HANDBOOK FOR YOUTH WORKERS

ONLINE SUPPORT FOR YOUTH AT RISK

Project No. 2020-2-PL01-KA205-082591

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Intellectual Output 4

HANDBOOK

for youth workers

Information about how to help young people in difficult situations, with a input from partners, according to their competences.

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in the framework of the project “Online Support for Youth at Risk”
https://trainingclub.eu/youth-at-risk/

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1. INTRODUCTION

This Handbook has been created as Intellectual Output 4 in the context of the project YouthAtRisk.

The goal of the Handbook is help young people in difficult situations, with a input from partners, according to their competences.

To ensure that the handbook meets the needs of the target group, the content of the handbook was consulted with young people who have experienced one or more of the following problematic situations in their lives: violence, addiction, homelessness and poverty. At the same time, the publication was enabling the personal development of staff, influence their reflexivity and appropriate involvement in working with disadvantaged youth, including a subjective approach to them.

Due to the fact that in most European countries there is a problem with the field of adolescent psychiatry and with the complex, systemic approach to this age group **(**young people are on the borderline: officially they belong to the child-oriented offer, but the problems they experience go beyond this allocation**)** the interactive e-publication will be a space for mutual help - both in terms of gaining knowledge necessary to understand the problem, and also a place of support group among people who face the challenge of working with young people in crisis, but without systemic support.

To increase the impact, we strongly encourage our readers to use the handbook in broad settings, as well as share information about the available project outputs at https://trainingclub.eu/youth-at-risk/ .
We expect that the material will be used by youth workers in six project countries **–** Greece, Italy, Poland, Portugal, Romania and Slovenia.

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2. YOUTH AT RISK: WHAT PROBLEMS? WHAT INTERVENTION?

2.1. VIOLENCE IN THE YOUTH

Maltreatment against children and youth can be defined as any non-accidental action or omission perpetrated by parents, caregivers or others that threatens the safety, dignity and biopsychosocial and affective development of the victim. The Global Status Report on Preventing Violence Against Children 2020 is the first of its kind, mapping progress in 155 countries towards the "INSPIRE" milestone, a set of seven strategies to prevent and respond to violence against children. The report signals a clear need in all countries to intensify efforts to implement these strategies. While nearly all countries (88%) have important laws to protect children from violence, less than half of the countries (47%) said these laws were being heavily enforced.

The report includes the world's first homicide estimates specifically for people under 18 years of age. "Violence against children has always been widespread and now things can get a lot worse," said Henrietta Fore, executive director of UNICEF. "Social isolation, school closures and movement restrictions have left many children confined with their aggressors, without the safe space that the school would normally provide. It is urgent to intensify efforts to protect children (...)".While most countries (83%) have national data on violence against children, only 21% have used this data to set national baselines and targets for preventing and responding to violence against children. About 80% of countries have national action plans and policies, but only a fifth have fully funded plans or with measurable targets. Lack of funding combined with inadequate professional capacity are factors that contribute to the slow implementation of these measures.

According to Audrey Azoulay, director general of Unesco, "during the Covid-19 pandemic and the resulting school closures, we saw an increase in online violence and hatred – and that includes bullying. Now, as schools start to reopen, children express their fears about going back to school," she said, "it is our collective responsibility to ensure that schools are safe environments for all children. We need to think and act collectively to end violence at school and in our societies in general". Stay-at-home measures limited the usual sources of support for families and individuals, such as friends, family and/or professionals. This diminishes the victims' ability to handle crises successfully. Peaks were observed in calls to child abuse and intimate violence helplines. Global action is needed to ensure that the necessary financial and technical support is available to all.

"Ending violence against children and adolescents is the right thing to do, a smart investment to make, and it's possible. It's time to fully fund comprehensive national action plans that will keep girls and boys safe at home, at school, at home. Internet and in their communities," said Howard Taylor of the End of Violence Partnership. "We can and must create a world where every child and every teenager can be freed from violence and become a new generation of adults living life healthy and prosperous."

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When translated into numbers, this scourge on a global scale, more serious in countries in Africa and Latin America, is impressive. Millions of children suffer these crimes every day, often it is family members, boyfriends and husbands who do them harm. In the specific case of Portugal, we witness a greater visibility of the issue of dating violence, present in the intimate relationships of our young people, which is aggravated when we observe the data on the legitimacy of young people when these violent behaviors occur in relationships.

PROBLEM

Dating Violence is an act of violence, punctual or continuous, committed by one of the elements (or both) in a dating relationship, with the objective of controlling, dominating and having more power than the other person involved in the relationship.

A study by UMAR shows that 26% of young people consider control legitimate, 23% persecution, 19% sexual violence, 15% psychological violence, 14% violence through social networks and 5% physical violence.

Almost seven out of ten young people who participated in a study on dating violence believe that control or harassment in the relationship is legitimate and almost 60% admitted to having been victims of violent behavior.

Among these nearly five thousand young people, whose average age is 15, 25% find it acceptable to insult during a discussion, another 35% that it is acceptable to enter social networks without authorization, 29% who can be pressured to kiss and 6% understand even though they can push/slap without leaving marks. With regard to differences by gender, it is always on the part of boys that the legitimacy is greater, with emphasis on the behavior "pressing to have sex", in which the legitimacy among boys (16%) is four times higher than the of girls (4%). On the other hand, with regard to victimization indicators, the UMAR study shows that 58% of young people surveyed admitted to having already suffered from dating violence, with 20% admitting to having suffered psychological violence, 17% to having been victims of persecution or 8% who were victims of sexual violence. The most frequent indicators of victimization are: insulting during a discussion (30%), prohibiting people from being and/or talking to friends (23%) or insistently bothering/searching (17%).

There are different forms/typologies of dating violence, as follows and characterized by certain behaviors and/or actions:

Physical Violence: When we are pushed, grabbed and/or arrested, they throw objects at us, slap/kick/knock us, threaten to hit us, block the door or exit, do not let us leave a certain place;

Sexual Violence: When we are forced to perform sexual acts against our will or when we are caressed/touched without wanting to;

Verbal Violence: When they call us names and/or scream, humiliate us or make negative comments about us, they intimidate and threaten us;

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Psychological Violence: When they break and/or damage objects, they control the way we dress, control our free time and what we do during the day, call us constantly or send messages, threaten to end the relationship as a manipulation strategy, they say that no one else would stay with us, they make us feel guilty for something we did that wasn't wrong, they make us feel we don't deserve to be loved, they tell us that we are the ones who provoked the violence;[2]

Social Violence: When we are ashamed or humiliated in public, especially with friends, when they touch our mobile phone or watch what we do on social networks without permission, when we are prohibited from socializing with our friends and family;

Digital Violence: When they enter our email accounts, Instagram, FB, etc., when they control what we do on social media, when they chase our profiles;

Different forms of violence can happen in the same dating relationship. For example, verbal assaults may occur before an assault of any kind. All forms of dating violence have a common goal: to hurt, humiliate, control and frighten.

Dating violence can happen whether the relationships are "serious" or not, less or longer.

Both girls and boys can be violent towards their partners. The relationships in which there is violence are not all the same and it is not mandatory that they include physical violence.

Being a victim of violence from someone you choose to date is a painful and complicated experience to resolve. We must first understand that what is happening to us is violence and for us it is difficult to believe and understand that someone who likes us is also capable of such acts/behaviors. Often, despite the abuse, we continue to like our boyfriend/girlfriend. Sometimes victims are afraid of not being able to date someone else and/or ashamed to tell someone, asking for help. They are also afraid that no one believes in them, that the aggressors will do them more harm if they tell, as soon as no one can help them.

Dating violence can make us feel very lonely, scared, ashamed, guilty, insecure, confused, sad, and anxious. But it is important to remember that violence is never acceptable. Never, for any reason, anyone has the right to be violent towards us! Violence is the wrong way to solve dating problems and difficulties.

That of an abusive intimate relationship in adolescence can prove to be especially negative for the adequate development of young people at different levels (eg: behavioral; psychological; socio-relational; school/academic experience; professional), putting their property at risk -being general and your physical and mental health. As for other forms of violence against a child or young person, as possible consequences of the victimization experience, they can act as warning signs or symptoms that, if correctly and timely identified, can contribute to the prevention of future violent conduct, to minimize the impact from the victimization experience as well as to the termination of the abusive dating relationship.

Still, it should be noted that the specifics of each abusive dating relationship greatly define the potential negative impact and consequences that the experience of violence will have on the victim. Thus, we can refer to some variables that can aggravate the already negative consequences of an experience of victimization in intimate relationships:

- High proximity and intimacy between aggressor and victim;
- Greater longevity of the relationship;
- Greater severity of abusive acts performed by the aggressor against the victim;
- High frequency and duration of violent behavior;
- Previous experiences of victimization in the victim's life history (eg, with the family of origin; in the course of previous dating relationships) contribute to a potentially more destructive impact of the abusive relationship on their overall well-being;
- The victim's ability to deal with, resolve and integrate the negative life experience into their life story and the support provided by close family and friends can help to better resolve the negative life experience and its harmful effects;
- The victim's internal and external resources can also attenuate or aggravate (depending on their characteristics) the consequences of the victimization experience;
- The consequences arising from the experience of victimization in the context of an abusive dating relationship are diverse. However, it is important not to forget the possibility that there are young people with experiences of violence in the context of their dating relationships who do not show symptoms, a circumstance that ends up making it difficult to signal the situation.

HOW TO IDENTIFY

There is a general consensus on the part of mental health and community intervention organizations about the criteria that constitute a framework for dating violence. According to the Commission for Citizenship and Gender Equality, the entity that governs the National Support Network for victims, there is violence in dating when the person you are dating:

- Easily loses control when faced with a jealousy crisis and promotes the idea that jealousy is a sign of love;
- It imposes itself to choose your friends or forbids you to socialize with certain people;
- Control your movements excessively, constantly wanting to know where you are and who you are with;
- It provokes you insecurity, making you afraid to express your opinion;
- Not sensitive to your needs or those of your friends, focusing on their own needs;
- Becomes easily violent, there is no specific event that justifies such a reaction;
- When you feel irritated easily breaks objects or directs your anger towards something or someone;
- Be aggressive when he gets an opinion from you that disagrees with yours;
- It humiliates you, insults you, devalues you and ridicules you, in a private and/or public situation;
- Controls your mobile phone, your email accounts and virtual social networks on a regular basis;
- Force or persuade you to have sex against your will;
- Blame yourself for the aggressive reactions you have and, in general, for the way you act.

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HOW TO ACT

Posture and Attitudes that you should keep in contact with the young person who is a victim:

- Defend and affirm the right to a life without violence or fear;
- Assure the victim that he is not alone and that he is not to blame for the events;
- Reassure her and reassure her that her reactions to the crime/violent situation are normal. Empathize, use phrases such as: **"**what you are feeling is perfectly normal**"**;
- Believing in the experience of abuse that is reported by the victim;
- Support and assist in the victim's decisions, always bearing in mind the youth's degree of victimization risk;
- Ensure the confidentiality of what is said and recognize the dangers that could arise for the victim if it is not effectively guaranteed;
- Emphasize that violence is never justifiable, that no person, circumstance or behavior justifies being subjected to abuse **(**physical, emotional, sexual or otherwise**)** and that this type of conflict goes far beyond the private/family/couple's scope, and must be object of concern and struggle for all/society;
- Help the victim make informed decisions;
- Do not give personal advice, do not make judgments or make value judgments or statements based on stereotypes, myths or unfounded beliefs **(**it is not advisable to make value judgments or express moralistic opinions**)**;
- It is essential to talk about limits and the reason why one might be going beyond the limits of the other person's freedom;
- It is essential to delineate what may or may not constitute a situation of dating violence, deconstructing stereotypes and myths associated with this type of phenomenon.

Posture and Attitudes in Intervention with the aggressor:

- Listen actively and empathically;
- Emphasize that violence is never justifiable, and that you find it difficult to express what is happening or if you have difficulty controlling your own behavior, there are people and professionals who can help you;
- Create a relationship of empathy and trust;
- Combat gender beliefs and stereotypes that perpetuate violent behavior.

FACTS

Almost one in three Europeans have been victims of harassment **(**which represents 110 million people**)** and 22 million have been physically assaulted. 9% of people in the EU have experienced some form of violence in the last five years, with national percentages ranging from 3% to 18%.

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In Portugal:

- 53.9% have already suffered at least an act of violence **(**53.6% women and 55.2% men**)**;
- 35% have already participated in at least least one act of violence in the dating **(**33.4% women and 40.7% men**)**;
- 3.6% of women and 15.4% of men agree that jealousy is a proof of love;
- 12.2% of women and 27.4% of men say that some situations of violence are provoked by women;
- 14.5% of women and 11.5% of men have suffered from violence by blackmail and threats;
- 16.4% of women and 14.7% of men have already seen their social networks, cell phone, emails or other media/interaction;
- 13.9% of women and 10.3% of men have already been banned from working, studying and/or going out alone;
- 20.7% of women and 11.1% of men have already been checked for image, frequented places or companies;
- 14.1% of women and 9.7% of men have already been prevented from contacting family, friends and/or neighbors.

GOOD PRACTICES / SOLUTIONS / TOOLS

Available resources and support:

- Psychologist
- Public ministry
- Children and Youth Protection Commission
- Health professionals

Support lines:

- 112
- 144 **(**Social Emergency Line**)**
- 800 202 148 **(**Phone line with information for victims of domestic violence**)**

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2.2. YOUTH WITH MENTAL DISTUTBED

According to data from the United Nations Children's Fund **(**UNICEF**)**, one in seven young people aged 10 to 19 is diagnosed with a mental disorder: usually depression, behavioral problems, anxiety disorders.

Psychological problems are almost inscribed in the developmental period of youth. Some psychiatrists argue that even severe psychopathological symptoms should be viewed as an acute identity crisis. They also accuse their colleagues psychologists and child psychiatrists that they too often diagnose behavioral disorders and oppositional defiant disorders while the parents, school and other adults in the child's environment are simply insufficient. It should be remembered that the development of a young person is strongly influenced by the environment, but also his/her/its personal somatic and mental condition.

The most dynamic, critical and prone to deviations from the norm period of adolescence is this between 12 and 18 years of age, and sometimes even up to 25-28 years of age. This period is called **"**the period of building group and personal identity**"** and it shifts the importance of young people's contacts from their parents to their peer group. Mainly because of the great identity confusion resulting from the excess of offers and possible development paths, each of which seems attractive to a young person. The key value for teenagers is faithfulness - being faithful to oneself, principles, ideas and authorities. It is then easy for young people to be overwhelmed by various ideological movements and charismatic leaders. Paradoxically, young people are then very critical, even mocking, but on the other hand, they tend to sink into the worldview or ideas they believe are correct. The identity of a young person is very fragile, there is even sometimes appearance of symptoms of mental disorders during this period, which at that time should be treated as a normative crisis.

The pressure to obtain your own identity is so strong that it works on an "all or nothing" principle. So if a young person has to acquire any identity, and there is no support in adults, a positive reference group **–** he/she/it adopts a negative identity. He/she/it joins destructive groups, youth gangs, other groups where his/her/it new "me" gains approval. During this period, it is important to obtain a coherent identity, i.e. the feeling that what I think about myself is the same as the opinion of others. The main needs of this period can be called the "needs of the three A": acceptance, affirmation and autonomy.

These needs can be satisfied not only in contacts with peers but also with adults, provided that the child previously felt safe in dealing with them, was understood and loved. Thanks to their support, the child believed in his/her/itself, was brought up within realistic limits, and has autonomy that was respected.

If a young person has the approval of those around him/her/it during this period also gain self-confidence. Unfortunately, this is not the case in many situations. Often, a young person enters the period of building an identity with a distrust of others, suspended between shame and doubt, with a feeling of guilt and despair hidden underneath it all. His/her/it basic psychological needs were never fully met.

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It is obvious that he/she/it has to deal with his baggage, so looks for some compensation, relief in this tragic situation. And the identity pressure is then enormous. Unresolved identity conflict and self-insecurity make him/her/it go beyond real time, seeking solace in a temporary suspension. Human development researcher Eric Erikson called this time a psychosocial moratorium.

Most young people constructively live through the time of the moratorium - some study, others go abroad, run away on missions, starts working in places which are not yet the chosen one, but giving them time to rethink. However, there are also young people who come into conflict with the law, and their moratorium is a correctional facility or prison. tFor many, drugs, other psychoactive substances and alcohol are the easiest ways to go beyond real time. Then, psychiatric disorders that are already present may develop or reveal themselves. During this period, suicide attempts are also the most frequent.

Based on the data of the Polish Police, the number of suicides among young people up to 18 years of age slightly decreases: in 2013 there were 144 suicides, and in 2020 106, but it does not mean that the number of suicide attempts decreased significantly. By 2019 it increased dramatically (in 2019 there were already over 900 attempts). In Europe, according to Eurostat data, the highest number of juvenile suicides is recorded in Germany, the third place in the infamous list is taken by France, followed by Great Britain, Italy and Spain. The last three places, and at the same time the lowest statistics, have: Norway, Serbia and Slovenia. According to UNICEF, each year around 46,000 young people worldwide takes their own life. In the 15-19 age group, suicide is the fourth leading cause of death after road accidents, tuberculosis and violence.

The terms: "mental disorder", "mental illness", "disability" are understood in various ways, described in an ambiguous way in the professional literature, and moreover, they arouse a lot of emotions and generate stereotypes. In colloquial language, the word "abnormal" is usually associated with: inferior, marked, different, incompatible.

If we use these terms in relation to young people immersed in other crises, such as homelessness or poverty, it is easy to notice that we will stigmatize them twice: both because of their life situation as well as disease or disorder. We attribute both mental illness and, for example, poverty to a person as a certain permanent attribute. We treat other types of illnesses that have been cured, e.g. smallpox, leg fracture, tuberculosis as temporary, we do not look for their further consequences in the life of a given person.

The stigma of mental illness sticks to a person for life, although most often it is reactive, i.e. it is the body's response to unfavorable factors, e.g. depression as a result of losing a loved one, etc. Also, for example, homelessness is not a human trait, such as eye color or type of temperament, but a certain crisis situation in his/her/its life. If we think of a person as, for example, "poor" - we give him/her/it the identity of the poor. Very overwhelming and unfair is to enclose a young person in a few stereotypes, such as "poor", "homeless" and "mentally ill".

Mental illnesses among young people often become active or accompany the use of psychoactive substances. It is difficult to assess how these two factors influence each other, which is the trigger of what. It may be that alcohol helps to alleviate the effects of depression, psychotic disorders, etc.

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Excessive drinking may also trigger mental illness. The US National Institute of Drug Abuse has estimated that people with severe mental illness are four times more likely to develop addiction to psychoactive substances. Certain mental disorders are therefore risk factors for addiction.

HOWEVER, BEFORE WE LOOK CLOSELY AT THE DISORDERS IN THIS GROUP, LET'S PAY ATTENTION TO SOME KEY ISSUES.

What is a mental disorder?

We can look at this issue through the statistical prism, then the norm is what occurs most often in a given population, and each extreme is considered a deviation. The biomedical view of this issue concerns the absence of disease, so the absence of disease symptoms would be indication of health. The cultural approach defines the norm differently.

The cultural approach defines the norm differently. Taking a cultural perspective, we will notice that in some cultures and in certain epochs it is dominant to treat some symptoms as disease and others as healthy. For example introversion, which is a feature of a healthy personality in modern times, is sometimes considered a pathology or even a feature that can lead to it. How does a young person who is a typical extrovert feel today among his/her/its peers? Today, the features of an extrovert are preferred and desired. It was different, for example, in the 20th century, when someone who was quiet, restrained, not imposing on others, and therefore an introvert, was considered a healthy, mature personality.

Interest in diseases, including mental diseases, is as old as the world. However, it was not until the 19th century that attempts to classify and organize them began. The now popular international ICD system, the International Statistical Classification of Diseases and Related Health Problems, has its origins in the International Lists of Death Causes developed in the second half of the 19th century. Currently, in Poland, we refer to the 1994 classification as ICD -10, although a version of the ICD -11 is already published. This classification includes all diseases whose groups are marked with letters from A to Z, where under the letter F there are mental diseases and disorders.

In turn, the DSM Diagnostic and Statistical Manual of Mental Disorders developed by the American Psychiatric Association is a classification that concerns only mental diseases. The first DSM textbook was created in 1952 as a response to the needs of the society affected by the trauma of World War II.

Without going into a detailed distinction between the two systems, it should be emphasized that these classifications are intended to help people affected by the diseases, and not constitute rigid patterns for them, to which they fit, depriving them of individuality. Numerous researchers of this subject point out to this. In the current approach to mental health conditions, the terminology of "disorder" is advocated in order to emphasize the possibility of remission and protect against stigma. What does it mean that a person has a certain disorder? First of all, that it can be diagnosed with one or more symptoms of mental dysfunction, i.e. thinking, perception, emotions and awareness.

Thinking disorders: they concern the course and content of thinking.

Thinking disorders are, for example, racing thoughts, sluggishness, slowness, lengthiness, inhibition of the course of thinking, mutism, restraints (short-term repeated inhibitions in the course of thinking), perseveration. Disturbance of the content of thinking (delusions), e.g. greatness, persecution, depression.

Perception disorders (hallucinations): this is seeing, hearing, tasting, smelling, kinetic perception of objects or phenomena that do not really exist. So we are talking about visual and auditory hallucinations, when a sick person sees, for example, a spaceship that does not exist. A certain type of perception disorders are delusions (illusions), i.e. distorted perception of real things and people (e.g. the patient can see that the chair has spikes and the doctor has horns).

Disturbances in consciousness: result from a malfunction of the central nervous system, when the patient's brain is unable to properly receive and process stimuli from the outside world. These disorders can be qualitative: drowsiness, coma, and quantitative: delirium, blackouts.

Emotional life disorders: we talk about disturbed emotions when they are stiffened and do not change under the influence of incoming stimuli. It happens in depression, mania, in dysphoric states, anxiety, attacks of aggression.

Behavioral disorders: This category includes a whole spectrum of abnormal ways of being, from over-excitement to over-inhibition, disturbance of habits and impulses and sexual preferences.

ICD -10 classification

In ICD-10 terminology, a mental disorder means that at least some of the pivotal symptoms that are assigned to an individual can be recognized. Let's take a closer look at the classification of the 10 basic mental and behavioral disorders, which in turn have their own particularities. In the case of adolescents, the most common diagnosis is:

Mental and behavioral disorders caused by the use of psychoactive substances (F10-F19). The numbers in this group will refer to the use of (F 10) alcohol, (F11) opioids, (F12) cannabinoids, (F13) sedatives and hypnotics, (F14) cocaine, (F15) other stimulants, including caffeine (F16), hallucinogens (F17), smoking (F18), intoxication with volatile organic solvents (F19), mental and behavioral disorders due to the use of multiple drugs and other psychoactive substances. We will not list all the disorders in this group, but it is worth - in the context of adolescents - to pay attention to:

F 10.07 acute pathological intoxication: acute, short-term psychosis lasting from several minutes to several hours, regardless of the amount of alcohol consumed. It occurs in healthy people, more often after prolonged insomnia, after unpleasant mental experiences, on hot days, after consuming alcohol on an empty stomach, etc. Symptoms: surprising actions, brutality with a complete change of personality, no symptoms of ordinary intoxication, such as unsteady gait, slurred speech. Symptoms appear suddenly and person ends up falling asleep. After the symptoms have resolved: complete amnesia or memory limited to fragments of experiences or episodes.

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F 10.2 addiction syndrome: strong need (hunger) to take substances or compulsive drinking. Physical dependence: tolerance increases, lack of substances causes withdrawal syndrome. Psychological dependence: an irresistible need to take a substance to avoid discomfort. Physical dependence never occurs by itself. Alcohol is physically and mentally addictive. Addiction phases: Introductory - looking for opportunities, drinking is social, alcohol brings relief and forgetfulness. 2. Warning - alcohol becomes a "cure", loss of control over the amount of alcohol consumed, alcohol palimpsests (complex activity disorder syndrome that the person later does not remember). These syndromes are not addiction, they are only a warning. 3. Addiction 4. Chronic - decrease in tolerance, reaching for other toxic substances instead of alcohol, alcohol psychoses appear.

F 10.3 withdrawal syndrome: this is a group of somatic and psychopathological symptoms occurring in addicts after discontinuing or reducing the dose of alcohol. It usually occurs hours after the last consumption. It is always connected with addiction. We recognize it only when the symptoms are results of discontinuation of heavy drinking or a significant reduction in the amount of alcohol. More than ten people out of one hundred may have complicated syndrome with epileptic seizures. This syndrome is accompanied by tremors of the tongue, eyelids, hands, increased sweating, nausea/vomiting, tachycardia/hypertension, psychomotor agitation, headaches, sleep disorders, malaise, weakness, tactile, auditory and visual hallucinations.

F 10.5 psychotic disorders: lasting from several hours to several days, acute psychosis with: disturbances in consciousness, disturbances in perception, psychomotor agitation, anxiety accompanied by potentially life-threatening severe somatic disorders. It usually occurs after a sudden cessation or significant reduction in heavy drinking. Applies to min. 5% of addicts in Poland.

Schizophrenia, schizotypal and delusional disorders (F20-F29): This group includes one of the most severe mental disorders, i.e. (F 20) schizophrenia, but also: schizotypal disorder, persistent delusional disorders, acute and transient psychotic disorders, induced delusional disorder, schizoaffective disorders, other nonorganic psychotic disorders, unspecified nonorganic psychosis.

F 20 - Schizophrenia, the most severe disease, taking into account the suffering of patients, is also burdened with the stigma of rejection. And yet as many as 60-75% of treated patients experience social remission, and 20% of patients most of the time function at the same level as healthy people. Only 10% of patients require permanent institutional care. According to the Finnish model of care using the Open Dialogue method, is even more effective. How to recognize schizophrenia? As with any disorder, it has some pivotal symptoms, mainly symptoms that are called "productive" or "positive", such as:

- Hallucinations - arise without the participation of an external stimulus and concern perception, feeling, hearing. A person suffering from schizophrenia sees, for example, objects or characters that are not really present. She can also smell certain smells, hear voices reaching her from outside or inside.
- Delusions - concerning the content of thinking, e.g. persecution, priesthood, influence, etc.

In addition to distorting the content of thinking, the patient may also have physical disturbances (slowness, inhibition) and structure of thinking disturbances (jamming, confusion), as well as other symptoms called 6xA, such as:

- Affect: reduction in the expression of emotions or even the lack of their expression, accompanied by shallowing emotions,
- Abulia: lack of motivation, limited ability to plan and undertake actions with a specific, complex goal,
- Anhedonia: reduced or no ability to feel pleasure,
- Aspontaneity: decline, loss of spontaneity of behavior and feelings,
- Apathy: decreased sensitivity to stimuli, decreased activity, loss of interests,
- Avolition: lack of own will or its limitation.

Patients also have a specific slowdown in movement, "waxy" facial expressions, they show less care for themselves. The group of disorders that is classified as F30-F39 is: mood disorders F30, manic episode, F31 bipolar disorder, F32 depressive episode, F33 recurrent depressive disorder, F34 persistent mood disorder, F38 other mood disorders.

F -31 Bipolar affective disorders quite often lead to homelessness, because during a manic episode patients are able to risk their entire life achievements by realizing their manic visions. The manic phase is characterized by: lack of insight into the motives of one's behavior, racing thoughts, hallucinations or delusions (in the case of a disorder with psychotic symptoms), sexual disinhibition, psychomotor agitation, speechlessness, difficulty concentrating, increased self-esteem, decreased criticism, decreased need for sleep, increased energy. However, in the depression phase: problems with concentration, a marked decrease in the pace of activities, difficulty in making even trivial everyday decisions, anhedonia, low mood and self-esteem, eating disorders, reduced life energy: giving up previous activities, withdrawing from social contacts, sleeping problems, thoughts of suicide, hallucinations or delusions (in case of psychotic disorder).

F -33 Depressive disorders. If we assume, in line with the World Health Day message, that 3 out of 4 people suffering from depression are not treated, this group certainly includes young people who leave the facilities and are threatened with homelessness, who often cover up depressive problems with psychotropic drugs. Such a combination is a big predictor of suicide attempts, which are very common in the group of people suffering from depression. In order to recognize depression, at least two of three following symptoms should be present: depressed mood, anhedonia, decreased activity and fatigue.

Dysthymia is diagnosed when patients have less severe symptoms.

Neurotic, stress-related and somatic disorders (F40 – F48): F40 phobic anxiety disorders, F41 other anxiety disorders, F42 obsessive-compulsive disorders, F43 reaction to severe stress and adaptation disorders, F44 dissociative [conversion] disorders, F45 disorders appearing under the somatic mask, F48 other neurotic disorders.

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Behavioral syndromes associated with physiological disorders and physical factors (F50-F59): F50 eating disorders, F51 inorganic sleep disorders, F52 sexual disorders not induce by organic disorder or disease.

Identifying personality disorders among young people is a complex problem. Although the opponents of early diagnosis of personality disorders indicate that any pathologies in this period should be treated developmentally, many of these early diagnoses are confirmed in later diagnoses. Among young people, the most frequently diagnosed personality disorders (as many as 15%) are disorders of the so-called group B, i.e. histrionic personality disorder, narcissistic, borderline and antisocial disorders. Let us take a closer look at personality disorders, which are quite common. They differ from a healthy personality in the patterns of behavior - the disturbed person is inflexible, rigid, rooted in childhood, when patterns of reacting to difficult life start to appear, has lack of satisfaction of needs, etc. These schemas include emotions, attitudes, beliefs, and behavior, and they hinder good relationships with others and achieving life goals. Above all, they generate subjective suffering.

Where do personality disorders come from?

The theory of attachment put some light on this. Its creator, John Bolwby, believed that the need to bond the child with the caregiver is an instinctive need for survival, and its satisfaction carries further consequences for the life of the individual. This theory was developed in numerous studies by Mary Ainsworth, specifying three types of attachment.

Type B safe attachment - the child experiences the presence of an adult who is sensitive and empathetic towards his needs. The child has a sense of security, the belief that he/she/it can rely on the caregiver, therefore he/she/it has confidence in the world and is interesting in it. He/she/it knows that in emergency situations can look for comfort and support in adult's arms. This has ramifications for the child's further life, forging deep authentic bonds with others and shapes the ability to deal with failures.

Type A avoidant anxiety attachment - the child does not build trust in the mother because she is indifferent or even rejects the child. To deal with this situation, the child avoids contact with her, shows indifference to her lack and tries to be self-sufficient. The child can soothe him/het/itself and acts as if he/she/it doesn't need a caregiver. This has serious consequences and causes difficulties in establishing relationships in the future. The emotional coldness resulting from early childhood emotional deprivation may cause personality disorders.

Type C ambivalent anxiety attachment - develops when the mother is unpredictable, once she is present she meets all the needs of the child, other times she is unavailable or indifferent to the child's needs. This is the case, for example, with substance-addicted caregivers. Then the child is uncertain whether the mother will be available. As a result, he/she/it feels anger and fear and this disturbs the emotional development of the child.

Further research on attachment styles led to the identification of the other fourth types:

Type D disorganized attachment – is when it is difficult to assign the child's behavior to any of the above types, because his/her/it behavior is chaotic, sometimes he/she/it tends to contact the guardian, other times is afraid of him/her/it.

This usually happens when the child has traumatic experiences, e.g. physical, sexual, or bullying due to the presence of the caregiver. The child expects a threat, and therefore is constantly tense and distrustful. This has of course colossal importance for its further development - it generates attitudes of fear, aggression and permanently inscribes itself in the patterns of reacting to various life situations.

Attachment types generate bonding styles that adults present. And so, the greatest number of people (about 65%) show safe bonding style, the rest: ambivalent (19%), avoiding (15%) and disorganized (1%). It is hard to disagree with the assumption (we do not have reliable research in the population of the homeless) that in regular shelters and night shelters we will encounter mostly the last three styles of bond. This has consequences for the effectiveness of their recovery from the crisis. Pathological attachment styles in early childhood influence the development of personality disorders later in life.

Personality disorders described in ICD 10 as "F 60 specific personality disorders" are further classified into a number of units:

Paranoid personality F60.0 with pivotal symptoms i.e.: a rigid sense of one's own rights; suspicions that partners, friends, associates are not trustworthy or faithful enough; excessive sensitivity to failure and rejection; a tendency to experience pain for a long time; suspicion, perceiving indifferent activities of the environment as hostile or contemptuous; overestimating own importance; absorbing explanations of events.

Schizoid personality disorder F60.1 with axial symptoms such as: absorption, introspection, lack of close relationships, insensitivity to social norms, no or negligible activities for pleasure, emotional coldness, limited ability to express emotions towards others, disinterest in praise and criticism, lack of interest in sexual experiences, preference for loneliness.

Dissocial personality F60.2 with pivotal symptoms such as: not taking account of others' feelings, a strong and established attitude of irresponsibility and disregard for social norms, rules and obligations, inability to maintain lasting relationships with others, difficulties in establishing them, a very low tolerance of frustration and a low threshold of triggering aggression, including violent behavior, inability to experience guilt and benefit from experiences, in particular received punishments, open tendency to blame others, which is a source of conflicts with the environment.

Emotionally unstable personality F60.3 has two types:

emotionally unstable impulsive type F60.30 where the axial symptoms of this subtype are: emotional instability, no control of impulsive actions, outbursts of violent behavior, thousands of thoughts in the head, willingness to get angry with others, high tension in yourself, hostile attitude, hostile views on people, hate.

emotionally unstable borderline type F60.31 with characteristic symptoms, such as: disturbances within and uncertainty about the image of "I", goals and internal preferences (including sexual), striving to be caught up in intense and unstable relationships, often leading to emotional crises, excessive efforts to avoid abandonment, repeated threats or self-harming actions, a chronic feeling of emptiness.

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Histrionic personality F60.4 where typical symptoms are: theatricality, suggestibility, shallow affection, seeking recognition, inappropriate seductiveness, focus on physical attractiveness.

Anankastic personality disorder F60.5. People suffering from this disorder have: excessive doubts and caution, are engrossed in details, rules, inventory, ordering, organizing or flowcharts, they are characterized by excessive perfectionism and excessive conscientiousness with neglect of pleasure and interpersonal relationships, excessive pedantry and adherence to social conventions, as well as stiffness and stubbornness, irrational thinking that others will strictly subordinate their actions to the patient's ways or unreasonable reluctance to allow others to act, persistent, unwanted thoughts and impulses.

Fearful (avoidant) personality disorder F60.6 where key symptoms for this disorder are constant tension and anxiety, a sense of personal unattractiveness, focus on criticism, reluctance to enter into relationships, restricted lifestyle - ensuring physical safety, avoiding social contact for fear of criticism, non-acceptance, rejection.

Dependent personality disorder F60.7 where the axial symptoms are: allowing others to take responsibility for your decisions, subordinating the personal needs to others, reluctance to make demands on people you depend on, fear of being unable to care for oneself resulting from loneliness, causing discomfort, fear of leaving, limited ability to make decisions without the advice of others.

Other specified personality disorders F60.8 e.g. narcissistic personality disorder, passive aggressive personality, etc.

INSTEAD OF AN ENDING:

The COVID-19 pandemic has caused severe havoc in the lives of young people. If young people suffered from mental illness in such large numbers before the pandemic, these problems have multiplied now. According to the latest available UNICEF data, at least one in seven children and adolescents worldwide is directly affected by the lockdown and its consequences, including the economic ones. This situation is a particular challenge for educators, psychologists, doctors and every adult working with young people.

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2.3. DISADVANTAGED YOUTH

Young people face challenges every day. Those challenges are specific to their age group and can have negative impacts on their development and entry into adulthood if they are left unaddressed. Disadvantaged groups are at even greater risks when facing specific problems. This report aims to describe in detail two themes of risks for youth: economic risks and mental health issues. It provides an analysis based on examples from Romania, though some facts are also shared by youth in other European countries.

This report first gives an explanation of who disadvantaged youth are. Then, it describes the chosen risks and their impacts on young people. It is followed by a guide on how to identify young people facing the pre-mentioned risks. A few facts on youth at risk are shared in order to give a more simple overview of how those challenges impact youth and how disadvantaged youth are at greater risks. Finally, this report offers some good practices and recommendations to improve the support given to the young people at risk.

The fourth Sustainable Development Goal recognizes quality education as one of the main drivers of social mobility and a key to escaping poverty. In fact, each additional year of schooling raises the average annual GDP by 0.37%.

The European Commission's 2019 Education and Training Monitor on Romania highlights the challenges posed by years of low public spending on education. Clear steps need to be taken in order to modernize the system, with a key factor being the need for more staff with proper teaching qualifications.
At the same time, a decline of the active population due to emigration is leading to a labour and skills shortage. The main drivers of emigration being higher wages, better job opportunities, and better public services abroad.

Furthermore, Romania has one of the highest early school leaving rates in Europe; meanwhile, a gap persists between rural and urban areas regarding access to quality and inclusive education. Moreover, the lack of sufficient vocational education and training opportunities, together with the inadequate acquisition of digital skills, is hampering graduate's job prospects. As a result, inequality and poverty remain high in many European countries.

Such a socio-economic situation has a direct impact on youngsters' mental health and well-being. As a matter of fact, during the pandemic, levels of anxiety and depression were higher in the 21-39 age group. The main reason behind these figures is a feeling of lack of future opportunities among youngsters.

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PROBLEM

The socio-economical and mental health risks faced by youth have different roots and impact them in specific ways. The causes and consequences of the problems they face can be different than for adults and they remain the group with the highest incidence of monetary poverty.¡. In order to take appropriate actions to help youth at risk, it is important to understand those root causes and their consequences through a perspective focused on young people.

This chapter will focus on income and wealth, emigration, and inequality as causes of economical problems, and gives an overview of causes of mental health issues. The consequences of each topic on youth are also described.

Income and wealth

One in three Romanians is at risk of poverty or social exclusion. In the bigger picture, data from a EU report published in 2019 shows that the risk-of-poverty rate is higher for young women than for young men, and that the EU Member States with the highest levels of young people (aged 16-29 years) at risk of poverty were Greece (38,1%) and Romania (34,2%), while the lowest rates were in Slovenia (12,5%) and Czechia (11,0%).

Poverty risk is higher in rural areas, and it tends to be associated with low educational attainment. There is an indirect correlation between parents' education level and poverty risk for children. The poverty trap is perpetuated when parents are not able to provide their children with the resources needed for their education.

In Romania, the early school leaving rate dropped in 2019 to its historical minimum level of 15,3% but remains above the EU average (10,3%). At the same time, the share of young people not in education, employment, or training in 2017 was at 15,2%. These figures show a slow increase in the number of students enrolled in full-time education. Nevertheless, a gap persists between the European and national levels.

Meanwhile, higher education is not properly aligned with the job market. This lack of cooperation between business and academia leads to a low degree of knowledge diffusion.

Regarding the youth unemployment rate, according to data from the World Bank, Romanian figures are lower (15,04%) but closer to the EU27 average (17,20%). As a consequence of high unemployment rates, more pressure is put on the government to deliver social aid. The feedback loop between large income disparities and insufficient access to education results in a rise in the amount of unskilled youth, leaving them vulnerable in the labour market.

Emigration

Romania is one of the EU countries with the highest numbers of emigrants between 15 and 24 years old. The drain from young and skilled emigrants affects the per capita income growth. Annually, the decrease in GDP growth due to emigration is estimated at 0.6 to 0.9 pps.

The majority of young Romanians have the intention to emigrate. The key factor that determines migration intentions is the desire for a decent future.

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Inequality

Government expenditure on education is one of the lowest in the EU: 2,55% in 2021, compared to the EU average of 4,6% (source: Statista). In addition, the insufficient provision of social services creates disparities between rural and urban areas. Services are concentrated around urban areas, hampering access to information related to the social protection system.
As a result, access to the labour market is particularly challenging for some social groups. Youngsters with disabilities and members of the Roma community have limited support as the education system does not provide them with basic literacy skills due to the lack of facilities.

Mental health

The Covid-19 pandemic has brought focus on mental health, especially on youth's mental health, who particularly suffered from the different measures put in place. Mental health diseases include anxiety disorders, mood disorders, psychotic disorders, eating disorders, impulse control and addiction disorders, personality disorders, obsessive-compulsive disorders, and post-traumatic stress disorders.
Some circumstances can contribute to the development of mental health issues, and their accumulation makes the risks grow. For example: bullying, traumatic events, stress, conflicts, and war. Nowadays, social media can also contribute to their development. Moreover, a family history of mental illnesses makes the risks of developing such issues rise. Disadvantaged youth are more prone to developing mental health problems. The World Health Organization13 identifies several factors that make young people more susceptible to develop mental health diseases, such as living conditions, discrimination, or lack of access to quality support or services. Thus, homeless youth, youth in poverty, orphans, youth in the juvenile justice system, youth from discriminated groups (based on their gender or ethnicity for example), unemployed youth, teenage parents, or youth with intellectual disabilities are particularly at risk of developing mental health conditions .
Mental health problems impact young people's development and social and economic integration11. People suffering from such conditions are also more at risk of being socially isolated, excluded from decision making affecting them, and of seeing their human rights violated. More concretely, mental health issues can lead to:

- lower self-esteem levels
- poorer academic performances, and even school dropout
- difficulties developing healthy relationships
- isolation and/or rejection
- difficulties to find a job
- poverty
- substance use (drugs, alcohol, tobacco)
- development of other (physical) health issues
- self-harm, and even suicide

In many cases, the deterioration of mental health combined with one or more of the above creates a vicious cycle with a snowball effect.

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HOW TO IDENTIFY YOUTH AT RISK

Knowing the causes and consequences is an important step to provide appropriate help to youth. However, it is crucial to know what signs to look for to identify youth at risk and provide support as early as possible.

Early school leaving

Approximately two thirds of youngsters who are in education consider that their school climate is hard and stressful. Besides schooling factors such as inadequate integration in the classroom, early school leaving is linked to social disadvantage and low education backgrounds. By contrast, high educational aspirations, and parents' high level of education, decreases the chance of early school leaving.
It is important to identify youth at risk of becoming early leavers from education to provide them with adequate support. In this line, factors that increase the risk for school dropout include grade retention, low student attendance, migration background, and inability to cope with the curriculum. Low academic performance could also be a sign of disengagement from learning, which may be a consequence of personal problems in the student's life.

Teachers should be the ones carrying the identification and monitoring process as they are the ones in close contact with the students. The creation of an individualized and supportive learning environment could increase students' school engagement.

Violence in schools

In a questionnaire conducted in 2016 by Save the Children Romania, 80% of the children stated that they witnessed situations when a child threatened or humiliated another one.Media articles in all European countries frequently report episodes of violence in schools, which indicates that the situation is similar across all European countries.
Physical violence is easier to identify than psychological bullying. Physical violence leaves bruises and scratches, but it can also cause students to lose friends, miss school, or show aggressive behaviour..
Students, teachers, and parents should be encouraged to report incidents of violence. Furthermore, programmes have been established in European schools to prevent violence or bullying. For example, Portugal has implemented the Safe Schools Programme and Italy is developing preventive interventions by fostering youth's skills on conflict resolution.

Mental health

There are various signs of mental health problems, and they vary from one condition to the other. They can sometimes be hard to identify because people suffering from mental health conditions still largely do not ask for help and hide as much as possible their symptoms. Some common signs include.

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- Excessive fears or worries
- excessive anger, violence
- extreme mood changes
- self-isolation, suicidal thoughts
- decrease in energy, sleeping problems, changes in sleeping habits
- changes in eating habits
- inability to carry out daily activities
- physical pains without obvious causes
- increased use of substances
- risks taking behaviours

Early detection of mental health issues can help young people to overcome these easier. In addition, it may help to prevent some of the effects mental health issues have on the individuals themselves, as well as on their friends, colleagues and the community in general.

HOW TO ACT TO MITIGATE RISKS

Once the causes and consequences of the problem have been identified, school-based approaches could help reduce the incidence of early school leaving, violence, and mental health issues. Providing information and proper training, not only to teachers, but to all members of the school community (janitors, cooks, and parents) could make students feel heard and included.

Reporting violence in schools

Methods to report violence should be easily accessible, safe, and confidential. Support to the student should be given with empathy and without judgment. But before that, programmes should focus on prevention. Teaching skills such as social education and individual responsibility should help improve the school environment.

Once the violent behaviour has been identified, repairing the harm caused is a more positive approach than punishing the perpetrator. The restorative discipline approach should be proportional to the offence and focused on correcting the behaviour, not on humiliating the student.

Social inclusion

In Romania and Greece, equity challenges disproportionally affect Roma students. Roma children have a low enrolment rate in kindergarten and their culture is not well recognised in educational establishments. Activities such as supporting Roma parents to engage in school boards or involving local authorities to focus on desegregation could encourage Roma students to finish the compulsory learning stage.

In a broader context, involving youth in volunteering activities could help develop their educational and professional skills while increasing their civic engagement.

Mental health

Young people tend to deal with mental health conditions on their own. However, as mental health conditions can have various consequences (as seen previously), acting upon mental well-being contributes to tackling other risks disadvantaged youth may face, such as social and economic exclusion and substance abuse.

By having a healthy lifestyle through quality sleep and eating, as well as physical activity, it is possible to limit the possible development of mental health conditions. Paying attention to the development of symptoms can help to take action early enough to tackle the issue. Though talking with relatives, friends or other trusted persons can help, getting professional help, from a psychologist for example, when symptoms arise might be a better solution. A medical professional can prescribe medical treatment.

In many countries, helplines are available. Those helplines provide information about what services and sources of support are at one's disposal, and can also directly provide some help, all in an anonymous way.

Peers can provide support to the struggling person. Talking to the person, sharing one's concerns, and being present is often a good start. In such cases, it is important to not share any judgmental opinions like "you'll get over it", "it's not that bad", "just do more efforts", but rather ask how one can help the person as best as possible.

Acting upon mental well-being also goes through the development and implementation of appropriate policies.

For people to ask for help, it is crucial to work on eliminating taboos and stigma around mental health conditions. As long as they exist, people will stay reluctant to ask for help for fear of being excluded from society.

Furthermore, a lack of knowledge about mental health is another reason youth do not seek help. Educating about mental health is thus important to act upon better mental health among (disadvantaged) youth. Incorporating such education in national policies can promote it.

Acting for better mental health goes through making mental health care more affordable and accessible to all. Indeed, mental health care can be expensive and is sometimes hard to reach if you do not live in a large city, putting more obstacles for disadvantaged youth to access care.

WHO emphasises the importance to avoid institutionalization and over-medicalization, and to prioritize non-pharmacological approaches to promote youth's mental well-being.

FACTS RELATED TO YOUTH AT RISK

Numbers are sometimes easier to understand than words. They can also have a greater impact. This chapter provides some facts supported by numbers to show the impacts of the presented challenges on youth and how disadvantaged people are at even greater risks.

- 420 million people would be lifted out of poverty with a secondary education, thus reducing the number of poor worldwide by more than half.
- One extra year of schooling increases an individual's earnings by up to 10%.
- 130 million girls worldwide are out of school (2017). This includes 34 million girls of primary school age, 29.7 million girls of lower secondary school age, and 66.8 million girls of upper secondary school age (UNESCO Institute of Statistics)
- Around 1 in 5 children and teen have a mental health condition in the world.
- Depression is one of the main causes of disability.
- Suicide is the second cause of death in the world for the 15-29 years old.
- In general, people with severe mental health conditions have a life expectancy 10 to 20 years lower than the rest of the population.
- In average, young people receive help for mental health conditions 10 years after the apparition of the first symptoms.

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- Children from racialised communities are less likely to access mental health services than children from white communities.
- Youth in the youth judicial system have 3 times more risks to develop mental health conditions28.
- Children from the 20% poorest households have 4 times more chances to develop mental health conditions than those from the 20% richest.

Good Practices / Solutions / Tools

This section shares some good practices that have been applied at local, regional, national, or European level. This list can be used as a source of inspiration for actions aimed at helping youth at risk.

Following the lock-downs due to the Covid-19 pandemic, the French government launched a “mental health check” for students, allowing them to do three sessions with a psychologist for free.

In Poland, the Mental Health Buddies Network puts in contact young people struggling with mental health issues with young “friend-mentors” who will support them. The website https://findahelpline.com/ catalogues mental health resources available in different countries around the world.
The No Hate Speech movement mobilised young people to rethink the way they view cyber bullying. The campaign finished in 2017 but the resources on media literacy and the tools to counter hate speech are still on the web pages of the national support groups. In 2019, Save the Children Romania launched its “Choose to oppose Bullying!” (“Alege să te opui bullying-ului!”) campaign. With the help of an online platform, it seeks to raise awareness about the topic and empower students, parents and teachers to prevent and act upon it.

The “Robotics As a Tool to Prevent Bullying” project, coordinated by six organisations in respectively Sweden, Portugal, Turkey, Romania, Estonia and Slovenia, aims to use the theme of robotics to raise awareness about and prevent school bullying, as well as empowering the different actors involved in the phenomena.

Bulgaria, Greece, Italy, and Romania implemented the JUSTROM programme “Roma Women’s Access to Justice” to support the empowerment of Roma women and their awareness towards discrimination and human rights. In Portugal, the Programa Escolhas (“Choices Programme”) aims to promote the social inclusion of young people from vulnerable socio-economic backgrounds. It is based on local action and it focuses mainly on the inclusion of descendants of immigrants, Roma communities, and Portuguese emigrants. The President of the European Commission, Ursula von der Leyen, announced the creation of a new ERASMUS program, ALMA, for young people without experience nor university degrees.

As much as it is important to share good practices with youth workers and subject matter specialists, it is equally important that these practices are transferred to grassroot organisations so young people can benefit fully from improved support activities and measures.

2.4. YOUTH WITH DISABILITIES

PROBLEM

In an attempt to analysis the context of youth with disabilities the following chapter consists of five sections. The first one includes a conceptual clarification of the term, the causes of disability and the emerging consequences. In the second section it is intended to write down the ways disability can be detected on a primary, secondary and tertiary prevention level. The third section refers to the ways we can act against risks posed by disability and ways we can tackle said risks, while the fourth section consists of facts and data that have been recorded on a European level. In the fifth and last section we will present good practices and tools that can be used for optimal management.

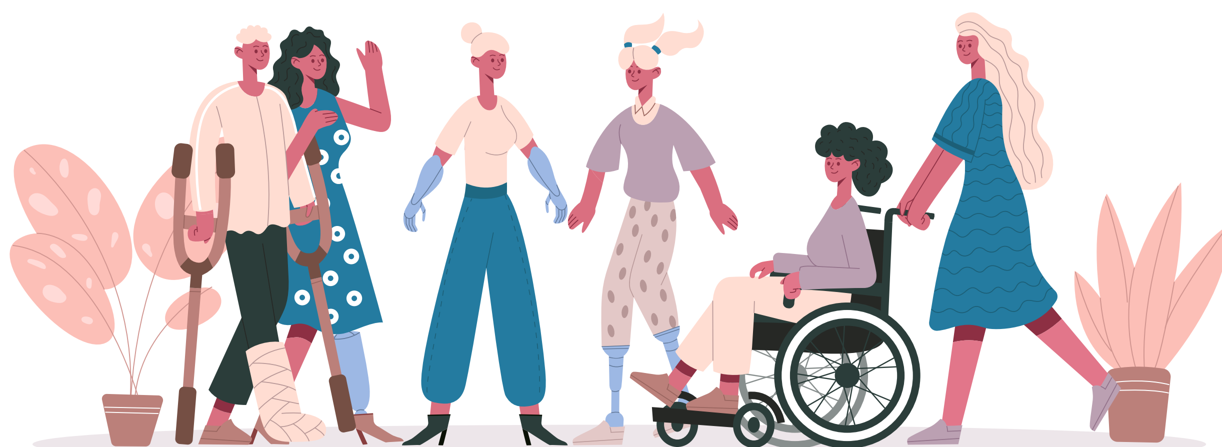
It is difficult to define the term "disability" since this is a multidimensional concept. Today we use a multitude of classification systems for disability, which are either based on the aetiology of the impairment, or the symptoms, or the general and specific traits of the people concerned (Zaimakis & Kandylaki, 2005).

In the preamble of the Convention on the Rights of Persons with Disabilities (CRPD) it is mentioned among others that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others" (WHO, 2011).

According to Papaconstantinou (2019) too, the World Health Organisation has suggested a general definition that seems to be widely accepted and according to which there are three factors that define disability:

1. partial or complete loss of body functions (e.g. movement difficulties, chronic diseases, etc.);
2. reduction of functionality in daily activities (e.g. self-care, work, etc.);
3. limited participation in social activities (e.g. entertainment, communication, etc.).

At this point the differentiation mentioned by Hunt and Hunt (2004) between visible and invisible disabilities depending on the degree they are conceivable by others is noteworthy (e.g. schizophrenia-invisible, quadriplegia-visible). In addition, persons with disabilities are often referred to as "vulnerable population groups", however, such formulations prejudge the potential disadvantaged position of a person with special needs (Papaconstantinou, 2019).



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In regard to the types of disabilities, they can be categorised into motor (e.g. cerebral palsy, quadriplegia, etc.), sensory (e.g. hearing or vision loss), mental (e.g. schizophrenia, bipolar disorder), intellectual (mental retardation, Down syndrome) and others, such as speech or language impairments, learning difficulties, chronic/multiple disabilities or incurable diseases. The category of young persons with specific talents or gifts regarding their level of intellect, who require special support, is worth mentioning (Heward, 2011).

Of course, all efforts of classification are related to the sum of individual functions, to the general image society has for people, to institutions, to the existing system of assessment categories, to the structure of social organisation, the mainstream standards in a society, and the social status of a person, in the way this is affected by the correlation of the objective historical-social circumstances, in which a person lives and acts (Zaimakis & Kandylaki, 2015).

At this point it is noteworthy that language use for the definition of disability is important. Terms like "special needs", "special abilities" or characterising a person as "disabled" are obsolete, and now the term persons with disabilities is used (WHO, 2020).

Finally, according to Papaconstantinou (2019) the contribution of the concept of the biopsychosocial model (ICF) of disability is considered very important, as it combines the interactions of the medical condition of the person with the external factors together with social and individual parameters.

Causes

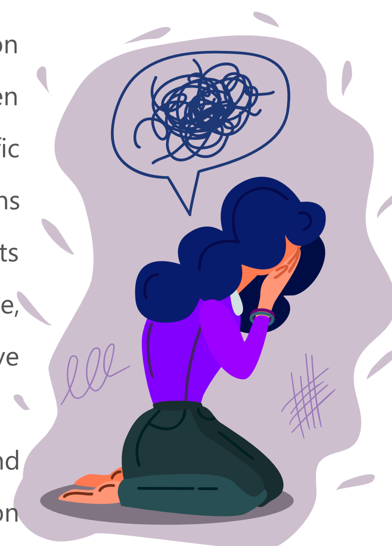
The causes of disability seem to be multifactorial and vary depending on the type of disability. Nevertheless, factors can be distinguished in prenatal, that is to say during gestation, perinatal, that is to say during labour, and postnatal, referring to factors that relate to childhood (Heikura et al, 2005). Each of these factors could be further categorised either as biomedical (e.g. due to chromosomal abnormalities) or as environmental (Heward, 2011). The category of environmental factors includes social, behavioural and educational factors (Heward, 2011).

Consequences

A manifested disability, regardless if it is congenital or acquired, might bring about, next to the physical/mental changes, significant readjustments on a psychoemotional and psychosocial level that affect not only the person in question, but also the system that surrounds him/her.

Psychoemotional level

Depression, anger, introversion are often some of the first emotional reactions when a person recognises his/her condition (Polemikos & Tsimpidaki, 2002). More precisely, they often experience stress and fear that emerge from the uncertainty and insecurity of their specific circumstances. If a person remains at this stage for a long time, he/she might express emotions such as anger and rage. In addition, they repetitively experience a feeling of futility that results in reduced incentives, goals and self-confidence, which lead to desperation. At the same time, persons with disabilities seem to experience feelings of shame and guilt, because they believe that they cannot provide a quality life neither to themselves nor to the people around them.



Last but not least, it has been observed that persons with disabilities resort to self-isolation and self-alienation as a defence strategy in order to avoid the feeling of fear and rejection (Lassithiotaki, 2009).

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Psychosocial level

On a psychosocial level, biases, prejudices and discriminations against persons with disabilities deter -and often even prevent- these persons from maintaining their position in community life. However, beside the persons with disabilities themselves, disability might also affect relationships within a family or might hinder other family members from working or being absent from the household.

Social exclusion can be manifested on different levels. Primary, exclusion from educational processes is connected with structural causes, such as the lack of appropriate infrastructure and amenities. Moreover, the possibilities for a person with disabilities to be excluded from the labour market are multiple since unemployment poses a much greater risk for said persons (Papaconstantinou, 2019).

Additionally, unequal treatment of person with disabilities can also be expressed in other ways, as for example bullying of children with disabilities in school (WHO, 2011). Another detected obstacle is the matter of limited opportunities to participate in different social activities due to accessibility issues. Nevertheless, in the last years we have made great leaps in this regard.

Finally, limited provision of assistive services as well as the unequal access to technological advancements that promote accessibility, also hinder integration to a great extent.

HOW TO IDENTIFY

When we aim to identify disability we can distinguish three prevention levels: the primary, which refers to a set of approaches that reduce or eliminate the risk of disability, the secondary, whose objective is early diagnosis and treatment, and the tertiary, which aspires to limit the impairment caused by the disability and boost the person's functionality (Xiaoyan & Jing, 2017; WHO, 2011).

Early detection of a disorder or disability during the first years of a person's life is very important for the progress of his/her development. Based on the developmental stage of each child, it is important to assess accomplishments and dysfunctions. Therefore, it is evident that the earlier a person's impairments are detected, the more effective they are treated (Gallahue, 2002).

Parents, teachers and the psychosocial services involved play a catalytic role in detection as observers of a child's progress. When referring a person to a team of experts for diagnosing and assessing a disability, it is very important to ensure interdisciplinarity and the use of valid and reliable diagnosis tools. Paediatricians, auxology experts, special education teachers, psychologists, psychiatrists, social workers, occupational therapists are some of the sectoral scientists that need to cooperate. However, along with individuality, the cultural peculiarities of the person and the system he/she belongs to consist another factor that must be seriously taken into consideration when assessing the accomplishments and dysfunctions of a person (Unicef, 2013).

Further, next to the family and the scientists, the society itself plays a very important role. The first indispensable condition is to provide appropriate services to ensure a reliable medical assessment and early diagnosis. In addition, society should know and safeguard the right of persons with disabilities to conduct their life in respect and dignity and without discriminations (Xiaoyan & Jing, 2017).

States in all countries carry the responsibility to provide optimal services that will sufficiently cover the needs of persons with disabilities, by harnessing existing services in the fields of health, education and social welfare (Xiaoyan & Jing, 2017).

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HOW TO ACT TO MITIGATE RISKS

Youth with disabilities are facing different difficulties depending on the type of their impairment and therefore need a personalised approach. At the same time, they might be facing other difficulties, such as adverse family conditions, poverty, unemployment, social exclusion, or ever victimisation from their peers (Groce & Kett, 2014). Such difficulties along with limited options often lead to problems that affect their mental health (depression, anxiety disorders) confining them in a vicious circle of subsistence.

Good living standards and sufficient education

Youth with disabilities are often in need of increased support, treatment programmes and depend on the use of equipment; in some cases, they are not able to cover said needs. An ally for quality living is the use of assistive technology and equipment that mostly supports people who face difficulties due to motor and sensory disabilities (E.S.A.me A., 2014).

Getting equipped with modern products of assistive technology as well as providing education and support regarding their use should be supported by social policy measures, in order to ensure that youth with disabilities can engage in and access everything their peers can. For those young persons with disabilities that do not have a supportive family environment, or are not able to be independent, it is necessary to create additional facilities for supported living within the community.

Further, providing the opportunity for sufficient education is decisive in the quality of life of youth with disabilities. Youth with disabilities often do not proceed to higher education levels due to the adversities they are facing (Rohwerder, 2015), thus further hampering their employment prospects that are already ominous due to the high unemployment rates in many European countries. Advanced tools offered by assistive technology in education are expensive and often inaccessible. They should become affordable through social police measures in order to provide the possibility for equity in education.

Social integration

Social exclusion is a well-known difficulty that a large portion of youth with disabilities faces and is caused by biases and discrimination against diversity (Ballard, 2002; Rohwerder, 2015). In order to eliminate such biases, there are different measures we can take, starting with putting schools for students with disabilities under the same roof with schools for children with typical development in all levels of education, encouraging in this way contact and interaction (Ballard, 2002). Raising awareness within the community through campaigns in social media and the media, and awareness campaigns in schools as well as street events, is indispensible in this effort. Voluntary youth actions help youth with disabilities to receive support from their peers and therefore support social networking and help them be socially active.

"For me without me"

It is extremely important to empower the social presence and voice of youth with disabilities regarding the issues they are facing and dealing with on all levels, from their participation in the European Parliament to their involvement in street events. For example, it is interesting that youth with disabilities have stated that they do not wish to be referred to as "people with special needs or special abilities", accentuating not only that their needs are not special, but rather common with the needs of all people, but also the way this fosters ableism (Bogart & Dunn, 2019). Social media should support the presence of youth with disabilities, since they are an important portion of the population that internationally reaches 15% (WHO, 2020). Media should depict and outline realistic profiles of youth with disabilities that emerge from their own point of view.

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Support from the family

In order to avoid, to the extent possible, the institutionalised context, families of youth with disabilities must be systematically supported not only by experts, but also through employment and socialisation programmes (Dimitriadou & Kartasidou, 2017; Bitzarakis, 2008; Pavlidou & Kartasidou, 2017). Support hotlines that operate in many countries are useful in providing direct support not only to youth with disabilities, but also to their families, thus promoting mental health. The development of apps used to reach out for help, which are accessible for youth with disabilities providing confidentiality and discretion, also constitutes an important action.

Employment

High unemployment rates of youth with disabilities demonstrate that social policies on employment prospects should focus on providing them with job opportunities and independency (Frangou, 2017; Groce & Kett, 2014). More actions for supported employment should be developed, as well as actions that promote workplace adjustments that support the individual entry of youth with disabilities in the labour market (Papaconstantinou, 2019; World Health Assembly, 2013).
Through actions that help mitigate the risks posed to youth with disabilities we can advocate their rights and support them in practice with the final objective to establish their independency, prosperity, social integration and multiply their opportunities and options.

FACTS

In 2013, 127 countries and the European Union had ratified the Convention on the Rights of Persons with Disabilities (CRPD) and the Convention of the Committee on the Rights of the Child (CRC), demonstrating their commitment to all their citizens (UNICEF, 2013). The CRPD was adopted on the 13th of December 2006 by consensus of the General Assembly of the United Nations (UN). The CRPD is an international human rights treaty reaffirming that persons with disabilities can enjoy all human rights and fundamental freedoms. It clarifies that persons with disabilities have the right to participate in civil, political, economic, social and cultural life in the community, just as anyone else. The CRPD stipulates what public and private authorities must do to ensure and promote the full enjoyment of the rights mentioned above by all persons with disabilities (Uldry, 2019).
The main cause of many challenges faced by children, adolescents, youths and adults with disabilities and their families is discrimination. People with disabilities have the right to enjoy measures that ensure autonomy, professional, intergration and their participation in the social, economic and political life of the country (The Greek Ombudsman, Progress 2007 – 2013).

DID YOU KNOW THAT...

Employment

According to the latest EU figures, only 50.8% of persons with disabilities are in employment, compared to 74.8% for persons without disabilities (EDF, 2020). In the majority of EU Member States persons with disabilities who are working, are not allowed to continue receiving any disability payments.
In the Member States that do offer this possibility (Ireland, Finland, Lithuania, Slovakia, Austria, Croatia, Romania, Greece, Malta and Cyprus) the conditions are strict. In these countries workers with disabilities can only retain benefits for a limited period of time before losing them indefinitely or can only earn up to a very low salary threshold before losing all financial support (EDF, 2021d).

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Education

In the EU persons with disabilities are shown to leave school early, more likely on average 10.1% than the general population and 10.5 % less likely to complete tertiary education (EDF, 2020).

Discrimination

Young persons with disabilities front multiple and intersectional forms of discrimination in many areas:

European Disability Forum states that "many lesbians, gay, bisexual, transgender or intersex (LGBTI) people with disabilities are at risk of multiple and intersectional forms of discrimination in all areas of life. This is particularly true in the areas of employment, education and healthcare" (Uldry, 2019: 28).

In addition to people from ethnic minorities and black people with disabilities are often victims of multiple and intersectional discrimination in all areas of life (EDF, 2019).

Subsequently asylum seekers and migrants with disabilities are particularly susceptible to intersectional discrimination (Uldry, 2019). Millions of persons fleeing war, persecution and human rights violations across the world arrive in Europe, primarily by sea through Italy, Greece, Cyprus and Malta. These journeys include dangers. In fact, they faced torture and ill-treatment, kidnapping by human traffickers and smugglers, sexual violence and exploitation and denial of healthcare. In this case persons with disabilities, unaccompanied children, women and LGBTI+ people, are among the most vulnerable groups particularly those with intersecting identities. Some persons acquire disabilities throughout the journey (Leenknecht, 2020).

Finally, in the EU and in EU enlargement countries, a group that is particularly susceptible to poverty and social exclusion and has difficulties in accessibility to support services, is the Roma community. It is estimated that there is at least 1.6 million Roma with disabilities (EDF, 2020).

Women and girls with disabilities

It is a fact that in the European Union (EU), women and girls with disabilities constitute 16% of the total population of women and 60% of the overall population of 100 million persons with disabilities. Data available shows that women and girls with disabilities that live in the EU are at higher risk of violence than those without disabilities:

- It is likely 2 to 5 times more for women with disabilities to face violence than other women.
- 34 % of women with a disability or a health problem have experienced physical or sexual violence by a partner in their lifetime, comparing to 19% of women without disabilities.
- 61% of women with a disability or a health problem have experienced sexual harassment since the age of 15, comparing to 54% of women without disabilities (EDF, 2021c).

Women and girls with disabilities face multiple and intersectional discrimination in all areas of life: the most significant, including their gender and disability, are socio-economic disadvantages, social isolation, violence against women, forced sterilisation and abortion, lack of access to community services, low quality housing, institutionalisation, inadequate healthcare and denial of the opportunity to contribute and engage actively in society. It seems that the status of women and girls with disabilities is not only worse than that of women without disabilities, but also worse than that of their male peers (EDF, 2021c). Women with disabilities face even higher levels of poverty and social exclusion than men with disabilities in the EU. According to figures 29.5% of women with disabilities in the EU are at risk of poverty and social exclusion compared to 27.5% of men with disabilities. Something that also applies to unemployment rates. On average only 48.3% of women with disabilities are in employment in the EU, compared with 53.3% of men according to EU figures (EDF, 2021c).

COVID 19

Figures available from Eurostat suggested that even before the onset of the COVID-19 pandemic, on December 2019, 28.7% of all persons with disabilities in the EU lived in poverty. This is around 10% higher than for persons without disabilities. For young people with disabilities, women with disabilities, people with multiple disabilities and those with high support needs, the risk of poverty is even greater. According to Eurostat figures before the pandemic already 11% of working persons with disabilities in the EU were experiencing in-work poverty. It is expected the current situation to be much worse (EDF, 2021a).

During the crisis, persons with disabilities belonging to other disadvantaged groups were even more marginalized and put at greater risk of COVID-19 infection and impact. Persons with intellectual or psychosocial disabilities were more likely to be excluded from services or be forced to live in institutions, which have been shown to be an environment where the COVID-19 virus was and is exacerbated. Prior to the pandemic, compared to men without disabilities, women with disabilities were already three times more likely to have unmet needs for health care (EDF, 2021b). Due to the complete lockdown, persons with disabilities in the project states faced many challenges in getting information on prevention from COVID-19. For example, it was really difficult for them to take precautionary measures, to access medical services and mostly struggled to get food and essential supplies (EDF, 2021b). Since the start of the COVID-19 pandemic and especially during lockdown measures, data shows that violence against women and domestic violence has intensified. (EDF, 2021b). The UN Office of the High Commissioner for Human Rights (OHCHR), although the proportion of women and girls with disabilities victims of violence during the pandemic is not known yet, has reported that women with disabilities, who likely facing higher numbers of domestic violence, are reporting less (EDF, 2021c).

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GOOD PRACTICES/SOLUTIONS/TOOLS

Around 37 million people in the European Union (EE) have some type of disability. Persons with disabilities face many obstacles in their daily life and in different sectors, such as their social life, occupation and education. In order to eliminate existing obstacles, we need legislative provisions, practical regulations, rules with a "design for all", and other tools. It is an imperative that we eradicate negative attitudes toward disability. The participation of persons with disabilities can be improved thanks to the advancements of new technologies. The European Community can contribute to promoting collaboration.

Comhairle- Ireland

With the purpose to collect information and actions in the field of providing protection to persons with disabilities, the Irish government founded in 2000 a special assistive service with the name Comhairle that monitors assistive and information actions of public welfare services and ensures that specialised actions for persons with disabilities are embedded therein. In the field of accessibility of persons with disabilities to information, Comhairle has demonstrated remarkable results and has already provided persons with disabilities with the opportunity to directly receive information from 85 independent Citizens Information Centres that operate on a local level without needing to contact each service separately.

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Denmark-Escorts for Individuals with Motor Disabilities and Social Interpreters for Individuals with Hearing Impairments

In Denmark the institutions of "escorts" for people with motor disabilities and "social interpreters" for deaf people contribute to a great extent to the autonomy of persons with disabilities by encouraging their active participation in social life and avoiding their isolation. Persons with disabilities can lodge their applications to the municipality of their residence and are entitled to the services of an "escort" or a "social interpreter" for 15 hours per week. Further, as analysed above in relation to the open protection of the elderly, we see the attributes of a good practice in the institutionalised intervention of the Spanish community of Galicia, where they established mobile interdisciplinary units of social care, as well in the pilot implementation of Reaching out to Users that is taking place in Denmark.

Germany-Integration positions for kindergartens

This programme has been running since 1999 in the municipal kindergartens of the German state Hesse to ensure "integration positions" for children with special needs; it supports an innovative model that promotes equal opportunities through primary social care. Early intervention for the social integration of persons with disabilities in a young age prevents social exclusion.

France- Early Medical-Social Action Centres **(**Centres d'Action Medico-Sociale Precoce - CAMSPs**)**

These centres provide medical and social care services to children with disabilities and their families with the purpose of early diagnosis of developmental disorders and the prevention of psychosocial difficulties. In this way, parents of children with disabilities can receive timely information regarding treatment and recovery opportunities that can either cure or decisively mitigate the negative impact a disorder has on their child. At the same time, early diagnosis helps parents reach out early on to special education units that will be suitable for them and that can support their child to develop from an early stage the skills that are necessary for his/her daily self-care.

Australia-JobAccess

JobAccess provides information on the labour market and the employment of persons with disabilities, the employers and service providers. It was created by the Australian government to collect information and resources that can boost employment among persons with disabilities. The purpose of JobAccess is to help persons with disabilities find and maintain a job, get promoted to better positions, obtain financial and other types of support, upskill in their workplace and much more.

eEurope

The eEurope Initiative seeks to provide all Europeans with the opportunity to benefit from the advancements of information society. It revises legislation and the rules that govern information society in order to ensure that they are compatible with the principles of accessibility. Its goal is to take into account the needs of persons with disabilities when concluding public procurements in the field of information and communication technologies and aims to make the design and content of websites more accessible through the initiative "Internet Accessibility" for a joint market that will be more receptive to assistive technologies.

Greece-Personal Assistant

The Personal Assistant is a person who takes care of daily activities of persons with disabilities -regarding their hands, legs, mouth and eyes- so that they can live independently. This programme was initially implemented as a pilot at the beginning of 2021 and included 1000 people. In its second phase, in 2022, it is expected that an additional 1000 individuals with disabilities will be included. In Greece, persons with disabilities are estimated to present 10% of the general population.

There are multiple benefits of providing personal assistants to users with disabilities themselves, their families and the society in general. Some are immediate, while others will significantly improve the position of persons with disabilities in Greek society within some decades. Therefore, it depends on the type of outcomes we want to see. If we want to chronologically define the initial, immediate outcomes, I would say that from the very first day that the first users will be supported by personal assistants we will have some results. This is expected to happen in 2022. From the first day, many elder parents will no longer need to take care of the daily support of their adult children with disabilities; therefore they will be immediately released from the physical burden they bear today, whereas some users will finally find the means for a fresh start in their profession, entertainment or education, some unemployed people will be employed as personal assistants and some users who are already paying informal helpers through their own resources will be financially relieved and they will also receive more appropriate services.

Slovakia-WELLNEA

WELLNEA is a cosmetic centre in Slovenia, where six young persons with disabilities and 13 individuals without disabilities are employed, many of whom are at risk of social exclusion due to several different reasons. The centre provides cosmetic care services (hairdresser services, beauty care, pedicure, manicure, massage) and manufactures jewellery and organic cosmetics.

The company has received the award of "Family Friendly Employment" from the Slovenian Ministry of Labour, Social Affairs and Family, as well as the ASHOKA award, as an organisation for change.

The mission of WELLNEA is to effectively contribute to the reform of the employment situation of persons with disabilities in Slovakia. In addition, this programme aims to create more effective and beneficial regulations for persons with disabilities in Slovakia. Since its foundation, WELLNEA has employed 20 individuals with disabilities, many of which have been integrated in the wider labour market thanks to the skills they have cultivated at WELLNEA.

Greece-ARTimeleia

ARTimeleia is a theatre group consisting of actors/actresses with and without physical disabilities. Its primary goal is to explore the infinite prospects created by mobility restrictions that are assimilated in a theatrical environment. Up to this date the results have been astonishing. This inclusive environment creates an art product of high quality that is being praised not only by the cultural sector but also by theatre critics. The term ARTimeleia is Greek and means "complete/able and healthy". For this group, however, the word ARTimeleia is defined as "fulfilment and health through art".

Greece-En Dinami-Theatrical Group

This is a collective of artists with and without disabilities. Through their actions, they present a different art and life model, in which "unfamiliar", "weird", "different" and "strange" are incorporated in the collective, and thus empower it. It is based on equal treatment of group members and aims to inspire other people as well to stop perceiving the social cluster in a biased way and in conventional forms.

The goal is to help members of the "En Dinami" group gain a variety of experiences that will become channels of socialisation, recognition and hands-on harnessing of their competences and talents. They believe in the principle of equal opportunities and equal treatment.

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2.5. YOUTH WITH ADDICTION

The "Po DRUGIE" Foundation operates in Warsaw, where it has been supporting young people experiencing homelessness for over 10 years. This is a special group of beneficiaries, because firstly, it is affected by one of the most serious crises that can meet a person - homelessness, and secondly, it is a group of very young people (18-25 years old) without the support of adults, often without profession or education, demoralized, experimenting with psychoactive substances or already addicted. More and more often among the youth using the help of the organization there are people additionally affected by mental disorders.

The Foundation offers accommodation assistance - it runs a network of training apartments in Warsaw - and the support of specialists (psychologist, career counselor, addiction therapist, lawyer). Each person receives the individual help of an assistant (educator, social worker), with whom he/she/it develops an action plan aimed at changing the situation - finding a permanent housing solution and/or working on social and professional activation. Young people benefiting from the support of the Foundation also have the opportunity to participate in numerous activities conducive to discovering passions, interests or shaping new life needs related, for example, to ways of spending free time.

The offer of the organization is constantly expanded and, if possible, adapted to the needs of the participants.

It seems that everything that young people can experience when starting cooperation with the "Po DRUGIE" Foundation, should be a solid basis for them to overcome life difficulties and start an independent, responsible life. Unfortunately, this is not always the case. Very often, young people need much more time, but also sometimes they need to suffer from significant consequences, to start the real process of working on changing and improving their situation. One of the reasons why young people are unable to overcome the homelessness crisis is because of addiction or the harmful use of psychoactive substances.

In this study, the experience gathered by the FpD in 2020-2021 is presented. During that time, nearly 400 young people ask for help in the organization.

INITIATION

It is visible from the interviews and diagnoses made to the participants of the Foundation's support, that many of them start to use psychoactive substances very early. In recent years, more and more youth who have their initiation with psychoactive substances at the age of 9-11 come to the organization. It is very characteristic that early initiations usually take place in the family environment. It often concerns those young people in whose homes there was a problem of addiction - mother, father regularly drank alcohol or used drugs. Young people reached for the stimulant either by getting it directly from their parents or siblings, or because it was available at home.

My father served me the beer himself. I remember I was 10 at the time and I felt something like that ... it was nice because I just went to sleep and I could disconnect from what was happening at home.

We always had alcohol at home. The fridge was empty, but beer, vodka... it was always there. One day, when no one was at home, I just tried it. I was 11 years old. I didn't like it very much, but that's how it started and after a while I tried it again, but this time with my friend.

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The first contact with substances is primarily with alcohol, but it also happens that adolescents start with drugs. One of the participants was 12 years old when he tried the amphetamines his father, who was already addicted, gave him. Most often, however, the initiation took place among peers. After analyzing selected life stories of young people, it usually took place between the ages of 13 and 15.

I was always in the "backyard company" where most of the kids weren't taken care of. We could stay away from our houses till late, hang around. Elders always had more options and gave us, kids, different things. It started with beer and marijuana, I was 13 at the time, but somehow I got into it and a moment later I was already taking it into my nose.

Initiation has serious consequences. The described group usually fails at school, and has no achievements in other areas - sports, social and cultural activities. So they connect with their peers or slightly older colleagues with similar experiences and begin to deepen their knowledge of psychoactive substances. They experiment, look for new and available means that allow them to feel better.

WHY?

While the initiation is often quite random in nature, the subsequent steps that push adolescents towards regular use, and finally compulsion to use, are already more thoughtful. They result from several important reasons that young people define as follows:

- want to feel better, more valuable;
- feeling relief, pain relief, cutting off from problems;
- a pleasant state of intoxication;
- belonging to a group;
- life beyond the rules and prohibitions, sense of power and agency;
- adulthood.

The vast majority of young people benefiting from the Foundation's support are people from disadvantaged and dysfunctional families. From an early age, they faced rejection, insecurity, lack of financial and material resources, and a sense of being inferior. Often, from childhood, they are accompanied by shame.

Everyone knew my father. Everyone saw how he slept on the stairs under the block, how he pees on his pants ... They also heard arguments in my house. When I was going home and passed my neighbors, I always felt bad and wondered what they were thinking.

The police often visited my house because my stepfather beat my mother and us. They would come, they would take him, but then he would come back and it would start all over again. I often went to school without sleep, sometimes I had some bruises ... and each time I tried to hide it all so that no one would find out. When my teacher asked if there was something wrong at home - I was just lying because I was ashamed, but I was also afraid that they would take me away from my mother and that no one would be watching over what was going on at home.

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When drugs and other psychoactive substances enter the lives of these young people, and they find a peer group who perfectly understands their fate, this become a solution to deal with difficult experiences, helps with a sense of shame and loneliness. Many addicted participants admit that entering the world of psychoactive substances was the only available and sensible solution for them.

And what was I supposed to do? I was bad at school, the teachers didn't like me and they kept saying I was a problem. And when I went with the guys and took drugs, I immediately felt like someone had given my wings.

Belonging to a group, a sense of acceptance, joint activities **(**usually illegal and/or criminal**)** often compensated for the bad experiences that young people had at home and at school.

We used to take drugs together, we stole together ... we worked in group, we were part of this group ... well, for better or worse, but then it turned out that everyone is responsible for themselves anyway, well ... but at the beginning I had such a feeling that we take care of ourselves and we are very close to each other.

When they took me to this emergency care, I met girls who had a similar situation to me. There was alcohol and violence in their houses too. They showed me how to relieve myself. There were many different things - cutting myself, sniffing deodorants, drinking alcohol, taking amphetamines, mephedrone. Even more mephedrone, because it was cheaper.

Adolescents reaching for psychoactive substances and entering the path of addiction often began to feel like an adult. The risky behaviors they undertook are usually to show the courage and independence.

This is sometimes such a situation. Someone has some new drugs, but this product is for the best, the chosen ones ... and then you decide to try, because you can afford it. It's a bit like with this text that "you won't have a drink with me?" ...

For me, taking drugs was the solution, because I couldn't cope with the problems and what was happening at home, at school ... and when I started to take and socialize with the group, I also started to feel strong and grown up, because children from "good homes" wouldn't have a courage to try.

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CONSEQUENCES

The vast majority of adolescents who entered the world of drugs and other psychoactive substances, at some point began to feel the serious consequences associated with it. Sometimes it was simply related with absenteeism from school, which resulted in taking to the institution like youth educational center. Sometimes there were more problems. Youth committed criminal acts - possession of substances, thefts, robberies.

We got a little carried away once and with my friend, when we were stoned, we started kicking a car in the parking lot in front of the shopping center. We've had some stupid ideas. And then they stopped us, and we still had some mephedrone with us ... and when they started to talk to us and checked us, I guess there was no other option and they locked me in the center.

For many of the Foundation's beneficiaries, a stay in a juvenile center was not a sufficient solution. Sometimes it was just a compulsory abstinence that they interrupted on every leave. Some continued to use drugs even during their stay at the center. Institutions for minors sometimes did not conduct any activities aimed at working with addicted adolescents or they offered only meetings with a therapist, which took place once a week. Additionally, young people at this stage of their lives often did not have any motivation to start treatment and work on themselves.

I have such a feeling now that time in the center just “slipped out of my fingers”. Now I regret it a bit, because if I had started doing something with myself then I would have been in a different place today. But then I was just cheating constantly, because I wanted to continue living my way.

Therefore, for the majority of young people who apply for help to the Foundation this stay in an institution for minors was not a consequence that would motivate them to make any changes. Many of them considered that the facility was only a stop, a moment that would soon pass, after which they would be able to return to their previous habits.

Often, the clash with reality after leaving the facility brings further consequences, which are sometimes really serious for young people. First, they are already of legal age, so they become to be treated by the system as adults: can be put in prison, forced to do social work or pay high fines. Secondly, they have to support themselves, find a flat, start a job. Then homelessness very often appears.

Homelessness is not always a direct result of addictions. It consists of more elements (such as the lack of family support), but when experiencing it, young people sometimes begin to notice how much it is necessary to work on change.

FLATS

Young people who come to the Foundation searching for help and shelter, first have to talk to specialists about their situation - family, housing, health, education, professional and financial situation. In these first interviews, they very rarely admits to being addicted. They want to present the best version of themselves so they can get accommodation in training apartments. Only when the employees of the Foundation want to do a drug test, the following statements appear: "because last weekend I smoked grass", "I was not supposed to take it, but my friend offered it", etc. However, the use of drugs or other psychoactive substances is usually presented as incidental and not a result of addiction.

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Because it's stupid to say at the very beginning that you have a problem. Especially when a person really needs an apartment and lives on the street. The fear of not getting help is huge. Besides, there is also such a belief that if you have roof over your head, it will be better and you will stop taking drugs.

It does not last long to cover up the problem. Usually, after a few days, it turns out that living sober is tough and is impossible without appropriate therapies and interactions.

TREATMENT

The motivation to heal, however, doesn't come with being caught red-handed. It also does not appear when young people have to leave the apartment due to breaking abstinence. The work of getting a young person to go for treatment is difficult, time-consuming, and requires repeatedly showing him/her/it his/hers/its own downfall and consequences, but at the same time showing that the CHANCE and that the only key to change is to take treatment.

Usually, young people are directed to the so-called closed therapies, i.e. to addiction treatment centers, where work is carried out around the clock and lasts at least six months. Patients live there, are constantly under control and have no contact with their former environment. They are not immediately convinced that this solution will be the best for them and sometimes they try to prove that they are able to survive in other types of treatment.

When you've been to the facility before, going to the center and closing yourself in is very hard. You just think that you can do it differently ... but you can't. However, closed therapy allows you to cut yourself off from everything. I have approached this therapy five times. Only fifth time I was able to finish it, but it took almost four years for me to be ready to do it.

Everyone told me I needed decent therapy, but so what? I just wanted to show them the paper, that I've finished. Eventually, I ended up at the center anyway. For now, I am here for six months and have more to come. This time I feel that I want to stay, that it pays me off.

It happens that adolescents manage to survive till the end of the program offered by an addiction treatment center. But leaving it, even after twelve months, does not mean that the recovery process is complete. Many participants fail to cope with reality and return to their addictions. Therefore, their lives go on in between centers and an open environment. Record holders have stayed in several centers and have several attempts to find themselves in training apartments and in the process of re-adaptation.

However, all this does not mean that the actions taken by the Foundation are ineffective. The process of sobering up and changing lifestyle, requires the participant's motivation, determination and a real understanding that in order to have a better life, they must change. It depends primarily on whether and when it will happen. The role of the supporters is to show them the consequences and perspectives (relating to both: continue to use drugs and recovery) and show them that they are not indifferent to their fate.

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2.6. HOMELESS YOUTH

In the last decade, all over Europe the number of young people in the 18-35 age group who have experienced homelessness has increased, according to the Sixth Overview of Housing Exclusion (2021), carried out by FEANTSA and Fondation Abbé Pierre, focused on housing exclusion of young people, to which fio.PSD contributed for the italian case.

This chapter aims to describe the profile of youth homelessness, the main problems and the trigger events. Moreover, the way to work with young people experiencing homelessness and the good practices at local level are described in the second part.

The content of the chapter is the result of a working group organized by fio.PSD on "homeless young people: profiles, working methods and best practices", which involved sevend fio.PSD members:

- Centro Diaconale La Noce Istituto Valdese– Palermo
- Coop. Soc. REM - Chioggia
- Croce Rossa - Milano
- Coop. Soc. Piazza Grande – Bol
- Avvocato di Strada - Bologna
- Coop. Il Samaritano - Caritas Diocesana Veronese - Verona
- Cooperativa Sociale On the road - Pescara

PROBLEM

The definition of Homelessness at a European level has led to the development of the ETHOS typology, which defined homeless people in Europe as roofless, houseless, living in insecure and in insufficient housing.

FEANTSA defines Youth homelessness as a condition that occurs "where an individual between the ages of 13 and 26 is experiencing rooflessness or houselessness or is living in insecure or inadequate housing without a parent, family member or other legal guardian".

Feantsa has raised the alarm for the worsening living conditions of young people after Covid-19 Pandemic, "Young people are on the front line of this increase in poverty, which seems to be creating a lost generation. This is the unfortunate legacy of years of budget cuts, which started before Covid-19 – and young people have been further abandoned throughout the pandemic".

Since the early stages of the pandemic, the youngest have been hardly hit in Europe, and it has become clear that the effects of the economic crisis and the national lockdown measures would affect young adults (up to 34 years old), with precarious jobs in the service sectors, due to the sudden loss of work and disposable income (Caritas, 2020).

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Youth poverty in Numbers

It would be useful to illustrate some European statistics, in order to figure out the youth poverty in Europe. In Europe, ad hoc statistics about homelessness haven't been developed yet, and each country collects its own data, using different methodologies. That's why it could be difficult to compare homelessness in European countries, but a general idea of the extent of homeless people can be drawn. The main source is the Annual Overview on Housing Exclusion, carried on by Fondation Abbé Pierre - FEANTSA, based upon the latest statistics on homelessness from across European countries.

According to 5th Report on Housing Exclusion, 700,000 people face homelessness every night in the European Union, representing a 70% increase in ten year.

According to Eurostat, in Europe in 2019 1 in 5 young people between 16 and 29 years is at risk of poverty and social exclusion (26,6%), and Italy is above european average (30%) (EUROSTAT, 2019).

Girls are more likely to be at risk of experiencing poverty. In Europe, they represent 27,6%, whereas male are at 25,6%. The situation is even worse for italian girls (31,2%) compared to Italian male peers (29,3%). In addition, young non native are more exposed to poverty (39,7%) compared to italian peers. At last, at a european level, young people (16-29 years) in severe material and social deprivation are 6,1%, whereas 1 in 10 are young non native (10%).

According to Istat - Italian National Institute of Statistics, In Italy the incidence of absolute poverty among young people between 18 and 34 years increased from 9% in 2019 to 11.3% in 2020. Furthermore, according to National Survey on Homelessness, carried on by ISTAT in 2011 with a follow up on 2015, young people 18-34 years represent a quarter of total homeless people (25,7%) accessing to homelessness services, and 8 to 10 are young non native people.

Youth Homelessness and Housing Exclusion

Young people suffer from severe housing exclusion, worsened by the pandemic crisis. In Europe, one of the critical issues concerns the housing exclusion of young people, which describes the difficulties encountered by young people in finding an affordable house and decent living conditions.

On the one hand, housing costs are too high compared to disposable income. According to European statistics, a third of young people live in families in poverty who spend up to 40% of their disposable income to pay for housing-related expenses (EUROSTAT, 2019).

On the other hand, housing conditions are often poor and unhealthy, marked by overcrowding and a lack of basic services. In Italy, 8% of young people between 15 and 29 years live in a condition of severe housing deprivation, compared to 6% of the European average, while more than 4 in 10 young between 15 and 29 years live in overcrowded houses (43%). In addition, almost two thirds of young Italians between 18 and 34 years (64%) are unable to become independent from their family of origin, due to the high costs of rents and mortgages, combined with the high levels of youth unemployment and low income from work (Istat, 2019).

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HOW TO IDENTIFY

It is not easy to identify homeless young people. Youth homelessness is commonly referred to as hidden homelessness. Young people favour sofa surfing to rough sleeping and use emergency shelters as a stop gap when sofa surfing becomes impossible. Youth who sleep rough are also more likely to hide themselves in parks or stations. Therefore when we think about homelessness, we do not think of young people.

Young people accessing homeless services in Italy have specific problems.

Several factors lead young people to homelessness. Girls and boys at risk of homelessness often face hard experience, such as removal from the family of origin, in which there are conflicts and violence, addiction, physical or mental illness, discrimination for sexual orientation, which can begin within the family of origin. Other factors are linked to de-institutionalization, and the lack of individualized projects in the delicate phase of transition. This occurs for example to former Unaccompanied Foriegner Minors, "aging-out" of the reception centers at 18.

Furthermore, low levels of education and lack of job opportunities are factors at the basis of the risk of homelessness. Among young people accessing homeless services, 7 out of 10 have a low educational qualification - up to primary school - while 8 out of 10 are unemployed (Caritas, 2018). Having a low level of education, dropping out of school, having low professional skills are often associated with unemployment and poor jobs.

Trigger events of homelessness for young people

At an individual level, main factors that affect young people experiencing homelessness derive from the rupture with the family and from trigger events. As a result, they tend to social isolation and avoid help from people and services, factors that could lead to addictions or psychiatric problems, and to risky behavior.

Migration

Many young people accessing homeless services are non native, who have aged out of the reception centers at 18 and cannot find a place to stay. Many of these work in the catering or tourism sector, so they can afford a room. However, many of them lost their jobs due to the pandemic crisis and the lockdown measures.

For this group of young people, critical issues reported by the operators is the lack of reference services for reaching the age of majority, which also have consequences on the transition from one phase to another in life and on the possibility of becoming independent and integrated into the community.

An emerging profile of homeless young people concerns migrants who arrived in Italy with a residence permit for study with scholarship. The scholarship guarantees the reduction of taxes, the availability of a room in the student hostels, the university canteen, and other services. As they lose it, due to the loss of requirements on credits and exams during the academic year, they also lose the room and every benefit. University corridors are activated and housing projects, especially in Palermo, host them to support them and guarantee them the right to study.

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Deinstitutionalization - Youth Leaving State Care

Young people who leave state care for minors represent a vulnerable category more likely to be at risk of homelessness. As they come of age, they must leave the institutions in which they have lived for several years, without a family and social network to help them, without services and a project that can support them in achieving an independent life. Trying to reconnect with the family of origin is often a failure and cause of more suffering.

Psychological fragility

Many young people accessing homelessness services have already suffered severe psychological trauma or have certified mental health problems, and are in a very fragile health condition. They are young people who find it hard to create positive and meaningful social relationships, and often have lost trust in institutions too.

Having faced a migratory journey at the cost of life, having grown up in dysfunctional families and having been the victim of violence are all factors that affect the mental health of young people and increase the risk of experiencing homelessness.

However, social workers reported that the strength of young people is the awareness they need psychological support, faced with more positivity than adults.

Addiction

Addiction is a frequent issue for young homeless people. Addiction is not only about substances and alcohol, but also from gambling, sex, money, and is often related to a deep sense of isolation and emptiness. To support them, "we would have to start all over again" **(**social worker**)**.

Legal problem

A large portion of young people who seek legal assistance are young migrants out of the reception circuit or who have not even entered it. There are also young single mothers who need legal assistance because they want to reconnect with their children, from whom they have been separated. There are also young people who have lost their residence as they leave the family of origin and who are supported for the request for a virtual residence, which gives access to fundamental rights. Young people accessing legal services have in common the lack of awareness of having a long series of legal problems, for which they can receive very important support.

Intersectionality

Univocal profiles of youth homelessness cannot be drawn. The problems they face are closely interrelated. There are migrants who have problems with lack of social, economic and working networks. There are young italians who have lived in state care and have no contacts with their families, then have begun to use substances and have become dependent on them. There are young single mothers with addiction problems, grown up in problematic contexts. Therefore, the risk is that these issues can feed each other and increase the risk of experiencing homelessness.

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HOW TO ACT

In this part, we discussed with the fio.PSD members about the methods of intervention adopted in the services for supporting homeless young people. The needs of homeless young people are complex, above all because they are people looking for their own individuality and for a life plan for the future, and who instead encounter problems of social integration, isolation and poverty already in the early stages of adult life. Experiencing a period of severe poverty is a factor that causes and feeds the psychological fragility, which can undermine the self-confidence and psycho-physical well-being of boys and girls.

According to the social workers, the most important factors to take into account in working with young people living rough are motivation, achievement of goals and listening. A key factor is to encourage young people to change their situation, achieving practical goals, however small and easily reachable they may be. For a young person it is important to know that you have a goal and is it possible to reach it, such as managing to finish the school cycle. The most important factor is to start with one goal and then others will follow. For young people it is crucial to know that there is still time to fulfill their wishes for the future. The other peers in their same conditions represent an example, and encourage them to achieve the purpose, as happens for example in the attendance of workshops.

On the other hand, social workers have to actively listen to the young and be able to establish a trust relationship with those in need is a fundamental requirement, in order to be able to engage the young person. Psychological support, psychological and educational accompaniment are fundamental tools to be able to support and activate young people towards their personal life path.

These indications are applied differently, according to the service offered.
When a young person is reached directly on the street, the Street Units make a first **"**light connection**"**. The social workers, and volunteers, are peers and have the same age of people they meet, so they try to create an informal relationship, and to activate a sort of "mirroring" and of recognition between people of the same age. Instead, a more structured connection must be activated with young migrants. In fact, these often are very young, barely 18 years old, former unaccompanied foreigner minors, with whom it could be very difficult to communicate due to the language gap. Psychological support is often immediately required, in order to try to undermine the sense of fear and closure of young migrants, who could have already suffered psychological traumas.

A key factor of the work with homeless young people is the practical activity carried out through the workshops. The workshop activities are designed not only to increase the skills, but also as an opportunity to build relationships. They can stimulate collaboration and cooperation, dialogue and horizontal relationships. The young people are stimulated because they are learning to create with

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their own hands, and ask to participate, also involving other peers. It is possible to carry on different kinds of workshops and labs, such as gardening, carpentry, cooking, journalism, bicycle workshop, music and theater, but they must be attractive in order to encourage the young to stay. They are also a great way to have contact with the outside world, such as the community and the neighborhood where they live, especially for people living in apartments. A microcosm of relationships is created around labs and workshops, which could be very helpful for younger people.

A very important service for young people experiencing homelessness is legal support. It is frequent that young people need to be oriented on their rights. In legal support services, before meeting the lawyer, young users are received by young volunteers, who carry out an informal au pair interview, in a quiet place where he can feel comfortable. Young people are supported to carry on the practice by themselves, activating their skills and increasing their self-confidence, with the support of the social workers. Moreover, a virtuous circle is created, so it could happen that the young who has closed his practice bring his friend and help him solve his problem.

Prevention

Actually, young people represent a major challenge for homeless policies and services. In order to address the node of seriously marginalized young people, policies and services should be rethought in order to prevent homelessness, avoid the chronicization of poverty and provide support in finding the way to an independent life.

FACTS

- 700,000 homeless people are estimated in Europe
- In Italy, more than 50,000 homeless people were estimated in 2015
- In Italy, a quarter of homeless people are between 18 and 34 years old, mostly young non native
- According to Eurostat, in Europe 1 in 5 young people between 18 and 29 is at risk of poverty and social exclusion
- Non-native girls and young people are at greater risk of experiencing poverty
- One of the main problems affecting young Europeans is housing exclusion, poor housing conditions and overcrowding
- Youth Homelessness is described as "hidden poverty", due to the tendency of young people to avoid homeless services and find precarious accommodation with friends and acquaintances

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GOOD PRACTICES

In this part, the fio.PSD members involved in the working group illustrated the projects dedicated to homeless young people.

1 STREET WORK

CROCE ROSSA - COMITATO DI MILANO

Croce Rossa Italiana – Comitato di Milano, is an Association, based in Milan, member of Croce Rossa Italiana. Its mission is to prevent and relieve human suffering, protect life and health and guarantee the respect of human beings. It carries out several projects and activities in the fields of health, social, emergency to support vulnerable people. With regard to homelessness, it carries out various services. The Night Street Unit aims to create a relationship of trust with homeless people, directly on the street and in the places where they live. Volunteers approach and contact people, listen to their requests, direct them to local assistance services, activating specialist street units (medical, psychological and educational). The Medical and Nursing Street Unit, through the intervention of volunteer doctors and nurses, allows homeless people to access a medical evaluation, basic medical care, to receive basic drugs or the prescription for specific drug therapies directly in the street. The Psychological Street Unit includes a psychotherapist psychologist and a group of trained operators, who work with individual clients who need psychological support. The relationship established can be therapeutic or can represent a response to the emerging need. The Educational Street Unit works with the homeless people to develop the lost potential, autonomy, awareness of their own situation, directs them to the opportunities offered by local services and to the possibility of making "new" choices aimed at co-elaborating a personal autonomy project.

OUTREACH - PERIFERIE SENZIENTI - Coop. Soc. On The Road - Pescara

The Outreach-Sentieri sentienti project, born in June 2021, intends to promote a reorganization of local community services and urban welfare, in order to improve the support of users with complex needs: homeless, victims of trafficking, drug addicts, migrants, etc. Project aims are to improve the quality of life of the local community of residents of the Rancitelli district in Pescara and ensure the activation of low-threshold territorial outreach, able to reach citizens who are in a situation of extreme vulnerability. The coordination of interventions, such as prevention actions, disseminated information actions, training courses for operators, counseling and sending to the competent local services, is guaranteed by the work of the multidisciplinary teams integrated with the collaboration of case managers trained as part of the project activities. The young people, together with the case manager of reference, establish the intervention agreement by defining the objectives and short and long term planning a personalized project with health, legal and social accompaniments. It represents a fundamental moment of relational exchange for a better alliance between the social worker reference and the young user.

2. HOUSING

CASA SOLIDALE GIOVANI - Coop. Soc. Il Samaritano - Verona

Casa Solidale Giovani is a Housing First project only for young people in need in Verona with the beginning in 2017. This project have the general ideas of housing first but still with some difference. At this time they have three different houses with three different approaches. One of the houses is "housing first project" where youngsters live by themselves. The second house is "co-housing" which means group of youngsters who live in the controlled house with a social workers during the day and volunteers during the night. The third house is a "protected house" in a parish for youngsters with mental health problems helped by the volunteers. One of the specific of this project is volunteer family tutor as a support for every youngster in a project. They cooperate with the multidisciplinary team and together they try to achieve youngster's goals. A volunteer family tutor has to do a course to prepare them before they start volunteering and come to a meeting every 40 days. A youngster can choose his volunteer family that suits him best and they organize trips and events together, they visit him and he visits them. They accept him as he is. Because of frequent family issues and bad experiences these youngsters have with their biological family it is even more important for them to have a new "family" with healthy relationships and good values with whom they learn to be accepted and loved and afterword use in their independent life. Showing people that they are important and that they care are crucial and Italy is showing us good examples how to do it.

CONDOMINIO SCALO E LABORATORI DI COMUNITA' - Coop. Soc. Piazza Grande - Bologna

The Condominio Scalo is a social cohousing and community lab, born in April 2018, based in the Porto-Saragozza district of Bologna and managed by the Coop. Social Piazza Grande. The Condominio Scalo is an experience born as a meeting point between the inhabitants of the condominium and the neighborhood. In the condominium live 20 homeless people belonging to specific targets: neighbors, the elderly, couples, LGBTQ + people, resigned from detention paths. The peculiarity of the condominium is the co-management of the spaces between cohabitants as regards: rules of coexistence, openness to the territory and common spaces, managed through a weekly assembly and intermediate spaces for participation in a small group. The Community Lab offers activities open to the people hosted and to citizenship. Currently, the "Neighborhood Ciclofficina", the editorial staff of the Piazza Grande street newspaper and the "Turn the postcard" workshop are active every week to narrate and get to know Bologna through the experiences of those who lived it on the street.

HOUSING SOCIALE - Centro Diaconale La Noce Istituto Valdese - Palermo

The Social Housing service, managed by the La Noce Istituto Valdese Deacon Center and born in March 2018, is dedicated to people in conditions, or at risk, of social exclusion and who need temporary accommodation to be able to achieve full autonomy. Young people over 18 are also hosted. A monitoring of the path of each guest is carried out through visits to the apartment, individual interviews, and moments of sharing with other beneficiaries, in order to create a supportive environment and relationships, and offer spaces for listening and support in dealing with critical elements related to cohabitation. Guests are involved in socialization, training and job orientation activities. An Individualized Project is drawn up for each guest, and shared with the social workers of the Municipality of Palermo. When the beneficiaries reach autonomy, the social workers support them in finding an alternative and long-term housing solution.

3. LABS

CINEMHOUSING - Coo. Soc. REM (Chioggia, VE)

The Cinemhousing - Storie che trasformano project includes social and participatory cinema workshops aimed at involving users. The goal of the laboratory is to make sure that even the most distant users feel part of something meaningful, and are able, through a creative path, to regain confidence in themselves and in their ability. The Cinemhousing courses are divided into 3 phases. The first is the writing workshop, during which the participants bring out, compare and express their experiences, always guided and facilitated by an educator/psychologist, and by a filmmaker. The second is the participatory cinema lab, in which attending collectively think about how to make the film, giving everyone the opportunity to choose the role he wants, in order to think about their own strengths and weaknesses and talents. The final step is the projection and awareness, a key moment in which users expose their creative work of analysis on themselves to others. The comparison with the outside world is important so that there is a final awareness of the path taken together.

4. DAILY CENTER

POLO DIURNO E NOTTURNO CENTRO AGAPE - Centro Diaconale La Noce Istituto Valdese - Palermo

The day and night center Centro Agape, managed by the La Noce Istituto Valdese Deacon Center, welcomes people in a condition of social fragility, with problems of addictions, often suffering for mental and psychiatric disorders, legal problems, migrants excluded from the reception circuits who must formalize documents (residence permits, etc.). Day care provides a space for care and accompaniment with respect to the achievement of citizenship and social inclusion objectives. It is designed to create a relaxed and welcoming environment, in order to prevent the tensions related to the critical period we are experiencing (Covid 19 pandemic). The internal organization is flexible, in order to favor times for rest and for meeting users needs.

TRAIN DE VIE - Coop. Soc. On the Road - Pescara

The Train de Vie Day Center, carried out by Coop. Soc. On the Road and based in Pescara, is a protected place of meeting and socialization, that provides distribution of basic necessities, breakfast, toilets, showers, laundry, clothes distribution, telephone recharging, hairdresser and barber, street doctors and street lawyers for homeless people. Train de Vie is also a cultural space, with a library and a reading room, where TV, a computer station, radio and newspapers are available, and where various workshops, artistic, recreational, language literacy courses are carried on. Moreover, the Street Units are active at the railway station and in the surrounding area, one unit supporting people victims of trafficking and exploitation and one other supporting homeless people. The Center welcomes many homeless young people with substance and alcohol addiction problems. Social workers try to establish a trusting relationship, and then set goals easy to achieve, and to proceed step by step. Usually, the social workers welcome and provide basic needs and then they start working on the objectives with the young users. Whenever possible, the young users are interviewed by a psychologist to reconstruct their life stories. Based on expressed needs , for example housing, work, health, young people are directed to the most appropriate service.

5. LEGAL SUPPORT AND PROMOTION OF RIGHTS

AVVOCATO DI STRADA ODV - BOLOGNA (BO)

The Avvocato di Strada (Street Lawyers) project was born in Bologna in the early 2000s with the fundamental objective to promote the rights of homeless people and to guarantee a qualified legal contribution to those citizens objectively deprived of their fundamental rights. In 2020, 27% of the total number of users are young people up to 35 years. The practices opened for the young users mainly concerned the areas of immigration law, the right to residence and housing, administrative problems (fines, sanctions, etc ...), criminal law, other problems of civil law, labor law and family law. Street Lawyer creates specific projects, which allow self-awareness in the area of rights, for example the Rights to Work Guide, in which support and assistance is offered for the insertion and reintegration into work of homeless people, and which has seen the activation of paid work placements to homeless people.

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3. ABOUT AUTHORS

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She works at DrogArt for a year and a half on the "Dance smart" program, where she is the head of volunteering in Maribor, the leader of nightly outreach work, and working in the drug testing service. She is also the manager of European projects. She gained experience through social programs in entrepreneurship managing the Gerontological Society of Slovenia, and project work at the Social Chamber of Slovenia. Her fields of interest are harm reduction, sexism and nightlife, gender issues, accessibility of programs for the socially excluded, and social inequality.

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Roberta Pascucci (PhD), Sociologist and Social Research. Expert in Methodology of Social Research, her fields of interest are Poverty, Social Inequality and Social Policy. She collaborates with Social Policy and Research office in fio.PSD (Italian Federation of Organizations working with Homeless People). She carries out surveys and analysis on Adult marginalization, Homelessness Services, and Data collection on Housing First. Recently, she carried out the National Monitoring of Housing First Project (2019), and the National Monitoring of Projects to tackle Homelessness (2021).

PO DRUGIE FOUNDATION - POLAND

Elżbieta Szadura-Urbańska (author of handbook text - youth worker) Psychologist, trainer, therapist. Many years of experience in working with excluded people: in the crisis of homelessness, mothers from single mother homes, the unemployed and people with disabilities. At the Fundacja po DRUGIE, she conducts individual classes, group support, soft skills training and training for staff and youth.

Agnieszka Sikora (author of handbook text and author of practitioner guide text - youth worker) Founder of the organization. She completed post-graduate studies in the field of rehabilitation pedagogy at the Academy of Rehabilitation Pedagogy in Warsaw, additionally has a higher education in journalism working in the profession - including TVN, TVN24, Radio Dla Ciebie - she dealt with social issues.

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Georgia Chatzichristou, MSc Social Worker, Systemic Therapist Georgia Chatzichristou is a social worker and systemic therapist at Center of Social Welfare of Central Macedonia in Greece. She is a member of Hellenic Association of Social Workers , Systemic Association of North Greece and Scientific Association care of children and adolescents in Thessaloniki. She has been working as a social worker since 2006 and as a systemic therapist since 2017. She provides counseling, systemic psychotherapy and psycho – social support. Her basic field of working is child protection, poverty, homeless and community work. In the context of child protection, she is very interested in the relationship of children and parents and alternative ways of child protection.

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VassilikiDaskalou is a developmental and school psychologist at the Branch of Rehabilitation and Remedy for children with disabilities of Thessaloniki (P.A.A.P.A.TH.), of the Welfare Centre of Central Macedonia in Greece. In the clinical context, she provides counseling and psychological support to individuals with mental disability and/or other disabilities, behavioral problems and other genetic-related disorders. Her research interests include the self-concept and affect in a developmental perspective, the relation between the attachment and the formation of self concept, affect and close relationships during adolescence and emerging adulthood. She is also interested in cyber victimization of adolescents, in coping strategies of stressful situations and how they affect their well-being and their relationships to others. Orcid: 0000-0002-1870-8862

Kralidou Sofia, Social Worker, Sofia Kralidou is a MSW Social Worker based in Thessaloniki, Greece. Her master is on Social Work in Education-Democritus University of Thrace and has also been certified by the NGO Merimna onsupporting children, youth and families grieving.Her professional experience is in both public and private sector. She coordinated and worked for many programs in the field of child protection,prevention, primary health care, human rights, unemployment, human trafficking, addictions, foster care, adoption, migration, domestic violence and homelessness.Since 2020, she works in the Social Welfare Centreof Central Macedonia, providing supportiveservices in general population. During her professional experience, she has co-organized many events and also tookpart in multiple seminars on the field of social work. For many years she was avolunteer in local NGOs.

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Paraskevi Makri, Social Worker, Paraskevi Makri, is a a member of the Hellenic Association of Social Workers and has been working as a social worker since 2016. She has worked for the NGO, ARSIS – Association for the Social Support of Youth for 4 years, at the programmes Restart for Homeless adults, REACT- Refugee Assistance Collaboration in Thessaloniki, Emergency Relief for Winter/ Streetwork for homeless adults, GFM Support to mostly Syrian refugees both in camps and en-route in Serbia, FYROM and Greece SRB 1601 and as a Project Manager for the programme- EU-ROADMAP- Refugees and orientation, assessment desk, methodologies, activities and participation. Since the December of 2020, she has been working for Center of Social Welfareof Central Makedonia . Since October of 2021, she is a student of School of Pedagogical and Technological **E**ducation.

SOPRO - PORTUGAL

AMARAL Sandra, Master. Psychologist from the Minho University, an effective member of the Order of Portuguese Psychologists. She works as a Psychologist and Victim Support Technician in the Projects for the Promotion and Defense of Gender Equality and Combat and Intervention against Domestic/Dating and Gender Violence promoted by the association SOPRO. As functions, it is responsible for the psychological support of victims of Domestic Violence, collaborating in the development and implementation of Projects within the scope of the Promotion of Gender Equality and Prevention and Intervention in Gender Violence. He also collaborates and develops international projects **(**ERASMUS +**)** in the area of Gender Equality and Gender Violence. Co-author of the pedagogical game "Chega para Aqui, Chega para Lá" in the area of Gender Equality and Violence in Dating.

MIRANDA Joana, Master. Degree in Social Work and Master in Minority Studies. She is a Project Manager at a national level in the area of Prevention / Intervention in Dating / Domestic Violence, Local Support, Citizenship, Human Rights and Volunteering and responsible for SOPRO's Local Support Service. She develops and coordinates international projects in the area of citizenship, human rights, volunteering and gender equality. Co-author of the pedagogical game "Chega para Aqui, Chega para Lá" in the area of Gender Equality and Violence in Dating.

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TEAM4EXCELLENCE - ROMANIA

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ACOMI Ovidiu, MBA. President of Asociatia TEAM4Excellence and youth worker, Ovidiu is a trainer at the National Institute of Administration in the area of public communication, Member of the Naval Supervisory Board within the Competition Council for a 5-year term, member of the Engineering Commission of ARACIS (public body for the accreditation of technical universities) for a 4-year term, EFQM trainer and international evaluator for the Global EFQM Awards, manager of European projects and management consultant, expert evaluator of the European Commission for research and innovation projects and Project Management Professional (PMP)®. Ovidiu authored one book and 20+ academic articles.

4. ABOUT PARTNER ORGANISATION

DROGART - SLOVENIA

DrogArt is a non-profit volunteer organization founded in 1999 to reduce the harmful effects of drugs and alcohol among young people. The main areas of activity are information, counseling and psychosocial assistance, field work in nightlife venues, daily field work with psychosocial assistance with young drug users, conducting trainings and workshops to reduce drug and alcohol harm among young people, publishing, prevalence research and characteristics of alcohol and other drug use among young people and planning new responses. The association has the status of a humanitarian (2005) and youth organization (2013). DrogArt info point is from l. 2002 included in L'MIT (Ljubljana Network of Info Points). Our vision is to reduce the risks associated with drug and alcohol use in Slovenia. Our values are cooperation, assistance, development, education and training. We encourage the development of innovative youth projects, the involvement of young people in the activities of the association and voluntary and youth work. Since 2012, we have also been implementing the social entrepreneurship project 'From the principle' (social marketing), the operation of which we upgraded in 2016 with the status of a social enterprise.

FIO.PSD -ITALY

fio.PSD - Italian Federation of Organizations working with Homeless people - is a democratic, non-profit association that pursues social solidarity and inclusion in the area of severe adult marginalization and homelessness. It counts more than 130 associated located in 15 Regions. fio.PSD is an umbrella organization in the Italian homelessness sector. fio.PSD collaborates with different kinds of organizations at the European, national and local levels (public, private and NGO's) for developing an integrated strategy to tackle homelessness in Italy. fio.PSD regularly manages Seminars (national and international), Training courses (for social workers and volunteers), Summer and Winter schools, Conferences aims to promote knowledge, learning, and professionalization of homelessness services.

PO DRUGIE FOUNDATION - POLAND

Fundacja po DRUGIE supports youth and young adults (18-25 years old) at risk of and suffering from homelessness. It also helps young people at risk of social exclusion, pathology and helplessness. Our support is used primarily by former charges and charges of orphanages, foster families and social rehabilitation centers. After they reach the age of majority, they often don't have a place to become independent. We create a home for them.

SOCIAL WELFARE - GREECE

In a constantly changing and increasingly complex world, where certainty no longer applies, the operation of regional Social Welfare Centres throughout the country is quintessential in furthering the implementation of national Social and Welfare policies. In this context, the Social Welfare Centre of Central Macedonia, through a number of branches, facilities and projects, provides its services to vulnerable social groups, thus catering for the needs of the most fragile part of the population.

It is a governmental organization and The strategic goal of the Social Welfare Centre of Central Macedonia is to help eliminate social exclusion and poverty by strengthening social cohesion, and providing quality welfare services to the citizens of Central Macedonia.

More specifically, it aims to:

- prevent and deal with challenging factors which may give rise to social exclusion and marginalisation;
- protect and provide care for individuals who lack a supportive environment, including the delivery of all services necessary for ensuring decent living conditions.

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- Ifurther the process of deinstituzionalization of persons residing in institutions by enchancing their skills and preparing the ground for them to smoothly transition into and be actively reintegrated in the community.

- improve available services and/or develop new ones in order to provide new opportunities to vulnerable social groups and, ultimately, to the whole society. Examples of good practice include: the establishing of a Social Cooperative, the **"**Athena**"** International Independent Living Skills Training Centre and a number of other leading actions/projects.

The SWCM provides care and closed-care services to people with disabilities, functional, social and vocational training and rehabilitation, chronic nursing, as well as the operation of out-of-institutional structures such as retirement homes and sheltered living in the community.

That is why, through its wide range of structures, it also works:

1**)** the "Aristotle" Training and Operational Rehabilitation Program as an open care unit operating workshops of Horticulture, Candlesticks, Ceramics, Byzantine Art, Carpets, General Handicraft and Cutting Sewing in order to further integrate young people into the labor market or protected workshops.

2**)** the "Thetis" Child Support Center, whose aim is to strengthen their physical and mental health and, with the help of specialists, to process in the less painful manner the experienced and cruel reality of the crisis .It is mainly aimed at children of formal development. The children that are housed are children in the area who are experiencing the crisis, have difficulty and need support, as the purpose of Thetis is to prevent and remove obstacles for adolescents in order to create a safe "I".

3**)** The Housing and Reintegration Program "Shaping the Future", which aims at the smooth transition of homeless people to autonomous forms of living, and includes housing, psychosocial support, work counseling and interconnection with competent services as well as work rehabilitation.

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SOPRO - PORTUGAL

SOPRO – Solidariedade e Promoção is a Non-Governmental Organization for Development, non-profit-making, founded in 1996, situated in Barcelos, Portugal. The SOPRO's mission is the youth's education on solidarity and promotion of cooperation projects for human development in the world. As inspiration to future work, SOPRO has a vision: to be a promoting actor of the participation of all and, in particular, of young people as witnesses and channel for the solidarity.
SOPRO develops its activities at local and international level, and has made Millennium Development Goals presented by United Nations its own purposes, working to Eradicate extreme poverty and hunger; Achieve Universal Primary Education; Promote Gender Equality and Empower Women. In Barcelos area, SOPRO has developed several projects, among them: Voluntary work with Portuguese Volunteers and Volunteers from European Solidarity Corps who works with elderly, social shop and children and youth with fewer opportunities; School Supply Bank and projects dedicated to Gender Equality and Non-Gender Violence.
Internationally, SOPRO's work is focused in Mozambique, since 1998, in Beira region and in Sofala's catholic missions **(**ESMABAMA – Estaquinha, Mangunde, Barada and Machanga**)**, where SOPRO's staff work as volunteer for a short or long period. The intervention's goal in Mozambique is to make possible the Universal access to education.

TEAM4EXCELLENCE - ROMANIA

TEAM4Excellence **(**T4E**)** is a Romanian youth association aiming to improve the quality of life through education, research and consulting activities. To address societal challenges, T4E provide learning opportunities and career advice for social inclusion, development and employability of youth, and equip trainers with key competences and skills to foster personal as well as professional development. Within 50+ EU funded projects, the association produces and transfers innovation, experience and know-how through cooperation with domestic and international partners. By hosting events, training courses and conferences, T4E strengthens collaboration between people, supports organisations and bridges gaps between generations. The wide expertise in management enables T4E staff to provide consultancy to large companies and SMEs using the EFQM Model and Business Model Canvas.

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5. ABOUT TRANSFERABILITY

The content can be use in schools (middle, high schools), It can be implemented as workshops to students from psychology, rehabilitation (resocialization) specializations

The material can be used to show students of social sciences to:

1. Show them ways how to help people in need
2. Show them texts from practitioner guide and handbook

- It can be useful and helpful for students who are interested in helping people. Texts from IO2 and IO3 will be good material to read advices from specialists working with youth. Students will have the opportunity to gain new knowledge and competences to work in their future profession.
- It can be used as guide for pedagogists in schools (especially for children with special needs - social exclusion) Educators and teachers will be able to read about the experiences of specialists working with youth from all over the world and compare the methods of working with each other.
- It is also an opportunity to take a new look at the concept of youth work, which is not always communicated to school staff. School educators meet social excluded youth everyday in work. The platform will be a valuable source of information how to help a young person who is looking for help.
- It can be used as help for specialists who work with youth in risk, It can be helpful in youth centers (NGOs), It can be used in shelters.
- Support path can be used directly by beneficiaries

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7. CONCLUSIONS

This Handbook is the result of the Intellectual Output 4 of the project "Online Support for Youth at Risk" which is funded under Erasmus Plus Programme.

All of the materials in this handbook has been developed by each partner according to the competences of the partners. These handbook provide to the youth workers information with the aim to support them to continuously evolve and improve youth information services in line with young people's ever-changing information seeking.

This handbook allow at-risk youth improve social skills, acquire new competences, the possibility of self-reflection and getting support in their difficult situation. They are more aware of their problems, their difficulties, that they are not alone and where they can look for help. At the same time, youth workers that using the handbook are prepared to work with this specific group in a way taking into account their potentials.

To increase the impact, we strongly encourage our readers to use the handbook in broad settings, as well as share information about the available project outputs at https://trainingclub.eu/youth-at-risk/ .

We expect that the material will be used by youth workers in six project countries – Greece, Italy, Poland, Portugal, Romania and Slovenia.

Further use of this material is permitted with reference to the source. Online Support for Youth at Risk has been co-funded by the Erasmus+ Programme of the European Union, Key Action 2 - Strategic Partnerships.