

## The HILA Program: A Second Chance for Youth at Risk

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### Abstract

*The article describes research concerning the HILA Basic Education program for the inclusion of at-risk adolescents in Israel, aimed at improving the adolescents' functioning to the point of reintegration in normative frameworks. The data presented here relating to HILA activities in 2009-2013, show that only approximately a third of the youth at risk attending Youth At-Risk Advancement units begin the HILA program and only approximately 50% of them complete the course. These findings indicate that further study is needed to identify means to attract more of the at-risk youth to participate in the HILA program therapeutic and educational intervention and to prevent drop-out so that they would remain within the program until age 18, and gain the necessary skills and resources to improve their functioning in normative society.*

**Keywords:** Education, Youth At-Risk, Exclusion to Inclusion.

### 1. Introduction

Many articles have been written in Israel and other countries about at-risk adolescents and their disengagement from the formal education system, ways to address the subject of dropout, and possibilities for facilitating the reintegration of these individuals in normative society (see Bryant, Shdaimah, Sander, & Cornelius, 2013; Burt & Resnick, 1996; Gassman & Gleason, 2011; Keating, Tomishima & Foster, & Alessandri, 2002; Knesset Center for Research and Information, Committee for Children's Rights, , 2011, 2012; Komosa-Hawkins, 2009; Krumer-Nevo, Barak, & Teichman, 2007; Lahav, 2000, 2004; Meggert, 2004; Shmid, 2006).

The present article presents a program that was designed to respond to the problem of adolescents dropping out of formal educational frameworks. The underlying assumption of the program, known as the HILA Program for Basic Education, is that educational-therapeutic interventions should be combined with educational interventions. The developers of the program believed that the educational environment should respond to variance among students, particularly disadvantaged and at-risk adolescents, by adapting the curriculum to their unique individual needs. The assumption that education is a condition for social mobility and a means for integration in society is fundamental to the HILA program. This article presents the historical development of HILA and discusses several issues: (a) the interaction between the educational-therapeutic aspect and the educational aspect; (b) whether the patterns of intervention are appropriate for the needs of the target population and promote the completion of processes of change and progress (in other words, to what extent does the HILA program integrate therapeutic intervention with the acquisition of an education, and promote the adoption of normative behavior patterns and functioning among disengaged adolescents); and (c) the mix of the staff in terms of education and qualifications.

This article is based on questions that arose in the field among professionals working in the Units for Advancement of Youth at Risk regarding the extent of drop-out of youth at risk from the HILA program. To respond to these questions, it was decided to conduct a content analysis of annual reports of the Youth and Society Administration concerning the activities of the HILA program in these units between 2009-2013, in order to understand the extent and characteristics of attendance and drop-out in this program.

## ***2. Adolescents at Risk in Israel***

The estimation of the percentage of children and adolescents in Israel who are at risk is a controversial issue; the application of different criteria leads to different assessments regarding the size of this population. The commission headed by Professor Schmid of Hebrew University submitted a comprehensive report on the rate of children and adolescents at risk in Israel to the Israel government (Schmid, 2006). Additional data on disadvantaged and at-risk adolescents and the rate of adolescents, who drop out of the education system are presented in position papers submitted to the Knesset and its committees (see also Knesset Research and Information Center Commission on Children's Rights, 2011). The Schmid Committee estimated that approximately 16% of all children and adolescents in Israel – 400,000 children and adolescents – are defined as children and adolescents at risk (Schmid, 2006). About 344,000 children and adolescents are at direct or family risk and are known to the social services. The estimation of dropout from the education system is also dependent upon definitions and methods of measurement and differentiation. For example, some cite “net” dropout (total disengagement from any education system), compared with “latent” dropout, which represents students who are registered in schools but do not actually attend. The report of the Knesset Research and Information Center determined that the rate of students in grades 7 to 12 who had dropped out of schools under the supervision of the education ministry and did not study in any recognized alternative learning framework in 2010 was 2.2% of all students of these age levels. The rate of dropout in the non-Jewish sector was double that in the Jewish sector – 3.6% compared with 1.7%, respectively (Knesset Research and Information Center, 2011). These figures indicated that about 20,000 adolescents had dropped out of the formal education system and were in need of alternative frameworks to help them acquire a basic education.

## ***3. Development of the HILA Program and Working Assumptions***

In light of the incidence of dropout among adolescents from formal social educational frameworks in Israel and other countries in the world, there is widespread agreement that adolescents at risk need a special study program that responds to their complex situation and needs. This view is based on an understanding that education is a condition for social mobility and a means for integration and adjustment. Correspondingly, it is assumed that such a program can promote all adolescents who drop out of studies by constructing a unique educational environment that addresses their unique needs and enables the development of study programs adapted to the needs and cognitive abilities of each individual.

In 1989, the government of Israel enacted Amendment 1442, which extends the Free Education Law to adolescents who have dropped out of formal study frameworks and are under the care of Youth at Risk Advancement units in the local authorities. An experimental program for such adolescents was run for the first time in several local authorities and residential institutions in the early 1990s, according to the instructions of the Education Ministry Director General's circular (52/6) of 2 February 1992. The amendment determined that the director of the Youth and Society Administration of the Ministry of Education would have responsibility for its implementation through the Youth Advancement units.

The HILA program was established for the purpose of implementing this amendment. In 2009, a decision was made to extend the Compulsory and Free Education Law to the end of Grade 12, and the HILA program was recognized as a unique framework to help adolescents complete twelve years of study. In 2011, as part of an amendment to the Youth Law (Adjudication and Punishment) and the Youth Law (Therapy and Supervision), the responsibility to provide education for adolescents living in detention and therapy centers was defined in the law. The responsibility for implementation of this legislation was also assigned to the Youth at Risk Advancement unit, or in other words, the HILA program.

The HILA study program includes the following streams: (a) basic learning skills – reading and writing; (b) complementary basic studies for completion of 8, 9, and 10 years of study; (c) studies for completion of 12 years of study; (d) completion of high-school and a partial matriculation certificate; and (e) a full matriculation stream. The diversity of the study streams was designed to enable HILA to offer a suitable program for any adolescent in the process of actually or latently dropping out of the formal education system. The basic principle underlying the study program is individual instruction. A personal curriculum is developed for each student, adapted to his or her personal needs, interests, skills, learning style, emotional baggage, and learning disabilities (if they exist).

It should be noted that most of the students in the program are from disadvantaged population groups – new immigrants and low-income and impaired families – and some of them suffer attention deficit or learning disabilities (Kahan-Strawczynski & Bodovsky, 2002; Lahav, 2000, 2004). Indeed, beyond the academic aspect of completing a basic education and acquiring professional skills, the program includes two additional components: (a) personal therapy and supervision by a Youth at Risk Advancement counselor; and (b) educational, social, and value-oriented activity.

Adolescents join the HILA program at an average age of 16 to 16.5 years. In other words, there is a window of opportunity of about one and a half years to work with them before their military enlistment at age 18. For the HILA program to reach its full potential, the adolescents must complete several academic tasks within this time period. The goals of the HILA program are (a) to provide an educational framework for adolescents who have dropped out of the formal system; (b) to create a corrective educational experience for them; and (c) to rebuild their self-esteem, strengthen their personal resilience, and raise their social status. The last goal is derived from Antonovsky's (1979, 1987, 1998) approach, which claims that resilience is affected by environment and life experience, and is likely to be unstable during adolescence. Thus this approach calls for development and strengthening of the ability of the adolescents to cope with the stress created by the demands of their studies. However, in light of the development of a sense of resilience during adolescence, positive experiences in the encounter with the educational-therapeutic professionals and the HILA staff may potentially strengthen the confidence and personal resilience of these youngsters (Addad, 1989, 2002; Antonovsky, 1987, 1998; Ministry of Education and Cultural Affairs, 1992, 1994, 1998; Ministry of Education and Sport, 1999).

As noted, a basic assumption of the HILA program is that education is a condition for social mobility and a means of social integration. Furthermore, an educational program and environment adapted to the needs and cognitive abilities of adolescents, who have dropped out of formal education systems, may help them advance. In research on attention deficits, Maor (2002) reported that positive experiences are likely to promote the adolescent's resilience and ability to cope with his or her tendency towards hyperactivity and impulsivity and difficulty in planning. Bryant et al. (2013) discussed the importance of the learning environment and emphasized the importance of creating a challenging learning climate as well as an emotionally supportive environment. Similarly, Oring-Cohen's (2007) study of the relationship of emotional intelligence, attachment types, emotional responses, and empathic ability in coping with stress showed that people with secure attachment tended to evaluate stressful situations less as threatening and more as challenging. In other words, they found that secure attachment helps individuals recover from distress by moderating their psychological stress.

All these help develop a good basis for coping with the demands of adolescence and future integration in normative frameworks. Emotional intelligence is particularly important for conducting one's life. Emotional intelligence guides people's attitudes towards themselves and the immediate and further environment, and it helps them cope with the many demands imposed on them. When people experience emotional discomfort, there is a high probability that they will be affected by it. Such circumstances might also impair their concentration and focus on the demands of school, personal growth, and social coping ability (see Goleman, 1995; Salovey & Mayer, 1990).

Thus the previous literature clearly indicates the importance of examining the special role of the HILA staff members – teachers and educational-therapeutic professionals. The latter are professionals who are graduates of a unique bachelor's degree program in education at Beit Berl College, founded in 1983. The program focuses on theoretical training and practical experience in work with youth at risk in formal and informal educational frameworks.

#### ***4. The Role of Teachers and Educational-Therapeutic Professionals in the HILA Program***

The educational aims and goals of the HILA program involve both the academic and the emotional needs of adolescents. This combination underscores the importance of appropriate training of the professional staff, especially in light of the high percentage of at-risk adolescents in Israel who are diagnosed for learning disabilities (Maor, 2002). First of all, the staff members of the HILA program need deep commitment to help adolescents at risk, some of whom have already "crossed the line" and dropped out of every possible formal educational framework. They must also recognize that adolescents at risk are a very heterogeneous group in terms of qualities and abilities, and many lack interpersonal skills.

Thus the program's multisystem instructional and therapeutic approach requires not only intensive contact with each individual adolescent, but also ongoing contact with the family, the different social services, and sometimes the law-enforcement agencies. Based on Yalom's (1980/2011) emphasis of the significance of interpersonal relations as a healing factor in therapy, the interpersonal relations between the adolescent and the staff also fulfill a sort of parental function for the adolescent (Bowlby, 1988). In this respect, it is also interesting to consider the approach of Dr. Henryk Goldszmit, better known as Janusz Korczak. In "How to Love a Child" (1920/1963), he wrote that an educator who wants to maintain both regular and unruly children must assume all responsibility, with the duty of being alert and protection.

This basic assumption incorporates a combination of cognitive, emotional, and social components. As a result, the capacity of the teacher, educator, and counselor to meet the demands of their jobs depends upon high cognitive, social, and emotional abilities. Thus we need to deeply examine the role of the professional in this environment. What are the appropriate and required professional skills? It seems that in order to promote professional intervention, they require patience, flexibility, infinite awareness, and an understanding of the cognitive and emotional abilities of the adolescents, and they need to construct study programs based on diagnosis and integrative evaluation of the cognitive ability and emotional intelligence of each individual adolescent.

The question is whether such a holistic view on the part of the entire professional staff, including diagnosis of learning disabilities, correct training for teachers and educators, and empowerment has indeed led to greater persistence of the adolescents in the proposed program?

## 5. Findings

In Table 1, we present the data on the number of adolescents in the care of the Youth Advancement units in Israel, and the number of adolescent boys and girls who have been included in the HILA program in recent years. The data indicate several trends. First, there were slight changes in the number of adolescents under the care of the Youth Advancement units, with a slight increase in 2010 and 2011. A second trend shows a steady increase in the relative number of adolescents who were neither studying nor working, in other words, youth who were totally disengaged from the education system, among those in the care of the Youth Advancement units. The number of disengaged adolescents increased in 2013 by 1801 adolescents, a 21% increase relative to 2009, but the number of adolescents in the care of the Youth Advancement units remained at a similar level. Nevertheless, it is notable that the number of adolescents in the care of the Youth Advancement units grew steadily, in terms of both total in care and number of those who were disengaged, who evidently represent the hard core. This suggests that the Youth Advancement units serve some of the potential population of adolescents, that has dropped out.

Another noteworthy figure is the relative proportion of all adolescents at risk, and particularly those adolescents who neither work nor study, who are in the care of the Youth Advancement units. According to Central Bureau of Statistics estimates, the number of adolescents aged 15-17 who neither worked nor studied in 2007 was over 21,000, but the Youth Advancement units were in educational and therapeutic contact with approximately 10,000 adolescents. In other words, the Youth Advancement units had some contact with only about half of these adolescents. However, as Table 1 shows, only about one-third of those in the care of the different Youth Advancement units were in the HILA program. This indicates that the HILA program reached a small proportion of all the adolescents at risk in Israel.

Another measure of the effectiveness used in the evaluation of HILA is the rate of participants who completed at least one stage of the program. In their evaluative research, Kahan-Strawczynski & Bodovsky (2002) reported that 42% of the HILA students dropped out without completing the track in which they studied, and of these, about 75% dropped out of the program and did not take exams for completion of 10 or 12 years of education or matriculation. This suggests that the rate of realization of the program's potential was low. In light of this finding it is necessary to examine the resources and the work required to include a larger number of the adolescents in care of the Youth Advancement units in the HILA program or other appropriate job training and study programs. Another important finding that deserves attention is that most of the students who dropped out of studies in the HILA program did so in the first trimester after entering it (usually during the first two months). This suggests that they had difficulty adjusting to the academic and other requirements of the study stream to which they were assigned (10 years of study, 12 years of study, or completion of matriculation exams).

Data concerning the activities of the Youth at Risk Advancement Units from 2009-2013 testify to the drop-out of close to two-thirds of youth at risk who began the therapeutic-educational program, although this program was designed to respond to their emotional and educational needs. This high dropout rate justifies re-examination of the program's declared goals, manner of implementation and the extent of its suitability for the needs of the young people as expressed by the number of youth participating in practice in the program.

## **6. Discussion**

About fifteen years ago, in Napoli, Italy, an educational-therapeutic program for adolescents at risk, The Chance, was introduced. The founders of the program, Amado et al. (2005), described the goals of the project:

"The Chance Project is an initiative ... whose main aim is to re-integrate, both educationally and socially, a group of teenage dropouts, aged between 14 and 16 years old. It can be viewed as a course of accelerated re-integration that aims to enable these adolescents to obtain their middle school diploma by combining academic education, understood as a return to an interrupted path towards literacy, with learning social and practical skills. This objective is pursued by means of a series of actions designed to: (1) re-instill the fundamental motivation for learning; (2) offer an educational program that is both wide-ranging and personally meaningful; and (3) offer occasions for developing social and co-operative abilities" (Amado et al., 2005, p. 240).

This provides further confirmation that the importance of developing programs to promote adolescents at risk and in distress is universal. Deschenes et al. (2010), of the Harvard Research Family Project, published the report of an evaluation that encompassed about 100 educational-therapeutic programs of activities outside of the school aimed at preventing drop out and the degeneration of youth to crime.

The principles of the Chance Project and others like it are similar to those underlying intervention in the HILA program. However, the partial findings regarding the HILA program indicate a need to reconsider its goals and core principles. The HILA program has focused primarily on education of the adolescents, with less concentration on learning disabilities and emotional competencies or, also important, the integration between all these components. In light of these findings, several questions arise: Is the teaching staff of the HILA program trained to teach students with a variety of learning disabilities that evidently also contribute to the development of emotional difficulties (Brooks, 1994; Einat, 1992; Einat & Einat, 2006; Komosa-Hawkins, 2009; Maor, 2002)? Is the therapeutic staff compatible with the teaching staff?

It is important to address these questions in order to ensure that the staff deals effectively with the complex problems of these adolescents. On the one hand, improvement at the level of survival of the disadvantaged and at-risk in the HILA program requires an intervention program that responds to their cognitive and educational needs, and takes into consideration the implications of attention deficit and learning disabilities on the cognitive level. On the other hand, it also requires the incorporation of responses to emotional, social, and family needs. The educational and therapeutic systems must coordinate and cooperate in meeting these needs.

The professionals in the Youth Advancement unit and the HILA program must examine how the adolescent approaches learning, how emotionally and personally prepared he or she is to cope with the demands of the program, the extent to which the personal study program developed is consistent with the student's emotional competencies and cognitive abilities, and the two-way flow of information between educational and educational-therapeutic professionals.

The central axis of intervention begins at the stage of outreach (Levi, 2008), which is crucial to the process. It continues with detailed intake, screening, diagnosis, and evaluation, clarifying mutual expectations, and construction of a study program based on the evaluations and conclusions drawn from the information obtained in earlier stages.

This integration will promote a positive learning experience, both cognitive and emotional, and enable a less frustrating and disappointing encounter with the teacher. It may also contribute to reducing the incidence of dropout. It seems that corrective experiences with instruction and therapy may help generate change in the student's attitude toward teachers and studying. Apparently, experiences of curiosity, concern, empathy, caring, and success in studies may reinforce the significance of the meetings for adolescents and promote the persistence and stability of their participation in the HILA program.

Due attention to these interfaces can contribute to the quality of the educational-therapeutic work: involvement of the educational-therapeutic professionals in the students' formal education can facilitate the use of positive experiences in learning as a foundation for positive dialogue, and this, in turn, can enable them to address deficits and needs of the students. The critical role of creating concrete anchors by means of education and employment are essential to establishing an experience of success.

The educational-therapeutic professional is meant to be an integrator in all respects: therapeutic, educational, and occupational, preserving the mutual flow of information between the teaching staff and the educational-therapeutic team, alongside of sensitivity and respect for the unique characteristics of the individual.

The work processes in the HILA program require teachers to respond to changes in the adolescents' level of functioning. From the very beginning of the process, they see every step forward as important, focusing on the significance and contribution of such improvement to the students' overall progress. It is recommended that they use the learning material as a diagnostic means to examine the students' cognitive and emotional abilities, and any discrepancy between the two.

Special attention to the area of learning disabilities and its implications for emotional and cognitive development of adolescents in the care of the Youth Advancement units is particularly significant, against the background of the large number of clients who have been diagnosed. It is essential to train the teaching staff of HILA to work with children with learning disabilities, including remedial instruction and techniques for promoting self-control, emotional regulation in cases of hyperactivity, impulsivity, and aggression, as well as low self-esteem. Low self-esteem leads to low self-perception and a sense of rejection (Bryant, Shdaimah, Sander, & Cornelius, 2013; Toledo, Baldian & Mor, 1990).

Study of the data on participation and persistence rates in the different tracks of the HILA program (10 or 12 years of education or completion of matriculation) highlighted the importance of adapting the study program to the needs and abilities of the adolescents, with constant consideration of emotional aspects, as well. The emphasis should be on the combination of acquiring education and positive, corrective emotional experiences. It is important to maintain flexibility and pay attention to balancing these two dimensions, focusing on all functional and behavioral achievements, and not only grades. The corrective experience involves attention to both positive functioning in the different aspects and educational achievements, for the sake of promoting a sense of resilience (Antonovsky, 1979, 1998).

The findings of the present study indicated that the HILA programs employ different methods and means to achieve the aims and objectives, but nevertheless it seems that it is necessary to develop tools and means that will promote and establish the required attention and full involvement of the therapeutic-educational professional. The importance of professional activity in the Youth Advancement units and of the HILA program lies in the recognition of the needs of the adolescent, and attempt to respond to both emotional and educational needs, and strict adherence to a flow of information between all officials. It would be advisable to work towards the institutionalization and structuring of the interaction with parents and their inclusion in the process to the extent possible, by updating parents at different points in time on the development, advancement or regression of their children, including holding evaluation ceremonies and conducting intermediate evaluations that promote the ability of the adolescent to identify positive trends in his or her work.

Like the adolescents, the professionals in the field also require emotional resilience because they are frequently exposed to the disappointments, aggression, frustration, anger, and rejection by the adolescents, who have learned to express themselves in this way before they come to the program; this has been their means of survival and coping. In the Youth Advancement units and HILA students are exposed to a different type of dialogue and a different language of communication. It seems that in some sense, the work of the educational-therapeutic staff includes parental elements, and like a family there is room for giving and containment, but also setting boundaries where appropriate. As Korczak (1978) wrote, the educator must give children freedom of action and at the same time guide them carefully in the right direction.

In an attempt to examine the preservation of the changes among those who took full advantage of the options offered by the HILA program and the Youth Advancement units, it would be interesting to continue to study some of the adolescents who were in the care of the Youth Advancement units, then enlisted in the IDF, and continued to undergo processes of inclusion, as part of the unique fabric of Israeli society.

## 7. Summary

In summary, despite the achievements of the HILA program in promoting some of the adolescents at risk who participated, a considerable portion of the participants have not realized their potential.

As noted, the data relating to the activities of the units between 2009-2013 clarify that the percentage of dropout of young people at risk from this program is high (close to two-thirds) thus it is important to examine which changes are needed to make the program more attractive and effective, beginning with the stage of diagnosis and selection. A suitable learning program should be constructed and consolidated providing not only theoretical studies but also training for a profession (for after all, their inability to find lucrative work also constituted a reason for their dropout from formal settings). The approach to the therapeutic-educational work of the units should also alter as described above.

In order to promote the professional work in the program, it is necessary to create a foundation of knowledge and skills for the diagnosis of attention deficit and learning disabilities, to adopt teaching methods suited to adolescents with attention disorders and learning disabilities, and also to enrich the study material to enable the integration of the adolescents in society, and not only to help them meet the accepted requirements of the formal education system. Furthermore, it is important to develop models for the integrative work of the teaching staff and the educational-therapeutic staff, based on mutual consultation and sharing of information. In addition, an effort should be made to include parents, in order to empower their children from their perspective.

Intervention based on these principles may enable promotion of persistence and stability among more of the adolescents in the HILA program so that they can better take advantage of the variety of existing study streams. Furthermore, as noted, it is also advisable to develop additional options, adapted to the needs of those who participate in HILA. A system should be developed for preliminary screening, focusing on both cognitive abilities and emotional intelligence. This may enable reduction of the percent of latent dropouts and disengaged adolescents from the HILA program, and expand the potential number of those who participate and persevere to the end of the program.

It is therefore very important to investigate the source of the gaps described between what now exists in the units and what could be achieved. Additionally, the relevance of the suggested changes should be tested through both quantitative and qualitative research with the young people participating in the units and those who drop-out, and also with the therapeutic and education staffs. This would improve understanding of the discrepancies and enable the staff to prepare suitable responses for the needs of youth at risk.

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**Table 1: Adolescents in the Youth at Risk Advancement Units and HILA Program, 2009-2013**

Year	Number of adolescents in the care of Youth Advancement units	Number of these adolescents who neither study nor work	Number of adolescents in Youth Advancement who study in the HILA program	Percentage of all treated/detached adolescents in the HILA program	
				Treated	Detached
2009	16,651	8,771	5,876	66.9	35.3
2010	18,690	8,893	6,240	70.0	33.3
2011	18,260	9,624	6,464	67.0	35.3
2012	16,229	11,560	5,404	46.7	33.2
2013	17,024	10,572	6,547	62.0	38.4

<sup>a</sup> The data for 2013 are as of April 2013