



Seminar Report

Seminar on the Health and Well-being of Young People

A seminar organised by
the Ministry of Health, Youth, Sports and Voluntary Organisations and
the partnership between the European Commission and the Council of Europe in the
field of youth, in the framework of the French Presidency of the European Union

INJEP (National Institute for Youth and Popular Education)

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Serdar M. Değirmencioğlu

Rapporteur

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Executive summary

The seminar was organised by the Ministry of Health, Youth, Sports and Voluntary Organisations, and the partnership between the European Commission and the Council of Europe in the field of youth and in the framework of the French Presidency of the EU. It took place in INJEP (National Institute for Youth and Popular Education), Marly le Roi, France on 8-11 December 2008. The seminar followed the adoption of the **Resolution on the Health and Well-being of Young People** by the Council of the European Union on 20 November 2008.

The seminar theme was very broad and encompassed conceptual, applied as well as empirical work on the health and well-being of young people in Europe and beyond. The event was designed specifically to fit with a holistic approach, where all major stakeholders (researchers, practitioners, civil society, international organizations, institutions focused on health, policymakers) could provide their input.

The first day (8 December) was reserved for the meeting of a small group of researchers, practitioners and other experts with a focus on research on health and well-being of young people. The researchers brought to the meeting a wide range of perspectives, disciplines, orientations and backgrounds. In terms of discipline, the spread ranged from social work to psychology, from youth work to public health. The geographical spread was also wide: from Scotland to the Russian Federation.

This small group produced a set of general and focal points, and provided recommendations for the wider discussion in the following days. Special emphasis was placed on the need for further research to strengthen the knowledge base and the need to recognize the dynamic nature of social forces that impact on young people. It was noted that the meaning of “well-being” is time-bound and may change from generation to generation. It is important to consider generational differences and make a genuine effort to take young people’s view into account. It was also noted that the transition to adulthood is critical period in the life-course and there is a need to search for resilience-promoting factors.

The recommendations underscored the need to understand the social/cultural context that promotes or hinders healthy behaviours and development, and to consider the behaviour and attitudes of adults and particularly parental responses to changing societal dynamics. There is a need to avoid seeing health as purely a professional or technical matter so that young people can be construed as agents of their own health. It is important to remember that “problem” or “unhealthy” behaviour can be “healthy participation” in a given situation. A democracy needs meaningful participation from young people in all areas, including health and well-being. In this sense, “problem behaviour” can be a sign or resource for change. There is a need to see young people as assets rather than a burden. In line with these assessments, researchers need to employ qualitative methods, as well as quantitative methods, to uncover meanings, functions, identities, and subjective cause-effect relationships.

From a practical vantage point, youth-friendly approaches are needed. Peer education, for instance, can be a very effective tool in the area of health and well-being. Young people need to know about risks, including those associated with health and well-being. If these risks are “normal” (i.e., normative), there is a need to foster familiarity with risks – they should not be treated as taboos. Methods to support familiarity and awareness should be developed for various settings (e.g., schools, youth centres, etc.). Youth workers, in particular, can develop programs to help young people deal with “risky behaviour” without suffering major harm. More attention needs to be paid to conventional and new information technologies, which present multiple and salient risks to young people, and often promote health-

compromising attitudes. Awareness of and ways to deal with these risks need to be a priority as new information technologies are globally available and very salient.

The second part of the seminar (9-11 December) was designed to facilitate exchanges between policymakers, researchers, practitioners, experts and civil society actors, and to identify a set of policy recommendations in the area of young people's health and well-being. The participants represented all major stakeholders, different disciplines and backgrounds. In terms of geographical coverage, participants came from European Union countries and neighbouring regions.

The second part of the seminar began with a plenary where the invited officials clearly expressed the political will to improve the health and well-being of young people. A rich and insightful assessment of young people's well-being and their existential trials and tribulations was provided by an invited expert. Conclusions and recommendations of the research meeting were presented to all participants.

Following the plenary, for a day and a half, the participants engaged in the task of discussing major issues and identifying a set of actionable policy recommendations in four workshops. The workshops were designed to cover major thematic areas in the area of young people's health and well-being; namely, socioeconomic and structural factors, lifestyle factors, participation issues and the knowledge base. In each workshop, the participants identified major issues, major gaps in knowledge, practice and policy, and developed recommendations that spoke to the major issues.

On the last day of the event (11 December 2008), conclusions and recommendations from each workshop were presented and discussed at the plenary meeting. The recommendations from the workshop on socioeconomic and structural factors focused on what needs to change in order to provide young people with a healthier society to live in. The participants noted that young people are often blamed for outcomes that are made highly likely by structural factors. To the extent that social-structural dynamics are beyond the influence of young people, youth-friendly public policy becomes crucial in terms of health outcomes.

The recommendations from the workshop included recommendations as to how to work with the media, how to strengthen the role of family and especially fathers, how to organise the work on public policies and the civil society in more youth-friendly manner and finally, how to provide an individual young person with tools and skills to cope with the challenges found in society.

Participants of the workshop on lifestyles defined a lifestyle as a choice young people make about how they want to live their lives. It is true that young people's lifestyles are strongly influenced by the economy, media, political climate and culture. Individual-level factors, including an individual's perspective, internal motivations and experiences with proximal contexts such as peer relations, family relations, and schools, interact with societal factors. To the extent that individuals are able to make important choices, lifestyles have stronger influences on health and well-being.

The recommendations from the workshop on lifestyles focused on what needs to change in the way society treats young people (e.g. acceptance of young people, improved dialogue between youth and other generations and stakeholders), in formal and non-formal learning opportunities and in young people's attitudes. Special emphasis was placed on increasing self-confidence, resilience, coping skills, and critical thinking.

The participants of the workshop on participation emphasised meaningfulness (e.g., young people not serving as an instrument), inclusion and representation. Having a specific role and status in dialogue, participation with clear, visible outcomes, and empowerment were seen as crucial to meaningful participation.

The participants also identified barriers at different levels to involvement and participation of young people in health-related issues. Health is usually seen as a highly specialized and

professional issue. Some health topics might be taboo subjects (e.g., sexuality). It is often the case that young people are seen as an “issue” and not as partners. There is a lack of relevant “know how” in achieving meaningful youth participation in health. The inter-sectoral gap and the lack of cooperation between health institutions and the youth sector in terms of coordination and facilitation are also common obstacles. Finally, lack of political will and lack of courage to promote youth participation in health might impede participation.

The recommendations from the workshop on participation focused on creating spaces and structures where all the actors can work together and equally influence policies and decisions, and the means needed to provide these structures. Special emphasis was placed on tools delivering information; know how, experiences and research. The European Knowledge Centre on Youth Policy should establish a section on youth and health. It might be useful to create a common knowledge basis for developing the youth participation by creating database on youth organizations specifically addressing health and well-being issues. Ministries should promote and disseminate information regarding this database to all interested parties.

It is also necessary to allocate appropriate financial means to maintain the co-management structures and build capacity of actors in the field of health. It might be useful to allocate funds within the overall budgets of Youth and Health Ministries for the joint actions, knowledge sharing, maintaining databases of organisations and practices, cooperation activities, etc

The workshop on the knowledge base offered a three-strand approach to generating information on young people’s health. First, knowledge on adolescent-specific diseases, clinical conditions and determinants of health outcomes is necessary. Secondly, knowledge on educational, social and economic conditions affecting young people, especially in regard to labour market participation, is needed. Third, knowledge on human behavioural and attitudinal influences on/of young people, their parents and other significant adults who interact with young people is necessary. It is the third set that is of great importance but often unavailable. The recommendations from the workshop on the knowledge base focused on improved dissemination of existing knowledge, structures needed for monitoring of health and well-being indicators across Europe, and major gaps in the research base.

Concluding remarks were provided by the representatives of the European Commission – DG SANCO and DG Education and Culture, the partnership between the European Commission and the Council of Europe in the field of youth and the Ministry of Health, Youth, Sports and Voluntary Organisations of France. The speakers underscored the challenge that much needs to be improved in young people’s health and well-being and expressed a firm commitment to developing youth and health policies considerate of the recommendations the seminar has produced.

BACKGROUND

In recent years particular attention has been paid to the needs and potentials of young people in Europe. In particular, health and well-being of young people have been an important policy issue. The European Commission (EC) White Paper on Youth¹ notes that health should be regarded as a driver for the social inclusion and empowerment of young people and as indispensable to developing their active citizenship. In 2002, the Council of the European Union laid down a framework for European cooperation in the youth field and one of its three areas is the inclusion of a youth dimension in other relevant European policies.

In 2005, the European Council agreed that whenever the youth dimension was included in other relevant European policies, priority should be given to a healthy lifestyle for young people. In 2007, the Council urged Member States to prioritise the concerns of young people in policies which affect their quality of life, such as health. In November 2007, the Council considered a transversal approach to youth policy and declared a commitment that from 2009 the EC would produce a European Union Progress Report on Youth every three years.

In its conclusions of 6 December 2007 on the White Paper, titled “**Together for Health: A Strategic Approach for the EU, 2008-2013**”, the European Council highlighted the need to address key health determinants such as nutrition, physical activity, alcohol, drugs, tobacco consumption and environmental risks, and take into account the role of gender and stressed the need to promote health within the settings of everyday life, i.e., family, schools, workplace, and leisure places.

In its resolution of 22 May 2008 on the participation of disadvantaged young people, the Council emphasised that health problems were an obstacle to the active participation of young people and urged the Member States and the EC to promote a healthy lifestyle for young people via their health strategies.

Resolution on the Health and Well-being of Young People

On 20 November 2008 the Council accepted a **Resolution on the Health and Well-being of Young People**². The resolution states that, overall, the health of young people in Europe is satisfactory but there is still concern regarding issues such as nutrition, physical activity, alcohol abuse, sexual and psychological well-being. The resolution particularly emphasizes the promotion of a healthy lifestyle and preventive measures, especially in the context of sexual activity, alcohol abuse and drug use, smoking, eating disorders, obesity, violence, gambling and addiction to information and communication technologies.

The resolution draws attention to the linkage between societal conditions (poverty, unemployment, job insecurity, housing problems, early school-leaving and discrimination) and the health and well-being of young people. An emphasis is placed on improvements in the physical and social environment in which young people live, work and learn. The resolution also notes that gender plays an important role in health and well-being and therefore gender should be taken into consideration.

The resolution emphasizes the fact that there are strong links between the health and well-being of young people and their social inclusion and level of education. An emphasis is placed on the role of young people in their own health and well-being.

The resolution underscores the need for scientific knowledge on the state of health, the needs and expectations of young women and men in terms of health, as well as knowledge of existing practice, experience and lessons learned in this field. A strong knowledge base is required both to contribute to ensuring the efficacy and efficiency of youth health policy and to aim to better take into account, within tailored strategies, the diversity among youth (i.e.,

¹ “A New Impetus for European Youth” (November 2001), approved by the Council on 14 February 2002.

² The resolution is available in the Appendix.

potential differences within the group due to age, sex, place of residence, ethnicity or socio-economic factors).

Emphasis is placed on a comprehensive and cross-sectoral approach encompassing all appropriate areas, in particular the public health system, formal, non-formal and informal learning, employment and social inclusion, childhood and family, sport, cultural activities, research, the environment, the media and consumer protection.

The resolution notes that the promotion of physical activity and a well-balanced diet is necessary for adopting a healthy lifestyle and special attention needs to be paid to young people's mental health, particularly promoting good mental health especially through schools and youth work, and to the prevention of self-harm and suicide.

Health policy in its youth dimension should involve the local, regional, national and European levels of public policy and be based on a broad partnership between those involved in formal, non-formal and informal learning, healthcare professionals, economic and social partners, especially youth associations, and the media.

The resolution invites member states to

- promote the "youth" dimension in health-related initiatives and the implementation of appropriate, cross-sectoral, coordinated and systematically evaluated measures;
- involve young people and all the relevant youth policy stakeholders in the development and implementation of health-related initiatives;
- promote access to leisure-time activities, cultural and physical activities of all young people; take into account health and well-being of young people in programmes and policies concerning information and the media;
- support the training of youth workers and NGOs in the area of prevention and health and well-being of young people, in basic counselling, early intervention, identification of difficulties of young people and signposting to other services.

The resolution invites the EC to ensure that the "youth" dimension is taken into account in its health-related initiatives and to involve young people and relevant youth policy stakeholders at all levels of its action in this area.

The resolution puts specific emphasis on need for research and evidence-based policies. It invites member states and the EC to improve knowledge on and research into this topic with regular updates thereon, taking into account differences in the health and well-being of young people due, inter alia, to sex, age, geographical and socio-economic factors, sexual orientation or disability.

The process of preparation of the Resolution was coordinated by the French ministry of health, youth, sports and voluntary organisations. A dedicated Steering Committee was formed composed of representatives of Ministry of Health, Youth, Sports and Voluntary Organisations (MSJVA), Directorate of Youth Affairs, Non formal Education and Voluntary Organisations (DJEPVA) and Directorate General for Health; European Commission, Directorate General Education and Culture and Directorate General for Health and Consumers; Youth Forum Jeunesse (YFJ); Committee for National and International Relations of Youth and Community Education (CNAJEP); National Youth Council (CNJ); Regional and Departmental Directorate of Youth and Sports of Nord-Pas-de-Calais (DRDJS Nord-Pas-de-Calais).

COORDINATION OF THE SEMINAR

The seminar was coordinated by the French ministry of health, youth, sports and voluntary organisations and the partnership between the European Commission (EC) and the Council of Europe (CoE) in the field of youth. The Steering Committee was also in charge of

organising the Seminar. The seminar was designed to contribute to discussion of and practical reflection on the implementation of the Resolution.

The seminar took place in INJEP (National Institute for Youth and Popular Education), Marly le Roi, France on 8-11 December 2008.

SEMINAR APPROACH

The seminar theme was very broad and encompassed conceptual, applied as well as empirical work on the health and well-being of young people in Europe and beyond. The event was designed specifically to fit with a holistic approach, where all major stakeholders (researchers, practitioners, civil society, international organizations, institutions focused on health, policymakers) could provide their input.

The seminar utilised an innovative approach to help participants engage in the seminar in advance. An on-line platform was designed for the event and the platform served as a place of first contact, initial exchange around the topics of the workshop and the research debates. The contents of that platform were later transferred to the European Knowledge Centre for Youth Policy on the website of the partnership between the European Commission and the Council of Europe in the field of youth (www.youth-partnership.net).

The seminar was also innovative in the way two complementary sections were utilised to facilitate exchanges among stakeholders: it began with a research day and then consisted of two days of workshops in order to facilitate exchanges among stakeholders and collaborative work to produce policy recommendations.

The first day of the event (8 December 2008) was reserved for the meeting of a small group of researchers, practitioners and experts where the focus was research on health and well-being of young people. The researchers were from a wide range of perspectives, disciplines, orientations and backgrounds. In terms of discipline, the spread ranged from social work to psychology, from youth work to public health. The geographical spread was also wide: from Scotland to the Russian Federation.

At the end of the first day, this small group produced a set of general and focal points, and provided recommendations for the wider discussion in the second part of the seminar. The researchers also participated in workshops that fitted best with their expertise in the second part of the seminar.

The second part of the seminar (9-11 December 2008) was designed to facilitate exchanges between policymakers, researchers, practitioners, experts and civil society actors, and to identify a set of policy recommendations in the area of young people's health and well-being. The participants represented all major stakeholders, different disciplines and backgrounds. Youth and health experts were present. The geographical coverage was wide: Participants came from European Union countries, neighbouring regions and beyond.

RESEARCH ON HEALTH AND WELL-BEING OF YOUNG PEOPLE

The first day of the event (8 December 2008) was reserved for the meeting of a small group of researchers, practitioners and experts where the focus was research on health and well-being of young people. The meeting was designed to be an interdisciplinary, cross-sectoral forum where researchers were from a wide range of perspectives, disciplines, orientations and backgrounds, and experts from different institutions can discuss research findings and policy implications.

The partnership between the European Commission and the Council of Europe in the youth field

Hans Joachim Schild (Coordinator, Partnership of the Council of Europe and the European Commission in the field of youth) welcomed all the participants and briefly introduced the history, role and structure of the partnership in the youth field. In addition, he addressed the policy issues pertaining to health and well-being of young people and specifically the role of dialogue between researchers, policy makers, NGOs, youth NGOs and youth activists in developing youth policies. The aim of this relationship is to ensure that youth policy is evidence-based, building on both the findings of youth researchers, on the practices of professionals and the experiences of youth organizations.

Marta Mędzińska (Research and Policy Officer, Partnership of the Council of Europe and the European Commission in the field of youth) briefly described the tools the partnership maintains to bring about a viable platform for dialogue among researchers, policy makers and youth activists. Among these are the European Research Network and a web site, comprising the European Knowledge Centre for Youth Policy (EKCY, <http://youth-partnership.coe.int/youth-partnership/ekcyp/index>)³ with the international group of EKCY correspondents.

The Seminar Team

Tamsin Rose (convenor) welcomed everyone on behalf of the seminar team and explained her role as well as the entire seminar program. She emphasized the fact that there is a great need for research on health and well-being of young people within and beyond the European Union. She also noted that the research seminar was purposefully arranged to feed into the second part of the seminar (9-11 December 2008), which was designed to facilitate exchanges among stakeholder and to collectively identify a set of policy recommendations in the area of young people's health and well-being.

Dr. Serdar M. Değirmencioğlu (rapporteur) also welcomed the participants and explained his role during and after the seminar. He also noted that the seminar will serve its purpose best if it is used as a medium for scholarly open dialogue and for discussion, particularly from a policy vantage point.

Framing Research on Health and Well-being

Dr. Terry Barber (School of Education, Social Work, & Community Education, University of Dundee, Scotland) opened the meeting with a presentation titled, "Nurturing The Health and Well-Being of European Youth: *Visions, Collisions and Decisions*". Dr. Barber combined his own findings and the findings in the literature with recent theories on well-being, methodologies for change and the policy development required to improve the health and well-being of young people in Europe.

Dr. Barber noted that well-being in particular is a highly contested concept and needs to be operationalised in a way that is useful to those engaged in the diverse youth work practice, both in governmental and non-governmental sectors. He examined the aspirations (***visions***) of youth and the barriers (***collisions***) which get in the way, both in policy and practice, in regards to health and well-being. The solutions (***decisions***), he argued, can be drawn upon models of positive psychology, participation, citizenship and social capital.

Dr. Barber drew on Ryan and Deci's influential work on well-being, which distinguishes between "hedonism", the view that well-being consists of pleasure or happiness, and "eudaimonism", the view that well-being lies instead in the actualization of human potentials. The implication here is that hedonic happiness is mainly associated with self satisfaction, which in many cases does not necessarily lead to wellness. Eudaimonic well-being by

³ Later in the day, Philipp Boetzelen further explained the functions and the operation of the EKCY.

contrast is seen to be distinct from happiness in that it focuses on realising potential through personal development, rather than simply self satisfaction. Contemporary notions of well-being attempt to bring together the physical and mental aspects of wellness and locate this within the social context which individuals function within. This contextualisation opens up the possibility of examining the participation and citizenship aspects of being young and the resultant influence this has on the wellness of young people. The idea that there is a need to shift away from the largely individualistic medical model of well-being to a more holistically driven approach has a great deal of support in public policy discourse.

Dr. Barber also drew attention to the need to consider different levels of influences on youth well-being. Drawing on Bronfenbrenner's Ecological Systems Theory, he distinguished between the macro level (the structural/political responsibility), the meso level (potential institutional/NGO response strategies) and the micro (potential individual and community responses). Research, practice and policy need to consider the influences of the factors at each level.

There is a tendency in the literature to overemphasize the negative impact consumption commercialisation, globalisation, as well as media and new forms of communication may have on young people. This tendency often leads to an overprotective attitude and a general neglect of the fact that young people need to deal with negative influences. More importantly, young people are often capable of dealing with influences and this agency is fundamental to their well-being. Drawing on the literature on positive youth development, Dr. Barber underscored the importance of examining the positive as well as the negative aspects of young people's lives and emphasized the need to re-consider young people's agency at home, in the community and in the society. In particular, he noted the literature that points to the fact that young people can experience and affect more positive change in various areas, including health and well-being, provided that adults, professionals and institutions regard them as assets, rather than burdens, to the society.

Research on Lifestyles

An important area in terms of young people's health and well-being is substance abuse. Binge drinking is a form of substance abuse that is associated with various negative outcomes. **Florian Beulich** (University of Tübingen) examined the subjective meaning and experience of binge drinking using a qualitative approach.

Mr. Beulich noted that most studies on binge drinking rely on quantitative data and there are currently few explicit descriptions of the specific reasons and circumstances of youth cultures in which binge drinking takes place. Little is known on the subjective perspectives of girls and boys concerning their behaviour. The need for such in depth studies is even more obvious under the assumption that adequate prevention strategies can only be designed and implemented when such basic knowledge is available.

Mr. Beulich reported the findings of a qualitative study, where 30 youth (ages 12-17) in three different (urban and rural) regions, were interviewed about their reasons for drinking, the contexts in which drinking takes place and about the factors influencing their drinking behaviour. The interviews specifically probed coping patterns youth develop with regard to their drinking and in how far youth themselves can be seen as "prevention experts" in terms of drinking. The study shows that "binge experienced" girls and boys report that binge drinking needs to be understood as a peer group activity happening with high frequency and starting at an early age (between 12 and 14). With respect to prevention, a variety of ideas were mentioned – mostly reflecting socially desirable examples tending towards regulation of drinking and taking responsibility within the drinking group. Moreover, each young person appears to utilize a wide variety of coping strategies in order to regulate their drinking and their accompanying behaviour. These coping patterns have to be taken into account in conceptualizing health education and prevention programs.

Alevtina Durmashkina (Nizhny Novgorod Women Crisis Centre, Nizhny Novgorod State Medical Academy) focused on sex workers and injecting drug users – topics of major significance in terms of young people’s health. Ms. Durmashkina briefly described the work conducted at the Women’s Crisis Centre to address critical issues marginalized young women face in their lives. The goal of these interventions is to improve the quality of life for these women and give them more control over their own lives.

Next, Ms. Durmashkina described the devastating impact of HIV/AIDS on marginalized young women in the Nizhny Novgorod region of Russia. Nizhny Novgorod has a concentrated HIV epidemic with a 5%+ prevalence rate among injecting drug users (IDUs) 18-28 years old. The prevalence rate among pregnant women 16-25 years old is considerable and the number of HIV-positive pregnant women is increasing. The evidence suggests that the HIV/AIDS epidemic in the city is primarily an epidemic among IDUs; 90% of all confirmed HIV infections are in this population. An increasing percentage of HIV infections appears to be occurring in non-IDU populations and the growing numbers of young women who are infected suggests that the epidemic is spreading through sexual transmission.

As in other places, it is very likely that sex work is one of the factors in this spread. The size and behaviours of the sex worker (SW) population in Nizhny Novgorod and the linkages sex work/injecting drug use are not known. The prevalence of HIV infection among SWs and IDUs is yet to be measured. Therefore, protocols for surveillance work among SWs and IDUs were developed by a team of NGOs and Nizhny Novgorod University. The protocols and HIV blood test included 208 female SWs and 29 female IDUs in N.Novgorod. Three areas of concern were identified. First, HIV prevalence is 5,8% in the group of SWs and 8,4% among IDUs. Second, 16% of SWs were IDUs at the same time. Third, less than 10% of all women had ever been contacted by any HIV prevention programmes.

The results provided valuable insights into the HIV epidemic in Nizhny Novgorod. HIV preventions programmes appear to make little difference for SWs and IDUs. Particularly at risk are SWs who inject drugs. The results suggest that targeted SW/IDU programmes may play an important role in decreasing transmission risk for marginalized women.

Margaretha de Looze (Utrecht University) examined multiple risk behaviours jointly in order to identify whether these behaviours are interrelated and can be described, following Jessor and Jessor’s Problem Behaviour Theory, as indicators of an underlying syndrome.

Ms. de Looze first gave an overview of the prevalence of substance use and early sexual intercourse in 28 European countries. Next, she argued that youth engaging in multiple risk behaviours are of special concern as the co-occurrence of risk behaviours in youth often is an indicator or a precursor of psychological problems. It is important to identify these youth who are likely to engage in multiple risk behaviours and at risk for developing psychological problems as early as possible. Prevention and intervention programmes for this risk group may need to adopt a wide approach, directed at multiple risk behaviours at the same time. As such, they can exert an influence on youths’ entire lifestyle, rather than on specific behaviours guided by this lifestyle.

Using data from the **Health Behaviour in School-aged Children** (HBSC) study, a WHO collaborative cross-national study (41 countries and regions in Europe and North America) on health and well-being, health-related behaviour, and social contexts of young people’s health, Ms. de Looze examined the intercorrelations among four risk behaviours (smoking tobacco, getting drunk, smoking cannabis and having sex).

Exploratory factor analyses yielded a one-factor structure in all 27 European Union countries, suggesting that the four risk behaviours can be reduced to a single underlying factor. Confirmatory factor analyses supported the single-factor structure in the majority of European countries indicating that the four risk behaviours are strongly related to one another and may indicate the presence of an underlying syndrome. Ms. de Looze noted that the single-factor structure held both for boys and girls but early sex appears to be an indicator of problem behaviour for girls more so than for boys.

One of the least regulated sectors in public life is advertising. Compared to earlier forms of advertising, new advertisement campaigns use more varied content including images of young people. Advertising utilizes various media and is becoming ever more intrusive. As young people command more disposable income, advertisers are interested in young people, more so than ever before. In light of these trends, **Robert Thomson** (Geneva Foundation for Medical Education & Research) drew attention to the urgent need to reconsider sexuality education in the face of commercialisation of adolescent sexuality.

Mr. Thomson provided striking examples of the commercialisation of adolescent sexuality and an equally striking dissonance between the increase in the sexual content in the lives of youth and the decrease in sexual education in public institutions in various countries. The result is a real challenge in the provision of reliable information and education about sexuality to young people outside as well as within schools. Young people who are said to be at risk are surrounded by even more sexual content. Prevention efforts with vulnerable groups of young people that effectively recognize and respond to risk behaviour need to take into account the nature and amount of erotic content that surround these groups.

There is clearly an urgent need to consider how comprehensive sexuality education should and could engage intended learners, and inspire their feelings in a market in which the high ground is occupied by attractive images and messages that are incompatible with healthy lifestyles.

Research on Participation

Compared to formal learning, non-formal and informal learning have often been neglected in interventions promoting health and well-being. This is in direct contradiction with the fact that youth spend increasingly more time outside of formal learning settings as they get older. **Manfred Zentner** argued that peer education is an important option in addressing high-risk behaviours.

Mr. Zentner noted that many prevention projects for young people today are designed with a peer-to-peer element – following the assumption that young people are more eager to accept advice from peers than from adults. Peers are not only defined through friendship but also through similar lifestyles and youth cultural scenes. Peers often influence each other in the way they dress, talk or experiment with high-risk behaviours.

Mr. Zentner described Risk'n'Fun, a peer education project that was initiated in 2000 by the Austrian Alpine Society so as to reduce injuries by influencing risk awareness and risk behaviour in the scene of “free ride” snowboarders (off track) and free climbers. The approach of the project was to train young – but experienced – free riders and climbers so that they, in turn, could influence the risk behaviour of their scene members through peer learning.

Ten members of Risk'n'Fun trainings were invited to conduct an evaluation under the guidance of a researcher. The qualitative evaluation focused on the knowledge transfer from trainings into the youth scene of free riders. The ten free riders were trained as focus group moderators and interviewers in two training sessions.

The results indicated that the transfer worked to some extent in the free rider scene. The influence of the peers can be seen in the willingness to invest in better safety equipment. The influence regarding special skills was smaller. A transfer of risk competence into other fields of personal behaviour can be detected if the topic of transfer is mentioned during the training.

An important characteristic of participatory approaches to health and well-being is that they engage young people in more than one way. Young people are more interested in programs that offer participants fun and a sense of accomplishment. **Janet Batsleer** (Manchester Metropolitan University) examined the benefits of participatory approaches to well-being using examples from Britain.

Ms. Batsleer mentioned the work of the Audit Commission (Are We Choosing Health? 2008), which suggests that while some health targets for young people are gradually being achieved – a reduction in teenage conceptions and progress in smoking cessation – other aspects of health appear to be resistant to interventions. Obesity and mental health are two areas where little has been achieved. The report suggests a need to learn the lessons from the comparative success of approaches to tackling teenage conceptions and smoking where a comprehensive range of approaches has been used.

Ms. Batsleer drew on a case study – Forty Second Street, a community-based resource for young people facing various psychological problems. The work of the project is multi-disciplinary drawing on youth work, and a variety of models of counselling and therapy. The project has been successful in engaging young people when more clinically-based services have failed. Ms. Batsleer argued that the success was due to the community-based non-formal education approach and the rights-based values of the project which enabled engagement and form the basis of a critical appreciation and partnership with both clinical and school cultures.

Research on Societal Factors

Dr. Eva Sellström (Mid-Sweden University) focused on the linkage between well-being and inactivity. She first described the prolonged transition from school to work in Sweden. The transition period is associated with uncertainty for many as unemployment is rising. Among 20-24 year-old men, the unemployment rate increased from less than 5% in 1990 to 22% in 1995. Young people who face employment difficulties may be inactive instead of unemployed – 10% the youth in Sweden are inactive. Recent studies indicate significantly higher risk of health problems, especially psychological disorders in inactive youth populations. In one study, the risk of having psychological symptoms was more than doubled among unemployed compared to those employed.

Dr. Sellström presented a study that relied on data from the hospital discharge register in combination with data measuring inactivity in the youth population. The study population consisted of all young adults between the ages 20-24 who resided in Stockholm, Göteborg and Malmö, in the years 1990 to 1995 and 1997 to 2002, i.e., 11 years of observation in total. The database thus included 2.880.817 person-years. Multivariate logistic regression analyses indicated three to seven times higher prevalence of psychiatric admissions in the inactive youth cohort.

In her discussion of the findings, Dr. Sellström noted that it seems reasonable to ascribe those negative results to the state of the labour market in Sweden. The unemployment rate is continuously high and is making the transition from school to work harder than in many similar countries in Europe. She argued that there is an urgent need to scrutinize regulations and policies on the labour market in Sweden in order to facilitate young people's school-to-work transition.

Dr. Tracy Shildrick (University of Teesside) presented a paper that drew upon a series of studies that explored the life transitions of young people who were growing up in some of England's poorest neighbourhoods in the North East of England. Young people's lives were studied holistically, qualitatively and longitudinally so as better to understand the interrelation between changing social structure (e.g., the restructuring of working-class routes to adult life) and biographical experiences of social exclusion. Dr. Shildrick noted that longitudinal qualitative research of this sort is still rare. There are a few studies which have pointed to the significance of 'turning points', 'wake up times' and 'critical moments' in the lives of youth.

Dr. Shildrick focused on the impact of ill health and to a lesser extent bereavement as a 'critical moment' in the creation of marginalised youth transitions. The connection between social class, poverty and ill health is widely recognised. Yet, the influence on youth transitions of health experiences in general is still largely un-researched and un-theorised.

In biographical interviews, striking levels of ill health were found amongst, both interviewees and their families. There were high rates of mortality in the lives of interviewees, excluding the death of grandparents. Dr. Shildrick noted that the simple incidence of ill health and of bereavement is not necessarily surprising given what is known about the socio-spatial concentration of health inequalities. It was the complex ways in which these experiences rebounded through young people's life histories which was of more interest. The loss of friends, siblings, parents and children had sometimes dramatic and unpredictable consequences (including, in young people's own views, both 'positive' and 'negative' ramifications for their lives).

Dr. Shildrick underscored the finding that the twists, turns and outcomes of young adults' transitions are best understood holistically, with reference to the complicated, interdependent effects of multiple, parallel careers. Single episodes in one sphere can have dramatic, direct and long-term repercussions for young adults' lives, the effects of these episodes typically ripple through other spheres, with sometimes unpredictable consequences.

The most significant and simple finding is the sheer abundance of ill-health amongst the lives examined in this study. Although the social inequalities in health are well-known, there has been little emphasis on the way in which health is a factor mediating inequalities of opportunity in education, employment and patterns of leaving home.

Summary Statement and Recommendations from Researchers

The last session of the first day of the seminar was reserved for a collective discussion in order to produce a set of general and focal points, and recommendations for the wider discussion in the following days. The process was facilitated by Tamsin Rose.

The group emphasized the need for further research to strengthen the knowledge base and the dynamic nature of social forces that impact on young people. The group noted that the meaning of "well-being" may change from generation to generation and research needs to take young people's view into account. The group also noted that the transition to adulthood is a critical period and there is a need to search for resilience-promoting factors.

The recommendations underscored the need to understand the social/cultural context that promotes or hinders healthy behaviours and development, and to consider the behaviours and attitudes of adults and particularly parental responses to changing societal dynamics. The recommendations emphasized the need to avoid seeing health as solely a professional matter or technical issue so that young people can be construed as agents of their own health. It is important to remember that "problem" or "unhealthy" behaviour can be "healthy participation" in a given situation. A democracy needs meaningful participation from young people in all areas, including health and well-being. In this sense, young people's "problem behaviour" can be a sign or resource for change. There is a need to see young people as assets rather than a burden. In line with these assessments, researchers need to employ qualitative methods, as well as quantitative methods, to uncover meanings, functions, identities, and subjective cause-effect relationships.

From a practical vantage point, youth-friendly approaches are needed. Peer education, for instance, can be a very effective tool in the area of health and well-being. Young people need to know about risks, including those associated with health and well-being. If these risks are "normal" (i.e., normative), there is a need to foster familiarity with risks – they should not be treated as taboos. Methods to support familiarity and awareness should be developed for various settings (e.g., schools, youth centres, etc.). Youth workers, in particular, can develop programs to help young people deal with "risky behaviour" without suffering major harm. More attention needs to be paid to conventional and new information technologies, which present multiple and salient risks to young people, and often promote health-compromising attitudes. Awareness of and ways to deal with these risks need to be a priority as new information technologies are globally available and very salient.

General points

The knowledge base already has a lot to offer and yet needs to be expanded. Youth and social conditions are changing rapidly and continuously with an impact on young people's health (positively and negatively). Well-being is a very subjective construct. The meaning of "well-being" may change from generation to generation. Judgments about well-being have to take the young people's view into account. It is clear that the society is becoming obsessed with "youthfulness" and the period of adolescence is ever expanding. Not all current practice is good or evidence-based. At the same time, some evidence is contested. The transition to adulthood is a critical transition. Search for resilience-promoting factors is ongoing. There is a need for power-sharing with and willingness to be open to youth.

Focal points followed by recommendations

1) There is a social and cultural context to every behaviour and they have to be taken into account. For instance, if the society is not supporting healthy food options, young people should not be expected to prefer healthy food options.

Recommendation: It is necessary to understand the social/cultural context that promotes or hinders healthy behaviours and development.

2) Societal dynamics determine health to a large extent. Unemployment, poverty, disability, violence, housing are all linked to individual health. There is a need to distinguish between young people who live in disadvantaged "risk-full" (i.e., risk abundant and risk generating) circumstances and advantaged young people who engage in risky behaviours. Further consideration should be given to the interactions between macro-level factors and micro-level factors.

Recommendation: It is necessary to consider the behaviours and attitudes of adults and particularly parents in conjunction with societal dynamics. Parental responses to changing dynamics are one of the interactions to keep in mind while considering health and well-being of young people.

3) Health is often considered a professional or technical issue. That does not allow for participation. Young people are agents, rather than subjects, of health. Contemporary societies often give young people very little say on social dynamics, including health. "Problem" or "unhealthy" behaviour can be "healthy rebellion" in a given situation. Lifting of oppressive regulations and practices can foster health. A democracy needs meaningful participation from young people in all areas, including health and well-being.

Recommendation: It is necessary to unpack participation and to avoid fake participatory practices.

4) "Problem behaviour" can be a sign for change or resource.

Recommendations: It is necessary to use youth-friendly approaches, to see young people as assets rather than a burden, consider peer education as an effective tool and a way of participation for young people, to consider positive as well as negative antecedents and consequences, and to prefer solution-focused approaches, rather than punitive approaches.

5) Labelling behaviours as "problem", "unhealthy" etc. may be counterproductive.

Recommendations: It is important not to label and leave – it is much better to try to understand before acting. It is necessary to use qualitative methods to uncover meanings, functions, identities, and subjective cause-effect relationships. There is a need to consider tacit knowledge as evidence in building programs and policy.

6) Young people need to know about risks. Familiarity with health and well-being risks is needed. Risks are "normal" (e.g., usual) and there is a need to distinguish between normative risk taking and thrill-seeking attitudes. Conventional and new information

technologies (i.e., media) present multiple and salient risks to young people, and often promote health-compromising attitudes.

Recommendations: It is important not to treat risk issues as taboos. Researchers need new methods are needed to study risks. Methods to support familiarity with risk should be developed for various settings (e.g., schools, youth centres, etc.). Youth workers can develop programs to help young people deal with “risky behaviour” without suffering any harm (e.g., risk management training).

PATHS TO HEALTH AND WELL-BEING OF YOUNG PEOPLE

The second part of the seminar (9-11 December 2008) was designed to facilitate exchanges between policymakers, researchers, practitioners, experts and civil society actors, and to identify a set of policy recommendations in the area of young people’s health and well-being. The participants represented all major stakeholders, different disciplines and backgrounds. In terms of geographical coverage, participants came from European Union countries and neighbouring countries and regions.

The second day of the event (9 December 2008) began with a plenary where Bernard Laporte, the French State secretary of youth and sports in a video message, recalled that the French Presidency makes health and well being of the young people, one of its priority. The majority of the young persons from 16 to 25 years old are and feel in good health. But the transition between childhood and adulthood can be a period of some difficulties. It is the reason why France has undertaken in recent years, a reflection on public health which resulted in the Law of August 9, 2004 followed by a "Youth Health" national plan. Its objectives are both:

- to better protect the young people,
- and make them more responsible .

The Youth Ministers of the 27 Member states, all concerned by these issues, adopted in November 2008 a Resolution on health and well being. This resolution invites the Member States in their initiatives relating to health, to better promote the youth dimension and involve more young people in their development. The resolution stresses the need for an overall policy, coordination of actors and taking into account the multiple components of health such as housing, employment, culture and sport. Knowledge and research on this subject is recalled, the information and the media are targeted, the role of youth associations and health is reaffirmed. Finally, the resolution aims to highlight the Member states’ commitment to make the young citizens actors of their own health, and well being.

Mr. Pierre Mairesse (EC Director of Youth, Sport and Citizenship) described the policy priorities and the actions, and expressed the political will to improve the health and well-being of young people.

Mr. Mairesse underlined the relatively recent character of youth policies promoted at the EU level and described how much the situation changed in the past ten years. It also continued to change – at the time of the seminar it was at a turning point, with its framework being evaluated and redefined. Mr. Mairesse informed that the new strategy for youth for the 10 years to come would underline the importance of empowering and investing in youth and address among other priorities the topic of youth health. In 2009 also the first EU youth report was due, describing the situation of young people in Europe, to be produced every three years.

The talk by Pierre Mairesse was followed by a rich and insightful assessment by the keynote speaker (or Grand Witness), **Dr. Philippe Jeammet**, of young people’s well-being and their existential trials and tribulations.

Dr. Jeammet drew on his 40 years of experience with young people to describe the existential conditions of young people in contemporary Europe. He noted that today's adolescence is indeed a modern condition but it is not an invention, as some have claimed.

Dr. Jeammet emphasized the commonalities between adolescence in humans and adolescence in apes. Just as with young apes, young people need to identify and mark their domain of resources – a psychological as well as physical – and develop a sense of security. However, adolescence by definition is a time of change and therefore fosters a sense of insecurity. That is exactly the reason why a young person needs a social world that helps him/her; a world where he/she finds his/her way using the signals particularly from his/her parents.

In a time of change, confusion is likely and confusion can result in aggression. That is often why young people appear to be aggressive and yet fragile. In order to help the young person, a “not too close, not too far” attitude is needed on the part of the parents. In other words, the young person does not tolerate an intrusive parent (or teacher) but does not like the parent to be distant or ignoring either.

In adolescence, troubles may serve various functions and should be regarded as such by parents, educators and other professionals. For instance, an attempted suicide in adolescence is often an act of life rather than an act of death. These troubles may be hard on parents – as well as others – but parents cannot resign from their roles as caregivers. Parents need to foster and maintain a sense of value – so that the young person feels valuable, carrying an intrinsic value that cannot be overlooked. Adolescents need a sense of control and parents need to foster that. Schools should support this sense of control and serve as a domain of creativity, not of routine learning. The society cannot let schools become places where creativity is not fostered and students are not served well. The EC should help schools retain their true function.

Following the Grand Witness, **Ewoud Roes** (European Youth Forum) described the activities and commitments of the Youth Forum in the field of health and well-being. He focused particularly on the policy paper on health and the well-being of young people, developed by the European Youth Forum⁴. The document is the product of a long process and was adopted at the General Assembly in November 2008.

With this policy paper, the Forum has presented its position on the health and well being of young people. Furthermore, the Forum has put forth a rights-based vision of health which takes into account social, systemic and political factors, and the agency of young people. The Forum has thus developed a set of demands from the authorities but has also placed a clear responsibility on youth organisations in Europe.

At the end of the morning session, the conclusions and recommendations of the research meeting were presented to all participants. Finally, Tamsin Rose as the seminar convenor described the task for all participants for the rest of the seminar and identified the workshops and the facilitators assigned to each workshop.

Following the plenary, for a day and a half, the participants worked collaboratively in four thematic workshops. The workshops were designed to cover major thematic areas in the area of young people's health and well-being; namely, socioeconomic and structural factors, lifestyle factors, participation issues and the knowledge base.

Each workshop was named after health to set the task from the start. The “Healthy Society” workshop focused on social and structural factors that influence individual health. The “Healthy Lifestyles” workshop focused on the complex issue of behavioural factors and choices. The “Healthy Participation” workshop explored the concept of participation for the health and well-being of young people. Finally, the “Health Research” workshop focused on

⁴ The document is titled **Policy Paper on the Health and Well Being of Young People** and is included in the appendix.

the tasks that researchers need to tackle to better understand factors and processes influencing health and well-being of young people.

In each workshop, the participants identified major issues, major gaps in knowledge, practice and policy, and developed recommendations that spoke to the major issues. Each workshop was led and facilitated to ensure that the process flows and never moves away from the focus, namely, youth policy.

SOCIAL AND STRUCTURAL FACTORS

The workshop on Healthy Society concentrated on addressing the complex ways in which physical and social environment impacts on health and well-being of young people and was facilitated by Karolina Tuomisto from Finland.

Two main themes were identified from the very beginning: The multiple possibilities and therefore choices that young people have as well as the power of the media. Having discussed the state of youth today, the group worked on recommendations on what needs to change in order to provide young people with a healthier society to live in. These included recommendations on how to work with the media, how to strengthen the role of family and especially fathers, how to organise the work on public policies and civil society in a more youth-friendly manner and finally, how to provide an individual young person with the tools and skills to cope with the challenges found in society.

Recommendations for the media

1 – Legal measures: It is necessary to strengthen legal measures against illegal use of the media and provide more financial and human resources to implement them.

2 – Voluntary restrictions: It can be useful to apply voluntary restrictions against damaging and negative use of media with the help of politicians and youth.

3 – Information: Media institutions have an obligation to inform the public that some programmes (e.g., reality shows) are deceptive and are not what they claim to be.

4 – Training: It can be useful to organise training in media literacy for parents and young people via schools and associations.

5 – Self-regulation: It is necessary to foster self-regulation of user-driven media (facebook, MSN, U-tube, etc.) through editorial boards and complaints or redress mechanisms.

Recommendations for improving the well-being of young individuals

1- Empowerment:

Enable all young people to be autonomous and healthy: It is necessary to create spaces for acquiring critical consciousness in formal and non formal learning structures (for ex. through support teams, non formal methodologies, student committees, counselling, information points).

Achieving all young people's best potential: It is necessary to promote diversity and create new opportunities, encourage creativity in young people by constructing experiential programmes (learning by doing) involving the young people themselves and taking into consideration the new media and technologies. It is also necessary to evaluate these programmes. There is a need to exchange good practices and disseminate methodologies. The importance of this type of informal and non formal learning should be recognized and emphasised.

It is important to motivate young people with fewer opportunities to empower themselves. It is necessary to find attractive ways to motivate them. Organising trainers' training and peers' training to use the new technologies (SMS, etc.) and gain practical skills in these fields might be useful.

2- Identity: It is important to bridge possible gaps between generations and between policies (family, youth, education, justice, health, research etc.). A cross-sectoral approach is needed.

Recommendations for parents, family and social networks

- 1 – Role of fathers: It is important to recognise the role of fathers in the family and support measures aimed at encouraging them to take responsibilities. There is a need for research on the father's role and needs.
- 2 – Networks: It is important to recognise the importance of networks in the well-being of young people and provide opportunities to broaden social networks.
- 3 – Active participation of young people: It is important to support active participation of young people, creativity and active pedagogical methods at school and in associations.
- 4 – Bonding formal and informal learning: It is important to enhance relationships between schools and communities (e.g., taking schools to communities and communities to schools).

Recommendations for public policies and civil society

- 1 – Recognition of young people's expertise: It is necessary to encourage policy makers to take into account the expertise of youth associations in their different fields of intervention (education, inclusion, housing, health, culture, sport, leisure time activities).
- 2 – Coordination and coherence: It is necessary to improve coordination between different services to increase the efficiency and the coherence of the policies in the field of health of young people.
- 3 – Partnership with the civil society: It is necessary to provide the financial, technical and human resources necessary to ensure a real partnership with the civil society concerning projects aimed at young people.

LIFESTYLE FACTORS

The workshop on Healthy Lifestyles concentrated on exploring the individual choices and decisions about lifestyles that young people make which influence their health and well-being. It was facilitated by Ena Mets from Estonia.

The participants noted at the outset that it is difficult to discuss lifestyles without talking about the society or societal influences. Young people's lifestyles are strongly influenced by the economy, media, political climate and decisions, culture, etc. The societal influences were under focus in another workshop and the participants therefore focused on individual-level factors, including an individual's perspective, internal motivations and experiences with proximal contexts such as peer relations, family relations, and schools.

The group defined a lifestyle as a choice young people make about how they want to live their lives. Young people should be able to choose the way they want to live their lives. It is true that not all young people have this choice, but in principle a lifestyle is a choice.

Current situation

Young people have to cope with significant competition and pressures. There is a lack of understanding and dialogue between young people and other generations and stakeholders (including media, politicians, youth workers, NGOs) which tend to perceive 'young people' as a problem to be controlled, while they have little awareness of the everyday experiences of young people. On the other hand, young people may have difficulties in understanding older generations because of their limited knowledge. Not all young people have the possibility to choose a lifestyle. Globalization and rapid social changes (e.g., internet, misleading advertising campaigns, negative or unhealthy role models) are all affecting youth.

In order to tackle these challenges, it is necessary to identify what influences young people in their choice of a lifestyle. These include internal motivations, such as a sense of belonging to a group, fears and worries or insecurity, and the desire to be appreciated by others and by oneself. These are part of normative development in adolescence but the increasing globalization and quick changes in life may also have a profound effect on young people's feelings of insecurity/sense of belonging. A second influence is the proximal environment (family, peers, school, youth culture). A third influence is the messages that are transmitted through the media.

Ideal situation

An ideal situation with respect to healthy lifestyles among youth would contain the following elements: Balance, ability for young people to cope with problems and challenges, good and frequent dialogues between young people and other generations and stakeholders, and the opportunity for all youth to choose a health promoting lifestyle.

Recommendations

1. Young people need to feel loved, to see the future in a positive way and to perceive problems as surmountable challenges.

For this vision to be realised; teachers should inform young people and the media need to transmit these messages. In schools or NGOs, youth can be trained to tackle challenges. Peer experience can be useful. Young people can experiment with problems and solutions with the help of local government and organizations. It is possible to implement customized follow-up and have this relationship between a young person and a youth worker so that young people have a positive perspective on the situation. Teachers should help ease the never-ending competition within schools. Schools can provide programmes with civil society and businesses to offer internships early on (e.g., at ages 11-12) so that young people are acquainted with business and professional life. Challenges, such as job searches, are manageable if job application training is provided. Providing good practices or examples would encourage young people to see tasks as manageable. Schools, NGOs and youth workers can provide support and counseling in challenging situations. Opportunities for dialogue between young people and peers to talk about topics that are important for all would be useful. Qualitative research is needed in this area. NGOs should provide non-formal learning opportunities. All stakeholders can be trained on the challenges of adolescence.

2. Improve the dialogue between youth and other generations and stakeholders.

For this vision to be realised; bringing people together by means of forums and discussions can be very useful. This is an important role for policy makers and NGOs. A dialogue arena between parents and youth workers can facilitate thinking about problems that young people face. A forum of dialogue with the media can be created by NGOs, youth federations so that citizens can meet representatives of the media and dialogue. This can make the coverage less hyped and closer to the reality of people. Discussion among young people, both domestic and across borders, can help young people learn from each other. Meetings or seminars for policy makers can be arranged so that youth can voice their views and be heard. Policy makers can arrange working groups with different organizations. Various actors can provide possibilities for different generations to meet. Such meetings can enable generations to open up and have exchange. It should also be made clear to youth that they are allowed to make mistakes. They should be stimulated to be curious and creative, and ask what they want to ask and say what they want to say. Failures or blunders should not be dealt with in a negative or punitive way. In short, generate regular opportunities and arena for young people, parents, youth workers, media and policy-makers to meet in a non confrontational and equal manner. Ensure that dialogue is ongoing.

3. Create a positive image of young people in society.

For this vision to be realised; it is possible to offer training seminars for media in order to inform them about youth culture, designed together by policy makers and youth NGOs. It is possible to offer training on youth culture for youth workers and teachers (or include such material in curricula for the education of teachers). Artistic projects can be designed to show how youth in the past lived.

4. Avoid too much pressure and pushing the responsibility to young people for the changes that need to take place.

For this vision to be realised; telling young people what to do and not to do is unhelpful. It is necessary to make it clear to young people that the society as a whole wants to work with them on their health and well-being. This can be realized by giving young people the opportunity to be young and guiding adults to free more time for young people and to devote themselves to an improvement of the health and well-being of young people. In this sense, more leisure for everyone in the society can be very useful and policy makers need to recognize this need. For those things young people need to do themselves, it would be best to transmit messages in a positive way. To reduce pressure on young people, parents can be trained regarding the problems young people face today.

5. Increase the self-confidence and resilience of young people, and teach them how to cope with problems and challenges.

For this vision to be realised; two tracks can be considered. To increase young people's self-confidence, participation in educational/political projects, access to counseling services, and emphasis on non-formal education policies and on recognition of the participation/involvement in NGOs can help.

To help young people learn how to cope with problems and challenges, various alternatives (new as well as conventional) can be used. Youth workers and NGOs can organize trainings for young people where the goal is to enhance competences to deal with risks. Youth workers can run adventure discovery training courses. Friendly counseling facilities in schools or youth information centers do appeal to youth and can be advocated by policy makers and run by professional youth counselors and youth workers. Schools can focus specifically on coping strategies as part of the curriculum or as an extracurricular activity. NGOs can organize projects where each stakeholder's responsibility is made evident and young people can pursue and realize their ideas. Citizen groups in communities can enable young people to improve their citizenship skills and meet local politicians. Youth workers or youth NGOs can create possibilities for dialogue between young people, their peers and adults.

6. Develop critical thinking among youth.

For this to be realised; debates or a course on how to think critically should become part of the educational system. (It is usually part of university studies; it should become part of the curriculum in high schools.) International exchanges can also be useful.

7. Create a situation where giving out a health-related message prompts follow-up thinking and action.

For this vision to be realised; a campaign can be initiated by policy makers and followed up by youth workers. This campaign can be used as a basis for discussion among youth. A campaign can also be initiated and followed up by evaluation research. Local political figures can encourage input and follow-up their words through phones (sms), facebook, emails. This may help youth become a stakeholder and provide feedback. Policy makers, experts and professionals or street workers can set up mobile units which visit places where young people meet. Mobile units can present campaigns and experts could be available to talk about campaigns. This way youth can ask questions or follow sessions to learn more about healthy behaviours and attitudes. There could be a person at school who is responsible for

health topics and this can help young people contribute to the evaluation of campaigns. Youth NGOs, youth workers and teachers can run peer education projects where young people deal with a topic, come up with an idea and carry it out themselves.

8. Youth's own responsibility: Make young people active citizens and ensure peer education.

For this vision to be realised; keeping in mind the fact that society and 'others' need to become engaged in the improvement of young people's healthy lifestyles, young people themselves also have an important role to play. Young people need opportunities for participation in local society, an awareness of their rights and responsibilities in society, and guidance. Peer education brings recognition and acknowledgement of the experience of peers, and is useful in facilitating young people's active participation.

PARTICIPATION

Youth participation is a concept which is often talked about but rarely implemented in a meaningful way. In recent years youth are engaging more and more in policy areas beyond traditional youth policies and the policy process has benefitted from this contribution. The tools for this engagement are diverse and creative – a result achieved by the efforts of young people themselves over the years. Health is one of the areas where youth participation is needed but the obstacles are yet to be explored and discussed. Research in the field of health has documented the clear link between good health and the ability to control or influence elements of the environment and context of one's life.

The workshop on Healthy Participation concentrated on how young people could participate more actively in shaping their health. The workshop was facilitated by Zara Lavchyan from Armenia.

The workshop participants first considered the meanings of participation and what the different realities of health and wellbeing of young people are across Europe. Some questions were posed to initiate discussion: In which areas of health are youth involved and participating? What is the added value of youth participation in health? What main tools do you use in your work to involve young people in decision making on health? What are the tools of involvement most commonly used today? What are areas where youth participation is needed but not promoted? What are the links between participation of youth in health issues and their own well-being?

Participation was defined as including meaningfulness (and not young people serving as an instrument), inclusion and representation of all the groups, having a specific role and status in dialogue, participation with clear, visible outcomes, accessibility to all groups, dialogue, and empowerment.

The participants then identified barriers at different levels to involvement and participation of young people in health-related issues. Some of the barriers are as follows: Health is usually seen as a highly specialized issue. There is a lack of belief in change. Some health topics are taboo issues (e.g., sexuality, suicide, family violence, etc). Young people are often seen as an "issue" and not as partners. There is a lack of relevant "know how" in achieving meaningful youth participation in health. The inter-sectoral gap (e.g., Ministry of Health does not work with Ministry of Youth) and the lack of cooperation between health institutions and the youth sector in terms of coordination and facilitation are also common problems. Finally, lack of political will and lack of courage to promote youth participation in health are important barriers.

It was also acknowledged that there are mechanisms, tools and methods which empower young people, some of which can be shared, adapted, reinforced and promoted.

Having described the current state of affairs, what needs to be achieved and what the barriers are, the participants discussed solutions and came up with some recommendations and concrete actions.

Recommendations

Recommendation 1: It is necessary to create spaces and structures where all the actors can work together and equally influence the policies and decisions at local, national and European levels.

It might be useful to utilise co-management tools for youth and health issues in the field using the example of Council of Europe. Planning and implementing common activities with both youth and health institutions (specialized trainings, seminars, joint activities) might be helpful. It would be useful to introduce permanent inter-ministerial working groups to host youth organizations and health professionals to design and implement youth and health action plans.

Recommendation 2: It is necessary to build and maintain a common knowledge base, and share information in the field of health, well-being and youth.

It might be useful to create joint implementation bodies/structures from both youth and health sectors for delivering information, know how, experiences and research. The European Knowledge Center on Youth Policy should establish a section on youth and health. It might be useful to create a common knowledge basis for developing the youth participation by creating database on youth organizations specifically addressing health and well-being issues. The ministry should take the responsibility to promote and disseminate info on this database to all interested parties.

Recommendation 3: It is necessary to educate and empower the actors in the health and youth field to build capacity to be aware of, address and voice the youth related health concerns.

It might be useful to include health aspects in the curricula of youth workers/youth professionals in both formal and non formal education. It could be a good idea to promote the peer-to-peer methodology in educational activities with a focus on health and well-being with young people.

Recommendation 4: It is necessary to allocate appropriate financial means to maintain the co-management structures and build capacity of actors in the field of health. It might be useful to allocate funds within the overall budgets of Youth and Health Ministries for the joint actions, knowledge sharing, maintaining databases of organisations and practices, cooperation activities, etc.

THE RESEARCH BASE

The Health Research Workshop focused on the tasks that researchers need to tackle to better understand factors and processes influencing health and well-being of young people and was facilitated by Robert Thomson from Switzerland.

The state of adolescent (ages 10-19) and youth (ages 15-24) health, development and well-being was reviewed. The group questioned the suitability and completeness of the knowledge base concerning young people (ages 10-24) with regard to health. Then it reviewed the way in which research on adolescent and youth health, development and well-being is generally conducted in wider Europe.

In asking “what can epidemiology teach us?”, participants noted some limitations in coverage (geographical, ethnic, indigenous, linguistic, sexual and other minority young people, as well as young people in poverty and on the margins, not living with a family and/or on the street). There are still some problems of cohort comparability and a lack of data disaggregation by year of age.

A **three-strand approach** to generating information on young people's health is needed to create a complete picture for decision-making and policy development. This means that input is needed, first, on adolescent-specific diseases, clinical conditions and determinants of health outcomes, and secondly on educational, social and economic conditions affecting young people, especially in regard to labour market participation and their place in the demographic and health structure of countries and the region as a whole.

The first two sets of information are generally available. The group noted that the third set was of great importance but widely unavailable: Human behavioural and attitudinal influences on/of young people, their parents and other significant adults who interact with young people.

For each of the three strands above, there are clearly identifiable sources of data and other forms of information, such as the European Observatory on Public Health Systems and Policies, Health Behaviour of School-aged Children (HBSC) surveys, WHO/European Region database, UNAIDS database, European Centre for Disease Prevention and Control (ECDC), Eurobarometer, UN Population Division, and market research companies.

In addition, there are academic sources (university projects, peer-reviewed journals), NGO databases, professional bodies, (e.g., European Association for Adolescent Health), and policy fora.

In order to strengthen the quality of research and the reliability of information made available to influence policy and programmes, adequate triangulation/comparison between the three sources of information is needed. The importance of robust indicators (including those reflecting positive development in adolescence) needs to be emphasized. Interdisciplinary analysis of such harmonized data collection is also required, but this analysis needs to go beyond the viewpoint of researchers. Young people have to be systematically included in the interpretation of the data, and this should be formalised in a new ethical code on research with and on young people. The issue of confidentiality must also be fully explored so that young people can contribute safely to research.

A number of specific health-related topics emerged as relevant for this holistic analysis. These include the following: Sexual and reproductive health and rights of young people, mental health, violence, abuse, spirituality, armed conflict, accident prevention and mitigation, infectious diseases and vaccine-preventable diseases, chronic conditions and non-communicable disease, disability, substance use (including alcohol and tobacco), nutrition, obesity, and eating disorders, environmental health, and physical activity and sports, creative use of leisure time. This list is not exhaustive but reflects at least some of the key directions of research.

Next, the workshop focused on the research-related aspects of the domains examined in the three workshops (socioeconomic and structural factors, lifestyles and participation) and also considered general and cross-cutting issues. Each domain was analysed separately. General recommendations were provided first to highlight cross-cutting issues and gaps to be covered in future research were identified. Urgent concerns were noted where appropriate.

General recommendations

The key actors involved in the construction of a healthy society include policy-makers (local, regional, national, international levels), health care professionals (public health managers, health professionals, health researchers, primary providers), school actors, youth workers, sports organizations, employers and employees in workplaces and living environments, family and community members, economic operators and the private sector (particularly manufacturers and retailers of food, alcohol, toys etc.), religious leaders, police and juvenile justice, media, young people themselves, and youth branches of political parties.

Policies on how healthy society can be created and the concepts that should be used by the main actors for a healthy society include intergenerational solidarity, social solidarity and

cohesion, equal opportunities for all, gender equality, work-life balance, democracy, young people as a resource, fertility and demographic expectations and intentions, and age of consent (to sex, to medical acts, to consume tobacco and alcohol, to marriage, to vote, to be elected).

The gaps that should be covered by future research:

It is particularly important to study and specify the definition of criteria for healthy society. It is also very important to study the process of setting priorities for health and well-being.

General recommendations

Existing European observatories on health of young people should monitor the state of the art and health determinants, collect information in different countries, follow-up on studies to develop best practice programs, and disseminate results of research programs from different countries. The European Commission should encourage Member States to earmark specific funding for research on health and well-being of young people.

Urgent concerns

Private companies which conduct research about young people should release their findings into the public domain, provide and explain research findings and disseminate to the young people themselves, and investigate the situation for different groups of young people (e.g., marginalized youth, disabled youth, minority youth). Secondly, decisions about methodologies and content of sex and health education should be rigorous, i.e., evidence-based. Thirdly, taxes on alcohol and tobacco could be increased to generate revenue for research programs on health and well-being of young people. Finally, the Council of Europe, WHO Regional Office for Europe and the European Commission should cooperate with other relevant bodies in regard to health and well-being of young people, and with each other to achieve the goals of the Council Resolution on health and well-being of young people.

Gaps in research in regards to healthy society:

A new adolescence-specific pharmacopeia is necessary: Further work is needed on a) barriers to immunization of adolescents in different social settings; b) develop an ethical framework for pharmaceutical research on adolescents and children; c) description of adolescent use of unregistered drugs.

It is necessary to conduct research on the legal basis for sex and relationship education. This would include: a) comparative and international research to ascertain what type of sex and relationship education is required to meet the needs of adolescents, b) evaluation of the effectiveness of existing sex education programmes.

It is also important to explore the use of new information and communication technologies (ICT) for health promotion in order to: a) assess mechanisms safeguarding and monitoring information that is available to young people online, promoting positive health messages; b) explore how health promotion can be conducted through ICT, especially in the online environment.

Finally, there is a need to gather more information on international conventions which specify legal obligations to health and well-being of adolescents.

Other gaps in research in regards to healthy society:

Evaluation of health education programmes in promoting healthy behaviour amongst young people is needed. Little is known regarding general and specific conditions for adolescents to live healthy lives. It is also necessary to investigate vulnerability among adolescents and youth, and identify those who are especially vulnerable along with methods to support them to lead a healthier life.

There is a need for research on the ethics of youth advertising. Independent research on the effects of media and its impact on lifestyle and behaviour choices is particularly important.

There is little research on religion and its effects on young people: a) what are the potential protective advantages of legislation to prevent induction into an organized religion before the legal age of consent; b) what are the potential protective advantages of legislation to prevent forced marriages and other traditional religious practices.

Research is lacking on what constitutes a healthy environment: What do young people understand about what constitutes a safe and healthy environment? There is a need for evaluation of risk management in regards to extreme sports and other activities. Researchers also need to focus on the impact of engagement in extreme political organizations for young people.

Other issues that need more attention include the judicial system and juvenile justice, particularly effectiveness of crime prevention methods, decision-making based on real input from youth consultations, food and additive regulation, the differences between nationalism and patriotism.

Gaps in research in regards to healthy lifestyle:

There is a need for further research on a large number of issues. Harm reduction (including needle exchange) is one of these. Research on socialization for extreme and radical behaviour can provide; a) descriptors of socialization of young people to engage in extreme and radical behaviour; b) factors that determine if an abused child repeats abuse an adolescent or adult perpetrator, c) comparative/historical analysis of the manipulation of young people by political and religious movements. Little is known about collective sex worker organizations, such as unions or NGOs for sex workers or self-help groups which assist sex workers to protect their health and well-being.

There is a need for further research on resilience and coping strategies, and domestic violence. School and neighbourhood influences are also not investigated. Nutrition and the growing influence and role of the food industry require more attention.

There is a need for research on the experience of young people in new communities (e.g., how do they struggle to integrate their cultural identity with the culture of the community in which they live? How do they feel and does this have implications for their health and well-being?)

Other topics that need more attention include leisure activities (organized and unorganized), organized youth work and bodies, work place influences, religion and culture, music and popular culture, drugs and alcohol.

Actors in healthy participation:

It is useful to identify various actors that have an influence on participation of young people. These include: a) Institutions/organizations, including patient organizations, national sport organizations, ongoing sport events, youth clubs, youth NGOs, youth umbrella organizations, NGOs focusing on health, health professionals, self-help groups; b) media, including advertising, pop figures – youth culture figures, role models – public figures, media professionals; c) other social forces, including families, social networks, youth workers, community meetings, peer education networks, flash meetings⁵, youth branches of political parties; d) internet, government – policy makers, employers, schools, universities – academics.

Gaps in regards to healthy participation:

There are various gaps with respect to participation. These include, youth work support, monitoring and evaluation processes, norms and standards for peer-based interventions, parent education and counseling, management information systems for healthy participation, firm legal basis for participation, democratic approach to priority-setting (local, regional and

⁵ Flash meetings are a quick way to exchange information. They allow a team to quickly and effectively meet and to assure that the required information is being shared.

country-wide), and national structured programmes – equality/equity structures for youth access.

Gaps in research on healthy participation:

Participation is a relatively recent item on the research agenda and there is a need for research on various questions regarding participation processes. An important question has to do with a democratic approach to priority-setting in governmental and policy-making circles. Research should also address the possibility of hidden agendas behind priority-setting.

National programmes are often not evidence-based. There is a need to evaluate the effectiveness of structured youth health programmes. In the same vein, research is needed on norms and standards for peer-based interventions (e.g., those by health NGOs, self-help groups). It is important to know which methods of peer-based are more effective.

Regarding the legal basis for participation, research is needed on the implications of different legal practices created to support participation of young people. Regarding parent education and counselling, there is a need to focus on the effective methods for educating parents.

Research is needed to better understand domestic factors with respect to depression and self-harm/suicide. Regarding youth work support by youth NGOs and umbrella organizations, research is needed on volunteering, how volunteering might benefit individuals as well as organizations, and whether there are country-specific effective methods to support active youth participation.

Finally, there is a need to focus on monitoring and evaluation: What are the proper evaluation criteria to measure outcomes? What are the effective monitoring strategies?

THE CHALLENGE AND THE ROAD AHEAD

On the last day of the event (11 December 2008), conclusions and recommendations from each workshop were presented and discussed at the plenary session.

The recommendations from the workshop on socioeconomic and structural factors focused on what needs to change in order to provide young people with a healthier society to live in. These included recommendations as to how to work with the media, how to strengthen the role of family and especially fathers, how to organise the work on public policies and the civil society in more youth-friendly manner and finally, how to provide an individual young person with tools and skills to cope with the challenges found in society.

The recommendations from the workshop on lifestyles focused on what needs to change in the way society treats young people (e.g, acceptance of young people, improved dialogue between youth and other generations and stakeholders), in formal and non-formal learning opportunities and in young people's attitudes.

The recommendations from the workshop on participation focused on creating spaces and structures where all the actors can work together and equally influence the policies and decisions, and the means needed to provide these structures.

The recommendations from the workshop on the knowledge base focused on improved dissemination of existing knowledge, structures needed for monitoring of health and well-being indicators across Europe, and major gaps in the research base.

Concluding remarks were provided by the seminar convenor and representatives of the partnership between the Council of Europe and the European Commission in the field of youth, the European Commission, DG SANCO, and the Ministry of Health, Youth, Sports and Voluntary Organisations of France. The speakers underscored the challenge that much needs to be improved in young people's health and well-being and expressed a firm commitment to developing youth and health policies considerate of the recommendations the seminar has produced.

Tamsin Rose commended the workshop participants for their diligent work and noted that the **Resolution on the Health and Well-being of Young People** (accepted on 20 November 2008) contained a clear commitment by the European Union political structures to improving young people's health and well-being. She reiterated the obvious challenge: The need to narrow the gap between what is desired and the current state of affairs. She invited all participants to take on the challenge.

Hans-Joachim Schild, the Coordinator of the partnership of the European Commission and Council of Europe in the field of youth, thanked all the participants for their work and noted that participation from non-member states has been very helpful. He noted that health has long been on the agenda in policy circles dealing with health and social cohesion. Now there is a chance to go beyond those circles and cooperate across the sectors, both by undertaking joint projects and discussing strategies. The time has come to put in place concrete proposals and actions. The workshop participants have not only identified main issues, such as empowerment, building strong identities and self-confidence, fostering critical thinking, but have also offered recommendations that can be utilized. They also emphasised a need for evaluation studies to be carried out as interventions. The partnership will contribute by collecting available data about youth health and making it available on its website, in the European Knowledge Centre for Youth Policy.

Michael Hübel, EC Head Office in the DG SANCO, reiterated the challenge that the current state of affairs with respect to health and well-being of young people is not satisfactory and there is a long way to go. He noted that health policy is informed by youth policy and has to be accompanied by social policy. At the same time good social policy is good health policy. He noted that health is not just the work of health professionals. It concerns the entire society as well as a large number of scientific disciplines. Public health shows significant public health inequalities – within and between countries – and that challenge also is very important.

Mr. Hübel emphasized the need to better understand environments – home, then school and leisure settings – and that requires a focus on informal learning and non-formal learning. He noted that the EYF was present at the seminar and its contribution to the process was very important. Mr. Hübel concluded by noting that a major conference on health and well-being was planned for July 2009 in Brussels. He underlined the importance of presence of young people and youth organisations and taking their views into account as a standard practice from thereon for the policy makers and health professionals.

Yann Dyèvre, Director Ministry for Health, Youth, Sports and Voluntary Organizations, expressed his satisfaction with the seminar and the entire process. He noted that support was forthcoming from most policy stakeholders – governmental and non-governmental. This cooperation has worked and indicates, on the one hand that participation works and, on the other hand, process matters. At the end of the process, he noted, there are five answers at hand: Governance needs to be emphasized and further developed. Transfer of the participatory approaches to policy and practice needs to take place. The proposed tools – a toolbox to improve things – should be put to work. Health and well-being of youth should remain on the European agenda. As the Czech Republic takes over the EU Presidency, the work will be continued with a conference on youth health organised by the Commission. The web site focused on young people's health will facilitate the work and therefore should be used right away.