

From voice to influence: Tips and inspiration to strengthen meaningful participation of Children and Young People

About this resource

Since January 2025, the [Institute for Voluntary Action Research](#) (IVAR) has been listening to what makes youth engagement meaningful in health systems. [We have heard many examples which demonstrated the diversity of good practice.](#)

This document brings together practical learning and inspiration from across England, grounded in real-world examples from Integrated Care Systems (ICSs), NHS providers, VCSE organisations and community partners.

It is written for people delivering and commissioning work within health systems who want to centre children and young people's (CYP) voices and create visible, lasting change; and not through one-off consultations, but through sustained relationships, shared power and routes to influence.

Move from consultation to genuine co-production

Genuine co-production requires being transparent from the outset about how much power and decision-making is being shared. Over-stating influence can damage trust more than being honest about constraints. Young people need clarity on what is open to change, what is not, and where their influence will sit both individually and collectively.

True engagement shifts power away from adults simply asking questions, towards young people shaping priorities and the agenda from the very beginning. Rather than being brought in at the end of a project to 'tick a box' and review an almost-finished product, young people should be involved in the concept, design, implementation, and review stages.

To create a lasting legacy, this co-production should be formally embedded into systemic governance structures, giving young people a permanent seat at strategic boards. Honesty about influence builds more trust than overstating impact. Be honest about what influence is realistically on the table before starting engagement. Questions to reflect upon:

- ✓ Are we asking young people to respond, or to shape?
- ✓ What decisions are genuinely still open?
- ✓ Who will act on what is heard?

Northern Youth Research Partnership

[This partnership](#) uses peer-to-peer 'agenda days' in adult-free spaces, where young people explore and define the research questions themselves. They found that 80% of participants want to stay involved long-term, demonstrating that *'young people are more invested when they are directly involved with setting the agenda, rather than being consulted with'*.

Unstoppables Somerset

[This group](#) ensures that young people have a formal seat at strategic boards across the council, the NHS, and the education sector. By embedding youth directly into policy and governance, it ensures their voices shape high-level strategy, with leaders noting that *'Young ambassadors bring energy to governance meetings, which is valued by decision-makers'*.

Invest in and pay young people

Meaningful engagement starts with valuing young people's time, expertise, insight and lived experience in the same way as any other professional contribution. When organisations rely purely on volunteerism, this can exclude some young people and send the message that the CYP expertise is optional rather than essential. Paying young people, offering training and investing in their development signal trust, respect and a serious intent, and lead to deeper, more impactful insights.

Proper investment includes offering fair financial compensation, providing high-quality training, and dedicating long-term funding to sustain roles beyond short-term project grants. Ask:

- ✓ Are young people paid for their time?
- ✓ Is there a funded staff capacity to support them properly?
- ✓ Do the staff involved have knowledge and experience of working with young people?
- ✓ Are young people's roles clear, supported and trusted? Are they offered tailored opportunities to build skills and experience in areas that matter to them?

Bradford Youth Ambassadors

[Bradford Public Health](#) employs 20 [young ambassadors](#) (aged 16–25) who are paid and trained to work six hours a week. They split their time between communities and City Hall, providing advice on youth priorities like mental health and safe spaces. Their success highlights a key message: *'When you put your money where your mouth is and pay young people for their time, you get results'*. For more information, visit: [Meet the HDRC Youth Ambassadors](#)

Waltham Forest Young Advisors

In [Waltham Forest](#), young people have held formal advisory roles since 2008, sitting on strategic boards and leading decision-making processes. To ensure their contributions are respected, they are paid the London Living Wage. Across the London workshops, practitioners strongly advise: *'Always pay your youth advisers for their time, to positively value them'*.

Champion youth workers and specialist youth voice roles

In healthcare settings, there is often a heavy reliance on clinical staff to communicate with young patients. However, youth workers and other specialist youth voice or peer roles bring dedicated skills in building trust, rapport and safe spaces that clinical roles may not have the time or training to provide. Youth workers bridge the critical gap between sterile medical environments and a young person's lived experience, acting as essential advocates and engagement experts.

‘Roles such as Youth Workers [are] great for engaging with CYP/families and getting their views. They may not engage with clinicians.’

As you start this work, ask:

- ✓ What is our ‘business case’ – how will we fund the role and prove its impact?
- ✓ How will we integrate youth workers into teams so that their unique skills are understood and accepted by clinical staff?
- ✓ What values do our existing staff have that may be valuable for youth work? Can we train them and support them in youth work?

Manchester Foundation Trust Youth Service

Youth workers can sometimes feel overshadowed in highly clinical environments, but the youth worker in the [Manchester Foundation Trust Youth Service](#) advises practitioners to be proud of their specialised skill sets and to overcome imposter syndrome actively, reminding peers that *‘you’re not just a youth worker’*.

CYP Diabetes youth worker in the Northwest

A doctor highlighted the importance of *‘knowing your data’* when making the business case for youth work. They were able to use sources such as the [National Paediatric Diabetes Audit](#) (NPDA) to highlight how many children and young people are managed by paediatric diabetes services, how many go on to access additional psychological support and why employing a youth worker is critical to bridge the gap left by a national shortage of psychologists.

Use trusted frameworks to strengthen youth voice and engagement

Using an established, recognised framework (such as [the Lundy Model of Participation](#)) can bring shared language, clarity and consistency to youth voice and engagement work. This can help practitioners explain their approach to clinicians and commissioners and move conversations beyond informal or ad hoc practice.

The Lundy Model, in particular, centres on Article 12 of the UN Convention on the Rights of the Child, framing youth voice as a fundamental human right rather than a ‘nice-to-have’.

There are four elements to this model:

1. **Space:** Children and young people must be given safe, inclusive opportunities to form and express their views
2. **Voice:** Children and young people must be supported to express their views
3. **Audience:** The views must be listened to
4. **Influence:** The views must be acted upon

Across regions, Space and Voice were often in place. The hardest elements were Audience and Influence – ensuring views reach the right decision-makers and lead to visible change.

If you want to use the Lundy Model to help your youth engagement work, ask these questions:

- ✓ Space: Are routes safe and inclusive?
- ✓ Voice: Do young people have choices?
- ✓ Audience: Who can act on this?
- ✓ Influence: What will change?

Youth Focus North West

They use the Lundy Model to provide a structured approach to ensure that children's participation and engagement with services are meaningful and effective. For more information, visit: [Home - Youth Focus North West](#)

Our Voice, Our Care Collaborative in London

To reduce variation across the system, London practitioners conducted an in-depth review of the Lundy model with the Anna Freud Centre to assess how it can be used to shape work across London.

Encourage cross-sector collaboration to avoid duplication

Young people often navigate multiple services, yet engagement efforts are frequently fragmented across the NHS, local authorities, and the voluntary sector. Working in silos leads to duplication of efforts, inefficient use of resources, and 'consultation fatigue' for the young people who are repeatedly approached by different groups asking similar questions.

By mapping the local landscape and pooling resources across sectors, organisations can establish shared goals and priorities, share best practices, and build stronger, consistent and more coordinated routes for youth voice. Questions to ask as a cross-sector group:

- ✓ Have you mapped existing youth forums, VCSE activity and datasets?
- ✓ What are the shared priorities or questions?
- ✓ Are there any existing feedback routes/ peer spaces?

Chilypep's Community of Practice

[Chilypep](#) mapped the local engagement landscape and connected 60 different organisations into a shared network. They created a [Health Champions Group](#) to filter incoming consultation requests, meaning opportunities are efficiently redirected to the most appropriate local groups and youth are not overburdened. For more information: [Cohen's Story - Chilypep](#)

Gloucestershire Cross-Sector Group

A [collaborative group](#) was restarted to share ideas and overcome the challenges of reaching young people. By bringing together local authorities, voluntary organisations, and healthcare providers, they were able to build collective trust, ensure that youth voices are consistently heard across services, and actively prevent duplication of effort.

Establish clear feedback loops and accountability

One of the quickest ways to lose a young person's trust is to take their feedback and never tell them what happened to it. When input disappears into a void, engagement feels like '*one-way traffic*' and young people become disenfranchised.

To demonstrate that their voices have tangible influence, organisations must implement accountability mechanisms to explicitly show young people what has changed, how their ideas influenced service changes, or why certain ideas couldn't be implemented.

Before starting engagement, ask:

- ✓ How are you designing for feedback?
- ✓ How are feedback loops designed into this work?
- ✓ Are they timely, meaningful and delivered in clear, child-friendly language?

Care-Experienced Youth Council in London

This [group](#) of young people meets with directors, service managers, and councillors every two months. They run a highly accountable system where *'they set the agenda and expect feedback as part of a 'You said, we did' approach. Further information is requested if young people are not satisfied with the feedback'*.

Make engagement fun, creative, and relevant

Health may not be an interesting or accessible topic for many young people. Traditional, clinical approaches to health education can sometimes feel dry or disconnected from their daily lives. Meaningful engagement works best when it is intertwined with activities young people already enjoy or issues that they care about. By embedding health discussions into relatable and enjoyable contexts, organisations can remove barriers to participation and reach youth who might otherwise disengage: *'You have to listen to young people and think about what would engage them and start where they are.'*

One of the most effective ways to ensure engagement feels fun, creative and relevant is to involve young people directly in designing the activities themselves. It is important to start where young people are, not where the system is. Ask:

- ✓ Where are young people already spending time, and how can you engage them there?
- ✓ What matters most to young people right now, and how does that differ from your system priorities?
- ✓ Are you adapting processes to fit young people, or expecting young people to fit into the system?

East Lancashire Hospitals

A [trainee youth worker](#) successfully runs community events that blend entertainment with hidden education, such as hosting a Moana Film Day to teach children about diabetes management. This creative approach integrates health into their world organically: *'It's those everyday things but making it into a fun thing. The kids don't know that they're actually learning how to manage their diabetes.'*

Meaningfully engage with marginalised, seldom-heard voices

Standard engagement methods (like youth councils or online surveys) often fail to reach those who need health services the most, such as care-experienced youth, neurodivergent individuals, or children and young people from minoritised groups or the global majority. Rather than labelling groups as *'hard to reach'*, practitioners consistently challenged the idea of groups being *'hard to reach'*, instead pointing to systems and approaches that are hard to access.

To achieve genuine equity, organisations must go to where these young people already are, adapt their methods to be culturally safe, ensure engagement is conducted in accessible formats and spaces, and partner with trusted community figures rather than expecting youth to come to clinical settings. Questions to think about as you start this work:

- ✓ Who is missing from this space?
- ✓ What barriers might we be creating unintentionally?
- ✓ Are we going to young people or are we expecting them to come to us?

Young Commissioners Project in the Midlands

This [project](#) worked together with young people and ‘trusted voices’ (such as headteachers, youth workers, youth clubs, etc.) to recruit young people from diverse groups to examine commissioned services at different stages of the commissioning cycle.

Barnardo's HYPE

Recognising that generic forums don't work for everyone, they created highly tailored groups. This includes a *Neurodivergent Council* that advocates for neurodivergence as a difference rather than a disorder, and *Black and Brown Minds Matter*, which specifically addresses the under-representation of ethnic minority children in mental health services. For more information, visit: [Barnardo's HYPE](#).

From learning to lasting change

In summary, across regions and contexts, this work makes clear that meaningful children and young people's participation is not achieved through a single brilliant event, method or model, nor is it about finding the *right* activity, forum or toolkit. It is about the choices ICSs and health and care systems can make: how power is shared, how relationships are resourced, how influence is made visible, how engagement is sustained over time, and whether young people can see that their involvement leads to change. It comes from stitching together relationships, resourcing and routes to decision-making, so young people can see what changed because they were involved.

The examples in this document show that, while structures, funding, and roles may vary across systems, the key principles that ensure youth voice is amplified, leading to influence remain consistent: **Share and share power, create space, support voice, secure the right audience, show influence or what changed and better decision-making.** Connection is not an optional extra: *It is the infrastructure that turns voice into change.*

When organisations invest properly, collaborate across sectors, involve young people early and honestly, and close the feedback loop, youth voice moves beyond consultation and begins to shape decisions, services and culture.

For more resources, blogs and webinar recordings from this work, visit the IVAR project webpage: [Youth voice in Healthcare](https://www.ivar.org.uk/youth-voice-in-healthcare/) (<https://www.ivar.org.uk/youth-voice-in-healthcare/>)

Appendix 1: About the work

IVAR has held 12 regional sessions, two national workshops, and two themed webinars, bringing together practitioners who work directly with children and young people and providing space for connection, sharing challenges, and celebrating successes. These have been attended by 1046 people from across health and social care and the youth and voluntary sector (note: approx., as some individuals may have attended both regional and national sessions). The details below provide context on the themes and conversations that informed this document.

National workshops and webinars

IVAR facilitated two half-day, full-network national workshops, bringing together all seven regions¹ to share learning between regions and surface messages for wider stakeholders and national partners. IVAR also facilitated two themed national webinars on topics based on feedback from regional leads that felt front of mind for them. The themes of the sessions were:

- **National Workshop #1: Sharing learning on partnership working to embed youth voice in integrated care.** The session created space for ICS leads and youth engagement stakeholders from across England to connect, share innovations and explore two priority themes emerging from regional conversations: meaningfully engaging seldom-heard groups and the role of the workforce, including multidisciplinary teams, in embedding youth voice.
- **National Workshop #2 – Exploring the Lundy Model of Participation and building partnerships to maximise opportunity and impact.** The focus of this workshop was on the Lundy Model of Participation and partnership working, offering practical regional examples and space to explore how greater alignment and collaboration could reduce duplication, maximise impact and build on existing youth voice activity across Integrated Care Systems.
- **Webinar #1** focused on engaging under-11s in youth voice to inspire regional ICBs across England working with children and young people.
- **Webinar #2 on 10th February 2026, ‘Shaping the Future: Deep Dive into the National Youth Strategy,’** focused on the strategy’s impact on young people in England. It addressed regional leads’ interest in understanding how the strategy translates into practice and its implications for Integrated Care Systems and partners working with children and young people.

Regional workshops

The regional workshops took place across 6 regions, and IVAR facilitated **12 workshops for ICS, VCSE leads, and local partners or stakeholders, such as NHS Trusts, local charities, and others involved in youth work.** Workshops focused on what’s working well locally and what needs to change to further develop and embed youth engagement within their ICS.

Agendas were shaped in response to what the leads identified as most useful. We also worked with them to identify and invite relevant expertise and guest speakers to share learning on local services and effective approaches.

The table below outlines the workshop focus and attendance in each region.

¹ To note: East of England did not have capacity for the regional workshops; however, they were invited to the national workshops and webinars.

Regions	Topic/ themes
London	<p><i>Workshop #1: Youth engagement through cross-sector collaboration</i></p> <p>The focus was on how organisations across the health, local authorities, and the voluntary sector in London can work together to strengthen youth engagement and better use young people’s insights. It centred especially on sharing best practice and improving cross-organisational communication, with a strong emphasis on co-production, accountability, and ensuring young people can see how their input leads to change.</p>
	<p><i>Workshop #2: Youth engagement – The art of the possible</i></p> <p>This workshop celebrated and shared learning from strong examples of youth engagement across London, showing how co-production, youth leadership, and inclusive practice can improve health services and young people’s experience of them. It also concentrated on how organisations can strengthen collaboration, share practical tools and resources, and build accessible, connected approaches that amplify the voices of seldom-heard young people.</p>
Midlands	<p><i>Workshop #1: Meaningfully engaging with seldom heard voices</i></p> <p>This workshop explored what it takes to meaningfully engage with seldom heard young people. This included a presentation from IVAR, where we shared our learning on meaningful engagement, and breakout rooms to share experiences, challenges, and solutions.</p>
	<p><i>Workshop #2: Exploring the implications of the NHS 10 Year Plan on CYP voice</i></p> <p>This workshop discussed the practical implications of the NHS 10 Year Plan, and how it may impact on attendees’ work with children and young people. Attendees were given space in breakout rooms to discuss initial perspectives on the plan and to identify practical actions they can take to strengthen the CYP voice within it.</p>
Northeast and Yorkshire (NE&Y)	<p><i>Workshop #1: Connecting youth voice and health engagement</i></p> <p>We had heard that, while there is great work happening in the NE&Y on CYP voice and engagement, this work is often done in silos, with little opportunity to connect and learn from others. This workshop created space for colleagues to connect and discuss opportunities for collaboration.</p>
	<p><i>Workshop #2: Celebrating youth voice and engagement</i></p> <p>This workshop highlighted all the amazing work happening in the NE&Y during a time of great change in the healthcare system. It celebrated the breadth and quality of youth voice and engagement work, while sharing practical learning from people leading that work in health and related sectors. It highlighted that strong youth engagement depends on proper resourcing, intentional inclusion, cross-sector collaboration, and the embedding of young people’s influence in policy, governance, and long-term system change.</p>
Northwest	<p><i>Workshop #1: Exploring the value of youth workers in youth engagement and voice</i></p> <p>This workshop focused on recognising and celebrating the distinctive value youth workers bring to children and young people’s voice and engagement, especially in creating trusted relationships, safe spaces, and more</p>

	<p>meaningful participation in health services. It also explored how to strengthen and expand youth work through collaboration, shared learning, and a clearer case for long-term investment, drawing on examples from speakers who had embedded youth workers in different ways.</p> <p><i>Workshop #2: Making the 'business case' for youth work</i></p> <p>This workshop explored how to make a strong business case for embedding youth work in health settings, using practical lessons from speakers who had turned short-term pilots into established roles and services. It explored how to secure buy-in, use data and outcomes to demonstrate value, align youth work with NHS priorities, and build sustainable funding and organisational support for youth workers in healthcare.</p>
Southeast	<p><i>Workshop #1: Exploring youth engagement in ICSs</i></p> <p>The workshop explored how Integrated Care Systems across the South East can strengthen youth engagement by sharing current practice, identifying gaps, and shaping more meaningful ways for young people to influence services and the NHS 10-Year Health Plan. It emphasised building sustained, co-produced, non-tokenistic engagement that is better coordinated across sectors, more inclusive of underrepresented young people, and embedded in governance and long-term strategy.</p> <p><i>Workshop #2: Partnering for Youth Voice – A South East workshop on collaborative youth engagement</i></p> <p>This workshop focused on how organisations across the South East can collaborate more effectively on youth engagement by sharing local practice, strengthening cross-sector relationships, and identifying practical next steps across the new ICB areas. It centred on making youth voice more joined-up and influential in shaping services, while tackling barriers such as limited capacity, restructuring, fragmented activity, and the need for better mapping and connection between groups.</p>
Southwest	<p><i>Workshop #1: Exploring youth engagement in ICSs</i></p> <p>This workshop focused on exploring how Integrated Care Systems in the South West can strengthen youth engagement by sharing local practice, identifying gaps, and shaping a more sustainable regional network that feeds into the NHS 10-Year Health Plan. It emphasised co-production, inclusion, accountability, and stronger cross-sector collaboration so young people's voices are embedded more meaningfully in service design, decision-making, and long-term strategy.</p> <p><i>Workshop #2: What the NHS shifts mean for young people</i></p> <p>This workshop focused on what the NHS 10 Year Plan's three shifts (from hospital to community, analogue to digital, and treatment to prevention) could mean for children and young people in the South West, drawing on discussion across health, education, local authorities, and the voluntary sector. It centred on how to make those shifts work in practice through stronger youth voice, better cross-sector collaboration, more inclusive access, and moving beyond token consultation toward genuine influence in system change.</p>