

# Integrated Care Systems, Collaboration and Youth Voice: *Exploring the Lundy Model of participation and building partnerships to maximise opportunity and impact*

## National workshop #2: Summary notes

2<sup>nd</sup> December 2025

Over 150 participants attended a national workshop focused on strengthening youth voice and action within Integrated Care Systems (ICS). Building on an earlier national workshop and a series of regional workshops, the session brought together various partners from across the regions to connect and share learning.

This summary outlines key insights and actions from the workshop. It also includes insights from the guest speakers and examples of good practice shared.

## Background

The workshop included presentations from guest speakers, small-group discussions, and open discussions to help shape collective next steps and opportunities for collaboration across health and care systems. With insights from Prof. Laura Lundy on amplifying youth voice, as well as updates on how regions are implementing strategies to maximise regional impact, the aim of the workshop was to strengthen connections among local, regional, and national partners and enable peer learning. This session is part of a wider project, set up by Pears and NHS England, that supports ICS leads across six regions in England to strengthen youth social action. IVAR facilitates the network through a flexible programme of support, allowing members to share and learn from their peers. The network offers spaces for sharing challenges and celebrating successes.

## Key insights from regional sessions

To set the stage for a national conversation, we shared key insights from regional workshops conducted across five regions since June 2025: South East, North East and Yorkshire, London, North West, and the Midlands.<sup>1</sup>

We presented four key themes that build on and reinforce the reflections we heard in the first half of the year. A central theme across the workshops was the necessity of increased resources and a fundamental shift in their current ways of working to ensure youth engagement is genuine and sustainable.

### Building trust and ownership

Creating genuine relationships is crucial and acts as the *'antidote to tokenism'*. Organisations should *'start small, stay consistent, and hand over ownership'* to build confidence and community ties. A big part of this requires valuing youth perspectives. Attendees were excited by the honesty, authenticity, fresh ideas, energy, passion, and joy

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<sup>1</sup> A second workshop for South West is planned for January 2026, and a second workshop for North West took place in December 2025 after this national workshop.

that young people bring to the process. A core belief shared across the regional workshops was that young people are the experts in their own lived experiences.

*‘They are the experts in the field when it comes to being a young person but also living with a special educational need or a disability.’*

### **Shifting from consultation to dialogue and co-production**

Workshops stressed that young people should set the agenda, not just responding to pre-determined questions or proposals. Genuine co-production involves listening to feedback, ensuring services are co-designed and co-produced with children and young people.

*‘Dialogue, not consultation, young people must shape the questions, not just answer them.’*

### **Financial and resource investment**

Participants emphasised that the youth voice must be funded and paid for. This includes remunerating young people for their time and input.

*‘Youth engagement works when young people are paid, trained, and trusted.’*

*‘When you put your money where your mouth is and pay young people for their time, you get results.’*

### **Cross-sector collaboration and systemic embedding**

All regions discussed the need to strengthen partnerships, reduce duplication, and ensure a joined-up approach to engaging young people.

- **Cross-sector partnerships:** Collaboration across public health, local NHS systems, education, councils, and youth organisations is viewed as essential for building systemic impact. For example, in the North East and Yorkshire, a youth worker from the Lancashire Teaching Hospital and the Lancashire County Council group of Young People are collaborating to do the 15 STEPS Challenge.
- **Taking a whole-person approach:** Collaboration should lead to combined health interventions to manage physical and mental health simultaneously, supporting the whole young person.
- **Reducing duplication:** Participants sought ways to connect, share experiences, and learn from each other to avoid duplicating efforts across regions and local areas. There is a strong invitation to *‘understand what groups are available in our areas, as we often assume we have to do this in isolation’*.
- **Need for mapping:** Due to NHS restructuring and multiple existing youth forums, there is a need for mapping exercises to understand who is doing what.
- **Involving non-clinical roles:** Clinical staff should not be the sole focus for capturing youth voice; roles like Youth Workers and VCSE leaders are key in engaging children, young people and families, and obtaining their views.

*Outputs from this project of interest:*

- [\*From voice to power: Making young people partners in the NHS\*](#)
- [\*Engaging under-11s in youth voice: Learning from experts\*](#)

## Key messages from guest speakers

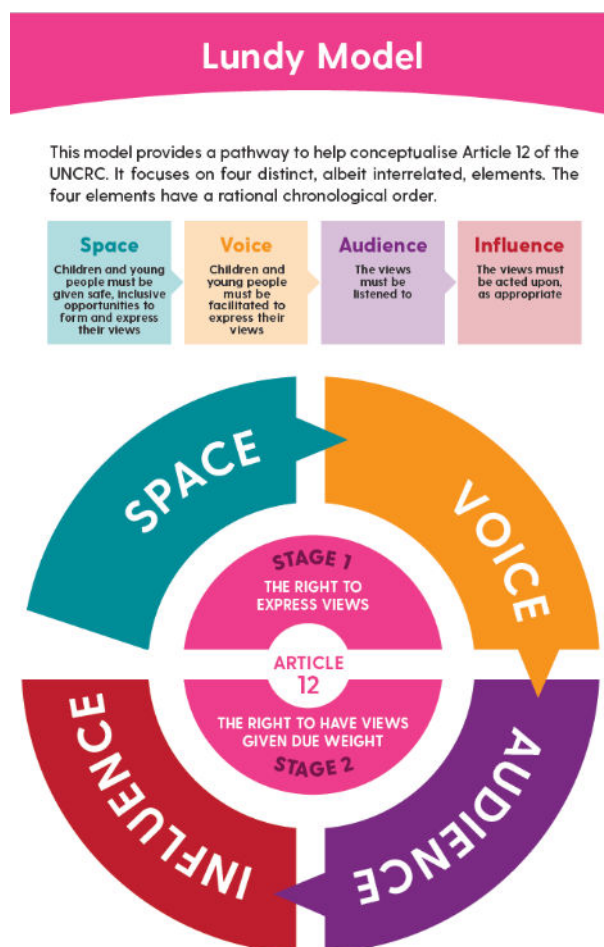
### The Lundy Model of Participation: Professor Laura Lundy

#### Engagement and participation are a requirement, not a 'nice-to-have'.

Youth participation is rooted in [Article 12 of the UN Convention on the Rights of the Child \(CRC\)](#), which mandates that children have the right to express their views freely and obligates adults to give those views due weight. This right applies both to decisions affecting the individual child (e.g. treatment options) and to groups of children (i.e. collective participation, such as co-designing policies): *'It's not the gift of adults. It's the right of the child.'*

#### Elements of the Lundy Model which help to achieve 'meaningful, safe and inclusive child participation' include:

1. **Space:** We must actively create a space which is safe and inclusive to ensure that all children and young people are heard. This includes the voices of babies and seldom-heard CYP, such as disabled children, children from minoritised backgrounds, etc. *'Space creates the conditions for voice'*.
2. **Voice** should be sought from children and young people, but it must be voluntary – *it is a right, not a duty*. Children should have a choice in their mode of expression (e.g. audio, video, drawing, etc.) and be supported with the necessary information to form their views.
3. **Audience** creates the conditions for influence. This requires active listening and ensuring that children's views reach the 'duty-bearer', i.e., the person/people responsible for making the change.
4. **Influence:** Children's views must be acted on and supported by transparency and honesty. Accountability requires feedback using the *'four F framework: Fast, Full, child-Friendly and Follow-up'*.



#### Pragmatism over perfection

Prof. Lundy advocated for a pragmatic approach: *'do the best you can with what you've got and get better'*. She argued that whilst young engagement needs to be careful and considered, delaying or avoiding action out of fear of being tokenistic is not helpful and contradicts children's right to express their views.

*Please see Prof. Lundy's presentation for more details. Speakers' presentations are attached alongside these notes.*

## Practical applications for the Lundy Model in London: *Rebecca Mortimer, Kath Evans, Sharon Long and Dr Louca-Mai Brady*

### **Value of partnerships and collaboration**

This work cannot be done in siloes and success depends on working in partnership with the voluntary sector, health organisations and young people. Collaboration strengthens professionals' ability to secure the audience, amplify youth voice and influence at higher levels. For instance, the [PANEL](#) project, convened by Dr Louca-Mai Brady, brought together young people, NHS services (North East London ICB), and the voluntary sector (Community Action Redbridge) to explore how participation can best improve the health and well-being of underserved young people in Redbridge.

### **Think carefully about how to engage young people**

Using creative methods, such as podcasts and videos, is often more engaging and appealing to young people than traditional tools like surveys. It is also important to avoid overburdening children and young people by leveraging existing data and research to prevent repeatedly asking young people the same questions, which could be extractive. Additionally, it is important to acknowledge the right not to participate, particularly for young people dealing with complex life issues. Providing inclusive opportunities should not be mistaken for demanding engagement.

### **Importance of amplifying the voices of seldom-heard young people**

Championing the voices of seldom heard groups, including care leavers<sup>2</sup>, asylum seekers, and young people with neurodiverse needs and disabilities. For instance, the [PANELS](#) project focuses on the participation of underserved young people in health and well-being, particularly those facing poverty. It also took an intersectional approach, exploring how other identities (such as LGBTQ identity, care-experienced youth, etc.) intersected with poverty and health participation.

### **Young people as experts**

Professionals should treat young people as equal partners to ensure mutual learning and forward momentum in youth participation work. When young people are well supported, they become influential ambassadors who powerfully spread messages to their peers.

### **Knowing who to involve**

Effecting successful systems change requires strategic stakeholder mapping to identify who holds power and influence. Getting them involved early means input leads to results.

### **Celebrate 'quick wins'**

While aiming for long-term systemic change is vital, 'quick wins' are an important step towards achieving it. It helps build rapport and prevent disillusionment among CYP.

### **Education and training**

Young people are often unaware of their rights in healthcare settings and/or of their right to a voice in these spaces. Any work with young people should be grounded in human rights, and this should be made clear to them. Additionally, staff across sectors also need to be upskilled in partnership working with young people.

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<sup>2</sup> A care leaver is a young person who has left the care of a local authority, typically upon turning 18.

## Practical applications for the Lundy Model in North West: *Louise Wardale*

### About the Synergy Project

[Youth Focus North West \(YFNW\)](#) secured a five-year grant to help organisations involved, listen to young people and improve communities, systems, and services across the UK. It is based on the successes seen in Greater Manchester, where the Lundy Model was adopted and embedded within the Greater Manchester Combined Authority and across Health, Local Authorities, and wider sector organisations in practice. It has led to outcomes such as bus passes for all 16 to 18-year-olds, school and care leavers. The project involves partnerships across the UK and regional youth work units to ensure UK-wide benefits and tackle the 'postcode lottery' effect.

### Embedding the Lundy Model

Work involves offering place-based training for professionals and developing a '*train the trainer*' model for regional and national partners. The training focuses on moving adults beyond '*Space*' and '*Voice*' to ensure they address '*Audience*' and '*Influence*'. The Model is framed as a '*gauntlet*' for adults to ensure they fulfil their obligations under human rights.

## Headlines from the discussion

### Engagement with the Lundy Model

#### Awareness and adoption

Many participants noted that the Lundy Model may not be well known in their area, but that they utilise aspects of the Lundy Model (such as '*Space*' and '*Voice*') without naming the model. Some have begun incorporating the model into policy and procedures, or are delivering training based on it.

#### Aspiration vs. implementation

Although the Lundy Model is recognised as a helpful framework for systems change, a key challenge is identifying the necessary partners to successfully implement the '*Influence*' and '*Audience*' aspects of the model, which makes it difficult to embed the model.

### Systemic and practical challenges to engaging with young people

#### Duplication of work

Young people are repeatedly asked to share their stories and views without seeing any change or feedback, which is tiring and frustrating for them. More needs to be done to map existing work and collaborate across sectors to avoid overburdening young people.

#### Power dynamics and access

Attendees noted that adults hold the power, and changing this mindset to redistribute power to young people requires substantial time and energy. There are still '*ceilings of power*' which limit youth voice. Additionally, logistical barriers (such as scheduling meetings when young people are in school) limit participation. A recurring challenge is listening to the voices of children and young people who are not already part of existing youth councils or forums, leading to the same cohort of young people participating repeatedly.

## Capacity and funding

There is widespread concern about reduced capacity and short timeframes for engagement, making it challenging to build the necessary relationships with children and young people, particularly if they belong to marginalised communities. Youth engagement is still often viewed as separate or as a ‘nice-to-have’ rather than as sufficiently embedded within organisational practice. Financial constraints are a persistent challenge. Staff are working with reduced budgets while expectations remain the same, and there is little recognition by commissioners that *‘the budget available determines the quality of direct engagement’*.

## Effective collaboration and factors for success

The discussions highlighted key elements essential for both robust partnerships and successful youth engagement:

- **Relationship-building:** The most important element for effective participation is developing long-term relationships that are stable, trusting, and strong. This requires time and capacity to identify and develop key partners.
- **Clarity and shared purpose in partnerships:** Effective collaboration requires joint values and principles, which should be established at the start of the collaboration and frequently revisited. This includes setting a common goal, ensuring clear roles and taking time to understand different ways of working.
- **Meaningful spaces for connection:** Stories of successful partnerships and collaboration involved creating the right space, which is safe, intentional and went where young people already gathered.
- **Feedback loops:** It is critical to ensure that youth participation is not just a ‘*tick box exercise*’, but provides timely feedback and follow-up to young people. Effective practices include asking organisations to devise an application process that details how they will give feedback to young people on outcomes.
- **Co-production and equity:** There is a push to align children and young people engagement efforts to make young people equal partners from the offset. Models such as [the ISUPPORT: Children’s Rights in Health Care](#) are strong examples of youth-led development.

## Key takeaways and next steps

*Richard Owen*, Deputy Director for the Children and Young People’s Transformation Programme at NHS England, highlighted key takeaways about shifting the culture of engagement, breaking systemic silos, and grounding policy decisions in the lived experiences of young people:

1. **Identity autonomy of young people:** A fundamental principle is that the young people involved in decision-making are their own agents and shouldn’t be referred to as ‘*our young people*’. Their autonomy and experience, for example, in serving on boards and supporting governance and decision-making, need to be recognised.
2. **Breaking down silos and identifying influence:** An essential element moving forward, especially following the NHS 10-year Health Plan, is to effectively dismantle silos. Change happens when the voices of young people and their families reach the decision-making venues for funding new initiatives, and frontline delivery. More effort is required to engage young people directly; service providers should be present to hear directly from them about the changes they would like to see.

3. **Using 'Voice' to 'Influence' policy:** There is power in using young people's real-life experiences to contextualise seemingly 'dry' policy discussions. For example, during a session on Urgent Emergency Care (UEC) with national directors, the young board members shared their experiences, immediately setting a different tone than discussions focused solely on 4-hour wait times and performance data. This demonstrated that focusing solely on performance targets will achieve only limited success; making a significant impact on urgent care numbers requires a different lens that incorporates insights from young people.
4. **Future systemic commitment:** The success of major NHS strategies (such as the 10-year Health Plan, renewed emphasis on neighbourhood services, etc.) requires young people to be at the heart of it. To do this, there needs to be a commitment to supporting staff within the NHS and externally (e.g., the voluntary sector) to deliver youth voice initiatives effectively. The ongoing work at NHS England aims to bring more real-life stories into the decision-making processes of Integrated Care Boards (ICBs), local systems, and providers to improve services.

## Events coming up in 2026

- The **second South-West regional workshop** exploring what the NHS shifts mean for young people is being held on 27<sup>th</sup> January, 3:30-5:30. [Sign-up using the Eventbrite link here if you work/ support young people in the region.](#)
- The **final national webinar exploring the National Youth strategy** will be held on 10<sup>th</sup> February, 12:30-1:30. Sign-up here: [Shaping the Future: Deep Dive into the National Youth Strategy.](#)

### Resources and links shared by speakers and participants in the session:

- [The NHS Youth Forum | Barnardo's](#)
- [Participation Framework | Hub Na nÓg](#)
- [NHS England: London – Youth-led decision making campaign](#)
- [Engaging young people in NHS service delivery and development: A scoping review of the evidence, results from a sector survey and interviews and recommendations.](#)
- [Embedding Young People's Participation in Health Services - New Approaches](#)
- [Partnership for Young London](#) and [Our Approach](#)
- [NHS England – Guidance on working with people and communities](#)
- [Centre for Youth Voice | Regional Youth Units](#)
- [New project champions children and young people's healthcare needs in NE London](#)
- [Regional Youth Units: Insights and Amplify](#)
- [Babies, children and young people's experience of healthcare – NICE Guidance](#)
- [National standards for children and young people's engagement in health services](#)
- [Why Babies' Voices Matter](#)
- [Youth voice: What exactly are we talking about? A typology for UK youth provision](#)
- [Pockets of Participation: Revisiting Child-Centred Participation Research](#)
- [Meet the HDRC Youth Ambassadors](#) and [Collaboration Request Form](#)
- [The NHS Constitution for England](#)
- [IWill Campaign: UK Youth Charity Empowering 10-25 Year Olds](#)
- [Relational Toolkit: Working with Communities | Newcastle University](#)
- [Young Advisors Manifesto and Theory of Change artwork](#)
- [My Pockets: Sending Voices](#)