National Report[1] – Study No. 1

Activity A2.2

”Attitudes&beliefs of organizations towards Wellbeing&Resilience of practitioners in Youth Work”

Developed by

COCEMFE Sevilla

[1] **The national report should be written using Calibri font, size 12, with 1.5 line spacing, in order to ensure a coherent and unified approach across all partner organisations.**

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National Report of Study No. 1

"The attitudes & beliefs of organisations towards wellbeing & resilience of practitioners in Youth Work"

Partner organisation: COCEMFE Sevilla

Country: Spain

Responsible researcher(s): Encarnación Barrera Bizcocho and Álvaro Walls Toledo

Section I: Context and rationale of national study

1.1. National context

Youth work organisations in Spain constitute a diverse ecosystem of public and non-governmental actors that **play a key role** in promoting social inclusion, participation, wellbeing and equal opportunities for young people, particularly those in situations of vulnerability. Within this ecosystem, **third-sector organisations**—particularly non-governmental organisations working in areas such as disability, mental health, youth support and social intervention— **have taken on an increasingly prominent role** in delivering services and programmes traditionally associated with public welfare provision. This expansion of roles has contributed to a growing complexity in professional practice, with increased emotional, relational and organisational demands placed on practitioners working directly with young people.

At the same time, the Spanish third sector faces **structural challenges** that directly influence organisational functioning and workforce wellbeing. This is mainly due to the fact many organisations operate under **funding models heavily dependent on short-term public grants and project-based financing**. As a result, this dependence generates conditions of instability, uncertainty and administrative pressure, which frequently translate into increased workloads and difficulties in consolidating long-term organisational support systems for staff wellbeing and professional development.

In addition to those structural conditions, youth work professionals in Spain operate within **inherently emotionally demanding environments**. Their daily practice often involves exposure to psychosocial risk factors, emotional labour, crisis situations and sustained interpersonal engagement, all of which are intrinsic to working with young people in vulnerable situations. This means, that, beyond the organisational pressures

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associated with funding instability, practitioners are also confronted with significant emotional and relational demands derived from the nature of their professional role.

Despite the recognised importance of practitioner wellbeing in ensuring service quality, organisational sustainability and positive outcomes for young people, this dimension has historically received limited systematic attention within organisational policies and management practices. In some contexts, practitioner wellbeing continues to be framed primarily as a personal responsibility linked to individual coping capacities, emotional management or personal resilience.

1.2. Rationale of the study

Against this backdrop, the Erasmus+ project **POSITIVE – Wellbeing and Resilience in Youth Work for Social Change** identifies a growing need to better understand how youth-serving organisations conceptualise, prioritise and respond to practitioner wellbeing and resilience.

Thus, the study No. 1, entitled **"The attitudes & beliefs of organizations towards wellbeing & resilience of practitioners in Youth Work"**, seeks to explore nationally the ways in which organisations perceive wellbeing and resilience, the extent to which these issues are recognised as organisational concerns, and how organisational cultures, leadership approaches and institutional beliefs shape responses to psychosocial challenges experienced by youth work professionals.

The findings of this national study are expected to contribute not only to the POSITIVE project's transnational comparative analysis but also to broader reflections within the Spanish third sector regarding how organisations can better care for those who daily accompany, support and empower young people.

Section II: Objectives and research questions of national study no. 1

a. Specific objectives

The national implementation of Study No. 1 – "The attitudes & beliefs of organizations towards wellbeing & resilience of practitioners in Youth Work" sought to explore how youth-serving organisations in Spain conceptualise, prioritise and respond to practitioner wellbeing and resilience within organisational settings characterised by emotional demands, structural pressures and increasing expectations of support for young people in vulnerable situations.

Therefore, the national study pursued the following objectives:

SO1. To assess the extent to which practitioner wellbeing is genuinely recognised and prioritised as an organisational concern within youth-serving organisations in Spain. This objective aimed to explore not only whether organisations formally acknowledge practitioner wellbeing as important, but also whether such recognition is translated into meaningful organisational attention, strategic prioritisation and concrete workplace practices. Particular interest was placed on understanding whether a potential gap exists between organisational discourse and day-to-day implementation.

SO2. To identify prevailing organisational beliefs regarding responsibility for managing psychosocial risks and supporting practitioner wellbeing and resilience.
The study sought to examine how organisations understand their role in addressing emotional strain, work-related stress, psychosocial risks and burnout prevention. Particular attention was paid to the balance between organisational responsibility and individual responsibility, as this issue emerged as a relevant concern within youth-serving environments characterised by high emotional labour and limited structural resources.

SO3. To explore how leadership attitudes, communication practices and organisational management influence responses to emotional labour, practitioner stress and workplace wellbeing.
This objective focused on understanding how leadership approaches shape organisational climates, emotional support systems and staff experiences of recognition, trust and psychological safety. Given the relational nature of youth work, the study paid

particular attention to the role of supportive, participatory and emotionally responsive leadership models.

SO4. To examine whether organisations adopt a systemic organisational understanding of practitioner wellbeing and resilience, rather than relying predominantly on individual coping approaches.

The study aimed to investigate whether wellbeing and resilience are understood as organisationally embedded phenomena influenced by structural conditions such as workload, staffing, communication systems, organisational culture, flexibility, supervision opportunities and institutional support mechanisms.

SO5. To analyse the role of organisational culture, communication and psychologically safe environments in supporting professional wellbeing and resilience.

Particular emphasis was placed on understanding whether professionals feel able to express concerns, emotional distress or work-related difficulties without fear of judgement, stigma or negative consequences. The study also explored the importance of trust, recognition, team cohesion and opportunities for meaningful participation in organisational life.

SO6. To identify strengths, challenges and opportunities for improvement in relation to organisational wellbeing and resilience support within Spanish youth-serving organisations.

Finally, the study aimed to identify both enabling factors and structural barriers affecting practitioner wellbeing, generating evidence that may support organisational reflection, improve internal practices and inform future policy and organisational recommendations.

b. Research questions/working hypotheses/targeted indicators for the main study

The national study was guided by a set of interconnected research questions and working hypotheses specifically adapted to the Spanish organisational context and to the realities experienced by organisations working with young people, including young people with disabilities, mental health conditions and other situations of vulnerability.

Drawing on both the conceptual framework of the POSITIVE project and the emerging

realities identified within Spanish youth-serving organisations, the study explored six analytical dimensions related to organisational attitudes and beliefs regarding practitioner wellbeing and resilience.

- *Indicator 1. Organisational awareness and strategic recognition of wellbeing*

    - Research Question 1 (RQ1):

To what extent is practitioner wellbeing recognised and prioritised as a meaningful organisational concern within youth-serving organisations in Spain?

    - Working Hypothesis 1 (H1):

Although organisations tend to formally recognise practitioner wellbeing as important, this recognition may not always be translated into systematic organisational prioritisation, structured support mechanisms or everyday workplace practices.

This indicator explored the extent to which wellbeing is institutionally acknowledged and integrated into organisational culture, internal priorities and strategic decision-making. Particular attention was paid to identifying potential discrepancies between organisational discourse and practitioners lived experiences.

- *Indicator 2. Organisational responsibility for practitioner wellbeing*

    - Research Question 2 (RQ2):

How do organisations perceive their responsibility for addressing psychosocial risks and supporting practitioner wellbeing and resilience?

    - Working Hypothesis 2 (H2):

Organisations recognise a degree of responsibility for practitioner wellbeing; however, support practices may remain uneven, informal or constrained by structural limitations such as workload, funding instability and resource shortages.

This indicator focused on understanding how organisations conceptualise responsibility for emotional wellbeing, psychosocial risk prevention and professional sustainability, particularly in emotionally demanding youth work environments. Special attention was given to the relationship between organisational support and individual responsibility for self-care and resilience.

- *Indicator 3. Leadership attitudes towards wellbeing and emotional labour*

    - Research Question 3 (RQ3):

How do leadership attitudes and management approaches influence organisational responses to emotional labour, practitioner stress and workplace wellbeing?

    - Working Hypothesis 3 (H3):

Supportive, relational and participatory leadership approaches are associated with more positive perceptions of wellbeing support, communication and emotional safety among practitioners.

This indicator examined how leadership practices influence emotional support, recognition, conflict management, communication and professionals' perceptions of organisational care. Given the relational intensity of youth work, particular attention was placed on emotionally responsive leadership practices.

- *Indicator 4. Organisational culture and psychological safety*

    - Research Question 4 (RQ4):

To what extent do organisational cultures promote trust, emotional openness and psychologically safe environments?

    - Working Hypothesis 4 (H4):

Organisations characterised by open communication, relational trust and collaborative cultures are more likely to foster practitioner wellbeing and resilience.

This indicator analysed whether professionals feel psychologically safe to express concerns, difficulties or emotional distress, as well as the extent to which organisational cultures facilitate dialogue, trust and interpersonal support.

- *Indicator 5. Organisational learning and openness to improvement*

    - Research Question 5 (RQ5):

How do organisations learn from practitioners' experiences and adapt organisational practices to improve wellbeing and resilience?

- Working Hypothesis 5 (H5):

Organisations that actively promote reflective practices, internal feedback and collective learning are more likely to develop meaningful responses to practitioner wellbeing challenges.

This indicator explored whether organisations create opportunities for reflection, learning and organisational adaptation, particularly in response to staff wellbeing needs and changing workplace realities.

- *Indicator 6. Systemic understanding of practitioner wellbeing and resilience*

  - Research Question 6 (RQ6):

Do organisations adopt a systemic understanding of practitioner wellbeing and resilience beyond individual coping mechanisms?

  - Working Hypothesis 6 (H6):

Although organisations increasingly recognise the influence of organisational conditions on practitioner wellbeing, individualised understandings of resilience continue to coexist alongside more systemic approaches.

This indicator examined whether wellbeing and resilience are understood as outcomes shaped by organisational structures, workloads, communication systems, emotional demands and institutional support conditions, rather than solely by individual coping capacities.

Together, these research questions, hypotheses and indicators provided the analytical foundation for examining how Spanish youth-serving organisations understand, prioritise and respond to practitioner wellbeing and resilience, while also allowing for the identification of contextual tensions, organisational gaps and opportunities for improvement within the Spanish third-sector landscape.

Section III: Description of how the national study no. 1 was carried out

a. Research design (quantitative/qualitative/mixed)

The national implementation adopted a **mixed-methods research design**, integrating quantitative and qualitative approaches in order to develop a comprehensive, context-sensitive and analytically robust understanding of how youth-serving organisations conceptualise, prioritise and respond to practitioner wellbeing and resilience.

The adoption of a mixed-methods approach was considered particularly appropriate given the multidimensional nature of the research topic and the organisational realities of the Spanish youth and social intervention sector. Practitioner wellbeing and resilience within youth work are shaped by a complex interaction of organisational beliefs, leadership approaches, communication practices, psychosocial risks, emotional labour and structural working conditions. Consequently, relying solely on quantitative or qualitative methods would have limited the study's ability to fully capture the complexity of organisational attitudes and experiences surrounding practitioner wellbeing. Likewise, the simultaneous and anonymous participation of both target groups in the different instruments makes it possible to establish a comparison between the emerging discourses.

Therefore, the study combined **quantitative data collection** through structured questionnaires with **qualitative methods** designed to explore organisational experiences and contextual realities in greater depth.

In addition, the **sampling strategy** adopted was designed to maximise the relevance and diversity of organisational perspectives included in the study. Organisations were selected according to criteria such as:

- demonstrated experience in youth work and social intervention,
- diversity of organisational profiles,
- relevance to disability, mental health, inclusion and vulnerable youth contexts,
- organisational maturity and expertise,
- and willingness to participate in the research process.

b. Implementation stages

The implementation was carried out between **April and May 2026**, following a sequential and complementary research process combining planning, participant recruitment, quantitative data collection and qualitative exploration.

The study implementation was organised into several interconnected stages aimed at ensuring methodological coherence, diversity of organisational perspectives and adequate triangulation between quantitative and qualitative evidence.

- **Stage 1. Preparation and contextual adaptation of the research process**

  The first stage focused on the preparation and contextual adaptation of the research framework and instruments to the Spanish context. This included the review and refinement of the methodological framework developed within the POSITIVE project consortium, as well as the adaptation of research tools for national implementation.

  Particular attention was paid to ensuring conceptual alignment between the study objectives, working hypotheses, analytical indicators and data collection instruments. In addition, efforts were made to ensure that questionnaires, interview guidelines and focus group discussions were suitable for organisations operating within the Spanish third-sector environment, particularly those working with young people experiencing disability, mental health conditions and social vulnerability.

  At this stage, ethical considerations relating to voluntary participation, confidentiality, informed participation and anonymised data management were also incorporated into the implementation strategy.

- **Stage 2. Identification and recruitment of participating organisations and respondents**

  The second stage involved the identification and recruitment of organisations and participants. An **intentional sampling strategy** was employed in order to ensure organisational diversity and maximise the relevance of collected experiences.

Participating organisations were selected based on criteria including:

- expertise in youth work and social intervention,
- experience in supporting young people in situations of vulnerability,
- organisational diversity,
- relevance to disability, mental health and inclusion contexts,
- and willingness to participate in reflective research processes.

Recruitment efforts focused on engaging both **practitioners directly involved in youth work and social intervention (Target Group 1)** and **leaders, coordinators and managers with organisational responsibilities (Target Group 2)**.

To facilitate participation, organisations and professionals were contacted through existing professional networks, institutional collaborations and targeted dissemination strategies. Invitation emails explaining the purpose of the study, confidentiality measures and participation requirements were distributed to organisations across relevant sectors.

Special efforts were made to encourage the participation of managerial and coordination profiles, recognising the importance of understanding organisational beliefs and decision-making perspectives regarding practitioner wellbeing and resilience.

- **Stage 3. Quantitative data collection**

The third stage consisted of the quantitative phase of the research through the administration of two online questionnaires using **Google Forms**, which facilitated accessibility and flexibility for respondents. This was considered particularly important given workload pressures and time constraints.

The questionnaires were developed for:

  - **Target Group 1 (TG1): Youth Workers and Practitioners within Organisations**, resulting in **37 completed responses**;
  - **Target Group 2 (TG2): Leaders, Coordinators and Managers within Organisations**, resulting in **22 completed responses**.

In total, the quantitative phase generated a sample of **59 participants**.

- **Stage 4. Qualitative data collection**

Following the quantitative phase, qualitative methods were implemented in order to deepen the interpretation of survey findings and better understand the organisational realities underlying participant responses.

This stage included **four semi-structured interviews** conducted with key organisational representatives selected for their professional expertise and organisational experience within youth work, disability, mental health and social inclusion contexts. Interviews provided an opportunity to explore organisational beliefs, leadership approaches, communication practices, organisational culture and perceived challenges regarding practitioner wellbeing in greater depth.

Additionally, a **face-to-face focus group discussion** was organised involving **10 participants** (6 from TG1, and 4 from TG2), which included programme technicians, coordination staff, volunteer representation and youth-sector stakeholders. The discussion created a collective space for exploring experiences, perceptions and organisational dynamics related to emotional labour, psychosocial wellbeing, leadership, organisational support and resilience.

The inclusion of a focus group within an organisation with recognised expertise in mental health and psychosocial intervention was considered particularly relevant, given the study's interest in understanding wellbeing within emotionally demanding work environments.

- **Stage 5. Data integration and analytical preparation**

The final implementation stage involved the organisation, review and preparation of collected data for analysis.

Quantitative responses were systematised to enable descriptive and comparative analysis between target groups, while qualitative materials from interviews and the focus group were reviewed and organised thematically.

A triangulation approach was adopted to facilitate comparison between different sources of evidence, enabling the identification of convergences, divergences and emerging themes across practitioners' experiences, leadership perspectives and collective organisational reflections.

This staged implementation process contributed to ensuring methodological rigour,

contextual relevance and analytical depth throughout the national study, while also strengthening the reliability of findings related to practitioner wellbeing and resilience in youth-serving organisations in Spain.

c. Methods & instruments used

A combination of **quantitative and qualitative research methods** was employed, supported by multiple complementary data collection instruments. The selection of methods and instruments was guided by the conceptual framework of the POSITIVE project and adapted to the organisational realities of the Spanish youth and social intervention sector.

The methodological approach aimed not only to capture measurable organisational trends regarding practitioner wellbeing and resilience, but also to explore the organisational meanings, relational dynamics and contextual factors influencing professional experiences within youth-serving organisations.

Quantitative methods and instruments

The quantitative component of the study was based on the administration of **two structured online questionnaires**, designed to gather standardised information from two complementary organisational perspectives.

- **Questionnaire 1: Youth Workers and Practitioners within Organisations (TG1)**

The first questionnaire was addressed to **professionals directly involved in youth work and social intervention activities**, including technical staff, educators, programme professionals, social workers, facilitators and practitioners working with young people.

The instrument aimed to explore participants' perceptions regarding:

- the degree to which wellbeing is recognised as an organisational concern;
- organisational responsibility for practitioner wellbeing and psychosocial risk prevention;
- leadership attitudes and organisational responses to emotional labour and stress;
- organisational culture and psychological safety;
- opportunities for organisational learning and improvement;
- and the extent to which organisations adopt a systemic understanding of

wellbeing and resilience.

The questionnaire consisted primarily of **Likert-scale items**, allowing participants to indicate levels of agreement with a series of statements linked to the study indicators. In addition, **open-ended questions** were included to provide respondents with opportunities to elaborate on experiences, organisational challenges and suggestions for improvement.

The inclusion of open-ended responses was considered particularly valuable for contextualising quantitative findings and identifying emerging organisational concerns not fully captured through structured response options.

- **Questionnaire 2: Leaders, Coordinators and Managers within Organisations (TG2)**

The second questionnaire targeted **leaders, coordinators, managers and organisational decision-makers**, recognising their role in shaping organisational culture, institutional priorities and staff support systems.

This instrument explored organisational perspectives regarding:

- organisational recognition and prioritisation of practitioner wellbeing;
- perceived organisational responsibilities concerning psychosocial wellbeing and resilience;
- leadership practices and organisational support mechanisms;
- communication and psychological safety within teams;
- organisational learning practices;
- and structural approaches to wellbeing and resilience.

As with the TG1 questionnaire, the instrument combined **Likert-scale questions** with **open-ended responses**, enabling both structured comparative analysis and qualitative insight into organisational experiences and managerial perspectives.

The use of separate but conceptually aligned questionnaires for practitioners and leaders allowed the study to compare different organisational perspectives and identify possible convergences or discrepancies between organisational discourse and lived workplace experiences.

Qualitative methods and instruments

To complement and deepen the interpretation of survey findings, the national study incorporated **qualitative methods** aimed at exploring organisational realities in greater depth.

- **Semi-structured interviews**

The study included **four semi-structured interviews** conducted with representatives of organisations selected based on their expertise and organisational experience. The organisations chosen were:

- **FEKOOR** – Coordinator of Independent living support programmes
- **ATA Andalucía** – Head of Support and Advisory Services
- **ASAENES Salud mental Sevilla** – Head of Evaluation, Quality and Innovation
- **Juventud Empoderada** – President of an ONG

A **semi-structured interview guide** was used to ensure consistency across interviews while allowing sufficient flexibility to explore context-specific organisational experiences.

The interview instrument covered thematic areas including:

- organisational understandings of practitioner wellbeing and resilience;
- organisational responsibility for psychosocial support;
- leadership attitudes and internal communication;
- emotional labour and work-related stress;
- organisational strengths and limitations;
- and recommendations for improving practitioner wellbeing.

The semi-structured format enabled participants to elaborate freely on organisational practices, perceived challenges and contextual realities, while also allowing researchers to probe relevant emerging issues.

- **Focus group discussion**

In addition to individual interviews, the study employed a **focus group discussion method**, conducted face-to-face at **ASAENES Salud Mental Sevilla** on **26 May 2026**.

The focus group was guided by a **facilitator discussion guide (Annex VI)** designed to stimulate collective reflection on organisational attitudes, wellbeing practices, leadership approaches and resilience support within youth-serving environments.

The group discussion explored themes such as:

- organisational responsibility for wellbeing;
- psychosocial risks and emotional labour;
- workplace culture and communication;
- leadership and organisational support;
- barriers and enabling factors for wellbeing;
- and opportunities for organisational improvement.

The focus group methodology was selected due to its capacity to generate interaction between participants, surface shared experiences and reveal collective organisational narratives that may not emerge through individual interviews alone.

Triangulation of methods and instruments

The combination of **questionnaires, interviews and focus group discussions** enabled the study to triangulate findings across multiple sources of evidence and organisational perspectives, in accordance with the methodological framework outlined in Annex 2.

This methodological triangulation strengthened the reliability and interpretative depth of the study by enabling comparison between:

- practitioners' and leaders' perceptions;
- individual and collective organisational experiences;
- and quantitative trends and qualitative narratives.

The integration of these methods and instruments contributed to a richer understanding of practitioner wellbeing and resilience, allowing the study to move beyond descriptive measurement towards a more contextualised exploration of organisational realities within the Spanish youth and third-sector context.

d. Data collection

The data collection process was designed to maximise participation, ensure organisational diversity and gather evidence from multiple perspectives regarding practitioner wellbeing and resilience within youth-serving organisations in Spain.

Quantitative data collection

The quantitative phase constituted the first stage of empirical data collection and involved the administration of **two structured online questionnaires** targeting different organisational profiles, administered through **Google Forms**. They were disseminated through **institutional networks, professional contacts, direct organisational outreach and targeted email communication**, involving organisations working in areas such as disability, mental health, social inclusion, entrepreneurship, youth participation and community support.

Participation remained entirely voluntary, and respondents completed questionnaires independently following access through online links distributed by the research team and collaborating organisations.

By the end of the quantitative phase, a total of **59 completed responses** had been collected:

- **37 responses** from **Target Group 1 (TG1)** – practitioners and youth workers;
- **22 responses** from **Target Group 2 (TG2)** – leaders, coordinators and managers.

The resulting sample provided a sufficiently diverse range of organisational experiences and perspectives, enabling comparative analysis between operational and managerial viewpoints regarding practitioner wellbeing and resilience.

Qualitative data collection

The qualitative phase was implemented following the preliminary collection of questionnaire data and aimed to deepen the understanding of emerging themes, contextualise survey responses and explore organisational experiences in greater depth. Qualitative data collection included **semi-structured interviews** and **one focus group discussion**.

- **Semi-structured interviews**

A total of **four semi-structured interviews** were conducted with organisational representatives selected following the criteria previously described.

It is also important to notice that interviews were conducted in a flexible manner adapted to participants' availability and organisational realities, facilitating in-depth reflection on organisational attitudes, leadership approaches, communication practices, emotional labour and wellbeing support mechanisms.

Thus, the interview process allowed participants to discuss organisational experiences openly while also enabling the research team to explore emerging issues identified during earlier stages of data collection.

- **Focus group discussion**

In addition to interviews, **one face-to-face focus group discussion** was organised with **10 participants**, including programme technicians, coordination staff, volunteer representation and stakeholders connected to youth work and social intervention.

The discussion provided a collective and participatory environment for exploring organisational beliefs and experiences regarding practitioner wellbeing, emotional labour, organisational responsibility, leadership, communication and resilience.

The selection of **ASAENES Salud Mental Sevilla** as the host organisation reflected its recognised expertise in psychosocial intervention and mental health support, making it a particularly relevant setting for exploring wellbeing-related issues within emotionally demanding professional environments.

Although not all participants wished to appear in dissemination materials or photographs, all contributed fully to the discussion and were included in the study sample in accordance with ethical participation principles.

Data management and preparation for analysis

Upon completion of the data collection process, quantitative and qualitative materials were systematically organised for analysis.

Questionnaire responses were exported and structured for descriptive and comparative examination across target groups and analytical indicators. Interview and focus group materials were reviewed, transcribed and organised thematically to facilitate qualitative interpretation and triangulation.

e. Ethical considerations (voluntariness, anonymity, consent)

Ethical considerations constituted a fundamental component of the study. Given the sensitive nature of topics explored—including practitioner wellbeing, psychosocial risks, emotional labour, organisational support and workplace experiences—particular attention was paid to ensuring that participation was conducted in a respectful, voluntary and ethically responsible manner.

Thus, the implementation of the study followed key ethical principles relating to **voluntary participation, informed consent, confidentiality, anonymity and responsible data management**, ensuring that participants could contribute openly and safely to the research process.

- **Voluntary participation**

  Participation in all phases of the study was **entirely voluntary**. No participant was required or pressured to take part in questionnaires, interviews or focus group discussions. Individuals and organisations were invited to participate through institutional communication and professional networks and were provided with clear information regarding the aims of the study, the expected time commitment and the intended use of collected information.

  Participants retained the right to decline participation or withdraw at any stage of the process without any consequences, and we took a special care to ensure that participation was not perceived as an organisational obligation, particularly in contexts where hierarchical relationships between staff and leadership could potentially influence participation decisions.

- **Informed consent**

  Participation in the study was based on **informed consent**. Prior to participation, respondents received clear information concerning:

  - the objectives and scope of the study;
  - the voluntary nature of participation;
  - the confidential treatment of information;
  - the intended use of research findings;
  - and the measures adopted to protect privacy and anonymity.

For the online questionnaires, consent was integrated into the participation

process, whereby participants voluntarily proceeded after being informed about the purpose and ethical conditions of the study.

In the case of interviews and the focus group discussion, participants were informed in advance about the purpose of the conversation, the thematic areas to be explored and the intended use of collected insights within the framework of the POSITIVE project.

- **Confidentiality and anonymity**

Strict measures were adopted to **protect confidentiality and anonymity** throughout the research process. Questionnaire responses were collected without requesting unnecessary personal or sensitive identifying information, while data analysis focused on aggregated patterns and organisational trends rather than on individual-level identification. The same standards of confidentiality and anonymity were applied throughout the interview process.

In the case of the focus group discussion, confidentiality principles were emphasised prior to participation, encouraging respectful dialogue and responsible handling of shared experiences among participants.

Furthermore, while dissemination activities included photographic documentation of the focus group, the preferences of participants regarding image use were fully respected. Two participants explicitly requested not to appear in photographs, and these preferences were honoured without affecting their participation in the discussion.

- **Data protection and responsible data management**

The study adhered to principles consistent with the **General Data Protection Regulation (GDPR)** and responsible research practice.

Collected information was used exclusively for research purposes within the framework of the POSITIVE Erasmus+ project and for the preparation of national and transnational study reports. Research materials were handled securely, and access to collected data remained restricted to the research team responsible for study implementation. No personal data were used for purposes unrelated to the project, and no sensitive personal information was disclosed in study outputs or dissemination materials.

- **Ethical sensitivity regarding organisational wellbeing**

Given that the study explored organisational wellbeing and workplace experiences, particular care was taken to approach potentially sensitive topics in a non-judgemental and constructive manner.

The study was not designed to evaluate or rank organisations, but rather to understand organisational attitudes, beliefs and contextual challenges related to practitioner wellbeing and resilience. Accordingly, research activities encouraged reflective dialogue and collective learning, creating opportunities for participants to share experiences, concerns and recommendations in ways intended to contribute positively to organisational reflection and future improvement.

Overall, the ethical approach adopted throughout the national implementation of the study sought to ensure that participation was safe, respectful and meaningful, while protecting participants' rights and strengthening the credibility and integrity of the research process.

f. Difficulties and limitations encountered

As with many applied research processes conducted within the third sector and youth-serving environments, we have encountered a number of practical and methodological challenges that should be acknowledged when interpreting the findings. Recognising these limitations is important not only for ensuring transparency and methodological rigour, but also for contextualising the realities under which organisations working with young people currently operate in Spain.

- **Limited availability and participation of organisational leaders**

One of the principal challenges encountered during the study related to the recruitment and participation of **leaders, coordinators and managers (Target Group 2)**. Although the study succeeded in collecting **22 responses** from organisational leaders and conducting qualitative interviews with experienced organisational representatives, participation among managerial profiles proved more difficult than initially anticipated. Many organisations reported significant time constraints, competing operational priorities and high workloads, limiting the availability of senior staff to participate in research activities.

Rather than being interpreted solely as a methodological limitation, this difficulty may also be understood as reflecting broader structural pressures affecting youth-serving organisations in Spain, including staff overload, limited organisational capacity and reduced time available for strategic reflection on practitioner wellbeing.

- **Constraints associated with organisational workload and time availability**

A second challenge related to the operational realities of participating organisations. Many professionals working with young people—particularly in contexts involving disability, mental health and social vulnerability—reported demanding schedules, high emotional workload and limited time availability. As a result, participation in questionnaires, interviews and collective reflection activities often had to be accommodated around ongoing professional responsibilities.

Although the use of online questionnaires helped reduce participation barriers by allowing flexible completion, workload pressures may nevertheless have influenced response rates and the amount of time participants could dedicate to reflective qualitative contributions. Similarly, scheduling interviews and organising collective participation in the focus group required flexibility and adaptation to organisational realities.

- **Sample size and representativeness**

Although the study achieved participation levels consistent with the objectives established within the POSITIVE project framework, the sample should not be interpreted as statistically representative of all youth-serving organisations in Spain. The research adopted a **purposive sampling strategy**, prioritising organisational diversity, expertise and contextual relevance rather than statistical representativeness.

Consequently, findings should be understood as providing **context-rich insights into organisational attitudes, beliefs and experiences**, particularly within organisations working in disability, mental health, social inclusion and vulnerable youth contexts,

rather than as generalisable conclusions applicable to all organisational settings nationally. However, the diversity of participating organisations and the triangulation of quantitative and qualitative evidence contributed to strengthening the credibility and transferability of findings.

- **Potential response bias and self-report limitations**

As the study relied significantly on **self-reported perceptions**, some limitations associated with subjective interpretation should also be acknowledged. Participants' responses may have been influenced by personal experiences, organisational culture, professional role or individual expectations regarding workplace wellbeing.

In particular, differences between the perspectives of practitioners and organisational leaders may reflect not only objective organisational conditions but also differing positional experiences and responsibilities within organisations.

At the same time, because wellbeing and organisational culture are socially sensitive topics, there is a possibility that some respondents may have moderated responses due to concerns about organisational image, professional relationships or perceived expectations.

The integration of qualitative methods—including interviews and focus group discussions—helped mitigate this limitation by enabling deeper exploration and contextual interpretation of survey findings.

- **Context-specific nature of findings**

Finally, the findings of the national study **should be interpreted within the specific organisational and socio-economic context in which the research was conducted**.

The realities of Spanish third-sector organisations—including dependency on short-term funding, administrative burden, workforce instability and increasing psychosocial demands among young beneficiaries—may influence organisational attitudes and capacities regarding practitioner wellbeing and resilience.

Furthermore, a significant proportion of participating organisations worked with young people experiencing disability, mental health conditions or social vulnerability. While this enriched the study by providing insights into emotionally demanding intervention contexts, it may also mean that some findings are particularly **shaped by the realities of high-intensity support environments**.

Despite these limitations, the study benefited from several methodological strengths, including the combination of quantitative and qualitative methods, the diversity of organisational perspectives included, the triangulation of evidence and the depth of qualitative exploration achieved through interviews and focus group discussion.

Taken together, these elements contributed to generating a robust and contextually grounded understanding of practitioner wellbeing and resilience within youth-serving organisations in Spain.

Section IV: Specific national legislation related to the study topic

The legislative and policy context in Spain is increasingly recognising the importance of occupational wellbeing, psychosocial risk prevention, mental health, workplace quality and organisational responsibility. However, there is no single legislative framework specifically regulating practitioner wellbeing and resilience within youth work organisations. Instead, a combination of constitutional principles, occupational health and safety regulations, mental health policies, anti-discrimination legislation and youth-related frameworks collectively shape organisational responsibilities regarding employee wellbeing and psychosocial protection.

The following section outlines the principal legal and policy frameworks relevant to the study topic in the Spanish context.

4.1. Occupational health and psychosocial risk prevention

The legal basis for occupational wellbeing and workplace protection in Spain derives from the Spanish Constitution (Constitución Española, 1978), particularly Article 40.2, which establishes the obligation of public authorities to ensure workplace health and safety:

> The public authorities shall promote a policy guaranteeing professional training and retraining; they shall ensure labour safety and hygiene and shall provide for the need of rest by limiting the duration of working day, by periodic paid holidays, and by promoting suitable centres. (Constitución Española, 1978, art. 40.2)

This constitutional principle provides the foundation for subsequent occupational health legislation, including workers' rights to safe and healthy working conditions.

The principal legislative framework governing workplace health and safety in Spain is the *Law 31/1995 on the Prevention of Occupational Risks* (Ley 31/1995, de Prevención de Riesgos Laborales – LPRL).

This law establishes employers' legal responsibility to guarantee workers' health and safety across all sectors, including psychosocial dimensions of work. Importantly for the present study, the law recognises that **organisations have a duty not only to prevent physical risks but also to assess and manage work-related factors that may negatively affect psychological wellbeing**. This obligation becomes especially relevant within youth-serving organisations due to the emotionally demanding nature of work involving vulnerable young populations, where emotional labour, relational strain and psychosocial stress are common features of professional practice.

The *Regulation on Prevention Services* (Real Decreto 39/1997) further operationalises occupational risk prevention obligations by requiring organisations to assess workplace risks, implement preventive measures and establish systems for monitoring occupational wellbeing.

Although psychosocial risks are not regulated through a specific standalone legal category, Spanish occupational safety frameworks increasingly recognise risks associated with:

- emotional exhaustion and burnout,
- excessive workload,
- role ambiguity,

- workplace stress,
- interpersonal conflict,
- emotional demands,
- and poor organisational climates.

The Spanish National Institute for Safety and Health at Work (INSST) has progressively strengthened guidance concerning psychosocial risk assessment, promoting organisational approaches to workplace wellbeing, stress prevention and healthy organisational environments.

This evolving legal and institutional context aligns closely with the objectives of Study No. 1, particularly regarding organisational responsibility for practitioner wellbeing and psychosocial risk prevention.

4.2. Mental health and wellbeing policy framework

Mental health has acquired increasing policy relevance in Spain, particularly following the psychosocial consequences of the COVID-19 pandemic and growing public concern regarding emotional wellbeing and workplace mental health.

The Mental Health Strategy of the National Health System (Estrategia de Salud Mental del Sistema Nacional de Salud, 2022) identifies emotional wellbeing, prevention and psychosocial support as public priorities and emphasises the importance of addressing mental health within community and professional settings.

Although the strategy is primarily health-oriented rather than workplace-specific, it reinforces broader institutional recognition of mental wellbeing as a shared societal responsibility rather than solely an individual matter.

More recently, *the Mental Health Action Plan 2025–2027* (Plan de Acción de Salud Mental) has strengthened national commitments concerning mental health promotion, psychosocial prevention and access to support systems. Particular attention has been given to vulnerable groups, prevention of emotional distress and strengthening protective environments.

These developments are especially relevant for youth-serving organisations, where professionals frequently work in emotionally intensive environments involving young people experiencing disability, social exclusion, mental health conditions or complex psychosocial needs.

From the perspective of Study No. 1, **these policy developments reinforce the relevance of examining how organisations support the emotional wellbeing and resilience of practitioners engaged in youth work**.

4.3. Equality, disability and non-discrimination frameworks

A second important legislative dimension concerns equality, disability rights and non-discrimination, particularly given the strong participation in the study of organisations working with young people with disabilities and mental health conditions.

The General Law on the Rights of Persons with Disabilities and Social Inclusion (Ley General de Derechos de las Personas con Discapacidad y de su Inclusión Social) establishes the legal framework for equal opportunities, accessibility, participation and non-discrimination for persons with disabilities in Spain.

This framework promotes inclusion not only regarding service users but also in organisational environments, encouraging reasonable accommodation, participation and equal treatment.

Additionally, the *Law 15/2022 on Equal Treatment and Non-Discrimination* (Ley 15/2022 para la Igualdad de Trato y la No Discriminación) strengthens legal protection against discrimination in multiple social domains, including employment and organisational settings. The law explicitly recognises discrimination related to health status, disability and other personal or social conditions, reinforcing the importance of psychologically safe and inclusive working environments.

At the international level, Spain is also bound by the United Nations *Convention on the Rights of Persons with Disabilities* (CRPD), ratified in 2008, which emphasises dignity, autonomy, participation and equal opportunities for people with disabilities (UN, 2006. *Convención sobre los Derechos de las Personas con Discapacidad*).

Furthermore, European-level reflections concerning mental health and discrimination —including work developed by the European Union Agency for Fundamental Rights (FRA)— increasingly recognise the need to protect individuals with mental health conditions from structural discrimination and exclusion, while promoting supportive institutional environments.

These legal developments reinforce the importance of organisational cultures based on dignity, inclusion and psychosocial support, all of which are highly relevant to practitioner wellbeing in youth-serving contexts.

4.4. Youth policy and third-sector organisational frameworks

Although Spain does not currently possess a unified legal framework specifically regulating youth work professions, several policy and organisational frameworks shape the broader environment in which youth-serving organisations operate.

The Youth Strategy 2030 (Estrategia de Juventud 2030) identifies mental health, social participation, inclusion and wellbeing among its priority areas, highlighting the need to strengthen support systems for young people and improve the quality of youth interventions.

In parallel, *the Law 43/2015 on the Third Sector of Social Action* (Ley 43/2015 de Acción Social de Tercer Sector) recognises the important role played by non-profit organisations in addressing social exclusion, inequality and vulnerability.

This framework acknowledges the strategic contribution of third-sector organisations while also highlighting the need for sustainability, professionalisation and quality in service delivery. Given that many youth-serving organisations operate within the third sector, **this law indirectly relates to practitioner wellbeing by reinforcing the importance of sustainable organisational structures capable of supporting both service provision and professional working conditions**.

The realities identified through the national implementation of Study No. 1—including workload pressures, emotional labour and organisational support challenges—must therefore be understood within the structural conditions shaping the Spanish third sector.

4.5. Emerging developments and increasing recognition of organisational wellbeing

In recent years, Spain has experienced growing public and institutional recognition of psychosocial risks, workplace mental health and organisational wellbeing. While traditional occupational health approaches focused predominantly on physical safety, there is increasing recognition that healthy workplaces also require:

- psychologically safe environments,
- supportive leadership,
- effective communication,
- prevention of emotional exhaustion,
- and organisational responsibility for psychosocial wellbeing.

This shift is particularly relevant for youth-serving organisations, where practitioners frequently engage in emotionally intensive and relationally demanding work.

Although specific regulation on organisational wellbeing within youth work remains limited, the broader legal and policy landscape increasingly supports the central premise underpinning Study No. 1: namely, that *practitioner wellbeing and resilience should not be understood solely as matters of individual responsibility, but as issues significantly influenced by organisational culture, leadership practices and institutional support systems*.

Overall, **the Spanish legal and policy context provides an increasingly supportive framework for recognising practitioner wellbeing as an organisational concern**, while also highlighting the need for further institutional development regarding psychosocial protection and supportive organisational environments within youth work settings.

Section V: Description of organisations involved in study no. 1:

a. Typology of participating organisations

The participants involved in the study represent a diverse cross-section of organisations operating across the Spanish third sector. Most of them come from NGOs that implement programmes or activities for young people (88.13%), but they also reflect a wide variety of organisational models, intervention priorities, territorial scopes and levels of institutional development, encompassing organisations working in different fields of practice and serving diverse population groups, as will be shown below.

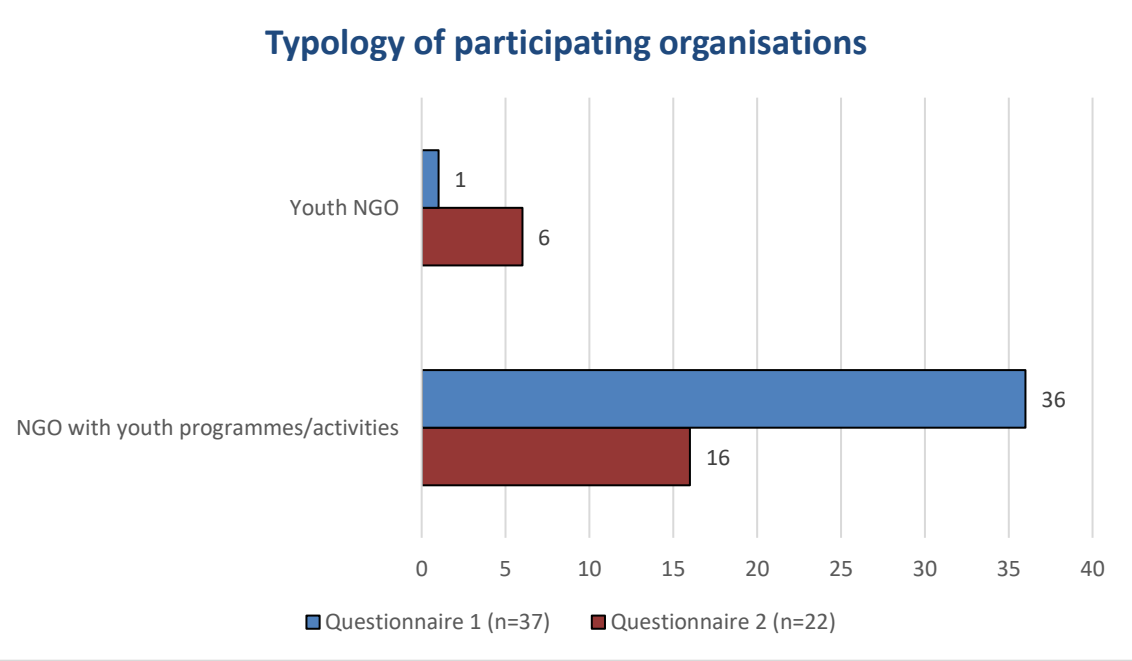


Figure 1. Typology of participating organisations. Own elaboration.

This sampling strategy was adopted in order to ensure diversity, which strengthens the study by providing a broad and multifaceted perspective on practitioner wellbeing and resilience, enabling the exploration of these issues across a wide range of organisational contexts and professional realities. As a result, **the findings offer a more holistic understanding of the factors that shape wellbeing and resilience within the sector**.

The organisations involved in the study can be broadly grouped into five categories:

- A first category included **disability-focused and independent living organisations**, represented by **FEKOOR** (Federación Coordinadora de Personas con Discapacidad Física y/u Orgánica de Bizkaia) and **COCEMFE Sevilla**. These

entities work to promote autonomy, accessibility, participation and equal opportunities for people with disabilities, including young people transitioning to adulthood and independent living. Their inclusion provided valuable perspectives regarding practitioner wellbeing in intervention contexts characterised by sustained relational support, personalised accompaniment and high emotional involvement.

- A second category comprised **mental health and psychosocial support organisations**, represented particularly by **ASAENES Salud Mental Sevilla**. ASAENES contributed specialised expertise related to psychosocial recovery, community-based mental health intervention and support for young people experiencing emotional or mental health difficulties. Its participation was especially relevant given the emotional intensity of professional environments in which practitioners regularly support young people and families facing complex psychosocial situations. The organisation also hosted the focus group discussion conducted during the qualitative phase of the study.
- A third category included **organisations focused on employability, entrepreneurship and socio-economic inclusion**, represented by **ATA Andalucía** (Federación Nacional de Asociaciones de Trabajadores Autónomos – Andalucía). Although not exclusively youth-oriented, ATA Andalucía contributes significantly to youth inclusion through entrepreneurship support, vocational guidance and labour-market integration initiatives. This perspective enriched the study by introducing organisational realities connected to employability, professional transitions and economic resilience among young people.
- A fourth category involved **youth participation and empowerment organisations**. These organisations work directly with young people in areas related to participation, empowerment, leadership and community engagement. Juventud Empoderada played an especially active role in the research process through participation in both the semi-structured interviews and the focus group discussion, contributing valuable insights into the realities faced by smaller youth organisations working under limited structural conditions while maintaining close relational engagement with vulnerable young people.

- A fifth category comprised community-based and social inclusion organisations. Operating within local community contexts, the organisation contributed complementary perspectives on social inclusion and grassroots support initiatives. Although its participation was limited to the questionnaire phase, its contribution helped to broaden the diversity of organisational experiences and perspectives represented within the study.

Taken together, the participating organisations reflected a wide spectrum of institutional realities united by a common feature: their work with young people experiencing vulnerability, disability, psychosocial challenges or barriers to participation and inclusion. This diversity represented an important methodological strength of the study, allowing for a richer and more contextualised understanding of practitioner wellbeing and organisational resilience in Spain.

b. Field(s) in which organisations operate

The organisations involved in the study operated across several interconnected areas relevant to **youth work, social intervention and psychosocial support**, reflecting the complexity and multidisciplinary nature of contemporary youth-serving environments. In fact, the participants from these different organisations show that they work across diverse fields, the common denominator of which is **work with people in situations of vulnerability, with the aim of providing support in different areas of their lives that contribute to their holistic development as human beings**.

To achieve this objective, a range of programmes of different nature are implemented, aimed at addressing specific aspects that help people in situations of vulnerability to reach their full potential. These programmes are generally heterogeneous, but they can be distinguished according to the level of user participation. When users take an active role, these are typically interventions related to **training/education** in different areas, aimed at improving autonomy, socialisation and civic participation skills, self-advocacy and self-determination, as well as the development of transversal skills linked to employability.

In cases of more passive participation, these are usually **service-based programmes**, such as child protection, employment guidance or leisure and recreational activities, among others.

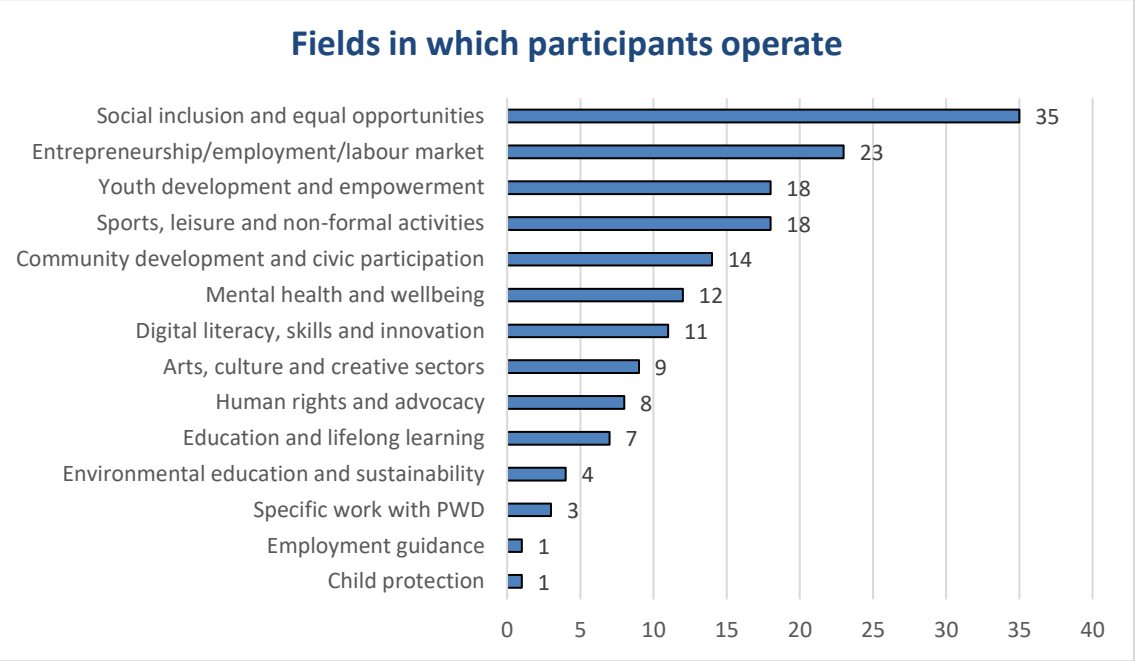


Figure 2. Typology of participating organisations. Own elaboration.

- **A) Educational and training programmes**

These refer to all actions whose common denominator is the education and training of people in situations of vulnerability. This training is highly diverse and may be aimed at promoting social inclusion through the development of a wide range of competences. This strengthens their capacity for self-determination and self-advocacy, leading to greater civic participation and more independent lives. The proportion of this type of action is approximately 59.75%, with “Social Inclusion and Equal Opportunities” being the most prominent category, accounting for 21.34% of the total and 35.71% of all actions within this category.

On the other hand, there are programmes that seek to provide specific competency-based skills to facilitate access to the labour market or are directly targeted towards employment outcomes (20.73%). The most representative example of this type of programme is “Entrepreneurship, Employment and the Labour Market”, which accounts for 14.02% of the total and more than 67% of programmes within this category.

However, as mentioned earlier, it is important to note that many educational programmes have a holistic and cross-cutting nature and, therefore, their outcomes are easily transferable from one context to another. For this reason, it can be stated that programmes with an educational mission account for a total of 80.48%.

- **B) Service-based programmes**

In the case of programmes based on the provision of specific services, the proportion is considerably lower than that of the previous category, accounting for a total of 19.51%. Among the services provided, such as employment guidance, health and wellbeing, and child protection, “Sports, leisure and non-formal activities” stands out as the most prominent, representing 10.97% of the total. This figure accounts for more than 56% of all services delivered by the organisations and/or practitioners who participated in the study.

As noted previously, **these results are strongly influenced by the types of third-sector organisations that participated in the study and by their respective levels of representation within the sample**. Consequently, as staff from COCEMFE Sevilla and ASAENES Salud Mental Sevilla constituted the largest proportion of participants, their organisational priorities and areas of intervention are particularly reflected in the findings.

To provide a clearer understanding of the results, it is useful to **briefly outline the main activities of the participating organisations**.

On the one hand, organisations such as COCEMFE Sevilla and FEKOOR focus on supporting young people and adults with disabilities through programmes focused on autonomy, social participation, accessibility, employment, training, and independent living. Their work frequently involves long-term accompaniment processes, personalised support and emotionally intensive professional relationships, all of which are highly relevant to understanding practitioner wellbeing and resilience.

A second major organisation that has been represented was ASAENES Salud Mental Sevilla, which primarily works on **mental health and psychosocial intervention**. The organisation works in areas including psychosocial recovery, community mental health, family support, stigma reduction and youth-oriented prevention and intervention initiatives. Practitioners operating in these contexts often engage in emotionally demanding work environments requiring sustained interpersonal involvement and significant emotional regulation, making wellbeing and resilience particularly salient organisational concerns.

The study also included organisations working in the field of **employment, entrepreneurship and labour-market integration**, represented by ATA Andalucía. Through guidance, advisory services and entrepreneurship support, ATA contributes to strengthening employability and socio-economic participation, including among younger populations. The inclusion of this field broadened the scope of the study by incorporating organisational perspectives linked to professional development, labour sustainability and socio-economic empowerment.

Additionally, the study involved organisations operating in areas of **youth participation, civic engagement and community empowerment**, represented mainly by Juventud Empoderada, Juventud SJA and AMBAR21. These organisations seek to promote youth leadership, active participation, social engagement and empowerment, frequently working through flexible, community-oriented and participatory approaches.

c. Their stage of development

Participating organisations also represented different **stages of organisational development, institutional maturity and operational capacity**, which proved valuable in understanding how organisational approaches to wellbeing and resilience may vary according to structural conditions and organisational resources.

A first group included **highly consolidated organisations with established organisational structures**, represented by **FEKOOR, ASAENES Salud Mental Sevilla and ATA Andalucía**. These entities possess extensive trajectories, stable organisational

frameworks, specialised teams and more developed internal systems for coordination, communication and professional support.

Evidence gathered during qualitative data collection suggested that these organisations had, to varying degrees, introduced more formalised mechanisms related to practitioner wellbeing, including structured communication spaces, team meetings, psychosocial reflection processes, training opportunities, flexibility measures and internal support practices. For example, FEKOOR demonstrated particularly structured organisational approaches through mechanisms such as workplace wellbeing planning, psychosocial risk assessment and staff support structures.

Similarly, ASAENES showed evidence of organisational reflection processes and regular communication structures intended to support professional sustainability in emotionally demanding contexts. ATA Andalucía, meanwhile, illustrated how organisational flexibility and relational management approaches may contribute to workplace wellbeing in practice.

A second category involved **medium-sized organisations with strong territorial expertise and stable intervention capacity**, represented by **COCEMFE Sevilla**. As both a participating organisation and implementing partner of the study in Spain, COCEMFE Sevilla contributed contextual understanding regarding youth work involving disability, social vulnerability and inclusion, while also providing organisational insight from a regional third-sector perspective.

Finally, the study included **smaller-scale or emerging organisations with more flexible and less formalised structures**, particularly **Juventud Empoderada**. Although operating with more limited institutional resources and smaller organisational teams, Juventud Empoderada demonstrated a strong commitment to organisational reflection and practitioner wellbeing, contributing substantially to both the interview and focus group phases of the research. Qualitative evidence suggested that in smaller organisations, wellbeing support may rely less on formalised systems and more on proximity, relational trust, dialogue and informal support practices.

Entities participating only through questionnaire responses, such as AMBAR21 and Juventud SJA, contributed additional perspectives that expanded the diversity of organisational maturity represented within the sample, although their level of involvement in qualitative exploration was more limited.

The inclusion of organisations at different stages of development represented an important analytical strength of the national study. It enabled exploration of whether organisational attitudes and beliefs regarding practitioner wellbeing and resilience may be influenced by factors such as organisational maturity, available resources, leadership structures and institutional capacity.

At the same time, the study highlighted that **organisational commitment to practitioner wellbeing was not determined exclusively by organisational size or level of formalisation**. Rather, different organisations appeared to mobilise different mechanisms —whether formal, relational or community-based— to support professional wellbeing and resilience within their specific operational realities.

Section VI: Description of respondents

This section presents the socio-professional profile of respondents. The analysis is based on questionnaire data collected from the two target groups and is complemented, where relevant, by contextual insights emerging from the interviews and focus group discussion.

A total of **59 respondents** participated in the study, including **37 practitioners and youth workers (Target Group 1 – TG1)** and **22 leaders, coordinators and managers (Target Group 2 – TG2)**. Overall, the respondent profile reflects a **highly educated, professionally experienced and organisationally embedded sample**, largely situated within third-sector organisations working with young people experiencing disability, mental health challenges, social exclusion and other forms of vulnerability.

VI. 1 Target group no. 1

a. Position within the organisation

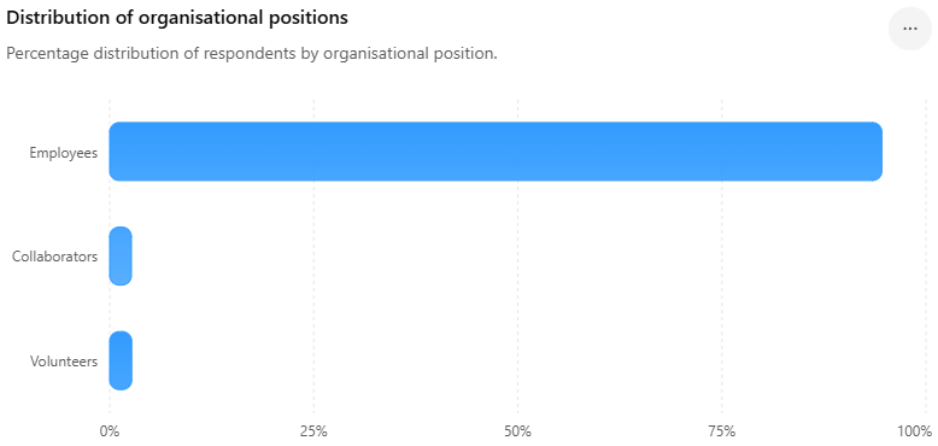
Respondents in **Target Group 1 (TG1)** were predominantly composed of **employees and technical staff members directly involved in organisational service delivery**, representing the operational level of youth work and social intervention.

The majority of participants occupied positions associated with **technical programme delivery, direct intervention and support roles**, while a smaller proportion reported combined responsibilities involving programme coordination, volunteering or community participation.

Table 1. Distribution of organisational positions. Own elaboration.

Distribution of organisational positions	N	%
Employees	35	94.60 %
Collaborators	1	2.70 %
Volunteers	1	2.70 %

Figure 3. Distribution of organisational positions. Own elaboration.



The predominance of frontline professionals is methodologically significant, as it ensures that study findings largely reflect the perspectives of practitioners directly exposed to the emotional, relational and psychosocial realities of youth work practice. Evidence emerging from interviews and the focus group further reinforced the emotionally intensive nature of these professional environments, particularly within disability, mental health and social inclusion contexts.

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b. Current role when working with young people

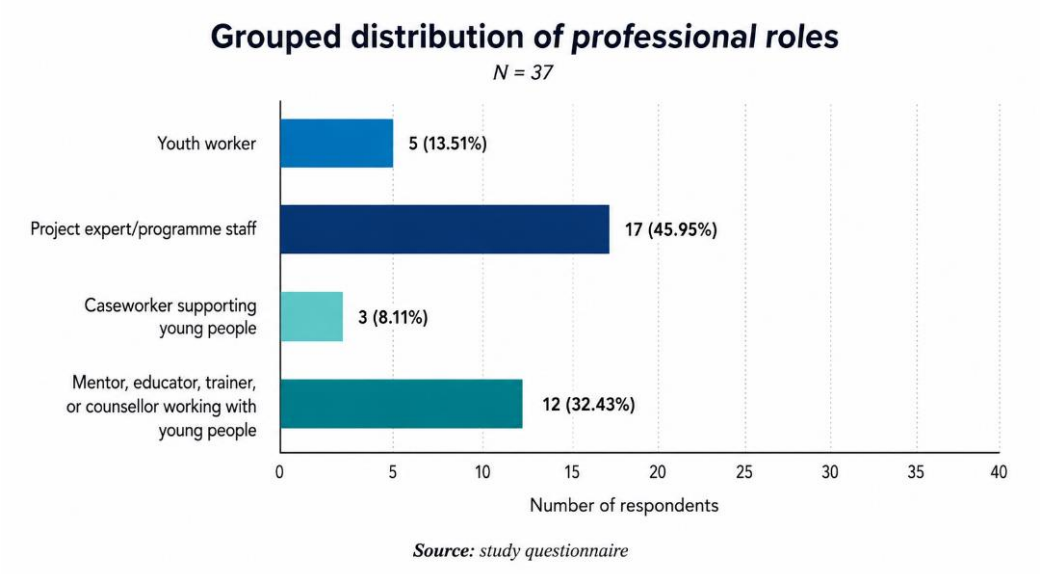
Participants reported a broad range of functions when working with young people, illustrating the multidisciplinary nature of youth work within the Spanish third sector.

Professional responsibilities included **technical programme implementation, psychosocial support, education, mentoring, guidance, project coordination, inclusion support and community-based intervention activities**.

Table 2. Grouped distribution of professional roles. Own elaboration.

Grouped distribution of professional roles	N	%
Youth worker	5	13.51%
Project expert/programme staff	17	45.95%
Caseworker supporting young people	3	8.11%
Mentor, educator, trainer, or counsellor working with young people	12	32.43%

Figure 4. Grouped distribution of professional roles. Own elaboration.



Source: *study questionnaire*

Although roles varied across organisations, many respondents described functions characterised by **sustained interpersonal engagement and relational accompaniment**, frequently supporting young people facing disability, mental health difficulties, vulnerability or social exclusion.

Qualitative findings suggested that practitioners often combine formal intervention responsibilities with emotional support functions, requiring high levels of emotional regulation, flexibility and relational commitment. This multidimensional role profile is particularly relevant to the study topic, given the close relationship between emotional labour and practitioner wellbeing identified throughout the research process.

c. Years of experience in working with youth

The TG1 sample was characterised by a **substantial degree of professional experience in youth-related work**, strengthening the credibility and contextual depth of responses. The majority of respondents reported **more than five years of experience working with young people**, while smaller proportions represented earlier professional stages.

Table 3. Distribution of years of experience. Own elaboration.

Distribution of years of experience	N	%
Less than 1 year	3	8.1%
1-5 years	9	24.3%
6-10 years	4	10.8%
More than 10 years	21	56.8%

Figure 5. Distribution of years of experience. Own elaboration.

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This distribution suggests that findings are informed predominantly by practitioners with sustained exposure to organisational environments and accumulated experience regarding workplace wellbeing, emotional demands and organisational support practices.

At the same time, the inclusion of professionals with shorter trajectories allowed the study to capture perspectives from individuals navigating contemporary youth work environments and emerging expectations concerning organisational wellbeing and work sustainability.

d. Level of education

TG1 respondents demonstrated a **high level of educational attainment**, reflecting a strongly professionalised practitioner profile.

The overwhelming majority (**89.2%; n=33**) reported **higher education qualifications**, including **45.9% (n=17)** holding university degrees and **43.2% (n=16)** reporting postgraduate or Master's-level qualifications. Only a small minority (**10.8%; n=4**) reported secondary or upper-secondary educational attainment.

This educational profile is consistent with the increasingly specialised nature of youth work and social intervention in Spain, particularly in organisations addressing disability, mental health and psychosocial vulnerability, where multidisciplinary expertise and technical competencies are frequently required.

e. Age

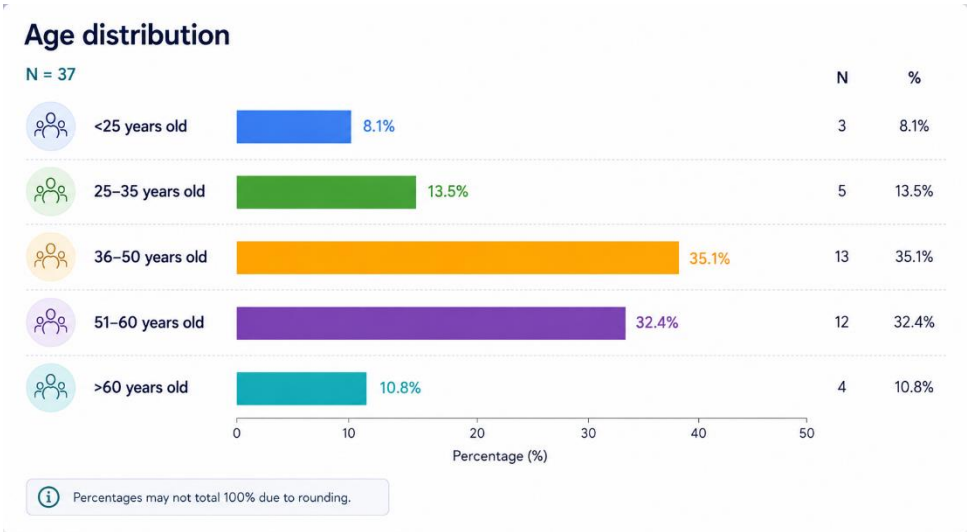
The age distribution of TG1 respondents reflected a **professionally mature workforce**, while also maintaining representation across different career stages.

Most participants were concentrated within **adult and mid-career age groups**, suggesting substantial professional experience combined with active engagement in youth intervention work.

Table 4. Age distribution. Own elaboration.

Age distribution	N	%
<25 years old	3	8.1%
25-35 years old	5	13.5%
36-50 years old	13	35.1%
51-60 years old	12	32.4%
>60 years old	4	10.8%

Figure 6. Age distribution. Own elaboration.



The presence of respondents across different age ranges enriched the diversity of perspectives represented in the study and strengthened the analytical capacity to understand how organisational wellbeing may be experienced across varying professional trajectories and life stages.

VI. 2 Target group no. 2

a. Position within the organisation

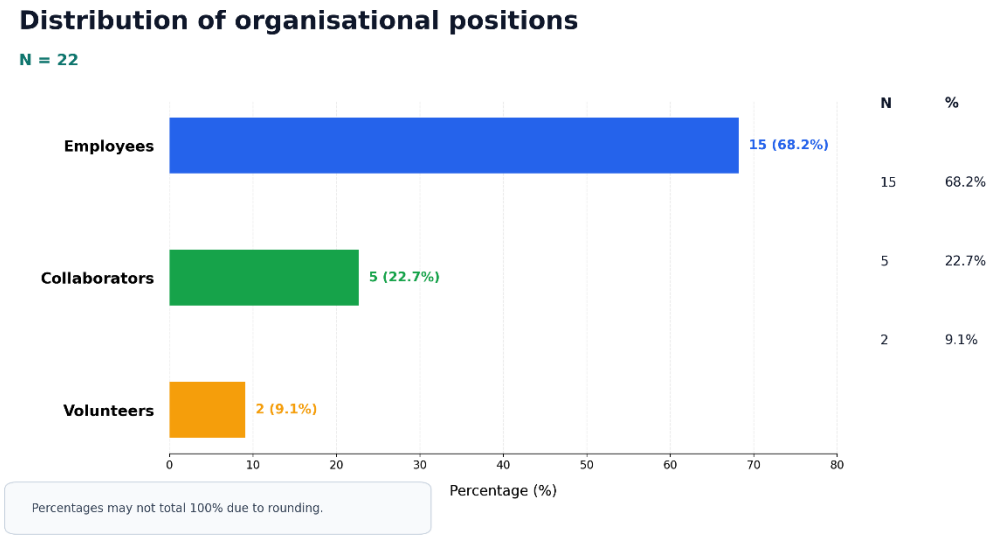
Respondents in **Target Group 2 (TG2)** occupied positions involving **leadership, organisational coordination, programme supervision and institutional decision-making responsibilities**.

Participants included **directors, presidents, coordinators, programme managers and senior technical staff with supervisory functions**, representing different levels of organisational governance.

Table 5. Distribution of organisational positions. Own elaboration.

Distribution of organisational positions	N	%
Employees	15	68.2%
Collaborators	5	22.7%
Volunteers	2	9.1%

Figure 7. Distribution of organisational positions. Own elaboration.



The inclusion of leadership profiles was particularly important given the objectives of Study No. 1, which specifically explores organisational beliefs, institutional responsibility and leadership attitudes regarding practitioner wellbeing and resilience.

b. Current leadership or management role in organisation

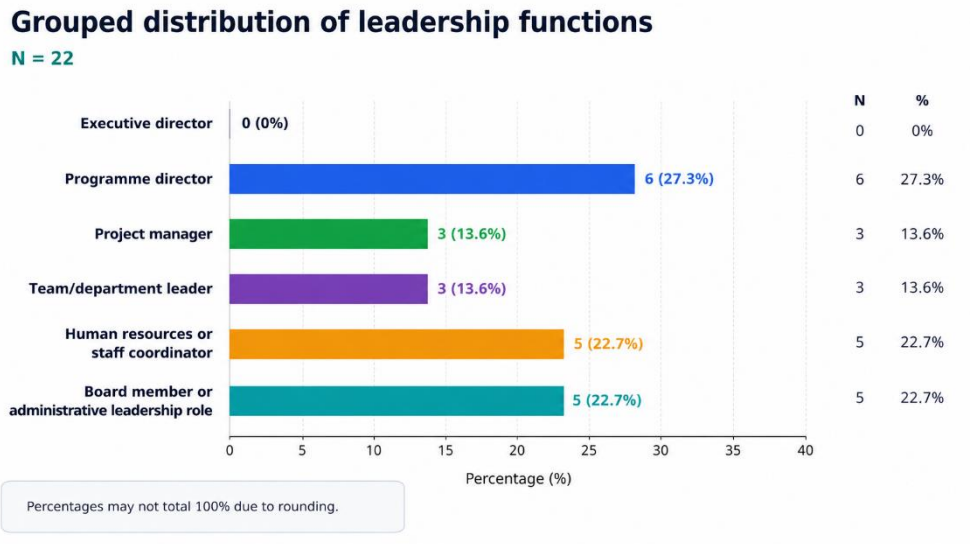
Respondents reported diverse managerial responsibilities, frequently combining strategic, technical and operational functions.

Leadership responsibilities included **team supervision, programme coordination, organisational management, institutional representation, service oversight and strategic planning**.

Table 6. Distribution of leadership functions. Own elaboration.

Grouped distribution of leadership functions	N	%
Executive director	0	0%
Programme director	6	27.3%
Project manager	3	13.6%
Team/department leader	3	13.6%
Human resources or staff coordinator	5	22.7%
Board member or administrative leadership role	5	22.7%

Figure 8. Distribution of leadership functions. Own elaboration.



Respondents in **Target Group 2 (TG2)** occupied positions involving **leadership, organisational coordination, programme supervision and institutional decision-making responsibilities**.

Participants included **directors, presidents, coordinators, programme managers and senior technical staff with supervisory functions**, representing different levels of organisational governance.

The inclusion of leadership profiles was particularly important given the objectives of Study No. 1, which specifically explores organisational beliefs, institutional responsibility and leadership attitudes regarding practitioner wellbeing and resilience.

An important characteristic of the Spanish third-sector context identified during qualitative data collection was the prevalence of **hybrid leadership roles**, whereby organisational leaders frequently combine managerial responsibilities with technical intervention and operational implementation.

This finding appears particularly relevant to understanding organisational wellbeing dynamics, as leadership teams often experience tensions between service delivery demands, funding constraints, staff wellbeing responsibilities and organisational sustainability.

c. Years of experience in a management/coordination position

TG2 respondents demonstrated **considerable professional experience in management and coordination roles**, suggesting substantial familiarity with organisational processes and workforce management.

A majority of respondents reported **more than five years of leadership or coordination experience**, while smaller proportions reflected emerging leadership trajectories.

Table 7. Distribution of leadership experience. Own elaboration.

Distribution of leadership experience	N	%
Less than 1 year	2	9.1%
1-5 years	8	36.4%
6-10 years	10	45.5%
More than 10 years	2	9.1%

Figure 9. Distribution of leadership experience. Own elaboration.

The strong representation of experienced leadership profiles enhanced the reliability of responses concerning organisational cultures, wellbeing practices and institutional approaches to resilience support.

At the same time, variation in years of experience enabled the inclusion of perspectives shaped by different organisational stages and leadership trajectories.

d. Level of education

Leadership respondents also demonstrated **high educational attainment**, reflecting a highly qualified managerial sample.

Most participants (**81.8%; n=18**) reported **higher education qualifications**, including **45.5% (n=10)** holding university degrees, **36.4% (n=8)** reporting postgraduate or Master's-level education and **4.5% (n=1)** holding doctoral qualifications. A smaller proportion (**13.6%; n=3**) reported secondary or upper-secondary educational attainment.

This educational profile reinforces the interpretation of participating organisations as relatively professionalised environments in which leadership is often exercised by highly qualified individuals possessing specialised expertise in social intervention, disability, youth work and organisational management.

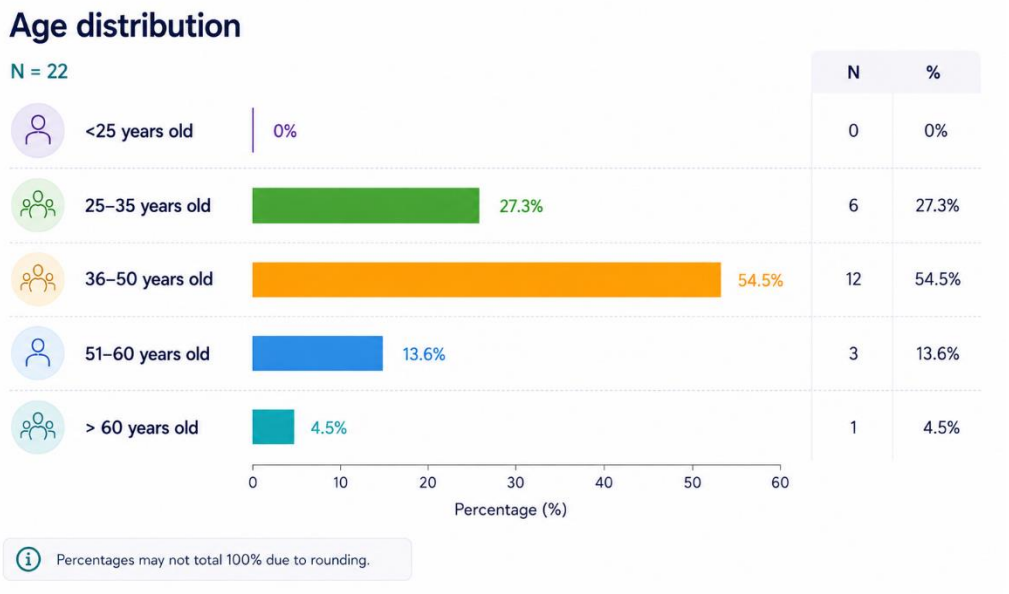
e. Age

The age profile of TG2 respondents suggested a **more senior and institutionally experienced participant group** compared to practitioners. Most respondents were concentrated within **middle and later professional career stages**, consistent with the organisational responsibilities reported.

Table 8. Age distribution. Own elaboration.

Age distribution	N	%
<25	0	0%
25-35 years old	6	27.3%
36-50 years old	12	54.5%
51-60 years old	3	13.6%
> 60 years old	1	4.5%

Figure 10. Age distribution. Own elaboration.



This age profile is particularly relevant to the study, given that leadership attitudes and organisational beliefs regarding wellbeing may be influenced by accumulated managerial experience, institutional knowledge and long-term exposure to organisational pressures.

Overall, across both target groups, the respondent sample reflects a **professionally experienced, highly educated and organisationally engaged population**, well positioned to provide informed and contextually grounded perspectives regarding practitioner wellbeing and resilience in youth-serving organisations in Spain.

Section VII: Key findings – quantitative results and qualitative insights

Findings by each of the 6 indicators

For each indicator:

- Quantitative results
- Qualitative insights
- Short integrated interpretation (see below)

Indicator 1 – Organisational Awareness and Strategic Recognition of Wellbeing

Focus: How organisations recognise practitioner wellbeing as an organisational issue.

Key questions addressed:

- Do organisations acknowledge emotional demands in youth work?
- Is practitioner wellbeing considered an organisational priority?

Quantitative results

Findings for Indicator 1 show a **clear recognition of the emotional demands of youth work across both target groups**, although important differences emerge regarding how strongly practitioner wellbeing is perceived as a strategic organisational priority.

Among practitioners (**TG1, n=37**), **81.1%** considered youth work to be either *demanding* or *very demanding* emotionally (**n=30**), while **13.5%** described it as moderately demanding (**n=5**) and **5.4%** as slightly demanding (**n=2**). Similarly, **91.9%** of practitioners considered practitioner wellbeing to be *important* or *very important* for the quality of youth work services (**n=34**). However, when asked about the current level of attention paid by their organisations to practitioner wellbeing, responses were more cautious:

45.9% described it as moderate (**n=17**), **27.0%** as limited (**n=10**), **5.4%** as very limited (**n=2**) and **2.7%** stated that it is not addressed (**n=1**). Only **18.9%** perceived organisational attention to wellbeing as very high (**n=7**).

This indicates a significant gap between the recognised importance of wellbeing and the perceived degree of organisational attention devoted to it.

The specific Likert-scale items for Indicator 1 reinforce this interpretation. Among practitioners, the overall mean for Indicator 1 was **3.05/5**, suggesting a moderate and ambivalent perception of organisational awareness. Only **27.0%** of practitioners agreed or strongly agreed that their organisations foster discussion around stress, emotional demands and wellbeing (**n=10**), while **37.8%** disagreed or strongly disagreed (**n=14**) and **35.1%** remained neutral (**n=13**). Similarly, only **37.8%** agreed or strongly agreed that supporting practitioner wellbeing is considered important within their organisations (**n=14**), while **24.3%** disagreed (**n=9**) and **37.8%** remained neutral (**n=14**).

By contrast, leaders and managers (**TG2, n=22**) reported a considerably stronger recognition of practitioner wellbeing as an organisational issue. **77.3%** considered youth work emotionally demanding or very demanding (**n=17**), and **95.5%** considered practitioner wellbeing important or very important for service quality (**n=21**). Regarding the current organisational attention paid to wellbeing, **36.4%** described it as very high (**n=8**) and **50.0%** as moderate (**n=11**), while only **9.1%** described it as limited (**n=2**) and **4.5%** stated that it is not addressed (**n=1**).

The Likert-scale results for TG2 show a markedly higher level of strategic recognition, with an overall mean of **4.53/5** for Indicator 1. **90.9%** of leaders agreed or strongly agreed that youth-serving organisations should explicitly recognise practitioner wellbeing as a strategic priority (**n=20**). **86.4%** agreed or strongly agreed that discussions on stress, emotional demands and wellbeing should form part of organisational dialogue (**n=19**). Furthermore, **95.5%** agreed or strongly agreed that practitioner wellbeing is directly connected to the quality of youth work services (**n=21**).

Taken together, the quantitative data reveal a strong shared recognition of the emotional demands of youth work, but also a clear perceptual gap between

practitioners and leaders. **Leaders tend to frame wellbeing as a strategic organisational issue**, **whereas practitioners report a more limited and uneven experience of wellbeing being actively discussed, prioritised or embedded in everyday organisational life**.

Qualitative insights

The qualitative evidence confirms and deepens this finding. Across interviews and the focus group, participants consistently acknowledged that youth work, particularly with young people experiencing disability, mental health difficulties or social vulnerability, involves sustained emotional effort and cannot be understood as a purely technical activity.

FEKOOR provided **one of the clearest examples of an organisation with a structured understanding of wellbeing**. They described practitioner wellbeing as a multidimensional issue involving emotional health, psychosocial conditions, internal relationships, work clarity and safe organisational environments. They also stressed that when professionals are overloaded or emotionally affected, the quality of person-centred support is weakened.

ASAENES similarly reflected a **proactive organisational awareness of staff wellbeing**. The interview highlighted regular staff meetings, training in stress management and transparent communication as relevant organisational practices in a mental health context.

ATA Andalucía adopted a practice-oriented understanding of practitioner wellbeing grounded in organisational flexibility, empathy and responsive management. Rather than relying primarily on formal psychosocial policies, **wellbeing was addressed through everyday organisational practices, including flexible working arrangements, the temporary redistribution of responsibilities during periods of emotional strain, and a general sensitivity to staff facing personal or professional difficulties**. The organisation also emphasised horizontal communication structures and regular opportunities for dialogue, allowing staff to express their needs openly and contributing to the prevention of emotional overload.

Juventud Empoderada introduced a more critical perspective, arguing that it cannot be understood separately from the structural conditions under which youth work is carried out. Its president emphasised that **wellbeing is closely linked to labour security, dignity and access to adequate resources**, suggesting that organisational discussions on wellbeing should move beyond individual resilience and take into account the material conditions that shape everyday professional experiences. From this perspective, practitioner wellbeing was recognised as both a strategic and a structural issue.

Finally, **the focus group held at ASAENES** strongly reinforced the **emotional dimension of youth and social intervention work**. Participants repeatedly linked professional wellbeing to the ability to provide quality support, especially when working with young people facing psychosocial vulnerability. One particularly illustrative idea was that social intervention professionals are often treated as "superheroes," which participants considered harmful because it obscures their own human vulnerability and need for support.

At the same time, the focus group also revealed an important tension: **participants felt that organisations increasingly recognise the importance of wellbeing, but do not always prioritise it in practice**. One participant summarised this clearly by suggesting that there is awareness, but "it is not always prioritised," particularly because third-sector organisations are constrained by funding requirements, project deadlines, administrative burdens and insufficient time for internal care spaces.

Short integrated interpretation

The evidence for Indicator 1 suggests that Spanish youth-serving organisations broadly recognise practitioner wellbeing as important, particularly because of the emotional demands associated with working with vulnerable young people. However, this recognition is not equally perceived by all organisational actors.

The strongest finding is the existence of a **recognition–implementation gap**. Leaders tend to express high strategic awareness of wellbeing, while practitioners report more

moderate or limited evidence of wellbeing being systematically discussed and prioritised within organisational routines. This does not mean that organisations ignore wellbeing, but rather that recognition often remains uneven, informal or dependent on organisational culture, leadership style and available resources.

Therefore, the findings partially confirm **Hypothesis 1**: organisations formally recognise practitioner wellbeing as important, but this recognition does not always translate into systematic organisational prioritisation or concrete institutional practices.

In the Spanish third-sector context, this gap appears closely connected to structural pressures such as project-based funding, administrative workload, limited human resources and the emotional intensity of work with young people experiencing disability, mental health difficulties or social vulnerability. Consequently, practitioner wellbeing is recognised as relevant, but not yet consistently embedded as a strategic organisational priority across all participating organisations.

Indicator 2 – Organisational Responsibility for Practitioner Wellbeing

Focus: How organisations interpret responsibility for practitioner wellbeing.

Key questions addressed:

- Is wellbeing framed as an individual or organisational responsibility?
- Are support mechanisms discussed within organisations?

Quantitative results

Findings for Indicator 2 show a strong level of agreement across both target groups that practitioner wellbeing should not be understood solely as an individual responsibility, but also as an organisational concern requiring active support, internal structures and shared accountability.

Among practitioners (**TG1, n=37**), the overall mean score for Indicator 2 was **4.27/5**, indicating a high level of agreement with the idea that organisations have responsibility for supporting practitioner wellbeing. In relation to the statement that organisations have a responsibility to support the wellbeing of professionals, **78.4%** of practitioners agreed or strongly agreed (**n=29**), while **10.8%** remained neutral (**n=4**) and **10.8%**

disagreed or strongly disagreed (**n=4**). This suggests that most frontline professionals clearly expect organisations to assume an active role in protecting staff wellbeing.

A similar proportion of practitioners, **78.4%** (**n=29**), agreed or strongly agreed that, in youth work, emphasis is often placed more on individual resilience than on organisational responsibility. This result is particularly relevant, as it shows that professionals recognise an imbalance between the expectation that individuals "cope" and the need for organisations to create supportive conditions. Only **5.4%** disagreed (**n=2**), while **16.2%** remained neutral (**n=6**).

Finally, **81.1%** of practitioners agreed or strongly agreed that organisational structures and policies are necessary to address psychosocial risks in youth work (**n=30**). Only **10.8%** disagreed or strongly disagreed (**n=4**) and **8.1%** remained neutral (**n=3**). This indicates a clear practitioner demand for more structured and institutionalised support mechanisms, rather than relying solely on informal or individual coping strategies.

Among leaders and managers (**TG2, n=22**), the overall mean for Indicator 2 was slightly higher, at **4.36/5**. **90.9%** of leaders agreed or strongly agreed that organisations have a responsibility to actively support practitioner wellbeing (**n=20**), while **9.1%** remained neutral (**n=2**) and none disagreed. Similarly, **77.3%** agreed or strongly agreed that individual resilience is often emphasised more than organisational responsibility in youth work (**n=17**), while **22.7%** remained neutral (**n=5**). Regarding the need to develop internal structures to address psychosocial risks, **90.9%** agreed or strongly agreed (**n=20**), with only **9.1%** remaining neutral (**n=2**).

Compared with Indicator 1, the perceptual gap between practitioners and leaders is less pronounced. Both groups strongly recognise organisational responsibility for wellbeing. However, leaders express a slightly stronger normative commitment to organisational responsibility, while practitioners appear more focused on the practical need for concrete structures, policies and mechanisms capable of translating this responsibility into everyday organisational support.

Qualitative insights

The qualitative evidence confirms that practitioner wellbeing is widely understood as a shared responsibility, although organisations differ significantly in the extent to which this responsibility is formalised.

FEKOOR once again emerged as one of the clearest examples of an organisational model where wellbeing is understood as a shared and structural responsibility. They explicitly stated that **wellbeing cannot be transferred exclusively to the individual level and that organisations must create the conditions for sustainable work**, including role clarity, communication channels, technical support, protocols, training, coordination spaces and leadership cultures based on trust and listening. FEKOOR's practices, such as its *Organisational Health Plan*, psychosocial risk assessments, workplace climate team, emotional health training and access to psychological support, illustrate a relatively advanced model of organisational responsibility.

ASAENES also reflected a developed **understanding of organisational responsibility**. The interview highlighted regular staff meetings, internal communication channels, training in stress management and organisational reflection processes as mechanisms for supporting staff wellbeing in a mental health context. This is particularly relevant given the emotional intensity of work with people experiencing mental health difficulties.

ATA Andalucía, once again, introduces a **pragmatic perspective into its model of organisational responsibility**. The interview suggested that **support often takes the form of flexibility**, adaptation to personal circumstances, task redistribution and horizontal communication. In this case, organisational responsibility appears less formalised through specific wellbeing policies, but strongly embedded in relational management and flexible organisational practices.

Regarding organisational responsibility, **Juventud Empoderada** argued that **organisations have a duty to support practitioner wellbeing, but also highlighted the limits imposed by structural constraints**. Its president stressed that organisational responsibility cannot be separated from the availability of resources and stable funding, as organisations operating under precarious conditions often struggle to provide

sustainable support mechanisms for their staff. This perspective emphasised the interdependence between organisational commitment and structural capacity.

The focus group at ASAENES revealed a more nuanced debate. Participants clearly recognised that **individuals also have responsibility for self-care**, **emotional regulation and setting professional limits**. However, they strongly rejected the idea that wellbeing should be treated as an exclusively individual matter. Several participants emphasised that organisations must create spaces, time and conditions for workers to express overload, receive support and prevent burnout. One of the most relevant tensions emerging from the discussion was the idea that "there is awareness, but it is not always prioritised," particularly because of workload, funding pressures and lack of time.

Short integrated interpretation

The findings for Indicator 2 strongly suggest that practitioner wellbeing is increasingly understood as a **shared organisational responsibility**, **not merely as an individual matter**. Both practitioners and leaders agree that organisations should actively support wellbeing and develop internal structures to address psychosocial risks.

However, the evidence also shows that this responsibility is interpreted and implemented unevenly. More consolidated organisations, such as FEKOOR and ASAENES, tend to demonstrate more structured approaches through plans, meetings, training, psychosocial risk assessment or internal support systems. Smaller or more resource-constrained organisations tend to rely more heavily on informal, relational and flexible forms of support.

The results therefore confirm **Hypothesis 2**: organisations recognise responsibility for practitioner wellbeing, but the level of formalisation and consistency of support mechanisms varies according to organisational maturity, available resources, leadership style and structural conditions.

In the Spanish third-sector context, organisational responsibility for wellbeing appears to be strongly recognised at the level of values and discourse, but its practical implementation remains conditioned by funding instability, workload, administrative

demands and limited human resources. Consequently, the key challenge is not whether organisations believe they have responsibility, but whether they have the capacity, structures and strategic commitment to make that responsibility operational in daily practice.

Indicator 3 – Leadership Attitudes towards Wellbeing and Emotional Labour

Focus: Leadership approaches influencing wellbeing culture.

Key questions addressed:

- Do leaders actively support practitioner wellbeing?
- How leadership behaviours shape organisational attitudes.

Quantitative results

Findings for **Indicator 3** suggest that leadership attitudes play a central role in shaping organisational cultures of wellbeing within youth-serving organisations. Across both target groups, respondents broadly recognised leadership as an important factor influencing emotional support, organisational climate and the capacity to address the emotional demands associated with youth work. However, notable differences emerged between practitioners' lived experiences and leaders' perceptions of their own support practices.

Among practitioners (**TG1, n=37**), the overall mean score for Indicator 3 was **3.41/5**, reflecting a moderately positive but not unequivocal perception of leadership support for wellbeing.

Regarding leadership attentiveness to practitioner wellbeing, **56.8%** of practitioners agreed or strongly agreed that leaders in their organisations actively support staff wellbeing (**n=21**), while **21.6%** remained neutral (**n=8**) and **21.6%** disagreed or strongly disagreed (**n=8**). This suggests that, while many practitioners perceive leadership support positively, a substantial minority experience insufficient or inconsistent support. Similarly, **62.2%** of practitioners agreed or strongly agreed that leaders acknowledge the emotional demands associated with youth work (**n=23**), whereas **18.9%** remained neutral (**n=7**) and **18.9%** disagreed (**n=7**). These findings indicate that emotional labour is increasingly recognised by leadership, but not always in a way that practitioners

perceive as sufficiently visible or operationalised.

When asked whether leadership behaviours shape attitudes towards wellbeing within organisations, **67.6%** of practitioners agreed or strongly agreed (**n=25**), suggesting broad recognition that leadership strongly influences organisational culture. However, only **48.6%** felt that leaders consistently create environments where practitioners feel emotionally supported (**n=18**), while **27.0%** remained neutral (**n=10**) and **24.3%** disagreed (**n=9**).

Among leaders, coordinators and managers (**TG2, n=22**), responses were considerably more positive, with an overall indicator mean of **4.48/5**. The vast majority (**90.9%; n=20**) agreed or strongly agreed that leadership should actively support practitioner wellbeing, while **86.4%** (**n=19**) considered emotional labour an issue that leaders must openly acknowledge and address. Furthermore, **95.5%** (**n=21**) agreed or strongly agreed that leadership behaviours directly shape organisational attitudes and workplace culture.

Importantly, **86.4%** of leaders believed that their organisations provide supportive environments where staff can discuss emotional challenges and workplace stress (**n=19**), a considerably higher perception than that reported by practitioners.

Taken together, the quantitative evidence highlights a **moderate but significant perceptual gap between practitioners and leadership**. While leaders tend to perceive organisational support practices more positively, practitioners offer a more nuanced perspective, suggesting that leadership commitment to wellbeing is recognised but experienced unevenly in everyday organisational life.

Qualitative insights

The qualitative evidence strongly reinforces the importance of leadership as one of the most influential organisational factors shaping practitioner wellbeing and resilience.

Across interviews and the focus group, **participants repeatedly emphasised that leadership behaviours directly influence workplace climate, emotional safety and the extent to which professionals feel supported in emotionally demanding environments**.

FEKOOR described l**eadership as fundamentally linked to listening, trust, transparency**

and shared responsibility. According to her perspective, supportive leadership requires creating environments where staff feel heard, accompanied and able to express emotional difficulties without fear of judgement. Rather than relying solely on formal policies, leadership was described as a daily relational practice embedded in organisational culture.

Similarly, **ASAENES** highlighted **the importance of leadership accessibility and proximity in contexts characterised by high emotional demands**. The interview pointed to regular meetings, emotional supervision and communication mechanisms as important ways through which leadership contributes to staff support. In mental health intervention contexts, participants emphasised that emotionally sustainable practice depends significantly on leadership sensitivity and availability.

ATA Andalucía contributed a perspective in which **leadership support appears strongly relational**. They described organisational leadership as based on **proximity, flexibility and responsiveness to personal circumstances**, particularly during periods of emotional strain or personal difficulty. Rather than highly formalised wellbeing systems, leadership support was often embedded in everyday management practices and interpersonal trust.

Juventud Empoderada highlighted both the importance and fragility of leadership in smaller organisations. Its president stressed that **close and empathetic leadership becomes especially important in organisations with fewer formal resources**, where emotional support often depends on relational closeness and informal communication. However, limited organisational capacity can also create challenges for leaders themselves, who frequently experience emotional overload while supporting others.

The **focus group** provided especially rich insights regarding the influence of leadership on organisational wellbeing culture. Participants repeatedly stressed that **"coordinators set the tone"** for how emotional demands are managed within organisations. Leadership behaviours were described as capable of either legitimising conversations about stress and overload or, conversely, contributing to silence and emotional self-censorship. One participant expressed this idea particularly clearly: *"If your coordinator normalises talking about emotional exhaustion, you feel safer asking for help."*

Participants also stressed that leadership support is not merely about emotional sensitivity, but about practical responsiveness — including flexibility, workload redistribution, recognition, regular communication and creating safe spaces for dialogue.

Across qualitative findings, a recurring theme emerged: **leadership was frequently described as the main determinant of whether organisational concern for wellbeing becomes tangible in practice or remains only rhetorical**.

Short integrated interpretation

The findings for **Indicator 3** strongly suggest that leadership attitudes constitute one of the most important organisational factors shaping practitioner wellbeing and emotional resilience in youth-serving organisations.

Across both quantitative and qualitative evidence, leadership emerged not merely as an administrative function, but as a relational and cultural force capable of influencing emotional climate, psychological safety and organisational attitudes towards wellbeing.

The findings partially confirm **Hypothesis 3**: leaders generally recognise the importance of practitioner wellbeing and emotional labour, and many actively seek to support staff through communication, flexibility and relational leadership approaches. However, practitioners' responses reveal that this support is experienced unevenly and not always consistently translated into daily organisational practice.

A particularly important finding concerns the **moderate perceptual gap between leaders and practitioners**. Leaders tend to evaluate organisational support more positively, while practitioners offer a more cautious assessment of how emotionally supported they actually feel. This suggests that good intentions at leadership level do not always translate into consistently perceived support at practitioner level.

The evidence further indicates that **organisational cultures of wellbeing often mirror leadership cultures**. Where leaders promote openness, listening, trust and emotional recognition, practitioners appear more likely to perceive supportive and psychologically safe environments. Conversely, where emotional demands are minimised or

insufficiently acknowledged, wellbeing may remain individualised and less institutionally supported.

Within the Spanish third-sector context — characterised by workload pressures, emotional labour and funding instability — leadership appears to function as a particularly important protective factor. However, the findings also suggest that supporting practitioner wellbeing requires not only empathetic leadership, but also organisational structures capable of sustaining that support over time.

Consequently, leadership should be understood not simply as an organisational variable, but as a central mechanism through which cultures of care, resilience and sustainability are either strengthened or weakened within youth-serving organisations.

Indicator 4 – Organisational Culture and Psychological Safety

Focus: Workplace climate and openness to discussing stress and wellbeing.

Key questions addressed:

- Do practitioners feel safe expressing concerns?
- Are supportive peer relationships encouraged?

Quantitative results

Findings for **Indicator 4** suggest that organisational culture and psychological safety are recognised as important dimensions of practitioner wellbeing within youth-serving organisations. However, the evidence also indicates that experiences of psychological safety are uneven and not always consistently embedded in everyday organisational practice.

Among practitioners (**TG1, n=37**), the overall mean score for Indicator 4 was **3.32/5**, reflecting a moderately positive but nuanced perception of workplace climate and emotional openness. Regarding the extent to which practitioners feel safe expressing concerns about stress, workload or emotional difficulties, **54.1%** of practitioners agreed or strongly agreed that they felt comfortable raising concerns within their organisations (**n=20**), while **24.3%** remained neutral (**n=9**) and **21.6%** disagreed or strongly disagreed (**n=8**).

Similarly, **59.5%** agreed or strongly agreed that relationships between colleagues within their organisations are supportive and encourage mutual assistance (**n=22**), whereas **21.6%** remained neutral (**n=8**) and **18.9%** expressed disagreement (**n=7**).

However, when asked whether organisational culture openly supports conversations about emotional difficulties, stress and wellbeing, responses were more divided. Only **45.9%** of practitioners agreed or strongly agreed that emotional concerns can be openly discussed within their organisations (**n=17**), while **29.7%** remained neutral (**n=11**) and **24.3%** disagreed or strongly disagreed (**n=9**).

These findings suggest that, although supportive peer relationships are relatively common, **organisational openness to discussing emotional strain appears less consistently experienced**.

Among leaders, coordinators and managers (**TG2, n=22**), perceptions were again considerably more positive, with an overall mean indicator score of **4.31/5**.

A substantial majority (**86.4%; n=19**) agreed or strongly agreed that practitioners within their organisations feel safe expressing concerns related to stress or emotional burden, while **9.1%** remained neutral (**n=2**) and only **4.5%** disagreed (**n=1**). Similarly, **90.9%** of leaders believed that supportive peer relationships are actively encouraged within their organisations (**n=20**), while **86.4%** considered that their organisational cultures promote open discussion of emotional challenges and practitioner wellbeing (**n=19**).

As in previous indicators, quantitative findings reveal a **moderate perceptual gap between practitioners and leadership**. Leaders tend to perceive organisational climates as more psychologically safe and supportive than practitioners experience them in everyday organisational life.

Nevertheless, compared to previous indicators, both groups showed relatively positive assessments of peer relationships and workplace climate, suggesting that supportive interpersonal dynamics may constitute an important protective factor across participating organisations.

Qualitative insights

The qualitative findings provide a nuanced understanding of psychological safety and organisational culture, highlighting both supportive practices and persistent barriers to open emotional expression.

FEKOOR highlighted the **importance of communication channels and leadership accessibility in creating psychologically safe environments**. They think that the organisational trust depends on staff feeling able to express concerns without fear of judgement or negative consequences. **Psychological safety was therefore framed not only as an interpersonal issue but also as an organisational condition requiring intentional cultivation**.

In the case of **ASAENES**, they provided particularly strong evidence regarding supportive organisational culture. Their interview highlighted the value of **regular meetings**, **informal communication spaces** and **team reflection** as mechanisms that help professionals process emotional strain and prevent isolation.

ATA Andalucía reinforced a more relational perspective, where **workplace openness appears strongly linked to informal communication**, **accessibility of leadership and flexible interpersonal relationships**.

Meanwhile, **Juventud Empoderada** contributed a particularly interesting perspective regarding smaller organisations. They suggested that **smaller teams may facilitate closeness and emotional trust**; however, they may also create greater interpersonal exposure, making it more difficult at times to express disagreement, vulnerability or emotional discomfort openly.

Regarding **the focus group**, participants repeatedly described **colleagues as a primary source of emotional containment**, particularly in contexts involving mental health intervention and sustained psychosocial support. A recurring theme emerging from the focus group was the perception that professionals working in youth and social intervention are often implicitly expected to be emotionally resilient and continuously available. The metaphor of professionals as **"superheroes"**, previously identified in

Indicator 1, resurfaced strongly here, illustrating how workplace cultures may unintentionally normalise emotional overload and discourage vulnerability. One participant described this tension clearly: *"Sometimes you feel you should be able to cope because everyone else seems to cope"*.

This finding suggests that emotional self-censorship may still exist, even within organisations perceived as supportive.

Short integrated interpretation

The findings for **Indicator 4** suggest that participating organisations generally demonstrate **moderately supportive workplace cultures**, **particularly in relation to peer relationships and collegial support**. Practitioners frequently value teamwork, trust and informal emotional support as important protective factors for coping with the emotional demands of youth work.

However, the evidence also reveals that **psychological safety remains uneven and only partially consolidated across organisations**. While leaders tend to perceive organisational climates as open and emotionally supportive, practitioners express more nuanced experiences, suggesting that feeling genuinely safe to discuss stress, overload or emotional difficulties still depends significantly on organisational culture, leadership style and interpersonal dynamics.

A particularly important finding concerns the distinction between **formal and informal psychological safety**. In many organisations, professionals appear more comfortable discussing emotional challenges informally with colleagues than through structured organisational channels. This suggests that supportive organisational culture is often relationally sustained rather than institutionally embedded.

Therefore, the findings partially confirm **Hypothesis 4**: **supportive organisational cultures do exist, and peer relationships appear to function as strong protective mechanisms**. However, openness to discussing emotional strain is not always consistently embedded in organisational life, and emotional vulnerability may still be

constrained by professional expectations, workload pressures and cultural norms surrounding resilience.

In the context of the Spanish third sector — where emotional labour, limited resources and demanding intervention environments are common — psychological safety appears to function as a critical protective factor for practitioner resilience. However, the findings also indicate that organisations may benefit from strengthening intentional spaces for dialogue, emotional reflection and collective support, moving beyond informal care cultures towards more systematic and sustainable approaches to psychological safety and organisational wellbeing.

Indicator 5 – Organisational Learning and Openness to Improvement

Focus: Organisations' capacity to reflect and improve practices related to wellbeing.

Key questions addressed:

- Are organisations open to learning from practitioner feedback?
- Are internal practices regularly reviewed?

Quantitative results

Findings for **Indicator 5** suggest that participating organisations generally demonstrate a positive orientation towards organisational learning and openness to improvement regarding practitioner wellbeing. However, the evidence also indicates important differences between willingness to learn and the degree to which internal practices are systematically reviewed and transformed into organisational change.

Among practitioners (**TG1, n=37**), the overall mean score for Indicator 5 was **3.46/5**, indicating a moderately positive perception of organisations' openness to feedback and learning processes.

Regarding whether organisations are open to learning from practitioner feedback concerning wellbeing, **59.5%** of practitioners agreed or strongly agreed that their organisations are receptive to staff experiences and suggestions (**n=22**), while **24.3%** remained neutral (**n=9**) and **16.2%** disagreed or strongly disagreed (**n=6**).

However, perceptions became more nuanced when respondents were asked whether organisational practices related to wellbeing are regularly reviewed and improved. Only **45.9%** agreed or strongly agreed that internal practices are systematically revisited to improve staff wellbeing (**n=17**), whereas **29.7%** remained neutral (**n=11**) and **24.3%** disagreed or strongly disagreed (**n=9**).

Similarly, **51.4%** of practitioners agreed or strongly agreed that organisations are willing to make changes when wellbeing challenges are identified (**n=19**), while **27.0%** remained neutral (**n=10**) and **21.6%** disagreed or strongly disagreed (**n=8**).

These findings suggest that practitioners perceive a certain openness to reflection and dialogue, but less certainty regarding the consistency and sustainability of organisational improvement processes.

Among leaders, coordinators and managers (**TG2, n=22**), responses were again considerably more positive, with an overall indicator mean of **4.27/5**.

The vast majority (**86.4%; n=19**) agreed or strongly agreed that organisations should actively learn from practitioner feedback regarding wellbeing, while **81.8%** (**n=18**) considered that internal practices in their organisations are periodically reviewed and adapted to improve staff support.

Furthermore, **86.4%** of leaders believed that organisations are generally willing to make changes when staff wellbeing concerns are identified (**n=19**).

As in previous indicators, the quantitative findings reveal a **moderate perceptual gap between practitioners and leadership**. Leaders tend to perceive organisations as more reflective, adaptive and improvement-oriented than practitioners experience in their everyday working realities.

Nevertheless, both groups generally expressed positive attitudes towards learning and organisational reflection, suggesting that openness to improvement may represent an important organisational strength across participating entities.

Qualitative insights

The qualitative findings reinforce the idea that participating organisations generally show a willingness to learn and improve practices related to practitioner wellbeing, although the degree of formalisation and organisational capacity varies substantially.

FEKOOR provided one of the strongest examples of structured organisational learning. Ana Elorz described several mechanisms through which organisational reflection is institutionalised, including psychosocial risk assessments, workplace climate evaluations, structured feedback channels and training processes. Wellbeing was described not as a fixed issue, but as something requiring ongoing assessment and adaptation. Organisational learning appeared strongly embedded in internal culture and strategic planning.

Similarly, **ASAENES** highlighted a culture of reflection and adaptation, particularly through regular meetings, team discussions and spaces for organisational dialogue. The interview with Ana Cirera suggested that reflection around professional wellbeing occurs both formally and informally, allowing teams to identify challenges and adjust practices where possible. However, participants also recognised the limitations imposed by workload and time pressures, which sometimes restrict the capacity for deeper organisational review.

The **focus group conducted at ASAENES** provided particularly rich insights into this tension between willingness to improve and practical implementation.

Participants generally agreed that organisations are increasingly open to listening to staff concerns and acknowledging emotional strain. However, several participants emphasised that learning processes often remain **reactive rather than preventive**, emerging mainly in response to crises, overload or staff dissatisfaction rather than through systematic organisational review.

One participant captured this tension clearly:

"We reflect a lot, but sometimes we don't have the time or resources to transform reflection into change."

This finding suggests that reflective dialogue exists, but organisational learning may not always become fully operationalised.

ATA Andalucía contributed a perspective in which organisational learning is embedded primarily through flexibility and continuous adaptation to staff circumstances, rather than through highly formalised evaluation systems. Enrique Pérez described a management culture where changes are introduced pragmatically in response to emerging needs and staff feedback.

Juventud Empoderada highlighted the realities faced by smaller youth organisations, where openness to learning appears strong but institutional capacity to implement structured improvement processes may be more limited. Participants emphasised continuous learning through experience, dialogue and collective problem-solving, but also recognised constraints related to resources, organisational size and workload.

Across qualitative findings, a recurring theme emerged: **reflection and dialogue are relatively common, but systematic organisational review remains less consolidated**.

In many cases, learning appears to occur through informal conversations, relational trust and practical adaptation rather than through structured organisational systems for monitoring practitioner wellbeing and evaluating support practices.

Short integrated interpretation

The findings for **Indicator 5** suggest that participating organisations generally demonstrate a **positive orientation towards organisational learning and openness to improvement**, particularly regarding listening to practitioners' experiences and acknowledging emerging wellbeing challenges.

However, the evidence also indicates that **openness to learning does not always translate into systematic organisational change**.

Both quantitative and qualitative findings suggest that organisations are often willing to listen, reflect and adapt, but their capacity to institutionalise regular review processes and transform feedback into sustained organisational improvement remains uneven.

The results therefore partially confirm **Hypothesis 5**: participating organisations show openness to practitioner feedback and demonstrate willingness to improve wellbeing practices, but the consistency and formalisation of organisational learning mechanisms vary considerably depending on organisational maturity, available resources and operational pressures.

A particularly important finding concerns the distinction between **reflective culture and structured improvement systems**. Many organisations appear to foster dialogue, team reflection and informal feedback, yet fewer demonstrate highly developed mechanisms for systematically assessing wellbeing, monitoring psychosocial risks or reviewing organisational practices over time.

In the context of the Spanish third sector — where high workload, project-based funding and limited organisational capacity are frequent realities — organisational learning appears to function as both an aspiration and a practical challenge.

Consequently, the findings suggest that strengthening practitioner wellbeing requires not only openness to listening, but also greater investment in **intentional learning structures**, including regular reflection spaces, staff feedback systems, psychosocial monitoring and strategic organisational review.

In this sense, organisational learning may represent a crucial bridge between recognising wellbeing as important and understanding it as a **systemic organisational responsibility**, directly connecting this indicator with the broader sustainability perspective explored in Indicator 6.

Indicator 6 – Systemic Understanding of Wellbeing and Resilience

Focus: Recognition of wellbeing as a systemic organisational issue.

Key questions addressed:

- Do organisations recognise links between leadership, culture and practitioner wellbeing?
- Is wellbeing understood as part of organisational sustainability?

Quantitative results

Findings for **Indicator 6** suggest that participating organisations increasingly recognise practitioner wellbeing and resilience as **systemic organisational issues**, closely interconnected with leadership, organisational culture, workplace climate and the sustainability of youth work services. However, while awareness appears relatively strong, practitioners and leaders differ in the extent to which this systemic understanding is perceived to be operationalised in organisational practice.

Among practitioners (**TG1, n=37**), the overall mean score for Indicator 6 was **3.58/5**, reflecting a moderately positive perception of organisations' ability to understand wellbeing beyond an individual issue and situate it within broader organisational systems.

Regarding the relationship between leadership, organisational culture and practitioner wellbeing, **67.6%** of practitioners agreed or strongly agreed that leadership behaviours and workplace culture significantly influence staff wellbeing (**n=25**), while **21.6%** remained neutral (**n=8**) and **10.8%** disagreed or strongly disagreed (**n=4**).

Similarly, **73.0%** of practitioners agreed or strongly agreed that practitioner wellbeing directly affects the quality of services provided to young people (**n=27**), whereas **16.2%** remained neutral (**n=6**) and **10.8%** expressed disagreement (**n=4**). This suggests a strong recognition among practitioners that professional wellbeing and service quality are deeply interconnected.

However, responses became more nuanced regarding whether organisations explicitly understand practitioner wellbeing as part of long-term organisational sustainability. While **56.8%** agreed or strongly agreed that their organisations recognise this connection (**n=21**), **24.3%** remained neutral (**n=9**) and **18.9%** disagreed or strongly disagreed (**n=7**).

These findings indicate that practitioners increasingly recognise the systemic nature of wellbeing, although perceptions of organisational implementation remain somewhat uneven.

Among leaders, coordinators and managers (**TG2, n=22**), responses were considerably more positive, with an overall mean score of **4.49/5**.

The vast majority (**95.5%; n=21**) agreed or strongly agreed that practitioner wellbeing is directly shaped by organisational culture and leadership approaches, while **90.9%** (**n=20**) recognised clear links between practitioner wellbeing and organisational sustainability.

Similarly, **95.5%** of leaders agreed or strongly agreed that supporting practitioner wellbeing contributes directly to service quality and organisational effectiveness (**n=21**).

Compared with previous indicators, the perceptual gap between practitioners and leadership remains present but somewhat less pronounced. Both groups broadly recognise that practitioner wellbeing cannot be reduced to an individual matter and instead reflects interconnected organisational conditions.

Taken together, the quantitative findings suggest growing recognition of practitioner wellbeing as a **systemic issue**, though its practical institutionalisation remains uneven across organisations.

Qualitative insights

The qualitative findings strongly reinforce the idea that practitioner wellbeing and resilience are increasingly understood as **deeply interconnected organisational phenomena**, influenced by leadership, organisational culture, workload, emotional labour and structural conditions.

Across interviews and the focus group, participants consistently rejected the idea that practitioner wellbeing can be understood purely in individual terms. Instead, wellbeing was repeatedly framed as something shaped by organisational systems, relationships, communication cultures and institutional conditions.

FEKOOR offered perhaps the clearest example of a systemic understanding of wellbeing. Ana Elorz described practitioner wellbeing as inseparable from organisational functioning, leadership quality, communication systems, psychosocial risk prevention and institutional planning. In this perspective, practitioner wellbeing was not framed as

an additional organisational concern, but rather as a prerequisite for sustainable and high-quality intervention. Wellbeing and organisational resilience were described as mutually reinforcing processes embedded within institutional culture.

Similarly, **ASAENES** strongly linked practitioner wellbeing to the sustainability and effectiveness of support provided to young people experiencing mental health difficulties. Participants repeatedly highlighted that emotionally demanding work environments require intentional organisational support if professionals are to sustain quality intervention over time. The idea that emotionally exhausted staff struggle to provide effective psychosocial support emerged consistently across interviews and the focus group.

One recurring idea expressed during the **focus group at ASAENES** captured this systemic understanding particularly clearly:

"If we are not well, we cannot properly support young people."

Participants repeatedly linked practitioner wellbeing to continuity of care, motivation, quality of relationships with young people and organisational sustainability more broadly.

At the same time, the focus group also highlighted structural challenges limiting the systemic integration of wellbeing. Participants pointed to funding insecurity, project-based working models, staff shortages and administrative overload as conditions that often undermine organisational capacity to sustain practitioner wellbeing over time.

ATA Andalucía similarly connected practitioner wellbeing with organisational adaptability and effectiveness. Enrique Pérez suggested that staff wellbeing influences not only individual performance, but also institutional functioning, responsiveness and organisational climate.

Juventud Empoderada offered an especially important perspective concerning smaller organisations and precarious third-sector environments. Its president argued that systemic wellbeing cannot be separated from structural sustainability: when organisations operate under instability or insufficient resources, maintaining

practitioner wellbeing becomes considerably more difficult. In this sense, resilience was described not simply as an individual competency, but as something shaped by organisational and socio-economic conditions.

Across qualitative findings, a recurring theme emerged: **wellbeing and resilience were increasingly viewed as organisational capacities rather than solely individual characteristics**.

This represents an important conceptual shift, suggesting growing recognition that practitioner resilience depends not only on personal coping strategies, but also on leadership, organisational culture, team relationships, communication structures and institutional support mechanisms.

Short integrated interpretation

The findings for **Indicator 6** strongly suggest that participating organisations increasingly recognise practitioner wellbeing and resilience as **systemic organisational issues**, closely linked to leadership, workplace culture, organisational relationships and service sustainability.

Both practitioners and leaders broadly acknowledge that professional wellbeing cannot be reduced to individual resilience alone, but instead reflects wider organisational conditions that either strengthen or weaken practitioners' capacity to sustain emotionally demanding work.

The results largely confirm **Hypothesis 6**: participating organisations demonstrate growing awareness of the interconnections between leadership, organisational culture, emotional labour and practitioner wellbeing. Moreover, many respondents explicitly recognise practitioner wellbeing as an important condition for organisational sustainability and service quality.

However, the evidence also reveals an important distinction between **systemic awareness and systemic implementation**.

While organisations increasingly understand wellbeing conceptually as a shared and structural issue, the degree to which this understanding is translated into institutionalised organisational systems remains uneven. More consolidated organisations appear more capable of embedding systemic approaches through structured communication, psychosocial monitoring, leadership development and internal support mechanisms. Smaller organisations or those operating under stronger structural pressures often rely more heavily on relational and informal support models.

In the Spanish third-sector context — characterised by emotional labour, funding instability and high operational demands — practitioner wellbeing increasingly emerges not simply as a workforce issue, but as a **core sustainability challenge** for organisations working with vulnerable young people.

Consequently, the findings suggest that strengthening practitioner resilience requires moving beyond individual coping approaches towards **systemic organisational strategies**, where leadership, culture, psychological safety, organisational learning and institutional support are understood as interconnected dimensions of sustainable youth work practice.

In this sense, Indicator 6 synthesises the broader findings of the study: practitioner wellbeing appears increasingly recognised as a strategic organisational condition essential for resilience, service quality and long-term organisational sustainability.

Section VIII: General conclusions and recommendations – as they resulted from the interpretation and synthesis of key findings (quantitative results and qualitative insights).

Conclusions (what we learned)

The findings emerging from the Spanish national implementation of **Study No. 1 – "The attitudes & beliefs of organizations towards wellbeing & resilience of practitioners in Youth Work"** provide important insights into how youth-serving organisations currently understand, support and operationalise practitioner wellbeing and resilience. Drawing upon the combined analysis of quantitative results and qualitative evidence, the study

highlights both significant progress and persistent challenges in embedding practitioner wellbeing within organisational cultures and practices.

Overall, the findings suggest that organisations increasingly recognise practitioner wellbeing as an important issue, particularly in contexts characterised by high emotional demands, psychosocial complexity and sustained relational work with young people experiencing disability, mental health difficulties, vulnerability or social exclusion. At the same time, the study reveals that this recognition does not always translate into consistent organisational practices, formal support systems or institutional prioritisation.

1. Dominant organisational attitudes towards practitioner wellbeing

One of the clearest conclusions emerging from the national study is that **practitioner wellbeing is increasingly recognised as a legitimate and important organisational concern**.

Across both target groups, respondents consistently acknowledged that youth work and social intervention involve considerable emotional labour and psychosocial demands. There was broad consensus that emotionally demanding work environments require adequate organisational support if professionals are to sustain effective and meaningful relationships with young people over time.

The study further indicates that practitioner wellbeing is progressively being understood not only as an issue of individual resilience or personal coping, but also as a **shared organisational responsibility**. Leaders, coordinators and managers showed particularly strong agreement that organisations should actively support staff wellbeing and create conditions that protect practitioners from emotional overload and burnout.

At the same time, the evidence reveals an important distinction between **organisational recognition and organisational implementation**.

While organisational discourse increasingly values wellbeing, practitioners' experiences suggest that support remains unevenly embedded in everyday organisational life. Across indicators, professionals consistently reported more moderate assessments than

leaders regarding organisational awareness, leadership support, psychological safety and organisational learning.

This recurring pattern points to what may be described as a **recognition–implementation gap**: organisations often acknowledge practitioner wellbeing conceptually and ethically, but struggle to operationalise it systematically through structured policies, resources, communication systems or institutional routines.

Importantly, the findings also demonstrate that wellbeing is increasingly viewed as **interconnected with organisational sustainability and service quality**. Participants repeatedly highlighted that emotionally exhausted professionals struggle to maintain effective support relationships with young people, suggesting a growing recognition that practitioner wellbeing is fundamental to the long-term effectiveness and sustainability of youth work organisations.

2. Common organisational barriers to practitioner wellbeing

A second major conclusion concerns the persistence of **structural and organisational barriers** that limit the consistent promotion of practitioner wellbeing.

At a structural level, the study highlights the considerable influence of **third-sector operational conditions**. Participants repeatedly referred to challenges associated with project-based funding, economic instability, short-term planning cycles, administrative burden and limited human resources. These conditions frequently constrain organisational capacity to prioritise internal wellbeing processes, despite clear recognition of their importance.

Within organisations, participants also identified barriers related to **time scarcity, workload intensity and competing priorities**. Many organisations appear willing to support staff wellbeing but struggle to create regular spaces for reflection, emotional supervision or preventive psychosocial support because operational pressures dominate daily organisational realities.

The findings further suggest the existence of cultural barriers linked to the nature of youth work and social intervention itself. Across interviews and the focus group,

participants described an implicit expectation that professionals working with vulnerable young people should be emotionally resilient, highly committed and continuously available.

This phenomenon was particularly reflected in the metaphor of professionals being expected to function as **"superheroes"**, normalising emotional overload and sometimes making vulnerability more difficult to express openly.

Consequently, although many organisations appear supportive, some practitioners continue to experience hesitation when discussing emotional exhaustion, overload or personal limits. The findings therefore suggest that **psychological safety remains unevenly distributed**, often depending on team dynamics, leadership style and organisational culture rather than being fully institutionalised.

Another important barrier concerns the **limited formalisation of organisational support mechanisms**. While some organisations —particularly more consolidated entities— demonstrated structured approaches to wellbeing through psychosocial risk assessments, workplace climate reviews, training or organisational health strategies, many others relied primarily on informal support, relational trust and ad hoc responses to emerging difficulties.

This unevenness means that organisational responses to practitioner wellbeing frequently remain reactive rather than preventive.

3. Enabling factors for supportive organisational environments

Despite these barriers, the study also identified several **protective and enabling factors** that contribute to more supportive organisational environments.

Among the strongest enabling factors was the presence of **supportive, accessible and relational leadership**. Across quantitative and qualitative findings, leadership emerged as one of the most important determinants of practitioner wellbeing. Professionals particularly valued leaders who demonstrated listening, empathy, flexibility, transparency and responsiveness to emotional demands.

The study suggests that organisational cultures of wellbeing tend to reflect leadership cultures: where leaders legitimise conversations around stress, emotional labour and vulnerability, practitioners appear more likely to experience psychological safety and emotional support.

Another important enabling factor concerns **peer support and collegial relationships**. Across organisations, practitioners repeatedly described colleagues as essential sources of emotional validation, practical support and shared understanding. Informal conversations, mutual trust and collective reflection frequently functioned as protective mechanisms against emotional exhaustion and professional isolation.

The findings also emphasise the importance of **psychological safety and open communication cultures**. Organisations where professionals feel able to express concerns without fear of judgement or negative consequences appear better positioned to sustain emotionally demanding work environments. However, the study suggests that psychological safety is most effective when intentionally cultivated through communication practices, supportive leadership and protected spaces for dialogue.

A further enabling factor relates to **organisational learning and reflexivity**. Organisations demonstrating stronger capacities for reflection, feedback integration and adaptation appeared better able to recognise emerging wellbeing challenges and adjust practices accordingly. In this regard, more structured approaches —such as those identified in FEKOOR— suggest that organisational learning mechanisms can strengthen institutional resilience and workforce sustainability.

Finally, the study highlights the importance of understanding practitioner wellbeing as a **systemic organisational issue rather than an individual challenge**. The strongest organisational environments appeared to be those where leadership, organisational culture, emotional support, communication, psychosocial prevention and service quality were understood as interconnected dimensions of a shared organisational ecosystem.

Overall conclusion

Taken together, the findings suggest that youth-serving organisations in Spain are undergoing an important transition in how practitioner wellbeing is understood.

The evidence indicates movement away from an individualised understanding of resilience towards a more **organisational and systemic perspective**, in which practitioner wellbeing is increasingly recognised as essential for sustainable youth work practice.

However, this transition remains incomplete.

While awareness and commitment appear relatively high, the institutionalisation of practitioner wellbeing through structured organisational systems, consistent support mechanisms and strategic prioritisation remains uneven across organisations.

Consequently, the central lesson emerging from the national study may be summarised as follows: **organisations increasingly recognise that caring for practitioners is essential to caring effectively for young people, yet significant organisational and structural challenges continue to shape how this recognition is translated into everyday practice**.

Recommendations (what should be done)

Provide national-level recommendations for improving organisational approaches to practitioner wellbeing and resilience.

Recommendations may address:

- Organisational culture & leadership development
- Wellbeing support structures & sector-level cooperation.

The findings of the Spanish national study demonstrate that practitioner wellbeing and resilience are increasingly recognised as essential dimensions of effective and sustainable youth work. However, the evidence also reveals important gaps between organisational awareness and practical implementation, as well as significant inequalities in organisational preparedness to systematically support practitioners working in emotionally demanding contexts.

Based on the interpretation and synthesis of quantitative findings and qualitative

insights, the following recommendations are proposed at national level to strengthen organisational approaches towards practitioner wellbeing and resilience and to support the next implementation phases of the **POSITIVE – Wellbeing & Resilience in Youth Work for Social Change** project.

1. Recommendations for organisational culture and leadership development

1.1. Shift from reactive to preventive organisational cultures of wellbeing

Participating organisations should progressively move from reactive approaches — where practitioner support is activated only when emotional exhaustion, conflict or burnout become visible— towards **preventive organisational cultures** in which practitioner wellbeing is recognised as a strategic and continuous organisational priority. The findings suggest that many organisations already demonstrate awareness of emotional demands and show willingness to support staff. However, support frequently remains informal or dependent on individual leadership styles. Organisations should therefore integrate practitioner wellbeing more systematically into internal organisational cultures, planning processes and operational priorities.

Wellbeing should not be perceived as an additional organisational task, but rather as a necessary condition for maintaining high-quality, inclusive and emotionally sustainable youth work.

1.2. Strengthen leadership competences for emotionally sustainable organisations

Given the strong influence of leadership on practitioner wellbeing identified throughout the study, organisations should invest in the development of **wellbeing-oriented leadership competences**.

Leaders, coordinators and managers require stronger capacities to recognise emotional labour, identify early signs of overload, facilitate psychologically safe communication and respond constructively to staff emotional needs.

Leadership development initiatives should prioritise competencies such as empathic communication, emotional intelligence, conflict management, supportive supervision and trust-based team coordination.

The study strongly suggests that organisational cultures of wellbeing are largely shaped by leadership practices. Consequently, strengthening leadership capacities should be

considered a priority intervention area for organisations working with vulnerable youth.

1.3. Normalise conversations about emotional labour and mental wellbeing

Organisations should actively contribute to reducing the stigma surrounding emotional vulnerability in youth work contexts.

The findings suggest that many practitioners continue to internalise emotional burden or hesitate to openly discuss exhaustion due to implicit organisational expectations associated with commitment, resilience or professional responsibility.

Creating emotionally safe working environments requires organisations to explicitly legitimise conversations about emotional strain, psychological wellbeing and work-related stress.

Structured reflection spaces, peer support opportunities and facilitated dialogue should become normalised components of organisational life rather than exceptional responses to crisis situations.

2. Recommendations for organisational wellbeing support structures

2.1. Institutionalise structured organisational support mechanisms

Participating organisations should strengthen the formalisation of organisational systems designed to support practitioner wellbeing.

The study identified substantial variability between organisations, with some relying primarily on informal support relationships while others demonstrated more structured approaches through psychosocial assessments, climate evaluations and organisational health practices.

Organisations are encouraged to progressively establish sustainable internal mechanisms such as:

- regular wellbeing check-ins,
- psychosocial risk monitoring,
- emotional supervision opportunities,
- internal feedback systems,
- staff reflection meetings,
- organisational reviews focused on wellbeing.

These structures should be designed proportionately according to organisational size and capacity, particularly considering the realities of smaller third-sector organisations.

2.2. Promote psychological safety as an organisational standard

Psychological safety emerged as one of the strongest protective factors identified in the study.

Organisations should therefore intentionally cultivate environments where practitioners feel safe to express concerns, discuss emotional difficulties and seek support without fear of judgement, professional stigma or negative organisational consequences.

This requires consistent communication cultures, transparent leadership, relational trust and explicit organisational commitment to emotional wellbeing.

Psychological safety should be recognised as a core organisational quality criterion within youth work settings characterised by emotional intensity and relational complexity.

2.3. Embed organisational learning into wellbeing practices

Organisations should strengthen their capacity to systematically learn from practitioner experiences and feedback.

The findings indicate that many organisations show openness to reflection, yet structured organisational learning processes remain uneven.

Practitioner feedback concerning emotional demands, workload pressures and organisational climate should be transformed into opportunities for continuous improvement.

This may include periodic internal reviews, reflective evaluation sessions and organisational self-assessment mechanisms aimed at strengthening resilience and sustainability.

3. Recommendations for sector-level cooperation and ecosystem strengthening

3.1. Promote cross-organisational cooperation on practitioner wellbeing

The findings suggest a need for stronger cooperation between organisations working with youth in emotionally demanding environments.

Sector-level collaboration could support the exchange of good practices, practical tools and organisational strategies related to practitioner wellbeing, psychological safety and resilience-building.

More experienced organisations demonstrating structured approaches to staff support

may play an important mentoring role for smaller or less-resourced entities.

Creating **communities of practice around practitioner wellbeing** could strengthen organisational capacities while reducing fragmentation across the youth and social intervention sectors.

3.2. Strengthen recognition of practitioner wellbeing in funding and organisational standards

National and regional stakeholders supporting youth work should increasingly recognise practitioner wellbeing as a strategic sustainability issue.

The study strongly suggests that project-based funding instability, workload pressure and limited organisational resources constrain the implementation of preventive wellbeing approaches.

Where possible, public funding frameworks, organisational quality systems and professional standards should incorporate stronger consideration of psychosocial sustainability and staff wellbeing.

Supporting practitioners should be understood not as an optional organisational benefit, but as a necessary condition for ensuring effective interventions with vulnerable youth.

4. Recommendations for the next implementation phase of the POSITIVE project

The findings of **Study No. 1** strongly confirm the relevance and necessity of the subsequent phases of the **POSITIVE** project, particularly those focused on the development of digital resources and practical training contexts supporting practitioner resilience, emotional wellbeing and organisational transformation.

4.1. Develop practical and accessible tools addressing emotional labour

The study revealed a clear need for practical, accessible and context-sensitive resources supporting practitioners in managing emotional labour, stress, uncertainty and professional exhaustion.

In this regard, the planned **digital resilience cards based on the four pillars of resilience** should prioritise practical applicability, emotional self-awareness and reflective practice tailored to real youth work contexts. Such tools may be particularly valuable for practitioners working in emotionally demanding environments characterised by

complexity and vulnerability.

4.2. Prioritise emotional intelligence and mental health literacy in organisational training

Findings suggest that practitioners and leaders require stronger competences in emotional self-regulation, emotional awareness and mental health promotion.

The planned **Digital Toolkit on Emotional Intelligence and Mental Health** should therefore focus not only on individual resilience strategies, but also on relational and organisational dimensions of wellbeing, including communication, peer support, psychological safety and supportive leadership.

Importantly, the training approach should avoid framing resilience exclusively as an individual responsibility and instead reinforce systemic organisational understandings of wellbeing.

4.3. Use reflective storytelling to normalise emotional experiences in youth work

Qualitative findings strongly support the relevance of the planned **digital storybook "My Story, My Voice in Wellbeing & Resilience in Youth Work"**, based on real practitioner experiences.

Participants repeatedly highlighted the importance of feeling heard, validated and understood when dealing with emotional strain. Reflective storytelling may therefore constitute a particularly powerful mechanism for reducing stigma, promoting emotional literacy and strengthening professional identity.

Real stories of challenge, coping, vulnerability and growth may also help practitioners recognise that emotional difficulties are not signs of professional weakness but normal dimensions of emotionally demanding work.

4.4. Design training contexts focused on organisational as well as individual resilience

The evidence strongly supports the relevance of the planned **Training Handbook and national/transnational training programmes** aimed at strengthening practitioner resilience and organisational preparedness.

However, the findings suggest that training should move beyond individual coping strategies and place stronger emphasis on:

- leadership for wellbeing,
- psychologically safe organisations,
- organisational culture transformation,

- emotional labour management,
- reflective organisational practice,
- preventive approaches to burnout,
- collaborative organisational learning.

Training interventions should therefore support not only individual practitioners, but also organisations in becoming **more positive, supportive and emotionally sustainable environments for youth work**.

Final recommendation

The national findings suggest that the future impact of the **POSITIVE** project will depend not only on the quality of its practical resources, but also on its capacity to support a broader cultural transition within youth work organisations.

The ultimate challenge identified by the study is not simply helping practitioners become more resilient, but helping organisations become **more capable of sustaining resilient practitioners**.

In this sense, the next implementation phases of the project represent a significant opportunity to move youth work organisations from **reactive responses to practitioner distress towards preventive, systemic and supportive organisational cultures**, thereby strengthening both practitioner wellbeing and the quality of support provided to vulnerable young people.

MAIN SOURCES OF NATIONAL REPORT:

a. Project Documents of the POSITIVE Project – Activity A2.2:

POSITIVE – Wellbeing&Resilience in Youth Work for Social Change. Study no. 1 Methodology/general framework.

POSITIVE – Wellbeing&Resilience in Youth Work for Social Change. Questionnaire 1 – Youth Workers and Practitioners.

POSITIVE – Wellbeing&Resilience in Youth Work for Social Change. Questionnaire 2 – Leaders and Managers.

POSITIVE – Wellbeing&Resilience in Youth Work for Social Change. Interview Guide.

POSITIVE – Wellbeing&Resilience in Youth Work for Social Change. Focus Group Guide.

POSITIVE – Wellbeing&Resilience in Youth Work for Social Change. National Report Template - Study no. 1.

b. Legislative and Public Policy Sources analysed in Section IV

- Constitución Española, 1978, particularly Articles 14, 40.2, 43, 48 and 49. https://www.boe.es/eli/es/c/1978/12/27/(1)/con
- Ley 31/1995, de 8 de noviembre, de Prevención de Riesgos Laborales. https://www.boe.es/eli/es/l/1995/11/08/31/con
- Real Decreto 39/1997, de 17 de enero, por el que se aprueba el Reglamento de los Servicios de Prevención. https://www.boe.es/eli/es/rd/1997/01/17/39/con
- Real Decreto Legislativo 2/2015, de 23 de octubre, por el que se aprueba el texto refundido de la Ley del Estatuto de los Trabajadores. https://www.boe.es/eli/es/rdlg/2015/10/23/2/con
- Ley Orgánica 3/2018, de 5 de diciembre, de Protección de Datos Personales y garantía de los derechos digitales. https://www.boe.es/eli/es/lo/2018/12/05/3/con
- Ley 10/2021, de 9 de julio, de trabajo a distancia. https://www.boe.es/eli/es/l/2021/07/09/10/con
- Ley Orgánica 3/2007, de 22 de marzo, para la igualdad efectiva de mujeres y hombres. https://www.boe.es/eli/es/lo/2007/03/22/3/con
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- Ley 15/2022, de 12 de julio, integral para la igualdad de trato y la no discriminación. https://www.boe.es/eli/es/l/2022/07/12/15/con
- Real Decreto Legislativo 1/2013, de 29 de noviembre, por el que se aprueba el Texto Refundido de la Ley General de derechos de las personas con discapacidad y de su inclusión social. https://www.boe.es/eli/es/rdlg/2013/11/29/1/con

- Ley 4/2023, de 28 de febrero, para la igualdad real y efectiva de las personas trans y para la garantía de los derechos de las personas LGTBI. https://www.boe.es/eli/es/l/2023/02/28/4/con
- Real Decreto 1026/2024, de 8 de octubre, por el que se desarrolla el conjunto planificado de medidas para la igualdad y no discriminación de las personas LGTBI en las empresas. https://www.boe.es/eli/es/rd/2024/10/08/1026/con
- Ley 45/2015, de 14 de octubre, de Voluntariado. https://www.boe.es/eli/es/l/2015/10/14/45/con
- Ley 43/2015, de 9 de octubre, del Tercer Sector de Acción Social. https://www.boe.es/eli/es/l/2015/10/09/43/con
- Instituto Nacional de Seguridad y Salud en el Trabajo (2022). *Directrices básicas para la gestión de los riesgos psicosociales*. https://www.insst.es/documents/94886/2927460/Directrices+basicas+para+la+gestion+de+los+riesgos+psicosociales+2022.pdf/e4e0720b-9c0b-5859-a38e-f7f2ea8f4636?t=1649332335098
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c. European-Level Sources:

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d. Empirical data sources for the National Report – Spain:

Questionnaire 1 responses (N = 37 youth workers and practitioners).

Questionnaire 2 responses (N = 22 leaders and managers).

Semi-structured interviews conducted with 4 representatives of participating organisations.

National focus group organised on 26 May 2026.

Quantitative and qualitative analysis conducted within Study no. 1.

Use of Artificial Intelligence (AI) Tools

As part of the data processing and reporting phase, Artificial Intelligence (AI)-assisted tools, including ChatGPT were used as supportive analytical instruments to facilitate the organisation, visualisation, synthesis and interpretation of quantitative and qualitative data collected through questionnaires, semi-structured interviews and focus group.

The AI tools were employed exclusively to support data analysis, generate draft visualisations, identify patterns and assist in the preparation of narrative interpretations. All datasets originated from primary research conducted within the project, and all analytical outputs generated through AI-assisted processes were reviewed, validated and refined by the research team.

The use of AI tools did not replace human judgement, expert analysis or the researchers' responsibility for the interpretation of findings. Final conclusions, recommendations and analytical interpretations remain the responsibility of the project partners and the national research team.

Please refer to:

Encarnación Barrera Bizcocho – COCEMFE Sevilla (programas@cocemfesevilla.es)

Álvaro Walls Toledo – COCEMFE Sevilla (programas02@cocemfesevilla.es)