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# THE TRANSITION TOWARDS AN INDEPENDENT LIFE OF PRIVATE SOCIAL SERVICES BENEFICIARIES

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## Abstract

This article is designed to examine the transition of children and young people who come from the private protection system to independent living, both from a theoretical and practical perspective. The work is the result of 13 semi-structured interviews. The aim of the study is to identify how beneficiaries acquire and apply independent living skills during institutionalization and after the protection measure is lifted. The primary target group consists of 8 children and young people (female), aged between 12 and 22, who are under special protection in the "St. Joseph" Family House - a program of the Caritas Iasi Diocesan Center Association. The primary target group also includes two secondary target groups: three specialists and two former beneficiaries. Obtaining the results involved analyzing four essential life skills: social skills, emotional skills, assertiveness skills, and housekeeping skills. The results of the micro-research demonstrate that young people and children who are part of the private protection system acquire independent living skills during institutionalization, but they will experience a smoother transition to self-sufficiency if they have a less challenging family background.

**Keywords:** skills, independent living skills, residential care, institutionalized children/youth, transition.

## Introduction

Independent living skills represent aptitudes which accompany people constantly throughout their lives. Some of these skills relate to how certain endeavors are accomplished, while some relate to how one socializes with those around them. Some are palpable, others abstract, yet their importance is imperative when it comes to conducting daily tasks. In other words, independent living skills are nothing more than a series of naturally attained abilities which allow an individual to live genuinely and normally, without the need to reach out to someone else for support or to create a dependency towards such a person.

Aptitudes develop into skills which guide and support the future adult in order to accomplish societal tasks, to lead a genuine life in regards to socialization, to financial management, to relationships with others and to attaining and maintaining a job.

When it comes to juveniles in the child protection system, this development requires a collaboration between institutions through people who take it upon themselves to work together in order to achieve a common goal. The relationship established between beneficiary and specialist is essential in order to improve the former's independent living skills. For children and young adults in the system, the development of these skills may, on the one hand, allow for a fluid social integration or, on the other hand, may actually hinder the integration of future adults.

The development of these skills is accomplished during the period in which the child or teenager is part of the aforementioned institution, improving periodically and preparing him or her for an autonomous life. The acquisition of these skills begins immediately after the

child's acclimatization to the residential space and involves an individual approach in accordance with their age and initial knowledge (Karacsony, 2014, p. 172).

### **Development Theory**

Arnett's (2000) maturity theory has been used to describe the development period of a young adult towards adulthood, starting from adolescence and extending until the end of one's 20s. This period is characterized by the fact that teenagers do not fully assume responsibilities and roles commonly attributed to a mature person in order to explore the world, love and identity when the adolescence stage ends. In general, this is a period of optimism, opportunities, of a "non-role", as they do not consider themselves teenagers, nor adults, but rather between these two stages in life.

The fundamental theory of emerging adulthood assumes that young people possess an adequate amount of durable social support networks that allow them the freedom to experiment with increased agency and free exploration of thought, which together contribute to the development of their individual identities (Greeson et al., 2015, p.2).

Similarly, Kagitcibasi (2013) proposes a theoretical framework to explain the needs of older adolescents. She conceptualizes adolescent development as a period characterized by two separate but related dimensions: interpersonal relatedness and distance. Adolescents who experience a high degree of interpersonal relatedness are described as autonomous (i.e., self-controlled), while those who experience a low degree of self-esteem may be heteronomous (i.e., controlled or manipulated by others). Kagitcibasi suggests that adolescents need both autonomy and relationships to develop and have increased self-esteem. Thus, both needs for autonomy and relatedness are mutually fulfilled (Kagitcibasi, 2013).

Although youth in families may experience the benefits of maturity through developed autonomy, those in the child welfare system do not have the same opportunities as youth in families (Avery, 2010). The state of children and youth in the child welfare system can be described as having low autonomy, as many in residential centers experience insufficient autonomy due to inadequate social and relational support (Samuels & Pryce, 2008).

Although young people who come from families benefit from a gradual adaptation to adult roles with continuous and unconditional parental support, the state plays the role of parent for youth in foster care and abruptly ceases to offer support at the age of 18 or 26. Thus, the experiences of many young people who mature and move on from the residential protection system do not resonate with the ideals associated with the theory of rapid maturity (Cunningham & Diversi, 2013; Munson et al., 2013), and yet some young people in foster care continue to experience resilience and positive well-being outcomes associated with the use of social support during this transition (Collins, Paris, & Ward, 2008; Collins et al., 2010; Daining & DePanfilis, 2007; Singer et al., 2013).

### **The Political Climate and Independent Living Programs for Children in Institutional Environments**

Residential care of children and young adults in the protection system has constantly specialized, progressively contributing to the development of independent living skills among beneficiaries. In recent years, the number of orphanages has decreased, being replaced by family-type children's homes. This change was determined by a piece of legislation provided due to the alteration of Law no. 272 of June 21<sup>st</sup> 2004 relating to the protection and promotion of child's rights, which dictated the deinstitutionalization of child care by the end of 2020.

Social support can take various forms and originate from multiple sources, Langford et al. (1997) identify four main types of social support: financial and material assistance;

emotional assistance and support (for example: care, understanding and empathy); informational support (for example: advice, guidance and problem solving) and affirmative or evaluative support (for example: self-esteem and evaluative feedback) (Langford et al., 1997, pp. 95-100).

Social support sources vary and may include: specialists in the social field, social workers, nurses, psychologists, teachers, parents, caretakers, case workers and therapists. The most important characteristics of social support networks according to young adults in the child protection system include long-term relationships and their consistency, constant encouragement, acceptance and affection (Collins et. al., 2010).

Arnett's research suggests that constant social support is a requisite for a successful transition to adult life (Arnett, 2000). Independent living programs strengthen the aptitudes necessary for a self-sufficient and independent life, especially by improving relational skills, when they are put into practice. Protection systems which provide a home to children and young adults who come from socially disadvantaged families have the purpose of implementing concrete support measures meant to guide the future adult in order for them to develop independent living skills.

Many young adults who benefit from protection feel unconfident in regards to their own strengths when they leave the system, having no intention of returning to their family, and this event represents the first step in the early transition to and independent adult life. This transition process is shorter and more compressed for children who come from an institution (Gypen et al., 2017).

In many situations, those who leave the system have not acquired sufficient skills in order to live an independent life, a reason being the fact that their skills had not been stimulated at an early age in their original family before they arrived at the institution. Children and young adults in the system suffer from the fact that, generally, their social support networks are fractured due to a lack of support from their original family and community, due to the fact that they have to move a lot and that the people who must offer them support keep changing (Jones, 2014). The specialists who work with beneficiaries of a special measure of the residential type have a role which requires deep knowledge of their social history in order to be able to work with their past, to identify their vulnerabilities, their needs and the way in which they can support them in their development of independent living skills.

Recent research has shown that children from such environments have diminished chances to develop academically, a tendency towards instability and failure, all leading to low preparedness for the job market (Jariot et. al., 2015; Montserrat et. al., 2013). This leads to a precarious social and economic situation which compromises their transition towards an independent life. Most of the time, they find poorly paid jobs, determining them to return to their original family seeking support, which, in most cases, does not seem to be the best choice (Martín et. al., 2019). Offering a plan with gradual steps meant to prepare young adults for when they leave the institution is considered to be one of the key factors when it comes to overcoming the risks posed by the transition towards an independent life, such that it may happen successfully and in normal conditions (Harder et al., 2020).

Independent living programs should focus both on skills with a practical end (seeking a job, cooking, financial management) and on more abstract skills (interpersonal and social skills) (Nollan et. al., 2000) One of the researchers known for the emphasis they placed on independent living skills development is Biehal who, in 1995, presented three vast areas of an independent life: self-care (hygiene, health, nourishment), practical skills (financial management, housework) and interpersonal skills (social skills and relationships) (Biehal et. al., 1995), to which Stein and Wade added education and skills connected to one's identity

(Stein & Wade, 2000). A more recent study identifies, along those already mentioned, psychosocial, relational, study and work skills (Courtney et. al. 2017).

### **The Micro-research Conducted Within the Private Family-type Home**

This article aims to examine the level of development of independent living skills among children and young adults who benefit from residential care in the private child protection system, in order to observe the transition from dependency to this system towards independent living.

#### ***Micro research methodology:***

The purpose of the study is to identify how the beneficiaries of social services of "St. Joseph" reach the acquisition and applicability of independent living skills during institutionalization and after the termination of the protective measure.

To achieve the proposed goal, we set the following four objectives:

O1. Establishing the main independent life skills that children have upon entering the institutional environment.

O2. Highlighting acquisitions in the sphere of independent life skills by participating in the activities carried out within the family-type House "St. Joseph".

O3. Delimitation of acquisitions in the sphere of independent life skills of the beneficiaries upon reaching the age of 18, respectively upon leaving the institutional environment.

Starting from these three objectives, I also created the questions that the present micro-research must answer, wanting to highlight:

What are the main independent living skills that children have when entering the residential system?;

How are they developed during their stay in the residential environment?

What are the outcomes of the independent living skills development program for both current residents and those who have left the system?

What are the obstacles encountered by institutionalized children in acquiring new life skills?

#### ***Delimitation of the target group:***

The main target group is made up of 8 children and young people (female), aged between 12 and 22 years old, who are under special protection measures in the " St. Joseph " – the program of the Iași Caritas Diocesan Center Association. The main target group subsidiarily has two secondary target groups: three specialists and two former beneficiaries.

#### **Characteristics of the main target group:**

- Girls who are beneficiaries of the " St. Joseph ", project of the Iași Caritas Diocesan Center Association;

- Age between 12 and 22 years;

- Students at various schools in Iasi;

- Groups of people who consent to participate in the research;

- I have been in the protection system for at least 6 months;

- Participates in the activities carried out within the House;

#### **Characteristics of the first subsidiary target group:**

- Specialists who work in the residential environment, within the "St. Joseph";

- People who wanted to participate in the research;

- Have work experience of at least 1 year;

- Work directly with beneficiaries of social services;

- They are employed within the family-type House "St. Joseph";

- Actively participates in the independent life skills development program;

- They take over the beneficiaries at the time of their inclusion in the residential system;

**Characteristics of the second subsidiary target group:**

- They had a special protection measure within the "St. Joseph" for at least 1 year;
- They have been out of the protection system for at least 1 year;
- Keep in touch with the specialists of the family-type House;
- They were under the supervision of the specialists within the family-type House;

***Justification of the choice of the target group:***

The target group was chosen based on permanent interactions with the beneficiaries and specialists of the "St. Joseph" that I have. This advantage materialized through the availability, but also the openness of people to participate in the micro-research carried out.

The micro-research was carried out using the qualitative method by conducting 13 semi-structured interviews within the "St. Joseph" Family-type Home, a residential home belonging to the Caritas Iasi Diocesan Center Association, a non-governmental organization. The interviews were conducted from December 2022 to February 2023.

Interview, a qualitative research technique, was the most suitable in data collection because it allows direct interaction with the beneficiaries and ensures their cooperation. The use of the semi-structured interview was adopted because the research theme, but also the established objectives, offer flexibility to the discussion and leave room for new dimensions or topics that were not established in the first phase.

The interview technique was applied to the three mentioned target groups, and in this sense three interview guides were created that follow the same thematic axes, but each presents questions adapted to the level of knowledge of the respondents.

To carry out the micro-research, the semi-structured interview technique was applied for the three target groups mentioned. The interview guide contains the following thematic axes: social support (social relationships), emotional support (care, listening, empathy), affirmative support (feedback, self-esteem improvement, problem-solving), and household support. The duration of the interviews ranges from 40 to 70 minutes. The interviews also aimed to provide a better understanding of the period before inclusion in the residential system as well as the period after inclusion in the protection system.

The data collected following the interviews were analyzed according to each thematic axis established in the interview guides, and in this sense, an attempt will be made to clarify the results obtained within each area starting from the four major types of life skills (social skills, emotional skills, assertiveness skills, household skills).

***Limitations of the research:***

The first limitation of the research was the time interval in which the interviews of the specialists were taken. Given that the interviews took place during their work schedule, there were some interruptions imposed by unforeseen situations that may appear at work.

A limit was also encountered regarding the availability of beneficiaries from the house to participate in the interview, and in this sense, there were situations of refusal. Another refusal came from a former beneficiary whom I contacted, she did not want to participate in the research.

Another limit is found in the main target group where we have three beneficiaries who are in the "St. Joseph" for a very short period of time, about 6 months. Thus, most of the information gathered from the interviews with them complements the first established objective of the research regarding the level of independent living skills of the children before entering a residential center.

## **Results**

The data collected from the interviews were analyzed according to each thematic axis established in the interview guides. The results obtained within each area started from the four major types of life skills (social skills, emotional skills, assertive skills, and household skills).

### ***Social Abilities***

Firstly, the social skills that the girls possess before entering the institutional environment are observed. From the staff's reports, we learn that at the time of entry into the institution, difficulties in integrating into the new collection are identified. "Generally speaking, they are very reserved, timid, so to speak... They are very scared when they see new people and we have tasked older girls to help them integrate... Otherwise, for about a month they are very hesitant, they don't talk" (Nurse). Differences appear between children who are included in the Family Type Home directly from families, compared to those who have gone through the transition center on an emergency basis. Children who come directly from families long for the family environment, even if that environment was negative. Children who come from the emergency center are more familiar with the institutional environment and integration is faster.

We continued identifying social skills by referring to the way in which these types of skills are acquired after being included in the "St. Joseph" Family Type Home. Therefore, we started the discussion on this topic with aspects related to the way of acclimatization within the home. The social worker expanded on this topic by specifying aspects related to the importance of the acclimatization plan presented when a new beneficiary arrives. Additionally, attention was drawn to the support that beneficiaries receive in order to interact with those around them. The specialists talked about the ways in which the transition from life in the original family to the deepening of social skills in an institutionalized environment occurs. "The development of social skills is a process that begins when a new beneficiary is included in the home. An acclimatization plan is prepared for the new beneficiary, which aims to integrate them into the home, with specific objectives, and alongside a reference person." (Social worker).

It can be observed that the beneficiaries of the house have developed teamwork, socialization, and positive management of conflict situations. "We go on many trips, and during these trips or activities, we learn to be a team, both among ourselves and with the staff of the house." (I., 17 years old)

It may also be observed from the interviewed nurse that the girls in the house become more resistant to frustration as time passes and that they are able to receive criticism and appreciation in a positive way. We can see that the social bond with members of the staff and with other beneficiaries in the house has contributed to the development of the girls' social skills. "If before being included in the family home, the girls reacted impulsively when attention was drawn to the respect of a rule, with time, they have balanced themselves and accept the opinions of others without anger." (Nurse)

Comparing the initial period in the house to the present period, accumulated social skills, increased relationship skills, tolerance for frustration, easy integration, collaboration with institutions, empathy, and developed teamwork may be observed.

We observe that the social skills of the beneficiaries were acquired with the integration into the institutional environment because they were very little developed in the family. At the time of inclusion of the children in the protection system, they were timid, lacking interactions, withdrawn, and very little involved in the home program. Following the development program implemented in the institution, through excursions, camps, role-playing games, thematic activities, experience exchanges, and closely following the individualized intervention plan, the beneficiaries of the family-type House have reached the

development of social skills. The girls showed the desire to make more outings, they gradually got involved in more activities, and they became familiar with the society of the residential environment, as well as with the civil society. They have learned to manage in banking institutions, hospitals, town halls, shops, and other places where social contact is required. The beneficiaries learned to build a schedule, to make use of their free time, and to want to socialize.

### ***Emotional Abilities***

In order to identify the emotional abilities of beneficiaries before being included in the "St. Joseph" family type home, all interviewed specialists have signaled a lack of self-worth, of low self-esteem, fueled by the disadvantaged environment they come from and especially a lack of consideration from their parents. "As a social worker, I noticed a low self-esteem, at least at first contact, when they are in an unknown sphere... Self-esteem is low because they have financial, emotional, educational, and relational problems, which is also the reason why they come into the institutional environment." (Social worker). Moreover, the psychologist of the home confirms that self-confidence is low, due to the influence of the environment they come from. "They are convinced that they have no value, inwardly speaking..." (Psychologist). From the specialists' answers, it can be observed that, besides the belittling transmitted by parents in raising and educating children, a negative parental model also appears. Parents have not shown affection in their relationship with their children, nor have they fostered a sense of belonging, security, and safety.

In practice, emotional skills learned from the family are at a low level. Most of the beneficiaries of the "St. Joseph" family type home had deficiencies in relation to the emotional skills learned in the family of origin at the time of inclusion in the home. These were not stimulated and developed by parents or relatives.

Referring to the current moment and trying to assess the level of emotional development of the beneficiaries of the "St. Joseph" Family-Type Home, we have found that the girls feel supported, that they have people around them who listen to them and that they feel protected. "I consult with the sisters here in the house when I want to do something important. I know I can rely on them and they are always there for me." (I, 12 years old); "We try to encourage our girls, to be there for them when they need us, even when they pretend they don't need us, when they are sad and when they are happy." (Social worker)

From the discussions with the interviewed specialists, we have learned that activities are carried out within the home to identify emotions and manage them. At the same time, we have identified that personal development activities are carried out to increase self-esteem. Thus, beneficiaries have individual and group counseling sessions, participate in programs with specialists from other organizations, exchange experiences, attend support workshops, and competitions. The beneficiaries of the home can easily recognize their qualities and flaws, distinguish between good and bad, be valued for who they are and express their passions.

It can be observed from the responses received that the girls have well-defined emotional skills, they know their emotions and can easily manage moments of anger. It is evident that the girls have people to rely on, feel valued, and have high self-esteem compared to the period in their family of origin.

We can see that the inclusion in the protection system contributed considerably to the improvement of the emotional side. The beneficiaries had counseling sessions with the house psychologist and the social worker, they learned to become more confident, participate in school competitions, and participate in Erasmus activities. Practically, the supported institutional environment was the one that brought very good school results, the continuation of studies with college enrollment (for some of the beneficiaries), the learning of a foreign language, as well as the development of talents (such as dance, theater, music).

We notice that in some of the beneficiaries, the emotional skills are more defined, compared to others. Referring to the beneficiaries who left the protection system, we note that they were placed in various social situations, from where they came out with their heads held high due to the confidence they acquired in the residential environment.

### ***Assertiveness Skills***

To highlight assertiveness skills, I chose to focus on the ability to make a decision, problem-solving, advice, and guidance. Thus, I found that before coming into institutional care, the girls were not put in a position to make very important decisions: "Well, honestly, I didn't have to make too many decisions, but the decisions I had to make I made with my mother. I made the most decisions with her" (I., 16 years old); "I used to get information from my parents or my friend, and whatever answer I received was very important to me. Access to the internet or a phone was not an option for me" (C., 18 years old).

As for the specialists' responses, they noticed in their first interactions with the girls a reluctance to collaborate in making a decision, choosing to do it alone or with the help of friends. "Most of the time they did not consult with the staff, and we could not blame them for that because they may have been used to making decisions in the family environment without telling anyone" (Social worker). It can be seen that with inclusion in the institution, the power to make decisions has developed and become solid. The girls have been repeatedly put in situations where they had to make decisions on their own.

To identify current assertiveness skills, we discussed aspects related to decision-making after being included in the house, new situations, and ways of involvement in this section. The girls were asked questions to identify how they manage to make decisions. Most of them mentioned that they prefer to consult with the staff of the house when there are decisions to be made.

The interviewed specialists affirm that the girls receive support in order to learn how to make decisions in life and they even carry out several activities in this direction. "For the development of decision-making, we carry out specific activities, role-playing games and put the beneficiaries in situations where they can make decisions on their own." (Social worker)

To strengthen assertiveness skills, we found that the beneficiaries of the house are stimulated with small rewards when they achieve success and are supported to carry out activities for affirmation. The girls are encouraged to enroll in theater, dance, and painting courses. They also have the opportunity to present their important decisions and support them.

The research shows that age is also important in the development of affirmative skills. In the case of smaller beneficiaries, the power of affirmation is lower compared to larger beneficiaries, even if they participate in the same types of activities. Also, an important aspect to note in the affirmation process is also related to the degree of involvement in the program of the house. We can observe beneficiaries who, after a thematic activity, have the ability to give a free presentation, or we can observe increased decision-making capacity, compared to another beneficiary of the same age who shows less interest, or to a beneficiary who is introverted.

Practically within the Family House "St. Joseph", affirmative skills are sought to be supported daily. Recipients receive constant appreciation and are stimulated when they have an affirmative achievement. They are rewarded by being given as examples in front of the other beneficiaries, they can receive tickets to the theater, several visits to the city, diplomas, and various gifts.

We conclude that the beneficiaries of the house are involved in developing assertiveness skills. They receive constant feedback, are put in situations where their potential is recognized, and are encouraged and supported. Assertiveness skills are evident in some of the beneficiaries of the house, while in others they need to be consolidated.

### ***Household Skills***

Based on the questions addressed to present and past beneficiaries, we can observe that they have acquired some household skills, which they developed either in the presence of their parents or alone, when they were required to accomplish tasks.

On the other hand, there are beneficiaries who mentioned that they did not participate in household activities before being included in the institution, having many shortcomings also mentioned by specialists. "I didn't participate at all. My bed was made by my parents, my mother made food. When it came to cooking, cleaning and such, I preferred to escape into my own world" (F, 17 years old). "When they enter the institutional environment, they do not have many skills, such as eating with utensils, sitting properly at the table, using the knife, fork, spoon, napkin, washing their plate after eating, then leaving the sink clean, taking out the garbage from the room, sweeping... We are dealing with these practical things" (Social worker).

The adolescents say that a very big impact on the development of household skills was the experience within the "St. Joseph" family-type home. Through the activities carried out within the home, they learned to make purchases, value money, clean, cook, follow a personal hygiene program, and know how to present themselves in a job interview. "Through the activities within the home, the girls learn to sanitize their living space, use the stove, washing machine, to prepare food. We do not have a person employed here to take care of cleaning, we guide the girls to carry out these activities." (Nurse).

It may be observed that beneficiaries who have left the institution have adapted better to society, as a result of acquiring household skills that contribute to the development of independent living skills. "When I left the house, I knew how to cook, clean, do laundry, value money. It helped me a lot to have had this kind of education. Even when I was a beneficiary, I always commented on the fact that I had to do this and that." (M., 20 years old)

From the specialists' responses, we can see that beneficiaries have a great need for care in this area, as many of them do not have household knowledge when entering the institution. Specialists specify that within the house, things are very clear in terms of consolidating household skills, specifically, each beneficiary has well-established household tasks and their execution is closely monitored, leading to the development of these skills over time.

It is found that household skills are gradually learned within the Family House. The house program involves the gradual learning of household chores. At first, the girls participate only as observers in the activities, and later they are gradually initiated. They start with the sanitation of the living space, later they are taught to set the table, get involved in the preparation of food, make purchases, know how to manage their personal budget, and then prepare for integration into the labor market. The thematic activities carried out in the institution have the role of contributing to the development of household skills, to develop social autonomy.

We can see that the respondents acquired household skills over time following their involvement in the home program. In general, these skills are more developed according to their interest and according to their passions. It was observed that some of the girls were more inclined towards the cleaning side, others towards the kitchen side, and some towards the administrative side. Practically, the program of the house, aimed at developing household skills, succeeds in contributing to the development of the social autonomy of the beneficiaries of the family-type House. The girls leave with a strengthened set of skills, skills they use once they leave the institutional environment.

## Conclusions

In conclusion, the children/young people in the „Saint Joseph” Family Type Home arrived with a limited set of independent living skills, requiring a rapid and long-term intervention that contributed to the development of their abilities. These abilities ensure they have the necessary knowledge to integrate into society after leaving protective measures.

After making a comparison of the early period in the institutional environment, compared to the present period, a series of accumulated social skills can be observed, such as increased relationship skills, frustration tolerance, easy integration, collaboration with institutions, empathy, and team spirit developed. The girls learned to communicate, to make friends, and to have the courage to express what they think. We note that the beneficiaries participated in experience exchange activities, where they had the opportunity to communicate with new people and to interact with new cultures. Practically, the social skills increased substantially following the institutionalization of the children and young people who are part of the Family House and participated in the research.

Referring to the emotional skills, we conclude that they are well defined, following the participation in the autonomy program, the beneficiaries have learned to manage their moments of anger, and conflict situations. Compared with the period when they were in the family of origin, it is noticeable how the management of emotions has taken shape because they feel valued, they feel invested with trust.

We conclude that the house’s beneficiaries are involved to develop affirmative skills. They receive constant feedback, they are put in situations where their value is recognized according to their potential, and they are encouraged and supported. As part of the affirmative skills development program within the family-type House, the beneficiaries were constantly supported to assert themselves in the educational environment, and in their relationship with those around them. Assertive skills are evident in some of the beneficiaries of the house, in others it is necessary to strengthen them.

Regarding household skills, we can observe from the answers received, that the beneficiaries have clearly established tasks that contribute to the development of autonomy. Such that we learn that there is a well-established cleaning schedule, a schedule with kitchen tasks, as well as a schedule for sanitizing living spaces. With the close guidance of specialists, the girls manage to acquire household skills during their institutionalization. Most of the girls when they leave the house know how to cook food, sanitize their living space, do shopping, clean, wash their clothes, and properly manage household tasks according to their importance.

The independent living skills they learn in the „Saint Joseph” Family Type Home have proven to be a critical indicator when the young people leave institutional care, as it is an important indicator of success. The legislative changes that focus on the child's well-being, restrict the target group of social services beneficiaries and contribute to providing more comprehensive attention in preparing young people for leaving institutional care.

In the context of this micro-research, which focuses on institutionalized children and young people who have left the system, a situation of increased vulnerability has been observed. Specifically, those who seek to leave the protection system at the age of 18 are more predisposed to negative outcomes compared to those who leave the system after completing their studies. In the case of young people who choose premature independent living, most of them end up depending on assistance again to cope with life.

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