

The situation of young carers in Europe



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Abstract

Young carers (YCs) are children under the age of 18 providing informal, unpaid and often unrecognised care to members of the household suffering from disabilities or otherwise requiring regular care. This in-depth analysis reviews a range of literature on legal recognition, stakeholder awareness and policies adopted at different levels in the EU regarding YCs. The aim is to provide readers with an appropriate evidence base and inform policy action in this area.

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LIST OF ABBREVIATIONS

AYC	Adolescent Young Carer
BBC	British Broadcasting Corporation
EHIS	European Health Information Survey
EMPL	Committee on Employment and Social Affairs
EP	European Parliament
EPRS	European Parliamentary Research Service
EU	European Union
HBSC	Health Behaviour in School Children
JADE	Jeunes Aidants Ensemble
MACA	Multidimensional Assessment of Caring Activities
NEET	Not in Education, Employment or Training
NGO	Non-governmental Organisation
NHS	National Health Service
OECD	Organisation for Economic Co-operation and Development
SANT	Subcommittee on Public Health
YAC	Young Adult Carer
YC	Young Carer

EXECUTIVE SUMMARY

Background

Estimates suggest that around 4 to 10 per cent of children in the EU take on caring duties for family members. However, this category of carers is less studied and has often been ignored in part or entirely by policymakers, and numbers may be significantly underestimated. The Employment and Social Affairs committee (EMPL) of the European Parliament addressed the issue of young carers (YCs) in its resolutions of 15 November 2018 on Care services in the EU for improved gender equality and of 22 June 2022 'Towards a common European action on care'. In September 2023, the European Parliament Coordinator on Children's Rights, Vice-President Ewa Kopacz, made a request to the Employment and Social Affairs committee to address the limited awareness and recognition of this group of young people and the impact caring duties has on young carers mental and physical health, education and general wellbeing. The EMPL Coordinators decided to request an analysis to look at the evidence base, identify relevant research done on this topic, the existing gaps, and the state of the debate.

Aim

This in-depth analysis aims to provide Members with:

- an understanding of who young carers are, estimates of how many children and young people in the EU are young carers, what their concerns are, and how caring as a child or young adult can affect their mental health, educational performance and social wellbeing, including as impacted by the Covid-19 pandemic;
- awareness of the policies, initiatives, service frameworks and research projects at local, national and EU levels that directly or indirectly support young carers;
- a summary based on research findings and the input of young carers themselves, of the most significant challenges remaining in terms of awareness of young carers and/or the effectiveness of policies to support them.

Key Findings

There are no comparable official statistics on YCs in the EU. Large surveys conducted at national and multinational in the EU show wide variation in estimates, depending on the methodology used and age groups studied. More systematic research is required to provide data on the numbers concerned and identify young carers' specific needs - above all, targeted supports throughout education and in the transition towards employment and wider access to mental healthcare.

Significant differences are present among Member States, in terms of awareness of YCs by academia, policymakers, care and other related NGOs and other stakeholders. This reality is reflected by the limited number of support frameworks and recognition available to YCs, with much of the EU failing to provide any kind of legal recognition or assistance.

Sweden leads the EU - followed by Germany, Austria, Italy and the Netherlands - in providing some recognition and assistance to YCs, but core issues remain. Even where some help designed for YCs' particular issues - difficulties balancing caring and schoolwork and emotional and physical burdens, social isolation - is available, the picture that emerges from reviewing several studies is that more often than not this fails to reach the carers concerned. Close collaboration with YCs themselves was identified as a key strategy useful for designing more effective support frameworks.

Young carers are not specifically addressed in any EU policy initiatives, although their situation was addressed in EP resolutions on care in 2018 and 2021. A range of policy initiatives at EU level, related to children and youth, long-term care, mental health or demography could be used to address issues relevant for YCs. Under Horizon 2020, the EU has funded and continues to fund research projects on the subject, thus extending the knowledge base.

1. WHO ARE YOUNG CARERS?

KEY FINDINGS

Young carers (YCs) are children under the age of 18 who regularly provide caregiving to a disabled, or otherwise non autonomous parent, sibling or other member of the household. Adolescent young carers (aged 15-17) and young adult carers (18-25) are often studied as separate groups. YCs' caring responsibilities, intensity and time spent caring vary significantly.

Estimates place their prevalence at around 4-10% in EU countries where (limited) data is available - although these figures may be underestimations. Figure 1 presents estimates from various studies differing in methodology, age groups and countries studied.

Up to a third of YCs provide 'high' or 'very high' levels of care, and care receivers are most likely to suffer from mental or physical disabilities. EU-wide, the majority of YCs are female.

1.1. Introduction

With an aging European population, a trend which is linked to multiple socio-economic factors such as declining fertility rates, improvements in medicine and increased life expectancy, formal care and nursing provision for senior, disabled or otherwise non-autonomous individuals is today a fact of life for millions of Europeans, as givers and receivers (Eurofound, 2023). There are an estimated 12 million paid care workers in the EU, the vast majority of whom are women (EPRS, 2022). In addition, there are approximately 40 to 50 million informal carers providing care to someone in their family or social environment, often on a long-term basis. (Barslund et al., 2021). Young carers (YCs), who can be considered a sub-category of informal carers, **represent at least 4 to 10 per cent of all children, according to several national survey estimates** (Becker, 2021). This category of carers is under-researched, proves hard to reach and has often been ignored in part or entirely by policymakers.

The first chapter of the paper identifies who YCs are, as defined by experts and relevant stakeholders, and looks at the type of caring activities they provide, before reviewing current estimates of YCs' prevalence in Member States where data is available. The next chapter draws attention to the observed impacts attributed to caring on mental health, social development and educational performance, with a focus on how these may have changed or worsened due to Covid-19 lockdowns. Chapter 3 reviews the findings of several large studies that synthesise and compare public policies and stakeholder initiatives undertaken at the local, regional and national levels across Europe. Chapter 4 examines EU-level action and interest in this area, while the final chapter flags up key challenges and opportunities for the future that have emerged in the literature review, including as **identified by YCs themselves**.

1.2. Specific definitions

YCs are broadly defined by multiple organisations and researchers as **children under the age of 18, who provide regular care and emotional support to another family member, who is physically or mentally disabled or misusing substances, taking on significant responsibilities and carrying out substantial caring tasks normally associated with an adult** (Hounsell, 2013). As there are often major differences between young children and teenagers' in terms of caring responsibilities (intimacy or responsibility of tasks involved) and time spent caring, 15-17 years olds are often separately studied as *adolescent* young carers (AYC). (Becker, 2021) *Young adult* carers (YAC) are identified as a separate group: individuals aged between 18 and 25 years old (Chevrier et al., 2022). While their responsibilities

are often comparable, being of age and emerging as adults who may be trying to become more independent of their family unit, seeking higher qualifications or paid work, they have needs that must be considered separately (Boumans and Dorant 2018). While YACs are not the focus of this analysis, some data relating to them has been included to provide as broad a picture as possible.

1.3. Estimated prevalence of young carers in Europe

There are no comparable official statistics on YCs in the EU. The data that does exist comes from various surveys that differ in methodology used, geographic scope and age groups covered. Becker's (2021) review of estimated YC populations in EU Member States cites figures ranging from 4% in Austria, up to 10% in the Netherlands. However, other surveys show greater variations in their estimates. In the UK, where YC research and policy is most developed, Joseph et al. (2019) point to a 2018 survey by the BBC and the University of Nottingham which asked 925 children aged 11-15 to assess any caring activities (using the *Multidimensional Assessment of Caring Activities*¹, or MACA checklist). This survey found that up to 29% of 15-17 year olds may be AYC's. For comparison, the 2023 UK school census (filled out by adults) estimates this figure at less than 1% (Department of Education, n.d.), suggesting a disconnect with young carers' real-world prevalence.

Table 1: Estimated prevalence of Young Carers and Young Adult Carers based on surveys in selected EU Member States and the UK

Study	Total N (sample size)	Adult or self-completion	Year(s) of data collection	Country	Age group	Prevalence (%)
Untas et al. (2022)	4,037	Self-completion	2018-2021	FR	15-17	14.3
Eggert et al. (2018)	1,005	Self-completion	2016	DE	12-17	5
Metzing et al. (2020)	6,313	Self-completion	2016-2017	DE	10-22	6.1
Family Carers Ireland (2020)	15,557	Self-completion	2018	IE	10-17	13.3
Nordenfors and Melander (2017)	2,424	Self-completion	2014	SE	15	7
Nagl-Cupal et al. (2014)	7,403	Self-completion	2012	AT	10-14	4.5
Istat (2017)	approx. 30000 households	Not specified	2015	IT	15-24	6.6
De Roos et al. (2020)	6,511	Self-completion	2017	NL	12-16	18
Joseph et al. (2019)	925	Self-completion	2018	UK	11-15	22

¹ Carers Trust, 2012, *Manual for Measures of Caring Activities and Outcomes for Children and Young People*. Available at: <https://carers.org/downloads/resources-pdfs/young-carer-assessment-tools/manual-for-measures-of-caring-activities-and-outcomes-for-children-and-young-people.pdf>.

Study	Total N (sample size)	Adult or self-completion	Year(s) of data collection	Country	Age group	Prevalence (%)
Department for Education (n.d.)	School Census	Adult-completion	2023	UK	7-18	0.5
Hanson et al. (2022); Lewis et al. (2023) (Me-We)	7,146	Self-completion, online	2018-2019	SE, NL, IT, SL, CH, UK	15-17	29

Source: Author's own elaboration.

Note: Methodologies used for data collection across surveys may make comparison difficult, with some surveys restricted to YCs self-reporting high levels of care. Istat (2017) data was collected and analysed as part of the 2015 European Health Information Survey (EHIS). Joseph et al. (2019) refers to data from the BBC study mentioned below. Department for Education (n.d.) data was first collected in 2023 and through education professionals; accuracy may be low at present (collection and handling of data is at school's discretion) but improve over time - in 2023 79% of schools recorded no YCs. For Hanson et al. (2022) and Lewis et al. (2023) data was collected as part of the 'Me-We' transnational research project, using an online survey.

Table 1 above summarises estimates from surveys of YCs' prevalence across 10 European countries, based on varying methodologies. In France, a survey by Untas et al. (2022) using the aforementioned checklist, found that approximately 14.3% of 15-17 year old students self-report as AYC's. In Germany, a 2016 representative survey of 12-17 year olds found an average of 5% YCs (Eggert et al., 2018); Metzinger et al. (2020), given a wider age range (fifth to 13th grade, with participants aged 10-22 years), similarly estimated 6.1% prevalence. In Ireland, data from the 2018 Health Behaviour in School-aged Children (HBSC) survey estimated that 13.3% of 10-17 years olds were YCs (Family Carers Ireland, 2020). In Sweden, Nordenfors and Melander (2017) cite that approximately 7% of 15 year olds surveyed reported 'extensive' care duties. In Austria, Nagl-Cupal et al. (2014) found that 4.5% of 10-14 year olds from a selection of 85 schools reported informal caregiving. Data from Italy comes from the wider 2015 European Health Information Survey, recording answers from approximately 30,000 households in a representative sample of the country, finding that 6.6% of 15-24 year-olds provided care - most often to their grandmother (Istat, 2017). Dutch data was collected as part of the 2017 Health Behaviour in School Children (HBSC) survey among 6511 students, which found that roughly 18% of respondents faced a 'care situation' at home and spent more than 4 hours a week on caring tasks. (De Roos et al., 2020) Hanson et al. (2022) estimates that 29% of 15-17 year olds may be AYC's (including some caring for close friends) based on an online survey administered to AYC's in six European countries, forming the basis for 'Me-We' research into caring's effects discussed further in the paper. With the exception of the findings by Istat (2017) that found a slightly higher male incidence of informal caring amongst 15-24 year olds in Italy, **across all of the countries considered here between 60-70% of YCs identified are female, suggesting a need for additional gendered considerations when designing policies.**

Consistently, across the studies under review in Becker's (2021) presentation, a majority of YCs across age groups reported providing emotional and domestic care, with around half providing nursing tasks, up to a **third involved in 'high' or 'very high' amounts of care and a minority even carrying out intimate personal care tasks such as dressing and washing.** As found by the above-mentioned BBC survey, the largest categories of difficulties faced by the people cared for (sometimes, more than one) appear to be physical disabilities (35%), followed by mental health issues and long-term illnesses (both 24%), learning disabilities (13%) and drug and alcohol abuse (4 and 2% respectively). The 2018-2021

'Me-We'² survey on AYCs, from a sample of 7,146 participants in Italy, the Netherlands, Slovenia, Sweden, Switzerland and the United Kingdom found higher percentages for all categories, with 46% and 40% of the AYCs identified caring for family members, respectively, caring for physical or mental disabilities/illnesses, 26% for cognitive impairments and 10% for addiction (Lewis et al., 2023).

² CORDIS. Grant agreement ID: 754702, *Psychosocial Support for Promoting Mental Health and Well-being among Adolescent Young Carers in Europe*. Available at: <https://cordis.europa.eu/project/id/754702>.

2. HOW DOES CARING IMPACT MENTAL HEALTH AND SOCIAL DEVELOPMENT?

KEY FINDINGS

Across a range of sources consulted, clear associations were found between caring and mental health issues, difficulties with school performance, bullying and risk of harm towards oneself or others, including affecting personal and professional outcomes over the long term. Higher care loads worsened these effects.

Covid-19 lockdowns led to YCs spending more hours caring and risked reinforcing the negative impacts of this role, such as social exclusion.

On the positive side, there also appears to be a strong link between caring as children and positive outcomes - increased maturity, empathy and feelings of resilience.

2.1. Key effects identified

The single largest source of data regarding the issues faced by YCs is the aforementioned Horizon 2020-funded project *Psychosocial Support for Promoting Mental Health and Well-being among Adolescent Young Carers in Europe*³, or 'Me-We', that ran between 2018 and 2021 and aimed to systematise knowledge on AYC, co-design, test and deliver interventions in the countries involved, and evaluate 'what works' to support best practice sharing. Observing 2,099 AYC (total n=7,146 in the six countries involved), its key findings were that: over two-thirds (70%) of AYC were female, amounts of care load (measured in the MACA scale) varied significantly across countries and that both positive and negative adaptations were observed – but AYC (especially female) have lower quality of life (using the KIDSCREEN⁴ quality of life questionnaire) than non-caring peers. Higher MACA scores were associated with school difficulties, bullying and poorer mental health. Becker (2007) divides YCs' *amount* of time spent caring along a continuum, identifying care loads of up to 19 hours/week as 'low', with 50 or more hours/week as 'high'.

Overall, a **quarter of AYC in the study reported deteriorating mental health (countries ranged from 18-56%), 19% mentioned school performance suffering (range 12-41%), 17% bullying and 16% reported thinking about self-harm (range 9-31%)** – while 7% mentioned thinking about harming others, including the person being cared for. Whilst noting certain methodological limitations, a systematic review by Alfonzo et al. (2022) found that nine of out ten studies on carers aged under 25 consistently found associations between caring and worse mental health outcomes. King et al. (2021) also found this association in a large Australian sample, comparing wellbeing among 18-19 year olds who had provided care at age 14-15 with those who had not. Focusing on YCs more broadly, a smaller (n=83) study in Ireland, the YOUNGCARERS project (see Figure 1 below) (Family Carers Ireland, 2023) is even more worrying, finding that 80%, 86% and 56% of YCs were at clinical risk of depression, feeling stressed and feeling unable to cope respectively; additionally, 32% struggled to balance school with caring tasks – challenges also found by Becker and Sempik (2019). The wide-ranging consequences of social exclusion for YCs, especially as this affects education with higher absenteeism and dropout rates for YCs than for non-caring peers and employability over the long-term are quantitatively investigated by Becker and Sempik, (2014a, 2014b). Stamatopoulos (2018), interviewing a focus group of Canadian

³ Ibid.

⁴ 'Screening and Promotion for Health-related Quality of Life in Children and Adolescents'. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3953538/pdf/11136_2013_Article_428.pdf.

YCs aged 15-19, corroborates these findings, observing a 'young carer penalty' in the participants across their professional and social-emotional lives.

Figure 1: Key findings on the impact of caring for YCs (n=83) in Ireland



Source: Family Carers Ireland (2023).

Note: Findings are different for YACs; another table is available in the referenced study.

2.2. Pandemic-linked outcomes

Nakanishi et al. (2022) investigated AYC's psychological symptoms and mental wellbeing during the Covid-19 pandemic, comparing caring status and mental health outcomes using longitudinal data from the UK from 2018-19 to early 2021. They found that across several wellbeing scales, **the 7.9% of AYCs identified in the sample (311, total n=3927) reported significantly higher (worse) scores than non-carers, when looking at psychosocial risk factors – which were associated with poorer sleep, a strong feeling of loneliness during the pandemic and low social support.** The authors note that **the pandemic may have reinforced negative impacts of their caring role, as well as unaddressed health and behavioural problems and worsened access to support services** (Blake-Holmes, 2020; Bashir, 2020). Whilst reducing homework and saving on commuting time, school closures and confinement at home could have increased the difficulty in balancing care responsibilities. Indeed, Blake-Holmes and McGowan (2022), conducting a study in January 2021, found significant increases in complexity of care during lockdowns and, in over half of YCs surveyed, higher time spent caring; these effects were even more pronounced for YCs of single parents. The aforementioned YOUNGCARERS project in Ireland also found that 30% of YCs surveyed reported spent longer hours caring since the pandemic began, and that 22% lost connections with friends. These findings are consistent with other studies, and Nakanishi et al. (2022) also observed gradually worsening wellbeing throughout the first few waves of the pandemic – suggesting these outcomes may indicate longer-term consequences. A final point made by Blake-Holmes and McGowan (2022) was that YCs missed school, a key place for 'respite and potential support', despite education also being an environment where YCs are normally most disadvantaged (Cheesbrough et al., 2017).

2.3. Potentially positive effects

In addition to the previously highlighted negative effects of caring across YCs' private and social lives, Becker (2021) also identifies recurring *positive* outcomes linked with caring - increased responsibility, maturity, skills, control and inclusion. **Joseph et al. (2020) discuss results of several studies that found an association between caring and increased maturity, while Cassidy et al. (2014) reported increased resilience in YCs where caring demands were not excessive and were socially recognised.** Further, the aforementioned 2018 study corroborates earlier findings that early caregiving can 'instil feelings of pride and competence and foster empathy and compassion' (Stamatopolous, 2018:191). 34% of participants in the YOUNGCARERS study by Family Carers Ireland (2023) reported both negative and positive outcomes, while as many as 94% of YCs interviewed stated they were 'learning useful things by caring for a family member' (see Figure 1 above). Findings from the 'Me-We' project as discussed by Becker (2021) are consistent with this research, having identified both positive and negative adaptations, with carers on a continuum between *vulnerability* and *growth* where, as time spent caring increases, so do the negative effects. Variable caring time and caring task combinations - some YCs may provide many hours of care involving household management and practical tasks, while others provide fewer hours but more intimate or emotional care - may affect YCs' psychological well-being in different ways (Cunningham et al., 2017).

3. REVIEWS OF POLICIES AND AWARENESS

KEY FINDINGS

The UK has pioneered research into and recognition of young carers, and it is the only country to formally recognise young carers as such and have widespread support frameworks and initiatives available. In the EU, Sweden has reached the most advanced stage, recognising YCs' status within the child rights framework. Italy, Germany, Austria and the Netherlands have some relevant policies or recognition in place, while in France Belgium, Ireland, Finland, Greece, Poland and Slovenia some recognition and some degree of awareness of YCs has started to emerge.

It is important to note, however, that even in the most advanced countries researchers have observed severe issues with implementation, with assistance and support failing to reach most YCs. While valid reasons to favour either the British or the Swedish model exist, there is also an emerging consensus in favour of 'whole family' based, holistic intervention approaches that target other family members as well and, often, the wider community.

3.1. Cross-country classification

Having identified who the term 'young carers' refers to, including the subgroup of AYC's and the separate category of YAC's, and discussed a nuanced picture of the key negative (and sometimes positive) impacts observed across the literature on YCs' mental health, academic performance and other socio-developmental measures, we now turn to a review of the existing meta-analyses and cross-national comparisons of relevant policy initiatives. Leu and Becker (2017) first presented a cross-national classification of YC awareness and policy responses, based on an *intersubjectively comprehensible qualitative assessment*, that ranked countries under analysis on a 7-point scale (1 – highest policy awareness). The scale used investigates whether a country recognises or supports YCs specifically, how they are defined, whether any legislation specific or applicable to YCs is present, and what factors have been influential in boosting policy and practice for YCs. In Leu et al. (2023) the authors (now part of a larger international research network) published a revised ranking, highlighting improvements over the five-year period up to 2021. This classification, its criteria and key policy examples inform the first part of this chapter (focused on observations from EU countries and the UK, as a crucial point of reference).

Table 2: 2021 Classification of in-country awareness and policy responses to 'young carers'

Levels 1-7	Characteristics	Country Example 2017	Country Example 2021
1 Incorporated / Sustainable	<ul style="list-style-type: none"> Extensive awareness at all levels of government and society of the experiences and needs of young carers Sustained and sustainable policies and interventions aimed at meeting young carers' needs and promoting their health, well-being, and development Responses and law built on a foundation of reliable research evidence and clear legal rights 	None	None
2 Advanced	<ul style="list-style-type: none"> Widespread awareness and recognition of young carers amongst public, policy makers and professionals Extensive and reliable research base, and growing Specific legal rights (national) Extensive codes and guidance for welfare professionals and national and local strategies Multiple dedicated services and interventions nationwide 	UK	UK

Levels 1-7	Characteristics	Country Example 2017	Country Example 2021
3 Intermediate	<ul style="list-style-type: none"> Some awareness and recognition of young carers among public, policy makers and professionals Medium-sized research base, and growing Partial rights in some regions Small but developing body of professional guidance Some dedicated services and interventions, mostly local but a few nationwide 	Australia, Norway, Sweden	Australia, Norway, Sweden, Canada
4 Preliminary	<ul style="list-style-type: none"> Little public or specialist awareness and recognition of young carers Limited research base, but growing No specific legal rights but other laws may be applicable or relevant Few, if any, dedicated services or interventions at national or local levels 	Austria, Germany, New Zealand	Austria, Germany, New Zealand, Italy, The Netherlands, Switzerland
5 Emerging	<ul style="list-style-type: none"> Growing public or specialist awareness and recognition of young carers Small but growing research base No specific services or interventions for young carers, but other services might be applicable 	Belgium, Ireland, Italy, Sub-Saharan Africa, Switzerland, The Netherlands, United States of America	Belgium, Ireland, Finland, France, United States of America
6 Awakening	<ul style="list-style-type: none"> Embryonic awareness of young carers as a distinct social group within the 'vulnerable children' population 	Greece, Finland, France, United Arab Emirates	Bangladesh, Greece, India, Japan, Nepal, Poland, Slovenia, United Arab Emirates
7 No responses	<ul style="list-style-type: none"> No apparent awareness or policy responses to young carers as a distinct social group 	All other countries	All other countries

Source: Leu et al. (2023).

No country is classified at level 1 'incorporated', which demands extensive awareness of YCs at all levels of government, sustainable policies to promote YCs' health, needs and development and law built on clear rights and reliable research. **The UK remains the only country classified at level 2 'advanced', with widespread awareness and recognition among the public, policymakers and professionals, an extensive, growing research base, specific national rights, codes and guidance for welfare professionals and multiple dedicated interventions.** YCs are specifically defined in legislation, such as the Children and Families Act 2014⁵ and Care Act 2014⁶; service frameworks providing support, such as school programmes and practice models, are offered in some secondary and tertiary education institutions and by some local health services. The charity organisation MYTIME Young Carers⁷ and the

⁵ UK Government, Children and Families Act 2014. Available at: <https://www.legislation.gov.uk/ukpga/2014/6/contents>.

⁶ UK Government, Care Act 2014. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents>.

⁷ MYTIME Young Carers. Available at: <https://www.mytimeyoungcarers.org/>.

National Health Service (NHS)⁸ both have dedicated online resources to find out more about and access services for YCs. Despite the UK's ranking, there is a significant gap between support policies and implementation, with too much emphasis placed on identification, to the detriment of actual support. Of the children referred to the local authority as potential YCs, 30% did not receive any assessment at all (Children's Commissioner for England, 2016).

Sweden (and AU, NO, CA) sits at level 3 'intermediate' (some awareness of YCs among stakeholders, partial rights in some regions and a small but growing body of professional guidance, with some dedicated, mostly local interventions), thanks to its highly developed legislative framework to protect children. As explained by Leu and Becker (2017), since 2010 in **Sweden, YCs are recognised as *next of kin* in policies that recognise the specific obligations of health personnel towards children – see the Health and Medical Care Act⁹. This perspective primarily considers a child's¹⁰ need for information, advice and support in cases where they live with a parent or guardian suffering from addiction or severe mental or physical illness** – as in the UK however, the authors note that implementation is lacking.

Austria, Germany, Italy and the Netherlands (and Switzerland) are all ranked at level 4 'preliminary', presenting little YC awareness and recognition, moderate but growing research, no specific rights but possible application or relevance of other laws and few (if any) dedicated interventions at any level. In Austria, awareness of YCs is raised mostly by regional programmes or in academic contexts, with YCs' rights derived from adult (informal) carers' legislation. Despite other identifiers being used outside of research akin to Sweden's *next of kin*, in 2020 the government took a step forward, mentioning YCs specifically in their government programme¹¹. In Italy, the legal definition of family carers and funding for their financial support were first approved in the Emilia-Romagna region before national adoption in 2017 (Law 27 December 2017 n. 205, art. 254)¹². The law does not exclude, but fails to mention YCs specifically and thus may rarely be applied to them. Another sign of progress in Italy is a memorandum of understanding signed in 2018 by a group of NGOs in the same region and the Ministry of Education, which recognises impact of caring on education and introduces flexibility in cases of school absences¹³. In this context, the University of Padova recently launched a new study¹⁴ to help design new practices and policies. In the Netherlands, the Child and Youth Act¹⁵ and the Social Support Act 2015¹⁶ alongside established legislation on young people's right to education (Compulsory Education Act) may be applied by local administrations to 'indirectly' protect YCs. Since 2018, the yearly *week of the young carer*¹⁷ campaign organises workshops to raise awareness - though mostly, again, at low levels of government (Eurocarers, 2019).

⁸ NHS, *Being a young carer: your rights*. Available at: <https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/being-a-young-carer-your-rights/>.

⁹ Health and Medical Care Act, (*Hälso- och sjukvårdslag (2017:30)*). Available at: https://www.riksdagen.se/sv/dokument-och-lagar/dokument/svensk-forfattningssamling/halso--%20och-sjukvardslag_sfs-2017-30/.

¹⁰ No specific reference is made in the Act to the age of children identified as *next of kin* (Ch. 5 §6, §7) and thus receiving specific information, advice and support.

¹¹ Out of responsibility for Austria (*Aus Verantwortung für Österreich*). Available at: https://www.dievolkspartei.at/Download/Regierungsprogramm_2020.pdf.

¹² Law 27 December 2017 n. 205, art. 254. Available at: <https://www.gazzettaufficiale.it/eli/id/2017/12/29/17G00222/sg>.

¹³ Anziani e non solo, *A national protocol to support young carers in schools* (2018). Available at: <https://eurocarers.org/download/5841/?tmstv=1705376466>.

¹⁴ Euraxess, *Young Carers in Italy. A study to design new practices and policies for social, health and school services*. Available at: <https://euraxess.ec.europa.eu/jobs/148690>.

¹⁵ Child and Youth Act. Available at: <https://zoek.officielebekendmakingen.nl/stb-2014-105.html>.

¹⁶ Social Support Act 2015 (*Wet maatschappelijke ondersteuning, Wmo 2015*). Available at: <https://wetten.overheid.nl/BWBR0035362/2018-08-01>.

¹⁷ Week van de Jonge Mantelzorger. Available at: <https://www.weekvandejongemantelzorger.nl/>.

Level 5 'emerging' includes Belgium, Ireland, Finland and France - countries with growing public or specialist awareness, and a small but growing research base. Focusing on France, a first step was taken by the 2019 National strategy for carers' mobilisation and support¹⁸ (*Agir pour les aidants*, updated in 2023), which included a section on YCs, aimed at increasing school's awareness in order to identify and support YCs, and another on creating specific arrangements for YACs in higher education. Founded in 2016, the JADE NGO (*National Association for Young Carers*)¹⁹, is credited with advocating for this progress. Finland presents comprehensive legislation aiming to guarantee children's welfare in cases of parent incapacitation - among others, the Child Welfare, Health Care, Disability Services and Social Welfare²⁰ Acts - the latter being framed much like the aforementioned Swedish Health and Medical Care Act. The 2005 Act on Support for Informal Care fails to reach many carers, as municipalities, who are responsible for its implementation, tend to have low awareness - with few exceptions, such as Vantaa, which extends the possibility of granting informal carer support to minors²¹. NGOs at the national level are trying to raise awareness.

Level 6 'awakening' includes Slovenia, whose Youth Policy²² includes references to collaboration between ministries and youth centres to provide tailored support to disadvantaged youth but makes no mention of YCs as a target group. **Leu et al. (2023) here identify a major communication gap between ministries and lower-level stakeholders such as schools and social workers as an obstacle to collaboration.** One encouraging development is the country's participation in the 'Me-We' project.

All other EU countries not mentioned so far (and others outside of Europe) were listed as level 7 'no responses', lacking any apparent awareness or policy responses relevant to YCs. Finally, it must be reiterated that this classification uses an *intersubjectively comprehensible qualitative assessment* that may miss historical, cultural and social differences between the countries considered, and is limited to a synthesis of data and new policy, research and service developments. Crucially, YCs themselves were not interviewed as part of this classification, which would have contributed to participatory health research. To help address some of these points, the next few paragraphs focus on the parallel study by Leu et al. (2022), a key component of 'Me-We'.

3.2. Comparison between policy models

In the countries under consideration in the 'Me-We' project (IT, NL, SL, SE, CH and UK), the authors use a case study approach to analyse the gap between legal provision and implementation. Selecting these six countries for wide coverage in geographic and policy awareness terms (ranging from the UK situation to a total lack of recognition and support), the authors complemented systematic research of policies responses, published research, and service frameworks with expert interviews (on how legislation views YCs, reform processes and attitudes to the topic). This was followed up with country case study analyses and cross-national synthesis. Finally, where possible, former YCs were asked to provide feedback on the analyses. Notably, while the study produced several interesting insights and sparked broader questions, **the first key discussion point is that major obstacles towards wider recognition in practice, let alone implementation of support interventions, persist within all**

¹⁸ Ministre du Travail, de la Santé et des Solidarités, *Agir pour les aidants*. Available at: <https://solidarites.gouv.fr/agir-pour-les-aidants>.

¹⁹ Jeunes Aidants. Available at: <https://jeunes-aidants.com/>.

²⁰ §44 Social Welfare Act. Available at: <https://www.finlex.fi/fi/laki/alkup/2014/20141301>.

²¹ Criteria for granting care support from 1 May 2022. (Omaishoidon tuen myöntämisperusteet 1.5.2022 alkaen). Available at: https://www.vantaa.fi/sites/default/files/document/Omaishoidon%20tuen%20my%20my%20C3%B6nt%C3%A4misen%20perusteet%201.5.2022%20alkaen_0.pdf.

²² Youth Policy 2013–2022 in Slovenia. Available at: https://www.youthpolicy.org/national/Slovenia_Youth_Programme_2013_2022.pdf.

countries analysed.

In line with the classification by Leu et al. (2023), the authors found that only the UK made precise reference to 'children's caring roles' within its laws, with Sweden falling somewhere in between specific and non-specific legislation depending on the circumstances - but no hard legal recognition of their particular needs as carers. Nordenfors and Melander (2017), scrutinising the Swedish policy framework, highlight how assumptions about strong welfare support being in place for children and their parents and the mind-set of children therefore not needing to perform high-level care contribute to the paradox that YCs are often 'invisible' and left without support.

Looking at enactment and practice of legislation, Leu et al. (2022) highlight how several factors impact this transition - **even where legislation may be in place, a lack of guidelines can prevent meaningful application, especially since in most countries studied regional and local authorities are responsible for this area.** For instance, a sense of disconnection and lack of understanding in the UK between local NGOs/working groups and multiple agencies led to varied results.

Changes and early recognition of carers in the UK, compared with slower recognition in other countries and profound cross-country differences in terms of the stakeholders involved in developing policy (with, in the UK, YCs also being consulted) led Leu et al. (2022) to consider how we conceptualise different approaches. They draw a line from the dichotomy between a child rights-based approach (as in Sweden) versus individualised support of YCs (as in the UK), towards a consensus that favours the emerging 'whole family' model that sees wider family-level (especially emotional support) as well as community (e.g. in education) interventions as key components complementing targeted support. **Arriving at the same conclusion with regard to the relevance of working from a family perspective, Nap et al. (2020), in an earlier study (also part of 'Me-We'), note that experts interviewed in the UK, Sweden had strong criticisms for both types of intervention.**

Finally, Leu et al. (2022) also describe how the YCs they interviewed (at least four in each country) consistently shared the **wish for more holistic support in line with the 'whole family approach'**, aside from generalised increased support and recognition at the school and healthcare level. Such interventions were **identified as especially important during the transition phase in late adolescence**, as AYC's e.g. may face increased workloads in education and social pressures.

4. EU LEGISLATIVE ACTION AND INTEREST

KEY FINDINGS

Young carers (YCs) are not specifically addressed in any policy initiatives at EU level.

The situation of young carers has been addressed in European Parliament resolutions on care in 2018 and 2021. The Parliament has called for more data collection and action to support informal carers, including child carers.

A range of policy initiatives at EU level, either specifically relating to children and young people, or sectoral initiatives on long-term care, mental health, and demography could take account of the situation of YCs

Under Horizon 2020, the EU has funded and continues to fund research projects on the subject of young (adult) carers and informal carers, which have contributed to extending the knowledge base.

4.1. Policies on youth and children

Policies on children and youth are national competence so the EU role in these areas is limited. According to **Article 3(3) of the Treaty on European Union**, the EU 'shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child'. The **Charter of Fundamental Rights of the European Union** includes an article on children's rights (Article 24) and an article forbidding child labour and providing for protection of young people in the workplace (Article 32). Principle 11 of the **European Pillar of Social Rights** says that '(...) Children have the right to protection from poverty. Children from disadvantaged backgrounds have the right to specific measures to enhance equal opportunities'.

Within the European Parliament, a number of parliamentary committees have competences for policies that directly or indirectly affect the rights of the child. Since 2018, the Parliament has created and embedded in Parliament's structure the European Parliament Coordinator on Children's Rights. The Coordinator has responsibility for promoting and protecting the rights of the child in the work of the Parliament and representing Parliament on children's rights. The current Coordinator Ewa Kopacz (PL EPP) made a request to the EMPL committee in September 2023 to look at the situation of YCs in Europe, given the lack of visibility and understanding of this group of young people and the possible effects caring duties have on their lives.

A number of EU initiatives in recent years focus on children and young people. Firstly, there are overarching EU strategies such as the **EU Youth Strategy (2019-2027)** (Council of the European Union, 2018), which aims to engage with and empower young people, and the **EU Strategy on the rights of the child** (European Commission, 2021), which aims to place children at the centre of EU policy-making. The two strategies set out the EU approach to better protecting children and young people, to ensuring that their rights are respected, and that they are given a say. What is common to both strategies is the recognition that strengthening socio-economic inclusion of children and young people is essential to prevent poverty and disadvantage being passed on from generation to generation but also the recognition that young people are keen to engage with others and to take control of their lives. Mainstreaming is recommended both in relation to youth and children's rights given that their lives are affected by decisions taken in different policy areas and at different levels of implementation. In addition, the **European Child Guarantee**, one of the flagship measures of the

Strategy on the Rights of the Child, aims to prevent poverty and social exclusion by guaranteeing access of children in need to a set of key services, including free healthcare. One of the categories of children identified as requiring particular attention is 'children in precarious family situations' which means children exposed to various risk factors that could lead to poverty or to social exclusion. This includes: '(...) living with a parent with disabilities; living in a household where there are mental health problems or long-term illness; living in a household where there is substance abuse (...)' (Council of the European Union, 2021). The Guarantee places a lot of emphasis on outreach to children and their families and involving a broad range of stakeholders, including children themselves, in the design, delivery and monitoring of policies and quality services. For YCs, who may often have to take on a lot of responsibility in the family, having this recognition that they may be in a vulnerable situation, being listened to and given a say and getting support to access key practical services can be of vital importance.

4.1.1. European Parliament positions

Setting out its position on these strategies, the Parliament resolution on children's rights in view of the EU Strategy on the rights of the child stressed that 'a child is first and foremost a child' and that 'the best interests of the child must be a primary consideration in all actions and decisions concerning them and their physical and mental well-being' (European Parliament, 2021a). In a point of relevance for YCs, the majority of whom are girls, the resolution stressed that 'the EU Strategy must take a gender-balanced approach, integrating a gender perspective across all programming sectors, targeting the well-being and empowerment of girls, addressing their specific needs and recognising their rights'. The resolution highlighted the toll taken by the COVID-19 pandemic and effects of the pandemic on young people's well-being and development, including their mental health. The resolution welcomed the initiative to present a strategy but called for 'adequate legislative and non-legislative proposals and binding and non-binding EU instruments to address the challenges that children face'.

On the Child Guarantee, in its resolutions of 29 April 2021 on the European Child Guarantee and of 21 November 2023 'Children first - strengthening the Child Guarantee, two years on from its adoption', among other demands, the Parliament called on Member States to 'mainstream a gender-sensitive and intersectional approach throughout their implementation of the Child Guarantee', as well as calling on the Commission to 'examine the possibility of establishing a European Authority for Children to support and monitor Member States' implementation of the recommendation' and for an increase in funding for the Child Guarantee (European Parliament, 2021b; 2023a).

4.2. Other relevant policy action

A number of sectoral EU policy documents and initiatives are also very relevant to the concerns of YCs, even if the subject of YCs receives very few explicit mentions.

The **Council Recommendation on access to affordable and high-quality long-term care** notes that there are labour shortages in the care sector and that population ageing is expected to increase the demand for long-term care. It also notes that 'informal care has been essential in long-term care provision (...) often due to a lack of accessible and affordable formal long-term care,' but that this may also reflect a preference for giving or receiving this type of care. The Recommendation refers to the 'neglected costs' of informal care and the fact that 'providing informal care can negatively affect carers' physical and mental health' (Council of the European Union 2022a). Recommendations are addressed

to the Member States in relation to identifying, and providing support for informal carers²³ in both the Recommendation and accompanying **Communication on the European Care Strategy**. For example, Member States should 'design support measures for informal carers, e.g. counselling, psychological support, respite care and/or adequate financial support (...)' (European Commission 2022). Many of the issues raised apply equally to young carers, given the prospect of increasing reliance on informal care by family members, including young carers, if formal care is not available, and the concerns that exist about potential effects on their well-being and educational outcomes. However, their situation and needs are not addressed specifically.

The potential impact of labour shortages on care provision is once again addressed in the **Communication on Demographic change in Europe: a toolbox for action** presented by the Commission in October 2023. The Communication proposes measures to improve labour market participation, boost skills and attract qualified workers from outside the EU. The toolbox stresses the idea of intergenerational fairness and the need for an approach that 'empowers all generations to realise their talents and aspirations' (European Commission, 2023a). It does not mention young carers specifically but an increasing unmet demand for care will inevitably have a knock-on effect on informal care and also affect young carers.

Poor mental health is identified in the research as one of the negative effects of caring duties for young carers. In terms of more general guidance on mental health, while the **Communication on a Comprehensive approach to mental health in Europe** presented by the Commission in June 2023 does not identify young carers as one of the vulnerable groups, young carers may intersect with some of the groups identified (e.g. children experiencing anxiety, sadness or fear, bullying, children at risk of self-harm) (European Commission, 2023b). The Communication has a dedicated section on *Boosting the mental health of children and young people*, which seeks to 'protect children and the young people during their most vulnerable and formative years, in a context of increasing pressures and challenges'. The Commission will support the creation of a '**child and youth mental health network**', and develop a **prevention toolkit for children** focusing on 'focusing on prevention, early intervention of children at risk and addressing the interlinks between mental and physical health'. Many of the initiatives could be significant for YCs, for example the school-based programmes that focus on early intervention in the school environment 'to promote mental health and well-being and involve a variety of actors and services in the community, to identify and address problems at an early stage'. A similar approach is reflected in the **Council Recommendation on pathways to School Success** of 28 November 2022, which recommends a combination of 'universal measures with targeted and/or individualised provisions for learners requiring additional attention' (Council of the EU, 2022b). These measures could be of significant benefit to young carers given the difficulties they may experience in balancing schoolwork with caring responsibilities.

4.2.1. European Parliament positions

While neither the Council Recommendation on access to affordable and high-quality long-term care nor the Communication on the European Care Strategy addressed the situation of young carers, the European Parliament did include YCs in its resolutions of 15 November 2018 on **Care services in the EU for improved gender equality** and of 22 June 2022 '**Towards a common European action on care**' (European Parliament, 2018; 2021c). The 2018 resolution called on the Commission and the Member States to do more research on young carers, and to provide support for young carers in

²³ Development of integrated home and community-based care services is also essential, since the lack of such integration increases reliance on informal care as a default option (Eurocarers). SWF consultation.

cooperation with NGOs and educational establishments, and also asked 'the Commission to propose an action plan containing these and other measures to ensure the quality of care, and the quality of life of carers'. In the 2021 resolution, Parliament includes young carers in a request to the Commission to establish a 'European Informal Carers' programme within a larger 'European Carers Programme' package, enabling and supporting Member States to carry out actions to 'identify, recognise and acknowledge' these categories and their different needs'. As mentioned above, these specific recommendations on young(er) carers have not yet been taken on board in any policy initiatives.

Following the Commission communication on a comprehensive approach to mental health, the Public Health (SANT) committee of the European Parliament adopted a report on mental health in December 2023 (European Parliament, 2023b). The report quotes the statistic of 'nine million adolescents (aged 10 to 19) in Europe living with mental health conditions, with anxiety and depression accounting for more than half of all cases' and also notes that '70% of children and adolescents who experience mental health conditions do not receive appropriate interventions at a sufficiently early age'. The report describes the Covid-19 pandemic as having had a 'deep and lasting impact' on mental health and a disproportionate effect on certain groups in society, including adolescents and young people. It calls on the Commission and the Member States to 'prioritise mental health and well-being among children' and stresses the importance of prevention and of 'childhood support systems in schools and outside schools, including via cultural organisations, youth organisations and sports clubs'. The resolution and the Communication relate to mental health in general but it is worth noting that YCs fall within a vulnerable age group. The various measures called for by the Parliament in the resolution can be very relevant for YCs who are known to have high levels of depression and to experience social isolation but may fall between the cracks of the different social and educational services.

4.3. EU-funded research

The European Union has also funded research on the subject of (young) carers. Perhaps the foremost research effort undertaken in this area is the aforementioned '**Me-We** project on **Psychosocial Support for Promoting Mental Health and Well-being among Adolescent Young Carers in Europe**'²⁴, which ran between 2018 and 2021, led by Professor Elizabeth Hanson from Linnaeus University and funded by Horizon 2020 grants. The project aimed to systematise knowledge on adolescent young carers (AYCs) (15-17 years old) in six European countries (SE, SL, IT, NL, CH and UK), identify AYCs' profiles needs and preference, analyse national policy legal and service frameworks, and review evidence and good practices. Crucially, 'Me-We' also developed and evaluated with AYCs directly a framework of effective and multicomponent interventions for prevention, focusing on mental well-being, tailored to each country - enabling wide 'knowledge translation actions for dissemination, awareness promotion and advocacy' by spreading results among stakeholders at all levels. Beyond the studies part of 'Me-We' already discussed in this paper, the initiative produced briefing papers containing policy recommendations - one for each country involved and one for the EU level. Proposed strategies from the latter document are listed below and will be discussed in the final chapter, along with inputs provided by AYCs themselves in 'Me-We' research .

The **WELL CARE**²⁵ project is another long-term project funded with Horizon Europe grants, also coordinated by Linnaeus University and running from 2024 to 2027. The project aims to strengthen supports available to improve informal and long-term care workers' mental health. The project will start by identifying best practices, and then analyse policy, reform strategies and funding frameworks in 10

²⁴ Me-We project, European policy brief. Available at: <https://me-we.eu/wp-content/uploads/2019/05/Me-We-European-brief.pdf>, Me-We project, National policy briefs. Available at: <https://me-we.eu/internal-resources/#briefs>.

²⁵ Project: WELL CARE. Available at: <https://lnu.se/en/research/research-projects/project-well-care/>.

in-depth case studies in order to develop recommendations. Like the approach employed for 'Me-We,' the network plans to 'co-design' solutions directly with all stakeholders involved, through surveys and interviews. While not targeting young carers specifically, the project could provide valuable insights into how to support the category of *young adult carers* (YACs) mentioned earlier in this report, who are often facing extended care workloads and difficulties balancing work, higher education and life at home in the transition period from childhood to adulthood. (Becker, 2021)

4.4. EU policy recommendations from stakeholders

The overview given above of recent relevant EU initiatives shows that there are instruments available at EU level that could be used to address the subject of young carers and respond to the recommendations put forward by YC organisations and experts.

The 'Me-We' project sets out recommendations in its European policy brief. The recommendations for the State level advocate an approach based on **identifying who YCs** are, making an **assessment of their needs**, providing **support tailored to the needs of YCs but also their families** (the 'whole family approach'), taking **early, preventive action** and **listening to YCs** and involving them in decisions and policies that affect them.

The European level recommendations also stress the importance of **involving and encouraging the participation of YCs** and highlight the tools that can be used at EU level - **further research** on the profile and needs of YCs, **identification and dissemination of good practices** across Europe, the **inclusion of YCs in relevant policy dossiers** like the European Youth Strategy, and the **use of the instruments that already exist**, such as European Pillar of Social Rights to 'promote the development of integrated approaches for the identification, support and social integration of young (adult) carers across Europe' (Me-We project (n.d.)).

5. KEY CHALLENGES AND CONCERNS FOR POLICYMAKERS

5.1. Recurring points of concern

KEY FINDINGS

Raising policy interest in YCs remains a challenge, primarily due to a persistent lack of awareness - let alone successful identification of YCs and support delivery - even in the UK and Sweden, the most advanced countries in this field. Funding and communication gaps between levels of governance are also identified as primary causes for lagging implementation.

Despite differences in how countries frame support for YCs - stakeholders agreed that recognition and targeted support schemes are a necessary first step for successful policy design.

This advice is also consistent with the support needs and requests expressed by young carers themselves interviewed in two studies, regarding wider recognition at the family, school and community level and broadened access to mental health support. It is clear, that their input must be central to designing policies to support YCs, especially through the transition to adulthood.

Addressing the symptoms and causes of YCs' condition, as explored in this article, presents several key issues. This chapter will review some of the challenges and effective or proposed practices to solve them that have emerged in the literature, additionally identifying some broader, more conceptual obstacles before highlighting points and recommendations made by YCs themselves.

One theme that emerged across the meta-analyses and comparisons discussed in chapter three is the often **persistent lack of awareness among YCs themselves, family members and e.g. schools with regard to the support, service frameworks and other forms of assistance that are available, even where such initiatives are (on paper) most widespread**. In England, approximately 4/5 of YCs are missing out on support from local authorities as not all authorities are taking the necessary steps to identify them. Additionally, 30% of children referred to the local authority as potential YCs had not received any assessment at all (Children's Commissioner for England, 2016).

In principle, this may be because the translation from commitments made e.g. at the national level downward is not successful, due to a failure to create awareness or work together with local NGOs, schools and other stakeholders (this may also be the case in the opposite direction). Nap et al. (2020) found that **among experts in 10 different European countries (UK, NL, SE, CH, AT, BE, DE, IE, IT and SL) awareness of YCs' specific issues was lowest in Italy and Slovenia, despite Leu et al. (2022) later classifying Italy as much more advanced in awareness and policy development than the latter**. Focusing on Slovenia, Leu et al. (2022) report a significant 'communication gap' between proponents of a new law and 'state bureaucrats' that hampers implementation of the National Youth Programme, since national ministries are 'vertically-oriented' and as such collaboration between e.g. schools and social workers is lacking.

Funding gaps are another obstacle to this translation from awareness to implementation - as soon as one stage or step between policy recommendation and local service provision faces delays or issues in obtaining funding, it can result in lacking or weakened support. Family Carers Ireland (2023) specifically highlights a **need for a sustained funding model for YCs, while experts from across Europe interviewed by Nap et al. (2020) also voiced support for a 'European NGO with structural funding independent of national budgets' to increase visibility for YCs across the EU and reduce inequalities in support available, within and between countries** - expanding on the work done by

e.g. the Eurocarers YC working group. Others interviewed in the same study supported a focus on identification and support 'where necessary' of YCs, rather than having specific legislation which may not be properly enforced or followed up on due to lack of funding.

Following analysis of the case studies referenced in the 'Me-We' study, Nap et al. (2021) raise another broader, more fundamental consideration shaping policy development, which should be considered before further steps towards intervention are taken, namely the question of whether it 'is acceptable for any country to have children in a caring role in the first place, and if so, to what degree?' (Nap et al 2021:1226). The authors point out that **the Swedish view** (discussed above) **based on assumptions about high welfare state support essentially leads to the conclusion that YCs should not exist. If the person needing care receives appropriate support from the state, children could avoid taking on caring responsibilities. This is in direct contrast to the British view, which explicitly recognises and aims to support YCs, and as such accepts their role as caregivers.** The authors state that this system may be perceived as 'entrapping children and youth into roles which they should be free from, and thereby violating their rights' (Leu et al 2021:1227). With proper support available, ideally YCs' role should decrease. In this context, **irrespective of the broader approach policymakers and stakeholders choose, the authors note a consensus among experts in favour of recognition and protective measures for YCs to safeguard children's wellbeing.**

5.2. Support needs as reported by young carers themselves

Leu et al. (2022), interviewing a sample of YCs for 'Me-We', found that AYCs (aged 15-17) across Europe generally agreed existing laws were not effective, and that they receive limited information about their rights or support opportunities. Reporting their hopes for the future, some mentioned creating 'forums for mutual support', increasing psychological support for them and their families and reducing the stigma associated with vulnerable groups. **A frequent request was for increased understanding and support on the part of schools towards YCs, especially during the transition period between adolescence and adulthood. Finally, YCs interviewed were also in favour of the 'whole family' approach.**

Perhaps the most comprehensive analysis of YCs' needs is that undertaken by Family Carers Ireland (2023), who conducted seven participatory workshops with a combined 131 YCs (aged 9-17) and YACs. Among the YCs, the most frequent support need identified by 29% of participants was 'help finding ideas for things to do while at home', followed by 'help planning for emergencies' and 'mental health support' (both 23%) and 'educational support' and 'support which allowed them to have a break from caring' close behind at 22%. Support needs were more pronounced for the YAC group, whose most significant concerns were 'help with money/finances' (35% of participants), 'mental health support' (33%), 'support which allowed them to have a break from caring' (31%) and 'educational support' (29%).

Table 3: Support needs identified by young (n=83) and young adult carers (n=48) in Ireland

SUPPORT NEEDS IDENTIFIED / REPORTED	YOUNG CARERS	YOUNG ADULT CARERS
Help with money / finances	13%	35%
Help planning for emergencies	23%	17%
Virtual one-to-one support	8%	8%
Mental health support	23%	33%
Support staying connected to family and friend	13%	17%
Support from a carer service	14%	16%
Help finding ideas for things to do while at home	29%	18%
Assistance from a paid care worker or personal assistant to help them provide care	11%	13%
Educational support	22%	29%
Support which allowed them to have a break from caring	22%	31%
Support to stay healthy	19%	27%
Virtual support network, such as an online support group	7%	4%

Source: Family Carers Ireland (2023).

The researchers also gathered a long list of proposals from participants, split into 'health and wellbeing', 'education and employment' and 'social support' categories. Raising awareness and understanding and fostering empathy for carers amongst all stakeholders was deemed to be key. Extended support networks and broader access to psychotherapy/counselling were mentioned by YACs. Grants for higher education, discounted access to sports activities, and other forms of financial assistance and academic support were requested by both groups - but came higher up the list of priorities for YACs. YACs also suggested introducing care policies into the workplace, with designated leave for this reason.

Engaging with YC's voices directly can be extremely valuable for co-designing targeted, empowering policy interventions. To this end, and complementing the needs already discussed in the paragraphs above, the 'Me-We' Booklet²⁶, created by YCs interviewed as part of the project for other YCs, provides useful insights into the difficulties YCs experience in communicating about and gaining recognition of their situation and accessing appropriate support. The needs and solutions it describes are consistent with those identified across the literature - for example the need to involve different actors in different areas of a child's life, the importance of providing welfare tools specific to YCs and YACs, and the crucial importance of awareness-raising and training for professionals, for example the role of schools, through training of education professionals.

²⁶ Me-We (n.d.) 'A booklet for young carers by young carers'. Available at: <https://me-we.eu/booklet/>.

5.3. Conclusion

Having provided an assessment of young carers' prevalence in Europe and how their caring responsibilities impact their mental health and development, before reviewing the latest research and policy developments across the countries under consideration and at the EU level – this document closes by identifying several key concerns and challenges for ongoing and future development. In line with the EU Youth Strategy, the EU Strategy for the Rights of the Child, the Child Guarantee and strategies for improvements to long-term care, addressing the issues raised will require a comprehensive, targeted and multi-directional approach going forward. Reflecting the findings from research, this approach should focus particularly on awareness-raising, engaging young carers directly in co-designing policy interventions and at the same time adopt a holistic perspective, which is cognisant of children's place in society and their specific needs.

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Young carers (YCs) are children under the age of 18 providing informal, unpaid and often unrecognised care to members of the household suffering from disabilities or otherwise requiring regular care. This in-depth analysis reviews a range of literature on legal recognition, stakeholder awareness and policies adopted at different levels in the EU regarding YCs. The aim is to provide readers with an appropriate evidence base and inform policy action in this area.

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