

RECOMMENDATION 9

Organizations establish internal policies and practices that support meaningful youth participation.

Type IV Evidence

Discussion of Evidence

Engagement in youth development requires healthcare organizations to operate based on the principle that young people need meaningful choices and roles in the activities in which they are involved, shifting from receiving knowledge to creating knowledge, and from being service recipients to being program planners and deliverers (Pittman et al., 2003). This translates into a healthcare organization's commitment to inclusion of youth in all aspects of decision-making, including, programming, funding, personnel and governance. Young people are often participants in organizations, but are not consistently seen as problem solvers (Irby et al., 2001).

To increase youth participation, healthcare organizations must move away from “things done to or for youth,” and move toward combining program objectives with youth-development outcomes. Such integration can result not only in the attainment of agency goals, but also the development of youths' personal assets and relationships with nurses, as well as their respective organization.

Working with youth in a more participatory and meaningful way can facilitate a broader focus that goes beyond health issues. Adults in power “must approach relationships with young people with an intention of increasing transparency, accessibility and inclusivity of the organizations and agencies that serve the public.” (Bynoe, 2006, p. 5). It is time to be intentional in our expectations and measure what we want them to do, not just what we do not want them to do (Pittman et. al., 2003).

PRACTICE BOX

Principles to Help Promote Youth Development

Pittman, Irby and Ferber (2000) outlined nine major principles to help promote youth development. These principles and the relevant agency policy considerations are outlined here:

Principle	Organizational Policy Considerations
1) Broaden the outcomes: beyond prevention and academics	<ul style="list-style-type: none"> Include positive development and assets gained by youth, not just prevention of problem behaviours or knowledge gained, as program/service outcome indicators
2) Broaden the inputs: beyond services	<ul style="list-style-type: none"> Assess service provision using youth-friendly guidelines and parameters Consider planning models that involve youth in shaping service provision or as active contributors in achieving the agency mandate
3) Broaden the time frame: beyond quick fixes	<ul style="list-style-type: none"> Plan for and put resources in place to support long-term goal achievement of asset development with lasting benefits

<p>4) Broaden the settings: beyond schools</p>	<ul style="list-style-type: none"> ■ Engage with youth in a variety of settings where they are comfortable ■ Create youth-engaging work environments, spaces and equipment
<p>5) Broaden the times: beyond the school day</p>	<ul style="list-style-type: none"> ■ Adjust staff work hours, to be available when it is convenient for youth to access service or fully contribute ■ Consider the importance of work/school/life balance for youth
<p>6) Broaden the actors: beyond professionals</p>	<ul style="list-style-type: none"> ■ Include youth and community stakeholders who value the contributions youth can make to achieving outcomes
<p>7) Broaden youth roles: beyond recipients</p>	<ul style="list-style-type: none"> ■ Include youth as active and equitable members of the healthcare team, not simply recipients of service ■ Blend agency parameters with a youth-led framework. Honour agency standards honouring youth’s creativity and culture
<p>8) Broaden the targets: beyond labelling</p>	<ul style="list-style-type: none"> ■ Think beyond “at-risk” to promoting positive youth development through engaging youth in developing solutions
<p>9) Broaden the numbers: beyond pilots</p>	<ul style="list-style-type: none"> ■ Recognize that short-term funding and repeated pilot projects discourage youth from participating and devalue the importance of youth health initiatives. ■ Assign a specific annual budget to youth initiatives

Integration of a youth development model in health organizations’ practices requires organizational readiness in order to create successful experiences. In clinical settings, organizations can achieve this through utilization of strengths-based assessments, e.g. Duncan et al. (2007) suggested enhancing office interactions with the knowledge and best practices from the field of positive youth development by modifying the application of the Home, Education/Employment, Activities, Drugs, Sexuality, Suicide (HEADSS) assessment to identify strengths. “This means modeling respect and kindness toward adolescents and conveying the belief that adolescents have the ability to continue their positive health behaviours or to make a behaviour change when needed. An office visit is not just an occasion to assess for and champion the idea of strengths; it is also an opportunity to directly promote strengths in adolescents.” (Duncan et al p. 531) Furthermore, organizations should plan and structure programs based on evidence-based findings related to features of positive development settings (Eccles & Gooteman, 2002). Tools are also available (Appendix K) that can help identify the extent to which existing services within an organization are youth friendly (Senderowitz, 1999, Senderowitz, 2002).