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YCS' MINIMUM SUPPORT STANDARDS AND CHILD PARTICIPATION

Deliverable D2.2

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Minimum Support Standards for Young Carers and Child Participation

Deliverable D2.2

Valentina Hlebec, Miriam Hurtado-Monarres, Emilia Olving, Tjaša Potočnik

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1. INTRODUCTION

"YCs are children and young people under the age of 18 who provide care for a parent or relative in the community, usually within their own home. They can perform the most personal and intimate of tasks for their parents or other family members, often without any help or support from welfare agencies. Many children provide care at great personal expense – they are deprived of their childhood, many miss out on educational opportunities, few have established friendships or other support networks. YCs are at greater risk of not completing their formal education and are less able to enter into higher education reducing their life chances and increasing their social exclusion. Participation of vulnerable children, including YCs is not only a rights-based expectation under the UN Convention on the Rights of the Child[1] (UNCRC) but also a mechanism for contesting their invisibility and gaining recognition and adequate support as YCs."

(Eurocarers, n.d.).

Young carers (YCs) are a vulnerable and often hard-to-reach group of children who face multiple disadvantages. They are at risk due to precarious family situations and may experience negative outcomes in the areas of mental and physical health, education, economic status, and the protection of their rights (Feasibility Study for the Child Guarantee, 2019). Studies have shown that caring responsibilities can interfere with normal childhood development. For example, compared to their peers who have no caring obligations, YCs report higher rates of being hospitalised for mental health problems, a greater prevalence of suicidal thoughts, school absenteeism, drop-out, and fewer chances of getting a job when they become adults(Hanson, 2022; European Parliament, 2024). Demographically, among girls there is a disproportionate share of YCs, with the latter more often having migrant or minority ethnic backgrounds, highlighting added vulnerabilities for those at the intersection of several of these factors (Boyle, 2022; Warren, 2023). As part of their responsibilities to provide caring, they interact with many services and are affected by public policies more than their peers who do not do so, yet they have limited control over decisions that affect them. In any event, YCs are children, and in line with the child participation rights under the UN Convention on the Rights of the Child (UNCRC), they should have a voice as both children and carers regarding the support they receive, how the care is provided, and how services meet their needs. Making sure that their voices are heard improves their well-being, empowers them, and helps in the design of better support services for both them and their care recipients (The Children's Society, 2018; Phelps, 2012). At the same time, the participation of YCs is not merely a rights-based expectation under the (UNCRC), but also a critical mechanism for making them more visibe and securing the recognition and support they deserve. Evidence indicates that the involvement of

[1] United Nations (1989). *Convention on the Rights of the Child*. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

YCs benefits both service responsiveness and their own empowerment (Nap et al., 2020; Medforth, 2022; Brimblecombe et al., 2024).

Research also shows that YCs themselves express a strong desire to be heard and taken seriously in matters that affect them (Moore, 2017). Addressing the needs of YCs therefore requires not only tailored support, but the removing of barriers that prevent their meaningful participation as well, thereby adding to both their life opportunities and the broader engagement of young people in decision-making. The concept of *meaningful participation* goes beyond mere consultation. As defined by Imms et al. (2016), meaningful participation has two linked components: ***attendance and involvement***. Attendance refers to simply being present in an activity or setting, whereas involvement reflects the child's level of engagement, connection, and sense of meaning. Solely assessing attendance risks tokenism – a box-ticking exercise in which a child is physically present but mentally and emotionally elsewhere. True participation requires attention is given to both components to assure they are genuinely engaged. Accordingly, to enable YCs to meaningfully participate in matters that affect their lives, both components should be assessed.

Enabling YCs to participate meaningfully and have their voices heard is important for several reasons:

- First, it ***recognises their expertise and lived experience***, making sure that decisions about care arrangements and support are informed by those directly impacted.
- Second, it ***safeguards their rights as children,*** balancing their caregiving responsibilities with their developmental needs and access to education and social opportunities.
- Third, ***participation fosters empowerment, inclusion and well-being,*** helping to interrupt cycles of disadvantage and social exclusion (The Children's Society, 2018; Phelps, 2012).

Levels of Awareness & Policy Response to Young Carers (Leu et al. 2021)

Support for YCs across EU Member States varies, and encompasses multiple policy areas, including health, social care, education, economic support, child protection, and digital services. Despite having direct experience with these systems, the opportunities for YCs to participate in decision-making processes affecting them are scarce, and largely limited to the UK (Phelps, 2017).

However, evidence from a rapid literature review conducted as part of the Our Voices

project[2] encompassing five national and regional contexts (Slovenia, Italy (Emilia-Romagna), Belgium (Flanders), Sweden and Bulgaria) and the EU established that vulnerable children, including YCs, are frequently excluded from mechanisms to boost the participation of children in decision-making that impacts them. They are neither active in decision-making processes, nor are spaces provided for their voices to be heard as a specific, vulnerable group of children. Even where audiences or platforms do exist, they often lack the support needed to engage meaningfully because of barriers that prevent them from influencing decisions affecting their lives (Hlebec et al., 2025). This document sets out **essential standards for supporting YCs,** aiming to

make sure they can participate meaningfully in matters

and that affect their lives. It is intended for national and local organisations, civil society bodies, and institutions working in the areas of social welfare, health, education, youth services, and recreational or cultural activities, as well as to provide a practical framework to enable YCs to exercise their right to participate, articulate their needs, and influence decisions that impact their caregiving responsibilities and involvement in other areas of life, including engagement in child participation mechanisms and overall well-being.

Picture 1: Lundy's model of child participation (source: Lundy, 2007)

2. HOW TO ENABLE MEANINGFUL PARTICIPATION OF YCs?

A framework for assessing participation among YCs builds on Lansdown's (2018) *Conceptual Framework for Measuring Outcomes of Adolescent Participation*, adapting it to the specific circumstances of YCs and CNK (children as next of kin) and incorporating both **individual and contextual factors** that enable or constrain their meaningful participation.

Meaningful participation is vital for YCs because it recognises/enacts the particular forms of agency and expertise they develop through their caregiving responsibilities. It permits them to contribute to decisions that directly affect their caring role, education,

[2] OUR VOICES, Project No. 101190125 – CERV-2024-CHILD, Grant Agreement No. 101190125.

and other important areas of their lives, including leisure and well-being. This does not mean giving them extra responsibility; instead, it helps to set fair boundaries around caregiving so that YCs are not burdened by duties that exceed their age or developmental needs, which is important for preventing a "**young carer penalty**". Meaningful participation is namely a **protective mechanism** since it can help to interrupt patterns of disadvantage by making the needs of YCs visible and assuring that their voices are heard and considered in decisions that affect them.

The YC Penalty (Stamatopoulos, 2018)

When YCs **are not recognised or supported**, they face:

Limited opportunities
Social exclusion
Reduced access to education and development

The most affected are YCs who:

Live in single-parent or only-child households
Support a parent and/or relative with stigmatised or severe health conditions

2.1. Essential features of meaningful participation

The meaningful participation of YCs depends on four interrelated aspects: the creating of safe and empowering spaces; opportunities to develop and express their voice; a receptive audience that genuinely listens; and a real influence over decisions impacting their lives (Lundy, 2007). The following sections describe how these features can be created and sustained in practice, with close attention to the specific vulnerabilities and strengths of YCs.

Creating Safe and Empowering Spaces

Space refers to both the physical environment and the time allocated for YCs to form and express their views. They need access to services, legislation, policies, and authentic opportunities to have their voices heard. For participation to be possible, children must feel secure and protected (Garcia-Quiroga & Agoglia, 2020), which becomes even more important for vulnerable and marginalised groups of children, such as YCs. Space involves providing **safe, inclusive, and authentic opportunities for YCs to form and express their views.** This is not merely a physical location, but an enabling environment in which they feel **secure and protected**. For YCs, this means having access to services, policies, and decision-making forums **designed with their needs in mind.** It also includes creating fun, child-centred environments where they can simply be children, freed of the weight of their caregiving responsibilities (to play, be loud,

and run around) (Krieger et al., 2018; Smith, 2021). In addition, it means having access to existing child participation mechanisms, such as Children's Youth Councils and Children's Youth Parliaments, along with structures and mechanisms facilitated, at a minimum, by the Office of the Ombudsperson for Children.

Voice

Assuring that a child's voice is heard requires more than simply asking a question. It calls for proactive strategies to overcome communication barriers and give the child control over their own narrative. This makes it important that professionals who work with vulnerable children and young carers (YCs) use **creative and multi-modal methods to amplify the child's voice**. Approaches such as mapping, whereby a child creates a visual representation of their world, can make abstract concepts like "inclusion" tangible. In this way, children are able to show and tell what matters the most to them (Robinson & Codina, 2024). Meaningful participation requires adults to **share power with YCs** to avoid tokenism and to move towards YC-guided dialogue where YCs decide which topics to begin with, introduce issues they see as relevant, and steer the conversation (Brimblecombe et al., 2024; Eriksson, 2024). These approaches must be adapted to the individual abilities and circumstances (Engwall & Hultman, 2020) of vulnerable children, including YCs. A key facilitator in ensuring that the voice of YCs is heard is the presence of **trusted, sympathetic and knowledgeable adults.** Such adults are crucial for enabling YCs to participate in matters affecting their lives because they create the safe, supportive and respectful conditions needed for children to express themselves and influence decisions. These adults listen without judgment, recognise the child's situation, and communicate in flexible and appropriate ways. They also provide emotional and practical support, share power with children, and balance protection
of the child with opportunities for their agency
(Phelps, 2017; Maciver et al., 2019; Smith, 2021; Brimblecombe et al., 2024). When children have at least one trustworthy person – whether a professional, teacher, relative or peer – they feel less alone, more secure in day-to-day life, and better able to cope with their responsibilities. This support can add to their confidence to participate and increase their belief that their voice and experiences matter (Ytterhus et al. 2024). An example of good practice for strengthening the participation and inclusion of YCs in various settings is mentioned in McAndrew et al. (2012), who describe an example of a school in the UK that organised a World Café event to create opportunities for collaboration between YCs (young service users), the voluntary sector, health and social care practice, and education.

Ensuring a Receptive Audience

Audience is an important aspect of participation since it concerns adults listening to the voices of vulnerable children (Lundy, 2007). The nature and intent of the audience determine whether participation is meaningful or tokenistic. **A receptive audience is genuinely prepared to listen and take children's views seriously** (Engwall & Hultman, 2020). Studies show that YCs often interact with social workers, healthcare professionals or educators in ways that feel more evaluative than supportive. When adults are perceived as judging their reliability or assessing their caregiving responsibilities, this can

undermine the trust required for meaningful participation. Young carers may fear negative consequences, such as family intervention or criticism, and might therefore withhold information or avoid engagement altogether. This points to the importance of trusted, sympathetic and knowledgeable adults who can create safe spaces, listen carefully, and support young carers in ways that prioritise understanding and genuine involvement rather than assessment.

Facilitating Genuine Influence

'Influence' is the goal of participation, where a child's voice leads to tangible action and change. Drawing on Shier's model of participation (Engwall & Hultman, 2020), one can understood this as a progression through distinct levels of power-sharing. Meaningful participation occurs when all the preconditions outlined above are met and there is an enabling environment and opportunities to participate in different spheres. When these are in place, participation is meaningful if it includes the following features: 1) children are listened to (**space**). However, in practice, many services struggle to move beyond this 'meet and greet' stage, where interaction is limited to observing the child and saying hello; 2) children are given support to express their views (**voice**). This involves actively helping children to formulate and articulate their thoughts. In practice, this includes providing communication aids for a non-speaking child, adapting information to an easy-to-read format, or applying participatory methods such as drawing or mapping to help a child express a complex idea; 3) children's views are considered (**audience**). At this level, the adult audience demonstrates that they have not only heard but also seriously considered the child's perspective in their subsequent analysis or decision-making. In practice, this means that a social worker not only documents a child's preference for a particular respite care home but can also demonstrate how that preference was weighed against other factors in the final placement decision. Finally, 4) children are involved in decision-making processes (**influence**). This represents a significant shift in power when children become active partners in the decision-making process itself. As Lansdown (2018) notes, this does not necessarily mean that children's views must be acted upon, but that they must be considered in decision-making processes. For YCs, this could involve co-designing their caregiving arrangement with a long-term care (LTC) provider or having a formal role in reviewing the services they receive.

2.2. Different modes of YC participation

> There are several modes of YC participation. These modes form a continuum rather than rigid categories as a
> single process can simultaneously entail consultative, collaborative and possibly child-led components.
> (Stephenson et al., 2004).

No participation or the unethical participation of YCs refers to situations in which YCs are excluded from decision-making, services, or support that directly affect their caregiving responsibilities, well-being, or daily life. Unethical participation occurs when children (including YCs) are involved in caregiving or decision-making in

ways that harm their rights, safety, development or well-being; for instance, by placing excessive responsibilities on them or involving them in ways that are not age-appropriate or voluntary (Shuttleworth, 2025).

Examples of no participation or unethical participation include not inviting young carers to care planning, school meetings, or other services that concern or impact them; services and professionals communicating with children only through an adult; and YCs being used as representatives or interpreters at meetings that discuss sensitive topics, placing them in an adult role.

Consultative participation: is initiated by adults who recognise the importance of YCs' perspectives, knowledge, and lived experience. Practitioners actively listen and invite YCs to share their views. However, adults remain responsible for making the final decisions, and YCs do not control the outcomes (adapted from Lansdown, 2018). Consultative participation is often used when time or structures are limited, for example, in policy consultations or court procedures where adults retain legal responsibility. It can be meaningful when children's views are taken seriously and visibly shape outcomes, but it risks becoming tokenistic if questions are framed by adults, participation is brief, and children never see any impact (Olsen, 2023). Consultative participation can be made more meaningful for YCs if adults plan it carefully, are transparent about its limits, and always show how children's input has influenced decisions. This helps to avoid tokenism while still respecting adults' legal responsibility and time and structural constraints.

Examples of consultative participation include asking YCs what would make local social care services more helpful and using short surveys or conversations to guide school support or respite planning.

Collaborative participation: With this mode, participation is initiated by adults, but decisions are shared with YCs. Practitioners and YCs work together to plan, shape and review support, recognising that each brings valuable knowledge and expertise. YCs can influence or challenge how things are done and the final decisions made. Over time, they can take on more self-directed roles, with adults providing guidance and support rather than leading every step. Although power between adults and children remains unequal, adults deliberately create "space, voice, audience, and influence" for children and support them to exercise their agency (Olsen, 2023). Collaborative participation can be put into practice by making "space, voice, audience, and influence" tangible in everyday interactions with YCs, and gradually shifting from adult-led to genuinely shared decision-making (Wright et al., 2006).

Examples of collaborative participation in practice include young carers (YCs) helping to design or evaluate support groups, school policies or respite activities; YCs and staff co-creating awareness materials such as posters and social media posts; and YCs and practitioners jointly shaping family support plans or care transitions, with YCs helping to identify priorities, agree on goals and decide what support is appropriate for their caregiving situation.

YC-led participation: occurs when YCs create their own opportunities and set their

own agendas. This is only possible when adults provide adequate resources and safeguard YCs' voices without controlling the agenda. YCs decide what they want to focus on, with their involvement being driven by their interests, priorities and motivations. Not all YCs will want to take on a leadership role and so these activities often involve smaller groups and are increasingly facilitated by digital platforms, such as the YCs Support App and ME-WE YCs app. As more YCs engage online, digital spaces are expanding opportunities for youth-led action, support and advocacy. YCs take the lead and choose the issues that matter the most to them, whereas adults provide support, resources and safeguarding, but do not take charge. Eurocarers, the European association that represents informal carers across Europe, is dedicated to raising awareness, advocating policy change and strengthening support for carers of all ages. Under its umbrella, the European Young Carers Working Group (EYCWG) brings together more than 30 YCs, young adult carers, and former YCs from 11 countries. Established and coordinated by Eurocarers, the EYCWG is a youth-led community of lived-experience experts that guides the work of Eurocarers on YCs and champions policies and practices that empower them to achieve their personal and life goals.

Examples of YC-led participation in practice include digital and narrative forms of self-advocacy. With such forms, YCs use their own stories to raise awareness and help to remove the associated stigma from public understanding. In Flanders, the youth-led organisation ZoJong! supports this with facilitated peer processes that inform youth-led activities and feed into the organisation's broader agenda, alongside social media engagement and the publication of anonymised personal stories on its website. These processes are facilitated by adult practitioners, including former young carers, who provide structure, resources and safeguarding without directing the content or agendas. Within these settings, YCs collectively decide which experiences, themes and messages they wish to foreground, permitting them to share their lived experiences in their own words and on their own terms. The described practices are complemented by offline youth-informed awareness activities, such as flyers developed during the Week of the Young Carer 2025, featuring messages and quotes from and selected by YCs themselves to inform teachers, professionals and the wider community about their lived realities. Together, these examples illustrate how YC-led self-advocacy via storytelling can function as a low-barrier, child-accessible participation pathway outside of formal institutional structures.

Picture 1: Instagram profile of ZoJong!

Pictures 2 and 3: Flyer (front and back) co-created with young carers for the Flemish Week of the Young Carer 2025

2.3. Identifying and overcoming barriers to meaningful participation and creating an enabling environment

Understanding the barriers to vulnerable children's participation is critically important for effectively supporting them, notably YCs and CNK. To create support systems that actually empower YCs, organisations must first recognise and identify the barriers which prevent them from participating. These obstacles are embedded in institutional structures, professional practices, social norms and values, as well as the psychosocial realities of caregiving. This section serves as **a diagnostic tool for institutions** to reflect on their own practices and understand the challenges YCs face in their day-to-day lives. Identifying such barriers is a precondition for designing support systems that are not only effective, but also equitable and responsive to the lived realities of YCs, CNK, and their families.

2.3.1. SYSTEMIC AND STRUCTURAL BARRIERS

Structural and systemic barriers are obstacles embedded in institutions, policies, and societal norms that make participation by YCs and CNK more difficult. They often cannot be seen by those not directly affected, yet can create and lead to the accumulation of disadvantages for vulnerable children and YCs. In turn, it can be harder for them to have their voices heard in matters affecting their lives and to access the support they need and are entitled to. These barriers often relate to the design and implementation of support systems, which can inadvertently limit meaningful participation.

For YCs, participation is most effective when it is part of a **sustained practice rather than a one-off event.** Consistent, ongoing opportunities woven into organisational routines and supported by policies and formal guidelines permit YCs to build trust, develop confidence, and meaningfully influence decisions impacting their care, rather than being involved only sporadically or at the discretion of individual professionals (Bergersen et al., 2024; Hultman et al., 2019; Phelps, 2017; Engwall & Hultman, 2020). Without organisation-wide policies, legal backing and stable funding, participation risks becoming inconsistent or unsustainable (Engwall & Hultman, 2020). To ensure **the sustainability of participatory**

mechanisms for YCs, they must be supported with clear legal, policy, financial and organisational commitments resilient to changing resources or political priorities.

Resource-related barriers significantly impede the meaningful participation of YCs in decisions affecting their lives. Shortfalls in funding, staffing and institutional capacity constrain the provision of services, limiting professionals' ability to support YCs in expressing their views and influencing matters that impact them. These structural challenges make it hard for professionals to facilitate the participation of vulnerable children, including YCs. Time constraints, staffing shortages, and financial limitations often prevent professionals from engaging YCs in meaningful participation. Building trust and involving vulnerable children in decision-making is time-consuming and difficult to achieve parallel to heavy caseloads and administrative demands (Robinson & Codina, 2024; Brimblecombe et al., 2024; Hultman et al., 2019; Anaby et al., 2013). Limited funding further reduces the availability and quality of services, lowering organisations' ability to recruit and train staff or run essential programmes, while families may face direct financial barriers, such as transport costs, that make participation more challenging (Hultman et al., 2019; Phelps, 2017; Brimblecombe et al., 2024; Isma et al., 2023). In addition, many professionals lack adequate knowledge and training on how to work effectively with vulnerable children and adapt participation methods to their needs (Bailey et al., 2015; Phelps, 2017; Maciver et al., 2019; Engwall & Hultman, 2020; Nowak et al., 2020). Together, these factors limit both the effectiveness of support and opportunities for the voices of YCs to be heard.

The risk of ineffectiveness and tokenism arises when vulnerable children (including YCs) are unable to participate fully or influence outcomes. This happens when participation becomes merely symbolic, such as a box-ticking exercise, without granting children any genuine influence. Many studies on the participation of vulnerable groups of children stress the risk of participation becoming tokenistic (Eriksson, 2024; Tiefenbacher, 2023; Rap, 2022; Smith, 2021; Garcia-Quiroga & Agolia, 2020; Engwall, 2020; Hultman et al., 2019; Phelps, 2017; Anaby et al., 2019; Brimblecombe et al., 2024; Isma et al., 2023; Nowak et al., 2020). Participation also risks becoming ineffective when the views of vulnerable children are not meaningfully integrated into decision-making, or when their views are sought but rarely reflected in assessment outcomes (Phelps, 2017; Engwall & Hultman, 2020), often due to the domination of adults. Several studies also highlight the lack of child-friendly complaints mechanisms (Phelps, 2017; Rap et al., 2022), including those focused on YCs (Brimblecombe et al., 2024). Young carers often report there are no formal complaints routes, which can limit their capacity to influence the organisation, provision and quality of care provided to their relatives (Brimblecombe et al., 2024). Acknowledging the experiences and voices of YCs, and grounding services in their lived realities, is namely essential for facilitating their meaningful participation in the organisation and delivery of care services (Phelps et al., 2017).

The meaningful participation of vulnerable children is often constrained by adults because many frameworks remain adult-led and give limited opportunities for child-initiated participation (Eriksson, 2024;

Tiefenbacher, 2023; Phelps, 2017). Several studies also stress **the adult–child power imbalance** concerning the participation of vulnerable children (Tiefenbacher, 2023; Rap, 2022; Garcia-Quiroga & Agoglia, 2020; Phelps, 2017; Bailey et al., 2015).

Professionals, parents, and other gatekeepers can unintentionally restrict a vulnerable child's participation by **underestimating their abilities or assuming they do not wish to be involved** (Tiefenbacher, 2023; Engwall & Hultman, 2020; Hultman et al., 2019; Garcia-Quiroga & Agoglia, 2020). This may arise from a well-intentioned, yet misguided desire to protect vulnerable children from difficult topics, or simply failing to offer them opportunities to speak. Ethical and contextual sensitivity is called for to balance protection with agency (Vinblad et al., 2019; Bergersen et al., 2024; Maciver et al., 2019). For YCs, these barriers are particularly significant. Adults may assume that YCs are too burdened or emotionally fragile to participate, or that their caregiving experience automatically constitutes expertise, leading to either exclusion from decisions or tokenistic involvement. Assumptions like this limit YCs' opportunities to express their views on matters affecting both their own lives and the care they provide. To enable participation that is meaningful, it is essential to recognise the dual role played by YCs as children and carers, and to give them tailored support, safe spaces, and appropriate methods to make sure their voices genuinely inform decisions and the provision of services. However, simply **being present does not mean that a child is participating** (attendance ≠ participation). For vulnerable children to truly take part, they must be both present and actively involved (Imms et al., 2016; Nowak et al., 2020). Even though attendance, especially with younger children, is often equated with participation (Hultman et al., 2020), meaningful participation is more than simply being present.

It requires both attendance (being there) and involvement (the subjective experience of active engagement) (Imms et al., 2016; 2017). This distinction is vital since a child, particularly if younger, can be physically present at a meeting without feeling heard or having any real influence.

Gaps in opportunities and systemic barriers to the participation of YCs

In addition to audience and influence, space and voice are preconditions for participation to be meaningful. Space refers to a "safe and inclusive opportunity to form and express views" (Lansdown, 2018, p. 8), while voice concerns the freedom to express oneself in a medium of one's choice. Studies indicate that YCs often have few genuine opportunities to share their views. Barriers include limited access to information and representation (Rap et al., 2022; Hultman et al., 2019), insufficient attention to the perspectives of children (Eriksson, 2024), missing formal structures for participation (Engwall & Hultman, 2020; Hultman et al., 2019; Anaby et al., 2019), and the absence of follow-up to determine whether their input has actually made a difference (Bergersen et al., 2024). Participation can be complex and often remains rhetorical and difficult to implement in practice, akin to "a bar of soap" (p. 40) that is hard to grasp and easily goes down the drainaway (Hultman et al., 2019).

Table 1: Barriers to YC participation I.

Barrier	Impact on YCs
Unsustainable practices	Unsustainable participation practices can restrict YCs' opportunities to be heard since inconsistent or short-term engagement prevents them from building trust and confidence with professionals. This may lead to YCs feeling overlooked or disengaged, lowering their ability to meaningfully influence decisions about their care they provide and support meaningfully.
Resource-related barriers	Limited time, staffing, funding, and professional knowledge restrict the ability of services to meaningfully engage YCs, leaving them with fewer opportunities to share their views and influence decisions on their care arrangements. Professionals' lack of skills and training in adapted participation methods as well as alternative communication methods further limits the effective engagement of YCs.
Risk of ineffectiveness and tokenism	When the views of YCs are overlooked or dominated by adults, participation can become tokenistic. The absence of child-friendly complaints mechanisms further lowers their ability to influence care and engage meaningfully.
Adult–Child power imbalances	Adult-led frameworks often fail to create a space for child-initiated participation, limiting the ability of YCs to have their voices heard.
Assumptions about the vulnerabilities, abilities and maturity of YCs	Assumptions made by adults that YCs are either too burdened or too inexperienced can lower their opportunities to participate meaningfully in decisions affecting their lives. This frequently leads to their views being overlooked, excluded, or treated in a token way, reducing their ability to influence care arrangements and support in ways that reflect their needs and experiences.
Gaps in opportunities and information	A lack of accessible, child-friendly information about rights and services, combined with few formal structures for participation, means that YCs often miss out on opportunities to meaningfully participate in matters impacting their lives.
Attendance ≠ participation	For YCs, simply attending meetings or consultations does not guarantee that their views are actually considered or that they can influence decisions affecting their lives.

Source: Own analysis

2.3.2. INDIVIDUAL BARRIERS

Parents and professionals often act as gatekeepers who limit children's participation, many times relying on assumptions they make about the child's abilities or motivation to participate (Eriksson, 2024; Vinblad et al., 2019; Hultman et al., 2019; Bailey et al., 2015; Nowak et al., 2020; Engwall & Hultman, 2020; Garcia-Quiroga & Agoglia, 2020). These dynamics may arise from protective intentions or the absence of opportunities for children's agency, with gatekeepers (e.g., social workers) potentially restricting access to services or research without explicit criteria, in turn adding to the marginalisation of vulnerable children (Bailey et al., 2015).

Vulnerable children's experiences within participatory mechanisms are shaped by intersecting factors like age, developmental maturity, and adverse childhood experiences (Brimblecombe et al., 2024; Rap, 2022; Garcia-Quiroga & Agoglia, 2020; Vinblad et al., 2019; Hultman et al., 2019;

Imms et al., 2017; Nowak et al., 2020). Younger children may have less experience of participation and fear negative consequences for themselves or their families (Garcia-Quiroga & Agoglia, 2020; Vinblad et al., 2019; Brimblecombe et al., 2024). Moreover, disabilities affecting communication, cognition, behaviour or mobility, along with past trauma or ongoing mental health issues, can further constrain participation (Garcia-Quiroga & Agoglia, 2020). Importantly, the right to participate also includes the right to decline, emphasising that participation must always be voluntary (Eriksson, 2024; Lansdown, 2018).

Particular Challenges Experienced by YCs and Children as Next of Kin

The complex interplay of self-identification, stigma, knowledge, and personal choice can also act as a barrier to accessing formal support. This shows the need for systems to be both proactive in identification and respectful of individual autonomy.

Many young people who provide significant care **do not identify** themselves as young carers, and thus remain invisible to services and stakeholders who could facilitate their meaningful participation, such as schools and healthcare services (Brimblecombe et al., 2024). Their caring role may also be normalised within the family, or they might not view their responsibilities as distinct from typical family life or intergenerational support. Therefore, raising awareness about informal care and young carers, as well as proactively identifying them in settings they frequent, such as schools and healthcare services, is essential for promoting **self-identification** and improving access to appropriate support and opportunities to participate in matters impacting their lives (Nagl-Cupal & Hauprich, 2020; Brimblecombe et al., 2024).

Further, **a lack of services and support literacy** is a major obstacle. Many young people and their families do not know which services exist, whether they are eligible for them, or how to navigate complex bureaucratic systems to access them (Brimblecombe et al., 2024). This knowledge gap is made worse by impreciseservice boundaries and poor information-sharing on the institutional level. Many YCs are simply unaware of available support and later regret not having learned about it sooner (Brimblecombe et al., 2024). This reveals **the importance of providing timely, accessible information** so that YCs can obtain appropriate resources and participate meaningfully in decisions that affect their lives.

The caregiving duties of YCs and CNK often involve competing priorities. Managing caring responsibilities alongside schoolwork, socialising, and personal health can leave YCs and CNK with little time (Phelps, 2012); and often limited energy to engage with support services (Brimblecombe et al., 2024). Simultaneously, prioritising the needs of the care recipient, and concerns with confidentiality regarding the care recipient's condition, can further limit participation (Brimblecombe et al., 2024).

It is also crucial to acknowledge the roles of self-determination and personal agency. Some young people may actively choose not to participate, feeling that the support offered is "helpful, but sometimes too much" (Brimblecombe et al., 2024, p. 39) or "a bit pressuring" (Stevens, 2024). This stresses the fundamental right not to participate and the need for services to be flexible and respectful of individual choice, allowing vulnerable children and YCs to

change their minds with respect to engagement over time (Stevens, 2024; Eriksson, 2024).

Even when support for vulnerable children is available, internal psychosocial and emotional factors might prevent YCs from accessing that support and expressing their views, creating a significant individual-level barrier to their meaningful participation. Individual preferences and personality traits, such as limited confidence or low self-esteem, can undermine young people's belief in the legitimacy or value of their contributions, making them less willing to participate in matters that impact their lives and to seek support when needed (Vinblad et al., 2019; Phelps, 2017). The combination of stigma and lack of voice may result in the voices of certain young carers or children with known needs eclipsing those who for various reasons have not been heard (ibid.).

Fear and anxiety: YCs and CNK are also often afraid of an intervention by social services, fearing the separation/break-up of the family (Phelps, 2017; Garcia-Quiroga & Agoglia, 2020; Brimblecombe et al., 2024). This could substantially lower their willingness to disclose their situation, with a lack of participation and representation being a result.

Stigma and negative attitudes: Several authors state that stigma and negative attitudes from peers and adults hinder individual participation (Maciver et al., 2019; Phelps, 2017; Brimblecombe et al., 2024). While these do not always stem from being caregivers, they can also be related to the condition of the person a YC is providing care to (Phelps, 2017; Brimblecombe et al., 2024).

Table 2: Barriers to YC participation II.

Barrier	Impact on YCs
Invisibility and lack of self-identification	Many young people do not identify themselves with the label "young carer" and remain invisible to services that could assist and support their participation.
Internal psychosocial and emotional factors	Low confidence, anxiety, fear of family separation if they reveal details of their situation, or stigma from peers associated with illness in their family, or their young carer status may prevent YCs from seeking support, expressing their views, or engaging in decision-making, lowering the opportunities for their voices to be heard and considered in matters that affect their lives.
Lack of time, and competing priorities	The immense pressure caused by the need to balance caregiving duties with schoolwork and personal health leaves many YCs with little time or energy to to even consider engaging with support services.
Gatekeepers	Assumptions made about the child's capacity or maturity, together with intentions to protect a child often lead parents or professionals to act as gatekeepers, yet this limit's their participation. And self-agency
Lack of services and support literacy	Many YCs and their families are unaware of which services are available, whether they are eligible, or how to navigate the complex systems required to access them.
Not acknowledging the role of self-determination and personal agency	For YCs, respecting self-determination means recognising that they might choose not to participate at times, especially if the support feels overwhelming

	or pressuring. This shows the need for flexible services that respect their choices while allowing them to engage when they feel they are ready to.

Source: Own analysis

2.3.3 BARRIERS TO THE INCLUSION OF CHILDREN AND YCs IN DIFFERENT CONTEXTS

With respect to the contexts, we examined – Bulgaria, Slovenia, Italy, Sweden, Flanders (Belgium), and the EU level, we identified 99 grey (non-scientific) literature documents: 8 in Sweden, 16 in Italy, 23 in Bulgaria, 17 in Flanders, 17 in Slovenia, and 18 at the EU level. The analysis focused on all groups of children, including YCs and CNK. We found that children most often encounter adult-centric systems that consult rather than share decisions, with weak or absent feedback as to how their views influenced the outcomes. This leads to participation fatigue and lower trust, especially among vulnerable children, and to fragmented legal and practice frameworks. In every country we looked at, consultative participation was dominant, collaborative forms were less frequent, while child-led participation was rare – documented only in the Youth Parliaments in Slovenia and Bulgaria, with no instances of it identified inin Italy, Sweden or Flanders.

These issues disproportionately exclude children with disabilities, migrant and asylum-seeking children, those living in poverty, rural children, and those in alternative care. Information is frequently provided formats intended for adults or ones that are inaccessible in all of the observed countries, whereas there are almost no disability-friendly formats, except for a few disability-specific programmes in Sweden and isolated cases on the EU level. Routes for making complaints are uneven or hard to use, further undermining trust and children's sense that they are included. Italy and Sweden reported no significant complaints mechanisms in any of the coded structures; Bulgaria was shown to only have complaints systems connected to the Ombudsperson structure; Flanders and Slovenia had broader coverage but very few child-friendly or disability-friendly mechanisms. Children with disabilities frequently lack accessible formats or adapted forums in municipal participation structures across the countries.

YCs remain under-addressed on the EU level (18 documents), despite them attracting growing attention. YCs are largely invisible in law and policy in Slovenia and Bulgaria, not nationally recognised in Italy (except for the Emilia-Romagna region) and not legally recognised in Sweden or Flanders. In Bulgaria, which had the largest national sample (23 documents), most records fell into an general "all children/other" category, with vulnerable groups and children as next of kin (CNK) hardly ever explicitly named. Participation is often formal and directed by adults, and marginalised groups are rarely included in a meaningful way. In Italy, all 16 documents included focused on children in precarious family situations, without any references to YCs, CNK, children with disabilities, children in alternative care, or migrant/refugee children. In Slovenia (17 documents), the documents covered a broad range of groups, although still lacked any direct reference to YCs and mentioned CNK only indirectly in Courts/Asylum and Social Work. In Sweden, despite the initially

wide search (80 records identified; 8 included), YCs and CNK were absent from all documents, and complaints mechanisms were not documented in any structure. In Flanders (17 documents), all main vulnerable groups except CNK were represented, and YCs appeared explicitly in just two documents; nonetheless, disability-friendly information and complaints mechanisms were missing in all structures. This lack of recognition means there are no tailored complaint-making routes, identification systems, or guaranteed supports. Further, participation spaces are not adapted to the time pressures, caring obligations, or need for confidentiality of CNK and YCs.

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2.3.3.1 Slovenia

Levels by Leu et al. 2023	Level 6, Awakening	
Classification according to Hlebec et al. (2025)	Level 5, Emerging	
YCs/YC policy characteristics	Not recognised in law or policy. There is a growing research base, increasing specialist awareness of YCs, yet no specific services.	
Child participation by structure	**Children's Youth Council**	▪ Exists on the municipal level; referenced in Program za otroke 2020–2025, but has low visibility ▪ Practice strongly depends on motivated adults and local resources ▪ Outreach tends to favour already-active, urban children. Disability adaptations are uneven.
	Children's Youth Parliament	▪ A flagship, multi-level mechanism (school, municipal, regional, national in Assembly) ▪ An annual, structured, and highly visible space for children's views to be expressed ▪ Strong presence of child-friendly information, but very limited data on participation by children with disabilities ▪ Participation tends to favour eloquent, already-engaged, very active pupils, while disadvantaged children are underrepresented
	Office of the Ombudsperson for Children	▪ Pairs children with trained advocates to help them understand proceedings and ensure their views are heard ▪ Evaluations highlight benefits for children's voices and procedural understanding Complaints routes via the Ombudsperson are comparatively more child-friendly than sectoral routes ▪ Its impact is weakened by late or uneven referrals and varying degrees of cooperation by courts and social workers
	School/Education system	▪ Participation is structurally anchored via ZOFVI (The Organisation and Financing of Education Act), which imposes school self-evaluation and feedback duties

		▪ Class and student councils, as well as school parliaments, are widespread and sustained ▪ Although the approach is more systematic than in other sectors, the inclusion of children with disabilities and migrant children remains uneven due to the lack of accessible formats and language support
	Hospitals/Health sector	▪ Very few documents; participation appears episodic and limited ▪ Information is mostly in formats designed for adults; very few child-friendly materials ▪ No disability-friendly information for children documented; non-standard tools and weak regulation
	Courts/Refugee and asylum	▪ Mechanisms to hear children exist in family, criminal justice, and asylum or migration procedures; Advocate can support a child in expressing themselves ▪ Information in asylum or migration contexts is not adapted to children; no disability-friendly formats were identified ▪ Less articulate children and those with additional needs are less effectively heard; late referrals reduce the Advocate's impact
	Social Work	▪ Participation opportunities exist, yet tools are fragmented and vary locally ▪ An advocate is valued in linked proceedings; many materials are also available in child-friendly formats ▪ Disability-friendly information is inadequate; feedback to children about outcomes is weak ▪ YCs and some vulnerable groups (children with disabilities, migrant or asylum-seeking children) are likely under-reached without tailored adaptations
Barriers to the inclusion of children	▪ Young carers are not recognised or targeted, which means their needs and participation are structurally overlooked ▪ Younger children (under 12) are less visible and less frequently documented as a distinct group ▪ Children with disabilities: a consistent lack of disability-friendly information (Easy Read, interpreting); poor adaptations across sectors, especially health, justice/asylum, and social work ▪ Migrant, refugee, and asylum-seeking children: information is not child-friendly, with limited language and cultural adaptation; participation in asylum and migration procedures is weak. ▪ Socio-economic and geographical barriers: participation structures, notably youth councils and parliaments, favour already-engaged, articulate children, often from urban and better-resourced schools or areas ▪ Procedural barriers: late and uneven referrals to the Child Advocate; non-standardised feedback and complaints mechanisms; dependence on individual professionals' motivation and local resources	

	▪ Information barriers: predominance of formats intended for adults in hospitals, health services, courts, and some social services; feedback on how children's views influence decisions is often missing

In Slovenia, there were 69 records, among which 17 documents were ultimately included in the analysis. Collectively, these show that a range of vulnerable children is represented in the material, such as those in difficult family situations, children with disabilities, children in alternative care, and migrant or refugee children. However, some groups are absent. **Young carers do not appear at all**, and children as next of kin are only addressed indirectly in court, asylum, and social work documents. Younger children, especially those under 12, are also less visible as a group.

Across the different structures and systems, there is some information about children's participation in each, yet it is rarely adapted for children with disabilities. Child-friendly versions of information are most common in the Ombudsperson's office and social work, while courts and health services mainly rely on materials designed for adults.

Regarding how children can participate, the situation is quite mixed. While municipal youth councils and school-based forums exist, their effectiveness largely depends on motivated adults, local resources, and whether children receive feedback on what has happened with their ideas. The Children's Parliament is the most visible national platform for children's views and is organised annually, but it tends to attract confident, already-engaged pupils, and there is very little information on the inclusion of children with disabilities.

The Ombudsperson and the Child Advocate are often seen as positive examples as they help children understand proceedings and give them a voice, but referrals do not always occur in time and access varies across the regions. In health, courts, and social work, opportunities for participation exist, yet they are inconsistent, often adult-centred, and do not always reach children who are less articulate, from disadvantaged backgrounds, or in need of disability-adapted support. Young carers remain invisible.

2.3.3.2 Italy

Levels by Leu et al. 2023	Level 5, Emerging	
Classification according to Hlebec et al. (2025)	Nationally: 5, Emerging; Regionally: 4, Preliminary	
YCs/YC policy characteristics	Not recognised in national law or policy. Recognised on the regional level in Emilia-Romagna.	
	Children's Youth Council	▪ Youth councils are widespread in Italy and mainly function as collective, consultative forums

Child participation by structure		▪ Some councils display collaborative elements when local authorities create co-design opportunities (e.g., collaboration pacts, youth hubs, teen-led labs) ▪ Councils only address children in precarious family situations; other vulnerable groups are not included ▪ Most information is provided in formats intended for adults, not children ▪ No significant complaints mechanisms were documented for youth councils ▪ Where they are effective, success depends on skilled facilitation, multiple entry points, and genuine decision-making power, but follow-through and institutional anchoring are inconsistent
	Children's Youth Parliament	▪ Only covers children in precarious family situations and adolescents ▪ Participation is collective and rarely identified as collaborative ▪ Information is only available in a form suitable for adults, without any child-friendly versions or complaints routes ▪ Diverse groups are not systematically included and there are no durable pathways from proposals to decisions
	Office of the Ombudsperson for Children	▪ In the Italian analysis, no documents were identified under this structure. ▪ The national Guarantor Authority for Children and Adolescents (AGIA) relaunched the National Consultation in 2023 with the National Observatory, and is expected to develop methodological tools for participation, but follow-through is weak. This suggests a potential lever for participation that is not yet consistently visible in sector practice or documentation.
	School/Education system	▪ Schools are among the most active structures for children's participation in Italy ▪ Participation is mainly collective (e.g., councils), with some individual forms ▪ Most modes are consultative, with few collaborative cases ▪ Projects such as Fuoriclasse in Movimento demonstrate how school councils and student voice can support anti-dropout strategies and inclusion, and how municipal initiatives (youth hubs, co-design) extend children's voice into neighbourhood decision-making ▪ Digital inequalities and structural socio-economic disparities limit access

		▪ There is no evidence concerning the inclusion of children with disabilities or other vulnerable groups ▪ Complaints mechanisms are not documented for this structure
	Hospitals/Health sector	▪ The Italian mapping found no documents for this sector. As a result, no sector-specific participation practices or complaints routes are recorded for health in Italy. ▪ This absence is identified as a significant gap, particularly given that health settings are usually important for individual (one-to-one) participation and often lack disability-friendly materials
	Courts/Refugee and asylum	▪ No Italy-specific documents were documented for this structure. However, language and bureaucratic barriers were identified for migrant or asylum-seeking children in Italy, suggesting weak accessibility and uneven opportunities to be heard. ▪ No complaints mechanisms were found
	Social Work	▪ Social-work-related documents also emphasise children living in precarious family situations ▪ Within this structure, child-friendly information is relatively more common than in other Italian structures ▪ Participation is divided between consultative and collaborative forms, with both individual and collective participation, although collective participation dominates ▪ The representation of YCs, children with disabilities, migrant or refugee children, and children in alternative care is absent in the identified documents ▪ No complaints mechanisms were documented for social work
Barriers to the inclusion of children	▪ A very narrow focus: documents only concern children in precarious family situations; other vulnerable groups (YCs, CNK, children with disabilities, children in alternative care, migrant and refugee children) are not clearly specified ▪ Young carers: only partly recognised regionally (in Emilia-Romagna) and not reflected in the documented participation mechanisms ▪ A lack of child-friendly formats: information across the structures is predominantly intended for adults, with child-friendly formats rare, even where participation exists ▪ No child-led participation or complaints mechanisms are documented in any of the identified structures, limiting children's ability to initiate participation or challenge decisions ▪ Digital inequalities and socio-economic disparities restrict access to and benefit from participation opportunities, especially in school- and municipality-linked initiatives	

	▪ Language and bureaucratic barriers hinder the participation of migrant and asylum-seeking children, with weak access and uneven opportunities to be heard in the justice and asylum contexts ▪ Sector gaps in evidence: no documents for hospitals/health and courts/refugee and asylum, meaning health- and justice-related participation and complaints mechanisms are not captured in the mapping ▪ Weak follow-through and institutional anchoring: even where councils, parliaments or AGIA initiatives exist, follow-through on proposals and integration into durable decision-making processes remains limited

In Italy, 39 records were identified, with 16 documents being included after full-text and extraction screening. Compared to other countries, the Italian documents focus exclusively on children living in precarious family situations. **There are no references to young carers,** children as next of kin, children with disabilities, children in alternative care, or migrant/refugee children. When participation is mentioned, it is mostly collective and consultative (occasionally collaborative), based on information written for adults. Child-friendly formats are rare, and there are no child-led spaces or complaints mechanisms in the material. Young carers are not mentioned in the documents, although there is some regional recognition in Emilia-Romagna that has not yet led to any actual participation mechanisms.

Youth councils are widespread, but only involve children in precarious family situations. They are generally consultative, sometimes collaborative when councils are linked to co-design spaces such as youth hubs or "collaboration pacts", but information is almost entirely in a form intended for adults, and no complaints routes are documented. Evidence on youth parliaments is limited and pertains only to adolescents in precarious situations; participation is mostly consultative, rarely collaborative, with information again adult-oriented and no complaints routes.

Schools appear to be Italy's most active space for participation, with student councils, projects such as Fuoriclasse in Movimento, and local youth hubs that bring children's voices into neighbourhood issues. Nevertheless, access is uneven due to digital gaps and broader socio-economic inequalities, and there is no specific focus on children with disabilities or other vulnerable groups. No school-level complaints mechanisms are recorded. There are no health or court/asylum records for Italy, and no Ombudsperson documents, even though the national Guarantor (AGIA) has relaunched a National Consultation and it is intended to develop participation tools, with weak follow-through so far. Social work records again focus only on children in precarious situations. They reveal a mix of consultative and collaborative, individual and collective participation, with slightly more child-friendly information than other sectors, but still no inclusion of other vulnerable groups and no documented complaints mechanisms.

2.3.3.3 Sweden

Levels by Leu et al. 2023	Level 3, Intermediate	
Classification according to Hlebec et al. (2025)	Level 3, Intermediate	
YCs/YC policy characteristics	Not legally recognised, although there is growing awareness through research and pilot projects	
Child participation by structure	**Children's Youth Council**	▪ Municipal children's and youth councils are a visible, ongoing participation channel, with some regions also running sector-specific councils (e.g., health) ▪ Innovative roles such as Youth Community Developers (young people employed to bridge peers and decision-makers) help link the voice of youth to municipal agendas ▪ Practice varies by municipality; many officials request easier to apply tools and mandates ▪ Councils do not consistently reach children with disabilities or those with a migrant background ▪ Feedback on how ideas of children affect decisions is uneven ▪ No single body oversees the rights of children across the systems, weakening accountability
	Children's Youth Parliament	▪ Sweden does not have a single, central national "youth parliament", and instead the landscape features youth councils and thematic dialogues ▪ Where parliament-style forums exist (local/municipal sessions), they function much like youth councils: consultative and dependent on local capacity ▪ Inclusion gaps mirror those of the councils (weaker inclusion of children with disabilities and those with a migrant background) ▪ A systematic path from proposal to decision is not guaranteed
	Office of the Ombudsperson for Children	▪ The Ombudsman for Children has a prominent agenda-setting and advisory role and has collaborated on tools such as a model for capturing the experiences of children in foster care (with the National Board of Health and Welfare) ▪ The Ombudsman itself highlights serious limitations in complaints access: systems are fragmented, not consistently child-adapted, and no single national body holds overarching responsibility for CRC rights

		▪ As a result, complaints can fall through the cracks between institutions, constraining trust and practical redress for children across sectors
	School/Education system	▪ In practice, student councils are common and often embedded in municipal practice; authorities also use youth surveys (e.g., LUPP) and local dialogues ▪ However, no school-structure documents were identified for Sweden ▪ There is uneven knowledge on the municipal level concerning how to implement rights-based participation on a day-to-day basis ▪ Inclusion is weaker for children with disabilities and newly arrived children when adaptations (accessible formats, language support) are missing ▪ There are forums for influence specifically adapted to students in special schools with intellectual disabilities ▪ Feedback cycles vary by school/municipality
	Hospitals/Health sector	▪ Some regions have youth councils in healthcare and guidelines (e.g., in Västra Götaland) aimed at including youth voices in planning and service quality ▪ Healthcare law recognises children as next of kin for information/support ▪ The information is both in a form designed for adults and a child-friendly form, and child participation is collaborative ▪ Gaps persist since children with disabilities and those with a migrant background are not included to the same extent, information is often designed for adults, and complaint-making routes are not uniformly child-friendly
	Courts/Refugee and asylum	▪ Mechanisms exist in principle to hear children in justice and asylum processes ▪ The Health and Social Care Inspectorate (IVO) regularly looks at participation in residential and secure homes for children and youth ▪ In practice, unaccompanied minors in residential care report having little say and not feeling heard ▪ Language and format barriers persist for children who have newly arrived ▪ The one-off focus on participation during inspections did not become a sustained mechanism ▪ Complaints remain fragmented and inconsistently child-adapted
	Social Work	▪ Social work shows targeted tools and structural gaps ▪ A government-piloted model to hear children in foster care (developed with the Ombudsman and the National

		Board of Health and Welfare) showed how to collect children's experiences, with recommendations to extend to under-12s, children with disabilities and children with a refugee background. However, this model was not institutionalised nationally; it was a one-off event, with a recommendation to revise the model and follow up with a national survey. ▪ IVO inspections included a participation focus as part of routine inspections, yet the specific participation focus was one-time ▪ NGOs like the Children's Rights Bureau provide trusted advocacy for children in precarious situations ▪ Social work documents include information in a form suitable for both adults and children ▪ Overall, participation is formally recognised, but implementation is uneven, and some groups remain under-reached
	Work specifically aimed at enhancing the participation of children and young people with disabilities	▪ Two mechanisms focus on developing platforms for dialogue and boosting the involvement of young people with disabilities by tailoring participation methods to their needs and circumstances ▪ These mechanisms include adolescents and young people with disabilities ▪ No YCs, children as next of kin, or other groups were identified ▪ Identified as being in project form and still ongoing
	Youth Community Developers	▪ A structure used by municipalities to strengthen young people's influence on local decision-making ▪ Youth Community Developers are young people employed specifically to promote the influence and participation of young people ▪ They carry out tasks assigned by decision-makers, municipal departments, or young people themselves and often bridge youth and decision-makers by leading dialogues and organising forums or meeting spaces ▪ The structure includes adolescents and young people, targeting children in general, and is ongoing
	Mechanisms carried out by non-governmental organisations (NGOs)	▪ Many NGOs actively promote children's and young people's participation (e.g., Children's Rights Bureau (2024), Save the Children Sweden (2024); UNICEF Sweden also has a strong focus on the CRC, though not in the selected documents) ▪ The Children's Rights Bureau supports children in precarious family situations, children with a migrant background, and children in alternative care, providing social and legal support, advice and practical assistance on children's rights

		▪ Save the Children Sweden works to improve living conditions for young people in the socioeconomically disadvantaged area of Västerås ▪ This includes children in precarious family situations, children with a migrant background or refugees and children in alternative care ▪ However, the representation of children with disabilities is lacking in this structure, as is the representation of YCs and children as next of kin
Barriers to the inclusion of children	▪ YCs and children as next of kin are missing entirely as explicit categories in the documented participation structures, despite the legal recognition of children as next of kin in healthcare ▪ Disability-friendly formats are rare and largely confined to disability-specific projects (special school forums, Swedish Agency for Participation tools), meaning that children with disabilities are not consistently reached by the mainstream mechanisms (councils, dialogues, inspections) ▪ Other vulnerable groups (children in precarious family situations, children in alternative care, migrant and refugee children) are present but not consistently, leading to uneven inclusion and poor monitoring ▪ No child-led participation meeting the project's inclusion criteria is documented, and no complaints mechanisms exist within the mapped structures, limiting children's ability to raise concerns or seek redress ▪ Youth councils, parliament-style forums and dialogues often do not consistently reach children with disabilities or those with a migrant background, and feedback on how their views influence decisions is inconsistent ▪ Complaints systems are fragmented and inconsistently adapted to children, with no single national body being clearly responsible for children's rights, meaning that complaints can fall through the cracks between institutions (as noted by the Ombudsman) ▪ Implementation and knowledge on the municipal level regarding rights-based participation in schools and local governance are uneven, causing variation between municipalities ▪ One-off or project-based mechanisms (such as the foster-care participation model, disability-focused platforms, and participation-focused inspections) provide good practice examples, yet are not institutionalised nationally ▪ NGOs help fill gaps, but children with disabilities, youth councils, and children as next of kin remain under-represented in NGO-focused participation mechanisms	

Sweden identified 80 records, with 8 documents being included after screening. **Young carers and children as next of kin do not appear as categories.** Children in precarious family situations, in alternative care, or with a migrant or refugee background are represented, but not consistently, and disability-friendly formats are mostly limited to a few specific disability projects and tools.

Across the different structures, participation is almost always adult-led and mainly consultative, occasionally

collaborative. None of the identified mechanisms are child-led, and there are no clear, child-friendly complaints routes within the mapped structures, leaving gap with respect to children being able to voice their their concerns.

On the positive side, many municipal youth councils and ongoing dialogues exist, and some regions also have youth councils in healthcare. Youth Community Developers help connect young people to local decision-making, and there are projects that adapt participation methods to young people with disabilities. The Ombudsman for Children and inspections by IVO, as well as NGOs like the Children's Rights Bureau and Save the Children Sweden, all contribute to giving children a voice – especially those in precarious situations or with a migrant background. However, evidence shows that participation is uneven, does not reliably reach children with disabilities, newly arrived children, young carers, or children as next of kin, and still depends greatly on where you live and which adults are involved.

2.3.3.4 Flanders (Belgium)

Levels by Leu et al. 2023	Level 5, Emerging	
Classification according to Hlebec et al. (2025)	Level 5, Emerging-Level 4, Preliminary	
YC policy characteristics	Not legally recognised, although policy and research attention is increasing.	
Child participation by structure	**Children's Youth Council**	▪ Flanders has a dense council ecosystem: every municipality is required by decree to have a youth council, the Flemish Youth Council advises the Flemish Government and Parliament, and schools commonly have pupil councils ▪ This creates visible, institutionalised channels for collective participation channels, often supported by Bataljong (the Flemish support organisation for local youth policy and youth councils) and complemented by the voluntary Child-Friendly Cities & Municipalities (KVSG) programme ▪ In practice, participation is mostly consultative, with some collaborative elements, but not co-decisional ▪ The inclusion of vulnerable groups (children with disabilities, refugee or migrant youth, young carers) is uneven ▪ There is little to no targeted or explicit information addressing young carers' rights or access to participation mechanisms ▪ Information within these structures is available in both adult and child-friendly formats. Although child-friendly

		formats are more common here than in other structures, information designed for adults still dominates. ▪ Feedback on the extent to which children's input influences decision-making is often limited and inconsistent, reflecting an adult-centred decision-making culture and varying professional capacity
	Children's Youth Parliament	▪ No Youth Parliament structure was identified. Although a parliament-style participation mechanism exists, it is ad hoc, less visible than municipal youth councils, rarely documented regarding accessibility or feedback, and not commonly used as a formal venue for children's participation or complaints.
	Office of the Ombudsperson for Children	▪ In the dataset under review, the role of the Flemish Office of the Children's Rights Commissioner (Kinderrechtencommissariaat), which functions as a children's ombudsperson institution, is only slightly visible as a participation mechanism. This suggests it is underused or under-documented as a participation or complaints avenue for children in the dataset. ▪ Institutionally and in practice, it is the most visible complaints channel among the identified documents. Established by the Flemish Parliament, it serves as an independent mechanism where children and young people can raise concerns and lodge complaints, monitors children's rights, and it advises policymakers. ▪ The Commissioner receives, mediates and investigates complaints across sectors, including youth care and closed settings, and issues recommendations ▪ A key legal anchor, the Decree on the Legal Position of the Minor in Integrated Youth Care (2004), guarantees information, participation, and complaints rights in care trajectories and institutional life ▪ Still, outside of youth care, there is little concrete evidence in the dataset on how sector complaints procedures work in practice (such as in schools, hospitals, or asylum), whether procedures are child-friendly, or which outcomes complaints achieve. This points to a structural feedback and transparency gap. ▪ Key government actors, including the Department of Culture, Youth and Media, and the Department of Education and Training, provide policy frameworks and funding, supporting advisory structures such as the Flemish Youth Council and municipal youth councils
	School/Education system	▪ Participation in education is mandated, as schools must organise pupil participation, typically through student

		councils. In secondary schools, this is standard; in primary schools, a council must be established if at least 10% of pupils aged 11–13 request it, with no formal sanctions for non-compliance in either case. ▪ This provides consistent entry points for participation, but in practice it is largely consultative and adult-oriented ▪ Disability-friendly materials are scarce, and coverage of specific vulnerable groups within education structures appears limited ▪ More co-creative practice often emerges in youth work or civil society rather than within school hierarchies
	Hospitals/Health sector	▪ The health sector shows limited documentation of child participation mechanisms in the dataset examined ▪ Where information is available, it is generally presented in formats designed for adults, with very limited or no evidence of disability-friendly or adapted materials ▪ Participation in hospitals and health settings is described as mostly consultative and individual ▪ The inclusion of vulnerable groups appears limited in the identified records, with references made primarily to children in alternative care and children with disabilities ▪ There is little evidence of child-friendly complaints infrastructure in practice, reflecting a cross-sector pattern in which legal frameworks may exist but accessible routes and feedback on outcomes are under-documented
	Courts/Refugee and asylum	▪ Like in health, there is very limited inclusion of vulnerable groups and a predominance of information designed for adults in justice and asylum contexts ▪ There are language and information format barriers for children with a migrant or refugee background and a lack of clear, child-friendly complaints pathways at the point of use ▪ Courts and asylum procedures rarely provide structured or child-friendly feedback, often leaving children feeling that their input has little impact ▪ Overall, this structure appears among the least child-friendly in the Flemish corpus reviewed, despite the high stakes for children
	Social Work	▪ Social work is recognised as the most effective Flemish structure for reaching vulnerable groups ▪ It includes children in precarious situations, those with a migrant or refugee background, children with disabilities, and children in alternative care

		▪ Child-friendly materials are more prevalent here than in other structures, although disability-specific adaptations remain insufficient ▪ Children's participation continues to be largely consultative ▪ Complaints and feedback mechanisms are inconsistently documented across services ▪ The broader ecosystem benefits from peer-led and non-profit actors (e.g., Cachet), who create trusted spaces and communicate lived experience to services and policymakers
Barriers to the inclusion of children	▪ No child-led participation is documented in any Flemish structure in the reviewed Flemish dataset ▪ There is no information on the participation of children as next of kin across the structures, indicating a lack of recognition in both practice and documentation ▪ Young carers (YCs) are mentioned in only two documents overall, with little to no information on their rights or awareness of participation mechanisms ▪ Disability-friendly formats are absent across the documented structures, and there is a general lack of accessible participation information for children with disabilities, even where child-friendly formats (not disability-specific) exist ▪ Vulnerable groups are unevenly included, particularly in hospitals, courts/asylum, and some education settings, where adult formats dominate and adaptations are rare ▪ Health and justice/asylum structures show the limited inclusion of vulnerable groups, language and format barriers for migrant and refugee children, and few clear, child-friendly complaints pathways ▪ Adult-centred decisions, combined with weak feedback on how children's views influence decisions, undermine trust and the impact of participation, especially in school-based and local youth council settings ▪ Although Flanders has a strong Children's Rights Commissioner and a legal complaints framework in integrated youth care, there is little concrete evidence in the dataset of how complaints are handled in other sectors, or whether these processes are genuinely child-friendly and transparent ▪ Gaps in documented practice related to the Youth Parliament and Ombudsman structures (beyond the Commissioner), as well as under-documented domains (such as sector complaints in schools, hospitals and asylum), suggest missed opportunities to use these as avenues for participation and complaints	

In Flanders, 70 records were screened, with 17 documents being included in the analysis. The reviewed material indicates a very busy landscape of councils and structures. However, the documentation suggests that **children's influence within these structures often remains limited**. No examples of child-led participation were identified in the analysed materials. Youth councils are described as largely collective and mainly consultative, with some collaborative elements, but never actually

co-decisional. Almost all vulnerable groups are represented somewhere (children in precarious situations, with disabilities, in alternative care, with a migrant or refugee background, young carers), but children as next of kin do not appear at all, and young carers are mentioned in just two documents. Across the structures, disability-friendly formats are lacking, and information on participation that is truly accessible for children with disabilities is largely missing.

Flanders has a dense and multi-level participation infrastructure: every municipality has a youth council, and the Flemish Youth Council operates on the regional level. Municipal youth councils and local participation structures are often supported by Bataljong. Child-friendly information is more common here than in other structures, but material designed for adults still dominates. While this framework appears strong on paper, the reviewed documentation suggests that participation in practice remains largely consultative. Feedback on children's input is frequently limited, and the inclusion of vulnerable groups is inconsistent. Schools are formally required to organise pupil participation; however, in everyday practice, participation continues to be largely designed for adults and offers limited accessibility for children with disabilities or other specific groups.

In healthcare and courts or asylum contexts, children's participation is even weaker. Participation in hospitals is generally individual and consultative, mostly in adult language, with limited mention of vulnerable groups and hardly any visible complaints options for children. Justice and asylum contexts are even less child-friendly as the information is adult-focused, language and format barriers make it harder for children with a migrant or refugee background, while clear, child-friendly complaints mechanisms are missing. Social work emerges as the one area that reaches the widest range of vulnerable groups and uses child-friendly information more often, but participation here is still mostly consultative, disability-specific adaptations are inconsistent, and several cases show no complaints or feedback mechanisms at all. The analysis also identifies isolated, yet noteworthy examples of participatory practices in urban planning and research project domains.

2.3.3.5 Bulgaria

Levels by Leu et al. 2023	Level 7, No response	
Classification according to Hlebec et al. (2025)	Level 7, No response	
YCs/YC policy characteristics	Not recognised in law or policy, no research or not structured	
Child participation by structure	**Children's Youth Council**	▪ While youth councils (often municipal) exist, they are sparsely documented and generally framed for "all children" without distinguishing vulnerable groups

		▪ Information is overwhelmingly in formats designed for adults (92.2%), with negligible child-friendly and no disability-friendly formats ▪ Participation is collective and coded as collaborative, but overall records are very few ▪ The national Children's Council has a clear mandate, yet municipal youth bodies lack a unified national legal framework, and thus rules, resources and follow-up vary widely by locality ▪ This variability limits consistency, inclusiveness (rural, disability, migrant) and feedback after consultation
	Children's Youth Parliament	▪ Youth parliaments provide the only documented instances of child-led participation. In any case, information in adult form dominates, and disability-friendly materials are rare. ▪ Participation is mostly consultative and collective, with occasional collaborative and child-led cases. Many cases still record no participation, despite the forum's intended participatory purpose. ▪ The coverage of vulnerable groups – children with disabilities, migrant or refugee children, and children in precarious situations – is inconsistent and often combined in generic categories such as "all children" or "other children"
	Office of the Ombudsperson for Children	▪ The national Ombudsman is legally authorised to receive and act on complaints, including those made by children, through an accessible online and in-person channels ▪ It is the most consistently child-accessible route: a child-specific online portal allows children to submit complaints directly and provides guidance written for young audiences, operating across sectors ▪ There is both individual and collective participation, and more child-friendly information than in most structures, although formats designed for adults still dominate and disability-friendly formats remain limited ▪ The 116 111 child helpline, operated by the State Agency for Child Protection (SACP), provides 24/7 confidential counselling and referrals, and evidence indicates it is both accessible and responsive ▪ Outside of these main channels, sector-specific complaints mechanisms are inconsistent or adult-oriented, with limited availability for children
	School/Education system	▪ Education is the most consistently regulated sector ▪ By law, every school must have a Public Council where student self-government is represented in an advisory capacity, creating a permanent collective channel ▪ In practice, actual influence varies among schools

		▪ Educational materials in the analysis are mostly designed for adults, with only a small proportion in child-friendly or disability-friendly formats ▪ Vulnerable groups are rarely specified and often simply referred to as “children” ▪ Urban–rural disparities and limited adapted formats restrict inclusion for children with disabilities and minority or refugee children
	Hospitals/Health sector	▪ Documentation of child participation is sparse, with information primarily in formats designed for adults ▪ Child-friendly and disability-friendly formats are only sporadically available ▪ Where participation does occur, it is individual and consultative ▪ No child-specific hospital complaints routes were identified ▪ Sectoral services, including healthcare, rarely provide child-specific complaints pathways; where complaints systems exist, they are oriented to adults and not visibly adapted for children ▪ Adapted information is limited, and geographic and language barriers affect refugee and minority children
	Courts/Refugee and asylum	▪ Justice and asylum are among the least child-friendly in practice ▪ Some child-friendly materials are available here more often than in other structures, yet adult formats still dominate, and disability-friendly versions are minimal ▪ Participation is typically individual and consultative, with several items revealing no participation at all ▪ Language and bureaucratic barriers constrain refugee and asylum-seeking children ▪ Public information generally targets families, not specifically children ▪ Complaints and feedback routes beyond the Ombudsman are limited and inconsistently accessible ▪ For refugee and asylum-seeking children, information is available via national and UN channels, although guidance is not consistently child-specific, and gaps persist in practice
	Social Work	▪ Social work covers a wider range of groups than most structures, including children in precarious situations, children with disabilities, children with a migrant or refugee background, and children in alternative care ▪ Still, information remains largely in a form designed for adults, while child-friendly and disability-friendly materials are scarce ▪ Participation is mostly consultative and individual

		▪ Often, there is no participation or there are missing complaints and feedback mechanisms ▪ Practice depends considerably on project funding and motivated professionals ▪ NGO initiatives can create spaces for children's voices, yet continuity and feedback to children are inconsistent
Barriers to the inclusion of children	▪ YCs are completely absent from the records and "Children as Next of Kin" does not appear as a formal category. When similar concepts appear in social work and courts, they only refer to close family relationships, not to distinct rights or participation needs. ▪ Vulnerable groups are rarely distinguished from "all children", especially in youth councils and schools, making targeted inclusion and monitoring difficult ▪ Disability-friendly formats are almost entirely absent across the structures; where present, they are very limited, leaving children with disabilities systematically under-served ▪ Participation is overwhelmingly consultative and individual, with very few child-led cases (even in the Youth Parliament) and almost none elsewhere ▪ Information designed for adults dominates in all key sectors (education, health, justice/asylum, social work), limiting accessibility for younger children, children with disabilities, and those with language barriers ▪ Complaints mechanisms are largely absent or oriented to adults, with practical access mostly confined to the Ombudsperson and the 116 111 helpline; sector-specific complaints routes (schools, hospitals, justice/asylum, social work) are patchy and inconsistently child-friendly ▪ Urban–rural, language and bureaucratic barriers in particular affect minority and refugee/asylum-seeking children, especially in health and justice/asylum contexts ▪ The heavy reliance on project-based funding and motivated individuals in social work and NGOs creates isolated examples of good practice without sustained, system-wide implementation or feedback	

In the research, 35 Bulgarian records were identified, and 23 documents were ultimately included in the analysis. In these, **almost everything is organised and described for "children" in general**. Only a few examples show any child-led participation, and these are limited to youth parliaments. Most information is written for adults, and participation (when it occurs) is mainly consultative and often one-to-one.

Vulnerable groups are rarely identified. Children in precarious situations, with disabilities, with a migrant or refugee background, or in alternative care do appear in some structures (especially in social work), but are not consistently named or followed. Disability-friendly formats are almost entirely missing. The term "children as next of kin" is not used; where something similar appears in social work or court texts, it simply means a "close family" member, not a specific group with its own rights. YCs do not appear at all.

Regarding complaints, two things stand out: the national Ombudsman, which has a child-specific online portal and guidance written for young people, and the 116 111 child helpline, which offers 24/7 confidential

support and referrals. Beyond these, child-friendly complaints and feedback options are either absent or not clearly visible. This is the case with schools, healthcare, courts, and asylum procedures. Social work goes the furthest in reaching different groups of vulnerable children, yet information remains mostly oriented to adults, participation is mainly consultative and individual, and many documents show no clear way for children to complain or receive feedback about what has happened with their views.

2.3.3.6 European Union

YCs/YC policy characteristics	▪ On the EU level, young carers (YCs) and children as next of kin (CNK) are not recognised as a distinct group in binding law or core strategies; they only appear sporadically in thematic documents and project reports ▪ YCs are completely absent from most EU structures, while CNK appear only in courts, social work, and school or education structures ▪ Where YCs or CNK are mentioned, this is more descriptive than normative, without any specific rights, mandates, or participation guarantees for them, confirming their policy invisibility on the EU level ▪ Recognition is emerging mainly via research and EU-funded projects (e.g., OUR VOICES) rather than through a stable EU legal or policy category. Participation opportunities for YCs are therefore project-based and non-systemic.	
Child participation by structure	**Children's Youth Council**	▪ Participation is mainly for already active children, using collective, consultative or collaborative formats, but without specific reference to YCs or CNK ▪ In practice, it is linked to the EU Children's Participation Platform (CPP) and similar EU-level spaces, but with no explicit YC strand
	Children's Youth Parliament	▪ The only structure where child-led participation is recorded, alongside collective, consultative and some collaborative activities ▪ It targets a broad range of children in precarious situations, including those with a migrant background, disabilities, yet YCs and CNK are rarely and inconsistently mentioned
	Office of the Ombudsperson for Children	▪ The strongest and most inclusive structure for child-friendly information and complaints mechanisms, allowing both individual and collective participation ▪ It operates through recurrent cycles (e.g., ENYA) to incorporate children's recommendations into EU and national debates, but does not yet systematically identify YCs/CNK as a separate group
	School/Education system	▪ It is one of the few structures where YCs and CNK are explicitly mentioned, along with children in

		precarious situations, children with disabilities, children from a migrant background, and those in alternative care ▪ Participation is primarily consultative and collective (e.g., student councils), with some child-friendly and very limited disability-friendly information
	Hospitals/Health sector	▪ It is among the least documented sectors for participation; only "other" children (patients) are mentioned; no references are made to YCs, CNK or other vulnerable groups ▪ Information is mostly in adult form; where present, participation is individual and consultative
	Courts/Refugee and asylum	▪ Focused on children in migration or protection proceedings, as well as those in precarious situations or alternative care. CNK are mentioned once, while YCs are not mentioned at all ▪ Participation is generally individual and consultative, with many instances of no participation and a strong reliance on information designed for adults
	Social Work	▪ The structure is the most inclusive for vulnerable groups: YCs, CNK, children in precarious situations, children with disabilities, children with a migrant background, and those in alternative care are all included ▪ Participation is mainly individual and consultative, with some collaborative elements and a mixed quality of complaints mechanisms (both child-friendly and adult-oriented)
Barriers to the inclusion of children	▪ Policy invisibility: YCs and CNK are absent or marginal in most EU-level documentation. When similar categories appear, they refer broadly to family situations, not to caring roles or specific rights. ▪ Unequal coverage across structures: Social work and ombudsperson structures encompass a wide range of vulnerable groups, but YCs and CNK are largely missing from youth councils, youth parliaments, health, and courts/asylum, resulting in patchy recognition and no coherent EU pathway for these children ▪ Adult-form and non-adapted information: Across the sectors, information is dominated by formats oriented to adults. Disability-friendly and easy-to-read materials are rare, particularly in health and courts/asylum, which undermines access for YCs with disabilities or language barriers ▪ Consultative, individualised participation: Participation is generally consultative and individual, with very few child-led examples (only in	

	youth parliaments) and limited scope for collective YC advocacy on the EU level ▪ Complaints mechanisms are not child-friendly: Apart from ombudspersons (and partly social work), complaints systems in schools, hospitals and courts exist, yet are not child-friendly, making them difficult for YCs and CNK to use independently ▪ Structural and socio-economic barriers: Urban concentration of opportunities, digital divides, language barriers, and a lack of targeted outreach mean that YCs in precarious or migrant families are least likely to access EU-level forums ▪ Project dependence: YC participation is currently project-driven and highly dependent on motivated NGOs and professionals, creating isolated good practices without long-term guarantees

Across the EU, young carers and children as next of kin remain largely invisible. They rarely appear as a named group in laws or strategies, and when they do, it is typically under broad labels such as "vulnerable children" or "families". Most of what is known about them comes from projects and research rather than stable systems that recognise and listen to them over time.

Examining the different structures in the table shows the pattern is repeated: children in general are mentioned, sometimes children in "precarious situations" or with a migrant background are included, but caring roles are scarcely acknowledged. Participation is mostly consultative and often individual. The Ombudsperson and ENYA processes are the closest to a solid, child-friendly route, while many other complaints and feedback systems are still designed for adults and too complex for children to use independently.

For young carers, this amounts to a double barrier: if their role is not named and recognised, and the information does not address them, they do not realise these spaces are intended for them. In turn, they are unlikely to come forward. The ideas in the table suggest a way forward: clearly name young carers and children as next of kin, more deliberately open up the existing EU and national structures to them, improve child- and disability-friendly information, and ensure that when they participate someone informs them of what has changed due to their input.

To overcome barriers, it is important to provide support that is both accessible and reliable. When support systems are under-resourced or poorly designed, they can seem confusing, inaccessible and untrustworthy, preventing YCs from meaningfully participating in decisions that affect their lives. Sufficient, well-structured support not only removes these barriers but also builds trust, encourages meaningful participation, and leads to positive outcomes.

2.3.4. ESTABLISHING ENABLING ENVIRONMENTS FOR MEANINGFUL PARTICIPATION

On the **individual level**, young carers' participation is shaped by skills, emotional resilience, and awareness of their rights – capacities that may be hindered by a caregiving burden, inadequate formal or informal support, or limited access to information. On the **relational level**, family interdependency, the protection of ill or disabled relatives, and the stigma associated with disclosing a care role or a care receivers' illness can restrict YCs' ability to claim space or voice and participate in decision-making in matters which impact their lives (Nap et al., 2020; Brolin et al., 2023; Brimblecombe et al., 2024). **Institutional factors** such as inflexible schooling arrangements, untrained educators or professionals, and fragmented health or social care services further limit opportunities for meaningful participation. In addition, norms and duties related to caregiving may reinforce their invisibility, while structural conditions such as legal frameworks, welfare provisions, and resource allocation play a crucial role in The foundation for supporting young carers and children with disabilities is based on legal and normative frameworks that establish their rights and guide professional practice. For example, in the United Kingdom, landmark legislation such as the 2014 Care Act and the 2014 Children and Families Act created explicit rights for young carers to be identified, assessed and supported. A central mandate of this legislation is the adoption of a whole-family approach, which calls for collaboration between adult and children's services to support the entire family rather than focusing solely on individual members (Brimblecombe et al., 2024). In Italy, young carers are not legally recognised, but some progress has been made on the regional level. The Emilia-Romagna region

determining whether their rights are adequately protected (Brimblecombe et al., 2024).

This means that to foster the meaningful participation of young people in caregiving roles, it is necessary to consider the social ecology of participation, stressing the embeddedness of vulnerable children and YCs in multiple spheres and their entitlement to participate in all of them. Several of the studies included in our review found that the sustainability of participatory mechanisms depends on resources and political factors (McAndrew et al., 2012; Phelps, 2017; Hultman et al., 2019; Nowak et al., 2020; Isma et al., 2023). At the same time, for participation to be sustainable it must be underpinned by policy and formal guidelines or protocols (Engwall & Hultman, 2020). This ecosystem cannot rely on one-off programmes or events; it must be built on sustainable practices, grounded in robust legal rights and clear policies that assure consistent support.

incorporated specific provisions for young carers with Law No. 2/2014, which formally recognises and regulates the role of informal carers and now also includes an article that explicitly addresses the unique situation of young carers. These national and regional policies are reinforced by international standards, most notably the UN Convention on the Rights of the Child, which provides a guiding rights-based framework for all actions concerning children (Isma et al., 2023; Garcia-Quiroga & Agoglia, 2020). The mentioned convention enshrines the right of children to express their views on matters that affect them and to have those views given due weight. Underpinning these legal instruments are key normative concepts that shape the philosophy of support, such as the principles of social justice (Phelps,

2017), agency, empowerment (Robinson & Codina, 2024; Phelps, 2017) and co-production (Brimblecombe et al., 2024). Together, these legal, theoretical and conceptual frameworks establish a system that is not only supportive and respectful of children's rights and capabilities, but also enacts and implements children's rights in accordance with their capabilities in every field in which they are involved.

The meaningful participation of YCs is not optional and, instead, essential for their well-being, development and the protection of their fundamental rights. As highlighted above, meaningful participation goes beyond simply listening to YCs or ensuring their presence in schools, social care, healthcare or legal settings. It involves creating genuine opportunities for them to influence decisions that affect their lives and the care they provide in ways that strengthen their agency and are safe, supportive and empowering. The standards for support outlined previously will not succeed if implemented without the active involvement of YCs, following the principle of **"Nothing about us, without us!"**. Involving YCs in the development of services and policies that impact their lives assures that support is relevant, tailored to their needs, and genuinely accepted, rather than imposed or tokenistic.

Participation must be guided by a child-first approach, making sure that young carers are not overburdened by their caregiving responsibilities and that their developmental needs are prioritised (Brimblecombe et al., 2024; Phelps, 2017; Stamatopoulos, 2018). Professionals should acknowledge and value the expertise, knowledge, and lived experiences of YCs, fostering their agency and empowerment while safeguarding them from potential risks such as excessive care demands, stress, or social isolation (Hanson, 2022; European Parliament, 2024). The wider environment surrounding YCs plays a key role in enabling their meaningful participation. Families, schools, communities, and service systems shape the conditions in which YCs can be heard and supported. Barriers must be removed on the structural and procedural levels, including ensuring access to safe and inclusive spaces, sympathetic and knowledgeable adults, and diverse communication formats. Policies, organisational structures, and relationships that are responsive, flexible and collaborative are critical for translating the conceptual principles of meaningful participation into practice. The following chapters will explore these contextual factors in detail, showing how the broader social ecology can either support or hinder meaningful engagement.

3. SOCIO-ECOLOGICAL SPHERES OF PARTICIPATION

Besides their personal characteristics, the lived experiences of young carers (YCs) are directly and indirectly influenced by their embeddedness in the social ecology (family, peers, institutions, local communities, national government, international community) (Lansdown, 2018, p. 12). Understanding these specific contexts is vital for designing interventions and measuring outcomes that are relevant and effective.

3.1 YC/CNK/vulnerable child

Lying at the centre of the model is the individual child. Their capacity and motivation to participate are driven by a set of core psychosocial mechanisms that constantly interact with their environment (Maciver et al., 2019). This includes a child's personal preferences, perceptions of self (including self-esteem and self-efficacy), the meaningfulness they attach to different activities, their communication skills, physical and mental state, and identification with various roles, such as the role of a YC, since these profoundly shape their choices and opportunities for their meaningful participation (Brimblecombe et al., 2024; Bowman Grangel et al., 2025; Ytterhus et al., 2025).

3.2 Family

The family sphere consistently serves as the primary mediator of trust and security for a young carer, whose opportunities for meaningful participation are often linked to the availability and adequacy of external support for the person receiving their care. For YCs, the family is often a site of considerable responsibility (Joseph et al., 2020; Nap et al., 2020; Brimblecombe et al., 2024). Their ability to participate at school, in social activities or hobbies often depends on the provision of adequate support for the family member they are caring for. Therefore, a whole-family approach or open dialogues is a precondition for the well-being and meaningful participation of YCs (Brimblecombe et al., 2024).

For children of parents with an illness, open and honest family communication is a critical protective factor. Interventions such as the Family Talk Intervention (FTI) (Bergersen et al., 2024) or Good Dialogues (Erikkson et al., 2024) can prevent emotional isolation by creating a safe space for dialogue and open communication among family members about the illness and its impacts. These interventions enable the child to share their fears and worries and have their voice heard in family decision-making processes.

3.3 Peers

Peers play a powerful two powerful roles. On one hand, peer support can be a vital facilitator of meaningful participation because finding others who have similar life experiences leads to a profound sense of belonging and validation, reminding children that they are not alone (McAndrew et al., 2012; Isma et al., 2023). On the other hand, peers can be a significant barrier since YCs and CNK often report experiences of bullying, social exclusion, and stigma connected to their caregiving role or family situation, which can negatively affect their well-being and hinder their participation (McAndrew et al., 2012).

3.4 Institutions

3.4.1 Children's Youth Council

Across the various contexts, even though children's and youth councils provide the most visible collective entry point for participation, they largely remain consultative and unevenly inclusive. EU-level data show limited attention to vulnerable groups within these structures, with multiple records only referring to generic "participants" rather than vulnerable children. **Young carers and children as next of kin are scarcely represented** in council-type mechanisms, while in several countries (e.g., Bulgaria, Sweden) they are not recognised as categories. Collective participation is more common in youth councils and similar forums than in individualised settings, although child-led participation is entirely absent, and consultative forms dominate. For example, in Flanders, youth councils are widespread and institutionally recognised, yet the evidence still points to information designed for adults and gaps for youth councils and children with disabilities; while child-friendly material exists, it is not prevalent. The Children's Youth Council records five consultative and four collaborative instances of participation, alongside two cases coded as "no participation", with participation being almost entirely collective (10 documents).

Information formats in the council structures are also skewed. In Bulgaria, for instance, council-related information is about 92.2% in a form designed for adults, with just a small share of child-friendly and virtually no disability-friendly adaptations. Complaints routes are rarely documented. On the EU level, only a single child-friendly complaints mechanism is recorded in youth councils, and in several national documents (e.g., Bulgaria, Sweden) no council-based complaints mechanisms are identified. These councils accordingly seldom fully function as child-friendly structures. In Flanders, while youth councils are widespread and institutionally recognised, and child-friendly information appears more often in youth council documents than in other Flemish structures, the evidence still shows information oriented to adults dominates overall, with gaps concerning youth councils and children with disabilities. Overall, although child-friendly material can be found, it is not common.

3.4.2. Children's Youth Parliament

Youth parliaments are the sole setting in which child-led participation appears at all, yet the practice remains fragile. On the EU level, child-led participation was identified a mere three times, all within Youth Parliaments. Children's involvement in parliaments is mainly collective, with 11 collective participation entries recorded for Youth Parliaments on the EU level, whereas individual forms are rare.

Formats are typically designed for adults and rarely disability-friendly. Italy's Youth Parliament material is exclusively in an adult format (one adult-format recorded but no child-friendly or disability-friendly formats), and Sweden reports that Youth Council and similar forums have no documented child- or disability-friendly formats, making accessibility unclear. In Slovenia, Youth Parliament outputs are among the few with systematic child-friendly information (13 entries identified as child-friendly), yet these do not translate into robust complaints pathways. EU-level complaints data show

that Youth Parliaments rely chiefly on non-child-friendly mechanisms (9 entries), with just one documented child-friendly complaints procedure overall. In the sample for Bulgaria, Youth Parliament documents generally refer to "all children" with limited differentiation according to vulnerability, but the materials largely continue to be in an adult format and adaptations are limited. Italian records show the parliament is present albeit narrow in scope, mainly focusing on adolescents in precarious family situations and offering little evidence of complaints or feedback systems. The cross-country qualitative synthesis makes it clear that these parliaments often prioritise articulate, urban youth and at the same time lack clear proposal-to-decision pathways.

3.4.3 Office of the Ombudsperson for Children Structures

Ombudsperson and commissioner offices are the **most advanced when it comes to providing complaints and participation mechanisms accessible to children**. On the EU level, Ombudsperson structures account for 40 child-friendly information entries and 6 disability-friendly formats, far more than courts, hospitals or schools. As regards complaints, the Ombudsperson records child-friendly procedures, with 29 explicitly accessible to "ordinary" children and 3 mechanisms accessible to all children, making it the strongest structure in the system. Collaborative participation is also the most frequent here, with 24 documents. EU-level data reveal a comparatively rich mix of child-friendly procedures, although gaps remain in some cases. In Bulgaria, the Ombudsman's child-specific online portal and the 116 111 helpline offer nationwide, confidential access. In contrast, sectoral services like schools and health rarely provide child-specific routes. Slovenia demonstrates substantial Ombudsperson output, mostly with collaborative child participation (24 entries), and 34 child-friendly and 11 disability-friendly entries. Flanders' Children's Rights Commissioner is a highly visible, cross-sector channel for complaints and recommendations, reinforced by youth-care legislation on minors' rights to information, voice and complaints. However, it is important to note that no disability-friendly complaints were recorded in any Flemish structure. Sweden's Ombudsman underscores systemic limitations, with fragmented responsibilities and procedures not consistently adapted to children, making remedies had to access in practice. Overall, Ombudsperson structures stand out as comparative strengths, although the quality of access still depends on national implementation and child-friendly design.

3.4.4. School/Education System

Schools are the most consistently present structures for participation, typically via pupil or student councils and mandatory forums, yet the quality of participation varies. EU-level data confirm that school participation is mostly consultative; collective forms such as councils are common, but disability-friendly access is scarce, and feedback loops are weak. **Children's participation in schools is more collective than in most other structures, but is rarely child-led**. As concerns information formats, schools reveal the dominance of information designed for adults. Italy's school records show nine adult-format and only four child-friendly entries, with no disability-friendly formats being identified. Slovenia legally

embeds school-level forums and evaluation or feedback duties, and the Child Advocate can support children's voices in complex cases, although referrals may arrive late. Bulgaria mandates school Public Councils with advisory seats for student self-government, but in practice they tend to be formalistic and adult-led. School information is about 92.2% in adult form, with child-friendly formats in second place and disability-friendly formats almost absent. Flanders requires that opportunities be provided for pupil participation, yet the identified documents show minimal coverage of vulnerable groups and the dominance of adult-format information.

Complaints mechanisms in schools are uneven. EU-level documents identify 12 school complaints mechanisms, all non-child-friendly. Slovenia mirrors this pattern with 12 non-child-friendly school mechanisms and no child-friendly alternatives. Bulgaria, Italy and Sweden are revealed to have no clearly documented school complaints routes, whereas in Flanders the documents contain no usable information on school complaints mechanisms, suggesting these routes are either not visible or not widely used by children.

3.4.5. Hospitals/Health Sector

Participation in health settings is mostly individual (child-professional), with **little evidence of child-friendly or disability-adapted formats**. EU-level data show that nearly all information for children in hospitals is in adult form, with very few materials being adapted. Participation is recorded as 100% individual in the documents, with no collective forums, stressing that participation is limited to one-to-one encounters rather than child-led or peer processes.

National data confirm this pattern. While Flanders' records include young carers and children in alternative care in health discussions, the documentation largely continues to be designed for adults. Bulgaria also shows the dominance of adult formats and limited adaptations, with disability-friendly formats appearing only in a dedicated disability mechanism. Complaints mechanisms in hospitals are also poorly adapted for children: on the EU level, four hospital complaints mechanisms are identified, among which all are non-child-friendly; Slovenia similarly records four non-child-friendly hospital mechanisms and none that are child-friendly or explicitly accessible to children.

3.4.6. Courts/Refugee and Asylum

Justice and asylum procedures are among the least child-friendly. EU-level documents indicate a strong reliance on information designed for adults, individual rather than collective participation and, in some cases, no participation at all, despite the high-stakes context. Participation in courts and asylum procedures is described in EU documents as **mainly consultative** (21 documents) **and almost entirely individual** (24 individual; no collective forms recorded). Bulgaria's records include certain child-friendly materials in courts and asylum procedures, but disability-friendly access is minimal, and complaints routes outside of ombudsman structures are scarce. The analysis highlights the language and bureaucratic barriers for migrant and asylum-seeking children (e.g., in Italy and Bulgaria), along with limited participation for unaccompanied minors in Swedish residential care, underscoring the gap

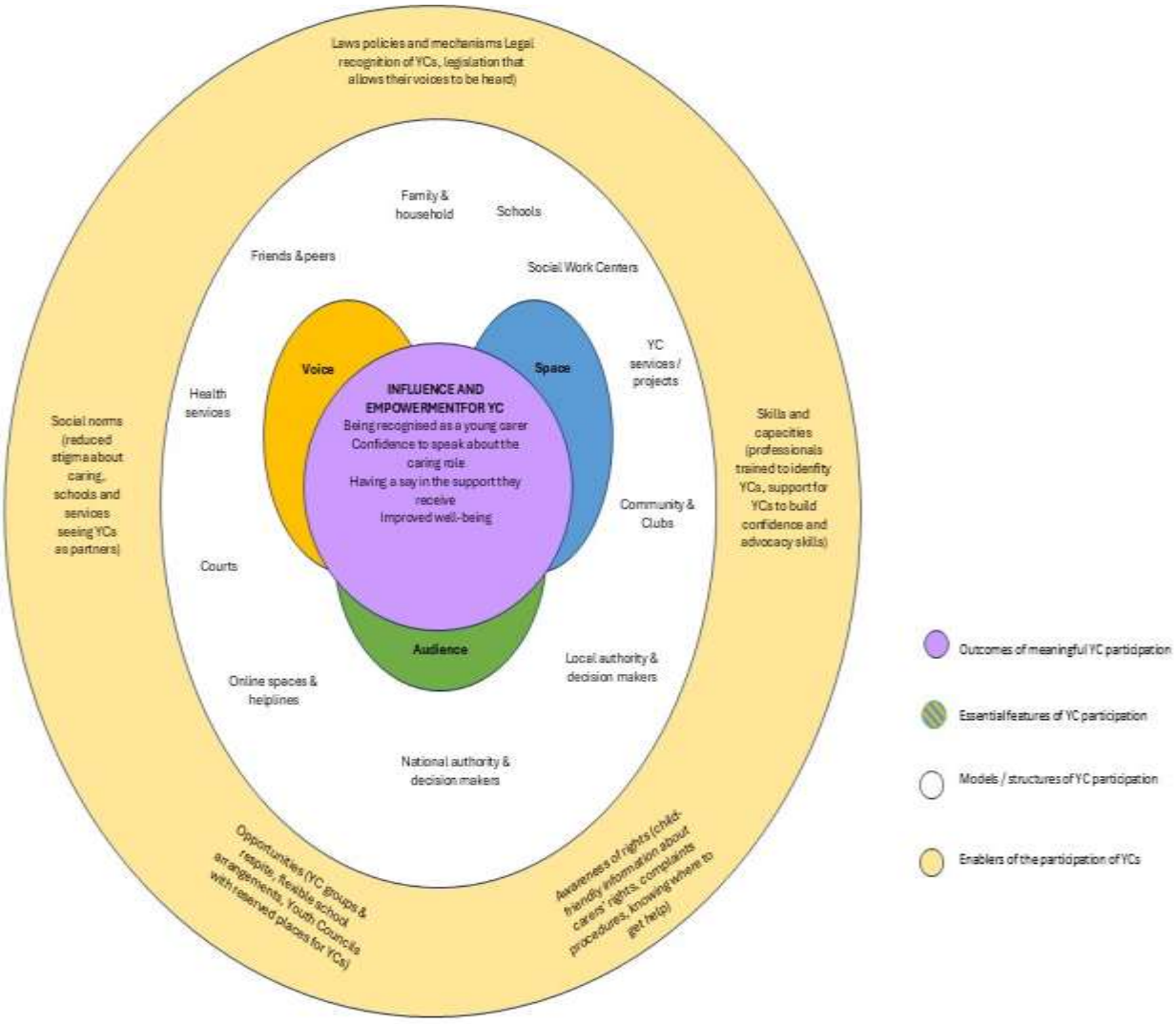
between rights in principle and accessible procedures in practice.

Complaints mechanisms are predominantly adult-centric: 19 non-child-friendly complaints mechanisms are identified in courts and asylum procedures on the EU level, with just 4 being accessible to 'ordinary' children. In Slovenia, the pattern is similar (19 non-child-friendly court mechanisms; 4 accessible to ordinary children), while in Bulgaria, Sweden and Italy no court-level complaints mechanisms are recorded apart from those linked to Ombudsperson structures. Records for Bulgaria include some child-friendly materials in courts and asylum procedures, yet minimal disability-friendly access; the data show that court information is divided roughly equally between adult and child-friendly formats.

3.4.7. Social Work

Even though social work settings demonstrate the broadest coverage of vulnerable groups and comparatively more child-friendly information, participation remains primarily consultative and largely individual. EU-level data indicate that social work documents address children in precarious situations, with disabilities, with a migrant or refugee background, and in alternative care. **Child-friendly materials are more common here than in the other sectors, although formats adapted for disabilities continue to be insufficient**. The documents reveal social work to be the strongest consultative field (31 documents), with collaborative modes present but less frequent, and participation overwhelmingly individual (39 individual and only 3 collective entries). Despite this, disability-friendly formats are still lacking. In Bulgaria, social work information is largely in adult form, with only limited child-friendly and almost no disability-friendly adaptations; consultative modes dominate (10 entries), and participation is mainly individual (9 individual and 1 collective). In Flanders, 10 adult-form and 3 child-friendly social work documents are identified, with notable gaps (4 'no awareness' and 1 'no information' entry), and participation is dominated by individual forms (14 individual vs 7 collective), notwithstanding the relatively strong attention paid to diverse vulnerable groups.

Complaints mechanisms exist in part, yet many remain oriented to adults. On the EU level, many social work complaints mechanisms are in place but not child-friendly; in Slovenia, 28 documents were identified as non-child-friendly, with 14 accessible to ordinary children and 1 case of “no mechanism”. In Flanders, the structure covers a broad spectrum (including YCs), with participation information often being accessible, but anchored in individual interactions and inconsistently linked to systemic feedback and change. Bulgaria reveals the same pattern: a broad 'all children' framing, few tailored adaptations, and reliance on the Ombudsman for accessible redress. Overall, social work is comparatively more aware of vulnerable groups and uses child-friendly formats more often than the other sectors, yet participation remains mostly consultative, individual, and weakly linked to systemic feedback and change.



Picture 4: Conceptual framework for measuring the outcomes of YC participation

4. CROSS-COUNTRY OVERVIEW – WHAT NEEDS TO BE DONE TO SECURE THE MEANINGFUL PARTICIPATION OF YCs AND CNK

Understanding the current landscape of child participation in the EU is essential for identifying gaps and barriers to their meaningful participation, together with areas where systems fail to meet the needs of young carers (YCs) to have their voices heard.

Findings from the cross-country analysis conducted within the OUR VOICES project reveal **barriers** that prevent these children from exercising their rights, along with **facilitators** that enable their voices to be heard in matters which affect their lives. The overarching findings of the five-country study show that the participation of vulnerable children, including YCs, where it exists, is largely consultative and adult-led. A consistent weakness across all of the contexts is the lack of child-friendly and disability-friendly information. Moreover, complaints mechanisms are weak and inaccessible to vulnerable children, with the notable exception of Ombudsperson offices, which stand out as the most advanced structures for providing child-friendly complaints pathways.

The following table summarises the status of YCs and the main participation weaknesses in each country studied.

Country/Region	Level (according to Leu et al., 2023)	Characteristics	Classification (according to Hlebec et al., 2025, based on Leu et al., 2023)
Italy	Level 5, Emerging	Not recognised in national law or policy; recognised on the regional level in Emilia-Romagna	Nationally: 5, Emerging; Regionally: 4, Preliminary
Slovenia	Level 6, Awakening	Not recognised in law or policy; has an increasing research base, growing specialist awareness of YCs, but no specific services	Level 5, Emerging
Sweden	Level 3, Intermediate	Not legally recognised, although there is growing awareness through research and pilot projects	Level 3, Intermediate
Flanders (Belgium)	Level 5, Emerging	Not legally recognised, yet there is growing awareness through research and pilot projects	Level 5, Emerging-Level 4, Preliminary

Bulgaria	Level 7, No response	Not recognised in law or policy, no research or structured professional awareness	Level 7, No response

4.1 Recommendations for Slovenia

Slovenia should move from relying on individual goodwill to **establishing a systemic foundation for child participation**. Strong initiatives often fade when they depend on a few highly motivated individuals; clear legal and administrative frameworks, multi-year budgets, and monitoring indicators should therefore be introduced for children's councils, parliamentary follow-up, referrals from the Advocate, and sectoral complaints mechanisms.

Slovenia should design with inclusion in mind from the outset by **adopting national minimum standards for accessibility**, including Easy Read, AAC, and interpreting, as well as outreach to rural areas and support for children from low socio-economic backgrounds, such as transport and data stipends. Priority should be given to children with disabilities and migrant or asylum-seeking children, who are currently the least reached.

Slovenia should **standardise child-friendly complaints and information** across health, justice/asylum, and social services by creating simple and clearly visible complaints 'ladders' (from the service to the Ombudsman) and by assuring that child-friendly information is provided at first contact, in multiple languages and formats.

4.2 Recommendations for Italy

Italy should make child participation **sustainable rather than project-based** by adopting a national strategy and a set of indicators for child participation. Each level of government (state, region and municipality) should be required to report annually on coverage, modes of participation (consultative, collaborative, child-led), forms (individual, collective), accessibility (including child- and disability-friendly formats), and the availability of complaints mechanisms. The Authority for Children and Adolescents (AGIA) should be mandated to coordinate this work and publish a national map of participation mechanisms and their results.

Italy should actively include children with disabilities, migrant and refugee children, young carers, and care-experienced young people by facilitating their participation through **tailored outreach** and small-group formats that fit with their everyday realities. The current Italian evidence base focuses almost exclusively on children in precarious family situations, and this scope must be broadened to cover all of these groups.

Italy should scale up proven local practices by moving successful initiatives such as Fuoriclasse in Movimento, youth hubs, and neighbourhood youth committees from pilot projects into stable public policy. This calls for clear regional guidance and co-funding so that promising practices do not disappear when short-term grants come to an end.

Italy should **guarantee accessibility and inclusion by design**ing and setting national minimum accessibility standards that

ensure child-friendly, disability-friendly, multilingual, and low-literacy formats. It should also invest in digital inclusion and provide dedicated funding for interpreting and mediation services, particularly in schools, the justice and asylum systems, and health services.

Italy should **invest in the skills** needed for meaningful participation by training teachers, social workers, municipal staff, and facilitators in rights-based, feedback-rich approaches to child participation. It should also fund peer facilitators so that participation spaces do end up becoming solely for the most articulate children but enable a wider and more diverse range of children to be heard.

4.3 Recommendations for Sweden

Sweden should **establish a visible, child-friendly entry point for complaints,** and standardise its display and use across sectors, while also publishing an annual 'what has changed' report to show children how their feedback has led to concrete improvements.

Sweden should ensure **inclusion by design** through national minimum standards for accessibility (including Easy Read, AAC, and interpreting), targeted outreach to newly arrived young people, and practical supports such as travel and data subsidies across councils, schools, health, and justice services.

Sweden should transform **successful pilots into stable policy** by scaling up the foster-care voice model, youth community developers, and regional health youth councils, supported by frameworknational standards and multi-year funding so these mechanisms become a routine part of the system.

Sweden should explicitly identify and address the 'missing' groups by tracking both the reach and impact for children with disabilities, migrant and asylum-seeking children, and children as next of kin or young carers who are recognised for information and support in health law but not as carers, and by setting measurable improvement targets for their inclusion.

4.4 Recommendations for Flanders (Belgium)

Flanders should **standardise accessibility** by issuing a one-page standard for child- and disability-friendly information, covering visual supports and multilingual formats, and require each participation structure to conduct an annual self-audit since materials designed for adults still dominate in practice.

It should **identify and proactively include the 'missing' groups of children** by systematically tracking and reaching out to children with disabilities, refugee and migrant children, young carers, and children as next of kin, as the latter two groups are currently hardly visible in the Flemish evidence and practice corpus.

Flanders should **make complaints mechanisms accessible** by pairing its strong legal framework (such as the Decree on the Legal Position of the Minor, and the Commissioner's mandate) with visible, child-friendly complaints entry points in every service, and an annual, child-friendly 'what has changed' report that consolidates the outcomes of complaints across sectors.

It should **protect what is already mandated and professionalise what remains project-based**. While councils and school participation duties are structurally embedded, NGO and project-driven innovations (such as UNICEF's "What Do

You Think?" and Cachet) require multi-year co-funding and integration into mainstream procedures to make sure their gains are sustained beyond grant cycles.

4.5 Recommendations for Bulgaria

Bulgaria should **standardise accessibility** by issuing a one-page national standard for child- and disability-friendly information and require each institution to conduct an annual self-assessment because information designed for adults still dominates across the sectors and formats accessible to children with disabilities remain rare.

It should **make complaints mechanisms usable everywhere** by pairing its strong national anchors (the Ombudsman and the 116 111 helpline) with visible complaints entry points in schools, health services, social services, and the asylum and justice systems, and by establishing a simple two-step complaints process (from service to Ombudsman) with complaint-status tracking accessible to children.

Bulgaria should **actively include children who are currently missing** from the documentation by tracking participation according to disability, migration and asylum status, geography, and poverty, noting that children as next of kin or young carers are not yet recognised, and by setting concrete outreach targets for rural areas and for children with disabilities and a refugee background.

4.6 Recommendations for the European Union

Young carers and children as next of kin should be **expressly named** in EU children's rights instruments (EU Strategy on the Rights of the Child, Child Guarantee guidance, CPP work plans), and all EU-funded participation initiatives should be required to report whether and how they reached these groups.

A **standing Youth Carers Advisory Group should be established on the** EU level, linked to Eurocarers and national partners, mirroring the European Patients' Forum Youth Group model, with confidentiality safeguards, flexible or online meetings, and outreach via schools and primary care.

ENOC and its European Network of Young Advisors should be invited to **include young carers and children as next of kin as a specific focus** in future cycles, adding anonymous referral options and school-based signposting so that caring roles can be disclosed and discussed safely.

Recruitment should be adapted for the Children's Participation Platform, the EU Forum on the Rights of the Child, and joint EU–CoE projects so that young carers and children as next of kin, children with disabilities, migrant and refugee children, and those living in poverty are actively identified through schools, social services, and health providers, rather than relying mainly on already-engaged adolescents and NGO networks.

A **standard should be established** that every EU-level or EU-funded consultation includes a simple, child-friendly 'what happens next' report, with examples that directly reflect what young carers and other vulnerable groups have proposed and what was (or was not) taken up.

4.7 The Support Available for Children and YCs

There is a layered set of support arrangements for children and young carers, which is **strongest where mandates exist**.

On the EU level, Article 24 of the EU Charter of Fundamental Rights and the EU Strategy on the Rights of the Child provide the normative backbone and explicitly address child participation, often referring to multiple vulnerable groups of children: "Children shall have the right to such protection and care as is necessary for their well-being. They may express their views freely. Such views shall be taken into consideration on matters which concern them in accordance with their age and maturity" (No. 1, Art. 24, EU Charter of Fundamental Rights). Mechanisms such as the EU Children's Participation Platform, linked to the European Child Guarantee and other EU policies, provide recurring opportunities for engagement and structured spaces for children's input.

Nationally and regionally, established supports include: Bulgaria's Ombudsman's child-specific online portal and the 116 111 helpline; Slovenia's multi-level Children's Parliament and Ombudsman's Child Advocate; Sweden's municipal and regional youth councils and the independent Children's Rights Bureau; and, in Flanders, legally backed municipal youth councils, school-based pupil participation, a regional Youth Council, an active Children's Rights Commissioner, and programmes such as Child-Friendly Cities (KVSG). These are complemented by NGO initiatives like UNICEF Belgium's long-running "What Do You Think?" and peer-led groups like Cachet in Flanders. While these supports exist, their sustainability and inclusiveness vary, and many mechanisms remain consultative rather than involving shared decision-making. Very few documented instances of child-led participation were identified – only three on the EU level and isolated Youth Parliaments nationally.

Support for young carers is uneven and mostly project- or region-based. The strongest clearest legal anchor appears in Italy's Emilia-Romagna region, which recognises young carers (up to the age of 24) and provides for their identification, their right to support, help with balancing education and care, and in the validation of caring skills, alongside local pilots (e.g., Bologna/Modena) offering school-based and mental health supports. National recognition is still lacking. Although Sweden does not legally recognise young carers, it has a comparatively rich ecosystem of research-driven pilots and tools (e.g., projects coordinated by the Swedish Family Care Competence Centre and Linnaeus University, such as ME-WE, EDY-CARE, CANOK) that develop psychosocial and school-based approaches for identification and support. In Flanders, awareness and data are improving and an NGO infrastructure exists (e.g., ZoJong! as an information and community platform), but there is no legal status, and policies are not yet structural; the Flemish Youth Council has consulted young carers but without sustained follow-up. In Slovenia and Bulgaria, young carers are not recognised in law or policy, and there are no systematic services. Support, where present, is indirect and not tailored to caring roles. EU-funded projects (e.g., OUR VOICES) and growing advocacy provide momentum, although formal, guaranteed inclusion supports for young carers largely continue to be absent.

5. MINIMUM SUPPORT STANDARDS

Below is a list of minimum support standards based on the literature and documents reviewed.

5.1 Recognition and Identification

Systematic Identification: to proactively identify YCs in all relevant settings, such as schools and healthcare services, rather than relying on self-identification. This requires training staff to detect the signs of a young caring role (Anaby et al., 2013; Engwall & Hultman, 2020; Krieger et al., 2018; Bailey et al., 2015; Smith, 2021; Garcia-Quiroga & Agoglia, 2020).

Formal Recognition: to advocate for and adopt official policies at organisational, local, and national levels that formally recognise YCs as a distinct group with specific rights and needs.

Adopting a 'Children First' Approach: to ensure that all support acknowledges and validates their caring role without overburdening them or defining them solely by it. The child's developmental needs must remain the central focus (Brimblecombe et al., 2024).

Move from Pilot Projects to Systemic Policy: to ensure their sustainability, proven models of support and participation for YCs must be embedded in stable public policy and practice, and provided with dedicated multi-year budgets and a clear legal basis.

5.2 Organisational Standards: Creating an Enabling Environment

Accessible YC-friendly Information: to provide clear, timely, age-appropriate information about rights, services, and participation opportunities for YCs. This information must be available in multiple formats to be accessible to make sure they are accessible for YCs in different caregiving situations.

Whole-Family Approach: to design and deliver services using a whole-family approach. Supporting the care recipient is vital for effectively supporting the YC and enabling their participation[3] (Carers Trust, 2020; Brimblecombe et al., 2024).

Child-Friendly Complaints Mechanisms: to establish, clearly communicate, and maintain formal, accessible complaints and feedback mechanisms that permit YCs to safely express their concerns and actively influence the support and services they receive.

Cross-Sector Collaboration: Schools, social care, health services and other relevant social actors should work closely together, sharing information and coordinating support, so that YCs receive consistent help and do not have to navigate support services alone.

[3] See the report from Carers Trust (2020) about the Whole-family approach for YCs here.

5.3 Practical standards: Ensuring meaningful participation

Training and Capacity Building: To provide mandatory, ongoing training for all staff in education, health, and social care sectors on children's rights and the specific experiences, responsibilities and challenges faced by YCs. Training should cover how to recognise and respond to the emotional, social and practical needs of YCs, and how to use flexible and adapted methods, such as drawing, mapping, storytelling, role-play, or digital tools, tailored to each YC's abilities, interests and life circumstances to facilitate their meaningful involvement in decisions about their care, education and support. This ensures professionals who come into contact with YCs are equipped not only to listen to them but also to create safe, inclusive and empowering spaces where their voices are genuinely heard and acted upon.

For YCs, meaningful participation also depends on the presence of **trusted, sympathetic and understanding adults** who listen, provide support, and create a safe space. These adults should use flexible communication, share decision-making power, balance protection by giving the YC agency, and work closely with colleagues. Participation is also stronger when YCs receive support from their parents, caregivers or peers, and when they receive clear feedback on how their views are used.

Respect the right of YCs not to participate: Professionals must always respect each YC's right to choose whether, when and how they wish to participate, allowing them to engage at their own pace and adjust their level of involvement over time.

Sharing Power and Co-Production: To move beyond simple consultative participation by actively involving YCs in all stages of service and policy development to enable collaborative or YC-led participation. This includes engaging them in designing, implementing and reviewing programmes, support services, and policies that directly affect their lives and caregiving responsibilities. Co-production also means establishing opportunities for YCs to shape priorities, suggest improvements, and evaluate the effectiveness of services, fostering a sense of agency and empowerment.

Provide prompt feedback and child-friendly complaints mechanisms: Ensure that YCs receive timely and clear feedback on how their views have been considered and the influence they have had on decisions affecting their care arrangements, school participation, and related matters. Research shows that when YCs understand that their contributions have a real impact, it increases their trust, motivation and willingness to participate (Phelps, 2017; Brimblecombe et al., 2024). In addition, accessible and child-friendly complaints mechanisms are essential since they provide a safe way for YCs to express their concerns, challenge decisions, and report issues without fear of negative consequences. Together, timely feedback and reliable complaints processes help YCs feel respected, valued and empowered, which is critical for their meaningful participation.

6. CONCLUSION

The minimum standards of support must be understood as the enabling conditions that transform participation from a theoretical entitlement into a lived reality. Supporting YCs to be involved in decisions that affect their lives is their right. Enabling their meaningful participation in different structures requires ongoing effort from everyone who works with them – teachers, healthcare staff, social workers, community professionals etc.

The key lessons arising from this study are ae follows. **Early and consistent support makes a significant difference. When young carers are identified and supported at the right time, they experience less stress, greater confidence, and are better able to succeed at school and in their day-to-day lives. Since young carers have many responsibilities, their participation must be flexible. They should have a genuine choice as to whether, when and how they take part, with the freedom to adjust their level of involvement as their circumstances or needs change. Trusted, sympathetic and knowledgeable adults – whether in schools, health and social care services, or within communities and families – play a vital role in listening, guiding and creating safe spaces in which young carers feel respected and valued.**

Although projects and local programmes can demonstrate what works, to have a lasting impact schools, health services, social care and community groups must work together to make these support and participation mechanisms sustainable and part of everyday practice. Coordination between the different services that work with YCs is essential to assure they are supported in all areas of their lives and that their voices are genuinely heard when decisions are being made about them.

Ultimately, meaningful participation occurs when YCs are treated as active partners in their own lives, not merely as children with special responsibilities. When professionals establish spaces that are safe, listen, provide clear guidance, and take the views of YCs seriously, their participation becomes meaningful. The challenge is to maintain this commitment consistently in a way that every YC feels supported, empowered, and able to thrive.

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