COPE

CAPABILITIES, OPPORTUNITIES, PLACES AND ENGAGEMENT

# EXECUTIVE SUMMARY

Co-funded by Programme for Employment and Social Innovation (EaSI) of the European Union

# I. Short description of the action

C.O.P.E. is a European project, co-financed by the EaSI (Employment and Social Innovation) programme, of which the Autonomous Province of Trento is the lead partner, through the Health and Social Policies Department and the coordination of the Innovation and Research Office. In addition to the lead partner, the project consortium includes the following partners: Federazione Trentina della Cooperazione (Italy); Coges Don Milani (Italy); NOVA University of Lisbon (Portugal); SHINE 2Europe (Portugal); The European Foundation for Philanthropy and Society Development in Croatia, and the University of East London (UK)

The acronym C.O.P.E. stands for 'Capabilities, Opportunities, Places and Engagement'. It aims to introduce a novel approach to the social inclusion of hard-to-reach young people (YP), specifically Not in Employment, Education or Training, by adopting a Social Prescribing (SP) approach to building a network of "relational proximity".

C.O.P.E. from the English "TO C.O.P.E." indicates the processes implemented by individuals to C.O.P.E. with difficult and stressful situations.

## 1. The context of the action

In 2022, over one in ten young people (15 to 29 years old) in Europe were classified as Not in Employment, Education, or Training (NEET), according to EUROSTAT data. Italy's situation is particularly concerning, with a NEET rate of 19%, predominantly affecting women (ISTAT data 2022). The European Union aims to reduce this rate below 9% by 2030, and many European countries have already achieved this goal. Despite the fact that numbers in the Autonomous Province of Trento (Trentino region) are lower, in 2020 YP in NEET situations still reached 15% of the population with a gender gap significantly wider than at the national level (10.6% males, 19.8% females)[1]

In 2018, the incidence of 20-34 years old) in NEET situations in Portugal, was 11.9%. (Eurostat,2022. Data from the National National Institute of Statistics in Portugal also indicates that, in 2019, 210,100 YP between 15-34 were classified as in NEET situation, representing 9.5% of the total number of YP in the country were NEET. Most of these were women (56.6% vs. 43.4% men) and had basic education (39.3% vs. 38.5% with secondary education and 22.2% with higher education)[2].

Given this background, the Lead Partner with the whole Consortium decided to plan a specific proposal based on the evidence from previous studies on the effectiveness of SP.

Various socio-economic factors can influence the life course of these YP, particularly for some groups including YP with disabilities, migrants, low education, on low-income families, from isolated areas, and women.

The C.O.P.E. project addresses these challenges by implementing a social prescribing and relational proximity approach, which emphasises holistic and flexible support tailored to the needs and

[1]http://ec.europa.eu/eurostat/statistics-explained/ISTAT data 2020 http://dati.istat.it/index.aspx?queryid=56169.

[2]Eurostat. YP neither in employment nor in education and training (NEET), by sex and age - annual data [Internet]. 2022 [cited 2022 Apr 4]. Available from: https://ec.europa.eu/eurostat/databrowser/view/lfsi_neet_a/default/table?lang=en Eurofound. NEETs [Internet]. 2021 [cited 2022 Apr 4]. Available from: https://www.eurofound.europa.eu/topic/neets

aspirations of YP. Unlike traditional interventions that primarily focus on employment and training, C.O.P.E. aims to enhance the self-esteem of YP and improve their access to social networks. While other NEET interventions also address emotional needs, C.O.P.E. stands out by facilitating the integration of resources from public, private, and third sectors, thus fostering a network of relational proximity.

## 2. Main policy areas and sub-areas

Policy areas the project will have an effect on are:

**Youth Employment**: the Individual Action Plans (IAP) defined for YP in collaboration with LWs has also included proposals and possibilities for the employment area in terms of:

Sub area 1 - Upskilling: Upskilling of both LWs in assisting for the search for a job and of YP in discovering personal assets and talents is a core result of C.O.P.E. project

Sub area 2 - Job opportunities: The LWs action demonstrated that it is necessary to update the offer of employment services as well, given the necessity to personalise job offers especially for specific target groups (like Neets)

Sub area 3 - Social exclusion: Solutions provided by C.O.P.E. showed how updated employment policies, combined with other strategies coming from the community and other professional sectors, can give a contribution also to the avoidance of social exclusion situations.

**Healthcare**: C.O.P.E. demonstrated that healthcare services and professionals need new models to operate in relational proximity logics and to respond to well being/care needs and not only to 'cure' needs, taking into account that health is a multidimensional state that is influenced by several socio-economic determinants, often non clinical. Social exclusion can be included as a health determinant. In terms of sub areas considered:

Sub area 1 - Mental health services: C.O.P.E. proved that protocols related to partnerships with other societal sectors that deal with YP in NEET situations need to be updated. Training modules of C.O.P.E. provided a proposal and an opportunity for professionals to update their skills with regard to this particular aspect.

Sub area 2 - Prevention services: C.O.P.E. showed that the origin and causes of social exclusion that may have an impact on health status need to be studied in depth. C.O.P.E. has highlighted how important early action (e.g. starting from school and family contexts) is in order to to avoid social exclusion of YP later on in their lives.

Sub area 3 - Integrated services: C.O.P.E. highlighted that working more closely with social and third sector organisations is paramount. C.O.P.E. provided an organisational model to reach this result (Relational Proximity Community Network), supported by MOUs and by a sustainability proposal presented to the political level that tried to ensure its continuity for the future.

**Third Sector**: the involvement of the Third sector was crucial in the development of the pilot and to test the positive effects of both the Link Worker (LW) involvement and of the SP Social Prescribing (SP) implementation.

Sub area 1 - Networking: enhancing collaborations between social enterprises, NGOs, and community organisations has been the basis for the creation of community hubs operating in C.O.P.E. and that may represent best practice for implementation in other contexts as well;

Sub area 2 - Innovation of solutions: C.O.P.E. has been working to the development of new and integrated models of social service delivery.

**Sustainability, Technologies and Innovation**: C.O.P.E. implemented Innovation solutions enabling to enhance both the level of awareness on the NEET situation and the methodologies and solutions available to solve this issue.

Sub Area 1 - ICTs: C.O.P.E. implemented digital solutions (Websites, Apps, etc.) which enable communication of knowledge and solutions with YP, professionals and the general public;

Sub Area 2 - Research: C.O.P.E. studied the strategies, tools and causes of the NEETphenomenon and proposed the results to decision and policy makers to inform their future choices;

Sub Area 3 - Impact and Sustainability: even if it is still early to affirm that there is direct causal and exclusive correlation between SP methodologies and the impact on YP well being, C.O.P.E. has demonstrated that, for the target population involved in Portugal and Italy, there was a clear improvement of YP mental wellbeing and other outcomes. This provides strong evidence which may support policy makers' decision to sustain the future implementation of the project.

## 3. Main objectives

The C.O.P.E. project, which ran from January 2022 to June 2024, aimed to build a local proximity network for reaching young people by involving various institutional and community stakeholders, train diverse public, private and third-sector actors in Italy and Portugal using a relational proximity approach based on the UK's Social Prescribing model, implement and evaluate two pilot actions in both countries, disseminate acquired knowledge for replication, and develop guidelines for adopting best practices at both national and European levels.

## 4. Key activities

C.O.P.E. aims to support young people through **individualised and locally-focused pathways** using the SP approach to enhance social inclusion, autonomy, health, and well-being. Central to this approach is the LW, who serves as a liaison to facilitate a process of listening and proximity, working with the YP to explore individual resources, motivations, and the opportunities available in their community. Families are also crucial to the process, with active involvement when working with underage individuals.

Fundamental is the **contribution of stakeholders**, i.e. public and private bodies and institutions, cooperatives and associations, as well as professionals and citizens who, for various reasons, have an interest in and are sensitive to the issue. Together they can contribute to forming a 'community of proximity', in which access to information and services, the creation of contacts and relations, and the implementation of viable and innovative projects and interventions can be facilitated.

The **relational proximity network**, or 'Community Network,' is characterised by its accessibility, person-centred approach, and dual presence in both physical and virtual spaces. It is designed to be readily activated when needed, without requiring formal consultations. This network aims to address specific needs, enhance relational connections, and facilitate access to information, services, and social benefits.

The project can be accessed through **referrals made by services or family members** (with the young person's consent) or through **self-referral** by the YP themselves (with parental consent required for minors). The coordinator assigns a LW based on factors such as geographic location, availability, and the professional and personal attributes of both the LW and the YP.

LWs collaborate closely with the individual, maintaining a vigilant awareness of **personal and network resources** - such as partnerships- through a participatory support process. As pivotal figures in the network, LW act as bridges between YP and the community. They guide the young person in creating and implementing an IAP, aiming to enhance existing resources and activate untapped potential within both the individual and the local community, including its support networks.

## 5. Target groups

The project is aimed at so-called NEET (Not in Education, Employment or Training) YP between 15 and 34 years of age. C.O.P.E. is therefore a social inclusion intervention for YP who are not involved in education or training or within the labour market or socialisation, and who are therefore exposed to greater risks to their physical and mental health. The project is based on a relational proximity approach, which is being tested in two pilot sites, in Italy and Portugal. The aim is to put in place mechanisms to reach YP through social infrastructures set up by institutional and civil society actors.

## 6. Deliverables

The main deliverables concern the preparation, implementation and development of the action, along with the evaluation and elaboration of sustainability strategies.

The Individual Action Plan (IAP) proved vital for supporting YP by addressing their unique needs, preferences and motivations through a co-creation approach. By involving YP in developing their plans, the IAP ensured interventions were tailored to their goals, enhancing engagement and commitment. This approach allowed for personalised strategies and effective goal setting, leveraging existing strengths while addressing barriers. The IAP not only promoted autonomy but also facilitated progress by tracking and adapting strategies as needed, making it a crucial tool for YP's personal and professional development.

In particular, The C.O.P.E. realist evaluation showed a statistically significant improvement in mental wellbeing, a reduction in psychological distress, particularly for those YP who had relatively worse mental health at baseline. The Social Return on Investment was also positive - between €4.27 and €5.36 for each euro invested - although healthcare resource savings remained stable overall. YP reported positive experiences overall, yet the intervention would benefit from the following: (i) co-design services with YP; (ii) more time for LW to spend with YP, given their level of vulnerability; (iii) investment in technology to close the gap between demand and supply of services - currently LW find it sometimes difficult to identify the right activities and services for YP; (iv) investment in the creation of a monitoring platform that could be shared and used for data collection; (v) ongoing training and supervision of LWs e.g. opportunities to share case studies of YP to enhance reflective learning. The coordination team made LWs aware of the importance of building a proximal relationship with YP. However, this relationship was transversal for all those involved in the project. The supervision of the LWs by monitoring implementation, support in solving difficult cases, and constant willingness to share were essential for the LWs to support the YP.

The Sustainability plan defined by the partners included the proposal for a scalable model for the intervention to be replicated to reach more YP in NEET situations. This model includes technology platforms, training programs, referral systems to reach a wider audience. For creating this model, around 900 community resources in the two pilot sites have been involved, including organisations of the public, private and third sector, administrators, professionals, YP, families and significant others, citizens. The model included the creation of Community Hubs, spaces for aggregation and collaborative work to be set up to study, test and implement self-employment, start-up of unconventional economic activities, in collaboration with local hubs and business incubators. The model also included Digital tools. Therefore, in the Italian pilot site, as of January 2024, LWs use the STARTin' application developed and made available by FTC within the Welfare inCooperazione platform. In Autumn 2023, the VRT Foundation that funds regional research projects, published a call for Science Impact 2023. Italian partners and affiliates of C.O.P.E. (APSS in collaboration with PAT, ConSolida, APPM) with the UK partner UEL and an Italian University of Engineering and Computer Science, made an application. The project BeYoND (Being Young, Networking Digitally) was granted to develop a digital platform to offer anonymous exploration to whoever is nor ready to interact directly with C.O.P.E. and needs preliminary steps. The model sustainability has been studied also by a SWOT and Delphi analyses. The Delphi indicates that, also due to the differences between countries, it is not easy to find a complete agreement on the key strategies for ensuring that SP interventions are applied and supported in the long run. Even if there is not complete agreement, it is possible to affirm that experts have found a common understanding on a proposal for the definition of Guidelines for the sustainability of SP interventions in Europe.

All the results of C.O.P.E have been disseminated at EU, International and National level. The Communication Plan included the definition of training materials, scientific dissemination materials (e.g. publications), tools for the exchange of know-how and methods (e.g. seminars, conferences, websites) to create awareness on one side and for promoting the result achieved by the partners on the other. Internal and External communication strategies have been particularly useful for supporting the implementation of the actions and the sustainability strategies. A set of scientific publications, based on the project's results, are currently being finalised and will be submitted to open access and peer-reviewed journals in the short term, ensuring broad dissemination and validation of our findings.

## II. Conclusions

### 1. Results of the action

Key findings from the action evaluation include (more results available in the final evaluation report):

- Almost half of the sample (46.8%) was under 21, slightly more female, the vast majority Portuguese (55.5%) or Italian (32.1%), living with family in town/suburbs.
- At baseline (n=427), 47% of respondents from Italy reported a mental health condition versus 11% of Portuguese; Yet other measures show that Portuguese YP also experienced emotional distress at baseline. We noted a difference in mental health between the Portuguese and the Italian cohort. It is important to note that the sample may be affected by social desirability bias, so Portuguese respondents may have underplayed their actual level of mental health due to stigma

- Statistically significant improvement in mental wellbeing (n=150; 95% CI; $p<0.05$; s=5.8). Greater mean positive change for Portugal than Italy as well as for younger age groups (16-24) and females.
- Statistically significant reductions in psychological distress (n=89). Improvement was particularly marked for those YP who had relatively low mental health at baseline. Some components of psychological distress - problems/symptoms and risk of harm - improved from a clinical to a non-clinical position.
- Support received: Emotional support was provided by LWs as a standard part of the SP element of the intervention. Most other support was about finding employment, training. Three out of four YP were seen once a month or more; More than half of the sample received more than one form of support (54.4%). About 9% did not receive any support.
- The Social Return on Investment was also positive - between €4.27 and €5.36 for each euro invested - although healthcare resource savings remained stable overall.

The creation of Intervention Programme Theories led to conclude that YP benefited from C.O.P.E. in terms of increased self-esteem, improved social skills, and increased physical activity as well as a stronger agency in determining what they wanted to do as well as improved mental wellbeing and reduction in psychological distress as shown above. These outcomes were largely due to the work of LWs which provided emotional and holistic, informal, and flexible support and recognised the need to balance the requests and needs of YP with the assets available in their local area. Lack of experience, power imbalance, and a sometimes difficult relationship with other agencies were seen as obstacles to the relationship between YP and LWs. LWs are boundary spanners as they operate between health and social sectors, parents and YP, public sector and other third sector organisations. Interviews revealed that most LWs have a strong commitment towards supporting YP facilitated by listening skills, empathy, non-stigmatising and the flexibility of trying different approaches. Yet, the professional and personal enrichment of LWs depends upon regular training, psychological supervision, the availability of local resources for YP, and, crucially, more time to be spent supporting YP. Further action should consider these last points for the development of these interventions.

Finally, all these outcomes are not likely to be achieved without sufficient funding. The European Commission funding was complemented by the resource and human resource commitment of many public and third sector organisations which made a crucial contribution to the implementation of the C.O.P.E.. As a result, this intervention would require a stronger investment in the future.

According to LWs and YP, the person-centred and relational proximity approach adopted throughout the project, which is respectful of each individual's experience, was crucial to achieving the results presented. This approach prioritises YP's unique needs and perspectives in the support provided.

The project results show the importance of maintaining a satisfactory balance between clinical/health aspects and social aspects. This balance ensures that YP receive holistic support that addresses both their health and well-being, as was the aim of the project. This aspect was widely considered by the LWs during the interviews, indicating a shift in their approach to intervening with YP. In terms of intervention, the LWs emphasised the flexibility of the project, and each young person co-created their IAP.

The successful mapping of local resources was a significant outcome. By identifying key local resources and continually mapping them throughout the project, LWs were able to maximise opportunities to support YP. This aspect was also highlighted during the interviews.

Completing follow-up data proved challenging, with only 165 out of 426 follow-ups completed. This difficulty was partly due to the dynamic nature of YP, who often experience frequent changes in circumstances that affect their availability and engagement. Although the analysis remained feasible, future efforts should focus on improving response rates. Investing in enhanced monitoring and data collection platforms could help mitigate these challenges.

## 2. Impacts of the action

C.O.P.E.'s main innovations concerned:

- Organisational level, through the definition of flexible pathways and operating modes to support specific interventions with methods based on SP.
- Community level, through the construction of a network with professionals, organisations, services, family members, citizens able to work jointly with and for YP.
- Professional level, through new professional figures such as LWs, and through new modes of networking.
- Specific and specialised level of intervention, which applies the methodology of SP with YP together with other specific interventions both for engagement and for the development of an individualised programme.

## 3. EU added value

The European added value of C.O.P.E. resides in few key elements:

- A new methodology has been implemented at European Union level with a specific focus on YP, in cooperation with the UK where this model is already implemented. This element allowed a high level of exchange of practices and tools between professionals (LWs included).
- Four study visits have been organised and this provided the opportunity to study solutions, tools and results from other countries, export the C.O.P.E. results and methodology, build partnerships also for future projects.
- Possibility to promote the results of C.O.P.E. at international level through the Vice Presidency of the es Health Promoting Hospitals International Network to compare methodologies also at a broader level (e.g. Japan);
- The C.O.P.E. model can be exported also thanks to the exchange of results and tools (e.g. during the study visits, through websites and conferences, through ICTs solutions) and empowered in terms of future projecting and support that local and national governments might want to guarantee in the nearest future.
- SP helps integrate YP who are in NEET situations into society by connecting them with community resources, volunteer opportunities, and social activities. This can lead to increased social cohesion and reduced social isolation, contributing to the EU's goals of social inclusion and equality.
- By addressing the holistic needs of YP, including mental and physical health, SP can lead to better health outcomes. This aligns with the EU’s health strategy, which aims to promote good health and well-being for all citizens.
- Supporting YP in NEET situations to find pathways to education, training, or employment can reduce long-term unemployment rates and reliance on social welfare systems. This can result

in economic benefits for the EU by fostering a more productive workforce and reducing social welfare costs.

- The implementation and evaluation carried out by C.O.P.E. provides valuable insights and evidence for innovative social policies and therefore supports the EU's agenda for innovation in social services and healthcare, providing models that can be replicated across member states.
- Cross-border collaboration and knowledge sharing among member states led to project partners and external partners involvement in the SVs. I would add that not only PPs benefited from the project but the vast network of territorial stakeholders involved in the partners' member states.
- C.O.P.E. carried out activities of YP empowerment and active citizenship enhancement. This supports the EU's commitment to youth participation in democratic life and decision-making processes.

In terms of added value, without the EU funding it would have been difficult to coordinate diverse countries on a common action and to create a shared action framework for YP in NEET situations in Europe. The funding has supported the creation of networks (territorial, professional, families, organisations), the exchange of knowledge (study visits), the research and the evaluation process together with the publication and the dissemination of results, the creation of ICTs solutions.

The EU level of the action assured the commitment of policy and decision makers in implementing activities and respecting deadlines and the costs of innovation were largely sustained by the EU therefore the impact on the local government budget has been acceptable.

C.O.P.E. has proposed at EU level to adopt a new methodology (SP) towards the specific needs of Young NEETs, adapting a UK tool, leading the process at European level. Thanks to the study visits, best practices have been exchanged ito improve the model (e.g. GPs involvement in referrals and engagement of social needs). This also responded to the need of ensuring mutual learning and sustainability of results.

## III. Policy follow-up

### 1. The expected policy follow-up

C.O.P.E. has been a social experimentation project aiming at finding innovative responses to support and include YP, especially those in NEET and vulnerable situations, therefore striving:

- To have a policy impact in all the pathways related to YP: Youth employment, work experience and placements; Vocational training and internship; Education and training; Socialisation and re-socialisation; Prevention, physical and mental health and wellbeing.

- To work closely with services, organisations and all stakeholders supporting YP, as well as with local, regional, national administrators and policymakers, to identify more flexible referral systems, supportive mechanisms, engagement process, networking procedures, communications tools, specialised short term interventions, involvement and empowerment of YP and of families and significant others.

- To establish innovative ways to work with YP,with a peer to peer style, for example employing YP, who have previously been helped by C.O.P.E., in the role of LWs, network developers, dissemination promoters, so that C.O.P.E. becomes a generator of inclusion, a scout of personal assets, and a leading example within the community.

## 2. Lessons and recommendations

The lessons learned and the following recommendations are clear if we look at how we have been working before and after C.O.P.E.. Before C.O.P.E. the main focus of professionals' action was:

Guidance and mentoring to search for a job.

Definition of Programs and activities to improve soft skills and fostering personal growth.

Creating collaborative partnerships with schools, community organisations, and various stakeholders to facilitate impactful community outreach and engagement initiatives.

Promote interactive group activities and workshops covering essential topics like leadership development, team building, conflict resolution, and personal growth.

After C.O.P.E. the attention has been moved to:

Use an holistic assessment of YP, understanding their social, emotional, and practical needs, and referring them to appropriate community services and resources (community of proximity, determinants of health)

Define personalised support and guidance to help NEET access and engage with community-based services, such as social clubs, exercise groups, counselling services, and local support groups (IAPs, Hubs, LWs).

Proceed with monitoring and follow-up: progress and evaluating the effectiveness of the SP interventions to ensure they are achieving their desired outcomes and making adjustments to the action plan as necessary (SP as a working method, measurement of the level of personal well being).

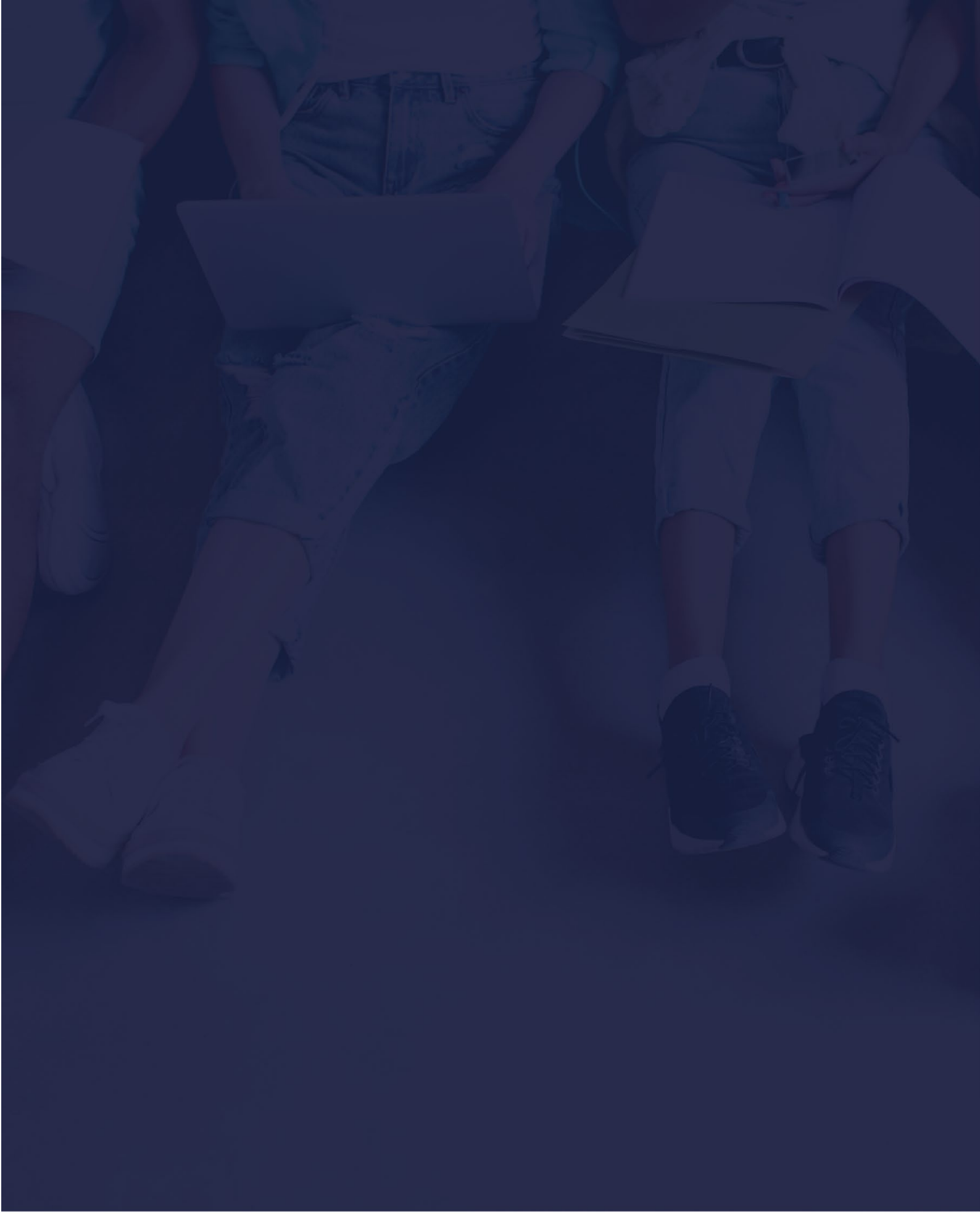
C.O.P.E. has changed the ways professionals conceive personal and community assets and has mixed them successfully with available solutions. The core business is the relationship between the young person and the LW who has a whole Network of motivated stakeholders (families included) at his disposal to provide solutions, motivate YP and empower them.

The obstacles encountered along the project can be divided into two macro categories: 1) Project management (General management, Pilot management, WP management); 2) 'System' obstacles (Public administration fund and project management; Elements of sustainability and systemisation of the model)

In particular, the articulation of the management had to consider the subsidiarity inevitably necessary for the management of activities on the pilot sites, with which the connection was not always easy. At the same time, the management at the local level had to consider the impact caused by working with such a vulnerable and hard-to-reach target group which led to difficulties in meeting the initially stated targets. However, both countries put in place functional and necessary actions for recruitment in the individual territories. The WP leaders, on the other hand, were sometimes limited by the staff turnover in the course of the 30 months, and by the mutual complementarity of the actions (often interlinked and/or 'interlocking', so that one delay inevitably affected others). All these difficulties were

addressed from time to time both at coordination and Pilot Sites/WPs level, and in almost all cases optimal and shared solutions were found.

In terms of systemic difficulties, the direct management as lead partner of a European project was certainly a challenge for the Public Administration in Trentino, because of the complexity of a pilot targeting YP in a NEET situation which was novel to this region of Italy. One particular difficulty was the availability of competent human resources and for a number of hours adequate to the lead management. It became necessary to re-allocate staff from one public administration to another and within services to find suitable and available professionals. This challenge, however, has been accepted and overcome by the Public Administration in Trentino, which - also in terms of the sustainability of the outcomes produced - is looking ahead, although in this regard the challenge is currently open!



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Cooperazione Trentina

SHINE 2Europe

University of East London

Co-funded by Programme for Employment and Social Innovation (EaSI) of the European Union

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