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ENGAGEMENT FRAMEWORK FOR YOUNG CARER PARTICIPATION AND ADVOCACY



Deliverable D.3.2



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OUR VOICES

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Engagement Framework for Young Carer Participation and Advocacy

Deliverable D3.2

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Executive Summary

This Engagement Framework supports organisations and public authorities in creating meaningful opportunities for the participation of young carers in decisions that affect their lives. Drawing on evidence from the OUR VOICES project and international child participation standards, it provides practical guidance to help schools, municipalities, service providers and civil society organisations move beyond consultation towards genuine influence.

The Framework highlights four key messages. First, **identification is the essential precondition** for participation, as young carers often remain unseen and therefore excluded from opportunities to express their views. Second, participation must be **flexible, safe and adapted** to young carers' caring responsibilities. Third, young carers should have access to **trusted adults and peer networks** that can support them throughout the participation process. Finally, participation must result in **visible influence**, with clear feedback showing how young people's views have shaped decisions.

To achieve this, the Framework proposes five complementary participation mechanisms: Peer Support and Participation Groups, School Young Carer Panels, Municipal Young Carer Advisory Groups, Digital Participation, and the inclusion of young carers in existing child and youth participation structures, including the EU Children's Participation Platform. These mechanisms are accompanied by practical implementation guidance and a monitoring and evaluation framework based on Lundy's model of participation, which emphasises space, voice, audience and influence.

By strengthening the identification, participation and influence of young carers, the Framework contributes to the implementation of the **European Child Guarantee**. In particular, it supports Member States' efforts in improving access to education, healthcare, wellbeing, and social inclusion for children in vulnerable situations while ensuring that young carers' experiences and perspectives inform the design, delivery and evaluation of policies and services that affect them.



1. Introduction

Young carers are often affected by decisions relating to education, healthcare, social services and family support. Yet their voices are rarely reflected in the policies, services and initiatives that shape their daily lives. This Engagement Framework has been developed within the OUR VOICES project to support organisations and institutions in creating safe, accessible, and meaningful opportunities for these children and young people to participate in decisions that affect them. In this Framework, the term “young carers” refers to people under the age of 18 who provide regular or significant care or support to a family member affected by illness, disability, mental health difficulties, or substance use problems. National and regional definitions vary, and some extend the age range into young adulthood; where evidence cited here covers a wider age band, this is indicated. For readability, the term “young carers” is used from this point onwards. The term is used for clarity, not to define children and young people solely by their caring role. Many do not identify with the term “young carer” or may not recognise that their experiences constitute caring. This Framework therefore encourages organisations to begin with what children and young people do and experience in their daily lives, and to use the term only where it helps them recognise their situation and access appropriate rights, services and support.

Addressing the participation gap requires an understanding of why existing participation so rarely reaches young carers. Child and youth participation structures are often designed around a young person who is already visible to the organisations running them, who can participate according to a regular schedule, and who feels comfortable being identified as members of a particular group. Many young carers often do not fit these assumptions. Their caring role frequently remains unrecognised, including by young carers themselves. Consequently, they may be absent from settings and communication channels through which other young people and children are reached. Their time and availability may also be constrained by caring responsibilities, making fixed or recurring participation hard to sustain. And many have good reasons to remain unidentified, because disclosure can carry stigma, unwanted attention, and other risk for them and their family, including concern that disclosure of their caring responsibilities could trigger unwanted intervention by social services. Similar concerns are reported internationally. A systematic review of young carers' experiences in school documents the role of stigma and of fear of consequences in whether young carers make their caring role known (Reupert et al., 2026). In the United States it has been argued that the interaction of state law and mandatory reporting places families at risk of separation so that parents avoid identifying a young carer to services and needs go unmet (Kalvesmaki et al., 2025).

The Framework's response is not to find and label young carers, which, without their consent and proper safeguarding, is itself a harm, but to create the conditions in which they can recognise themselves, come forward in their own time, and take part on terms they control. Taking part is always their choice: young carers decide whether, when and how they participate. Choosing not to take part, or to step back at any point, is equally valued and recognised as a legitimate form of participation.

The Framework does not treat young carers as an additional group to be incorporated into existing participation structures. Instead it considers how the participation process



itself must be designed around these central realities: the care-aware work of reaching and safely engaging a hidden, time-pressured population, and the rights-based work of moving young people from having a voice to having influence. The Framework follows Laura Lundy's model of participation (Space, Voice, Audience, Influence; Lundy, 2007), and its principles are anchored in the nine minimum requirements for effective, ethical and meaningful participation set out in General Comment No. 12 of the UN Committee on the Rights of the Child.

1.1 Purpose of the Framework

The purpose of this Engagement Framework is to support organisations and institutions in creating meaningful opportunities for the participation of young carers. It provides practical guidance on how to engage them in decisions, policies, services and initiatives that affect their lives.

The Framework responds to the persistent underrepresentation of young carers in existing child and youth participation structures. While their caring roles often influence their experiences of education, healthcare, social services and community life, their views and experiences are not always reflected in the decisions that affect them.

Building on the evidence generated through the OUR VOICES project, the Framework sets out key principles, participation mechanisms and practical implementation guidance that can be adapted to different organisational, local and national contexts. Its aim is to help schools, municipalities, service providers, public authorities and civil society organisations develop participation approaches that are safe, accessible, inclusive and responsive to the realities of young carers.

1.2 Who is it for?

This Framework is intended for organisations and institutions that work with children, young people and families to strengthen the participation of young carers in decisions that affect their lives.

Schools and educational institutions can use the Framework to identify and respond to caring responsibilities, create safe opportunities for young carers to express their views, and ensure that school policies, practices and support measures reflect their needs and experiences.

Municipalities and local authorities can use the Framework to involve young carers in the planning, delivery, monitoring and evaluation of local policies, services and initiatives affecting children, young people and families.

Social service providers can use the Framework to strengthen participation in assessment, support planning and service improvement processes, ensuring that the voices of young carers inform the design and delivery of support.

Healthcare providers can use the Framework to recognise young carers more effectively, to better understand their experiences, and, where appropriate, involve



them in discussions about services, information, support pathways and family-centred care.

Non-governmental organisations (NGOs) and community organisations can use the Framework to develop participation activities, peer support initiatives, advocacy actions and consultation mechanisms that enable young carers to contribute to decisions affecting their lives and communities.

Although the Framework is primarily intended for these groups, it may also be relevant to youth organisations, child-participation practitioners, researchers, policymakers and other stakeholders seeking to promote the safe, inclusive, and meaningful participation of young carers.

1.3 How the Framework was developed

The Engagement Framework builds on evidence, policy guidance, and lived experience gathered throughout the OUR VOICES project.

First, it builds on the findings of Deliverable D2.1, which reviewed existing child participation mechanisms and identified gaps and inequalities in children and young people's participation in decision-making processes across different contexts. Particular attention was given to barriers experienced by children in vulnerable situations, including young carers.

Second, the Framework is informed by Deliverable D2.2, which established the Young Carers' Minimum Support Standards and Child Participation principles. Together these standards provide the foundation for understanding what constitutes safe, meaningful and rights-based participation of young carers.

Third, the Framework incorporates the findings from the stakeholder consultations conducted under Work Package 3 and presented in Deliverable D3.1. Consultations with young carers, their families, professionals, policymakers and institutional stakeholders in Bulgaria, Flanders (Belgium) and Italy identified barriers to participation, enabling factors and preferred approaches to participation. The findings highlighted the importance of recognition, flexibility, privacy and confidentiality, support from trusted adults, opportunities for peer interaction, and clear follow-up showing how young people's contributions have been considered and used.

Finally, the Framework draws on the experience and expertise of the members of Eurocarers' Young Carers Working Group (EYCWG). The Working Group brings together young carers, former young carers and organisations working with and for young carers from across Europe and advises Eurocarers on its work on young carers at the European level. Their perspectives on the realities of young carers in different national contexts informed the project's approach.



A near-final draft of the Framework was also shared with young carers in the three pilot countries for critical comment. Rather than circulating the full document, a two-page summary setting out the enabling conditions and the five participation mechanisms in accessible language was set up in English and translated into Dutch, Italian, and Bulgarian and circulated with five open questions. Focusing on the parts of the Engagement Framework young carers would encounter and what each would mean in practice made it possible to ask a specific question: whether these conditions and mechanisms fit their own lives and what would matter in real life that the draft does not account for. Nine young people responded: four in Bulgaria, three in Italy and two in Flanders. The Italian and Flemish respondents were all over 18. In Emilia-Romagna this reflects a regional definition that extends the age range for young carers to 24; in Flanders it reflects who could be reached within the feedback timeframe.

Responses were collected anonymously. The two-pager was made available to partners both as a printable sheet and as an online form so that young people could respond in whichever way suited them. No names, contact details or other identifying information were requested, and respondents were not asked about their own caring situation: the questions concerned the design of the conditions and mechanisms rather than respondents' personal circumstances. This kept the scope of the data collected proportionate to the purpose of the exercise and allowed young carers to comment freely on the two-pager of the Engagement Framework. All data were processed in accordance with the GDPR.

Respondents were informed at the outset of what taking part involved: that participation was voluntary, that questions could be skipped, that their comments would be reported in this Framework in non-identifying form, and that they would inform the pilot activities under Task 3.3. They were also told that taking part would not change arrangements in their own setting.

This was a critical check on a document that had already been drafted, not a co-design process, and the numbers are too small to show what young carers in general prefer; no claim of that kind is made here. Respondents were asked to say where a design choice did not match their own experience. Their comments are reported in the text as "Young carers on this mechanism" and "Young carers on these conditions", as a critical note alongside the mechanisms and the conditions rather than as changes made to the Framework. Several raise questions that the pilots under Task 3.3 are better placed to answer, and reading them alongside the mechanisms is what makes those questions concrete enough to test.

Together, these sources form the evidence base for the Framework: established child participation standards, professional and organisational expertise, and the lived experience of young carers as gathered through the D3.1 consultations, tested against critical comment from young carers on the draft itself.



2. European and International Policy and Initiatives Framework

The Framework is grounded in the key European and international policy instruments and initiatives that recognise children's right to be heard and participate in decisions affecting their lives and that call for stronger support for children in vulnerable situations. These frameworks emphasise the need to ensure that children and young people experiencing disadvantage, exclusion or other forms of vulnerability can exercise this right on an equal basis with others.

At European Union level, **the European Child Guarantee** is the EU's key policy framework for improving access to essential services for children in vulnerable situations to combat child poverty and social exclusion. Established through Council Recommendation (EU) 2021/1004, Member States are encouraged to guarantee access to early childhood education and care, education, and healthcare, as well as effective access to healthy nutrition and adequate housing (Council of the European Union, 2021). Although young carers are not explicitly identified as a separate target group, many experience challenges related to education, health, wellbeing and social inclusion that are directly relevant to the objectives of the Child Guarantee. Measures aimed at improving the identification, participation and support of young carers can therefore contribute to the implementation of the Child Guarantee at national, regional and local levels.

The EU Children's Participation Platform, an initiative established by the European Commission, provides an important European-level mechanism for enabling meaningful child participation in policy and decision-making (European Commission, n.d.). It promotes principles such as inclusiveness, accessibility, feedback and the involvement of children in decision-making processes. These principles are reflected in the Engagement Framework and inform its approach to the participation of young carers.

The Framework also takes into account Recommendation CM/Rec(2012)2 of the Committee of Ministers of the Council of Europe to member States on the participation of children and young people under the age of 18. The Recommendation calls for protection and promotion of children's participation rights and for the creation of meaningful opportunities to participate in schools, healthcare, communities, services and public decision-making (Council of Europe, 2012).

At international level, the Framework is anchored in the United Nations Convention on the Rights of the Child, especially Article 12, which recognises every child's right to express their views freely in all matters affecting them, with those views given due weight according to the child's age and maturity (United Nations, 1989).

The Framework is further informed by General Comment No. 12 of the United Nations Committee on the Rights of the Child, which explains that meaningful participation should be understood as an ongoing process of information sharing and dialogue between children and adults. It emphasises that participation must be transparent and informative, voluntary, respectful, relevant, child-friendly, inclusive, supported by training, safe and sensitive to risk, and accountable (United Nations Committee on the Rights of the Child, 2009).



Together, these instruments and initiatives establish a clear basis for the Engagement Framework: young carers should be recognised, informed, supported to express their views safely and voluntarily, meaningfully involved in decisions affecting their lives, and shown how their participation has influenced decisions.

3. What We Learned from D3.1

The stakeholder consultations conducted under Work Package 3 provided valuable insights into the participation experiences, expectations and support needs of young carers and the perspectives of family members, professionals, and policymakers. The consultations were carried out in three different national contexts and involved relatively small and non-representative samples. Their findings should therefore not be interpreted as representative of all young carers or stakeholder groups. Nevertheless, a number of recurring themes emerged across participating countries and stakeholder groups, providing important practical insights for the development of the Framework.

The findings indicated that young carers remain largely invisible within existing participation structures. At the same time, stakeholders identified a common set of conditions that enable meaningful participation, including flexibility, emotional safety, peer connection, support from trusted adults, respect for privacy and confidentiality, and clear follow-up showing how young people's contributions have been considered and used.

The following sections summarise the main lessons emerging from the consultations and explain how they informed the principles, participation mechanisms, and implementation guidelines set out for the development of the Engagement Framework.

3.1 Young Carers

Across the three participating countries, young carers reported that they are more likely to feel listened to in informal settings, by family and friends and in youth groups and peer environments, than in formal institutions. Many distinguished between being given an opportunity to speak and being genuinely heard. Being heard was associated with respect, understanding, clear follow-up and visible evidence that their contribution has influenced decisions or led to change.

The main barriers to participation included lack of time, fatigue, emotional pressure, competing responsibilities, fear of being judged and the stigma associated with having caring responsibilities.

Young people expressed a clear preference for flexible, accessible, and low-burden participation opportunities, particularly those involving peers with similar experiences. Privacy, confidentiality, emotional safety, and support from trusted adults emerged as essential conditions for meaningful participation.

Implications for the Framework

- Participation opportunities should be flexible, adaptable and designed around young carers' availability rather than organisational convenience.
- Peer-based approaches should be prioritised.



- Confidentiality and emotional safety must be ensured by providing appropriate emotional support.
- Young people should receive timely and accessible feedback explaining how their views have been considered and how they have influenced decisions and outcomes.

3.2 Families

Families generally supported the participation of young carers and recognised their right to be heard. However, they expressed concerns about potential emotional burden of participation, the additional pressure it might create and the risk of stigma.

Families considered participation most acceptable when it was voluntary, clearly explained, respectful of privacy, and adapted to family circumstances. They also emphasised the importance of support from trusted adults and of ensuring that appropriate emotional and practical support is available before, during, and after participation activities.

Implications for the Framework

- Participation must be voluntary and clearly explained, with accessible information provided about its purpose, format and possible outcomes.
- Activities should take account of young carers' family circumstances, caring responsibilities, availability, and support needs.
- Family members should be appropriately informed and involved when this is in the young carers' best interests and consistent with their wishes.
- Safeguarding, confidentiality, and emotional support arrangements should be clearly communicated from the outset.
- Appropriate emotional and practical support should be available before, during, and after participation.

3.3 Professionals

Professionals consistently reported difficulties in recognising possible caring responsibilities and sensitively identifying young carers, which constituted a major barrier to participation. Across the participating countries, many professionals reported having limited experience of involving young carers in existing child and youth participation structures.

Professionals also highlighted a range of institutional barriers, including a lack of awareness of young carers, insufficient training, competing organisational priorities and limited organisational capacity to plan and support meaningful participation.

Implications for the Framework

- Awareness-raising and sensitive recognition and identification processes should be in place before participation activities begin.
- Staff should receive appropriate training on young carers, children's participation rights and participation methods.



- Participation should be embedded within existing structures where possible to ensure they are accessible, safe, and responsive to young carers' circumstances.
- Where existing structures cannot meet young carers' needs, dedicated participation opportunities should be developed.
- Organisations should allocate sufficient staff time, resources and organisational support, and assign clear responsibility for participation activities.
- Professionals should have access to practical guidance and specialist support when concerns or support needs arise.

3.4 Policymakers

Policy and institutional stakeholders recognised the importance of children's participation and indicated that young carers are rarely visible within existing participation mechanisms. Stakeholders identified opportunities to involve young carers into existing local, regional and national participation structures while emphasising the need for practical, sustainable and context-sensitive approaches.

They also stressed the importance of working through existing governance, education, healthcare and social service systems, rather than creating parallel structures.

Implications for the Framework

- Participation mechanisms should build on existing structures where these are appropriate, accessible, and capable of responding to young carers' circumstances.
- Young carers' participation should be linked to concrete policy development, service design and improvement processes.
- Participation approaches should be adapted to local and national contexts while remaining consistent with the Framework's core principles.
- Cross-sector cooperation across education, health, social services, youth services and civil society is needed to identify, reach, and support young carers.

3.5 Key Implications

Despite differences across countries, stakeholder groups consistently identified five conditions for meaningful participation of young carers:

1. **Recognition:** young carers must first be able to identify their own experiences and be sensitively identified by organisations and professionals to create safe routes into participation.
2. **Accessibility:** participation opportunities should be flexible, inclusive and compatible with young carers' caring responsibilities and individual support needs.
3. **Safety:** participation should protect privacy and confidentiality and provide appropriate emotional support.
4. **Peer connection:** young carers should have opportunities to engage with others with similar experiences.



5. **Feedback and impact:** children and young people should receive clear and timely feedback explaining how their contributions have been considered and how/if they have influenced decision-making.

These findings provide the basis for the participation principles, mechanisms and implementation guidance presented in the following sections of this Framework.

4. Principles for Meaningful Participation

The following principles describe what tends to make participation meaningful for young carers and the responsibilities of the organisations and adults facilitating it. They build on the Minimum Support Standards set out in Deliverable D2.2, grounded in Article 12 of the UN Convention on the Rights of the Child, and are organised according to Laura Lundy's model of participation (Space, Voice, Audience, Influence). The same four dimensions structure the participation mechanisms presented in Section 5 and the monitoring and evaluation framework in Section 7. This creates a consistent connection between the Framework's principles, its practical mechanisms, and the measures used to assess their effectiveness.

Recognition is a precondition that underpins all four dimensions. Young carers cannot benefit from participation opportunities if their circumstances and experiences remain entirely unrecognised. Recognition should, however, be sensitive, voluntary, and linked to appropriate information and support. It should not rely on intrusive identification or require young people to accept the label “young carer”. Recognition is therefore an enabling precondition, where young carers are supported to recognise their own experience and are sensitively recognised by professionals and organisations.

The following four dimensions together describe what has to be in place for participation to be meaningful:

- **Space:** safe, inclusive, and accessible environments in which young carers can choose to participate.
- **Voice:** Young carers receive the information, time, and support they need to form and express their views in ways that work for them.
- **Audience:** adults who have the responsibility and authority to act and who are ready to listen, understand, and take young carers' views seriously rather than to assess whether those views are valid.
- **Influence:** young carers' views are given weight in decision-making, with clear feedback on how their contributions have been considered and what action has followed.

These four dimensions are distinct but interrelated. Lundy's model maps them onto the two aspects of children's right to be heard under Article 12 UNCRC: Space and Voice concern the right to express a view, while Audience and Influence concern the right to have that view given due weight (Lundy, 2007). They are set out in this order for clarity, not as a sequence to work through. Space and Voice working well is not a stage to be completed before Audience and Influence come into view.



Two further conditions cut across all four dimensions. First, young carers should have **access to trusted, knowledgeable adults** who can provide practical and emotional support throughout the participation process. Second, they should have **opportunities**, where they wish, **to connect with peers** who have similar experiences.



Figure 1: Recognition, the four dimensions of participation, and the two cross-cutting conditions

(This image was generated using artificial intelligence systems and was subsequently reviewed, verified, and approved by humans to ensure its accuracy. Pursuant to EU Regulation 2024/1689 (AI Act)).

Precondition: Recognition and identification

What it means. Young carers are sensitively identified in the settings where they already are and which they use, recognised as a group with specific rights, experiences, support, and needs. Recognition should respond to their caring responsibilities without defining them solely by that role or requiring them to adopt the label ‘young carer’.

Why does it matter? Identification cannot depend only on young carers disclosing their circumstances, because caring responsibilities are often hidden, normalised in families



or unrecognised by family members or young people themselves. Recognition is therefore an enabling precondition for meaningful participation.

Checklist:

- Train staff in the settings that young carers and their families already use, including schools and educational institutions, social services, municipal youth services and community organisations, and healthcare services, where the family is often known even when the young carer is not, to recognise possible caring responsibilities and respond sensitively.
- Recognise young carers as a distinct group in relevant policies, strategies and organisational procedures.
- Keep the child's wider development in view, not only the caring role.
- Ensure that identification is voluntary, confidential, non-stigmatising and connected to appropriate support.
- Establish clear pathways for information, assessment, referral and support where additional needs are identified.

Space: safe and enabling environments

What it means. Young carers have access to safe, inclusive and child-centred spaces in which they can choose to participate. They receive practical support, accessible information and reasonable adjustments needed to take part. Space is an enabling environment; it includes the conditions, relationships, and processes that make participation available.

Why does it matter? Young carers need opportunities where they can simply be children and young people without caring responsibilities. They also need clear and accessible routes into existing participation structures. Two considerations are particularly important. First, a whole-family approach may be necessary, as appropriate support for the person receiving care can reduce barriers to the young carer's participation. This should be balanced with the young person's right to privacy, autonomy and independent support. Second, effective cross-sector coordination is needed so that young carers and their families are not left to navigate education, health, social care and community services alone.

Checklist:

- Provide safe, welcoming, and accessible physical or digital participation spaces.
- Offer information in clear, age-appropriate formats and through more than one communication channel
- Create clear routes into existing child or young people's participation structures
- Consider what support the young carer and their family may need before, during, and after participation.
- Coordinate appropriately across schools, healthcare, social care, youth services, and relevant organisations.

Voice: support to express views



What it means. Young carers are actively helped to form and express their views in ways that feel appropriate to them. They choose whether, when and how to participate, what they wish to share, and which communication methods they prefer.

Why does it matter? Being heard takes more than being asked. Meaningful participation may require time to reflect, accessible information, encouragement and a range of flexible and creative methods, such as drawing, photovoice, community and life-course mapping, storytelling and digital tools, adapted to each young carer's age, circumstances, communication preferences and support needs. These methods come from participatory practice and are mentioned here as practical tools within the mechanisms, rather than as a research methodology (Neumeister et al., 2024). Young carers should have access to trained and trusted adults who can help them understand the process and express their views. Support should be available where needed, while respecting young people who prefer to participate independently, anonymously or alongside peers.

The right to participate also includes the right not to participate. Participation must remain voluntary throughout the process.

Checklist.

- Use creative methods suited to the individual young carer.
- Offer a choice of verbal, written, visual, creative and digital participation methods.
- Provide clear, age-appropriate and accessible information before asking young carers to express their views.
- Make support from a trained and trusted adult available without requiring that adult to be present in every activity.
- Keep young carers' participation genuinely voluntary and withdrawable.

Audience: a receptive, non-evaluative ear

What it means. The adults and institutions receiving young carers' views are prepared to listen, understand, and take them seriously, rather than approaching participation primarily as an opportunity to assess, question, or judge them.

Why does it matter? Young carers may experience professionals as evaluative rather than supportive, and may withhold information because they fear negative consequences. In particular, some may worry that disclosing their caring circumstances will lead to intervention in the family or to criticism of how the family is coping (D2.2). A receptive audience is essential but not sufficient. Listening without responding or enabling change can still result in tokenistic participation. The responsibility to act on young carers' views and provide feedback is addressed under the Influence dimension.

Checklist.

- Brief the audience in advance on children's participation rights, active listening and non-judgemental engagement.
- Name the fear of consequences openly.
- Make clear that taking part will not be used against the young carer or their family.



- Explain who will receive young carers' views and how the information will be recorded, shared and used.
- Clarify whether the activity is for participation, consultation, assessment or a combination of these purposes.

Influence: power-sharing, feedback and embedding

What it means. Young carers' views lead to considered decisions and visible change, and they are meaningfully involved in shaping decisions where appropriate. Participation is sustained and embedded rather than left as a one-off activity.

Why does it matter? Influence is an essential dimension of participation and the point where the gap between being asked and being heard is closed. It calls for co-production across design, delivery and review; for prompt, child-friendly feedback, so young carers see how their views were used and what changed; and for proven models to move from pilot into stable, resourced practice. Influence does not require that every view is acted upon, but that every view is genuinely considered, and it has no single end point: mechanisms are meant to be embedded and revisited, not run once.

Checklist.

- Co-design, co-produce where appropriate, do not only consult.
- Close the loop with timely, accessible and child-friendly "you said, we did" feedback and an accessible, safe complaints route.
- Where suggestions cannot be implemented, provide an honest and understandable explanation.
- Assess whether participation has influenced policies, services, practices or outcomes, rather than only measuring attendance or satisfaction.
- Plan for the mechanism to be embedded, not piloted and dropped.

Diversity and inclusion

Young carers are not a uniform group, and participation designed for the average young carer will reach only some of them. Available European evidence suggests that girls make up the majority of identified young carers, often between 60 and 70 per cent (European Parliament, 2024). However, this pattern is not consistent across all contexts. One Italian survey of young people aged 15 to 24 found a slightly higher prevalence among boys (European Parliament, 2024), while recent UK longitudinal data indicate that prevalence among boys is increasing (Letelier et al., 2024). Evidence relating to migrant and minority ethnic status is more limited. UK longitudinal studies find that young people from some minority ethnic groups are more likely to be carers (Di Gessa et al., 2022; Letelier et al., 2024). However, comparable evidence is not available across Europe, and categories relating to ethnicity and migration cannot be transferred directly between national contexts. These have practical implications for participation. Where the composition and experiences of young carer populations are unknown, organisations



cannot assume that general outreach methods will reach all groups equally. Participation should therefore be designed proactively to include young carers with different and intersecting circumstances, rather than primarily engaging those who are already visible, confident, or connected to services.

Young carers on these conditions:

All nine respondents named the conditions set out in this section as important, and none proposed removing one. What they added concerned which condition is often missed in practice. Honest feedback was named most often: adults ask for young people's views and then do not come back to say what happened.

"If they ask what we think, they should tell us afterwards what happened because of it."
(young carer, Bulgaria)

Adaptation to individual circumstances came second, described in Italy as the hardest condition to meet because caring situations differ and are unpredictable. Respondents also named burdens this section does not make explicit: having to explain the same caring situation repeatedly to different adults and being asked questions that reach further into family life than the activity requires. One Italian respondent described the risk of taking part before you are ready as sharing "the most fragile part of themselves" and warned that this can leave a young person exposed rather than heard. A respondent in Flanders named a different risk: that being asked about caring invites judgement on how she cares and can pull her back into putting herself aside. Another Flemish respondent named the same condition differently: what is missing is sometimes being listened to without the listener moving immediately to solutions or to pity.

What this raises. These read less as barriers to entry than as questions of safety that arise once a young carer is already taking part in participation activities. Being judged on how you care, being told you are too young to understand your own situation, or being met with sympathy rather than a response all point to an important thing: how a young carer is looked at and treated by professionals. That gaze is not a matter of tone or good intentions. It shapes whether they feel safe to participate, can express themselves openly, or decide it is not worth it, and these responses suggest it is felt long before an adult would notice having communicated it. That makes it something worth adults staying alert to. Noticing when a question reaches further into family life than the activity requires, or leaving readiness with the young person, needs to be a constant dialogue.



5. Participation Mechanisms

This is the operational core of the Framework. Each mechanism is set out as a profile using a common template, so that organisations can understand not only what each mechanism involves but also how it can support young carers through the four dimensions of Lundy's model of participation, from Space to Influence. Each profile identifies the decisions the mechanism is intended to inform, the people or institutions responsible for receiving and responding to young carers' views, and the steps needed to make participation safe, accessible, and realistic for a group that may be hidden, time-pressured, or reluctant to disclose their circumstances.

Two considerations apply across all five mechanisms. The first is order. A peer and identity foundation (Mechanism 1) is a recommended starting point, because young carers tend to need to feel comfortable in their own identity and safe among peers before they speak to audiences. It is a recommendation rather than a fixed order: organisations select and combine mechanisms according to the decision at hand, the local context, and what young carers themselves prefer. The second is the audience: each profile names the decision-maker who receives the output and the loop that returns a response, since a participation activity that produces a voice but reaches no one with the power to act stops at Voice, the second of Lundy's four dimensions.

The OUR VOICES grant proposal anticipated mechanisms such as community resource centres, forums and advisory groups. The Framework takes up advisory groups (Mechanism 3) and forum-type peer and participation groups (Mechanism 1) in deliberately low-threshold forms. It is more cautious about standing "resource centres": D3.1 and D2.2 both lean towards low-threshold, non-tokenistic approaches and note the risk of high-burden structures that the most pressured young carers cannot sustain. A resource centre is therefore treated as an optional host for these mechanisms where one already exists, rather than a structure to be built first. The mechanisms also build on existing structures, including the EU Children's Participation Platform (Mechanism 5).

Profile template (each mechanism is presented under the following headings): Purpose and decision it feeds; Lundy dimensions: Audience or decision-maker; How to set up; Making it work for young carers (identification, availability, visibility and safeguarding); Closing the loop; Worked example.

The table below summarises the five mechanisms. Detailed profiles follow in the subsequent sections.



Table 1: The Participation Mechanisms

1. PEER SUPPORT AND PARTICIPATION GROUP				
Lundy's dimensions (Lundy, 2007)	Audience or decision maker	What is asked	What organisations should provide	When to use it
Space and Voice	Internal. Decisions about the group are made with its members	Short, predictable sessions on a drop-in basis. Nothing leaves the room without consent	Venue, food and travel costs, a trained facilitator, a peer co-facilitator	First, before any outward-facing participation
2. SCHOOL YOUNG CARER PANEL				
Lundy's dimensions (Lundy, 2007)	Audience or decision maker	What is asked	What organisations should provide	When to use it
Space and Voice, reaching Audience when leadership receives and responds	The school's named Young Carer Lead and senior leadership team	A few short meetings per term, held in school hours. Participation can remain discreet.	A named Young Carer Lead, meeting time in school hours, a written response	Where the decision sits with a school
3. MUNICIPAL YOUNG CARER ADVISORY GROUP				
Lundy's dimensions (Lundy, 2007)	Audience or decision maker	What is asked	What organisations should provide	When to use it
All four, reaching Audience and Influence	A named local office-holder who agrees in advance to receive and respond	Preparation sessions and a meeting with the decision-maker. The largest time commitment of the five	A committed decision-maker, preparation, facilitation, and a "you said, we did" response	Where the aim is influence on local policy or services
4. DIGITAL PARTICIPATION				
Lundy's dimensions (Lundy, 2007)	Audience or decision maker	What is asked	What organisations should provide	When to use it
Space and Voice, reaching Audience and Influence when the output is routed to a decision-maker	Depends on the host mechanism	Input in their own time, asynchronous and partly anonymous. No public presence required	An accessible platform, moderation and safeguarding, a route to a decision-maker	Alongside the others, for young carers who cannot attend in person or do not wish to be visible
5. PARTICIPATION IN EXISTING STRUCTURES				
Lundy's dimensions (Lundy, 2007)	Audience or decision maker	What is asked	What organisations should provide	When to use it
Potentially all four, since these bodies already have an audience	The decision-makers those bodies already feed	The host body's own rhythm, adapted to caring. No disclosure of the caring role required	Adapted timing, format and invitation routes, preparation, a trusted adult	Where a suitable structure already exists and can adapt



Mechanism 1: Peer Support and Participation Group

Purpose and decision it feeds. The mechanism provides a safe, low-pressure space where young carers can meet peers with similar experiences, build comfort with their identity, develop a sense of belonging and develop the confidence and skills that make later participation possible. Peer connection and mutual support are valuable outcomes in themselves. It may also provide a foundation for participation through other mechanisms where members wish to engage with external decision-makers.

Lundy dimensions. Space and Voice.

Audience or decision-maker. The immediate audience is the group facilitator and host organisation, which should involve members in decisions about how the group operates. Where participants choose to raise an issue externally, an appropriate audience with the authority and responsibility to respond should be identified in advance.

How to set up. A recurring, low-pressure group at a trusted organisation that combines creative and social activities with opportunities for discussion, with food and travel covered, digital access and accessibility requirements provided. Sessions should be facilitated by trained adults and where appropriate, co-facilitated by a young carer or former young carer.

Making it work for young carers. Identification runs through the host organisation's existing contact, relationships, communication channels and referral routes, as well as through schools, healthcare, social services and community organisations. Outreach should describe relevant experiences and responsibilities rather than relying only on the term young carer. On availability, sessions should be short, flexible and predictable; Where possible, use a stand-alone format in which each session is meaningful in itself, so that a young person benefits even from attending once. This suits young carers who cannot commit to a regular group-setting. Allow young carers to decide how actively they want to participate. They should be able to listen without speaking, decline activities, take a break or withdraw without disadvantage. On visibility, this is a protected, non-public space, and no contribution leaves the room without consent. Ensure that a trusted adult is available before, during and after sessions and that clear safeguarding and referral procedures are in place.

Closing the loop. Members shape what the group does and when it meets, and see their decisions enacted. Where they choose to share their collective views externally, facilitators should explain who receives them, what response was provided and what action followed.

Worked example. A young carer service runs a weekly after-school group that mixes a shared meal, a creative activity and open discussion, with travel covered and a trained peer co-facilitator. Attendance is drop-in, so a young person who can only come once still benefits. Over a term, members move from simply meeting others in the same situation to deciding together what the group does, and a few take an issue forward through Mechanism 3. Nothing leaves the room without consent. Two findings sit behind



placing this mechanism first: peer contact with others in a similar situation produces a sense of belonging and of not being the only one (evidence from Deliverable D2.2), and young carers in the Flemish consultation preferred peer-based settings to advisory groups, feeding into adult decision-making (evidence from Deliverable D3.1). The positioning of this mechanism as a possible foundation is therefore an evidence-informed design assumption that should be examined through piloting and evaluation.

Young carers on this mechanism:

Respondents valued meeting others in a similar situation, but this drew the most qualification. In Bulgaria a separate group outside school was an added demand on limited time, and respondents also mentioned they did not want every activity organised around caring. In Italy one wanted a group her own age; another was more direct.

"It's great, but I might be worried about talking only about being a caregiver." (young carer, Italy)

One Flemish respondent wanted such a group to exist but could not find the time; a second wanted people who would understand her, found talking about caring heavy, and expected the group to be weighed down from the start.

What this raises. What draws respondents to this mechanism is close to what makes them hesitate about it. Meeting people who understand the situation without it having to be explained is what they expect to find there, but also the idea of having that be the whole basis of the group is a hesitation for participating. What stands out is that none of the reservations concerned how the group is run. They concerned what belonging to it would come to mean: another commitment on limited time, another setting organised around caring, a subject that can be tiring to talk about, a room of people at a different stage of life. All came from respondents who also thought the mechanism was a good idea. This profile addresses that by combining creative and social activity with discussion, and nothing in these responses contradicts it. What they add is that the question is not settled by the agenda and activities alone. It also depends on how a group is held over time and what it becomes about for the people in it, which is something participants and facilitators would be attentive to session by session: the choice of participants in talking about caring, in whatever form, is an essential element and must never be and feel like an obligation of being a part of the mechanism.

Mechanism 2: School Young Carer Panel

Purpose and decision it feeds. A structured way for young carers in a school to shape its identification practices, recognition, support measures and wellbeing policies. It can inform decisions about school policies, staff practices, attendance arrangements, learning support, and communication with families.



Lundy dimensions. Space and Voice, reaching Audience when school leadership receives, responds and acts on the panel's recommendations.

Audience or decision-maker. The main audience is the school's named Young Carer Lead and senior leadership team, together with any external pupil-support or guidance service the school works with. Depending on the issues raised, relevant audiences may also include governing body or pupil-support services. The school should identify clearly which person or school body has the authority to respond to each recommendation.

How to set up. Establish a small panel that meets a few times per term and is supported by a named staff Young Carer Lead, with a standing route for the panel's input to reach leadership. Young carers should help determine the panel's format, meeting frequency, and ways of working.

Making it work for young carers. Identification uses the school's own routes (the enrolment or pupil-record process, pastoral and guidance staff, and any external support service), and the panel itself raises identification. Pupils should be invited privately and provided with clear information about the panel's purpose, confidentiality arrangements, and voluntary nature. On availability, meetings are held during school hours rather than after school and kept short. On visibility, participation should be able to remain discreet, and young carers are not outed to their peers. Different ways to contribute should be offered, including anonymous suggestions, individual consultations, digital input and participation through a trusted representative.

Closing the loop. Leadership should respond in writing and in a timely manner to each set of recommendations, stating what will change and what will not and why, who is responsible for action, when the change is expected and how the progress will be followed and reviewed by the panel members.

Worked example. Young Carers National Voice, a United Kingdom network of young carers drawn from local young carer services, co-designs its school-facing resources with young carers themselves, including an early identification tool and a young carer school checklist (Young Carers National Voice [YCNV], 2025b). A school panel is the local version of the same logic: young carers shaping the school systems and tools intended to recognise and support them.

Young carers on this mechanism:

This was the most practical mechanism for respondents in Bulgaria and Flanders, for the same reason: school is a place they mentioned spending a lot of time and, in the best cases, have access to trusted adults. An often named concern here was privacy. Respondents in Bulgaria mentioned the idea of a discreet group supported by staff they already trust; in Italy, one noted that meetings during school hours will prompt questions from classmates. A Flemish respondent placed the risk with classmates rather than staff, saying she would take part if she could trust the other pupils.

"I would participate, hoping the professional is truly professional and assuming that the school actually does something to accommodate me." (young carer, Italy)

What this raises. Meeting in school hours removes one of the obstacles this Framework identifies, limited availability, while running into another, since some young carers prefer not to be visible or identified as such. Both are important points to be taking into account



when setting this mechanism up. Respondents also pointed to other pupils as a barrier. Taking part during school hours is noticed, and being noticed invites questions: where were you, and why do you go there? What they described was not visibility in itself but the position it puts them in, of having to account for a caring role they had not chosen to disclose or having to find a way around the question. What also stands out is the condition the Italian respondent attached: this person would take part provided the school actually accommodated participation and was clear about from the outset what this mechanism is for, what it can realistically change, and where an individual need can be picked up if it comes up there.

Mechanism 3: Municipal Young Carer Advisory Group

Purpose and decision it feeds. This mechanism brings young carers into the planning, delivery and evaluation of local policies and services that affect them through a structured process that enables their collective views and recommendations to reach a decision-maker with the authority to respond and take action. Of the five mechanisms, this is the most direct route into local policy and service decisions. It also asks young carers to engage with institutional settings and with adults in positions of authority.

Lundy dimensions. All four, reaching Audience and Influence.

Audience or decision-maker. A named local office-holder with real authority, for example an elected councillor responsible for youth, welfare or family, or the head of the relevant municipal department, who agrees in advance to receive the group's input and respond to it.

How to set up. Setting one up tends to run in a set order. The commitment comes first: before young carers are recruited, a named decision-maker agrees to meet the group on a set cadence and to respond to its recommendations, since without this the mechanism stops at Voice. Recruitment then runs through school, health and social-service partners, through a peer group (Mechanism 1) where one exists, and through a confidential self-referral route, so the group is not solely limited to the already-confident or the already-known. Members are prepared with an orientation to the decision at hand, the realistic levers and the timescales. Structured sessions, supported by a trained facilitator, let young carers set priorities and develop recommendations. The meeting with the decision-maker is then convened and prepared so that young carers are not surrounded by officials using technical language, a difficulty they have specifically reported. Finally, a response is returned, and the resulting changes are tracked. A sample Terms of Reference is provided in Annex B, and a sample session agenda in Annex C.

Making it work for young carers. Identification combines confidential cross-sector outreach, for example, through school, health and social-service partners, referrals made with the young person's consent, and a confidential self-referral route.



Recruitment therefore reaches beyond those already known to services, while the decision to take part remains the young carer's own. On availability, sessions are scheduled around school and caring, with asynchronous input routes (Mechanism 4) for members who cannot attend in person. On visibility, members can contribute issues gathered from other young carers rather than only their own story, so they can amplify a collective voice without personal exposure, and behind-the-scenes roles are available where feasible. Information is clear and age-appropriate, and institutional processes and technical terms are explained. Confidentiality, safeguarding, and emotional support arrangements are established before participation begins.

Closing the loop. A "you said, we did" timely and accessible response from the named decision-maker within an agreed period, with the response that should explain which recommendations will be implemented, who is responsible for each action, an honest explanation of where input cannot be acted upon and why, and how the progress will be monitored and reviewed.

Worked example. The pattern to aim for is the one demonstrated by Young Carers National Voice in the United Kingdom, a network in which young carers from different local services set a shared campaign priority each year. In 2025 that priority was the recognition of young carers in school inspection frameworks, pursued through a defined request directed at named national bodies (YCNV, 2025a). The transferable structure is the chain: a defined ask, a named decision-maker who agrees to receive it, and a visible response. A municipal advisory group reproduces this chain at local scale, with a local office-holder in place of a national body and a local policy or service in place of the inspection framework.



Young carers on this mechanism:

Italian respondents were positive, describing it as useful for developing a more concrete understanding of their own situation. Respondents in Bulgaria understood its value but found it distant from daily life and were unsure about speaking directly with officials, preferring issues to be carried there from the school.

"Good idea, and I would have a lot to say, but I don't believe it would actually change anything." (young carer, Flanders, translated from Dutch)

Both Flemish respondents raised this reservation. One expected no change; the other, speaking from her own experience of her municipality, said it tends not to do what it promises and attends first to what it considers important.

What this raises. The mechanism that reaches furthest towards Influence was the one respondents found least accessible and least credible, and these appear to be different objections. The Bulgarian responses concern the setting: an institutional room with officials is not one they want to enter. The Flemish responses concern what follows: they would speak and expect nothing to come of it. What stands out is that the second is a prediction drawn from experience, and it is about whose priorities set the agenda, which is exactly what this mechanism asks a municipality to share. That cannot be answered in advance by the design. It does suggest that the sequence set out above carries more weight than it may appear to: a named decision-maker committing before young carers are recruited is what makes the promise testable rather than rhetorical. Worth watching in the pilots is whether a first visible response shifts that expectation and whether the indirect routes described above carry issues effectively when young carers are not in the room.

Mechanism 4: Digital Participation

Purpose and decision it feeds. This mechanism provides flexible, low-burden, and partly anonymous ways to take part for young carers who cannot attend regular in-person activities, have unpredictable availability, or do not wish to be publicly visible. Digital participation is not a fallback option here: it answers two of the three reasons young carers often remain unreached, namely availability and visibility. Its output feeds whichever mechanism it supports. It does not, however, automatically overcome barriers to participation. Digital exclusion, limited privacy at home, shared devices, low confidence with technology, and concerns about online safety may create additional barriers.

Lundy dimensions. Space and Voice, extending to Audience and Influence when the output is routed to a decision-maker.

Audience or decision-maker. Depends on the host mechanism: digital input can feed a school panel, a municipal advisory group or a service review.

How to set up. Both asynchronous and synchronous options should be provided so that young carers can choose how and when they participate. Options may include: short online sessions, written or audio input, a shared online board, and creative formats such



as short films, poems or e-learning contributions that young carers produce in their own time. Young carers should be involved in choosing the platform, format and level of visibility.

Making it work for young carers. Identification: digital routes can reach young carers who are not comfortable presenting in person. Digital participation should complement, not replace, wider outreach and sensitive recognition. Availability: asynchronous formats fit unpredictable caring time, which young carers in the Deliverable D3.1 consultations named among their main barriers to taking part, alongside tiredness and competing responsibilities. Visibility: behind-the-scenes and partly anonymous contributions let less confident young carers take part, matching the finding that some contribute most readily by creating material rather than speaking publicly. Use appropriately moderated platforms and establish clear procedures for handling harmful comments, unwanted contact, safeguarding disclosures, and requests for technical or emotional support.

Closing the loop. Contributors are shown how their input was used and what changed as a result, in the same accessible format they contributed in.

Worked example. A common and valuable digital format is peer storytelling, including digital storytelling, where young carers share lived experience to raise awareness or inform services. Young carers often name confidence as a benefit of this kind of activity, and material produced with them has been used to train professionals so that they hear these experiences first hand. The same account is clear that participation can also be damaging where young carers are vulnerable, and records instances where telling a story in public became distressing and where films involving young carers did not put the interests of the child or the family first (Phelps, 2017). One risk weighs particularly heavily in digital formats: once material is shared publicly, and especially online, it cannot always be fully withdrawn (Sheffield Young Carers et al., 2025). A safe peer-storytelling activity therefore tends to include: preparing each young carer to decide in advance what to share and what to leave out; encouraging them to speak to issues and to combine others' experiences with their own, so the account is collective rather than exposing; explicit consent that can be withdrawn, with honest information that online material cannot be guaranteed deletable; a plan for managing unwanted questions; and safeguarding for the young person, the family and the organisation. The "My Story" planning template and participation checklist from the toolkit by Sheffield Young Carers et al. (2025) are directly usable here. Storytelling has its place, but it is not the default to which young carer participation is reduced; it sits alongside, not above, the influence-oriented mechanisms.

Young carers on this mechanism:

This drew the most consistently positive response across the three countries. Respondents valued contributing when it suited them, without a deadline or a performance, and valued anonymity. In Bulgaria it was seen as useful alongside face-to-face activity for sending something in when you cannot attend or do not want to speak in a group.



"You can say everything that is weighing on you without anyone having to know it was you, and no one can judge you, because you are in a kind of safe space with people in the same boat." (young carer, Flanders, translated from Dutch)

What this raises. The responses were positive in all three countries and about the same thing: what this mechanism takes away. No fixed deadline or commitment, no performance, no group to speak in, no need to be seen. Nobody described what they would send, to whom, or what they would want to come of it. That is worth noting, because this profile presents digital participation as a route into the other mechanisms, ending with a decision-maker. One respondent described the idea as a space shared with others in the same position, which is close to Mechanism 1 delivered digitally.

Mechanism 5: Participation in Existing Youth Structures

Purpose and decision it feeds. This mechanism connects young carers to established child and youth participation bodies, such as youth councils, youth parliaments and student councils, so their voice reaches existing decision-making processes rather than being addressed only through separate or parallel arrangements. Policymakers in Deliverable D3.1 were clear that building on existing structures is preferable to creating new ones.

Lundy dimensions. Potentially all four dimensions, since these bodies already have an audience; the work is to make them reachable.

Audience or decision-maker. The audience consists of the decision-makers and institutions already connected, such as school leadership or local and regional authorities.

How to set up. The task is adaptation, not simply adding young carers to an existing structure. Existing structures are also the ones young carers tend to be absent from, for the same three reasons set out in Section 1: they are often not identified by the bodies that would otherwise invite them, meeting times tend not to fit around caring, and many have reason not to be visible in a public setting. The work is to answer each of these in turn: identifying and inviting young carers rather than waiting for them to come forward; adapting timing and format to caring constraints; and not requiring public disclosure of the caring role as a condition of taking part. Preparation and a trusted adult run alongside all three, as they do in every mechanism. At European level, the EU Children's Participation Platform is one such structure, and the Framework includes exploring concrete routes for young carers to connect to and take part in it, in line with Task 3.3.

Making it work for young carers. Identification: working with the bodies to reach young carers, many of whom will not self-present. Provide private invitations and clear information about the purpose, expectations and possible outcomes of participation. Availability: adapting schedules and offering digital participation alongside. Visibility: not requiring young carers to disclose their caring role in order to participate. Do not expect



one young carer to represent all young carers. Enable participants to gather wider views through peer groups, surveys or digital methods. Establish clear confidentiality, safeguarding and emotional-support arrangements before participation begins.

Closing the loop. The existing body's own feedback routes, strengthened where necessary.

Worked example. A municipal youth council adapts to include young carers: it works with local services to identify and invite them, moves meetings to times that fit caring, provides preparation and a trusted adult, and does not require members to disclose their caring role. A young carer joins, contributes issues gathered from peers as well as their own view, and the council carries those points into its existing route to the local authority. The structure did the changing, not the young carer. This mechanism falls short if it means sending a young carer into the youth council and leaving them to adapt on their own. It works when the structure changes so that it becomes reachable for a population that is, by default, not identified, not available, and not visible within it.

European Child Guarantee. Several of these mechanisms can contribute to national implementation of the European Child Guarantee, in particular by improving the identification of children in vulnerable situations and their involvement in service design. This connection is picked up in the recommendations.

Young carers on this mechanism:

Most respondents thought using existing structures is sensible, and none argued for building parallel arrangements instead. Two important issues were raised. In Bulgaria, respondents doubted a student council would offer enough privacy and suggested a smaller school-based setting could come first, feeding issues into the existing body without identifying individuals, which links to mechanism 2. In Italy, a respondent raised the second.

"It's a very inclusive idea, but I would be careful not to favour caregivers only, because they might then be excluded by other young people." (young carer, Italy)

A third Italian respondent said she might feel uncomfortable, though this would depend on the context.

What this raises. Both risks concern the same thing from different sides: how much of a young carer's situation becomes visible within a group that was not set up around it. Adaptation that stays invisible may not offer much protection; adaptation that is noticeable can mark someone out, which is what the Italian respondent describes. Neither of these responses settles which way that falls, and it may well depend on the group. That seems useful to keep in mind when adapting an existing structure, since the choice tends to be made once at the outset and is hard to revisit afterwards. The Bulgarian suggestion offers one way through it and would be worth trying out in the pilots in relation to mechanism 2. The qualified answers may also be worth noting in themselves: respondents were positive about the idea while attaching a condition about context to it, which suggests that how a particular body already works could matter more here than in the other mechanisms.



6. Practical Implementation Guide

The six steps below turn the Framework's participation mechanisms into practice. Together, they form an implementation cycle that begins with identifying and reaching young carers and continues through preparation, participation, feedback and review. Step 1, identification, receives the most attention, because it is both the hardest step and the one most specific to young carers as they frequently remain unseen or unrecognised. The steps respond to three reasons young carers often remain unreached by existing participation structures: they are not identified, or not identified in ways that make participation possible; their availability is limited by caring; and some have good reason not to be visible. The first four steps work directly on those obstacles; Steps 5 and 6 carry participation through to influence and learning. Each step also supports an element of Lundy's model. However, recognition is not a one-off exercise, and the six steps should not be seen as entirely separate or strictly linear. Organisations may need to revisit earlier steps as new participants join, circumstances change, or lessons are learned.

In short:

Step 1 Identify: the precondition; without it, nothing else is possible.

Step 2 Recruit: reaching beyond the already-confident (Space).

Step 3 Prepare staff: a trained, trusted adult and a ready audience (Audience).

Step 4 Run activities: accessible, flexible formats (Voice).

Step 5 Provide feedback: closing the loop (Influence).

Step 6 Review and improve: learning that carries into the next cycle (all four dimensions).

Step 1: Identify young carers

Identification is the precondition for everything else: a young carer who is not identified cannot be included, consulted or heard. Young carers are under-identified because caring is often hidden or unrecognised, and sometimes actively concealed out of stigma or fear of support services becoming involved. Effective identification does not wait for young carers to come forward; organisations build routes through the settings that young carers and their families already use.

Schools: a named Young Carer Lead, a place in the pastoral and enrolment processes, staff who know which signs may point to a caring situation (such as lateness, tiredness, absence, withdrawal, incomplete homework or a sudden decline in academic performance), while recognising that many young carers may show no visible signs, and links to any external pupil-support or guidance service.

Health and social services: prompts at the point of contact with the cared-for person, since the family is often known to services even when the young carer is not.



Self-recognition: awareness-raising that helps young carers recognise themselves, paired with a safe, low-stakes way to come forward.

Identification needs care. Being outed as a young carer without control is itself a harm, so coming forward stays voluntary and protected.

Step 2: Recruit participants

Recruitment combines sensitive professional outreach, referrals made with consent, open invitations and confidential self-referrals so that it reaches beyond the already confident and already known children and youth. It aims to reach across the diversity of young carers. Young carers whose caring situation intersects with gender, disability, migration or minority background, socioeconomic circumstances or family arrangements are often under-represented in participation processes (Deliverable D2.1), so recruitment actively seeks them out rather than reaching only the most visible few. Where a peer and identity foundation (Mechanism 1) exists, it can serve as the base, but it is not a precondition for taking part. Purpose, time commitment, and what taking part involves are set out clearly from the start, so the choice to join is an informed one.

Step 3: Prepare staff

Facilitators should receive training specific to young carers' participation. The training should cover: recognition, caring-related stigma, voluntary consent, privacy and confidentiality, recognising and responding to emotional distress or needs, and disclosure and safeguarding, avoiding pressure, judgement and tokenism. Staff should not decide whether young carers are sufficiently confident, articulate or “ready” to participate. Their role is to identify and reduce barriers, discuss support needs with the young person, and provide different options for participation. A trusted, skilled adult is present throughout, and any external audience is briefed in advance on how to listen and engage respectfully, so that the people receiving young carers' views are ready to hear them rather than assess them.

Step 4: Run participation activities

Activities should follow the principles in Section 4 and be adapted to young carers' circumstances. They should combine informal and creative formats, short and flexible timing scheduled around school and caring, food and a welcoming space, and a mix of public and behind-the-scenes roles. Public roles include speaking to a decision-maker or presenting the group's recommendations. Behind-the-scenes roles include preparing materials, gathering issues from other young carers, or commenting on a draft so that young carers who do not wish to be visible can still shape the outcome. The choice of role rests with the young carer and can change between activities. Each activity stays anchored to the clearly defined decision, policy, or process so that participants can understand what they influence, who will receive their contributions, and what will happen next. Two general youth-participation resources are useful for the advocacy-oriented work: the YouPart digital toolkit, which sets out methods for involving young



people in local decision-making, including online formats (YouPart, n.d.); and the activities of the European project YouthMetre, which are session-level exercises helping young people move from an identified issue to a concrete ask directed at a decision-maker (YouthMetre, n.d.), next to the session plans from the toolkit by Sheffield Young Carers et al. (2025) for the carer-aware work.

Step 5: Provide feedback

This is the step most often skipped, while the findings of Deliverables D2.1 and D3.1 show it is the one that matters most. Closing the loop means a visible "you said, we did": reporting back timely, accessible feedback, explaining how young carers' input was used and what changed as a result, and being honest where it could not be acted on. Without it, participation is a one-off consultation, and the gap between being asked and being heard, the central finding of Deliverable D3.1, stays open.

Step 6: Review and improve

The monitoring tools in Section 7 help assess whether the mechanism reached young carers (identification), whether participation was voluntary, safe and meaningful (Space and Voice), whether their views reached someone able to act on them (Audience), and whether this led to change (Influence). The lessons are returned to the young carers who took part as well as carried into the next cycle, so that review is itself a form of follow-up rather than a closed internal exercise.

An organisational readiness checklist supports this section; see Annex A.



7. Monitoring and Evaluation

Monitoring and evaluation are essential for understanding whether participation mechanisms are working in practice. They help organisations to assess whether young carers are being reached, whether participation is voluntary, accessible, meaningful and safe, and whether their input influences policies, services, practices or support. Monitoring and evaluation serve different but complementary purposes.

Monitoring is the ongoing collection of information on how participation activities are implemented and who is reached. Monitoring goes beyond counting activities. It also looks at whether young carers feel heard, whether professionals and organisations change their practice, and whether feedback from young carers is used to improve participation mechanisms over time.

Evaluation examines the quality and results of participation: whether young carers experience participation as meaningful, safe and influential, and whether their input contributes to changes in policies, services or organisational practice.

7.1 Output Indicators

Output indicators measure activity, reach and participation levels. They help organisations understand who has been involved and how many participation activities have been implemented. These indicators are collected in a proportionate way that avoids placing an additional burden on young carers.

Table 2: Participation Output Indicators

Indicator	Example
Number of young carers engaged	6 young carers participated
Number of participation activities organised	4 meetings, workshops or consultations held
Number of organisations involved	2 schools + municipality
Number of professionals involved	8 staff members took part
Diversity of participants	Participants from different age groups, genders, schools or local areas
Number of feedback actions completed	Summary shared with participants after each activity

7.2 Outcome Indicators

Outcome indicators assess whether participation has made a difference for young carers. They focus on how young carers experience the process and whether they feel that their views have been taken seriously.



Table 3: Participation Outcome Indicators

Indicator	Example method
Young carers understand the purpose of participation	Short self-assessment, brief verbal check-in
Young carers feel safe and are able to participate voluntarily	Post-activity survey
Young carers feel heard	Short post-activity survey, individual conversation
Increased awareness of rights and available support	Short self-assessment
Young carers receive timely and accessible feedback	Follow-up check with participants
Young carers' views reached the named decision-maker or audience	Record of what was submitted, to whom and when
Satisfaction with the participation process and willingness to participate again	Evaluation survey or feedback form

A participant questionnaire based on these indicators, grouped by Lundy dimension, is provided in Annex D. These questions should be adapted to the age, language, accessibility needs and communication preferences of participants.

7.3 Service and Organisational Outcomes

Participation should contribute not only to engagement but also to learning, improvement and change within organisations. Monitoring therefore looks at whether the views and experiences of young carers influence professional practice, service delivery, organisational procedures and decision-making processes. Organisations document not only what young carers said, but also how their contributions were considered and what actions, improvements or changes resulted from their participation.

Service and organisational outcomes will vary depending on the type of organisation implementing the participation mechanism. The indicators presented below provide illustrative examples that can be adapted to different settings, objectives and participation activities.

Table 4: Service and Organisational Outcomes

Type of organisation	Possible indicators
Schools and educational institutions	1. More young carers are identified in the school. 2. School staff receive training on young carers and participation. 3. Young carers are consulted on school policies, support measures or wellbeing initiatives.



	4. School support measures are adapted following young carers' feedback.
Municipalities and local authorities	5. Young carers are included in local consultation or participation processes. 6. Young carers' views inform local policies, plans or services. 7. Cooperation between local services supporting young carers is strengthened. 8. Participation mechanisms for young carers are established or strengthened.
Social services	9. New procedures for identifying and referring young carers are introduced. 10. More young carers are referred to appropriate support services. 11. Young carers contribute to the design, delivery or evaluation of services. 12. Service provision is adapted following young carers' feedback.
Healthcare providers	13. Healthcare staff receive guidance or training on identifying young carers. 14. Information and support pathways are adapted following young carers' feedback. 15. Young carers report improved awareness of available health and support services. 16. Young carers' experiences inform service planning and improvement.
NGOs and community organisations	17. Participation activities become a regular part of organisational practice. 18. Young carers engage in peer support and participation activities. 19. Young carers receive feedback on how their views have been used. 20. Advocacy, awareness-raising or support activities are informed by young carers' experiences.



Cross-sector outcomes	21. Cooperation between schools, municipalities, social services, healthcare providers and NGOs is strengthened. 22. Staff report greater awareness and understanding of young carers. 23. Young carers report feeling listened to and taken seriously. 24. Organisations can demonstrate examples of decisions, service improvements or actions influenced by young carers' contributions.
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7.4 Using Feedback for Improvement

A key finding from Deliverable D3.1 was that young carers are often invited to express their views but do not always receive clear information about what happens afterwards. For this reason, monitoring and evaluation include a clear feedback loop. Organisations should:

- Share main findings from participation activities with young carers in an accessible and age-appropriate format;
- Explain how their input was used in decision-making;
- Be transparent when suggestions cannot be acted upon;
- Identify what worked well and what should be improved;
- Adapt participation mechanisms in response to young carers' feedback.

This clear feedback loop is essential for trust and accountability. It shows young carers that participation is not a one-off consultation or a symbolic exercise, but an ongoing process through which young carers' views can contribute to real improvements.



8. From Framework to Pilot Implementation

The Framework sets out a range of participation mechanisms that can be adapted to different contexts and organisational capacities. Not all of the mechanisms need to be implemented at the same time. Within Task 3.3, the OUR VOICES partner organisations will select and adapt the mechanisms best suited to piloting, taking account of local needs, resources and stakeholder preferences.

The table below shows the types of organisations most likely to host or lead each mechanism. It is intended as a starting point for selection, not a fixed allocation: most mechanisms can be hosted by more than one kind of organisation.

Table 5: Participation mechanisms by type of organisation

MECHANISM	SCHOOL	MUNICIPALITY	NGO
Peer Support Group	✓	✓	✓
School YC Panel	✓		
YC Advisory Group		✓	✓
Digital Participation	✓	✓	✓
Existing Youth Structures	✓	✓	

Choosing what to pilot

The selection of a pilot mechanism is not only a question of organisational capacity, but also of the needs of young carers and the opportunities for meaningful influence. Three questions help guide the choice, in no fixed order. Is there a real decision and an identified audience? A mechanism is worth piloting where there is an actual local decision it can feed and a decision-maker who has agreed to receive its output. Without this, the pilot tests engagement but not advocacy. Can young carers be sensitively reached in this setting? The choice of setting follows the identification routes that exist locally, since a mechanism can only involve young carers who can first be identified. Would a peer support and participation group help? Where young carers are not yet meeting as a group, Mechanism 1 may provide an enabling foundation for engagement in the other mechanisms, depending on their preferences, the local context and the purpose of participation. It is one option among the five rather than a step to complete first.

What each pilot needs in place

Before a pilot begins, the readiness conditions in Annex A should be met. These include: safe and sensitive recognition, outreach and self-referral routes, an identification route, so recruitment is not limited to the already-known; an identified decision-maker or



audience; a trained, trusted adult; clear safeguarding arrangements for the young person, the family and the organisation; timing compatible with school and caring; and a feedback loop planned from the outset. These are the conditions that help ensure that the mechanisms are not only feasible on paper but accessible, meaningful and capable of turning young carers' input into a response.

Adapting to country context

Pilots will be implemented in Belgium, Italy and Bulgaria. Each partner will adapt the selected mechanisms to local structures, language and existing participation bodies. Each pilot defines its specific target group and caring situations in line with its national context, while remaining within the project's agreed definition of young carers as children and young people under 18 years of age, thereby ensuring consistency and comparability across pilots while allowing for context-specific recruitment and safeguarding arrangements. This keeps the mechanisms comparable across countries while respecting genuine differences in how young carers are defined and supported.

Testing, feedback and refinement

The pilots will examine which mechanisms work best in each context and identify what needs to be refined. Each pilot uses the monitoring and evaluation approach in Section 7 and the participation evaluation form in Annex D, so that pilots in different countries measure the same things: whether young carers were reached (identification), whether participation was safe and meaningful (Space and Voice), whether they were genuinely heard (Audience), and whether their input led to change (Influence). Each pilot gathers feedback from the stakeholders involved, including educators, social workers, healthcare providers, youth workers, and, where relevant, NGOs working with children and young people. The lessons are recorded in the Pilot Implementation Reports (D3.3) and feed back into a refined set of mechanisms.

Testing transferability

The pilots are also an opportunity to test how far the Framework transfers beyond young carers. Its underlying approach, identifying a hidden group, reducing barriers of availability and visibility, and creating the conditions for meaningful participation across all four Lundy dimensions, may also be useful when working with other children in precarious family situations and other socially vulnerable groups. In line with Task 3.3, this wider transferability should therefore be treated as a hypothesis to be examined through the pilots, rather than assumed in advance.



9. Recommendations

Table 6: recommendations by stakeholder group

For Schools	• Introduce sensitive and consistent identification of young carers, train relevant staff to recognise caring responsibilities, and appoint a trained and accessible Young Carer Lead. • Ensure that identification is voluntary, confidential, and non-stigmatising • Provide flexible educational support and safe participation opportunities. • Involve young carers in shaping school policies and provide feedback on how their views influence decisions
For Municipalities	• Integrate young carers into existing youth participation and consultation structures rather than creating parallel mechanisms so that young carers can participate safely, flexibly, and without being required to disclose their caring role publicly. • Establish dedicated participation mechanisms where existing structures cannot adequately respond to young carers' circumstances. • Promote and strengthen coordinated action between education, health, social care, and community organisations, including awareness and training for municipal staff on recognising young carers' caring responsibilities. • Provide practical support, sufficient resources, and clear accountability arrangements so that participation is sustained. • Ensure local decision-makers respond to young carers' recommendations. • Report back to young carers on decisions.
For Service Providers	• Train professionals to recognise young carers and understand their specific needs. Training should address why young carers may hesitate to disclose, including concern about what disclosure will set in motion for their family. Professionals should be equipped to treat a caring role as information about a family's support needs rather than as a concern in itself, to be explicit with young carers about what happens with what they share, and to involve them in decisions about next steps. • Embed young carers' participation in service planning, delivery, and evaluation. • Provide different and accessible ways for young carers to express their views. • Ensure participation is voluntary, confidential, and supported by trusted adults.
For NGOs	• Provide safe, accessible opportunities for peer support and low-threshold participation opportunities. • Offer flexible participation methods, including digital and creative. • Empower young carers to engage in advocacy and awareness-raising. • Work in partnership with public services and ensure participants receive meaningful feedback. • Ensure relevant staff and volunteers are equipped to recognise young carers and respond appropriately.
For National Authorities	• Officially recognise young carers in national legislation and policy. • Develop national guidance on identification, participation and safeguarding across sectors. • Provide sustainable funding for young carers' support and participation initiatives. • Monitor progress through the implementation of the European Child Guarantee and other relevant national strategies.



References

Council of Europe. (2012). Recommendation CM/Rec(2012)2 of the Committee of Ministers to member States on the participation of children and young people under the age of 18. <https://rm.coe.int/09000016805cb0ca>

Council of the European Union. (2021). Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. Official Journal of the European Union, L 223, 14–23. <https://eur-lex.europa.eu/eli/reco/2021/1004/oj>

Di Gessa, G., Xue, B., Lacey, R., & McMunn, A. (2022). Young adult carers in the UK: New evidence from the UK Household Longitudinal Study. *International Journal of Environmental Research and Public Health*, 19(21), 14076. <https://doi.org/10.3390/ijerph192114076>

European Commission. (n.d.). EU Children's Participation Platform. https://eu-for-children.europa.eu/eu-childrens-participation-platform_en

European Commission. (2026). *The Lundy model of child participation*. EU Children's Participation Platform. https://eu-for-children.europa.eu/about/lundy-model_en

European Parliament. (2024). The situation of young carers in Europe (PE 754.204). Policy Department for Economic, Scientific and Quality of Life Policies. [https://www.europarl.europa.eu/RegData/etudes/IDAN/2024/754204/IPOL_IDA\(2024\)754204_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/IDAN/2024/754204/IPOL_IDA(2024)754204_EN.pdf)

Hub na nÓg. (2026). *Lundy model resources*. <https://hubnanog.ie/lundy-model-resources/>

Kalvesmaki, A. F., Miller, K. E. M., Armstrong-Carter, E., Lewis, F., Shih, R. A., Olson, E., & Kavanaugh, M. S. (2025). The challenge of identifying young carers in the US: How state laws put families at risk for separation. *International Journal of Care and Caring*, 9(1), 188–195. <https://doi.org/10.1332/23978821Y2024D000000082>

Letelier, A., McMunn, A., McGowan, A., Neale, B., & Lacey, R. (2024). Understanding young caring in the UK pre- and post-COVID-19: Prevalence, correlates, and insights from three UK longitudinal surveys. *Children and Youth Services Review*, 166, 108009. <https://doi.org/10.1016/j.childyouth.2024.108009>

Lundy, L. (2007). "Voice" is not enough: Conceptualising Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal*, 33(6), 927–942, available at: <https://doi.org/10.1080/01411920701657033>

Neumeister, E., Jones, N., Guglielmi, S., Othman, S., & Youssef, S. (2024). Participatory research with young people: A toolkit. *Gender and Adolescence: Global Evidence and the Adolescent Girls Investment Plan*. https://gage.odi.org/wp-content/uploads/2024/11/PARToolkit-2024_updated-1.pdf



OUR VOICES. (2025). Report on gaps and disparities in child participation mechanisms [Deliverable D2.1]. CERV project GA 101190125.

OUR VOICES. (2025). Young carers' minimum support standards and child participation [Deliverable D2.2]. CERV project GA 101190125.

OUR VOICES. (2026). Stakeholder consultation report [Deliverable D3.1]. CERV project GA 101190125.

Phelps, D. (2017). The voices of young carers in policy and practice. *Social Inclusion*, 5(3), 113–121. <https://doi.org/10.17645/si.v5i3.965>

Reupert, A. E., Foster, K. N., Chen, L., & Maybery, D. (2026). Young carers' experiences in school: A qualitative systematic review. *Review of Educational Research*. Advance online publication. <https://doi.org/10.3102/00346543261455292>

Sheffield Young Carers, Gloucestershire Young Carers, & University of Gloucestershire. (2025). Participation and power: Sharing stories safely. A toolkit to promote ethical and meaningful co-production with young carers.

<https://static1.squarespace.com/static/57346ed2b09f95483e17ce54/t/684a8cbad613434e4ed87c1b/1749716163503/Young+Carers+Participation+Toolkit+2025+%284%29.pdf>

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

United Nations Committee on the Rights of the Child. (2009). General comment No. 12 (2009): The right of the child to be heard (CRC/C/GC/12). <https://docs.un.org/en/CRC/C/GC/12>

Young Carers National Voice. (2025a). Campaign on the recognition of young carers in school inspection frameworks. <https://www.ycnv.org.uk/our-campaigns>

Young Carers National Voice. (2025b). Young carer school checklist and early identification tool. <https://www.ycnv.org.uk/resources/young-carer-school-checklist>

YouPart. (n.d.). Digital toolkit for youth participation. <https://youpart.suedwind.at/digitaltoolkit-en/>

YouthMetre. (n.d.). Youth participation, the YouthMetre approach. <https://youthmetre.eu/youth-participation/>



Annexes

The annexes are practical templates developed for this Framework. They are derived from the conditions in Section 4, the participation-mechanism profiles in Section 5 and the practical implementation steps in Section 6, and they translate those into a usable format. They are starting points to be adapted to local structures and governance, not prescriptions, and they are intended to be tested and revised through the pilots.

Annex A: Readiness checklist

Before committing to a mechanism, an organisation should be able to answer yes to each of the following. A no is not a reason to abandon the mechanism, but it identifies what has to be put in place first.

- Is there a named decision-maker or audience committed to receive and respond to input?
- Are identification routes in place, including confidential self-referral, so that recruitment is not limited?
- Have young carers themselves been asked whether this mechanism suits them, and is there a route for them to say that it does not?
- Is a trained, trusted adult available before, during, and after?
- Are safeguarding arrangements defined for the young person, their families and the organisation?
- Is the timing compatible with school and caring? Is a low-burden or asynchronous option available?
- Is consent voluntary, informed and withdrawable, with honest information about the limits of withdrawing material shared online?
- Is a feedback loop, a "you said, we did", planned from the outset?

These conditions are drawn from Sections 4 to 6 of this Framework.

Annex B: Sample Terms of Reference for a Young Carer Advisory Group

This template supports Mechanism 3. Organisations can adapt the wording to their own governance structures.

Purpose. The advisory group brings young carers into the planning, delivery and evaluation of a defined local policy or service, and gives them a route to a decision-maker with the authority to respond.



Decision it feeds and named decision-maker. State the specific decision the group informs, and name the office-holder with authority over it, for example an elected councillor responsible for youth, welfare or family, or the head of the relevant department. Record that this person has agreed, before recruitment begins, to receive the group's input and to respond to it.

Membership and recruitment. A small group, for example six to ten young carers, recruited through school, health and social-service partners, through a peer group where one exists, and through a confidential self-referral route, so that membership reaches across the diversity of young carers rather than only those already known to services or those confident enough to come forward alone.

Meeting cadence. A predictable, low-burden schedule, for example one short session per term, at times that fit school and caring, with an asynchronous route for members who cannot attend in person.

Support and safeguarding. A trained, trusted adult before, during and after each session. Safeguarding arrangements for the young person, the family and the organisation. Voluntary, informed and withdrawable consent.

Roles and visibility. Members choose their own level of visibility, including behind-the-scenes roles, and may speak to issues gathered from other young carers rather than only to their own experience. The choice of role rests with the young carer and can change between activities.

Feedback. A "you said, we did" response from the named decision-maker within an agreed period, with an honest explanation where input cannot be acted upon.

Review. A date to review the group's purpose, membership and effect, and to report back to members what the review found.

Annex C: Sample meeting agenda (one session)

This agenda is written for a municipal advisory group session (Mechanism 3) and runs to about 100 minutes.

Item	Time	Notes
Welcome and check-in	10 min	A short, low-pressure opening. Food and informal time matter for a tired, time-pressured group.



Item	Time	Notes
Ground rules and confidentiality	5 min	Agree what is shared and what stays in the room. Remind members that they can take part without disclosing personal caring details.
Warm-up	10 min	A creative or paired activity that lowers the threshold to speaking.
The issue and the decision it feeds	15 min	Orient members to the decision at hand, the realistic levers and the timescale, in plain language and free of jargon.
Structured discussion and priority-setting	30 min	Members set priorities and develop recommendations, supported by a facilitator. Members may speak to issues gathered from other young carers, not only to their own story.
Agreeing recommendations	10 min	Confirm the group's key messages for the decision-maker.
What happens next	10 min	Explain when and how a response will come back, and who will deliver it.
Close	10 min	Time for one-to-one conversations with a trusted adult if needed.

Adapting the agenda. For a school young carer panel (Mechanism 2), which meets in school hours and is kept short, the same structure compresses to about one lesson period by shortening all items, like the warm-up, the discussion and the close. Two items should not be cut in either version: the ground rules, which establish that taking part does not require disclosure, and what happens next, which is what distinguishes participation from consultation.



Annex D: Participation evaluation form (mapped to Lundy)

This form is the participant-facing part of evaluation. Its items correspond to the outcome indicators in Section 7 that only a participant can answer, grouped by the dimensions of Lundy's model (Lundy, 2007). The dimension labels in the left-hand column are there for the organisation analysing the responses and are not shown to participants: the version given to children and young people contains the statements only. Next to the Lundy dimensions, the form also evaluates safety as an important element in participation. Organisations looking for a fuller set of Lundy-based tools, including checklists and templates for planning and reviewing participation, will find Hub na nÓg's national participation framework a useful reference. It has been translated into all EU languages and is available through the EU Children's Participation Platform (Hub na nÓg, 2026; European Commission, 2026).

Tick the box that fits best. You can skip any question.

(Lundy Dimensio ns and Safety)	Questions	Agre e	Not sure	Disagre e
Space	I had a real chance to take part	☐	☐	☐
	The time and the place suited me	☐	☐	☐
Voice	I was able to say what I think, in my own way	☐	☐	☐
	I had the support I needed to take part	☐	☐	☐
Audience	I felt listened to	☐	☐	☐
	My views were taken seriously	☐	☐	☐



Influence I understood what would happen next ☐ ☐ ☐

I have seen, or expect to see, my input make a difference ☐ ☐ ☐

Safety I felt safe and respected ☐ ☐ ☐

I would take part again ☐ ☐ ☐

Is there anything you would change about how this was set up?

Follow-up, asked separately (for example three to six months later)

Did your input lead to a change? ☐ Yes ☐ Partly ☐ No ☐ I don't know

Items can be adapted to the age, language, accessibility needs and communication preferences of participants, and can be answered on a wider scale or in conversation rather than on paper. Where a young person prefers to respond verbally, the same items work as prompts.

