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Social prescribing for Not in Employment, Education or Training (NEET) young people: A realist evaluation of the C.O.P.E. project in Italy and Portugal

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ABSTRACT

NEET (Not in Employment, Education, or Training) status is associated with psychological distress and suicidality. Social prescribing may offer a policy solution to this. To test this proposition, this study evaluates the mental health outcomes of a social prescribing intervention—C.O.P.E. (Capabilities, Opportunities, Places, and Engagement) project—on young people in a NEET situation in Italy and Portugal. Adopting a realist evaluation approach, this study explores how context and mechanisms interact to generate outcomes. A realist synthesis of NEET interventions and co-production with stakeholders helped to create a programme theory which was tested through a mixed-methods study, combining quantitative cohort data from 416 young people with qualitative interviews with 30 young people, 13 link workers, and 9 team members. The findings indicate significant improvements in mental wellbeing and reductions in psychological distress, particularly among those with clinical mental health issues. Qualitative insights emphasise the importance of trust between link workers and young people, highlighting flexibility, emotional support, and a holistic approach as key factors in fostering engagement. This led to the creation of three programme theories. One of these focuses on young people and is discussed in this article. The study concludes that despite some challenges related to sustainability, training and long-term impact, social prescribing can be an effective tool for supporting youth in a NEET situation, particularly those suffering clinical mental health issues. This paper contributes to the growing evidence supporting social prescribing as an approach to enhance mental health and social inclusion for youth in vulnerable situations.

1. Introduction

Young People (YP) in a NEET situation (Not in Employment, Education or Training) are at risk of social exclusion and decreased well-being (Lazzarini et al., 2020). Several risk factors may contribute to this situation: on the one hand, *individual* factors including a migration background, disability, being a care giver woman, coming from low-income families, being unemployed and/or having low levels of schooling; on the other hand, there are *structural* factors depending on the welfare and socioeconomic conditions of the country in which they are located (Rahmani and Groot, 2023).

In focusing specifically on mental health, being in a NEET situation increases the emergence of depression, anxiety, substance use and suicidal thoughts (Symonds et al., 2016). A systematic review and meta-analysis of 6120 records revealed an association between vocational disengagement and mental health problems (Gariépy et al., 2022) concluding that the NEET situation is associated with psychological distress, anxiety, suicidality, behaviour problems as well as alcohol and drug use. The same study indicates that mental health problems predict being in a NEET situation later, whereas evidence of the inverse relationship is equivocal and sparse. In a longitudinal UK study between 1975 and 2015, Holmes et al. (2021) found an increase in the incidence

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of mental ill-health in young people between 16 and 29 years old in a NEET situation. These authors argue that policies which have targeted skills and employability of young people or seek to encourage employment or further training through incentives in the welfare system and guarantees of work placements are missing two key obstacles: mental health and childcare.

This phenomenon is persistently high across countries. In Brazil, one in four youth aged 18–24 years and 25–29 years, (27 % and 25 % respectively) were in a NEET situation in 2020 (Silva and Vaz, 2020). In the United States (16–24 years); one in eight young adults were in a NEET situation in 2020, the highest level since the Great Recession (Caniglia, 2024). In Europe, despite significant progress (Eurostat, 2022) in reaching targets set by the European Pillar of Social Rights, in some countries and some areas within those countries, the rate of youth in a NEET situation remains stubbornly high. In Portugal, the rate fell from 13.2 % to 8.5 %, between 2015 and 2022, primarily due to a decline in female unemployment, but much higher rates are found in the north (31.6 % in 2020) (O'Higgins and Brockie, 2024). In Italy, 1.7 million YP aged 15–29 years were in a NEET situation in 2023, with higher rates among women (ActionAid and CGIL, 2024).

Multifaceted explanations have led to diverse classifications of NEET based on young people specific status. Eurofound (2016), for instance, created seven different groups including re-entrant, short-term unemployed, long-term unemployed, illness/disability, family responsibilities, discouraged and other statuses. Given this diverse classification, a major policy challenge is to design interventions and services capable of engaging all these young people. When young people in a NEET situation are inactive and socially marginalised, they often experience high levels of disengagement from social systems and related services (Bacher et al., 2014). A recent study found that youngsters who remain in the 'NEET trap' are doubly disadvantaged, not only in terms of suffering socioeconomic exclusion but also in missing out on the potential benefits of an early mental health intervention (Maraj et al., 2019). From a policy perspective, support for these young people appear to require a multifaceted approach that starts with recognising their different characteristics and challenges and seeking ad-hoc solutions for each group of young people in a NEET situation.

Social prescribing offers a potential practical solution to this as the young person can receive ad-hoc support from a link worker who can connect the young person to a wide range of either services or organisations, primarily delivered by the Voluntary, Community and Social Enterprise (VCSE) sector but sometimes also involving the public and private sectors. If it works well, it focuses on engaging young people to define their needs and aspirations and to build their self-esteem, thus encouraging them to take the first steps towards employment, training, education, socialisation or health and wellbeing (Jarvis and Mitchell, 2024).

Although systematic reviews have concluded that the evidence used to assess the effectiveness of social prescribing needs to be more rigorous (e.g. Napierala et al., 2022), growing evidence shows that social prescribing for adults has a beneficial impact, particularly on mental health. Social prescribing literature more specifically focused on children and young people shows that although good quality evidence is currently limited, it has shown improvements in mental wellbeing (Bertotti et al., 2021; Hayes et al., 2023; Rice, 2023). A rapid evidence review (Hayes et al., 2023) noted benefits in personal and mental well-being, including reductions in loneliness, particularly for young people aged 17 and over. However, they cautioned that the evidence base remains limited and called for more robust research with larger, representative samples. The same research also showed that community-based services can be less stigmatising, and act as a buffer whilst waiting to attend more formal mental health support. Finally, policy reports have stressed the potential of social prescribing as an early intervention tool, particularly in reducing barriers to accessing mental health support (Barnardo's, 2023). The only research specifically focussed on social prescribing and young people in a NEET situation draws on the same project (i.e. COPE, see below) that have been used for this article. This is the recent work by Farina et al. (2025) who have explored the role of social prescribing in supporting vulnerable young people in NEET situations through a service ecosystems approach, highlighting the importance of co-creation in interventions targeting this group.

Social prescribing differs from other statutory services: (i) it is not predicated on any health or social services' specific agenda; (ii) it offers a flexible number of sessions; (iii) it aims to tackle one's problems by maximising their assets rather than focusing on their needs; (iv) it focuses on listening and empathy which builds trust; and (v) it engages the assets of the third sector which has key capabilities to support specific groups from different cultural, ethnic, and social backgrounds. As social prescribing has been variedly defined (Muhl et al., 2024), it is important to clarify its meaning in this article. We have taken the position that social prescribing includes a referral source which can be a GP, school, employment or other organisations to a link worker (social prescriber) who is responsible for supporting a young person, co-creating and action plan and, when ready, referring the young person onto further mainly non-clinical support activities, typically delivered by the Voluntary, Community and Social Enterprise (VCSE) sector.

Social prescribing is expanding worldwide. A 2023 report co-published by the World Health Organisation (Khan et al., 2023) showed that at least 25 countries have introduced social prescribing. It has also been adopted as national policy in England, Wales and Ireland. As for mid-2023, the National Health Service (NHS) in England had recruited more than 3000 link workers (Husk and Sanderson, 2024). This initiative is the practical manifestation of a shift of many healthcare systems towards 'integration' which aims to provide greater connection between the third sector and other parts of the care system, building on the assets of the third sector and thus maximising the contributions of different stakeholders and agencies working together to pull knowledge, skills, capabilities and resources for the benefit of individuals and communities.

This paper evaluates the mental health outcomes of one of these pilot social prescribing schemes for young people in a NEET situation in Italy and Portugal. It does so by adopting a realist evaluation approach (Pawson and Tilley, 1997, 2004) which focuses on understanding how interventions work rather than solely focusing on whether health outcomes change. It draws on both quantitative and qualitative data to generate an Intervention Programme Theory which explores how outcomes are generated by the interaction between context and mechanisms. Thus, this article adopts a novel methodological approach to explore a novel social prescribing intervention (C.O.P.E.) focussed on supporting young people in a NEET situation in two countries. The focus on two countries adds an additional novel element to the study as it highlights how the intervention was adapted in two different national contexts. Finally, theories concerning the mechanisms shaping young respondents' motivations and pathways to well-being will be explored to provide a more conceptual interpretation of findings.

1.1. *Mechanisms leading to well-being: a conceptual exploration*

As social prescribing is a complex intervention made up of different stages, different theoretical frameworks from psychology, sociology and health may help explain how it works. A scoping review by Evers et al. (2024) differentiates between three groups of theories: theories that describe the mechanisms through which social prescribing improves health and wellbeing, theories used to explain differences in social prescribing outcomes, and theories used to explain the implementation of social prescribing. Given that this current article focuses on how the mechanisms underpinning social prescribing may lead to specific outcomes, we will focus our theoretical discussion on three theories identified by Evers et al. (2024) specifically concerning mechanisms: salutogenesis (Antonovsky, 1996), self-determination theory (Deci and Ryan, 1985), and social cure theory (Jetten et al., 2017). Salutogenesis focuses on the factors that promote and maintain well-being, instead of

those that cause disease. It posits that health exists along a continuum between ease and dis-ease, and individuals can move towards wellbeing by developing a Sense of Coherence (SOC). SOC includes three key elements: 'comprehensibility', a belief that life events are structured, predictable and explainable; 'Manageability', a sense that one has the resources to cope with challenges; and 'meaningfulness', a motivation to engage in challenges that are worthy of investment. Dayson et al. (2017) discuss the role of salutogenesis in social prescribing and focuses on the role of personal and social resources to enable individuals to move towards wellbeing on the ease, dis-ease continuum. Self-determination theory (SDT) suggests that individual motivation depends upon three fundamental psychological needs: 'autonomy' which refers to feeling in control of one's actions and choices; 'competence' which refers to feeling capable and effective in one's activities; and 'relatedness' which refers to feeling connected to others and experiencing meaningful social interactions. These psychological needs influence whether motivation is intrinsic (self-driven, fulfilling) or extrinsic (externally controlled) which can be thought of as a continuum from intrinsic to extrinsic motivation. In relation to social prescribing, the motivation is initially extrinsic as activities are suggested by a professional (e.g. link worker). However, if the individual recognises the value in attending activities, they may start to internalise the benefits and feel a sense of competence and autonomy that leads them to sustain engagement and wellbeing. Bhatti et al. (2021) used SDT as theoretical framework for their qualitative work with participants engaged in SP in Canada and found that participants were supported in their care (autonomy), they co-designed prescriptions based on their interests (competence) and created trusted relationships with staff (relatedness) (see also Hanlon et al. (2019); Kellezi et al. (2019); Payne et al. (2019)). Social cure theory (Jetten et al., 2012) argues that group membership and social connections play a protective role in mental and physical health. In this respect, it focuses on social rather than individual explanations in fostering well-being. Social isolation can lead to mental health deterioration, whilst reconnection with meaningful social identities can lead to well-being. Kellezi et al. (2019) concluded that through engagement in activities, social prescribing builds social identities, leading to long-term psychological protection. In addition, a longitudinal study by Wakefield et al., (2022) found that social connections obtained through social prescribing acted as a stabilising force for participants.

2. Methods

2.1. Study context

C.O.P.E. (Capabilities, Opportunities, Places and Engagement) was an intervention aimed at supporting vulnerable young people (aged 16–34) living in Italy and Portugal who are in a NEET situation. Although most literature on NEET individuals examines ages between 15 and 24 (e.g. European Labour Force Survey), there are other countries (e.g. Japan) which consider the age group between 15 and 34 (Bollani, 2020). We decided to extend our research to this wider age group for two reasons: (i) after initial work, we realised that the group between 24 and 34 would benefit even more from COPE, given their more ingrained vulnerability; (ii) We had also experienced initial issues with recruitment so widening the age group would ensure fewer difficulties with meeting our initial target.

The rationale for C.O.P.E. was based on the evidence that there exist four key barriers that make it difficult for young people in a NEET situation to access employment, namely: a) lack of engagement; b) cognitive deficits; c) psychiatric subthreshold and full-blown symptoms; and d) reduction in interpersonal functioning (Gariépy et al., 2022).

The intervention uses a social prescribing approach to address young people's social and mental health needs, focusing on their strengths. Through a link worker, who meets with them over flexible sessions, young people receive active listening and support to co-create an Individual Action Plan (IAP) that identifies and guides tailored actions. For link workers to provide the best possible support to young people, a 'relational proximity community network' approach was adopted, which focused on working closely with several organisations, from the public, private and third sectors.

The main objectives of C.O.P.E. were as follows: 1) the implementation of an integrated intervention based on an innovative and experimental 'relational proximity community network' approach and social prescribing for the social inclusion of difficult-to-reach young people; and 2) the evaluation of how this intervention may add value and be integrated into the current design of employment centres, youth projects, educational, health and social services for young people in a NEET situation. The intervention aimed to provide a full range of support to 600 young people who have recently been in a NEET situation in Italy and Portugal, including those categorised as disengaged and unavailable.

2.2. Approach

The evaluation used a realist approach (Pawson and Tilley, 1997) to explore contextual factors, mechanisms, and outcomes underpinning the intervention. The realist evaluation framework consisted of two phases, as shown in Fig. 1. The first phase aimed to identify a draft programme theory that would then be tested and refined by collecting further data in the second phase. The first phase consisted of a realist synthesis of interventions for young people in a NEET situation and two codesign workshops with a wide range of stakeholders involved in the implementation of C.O.P.E. (Farina et al., 2023). We provide a brief description of the first phase below, but we concentrate the rest of the article on testing and refining through the quantitative and qualitative data collected as part of the implementation of C.O.P.E.

The realist synthesis of reviews was particularly useful in identifying the mechanisms, contextual factors and outcomes of complex interventions aimed at supporting individuals in NEET situations worldwide (Richardson et al., 2020). To ensure quality, we obtained approval from the International Prospective Register for Systematic Reviews - PROSPERO (CRD42022341511) and followed the 19 items from the RAMESES (Realist And Meta-narrative Evidence Syntheses: Evolving Standards) publication standards for realist synthesis (Wong et al., 2013, 2016).

The codesigned workshops gathered stakeholders' views and opinions about how to implement social prescribing for young people in a NEET situation and in specific contexts of Portugal and Italy. The realist synthesis and the codesign workshop helped us to create a first draft and broad programme theory that guided the development of the survey for the quantitative data and the questions for the qualitative interviews which sought to refine the draft programme theory by testing some of its aspects (Appendix A). The initial programme theory aimed to understand how the intervention was expected to work from the perspectives of the stakeholders involved, which include a mix of referring and delivering organisations, link workers, young people in a NEET situation, researchers and commissioners.

In this realist evaluation, we introduced a novel methodological element, as we adopted a mixed-methods approach, combining quantitative and qualitative data. Most realist evaluations concentrate on either of these two data collection methods (Dainty et al., 2018; Caló et al., 2019; Melendez-Torres et al., 2021) but rarely on both (Hovlid et al., 2022). Our position here is that despite the debates on the use of quantitative and qualitative data in realist evaluation (e.g., Bonell et al., 2012; Marchal et al., 2013), mixed-methods studies answer important questions, so we attempt to do so here.

2.3. Data collection and participants

A mixed-methods approach was chosen to collect data for the realist evaluation and to test the programme theory. Quantitative data were also used to inform the selection of YP for qualitative interviews. Ethical

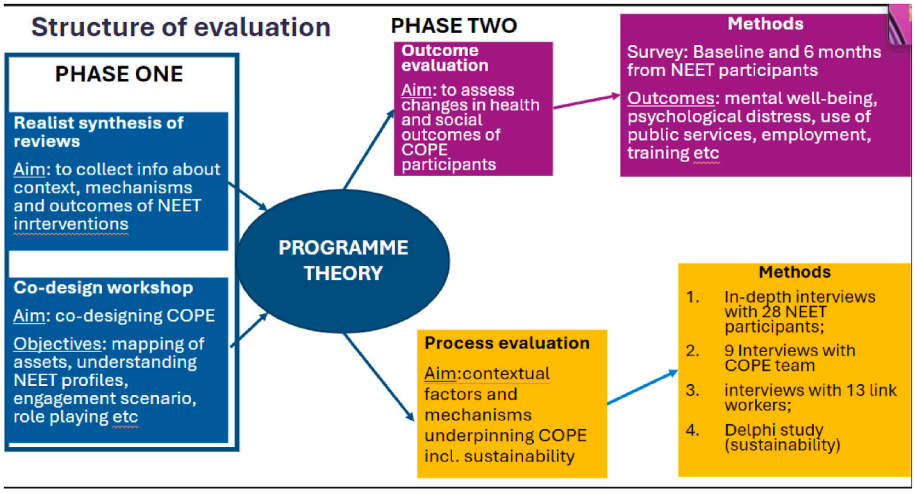

Fig. 1. Evaluation framework.

approval was obtained from the Ethics and Integrity Sub-Committee at the University of East London and was provided by collaborating organisations at each site (ETH2122-0128). All participants provided informed written consent according to national regulations.

Quantitative cohort study: data were collected from a survey designed to assess the health and social outcomes of young participants in a NEET situation. In each country, link workers were trained in data collection and supported throughout the study to collect baseline and 6-month follow-up data via an online platform (REDCap© software) (Harris et al., 2009) and an entry form. Data included the following.

- Baseline socio-demographic characteristics: age, gender, country of origin, employment status, living arrangements and location of residence.
- Mental wellbeing (Short Warwick Edinburgh Mental Wellbeing Scale): this scale has been validated for use in a population aged 16+ (Ng Fat et al., 2017). It comprises seven positively worded statements which participants are asked to rank on a Likert scale (from 'None of the time' to 'All of the time') in the previous two weeks.
- Clinical Outcomes in Routine Evaluation - Outcome Measurement (CORE-OM): a 34-item scale that measures different aspects of psychological distress and wellbeing (Barkham et al., 2021).

Qualitative data were collected through in-depth 1-2-1 interviews with 9 C.O.P.E. team members (6 in Italy, 3 in Portugal), 13 link workers (6 in Italy, 7 in Portugal) and 30 young people in a NEET situation (15 in Italy, 15 in Portugal) (abbreviated in findings as CT, LW, and YP respectively). We adopted a maximum variation sampling to select young people to collect information about different perspectives and experiences of being in a NEET situation. The sample was selected from the survey and differentiated by gender, age, level of mental wellbeing at baseline, and educational level. We were not able to interview all the different categories that were created through the maximum variation sampling because young people with certain criteria did not exist.

To provide a balanced picture of the intervention, interviews were conducted with a mix of link workers who had informally reported both positive and challenging experiences of the intervention and who worked in urban and rural locations.

The C.O.P.E. team members interviewed covered key roles in the implementation of C.O.P.E., drawn from the lead partner organisations in both Portugal and Italy. Interviews were conducted by the lead evaluators from the University of East London between June and September 2023.

2.4. Data analysis

Quantitative data collected through REDCap were transferred to the Statistical Package for Social Sciences (SPSS) software v.29 for analysis. Descriptive statistics were used to provide a sociodemographic profile of participants in both countries. Basic pre-post analysis of means (Wilcoxon signed rank test p-value analysis) was performed to examine statistically significant changes between baseline and follow-up in the same cohort. To answer the realist evaluation question of 'who benefits the most from the C.O.P.E. intervention', the analysis aimed to explore how various socio-demographic characteristics of young people in NEET situations are linked with their health and social outcomes. Multiple imputation of missing data with predictive mean matching was used to preserve sample size and statistical power.

Qualitative interviews were digitally audio-recorded and lasted between 30 and 60 min, an average of 45 min. They were then transcribed and pseudonymised. Thematic analysis (Green and Thorogood, 2014) was performed by two researchers, one for the Portuguese interviews and one for the Italian interviews. Interviews were translated in English and line by line coding and constant comparison were used to analyse the data set which was reviewed by other two members of the research team. Coding was completed with the open-source software Taguette (Rampin and Rampin, 2021). Coding scheme was developed a-priori following the realist evaluation framework, reflecting also the interview guide (available with this article). Further in-vivo codes arise from the analysis. Emphasis was placed on identifying the similarities and differences between the views and opinions of different types of participants, including link workers, young people and the C.O.P.E. team.

3. Findings

Findings from both the cohort study and the qualitative data are presented here with specific reference to the construction of the programme theory (Fig. 1). The discussion section explores the potential causal links between outcomes, mechanisms, and inner and outer contextual factors.

3.1. Analysis of mental wellbeing outcomes

We present the health outcomes reported by young respondents through a cohort study involving baseline and follow-up data collected from young people in a NEET situation. In order to contextualise the findings, we first provide the sociodemographic details of the sample and then detail the outcomes in relation to mental wellbeing and psychological distress.

3.1.1. Sociodemographic characteristics

In total, 416 baseline and 161 follow-up questionnaires were completed by the same cohort of young people in a NEET situation. We experienced considerable difficulties in collecting follow-up data due to specific issues with the cohort and the intervention (see in the limitations section for more details). We conducted some analysis on the demographic profile of respondents completing only baseline questionnaires versus those who completed both baseline and follow up questionnaires. None of the variables examined showed significant association between the respondents completing only baseline versus those completing both baseline and follow up questionnaires (country, $p = 0.122$; employment $p = 0.329$; living situation $p = 0.329$; location of residence $p = 0.205$; gender $p = 0.061$; age $p = 0.058$). However, it is important to note that the last two of these, gender and age, almost approached a statistically significant association suggesting that gender and age may play a role in retention at follow-up.

Sociodemographic data were collected from 416 young people in a NEET situation (Table 1). The average age of the sample was 23 years, with Italy having a younger population than Portugal (22 and 24 years respectively). In terms of gender, the sample of respondents was almost equally split between females (50.4 %) and males (47.2 %), with a higher proportion of females in Portugal (54.9 %) than in Italy (43.4 %). In terms of country of origin, the sample is broadly representative of the population, but also displaying a small but important proportion of migrant in both Italy and Portugal (12.5 % and 12.3 % respectively). As expected, most respondents were 'unemployed and looking for work' (79.3 %), with a small but significant proportion of 'unemployed and NOT looking for work' which represents the 'discouraged' category according to the Eurostat classification (Eurostat, 2022). Interestingly, the proportion of 'discouraged' in this sample is in line with Eurostat statistics from 2023 which recorded 5 % of 'discouraged' from seeking employment. This data also show a small proportion of people in employment (2.3 %) and in education (6.7 %) due to the C.O.P.E. team agreeing to include those young people in particularly vulnerable situations who were attending short-term online training courses (e.g. foreign language) or in a casual work, that would not be classifiable under the definition of NEET. Most respondents lived with their parents (73.4 %), more so in Italy (79 %) than in Portugal (71 %). This difference is likely to be due to the much higher proportion of young respondents living with spouses or partners in Portugal (20.3 %) who, according to other monitoring data, are young women with children. This last statistic from Portugal also reflects the Eurostat classification (24.1 %) of young people with 'family responsibilities'. In terms of location, most young people (52.4 %) lived between rural and urban areas 'town and suburbs' or in cities (24.1 %).

Table 1
Baseline sociodemographic characteristics of sample.

Baseline socio-demographic characteristics	Italy (n = 131)		Portugal (n = 285)		Total (n = 416)	
	n	%	*n*	%	*n*	%
Age groups (years)						
16-17	31	23.6	18	6.3	49	11.7
18-21	45	34.3	101	35.4	146	35.1
22-25	24	18.3	59	20.7	83	19.9
26-30	21	16.0	60	21.0	81	19.4
31>	10	7.6	47	16.5	57	13.7
Mean	21.8		24.0		23.3	
Gender						
Male	42	50.6	60	45.1	102	47.2
Female	36	43.4	73	54.9	109	50.4
Prefer not to say	0	0	0	0	0	0
Prefer to self-describe	1	1.2	0	0	1	0.5
Other	4	4.8	0	0	4	1.8
Country of origin						
Italian	70	87.5	0	0	70	32.1
Portuguese	0	0.0	121	87.7	121	55.5
Brazil	0	0.0	11	7.9	11	5.05
Angolan	0	0.0	3	2.2	3	1.4
Albanian	2	2.5	0	0.0	2	0.9
Other	8	10.0	3	2.2	11	5.05
Employment status						
Employment (FT, PT and Self)	3	3.5	2	2.2	5	2.3
Unemployed and looking for work	59	69.4	117	85.4	176	79.3
Unemployed and not looking for work	10	11.8	4	2.9	14	6.3
Full time education (school, college and university)	4	4.7	11	8.0	15	6.7
Government training course	1	1.2	2	1.4	3	1.4
Receiving benefits	3	3.5	4	2.9	7	3.2
Looking after house/family	0	0	2	1.5	2	0.9
Other	8	9.4	4	2.9	12	5.4
Living arrangements						
Alone	4	4.9	5	3.6	9	4.1
With spouse, partner	4	4.9	28	20.3	32	14.6
With others (family, foster parents/carers)	64	79.0	98	71.0	162	73.4
Shared accommodation	6	7.4	4	2.9	10	4.5
Temporary accommodation	0	0	1	0.7	1	0.4
Care home	2	2.5	0	0	2	0.9
Other	1	1.3	2	1.5	3	1.4
Location of residence						
Rural areas: Less than 5000	16	12.9	0	0	16	4.9
Town and suburbs: 5000–50,000	73	58.9	99	48.5	172	52.4
Small: between 50,000–100,000	1	0.8	43	21.1	44	13.4
Medium: between 100,00 and 250,000	28	22.6	51	25.0	79	24.1
Large: between 250,000–1m	6	4.8	0	0.0	6	1.8
XXL: 1m–5m	0	0.0	11	5.4	11	3.4

3.1.2. Mental wellbeing

We asked respondents whether they had developed a health condition that had lasted, or was expected to last, at least 12 months. Health conditions included physical disability, mental health, deafness or partial hearing loss, blindness or partial sight loss, learning difficulty, or developmental disorder. Data from 427 young people who had been screened for NEET situation showed that a mental health condition was, by far, their most significant problem at baseline, with 57.5 % of the respondents selecting a mental health condition at baseline, followed by 'learning difficulty' (19.5 %).

One in four young people ($n = 105$, 24.6 %) had been diagnosed with a mental health problem by a doctor at baseline, with 22 % of these choosing not to disclose. Among those diagnosed, 68 % were taking medication and 66 % of these had been taking it for over 12 months. Anxiety and depression were the most common conditions requiring medication, with a small number of young people being medicated for psychosis.

In terms of mental health across countries, there were some differences between Italy and Portugal. Comparatively, a higher proportion of Italian respondents had been diagnosed with a mental health issue (36 % versus 21.5 %) and were more likely to be taking medication (72 % versus 58.1 %). While Italian and Portuguese respondents had similar rates of anxiety, Italian respondents were more likely to have experienced psychosis (4.8 % versus 2.1 %). It is important to interpret these differences with some caution, as the Italian sample was recruited more heavily from mental health support agencies than the Portugal sample.

Mental wellbeing refers here to positive states of being, thinking, behaving and feeling and is a good indicator of how people and populations are able to function and thrive (Putz et al., 2012). Wilcoxon signed rank test p-value analysis was performed on the sample. This finding revealed a statistically significant positive change between baseline and follow-up (95 % CI; $p < 0.05$; $s = 5.8$), the null hypothesis being no change between baseline and follow-up. A statistically positive change was also found in the Portuguese sample, whilst the Italian sample did not show a statistically significant change, although an improvement in mental wellbeing was also found. Mental wellbeing at baseline was lower in Italy (21.2) than in Portugal (23.7). At the same time, the change in mental wellbeing was more marked in Portugal than

in Italy. a much greater positive change was experienced by females (1.76) than males (0.59) and for the younger population aged 16–24. Based on studies comparing the SWEMWBS with the PHQ-9, a widely used depression scale, it is possible to estimate the prevalence of depression in the young population. About 29 (23 %), nearly 1 out of 4, had probable clinical depression at baseline. This percentage was almost halved by follow-up (n = 15, 12 %). This group showed an average change of 4.4 points, which is considered 'meaningful' for this mental wellbeing scale (a score of three or above is considered 'meaningful' for the SWEMWBS). It is important to note that this is a small sample (n = 29) and there is a potential issue of regression to the mean, but it indicates a meaningful change of 4.4 points. With due caution, this may mean that C.O.P.E. had a relatively stronger impact on young people with more complex mental health issues at baseline.

3.1.3. Psychological distress

Alongside mental wellbeing, we also used the CORE-OM, as described below. CORE-OM does not diagnose a specific disorder, but shows clinical distress, which is derived by comparing data from people attending a variety of psychological interventions (n = 809) with data from a non-clinical population (n = 1106) (Evans et al., 2022). The comparison between these two groups provides the cut-off point for clinical distress. A declining score shows a lower psychological distress, so the outcome should be interpreted as positive. CORE-OM comprises of four dimensions: subjective wellbeing (feeling ok, optimism), problems/symptoms (depression, anxiety, physical, trauma), life functioning (general ability to cope, social relationships, close relationships), and risk of harm (e.g. suicidal ideation).

We obtained data from 89 people at both baseline and follow-up. The blue line shows the score at baseline, and the orange line represents the score at follow-up of each dimension (including overall score) of the CORE-OM. As a lower score for each dimension represents an improvement, all dimensions of the CORE-OM improved, particularly problems/symptoms which are related to questions about anxiety, depression, physical health and trauma.

The grey line indicates the cut-off point between clinical and non-clinical scores for each dimension as explained in the introduction to this section. When the follow-up score is contained within the grey line, mean change for that dimension indicates a shift from clinical to non-clinical. Thus, the dimension 'problems/symptoms' (anxiety, depression, physical health and trauma) has moved from a clinical to a non-clinical state.

We also performed a Wilcoxon signed rank test to establish whether there was a significant change from baseline to follow-up, where a declining score indicates an improvement in psychological wellbeing (decline in psychological distress). The intervention had a statistically significant positive effect on psychological distress, meaning that psychological distress decreased at follow-up ($Z = -4.064$, $p < 0.001$). The r-value which measures correlation between the two baseline and follow-up samples was −0.43078, indicating a moderately strong negative correlation between the baseline and follow-up samples.

3.2. Findings from qualitative interviews

This section draws upon interviews with young people, link workers, and the C.O.P.E. team (see methodology section for details) to identify inner and outer contextual factors, mechanisms and intermediate and final outcomes.

3.2.1. Profile of young NEET

As shown in Table 2 and in line with the maximum variation sampling methodology, half of the sample of participants were male, the mean age was 25 (range 16–34), the length of time spent in a NEET situation ranged from a few months to 10 years, the educational level ranged from primary to Master's, and they attended an average of six sessions with link workers (range 1–16). The two teams in Italy and

Table 2
Profile of young respondents to qualitative interviews in Italy and Portugal.

Participants	Gender	Age	In a NEET situation	Educational level	Services involved	N. sessions
IT_YP1	Male	26	1 year	Secondary school	Adult Mental Health Services (AMHS), Social workers, Substance Abuse	12
IT_YP2	Male	24	Few months	Middle-school	None	4
IT_YP3	Male	20	Few months	Middle-school	None	14
IT_YP4	Female	29	4 years	Secondary school	Social Work	6
IT_YP5	Female	27	10 years	Secondary school	None	14
IT_YP6	Male	34	1 year	Secondary school	None	4
IT_YP7	Male	18	2 years	Middle school	None	8
IT_YP8	Male	34	10 years	Middle-school	AMHS, Social workers	4
IT_YP9	Female	16	Few months	Middle-school	None	6
IT_YP10	Female	21	3 years	Secondary school	Social Worker	6
IT_YP11	Female	21	3 years	Middle-school	Psychiatric community	7
IT_YP12	Male	22	3 years	Middle-school	None	10
IT_YP13	Male	16	1 year	Middle-school	Criminal Justice System	3
IT_YP14	Male	25	4 years	Secondary school	AHMS	6
IT_YP15	Male	29	10 years	Middle-school	Social Worker	14
PT_YP1	Female	17	Few months	Secondary school	Employment services	2
PT_YP2	Female	27	1 year	Master or equivalent	Employment services	4
PT_YP3	Male	24	1.5 years	Secondary school	Employment services	7
PT_YP4	Female	25	6 years	Elementary school	Social services	3
PT_YP5	Female	21	Few months	Secondary school	Employment services	2
PT_YP6	Female	31	2 years	Secondary school	Social services	3
PT_YP7	Male	33	3 years	Secondary school	Employment services	4
PT_YP8	Male	27	1 year	Secondary school	Employment services; social services	16
PT_YP9	Female	28	1.5 years	Elementary school	Employment services; training organisations	4
PT_YP10	Female	28	2 years	Elementary school	Employment services	2
PT_YP11	Male	25	3 years	Secondary school	Employment services; social services	9
PT_YP12	Male	31	1.5 years	Secondary school	Employment services; Educational and training organisations	6
PT_YP13	Female	24	Few months	Bachelor or equivalent	Employment services	3
PT_YP14	Female	19	Few months	Secondary school	Employment services	1
PT_YP15	Female	22	1 year	Secondary school	Employment services	2

Portugal appear to have followed different recruitment strategies. The Italian team recruited young people predominantly from mental health services although they also recruited through social media, and social services and also accepted self-referrals from young people over 18 years old and from parents for minors. Dissemination of information about the project was carried out through participation to different types of events, organisation of meetings and use of social media and platforms. The Portuguese team recruited participants from a diverse range of referral sources, including local employment, training, educational and social services.

3.2.2. Outer contextual factors (OCF)

These are contextual factors that are high-level and influence all interventions, including the C.O.P.E. intervention, such as the availability of funding, and the presence of networks that pre-exist the intervention, such as strong and embedded relationships between public, private and third sector partners that are rooted in the history and culture of each country and local system.

In terms of funding availability, the vast majority of the funding for the C.O.P.E. project came from the European Commission Programme for Employment and Social Innovation (EaSI).

In both Italy and Portugal, the network and collaboration followed the principle of 'relational proximity community network', based on strengthening existing networks and developing new ones (*"relations have been strengthened between the world of cooperation, public institutions and the world of volunteering, organisations and civil society in general", IT_CT3*). In Portugal, the development of networks was also based on strengthening existing links and establishing new collaborations with the third sector, government and academic institutions to ensure successful partnerships.

Respondents also reported that macro-social and economic conditions had an important impact. For example, the cost-of-living crisis was reported to have affected the conditions of young people and their parents. Furthermore, the COVID-19 pandemic has adversely affected young people by exacerbating their feelings of isolation and mental vulnerability: (*"The only thing that C.O.P.E. might have suffered from COVID especially, is that the isolation that young NEETs are feeling has been made a lot harder", PT_CT3*).

3.2.3. Inner contextual factors

Inner Contextual Factors (ICF) refer to the specific characteristics of each intervention and must be seen as the *pre-existing* conditions that need to be present for the specific intervention to achieve its outcomes. Interviews revealed that the two countries tapped into other resources: funding availability was seen as a challenge in the project implementation (*"the part of co-financing that the partners put in, and in my opinion it was not only numerically in economic terms but also in terms of capital hours more than what was estimated", IT_CT6*).

During C.O.P.E., link workers attended several different training courses: they attended training before the start of implementation and during implementation, some of it specific to different topics, and some offered more in-work training. Beside the quality of the training, link workers highlighted the 'slow process' to realise the change of approach towards young people. In this sense, it was important to promote transversal and relational skills in addition to training and the importance of sharing and reflection moments created within the framework of the C.O.P.E. project ("*maybe making it a little more focused and reviewing it a little bit could be useful […] including a little bit of experience, a little bit of advice.", IT_LW4*).

3.2.4. Mechanisms

Mechanisms are the elements that 'trigger' an intervention to have an effect and, combined with contextual factors, generate outcomes.

The main mechanism that enables C.O.P.E. to 'trigger' an effect is the relationship between the link worker and the young person in a NEET situation. Flexibility in terms of location, timing and availability was an initial element in making the young person feel comfortable and building a trusting relationship.

Young people appreciated the emotional support they received alongside the job search guidance, keeping them motivated. They found that the link workers support provided them with a space to reflect on their own feelings and concerns (*"we talked about my life, about my head, how it was, if everything was okay, psychologically, everything, if I was holding up. To summarise her work more, I think she was almost my 'real' psychologist", PT_3*).

All young people interviewed appreciated the 'informal' attitude of the link worker, which made them feel 'heard' without judgement (*"she was very attentive, she listened a lot, she was very open", IT_YP5*).

In general, there was a balance between emotional and practical support. Link workers mentioned the importance of creating trust and offering young people something practical to do, which would increase their motivation and sense of responsibility (*"I have this very nice image of this girl who wanted an* agenda*, i.e. to have appointments. So we started writing down appointments and tasks. For her this helped a lot, it almost gave her a reason to get up in the morning", IT_LW3)*. The focus was on supporting broader aspects of the young person's life which would help to create a routine (*"support in organising the routine, whatever is necessary", PT_LW5*). A multifaceted approach was used to involve young people, including volunteering or activities aimed at developing personal and professional skills (*"in creative workshops […] workshops that teach how to do a job ", PT_LW3*).

In both countries, the relationship between the link worker and the young person's parents/carers was also very important, especially for minors. Some link workers have suggested an integrated strategy with both parents and the young person. More generally, reflecting on the intervention as a whole, a C.O.P.E. team member from Italy reported that social prescribing provided a rapid response 'activating' the young people (*"we have a thin package. The young person also has to get active, it's not as if he/she can procrastinate so much, and, on the one hand, that's an advantage because in the world of youth, the long-term depth is not there. It is much more difficult in this era here and therefore this method is more accessible than others", IT_CT2*).

Despite the many positive aspects reported above, the C.O.P.E. teams and link workers in both countries raised some challenges and suggested solutions for improving the intervention. Most respondents highlighted the considerable initial underestimation of the time and effort required to support young people in a NEET situation (*"I think we underestimated just in general how much C.O.P.E. would take, not just the ratio per Link Worker, but also […] we estimated that this would be done in like 2–3 afternoons a week or something like that", PT_CT3*). Link workers also found it difficult to balance their role as link workers for C.O.P.E. with their traditional role in their organisation. It was recognised that supporting young people in a NEET situation requires significant flexibility and patience to establish trust and build a relationship. This often results in link workers spending considerable additional time with young people, well beyond their contracted hours. This is seen by link workers as unsustainable in the long term (*"I was talking to a Link Worker who works at the employment agency, who is very motivated, very convinced, of the method. Unfortunately, the rest of her work requires a very fixed schedule of appointments, so she has a very tight timescale which is not necessarily compatible with the flexibility and speed needed to* support *the young person", IT_CT1)*.

Some link workers also mentioned they might feel less experienced and skilled with some young people and their challenges, particularly those who have experienced extreme social isolation and introversion or those with high levels of mental vulnerability. Another reported challenge was the interaction with other services which was felt it would pressurise the young person towards other pathways (*"At that moment, the services and another cooperative had instead been 'she brings back this anxiety, let's find her something', but then that something they wanted to find for her could not be done as an apprenticeship. And so her goal of getting a summer job, getting her license, at that point went out the window", IT_LW1*).

3.2.5. Intermediate and final outcomes

Young people reported a wide range of outcomes, including an increased self-esteem, enabling them to recognise their strengths (asset-based approaches) and learn to work more independently, particularly when seeking new jobs and training opportunities. Interestingly, some young people reported that C.O.P.E. provided them with 'protection' and the first proper adult support they had received. For some young people changes were 'transformational' for others less so, but still useful and emphasising different aspects of the support received.

The interviews revealed an increase in self-esteem and the capabilities to see their strengths (*"[link worker] always pointed out my strengths […] always saw a strength in me, even when I didn't see it because I was a bit down", IT_YP1)*.

Young people mentioned that the support they received helped them feel calmer and more confident about their actions, such as sending emails to potential employers. For many young people, link workers are the first type of adult and friendly support they have encountered (*"I have no friends because I have a lot of difficulty finding friends and talking to a wiser, more mature person helps me", IT_YP10*).

Some of the young people in Portugal particularly emphasised the improvement of socio-professional skills (*"I have acquired tools that have helped me in job interviews", PT_YP6*) and increased social capital/ improved networking (*"I met new people", PT_YP2*).

Young people mentioned they had become more active and accountable in their decisions (*"I just got better and yes there was a bit of a clash on this last job too, to tell the truth, because my CSM network had offered me an internship of just a few hours and a few days a week and therefore a reduced salary and I still made that choice, I listened to all the link worker's advice up to that point, but on this job I did everything myself, I decided it", IT_YP1*).

C.O.P.E. helped young people to find new job opportunities or return to school feeling to have gone back to life (*"Now after this project I have found my own ways, I have started […] I am a little bit trying to rebuild what I have lost […] now I have a job. I'm doing my driving licence. And I'm going back to school", IT_YP12*).

In Italy young people who have experienced mental health issues recognised that C.O.P.E. 'protects' the path they have done thus far (*"not only what you like, but above all starting from finding a place that does not make you retrace your steps, [..] so do not destroy what you have already created. So, it is important not only to find a place that is pleasant, but also something that allows a certain stability for the person", IT_YP14*).

Young people also emphasised the importance of being active again as an important support to their mental health and wellbeing (*"Simply the fact that I work every day, leave the house even physically is good for me and then from a mental point of view", IT_YP12)*. Without the intervention, one young person reported: *("I would still be stationary. Absolutely still, maybe even worsen my anxiety and panic disorder", IT_YP5*).

Finally, as evidence of the impact of C.O.P.E., some young people told us that they had already recommended the C.O.P.E. project to others (*"I have recommended … There were Brazilian immigrants looking for work, I sent them here … She was the best person to inform them about employment and help them", PT_YP10*).

4. Discussion

This section brings together findings from the quantitative cohort study and qualitative interviews to generate a refined programme theory of C.O.P.E., highlighting CMO configurations with specific reference to mental wellbeing. We will also discuss here the connection between the findings and theories introduced in the earlier part of this article.

The aim of this study was to assess the impact of a social prescribing intervention on the mental health and emotional support of young people in NEET situations in Italy and Portugal. Based on the analysis of the results, we developed an Intervention Programme Theory (IPT) focusing on young people (Appendix A, multimedia component 1). Methodologically, we built upon existing literature on the creation of IPTs (Dalkin et al., 2019; Baker et al., 2023) and attempted to interpret our cohort study outcomes in light of qualitative interviews with stakeholders. From the evaluation of health outcomes, we derived three programme theories focussed on young people, link workers and sustainability. We examine the first of these in this paper, as it is most relevant to the experiences of young people (see Fig. 2).

Data from the realist review of reviews of NEET interventions and the co-production workshop with stakeholders were used to generate an initial programme theory. This was then tested and refined through data from the quantitative cohort study and qualitative analysis which is the focus of this paper. The direction of the arrows in Fig. 3 follows the principle of 'generative causality' which asserts that an outcome is produced by a set of mechanisms operating in a specific context (Pawson and Tilley, 1997).

The IPT is composed by outer and inner contextual factors, which refer to how wider and specific contextual factors may interact with

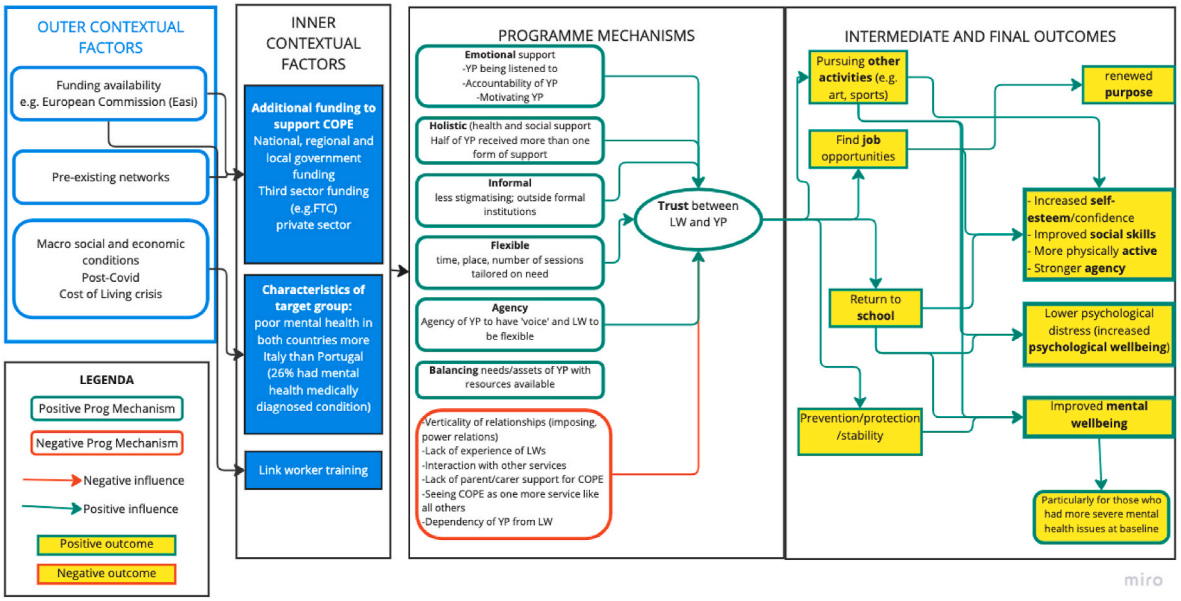

Fig. 2. Young people intervention programme theory.

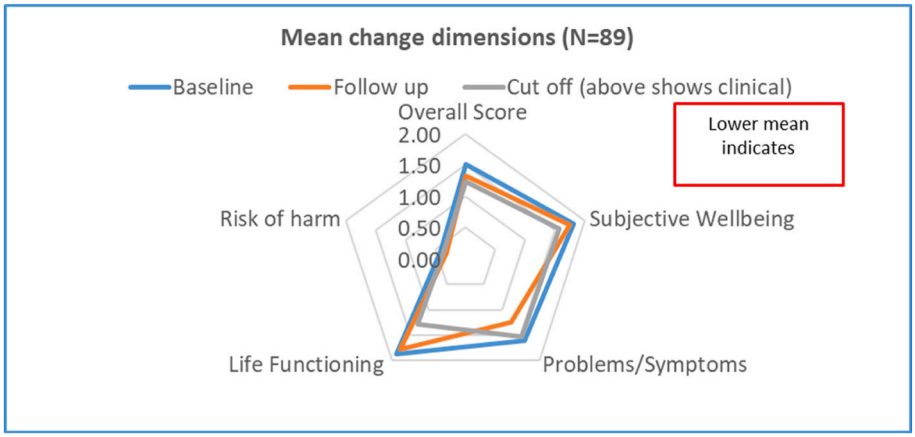

Fig. 3. Psychological distress.

mechanisms to generate outcomes. Programme mechanisms refer to the underlying processes that generate an outcome in a specific inner or outer context. They explain how and why an intervention works or fails and include the actions, decisions taken by stakeholders. We have included both positive and negative programme mechanisms. Outcomes refer to all the changes that have occurred as a result of the intervention. In this IPT, we focused on the outcomes for young people.

It is useful to start from the outcomes to explain links with other parts of the IPT. As evidenced, in the findings section (3.1.2), the mental health of young respondents was particularly poor at baseline. Young people showed statistically significant improvements in mental well-being and lower levels of psychological distress. In particular, improvement in mental wellbeing was more marked for women and younger (16–24) rather than older people (25–34). Both countries recorded a positive mean change in mental wellbeing, although Portugal recorded a greater mean change than Italy, and mean change in Italy was not statistically significant.

Interestingly, evidence from analysis of mental wellbeing, psychological distress and general health scales suggests that C.O.P.E. may have been even more useful for those young respondents with more mental health needs at baseline.

- In relation to the mental wellbeing scale, one out of four young people (23 %) showed probable depression at baseline. The term 'probable' here refers to the fact that the level of mental wellbeing as measured by the Short Warwick Mental Wellbeing Scale is associated with depression as measured by PHQ-9, an accepted tool for the measurement of clinical depression. At follow-up, half of these young people improved to a non-clinical depression state.
- Psychological distress scores related to anxiety, depression, physical health and trauma as well as 'risk of harm' (e.g. suicidal ideation) moved, on average, from a clinical to a non-clinical position.

Thus, overall, this evidence shows that C.O.P.E. is particularly effective for young people with very poor mental wellbeing, more pronounced psychological distress and poorer general health.

A similar picture emerges when qualitative studies are considered. Young people were selected on the basis of maximum variation sampling to assess how different groups of young people might experience social prescribing. Most outcomes reported by young people were positive, primarily related to increased self-esteem, confidence, social skills, and agency. Interestingly, some young people felt that the support they received from link workers in finding employment and going back to school led them to find renewed purpose in their life. Another young respondent emphasised the 'stability' and 'protective' effects of the support received emphasising that it would protect the gains the young respondent had made so far and prevent his/her mental health from declining again. 'Stability' has also found in other social prescribing for young people studies, and was more generally about a protective effect when young people waited to be seen by CAMHS in England (Bertotti et al., 2021; Hayes et al., 2023). Most respondents (young people, link workers and the C.O.P.E. team) emphasised the importance of building a 'trusting' relationship between young people and link workers in terms of both providing direct emotional support (e.g. listening, empathy) and in setting up a relationship where the young person is motivated and held accountable in a constructive manner. Yet, it was acknowledged that building a relationship of trust takes time. Other studies echo the importance of building trust between link worker and user more generally (Moffatt et al., 2017; Bertotti et al., 2018; Wildman et al., 2019) and the importance of time in pursuing such objectives. In a controlled study comparing treatment as usual with social prescribing, Dingle et al. (2024) found small to moderate effects on social trust after eight weeks.

In specific relation to young people in a NEET situation, positive and reinforcing aspects of building trust are reinforced by the following aspects.

- Holistic approach: the need to provide support in all aspects of young persons' life, thus physical and mental health and wellbeing, socialisation and re-socialisation, employment, education and training required to be explored with the young people also listening to families and significant others.
- Informality: respondents highlighted the importance of a non-stigmatising relationship, often taking place outside formal services, in the community. Organisational changes need to support this informal style, for example allowing travelling and flexible time and access to IT tools to facilitate link worker's on-the-go working. This informal style of working also requires supervision by the link workers' coordinators to ensure that the work is conducted safely enough for both the young people and the link worker (e.g. confidentiality in public spaces)
- Flexibility: in terms of time and place, number of sessions, tailored on the needs and aspirations of the young person. Lack of sufficient time was an important issue. Over 50 % of young people received more than one form of support and one-third of young people interacted with link workers once a week. This shows the time commitment required to support young people.
- Agency to the young person: both young people and link workers have sufficient freedom and space to build a relationship and co-produce a solution.
- Balancing needs and resources available: whilst young people may have multiple demands and complex needs, local resources may not always be available to meet them. In these circumstances, link workers need to find a compromise and be 'creative' in identifying

potential resources available locally to support young people in their journey and be 'realistic' about the real opportunities available to the young person. A robust network development within the local community is pivotal to generate new opportunities that may be helpful to the young person as well as to the community.

- Relational proximity community network approach: aiming at reaching those who are not easily engageable requires new ways of thinking and working. More traditional services and approaches are not appropriate for the engagement of young people in a NEET situation who may not easily want to be reached or may find it difficult to engage or maintain engagement. This approach applies to the relationship between young people and link worker, with families and significant others, with all the agencies and potential investors and administrators.

In addition to the positive factors identified above, respondents also identified some important threats to building a relationship of trust between young people and link workers (the red negative programme mechanisms in Fig. 3). The power imbalance (branded as vertical relationship by one link worker) between a young person and a link worker was an important potential issue that required careful consideration. The 'dependency' of young people from link workers was also an important issue discussed, particularly in relation to working in an environment characterised by resource constraints in which link workers have limited time to spend with each young person. In addition, the relationship with parents/carers was not always positive as young people and parents had contact with a range of services and sometimes became disillusioned. Finally, respondents reported that not all link workers had sufficient skills to do this particular job.

In conceptual terms these findings show elements of all three theories introduced in the earlier part of this article. Echoing Bhatti et al. (2021), social prescribing provided 'autonomy' as they were given agency in determining what they wanted to do, 'competence' in relation to skills but more widely the attention and coaching of link workers which leads young respondents to feel sufficient self-esteem to take action, and 'relatedness' in relation to creating a trusting relationship with their link workers and later with a group activity. This was not always the case as power imbalance can prevent the movement from extrinsic motivation to intrinsic motivation which helps to embed a change in behaviour. Link workers also helped with engendering a sense of coherence in young respondents by providing 'manageability' and 'comprehensibility' captured by the term 'stability', and meaningfulness captured by terms such as 'self-worth, self-esteem'. Finally, findings also highlight that group membership provides meaning by reinforcing a sense of identity and belonging. Thus, it may important to note that social prescribing acts as a 'social cure' by embedding individuals in meaningful group identities that reinforce well-being and emotional stability.

Whilst these theories may help us to understand the mechanisms that lead young respondents to well-being, it is more difficult to be sure about why some of those with mental health problems at baseline experienced more marked improvement in mental wellbeing and declining psychological distress. This may be due to compounding effect of social prescribing which encapsulates many of the conceptual drivers to well-being amplifying its effect, but it is equally important to note some of the limitations (see below).

One point worth of note, however, is that these theories are limited in explaining the wider contextual factors that prevent such interventions to create the right ecosystem to produce positive results. The theoretical elements above are closely connected to the ability of link workers to do their job as best as possible. For example, we know that it is extremely important that link workers have appropriate negotiating skills and attitudes and are able to balance the interests of the young person with those of other agencies and parents/carers. This finding echoes Hayes et al., (2024) who emphasised the importance of Link worker skills training such as negotiation and containment in their qualitative study of professionals involved in the implementation of SP for children and young people.

Initial and ongoing training, together with supervision and with coordination and support seems to be extremely important recommendations for the future of social prescribing, given the potential result in harm to young people (D Hayes et al., 2015). England and Wales have been particularly active in developing accredited training schemes to improve link workers' skills. These types of training may be useful as a foundation for this role but need to be tailored made to young people. A similar direction was taken by the C.O.P.E. project, which introduced a comprehensive training package for link workers just before the start of implementation. This focussed on social prescribing, supporting young people in a NEET situation, and the relational proximity community approach. However, some respondents suggested that initial training was too lengthy and theoretical, recommending more practical, motivational, and co-creation strategies. Italian respondents emphasised the need for cultural change and the importance of relational skills. As a result, routine engagement in training where case studies and practice are shared amongst link workers was introduced as an important solution to this problem and was one of the key aspects of link workers training that was developed during the C.O.P.E. project. Ongoing training on-the-job appears to be more useful as link workers can test and refine their practice and apply such practice on the specific population they are supporting.

All these positive and negative programme mechanisms were linked to some inner and outer contextual factors. In terms of inner contextual factors which are specific to the intervention, additional funding and other resources as well as basic training for link workers were found to be two important aspects. Although funding for C.O.P.E. primarily came from the European Commission, additional funding and resources were allocated by regional and local governments as well as third sector providers. An important aspect of social prescribing is that it crosses different parts of government, so it attracted resources from different parts of the health ecosystem.

Aiming to engage young people who are "off the radar", not easily contactable or engageable by more traditional services, required innovative approaches at each step of the way. New ways to disseminate information about the project had to be identified. High level of flexibility about time, venues, tools had to be used. A staged engagement process was implemented: exploration, even anonymous, pre-engagement, initial engagement and full engagement. This process required time, as young people chose if and when proceeding to a further step, and relational skills. New tools were developed: a new platform assisted the exploration and the pre-engagement phase, a second platform assisted the resource mapping, the matching between needs/goals and community resources and the co-designed planning.

Outer contextual factors in this IPT included the availability of funding as a general driver for the implementation of any social innovation intervention. One of the key factors driving funding availability is the macro-social and economic conditions of each country. For instance, COVID-19 and the cost-of-living crisis have both had an impact on the availability of funding and also on the number of young people in a NEET situation. The COVID-19 pandemic increased feelings of isolation and mental health issues among young people in a NEET situation.

The importance of pre-existing relationships between organisations was also an important set of outer contextual factors which tend to be embedded in the historical trajectory of locations. For example, the history of the cooperative system in Trentino is quite unique and rooted in that specific social milieu (Alessandrini et al., 2014). It is important to consider these specificities when designing a social innovation interventions such as C.O.P.E. Another important additional contextual factor was the pre-existing relationships between the C.O.P.E. team and the local health and social ecosystem. This has had an important impact on the recruitment of both link workers and young people in a NEET situation. In Italy, this generated a focus on a young population with more complex mental health problems which influenced outcomes,

types of support and depths of support needed.

In highlighting the positive aspects of using a realist approach to conduct and evaluation of C.O.P.E., it is also important to consider its limitations. Methodologically, it is important to exercise caution in interpreting quantitative finding from this evaluation as people in the most vulnerable categories may be subject to a 'regression to the mean' effect, which is difficult to assess in the absence of a control group and small sample sizes. Similar issues have been raised in the wider literature on social prescribing. For example, systematic reviews of the effectiveness of social prescribing for health outcomes (Bickerdike et al., 2017; Napierala et al., 2022) found that social prescribing can have a positive impact on health outcomes, including mental health, but the quantitative evidence is of poor quality, making it difficult to draw robust conclusions. A general call is made by these authors and beyond for studies using other methodologies which incorporate a control group. However, the positive results from our quantitative data were consistent with qualitative interviews with young participants.

5. Conclusion

This realist evaluation attempted to understand not only whether the mental health and wellbeing of a cohort of young people in a NEET situation changed over a six-month period but also what mechanisms and contextual factors might have contributed to such changes. The implementation of C.O.P.E. through a social prescribing and relational proximity approach have resulted in improved mental wellbeing and reduced psychological distress, particularly for those who reported lower levels of mental wellbeing and mental health at baseline. These results were made possible through the invaluable work of link workers in building trust with young people, supported by an ecosystem that had specific inner and outer contextual factors conducive to the success of this intervention. Further work is needed to streamline pathways, understand how to effectively develop the critical skills of link workers, and building a robust data management system that will help to monitor changes routinely. Finally, creative strategies co-created with young people in a NEET situation need to be implemented to maximise their recruitment and long-term engagement. These require flexibility in process, pathways, language and culture. This article also contributes to building the current evidence on social prescribing for young people more generally, although a multisite evaluation using a control group is strongly needed to contextualise further the results of this work.

Perhaps the most important point of this article is that attention towards the mental health problems of young people in a NEET situation is necessary to increase their self-esteem, which may then lead into re-engagement in education, training or seeking employment. An intervention such as C.O.P.E. focussed on building trust between link workers and young people through social prescribing and relational proximity was found to useful in achieving that.

CRediT authorship contribution statement

Marcello Bertotti: Writing – review & editing, Writing – original draft, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Isabel Farina:** Writing – review & editing, Writing – original draft, Formal analysis, Data curation. **Maria J. Marques:** Writing – review & editing, Methodology, Funding acquisition, Formal analysis. **Regina Alves:** Writing – review & editing, Methodology, Formal analysis. **Sonia Dias:** Writing – review & editing, Funding acquisition, Conceptualization. **Sara Paternoster:** Writing – review & editing, Project administration, Investigation, Data curation. **Anita Paza:** Writing – review & editing, Formal analysis, Data curation. **Emanuele Torri:** Writing – review & editing, Methodology, Investigation, Funding acquisition, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Views expressed in this article are those of the authors.

Appendix A. Supplementary data

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