



World Health  
Organization

REGIONAL OFFICE FOR Europe

# “Nothing about us, without us”

Tips for policy-makers on child and adolescent participation in policy development

- Adolescents have the right to express their views on all matters that concern them (United Nations Convention on the Rights of the Child (UNCRC)).
- All Member States need to ensure that adolescents are involved in decision-making for health policies and programmes (United Nations Global Strategy for Women’s, Children’s and Adolescents’ Health, 2016–2030).
- The WHO Regional Office for Europe found in 2020 that **only eight countries in the WHO European Region reported involving young people in all stages of development** of a child and adolescent health strategy.
- Participation **must include sharing power, respect, and genuinely valuing and implementing** the contributions of children and adolescents in policies, strategies and processes.
- **Meaningful participation needs to be planned carefully**, with a commitment to gathering the views of children and adolescents and honouring their input, perspectives and contributions.
- **Marginalized children and young children tend to be overlooked** during participative engagement processes and should be prioritized.



Adolescents  
taking the lead

“Talk to us!! Ask us what our needs as young people are, involve us in your decision-making!” (17-year-old, Ireland)

## PURPOSE OF THIS GUIDE

Decision-makers have a professional and moral obligation to ensure that adolescents are involved in the development, implementation and monitoring of all relevant legislation, policies and services. Adolescents need to be included in developing the programmes affecting their lives, whether at school, in their communities or at national and international levels.

This guide outlines the rationale for including children and adolescents in decision-making. It presents guidance on how participation with young people can be planned and executed to inform policy and practice developments and calls for policy-makers to prioritize both marginalized and seldom-heard adolescents and young children in decision-making.



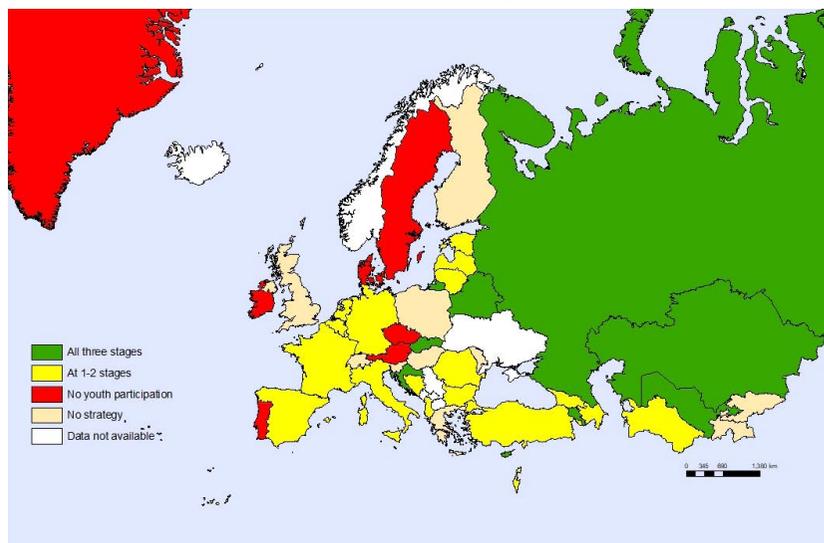
## THE CURRENT STATE OF CHILD AND ADOLESCENT PARTICIPATION

There is substantial room for improvement in engaging young people in the development of national and international strategies focusing on their health.

A survey conducted in 2020 by the WHO Regional Office for Europe found that eight countries in the Region involved children in the review, development and implementation stages of a child and adolescent health strategy. Twenty involved them in only one or two of these stages, with six reporting not including children at all (Fig. 1).

Few countries involve young people at the very beginning of this process, raising serious concerns around young people's ability to meaningfully steer and shape the development of such national health strategies.

**Fig. 1. Children's involvement in child and adolescent health strategy development, WHO European Region, 2020<sup>1</sup>**



<sup>1</sup> The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

**“You have to include us in decision-making”**

(16-year-old, United Kingdom (England))

## CHILDREN'S PARTICIPATION – EVERYONE WINS

Under the UNCRC, children and adolescents have the right to participate meaningfully in all stages of decision-making about their health and well-being. Meaningful engagement when developing national and international policies helps to identify effective and cost-efficient actions to improve young people's health. Engagement has the potential to generate valuable and sometimes unexpected insights into the challenges faced by young people, the drivers of their specific health outcomes and potential actions policy-makers can take.

## WHAT CAN YOU DO?

When making national and international decisions about health-promoting policy and practice, we all have a responsibility to listen to and understand young people's concerns and ideas, rather than restricting ourselves to possibly outdated or contextually irrelevant understandings.

We should also pay attention to young people's voices when they have been recorded for similar purposes by other organizations and the public, third and academic sectors. Reviewing publicly available documentation of young people's views is a good place to start to ensure any previous effort is not duplicated. It also helps to maximize the diversity and representativeness of the views gathered.

### DEFINITIONS

The UNCRC defines a child as any person under the age of 18. WHO defines adolescence as the phase of life between childhood and adulthood, from ages 10–19. In this guide, the term young people refers to both children and adolescents.



## HOW TO CONDUCT CHILD AND ADOLESCENT PARTICIPATION

### Preparing

All partners should agree on the specific aims, approach, the age range of the young people, recruitment plans, location and any materials needed for consultations. This should include technology requirements, piloting, child protection, task allocation, the communication strategy, data analyses and mechanisms to feed back findings to young people. All consultation actions should be designed to meet the aim and objectives. A complete protocol including activities and timings and defining who will do what on the day will be needed. A back-up plan will be required in case of any technology failure, so flexibility is essential.

Child protection protocols should reflect the guidance of the hosting organization(s). Informed consent for young people will be needed for participation and any recording of the session, including photographs. If the young people are under 18 years, the consent of their parents may also be required, depending on national policy.

**Fig. 2. Meaningful adolescent and youth engagement (word cloud)<sup>2</sup>**



### A WORD CLOUD

is an image of words used in a text, with the size of each word indicating its frequency or importance.

Fig. 2 is a word cloud around meaningful adolescent and youth engagement.

<sup>2</sup> Global Consensus Statement on Meaningful Adolescent and Youth Engagement. Geneva: World Health Organization; 2020 (<https://www.who.int/pmnch/media/news/2018/meaningful-adolescent-and-youth/en/>, accessed 9 December 2021).

# “Ask the opinion of young people and let them participate in decision-making processes”

(14-year-old, Ukraine)

Complex consultations or those involving both adults and young people at the same time may need a separate information session in advance at which young people can present feedback and input to the session plan. All communications must be simple and clear but not patronizing.

### Conducting engagement with young people

All organizers and participants must be clear about how the session will run in advance. Introductions can set the tone of the consultation, ensure a respectful atmosphere and establish ground rules. It is best to include young people in the development of ground rules. Check for consent for recording or taking photographs. Young people must be informed that they are free to participate or not during the session.

It is vital not to provide feedback on young people's ideas during the session; all must be free to say what they want. Allow young people time and space to respond and gently encourage those who are quiet or appear withdrawn. All ideas are valuable, and none should be discarded. At the end of a session, thank everyone and let them know what will happen next with their contributions.

### After the consultation

Facilitators should debrief after the session, recording their experiences and perceptions of the event. Participants and stakeholders should be followed up to thank them and elicit feedback. It is important to share findings with all young people who participated. If possible, findings should be prepared in a youth-friendly manner with young people participating in their production.



## EXAMPLES OF PARTICIPATION OF YOUNG PEOPLE

### Developing the child and adolescent health strategy in Europe

In 2019, the WHO Regional Office for Europe brought together youth engagement experts from the European Region to discuss opportunities to involve young people from across the Region in the development of a new child and adolescent health strategy. There was a strong commitment to including young people from the outset and transparency about what would happen with their input. As part of an iterative process, in-person workshops were conducted, complemented by an online consultation that was completed by 321 young people aged between 9 and 23 from seven European countries/areas (Armenia, Denmark, Ireland, the Republic of Moldova, Poland, Portugal and United Kingdom (Scotland)). The online consultation gathered feedback on the proposed areas to be included in the draft strategy.

### WHO European well-being consultation

The WHO Regional Office for Europe joined forces with the Partnership for Maternal, Newborn & Child Health, the United Nations Children's Fund, the United Nations Population Fund and the United Nations Educational, Scientific and Cultural Organization in July 2021 to accelerate progress in the well-being of adolescents in the European Region. Meaningful adolescent participation was at the core of this consultation. Key topics of adolescent well-being identified by young people via the prior online consultation were discussed in a consultation meeting with adolescents, regional stakeholders, experts in adolescent well-being and young people. Young people were actively involved in running the topic-based consultation sessions, including providing co-facilitation and feedback. By actively involving adolescents and creating a youth-friendly environment, both adult and young participants could effectively engage in active discussions around issues that concern adolescents.

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## “Listen to young people!”

(13-year-old, Portugal)

### Health Behaviour in School-aged Children (HBSC) study

HBSC<sup>2</sup> is a network of researchers across 51 countries in Europe and North America. It collaborates with the WHO Regional Office for Europe to conduct nationally representative surveys of adolescents every four years, covering health behaviours, health outcomes and their determinants.

The HBSC network has developed a range of research methodologies to facilitate active participation in the research process. Young people in countries such as Canada and Ireland have been engaged in setting the research agenda and developing questionnaire items, while other countries (like Armenia) have involved young people in field work and data-collection processes and in producing reports and outputs for young people (Canada and United Kingdom (Scotland), for example). Involving young people in interpreting and disseminating findings to a range of stakeholders (such as teachers, politicians and other young people) and advocacy initiatives is becoming common practice for HBSC countries/areas.<sup>3</sup>

<sup>2</sup> For further information on HBSC, access <http://www.hbsc.org/> (accessed 9th December 2021).

<sup>3</sup> For more detail on this aspect of HBSC's work, access <https://doi.org/10.1016/j.jadohealth.2020.03.015> (accessed 9th December 2021).

## “Openly interact with young people to seek their advice”

(17-year-old, Ireland)