Conceptualizing participation – the health of children and young people

By: Venka Simovska and Bjarne Bruun Jensen

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Abstract

Although participation is not a new issue, it would be fair to say that consequential participation, which implies young people engaging in meaningful dialogue with adults and institutions and influencing decision-making processes in matters that concern them, is still in its infancy. This document aims to set the scene for discussing young people’s participation in different domains that have an impact on their lives. It outlines the meaning and different interpretations of the concept of “participation” before reviewing why participation is an important issue in relation to young people and society. It then describes different forms, modes or qualities of participation and proposes a specific model of facilitating participatory work with young people – the IVAC approach (Investigation–Vision–Action–Change). The concept of action, types of actions aimed at initiating change and corresponding types of knowledge necessary to equip young people to participate in meaningful ways are outlined before some dilemmas, challenges and participatory issues are considered. Regardless of the level or scope of participation, it is imperative that participation of young people in decision-making in the domains that affect their everyday lives is “consequential”: that is, it provides meaningful possibilities for young people to make a difference to their own lives.

Keywords

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ADOLESCENT
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Conceptualizing participation -
the health of children and young people

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1. Introduction

The notion of “participation” emerged in the late 1970s and has been gaining increasing attention since then. Following the adoption of the Convention on the Rights of the Child in 1989 (United Nations, 1989), the issue of children’s and young people’s participation has become an imperative in research, policy, education and community development initiatives in many countries in Europe and elsewhere. This is reflected in the proliferation of studies, conferences and other events and publications exploring the concept of participation and its potential to affect not only the lives of young people, but also their families and wider communities.

Although participation is not a new issue – it is inherent to young people’s lives and development – it would be fair to say that consequential participation, which implies young people engaging in meaningful dialogue with adults and institutions and influencing decision-making processes in matters that concern them, is still in its infancy. As, for example, Cook & Kothari (2001) and Hart (1997) state, this is as true for young people’s participation in conferences as it is for community development and policy discussions.

Although progress is being made in involving young people in matters that affect their health, a number of contentious issues need to be examined critically if young people’s participation is to become more than mere rhetoric.

This document aims to set the scene for discussing young people’s participation in different domains that have an impact on their lives.

We first outline the meaning and different interpretations of the concept of “participation”. Second, we briefly discuss reasons why participation is an important issue in relation to young people and the society in which they live. This is followed by a discussion of different forms, modes or qualities of participation and the differences between them. Then we consider the “how” of participation by suggesting a specific model of facilitating participatory work with young people – the IVAC approach (Investigation−Vision−Action−Change).

We then outline the concept of action, types of actions aimed at initiating change and corresponding types of knowledge necessary to equip young people to participate in meaningful ways. Finally, we discuss some dilemmas, challenges and issues arising in participatory work with young people and outline implications for practice.

The case examples integrated throughout the text highlight some conceptual considerations through specific real-life examples. The cases represent school and school–community-based work involving children and young people of different age groups in the domain of health promotion, but most of the key principles of participatory work and its related dilemmas and challenges are transferable to other contexts and domains of young people’s meaningful participation.
2. The meaning of participation

The term “participation” is associated with a number of related ideas, such as “taking part”, “involvement”, “consultation” and “empowerment”. Taking the dictionary (Merriam-Webster) definition of the term as a starting point, it is possible to differentiate between two interpretations:

- participation in the sense of “taking part in” (that is, “being present”); and
- participation in the sense of “having a part or share in something”, which is related to concepts such as “empowerment” and “ownership” and refers to one’s sense of being taken seriously and being able to make an impact.

In relation to children and young people, “participation” is often used to refer to the interactivity of strategies used to improve young people’s motivation to be engaged in school and/or community actions in different areas, including health.

These two meanings refer to young people simply being involved in predesigned activities without necessarily ensuring their substantial influence on these activities. Participation, however, can also be interpreted as being fundamental to the practice of active citizenship, suggesting sharing power in making decisions relating to young people’s lives. This understanding reflects a sense of self-determination, self-regulation, ownership and empowerment. As the Council of Europe (2003) puts it:

> The active participation of young people in decision-making and actions at local and regional levels is essential if we are to build more democratic, inclusive and prosperous societies. Participation in the democratic life of any community is about more than voting or standing for election. Participation and active citizenship is about having the right, the means, the space, and the opportunity – and where necessary the support – to participate in and influence decisions and engage in actions and activities so as to contribute to building a better society.

This quotation emphasizes not only the right of young people to have a say in matters that concern them, but also the need to offer the appropriate space, opportunity and support to enable them to do so in effective ways.

Similarly, the Commission of the European Communities (2009) emphasizes a dual approach towards young people which includes:

- investing in youth: putting in place greater resources to develop policy areas that affect young people in their daily life and improve their well-being; and
- empowering youth: promoting the potential of young people to renew society and to contribute to European Union (EU) values and goals.

The Commission (2009) goes on to advocate participation of young people in society by:

- increasing youth participation in the civic life of local communities and in representative democracy;
• supporting youth organizations and a variety of forms of “learning to participate”; and
• encouraging participation of non-organized young people by providing quality information services.

The involvement of young people can take place at different levels, from local to international. It could evolve from a school-based project or school–community collaboration, a local community development programme or an international policy initiative. The case examples in Boxes 1 and 2, for example, feature a school-based project which aimed at preparing children and young people to have an influence on high-profile international conferences.

**Box 1 Case example: “Young minds” at the WHO Ministerial Conference on Young People and Alcohol, 2001**

We learned that it is possible that young people can express their voices so people can see that we have the right to say what we think and be responsible just like the adults. We can make decisions and participate in solutions of alcohol problems. (Pupil, interview extract, youngminds.net/lessons learnt, 2003.)

“Young minds – exploring links between youth, culture and alcohol” was an Internet-based education project in which pupils from a number of countries collaborated on health issues related to alcohol. Pupils from schools in Denmark, the Czech Republic, the former Yugoslav Republic of Macedonian and Sweden explored links between youth, culture and alcohol consumption through cross-cultural collaboration and the use of information and communication technology (ICT).

The initiative represented part of the European Network of Health Promoting Schools’ (ENHPS’) activity aimed at involving young people in the WHO Ministerial Conference on Young People and Alcohol, which took place in Stockholm from 19 to 21 February 2001.

The project attempted to prepare young people to have a voice at the Stockholm conference through an e-forum involving young people throughout Europe and by presenting the “Young minds” findings and conclusions to conference participants.

The project’s target group consisted of primary and lower-secondary school pupils aged 12–17 years. In addition to the pupils from the four schools in the above-mentioned countries, a number of schools and pupils throughout the ENHPS (about 40 countries in Europe) took part in the Internet-based discussion forum in the final phase of the project.

An important feature of the project was the presentation by pupil representatives from all four classes at the WHO Ministerial Conference in Stockholm. This presentation was portrayed as “real-life” pupil action which contributed to the project’s main aims.

Prepared by their work in the project, which followed the IVAC approach, “Young minds” pupils had the role of facilitating and editing the Internet forum and thereby acted as a dynamic link for young people throughout Europe and conference participants. The pupils also presented and discussed their investigation results, visions, ideas and opinions on alcohol and young people with participants at the conference, using the project’s web site (www.young-minds.net) as a starting point for the discussion.

With their actions at the conference, “Young minds” pupils, supported by their teachers and the project’s consultants, participated actively in voicing young people’s opinions about
alcohol consumption and the problems related to it with a view to influencing the ideas of conference participants and alcohol policies concerning young people.

A number of challenges need to be addressed when thinking about involving children and young people as serious partners in learning processes in school and in introducing an action orientation in teaching. This reflection from one of the teachers highlights the dilemma of how to get the right balance between stepping back to provide more space for pupil participation and guiding the learning process:

*It has been a challenge to let the pupils decide how to approach and investigate alcohol since the outcome doesn’t reveal itself until the work is finished. Most of the pupils were not only engaged and curious but also very open-minded. That made a good climate and reminded me that I have to meet them with the same open mind and still not forget to be an authority.* (Teacher, excerpt from www.young-minds.net.)

However, research findings related to the project and particularly the accounts of pupils and teachers involved in “Young minds” indicate that genuine participation and taking action in the processes of learning are invaluable issues worth exploring further if (health) education is to enable young people to competently participate.

**Box 2 Case example. “Young minds” at the WHO Fourth Ministerial Conference on Environment and Health, 2004**

The second example from the “Young minds” project is the work carried out in 2004 with young people from schools in eight European countries on environmental and health issues. The participating countries were: The Czech Republic, Denmark, United Kingdom (England), Finland, Hungary, Ireland, Slovenia and Spain.

This round of the project was linked to the WHO Fourth Ministerial Conference on Environment and Health, titled “The future for our children”, which took place in Budapest from 23 to 25 June 2004. “Young minds” actively participated in this conference with a view to influencing decisions and attitudes of policy-makers and contributing to national environmental and health action plans.

The overall topics that were addressed by the young people in relation to the Conference were:

- school, the environment and the built environment surrounding the school
- mental, social and emotional well-being and environmental issues.

Within these topics, students, following the IVAC approach, investigated a number of different issues and perspectives, created ideas about better alternatives for the future and took actions to bring about changes to realize these visions. In particular, the issues addressed included:

- air quality, indoor and outdoor pollution;
- the school (physical and psychosocial) environment and different ways to improve it;
- recycling and garbage separation: what schools can do;
- school democracy (student councils) and potential for students to have a voice in influencing local environmental and health policies;
- biodiversity, biological farming;
- media influences on young people’s health and well-being (information and attitudes concerning the environment, young people’s voices in the media); and
- mental well-being and the environment (ecology of mental well-being; hierarchy of human needs).

Students in all the classes took a number of actions aimed at improving the environmental and health conditions in and around their schools. In some of the schools, students took direct action to improve the school environment, while in others they made efforts to influence local politicians or other members of the community to address the problems. Below is one example from Ireland (extract from www.young-minds.net).

**The Irish “Young minds” investigation into the national environmental health action plan (NEHAP)**

Mulroy College has introduced many measures to develop a “perfect school”. These range from improved public transport, to creating a stress-free environment, to investigating air pollution. The main thrust of our efforts is to follow the IVAC approach to improving our environment and consequently our health. One of the end products will be a template for other schools in our country to follow.

Mulroy College has studied the NEHAP in a social, personal and health education class for one full term. The “Young minders” have dealt with two specific areas outlined by the draft NEHAP: water quality and waste management. The environmental club has undertaken a baseline study of the river Leannan, a local river. It is the biggest river flowing into Lough Swilly, a major inlet. Our environmental club has been dealing with waste management through litter schemes and recycling. We have been using environmental competitions, local initiatives and the expertise of a nongovernmental organization to fund all our actions.

The “Young minds” collaboration is a positive project to be a part of and we hope to develop a local environmental health action plan for our school which we intend to develop into a model that can be used in other schools in the future.

At the Conference, representatives of the students from all the “Young minds” classes, supported by their teachers and the coordinating team, aimed to influence the conference delegates’ opinions and attitudes on environmental and health issues and to the involvement of young people in their promotion.

Students invited conference delegates to the “Young minds” stand during breaks in proceedings. There, they presented the findings from their projects, interviewed ministers and policy-makers, discussed difficult issues with them, asked for advice and suggested alternative solutions to health and environmental problems addressed at the Conference. Additionally, students facilitated an online discussion forum on the same issues that was open to young people from all over Europe. The web site was updated daily, presenting highlights from the Conference process.

The remarkable confidence, competence and enthusiasm that students demonstrated in these actions, as well as their commitment and emotional engagement in the process, were strong indicators of their ownership and empowerment. In the words of one of the students:

*It was great fun. I liked being at the Conference; working for an important goal – this is a great thing to me. I’m proud that I was working on a task of this calibre. At last, work that is full of responsibility, and a useful idea/cause – this is quite rare in schools ... I must say, it took a lot of time to do it, but it was worth the effort. I have always missed the space [in school] where I could work or do something useful. I have only met a few kids who had important and useful ideas and had the courage to tell them. But here [in the “Young Minds” project] I knew that they exist, but I never imagined that there were so many! To be honest, I felt great. I wonder what will come out of this ... . (student, Hungarian “Young minds”).*
The Schools for Health in Europe (SHE) initiative also endorses children’s and young people’s involvement, empowerment and action competence among the key values underpinning the health promoting schools approach. Participation in the sense of “having real influence” is included in the SHE strategic plan for the period 2008–2012 (Buijs, 2009). The strategic plan builds on the developments within the ENHPS over the last 15 years (WHO, 1991; 1997). The SHE network focuses on making school health promotion an integral part of policy development in both the education and health sectors in European countries.

The case examples above indicate that regardless of the level or scope of participation, it is imperative that participation of young people in decision-making in the domains that affect their everyday lives is “consequential”: that is, it provides meaningful possibilities for young people to make a difference to their own lives.
3. Why participation?

There are many reasons why the meaningful involvement of young people in decision-making processes is important, including:

- participation is a right of children and young people;
- participation is beneficial to their health and social and psychological development; and
- participation is beneficial to society as a whole.

We will now briefly explore these points as a reminder that, as Rahnema (1992) states:

... participation is too serious and ambivalent a matter to be taken lightly, or reduced to an amoeba word lacking any precise meaning, or a slogan, or fetish, or for that matter, only an instrument or methodology.

**Participation is a right of children and young people**

Young people have the right to:

- freely express their views and opinions
- be (actively) listened to
- be taken seriously.

Participation is a fundamental human right and a key constituent of active citizenship. However, participation can only be “learned” if schools and other formal and non-formal youth settings and communities create democratic environments and processes which are inclusive in meaningful ways, where control is shared, everyone’s voice is welcomed, where there is a feeling of interdependence and reciprocity and everyone feels the desire and responsibility to contribute.

Experience of participation (without being related and articulated) is not sufficient: diverse opportunities for participation should be combined with ample time for dialogue, reflection and consideration of social perspectives.

**Participation is beneficial to their health and social and psychological development**

Participation:

- fosters the development of young people’s identity and competence;
- contributes to the development of a sense of self-efficacy, ownership and empowerment;
- fosters better educational outcomes; and
- is conducive to positive health outcomes.

Important personal development outcomes of participation include young people’s empowerment and action competence (Jensen, 1997) and the development of their
identity as inquisitive problem-solvers who are capable of acting to bring about positive change on health matters (Simovska, 2007).

The concept of “action competence” has been explored intensively in Denmark within the research programme for environmental and health education at the Danish School of Education and internationally through the ENHPS. Embedded in liberal education theory, action competence is broadly determined as a “formative ideal in a democratic perspective” (Jensen & Schnack, 1997). Schnack (1994) defines it as competence to engage in socially responsible action. In his words, action competence refers to:

… capability – based on critical thinking and incomplete knowledge – to involve yourself as a person with other persons in responsible actions and counteractions for a more humane world.

Schnack notes that the term “competence” implies capability, willingness and qualified reflection on behalf of the individual. It also involves active social responsibility and care or, in other words, sustainable efforts to change.

**Participation is beneficial to society as a whole**

Participation:

- increases the effectiveness and efficiency of development initiatives undertaken at different levels;
- strengthens democracy and sustainability; and
- strengthens forms of social capital.

If employed in genuine ways, and if taking into account young people’s priorities, needs and everyday contexts, participation meaningfully contributes to the effectiveness and efficiency of different community and policy developments, health promotion and other programmes and projects, and strengthens the democracy and inclusiveness of society as a whole.

Participatory processes can be beneficial in resolving tensions and building social relationships between young people and adults and among diverse groups and subcultures of young people. The processes of participation require that diverse groups learn about each other within the plurality of everyday life, which enhances opportunities for mutual understanding, respect and shared community values. As Malone (2002) has stated:

… the diverse identities and cultures could intersect as sites of creative cultural production; places where multiple perspectives can accommodate and support young people as valid and valued producers of social capital.
4. Forms of participation

Over the last few decades, a number of authors (Arnstein, 1969; Brager and Sprecht, 1973; Cornwall, 1996) have developed useful typologies of participation based primarily on distinguishing between different degrees of shared power and influence. These models do not directly address the participation of young people which, though originating from the same theoretical principles, is quite unique.

Children’s and young people’s participation, as McNeish (1999) and McNeish et al. (2000) have pointed out, raises some additional issues, such as:

- participation in this case is closely related to adults’ views of children and young people and cultural representations of their autonomy;
- children and young people are relatively powerless compared to adults; and
- the participation of children and young people depends on their interests and competences as they develop.

Hart (1997) underlines the connection between participation and human rights. He points to the importance of participation in young people's experience of power relations in their everyday lives and in developing a sense of place in democratic social networks. Hart defines participation as:

… the process of sharing decisions which affect one’s life and the life of the community in which one lives. Participation is the means by which a democracy is built and it is a standard against which democracies should be measured. Participation is a fundamental right of citizenship.

Hart (1997) uses the metaphor of a ladder to highlight the distinction between several types of children’s “non-participation” on the one hand and different degrees of “participation” on the other (Fig. 1).

Fig. 1

<table>
<thead>
<tr>
<th>The Ladder of children's participation by Roger Hart</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEGREES OF PARTICIPATION</td>
</tr>
<tr>
<td>Child-initiated, shared decisions with adults</td>
</tr>
<tr>
<td>Child-initiated and directed</td>
</tr>
<tr>
<td>Adult-initiated, shared decisions with children</td>
</tr>
<tr>
<td>Consulted but informed</td>
</tr>
<tr>
<td>Assigned but informed</td>
</tr>
<tr>
<td>Non-participation</td>
</tr>
<tr>
<td>Television</td>
</tr>
<tr>
<td>Decolonization</td>
</tr>
<tr>
<td>Manipulation</td>
</tr>
</tbody>
</table>
The three lowest rungs of the ladder refer to the processes in which children are involved, but this involvement does not qualify as participation. Hart terms them “non-participation” and outlines three different forms: manipulation, decoration and tokenism. Each refers to different ways of adults “using” young people to achieve their predetermined agendas (even though it is accepted that this is usually well-intentioned). Many practitioners and researchers consider this part of the ladder to be quite useful as it helps them to reflect on, recognize and attempt to avoid non-participation in practice.

The upper rungs of the ladder represent increasing degrees of initiative and independent decision-making by young people and different modes of cooperation with adults. The first level of participation (assigned but informed) is in fact on the margins between participation and non-participation; it depends to a great extent on the manner in which it is carried out. According to Hart, this is the approach to young people’s participation most widely used by international development agencies, but the approach is also quite common in schools and local communities. Even though one can argue that it is possible to properly inform or even involve young people in critical reflection about tasks assigned to them, this involvement often does not meet the requirements for genuine participation.

The next three levels (consulted and informed; adult initiated, shared decision with children; and child initiated and directed) allow for a gradually more active, independent and substantial engagement of young people. The highest level as described by Hart is child-initiated shared decisions with adults: this refers to situations in which young people take the initiative and cooperate with adults in carrying it through.

Hart argues that this kind of involvement demonstrates a higher degree of competence among young people as they realize that they need to collaborate with others, including adults in positions of power, if they are to actualize their ideas. Responding to some critics who have suggested that the highest level of participation is when children and young people participate on their own, Hart (2008) emphasizes that even when this is the case, it does not change the issue of power.

The ladder metaphor has been criticized for suggesting “lower” and “higher” levels of participation, with the higher often valued more positively. The danger of this is that participation can become ritualized, with the “higher” levels defined as imperative, creating a case for what some critics have called “participation as tyranny” (Cooke & Kothari, 2001).

Hart (1997; 2008) emphasizes, however, that using this conceptualization does not mean that it is always necessary for young people to participate at the highest possible level. The most important principle in determining the level of participation, according to Hart, should be choice: ideally, young people should be able to determine how much they would like to be involved, while conditions should be optimized to enable every person to participate at the highest level of his or her competence, interest and motivation.

While acknowledging the diverse potential degrees of involvement, initiative and influence of young people, we argue in this document for a non-hierarchical format of
representing different forms of participation (Fig. 2) to avoid uncritical, normative use of the “levels” description.

**Fig. 2**

![Non hierarchical forms of participation: the Shape Up approach](image)

This model has been employed and tested in the large European project, “Shape up”. The “Shape up” methodological approach (Simovska et al, 2006) involved school–community collaboration and genuine participation of children and young people in influencing determinants related to healthy eating and physical activity.

The model of participation represented in Fig. 2 points to five different but equally valid forms of participation that allow choice of the option that is most helpful given the specifics of the context (such as school, educational system, city or culture) and the particular situation (the project phase, the specific topic at hand and young people’s interests and preferences). Through authentic participation, young people are stimulated and enabled to assume responsibilities for their lives, to deal with complexities of change and to participate competently in social networks.

Table 1 represents a further development of Hart's ladder. This model has been developed in close collaboration involving education professionals reflecting on their own practice, including the barriers they have faced when working with young people in participatory ways (Jensen, 2000; Jensen & Simovska, 2005).

The aim of the matrix is to capture – in a simple way – how different forms of participation are interpreted and used by professionals in their work with young people.
**Table 1** Operationalizing the concept of participation

<table>
<thead>
<tr>
<th>Category</th>
<th>A. Involved in the project</th>
<th>B. Selecting the theme</th>
<th>C. Investigation</th>
<th>D. Vision/goals</th>
<th>E. Actions</th>
<th>F. Evaluation/follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Young people suggest, dialogue, common decisions with adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Young people suggest, dialogue, young people’s independent decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Adults suggest, mutual dialogue, common decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Adults suggest, no dialogue, young people accept or reject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Given decisions (by adults, legislation etc.), no dialogue, young people clearly informed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Taken together, the five rows represent different forms, or categories, of young people’s participation. It is important to emphasize that the boundaries between the categories are fluid; they represent different ideal types.

The first category (non-participation) has been included here to point out that in some cases, for one reason or another, participation is not possible and young people are expected to comply (for example, a local policy on bullying or alcohol consumption). The category is included here to emphasize the importance of setting clear limits to young people’s participation in any particular case, and of being explicit about the frames and limitations.

The second category refers to a situation in which the adult facilitator puts forward a proposal that young people can decide to “take or leave”. One may, of course, quite reasonably ask whether this has anything to do with participation at all.

The next three categories are distinguished from each other by a combination of two criteria:

- who offers an idea for discussion
- who actually takes the final decision concerning the course of action.

These three forms have been important in the context of the health promoting school.

The five categories have been crossed with a number of questions presented along the horizontal axis, illustrating different areas of “decision” that are often included in participatory projects. The number and type of themes presented will naturally vary from project to project; it is therefore important to note that in any given project, there will be different forms of participation depending on the fields of decision. The ultimate aim is not to establish one ideal model for involving young people. Rather, it is considered important to ensure that all the partners who are working together spend
time discussing which forms of participation are most appropriate for any particular field of decision-making and action. The matrix also stresses that it is necessary for adults facilitating the participatory processes to act as responsible partners in the dialogue with young people and with their opinions, ideas and knowledge.

To summarize, the models discussed above suggest that there is no one ideal form, level or degree of participation. There are different possible forms which are appropriate in different situations, depending on the problem at hand, the stakeholders involved, the age of the young people and the professional profile of the facilitators.

It is also important to note that attention needs to be paid to the cultural limitations of any model of participation. Universal adoption of the language of “participation” should be avoided (Hart, 2008); instead, research into (and discussion of) cultural differences in young people’s participation need to be fostered to sustain the universal human right of participation while protecting the integrity and diversity of individual cultures.
5. Participation: how

This section addresses possible ways of working with young people’s participation in practice. As an illustration, the Investigation−Vision−Action−Change (IVAC) approach, which has been used in a variety of international participatory projects (particularly in the area of health promotion), is discussed. The IVAC approach has been used in projects such as “Young Minds – exploring links between youth, culture and health” (Simovska & Jensen, 2003) and “Shape up – children and adults taking action together” (Simovska et al., 2006).

The IVAC approach

The IVAC approach endorses a number of perspectives or groups of questions to be addressed in collaborative work aiming to involve young people actively. The approach provides a framework for employing strategies to ensure that the experience and knowledge young people acquire through participatory work are action-oriented and interdisciplinary and therefore support the development of their empowerment and action competence (or ability to bring about health promoting changes) (Jensen, 1997; 2000).

The perspectives in the IVAC approach (Table 2) are suggested as a starting point for planning and implementing the action and participation aspects of health promotion and education. They are, however, useful in other contexts too, such as community development or policy work aiming to involve young people in genuine ways.

It is important to note that the questions in each phase can be modified and new questions can be included, depending on the relevant issue. The questions are inspired by the five-step task strategy to facilitate “authentic dialogue” conducive to empowerment and critical consciousness-raising suggested by Freire (1973); this relates particularly to the way the questions help to move the dialogue from personal to social analysis and to include the action dimension.

Table 2 The IVAC (Investigation−Vision−Action−Change) approach

<table>
<thead>
<tr>
<th>A. Investigation of theme</th>
<th>B. Development of vision</th>
<th>C. Action and change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why is this issue important to us?</td>
<td>Which alternatives are possible?</td>
<td>What changes will bring us closer to the vision – changes within ourselves, in the classroom, in society?</td>
</tr>
<tr>
<td>What is its significance to us/others, now and/or in the future?</td>
<td>How are the conditions in other countries and cultures?</td>
<td>What possible actions could achieve the changes?</td>
</tr>
<tr>
<td>What influence do lifestyle and living conditions have?</td>
<td>Which alternatives do we prefer and why?</td>
<td>Which barriers might prevent us carrying out these actions?</td>
</tr>
<tr>
<td>What influence are we exposed to and why?</td>
<td></td>
<td>Which barriers might prevent actions from resulting in change?</td>
</tr>
<tr>
<td>How were things before and why have they changed?</td>
<td></td>
<td>Which actions will we initiate?</td>
</tr>
</tbody>
</table>

How will we evaluate these actions?
The first group of questions (A) embraces historical (developmental), social (societal) and scientific perspectives. It structures the participatory dialogue process around identifying the problem, reaching common understanding, exploring its impact, effects and development, discussing related personal and social values, and investigating societal and individual determinants of the problem in question. Young people’s opinions and decisions regarding directions and the content of the investigations play a crucial role in planning.

The second group of questions in the model (B) concerns young people’s vision and imaginative ideas for the future in relation to the problem in question. An important aspect here is the experience and insights gained from communication and collaboration with others – peers, adults, other cultures and contexts.

The third group (C) deals with choosing and justifying plans for action to be taken to bring about positive changes with regard to the problem in question, including the analysis of possible barriers and strategies for overcoming them.

It is very important that young people’s visions are taken into account when planning so that the actions serve as a bridge between their dreams and reality and bring the reality closer to their ideals. Young people’s specific suggestions about which actions are to be taken and what kind of changes should be brought about should play a central role in action planning.

Critical reflection or self-evaluation will often follow the IVAC process. This aims to assess the achievements, analyse the reasons for eventual failures and promote learning from experience. It is important to note that even if young people do not manage to bring about their desired changes, the reflection and self-evaluation phase can show that the project was successful; that is, that they have learnt a lot and have gained valuable experience they can use in future actions.

The questions in the model should not be considered as fixed, linear set of steps to be taken in the participatory process. Rather, the process includes going back and forth across the different perspectives and questions to arrive at a better understanding of the problems to enhance the action-readiness of the participants. The young people might, for instance, start with a concrete action in trying to influence the problem at hand and then, after a while, realize that they have not decided on a clear target for their actions. Consequently, they may need to go back to discuss and clarify their vision before redeveloping their action strategy, identifying new partners.

Box 3 provides an example of the process of employing the IVAC approach in a school in Denmark where children and young people worked together and in collaboration with their teachers to improve the conditions for healthier eating at their school.

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**Box 3 Case example: children and young people work together to develop the conditions for healthy meals in their school**

The participants in the project were children from two year-3 classes (9–10 years) and one year-7 class (13–14 years) and their teachers from a school in Ballerup, Denmark.

The framework used in the project was the IVAC approach (Jensen, 1997; Simovska et al., 2006), indicating that pupils have to be actively involved in investigating the health topic in question and in developing visions as a basis for taking action to facilitate healthy change. In the following, we present the work under the different parts of the IVAC approach.

During the “vision” phase, pupils from year-3 classes did a brainstorming activity on how to promote health conditions in the school. Health was discussed from many different perspectives. Topics included the following.

- What is a good life for you?
- What does it mean to feel fine?
- How can you take care of your health yourself?

At the end of this session, the pupils decided (in collaboration with their teachers) to work on how to establish a place where pupils could buy healthy food such as fruit (the school did not have a canteen or any other facilities providing healthy food options).

After the “vision” phase, the pupils worked on developing and affirming their ideas of a food stall – their “dream food stall”. All the pupils drew their favourite sites and from these, a number of ideas were selected by the class for further investigation. The pupils were guided by their teachers and the final decision on what to do next was chosen in collaboration. The main idea was to establish food-selling outlets in different sites around the school. The work in this phase was crucial for the development of the pupils’ ownership of the whole project.

The young people from the year-7 class had just completed another health project in which they had examined the health views of people in the local community and in the school. They used interviews and questionnaires during their investigations. To highlight the skills that were developed during this project, the teachers encouraged the students from year 7 to support their younger peers from year 3 during the “investigation” phase.

After some consideration, the students from year 7 took up the challenge and a joint meeting was set up with pupils from the three classes. Together the pupils devised a questionnaire to hand out to all 600 pupils in the school. The reason for this was that the pupils from year 3 wanted to ask every pupil at the school about their opinion on healthy food. On the basis of the analysis of the answers, the 10 most-frequent suggestions were identified by pupils from year 7 and handed over to the pupils from year 3. Suggestions included meatballs in curry sauce with rice, sausages, club sandwiches and pizzas.

During the “action” phase, the pupils collaborated with the home economics teacher to develop healthy recipes. For instance, they only used low-fat sausages made with chicken, and the flour that was used to bake the pizzas and sausage rolls was rye flour, which is rich in dietary fibre. They also developed ideas on how to make the places they were going to sell the food attractive and welcoming (they planned to have two places where the pupils in the school could go and buy food).

During these activities, the pupils from year 3 and year 7 collaborated. They spent a full week (25 hours) on this part and ended up with a detailed plan for buying products, cooking, advertising around the school and running the two “shops” during two breaks every day.
After this first pilot period in which students produced and sold healthy meals at the school, the students from year 7 went back to their normal studies and the pupils from year 3 decided to continue the project with the help of their parents. During this period, each pupil in year 3 committed themselves to produce 25 “items” of food at home with their parents’ help. They did this in turns so that they had enough “stock”. Once a week they also cooked a hot meal with their teachers in the school.

The project was a success when viewed from a number of different perspectives, which can be considered as the “change” phase.

First, changing pupils’ eating habits towards a healthier direction, which was a consequence of pupils’ participation and ownership. Pupils were motivated to buy and eat healthy food because they had an influence over what kind of meals were produced. So the initiative had a healthy impact even for the pupils who were not involved in the project. Even the oldest pupils, aged 14–16 years, who normally leave school during their breaks to buy “junk” food in the neighbourhood, were queuing up to buy the “home-made” healthy food.

Second, the third-grade pupils’ healthy learning. The key participants in the project, the pupils from the two third-grade classes, learned a lot about healthy food and developed awareness of what ingredients to use to keep the food healthy.

And third, increasing social capital of the school. The pupils from the two third-grade classes gained many friends among the older pupils from the seventh grade. Younger pupils benefited from the feelings of being safe at school which their friendly relationships with the older students conferred.

In conclusion, the project illustrates how young people are able to make an impact on health determinants and that a variety of positive outcomes can flow from a project in which they are genuinely involved in decision-making. It also illustrates that adults are needed to guide and support young people in taking healthy actions. The home economics teacher and the other teachers had a crucial role in this respect.

Rather than employing the elements of the IVAC approach in a definite successive order, they should be viewed as components within a fluid and flexible framework that can be used by adults working with young people in planning, carrying out and evaluating participatory processes aiming to initiate positive changes.

**Linking participation and action**

The different forms of participation discussed above suggest that it is vitally important that young people are active in exploring and reflecting upon the ways in which living conditions, the surrounding environment and society affect their choices. A key element of genuine participation is therefore that young people collaborate with adults in the different settings of their everyday lives and take action to influence the determinants that affect their health and well-being.

Box 4 offers an example of the ways in which children and young people can work together with their teachers and other adults in the community to influence determinants of healthy eating and physical activity in schools and local communities across Europe.
Box 4 Case example: “Shape up”\textsuperscript{2}

“Shape up – a participatory school–community approach to influencing determinants of a healthy and balanced growing up” (www.shapeupeurope.net) was a three-year project (2006–2008) aimed at the development, implementation and assessment of an innovative approach to health promotion and health education concerning overweight and obesity in children and young people.

“Shape up” core funding was provided by the European Commission Directorate General for Health and Consumer Affairs. Participants in the project were local authorities and schools from 19 cities in 19 EU countries. The age range of children and young people participating in “Shape up” was 4–19 years. A number of schools (at preschool, primary and secondary level) from each participating city were involved. In total, 73 schools, 2300 pupils and 140 teachers took active part in the project.

The project was coordinated internationally by PAU Education of Barcelona, Spain and the Danish School of Education, Aarhus University (Copenhagen, Denmark). Additionally, five competence centres were responsible for different aspects of the project.

The key aspects of the “Shape up” methodological approach included (Simovska et al, 2006):

- a holistic and broad concept of health, encompassing both lifestyle and living conditions
- children and young people’s genuine participation
- the IVAC pedagogical approach
- school–community collaboration
- cross-cultural collaboration
- self-evaluation and learning from experience.

“Shape up” findings (Simovska & Jensen, 2009) demonstrated that children and young people could be guided to successfully bring about health-promoting changes in a number of health-related determinants at school and community level. Changes in these determinants resulted in, for example: healthier food consumption at school; new forms of physical activity; and increased interest, motivation and competence of children and young people to deal with health issues.

More specifically, “Shape up” proved to be effective in initiating and bringing about health-promoting changes in the following determinants related to healthy eating and physical activity.

At school level:

- school health policies;
- school environment, facilities and food options (better options for healthy eating and physical activity); and
- educational strategies and contents in health education and physical education classes.

At community level:

- physical environment, facilities and food options in the community surrounding the schools (better options for healthy eating and physical activity);
- partnerships;
- sustainable partnerships among schools, municipalities, city halls and other local stakeholders in the area of prevention and health promotion; and
- focused collaboration with parents and extended families to encourage and sustain healthier choices.

And at individual level:

- children’s and young people’s sense of ownership, motivation and empowerment related to dealing with the issues of healthy eating and physical activity in their own lives and in their surroundings;
- parents’ awareness and motivation related to dealing with the issues of healthy eating and physical activity in their family lives and in their surroundings; and
- pupils’ individual behaviours and habits concerning healthy eating and physical activity (even though it was not a particular focus of “Shape up”, assessments by local facilitators and local coordinators indicate that the work of “Shape up” positively influenced pupils’ health-related behaviours).

In relation to the last point, it is important to emphasize that the research showed that the “Shape up” approach, characterized by the mechanisms of pupil participation, the IVAC pedagogical design and school–community collaboration, has the potential to be effective in enabling pupils to address obesogenic environments at school and local community level.

The changes in pupils’ sense of ownership, motivation and empowerment are conducive to developing and sustaining healthy lifestyles because they help develop pupils’ action competence (that is, their ability to deal with health-related issues). Grounded in critical health education and health promotion theory and practice (Wallerstein, 1993; Jensen, 1995; Tones & Tilford, 2001; Simovska & Jensen, 2003; Simovska 2007), the fundamental idea of “Shape up” was that through these processes, children and young people develop multidimensional knowledge and competences related to healthy eating and physical activity, as well as an increased interest in, and engagement with, dedicating time and energy to working on real-life, health-related problems.

Accordingly, from a longer-term perspective, health-related knowledge, competence, empowerment and motivation are conducive to taking better care of one’s own health – that is, to developing and sustaining an individual healthy lifestyle.

Last but not least, the participatory processes and the establishment of new partnerships involved in influencing the determinants following the “Shape up” approach, and particularly the new forms of pupils’ influence, arguably contribute to fostering children’s and young people’s democratic/citizenship skills and competence and also to the development of school- and community-based social capital in relation to health.

There are several criteria that need to be met for an activity to be considered as a health-promoting action that is truly participatory. The following characteristics could be considered crucial in distinguishing action from other kinds of behaviour. These characteristics are also valuable in assessing the quality of young people’s participation:
• the action is intentional and therefore different from behaviour, habits or routine activities (that is, from doing something);
• it is reflective and critical, challenging in socially responsible ways;
• it addresses root causes and social/societal determinants rather than separate effects and individual symptoms of health (or other social) problems, so requires other types of knowledge (such as social knowledge) rather than (or in addition to) scientific knowledge;
• it is transformative rather than ameliorative, meaning it is targeted towards solving the problems in question and bringing about positive and sustainable change; and
• it is a result of a conscious, informed and autonomous decision on the part of the actors involved.

As Fig. 3 demonstrates, actions can be individual as well as joint, and direct or indirect. The model illustrates the different possible combinations.

**Fig. 3 Four types of action to bring about change**

<table>
<thead>
<tr>
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<th>Direct</th>
<th>Indirect</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Joint</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

If an action aims at changing behaviour in, for instance, the area of “healthy eating”, this would be an example of individual and direct action (square 1). If a group of young people agree to do something to address problems related to bullying in a school setting, this would be an example of joint and direct action (square 3). Indirect actions aim at influencing the determinants of young people’s health. For example, if a young person decides to get involved in the student council and tries to influence the quality of the food offered at the school canteen, this would be an example of an individual, indirect action (square 2). If a group of young people write a letter to the municipality as part of their strategy to improve safety in the local area, this would be an example of a joint, indirect action (square 4).

The relevance of the four categories of action possibilities in Fig. 3 will differ depending on the problem at hand. To widen the scope of authentic decision-making and participation possibilities for young people, all categories should be included in the discussion. A number of possible actions should be listed as a starting point for each of the four categories. And for each of these action possibilities, potential outcomes and barriers should be explored as a basis for concrete actions.
6. Participation and knowledge for change

Clearly, professionals working with young people have a responsibility to provide support and guidance. They must ensure a fine balance is struck between sensitive encouragement when needed and the provision of room for young people’s creative imagination and influence. Involving young people genuinely does not imply that the tasks of the adult facilitators become less demanding.

The challenge is to find a balance where on the one side young people are involved as active partners and are taken seriously, but in which it is recognized that the adult has an important role to play as a dialogue partner. Without qualified counterparts, young people would not be able to develop their own attitudes and understandings and thereby their empowerment and action competence.

Consequently, working with young people as active partners in participatory and action-oriented processes does not make “knowledge content” in relation to the problems at hand superfluous. The main goal of participatory work with children and young people should be the development of their ability to act and manage change, and therefore their knowledge and insight should in essence be action-oriented. This point of departure has great consequences for the kind of knowledge that will be the focus of planning, implementing and evaluating participatory and action-oriented processes.

In the following section, we argue for action-oriented knowledge that involves interdisciplinary links between health, people, culture and society. The examples we discuss concern health issues, but the model of knowledge is applicable to wider social issues.

Four different aspects of action-oriented knowledge can be illustrated by using the model shown in Fig. 4 (Jensen, 2000). The four dimensions illustrate different perspectives on the types of knowledge through which a given health topic, or any problem at hand, can be viewed and analysed.

Fig. 4 Four dimensions of action-oriented knowledge (Jensen, 2000)
First dimension

What kind of problem is it? Knowledge about effects

The first dimension deals with knowledge about the existence and growth of health problems in today’s societies. This includes the health-related effects of conditions in the environment, in our lifestyle and in our social relations.

This type of knowledge can, for example, be about consequences of a given behaviour (such as drug abuse or too much fat in our diet) or the consequences of acid rain or bad air quality in city areas or workplaces. Or it could be about how bullying behaviour in a school affects pupils’ health and well-being. It will be about statements such as: “if we do this, then this happens”, or “if the conditions or circumstances are these, then the risk of this will increase”.

This knowledge is naturally important, as it is the kind that awakens our concern and attention and creates the starting point for the motivation to act. So this can be one of the prerequisites for developing action competence. On its own, however, it gives no explanation as to why these problems exist or how one might contribute to solving them. This form of knowledge is mainly of a scientific nature. Standing alone, it may contribute to developing concern, but such knowledge may lead to action paralysis among pupils.

Second dimension

Why do we have the problems we have? Knowledge about root causes

The next aspect deals with the cause dimension of health problems. The kind of questions that can be asked include the following.

- Why and under what conditions do people become ill, and which factors threaten their quality of life?
- Why is smoking more common in certain professional groups?
- Which living conditions have importance in determining whether use of alcohol leads to abuse?
- What contributes to the fact that a taxi driver is at almost twice as great a risk of dying from heart disease than an architect?
- Why is unemployment associated with greatly increased levels of illness and risk of death in our societies?
- What conditions in a school contribute to whether bullying takes place?
- Who bullies in schools and what is the cause of it?
- How might social capital in societies or in schools increase young people’s resources and resistance and protect them from disease?

Many structures and explanations linked to increasing inequality in health in our part of the world are to be found within this area. This dimension of knowledge belongs mainly in sociological, cultural and economic areas.
Third dimension

How do we change things? Knowledge about change strategies
This dimension deals with knowledge about how to control one’s own life and how to contribute to changing the living conditions of society. It asks the following questions.

• Which psychological mechanisms are in force when you participate in a group that is trying to support its members to change their way of living?
• If we are trying to change the surrounding structures in school, in the family, at work or in the local community, who do you turn to, how do you go about it and who could you ally yourself with?

This area of knowledge is central and decisive for genuine participatory work with young people. It also includes knowledge about how to initiate, facilitate and structure cooperation and how to deal with power relations.

Fourth dimension

Where do we want to go? Knowledge about alternatives and visions
The fourth dimension deals with the need to develop one’s own vision. One of the important prerequisites of having the motivation and ability to act and initiate change is being able to develop one’s own dreams and ideas for the future in relation to one’s own life, work, family and society at large. Having support and surplus energy is also needed.

Knowledge about conditions in the neighbouring school, about strategies for fighting bullying and improving the social climate at schools in other countries and about other cultures both near and far away can be strong sources of inspiration for developing one’s own visions.

Additional dimensions of knowledge
In addition to these four key aspects of knowledge, we argue for two additional qualities of knowledge that play a vital role in participatory processes (Simovska, 2005):

• intrasubjective knowledge
• interrelational knowledge.

Intrasubjective knowledge
This is introspective knowledge concerning the subjective states of others as well as ourselves. It is developed through the experience we gain from symbolic discourse with others and from taking actions in the surrounding environment. An important aspect of intrasubjective knowledge is knowing how to learn in ways that participate in, and capitalize on, the social environment; that is, knowing how to learn from others and with others and how to draw on diverse cultural artefacts.
**Interrelational knowledge**

This concerns meta-knowledge about group dynamics, meaning having insights into the features characterizing interactions and relations with others in a variety of group structures including classrooms, teams, pairs, friends, families and larger or smaller subcultures and communities.

It is developed through experience from mutual interactions in different group constellations and from facing and solving interpersonal problems. It includes dimensions such as knowing how to get along with others, working in collaboration with others to reach agreements and decisions, maintaining assertiveness and accepting other people’s assertiveness to a reasonable degree, coordinating plans and assignments, creating and maintaining a positive, constructive group atmosphere, articulating and receiving criticism, and taking collective actions.

These two additional dimensions of knowledge are essential for the transformative interplay between experience and competence and its integration within the identity of a qualified participant in practices of inquiry, sense-making and acting to bring about positive change (Simovska, 2005; 2007).

Clearly, the need for multifaceted and multidisciplinary knowledge to initiate change through meaningful participation poses important demands and challenges for professionals working with young people. Professionals should be in a position to fulfil the facilitator role and be able to perceive today's conditions in society from an action-oriented point of view.

In the final section of this document, we highlight some of the challenges and principles that are essential to ensuring the meaningful participation of young people.
7. Principles, dilemmas and advice

In addition to our own experience in a number of participatory research and educational development projects, the formulation of the principles below has been inspired by Hart (1997), O’Kane (1998) and Lansdown (2005).

The list is not exhaustive. It should serve as an impetus for consideration and discussion about the development of conditions conducive to genuine participation and increasing the influence of young people in decision-making.

Principles

Shared understanding and choice
The aims and objectives of the decision-making process should be explained to young people from the outset. Young people should have the opportunity to negotiate their participation, taking into account their preferences and working strategies. They should be fully informed about the reasons for participation, but should also be offered the possibility not to participate.

Starting from where young people are
It is important to encourage and guide young people to explore, reflect on and identify their own issues of concern and imaginative ideas for possible solutions as a point of departure. This means that the focus and expected outcomes of the participatory processes should be open and flexible to endorse young people’s everyday life and experience.

A safe and empowering environment that is sensitive to young people’s needs
Ensure that young people are protected from violence, manipulation and abuse and carefully consider the potential risks to which young people may be exposed in participative processes. Ensure commitment from all the involved parties to work together towards positive outcomes, respecting each others’ views and perspectives.

Balance between guidance and independence
Consideration should be given to providing a sensitive balance between guidance and support on the one hand, and creating room for young people’s independent work on the other.

Power-mapping
Power relations involved in the process of making decisions should be made transparent and be discussed with the young people from the outset, so they can identify the realistic sphere of their influence. In addition, adults can assist young people in widening the scope of their power to domains where normally they have little or no influence.

Inclusiveness
Young people should have a wide range of opportunities to participate according to their interests, experience and abilities. Special attention should be paid to ensure that
participatory structures are in place to support marginalized or disadvantaged (for any reason) children and those at different ages. A range of choices for participation that are sensitive to differences in children’s age, developmental stage, gender, ethnicity and religion should be provided. Structuring and facilitating peer support among different groups of young people is also important.

**Ongoing information**
The entire process of the project should be transparent and be regularly updated as the process develops. The relevance of each phase should be discussed with the young people. Young people with different abilities, experience and skills may choose to participate in different phases and different aspects of the decision-making process, and this should be respected. Additionally, young people should get precise and regular feedback on the impacts of their work on the problems at hand.

**Community, professional and family links**
Where appropriate (depending on the age of the young people), parents need to be fully aware of the aims and objectives of the process. Parents sometimes need to be supported to accept that young people have a say, and to step back. The participation process should incorporate local structures and traditions supportive to young people. Professionals experienced in working with young people, and with professional competence in the area in question, should be involved in the process.

**Professional development and support**
Structuring, facilitating and guiding participatory processes is complex and demanding for the professionals working with young people. Their professional development and ongoing support is therefore invaluable.
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