ETHICS, EMPATHY AND RESPONSIBILITY IN BUILDING A MORE INCLUSIVE SOCIETY

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Abstract: *This research aims to examine the function of the main pillars of social support in building a comprehensive, just and civic-minded community. The research aims to study the virtues of ethics, compassion and assumption through the prism of pedagogical and social aspects, emphasizing the need to apply clear, productive and non-discriminatory norms that confirm the particularity of each person. At the same time, the approach analyzes the inclusion of personality as an additional contribution in the academic and societal spheres, precisely differentiating this aspect from the field of excessive individualism. A pertinent example of the implementation of these rules is the integration into society of young people placed in placement centers. Having insecure family backgrounds and being affected by possibly difficult experiences, these young people manifest fragilities that can endanger their emotional, intellectual and relational development. Comprehensive actions - based on emotional support, education and group membership and exercised with morality and sensitivity - are vital to reducing the danger of marginalization, strengthening the capacity for recovery and supporting a balanced transition to adulthood. In conclusion, the contribution affirms that ethics, compassion and commitment go beyond the status of detached theoretical ideas, becoming absolutely necessary practices for structuring a world in which each person, regardless of their situation or challenges, receives real inclusion, appropriate help and equal opportunities for their own development.*

Keywords: *ethics; empathy; social responsibility; institutionalized adolescents; social inclusion.*

Introduction

The treatment of institutionalized adolescents is perhaps one of the most complex tasks for modern social protection and inclusion programs. The basic principles that underline social assistance are ethical conduct, empathy and social responsibility. These concepts become more relevant by addressing a marginalized population (adolescents in residential or institutional settings).

More precisely, the inclusion of institutionalized youth refers not only to access to services, but to effective involvement in community life; respect for their dignity, emotional and psychological state; and the strengthening of secure family ties.

The situation remains quite complicated in Europe and especially in Romania, with recent data indicating 232 children per 100,000 aged 0-17 living in residential institutions in the Europe and Central Asia region (Berkovitz & Oppenheim, 2020), a notable difficulty in terms of social inclusion. These statistics underscore the imperative for an ethical and accountable framework aimed at fostering inclusivity within institutional settings. From a socio-ethical standpoint, every adolescent is entitled to a life of dignity, meaningful social engagement and a seamless transition into adulthood.

However, the nature of institutionalization inherently invites moral scrutiny, primarily due to the resulting isolation and the deprivation of stable familial bonds. Furthermore, such environments pose significant risks of social marginalization and the reinforcement of community-based stigmatization.

Preliminary work shows early institutionalization in these conditions is linked with delayed developmental skills, difficulty relating to others and long-term negative effects on social integration (Nelson, Fox and Zeanah, 2014).

From a theoretical perspective, social inclusion involves many elements: participation in organizations, access to social resource systems such as government services for all, social recognition for one's work by others and ultimately, a sense of belonging (Levitas et al., 2007). These dimensions are frequently cumulatively influenced by early separations, relational instability and constraining opportunities for active socialization for institutionalized adolescents.

The institutionalization decreases the likelihood of being able to build the social capital and psycho-emotional skills for community integration and thereby heightens the risk of sustained social exclusion. A long prospective study in the Bucharest Early Intervention Project (BEIP) has reported important empirical evidence of the influence of institutionalization on social development in Romania. Zeanah et al. (2005) reported high rates of disorganized

attachment and relationship problems in the institutionalized children in Romania relative to children reared by families.

Subsequently, Almas et al. (2014) demonstrated that when adolescents are institutionalized during childhood they tend to withdraw more socially and find it difficult to make friends. Early family placement correlates with considerably better social outcomes.

The protection systems face subjective experiences of adolescents, from fear of abandonment and insecure attachments to the need to "cope independently" when leaving care. In this way, social responsibility is articulated as collective responsibility – to state, community, society – to create environments that enable real inclusion, belonging and genuine access to opportunities for education, training and community life. Meta-analyses and recent research provide robust support for such a hypothesis.

For instance, a systematic review addressing interventions and conditions related to psychological adjustment in adolescents from alternative care found 12 (not all having the same design) methodological features, with a medium-to-large effect on reducing symptoms of depression and anxiety in adolescents receiving inclusion and social support-oriented interventions in a range of clinical settings (Snyder et al., 2023).

Moreover, based on Australian longitudinal data, the degree of social inclusion at the middle of adolescence was associated with a greater rate of high school completion at 19 years old (Munro, 2011).

So, these findings lend credence to the hypothesis that inclusion-centered interventions can yield significant schooling outcomes and well-being. A fragile aspect of social inclusion involves the transition of institutionalized adolescents into adulthood. Young people who leave the protection system face disproportionately high rates of unemployment, poverty, housing instability and social loneliness, as highlighted in the European literature (Stein, 2012).

In Romania, qualitative research shows the usual difficulties of integration into school or professional life, the absence of support networks and the stigma associated with the status of “children in the system” (Ilie et al., 2019).

These findings signal systemic deficiencies within current inclusion policies and highlight a critical necessity for extended support mechanisms that persist well beyond the termination of institutional care.

In the absence of sustained transitional services, care-leavers are prematurely thrust into adult responsibilities, a phenomenon identified by Stein and Munro (2008) that tends to consolidate long-term cycles of inequality and social exclusion. While the present results

corroborate the theory that inclusion-oriented interventions yield positive outcomes for
educational attainment and psychological well-being, the broader literature regarding institutionalized adolescents remains sparse.
This research gap is particularly evident in the Romanian context. Despite clear indicators of high institutionalization rates, with Romania maintaining a higher percentage of minors in residential care than the regional average, the process of deinstitutionalization remains fragmented and inconsistent (UNICEF, 2024). Furthermore, there are relatively few studies within Romanian literature on social inclusion, participation, or belonging of adolescents for whom institutional care is an issue.
Thus, there is a knowledge gap both scientifically and practically: there is a lack of adapted instruments for assessing social inclusion among Romanian institutionalized adolescents, tested interventions and large-scale, sustainable policies.
This makes the perspective of resource allocation, where unique human experiences of adolescents represent developmental potential, more important. Specific guidelines for effective intervention methods emerge:

- longitudinal designs provide opportunities for long-term follow-up;
- standardized instruments measuring social inclusion (participation, belonging, type of relationships, access to opportunities) must be validated;
- integrated interventions (combining educational, psychological, and community support) are shown to be more effective. Interventions need to consider trauma, separation, and marginalization experiences unique to institutionalized adolescents.

An international study of institutionalized children found adverse effects on cognitive development. Of the 75 studies reviewed and more than 3,800 children from 19 countries, children who grew up in residential centers had an average IQ of 84 compared to 104 for children raised in families or foster care; a 20-point difference. Research indicates that cognitive delays are significantly modulated by the age at which placement occurs, the age during clinical assessment and the developmental index of the specific country. Although empirical evidence robustly demonstrates the psychological repercussions of institutionalization, such findings must be interpreted with caution due to the significant methodological heterogeneity found across the existing literature (van IJzendoorn, Luijk, & Juffer, 2008). Consequently, the pursuit of social inclusion for institutionalizing

youth must transcend more placement or a simple transition between care facilities.

Effective interventions must instead prioritize authentic participation, empowering adolescents to occupy meaningful social roles, cultivate resilient peer networks and engage actively in communal life. This necessitates a comprehensive approach that integrates vocational training with a structured transition toward autonomy.

Ultimately, this framework is underpinned by three pillars: an ethical commitment to dignity and belonging, an empathic alignment between clinical intervention and lived experience and a systemic social responsibility that provides the individual services and political infrastructure essential for genuine inclusion.

In the Romanian setting, practical recommendations are evident:

a) design modified instruments for institutionalized adolescents (such as applying the "Social Inclusion for Adolescents Scale – SIAS" by Moyano et al. in Spain) for assessing participation, belonging, and access to opportunities in an at-risk demographic;

b) interventions should provide integrated measures covering three key dimensions: educational support (school gap and vocational guidance), psychosocial support (trauma, mentoring, relationship building) and community participation (volunteerism, integration into youth groups and transition to autonomy);

c) public policy can increase attention to reducing institutionalization (in the form of family and community provision) and providing support services for current and ex- institutionalized adolescents: transitional housing, mentoring and social support services;

d) transparency and accountability: availability of clear data, monitoring systems and adolescent involvement in the development and assessment of inclusion programs;

e) facilitate initiatives focusing on adolescents' individuality as resources, not as intervention targets, such as professional development, leadership programs and community engagement.

The overarching objective of fostering a more equitable society, wherein ethics, empathy and social responsibility function as actionable instruments rather than mere abstractions, necessitates deliberate and multifaceted strategies to enhance the social inclusion of institutionalized adolescents.

As a particularly marginalized cohort, these youth require a robust framework that extends beyond basic protection to provide tangible trajectories for personal growth, social acceptance and systemic integration.

Romania currently stands at a critical juncture: it possesses the opportunity to advance toward authentic inclusion by prioritizing comprehensive deinstitutionalization reforms, implementing person-centered social and educational policies and leveraging empirical data to inform evidence-based practice.
Only in this way can we reiterate that everyone must have the opportunity to lead a balanced, honorable and participatory life regardless of status, circumstances or difficulties.

Region / Country	Indicator	Value	Source
Europe & Central Asia (0-17 years)	Approximate number of children in residential care	≈ 456,000 children	UNICEF (2024), "Pathways to Better Protection"
Europe & Central Asia (0-17 years)	Rate in residential institutions	232 per 100,000 children	UNICEF (2024)
Europe (27+ countries)	Estimated rate in residential care	277 per 100,000 children	UNICEF (2024)
Romania	Number of children 0–17 in residential institutions (among 36 listed countries)	9,741 children	UNICEF (2024)

Table 1. Comparative Data on Child Institutionalization in Europe / Romania

The numbers show that in Europe and Central Asia child institutionalization is two to threefold more common than globally. Also that there are a significant number of children living in residential care in Romania. Such findings highlight the need for inclusion-centered programs for adolescents who are from these backgrounds.
Social inclusion of institutionalized adolescents as a cumulative and staged process. The social inclusion of institutionalized adolescents is best viewed as a continuous, incremental process that evolves over time and differs according to the individual, relational
and structural conditions of their social lives.
The specialized literature emphasizes that the experience of relational deprivation and affective instability in early childhood increases the risk of cumulative social exclusion, which has been shown to be

particularly frequent in the absence of systematic and coherent interventions (Nelson et al., 2014; Stein, 2012). Consequently, inclusion should not be conceptualized as a static or immediate outcome of policy intervention, but rather as a longitudinal developmental trajectory requiring sustained continuity and adaptability across the various stages of adolescence.

The relational dimension of social integration is especially critical during this developmental period. Peer affiliations, a sense of group belonging and the opportunity to occupy socially valued roles serve as vital protective factors for identity formation and the cultivation of self-esteem.

However, institutionalized adolescents are frequently deprived of these essential experiences due to their separation from natural communities, the burden of social stigma and the inherent restrictions of residential environments (Zeanah et al., 2005). These structural constraints facilitate the internalization of marginalization, ultimately perpetuating a cycle of social exclusion that severely compromises long-term civic and social participation.

a) The educational dimension of social inclusion

Education is a key conduit of social inclusion. It provides not only academic skills but also opportunities for socialization, autonomy and identity formation. Studies show that institutionalized adolescents generally demonstrate lower educational outcomes compared to peers in the general population, including higher school dropout rates and lower academic performance (Munro, 2011; Stein & Munro, 2008).

These educational gaps then restrict access to the labor market and heighten the risk of social exclusion. In Romania, the educational difficulties of institutionalized adolescents generally result from neglect, instability at school and the non-existence of individualized services.

Standard educational interventions, unrelated to this vulnerable population, are limited in achieving social inclusion in their effect unless the psychosocial support is also supported (Arpinte et al., 2008); hence, it is important to define and interpret educational inclusion as a component of a comprehensive social inclusion model that considers the mutual dependence on academic performance, emotional wellbeing, and community involvement.

b) Wellbeing and mental health.

Furthermore, part of social integration is the mental health of adolescents in an institutional setting. Empirically, adolescents in this group demonstrate an increased level of anxiety, depression and difficulties regulating emotions compared to those raised within family environments (Nelson et al., 2014).

Such problems negatively influence the capacity to relate, to engage in social activity and to engage in educational and work situations. Recent meta-analyses suggest that interventions targeting social support, mentoring and socio-emotional skill development can help to reduce internalizing symptoms and improve social functioning of adolescents at risk with alternative care experience (Snyder et al., 2023).

Thus, social inclusion can be framed, as both an objective and protective factor in mental health in a bidirectional manner: participation generates psychological well-adjusted states, with psychological health being an active driver of inclusion.

c) Importance of community and social capital

As mentioned above, social capital, which refers to the network of relations, norms and values that facilitates cooperation and social participation, is vital for social inclusion. Institutionalized adolescents typically possess low levels of social capital. Such social capital typically exists within institutions and is manifested through asymmetrical relationships with professionals. Without genuine community links, access to informal resources, opportunities for education and positive role models this becomes limited.

In Romania, the community support of institutionalized adolescents is also fragmented and is usually coordinated by community or NGO groups.

Based on these limitations, specialized literature points out that sustainable partnerships among protection institutions, schools, local authorities and community organizations are necessary to cultivate safe, supportive environments for social participation and social capital formation (Arpinte et al., 2008).

Such partnerships could facilitate adolescents' access to extra-curricular activities, volunteering, mentoring and informal learning experiences.

d) Social inclusion and the ethical dimension

The social inclusion of institutionalized adolescents from an ethical point of view is associated with dignity, autonomy and societal acceptance; that is, the recognition of agency. Social ethics at present supports these shifts from the paternalistic protectionist approaches to participatory models, where young people are seen as competent social actors who are capable of participating in defining their path to life trajectories.

Considered in this light, involving adolescents in decision-making engages them in a fundamental sign of genuine social inclusion. Adolescent participation is often informal or mere gesture in the Romanian child protection system. Literature indicates that poor meaningful participation in intervention shaping and evaluation is the

factor behind ineffectiveness and maintenance of exclusion within the service (Ilie et al., 2019). As such, social inclusion should involve explicit institutional mechanisms for participation, consultation and feedback in accordance with adolescents' age and developmental level.

e) Methodological Implications for Research on Social Inclusion

Identifying and operationalizing the concept has been a methodological challenge but we also have data on data from the national youth (individual vs. national sample) and large and diverse populations (i.e., the general population of adolescent social inclusion) and can pose large gaps in cross-sectional longitudinal studies to further inform future research directions. Longitudinal and mixed-methods research (qualitative and quantitative) to study the interplays of the inclusion process over time is encouraged in international literature (Stein, 2012).

The absence of validated instruments measuring social inclusion in Romania is a significant barrier to evidence-based policy formulation in this respect. For further insights into the needs of institutionalized adolescents and interventions effectiveness, the adaptation and validation of existing scales could give a better understanding to institutionalized adolescents' needs (e.g., measures of social participation, belonging and social capital) (Arpinte et al., 2008).

The participatory qualitative methods approach to including the perspectives of adolescents in research contribute to a more nuanced understanding of social inclusion.

f) Re-inclusion in society of the participants in the context of deinstitutionalization.

Continuing deinstitutionalization processes in Romania and other European countries hold particularly promising possibilities for modifying interventions targeting social inclusion. But the literature cautioned that deinstitutionalization without adequate community services could result in novel forms of exclusion and vulnerability (Nelson et al., 2014). So the success of these processes is contingent upon the capability of the protection systems to generate viable alternatives that are focused on relationship stability, community involvement and long-term support.

In this respect, social inclusion needs to be incorporated as a cross-cutting goal of policy outcomes in child protection, not just an added benefit. That calls for a vision of the system that links individual-level interventions with systematic changes in education, health, employment and community development.

Results and discussion

We suggest from our analysis that the social inclusion process for residential care adolescents should not be viewed as a stand-alone or disjointed endeavor but as a process to be conceptualized as a complex, staged and relational effort. The convergence of empirical data, ethical frameworks and contemporary public policy trajectories reinforces the premise that institutionalized adolescents constitute a population uniquely susceptible to systemic exclusion.

Consequently, this intersectional vulnerability dictates that rehabilitative and supportive interventions must transcend the provision of rudimentary care. Rather than mere subsistence, these measures must be reimagined as comprehensive, specialized services designed to proactively dismantle the barriers to social integration.

An integrated approach should include:

- ensuring community involvement;
- developing socio-emotional skills;
- providing appropriate psychological and educational support;
- implementing structural measures that facilitate the transition to an autonomous adult life.

The fundamental goal lies in the reconstruction of fractured social capital, mitigating the cumulative negative impact of early institutionalization and maximizing the inherent individual potential of adolescents.

Achieving this objective requires the establishment of rigorous monitoring and audit mechanisms, designed to ensure the continuous calibration of public policies in relation to the dynamic needs of young people.

Although, the current context in Romania and the wider European space constitutes a favorable premise for development (marked by structural reforms and a progressive orientation towards scientifically based interventions), major challenges nevertheless remain. Specifically, the maintenance of high indicators of institutionalization, corroborated with the precariousness of methodologically validated intervention instruments, generates a critical vacuum in the implementation of effective remedial measures.

We need strategic investments in:

- sustainable inclusion programs;
- cultivating stronger partnerships with communities;
- high-quality professional training for specialists;
- active participation of adolescents in creating their own life paths.

These three value traits, ethics, empathy and obligations to others, not only provide moral guidance but also a practical basis for a more just society.
Supporting human rights for those who pass through institutionalized adolescence, towards a respectable life full of moral virtue, authentic social relationships and access to opportunities and belonging, is a common action and reflects the capacity of society, within its own possibilities, to protect and encourage the potential of the individual.

Conclusions

In the long term, identifying consistent, validated and sustainable interventions, improved policies to prevent child-family separation and better reintegration into the community are essential directions. The bottom line for inclusion, however, is that only coordinated, multidisciplinary action is sufficient to achieve the main goal that will be represented into balanced, dignified and active lives for every adolescent.
The results and analyses in this document also highlight that the social inclusion of institutionalized adolescents cannot be reduced to one-off interventions or practices, which require a social inclusion practice that offers continuity and flexibility.
Inclusion must be seen as a dynamic process before a given point in care, during the course of the care stay and, critically, later, once they have reached adult life.
The document emphasizes the need to consider educational, psychosocial and community aspects in order to develop interventions for institutionalized adolescents. The lack of integration between these areas has led to the emergence of fragmented services but no genuine social inclusion.
In this light, establishing coherent and evidence-based intervention models for intervention programs in the Romanian socio-cultural context becomes strategically important for the child protection sector.
Equally, a central pillar of this analysis lies in the active participation of adolescents in the decision-making processes that govern their journey. Recognizing institutionalized youth as proactive social agents, holders of rights and capable of self-determination, constitutes an essential premise for facilitating authentic social inclusion. Their involvement in the configuration of interventions, auditing services and designing transition strategies can substantially optimize the efficiency of public policies, reducing the risk of marginalization.
At the same time, the results indicate the imperative of strengthening the capacity of local communities to absorb and support vulnerable youth coming from the protection system. Developing social capital

through strategic partnerships between public entities, the non-governmental sector and community actors is fundamental to providing adolescents with access to informal resources and support networks, thus creating the premises for meaningful social engagement. In this context, the community is not only a space for reintegration but an active instrument of inclusion.

In conclusion, the study highlights the need for continued research and systematic monitoring of inclusive programs. The development of rigorous evaluation tools and the implementation of longitudinal research designs are vital for basing policies on empirical

evidence and for calibrating interventions according to the objective needs of young people. In the absence of such control mechanisms, the risk of repeating ineffective initiatives persists. Ultimately, the social inclusion of this category must be assumed as a cross-cutting objective of educational, social and community policies, transcending the strict boundaries of the child protection system. Only through an integrated, participatory, and evidence-based approach can successful transitions to adulthood and a long-term reduction in social inequalities be achieved.

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