COPE

CAPABILITIES, OPPORTUNITIES, PLACES AND ENGAGEMENT

# SHORTENING THE DISTANCE

Social Prescribing and Relational Proximity Community Network as approaches to reach and engage with young people in NEET (Not in Education, Employment or Training) situations

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

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

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# INTRODUCTION

This Policy Brief aims at summarising the main key messages learnt during the work undertaken throughout the C.O.P.E. project in order to propose recommendations useful for daily practice. It includes an executive summary of the project just concluded, information on the policy context within which the project was presented and developed, project findings, key messages drawn from the experience and the data gained throughout the implementation of the C.O.P.E. project, recommendations for future policies on projects for young people in NEET situations, and references.

Throughout the document, the expression "in a NEET situation" will be used instead of "NEET", because they are not considered as a "category" of young people and in order to promote awareness and cultural change in addressing this specific target population. In fact, they are young people going through a particular period of their life, as it can happen to anyone, and that period has a possibility of exit. A change in the language is an influencing factor of other changes at other levels: in the perspective we choose to look at a situation, in the culture we decide to promote, and in the approach, we want to adopt.

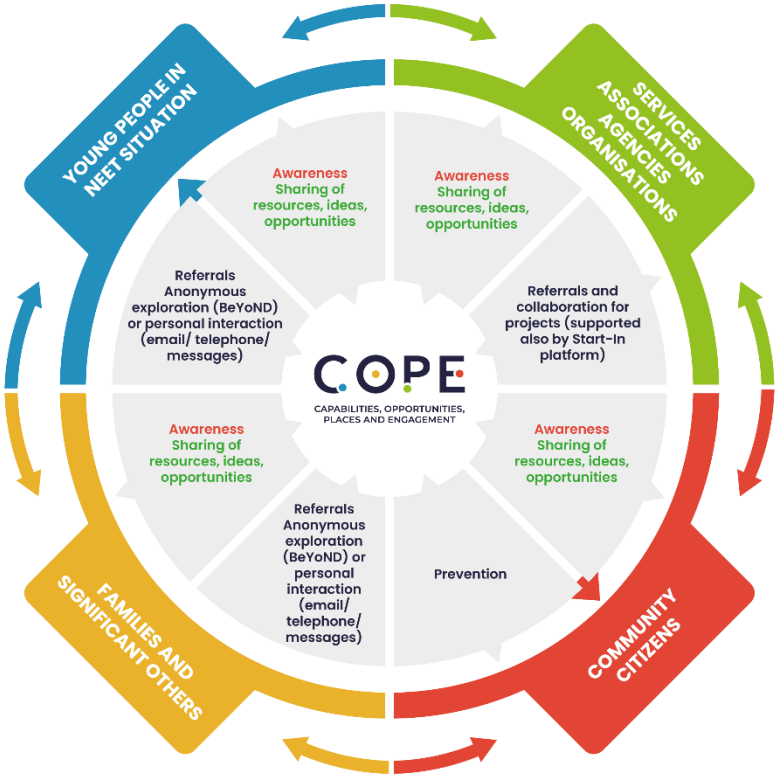
# EXECUTIVE SUMMARY

C.O.P.E. has been a social inclusion project funded by the Employment and Social Innovation (EaSI) programme. The duration of the project was originally of two years, from January 2022 to December 2023, then extended till June 2024.

C.O.P.E. aimed at supporting 600 young people, aged between 15 and 34, who were in NEET (Not in Education, Employment and Training) situations, in two pilot sites: Italy and Portugal. Originally the age target was between 15 and 29, then extended to 34, to accommodate the many requests received for young people over 30 years of age.

The C.O.P.E. project combined a social prescribing approach (well-known but used with a new target group), with a relational proximity community network approach (a new concept, developed throughout the project beyond the partners' original expectations). C.O.P.E. focussed on adopting a flexible and holistic approach with young people in NEET situations, especially the hardest to be reached. The project aimed to facilitate their access to local opportunities, to raise their self-esteem, to evaluate the pilot actions, to disseminate knowledge for replication, and to develop guidelines at European level.

Young people were supported through individual action plans that addressed their needs, preferences and motivations, through a co-creation approach. Families have been crucial to the process, with active involvement (with young people's consent), and always with minors. The link workers' coordinator assigned a link worker based on geographic location, availability, professional and personal skills. Link workers acted as a bridge between young people and the community. A fundamental contribution was offered by all stakeholders (entities, professionals and citizens). The proximity community approach has been person-centred, and physical and virtual spaces were identified to facilitate relationships and meetings. The project could be accessed through referrals made by services, families or self-referrals.



The C.O.P.E. consortium comprised seven partners from four European countries, with some associated organisations:

**ITALY**

Partners:

- Autonomous Province of Trento (leading partner)
- Federation of the Cooperatives of Trento
- CoGes Don Milani of Mestre

Associated organisations:

- Provincial Health Care Trust of Trento
- Provincial Trust for Minors of Trento
- Local Health Care Trust of Bologna
- Services for Citizens Trust of Bologna
- Con.Solida Social Cooperative of Trento

**PORTUGAL**

Partners:

- New University of Lisbon
- SHINE 2Europe of Coimbra

**CROATIA**

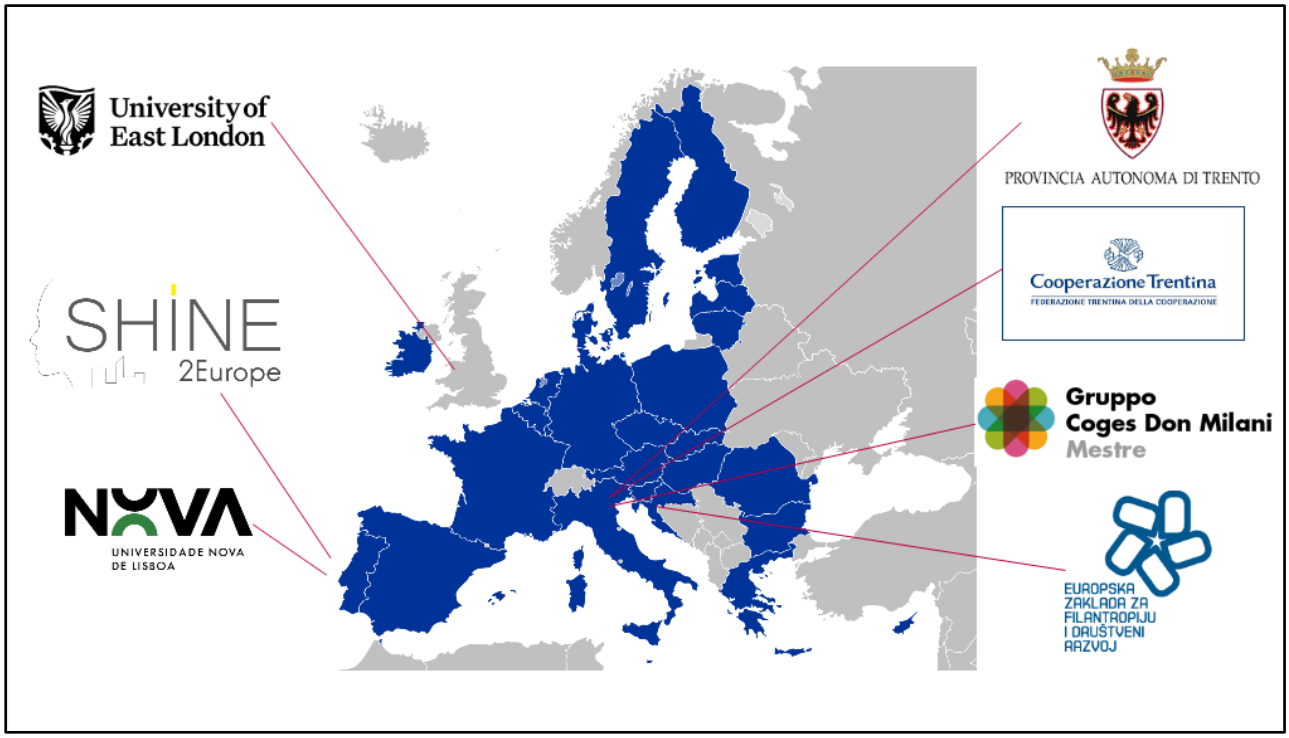
Partners:

- European Foundation for Philanthropy and Society Development of Zagreb

**UNITED KINGDOM**

Partners:

- University of East London



The C.O.P.E. consortium has been operating through regular communication. The Italian and Portuguese pilots had similarities and peculiarities: to ensure a coherent implementation, regular meetings, both online and in person, have been held between the two pilots as well and with the other partners.

The project management structure has been in place to ensure the proper level of coordination and cooperation among the project consortium members. The C.O.P.E. project has also been supported by a coordination team for each pilot site, a steering committee, an advisory board, a scientific advisory group and a supervisory board.

The main deliverables were achieved through the preparation, implementation and development of pilot actions, and through the evaluation and elaboration of sustainability strategies. The sustainability plan included a proposal for a scalable model, service delivery, technology platforms, training programs and referral systems to reach a wider audience.

Consultations with partners, stakeholders and experts, results from the S.W.O.T. and delphi analysis, alongside information from outcomes, process and economic evaluation of COPE project, underpin the content of this policy document.

A policy webinar was held in June 2024, with the title: "Experiences, challenges and future development of Social Prescribing in Europe: How to foster sustainability". Experts and stakeholders from eight different European countries, different organisations and professional backgrounds, attended. Experts shared their knowledge and experience on: perspectives and challenges on policy making and sustainability; social prescribing and sustainability in Portugal, in the U.K., in Austria, in Finland, in Europe within primary care; community and inclusivity experiences; S.W.O.T. analysis and initial delphi.

A survey, via google form to collect opinions on the draft policy brief. The survey assessed their level of agreement with the eighteen key messages presented in the policy webinar and asked for comments and suggestions for each of them. Specific online meetings with experts and partners offered additional observations and reflections. The final version of the policy brief was circulated, and a concluding meeting was held.

# POLICY CONTEXT

The European Union set an EU target to be reached by 2030: less than 9% of young people between the age of 15 and 29 in NEET (Neither in Employment, Education or Training) situations across the member states.

In 2023, according to EUROSTAT, in Europe the average of young people in NEET situations between 15 and 29 years of age was 11.2%, ranging from 4.8 % in the Netherlands to 19.3 % in Romania. Italy had the second highest rate in Europe of young people in NEET situations with 16.1%. Portugal had an overall rate of 9%, which was in line with the European Commission target, however, Portugal had geographical pockets of higher rate well above 9%, which justified intervention.

In the same year, EUROSTAT published the data also of young people in NEET situations between the age of 15 and 34: in Europe they were 12.4%, in Italy 18% (second only to Romania, with 20,6%), and in Portugal 9,3%, with pockets of higher rates.

The young people in NEET situations are increasingly attracting the attention of Europe and individual countries. The current worldwide situation is characterised by challenges that strain social and economic systems, with negative effects on health, environment, and relationships. Finding new solutions, for either new or "old" problems, requires thinking and acting differently, identifying new opportunities and redirecting resources.

Thanks to social innovation (developing and implementing new ideas with the aim to meet needs and create new public and private ventures) and social experimentation (which uses the results of a pilot implementation to decide if scaling up), changes in the systems could be achieved in a sustainable way (Ledan, 2022).

To reach out to the "hard to reach" ones, it is necessary to be proactive, innovative and creative. Professionals must build a network of productive social contacts and relationships, based on a good knowledge of community resources. It is fundamental to agree a plan with the young people in NEET situations and to negotiate with organisations a more flexible approach, for example to adapt a training programme or working hours to the needs of the young person, outside traditional ways of working schedule and structure (Community Networking for NEET Integration, 2020a).

Engaging young people in NEET situations requires strategies to raise awareness and to encourage contact (Santos-Brien, 2018a) (Santos-Brien, 2018b). Social inclusion and integration of young people in NEET situations in the community (Community Networking for NEET Integration, 2020b) are facilitated by a holistic approach, through which not only work, education and training, but also health, housing, economic and social needs are assessed and addressed. If stakeholders collaborate among themselves and with young people, a community network is built and can offer ongoing support until needed.

It is important that, since its design phase, a social prescribing programme identifies outcomes, target, measures and theoretical connection. Social prescribing can be helpful in the field of preventive and public health and of sustainability in financing healthcare (Vidovic *et al.*, 2021). The link worker model is pivotal in these pathways, with a role that can adapt to different situations (National Health Service, 2023).

It would be advisable that providers, users and communities co-create initiatives to identify meaningful outcomes and feasible methods for social prescription and community programmes (Percival *et al*., 2021). A cultural change is needed in order to achieve shared responsibility for health: different working practice, user involvement in their health/wellbeing and decision sharing, and the public co-designing service in partnership (Ham *et al.*, 2018).

Several toolkits and operational guidance are available to support interventions targeting young people in NEET situations. Here there are just some examples:

- The World Health Organization (WHO Western Pacific Region, 2022) designed a toolkit to help countries and organisations develop effective policies and interventions to support young people who are not in education, employment or training;
- A toolkit on vocational, educational and training programme for the empowerment of young people in NEET situations (Psifidou, 2021);
- The guidelines for employment diagnostics in times of continuous change (Scheja, 2023);
- A background paper, "Preparing Youth for the Transition to Work" (Wilson 2019) that provides analysis, case studies and best practices.

A qualitative meta-synthesis of the literature (Lieberman *et al.*, 2022) aimed at establishing the impact of social prescribing interventions on loneliness. Previous evidence from a systematic review, which described the effectiveness and acceptability of social prescribing interventions, reported increases in self-esteem and self-confidence as key outcomes of social prescribing (Chatterjee *et al.*, 2018). A population-based observational study found that social anxiety directly predicted loneliness, suggesting that high levels of social anxiety might lead to the avoidance of social contact that could otherwise reduce loneliness (Lim *et al.*, 2016). A systematic review (Reinhardt *et al.*, 2021) has shown that both individuals and communities value social prescribing and believe that these initiatives are helpful to reduce loneliness and isolation.
However, more research is needed to evaluate the impact and the effectiveness of social prescribing interventions at individual level, community and service level.

Policies for young people in NEET situations fit into a larger frame. At European level, work is undertaken to tackle some issues that can cause or worsen poverty, for example inadequate income. The European Anti-Poverty Network (EAPN) is making a case for an EU directive by which a binding minimum income is introduced. In Europe more than 20% of the population (almost 110 million people) are at risk of poverty and social exclusion (Van Lancker et al., 2020).

The United Nations, in their practical guide (United Nations Department of Economic and Social Affairs, 2020c), reminded that article 21 of the Universal declaration of human rights of 1948 stated the right to participate in public life, and recommended listening to the voices of the poorest and most vulnerable.

Once again, the United Nations described multi-stakeholder partnership and engagement as a key strategy to advance the sustainable development goals (United Nations Department of Economic and Social Affairs, 2020a), and gave information about different platforms for online courses and resources. They also elaborated on global partnership for sustainable development based on global solidarity and interlinkages and integration (United Nations, 2020), and about synergies and co-benefits,

collaborative and coordinated efforts to achieve and implement the set goals (United Nations Department of Economic and Social Affairs, 2019).

The United Nations, through the Voluntary National Reviews (VNRs), collected experiences (both successes and challenges) and lessons learned by countries on a central platform (United Nations, 2019). Besides, to ensure that not only policy makers and leaders but also committed individuals around the world took part in the implementation and monitoring of the Sustainable Development Goals (SDGs), the U.N. organised specific workshops to ensure that nobody would be left behind (United Nations Department of Economic and Social Affairs, 2020b) and collected success stories and lessons learned (United Nations Department of Economic and Social Affairs, 2022).

Strategies and priorities for sustainability of social innovation actions and policy reforms have been defined at the EU level, for example:

- The European pillar of social rights (European Commission, 2021);
- The European social fund and youth employment initiative leavers survey report 2016-2019 (Department for Work and Pensions, 2022);
- The EU evaluation framework for social innovation (Sabato et al., 2015);
- Scaling up social innovations (Barnett, 2022);
- The EU framework for social experimentation (Ledan, 2022).

Another fundamental aspect to be considered is health. The EU global health strategy aims, for example, to tackle the causes of illness, recognising that women and girls, vulnerable and disadvantaged groups, are at more risk; to ensure more equitable access; to increase prevention measure and surveillance; to improve workforce and their skills; to improve public health and the engagement of key stakeholders; to foster digitalisation and research; to help policy makers to link and work for a continuity of policies; to strengthen partnerships and accountability (Commission to the European Parliament, 2022).

It is essential to care for mental health and social inclusion of the youth. It cannot be forgotten that 64% of young people are at risk of depression and anxiety, self-harm and suicide are increasing, young people who left school are twice more likely to have poorer mental health, more insecure and inequitable livelihoods and job loss are increasing with an increased number of young people in NEET situations (Shriwise, 2022).

The European programme of work, between 2020 and 2025, also through analysis of the impact of Covid-19 and an integrated action plan, aims to ensure three fundamental rights: universal health coverage, protection from health emergencies, and improvement of health and well-being, aiming to leave no-one behind (World Health Organization, 2021).

# EVIDENCE ON SOCIAL PRESCRIBING

Existing evidence indicates that Social Prescribing (SP to follow) interventions can reduce the effects of social determinants of health and avoid the medicalization of social issues. By connecting individuals with local support groups, SP has been proven effective in reducing social isolation as individuals build new relationships and a social network of support within their communities. The evidence within a systematic review published in 2021 confirms that a co-production and co-design would be an effective approach to engage stakeholders in the development and implementation of a SP intervention within a community setting. The evidence also implies that SP initiatives can be enhanced by drawing on stakeholder knowledge to design a service that improves health and well-being outcomes for community members (Thomas *et al.,* 2021). Generic interventions will not lead to positive outcomes in every situation and engaging community members in the development of well-being interventions through co-production and co-design makes explicit the main priorities for well-being improvement, resulting in a practical and effective intervention (Mayrhofer *et al.,* 2020).

The evidence indicates that co-production and co-design can also empower communities (Milton *et al.,* 2011) and enable them to have a sense of ownership of an intervention, consequently encouraging their participation in the delivered service. The evidence also demonstrates that the degree of communication between stakeholders contributed immensely to the long-term sustainability of the co-produced and co-designed SP intervention. Communication was essential to ensure that a relationship was built and maintained between the co-producers. The evidence indicates that it also ensured that each stakeholder felt involved in each stage of the development and subsequent delivery of the intervention. Perhaps the most effective medium of communication emphasised in the evidence was a feedback system. The evidence illustrates that it provided a regular reminder of the existence and benefits of the SP intervention to health professionals consequently encouraging referrals (Baker & Irving 2015). In addition to communication, the evidence also suggests that shared resources or systems between the different sectors (e.g., integrated IT system and a single point of contact for referrals) brought convenience and consistency (Whitelaw *et al.,*2016).

A review on social prescribing (Vidovic *et al.,* 2021) recommends programme designers carefully document, in the design phase, exactly which outcomes are targeted, how those outcomes will be measured, and how the outcomes as concepts are theoretically linked to the measures chosen. Studies of the Social Cure social prescribing programme offer an excellent example of this specification. The authors utilise well-justified and validated measures to assess and test the links that exist between an individual's sense of loneliness and belonging and its impact on healthcare usage (Wakefield *et al.,* 2020). To our knowledge, these are the only examples in the current literature that draw empirical links between 'group membership', 'community belonging', 'social support', 'loneliness', and related health care usage. The review highlights an urgent need to develop and establish guidelines to assess the impact of social prescribing at the community level, because it is precisely at the community level that preventive and public health innovations are most needed. Given that social prescribing is a community-based initiative, with community resources being the central focus of delivery, more effort is necessary to establish impacts of these programmes on structures that play a fundamental role in its implementation.

A qualitative meta-synthesis of the literature published in 2022 (Liebmann *et al.*, 2022), aimed at establishing the impact of SP interventions on loneliness. Previous evidence from a systematic review describing the effectiveness and acceptability of SP interventions reported increases in self-esteem

and self-confidence as key outcomes of SP (Chatterjee *et al.*, 2018). A population-based observational study found that social anxiety directly predicted loneliness, suggesting that high levels of social anxiety might lead to the avoidance of social contact that could otherwise reduce loneliness (Lim *et al.*, 2016). Pulling these findings together, a mechanistic pathway might be hypothesised that by increasing people's confidence in social situations and allowing them to practise social skills in safe and welcoming environments, SP might reduce social anxiety, meaning people may be less avoidant of social situations and less isolated, which could lead to reduced loneliness. However, this would require testing in a rigorous mechanistic study.

A systematic review (Reinhardt *et al.*, 2021) findings show that individuals and organisations view social prescribing initiatives as useful and necessary to tackle loneliness. However, given the wide variation in social prescribing interventions and how/whether their impact is investigated, it is difficult to draw definite conclusions regarding the effectiveness of these initiatives on individuals, communities, and health/care systems in general. There is a lack of consensus on what the impact of a person-centred approach such as social prescribing should be. Social prescribing is presented as a person-centred, holistic, integrated approach to addressing individual needs, meaning impact on the whole person, including social service usage, should be studied.

A review published in 2022 (Cooper *et al.*, 2022) aimed to establish the effectiveness and active ingredients of UK-based social prescribing interventions targeting mental health and well-being outcomes. In its conclusions it was reported that the predominance of before-and-after studies and associated methodological concerns, suboptimal development processes, and limited evidence of treatment fidelity assessments, prevents any robust conclusions on the effectiveness of social prescribing for mental health-related outcomes. Development of future social prescribing interventions would benefit from comprehensive development processes with reference to appropriate frameworks, theories or models (alongside detailed reporting of social prescribing referral pathways), including long term outcome assessment and adherence to principles of person-centred care.

A systematic review (Kiely *et al.,* 2022) shows that there was no evidence for effectiveness in improving social support, physical function and activities, or primary healthcare utilisation, though there was a suggestion from two studies that interventions led to improved self-rated health and two others reported higher patient ratings for quality care. The review has not identified any evidence on the cost-effectiveness of social prescribing link workers. There is some evidence of cost savings based on reduced hospitalisations, but this was a US-based study of an intense structured 6-month intervention and may not translate to other healthcare systems (Kangovi *et al.,* 2020). Only one UK-based study reported costs, showing a reduction in referral costs, but no cost–benefit analysis or cost–utility analysis was undertaken (Grant *et al.*, 2000). The economic evaluation of social prescribing link workers in the literature is weak.

A report published in 2022 (Al-Khudairy *et al.,* 2022), identified key enablers of and barriers to evaluation of the link worker model of social prescribing, which need to be addressed at both policy and practice levels.

Key enablers:

1. an interested and active workforce of link workers
2. a system that is gradually becoming more mature and, therefore, potentially more evaluable

3. some robust data systems
4. a desire and need by link workers and those providing SP funding to understand the services and their impact.

Key barriers:

1. substantially heterogeneous service provision models
2. large differences in available onward referral services and engagement with the PCN (Primary Care Network)
3. the precarious financial and organisational nature of some onward referral services
4. heterogeneous data collection, reporting and data monitoring by different social prescribers
5. commissioners do not usually ask social prescribers to use standardised assessment tools
6. there is no agreement across schemes regarding the key outcomes that need to be measured
7. there is a clear need for harmonisation of data collection; for instance, some clear direction is required to encourage programmes to use common validated well-being measures
8. mature data are currently not available; there needs to be agreement across schemes on how and when to follow up referrals
9. previous evaluations have often concentrated on individual (or a small, selected subgroup of) health conditions, but if a national overarching evaluation is to be undertaken then restriction to groups with specific conditions will not answer the overarching questions of the value of the link worker model overall.

A systematic review (Napierala *et al.,* 2022) reported how the evidence suggests the positive effects of SP on a variety of relevant endpoints. Due to prevalent quality deficits in the available studies, scope for conclusions concerning clinical relevance and sustainability is limited. In this context, evidence quality rather than quantity is the problem. SP seems to be a promising integrated care approach for psychosocial problems in the primary care setting. For the UK, NHS policymakers have decided to gradually roll out SP services nationwide, which has the potential to broaden the evidence base. Evaluating the effectiveness of complex interventions is a major challenge and requires considerable effort and resources. Recent efforts to address these issues by special techniques, e.g. difference-in-differences analyses using secondary data, are commendable. However, randomised controlled trials with long-term follow-up and efforts to minimise attrition would be the most desirable and valuable approach. In this context, the use of adaptive designs and pragmatic trials might facilitate conducting successful RCTs in the complex field of social prescribing. Additional possible approaches for enhancing feasibility of randomised designs could be e.g. randomization and evaluation of communities and/or practice sites instead of individual patients, or trials including waiting lists or stepped wedge designs.

In terms of interventions on young people in NEET situations via SP tools, evidence is not complete at the moment, especially if referred to the EU continental context. A first review on TRIP showed only few sources able to identify this specific aspect.

For example, an ongoing systematic review[1] is basing its search on the following questions in order to identify, synthesise and evaluate evidence of the effects of interventions targeting youth classified as not in education, employment, or training:

[1] Tonje Holte Stea, Ellen Sejersted, Tonje Fyhn, Liv Fegran, Annette Løvheim Kleppang, Thomas Bjerregaard Bertelsen. Interventions targeting young people not in employment, education or training (NEETs) for increased likelihood of return to school or employment- Protocol for a

1. What is the effectiveness of intervention studies targeting NEETs to reduce the number of youths not in employment, education or training?
2. What are the estimated effects of methods and strategies used to improve health-related behaviours, quality of life and well-being constructs (such as self-esteem and confidence), physical and mental health, earnings, welfare receipt etc.
3. Can variation in intervention effects according to participant characteristics (i.e., difference in pre-trial duration of current status, socioeconomic status, sex/gender, ethnicity), and/or use of different intervention components (e.g., type, frequency, duration, provider and setting) and methodological approaches be identified?
4. Can potential contextual factors (e.g., resources, structure, policy) influence the delivery and effect of intervention studies targeting NEETs be identified?
5. What is the robustness of results reported as a result of separate sensitivity analyses that exclude studies with higher risk of bias (e.g., in terms of study quality) or follow-up length.

Primary outcomes of the review are school attendance and employment. The review is not mentioning, at the moment, social prescribing as a key methodology.

Currently, young people are facing diverse challenges which have an impact on their level of social inclusion and wellbeing[2]:

- Youth unemployment constantly twice as high as the general unemployment rate
- Longer school-to-work transitions
- Young people often in non-standard and precarious forms of employment: temporary contracts, involuntary part-time and lower wage jobs – leading to precariousness
- Higher NEET rates (for 25–29-year-olds)
- Young women and young people in rural areas more likely to be NEETs in most Member States
- Changing skill needs (digital, green…)
- COVID, economic downturn…
- Differences between Member States

Evidence on how systems respond to these challenges is still in progress. Specifically, a common EU homogeneous system for implementing SP interventions still needs to be built. That is also the reason for projects like C.O.P.E. to be developed at EU level. Nevertheless, a clear EU strategy for Wellbeing is already in place and consists of key references[3] such as:

- the Council Conclusions on Economy of Wellbeing
- The Pillar of Social Rights
- the European Green Deal
- the European Care Strategy
- the EU Child Guarantee
- the European Health Union Comprehensive Approach to Mental Health

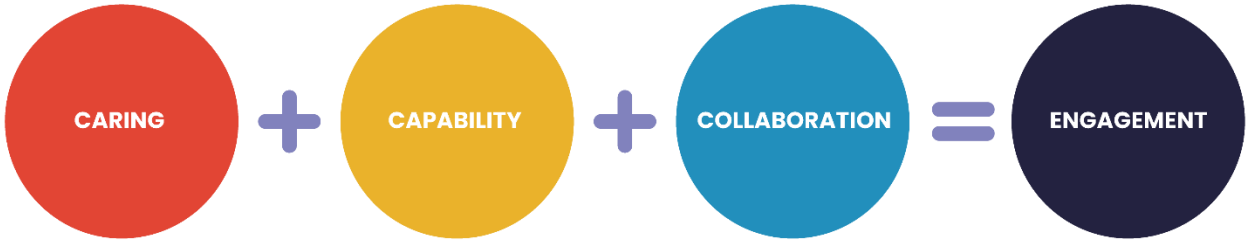
systematic review and meta-analysis. PROSPERO 2023 CRD42023463837 Available from: https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42023463837

[2] Pirkko Pyörälä, Policy Officer, DG EMPL, COPE final stakeholder conference, 15 May 2024

[3] Perspectives and challenges on policy making and sustainability – Social Prescribing, ina Papartyte, Project Coordinator, EuroHealthNet, C.O.P.E. Policy Webinar, June 25th, 2024

There is momentum to promote an Economy of Wellbeing at EU level and SP can become a key tool for the EU to facilitate this process. How[4]? Social prescribing can be a solution:

1. SP establishes caring relationships with professionals (e.g. LWs) as it focuses on improving wellbeing in order for young people to find employment and/or training opportunities. Flexibility enables the link worker and the young person to build a trustful relationship and start the journey towards improved wellbeing.
2. SP empowers people and strengthens capabilities by focussing on individual assets, not just needs.
3. SP needs the collaboration between all sectors to be effective as it adopts local assets and their relationships: voluntary organisations, social networks.




The development of SP interventions across Europe with specific focus on young people in NEET situations might greatly help to implement EU strategies and to improve evidence in this field.

[4] Social Prescribing perspectives in NEET engagement; Marcello Bertotti - COPE Scientific Advisory Group representative and Co-Investigator, Associate Professor in Community Health, Deputy Director of the Institute for Connected Communities, University of East London, London, UK; Ilaria Simonelli, PhD (APSS) - COPE Advisory Board Representative Officer at Social and Health Integration Directorate, Provincial Health Care trust (APSS) - Autonomous Province of Trento, C.O.P.E Project Final stakeholder Conference. Brussels, 15/05/2024

# METHODOLOGY

The methodology for the definition of this Policy brief used the following modalities:

- A first draft provided by the C.O.P.E. Italian pilot coordinator has been disseminated via Google form for the collection of further information/observations regarding the experts' point of views on key areas and recommendations;
- Further calls with experts were made to investigate the observations made via Google form in order to adjust the first draft;
- A Scope review on Social Prescribing (database PubMed) has been carried out;
- A Scope review on the interventions for young people in NEET situations on interventions for the wellbeing of YP in Neet situation has been carried out (database TRIP);
- A comparison of the contents with the results of the C.O.P.E. Final stakeholders conference and with the C.O.P.E. Policy webinar has been made in order to understand the doability of EU strategies in this area with regard to the SP approach implementation;
- A qualitative validation of the experts on the contents before publication has been carried out.

# PROJECT FINDINGS

The C.O.P.E. project, in its 30 months of implementation, between January 2022 and June 2024, has worked innovatively at many levels:

- Partnerships were established among organisations of the public, private and third sector;
- A network of 83 link workers from different professional background was set up;
- 34 entities from the public, private and third sectors provided link workers.

- A training programme of 48 hours on social prescribing was offered to professionals who wanted to work as link workers;
- An additional 55 hours training was offered to link workers;
- Other 85 professionals, on top of the 83 link workers, were trained in the social prescribing approach;
- Link workers were supported by the coordinators by more than 180 hours of supervision.

- New ways of disseminating information to young people and the whole community were identified (900 meetings and events, camper tours, peer-to-peer activities, radio and television, articles in local newspapers, 30,000 info cards);
- Local hubs on the territory with drop-in and appointments, for easier access by young people and families, were opened;
- 82 shared agreements with community resources were signed;
- 2 new digital platforms (1 funded by a partner to facilitate the identification of opportunities and the co-creation of individual plans, and 1 funded privately to facilitate young people's exploration) were created.

- More than 1,000 young people were reached in total;
- 763 young people were engaged at different levels with a link worker;
- 427 young people co-designed an individual action plan with a link worker;
- 91 young people were minors;
- 15% self-referred (the young people themselves if over 18, and the parents for minors).

- A four-stage process of engagement for the hard-to-reach young people was established: a) exploration; b) pre-engagement; c) initial engagement; d) full engagement.

- Five major personalised pathways were identified: a) employment, work experience and placements; b) vocational training and internship; c) education and training; d) socialisation and re-socialisation; e) prevention, physical and mental health and wellbeing. Also, more than one pathway could be explored.

The realist evaluation revealed a statistically significant improvement in mental wellbeing, a reduction in psychological distress, particularly for those young people who had relatively worse mental health at baseline. At baseline (n=427), 47% of Italian responders reported a mental health condition, versus 11% of the Portuguese, who experienced emotional distress at baseline instead. Link workers offered emotional support, support for employment or training or other, in 54.4% more than one form of support, in 9% no support.

The intervention programme theories indicated that young people benefited from C.O.P.E. with increased self-esteem, social skills, physical activity, agency in determining what they wanted to do, and mental wellbeing, with reduction in psychological distress.

The social return on investment showed between €4.27 and €5.36 for each euro invested, although healthcare resource savings remained stable overall.

The project results confirmed the importance of maintaining a satisfactory balance between clinical/health aspects and social aspects and of offering holistic support. This aspect was widely considered by the link workers during the interviews, indicating a shift in their approach to intervening with young people. In terms of intervention, the link workers emphasised the flexibility of the project, and each young person co-created their individual action plan.

The main innovations concerned the partnership among organisations, community and professional levels that supported the implementation of social prescribing with specialised interventions with young people, ensuring a higher social cohesion, a reduced social isolation and an increased employability.

According to link workers and young people, the person-centred and relational proximity approach adopted, which is respectful of each individual's experience, was crucial to achieving the results presented.

A two phase S.W.O.T. analysis on sustainability of six sessions was conducted, analysing strengths, weaknesses, opportunities and threats and identifying actions to support the social prescribing interventions sustainability in the nearest future. A Delphi analysis was planned following the S.W.O.T., considering the key elements identified by the S.W.O.T. A brief non-systematic literature was conducted to understand the number of experts to be involved and the number of rounds. The question that emerged for Delphi was: "*Define the Guidelines for the sustainability of social prescribing interventions in Europe*". A list of statements, deriving from the review and from the S.W.O.T., was defined by the C.O.P.E. scientific coordination team, and experts were asked to establish their level of agreement. Even if there was an overall level of agreement (around 80.4%), there are still single areas of disagreement on each reply on which a second Delphi round will be carried out. The complete results will be published.

The results of C.O.P.E. have been and will be disseminated at EU, International and National level. The communication plan included the definition of training materials, tools for exchanging know-how, methods to create awareness and promote the result achieved by the partners. Results will be disseminated to the community with a written report and a podcast.

A set of scientific publications, based on the project's results, will be submitted to open access and peer-reviewed journals in the short term, ensuring broad dissemination and validation of the project findings.

# KEY MESSAGES AND RECOMMENDATIONS

The 18 key messages, drown from the experience and the results of the C.O.P.E. project, will be illustrated in this chapter. Some recommendations for future policies on projects for young people in NEET situations will follow each key message.

The 18 key messages are:

- *Social Prescribing approach*
- *Relational proximity community network approach*
- *Link workers*
- *Young people engagement*
- *Young people involvement*
- *Families and significant others*
- *Stakeholders*
- *Tailored interventions*
- *Maximum inclusiveness*
- *Upskilling*
- *Evaluation, research and evidence*
- *Dissemination*
- *Scaling up and mainstreaming*
- *Digital tools*
- *Organisational systems and structures*
- *Approaches to funding and social innovation interventions*
- *Sustainability*
- *Policy impact*

## 1. Social Prescribing approach

The term "social prescribing" originated in England, to address nonclinical needs of people attending the general practitioner's practice, using a bio-psycho-social approach: with the support of a link worker, patients from primary care were referred to community resources that could better address social and personal needs, resulting in a positive impact on wellbeing, physical and mental health. The link worker adopted a flexible, holistic, non-stigmatising approach, and helped people to access resources available in the local community, often through the third sector or other informal actors, depending on individual needs.

The C.O.P.E. project chose this approach and tailored it to young people in NEET situations. As early as the design stage and from previous research in this area (Bertotti *et al.*, 2024), it became clear that the original social prescribing model had to be adapted to this specific target group. For example, young people do not easily attend general practitioners' practice and other pathways had to be developed over time, which include referrals from other sources, including schools, services, agencies, and other organisations. In fact, the experience throughout the implementation of the C.O.P.E. project and data gathered have shown that referrals have come from health and social services, employment agencies, schools, professionals and families (with the young person's consent).

To be highlighted that there have been a substantial number of self-referrals from young people aged 18 or over, and referrals by families for minors: 1 out of 10 in Portugal and 1 out of 4 in Italy. This indicates that the beneficiaries themselves acknowledged their own needs and their hope for change; this is not to be taken for granted especially in people who may find it difficult to engage.

New lines of objectives and interventions have been introduced, based on personalised assessment and co-designed individualised plans, agreed between the link worker and the young person, pursuing one or more of the following tailored paths: work experience and placements, education, training and internship, (re)-socialisation, prevention and wellbeing, chosen on the young person's needs and assets, hopes and objectives.

Young people in NEET situations have been either referred by the link workers to many organisations of the public, private and third sector, or supported by the link workers to approach those external organisations themselves.

In the social prescribing approach, the third sector usually plays a major role in an asset-based approach ecosystem, and they are a widespread presence that offers social welfare services. The social prescription approach has been a further way of enhancing collaboration between the public, the private and the third sector in a context of constructive complementarity.

Personalised action plans have been co-designed with young people and have required a high level of flexibility in timing, phased progresses and modalities adopted. Considering the development from the original English model of the social prescribing approach that we have seen in the C.O.P.E. project, an even higher level of flexibility at any other possible step (referrals, pathways, systems, data collection, etcetera) would be advisable to better engage with young people in NEET situations and to stand a higher chance of success of any intervention.

## 2. Relational proximity community network approach

The community as a whole needs to be involved at every stage. "Community" is defined as a multi-level concept: at mega, macro, meso and micro level. Mega is the supra-national level, macro is the national level, meso is the regional and community level, and micro is the local level. These levels are explained in more detail in the key message number 7 (Stakeholders).

The relational proximity community approach has attempted to create relational proximity among people within each level and across levels and at every stage, from the design of the interventions to the planned actions, from the financing to the evaluation. Stakeholders in a relational proximity community approach are all the actors potentially or actually affected by or contributing to or benefitting from a situation, therefore…everybody.

This approach has also been a perspective to explore ways of co-financing and to support policy making.

During the development of the C.O.P.E. project, we have experienced how it is vital to establish and enhance cooperation among various agencies and enable and facilitate stakeholders to work together for social, educational and labour inclusion and for social and health innovation.

Stakeholders have helped in promoting the project, in providing spaces and facilities for project activities, in referring vulnerable young people who could benefit from the project, in supporting the development of young people's individual projects, in identifying financial means to ensure sustainability, in contributing to scientific research and publications, in promoting events and social dissemination or in many other creative ways.

A detailed resource mapping has been a fundamental task undertaken, with ongoing updates. Throughout the C.O.P.E. project, the need to develop digital tools to assist this task was clearly identified. The tools and platforms, specifically developed throughout the project, have become precious support of the daily work. They are described further in the key message number 14 (Digital tools).

The community has been involved in activities, meetings and events to raise awareness, connect existing resources, encourage new collaborations, as well as to foster a sense of belonging, ownership, responsibility, empowerment and sharing.

Mutual exchange of expertise has allowed enhancement of specialised intervention through networking and exchange of know-how among different organisations of the public, private and of the third sector, which has played a major role in an asset-based approach ecosystem typical of a social prescribing approach.

## 3. Link workers

Link workers are key to the social prescribing approach. They are professionals belonging to different organisations, both private and public as well as of the third sector. Their role requires, among others, outreach skills, teamwork, flexibility, creativity, advocacy and relational skills, on top of the professional and personal knowledge and experience that every link worker brings to the team. The team becomes, therefore, naturally multi- disciplinary and multi-agency.

Link workers have been specifically trained in the methodology of social prescribing and of working with young people, and they have provided holistic, flexible and motivational support. They have co-designed, with the young person, an individualised action plan, supporting its implementation. When needed, they have encouraged and facilitated the young person’s access to further forms of support, delivered by the third sector or directly by public or private sector agencies.

A strong collaboration among link workers and the coordination team has been fundamental, with a formation programme and regular group and individual supervision, to help them to build a sense of identity and a shared way of working with this innovative method. Case discussions, study visits, seminars and webinars have been developed and offered too. Caseload and case mix have been regularly supervised and ongoing support has been readily available.

It has been important to provide a solid initial training to link workers as well as a continuous professional development programme, so that they could better support young people in NEET situations in their various needs, offering a range of approaches, based on evidence, good practice and experience.

Link workers have been highly motivated and able to use the relationship on top of the other professional skills as a key tool to reach and engage with young people, their families and the community. The C.O.P.E. project has offered an opportunity to develop a relational proximity community approach to professionals who were already (due to their professional choice) naturally inclined to relationships and community work and has encouraged them to use a high degree of flexibility and creativity, more than perhaps it would be possible in more traditional ways of working.

Organisations that provided to the project professionals to work as link workers, and the link workers themselves have demonstrated a high level of commitment, motivation and dedication to these new approaches. Organisations that want to employ professionals as link workers may have to face the general shortage of staff plus the challenge to find professionals with the right characteristics and skills required; professionals may have many attractive offers from the health, social sectors and the third sector to pick from. Engaging organisations and maintaining their commitment as well as recruiting and retaining staff have been facilitated by the attractivity of the specialised training and experience offered.

Throughout the C.O.P.E. project, it has appeared fundamental to develop in the future an official path to recognise the link worker professional profile and to develop a specialised training scheme to be offered also to the voluntary sector, to young people, families and citizens, has been highlighted, as it is described in the key message number 10 (Upskilling).

If the link worker is a central role in the social prescribing and the relational proximity community network approaches, the link workers' coordinator is the "link of links". The coordinator needs professional skills, as well as relational and organisational ones. Throughout the C.O.P.E. project, it has appeared fundamental to develop also a clear path to recognise the role of the link workers' coordinator.

## 4. Young people engagement

Whilst the social prescribing approach was useful in setting the principles for engagement, the C.O.P.E. project had to introduce several adaptations in order to maximise the benefits for young people in NEET situations

New places of engagement have been established, closer to the community and more accessible also from rural and remote areas, to ensure better equity and accessibility, from both the practical and the relational points of view. Above all, these spaces were supposed to be truly attractive to young people.

Local hubs have been identified in strategic venues, especially nearby youth centres, to provide venues for drop-in and for direct contact with young people, families, professionals and interested citizens, as well as spaces for meetings and activities.

This infrastructural dimension has proven to be important in the strategy to engage young people in NEET situations, because it may bring people together and provide opportunities for connections, experimentation, engagement in meaningful activities and access to support and resources. Besides, it could play an important role in promoting social cohesion, supporting community development, and addressing the needs of some part of the population, like young people in NEET situations.

The outreach style, which is typical of link working, has been coherently adopted and fostered by the C.O.P.E. project, with the aim of reaching young people either already known by services but not accepting medium/long term care, or not so well engaged or known by services, or not easily engageable due to environmental/social/personal factors.

A staged path to facilitate young people's interest and engagement has been identified, with gradual phases that could follow one another in sequence or proceed alternately, with different timing for each young person:

- Explorative phase, even anonymously, thanks to a new platform designed, for those young people not so ready to be involved or so sure to be interested;
- Pre-engagement phase, with some interactions and young people seeking and providing some information;
- Initial engagement, with some exploration of needs, resources, expectations, desires, activities and programs;
- Engagement phase, with young people's greater proactivity in seeking opportunities, possible solutions, ways to achieve the objectives set in the individualised action plan co-designed with the link worker.

This staged process of engagement could also help to design a staged process of recruitment of young people in NEET situations in scientific research, building bridges among different languages in the clinical, social, economic, political and research field, and engaging young people in NEET situations in designing interventions, allowing also for different personal and health motivations.

The C.O.P.E. project has been particularly mindful of the young people and children's rights (United Nations, 1989), with its emphasis on reaching the most difficult to be reached and on supporting their development and participation, in full respect of their consent when young adults and of their parents' consent when minor.

## 5. Young people involvement

Young people involvement has happened at different levels. Individualised action plans have been agreed between the young person and the link worker, so that the young person could express and be helped to better discover his/her own needs and resources, establish personal goals, identify hopes and priorities, and plan activities in the community.

Young people have offered their contributions to the advisory board, thanks to the meetings held with them to collect their proposals and suggestions.

Young people from C.O.P.E. have been part of co-design meetings to create a new platform funded by a private organisation, with the aim of facilitating young people's exploration and engagement phases.

They have presented their personal experience of the C.O.P.E. project to the visiting Officer from Brussels.

Young people have actively contributed to project activities with peer-to-peer communication and testimonials, and with information dissemination and networking, for instance during events and congresses, at local libraries and schools, festivals and meetings.

Self- referrals have been strongly encouraged and sought, through information and systems that were young people's friendly, so that young people could be protagonists of their own path from the very beginning. Within the two pilot sites, 15% self-referred, that is the young people themselves if over 18 and the parents for minors, rewarding the effort of the C.O.P.E. project to involve young people and their families at any possible stage.

Young people's involvement has grown throughout the C.O.P.E. project. It has been considered a pillar of the project and it has been agreed that in any future development would need to be built into the project even more strongly, and actions would need to be made even more substantial and systematic.

## 6. Families and significant others

Families and significant others have been key players of the C.O.P.E. project. Parents have always been involved in the case of minors, while parents/families/significant others of adults have been involved based on the young people's consent.

Support to families and significant others has been offered through individual, group and self-help interventions, both directly and by promoting access to existing family associations and self-help groups that target families and are available in the community. These organisations could also help those families who would find it difficult to participate directly.

Families and significant others have been also involved in the advisory board and co-design meetings.

The C.O.P.E. project has also developed advocacy and empowering roles towards families that have required time and specific skills and are pillars of a project like C.O.P.E. and would need to be included in follow up projects.

Once more, throughout the C.O.P.E. project has been experienced that the family can make a difference, either supporting and motivating the young person's path or, for many different reasons, discouraging him/her to be engaged. The involvement of family members can help to build trust, reduce fear and resistance, improve support offered, and reach the young person sooner and more effectively.

Parents or relatives may be sometimes disoriented and have experienced difficulty in managing the situation: they may find it hard to read the needs or fragilities or to recognise resources and strengths of their children or of their family members. Parents or relatives may express their concerns or tiredness through resistance, so they may need accompaniment to feel welcomed, listened and understood, and help to identify strategies to stop feeling overwhelmed and to start perceiving themselves as more effective.

Working with families has also become an opportunity to intercept resources in themselves or through their network and to identify new opportunities. Working together has made it more sustainable, allowing an exchange between theoretical/professional and experiential knowledge.

## 7. Stakeholders

Everybody is a stakeholder in one way or another, because everybody can be interested and involved for various reasons: citizens, young people (some in a NEET situation), families, schools, employment services, universities and research centres, housing services, social and leisure centres, voluntary organisations, enterprises and start-ups, sport clubs and gyms, cultural associations, social and health services, councils, politicians and administrators, local leaders, the media, and so on.

Stakeholders can be described within a multi-level concept.
At the mega level (supra-national): the European Commission with its components / commissions / units / departments, the individual state members with their government, international organisations, the WHO, the UN, etcetera.
At the macro level (national): politicians, administrators, economists, sociologists, researchers, universitarian, purchasers, and so on.
At the meso level (regional and community level): services of the public, private and third sector, organisations, agencies, volunteers, groups of individuals, such as professionals, families and significant others, young people, including those in a NEET situation, link workers and professionals who work in projects for young people and for those in a NEET situation.
At the micro level (local level): individual families and significant others, the young person and his/her link worker, as well as any immediate network of professionals caring for that young person.

An active and effective stakeholder involvement has required time, formal and informal contacts and meetings, information sharing, cooperation agreements, just to mention some activities.
Within the C.O.P.E. project, besides the agreement with entities from all sectors organisations of the public private and third sector that identified the professionals to operate as link workers, also new shared agreements with community resources were signed, where each stakeholder specified what resources would offer: which activities would have carried out, which spaces and infrastructures would have shared, which support to individual projects would have offered.

To involve as many stakeholders as possible, many strategies have been adopted. The C.O.P.E. project have been presented to them and any possible joint venture explored. Specific roles and results to be achieved have been agreed upon with them, with positioning in the network for each stakeholder. Ways of communication, coordination and joint working have been identified and implemented. Any possible avenue for sustainability has been explored. With some organisations, areas of expertise and

professional times have been exchanged, and joint projects agreed, commenced, or fully implemented. A network that extended to all figures and to the entire population was initiated and further extension was planned and prepared.

## 8. Tailored interventions

To reach the hardest to be reached and the most vulnerable young people, the C.O.P.E. project had to learn different "languages".

Each individual action plan has been tailored on the person and can be described according to five main pathways:

a) Employment, work experience and placements;
b) Vocational training and internship;
c) Education and training;
d) Socialisation and re-socialisation;
e) Prevention, physical and mental health and wellbeing.

It has been pivotal for the link workers and the young people to jointly identify the best pathway for each one, in that particular moment in life. Similarly, it has been fundamental to resist the pressure and some unrealistic expectations that could have come from families, services, the communities and, at times, from the young people themselves. This was important to avoid setting unrealistic goals that might have led to worse self-esteem and confidence, and to decreased satisfaction, deepening the down spiral that only brings more isolation and lower personal and social functioning.

The co-design of an individual action plan and its regular reviews, setting new goals as soon as they have been achieved, has given the opportunity to the spiral to be reversed to a virtuous circle of more integration and higher level of functioning. Adjustments of individual plans throughout their implementation have reflected the dynamicity of the assessment and the planning process.

A new way of working with young people has been explored and implemented within the C.O.P.E. project that brought to broadening the social prescribing approach and to develop a newly conceived relational proximity community network approach: both aspects will be included in any future protocols building on the C.O.P.E. project, from the very developmental phase.

## 9. Maximum inclusiveness

A very low entry threshold has been adopted by the C.O.P.E. project. Inclusion criteria were the age range, to be in a NEET situation for at least a month, to give consent to be engaged and, in the case of a minor, to obtain both parents' consent.

Throughout the development of the C.O.P.E. project, diagnostic exclusion criteria have not been used, except for risks or particular needs which may have required either preliminary or additional interventions by specialised services.

Close collaborations with health and social services have been developed, to agree on joint projects with augmentative effects, especially for young people who are not easily reachable or engageable and would not agree with more traditional approaches.

To facilitate access and accessibility, a network of link workers belonging to different sectors and rooted locally has been established.

Tailored referral and contact methods have been adopted, with extensive use of telephone calls, messages, social network, online meetings and meetings in person at flexible times and venues, ensuring speed of response and staged engagement, aiming at reaching even the most difficult to be reached.

Co-design has been fully adopted in the agreement between the link worker and the young person, and the individual action plan has been a natural result of this co-designing.

A new way of working with young people has been explored and implemented within the C.O.P.E. project that brought to broadening the inclusiveness and to adopt co-designing: both aspects will be included in any future protocols building on the C.O.P.E. project, from the very developmental phase.

## 10. Upskilling

Upskilling has been viewed in a systemic strategic approach:

- Aiming at upskilling link workers of different organisations form the public, private and third sector, to equip them with specific skills, both in the social prescribing approach and in the relational proximity community network one; they have used these specific skills together with their professional skills and experiences they already had before joining the C.O.P.E. project, to develop and strengthen a learning multidisciplinary and multi-agency team;
- Aiming at upskilling also professionals and services from the public, private and third sector, operating within the community, to generate changes and innovations within the wider professional environment, to develop and strengthen a learning network of organisation;
- Aiming at upskilling young people, their families and significant others, together with volunteers, citizens and the whole community, to develop and strengthen a learning community that becomes increasingly more involved in dissemination, promotion, prevention, implementation, sustainability and cultural change.

Upskilling has required, therefore, different paths, based on the audience and the target.

Throughout the C.O.P.E. project, specialist training programmes have been either provided or set up for link workers, but also for other interested professionals from the public, private and third sector. Some of the subjects have been: social prescribing, relational proximity community approach; aspects

related to social, mental health, prevention, wellbeing, work and educational fields; motivational interview; specific aspects of job searching and matching.

The specialist training undertaken by individual link workers have been confirmed by a certificate of attendance, jointly signed by the universitarian professors and the scientific coordinator of the C.O.P.E. project.

Young people in NEET situations' access to either courses or formal education in the community have been facilitated, through the link workers' support, according to their co-designed individualised action plan.

Formation on the social prescribing approach and the relational proximity community network has been offered to young people, family members and significant others, interested professionals, organisations, volunteers, administrators and citizens.

Plans for formation on transversal skills, on top of the formation on the social prescribing approach and the relational proximity community network, have been agreed to be offered in the future to young people, family members and significant others, interested professionals, organisations, volunteers, administrators and citizens.

Open badge and other accreditation systems have been explored and will be explored further in the future, to ensure that the upskilling becomes more attractive and has a stronger impact on the community and on scaling up projects.

## 11. Evaluation, research and evidence

These aspects have been pillars of the C.O.P.E. project. Interviews, questionnaires and specific tools have been developed and used to ensure scientific rigour of a quantitative and qualitative research, and to help the final evaluation phase, aiming at assessing social, health, lifestyle and economic factors influencing C.O.P.E.

The results have been reported in the section "Project findings" at the beginning of this Policy Brief. In this section, the main elements of the evaluation, research and evidence will be listed, as a further reminder that the C.O.P.E. project has been a piloting project and has tested and implemented specialised interventions and approaches, without forgetting to learn from the results, in order to be able to develop an even more targeted project in the future.

A realist synthesis approach has been followed, to identify mechanisms, contextual factors and outcomes from international reviews, to identify key social processes and components of complex interventions with young people in NEET situations.

A social return on investment (SROI) and healthcare resource use calculation have been completed, to assess the cost–benefit of C.O.P.E. and the potential savings in healthcare resource use. Impact measurement is a complex and controversial subject and SROI is only one of the tools available.

Impact measurement would need further tools and a broader engagement for any follow up projects from C.O.P.E, building on the necessarily partial and introductory data collected.

Evidence in the literature has been regularly searched, to give more depth and ground to any analysis, reflection and choice.

Progresses of individual action plans have been assessed, to support the joint work between the young person and the link worker, to help at intermediate level to either confirm or re-direct goals and interventions, and at final level to help the outcome evaluation.

A comprehensive and in-depth programme of S.W.O.T. analysis has been developed and undertaken, to better evaluate strengths and weaknesses of the C.O.P.E. project and to identify opportunities and threats that would have influenced the future of the project.

A Delphi analysis has been developed, to reach a consensus among experts that could support the definition of guidelines for the sustainability of social prescribing interventions in Europe.

A survey on key messages, to be considered in writing a Policy Brief resulting from the C.O.P.E. project, has been undertaken.

## 12. Dissemination

Dissemination of information about the project has been undertaken in every possible way. It has been fundamental that young people, families, services, citizens, organisations of the public / private / third sector would become aware of the opportunity offered by the C.O.P.E.project and could ask for help and offer their help and contribution.

Information has been spread through online and in person meetings, leaflets and posters, articles and interviews on the local media and social media channels.

Caravan tours have been organised, to reach even the most remote areas and meet people there.

Events have been organised by the C.O.P.E. team.

Participation in other organisations' events has provided further opportunities, for example on the occasion of fairs, festivals and conferences.

Radio and television interviews have allowed the project to reach a wider community.

This approach to dissemination has been consistent with the relational proximity community network approach described in section 2. If we want to learn more about projects and interventions for young people in NEET situations, we ought to foster a learning community too, comprising learning professionals and organisations.

On a parallel avenue, scientific dissemination has been granted, by presenting the projects and its provisional and final results at scientific events and congresses and through scientific publications, to also reach a widespread audience of professionals, researchers and academics.

New technologies to assist scientific dissemination have been explored and would need to be developed further in any future follow up project.

## 13. Scaling up and mainstreaming

Thanks to the experience and the evidence gained by the two pilots of the C.O.P.E. project about the application of the social prescribing approach and the relational proximity community network one, we can conclude that the methodology and the model can be scaled up.

This model could be exported to other organisations within the same regions working with other target groups, to address non health aspects with this new methodology, considering also the economical and cost-effectiveness aspects.

Other regions within Italy and Portugal have already expressed their interest to learn and apply this methodology and more regions could be approached.

Some European countries have already been involved with the current partnership of the C.O.P.E. project and have participated in presenting projects to European calls. Proposals could be introduced also to other countries.

Thanks to the experience and the findings of the C.O.P.E. project, the approaches tested in the two pilot sites could be scaled up and mainstreamed.

The standard social prescribing approach, already well known not only in England but also throughout Europe, had been partly adapted in the design phase, as it had been established that it would not necessarily have to be prescribed by the general practitioners. Throughout the project it has become evident that an even higher level of flexibility at every step (referrals, pathways, systems, data collection, etcetera) would have been advisable to better engage with young people in NEET situations and to stand a better chance of success of any intervention.

It has also become clearer and clearer that, in order to reach the level of relational proximity community network needed, a strong partnership involving entities from all sectors (public, private and third sectors) would have been necessary. Each sector has shared specific contributions and expertise.

When scaling up and mainstreaming, an in-depth analysis of the local context would be needed, as it has been necessary to the C.O.P.E. project. There is no formula that can be applied automatically, and this model cannot be exported without adaptation to specific local operational contexts.

Similarly to the "individual action plan" to be developed for each young person, an "individual scaling up and mainstreaming model" has to be established, with coherence both with the C.O.P.E. project findings and with the context in which the model is to be grounded.

Mainstreaming a pilot project will require careful handling to incorporate innovation, creativity and flexibility into future services.

## 14. Digital tools

As already established throughout the years, and with a significant acceleration in the post-Covid-19 world, digital tools have found a new ground in many organisations and fields.

In the C.O.P.E. project, existing digital technologies have been used to better engage young people and the community, because they could more easily and flexibly adapt to young people's preference and assist link workers in their daily activities in the community. Electronic support systems have helped stakeholders' relationships and services integration, social inclusion plans and match of needs and demand with services supply, as well as facilitated share and joint work among partners belonging to different organisations and countries. Videos have helped the dissemination of information and experiences of the project.

New digital technologies have been developed during the C.O.P.E. project: a new platform, called "Welfare inCooperazione", is a project dedicated to the development of a modern territorial ecosystem, offering also an agile tool to link workers. This platform, developed by the Federation of the Cooperatives of Trento, has filled a gap and seized an opportunity in the phases of resource mapping, networking and planning, as it has been highlighted during the C.O.P.E. project implementation.

To facilitate contact and communication with young people, families, agencies, citizens, a new platform, called BeYoND (Being Young, Networking Digitally), has been created, thanks to the contribution of "Fondazione VRT", a Foundation that supports research and technological development. BeYoND allows explorations, even anonymously, by young people and any other person who may be interested, with an individual chat and a group one. This platform has filled a gap and seized an opportunity in the explorative phase of the engagement path, how it has been highlighted during the C.O.P.E. project implementation.

Young people have supported the dissemination of information about the project and its results using digital technologies. Follow up projects will embrace this media even further, to reach a more widespread scientific audience and the community.

## 15. Organisational systems and structures

Methodology adopted in the C.O.P.E. project has required organisational changes, as well as cultural ones, to be adopted at various levels, if services would have wanted to work with young people who were not easily reachable and engageable.

To reach even the most remote and rural areas of the territory, partnership among private, public, third sector has been fundamental at every stage of the process, through integrated organisational models and a network of link workers enhancing synergies and complementarities of stakeholders.

To deliver personalised interventions, without having to refer young people to specialised services unless it was strictly necessary, the team had to be multidisciplinary and multi-agency. This kind of organisation has opened great opportunities in quality, innovative service provision and professional expertise development; at the same time, it has posed considerable challenges, in order to harmonise different languages, mind sets, working methods, systems and tools.

To offer "light" and agile support to young people, organisations have needed to adopt more flexible referral systems, wider inclusion criteria, innovative ways to meet young people, for instance with hubs spread out within the community, maximising outreach and organising working time accordingly. All this, without compromising safety and quality, with the help of robust risk assessment and risk management, regular supervision and evaluation.

To offer an average of 16 hours of link working time per young person, services and professionals have had to learn to work more on priorities and targets, which were jointly set with the young person. Those young people who were not easily reachable and engageable, would not easily accept either longer term interventions and care or more traditional models.

Throughout the C.O.P.E. project, it has become evident that it was necessary to rethink the systems and structures themselves if aiming at involving and working with young people, especially those in NEET situations, to foster their autonomy.

Keys to the C.O.P.E. project have been adopting flexibility at every step of the way (in input, throughput, output); choosing the social prescribing and the relational proximity community network approaches, co-designing interventions, activities and individualised plans; fostering partnerships among public, private and third sector; endorsing robust evaluation systems; utilising existing digital tools and developing new ones that would facilitate communication and coordination; engaging many entities within the local community and many professionals of different background and experience; working closely with young people to encourage peer-to-peer activities. The list is not exhaustive and will be developed further in a proposed service and organisational model.

## 16. Approaches to funding and social innovation interventions

Exploring alternative finance options has been characterised by a regular involvement of stakeholders at every stage: design, assessment, planning, implementation, monitoring, evaluation, reporting,

follow-up, reviewing, scaling up, policy formulation, decision sharing, networking and ideas collecting, learning, recommendations to improve practices.

To avoid the trap of welfarism, young people in NEET situations and their families and significant others have been considered stakeholders by their own right, rather than the receivers of an intervention.

Throughout the C.O.P.E. project, tools and methodology to help identify and create financing opportunities have been carefully chosen, with an in-depth context analysis, appropriate framework for sustainability and financing in the social economy, tapping into existing networks and embroidering new ones. Employment, especially youth employment, has been specifically addressed within a wider analysis.

Public funding may come from various sources, such as government grants, subsidies, or contracts: it can be an effective way to support the sustainability of social innovation projects, particularly those that align with the priorities of government agencies or that serve a public purpose. Innovative alternative approaches to funding have been also explored, to guarantee sustainability in the longer period: for example, social enterprises, microfinance, crowdfunding, social impact bonds, community shares in a context of social economy and generational welfare, involving a suitable mix of institutional and non-institutional investors.

The C.O.P.E. project has proposed a generative approach not only in the design and the intervention, but also in the approach to funding. Considering the difficulties experienced in engaging young people who do not easily want to be engaged and to maintain their engagement, partnership among organisations had to be tightened, stakeholder involvement had to be strengthened, professional motivation had to be valued and endorsed. Threats became opportunities.

It has been important to maintain freedom of intervention, with respect to the economic source, aimed at the well-being of the young person. There has been a close link between ecosystem building and the deployment of plural and differentiated economic support instruments.

## 17. Sustainability

It has been approached from very early stages and has been looked at and worked upon in a systematic and comprehensive way.

Sustainability has many components that have been looked at individually and in their mutual influences. This innovative project has required human and relational sustainability to introduce and consolidate new ways of approaching young people in NEET situations and their families and also to ensure that a team, with so many different professional backgrounds and organisations involved, could work coherently and harmoniously, together with good communication and coordination among so many partners and countries. The project has also needed communitarian and cultural sustainability, to approach a new "phenomenon" with new eyes that would allow to use existing intra- and inter-personal resources in new ways and to identify new resources. Professional and organisational sustainability have had to be addressed too, in order to embrace the new approaches

proposed by the methodology. Financial and environmental sustainability have been challenges to address from the very beginning, to ensure not only the future development but also the immediate one, because every step could be helped or hindered by economical and systemic factors.

Funding has been identified at regional and national level in Italy. For example: to develop the platform "Welfare inCooperazione", the C.O.P.E partner Federation of the Cooperatives of Trento, identified funding; a local call was submitted to a private research foundation, "Fondazione VRT", to fund the BeYoND platform that could support exploration and initial engagement; a proposal to the regional social and health authority of Trento was presented to finance the prosecution of the C.O.P.E. project.

Funding has been identified at regional and national level in Portugal. For example, a call on social prescribing with children experiencing vulnerabilities, called "Growing Minds" was accepted by Gulbenkian Foundation; an application to Portugal Social Innovation was submitted; another call for social prescribing for young people 16-29 y.o. with mental health needs was submitted; a project for young people in NEET situations was established in collaboration with the National Employment and Training Institute.

Funding has been explored also at European level, for example with a call to ESF+ SI+ Initiative: the C.O.P.E.-UP! project was presented.

Collaborations between C.O.P.E. and other European projects have been established, for example with "Chase your dream" (Erasmus+), ALMA (ESF+), HACK-IT-NET Interregional Alpine Space, Child & Youth wellbeing and mental health first (TSI).

Analysis involving stakeholders and experts have been conducted: a S.W.O.T. analysis involving multiple stakeholders, a Delphi analysis involving experts in social prescribing and sustainability policies, a policy webinar on sustainability, with experts from several European countries.

An advisory board has provided important contributions, thanks to the participation of several stakeholders and experts; It has also included members of the scientific advisory group and the supervisory board.

## 18. Policy impacts

The C.O.P.E. project has been a social experimentation project, aiming at finding innovative responses to support and include young people, especially those in NEET situations.

It has appeared fundamental to have a policy impact in all the pathways related to young people: 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 achieve policy impact, we have worked closely with services, organisations and all stakeholders supporting young people, as well as with local, regional, national administrators and policy makers, to identify more flexible referral systems, supportive mechanisms, engagement process, networking

procedures, communications tools, specialised short-term interventions, involvement and empowerment of young people and of families and significant others.

Further innovative ways to work with young people have been explored and could be pursued in the future, for example to employ young people, who have previously been helped by C.O.P.E., in the role of link workers, of network developers, and of 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.

This Policy Brief, with the key messages identified and the recommendations for future policies on projects for young people in NEET situations, is an attempt to build bridges between planning, piloting, researching, and policy making.

# RECOMMENDATIONS

## 1. SOCIAL PRESCRIBING APPROACH

Social prescribing is a winning approach to be included in a policy on projects for young people in NEET situations. Link workers offer flexible and short-term interventions, holistic and non-stigmatising approaches, which may be more suitable for young people who are not so easily reachable and engageable.

Social prescribing is implementable only with strong partnerships and constructive complementarity among the public, private and third sector, and with the involvement of young people, including those in NEET situations, of their families and significant others, and of the whole community.

The original model of social prescribing needs to be adapted to meet the needs of young people in NEET situations, encouraging referrals not only from medical professionals but also from professionals from the health, social and third sector, as well as from parents and significant others, and especially from young people themselves. Referrals require the young person's consent for over 18, and the parent's consent for minors.

Individualised plans need to be co-designed between the young person and the link worker, along different pathways (work, vocational, education, socialisation, health and wellbeing), according to the young person's needs, assets, hopes and preferences.

A high level of flexibility at any other possible step (referrals, pathways, systems, data collection, etcetera) need to be built in, to better engage with young people in NEET situations and to stand a higher chance of success of any intervention.

A document has been recently produced in Italy to promote a co-designed approach that relates also to social prescribing and link working. *"Documento di indirizzo contenente indicazioni per la promozione della partecipazione/co-produzione dei pazienti, dei cittadini e della comunità nell'ambito delle Case della Comunità"*
https://data.agenas.it/web/documenti/01_Documento_di_Indirizzo_partecipazione_co-produzione_CdC_Dic.2023.pdf

## 2. RELATIONAL PROXIMITY COMMUNITY NETWORK APPROACH

Relational proximity community network is an innovative approach to be included in a policy on projects for young people in NEET situations.

The community is defined as a multi-level concept: mega (supra-national) level, macro (national) level, meso (regional and community) level, and micro (local) level. The relational proximity community approach attempts to create relational proximity among people within each level and across levels.

The community as a whole needs to be involved at every stage, connecting existing resources and encouraging new collaborations, fostering a sense of belonging, ownership, responsibility, empowerment and sharing.

A detailed resource mapping is fundamental. Mutual exchange of expertise and know-how allows enhancement of specialised intervention.

**Videos to present the C.O.P.E. project**
A video, in a shorter https://youtu.be/TLJGoXL9HfM and full version https://youtu.be/i5JcHi7V4F4, was prepared to present the C.O.P.E. project in a modern language and visually, including interviews to different stakeholders.
Link workers and stakeholders from the community, from both pilot sites, contributed with their interviews to present the project.
These two videos are also helpful in presenting the key messages number 3 (Link workers), number 7 (Stakeholders) and number 12 (Dissemination).
Other short videos have been broadcast to introduce the concept of Social capital and Social capital and wellbeing

## 3. LINK WORKERS

Link workers are key professionals to be included in a policy on projects for young people in NEET situations. Link workers require a solid initial training, continuous professional development programme, and regular supervision. They work with a high level of autonomy and flexibility, to be encouraged and developed further; the potential risks require to be prevented and addressed also thanks to a robust support system readily available. A link worker's network and group meetings offer further opportunities to peer-to-peer support and to develop a role identity.

It is important that the role is opened to health and social professionals, to professionals with specific skills and training belonging to other fields, to make the team of link workers truly multidisciplinary and multi-agency, and able to offer young people a wide and rich spectrum of approaches, each of them based on evidence and good practice and experience. The voluntary sector can offer additional flexibility, knowledge of the local community, and a more informal style that can be particularly helpful in working with young people who are not so keen on formal pathways.

It is fundamental to develop an official path to recognise the link worker professional profile, to give better recognition to a specialised approach to be used with young people in NEET situations; to make the role more attractive, also thanks to its specialisation; to offer better leverage to organisations to attract staff; to open the role to health, social and third sector, reaching also stronger integration and partnerships; to higher the band of the level of professionals, with a better remuneration for professionals; to recognise the effort of social enterprise that want to support the development of the link worker role.

It is important to develop a specialised training scheme to be offered to the voluntary sector, to young people, families and citizens, to build a learning community.

If the link worker is a central role in the social prescribing and the relational proximity community network approaches, the link workers' coordinator is central too. The coordinator facilitates those professionals from so many different backgrounds, organisations, experiences, and territories, become a multidisciplinary and multi-agency team. This role requires professional, relational and organisational skills. It is essential to develop a clear path to recognise the role of the link workers' coordinator.

**Videos**

The C.O.P.E. videos (https://youtu.be/TLJGoXL9HfM and https://youtu.be/i5JcHi7V4F4) contained some testimonies from link workers.

A video has been produced to present further the link workers' intervention LW PG and skills Socio Professional Skills.

**The link of the links: the link workers' coordinator**

*"It is fundamental that the link workers' coordinator is available to link workers and easily contactable by them, to offer support also at short notice. Link workers have (and need to maintain) a high level of autonomy and operate with creativity and initiative, at the same time, they need to know that there is emotional, practical and professional support. This is especially important when link workers accompany young people with complex needs"* (the link workers' coordinator of the Portuguese pilot) .

*"Link workers are spread out in a large territory with areas very different from one another, ranging from the city to the most rural areas. They know their local community well. The preparatory journey has allowed all professionals to start to understand the methodology of social prescribing, and then further work of formation and supervision has been needed on a regular basis. It has been fundamental to create a sense of trust and sharing among us (among the link workers themselves and with me), to support the professional and cultural changes that were needed, to attempt to build an identity of the role of the link worker. Together we have started to assess the needs and resources of each territory and to identify local ways to reach young people and communities.*

*We have had regular meetings, both in presence and online, to get to know each other better, to reflect together on some situations, to learn more on the methodology and to have some social time to build stronger interpersonal relationships. We have had regular supervision with different time options to accommodate individual schedules and to create new connections among the 48 link workers.*

*Together we have aimed to upskill our team knowledge thanks to the different professional backgrounds, and the professionals shared their experiences and expertise in working in mental health, education, labour market, and so on.*

*It has been key to have close relationships with the cooperatives and agencies each link worker belonged to, in order to create a common language and way of working, so that the new methodology could be disseminated further.*

*We have shared challenges and opportunities posed by moving from long term care to short term interventions, with little steps that allowed the young people to reach the goals they found reasonable and felt comfortable with.*

*The role of the territorial coordinator is to have both a focused and a broad vision, to keep in mind both the individuals and the wider system. The coordinator has the responsibility to foster a shared culture and meaning, with attention to the well-being and needs of the single professionals and of the team.*

*The coordinator is an important aid to link workers to maintain concreteness in their intervention, without losing reflexivity and flexibility, and to support their interfaces with the communities, even when there are competing demands.*
*The role requires organisational skills, including balancing promotional activities, networking and interventions directly related to young people; professional skills, including being a point of reference and motivator toward this innovative methodology, and a support in dealing with the workload and emotional overload"* (the link workers' coordinator of the Italian pilot).

**Lessons learnt during the study visits**
Throughout the C.O.P.E. project, four study visits have been organised. Link workers and stakeholders, collaborating with C.O.P.E. and working with young people and /or with social prescribing methodology, participated in the visits. These experiences proved to be particularly helpful to broaden the participants' way of thinking and to offer them a space for reflections. Participant's learning was shared with colleagues upon return.
The Zagreb (Croazia) study visit in February 2023, has allowed to meet and visit local projects, sharing good practices. Successful approaches, which were identified to work in projects for young people in NEET situations, included meeting with young people face to face, finding their passions, and utilising new forms of technologies to support communications and engagement with young people.
The London (U.K.) event in April 2023, "Best practice sharing seminar on sustainability. Financing models: Sharing best practice", helped to identify the following key concepts for a social prescribing project: meet people's basic needs; build knowledge, skills and opportunities; develop confidence in people's own resources; encourage connection: create a sense of community and place; support people to take action for themselves and for their community; support community life, health and wellbeing, inclusion, and learning and employment.
The Rovaniemi (Finland) study visit in June 2023, was organised with the aim to exchange best practices with another country that was experimenting with the social prescribing model, and to foster a better awareness on winning strategies. In the Italian and Portuguese C.O.P.E pilots, for example, the involvement of local communities and private citizens in the referral of young people in NEET situations was spotted, while in the Finnish experience was recognised, for instance, the central role of counsellors and coaches, as well as the location and the easy accessibility of projects involved.
The Vienna (Austria) study visit in September 2023, helped to highlight the different contexts and combinations of healthcare and welfare systems within the three counties present, within which the same goal of developing social inclusion projects through social prescribing is implemented.

## 4. YOUNG PEOPLE ENGAGEMENT

Young people engagement is a fundamental step to be included in a policy on projects for young people. in NEET situations, and it requires, among others, innovative and attractive communications systems, local meeting places, outreach style, and digital tools.

A staged path can facilitate young people's engagement, with gradual phases that can follow one another in sequence or proceed alternately, with different timing for each young person: explorative phase, even anonymously, for who is not so ready to be involved or so sure to be interested; pre-engagement phase, with some interactions and information exchange; initial engagement, with some

exploration; engagement phase, with greater proactivity and a resulting co-designed individualised action plan.

A staged path can also be adopted in other fields, such as social, economic and political fields, and in scientific research, to overcome the dichotomy between engagement yes/no. It can also facilitate engagement of young people in NEET situations in designing interventions, projects and research.

**Videos from Portugal**
Two videos have been produced within the Portuguese pilot:
NEET LF Increased Employment Opportunities
Increased Self-esteem and Self Confidence

**Testimonies of engagement from Italy**
*"A link worker has maintained contacts for weeks via WhatsApp messages before meeting the young man in person. As he found it quite difficult to face the journey from his house to the venue of the meeting, they met in front of his house and walked together to the youth centre. Some other meetings followed."*
*"A young person was facing a deep crisis, with very distressing thoughts and feelings. The link worker accompanied her to the competent service. The young person would have not done it without the trusting relationship she and the link worker have been building throughout time."*
*"A young person found the C.O.P.E. information card at the hairdresser. She rang the number that she found on the card. At that number, the link workers' coordinator answered. After the initial contact, a link worker was identified and met the young person. They worked on updating her curriculum and on familiarising with job interview techniques. The young person found a job and continued to maintain contact with her link worker for the initial period of time, to gain more confidence and be able to face the initial difficulties."*

**Testimonies of co-designed experiences from Italy**
*"A co-design experience has been implemented in a rural community, with the participation of social, health, education and community professionals and entities as well as citizens. Preparatory meetings have been set up and a final event was held, inviting the whole community to present and share proposals and agree collaborations to work with your young people in NEET situations".*
*"Some young people have shared with their link workers and the link workers' coordinator the design of new training programmes, starting from identifying and engaging community resources also in the private sector, agreeing the tasks of the job to be undertaken, sharing the proposals with their families, interacting with the appropriate services in order to find ways of financing those projects."*

## 5. YOUNG PEOPLE INVOLVEMENT

Young people involvement is a key element to be included in a policy on projects for young people in NEET situations. Their involvement is to be implemented at every step of the way, from the design to the evaluation phase of the project.

Young people are key players to be involved in strategic moments of a project, such as any advisory bodies, regular co-design meetings, activities throughout the project, peer-to-peer communication and testimonials, information sharing, dissemination and networking.

Self- referrals are to be strongly encouraged and sought, through information and systems that are young people's friendly, so that young people are protagonists of their own path from the very beginning.

**Designed version of the final report for young people in three languages**
To better share the C.O.P.E. project results, a designed version of the final report was produced with young people in mind.
C.O.P.E Project Results Summary – EN
C.O.P.E Project Results Summary – IT
C.O.P.E Project Results Summary – PT

**Podcast in Italian for the final report of the C.O.P.E project**
A podcast for young people was produced by the link workers' coordinator and some young people
WP5 - Annex 22 tris - Riassunto dei risultati di COPE per Giovani .mp4

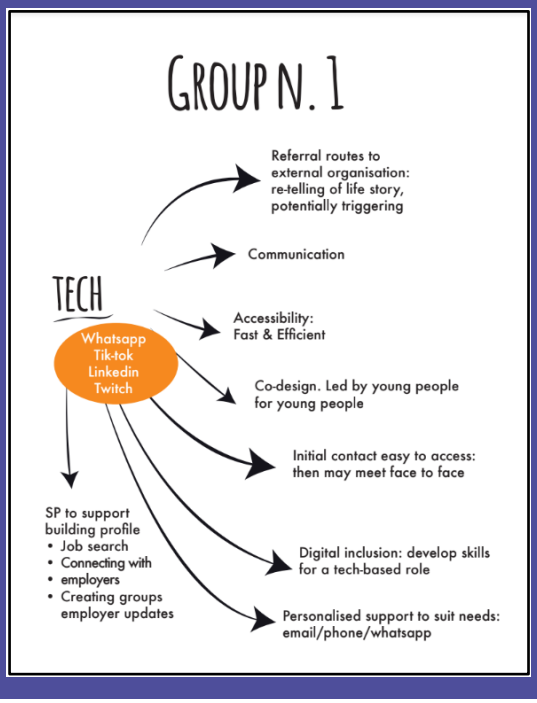
**Link to VRT e Video BeYoND**
Young people designed and prepared the presentation video (Video BeYoND BeYoND | Presentazione progetto) of a project that was submitted when the application was made to Fondazione VRT - Science Impact 2023 - Progetto BeYoND https://www.fondazionevrt.it/11-science-impact-2023).

**C.O.P.E. camper tour**
Young people helped in the campaign to present the project within the province of Trento. A Camper Tour, to involve the community in the project, was held with different stages, choosing days and times carefully, for instance in connection with community events, which would have attracted young people and citizens.
Here we see the link workers' coordinator with a link worker and two young volunteers of the Red Cross in the day they spent in a central square of Trento

and to follow, a photo of the two days spent at a sports festival in Rovereto that attracted many young people.

**Workshops**

On the occasion of the stakeholder's conference in Zagreb in February 2023, some workshops were held, and handwritten material was produced. To organise the ideas gathered in a designed way, some young people with technical skills were involved in one of the local C.O.P.E. hub and they produced a series of tables. Here it is just an example of one of those tables:



## 6. FAMILIES AND SIGNIFICANT OTHERS

Family and significant others are key players, and their role is to be included in a policy on projects for young people in NEET situations.

Support to families and significant others is to be offered through individual, group and self-help interventions, both directly and by promoting access to existing family associations and self-help groups that target families and are available in the community. These organisations can also help those families who would find it difficult to participate directly.

Families and significant others are to be involved in the advisory board and co-design meetings. Working with families is an opportunity to intercept resources in themselves or through their network. Working together with families makes a project more sustainable, allowing an exchange between theoretical/professional and experiential knowledge.

**Testimonies**

*"Families go through many emotions and may struggle to understand what is happening and whom they can turn to seeking help and support. When a member of our family experiences a tough time, we also need time and space to find a new balance and we need to be listened to without being judged. The C.O.P.E. project has offered us understanding and support for the whole family".*

*"I am the mother of a teenager in a NEET situation. I had been trying my best, but I was not heard by my son. I realised that a person - the link worker - from outside the family, had the possibility of introducing new hopes for my son and myself".*

## 7. STAKEHOLDERS

Stakeholders' involvement and roles are fundamental to be included in a policy on projects for young people in NEET situations. Everybody is a stakeholder in one way or another, because everybody can be interested and involved in the process for various reasons.

An active and effective stakeholders' involvement requires time, formal and informal contacts and meetings, information sharing, and cooperation agreements. A strong stakeholders' network allows consolidating what is existing and exploring new ventures in joint working, shared approach to sustainability, and exchange of expertise.

Stakeholders are described within a multi-level concept.

- At the mega level (supra-national): the European Commission with its components, the individual state members with their government, and international organisations.
- At the macro level (national): politicians, administrators, economists, sociologists, researchers, universitarian, purchasers, and so on.
- At the meso level (regional and community level): services of the public, private and third sector, organisations, agencies, volunteers, groups of individuals, such as professionals,

families and significant others, young people, including those in a NEET situation, link workers and professionals who work in projects for young people and for those in a NEET situation.

- At the micro level (local level): individual families and significant others, the young person and his/her link worker, as well as any immediate network of professionals caring for that young person.

**Videos to present the C.O.P.E. project**
The two videos, produced by the partner SHINE, in a shorter https://youtu.be/TLJGoXL9HfM and full version https://youtu.be/i5JcHi7V4F4, presents also stakeholders.

## 8. TAILORED INTERVENTIONS

Tailored interventions are pivotal and to be included in a policy on projects for young people in NEET situations. To reach the hardest to be reached and the most vulnerable young people, a project has to learn different "languages".

Each individual action plan is to be tailored on the person, according to five main pathways:

- Employment, work experience and placements;
- Vocational training and internship;
- Education and training;
- Socialisation and re-socialisation;
- Prevention, physical and mental health and wellbeing.

The co-designed individual action plan needs to be to be jointly identified in that particular moment of the young person's life, according to needs, assets, hopes and expectations, and then regularly monitored and reviewed.

To work with young people, a broader social prescribing approach and a relational proximity community network approach are effective methods.

## 9. MAXIMUM INCLUSIVENESS

Maximum inclusiveness is to be included in a policy on projects for young people in NEET situations. If a project aims at reaching the most difficult to be reached, a very low entry threshold is to be adopted, with inclusion criteria based on age range, duration of the NEET situation, consent to be engaged and, in the case of a minor, the parents' consent. Diagnostic exclusion criteria are to be very limited and to relate to risks or particular needs which may require either preliminary or additional interventions by specialised services.

Close collaborations with health and social services are to be developed, to agree on joint projects with augmentative effects, especially for young people who are not easily reachable or engageable and would not agree with more traditional approaches.

To facilitate access and accessibility, a network of link workers belonging to different sectors and rooted locally is to be established and developed.

Tailored referral and contact methods are to be adopted, to reach even the most difficult to be reached. Co-design is to be fully adopted in the agreement between the link worker and the young person. The individual action plan will be a natural result of this co-designing method.

## 10. UPSKILLING

Upskilling is a key message to be included in a policy on projects for young people in NEET situations.

Upskilling is to be viewed in a systemic strategic approach:

- Upskilling link workers of different organisations, from the public, private and third sector to equip them with specific skills, both in the social prescribing and in the relational proximity community network approach, to develop and strengthen a learning multidisciplinary and multi-agency team;
- Upskilling also professionals and services from the public, private and third sector, operating within the community, to generate changes and innovations within the wider professional environment, to develop and strengthen a learning organisational network;
- Upskilling young people, their families and significant others, together with volunteers, citizens and the whole community, to develop and strengthen a learning community that can become increasingly more involved in dissemination, promotion, prevention, implementation, sustainability and cultural change.

Formation on transversal skills to be offered to link workers and to young people, family members and significant others, interested professionals, organisations, volunteers, administrators and citizens.

Open badge and other accreditation systems are to be explored, to ensure that the upskilling becomes more attractive and has a stronger impact on the community and on the scaling up of the project.

## 11. EVALUATION, RESEARCH AND EVIDENCE

Evaluation, research and evidence are key elements to be included in a policy on projects for young people in NEET situations.

Interviews, questionnaires and specific tools are to be developed and used to ensure scientific rigour of a quantitative and qualitative research, and to help the final evaluation phase, aiming at:

- identifying mechanisms, contextual factors and outcomes;
- assessing social, health, lifestyle and economic factors;
- identifying key social processes and components of complex interventions with young people in NEET situations;
- identifying tools to measure impact.

S.W.O.T. analysis and Delphi analysis to be considered as additional tools to support decision making and development.

It is fundamental to learn from the results in order to be able to develop even more targeted projects.

Evidence in the literature to be regularly searched to give more depth and ground to any analysis, reflection and choice.

Progresses of individual action plans to be regularly jointly assessed and reviewed, to either confirm or re-direct goals and interventions, and to help the final outcome evaluation.

## 12. DISSEMINATION

Dissemination is a task to be included in a policy on projects for young people in NEET situations. Dissemination of information about a project from the very early stages is fundamental to increase awareness and collaborations, receiving referrals and asking for contribution.

Dissemination fosters the development of a learning community, comprising citizens and, of course, young people also in NEET situations and their families and significant others, as well as professionals and organisations.

Scientific dissemination of a project and of its provisional and final results at scientific events and congresses and through scientific publications, allows it to reach a widespread audience of professionals, researchers and academics.

New technologies offer an interesting development of both community and scientific dissemination.

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**Designed version of the final report for young people in three languages**
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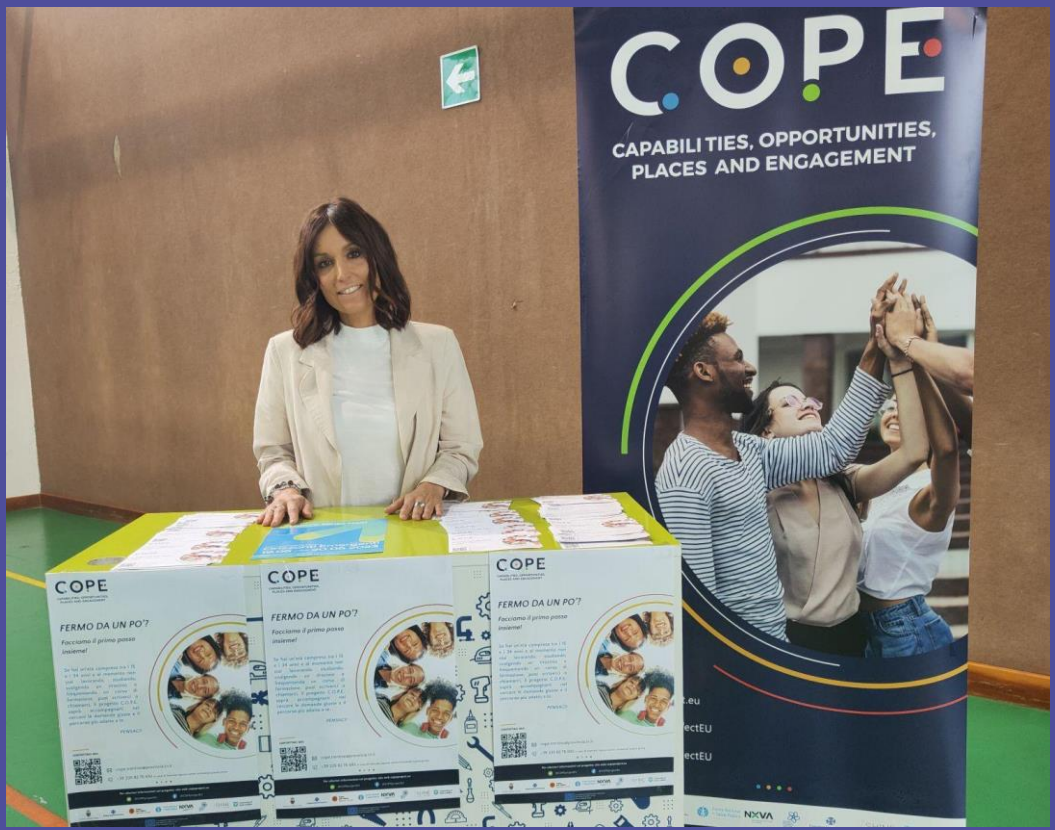
**Presence at events**
Any opportunity was caught to disseminate information on the C.O.P.E. project.
The university of sociology of Trento was one of the hosting venues for the Festival of Economy of Trento and a C.O.P.E. information desk was present in the hall and attracted many experts and young people as well who interacted with the link workers' coordinator

In the meanwhile, outside the university and in the streets of Trento, some link workers and young people were distributing the C.O.P.E. information card (more than 30,000 have been distributed throughout the project in the province of Trento and many young people, families and citizens have been contacted the project thanks to this tool).

Link workers have taken any opportunity to be present with a C.O.P.E. information desk at all sorts of congresses and meetings, with the collaborations of the hosting organisations who understood the importance of the message and of the proposal.



## 13. SCALING UP AND MAINSTREAMING

Scaling up and mainstreaming are keys and to be included in a policy on projects for young people in NEET situations.

When scaling up and mainstreaming, a preliminary in-depth analysis of the local context is needed. There is no formula that can be applied automatically.

A social prescribing approach and a relational proximity community approach, as any other approaches considered, have to be developed based on the peculiarities of a target in mind. In the case of young people in NEET situations, an even higher level of flexibility at any other possible step is to be built in.

Mainstreaming a pilot project requires careful handling to incorporate the innovation, creativity and flexibility that have been experienced into future services.

## 14. DIGITAL TOOLS

Digital tools are to be included in a policy on projects for young people in NEET situations. Both existing digital technologies and those newly developed for specific purposes can make a fundamental difference.

Digital tools can support various activities, especially in a project that is geographically spread out and involves many different organisations, assisting communication and coordination. They can aid link workers in planning their flexible way of working, in exploring resources available in the local community and matching them with needs and aspirations of young people, and finally in developing individualised plans with the young people.

Digital tools can help young people's explorations, even anonymous, and phased engagement and communication with link workers and the coordination team. They open new opportunities for group activities and communication among young people, who may approach peer-to-peer activities and explorative engagement more easily if they are mediated by a digital system.

Digital tools can foster stakeholders' relationships and services integration, joint projects and dissemination, both at community and scientific level.

**Link to STARTin and InCooperazione**
A detailed community resource mapping has been undertaken, collecting information on resources available of either actual or potential stakeholders.
This information has lately been translated into a new database of the STARTin' application (made available by FTC with its own resources) that is part of the digital platform Welfare inCooperazione, to facilitate the identification of opportunities and the co-creation of individualised projects and support pathways.

**Link to Fondazione VRT e Video BeYoND**

Evaluation and dissemination are a long process: To reach the "difficult to reach", to create opportunities and to build initial bridges is like sowing and growing. Pressure of not keeping the time schedule, resistance encountered, hiccups that may occur should not make link workers or community coordinators or families or any other person/agency forget that the main protagonist is the young person, and the programme must keep his/her best interest in mind.

Pressing the accelerator when young people are not ready, may jeopardy their individual programme. We have experienced that sometimes there is a preparatory phase with only telephone messages before they are ready to meet in person a link worker.

In this phase, the BeYoND platform, funded by a private organisation, has helped (Fondazione VRT - Science Impact 2023 - Progetto BeYoND https://www.fondazionevrt.it/11-science-impact-2023).

Young people designed and prepared the presentation video of the project that was submitted when the application was made: Video BeYoND BeYoND | Presentazione progetto.

**Podcast in Italian for the final report of the C.O.P.E project**

Young people, with the support of the link workers' coordinator, have produced a podcast to share the result of the C.O.P.E project. The podcast contains a summary of the project and some short testimonies of six young people.

WP5 - Annex 22 tris - Riassunto dei risultati di COPE per Giovani .mp4

## 15. ORGANISATIONAL SYSTEMS AND STRUCTURES

Organisational systems and structures are key aspects to be included in a policy on projects for young people in NEET situations. Organisational and cultural changes are to be adopted at various levels, if services want to work with young people who are not easily reachable and engageable.

To reach even the most remote and rural areas of a territory, partnership among private, public, third sector is fundamental at every stage of the process, through integrated organisational models and a network of link workers, enhancing synergies and complementarities of stakeholders.

To deliver personalised interventions, without having to refer young people to specialised services unless it is strictly necessary, the team requires to reach a certain level of multidisciplinary and multi-agency: this opens great opportunities and requires harmonising different languages, mind sets, working methods, systems and tools.

To offer "light" and agile support to young people, organisations need to adopt more flexible referral systems, wider inclusion criteria, innovative ways and places to meet young people, maximising outreach and organising working time accordingly, without compromising safety and quality, with robust risk assessment and risk management, regular supervision and evaluation, and with a consistent and replicable approach.

To offer short term interventions, services and professionals need to learn to work more on priorities and targets, which are jointly set with the young people, fostering their autonomy.

Key element to projects and services that target young people in NEET situations: adopting flexibility at every step of the way (in input, throughput, output); choosing the social prescribing and the relational proximity community network approaches; co-designing interventions, activities and individualised plans; fostering partnerships among public, private and third sector; endorsing robust evaluation systems; utilising existing digital tools and developing new ones to facilitate communication and coordination; engaging many entities within the local community and many professionals of different background and experience; working closely with young people to encourage peer-to-peer activities.

## 16. APPROACHES TO FUNDING AND SOCIAL INNOVATION INTERVENTIONS

Approaches to funding and social innovation interventions are to be included in a policy on projects for young people in NEET situations.
To avoid the trap of welfarism, young people in NEET situations and their families and significant others are to be considered stakeholders by their own right, rather than the receivers of an intervention.

Public funding can be an effective way to support the sustainability of social innovation projects, particularly those that align with the priorities of government agencies or that serve a public purpose, although innovative alternative approaches to funding are also to be explored, to guarantee sustainability in the longer period: for example, social enterprises, microfinance, crowdfunding, social impact bonds, community shares in a context of social economy and generational welfare, involving a suitable mix of institutional and non-institutional investors..

It is important to maintain freedom of intervention with respect to the economic source, aimed at the well-being of the young person. There is a close link between ecosystem building and the deployment of plural and differentiated economic support instruments. It is important to keep in mind and make it clear that similar projects are investment and not a passive expenditure.

## 17. SUSTAINABILITY

Sustainability is a key message to be included in a policy on projects for young people in NEET situations as an activity to be explored since the very beginning, involving stakeholders at every step of the way, in a systematic and comprehensive way.

Sustainability is to be looked at in 360 degrees, with its different components, influencing each other: human, relational, communitarian, cultural, professional, organisational, financial and environmental components.

Funding needs to be identified at regional and national level, approaching the public, private and third sectors, as every stakeholder can contribute., from the biggest investment (once again, it is not a passive expenditure) to the smallest one (for instance, offering a hub or a placement for a single project for a young person).

European calls need to be also explored, with joint projects and applications that can increase the chance to present robust projects and also help to develop and strengthen networking and collaborations at national and international level.

Analysis involving stakeholders and experts, for instance S.W.O.T. and Delphi analysis, to be conducted to assist in identifying sustainability strategies.

## 18. POLICY IMPACT

Policy impact to be included as a goal to be achieved and to be included in a policy on projects for young people in NEET situations.

In projects for young people in NEET situations, policy impact is to be pursued in all the pathways related to young people: youth employment, work experience and placements; vocational training and internship; education and training; socialisation and re-socialisation; prevention, physical and mental health and wellbeing.

An initial phase of experimentation, with solutions inspired by social prescribing and relational proximity community approaches, is to be followed by a subsequent phase of institutional recognition that also translates into policy, to stabilise and give perspective to the methods of intervention.

Policies are physiological necessary consequences of field-testing and evaluation.

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

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