



METHODOLOGY TOOLKIT FOR SOCIAL INCLUSION

MANUAL FOR YOUTH WORKERS



QUEER NEST

Methodology toolkit for social inclusion - Manual for Youth Workers

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WHAT'S UP? - Theoretical framework of the phenomenon and needs description

The phenomenon of being homeless affects people of all ages, from the youngest (even underage) to adults.

This manual will focus on LGBTQIA+ youth who, for several reasons, cannot live with their family of origin anymore or for different lengths of time: because of their sexual orientation and identity, they face additional risk situations and express needs quite differently than their heterosexual and cisgender peers.

Focusing on this type of homelessness is a response to the need to give visibility to issues that are almost absent in the academic and public policy agenda, in Italy in particular, but also more generally in Europe (Nolan 2017).

It is essential to first understand how the condition of homelessness is defined and what kind of specific attention should be devoted to this condition among the young people.

ISTAT (Italian National Statistics Institute, 2015) considers a person as homeless when: *"they are in material poverty and immaterial one, which is characterized by the strong housing discomfort, that is, the impossibility and/or inability to independently provide for the finding and maintenance of a home in the proper sense"*.

The institute refers to the ETHOS typology (European Typology on Homelessness and Housing Exclusion) and distinguishes between people who live in:

- public spaces (on the street, barracks, machines abandoned caravans, sheds);
- a night dorm and/or are forced to spend many hours of the day in a public space (open);
- hostels for homeless people/temporary accommodation;
- housing for social support specific (for single homeless persons, couples and groups).

From the second survey (followed by the first breakthrough in 2011) on homeless people made by ISTAT in 2014 (ISTAT 2015) it appears that there were 47,648 homeless people in Italy.

The survey provides no data about LGBTQIA+ people, only distinguishing among men and women; young people and young adults between 18 and 34 years, represent 25.7% of the total; 60% of homeless people are foreigners, of whom 50% are young (less than 34 years).

The ISTAT definition underestimates the phenomenon, at least for the youth component, as it excludes:

- those who live in places characterized by a strong informality as occupations or structural fields in cities;
- those who are receiving hospitality by relatives or friends temporarily or not.

It is known that the latter form of homelessness is typical of adolescents and young adults who, as they leave their home, often turn to people of their narrower social circle to find a roof over their



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head, passing from house to house and doing the so called "*couch surfing*" (Curry et al. 2017) for a few days or sometimes even whole weeks or months. The term refers to young people without parental support who "*move from one temporary accommodation to another without a safe place to stay*" (McLoughlin 2013, p. 521).

Most studies analysed by Ecker (2016) underestimate or not are able to detect the phenomenon of "hidden homelessness" as that of those who are housed temporarily by relatives or friends and those at risk of ending up in a homeless state.

The Canadian Homelessness Research Network, now called Canadian Observatory on Homelessness (the largest research institute on this topic in the country), defines homelessness as "*the situation of an individual or a family without stable housing, permanent, appropriate, or perspective, immediate means and ability to acquire it. It is the result of systemic or social barriers, lack of accessible and adequate housing, financial challenges, mental, cognitive, behavioural or physical of the individual/family and/or racism; and discrimination*" (2012, p. 1).

It refers to different degrees of homelessness and of housing insecurity, including:

- unsheltered, those living on the street or in places not intended to human habitation;
- emergency sheltered, those who are welcomed into emergency shelters, both for homeless at night and for victims of domestic violence;
- provisionally sheltered, referred to those whose housing is temporary or unsafe of possession;
- at the risk of homelessness, people who are not homeless, but whose current economic situation and/or housing is precarious or does not meet public health and safety standards.

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Unlike the type used by ISTAT, it therefore takes into account that part of people who are not yet homeless but run serious risks to be people practicing couch surfing, as illustrated above.

Since "*adolescence and early youth represent a crucial window in development which leads to the transition to adult life and every day lived in a state of instability housing is, for the associated stress, a missed opportunity for a healthy transition and fruitful to adult life*" (Morton et al. 2017), some authors have tried to better circumscribe the definition of homeless young people as "*young people aged 13-24 living regardless of parents and/or caregivers and lack many of the social supports that in gender we consider necessary for the transition from childhood to adulthood*" adding that, in such circumstances "*young people do not have a stable or consistent source of income or place of residence, nor have necessarily adequate access to support networks to facilitate a safe transition and nourishing to the responsibilities of adulthood*" (Gaetz et al. 2013).

This definition better clarifies the specificities of issues that affect LGBTQIA+ young people "looking for a home".



PILLS FOR NEWBIES - Essential Glossary

GENDER BASICS	
SOGIESC	LGBTQIA+
<p>Sexual Orientation, Gender Identity, gender Expression and Sex Characteristics.</p> <p><i>PEOPLE WITH DIVERSE SOGIESC</i> = people whose sexual orientations, gender identities, gender expressions and/or sex characteristics place them outside culturally mainstream categories.</p>	<p>Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asex.</p> <p>The + represents people with diverse SOGIESC who identify using other terms. SOGIESC-related acronyms are not static and continue to evolve over time.</p>
GENDER	GENDER ROLE
<p>The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for individuals based on the sex they were assigned at birth.</p>	<p>A set of societal norms dictating what types of behaviours are generally considered acceptable, appropriate or desirable for a person based on their actual sex or perceived sex or gender.</p>
THE GENDER BINARY	GENDER EQUITY & EQUALITY
<p>Traditionally Western concept classifying gender into two distinct, supposedly “opposite” forms: men/boys - women/girls. Adherence to the gender binary in language, data collection and services excludes other genders and limits our ability to provide appropriate and respectful assistance.</p>	<p>Equity is the process of being fair to individuals of all genders;</p> <p>Equality means that rights, responsibilities and opportunities will not depend on one’s sex assigned at birth, physical sex characteristics, gender assigned by society, gender identity or gender expression.</p> <p><i>Equity is a means; Equality is the result.</i></p>



To better understand the variety of prefixes used in the following definitions, we should take into account that:

<i>THIS</i>	<i>IMPLIES THIS</i>
↓	↓
A-	None.
MONO-	Exclusively one.
BI-	Theoretically two, sometimes also used as umbrella terms for non-mono.
PAN-	Any.
HOMO -	Same.
HETERO -	Opposite, according to the gender binary conception.

ORIENTATION

Each person’s enduring capacity for profound romantic, emotional and/or physical feelings for, or attraction to, other people.

Encompasses hetero-, homo-, bi-, pan- and a-, as well as a wide range of other expressions of orientation.



SEXUAL ORIENTATION

ROMANTIC ORIENTATION

=

=

Physical attraction

Romantic/Emotional attraction

Please note that the sexual orientation doesn’t imply the romantic one and vice versa:

an asexual person can be panromantic.



ORIENTATION	
<p style="text-align: center;"><i>ASEXUAL</i></p> <p>A person who may experience romantic or emotional attraction, but generally does not experience sexual attraction. <u>Demisexual</u> and <u>greysexual/grey-aseexual</u> describe people with varying degrees of sexual attraction. Asexual may be used as an umbrella term encompassing demisexual, greysexual and other terms.</p>	<p style="text-align: center;"><i>GAY</i></p> <p>Men who feel romantic, emotional and/or physical attraction to men; Also, women who are attracted to other women.</p>
<p style="text-align: center;"><i>LESBIAN</i></p> <p>A woman who feels romantic, emotional and/or physical attraction to women.</p>	<p style="text-align: center;"><i>BISEXUAL</i></p> <p>A person who feels romantic, emotional and/or physical attraction to people of both genders, according to a gender binary conception, or to people of any gender (<u>pansexual</u>).</p>
<p style="text-align: center;"><i>QUEER</i></p> <p>Traditionally a negative term, queer has been reclaimed by some people and is considered inclusive of a wide range of diverse sexual orientations, gender identities and expressions. It may be used as an umbrella term for people with diverse SOGIESC, or as an alternative to the phrase “people with diverse SOGIESC” or the acronym LGBTQIA+. Queer is used by many people who feel they do not conform to a given society’s economic, social and political norms based on their sexual orientation, gender identity and gender expression.</p>	



GENDER IDENTITY

Each person’s deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth or the gender attributed to them by society.

It includes the personal sense of the body, which may or may not involve a desire for modification of appearance or function of the body by medical, surgical or other means.

Cis/CISGENDER

A person whose gender identity and the sex they were assigned at birth align.

TRANS/TRANGENDER

Terms used by some people whose gender identity differs from what is typically associated with the sex they were assigned at birth and the gender attributed to the individual by society.

Some transgender women may refer to themselves as:

- ❖ M to F / MTF (male-to-female) transgender
- ❖ AMAB (Assigned Male At Birth).

Some transgender men may refer to themselves as:

- ❖ F to M or FTM (female-to-male) transgender;
- ❖ AFAB (Assigned Female At Birth).

NON-BINARY

People whose gender identity falls outside the male-female binary.

- Umbrella term that encompasses a wide variety of gender experiences, including people with a specific gender identity other than man or woman, people who identify as two or more genders (bigender or pan/polygender), people who don’t identify with any gender (agender) and people whose gender is not fixed over time (genderfluid).

TRANSSEXUAL

Older term largely used and preferred by some whose gender identity differs from their assigned sex.

PERSONAL PRONOUNS

Pronouns are words we use to talk about ourselves (“I”), to someone (“you”) or about other people (“she,” “he,” “they,” etc.).

In English, “he” and “she,” called third-person pronouns, are gendered, while singular “they” is gender-neutral.



GENDER EXPRESSION

Individuals use a range of cues, such as names, pronouns, behaviour, clothing, voice, mannerisms and/or bodily characteristics, to interpret other individuals' genders.

Gender expression is not necessarily an accurate reflection of gender identity.

People with diverse sexual orientation, gender identity or characteristics do not necessarily have a diverse gender expression.

TRANSITION

The process of changing one's external gender presentation to be more in line with one's gender identity.

Transition typically occurs over a long period of time and may include:

- telling one's family, friends and coworkers;
- using a different name, pronoun and/or title;
- dressing differently;
- changing one's name and/or sex on legal documents;
- undergoing hormone therapy and/or other treatment.

DRAG

Exaggerated, theatrical and/or performative gender presentation.

Drag performers may use makeup, props, clothing and mannerisms to present a caricature of gender.

They typically portray a gender different from their own.

Drag performance may incorporate elements from high art, fashion, pageantry, comedy and more.

While drag culture is closely associated with LGBTQIA+ communities, drag performers do not necessarily have diverse SOGIESC.

GENDER NON-CONFORMING

Behaviour or appearance that is not in alignment with prevailing cultural expectations related to a particular gender. The term can apply to all individuals, regardless of SOGIESC.



SEX CHARACTERISTICS

Each person’s physical features relating to sex, including chromosomes, gonads, sex hormones, genitals and secondary physical features emerging from puberty.

SEX

The classification of a person as having female, male and/or intersex sex characteristics. Infants are usually assigned the sex of male or female at birth based on the appearance of their external anatomy alone (assigned sex at birth), BUT a person’s sex is a combination of a range of bodily sex characteristics.

INTERSEX

People who are born with sex characteristics that don’t fit typical definitions of male and female bodies. Intersex is an umbrella term used to describe a wide range of natural bodily variations. These variations may be apparent before or at birth, appear after puberty or later, or may not be physically apparent at all.

PERSONAL DEVELOPMENT

COMING OUT

These terms describe a process of self-acceptance wherein individuals acknowledge their identity, then share it with others. The terms also refer to an individual having to share their diverse SOGIESC with others, regardless of whether the disclosure is desired; This is sometimes called forced outing.

OUTING

A person’s SOGIESC being made public without their consent or knowledge, often for malicious purposes.

QUESTIONING

A term that describes people who are exploring their SOGIESC.



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PREJUDICE

HOMO-, BI-, TRANS- AND INTERSEX-PHOBIA

Fear of gay or lesbian people, bisexual people, transgender people or intersex people, respectively, which may manifest in exclusionary behaviour, stigma, harassment, discrimination and/or violence.

Considered outdated and inaccurate by some who prefer terms ending in “-misia” instead of “-phobia”.

HETERO-CIS SEXISM/NORMATIVITY

Viewing heterosexuality/ cisgender as superior; assuming all people are heterosexual/cisgender.

ALLY

A person who publicly advocates for LGBTQIA+ human rights.

Allies are often classified as individuals who are not LGBTQIA+, but LGBTQIA+ people can also be allies.

For instance, a lesbian cisgender woman who advocates for bisexual men is a bisexual ally.



LEGAL ISSUES AND RECOGNITION	
<p align="center">LEGAL RECOGNITION OF GENDER IDENTITY</p> <p>Multiple countries recognize the right of transgender people to correct their gender on official documents, such as national identity cards or passports.</p> <p>Some countries additionally recognize a third gender or third sex classification represented as O, T or X on official documents.</p>	<p align="center">CIVIL UNION</p> <p>Formal recognition of committed relationships involving individuals not legally considered to be of the same sex.</p> <p>In some countries, civil unions confer many, but not all, of the same rights, benefits and privileges as different-sex marriages, including in relation to taxes, social security benefits, estate planning and medical decisions.</p>
<p align="center">SODOMY LAWS</p> <p>A type of law prohibiting anal sex and/or same-sex sexual acts between consenting adults.</p>	<p align="center">HATE CRIMES</p> <p>Acts that constitute an offense under criminal law, motivated by bias or prejudice towards particular groups of people.</p>



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In-depth information box

TIPS FOR YOUTH WORKERS: How to Create Safe and Inclusive Spaces

On **attitude** level, it is good to remind these 6 elements:

- During introduction, clarify pronouns as well as name;
- Do not ask about deadnames or use them.
- Do not assume the heterosexuality of young LGBTQIA+ in a homeless situation or at risk of.
- Avoid assuming and/or making statements based on common stereotypes about gender expressions;
- Let the people come out, don't ask them about their sexual orientation/identity.
- Don't ask about their transition unless it's a medical emergency (their body doesn't need to be shared with you)

Language and communication shall be:

- Inclusive of gender and sexual orientation;
- Non-pathologizing;
- Adapt to different types of audience.

Space can be felt as friendly by presenting:

- Gender neutral bathrooms;
- Visual representation of the whole community (flags, inclusive quotes, queer art)
- A chill out area with a couch and some snacks
- A suggestion box that gets constantly checked;
- Literature about queer topics to consult, borrow, take away;
- A list of LGBTQIA+ friendly people in services (therapists, social worker, doctors, psychologists)



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In order to be able to effectively support the people attending the space, the working and volunteering team, maintaining the specific personal and professional peculiarities, shall be informed, educated and constantly updated about the topics of:

- SOGIESC;
- Power and privilege dynamics;
- Stereotypes, prejudices, discriminations;
- Local services and opportunities.

The space can finally be defined as friendly *place* by implementing the following initiatives

- Community building events;
- Participation to LGBTQIA+ public event (Pride march, Transgender Day of Remembrance events, ...) and their promotion;
- Edutainment, informative, creative workshops;
- Creation of campaigns that are inclusive in terms of image and language;
- Establishment of partnerships and protocols between other institutions and public services to find housing solutions.

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In-depth information box

YOUTH WORKERS AND YOUNG LGBTQIA+ HOMELESS: The Importance of Non-Formal Education

Non-formal education is characterized by being:

- based on voluntary participation;
- built on the needs and capabilities of those involved;
- sensitive to methodology and content;
- transparent and confidential;
- oriented to experiential learning (learning by doing) and empowerment of each participant



- aimed at stimulating an inclusive, participatory and cooperative approach based on democratic values and human rights.

The balanced combination among these elements allows to establish a safe, generative and fruitful setting into which it is possible to effectively interact with individuals and groups in a specific part of their existence path.

A basic non-formal education process to lead a collective work with young LGBTQIA+ homeless can be built starting by the following activities:

❖ **Silent Floor**

Silent debate activity in which everyone can express their thoughts through writing words or sentences, drawing their inputs according to the specific topic which is written in the middle of the flipchart.

Going around among the different flipcharts containing keywords, everyone will be able to silently discuss and enrich the written/drawn conversation.

It's essential to have a conclusive debriefing in plenum.

❖ **World Café**

Second phase of the discussion, more interactive and in small groups which will gradually visit one table each 20 minutes, sharing their thoughts and reflecting together.

The structure of the flipchart/table will be the same as the silent floor but the timing is precisely scanned and the discussion will be followed by a facilitator at each table who'll take notes and report the conclusions to each group and in the plenary closure.

❖ **Forum Theatre**

Taking inspiration from a few lines describing an ordinary conflictual situation, each small group will perform the scene. The deeply reflective and interactive element is the possibility given to the audience to interrupt the performance and switch the situation by suggesting to act differently or going on the stage and perform the role with different actions.

❖ **Case Studies**

Powerful tool to highlight and value everyone's experience-based point of view, case studies can be a challenging input to inspire group research for many different solutions.



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ABOUT EMPOWERMENT

A real empowering support is only possible if we stop looking at the person as “a case” *per se*, isolated by the surrounding context.

In order to holistically and professionally take in charge the accompaniment of young LGBTQIA+ homeless person, the balanced combination of the following three elements is fundamental:

a. Multidisciplinary and multifactorial approach:

- This implies the sharing and the meeting of each different professional involved competences in working on the complexity of the case, in direct collaboration with the supported person in the team.
- The Opus Diversidades / CATE team consists of professional educators, social workers, psychologists, job orienting trainers and volunteers, who together collaborate with the person in the assessment and understanding of oppression phenomena, finding common strategies for the avoidance, the reduction and the elimination of social, health and economic marginalization;

b. Systemic-relational perspective:

- It focuses on the study of the interaction among the supported young LGBTQIA+ homeless person and the network of their most significant relationships, in order to effectively observe their behaviours and interactions, placing the person at the centre of the system of relationships in which they were born, grew and currently live is essential.
- Informal networks can be a useful resource, but at the same time critical.
- It is important to value the nodes of the network considered enriching for the person, encouraging the growth;

c. Intersectional approach:

- In this framework, it is crucial to take into account the interweaving of multiple discrimination to which marginalized LGBTQI+ people are exposed;
- The coexistence of more factors that generate greater vulnerability and social, health and economic marginality, makes them more exposed to oppressive and discriminatory policies.



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To better understand the importance of a complex and organic look at each single person whose past story and present situation, here an *In-depth information box* giving a not too specific context:

In-depth information box

LGBTQIA+ MIGRANTS: Elements that Youth Workers should Take into Account

Since 2011, Italy has become one of the arrival countries of a large number of migrants.

The response to these migratory waves has been the establishment of reception centres that, organized at different levels, are trying to support migrants in the international protection process, ending either with the residence permit (asylum, subsidiary protection, humanitarian reasons) or with the denial of any form of protection.

Within these facilities, migrants and asylum seekers are extremely vulnerable, carrying the burden of personal histories (of violence, torture, persecution, wars, poverty) and the uncertainty of the migratory project (full of pitfalls and dangers) not to mention the structural violence of the reception system itself.

Given this framework, it is undeniable that LGBTQIA+ migrants are even more vulnerable because of their sexual orientation and gender identity (SOGI dimension); they leave their native country to escape from repressive laws, social control, discrimination and persecution and when the reception facilities fail to recognize their status their sufferings are exacerbated.

The double vulnerability that this population group experiences requires an intersectional approach in the intervention planning. The SOGI dimension is a strong conditioning factor in the life of many refugees; in many cases - as mentioned - it represents the cause of the migration; in others, it is the cause of great mental and emotional distress.

For this reason, the development of an individual support service is the most effective strategy to meet the specific needs of this group of beneficiaries.

If the overview mentioned above already gives a clear idea of the indispensability of a precise intervention that considers the whole spectrum of a person's identity on personal, social and historical spectrum, it is fundamental to highlight the importance of a deep and total focus on young people facing the process of migration, request of asylum status and recognizing themselves as part of LGBTQIA+ community.



Coming back to our ideal approach,

➤ Here the essential tools for a well-balanced team:

TYPE OF TOOLS NEEDED BY THE TEAM ON	
ORGANIZATIONAL LEVEL	SINGLE PROFESSIONAL LEVEL
<p>Competences in:</p> <ul style="list-style-type: none"> ● creating and keeping virtuous partnerships with: <ul style="list-style-type: none"> ○ authorities; ○ institutions; ○ private partners; ○ local community; ○ other stakeholders. ● advocating towards institutions; ● developing fundraising campaigns; ● enhancing network with formal and informal partners; ● assessing and optimizing internal and external resources; ● working with the local population aiming for generative welfare. 	<p>Skills in:</p> <ul style="list-style-type: none"> ● understand and enhance the work with the person, activating/ maintaining teams outside their own synergistic collaboration and communication; ● development of internal and external resources; <p>Knowledge about:</p> <ul style="list-style-type: none"> ● SOGIESC related elements; ● bureaucratic dynamics; ● legal and medical system. <p>Attitudes:</p> <ul style="list-style-type: none"> ● holistic; ● welcoming; ● non-judgmental. <p>Ability to:</p> <ul style="list-style-type: none"> ● recognize, assess and activate the resources; ● work in multidisciplinary teams; ● effectively interact with formal and informal partners.



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- Thereby a basic template to better orient a holistic intervention, through the identification of possible triggers and needs according to specific field:

FIELD	TRIGGER	NEED
HOUSING	<ul style="list-style-type: none"> ➤ homobiphobic discrimination in the family; ➤ lack of one's own economic autonomy; ➤ housing exclusion on the basis of ethnicity for racial discrimination. 	<ul style="list-style-type: none"> ➤ get a safe and friendly place that recognizes the needs of LGBTQIA+ youths, ensuring the location of the housing is confidential; ➤ food supply.
EDUCATION	<ul style="list-style-type: none"> ➤ failure of school workers to recognise and respect SOGI aspects; ➤ discrimination by teachers and schoolmates. 	<ul style="list-style-type: none"> ➤ assessment of the requirements for the recovery of a scholastic path and achievement of a qualification; ➤ obtaining training certificates for work.
WORK	<ul style="list-style-type: none"> ➤ lack or total absence of qualifications that promote job inclusion; ➤ poor recognition of one's competences; ➤ difficulty in finding a safe and welcoming working environment. 	<ul style="list-style-type: none"> ➤ support in job research; ➤ finding anti-discriminatory and welcoming labour resources; ➤ development of individual resources for targeted research.
PSYCHOLOGICAL SUPPORT	<ul style="list-style-type: none"> ➤ minority stress; ➤ homobiphobic discrimination in family, peer and school fields; ➤ adults' inability to read the phenomena of new generations; ➤ fragile mental health among young people; ➤ difficulties of health institutions in reading the phenomena related to SOGI. 	<ul style="list-style-type: none"> ➤ targeted activation of psychological figures in order to improve youth's health; ➤ work on the aspects of internalized homo-transphobia; ➤ investigate causes and consequences of minority stress; ➤ work in an intersectional perspective on psychological needs in addition to SOGI.



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<p>LEGAL INFORMATION</p>	<ul style="list-style-type: none"> ➤ poor preparation by young people about the procedures for obtaining and maintaining personal documents; ➤ lack of knowledge of one's rights and duties that produces further social marginality; ➤ absence or difficulties in obtaining papers; ➤ failure to recognise the gender identity of the individual. 	<ul style="list-style-type: none"> ➤ support in obtaining documents, recognising the specificities of individual identity; ➤ orientation to services and resources addressed to citizens; ➤ support for access to services; ➤ advocacy work with institutions.
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In order to structure an intervention strategy, according to the methodological procedure in the aid process, we can keep as main steps the following stages:

❖ **Incoming case evaluation and intervention planning:**

- detecting emerging resources and recognizing the aspects of personal fragility in a multidisciplinary perspective;
- designing an individual educational project;
- defining specific resources, professionals and initiatives to activate.

❖ **In-project monitoring, activate and re-tailor the planned intervention through:**

- interviews;
- in-apartment visits;
- support activities;
- educational interventions;
- activation of resources and initiatives;
- monitoring and evaluating individualized educational projects.



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❖ **Project closure:**

- evaluate the process, according to the previous phases;
- accompanying the project closing young person to an autonomous ordinary life.

More practically, we can identify as some **support activities**:

- counselling (psychological, socio-educational, vocational guidance and job placement);
- orientation to local services (identifying offers and resources of the territory);
- building and maintaining good quality networks: friendships, family, social;
- outreach activities;
- peer-to-peer non-formal and informal time.



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HOW TO YOUTH WORK - *Approaching life stories*

Never forgetting the complexity of the challenge and involvement of being a human working in supporting humans, thereby some case studies, that might also be useful to widen professionals' overview, presenting the case and the measures adopted by Opus Diversidades in the CATE project.



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A.

An 18-year-old person who denounces his parents for abuse, followed by social services, temporarily lives with a friend's family.

He then enters a CAV (Anti-Violence Centre) but discovers and chooses to reach out to the association, as the discrimination he suffered was based on the SOGI dimension (homosexuality and non-conforming gender identity).

During the permanence in the project, he accomplishes his high school studies and accesses professional qualifications; he maintains some hobbies such as tattooing and photographing.

Good Questions:

What is the need for A.?
What would you do?

Needs:

- safe condition to be able to trace their life plan and realize it.

Actions put in place:

- maintenance of the network of services to maintain economic contributions;
- activation of psychological support and consequent support in networking with support services to transition;
- activation of the resources for the formation (scholastic and professionalizing) and for the job insertion;
- educational support in the context of the reception in the apartment (educational project - residential);
- activation of paths of social animation (theatre, computer course, activities in apartments...);

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He has carried out restitution activities related to his hobbies (photographs during associative events) and now works as a network systematist as per his qualification, leading autonomous life.



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B.

Iraqi graduate migrant (asylum seeker) because homosexual and HIV positive.

He moved to Jordan to study in the financial field, where he discovered his positivity that is a reason for strong stigma and, for fear of infection, he got isolated. He cannot return to Iraq because of the fear that his family and local society will discover his diagnosis "resulting" from his sexual orientation.

To avoid this risk, he has been addressed to an association that facilitates contact with us through the program of humanitarian corridors and assists the arrival at the association. The relationship with the family remains but keeping the above secret and with constant lies of restraint.

By the way, his degree is not valid in Italy and its recognition process is quite complex: he needs to obtain a media license.

After the permanence in CATE, currently he has a flat and a job.

Good Questions:

What is the need for B.?

What would you do?

Needs:

- Humanitarian protection;
- Support on SOGI specificities and health issues.

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Actions put in place:

- start of reception procedures in the country of arrival;
- reception at a reality in support of the specifics SOGI;
- support and activation of health activities;
- activation of language courses;
- activation of the resources for the formation (obtaining of the inferior medium license and professionalizing courses) and for the job insertion;



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C.

A lesbian girl from Eastern Europe, adopted at an early age by an Italian couple who knows her family of origin and with an international adoption formula, they welcome her into the family. He is abused by his adoptive father in childhood. At school he begins to use drugs in his adolescence. It starts with cannabinoids and continues with crack and alcohol, developing polyabuse. To buy the substances she prostitutes herself, she experiences several pregnancies and, when she is 18 years old, one of these is completed with the support of her biological family, where she returns to live for a short time. The son still lives with his maternal grandmother, while the young woman tries to overcome pathological addictions to different substances at different ad hoc structures. She managed to remain in abstinence for a period of about 8 months, and was therefore reported by the public service for dependencies to the residential project for LGBTQIA+ people. The goal, for the service and the girl, had as a focus the recovery of a healthy sex life, far from relationships of commodification, which guaranteed the ability to implement tools to experience friendly relationships, affective and sexual in a healthy way.

After recovering from a serious relapse of substance abuse was transferred to public dormitories.

Good Questions:

What is the need for C.?

What would you do?

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Needs:

- the recovery of a healthy sexual life, far from relationships of commodification, that would guarantee the possibility to implement tools to experience friendly, affective and sexual relationships in a healthy way;
- maintain abstinence from polyabuse of psychoactive substances and alcohol;
- support in active job search;

Actions put in place:

- maintaining work with active service networks (public outpatient service for pathological addictions);
- feeding primary support networks (adoptive family);
- accompaniment, support and job search;
- educational work and health support on STIs;
- support in maintaining relationships with the child in the family of origin.



QUEER NEST

D.

A trans man, who lived with his mother and brother. He turned to the association alleging domestic violence from his mother towards him and reporting he was unable to stay in the same space as her.

He consumes psychoactive substances, which makes it difficult for him to maintain employment stability.

During his stay at the house, he has had some relational difficulties towards others and has been learning to cope with those differences more calmly.

Good Questions:

What are the needs for D.?

What would you do?

Needs:

- Actively deal with addictions, carrying out conscious control over the consumption of substances;
- Work on interpersonal skills that enable effective and healthy social interactions;
- Address the consequences of trauma experienced in the context of domestic violence;
- Support in the active job search;

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Actions put in place:

- Networking focusing on reducing the consumption of psychoactive substances;
- Search for healthy activities to deal with anger and internal anger;
- Support professional stability



QUEER NEST

In-depth information box

T FOR TRANS, T FOR TEAM - Youth Worker vs Super Heroes

Among the target group we are referring to in this manual the incidence of trans people is very high. People who face transition processes are not only hit by the social stigma but also dealing with use and activation of hormones.

This makes it useful, if not fundamental, to underline the importance of knowing what might happen while using or misusing those substances.

Remembering why it is so intensely recommended to work in a multidisciplinary team and in strong synergy with other professionals, such as doctors, we warmly invite youth workers to keep in mind their limited responsibility and action field.

This manual is not giving any medical information or indication but, in order to support youth workers in their daily job, we indicate as the main interlocutors to investigate any issue related to hormones use: endocrinologists and psychiatrists.