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OUR VOICES:
STAKEHOLDER CONSULTATIONS REPORT

Deliverable D.3.1

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Executive summary

Children and young people with caring responsibilities, often referred to as young carers (YC's), are affected by public policy more strongly than most children and youth across several domains at once: decisions in healthcare, education, social services, and youth policy can all bear directly and simultaneously on their daily lives. Yet they remain largely invisible within existing child and youth participation structures, the very structures meant to give them a say in those decisions, and some have no opportunity to take part at all. The OUR VOICES project works to close this gap by developing tested, replicable methods for including young carers in the decisions that shape their lives throughout Europe. This report, Deliverable D3.1, presents the stakeholder consultations carried out under Work Package 3 in three partner countries: Bulgaria, Flanders (Belgium), and Italy, the three countries where the WP3 pilot participation mechanisms will later be tested and provides the empirical foundation for the work that follows.

In April and May 2026, OUR VOICES placed young carers at the center of a multi-stakeholder consultation across the three countries. Young carers themselves were the primary voice; alongside them, three groups whose perspectives shape whether young carers' participation can be meaningful and safe were also consulted: their families, professionals across different domains (including education, social services, healthcare, and youth work), and policy and institutional stakeholders. Common tools developed at the project level, surveys and a semi-structured interview guide, were used so that findings could be compared across countries. Across all three countries, outreach used descriptive language about caring tasks rather than the label "young carer," in line with a self-identification approach, as many young people do not think of themselves through a term that, in much of Europe, carries no formal recognition. Across the three countries, the consultations gathered input from more than 200 survey respondents across stakeholder groups, together with five interviews with policy and institutional stakeholders. Given the small, non-representative samples involved, the figures are read throughout as a qualitative, illustrative basis rather than as a representative account for the work to come.

The consultations were not designed to generate new research about young carers but to ground the next steps of Work Package 3 in their lived realities. D3.1 is the empirical link in a deliberate sequence: building on the review of gaps and disparities in child participation mechanisms (D2.1) and the Young Carers' Minimum Support Standards and Child Participation (D2.2), it informs the design of the Engagement Framework (D3.2) and the selection of pilot mechanisms to be tested locally (T3.3).

Within those limits, three patterns recur across stakeholder groups and countries. First, a recognition gap rather than an absence of structures: child and youth participation mechanisms exist in all three countries, but none seem to currently address young carers as a distinct group, and professionals consistently name the difficulty of identifying young carers as the main barrier to engaging them. Second, a gap between being asked and being heard: young carers are given opportunities to speak more often than they feel genuinely listened to and rarely see their input lead to visible change. Third, stakeholders converge on a consistent set of conditions for safe and meaningful participation: young carers, families, and professionals independently identify the same enabling elements, namely privacy and confidentiality, flexible and low-burden formats, peer-based settings, and a trusted adult available during and after participation. Because these three groups identified the same conditions independently of one another, this convergence is a consistent signal for the design of the Engagement Framework and the pilots: its strength lies in the agreement across groups rather than in the size of any single sample.

These findings provide the starting point for the next phase of Work Package 3 within the OUR VOICES project. The Engagement Framework (D3.2) will translate them into design principles that deliberately leave room for local adaptation. The pilots (T3.3) will then test these principles in Bulgaria, Flanders (Belgium), and Italy, clarifying how national policy contexts, support structures, and local practices shape young carers' participation. Through this, OUR VOICES builds towards its overarching aim: making young carers' participation a routine, embedded feature of child and youth participation across the EU.

1. Introduction and Purpose

Children's right to be heard in matters that affect them is anchored in Article 12 of the UN Convention on the Rights of the Child and reflected in the EU Strategy on the Rights of the Child and the European Child Guarantee. Yet for children and young people with caring responsibilities, referred to as young carers (YCs), this right is unevenly realised: their visibility within child and youth participation structures remains limited, their caring responsibilities are rarely accounted for in how participation mechanisms are designed, and they are seldom recognised as a distinct group with specific needs and perspectives in policy design. The OUR VOICES project aims to address this gap by establishing effective, inclusive, and context-sensitive mechanisms for the engagement and participation of young carers in decision-making processes that affect their lives. This report presents the outcomes of the stakeholder consultations carried out in three partner countries: Bulgaria, Flanders (Belgium), and Italy, under Work Package 3 as the empirical foundation for that work. The OUR VOICES consortium brings together six organisations from five EU Member States; however the stakeholder consultations under Work Package 3 were carried out only in the abovementioned countries because these are the Member States in which the WP3 pilot participation mechanisms (T3.3) will subsequently be implemented. Conducting the consultations in the three contexts (Bulgaria, Flanders (Belgium), and Italy) ensures that the pilots are designed on the basis of evidence collected in these national and regional contexts.

The consultations were designed to ground the participation mechanisms to be developed under WP3 in the lived realities of young carers and the practical circumstances of the families and professionals around them. Four stakeholder groups were consulted: (1) young carers themselves; (2) their families; (3) professionals in different domains (e.g. education, social services, healthcare, and youth work) working with or around children and youth; and (4) policy and institutional stakeholders. Each group contributes a distinct perspective on the conditions under which participation can be meaningful and safe for young carers.

The consultations aimed to identify key barriers to participation, as well as enabling factors and existing opportunities that can be built upon. They sit at the centre of a logical sequence within Work Package 3: building on the review of gaps and disparities in child participation mechanisms (D2.1) and the Young Carers' Minimum Support Standards and Child Participation (D2.2), both completed in 2025, the findings of this report inform the design of the Engagement Framework (D3.2) and guide the selection and implementation of pilot participation mechanisms (T3.3) to be tested at the local level. The objective throughout is not to produce additional research about young carers but to generate tested, replicable methods for including their active voices in policy and service design.

This report is structured as follows: section 2 describes the methodology, tools, and outreach approach. Section 3 presents the descriptive output per stakeholder group for each country. Section 4 sets out the key insights from each group, organised around the themes that structured the consultation tools. Section 5 brings together cross-cutting themes within the separate countries/regions (section 5.1) and cross-country patterns (section 5.2). Section 6 describes contextual factors specific to each country that shape the interpretation of findings. Section 7 sets out the key takeaways for the WP3 Engagement Framework and the pilots, together with the limitations of the consultation.

1.1 National contexts

This subsection introduces the three national contexts in brief. A more detailed analysis of structural factors is provided in Section 6.

1.1.1 Bulgaria

In Bulgaria, children and young people with caring responsibilities remain largely invisible within policy, service provision, and child participation structures. There is currently no formal legal or policy recognition of young carers as a distinct group, and the term itself is not commonly used in public discourse or professional practice. For the purposes of the consultation, a descriptive approach based on caring responsibilities was therefore used to support understanding and self-identification among respondents. Awareness of the concept among professionals appears to remain limited, although some respondents recognised situations in which children may regularly provide emotional, practical or care-related support within the family.

The Bulgarian consultation was noteworthy because it combined perspectives from young people, families and professionals in a context where the concept of young carers is still relatively unfamiliar. It also highlighted the importance of using accessible and non-stigmatising language when engaging respondents, particularly young people, many of whom may not identify themselves through formal labels despite clearly describing caring responsibilities within the household.

1.1.2 Flanders (Belgium)

In Flanders, young carers receive growing policy and research attention but have not yet been recognised as a distinct group in a way that brings systematic identification or dedicated support. They are named as a vulnerable subgroup of informal caregivers in the Flemish Carers' plan (*Vlaams Mantelzorgplan*) and are the focus of project-based initiatives, such as the Caregiver-Friendly Schools project (*Mantelzorgvriendelijke scholen*), an initiative of Samana, and the regional Week of the Young Carer (*Week van de Jonge Mantelzorger*) in Flanders aimed at broadening awareness. However, this has not yet translated into systematic identification mechanisms or dedicated structural support for young carers as a distinct group. In higher education, a small number of institutions have introduced a specific student-carer status (*statuut student-mantelzorger),* and others extend access through broader special-circumstances frameworks; these arrangements meaningfully entitle student-carers to adapted study and examination conditions. Coverage remains uneven across institutions, however, so the support a young carer can access depends in practice on where they study. At federal level, Belgium's 2020 carer recognition certificate (*mantelzorgstatuut*) is in principle open to minors, but its main social benefits, including carer's leave (tied to employment) and the local carer's allowance (*mantelzorgpremie)*, are granted only in some municipalities, so they have limited relevance for most young people under 18. The Dutch-language term for young carer: '*jonge mantelzorger*' is gaining ground in research, policy, and practice but is not consistently embedded in service definitions, screening tools, or institutional registers.

Because there is no systematic pathway in Flanders through which young carers are routinely identified in services, recruitment could not rely on institutional referral routes, and reaching the group required dedicated outreach. A further obstacle is that caring is widely experienced as ordinary rather than as a distinct role. Outreach built around the label 'young carer,' therefore, risked missing precisely those who do not think of themselves in those terms. The consultation used a descriptive, self-identification approach instead: outreach materials described concrete caring responsibilities and tasks rather than asking young people to adopt the label (see section 2.2). Outreach worked primarily through ZoJong!'s existing networks of young carers, the Flemish OUR VOICES project partner and the only organisation in the Flemish Community dedicated specifically to young carers, run for and by (ex-)young carers and, through schools, a wider group; it did not, however, lower the threshold equally for the youngest children or for those outside existing networks, a limitation discussed in section 2.3 and revisited among the limitations in section 7.2.

1.1.3 Italy

In the Italian context, young carers (Giovani Caregiver) are not recognised by national law and are recognised only unevenly under a small number of recent regional laws. Formal recognition specific to young carers exists in the regional laws of Emilia-Romagna and Lazio, with substantial differences in definition, age range and potential support measures.

The OUR VOICES consultation in Italy was limited to the Emilia-Romagna context, where, since 2024, young carers have been formally recognised by Regional Law No. 5/2024 as young people or young adults (up to 24 years of age) who care for a non-self-sufficient loved one. This provides a clearer policy basis for recognising young carers than exists in many other parts of Italy. However, consultation findings suggest that formal recognition has not yet translated into systematic identification mechanisms or routine participation pathways across services. Many professionals reported uncertainty as to whether they worked with young carers, while only a minority indicated that young carers were regularly involved in participation or consultation activities within their organisations. Difficulties in identifying young carers and limited staff awareness were identified as key barriers to engagement. As one professional respondent noted, "the presence of young carers is only recently emerging and is therefore a relatively new reality, albeit one that is

increasingly attracting institutional attention." Consequently, recruitment for the consultation relied primarily on targeted outreach through existing networks rather than on established referral pathways.

2. Methodology and consultation approach

This section provides an overview of how the stakeholder consultations were implemented in the three partner countries. The consultations gathered structured input from four stakeholder groups: young carers (G1) ; families and relatives of young carers (G2); professionals in different domains (e.g. education, social services, healthcare, and youth work) working with or around children and youth (G3) ; and policy and institutional stakeholders (G4) , using common tools developed at the project level. The same tools were applied across the three countries to enable cross-country synthesis (section 5.2), while leaving room for context-sensitive implementation in each national setting.

2.1 Consultation tools used and design

Online surveys were conducted between 14 April and 12 May 2026 across the three countries. Interviews with policy and institutional stakeholders were conducted during 14 April and mid May 2026, with timing varying by country. Surveys and interview guides were developed in English at project level and translated into Bulgarian, Dutch, and Italian for use in the three participating countries. Where necessary, minor adaptations were made to terminology or implementation modalities in order to reflect national context and levels of recognition of children and young people with caring responsibilities, while preserving the core content and objectives of the tools.

2.1.1 Surveys

Three separate online surveys, one each for young carers (G1), families (G2) and professionals (G3), were developed in English at project level with input from all partners and then translated into Bulgarian, Dutch and Italian for use in the field. Each combined mostly closed questions, including multiple-choice items, with a small number of open-ended questions, and was completed on a voluntary and anonymous basis. Each survey was structured around a common set of themes (defined in advance from the project's focus; see Section 4), which also organises the presentation of findings in Section 4. This thematic alignment ensures comparability across stakeholder groups and across countries:

Young carers (G1):
- Theme A: Experiences of being listened to and what being heard means
- Theme B: Barriers to participation
- Theme C: Preferred ways of participating and engaging
- Theme D: Safety, trust, and safeguarding conditions

Children and young people who regularly support or care for a family member were consulted in each country through a dedicated online survey developed at project level. The survey was opened to young people from age 12; for cross-country comparability, the analysis sample was bounded at 18 years in Bulgaria and Flanders, consistent with the project's focus on children and young people under 18. In Italy, in line with Emilia-Romagna Regional Law No. 5/2024, the target group extended to young adults up to 24, and the Italian G1 figures are reported on that basis. In line with the project's approach, participation was based on self-identification: recruitment materials described caring tasks and responsibilities rather than asking respondents to label themselves as young carers. Consistent with this approach, the survey was deliberately kept open to all young people rather than restricted to those who already identify as young carers: an early screening question on caring responsibilities identified which respondents identified as having a caring role, while the rest of the survey stayed open to everyone regardless of their answer, so that taking part never depended on applying the label to oneself. The G1 analysis presented in Sections 3 and 4 is therefore restricted to respondents who confirmed regularly caring for a family member. While efforts were made to keep the language clear and the length manageable, a single version (translated in national languages: Italian, Bulgarian, and Dutch) was used across the full age range of respondents; the instrument was not age-differentiated, which likely affected accessibility for the youngest participants and is reflected in their underrepresentation in the sample.

Families (G2):

- General: Awareness of children's right to be heard and openness to participation
- Theme A: Main concerns raised
- Theme B: Conditions for acceptable participation
- Theme C: Support needs identified

The family survey was designed to complement the young carers' survey by capturing families' awareness of children's right to be heard, their attitudes towards participation, and the conditions under which they consider participation acceptable and beneficial. The survey was distributed online and addressed children's participation in decision-making and consultation processes related to policies, services and initiatives across school, healthcare, social service and local policy settings. In addition, the survey examined families' concerns related to children's participation, including potential emotional strain; time constraints linked to caring responsibilities; risks related to confidentiality or exposure; and the overall impact on family life, focusing on stigma. Particular attention was given to the conditions under which participation is considered acceptable and beneficial, such as the presence of appropriate safeguards, the involvement of trusted adults, and clear communication about the purpose and outcomes of participation activities. Like the other instruments, the family survey combined mostly closed questions with a small number of open-ended questions.

Professionals (G3):

- Theme A: Awareness and identification challenges
- Theme B: Institutional barriers
- Theme C: Training or capacity needs

The professional survey was designed to capture levels of awareness and identification of children with caring responsibilities, existing experience with child participation mechanisms, perceived institutional constraints, and capacity-building needs. Professionals from different domains (e.g. education, social services, healthcare, and youth work) working with or around children and youth were invited to take part via an online survey distributed through partner networks and professional channels. Responses provide an evidence base for understanding the systemic challenges and capacity gaps that currently limit the inclusion of young carers in participation processes, and directly inform the design of WP3 outputs as well as related capacity-building activities under WP4.

2.1.2 Interview guide

Policy and institutional stakeholders (G4) were consulted through semi-structured interviews organised around the same broad themes, focused on existing participation structures, institutional mandates and constraints, and entry points for embedding young carers' participation. The guide was developed centrally at project level and kept deliberately short and flexible: a small set of open prompts that interviewers could adapt to each stakeholder's mandate and context so that themes could be explored conversationally rather than through a fixed questionnaire.

2.1.3 Adaptations

No country made substantive changes to the standardised tools. Adaptations concerned the language and framing of the surveys, the Italian age range, and the way the tools were introduced and disseminated, rather than the content of the questions; the semi-structured interview guide (Annex D) was applied without country-specific changes. In all three countries, outreach and survey materials used a descriptive formulation based on caring responsibilities rather than the label 'young carer'. In Bulgaria, additional explanatory framing and informal discussions were used before survey completion, given the limited public familiarity with the concept. In Italy, one specific adaptation was made: the target group was extended upward to include young adults up to 24 years of age, in line with the recognition of young carers under Emilia-Romagna Regional Law No. 5/2024. Outreach and survey materials in Dutch consistently used the descriptive term young people with caring responsibilities *(jongeren met zorgverantwoordelijkheden*) rather than the Dutch term for young carer (*jonge mantelzorger*). For example, outreach asked whether young people regularly help care for someone with an illness, disability or other long-term condition, rather than

whether they considered themselves a ‘young carer’. The Dutch term is increasingly used in Flemish research, policy and practice, but it is not yet consistently embedded in service definitions and screening tools, and many young people do not think of themselves through it; descriptive language was therefore more likely to reach them, in line with the consortium's self-identification approach.

The full English consultation instruments are provided in the annexes to this report: the young carers’ survey (Annex A), the families’ survey (Annex B), the professionals’ survey (Annex C), and the policy and institutional stakeholder interview guide (Annex D).

Table 1: Summary of the consultation tools implemented in each country and the consultation periods.

Consultation tools used	Flanders (BE)	Bulgaria (BG)	Italy (IT)
Online survey young carers (G1)	Yes	Yes	Yes
Online survey families (G2)	Yes	Yes	Yes
Online survey professionals (G3)	Yes	Yes	Yes
Semi-structured interviews policy / institutional stakeholders (G4)	Yes (1 interview)	Yes (2 interviews)	Yes (2 interviews)
Adapted tools due to national context	Descriptive framing and pre-survey explanation; question content unchanged	Descriptive framing and pre-survey explanation; question content unchanged	Descriptive framing and age range extended to 24 (Reg. Law 5/2024); descriptive terminology
Consultation period	Surveys: 14 April–12 May 2026; interview: 18 May 2026	Surveys: 14 April–12 May 2026; interviews: April–May 2026	Surveys: 14 April–12 May 2026; interviews: April–May 2026

2.2 Ethical and practical considerations

Participation in the consultation was voluntary and based on informed consent. Respondents received clear information about the purpose of the consultation, how their input would be used, and their right to withdraw at any time without consequences. Specifically for survey respondents that are under the applicable national legal-age threshold, outreach partners and participating schools were asked to encourage young people to consult a parent, legal guardian or trusted adult before taking part; the threshold below which this applied followed national rules. Because the surveys were anonymous and collected no personal identifying information, and because respondents below the applicable national age threshold were encouraged to involve a parent, guardian or trusted adult before taking part, the consultation did not rely on separate written parental consent for completion of the anonymous survey. Organisations disseminating the survey were assumed to apply their own established safeguarding procedures. Ethical considerations were addressed through the participation information sheet and in line with the GDPR. A designated project contact was available to respondents who had questions or wished to follow up.

The closed survey questions in the young carers’ survey were deliberately confined to participation experiences (being heard, preferred ways of engaging, conditions for safe participation) and did not ask about specific care tasks, care burden, diagnoses or family circumstances in order to keep the emotional load on respondents proportionate to the purpose of the consultation. The surveys did not ask about specific caring situations as a data category; they did, however, include optional open-text fields in which respondents were able to describe their situation in their own words. Such responses were treated as potentially sensitive: they are not reported in any combination of attributes that could identify an individual, and where they are drawn on in section 4 they are paraphrased or quoted only in short, non-identifying form.

All data were collected and processed in accordance with the GDPR. No personal identifying information was collected, stored or reported, and the closed survey questions did not capture the specific caring context (such as the relative being cared for, the type of condition, or the household composition), so that closed-question responses cannot be linked back to individuals through combinations of attributes. Where open-text answers contain such detail, it is not reproduced in any form that could identify a respondent. Data are used solely for OUR VOICES' purposes and handled securely by the responsible project partners.

On a consortium level partners agreed to use a descriptive approach based on caring responsibilities, rather than the term 'young carer', in the consultation tool for young carers. This left room for national contexts where the term 'young carer' is not commonly used or formally recognised. Beyond reducing the risk of exclusion and respecting differences in terminology, the approach also recognises the right of young people not to be labelled in ways they may not choose for themselves, particularly where the label carries no formal recognition or entitlements.

2.3 Outreach approach and limitations

This subsection describes how each of the four stakeholder groups were reached in each country and the main access limitations encountered. The differences in outreach routes and reach explain much of the variation in sample sizes reported in Section 3 and should be kept in mind when reading the findings.

The age range of the consultation also merits a brief note. In line with the project's focus on children and young people under 18, the consultation targeted this age group, and a single standardised survey instrument was used for young carers across the full age range. Developing separate age-adapted instruments was not feasible within the short consultation window; a single shared instrument was prioritised so that responses would remain comparable across stakeholder groups and countries, with age-appropriate and, where relevant, co-designed tools planned for the pilot phase, where they can be developed and tested properly.

This had consequences at both ends of the range. At the lower end, the instrument was not differentiated by age and proved less accessible to the youngest children than to adolescents, which is reflected in the underrepresentation of the youngest respondents in the young carers (G1) sample. This stems from a survey-design limitation: a single instrument was used across the full age range and was not age-differentiated or routed by age, and it was left accessible to respondents older than the intended group; sharper age targeting and age-appropriate instruments are a priority for the pilot phase. At the upper end, because the instrument was not capped by age in any country, it also reached respondents aged 18 and over, in practice up to age 30. These respondents were excluded from the analysis sample, with one deliberate exception: in Emilia-Romagna (Italy), where Regional Law No. 5/2024 recognises young carers up to 24, respondents above 18 were retained in the Italian G1 sample, which is reported in narrative form only given its very small size. As a result, the G1 sample includes a small number of young adult respondents alongside adolescents. The findings should be interpreted in light of this age composition. Sharper age targeting, together with age-appropriate and, where relevant, co-designed formats and tools, particularly those that genuinely reach younger children, is a concrete priority for the pilot activities under T3.3.

2.3.1 Bulgaria

In Bulgaria, outreach to young people was carried out primarily through collaboration with schools and educational professionals, which proved particularly important for reaching a relatively high number of respondents in the young carers' consultation. Teachers, school psychologists and other education professionals supported the dissemination of the survey among students and facilitated access to young people who may provide regular support or care within the family. Additional outreach took place through professional networks connected to youth work, social support and mental health. Families and professionals were reached mainly through existing organisational contacts, professional mailing lists and online dissemination channels. Policy and institutional stakeholders were approached directly through targeted invitations.

The consultation highlighted both the value and the limitations of school-based outreach. While schools enabled broad access to young people, many respondents were not familiar with the concept of young carers prior to the consultation and did not necessarily identify themselves through that terminology; the survey

therefore relied on descriptive explanations of caring responsibilities rather than formal labels. As envisaged under the project methodology, training activities for professionals under Work Package 4 were carried out before the consultation surveys, which supported the consultation process, particularly among professionals already familiar with the concept.

Some limitations were also encountered. The age distribution of respondents in the young carers' survey was concentrated mainly among adolescents aged 15–17. In the professional consultation, respondents from the education sector were more strongly represented than respondents from healthcare or social care services: teachers and educational professionals represented the largest group (13 of 27 respondents), while only one healthcare professional participated.

2.3.2 Flanders (Belgium)

In Flanders, outreach for the young carers' survey started with direct mobilisation through ZoJong!'s own community of young carers and (ex-) young carer volunteers, mainly via online channels, and then widened through partner organisations in schools, youth work, social and family services, and healthcare. Recruitment materials described caring responsibilities and tasks rather than using the term 'young carer', so that young people could recognise themselves through what they do rather than through a label. Families and professionals were reached mainly through existing organisational contacts, professional mailing lists and online channels. Policy and institutional stakeholders were approached directly by ZoJong! through existing project and advocacy contacts.

Several access limitations should be acknowledged. School-based recruitment, intended as a main channel, proved difficult to organise systematically within the available timeframe: uptake was uneven and dependent on individual schools. Reaching younger respondents and those outside ZoJong!'s existing community was also challenging. Outreach to families remained limited, resulting in a very small G2 sample. The professional (G3) sample is concentrated in social services and welfare-adjacent roles, with youth work, education and healthcare underrepresented; this reflects the partner networks through which the survey was shared. As noted in the age-range discussion above, the survey itself remained accessible to respondents older than the intended group, so the Flemish G1 analysis is restricted to those aged up to 18 to keep it consistent with the comparison frame. Taken together, these limitations mean the Flemish samples are best read as a bottom-up, qualitative basis for pilot design rather than as a representative account of young carers, their families or the professionals around them.

2.3.3 Italy

In Italy, the stakeholder consultation involved young carers, family members, professionals and policymakers through direct contact and dedicated email outreach. The online training activity envisaged by the project also provided an opportunity to involve additional professionals from different fields and provinces of the Emilia-Romagna region.

Reaching the various target groups was not straightforward. Policymakers and professionals were generally willing to take part because they were already attentive to the topic of young carers' participation; involving family members and young people proved more complex. The young carers and family members who took part were already among ANS's stakeholders and aware of the project. Very young people were not included in the survey because the questionnaires were considered too difficult and not suitable for them. As a result, the number of young carer responses was limited to four. The Italian young carers' sample is therefore very small and is reported in narrative form only; it should be read as illustrative qualitative input from a small group of young adult carers rather than as a representative account.

3. Stakeholder Groups Engaged

This section presents the descriptive output of the stakeholder consultations in the three partner countries. For each stakeholder group, the sample size, key characteristics, and selected descriptive results are presented. The purpose of this section is purely descriptive; thematic interpretation and synthesis follow in Section 4.

Note on comparability. The three national samples differ substantially in size, age profile and recruitment route, reflecting different national conditions and outreach capacities (see section 2.3). They are presented side by side to allow thematic comparison, but they are not statistically representative, are not weighted, and are not pooled into a combined dataset. The analysis throughout is thematic and descriptive rather than statistical: where numbers or proportions appear, they simply describe how many respondents in a given sample gave a particular answer and are not tests of significance or estimates that can be generalised to the wider population.

Table 2: Overview of consultation participation by stakeholder group and country. Samples are small and non-representative; see Section 2.3 for outreach routes and limitations.

Stakeholder group	Bulgaria	Flanders (BE)	Italy
Young carers (G1): survey	55 collected; 52 valid screening; 43 confirmed caring; analysis n = 43 (aged 13–17; n = 49 for age-based items)	111 reached; 99 screened; 58 confirmed caring; analysis n = 48 (aged 14–18)	4 collected; 3 confirmed caring; analysis n = 3 (aged 19–25; narrative only)
Families (G2): survey	17 collected	7 consented (6 screened; 4–5 valid per item)	7 collected
Professionals (G3): survey	27 collected	51 consented (35–45 valid per item)	13 collected
Policy / institutional stakeholders (G4): interviews	2 (local)	1 (regional)	2 (local + regional)

3.1 Children and young people with caring responsibilities (G1)

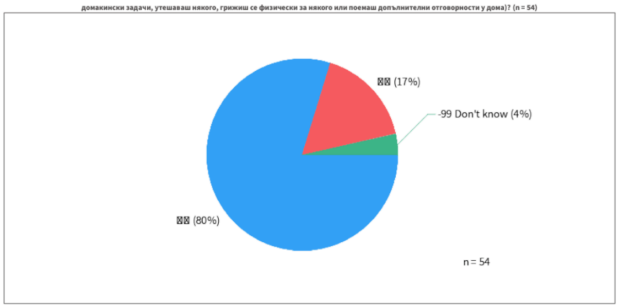
Young carers themselves are the central voice of this consultation. Their input establishes the first-person evidence base for how participation is currently experienced by children and young people with caring responsibilities, what they identify as meaningful engagement, and the conditions under which they would consider taking part in decision-making processes that affect their lives.

3.1.1 Bulgaria

Tool used: online survey. Responses collected: 55; valid responses to the core screening question: 52. Final analysis sample: n = 43 young carers with confirmed caring responsibilities (aged 13–17; n = 49 for age-based items).

The age range of respondents was 13–17 years (n = 49); a very small number of responses from participants above 18 years of age (n = 3) were excluded from the age-focused analysis. Of the 52 valid participants, 43 reported regularly helping or caring for someone within their family, 9 answered negatively and 2 selected “don’t know”.

РАЗДЕЛ А -ЗА ТЕБ Понякога млади хора като теб помагат или се грижат за някого в своето семейство -например родител, брат или сестра, баба или дядо или друг роднина -защото този човек е болен, има увреждане, преживява трудности, свързани с психичното здраве, има проблеми, свързани с употребата на вещества, или се нуждае от допълнителна грижа или подкрепа. Наричаме тази помощ и подкрепа „грижа ". Редовно ли помагаш или се грижиш по този начин за някого в семейството си (например помощ с домакински задачи, утешаваш някого, грижиш се физически за някого или поемаш допълнителни отговорности у дома)? (n = 54)



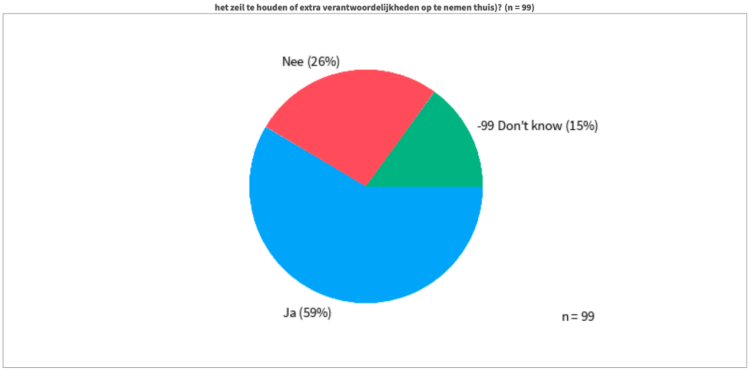
3.1.2 Flanders (Belgium)

Tool used: online survey. Valid responses to the core screening question: 99. Final analysis sample: n = 48 young carers aged 14–18.

The survey reached 111 respondents, of whom 109 gave consent and 99 went on to answer the screening question on caring responsibilities. Of those 99, 58 respondents (59%) reported regularly helping or caring for a family member; 15 (15%) answered 'I am not sure' and 26 (26%) answered 'No'. Because the survey was open to all young people and not routed by the screening answer, the analysis in Section 4 is built on the respondents who confirmed caring responsibilities.

Of the respondents who confirmed caring responsibilities and gave their age (n = 56), 48 fell within the comparison scope (up to 18 years). Eight young adult carers aged 19–23 were excluded from the analysis sample. The final G1 analysis sample is therefore n = 48. Respondents were aged 14–18; no respondents aged 12–13 took part, and the sample is concentrated in early adolescence (age 14: n = 15; age 15: n = 12), so the findings speak mainly to that age group. Respondents reported hearing about the survey via school (87%) or social media (13%).

Sectie A -Over jou Soms ondersteunen of zorgen jongeren voor iemand in hun familie of omgeving, zoals een ouder, broer of zus, grootouder of ander familielid, omdat die persoon ziek is, een beperking heeft, psychische problemen ervaart, een verslaving heeft of extra zorg of ondersteuning nodig heeft. We noemen deze hulp en ondersteuning "zorgen voor iemand" . Help jij regelmatig iemand in je familie of omgeving op deze manier (bijvoorbeeld door te helpen in het huishouden, er emotioneel te zijn als die persoon het moeilijk heeft, een oogje in het zeil te houden of extra verantwoordelijkheden op te nemen thuis)? (n = 99)



3.1.3 Italy

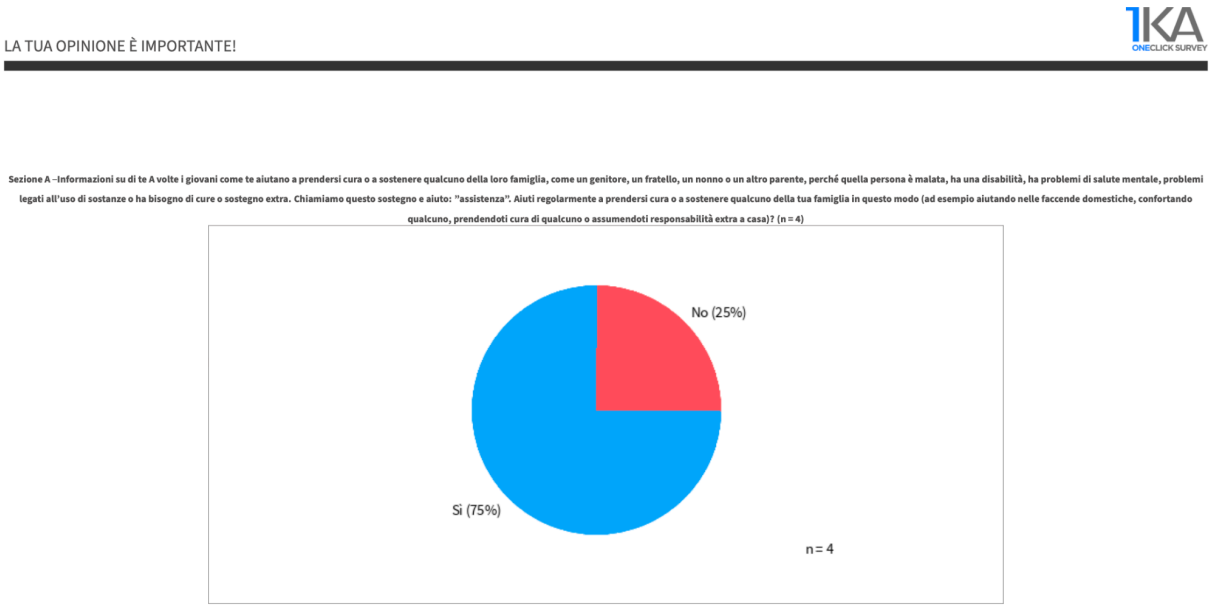
Tool used: online survey. Responses collected: 4, respondents aged 19, 24 and 25.

Three respondents reported regularly helping or caring for a family member, while one respondent did not identify as having caring responsibilities.

Given the very small number of participants and the absence of younger adolescents within the sample, the Italian G1 findings are treated throughout as illustrative qualitative input rather than as representative evidence regarding young carers in Emilia-Romagna or Italy more broadly.

The respondents generally described participation experiences that were moderately positive but limited in depth. Half reported that they “sometimes” had the possibility to express their views in decisions affecting them, while the other half answered “often”. Most participants also felt that adults only “sometimes” took their opinions seriously and that feedback after participation remained inconsistent.

When asked where they felt listened to, respondents referred mainly to youth activities, peer environments and family settings rather than formal institutional contexts such as schools or services. Although highly limited in scope, the findings align with broader cross-country patterns suggesting that young carers may feel more comfortable participating in informal, relational and peer-based environments.



3.2 Families and relatives of children and young people with caring responsibilities (G2)

Families (relatives in the broader sense) often provide the immediate context in which young carers grow up and the most proximate enabling or constraining force for participation outside the home. Their views are therefore crucial to be taken into account when designing participation mechanisms or activities for children and young people with caring responsibilities.

3.2.1 Bulgaria

Tool used: online survey. Responses collected: 17.

Valid responses to individual questions were lower than the number of responses collected; where frequencies are cited in Section 4, they refer to the valid responses for that question. Given the modest sample size, incomplete item response, and non-representative consultation design, the findings should be interpreted with caution and read as illustrative of family perspectives rather than as representative of families of young carers in Bulgaria.

3.2.2 Flanders (Belgium)

Tool used: online survey. Sample size: n = 6 screened; n = 4–5 valid responses per question.

7 respondents consented to take part; of these, 6 confirmed at the screening question that a child or young person in their family regularly cares for a relative. Across the thematic questions, valid responses range from four to five depending on item completion. Given the very small sample, findings for G2 in Flanders are reported in narrative form only and should be read as illustrative of family perspectives rather than as representative of Flemish families of young carers.

3.2.3 Italy

Tool used: online survey. Responses collected: 7.

The Italian family survey gathered seven responses. Given the small sample, the Italian G2 findings are reported in narrative form only and should be read as illustrative of family perspectives rather than as representative.

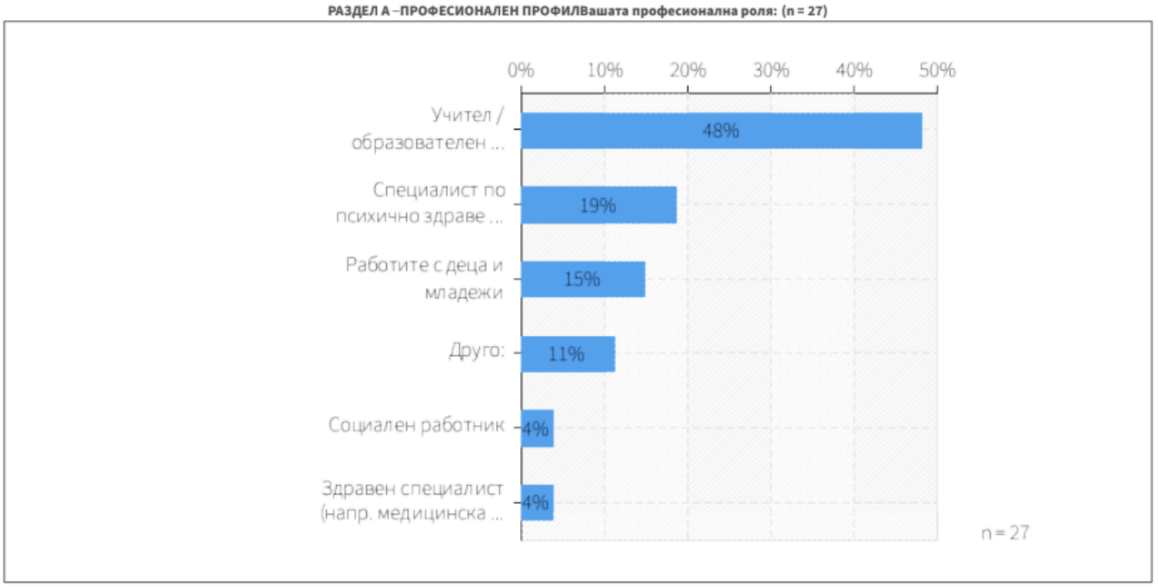
3.3 Professionals (G3)

3.3.1 Bulgaria

Tool used: online survey. Responses collected: 27.

Participants represented a range of professional sectors, including education, social services, healthcare, mental health, and youth support services. Reported professional roles included teachers and educational professionals (n = 13); mental health professionals, such as psychologists, psychotherapists and counsellors (n = 5); professionals working with children and young people (n = 4); social workers (n = 1); healthcare professionals (n = 1); and an 'other' category (n = 3), including a speech therapist and a parent. Teachers and educational professionals represented the largest group of respondents.

The findings suggest that awareness of the concept of young carers remains limited and that participation mechanisms involving young carers are not yet systematically embedded within institutional practice in Bulgaria.

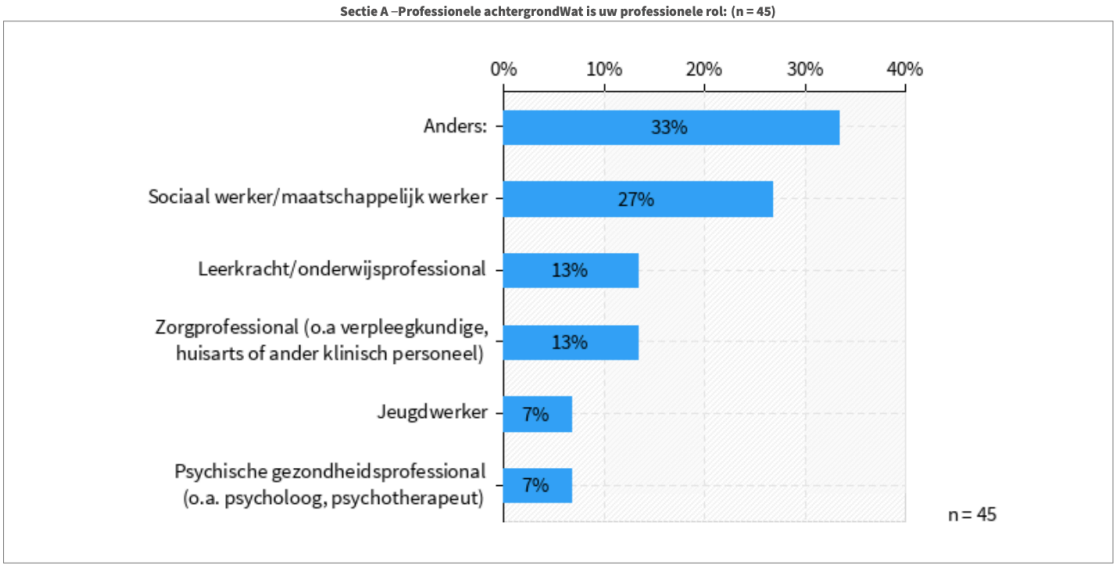


3.3.2 Flanders (Belgium)

Tool used: online survey. Sample size: n = 51 consenting respondents; valid responses range from n = 35 to n = 45 across questions, depending on item completion.

Participants represented a broad range of sectors (based on 45 valid answers to professional roles): social welfare and social work; education and student support; healthcare and primary care; youth work and family support; mental healthcare; justice services; and policy or coordination services. Reported professional roles

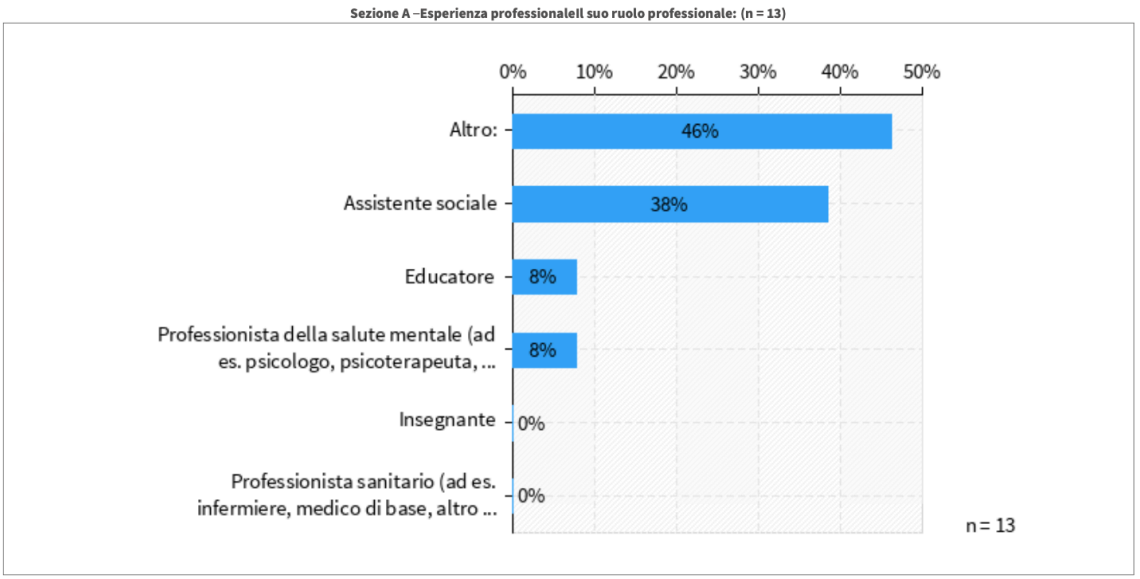
included social workers (n = 12); teachers and educational professionals (n = 6); youth workers (n = 3); mental health professionals (n = 3); healthcare professionals (n = 6); and a sizeable 'other' category (n = 15), made up largely of CLB staff (pupil guidance centres, the Flemish school-linked support service), primary care zone coordinators (Eerstelijnszones), a justice assistant, CAW coordinators (general welfare services) and policy officers.



3.3.3 Italy

Tool used: online survey. Responses collected: 13.

Participants represented a range of professional sectors, including social services, education, mental health, and policy or public administration. Reported professional roles included social workers (n = 5); service managers, coordinators and public officials (n = 6); educators (n = 1); and mental health professionals, such as psychologists (n = 1). The sample therefore brought together perspectives from professionals working directly with children and families as well as those involved in service coordination and policy development.



3.4 Policy and institutional stakeholders

Policy and institutional stakeholders are the actors whose mandates shape or could be extended to shape how children and young people with caring responsibilities are recognised and engaged in decision-making. Semi-structured interviews using the common interview guide (Annex D) explored existing child and youth participation mechanisms at local and regional levels, institutional mandates and constraints, and concrete entry points to embed young carers' participation within current policy and governance frameworks. The interviews also examined the extent to which young carers are currently recognised within existing participation structures and the conditions under which their participation could be supported in a safe, meaningful, and sustainable way. This stakeholder group provides the policy-aligned counterpart to the experiential and institutional insights captured in the surveys. The perspectives of policy and institutional stakeholders provide important contextual insights for the development of realistic and policy-aligned participation mechanisms under Work Package 3.

3.4.1 Bulgaria

Tool used: semi-structured interviews. Number of interviews: 2. Level: local. Mode: online

Two interviews were conducted with local government representatives in the municipality of Karnobat: one with the Mayor and one with a Municipal Councillor. The interviews followed the common project interview guide developed for policy and institutional stakeholders.

Karnobat was selected because the municipality has an established collaboration with the Bulgarian project partner through previous social and community initiatives and was willing to engage with the consultation within the project timeframe. The selected stakeholders were chosen because of their direct involvement in local decision-making and their ability to provide insights into how children's participation and support for vulnerable groups are addressed at municipal level. Their perspectives were considered relevant for exploring opportunities and challenges related to the recognition and participation of young carers within local policies and services.

3.4.2 Flanders (Belgium)

Tool used: semi-structured interview. Number of interviews: 1. Level: regional. Mode: online.

One interview was conducted with the Flemish Children's Rights Commissioner, the independent ombuds institution attached to the Flemish Parliament with a mandate to monitor and advise on children's rights across all policy domains. Due to time constraints during the consultation period, no additional interviews could be carried out. Outreach was made to several further stakeholders, including municipal councillors and officers responsible for policy domains such as youth, welfare, and participation and the Flemish secondary school student representative body (*Scholierenkoepel*); several responded positively but were unable to participate within the timeframe. The broader institutional dimension is therefore taken forward in T3.2 and T3.3 rather than fully captured here. The Flemish Children's Rights Commissioner was selected because of the office's institutional mandate as the independent ombuds body advising the Flemish Parliament on children's rights across all policy domains; this offers a cross-cutting policy perspective relevant to embedding young carers' participation in existing rights-based frameworks.

3.4.3 Italy

Tool used: semi-structured interviews. Number of interviews: 2. Level: local and regional. Mode: online.

Two interviews were conducted: one at local level with the Local Health Authority of the Province of Modena, and one at regional level with the Office of the Regional Ombudsman for Children and Adolescents of Emilia-Romagna. These stakeholders were selected because of their recognised role in the development, implementation and oversight of policies and services affecting children, young people and families. Both organisations were also familiar with the project and demonstrated a particular interest in the themes of young carers and child participation. Including stakeholders from both local and regional levels made it possible to capture perspectives from different levels of governance and service delivery.

4. Key Insights and Outcomes

This section synthesises the key insights from the stakeholder consultations, organised around the common themes that structured the consultation tools (see section 2.1). The themes follow directly from the project's

research focus on the conditions for meaningful young carer participation and build on the gaps identified in the WP2 mapping of child participation mechanisms. Three core dimensions structure the analysis across all stakeholder groups: (1) barriers that limit participation, (2) enablers, formats, and support needs that would make participation feasible, and (3) the contextual and institutional conditions surrounding both. These three dimensions regroup, at analysis level, the group-specific themes set out for each consultation tool in Section 2.1; the themes were defined a priori from the project's research focus and the WP2 gaps rather than derived inductively from the responses. Within this shared frame, the thematic structure was adapted to what each stakeholder group is best positioned to speak to. For young carers (G1), an additional theme captures their experiences of being heard, and another addresses safety, trust, and safeguarding conditions specifically, dimensions that the young people themselves identified as central. For families (G2), themes also surface their concerns about participation; for professionals (G3), an awareness and identification dimension reflects the practitioner standpoint. Open-ended survey responses informed the substantive content within each theme. Section 4.4 (policy and institutional stakeholders) departs from this structure given the smaller number of interviews.

For each stakeholder group, findings are presented per country. The aim is to identify recurring patterns, common concerns, and points of convergence. **Where exact frequencies (how many respondents in a sample gave a particular answer) are available, they are reported; where samples are small, findings are described in approximate or narrative terms.** Cross-country synthesis is reserved for section 5.2. Respondents could skip individual questions, so the number of valid responses varies by item; where a frequency is reported, the valid n for that item is given, and any proportions refer to that item-level n rather than to the total number of responses collected.

4.1 Key insights from children and young people with caring responsibilities (G1)

Findings are organised around Themes A–D. The Flemish findings draw on n = 48 respondents aged 14–18; the Bulgarian findings draw on n = 52 valid responses, of which n = 49 were aged 13–17 and n = 3 were above 18 years of age; and the Italian findings draw on a small group of 4 young adult carers, reported in narrative form only.

4.1.1 Bulgaria

Findings below are based on n = 43 children and young people who reported regularly helping or caring for someone within their family. Among those who provided their age, respondents were predominantly aged 13–17 (n = 39), with a small number of older respondents also participating (n = 3; aged 20, 29 and 30). Valid responses varied across questions depending on item completion. The sample was reached through online dissemination channels and should be read as indicative rather than representative of young carers in Bulgaria.

Theme A: Experiences of being listened to and what being heard means. The findings suggest that young people most often feel listened to in close personal environments, particularly by friends and family members, while institutional settings such as schools or public services were mentioned less frequently. Experiences of participation varied considerably: some participants reported that adults often listen to them, while others felt that their opinions are only sometimes taken seriously or do not lead to visible change.

Open-text responses showed that "being heard" was closely associated with respect, understanding and recognition. Young people emphasised the importance of adults genuinely listening, reflecting on their opinions and responding meaningfully. As one respondent noted:

> *"Being heard means people taking your opinion seriously and respecting it."* (young carer, Bulgaria)

Theme B: Barriers to participation. The survey identified several barriers affecting participation. Young people referred to lack of time, tiredness, emotional pressure and difficulties balancing participation with everyday responsibilities. Some participants also expressed uncertainty about whether adults would truly listen to them or whether participation would lead to any concrete outcome.

The findings additionally suggest that caring responsibilities themselves may reduce opportunities for participation for some young people, particularly where activities require time, travel or sustained engagement.

Theme C: Preferred ways of participating and engaging. Participants generally preferred flexible and low-burden forms of participation. Online participation, shorter activities and opportunities integrated within school settings appeared particularly important. Some respondents also preferred participation alongside peers in similar situations, suggesting the importance of supportive and non-judgmental environments.

Many respondents expressed interest in future participation opportunities, although a large proportion selected "maybe" rather than a definite "yes," suggesting a degree of caution or uncertainty regarding participation.

Theme D: Safety, trust, and safeguarding conditions. Safety, trust and emotional support emerged as central conditions for meaningful participation. Respondents highlighted the importance of confidentiality, respectful treatment and emotional safety. The most frequently selected support need was having someone trusted to talk to and receive emotional support from. Young people also valued adults who understand their situation and are flexible regarding their circumstances and responsibilities.

4.1.2 Flanders (Belgium)

Findings below are based on n = 48 children and young people with caring responsibilities aged 14–18, with valid responses per item ranging from 30 to 47. The sample skews towards ages 14–15 and was reached predominantly through schools; patterns should be read as indicative rather than representative.

Theme A: Experiences of being listened to. A clear majority of respondents report being given the chance to share their opinion on matters that concern them, but the experience of being taken seriously is more modest, with only a small share reporting this happens consistently. Feedback on what happens with their input appears as the weakest link: only a small minority report often noticing that something changes after sharing their view; about half receive occasional feedback such as acknowledgement of their feelings; around a third are unsure whether their input has any effect; and a few report receiving no feedback at all. When asked what 'being heard' means to them, respondents consistently describe it as genuine attention and follow-through rather than mere consultation.

> *"People genuinely listening with full attention, not just with half an ear, and taking action when I raise a problem."* (young carer, Flanders)

Across the open responses, respondents draw a clear distinction between being listened to and being genuinely heard, where the latter requires that input is remembered, taken seriously and visibly acted upon. Several emphasise that being heard includes not being judged for views that are imperfectly formulated. One respondent drew an explicit distinction between empathy and pity, describing being heard as involving recognition and empathy but not in a way that makes one feel pitied, a reminder that meaningful participation requires young carers to be approached as agents rather than as objects of concern. Asked where they feel listened to, respondents most often named friends and home or family; leisure activities and groups were named by about half; and school and care or support services were each named by around four in ten. Every respondent named at least one setting where they feel heard.

Theme B: Barriers to participation. Asked what makes it harder to take part, the most commonly reported barriers were fatigue or having too much on one's mind, and lack of time, each cited by around half of respondents. Fear of being judged or not taken seriously, and feeling uncomfortable speaking up, were each named by about a third. Scheduling conflicts and privacy concerns about home circumstances were less frequently mentioned. A separate question asked whether the caring role itself makes participation harder: most respondents said 'no', a minority said 'sometimes', and only a few said 'often'. These figures should be read with caution: respondents who agreed to complete a survey about participation are, by definition, already participating to some degree, so a majority reporting that caring is not a barrier tells us more about who was reached than about the wider population. Open responses gave texture to the emotional dimension, describing being mocked when falling short, feeling ignored when not fully listened to, and personal insecurity about speaking up. Together, these point to three conditions for engagement design: flexible timing, emotional safety, and attention to privacy around the home situation.

Theme C: Preferred ways of participating. Asked how they would most like to share their opinions, respondents expressed clear preferences. In terms of manner, anonymity ranked highest, followed by online

channels and, less often, creative formats. In terms of setting, peer-based formats were most preferred: groups with others in a similar situation, small groups of young carers specifically, and activities they already belong to in their free time. School-based settings, short meetings and advisory groups feeding into adult decision-making were chosen by fewer respondents. Asked what would make participation worthwhile, respondents pointed most often to feeling respected and taken seriously, the sense that one's opinion genuinely counts, and seeing something actually change. Receiving feedback on what happened to their input was less frequently selected as a top preference.

Theme D: Safety, trust and support conditions. Asked what support would help them participate, respondents pointed most often to privacy and confidentiality, emotional support from a trusted person, flexible timing, and adults who understand their situation. Asked how often participation would realistically be possible, about half said 'occasionally, when it fits into my life', around a quarter said 'it depends on what is happening at that point in my life', a similar share said 'once, as a single activity', and only one respondent indicated they could participate regularly. Only a small minority of respondents could commit to anything beyond incidental or situational participation, suggesting that formats assuming regularity or ongoing commitment may not align with how young carers experience their available time and energy.

4.1.3 Italy

For Italy, according to data collected from questionnaires administered to young carers, it emerges that the places where young people feel most listened to are primarily youth groups and their circle of friends. Furthermore, 3 out of 4 respondents feel that their opinions are listened to and taken seriously even within the family context. Only 1 out of 4 respondents cited school as a place where they feel listened to and their opinions are valued.

> *"For me, being listened to means being in an environment filled with people who respect me and respond to what I say. Often, those who share important experiences can feel uncomfortable when faced with the silence of others."*

Among the barriers to participation there are: lack of time and tiredness, the desire to keep one's family situation private for fear of others' judgment, the need for more information and support.

> *"It's often difficult to balance my personal needs (study, work, relationships) with those of my family. Everything else becomes an extra burden that's difficult to devote time to. Furthermore, I believe that to achieve deep sharing, you need to create a certain atmosphere that makes people feel listened to and understood."*

The data collected clearly shows that young carers prefer to share their opinions with other young people in their situation, either in small groups where other young people know what it means to care for someone, or within youth groups. Furthermore, only few indicated that they would prefer to participate anonymously, through short meetings/activities, through a group that provides advice to adults and in a creative way. With regards to frequency, two respondents would prefer occasional involvement, while others would prefer recurring or adaptable activities based on the situation and the moment.

It's interesting to note that all of the young carers involved indicated that emotional support and the presence of someone they can trust and can talk to are necessary to sustain participation. In two cases, they added that adults who understand them and can be flexible, as well as respect for privacy and confidentiality, are essential.

4.2 Key insights from families (G2)

Findings are organised around a general section and Themes A–C. All three national family samples are small (Flanders n = 6; Bulgaria 17 collected, fewer valid per item; Italy n = 7); findings are reported in narrative form and are illustrative rather than representative.

4.2.1 Bulgaria

The findings from the family survey should be interpreted with caution due to the limited number of fully completed responses for some questions. Nevertheless, the responses provide useful indications regarding family attitudes towards participation and the conditions considered important for safe involvement.

Families generally demonstrated awareness of children's right to be heard and expressed overall openness towards participation in consultations and activities involving young people. Responses suggested that participation was viewed positively when it was meaningful, respectful and adapted to the realities of family life.

Theme A: Main concerns raised. The main concerns identified by families related to emotional stress, overburdening young people with additional responsibilities, and possible exposure or stigma. Responses reflected a protective attitude towards children and concern that participation activities should not create additional pressure for young people already managing caring responsibilities.

Theme B: Conditions for acceptable participation. Participation was considered more acceptable when activities were short, flexible and voluntary. Families particularly emphasised the importance of allowing young people to decide whether, when and how to participate. Clear information regarding the purpose of participation, confidentiality safeguards and feedback on outcomes were also identified as important conditions.

Theme C: Support needs identified. Responses suggested the need for supportive and realistic participation environments adapted to family circumstances. Flexible organisation, emotional safety and clear communication were identified as important elements for supporting participation.

4.2.2 Flanders (Belgium)

With only six valid family respondents after screening and valid responses ranging from four to five per question, the findings are illustrative rather than representative and are reported without frequencies. Consulted family members were broadly aware of children's right to be heard and broadly supportive of the young carer in their family taking part in participation activities, though attitudes towards consultation specifically focused on caring responsibilities were more mixed than attitudes towards generic youth participation.

Theme A: Main concerns. Asked about their concerns (n = 4), all four respondents named emotional strain as their primary worry; one respondent also cited privacy. Two elaborated in their own words: one described a young daughter who has never known anything other than her caring situation, and questioned whether she could assess her own experience against any other frame of reference; the other was concerned that participation might raise questions in the child that then go unanswered. Both responses point to what participation opens up and whether there is support for what comes after.

Theme B: Conditions for acceptable participation. Asked under what conditions participation would feel acceptable (n = 3), all three respondents named the young person's ability to choose whether, when and how to take part. Clear agreements on privacy and wellbeing were cited by two, and short flexible activities, involvement of a trusted adult, and clear information about purpose and outcomes were each cited by one. Notably, regular feedback on what happens with young people's input was not selected by anyone.

Theme C: Support needs. Open responses pointed to a safe setting, age-appropriate and playful explanation, and a contact point where young people can ask questions and find support. Families also raised context-specific concerns, including questions about how consent is handled in separated families, where the agreement of both parents may be needed and the need for greater understanding from schools and care services towards children with caring responsibilities.

> *"A safe environment, somewhere they can turn to with their questions and receive support."*
> (family respondent, Flanders)

4.2.3 Italy

Theme A: Main concerns. For Italy, families most frequently express the concerns related to confidentiality, time burden and emotional stress.

Theme B: Conditions for acceptable participation.Among the conditions that make participation acceptable and positive, more than half of family members cite: short and flexible activities, the young person's freedom of choice, the involvement of trusted adults, and regular feedback on what is happening. Furthermore, some highlight the need for clear information and guarantees regarding respect for privacy and well-being.

Theme C: Support needs. Among the identified support needs, families pointed to acceptance, flexibility, suspension of judgment and positive feedback; making it clear that participation is not an obligation, but a way to be prepared and feel not alone; and feedback to families on the young person's active participation.

"I think it's important to be able and necessary to give young people time to let what they experience in these groups settle and metabolize, but sometimes there's no time and you just rush."

4.3 Key insights from professionals (G3)

Findings are organised around Themes A–C. The Flemish findings draw on n = 51 respondents (valid responses 35–45 per item); the Bulgarian findings on n = 27; and the Italian findings on n = 13.

4.3.1 Bulgaria

Theme A: Awareness and identification challenges. The findings sugg

est that awareness of children and young people with caring responsibilities remains limited among professionals in Bulgaria. Most respondents described themselves as only somewhat familiar with the concept, while none reported being very familiar with it. Professionals frequently indicated that identifying children with caring responsibilities is difficult because these children often remain invisible within schools and services, do not self-identify, or are not recognised through existing institutional procedures.

Responses also suggested that the concept of young carers is not yet formally embedded within institutional practice in Bulgaria. Several professionals referred to the absence of specific identification tools, referral pathways or coordinated approaches between sectors. As one respondent noted:

> *"Children with caring responsibilities often remain unnoticed until difficulties become visible."* (professional, Bulgaria)

Theme B: Institutional barriers. Professionals identified several institutional barriers limiting participation. The most frequently mentioned barriers included lack of staff training and awareness, difficulties identifying children with caring responsibilities, lack of institutional flexibility, resistance from parents, and limitations related to children's time and energy. Many respondents indicated that participation mechanisms within institutions are either limited or not specifically adapted to the needs of young carers.

The findings also pointed to structural constraints, including insufficient interinstitutional coordination and competing professional priorities within schools and services. Some professionals expressed concern that participation activities may unintentionally place additional pressure on children already facing demanding family situations.

Theme C: Training or capacity needs. A strong need for practical training and institutional support emerged across the consultation. Professionals emphasised the need for clearer guidance on identifying young carers, communicating with families, safeguarding participation processes and adapting participation activities to children's circumstances. Flexible school-based approaches, emotional support, cooperation between sectors and safe participation environments were identified as important enabling conditions for meaningful participation.

4.3.2 Flanders (Belgium)

Theme A: Awareness and identification. Familiarity with the Dutch term for young carers (j*onge mantelzorger*) was high in this sample (n = 40): around half reported being 'very familiar' with the term, about half 'somewhat familiar', and only one respondent 'not at all'. This most likely reflects the recruitment pathway: outreach through partner networks already engaged with young-carer support work, rather than system-wide professional awareness. Familiarity did not, however, translate into systematic identification: only around a quarter of respondents were certain they currently work with young carers, a similar share identified possible young carers through their own professional judgment rather than any formal mechanism, and over a third reported not working with this group at all. Open responses noted that young carers rarely identify with the term, that their situation tends to surface only incidentally, and that when it does, young carers are sometimes reluctant to disclose for fear their parents will find out.

> "Children and young people often see it as 'normal' that they're carers because they have no other choice, but often no one at school knows. Occasionally it surfaces during the conversation at a medical check-up. And they don't want their parents to know they've shared it with us." *(professional, Flanders)*

Theme B: Institutional barriers. By a wide margin, the most cited barrier was the difficulty of identifying young carers in the first place, named by the large majority of respondents. Limits on the young person's time and energy came next, followed by organisational capacity constraints and lack of staff training. Parental resistance, weak follow-up mechanisms, institutional rigidity, concerns about emotional burden and safeguarding concerns were each noted by smaller numbers and were secondary. Open responses named the ethical risk of raising false hope, a structural blind spot whereby attention goes to wellbeing support but not to the practical consequences of caring, and the particular invisibility of families affected by addiction. Around half of respondents reported that their organisations do not currently involve young carers in any participation mechanism, with most of the rest doing so only occasionally and a few regularly.

Theme C: Training and capacity needs. Only a minority of respondents felt fully equipped to support young carers' participation; around half felt partly equipped and a small number not at all. The supports most requested were practical guidelines or tools, named by the large majority, followed by additional time or resources, training on recognising and supporting young carers, and opportunities to exchange practice with other professionals; an institutional mandate was named less often. Asked what would make participation meaningful rather than symbolic, around half of respondents converged on feedback to young people about what happened with their input (including honest communication when ideas are not feasible), shared decision-making power, and tangible outcomes. Asked about realistic settings, respondents pointed to a wide range of channels, most often peer or lived-experience groups and school-based mechanisms, but also informal small-scale initiatives, health and social services, and youth or local organisations: a spread suggesting participation is feasible across multiple existing channels rather than requiring a separate dedicated structure.

4.3.3 Italy

For Italy, the professionals involved in the consultation are generally aware of the phenomenon of young people with care responsibilities but they also share the generalized difficulty of recognizing young carers due to their invisibility.

> *"The presence of young carers is only recently emerging, therefore it is a new reality, certainly under the attention of the institutions."*

Professionals reported that the main obstacles to engaging young carers include the difficulty in identifying them (11/12) and the lack of staff training and awareness (9/12); further obstacles include institutional rigidity, concerns about data protection, lack of follow-up and feedback mechanisms, and in some cases parental resistance.

Almost all professionals identified the need for guidelines and practical tools (11/12) and opportunities to exchange best practices with other professionals. Further needs that emerged included training on recognizing and supporting young caregivers, institutional support and clear mandates, and finally, additional time and resources.

> *"The reality of small provincial towns is still largely hidden and under-recognized, especially by professionals working outside of social services (teachers, doctors, volunteers, etc.). This gap with more urbanized areas is very acute. It would be helpful to hold multi-professional meetings at the local level to raise awareness."*

4.4 Insights from policy and institutional stakeholders

Findings draw on a small number of interviews per country (Bulgaria 2; Flanders 1; Italy 2). They provide authoritative contextualisation rather than a representative sample of institutional views and sit alongside the voices of young carers, families, and professionals.

4.4.1 Bulgaria

Interviewed stakeholders described the existence of general child and youth participation mechanisms at municipal level, including school-based activities, youth initiatives and occasional consultation processes involving young people. However, these structures are not specifically adapted to children and young people with caring responsibilities, who are not formally recognised as a distinct group within local participation frameworks.

Both interviewees highlighted limited institutional awareness regarding children with caring responsibilities and the absence of specific mechanisms for identifying or supporting them. Participation structures were described as relatively general and not adapted to the practical and emotional constraints that may affect young carers. Limited coordination between education, social and health sectors was also identified as a challenge.

Stakeholders considered schools to be one of the most important entry points for improving identification and participation. Additional opportunities identified included awareness-raising among professionals, stronger cooperation with civil society organisations, and the integration of participation activities into existing local youth and education initiatives. Flexibility, voluntary participation and safe participation environments were emphasised as important conditions for future development.

4.4.2 Flanders (Belgium)

The findings draw on a single in-depth interview with the Flemish Children's Rights Commissioner. The Commissioner described Flanders as having a well-developed child and youth participation infrastructure, naming the Flemish Pupils' Council, the Flemish Youth Council and municipal youth councils but noted that none of these structures currently addresses young carers as a distinct group; in her view, their absence is more likely a visibility problem than evidence that their needs are met elsewhere. She pointed to three areas for improvement: a possible knowledge deficit in education and health settings, where staff may not recognise caring roles behind lateness or missed schoolwork; limited use of the child-impact assessment (*kindtoets*) in local social policy; and the question of whether young carers' voices risk dilution within broad participation structures, which she presented as worth investigating rather than as an established finding.

On entry points, she saw potential in partnerships between ZoJong! and existing Flemish youth structures, a strengthened child check (kindtoets), and school- or hospital-based working groups. She was explicit, however, that embedding young carers in existing structures may not be sufficient on its own, pointing to Cachet, a peer-led organisation for young people with experience in youth care as a reference model for what a dedicated participation space could look like: bringing together young people with shared experiences is empowering in itself, and structural organisation gives their voices durability. On making participation meaningful rather than tokenistic, she emphasised involving young people in defining the purpose and format from the outset, clear ground rules around safety and confidentiality, a trusted contact person available during and after participation moments, and formats that leave room for informality and enjoyment. She suggested grounding participation activities in concrete CRC rights, specifically Articles 12 (the right to be heard), 28 (education) and 31 (rest, leisure and play), together with the right to health (Article 24), as entry points for and clear starting points for children and young people with caring responsibilities.

4.4.3 Italy

Among the most significant experiences is the Regional Assembly of Boys and Girls, a structured project for exercising participation. Minors (under 18) can join through a public call for applications. There are no specific questions for young caregivers, but some have mentioned having caregiving responsibilities, though some may not admit it because they are unaware of it or are ashamed of it. The participation process seeks to ensure the greatest diversity and representativeness. There are no reserved spots for specific categories, and there are no plans to create any, but care is taken to include everyone as much as possible. The interviewees hope the collaboration already underway with the OUR VOICES project will continue and serve as a stimulus for future initiatives.

Moreover, the local health authority follows the recommendations of the Regional Guide, but to make them concrete, it has established two referents dedicated to caregivers for each of the seven districts of the Modena province (one from the social sector and one from the healthcare sector). The goal of their systematic work is to create a network between services to ensure consistent provision for young carers across the region, train operators to better recognize and support young carers, and carry out cultural awareness-raising and participatory activities. Furthermore, over the past three years a process has been launched in collaboration with the regional school office, which is pursuing a project dedicated to making young caregivers more visible. This project has gone through several phases: an initial training programme for

teachers and professionals working in schools to raise awareness of the issue and provide them with more tools; the creation of a mailing list dedicated to professionals to allow them to exchange information and network; and the involvement of student council representatives from various high schools to co-develop tailor-made activities and programmes with young people (film screenings, debates, school assemblies, interventions in individual classes, etc.).

5. Cross-cutting Themes and Cross-country Analysis

This section operates at two levels. Section 5.1 brings together cross-cutting themes that emerged across the four stakeholder groups within each country, identifying patterns that recurred regardless of who was consulted. Section 5.2 then steps up to cross-country level, identifying patterns and divergences across the three country-level consultations and distilling key principles that will inform the Engagement Framework (D3.2) and the pilot participation mechanisms to be tested locally under T3.3.

5.1 Cross-cutting themes within each country

5.1.1 Bulgaria

A recurring theme across the Bulgarian consultation was the **limited visibility and recognition of children** and young people with caring responsibilities. Professionals frequently reported difficulties identifying such children within schools and services, while policy stakeholders noted that young carers are not currently recognised as a distinct group within local participation structures. The findings also showed that many young people themselves were unfamiliar with the terminology and responded more easily to descriptive explanations of caring responsibilities.

Another cross-cutting theme concerned the **importance of flexible and realistic participation formats**. Young people expressed preferences for shorter, flexible and school-based participation opportunities, while families stressed that participation should remain voluntary and adapted to family circumstances. Professionals similarly emphasised the importance of flexible institutional approaches.

Emotional safety, trust and confidentiality also emerged across multiple stakeholder groups. Young people highlighted the importance of emotional support, confidentiality and being treated respectfully, while families raised concerns related to emotional stress, overburdening and possible stigma.

Finally, several groups highlighted the importance of **participation that leads to genuine listening and feedback**. Young people particularly emphasised that “being heard” means adults taking their opinions seriously and responding meaningfully to what they share.

5.1.2 Flanders (Belgium)

The patterns described below emerge from the consultations conducted in Flanders and should be read with their limitations in mind: the samples are small and non-representative, and the findings reflect the perspectives of young carers, families and professionals who were reachable through existing networks. They are indicative rather than conclusive.

The most consistent finding is one of **limited visibility**. Professionals name identification as the dominant barrier to engagement, families confirm that the caring role typically goes unnoticed by schools and services, and the Children’s Rights Commissioner notes the near-absence of young carers from Flanders’ existing participation infrastructure. A second pattern concerns the **gap between being asked and being heard**: young carers report getting opportunities to speak more often than they feel genuinely listened to, and rarely see their input lead to visible change, while professionals signal a corresponding absence of feedback loops and follow-up mechanisms. Third, the **conditions that would make participation feel safe and worthwhile** converge across all groups around the same elements: privacy or anonymity, flexible and low-burden formats, peer or trusted settings, and the presence of a trusted adult. Finally, the consultation surfaces a **structural tension** that the pilot phase will need to navigate: whether embedding young carers in Flanders’ existing participation structures is sufficient or whether a dedicated space is a precondition for their voices not to be diluted.

5.1.3 Italy

Based on the data for Italy, we can state that the Emilia-Romagna region is particularly sensitive to the issue of young people with care responsibilities. However, the **complexity of recognizing these young people** emerges. They often go unnoticed due to professionals' lack of knowledge and training, but also due to fear of judgment and concerns about privacy. Young caregivers also face **barriers to participation** related to lack of time, emotional stress, and the desire to keep their family situation private.

It is therefore clear that **formats for young carers' participation** must be flexible, adapted to their specific needs, and must include the presence of significant adults they could trust, safeguarding the young people's confidentiality and well-being.

Some actions have already been put in place at local and regional levels, but the need to implement formalized and structural policies and practices involving various institutions in the scholastic, social, health and educational fields together is still evident.

5.2 Cross-country analysis and key principles for D3.2

Despite important differences in national context, recognition levels and sample composition, the consultations across Bulgaria, Flanders (Belgium) and Italy reveal a strong convergence around several core themes that are directly relevant for the design of the OUR VOICES Engagement Framework (D3.2) and the pilot participation mechanisms under T3.3.

A first cross-country finding concerns the continued **invisibility** of children and young people with caring responsibilities within existing child and youth participation structures. All three countries reported the existence of general participation mechanisms for children and young people, including school councils, youth groups, municipal participation initiatives and consultation processes. However, none of these structures currently appears to systematically recognise or include young carers as a distinct group whose participation may require adapted approaches or additional support. This pattern was visible both in countries where the concept of young carers remains largely unknown (Bulgaria) and in contexts where policy recognition has started to emerge in Flanders (Belgium) and Emilia-Romagna (Italy). Across countries, professionals consistently identified difficulties in recognising young carers as one of the main barriers to participation.

A second strong point of convergence concerns the **distinction between being invited to participate and genuinely being heard**. Across all three countries, young carers described meaningful participation not simply as being asked for their opinion, but as being listened to seriously, respectfully and in ways that produce visible consequences or follow-up. The findings suggest that purely consultative approaches without visible follow-up risk undermining trust and willingness to engage. Young carers repeatedly associated meaningful participation with adults who genuinely pay attention, remember what has been said and demonstrate that input has value. Professionals and institutional stakeholders similarly emphasised the importance of feedback mechanisms, visible outcomes and avoiding tokenistic participation.

Third, the consultations point consistently towards **participation mechanisms that are flexible, low-burden and adapted to the realities of caring responsibilities**. Across countries, young carers referred to lack of time, tiredness, emotional strain and competing responsibilities as significant barriers. Participation models requiring regular attendance, long-term commitment or high emotional investment may therefore unintentionally exclude many young carers. Respondents across the three countries expressed a preference for participation opportunities that are adaptable, occasional when necessary, and capable of fitting around everyday life. Online participation, shorter activities and opportunities embedded within existing environments, particularly schools and youth settings, emerged as important enabling factors.

A fourth recurring finding concerns the **importance of emotional safety, trust and confidentiality**. Young carers, families and professionals independently identified the same conditions for acceptable participation: privacy and confidentiality safeguards, the presence of trusted adults, emotionally safe environments, and respectful facilitation. Concerns about stigma, exposure or judgement appeared in all three countries, although expressed with different intensity. Families in particular often approached participation from a protective perspective, emphasising that participation should not increase emotional pressure or place additional burdens on young people already managing demanding family situations.

The consultations also reveal the i**mportance of peer-based and relational participation approaches**. Across countries, many young carers expressed greater comfort participating with others who share similar

experiences rather than within generic youth participation structures. The findings suggest that dedicated or semi-dedicated participation mechanisms may help reduce isolation, normalise experiences and support confidence-building. At the same time, institutional stakeholders in Flanders and Italy highlighted the importance of linking such mechanisms to existing child participation structures and policy channels in order to avoid parallel or isolated approaches.

Another cross-country pattern concerns the **central role of schools and educational settings**. Although schools were not always experienced by young carers as places where they feel listened to, all stakeholder groups nevertheless identified schools as one of the most realistic and important entry points for identification, outreach and participation support. This reflects the fact that schools remain one of the few environments where young people can be reached routinely and at scale. However, the consultations also indicate that educational settings require greater awareness, flexibility and training if they are to support participation effectively.

The findings additionally point to the need for practical **capacity-building among professionals**. Across countries, professionals requested clearer guidance, tools and training on identifying young carers, communicating with families, safeguarding participation processes and adapting participation approaches to young carers' realities. Institutional barriers such as lack of time, insufficient coordination between sectors, limited organisational flexibility and uncertainty regarding responsibilities were identified repeatedly. This suggests that the success of participation mechanisms will depend not only on engagement with young carers themselves, but also on strengthening the surrounding professional and institutional environment.

At the same time, the consultations also reveal important contextual differences that the Engagement Framework must leave room to accommodate. Bulgaria remains at an early stage of recognition and awareness-building, where descriptive language and introductory awareness work remain essential. Flanders presents a context with growing policy and professional awareness but without systematic operational embedding or identification pathways. Emilia-Romagna in Italy demonstrates how regional recognition and institutional investment can create more structured entry points for participation, while still facing challenges regarding visibility and implementation. The Engagement Framework should therefore avoid overly rigid or standardised participation mechanisms and instead provide adaptable principles capable of functioning across different levels of recognition, institutional maturity and resource availability.

Taken together, the consultations suggest several key principles for D3.2:

- Participation mechanisms should be flexible, low-threshold and adaptable to fluctuating caring responsibilities and energy levels.
- Participation should prioritise emotional safety, confidentiality, trust and voluntary engagement.
- Young carers should be involved in shaping the format, purpose and rules of participation activities themselves.
- Participation should avoid tokenism by ensuring visible follow-up, feedback and realistic opportunities for influence.
- Peer-based approaches and opportunities to connect with others in similar situations should be incorporated where possible.
- Schools, youth settings and existing local participation structures should be used as entry points, while recognising that dedicated participation mechanisms may also be needed.
- Professionals require practical tools, guidance and intersectoral cooperation mechanisms to support participation meaningfully.
- The Engagement Framework should remain adaptable to different national and regional contexts, levels of recognition and institutional realities.

These principles provide the bridge between the consultation phase and the next stages of Work Package 3. They will inform both the design of the Engagement Framework (D3.2) and the local pilot mechanisms under T3.3, whose purpose will be to test how these principles function in practice across different national and institutional environments.

6. Contextual Factors Specific to each country

This section describes key contextual factors that influenced the implementation of the stakeholder consultations and the interpretation of their outcomes. It provides necessary background on national conditions that affect the visibility, identification and participation of children and young people with caring

responsibilities, and helps explain differences in access, engagement and findings across countries. The purpose of this section is not to assess national systems but to clarify the context in which the consultations were conducted.

6.1 Bulgaria

In Bulgaria, children and young people with caring responsibilities are not formally recognised as a distinct group in legislation, policy frameworks or public services. The term 'young carer' is not commonly used in institutional practice, and there are currently no dedicated national support measures, identification procedures or official statistics specifically addressing this group. For this reason, the consultation used a descriptive approach focused on caring responsibilities rather than relying on formal terminology.

Several contextual factors contribute to the low visibility of young carers in Bulgaria. Caring responsibilities within families are often perceived as a private matter and may remain hidden within the household. Professionals participating in the consultation also highlighted the absence of screening mechanisms, limited institutional awareness and weak coordination between sectors as barriers to identification. The lack of systematic data further limits understanding of the scale and characteristics of the phenomenon at national level.

At the same time, Bulgaria has gradually developed broader child and youth participation structures, particularly in educational settings and through municipal youth initiatives. The consultation findings suggest that schools currently represent one of the most accessible and realistic entry points for identifying and engaging children with caring responsibilities; the relatively high number of young respondents reached through school-based dissemination confirms the importance of educational professionals and school environments in facilitating participation.

6.2 Flanders (Belgium)

This report focuses on Flanders rather than Belgium as a whole, in line with the Flemish scope of the project's earlier analysis. In Belgium's federal system, policy domains relevant to young carers (e.g., youth, education, and welfare) fall largely under the Flemish Community and Region, while the formal recognition of informal carers and the wider social-security framework remain federal competences. The OUR VOICES partner ZoJong! operates within this Flemish context.

In Flanders, policy and research attention to young carers has grown meaningfully in recent years. Young carers are explicitly named as a priority group in the Flemish Carers' Plan; government-commissioned research has mapped the situation and prevalence of young carers in Flanders. This research indicates that caring is far from rare among young people: roughly one in five of those aged 11–18 lives with a household member who has a chronic illness or disability (over 119,000 adolescents), and around 5% (some 27,000) provide regular care of at least four hours a week (Bronselaer et al., 2021)[1]; and an annual awareness week (*Week van de Jonge Mantelzorger*) has been established. Professionals consulted in this report broadly acknowledged this growing attention and considered it an important foundation. At the same time, this attention has not yet translated into formal recognition of young carers as a distinct group in legislation, systematic identification procedures, or consistent embedding in service definitions and screening tools. The term 'jonge mantelzorger' is gaining ground but is not uniformly used across sectors, and many young people do not think of themselves in these terms, experiencing caring as an ordinary part of family life rather than as a distinct role.

These conditions directly shaped the consultation. Because no institutional referral routes exist through which young carers are routinely known to services, recruitment proceeded through ZoJong!'s own networks and secondary dissemination via schools, youth work, social and family services, and healthcare contacts. Outreach materials described concrete caring responsibilities and tasks rather than the label 'young carer'. The findings are therefore best read as a qualitative, bottom-up basis for pilot design rather than a representative account of the broader landscape.

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[1] Bronselaer, J., Pickery, J., Vandezande, V., Dierckens, M., Delaruelle, K. & Demeyer, B. (2021). Je bent jong en … je zorgt: Aantal, profiel, taakopname, welzijn en gezondheid van jonge mantelzorgers becijferd. Brussel: Departement Welzijn, Volksgezondheid en Gezin.

6.3 Italy

The current Italian law on caregivers (Law No. 205/2017) is age-neutral, so the Italian legal system implicitly provides that caregivers can be both minors and adults. However, a current legislative proposal would define the caregiver only as a person of legal age (over 18), while also introducing the notion of the student-caregiver.

The situation at regional level varies greatly: of 20 regions, only 13 have legislation dedicated to caregivers. Of these, only two recognise young carers (Emilia-Romagna and Lazio), while a further three recognise student-caregivers (Friuli-Venezia-Giulia, Lombardy and Sardinia). The recognised definition of 'young carers' differs significantly between Emilia-Romagna and Lazio: the former recognises minors and young adults up to age 24, while the latter includes young people between 16 and 28 and ultimately equates young carers with student-caregivers. The Emilia-Romagna region officially promotes identifying the needs of all young carers in order to support them.

This report focuses on data collected in the Emilia-Romagna region, which has long been attentive and sensitive to the recognition and participation of young people with caring responsibilities. Nevertheless, the identification of young carers is not easy or immediate: young people often do not recognise themselves in the role, whether because they are ashamed or do not wish to be judged for their family situation, because professionals are not adequately trained, or because dedicated participation mechanisms are still lacking. Several significant experiences exist at local and regional level, but work is still needed to ensure that young carers are recognised, supported, valued and actively involved in decisions that affect them.

7. Key takeaways for WP3 Engagement Framework and conclusion

The following observations emerge from the consultation findings and are offered as possible directions for the design of the Engagement Framework (D3.2) and the pilot participation mechanisms (T3.3). Given the small and non-representative samples, they should be read as indicative rather than conclusive. Country-specific takeaways are presented first, followed by a shared concluding narrative.

7.1 Country-specific takeaways

7.1.1 Bulgaria

- Pilots in Bulgaria should consider school-based and municipal child and youth participation settings, because schools and municipal youth initiatives proved to be among the most accessible and realistic entry points for reaching children and young people with caring responsibilities.
- Pilots should avoid relying exclusively on the term 'young carer', because many participants were unfamiliar with the terminology and responded more easily to descriptive explanations of caring responsibilities.
- Pilots should prioritise flexible and low-burden participation formats, because young people and families highlighted time constraints, emotional pressure and the need to adapt participation to family realities.
- Pilots should include strong safeguarding, confidentiality and emotional support measures, because safety, trust and respectful treatment emerged consistently as important conditions across stakeholder groups.
- Pilots should include awareness-raising and training components for professionals, because the consultation revealed limited institutional awareness and significant difficulties identifying children with caring responsibilities within existing systems.

7.1.2 Flanders (Belgium)

- Difficulty identifying young carers was the most cited professional barrier, and many young people do not use the label themselves. Sensitisation across schools, pupil counsellors, social and welfare services and

youth work, and outreach materials focused on caring tasks rather than terminology may need to be in place before pilots can meaningfully recruit participants.

- Participation needs to feel real, not performative. Young carers described being heard as feeling respected, knowing their opinion genuinely counts and, where possible, seeing something change; one drew an explicit distinction between empathy and pity. Pilots should be clear and honest from the outset about what participation is for and what can realistically change.
- Anonymous, peer-based and low-commitment formats are likely to work better. Anonymity was the most preferred way of participating, followed by online channels and peer settings; most respondents could only commit occasionally. Formats assuming regularity or a stable schedule may structurally exclude those with the heaviest caring responsibilities.
- Safety is a design requirement, not an add-on. Emotional barriers such as fear of being judged and discomfort speaking up were among the most cited obstacles, and privacy and a trusted person were the most named conditions. Safeguarding should be embedded in pilot design from the outset.
- Existing structures offer entry points, but whether they are sufficient is an open question. Professionals saw participation as feasible across multiple existing settings; the Commissioner suggested that embedding young carers in broad structures may not be sufficient and pointed to a dedicated peer-led space as a complementary model. Pilots might usefully test both directions. A rights-based framing, grounded in concrete CRC rights, may also help open institutional doors.

7.1.3 Italy

- Although legislative recognition exists at regional level, it is recent, and concrete, formalised and structural actions requiring the collaboration of all the actors involved still need to be put in place.
- To allow young people to make their voices heard, pilots should create flexible, adaptable and inclusive participation mechanisms in which young people are active participants, peer exchange is central, support from trusted adults is available, and respect for young people's privacy and wellbeing is consistently guaranteed.

7.2 Limitations

The findings presented in this report should be read in light of several limitations inherent to a short, multi-country stakeholder consultation conducted within a defined project timeframe. The consultation was designed to surface practical, qualitative input to inform the design of pilot activities under T3.3 rather than to produce representative data. The main limitations are gathered here so that they can be kept in mind alongside the findings and the takeaways set out in section 7.1. They are placed after the takeaways deliberately, so that the takeaways are read as provisional and qualified by these caveats rather than as firm conclusions.

First, sample sizes were small and non-representative across all four stakeholder groups and all three countries, with particular caveats for the Italian young carers' sample and the family samples across the three countries. Outreach relied on each partner's existing networks, which inevitably shaped who was reached: in Flanders, for example, the professional sample skews towards welfare-adjacent roles, which limits how broadly the Flemish G3 findings can be read. The same caveats apply to the family (G2) samples in all three countries (see Section 3.2).

Second, a single standardised survey instrument was used across the full age range for the consultation of young carers; developing separate age-adapted instruments was not feasible within the short consultation window, and a single shared instrument was prioritised to keep responses comparable across stakeholder groups and countries; age-appropriate and, where relevant, co-designed tools are a priority for the pilot phase. This limited accessibility for the youngest children, who are consequently underrepresented in the G1 sample. In practice, the consultation reached mainly adolescents. The age frames also differ across countries, an upper bound of 18 years in Bulgaria and Flanders but up to 24 in Italy, which limits how directly the three G1 samples can be compared. Together with the under-representation of the youngest children, this means the G1 findings speak primarily to the experience of adolescents and young adults and tell us little about how participation works for younger children, arguably the group whose voices are hardest to reach and most easily overlooked (see section 2.3). Translations into Bulgarian, Dutch and Italian, together with minor

adaptations to terminology where required by national context, may also have introduced subtle differences in how items were understood across countries.

Third, the self-identification approach, deliberately describing caring responsibilities or tasks rather than using the label 'young carer' was a methodological choice consistent with the project's recognition that many young people do not identify with the term. It does, however, mean that young people who do not recognise their situation in the descriptive language used in outreach materials are unlikely to have been reached. The findings should therefore be read as a qualitative, illustrative basis for pilot design rather than as a comprehensive account of young carers, their families, and the professionals and policymakers around them across the three countries.

7.3 Conclusion

The findings from the stakeholder consultations conducted in Bulgaria, Flanders (Belgium), and Italy form a direct evidence base for the next outputs of Work Package 3. By bringing together the voices of young carers, their families, professionals across sectors, and policy and institutional stakeholders, the consultations document not only the barriers and enabling factors for participation but also the specific institutional and policy conditions that pilot mechanisms will need to take into account.

The three patterns set out in the executive summary recur across the four stakeholder groups and the three participating countries, and each carries a direct implication for the design of the Engagement Framework (D3.2) and the pilot participation mechanisms (T3.3). First, the recognition gap means that identification and sensitisation work across schools, services and youth structures will need to be in place before pilots can meaningfully recruit young carers. Second, the gap between being asked and being heard means that participation must be built around feedback, follow-through, and visible change rather than consultation alone. Third, the convergence on enabling conditions points to a consistent set of design requirements: flexible and low-burden formats, privacy and safeguarding, peer-based settings, and a trusted adult available during and after participation, all of which must remain realistic within the existing capacity of services and authorities. Country-specific takeaways are listed above.

The consultations were designed to generate the practical evidence needed to develop, test, and evaluate replicable but context-specific participation mechanisms. The Engagement Framework (D3.2) will translate the findings into design principles; the pilots (T3.3) will test these in local contexts; and the resulting tested methods will support the broader objective of OUR VOICES: making the participation of young carers an embedded feature of child and youth participation structures across the EU.

Annexes

The consultation instruments below were developed centrally at project level and applied across the three partner countries. The English-language versions are provided here; national-language versions used in the field are held by the respective partners.

Annex A: Young carers' survey (G1)

TARGET GROUP 1: Young Carers
TOOL: Online Survey

Participation information sheet

Title: YOUR VOICE MATTERS!

Why your voice matters

If you regularly support or care for someone in your family such as a parent, sibling, grandparent, or another relative, because that person is ill, has a disability, experiences mental health difficulties, substance-related problems, or has other care or support needs, this can affect your everyday life in many different ways, and your life may be shaped by responsibilities others don't always see.

Many decisions made at school, in health and support services, or by adults can affect your daily life when you support or care for someone in your family and your life in general. However, young people in these situations are not always listened to or asked how they experience these decisions or what they think could work better.

What is this survey about?

With this short online survey we want to learn from you, because we believe you are the expert.

We would like to learn and better understand what your experiences of being listened to are, what helps or makes it harder to share your views, and how young people with caring responsibilities can be better involved in decisions that affect their lives.

You are invited to take part in this short survey as part of the European OUR VOICES project. The project aims to improve how young people with caring responsibilities can share their views and be involved in decisions that affect their lives in ways that feel realistic, safe, and meaningful and where their views are used to help shape policies and services that affect their lives.

If you would like to know more about the project, you can find a short and accessible overview on the OUR VOICES-website: https://ourvoicesproject.eu/about/.

What will happen if you take part?

If you agree to take part in this online survey, you will be asked different questions about your experiences. Your answers are anonymous, which means that no one will be able to identify you.

The questions focus on:

- How you experience being listened to
- Whether and how you feel involved in decisions that affect your life (for example at school, in health care, youth activities or support services and policies);
- What helps or makes it harder for you to share your views.

The survey should take X minutes to complete.

Your anonymous answers will be combined with those of other participants and used to prepare a report for the OUR VOICES project. The results will be presented in a way that no individual can be identified.

What are the benefits of participating?

Young people who support or care for someone in their family are still children and young people. This means that their views matter—both about their own lives and about the support and services that affect them.

By taking part in this survey, you help show why it is important that young people are listened to when decisions are made about support, care, school and services. When young people's voices are taken seriously, this can lead to better support, fairer decisions, and services that work better for young people and their families.

Your answers help adults and organisations understand what needs to change and how young people can be involved in ways that feel respectful, safe and meaningful. This may not change things straight away for you, but by sharing your experience you help improve how young people are listened to and supported in the future.

Do I have to participate?

Taking part in this survey is voluntary and your choice. You don't have to fill in the survey if you don't want to.

Your answers are also anonymous, which means that no one will know they are yours. There are no right or wrong answers. You can choose how much you want to share. You do not have to answer any question you don't feel comfortable with, and we treat every answer you give with respect.

You can skip any question or stop the survey at any time by closing the page. You don't have to explain why.

If you stop before finishing the survey, your answers will not be used, and the data gathered up to the point of withdrawal will be immediately destroyed.

Who can I contact if I have questions?

If you have questions about this survey, your rights as a participant or if you feel like you want to talk to someone after taking part, you can contact a member of the OUR VOICES project team or a trusted adult through the organisation that shared this survey.

<u>Contact details (per country/Eurocarers):</u>

Name/organisation:

Phone number:

Email:

Description of Eurocarers:

Consent form

Assent statement:

Please read the statement below before starting the survey.

By selecting, " I agree", I confirm that

- I have read and understand the information provided regarding this survey.
- I understand that my answers are **anonymous** and that no identifying information is collected.
- I understand that my participation is voluntary and that I can stop the survey at any time without giving a reason.
- I understand that I can choose not to answer any question and that nothing bad will happen if I decide to skip a question or stop the survey.
- I agree to take part in this survey, which means I will answer questions about my experiences of being listened to and involved in decisions that affect my life.

- I understand that my anonymous answers will be securely stored and used only to prepare a report for the OUR VOICES project about the results of the stakeholder consultations. The results will be presented in aggregated form, which means that no individual participant can be identified.

- I understand that the anonymous data will be deleted after the report has been completed.

☐ **I agree to participate in this survey and agree that my responses will be used anonymously and stored as described above**

☐ I do not agree

(If you do not agree, please do not continue with the survey.)

Questionnaire

This questionnaire asks you questions about how you experience being listened to and how you feel about being involved in decisions that affect your life. Some of the questions are about situations where young people can share their views, for example at school, in health or support services or in youth activities. We are interested in what helps young people take part, and what can make this more difficult in relation to your caring role(s).

Please read all parts of the questionnaire and answer everything as honestly as possible. There are no right or wrong answers; we just want to learn from what you think and experience.

Thank you for your participation!

Section A – About you

Sometimes young people like you help care for or support someone in their family, such as a parent, sibling, grandparent, or another relative**, because that person is ill, has a disability, experiences mental health difficulties, substance-related problems, or needs extra care or support. We call this support and help "caring."**

1. **Do you regularly help care for or support someone in your family in this way (**for example by helping with household tasks, comforting someone, looking after someone, or taking on extra responsibilities at home)**?**
   ☐ Yes ☐ No ☐ Not sure

(There is no right or wrong answer. If you are unsure, you can still continue the survey.)

2. **How old are you?** (Open-ended question)

   ☐….

Section B – Having a say in decisions that affect you

Young people can be involved in decisions in different ways. Sometimes this means being asked what you think. Sometimes this means that your ideas are taken seriously or that something changes because of them.

The next questions are about your experiences of having a say in decisions that affect your life.

1. **When decisions are made about things that affect you (for example at school, in health or youth services), do you usually get a chance to share your views?**
   ☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

2. **When you share your opinions, do you feel that adults take them seriously?**

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

3. **Do you usually know what happens with your opinions after you share them with adults or organisations?**
   ☐ No, I never (or seldom) receive any feedback
   ☐ I am not sure
   ☐ Sometimes I get feedback (for example, when a teacher or other adult respond verbally, such as saying, "I see how you feel about this")
   ☐ Often I see something change (for example, after talking with an adult, I notice that they understood my opinion and did something differently)

4. **In which places do you feel your opinions are listened to or taken seriously? (you can choose more than one)**
   ☐ School
   ☐ Social or health services
   ☐ Youth activities or groups
   ☐ At home / in the family
   ☐ In my friends' circle
   ☐ Nowhere
   ☐ Other: ___

Section C – What makes it harder to take part

Sometimes young people want to share their views, but different things can make this difficult. The next questions are about what can make it harder for you to share your opinions or participate.

1. **What makes it difficult for you to take part in activities where young people can share their views? (you can choose more than one)**
   ☐ I don't have enough time
   ☐ I don't know where or how to get involved
   ☐ I am often tired or have a lot on my mind
   ☐ Activities are planned at times that don't work for me
   ☐ I worry about being judged, made fun of, or not taken seriously
   ☐ I don't want others to know about my situation at home
   ☐ I would need more information or support to take part
   ☐ I feel my opinions or ideas wouldn't be taken seriously
   ☐ I feel awkward or I'm afraid to speak up
   ☐ Other: ___

2. **Does the care or support you give to your relative(s) make it harder for you to take part in activities where young people share their views?**
   ☐ Yes, often ☐ Sometimes ☐ No ☐ Not sure

   (optional open question)
3. **If you want, you can tell us more about what makes it difficult for you in your own words. Remember there are no right or wrong answers and we respect every answer. (You can write as much or as little as you like.)**

Section D – What helps you to participate and share your views

1. How would you prefer to share your views? (you can choose more than one answer)
☐ Online (for example surveys or messages)
   ☐ In an anonymous way/manner
      ☐ At school
   ☐ In youth activities or groups

☐In a small group with other young people who know what caring is like
☐ With other young people in similar situations
☐ Through short meetings or activities
☐ Through a group that gives advice to adults
☐ In creative ways (for example drawing, writing, video, storytelling)
☐ I gave other great ideas (please explain and write): ___

2. **What would make it worth taking part for you?** (multiple choice, up to 3 answers)
☐ Feeling that my opinion really matters
☐ Seeing something change because I spoke up/ young people spoke up
☐ Getting feedback about what happened with young people's ideas
☐ Feeling respected and taken seriously
☐ Learning something new or meeting others
☐ Other (Fill in): ___

3. How much involvement in activities where young people are asked for their views would feel realistic for you right now? (This could include one-off activities (such as a survey), occasional consultations, or more ongoing involvement over time.)

☐ Just once (for example, taking part in one activity)
☐ Occasionally (from time to time, when it fits my life)
☐ More regularly (on a recurring basis, when possible)
☐ It depends on what is happening in my life
☐ I'm not sure

4. Is there anything else that would help you to be listened to or involved in decisions? (You can write as much or as little as you want.) Remember, there are no right or wrong answers.

Section E – What "being heard" means to you

People can mean different things when they talk about "being heard'

1. What does "being heard " mean to you?
(You can write as much or as little as you want.)

Section F – Support and future involvement

1. What support would help you take part? (you can choose more than one)
☐ Flexible timing
☐ Adults who understand my situation and can be flexible when needed
☐ Privacy and confidentiality
☐ Emotional support (for example someone I trust to talk to)
☐ Other: ___

2. Would you like to be involved again in activities where young people who support or care for someone in their family are asked for their views or can take part in decisions that affect them in the future?
☐ Yes ☐ Maybe ☐ No

3. How did you hear about this survey?
☐ Through school (for example a teacher or school staff)
☐ Trough someone working in an organisation (for example youth work, health or support services)
☐ I saw a flyer or poster
☐ I saw it on social media (e.g. Instagram, Tiktok, Facebook)
☐ I found it online (for example through a website)
☐ Other: ___

Annex B: Families' survey (G2)

TARGET GROUP 2: Families of Young Carers
TOOL: Online Survey

Participation information sheet

Title: Families' Perspectives on Children's Participation

Why your voice matters

Some children and young people regularly support or care for someone in their family, such as a parent, sibling or other relative, because that person is ill, has a disability, experiences mental health difficulties, substance-related problems, or has other care or support needs. Their caring responsibilities can shape their daily lives and influence their well-being. It can also affect their opportunities to share their views and to take part in activities and decisions that concern them.

Families often play an important role in deciding whether, when and how children can take part in activities where their views are listened to and taken into account, for example at school, in health or support services, or in youth activities. Your perspective on this can help us understand what makes participation feel safe, realistic and supportive for children in these situations.

What is this survey about?

With this short survey, we would like to learn from your perspectives as a family member.

The survey focuses on children's participation in decision-making and consultation processes that affect them (for example at school, in local services and policies).

We are interested in your views on:

- how families experience children being listened to;
- what helps or makes it harder for children to share their views
- under which conditions participation feels acceptable, safe and meaningful for children who support or care for a family member

You are invited to take part in this survey as part of the European OUR VOICES project. The project looks for better ways to involve children and young people who provide care or support their family members or other relatives in decisions that affect their lives.

If you would like to know more about the project, you can find a short and accessible overview on the OUR VOICES website: https://ourvoicesproject.eu/about/.

What will happen if you take part?

If you agree to take part in this survey, you will be asked a number of questions about your views and experiences about this theme as a family member. Your answers are anonymous, which means that no one will be able to identify you or your answers to the questions. The questions focus on:

- your views on children being listened to;
- concerns and considerations related to (your) children's participation;
- what support or safeguards you consider important.

The survey is completed online and takes approximately X minutes.

Your anonymous answers will be combined with those of other participants and used to prepare a report for the OUR VOICES project. The results will be presented in a way that no individual participant can be identified.

What are the benefits of participating?

By taking part in this survey, you help us better understand how families view children's participation in decisions that affect them. Your answers will be used to:

- learn under which conditions participation is considered helpful, safe and acceptable for children who support or help care for a family member;
- think about better ways to involve children safely and respectfully;
- help design sustainable participation opportunities in the future.

This may not lead to immediate changes, but your input contributes to improving how children's participation can be better designed and supported in the near future.

Do I have to participate?

Participation is entirely voluntary. You do not have to take part in this survey if you do not wish to.

Your participation is anonymous. We do not collect any personal information that could identify you.

You can stop the survey at any time by closing the page and you do not have to explain why. You can also choose not to answer any question you do not feel comfortable with.

If you stop before finishing the survey, your answers will not be used, and the data gathered up to the point of withdrawal will be immediately destroyed.

Who can I contact if I have questions?

If you have questions about this survey, your rights as a participant, or if you would like to speak to someone after taking part you can contact a member of the OUR VOICES project team or the organisation that shared this survey with you.

Contact details (per country/Eurocarers[1] [2] [3]):

Name/organisation

Phone number

Email:

Consent form

Please read the statement below before starting the survey.

By selecting, " I agree", I confirm that I am 18 years old or older and that:

- I have read and understand the information provided regarding this survey.
- I understand that my answers are anonymous and that no identifying information is collected.
- I understand that my participation is voluntary and that I am free to stop the survey or skip any question at any time without giving a reason, and that there will be no negative consequences if I choose to do so.
- I agree to take part in this survey, which means I will answer questions about my perspectives as a family member on children's participation in decisions that affect them.
- I understand that my anonymous responses will be securely stored and used only to prepare a report for the OUR VOICES project. The results will be presented in aggregated form, which means that no individual participant can be identified.
- I understand that the anonymous data will be deleted after the report has been completed.

☐ **I agree to participate in this survey and agree that my responses will be used anonymously and stored as described above.**

☐ I do not agree

(If you do not agree, please do not continue with the survey.)

Questionnaire

This questionnaire asks you questions about your views and experiences as a family member of a child or young person who regularly supports or cares for someone in the family.

In this questionnaire, "the young person" refers to a child or young person (under 18) in your family or care who regularly supports or cares for a family member due to illness, disability, mental health difficulties or other care needs.

Some questions focus on how children are listened to and involved in decisions that affect them (for example in school, in health or support services, in youth and community activities and different policies). Other questions will ask about your expectations, concerns, and the conditions under which participation feels safe and supportive for children in your family context.

Please read all parts of the questionnaire and answer as honestly as possible. There are no right or wrong answers. We are interested in your perspectives and experiences.

Thank you for taking the time to participate!

Screening question

1. ***Does a child or young person in your family regularly help care for or support someone in the family (for example a parent, sibling, or other relative who is ill, has a disability, experiences mental health difficulties, substance-related problems, or has other care or support needs)?***
   ☐ *Yes* ☐ *No* ☐ *Not sure*

(If you answered "No", this survey may not be relevant for your situation. Thank you for your interest.)
Technical note: If the respondent answers Yes / Not sure → survey continues.

Overall view on participation

1. Are you aware that children have the right to be heard in decisions that affect their lives?
☐ Yes ☐ Somewhat ☐ No

2. How do you feel about the young person in your family taking part in consultations or activities related to policies or services that affect children who help care for a family member?
☐ Very positive ☐ Mostly positive ☐ Mixed/unsure☐ Mostly negative ☐Very negative

3. Overall, how do you feel about the young person in your family taking part in consultations or participation activities where young people are asked for their views?
☐ Very positive,
☐ Mostly positive
☐ Neutral or unsure
☐ Mostly negative
☐ Very negative

3.A Do you have any concerns about the young person in your family taking part in such activities?

☐ No concerns
☐ Minor concerns
☐ Some concerns
☐ Significant concerns
☐ Very serious concerns

3.B Main concerns (if any)
1.. If you have concerns, what worries you the most about the young person's participation? (you can choose more than one)

☐ Time burden
☐ Emotional stress
☐ Privacy or confidentiality
☐ Exposure or stigma
☐ I have no particular concerns
☐ Other: ___

(Optional follow-up question only if one or different concerns are selected)
Would you like to briefly explain your main concern(s), or give an example?

Conditions for participation
1.. Under which conditions would participation activities feel acceptable or positive for you? (you can choose more than one)
☐ Activities are short and flexible
☐ The young person can choose whether, when and how to take part
☐ Trusted adults are involved
☐ Clear information about purpose and outcomes
☐ Clear safeguards for privacy and well-being
☐ Regular feedback on what happens with young people's input
☐ Other: ___

5. What would help you feel more comfortable with the young person in your family taking part in participation or consultation activities?

(open question)
For example:

- *What kind of support, safeguards, or conditions would be important to you?*
- *Who should be involved or informed?*
- *What would make participation feel safe, realistic or worthwhile?*

6. Is there anything else you would like to share about participation or being listened to in relation to the young person in your family?
(Optional)

You can share anything you think is important for us to understand.
(optional)

Thank you for your time and answers!

We'll share what we learn from this project on the OUR VOICES website.

Annex C: Professionals' survey (G3)

TARGET GROUP 3: Professionals
(teachers, social workers, youth workers, healthcare professionals)
TOOL: Online Survey (single survey for all)

Participation information sheet

Title: Supporting the participation of children and young people with caring responsibilities

Why your perspective matters?

Children and young people with caring responsibilities regularly provide care or support for a family member, such as a parent, sibling, or other relative, because that person is ill, has a disability, experiences mental health difficulties, substance-related problems, or has other care or support needs. These responsibilities are not always visible or formally recognised, yet they can have a significant impact on children's well-being, education, and opportunities to participate in activities and decision-making that affect them.

As a result, these children and young people often interact with multiple services and are affected by public policies more than their non-caring peers, while having limited influence over decisions that shape their lives. At the same time, they are children, and in line with children's participation rights, should have a voice both as children and in relation to their caring role(s). Ensuring that their perspectives are heard supports their well-being, strengthens their sense of agency and contributes to the design of more effective and responsive support services for both young people and their families.

What is this survey about?

This survey is part of the OUR VOICES project, a European initiative that aims to improve how children and young people with caring responsibilities are listened to and involved in decision making processes that affect their lives.

As a professional working in education, health care, social services or youth work, you may encounter children and young people with caring responsibilities in your daily practice.

The purpose of this survey is to explore your experiences, perspectives and challenges related to involving children and young people with caring responsibilities in participation and consultation processes. Your input will help identify institutional barriers and support needs and will inform the development of practical engagement approaches and capacity-building activities within the project.

If you would like to know more about the project, you can find a short and accessible overview on the OUR VOICES website: https://ourvoicesproject.eu/about/.

What will happen if you take part?

If you agree to take part in this survey, you will be asked to complete a short online questionnaire about your professional experiences related to children and young people with caring responsibilities and their participation in decision-making and consultation processes. Your answers are anonymous, which means that no one will be able to identify you or your responses.

The questions focus on:

- identifying children and young people with caring responsibilities;
- participation and consultation practices in your work context;
- barriers, constraints and enabling conditions for meaningful participation

The survey is completed online and takes approximately **X minutes**.

Your anonymous answers will be combined with those of other participants and used to prepare a report for the OUR VOICES project. The results will be presented in a way that no individual participant can be identified.

What are the benefits of participating?

By taking part in this survey, you contribute to a better understanding of how participation for children and young people with caring responsibilities works in practice. Your input will help to:

- identify common challenges and good practices across sectors;
- inform the development of safe participation approaches;
- support the design of more sustainable and inclusive participation mechanisms.

While participation may not lead to immediate change in your setting, your contribution will help us in the development of a shared framework for improving participation practices for children and young people with caring responsibilities that are realistic, inclusive and applicable in everyday settings such as schools and local city councils.

Do I have to participate?

Participation in this survey is entirely voluntary. You do not have to take part if you do not wish to. Your participation is anonymous. We do not collect any personal information that could identify you. You can stop the survey at any time by closing the page and you do not have to explain why. You may also choose not to answer any question. If you stop before completing the survey, your responses will not be used and the data collected up to that point will be deleted.

Who can I contact if I have questions?

If you have questions about this survey, your rights as a participant or if you feel like you want to talk to someone after taking part, you can contact a member of the OUR VOICES- project team or the organisation that shared this survey with you.

<u>Contact details (per country/Eurocarers):</u>

Name/organisation

Phone number

Email:

Consent form

Please read the statement below before starting the survey.

By selecting "I agree", I confirm that I am **18 years old or older** and that:

- I have read and understand the information provided regarding this survey.
- I understand that my answers are anonymous and that no identifying information is collected.
- I understand that my participation is voluntary and that I am free to stop the survey or skip any question at any time without giving a reason, and that there will be no negative consequences if I choose to do so.
- I agree to take part in this survey, which means I will answer questions about my professional experiences related to children and young people with caring responsibilities and their participation in decision-making processes.
- I understand that my anonymous responses will be securely stored and used only to prepare a report for the OUR VOICES project. The results will be presented in aggregated form, which means that no individual participant can be identified.

- I understand that the anonymous data will be deleted after the report has been completed.

☐ I agree to participate in this survey and agree that my responses will be used anonymously and stored as described above.

☐ I do not agree

(If you do not agree, please do not continue with the survey.)

Questionnaire

Section A – Professional background

1. **Your professional role:**
   ☐ Teacher/ educational professional
   ☐ Social worker
   ☐ Youth worker ☐ Mental health professional (e.g. psychologist, psychotherapist, counsellor)
   ☐ Healthcare professional (e.g. nurse, GP, other clinical staff)
   ☐ Other: ___
2. **Do you currently work with children or young people who may have caring responsibilities at home?**
   ☐ Yes
   ☐ Possibly/ in some cases, based on my professional judgement rather than formal identification
   ☐ No ☐ I do not know/ I am not sure

Section B – Awareness and experience

3. **Before this survey, how familiar were you with the term "young carers"?**
   ☐ Not at all
   ☐ Somewhat
   ☐ Very familiar
4. **Regardless of the term used, are children with caring responsibilities currently involved in participation or consultation mechanisms in your institution or service?**
   ☐ Yes, regularly
   ☐ Yes, occasionally
   ☐ No
   ☐ Not sure

Section C – Barriers

5. **What are the main barriers, in your opinion to involving children and young people with caring responsibilities in participation mechanisms?**
   (you can choose more than one)
   ☐ Difficulty identifying them
   ☐ Time or energy constraints for the child ☐ Parental resistance to their participation ☐ Time or capacity constraints within the organisation
   ☐ Lack of staff training or awareness
   ☐ Institutional rigidity or lack of flexibility
   ☐ Safeguarding or protection concerns ☐ Concerns about emotional burden ☐ Lack of follow-up or feedback mechanisms ☐ Other: _____

Section D – Capacity and support needs

6. **Do you feel equipped to support the participation of children with caring responsibilities?**
   ☐ Yes
   ☐ Partly
   ☐ No
7. **What would help you most to support their participation?** *(you can choose more than one)*
   ☐ Training on recognising and supporting children with caring responsibilities
   ☐ Practical guidelines or tools
   ☐ Institutional support or mandate
   ☐ Additional time or resources ☐
   Opportunities to exchange practices with other professionals
   ☐ Other: _____

Section E – Opportunities and quality of participation

8. **Based on your professional experience, where do you think children and young people with caring responsibilities could realistically be involved in participation activities or consultations?**
   (you can choose more than one)
   ☐ School-based mechanisms
   ☐ Youth councils or youth forums
   ☐ Advisory or consultative groups
      ☐ Youth organisations or community groups
      ☐ Health or social services (e.g. support services, care planning)
      ☐ Peer groups or support groups
   ☐ Online consultations ☐
   Informal or small-scale initiatives
   ☐ Other: .....
9. **In your view, what would make participation activities meaningful rather than tokenistic for children and young people with caring responsibilities?** (By tokenistic participation we mean situations where children are asked for their views but their input does not meaningfully influence decisions, for example, when they are asked for their views but never hear what happened with their input afterwards.)
   (open question)

10. **Any additional comments or suggestions you would like to share?**
    (open question)

Annex D: Policy and institutional stakeholder interview guide

TARGET GROUP 4: Policy and Institutional Stakeholders
TOOL: Interviews (2 - 3 interviews per country)
INTERVIEW GUIDE (30-45 minutes)

Topic Guide for interviews at national/local levels:

Background to the OUR VOICES project

This interview is conducted within the framework of the OUR VOICES project, a European initiative that aims to improve the participation of children and young people with caring responsibilities in decision-making processes at local, national, and European level. In some countries, these children are referred to as young carers, while in others the term is not formally recognised or commonly used. The main objective of this specific interview is to gather insights from policy and institutional stakeholders into existing child and youth participation mechanisms, institutional opportunities and constraints, and potential pathways for embedding the participation of children and young people with caring responsibilities within current policy and practice frameworks. The analysis of this interview will help guide the design of effective and sustainable pilot mechanisms for young carers in MS Italy, Bulgaria and Belgium that contribute to the inclusion of young carers in decision-making processes on matters that affect them.// Your perspectives will contribute to the development of realistic, policy-aligned participation mechanisms and pilot actions under the project.

Key concepts and definitions

In line with the OUR VOICES-report: *Report on the gaps and disparities in child participation mechanisms focussed on children living in precarious family situations and other groups of socially vulnerable children* (2025) and the research report "Study on child participation in EU political and democratic life" (2021) we define the following concepts as such:

Concept	Definition
Young carer (YC)[2]	In line with the GAP (project summary) we define young carers as children and young people under the age of 18 who provide regular care, assistance or support to a family member with illness, disability, mental health difficulties, substance misuse or other care and support needs.
Participation[3]	"Participation" is about individuals and groups of individuals having the right, the means, the space, the opportunity and, where necessary, the support to freely express their views, to be heard and to contribute to decision making on matters affecting them, their views being given due weight in accordance with their age and maturity.

[2] Becker, S. Young carers. In The Blackwell Encyclopedia of Social Work; Davies, M., Ed.; Blackwell: Oxford, UK, 2000; p. 378
[3] Recommendation CM/Rec (2012)2 on the participation of children and young people under the age of 18

Mechanism[4]	A 'mechanism' is an initiative that enables children to express their views, and for these views to be taken into account in decision-making processes at local, national and EU levels. These initiatives can be connected to the design, implementation and evaluation of legislation and public policies affecting children's lives. A mechanism can manifest itself as a regular process or as a one-off initiative or practice that is applied at a specific place and time. For that reason, the terms 'process', 'initiative' and 'practice' are used to denote children's participation mechanisms.

Preparation (before an interview)

Partners send a briefing email asking interviewees to reflect before the interview on one or more example(s) of children's or youth participation process(es) that they are familiar with, even if these were not specifically designed for the inclusion of children and youth with caring responsibilities. These may include one-off mechanisms (e.g. surveys, consultations), or more structural forms of participation (such as established fora, advisory bodies, youth councils and youth parliaments). Interviewees are invited to select examples that they consider to have been relatively successful, for instance in terms of inclusiveness, meaningful influence, or child- or youth-led elements. Also inform them that the focus of the interview is not on prior expertise on young carers, but on their reflections, ideas and professional perspectives on how existing participation mechanisms could better include children and young people whose daily lives are partly shaped by caring responsibilities. During the interview they will be asked to reflect on enabling factors, barriers, and possible adaptations rather than to report on specialised practice or expertise on young carers. These perspectives will contribute to the development of realistic, policy-aligned participation pilot programs that will be set out in the MS Italy, Bulgaria and Belgium.

Introduction to the interview (2-3 minutes)

- Introduce self and OUR VOICES project
- Discuss the purpose of the interview
- Discuss permission to record
- Discuss voluntaryness: Interviewees don't have to take part and don't have to answer anything they don't want to. They're also free to withdraw from the interview at any time.
- Discuss confidentiality: the analysis of the interview will not be written up in such a way as to identify any individuals or organisations if requested
- Clarify: Ask if there are any questions before starting the interview. This is a chance to further clarify any questions regarding the Participation Information sheet, Privacy notice, and/or Consent form. If the respondent needs further clarification:

    - The OUR VOICES consortium consists of the following partners: EUROCARERS-association europeenne travaillant, Anziani e Non Solo societa cooperativa sociale, Linneuniversitetet, Social Network 'VESTA,' ZoJong!, Univerza v Ljubljani
    - **Definitions:** as per explanations in the introduction of this document.

[4] Barbara Janta, Michaela Bruckmayer, Annemari de Silva, Lucy Gilder, Andreas Culora, Sam Cole, Emma Leenders; and Eurochild: Mieke Schuurman, Alice Hagger-Vaughan (2021): Study on child participation in EU political and democratic life. RAND Europe.

Introduction to interviewee (2-3 minutes)

- Role: to start, could you please tell me a little bit more about your role/experience/background related to child participation?
- Scope: Could you please briefly describe the size and geographical scope of your organisation? (National/regional/local authority, public governmental organisation, private, NGO, child-rights organisation, other?
- Organisational profile/ type of organisation:
- Do you have direct contact with children and young people (until the age of 18)?
- How does your organisation inform children and youth about their right to participate and what good child/youth participation standards look like?
- What do you do at the national/regional/local level regarding child and youth participation? Do you see child/youth participation as a priority? Do you consult with young people/organisations?

Interviewees' experiences/story of children's participation (6 minutes)

- Opening question: To start, could you describe a or more child or youth participation mechanism(s) you are familiar with, even if it was not specifically designed for young carers?
- In what context did this take place (policy area, governance level)?

Understanding child/youth participation (4 minutes)

- How do you personally understand child/youth participation?
- What do you see as key elements of meaningful participation
- In your view, what is participation not?

Inclusion of vulnerable children/youth or children/youth with caring responsibilities (8 minutes)

Facilitator note (context for interviewer) Findings from the *Report on the gaps and disparities in child participation mechanisms focussed on children living in precarious family situations and other groups of socially vulnerable children* (OUR VOICES, 2025) suggest that young carers may face particular barriers to participation in decision-making processes. These may include limited time due to caring responsibilities, lack of recognition by professionals or institutions, stigma or concerns about family privacy, and limited access to information about participation opportunities. The report also highlights that participation mechanisms often remain consultative rather than enabling meaningful influence for vulnerable groups of children.

Thinking of children and young people whose daily lives are partly shaped by caring responsibilities:

- Are children or young people with caring responsibilities explicitly recognised within participation mechanisms or structures in your context?
  If yes, how? If not, why do you think this is the case?

- To what extent are children and young people with caring responsibilities included in existing participation mechanisms?

- In your view, what barriers may limit their participation?
  identification and recognition
  time constraints or lack of flexibility
  safeguarding or protection concerns
  institutional or legal constraints

stigma or fear of consequences for the family
other barriers

- To what extent do existing participation mechanisms take into account the specific circumstances of children and young people with caring responsibilities?
  - *Follow-up:* What changes would be needed to make these mechanisms more accessible or meaningful for them?

Institutional capacity and opportunities (8 minutes)

- From your perspective, what opportunities exist to better embed the participation of children with caring responsibilities within existing child and youth participation structures?
- What would need to change at policy, institutional, or practice level?
- What conditions are necessary to ensure participation is safe, meaningful and sustainable?
- What role could public authorities realistically play?
- Where do you see limits to what institutions can do? (Which constraints are structural rather than temporary?)
- If you were to advise on one realistic participation mechanism that could work within your context, what would it look like?

Impact, learning and future directions (8 minutes)

- In your experience, how do child and youth participation mechanisms currently influence decision-making in practice?
  - Do children or young people receive feedback on how their views were used in decision-making?
    If yes, how is this feedback usually provided? *Optional probe (if needed): Can you give an example?*
- Thinking about children and young people with caring responsibilities:
  - Where do you see the biggest gaps or missed opportunities for impact?
  - What would help participation have more impact in your context:
    - - within existing structures?
    - - in future policy or practice developments?
  - How would the outcomes of the OUR VOICES project realistically support or inform policy and/or practice at local or regional level?

Final comments

Is there anything you would like to add, or feel that I should have asked but didn't?

Next steps (OUR VOICES)

- completion of stakeholder interviews (4 target groups; young carers, families/relatives of young carers, professionals and policy/institutional stakeholders)
- development of an Engagement Framework;
- pilot testing of participation mechanisms;
- reporting and sharing of findings

Ask whether the interviewee would like to receive information about project results.

THANK YOU FOR YOUR PARTICIPATION!

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