# Case Study 2 – “COME OUT” Project[[1]](#footnote-1)

## Introduction

The **Local Health Services of the city of Parma** include a specific service devoted to the target of adolescents (CAGE – Center for Adolescents and Youth). Health professionals of the service, who work in collaboration with other community stakeholders on the issues and problems faced by this population (including social workers and other members of local administration, municipality, police, etc.), some years ago began to notice the emergence of new manifestations of adolescents’ health (mental and physical) problems, and started to systematically reflect on such issues with the scientific support of important experts (in psychology and psychoanalysis, sociology, etc.) on developmental changes during adolescence and on the social forces that are currently impacting on young people life. The Come Out project originated in the context of such reflections with the aim to involve all community actors who, in different ways, are working with this target, to initiate a collective reflection on adolescents’ new needs, develop a shared understanding, as well as to empower all the actors by developing a shared approach in the interventions targeted to this population in the context of the local community.

More specifically, the goal of “Come out” project is to develop a system allowing to detect, at an early stage, adolescents’ emerging problems in the local community, by engaging the resources of different types of community actors, including those ones who are not health professionals (e.g. informal stakeholders). The first experience (named "Don’t get hurt") was implemented in the rooms of the emergency department of the local hospital, a high accessibility (and used) site for teenagers and young adults. From 2006 to 2009, the emergency room became a place where the professionals, besides taking care of a broad spectrum of illnesses and injuries requiring in some cases immediate attention, had the opportunity to detect also the signs of youth psychosocial and mental health problems. In fact, many young people do not express their needs or their distress and emotional pain through seeking help, but express them through risky ad self-harming behaviours, that lead them to the emergency services. This experience and this approach to the intervention with adolescents, which proved to be effective, was subsequently extended to other contexts and involved other types of actors, leading to the formal establishment of what is now known as “Come out” project.

*We called this new project 'Come out' based on the idea that young people problems are hidden to the health services and that our task is to let them emerge and come into contact with the system of care.* (COPPCO04)

“Come out” can thus be defined as a prevention / health promotion project that aims to engage, and create connections among, different community actors, including those ones who are not mental health professionals (and thus, who do not have a specific role or mandate on the diagnosis and treatment of youth’s problems), and build a collaborative network capable to support early detection of youth’s problems and preventive interventions by strengthening community actors’ skills and empowerment in addressing them. It is an outreach model of intervention, based on the idea that, instead of waiting for young people to access health services, it is better to increase the capacity of nonprofessionals to become sentinels and identify young people who need help/support, providing them the information/contacts of health services that they may approach. Such characteristics make the project clearly consistent with a community assets based approach.

“Come out” has currently been introduced in a range of different contexts, by engaging the schools, the police and judicial system, sports and leisure associations, commercial and work organisations, and different places in the community where boys and girls tend to gather, such as bars, beauty centers, etc.

In the following, we examine in more detail the challenges faced by “Come out” project.

## *The challenges*

## 1.Networking

### Structure, functions and actions

Structurally, the project mainly revolves around its Head and its established network of community stakeholders:

*In 2013, …we ended by establishing the partnership of 'Come Out', including several representatives of* ***Local Health Services*** *(Substance abuse prevention services, Neuropsychiatric services for children and youth, youth services, outreach workers),* ***Primary Care and Pediatric Services****,* ***Police****,* ***Secondary Schools****,* ***Municipality of Parma*** *(Social Services, Youth Councils and Youth Centers). The partnership developed a structure, including the Inter-institutional Coordination group, that meets on a monthly basis, and a series of projects (involving as partners from two to four members of the network) to implement “Come out” in the various contexts: school, law enforcement , sport, etc." (COPPCO04)*

Moreover, “Come out” is part of an inter-institutional partnership within the **Parma District Area Plans** (intermunicipal groupings established to manage social policies, Law 328/2000) and is partner of the “**Project Adolescence” of the Region Emilia Romagna**.

The professionals of 'Come Out' established, as the main goal of the project, to enhance the capacities of the network to detect youth problems, by supporting the functions of youth listening, guidance and direct help. The intervention aims therefore to develop specific social skills required to work with adolescents in order to improve youth’s available opportunities, self-help and access to appropriate services when needed.

### Formation and maintenance of the partnership

We will now sketch briefly the history of the project and the most significant steps that lead to the current structure. As mentioned in the introduction, “Come out” originated from a previous intervention named "Don’t get hurt”, conducted in the period 2006-2009:

*In fact this project is based on a previous experience named “Don’t get hurt”. This project has the same characteristics of “Come out” but is a bit more specific because it is centered on First Aid*. *(COPPCO04)*

The idea of implementing an intervention within the Emergency Room of the local hospital came from the work of Paola Carbone, a Roman psychiatrist and psychoanalyst, who was running an intervention with young people in the Emergency Room of S. Eugenio Hospital in Rome. This experience highlighted how emergency services are an elective access point for care demand.

After the positive experience of “Don’t get hurt”, some institutional and organizational changes occurred which elicited a period of reflection:

*Following the conclusion of the action-research in the emergency service of Parma in 2009, a series of events occurred, such as the slowing down of the work on youth within the Parma district Area Plans, my professional changes with the difficult transition from the Young Space to the Adolescent and Youth Age Center lead by M. Z., his retirement in February 2010 and the arrival of P. P. in the role of Responsible. Such events lead to a period of reflection and search for new ways to develop the experience conducted in the emergency services*. (Vanni, 2017).

During this period within the **Parma district Area Plans** (managing social welfare services) a work group was established specifically devoted to young people issues. This work group organized a conference in 2011 with the participation of the expert psychoanalyst Gustavo Pietropolli Charmet and other community actors who had sensed the importance of this experience and supported it.

At this point, in order to develop and strengthen “Come out” model of intervention with youth, in addition to the support of the network of Parma district Area Plans, it was necessary to ask for the support of other partners. To this purpose, in 2012 a public call was launched, that was won by Emmerre company from Venice, who *"accompanied us for some time, with its expertise in networking, helped to build an inter-institutional project"*. In 2013, the working group expanded into a permanent partnership on the “Come out” project, including several social and health services actors.

Later on, a conference on “Come out” project was organised (November 2014), and a new partnership was established with the **University of Parma**; the latter suggested to extend the collaboration also to commercial actors of the city (beauticians, bartenders, etc.), to introduce them to outreach work with youth.

The key event for the continuation of the project was, however, the approval of the “Project Adolescence” of **Emilia-Romagna Region**, in 2013, where “Come out” representatives were invited to take part to working group established by the Region (including representatives of the different services and organisations dealing with young people at Regional level; see IO1 for more details) to implement the activities of this project.

*“Come out”* *has been included into the Regional “Project Adolescence” [...] the specificity of the project has been recognized and appreciated at the regional level (of this group).* (Vanni, 2017).

The aim of the “Project Adolescence” *is to promote the dialogue between institutions and to translate theoretical inputs into practical ones and to implement them”*; it is based on the premise that Adolescence is such a complex issue that an effective intervention, requires that different people, professionals and services collaborate using a “*concertative approach*”.

The institutional and political recognition of “Come out” project, through its inclusion in the Regional “Project Adolescence”, allowed to expand the range of its collaborations and connections with different agencies and services and resulted in a formally recognized space for dialogue and integration, which fostered the creation of a common ground and of a shared language, and facilitated **communication and integration at a community level.** According to the interviews, these are core ingredients for the maintenance and the effectiveness of the network.

Another strength of the networking approach of the project was that, the opportunity to allow **different institutions to work together** (going beyond mere formal relationships), contributes also to a **more coherent and less fragmented representation of the services** among the target group:

*Institutions are used to work together, but the project helped them to work together on a specific project, translating theoretical principles into practices, [...] moreover it helped young people to build to some extent a unified vision of the system of the services. (COPPCO04)*

### Challenges and opportunities related to networking

Among the challenges faced by the project, the most demanding are related to involving new people and giving continuity to the network; even though it is recognized as the most effective way of working, **maintaining the network** is very **demanding in terms of (human and financial) resources**:

*The [networking/collaborative] method is the most effective one [...] but it is difficult to carry on and give continuity to it… it is important to be aware that networking and teamwork are certainly useful, but [...] they are very expensive, and require a lot of resources.*. *(COPPPA01)*

*[it is demanding] ... to be able to involve four municipalities, support the establishment of a network between small organisations, with limited resources, few people who are able to devote themselves to specific activities on a very narrow subject [...] trying to make understand the value of what they do and the opportunities" (CORUSCO02)*

Even the “Project Adolescence” (of which “Come out” is member) faces its challenges: several actors participate in the Coordination Group, but some of them have still an unclear role, basically because it is not clear if they are really representative of the institutions they represent (or they should do):

*Is [the project] really representative? And most important, when the person who should represent an organization/an institution at the table goes back to his/he desk, does he/she bring back also the ideas and the reasoning that the group has developed?(COPPPA01)*

Moreover, there is a gap between the technical component (professionals of the different health and social services) and representatives of the political and administrative part of the various bodies; participants feel that the latter should be more involved in networking:

*Involving the highest technical and political level is critical. It is not enough that someone gives us the mandate, we work and that’s it; we should provide feedback to the higher levels, they should know, to make sure that they share this approach…. the risk is that this approach is shared only by one person (usually the one who is at the table) and that in his/her organization other people do not even know what he/she is doing. (COPPPA01)*

For some organizations, networking and being involved imply additional challenges. Schools, for examples, are overwhelmed with roles, mandates, (unpaid) functions; at an external eye, the difficulties experienced by the schools can be incorrectly attributed to lack of willingness, disengagement, or even mistrust toward a networking and collaborative approach (as if people resist because they are not able to understand the real power of the methodology). This problem is exemplified in the following two quotes:

*Involving (the schools) has been challenging because [...] it is difficult to make sense of these meetings, help people understand them… because the difficulty is to focus on the resources available to the school, the network, and to show that the map to which it was referring before, is a tool… There’s a lot more that can be done to work with schools.* *(CORUSCO02)*

*As a school we are overloaded and this ….[networking, being involved in projects] this goes far beyond the ordinary activities for teachers, and there is no way to recognize these hours as official extra work, or to pay teachers for that…. We rely on people's availability, on their good will, that we should not take for granted, [...]school has an educational function, and it is not expected to have different functions, also because it does not have specific [professional] figures that can take on these activities. (COCSCO05)*

## 2.Inclusion of the target group

The direct target group for “Come out” are not young people/adolescents, but “community adults” who have contacts with young people, including adults who are not health professionals/members of the helping professions. These include ER medical doctors, local and national police force, teachers, sports coaches, retailers and business-owners (bartenders, estheticians, shopkeepers, etc.).

*There are people who show their difficulties by going to the local health service and asking for help; other people, on the other hand, display their distress through self-harm behaviors (e.g. cutting parts of their body), threatening their own health or other people’s safety, with risk and criminal behaviors. (COPPCO04)*

The project targets those adults who may encounter young people involved in self-harming practices, risk and criminal behaviours. It attempts to help them develop the skills to recognize these behaviors as ways that adolescents use to express their own distress and to act coherently addressing young people to the appropriate services:

*We tried to help adults to look at young people not only as “delinquent”, to be repressed or punished, but as people who display their inner distress through problematic behaviors; so we involved cops, police forces, with the idea that if they are adequately trained and connected with educational, health and welfare services, they can become part of the system that supports/helps adolescents; the same logic can be applied in other fields like sport, with coaches, team trainers, but also with shop owners, and commercial activities. (COPPCO04)*

**An example: the training work with the police**

The implementation of the project with the different groups of adults involved, usually envisages a first phase of reflection on adolescence and on the typical problems faced by young people during this developmental period, using focus groups. The facilitator (psychologist) helps participants to explore in depth the emerging issues, in order to develop a more articulated representation of adolescence. Then, the following steps are focused on the relational and communication skills; role playing and simulations are used to explore the real life situations that challenge adults when confronted with adolescents:

*We use focus group, we prefer an informal interactive methodology because it is flexible, and can take in to account the different perspectives and the different needs of our participants… the focus group starts with a brainstorming on the idea of adolescence, so we start from their representations of adolescence and then we provide some information, then we go back to participants exploring their impressions, difficulties, and curiosity, circulating their ideas … during the second meeting we use role-playing and simulations to deal with participants’ concrete experience, starting from the most challenging and demanding, trying to see how the “new” knowledge shared within the group can generate new ways of dealing with problematic situations and stimulate further reflections. (COPPCO03)*

Involving these actors, as community “sentinels” of youth distress, allows to expand the supporting network around young people, and this increases the opportunities to reach youth, and especially those ones who are most in need, as well as the outreach capacity of the community in general. This approach allows thus to discover and develop community resources even in those circumstances where people might apparently feel that there are no resources at all (e.g. in more disadvantaged communities). As a further example, generally the local police officer is not perceived as someone who has the task (and the professional culture) to take care and provide help to a “troubled teenager”, but he/she can be trained to be a node of the proximity/outreach network and develop the skills to detect and orient/guide the “troubled teenager” to the appropriate service:

*I worked with adults, so that they could use a more complex approach with [starting from a more articulated vision of] adolescents. (COPPCO04)*

*These adults have heterogeneous roles in the community, but they can develop a “special” sensitivity toward adolescents. We are not asking them to take our role as psychologists, but we ask them to be careful, to pay attention to specific adolescent dynamics that may act as alarm bells, and to be there for young people as “linking agents”, giving them the opportunity to get in contact with professional services. (COPPCO03)*

The actions implemented by the project are planned through small group meetings with members of the partnership, led by a psychologist in the role of facilitator. Activities discussed in such meetings also aim to help participants to understand the importance of their involvement and of creating effective connections among all the services and persons that are part of the network. Clarifying (also visually) the structure of the network is important, as mentioned by one participant:

*To provide a cognitive structure of the network, a cognitive map of the relationships between the different components of the network is very useful because they are ready to take on the role of educators, but they need to know when they cannot go further and then… the possibility to mentally visualize the network and recognize all the members. (COPPCO04)*

## 3.Team working

Team working is implemented at the Coordination Table of the “project Adolescence” of the Region Emilia Romagna where different professions come together "*around specific projects, and one is “Come out”*".

The strengths of team working are the following: **the presence of a coordinator of the “Project Adolescence”** as a reference point; **a systematic way of working** that includes keeping and sharing the minutes of each meeting, establishing the agenda and the calendar of the upcoming meetings, allowing participants to go to the meetings “prepared”, bringing ideas on the issues to be discussed or to be explored in depth; a **strong institutional support**, which elicits more attention and interest toward the projects; a **participatory approach**, wherein

*Each participants feel the responsibility, they are not there as informants, they are part of the group and they realize that the results of the group are their own results and that they contributed, allowing the development of a sense of community. (COPPCO03)*

*Because there is really the idea that everyone is important, we take care of each other’s, and there is a will to be part, …. there is this feeling to be part of a system where, if you are not there, things would not be the same" (COPPPA01).*

Team working is also used to engage with “sentinels” at the local level and train them: trough group work participation of every single stakeholder is promoted, new ways of defining adolescent distress and emotional pain are explored and alternative ways to address problematic youth behaviors are shared.

**An example: the training work with the scholastic context**

One participant said:

*We started from the presentation (of a case) by the class coordinator teacher, then other participants commented and added their reflections… other participants could be other teachers, the psychologist who might know the family, educators working at the Youth Centre…I also expressed my point of view, for what I could add to the discussion and finally the facilitator questioned us, and helped us to understand the case and identify some directions we can take in the immediate future on that specific situation. (COCSCO05)*

## 4.Monitoring and Evaluation

The project is monitored and annually revised within the Coordination Group of the “Project Adolescence” of the Region Emilia Romagna. Therefore, it is experienced as "*something innovative and always renewed*".

Structured instruments used to monitor the project (beside the unstructured assessment of the process facilitator) include satisfaction questionnaires and evaluation questionnaires, that usually allow participants to provide feedback on their experience and suggestions for future implementation of the project.

Monitoring and evaluation questionnaires usually collect the following information: general information about the service/organization, the types of interventions involving teenagers proposed by the service/organization, feelings and ideas on the role of adults, collaboration and networks in the community and with other services/organizations. The questionnaires include also a self-assessment of relational and communication skills.

In schools, besides the evaluation and monitoring questionnaires, one or two follow-up meetings are also organized after the implementation of the project.

## 5.Resources and Funding

The Local Health Services (LHS) of Parma have a key role in “Come out” as they provide **human resources** to the project; health professionals involved in the project are staff member of LHS.

**Funding** come from **Parma Local District Area Plans (or Local Welfare Plans)**: based on a national law (L.328/2000, already mentioned in the beginning), resources for the welfare system are assigned on a territorial basis, based on District Area Plans (Piano di Zona) that is prepared with the contribution of different stakeholders (Local municipality, community organizations etc.).

**Political and institutional recognition/endorsement** is perceived as a key resource for the implementation of the project:

*At the political level there is a strong endorsement, there is this feeling that there is a strong mandate for the various bodies and organizations, formalized within the Local Welfare Plan; at first the project is written, then it is included into the Local Welfare Plan. Subscribing the Plan is a way to express commitment to put in practice and carry on what is on the paper. (COPPPA01)*

The **community** is (and is perceived as) a resource. The entire project is designed to engage different stakeholders, dealing with a range of problematic and unproblematic adolescents at the community level, and to establish synergies and collaborations between them.

The **strong motivation and commitment** of people involved in the project, is another key project resource. It is a strength, but somehow it is perceived also a weakness:

*… as is often the case, the goodwill of people plays an important role in particular at the beginning. There are some people (professionals or not) who really believe in the project and invest their energy on it. In the beginning, the idea that there is someone who believes in the project really makes the difference, but in the long term this is not enough. (COPPPA01)*

The **network of the “Project** **Adolescence”** established by the Region Emilia Romagnais another key resource for “Come out” project, but also for all other interventions in the field/area, because it is designed to provide a space to reflect and evaluate how projects are implemented, supporting their coordination, avoiding fragmentation and redundancy. This effort makes projects more solid, and provides also solid basis for the economic investment.

*We get together and we are able to do something more, and the resources that I used to put on my project, are now devoted to a shared project. (COPPPA01)*

*Institutions care about this project; they are aware that it is important because of its overarching aims, they invest in the project, in particular human resources. (COPPPA01)*

## 6.Sustainability

The **network** is the most important pillar for sustainability; the project developed through the years, it has a **story** and a **solid background**, which seem to grant its reproducibility over the years. A **systematic approach to documentation** that keeps track of the process and of the activities that have been carried out during the implementation of a project, represents another pillar for the sustainability of the intervention:

*We have been able to find resources over time, because we worked a lot, we wrote a lot, we met many people, we involved people and we built with them a shared vision, we and them invested a lot, now we can count on what we did, which at the beginning of the process was not possible. (COPPCO04)*

The project is **well grounded in the community**, **recognized at the formal level** being included in the Regional “Project Adolescence”: the **project’s effectiveness** is not called into question. As such, there is a strong interest in supporting it for the future:

*The positive aspect is that, after all these years, with such an effort, the project has become more systemic, and it seems now that it can be further implemented, even beyond the availability of specific funding. (COPPCO04)*

*There is a general agreement that this project should be further supported, at both political and technical levels (the technical level stimulated the political level). (COPPPA01)*

However, in some contexts further implementation of the project may be challenging and very demanding. This happens in particular when the different contexts in which the model is extended are requested to use the proposed intervention approach and methodology by establishing a local network of partners: the school is one of those contexts, where teachers would like to have a formal recognition of their involvement and of the work they do as part of the network, because it is extra-work, that goes beyond paid working hours.

*This requires a big effort, for instance, attending project meetings, lasting three hours, seven people involved, this activity requires by itself an amount of 21 working hours… we cannot “donate” so much each time, this is an issue for us, but I think that the same problems apply also to other organizations, partners… (COCSCO05)*

Despite the challenges related to formal recognition and work overload, even the school recognizes that the project is useful, because it created links/connections with the Health Service, which are particularly useful in complex cases that the school has to deal with.

1. This case study is based also on the book “Come Out. Intercettare, orientare ed includere adolescenti difficili nel processo di cura” edited by Vanni, F. (2017). [↑](#footnote-ref-1)