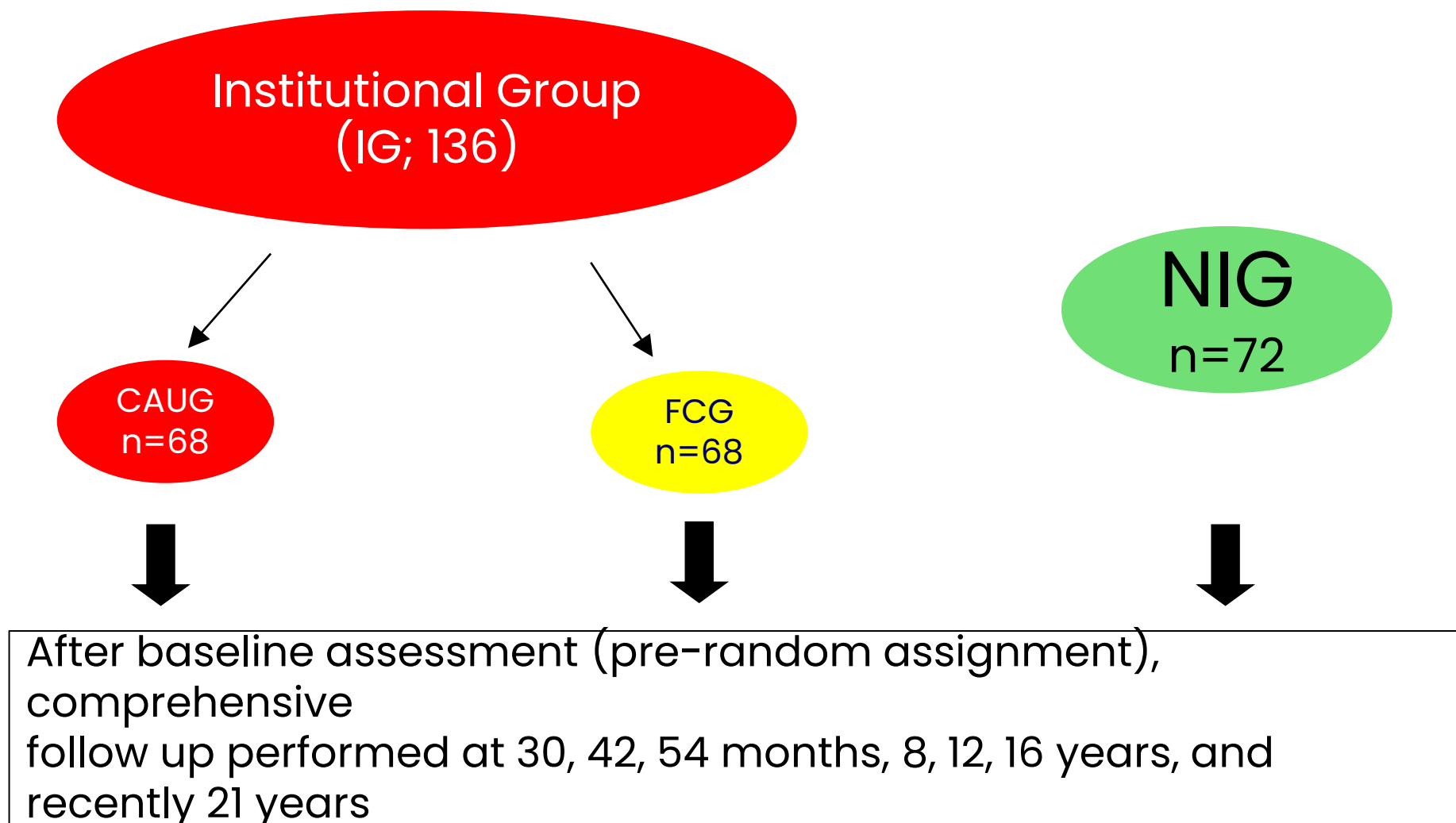
- >180 children screened by pediatric/neuro exam;
- 136 institutionalized children between 6 and 31 months initially assessed at baseline (Mean Age=20 months)
  - 68 randomly assigned to remain in institution (Care As Usual Group; CAUG); 68 randomly assigned to foster care (FCG);
- 72 never-institutionalized children (NIG) matched on age and gender serve as controls
- Following baseline assessment, children assessed comprehensively at 9, 18, 30, 42 and 54 months, and then again at ages 8, 12, 16, and 21 years.



Dana Johnson, M.D., Ph.D.



# Study Design



# Domains of assessment

- Physical development
- Language
- Social Functioning/Social-Emotional Development
- Carefully characterize caregiving environment
- Cognition
- Temperament
- Attachment
- Brain Function (EEG, ERP)
- Brain Anatomy (MRI)
- Genetics/Epigenetics
- Psychopathology



# Ethical Considerations



- Informed consent -- 3 US University IRBs, local authorities in Bucharest, parents/caregivers/guardians
- Randomization
  - Inherent bias possible in all extant studies
  - Policy debate about which intervention is preferred
  - Without the study, all children get care as usual
- No more than minimal risk of participation
- No stop rule was possible
  - Limited funds available to support foster care
  - Challenges of recruiting with no experience of foster care
- Policy of non-interference
- Provided outcome data to government as soon as it became available.

Miller FG (2009) The randomized controlled trial as a demonstration project: An ethical perspective. *Am J Psychiatry*. 166:743Y745.

Millum, J. & Emanuel, E.J. (2007). *Science*, 318, 1874-1875.

Rid, A. (2012). *The Journal of Nervous and Mental Disease*, 200, 248-249.

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# The intervention: High quality foster care

- Families received monthly stipend equivalent to average per capita income in Romania at the time
- Close monitoring (social workers visited the families every 10 days)
- Social workers/psychologists consulted with BEIP team every 7 days
- All material support
- 24-hour on-call pediatrician
- Romanian law required one parent to stay home with child
- All families licensed



# BEIP: A Child-Centered Model on Foster Care

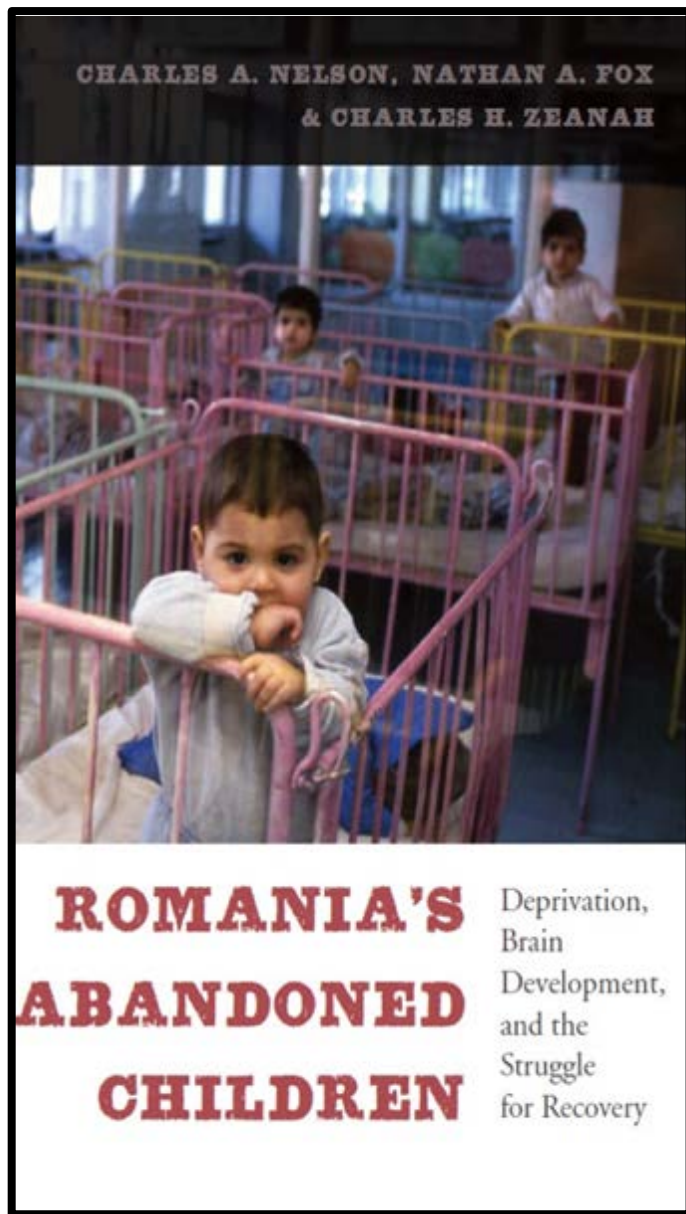
- Orchestrated around the needs of the child for a stable, consistent emotionally available caregiver.
- The Foster parent becomes emotionally invested in the child and advocate as if it were her own.
- The social worker supports, monitors and intervenes with the foster parent as needed, with frequent contact.
- Weekly consultation from clinicians (based at Tulane University) throughout the trial.



# Findings from BEIP

- Charles H. Zeanah, MD, Tulane University School of Medicine
- Nathan A. Fox, PhD., University of Maryland





# Thank you



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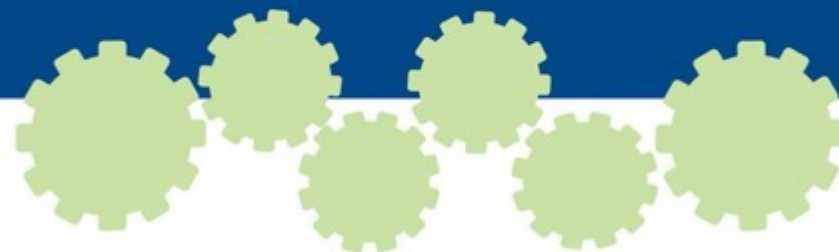




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