Youth involvement in policy processes in public health, education, and social work: Protocol for a scoping review

Arnfinn Helleve | Gerd Monika Flodgren | Laurence Blanchard | Anne-Siri Fismen | Harry Rutter | Jonas Rekdal Mathisen | Knut-Inge Klepp

Centre for Evaluation of Public Health Measures, Norwegian Institute of Public Health, Oslo, Norway
Division of Health Services, Norwegian Institute of Public Health, Oslo, Norway
Department of Health Services Research and Policy, London School of Hygiene & Tropical Medicine, London, UK
Department of Health Promotion, Norwegian Institute of Public Health, Bergen, Norway
Department of Social and Policy Sciences, University of Bath, Bath, UK
Division of Mental and Public Health, Norwegian Institute of Public Health, Oslo, Norway
Department of Nutrition, University of Oslo, Oslo, Norway

Correspondence
 Arnfinn Helleve, Centre for Evaluation of Public Health Measures, Norwegian Institute of Public Health, Oslo, Norway.
 Email: arnfinn.helleve@fhi.no

Summary
The objective of this scoping review is to understand the extent and impact of youth involvement in policy processes within public health, education, and social work. Youth involvement in policy processes may enhance the relevance of policies and strengthen democratic practices. This scoping review aims to explore the nature, extent, and impact of youth involvement in policy processes in public health, education, and social work, with a focus on health, well-being, and obesity prevention. Empirical studies published from 1989 and evaluating involvement of youth aged 10 to 19 years old from all socioeconomic backgrounds and countries. Studies will be searched in seven databases. Data will be extracted and synthesized narratively by rights-based perspectives on youth involvement, practical processes of the involvement, and social experiences using descriptive statistics and visuals.

KEYWORDS
obesity prevention, policy process, public health, youth involvement

1 INTRODUCTION
There is a growing interest for citizen involvement in policy decision-making as a strategy to deliver more effective and more relevant policies, improve democratic practices, and enhance trust between citizens and governments. The process of policy development has conceptually been described as having six sequential phases: (i) problem emergence, (ii) agenda setting, (iii) consideration of policy options, (iv) decision-making, (v) implementation, and (vi) evaluation in which citizens can be involved at any stage. Citizen involvement is relevant to the development of policy related to obesity prevention.
Young people are in a life phase of physical, cognitive, and social development, where they gain increased autonomy, new social expectations and responsibilities. It is also a period in which health-related behaviors and habits are established, including relating to obesity. Public health, education, and social work policies can particularly influence these behaviors by shaping the conditions in which they live and grow. In 1989, the United Nations adopted the Convention on the rights of the Child, highlighting the importance of involving children and young people in decisions. This was further developed in the 2020 World Health Organization (WHO) global consensus statement on adolescent and youth engagement, which stated that “meaningful adolescent and youth engagement is an inclusive, intentional, mutually-respectful partnership between adolescents, youth, and adults whereby power is shared, respective contributions are valued, and young people’s ideas, perspectives, skills, and strengths are integrated into the design and delivery of programs, strategies, policies, funding mechanisms, and organizations that affect their lives and their communities, countries, and world.” This statement has been endorsed by more than 250 organizations, and its progress is monitored and reported.

Given the marked influence of public health, education, and social work interventions on young people’s health and lives, it is important to explore how youths are involved in policy development when they are the primary target of those policies. This is particularly relevant for obesity prevention since the evidence of effectiveness of policies targeting young people on the latter is limited. Youth themselves make a strong link between their dietary behaviors and mental health suggesting that obesity prevention also needs to consider aspects of mental health and well-being. Childhood obesity is an example of a priority public health issue that is relevant for youth and would benefit from their involvement in creating policies to support health, well-being and prevention.

1.1 | Three perspectives on youth involvement

Youth engagement can be viewed from three different perspectives: a rights-based, a pragmatic, and a social perspectives.

The rights-based perspective was first proposed in the Convention of the Child in 1989. It presents youth involvement as a mean to promote and secure children’s and youths’ fundamental rights, including those to be listened, to express themselves, to have their views taken into account, to be involved, and to share power and responsibility in decision-making. The Organisation for Economic Co-operation and Development (OECD) distinguishes four forms of youth involvement in policy processes from a rights-based approach: informing, consulting, collaborating, and empowering, reflecting several theoretical contributions describing different levels of involvement.

The pragmatic perspective on youth involvement focuses more on the practical methods and strategies to facilitate the involvement process. The main emphasis of this perspective is to explore the actual processes and methods applied to facilitate involvement. This includes recruitment strategies (e.g., considerations of representativeness, heterogeneity, recruitment arena, and procedures), duration of the involvement (e.g., length and number of opportunities), and specific engagement tools and methods to facilitate the involvement of young people, adults, or other relevant stakeholders in the process.

Finally, the social perspective on youth involvement focuses on how the involvement process facilitates social processes and contexts that promote social needs of the youths involved. This includes the needs of feeling safe and feeling recognized for their viewpoints and expressions. Young people have also reported the importance of ownership, personal benefits, and skills development when being involved in policy processes.

Using these three perspectives can help examine the nature of young people’s involvement in policy process, which can both inform practices and understand in more detail the effectiveness of such initiatives.

1.2 | Current research in the area

As far as we are aware, no evidence synthesis has comprehensively investigated the nature, extent, or impact of young people’s involvement in public health, education, and social work (including obesity). In January 2022, we conducted a preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews, Embase, APA PsycInfo, CINAHL, ERIC, Epistemonikos, and Web of Science Core collection. No completed or ongoing systematic or scoping reviews covering entirely our topic of interest were identified, although a small number of scoping reviews had a related focus. A review by Larsson et al. (2018) explored children’s and young people’s participation in the development of health and well-being interventions. In this review, Shier’s pathways to participation model were applied to assess levels of participation. This model includes five levels of involvement ranging from the least participative (children are listened to) to the most participative (children share power and responsibility for decision-making). However, challenges in applying this framework were raised, and this review only assessed the development stage of interventions (not their implementation and effects) and was limited to health. Another recent scoping review limited its scope to studies of policymaking processes in the United Kingdom. We also identified a relevant review protocol that focused on the utilization and dissemination of youth participatory research to inform health policy, but it neither covered the education nor the social work sectors.

1.3 | Why is it important to do this review?

This protocol has been written as part of the Co-Create project, which is an ongoing research project funded by the European Commission that involve youth in five European countries and South Africa in the development of policy ideas relating to obesity prevention. The results of this scoping review will provide new insights on how to involve youth in policy processes and its effects in public health,
education, and social work, including relating to obesity prevention. This will have the potential to guide future research, policy processes, and advocacy work.

2 | REVIEW QUESTIONS

The aim of this scoping review is to assess the nature, extent and impact of youth involvement in policy processes in public health, education, and social work relating to health, well-being, and obesity prevention.

The specific research questions are as follows:

i. What are the characteristics of the policies that involve young people?
ii. At which stages of the policy process young people have been involved?
iii. By which means youth involvement has been facilitated in policy processes?
iv. How have young people described their experiences of being involved in policy processes?
v. What impacts relating to health, well-being, and obesity prevention of youth involvement in policy processes are reported?

The keywords for this review are youth involvement, policy process, education, public health, and social work.

2.1 | Eligibility criteria of the planned scoping review

2.1.1 | Participants

Studies involving youth aged 10–19 years (defined as adolescents by WHO) being involved in policy processes regardless of socioeconomic status, ethnic identity, sexual orientation, gender identity and expression, sex characteristics, marital status, religion, disability, political affiliation, or physical location.

2.1.2 | Types of youth involvement

For the purpose of this scoping review, we will consider youth involvement as any degree of involvement according to the rights-based OECD categories, that is, being informed (e.g., open house, observation of political meetings, and transparent communications from policy makers), consulted (e.g., through polling, survey, workshop, focus groups, meetings, hearings, and youth commissions), collaborated with (e.g., cofacilitated consultations, internships in public institutions, advisory boards, members of steering committees, or collaboration in research), or empowered (e.g., youth-initiated and youth-led consultations, youth parliaments, youth delegated decisions, and implementation). For the pragmatic perspective, the practical aspects of involvement documented will include the length and frequency of the period of involvement (e.g., to ensure involvement of seldom-heard youth), aims and means of involvement (e.g., clearly defined expectations, training offered, provision of information, times, and locations, whether it allows sufficient time, adult-led, youth-led, or youth-adult partnered activities). As for the social perspective, the involvement may constitute a small or large part of the policy work (e.g., from focus group participation to completely youth-driven approaches).

Other aspects of policies to be extracted will include the governmental administrative policy level (local, regional, and national); descriptions of the stage(s) of the policy process in which youth were involved (problem emergence, agenda setting, consideration of policy options, decision-making, implementation, and evaluation); and concrete processes and actions for involving young people. We will use Hart's definitions of nonparticipation (manipulation, decoration, and tokenism) to categorize the processes in which young people were not involved in a meaningful way.

2.1.3 | Context

The context for this scoping review will involve policy work related to policy processes in the public health, education, and social work sectors aimed at obesity prevention and improving health and well-being of youth. Studies conducted in high-, low-, and middle-income countries as defined by the World Bank will be included. Studies in health care settings will be excluded.

2.1.4 | Types of sources

This scoping review will include any type of empirical studies that have evaluated the nature, extent, and impact of youth involvement in shaping policies in public health, social work, or education and that are related to health and well-being (including obesity prevention). We will search the gray literature, time and resources allowing, and exclude commentaries and conference abstracts. Studies published in English and Scandinavian languages will be included due to the language proficiency of the involved researchers. Studies in other languages will be included, time and resources allowing (for translation). If not, studies in these languages with abstracts in English will only be listed. We will include studies from 1989 which was the year when the United Nations have adopted the Convention on the Rights of the Child.

We will exclude studies in which youth involvement is not the main focus.

3 | METHODS

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews, in line with established
methodological frameworks for scoping reviews,\(^\text{18}\) and will follow the reporting standards in the PRISMA extension for scoping reviews.\(^\text{19}\) Young people who have participated in the Co-Create project have been invited to give their views on the content of the protocol.

### 3.1 | Search strategy

The search strategy will aim to locate empirical studies and follow guidelines for scoping reviews.\(^\text{17}\) A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews, JBI Evidence Synthesis, Embase, APA PsycInfo, CINAHL, ERIC, Epistemokinokos, and Web of Science Core collection will be undertaken to identify review articles on the topic. The words contained in the titles and abstracts of relevant articles, and the index terms used to describe the articles were used to develop an initial search strategy for MEDLINE (see draft strategy in Table 1). This search strategy, including the free and indexed terms, will be adapted for each database. The reference list of all included sources of evidence will be screened for additional studies.

The databases for the main search include MEDLINE, Embase, APA PsycInfo, CINAHL, ERIC, Web of Science Core collection, and Sociological Abstracts. Sources of gray literature to be searched include websites of relevant organizations such as the United Nations International Children’s Emergency Fund (UNICEF), United Nations Population Fund (UNFPA), WHO, OECD, European Youth Parliament, Save the Children, European Youth Forum, and PLAN International.

### 3.2 | Study/source of evidence selection

All identified citations will be uploaded in EndNote X9 (Clarivate Analytics, USA) and duplicates will be removed. Following a pilot test, titles and abstracts will then be screened by two or more independent reviewers against the inclusion criteria using the software Rayyan.\(^\text{20}\) Potentially relevant sources will be retrieved in full text and their citation details will be imported to the JBI System for the Unified Management, Assessment and Review of Information.\(^\text{21}\) The full text of selected citations will be assessed in detail against the criteria by two or more independent reviewers. The citations excluded after full text screening will be recorded in a table of excluded studies table along with the reasons for exclusion. Disagreements between the reviewers at each stage of the selection process will be resolved through discussion or use of an arbitrator. The results of the search and the study inclusion process will be reported using the Preferred Reporting Items for Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR) flow diagram.\(^\text{19}\)

### 3.3 | Data extraction and analysis

Data will be extracted from each included study by two or more independent reviewers using a data extraction tool that will have been previously developed and piloted by the reviewers. The data extracted will include general details about the participants, concept, context, study methods, and key findings relevant to the review questions nd information listed for the data charting tables below.

A draft data extraction form is provided (see Table 2). This tool will be modified and revised as necessary during the process of extracting data from the sources. Modifications will be detailed in the scoping review. Disagreements between the reviewers will be resolved through discussion, or with an additional reviewer/s. Authors of original papers will be contacted to request missing or additional data of relevance for the analysis, were required.

We will create one or more data charting tables that will include: reference (author, year), country, country economic status, key aims,
number age and gender of included participants, practical details on
how they were recruited and involved in policy processes, the aim of
participation, type of intervention/policy, content and focus of policy,
activities, processes and parts of policy work, level of involvement
(according to OECD8), description of the stage of involvement in the
policy process2 (problem emergence, agenda setting, consideration of
policy options, decision-making, implementation, and evaluation), area
of involvement (health, social work, or education), impact of involve-
ment on the content and effects of policies on health, well-being and
obesity prevention, and the young people’s own experiences and self-
reports of the involvement.

We will, when suitable, use descriptive statistics and various
graphics (e.g., pie charts and bubble plots) to present the data. We will
also provide a narrative summary of the results that will describe how
they relate to our aim and review questions. For the qualitative
studies, we will present the major themes reported and group them
according to the categories for policy processes and involvement
listed above.
ACKNOWLEDGMENTS
We are thankful to the young people who have participated in focus group discussions during the Co-Create conference hosted by PRESS in Norway during spring 2022. We also want to thank Head Librarian Ragnhild Agathe Toranes at NIPH for her assistance with the preliminary and extended search strategies.

CONFLICT OF INTEREST
No conflict of interest statement in the first proofs.

ORCID
Amfinn Helleve https://orcid.org/0000-0003-0650-6531
Laurence Blanchard https://orcid.org/0000-0003-0090-917X
Jonas Rekdal Mathisen https://orcid.org/0000-0002-8992-1660
Knut-Inge Klepp https://orcid.org/0000-0002-3181-6841

REFERENCES

How to cite this article: Helleve A, Flodgren GM, Blanchard L, et al. Youth involvement in policy processes in public health, education, and social work: Protocol for a scoping review. Obesity Reviews. 2022;e13544. doi:10.1111/obr.13544