

# Establishing focus areas

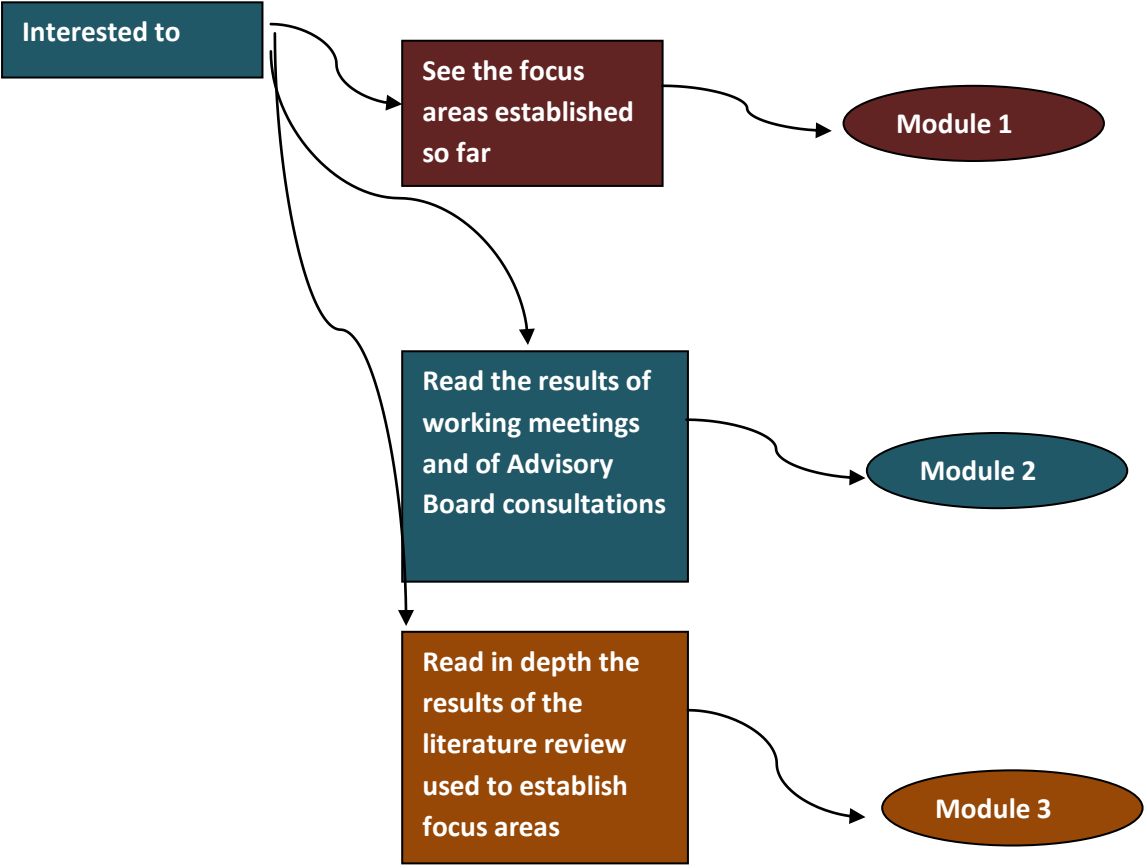
Literature review. Working meetings. Stakeholders' consultations.

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This document presents the results obtained by March 2020 by the LEAP consortium in the process of setting priority areas in the field of youths' wellbeing.

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# *Module 1*

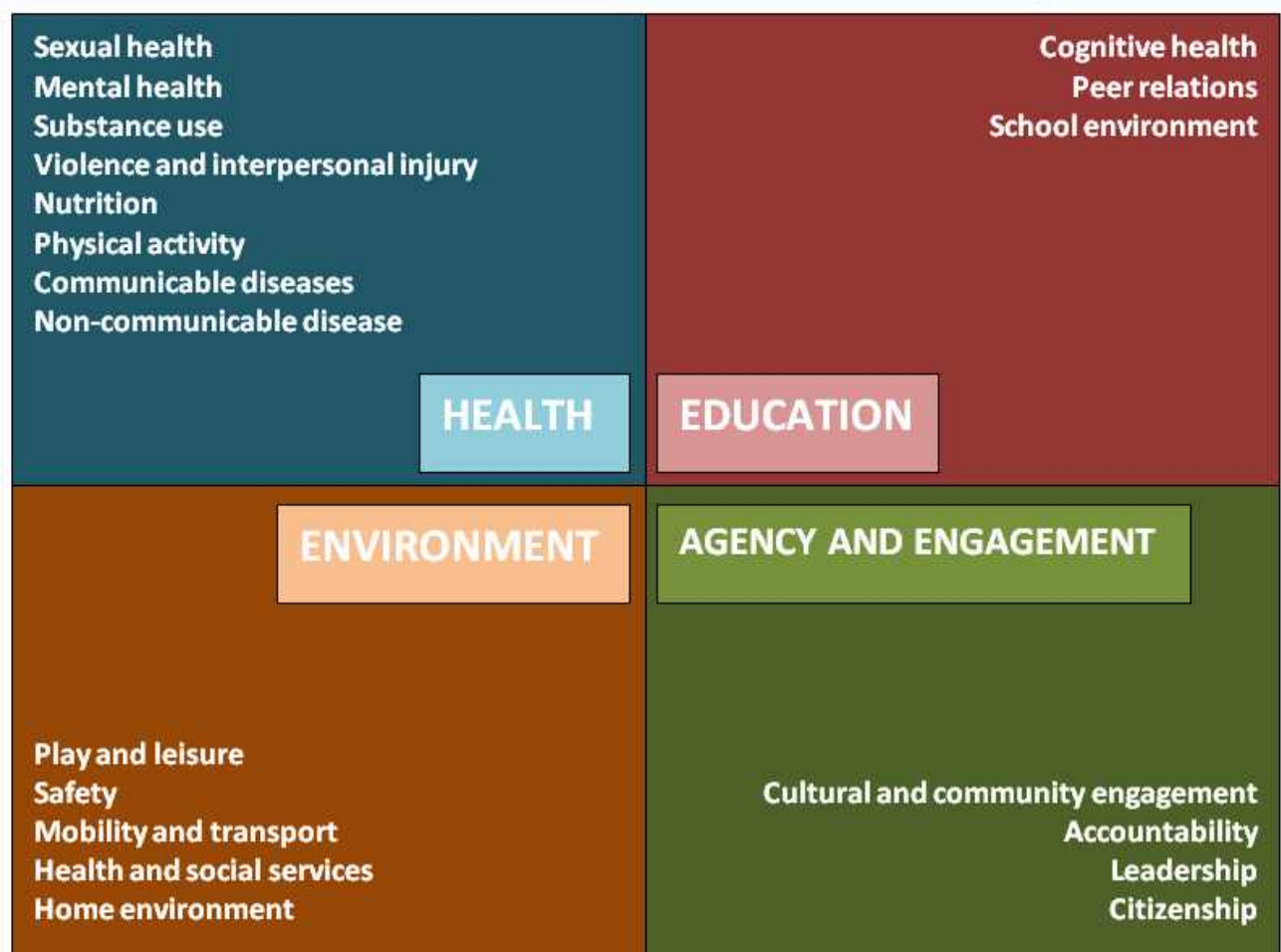
**Focus areas in the field of youths' wellbeing**

## Established focused areas

The focus areas that are presented below are a result of:

- ❖ A literature review conducted during January – February 2020
- ❖ Stakeholders' consultations conducted during February 2020
- ❖ Working meetings that took place between August 2019 – March 2020

The picture below presents very briefly four focus areas and categories for each focus area. Table 1 details each category of each focus area, presenting indicators for each category and the main resources used in identifying indicators.



This categorization was continuously shaped until it reached the following final structure:

<b>OBJECTIVE WELLBEING</b>			
<b>HEALTH</b>	<b>ENABLING ENVIRONMENT</b>	<b>AGENCY AND ENGAGEMENT</b>	<b>LEARNING</b>
<b>Individual and social determinants of health</b> Individual characteristics and stress; Home environment; Peer groups; Legislative issues; Community health	<b>Infrastructure</b> <i>Youth centres, information points and hubs; Play and leisure; Housing infrastructure; Learning and working environment; Mobility and transport</i>	<b>Supportive relations/autonomy support</b> <i>Home; School; Peer groups; Community; Social and professional networks</i>	<b>Academic achievement</b> <b>School environment</b> <i>Peer relations; Teacher-student relation; Gender/Ethnic equality; Education libraries; Digital tools and solutions</i>
<b>Health promoting and health risk behaviours</b> Eating; Exercise; Sleep patterns; Substance use; Injuries and inter-personal violence; Sexual behaviour	<b>Community services</b> <i>Health/Social services; Educational services; Youth Information Systems</i>	<b>Opportunities for social-cultural-civic engagement</b> <i>Culture; Civic engagement; Free time; Sports; Volunteering; International outlook</i>	<b>Non-formal education</b> <i>Soft skills: creativity, collaboration, problem solving, communication; Recognition</i>
<b>Health problems</b> Communicable and non-communicable diseases Mental health Sexual health	<b>Policy framework</b> <i>Youth Rights; Youth funding; Strategy, action plans and other policies</i>	<b>Participation and Leadership</b> <i>Participatory processes; Youth organizations (formal and informal); Leadership support</i>	<b>Future of work</b> <i>Vocational training</i>
<b>SUBJECTIVE WELLBEING</b>			
<b>Life satisfaction</b>		<b>Affective balance</b>	

Table 1. Focus areas with categories and indicators established for NGOA project

Domain/topic	Description	Source instrument
<b>ENVIRONMENT</b>		
<i>Play and leisure</i>	<p><i>Explores youths' relationship and connection with nature. This includes:</i></p> <ul style="list-style-type: none"> <li>• exposure to plants and animals and contact with nature and green spaces</li> <li>• availability of parks and other outdoor settings,</li> <li>• availability and accessibility of cultural activities and resources</li> <li>• variety of activity settings</li> <li>• access to safe places for play and sports,</li> <li>• accessibility of play areas for children with disabilities</li> <li>• access to diverse services and activities</li> <li>• a balance of screen time</li> <li>• opportunities to interact with friends/peer gathering places</li> <li>• respect for cultural diversity</li> </ul>	<ol style="list-style-type: none"> <li>1. Well-being Tool for Youth WIT-Y</li> <li>2. Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program</li> <li>3. HEEADSSS assessment</li> <li>4. Child friendly community indicators</li> </ol>
<i>Safety</i>	<p><i>Explores how youths feel in their social and virtual environment (e.g., neighbourhood safety), the stability of and access to the necessities of life, the sense of control over what happens in their surroundings. This includes:</i></p> <ul style="list-style-type: none"> <li>• safety of movement within community</li> <li>• incidence of crime/conflict</li> <li>• access to clean air and water</li> <li>• non-discrimination/respect for diversity,</li> <li>• protection from abuse, bullying, traumatic experiences, domestic violence</li> <li>• screen protection</li> <li>• protection from substance use</li> <li>• freedom from physical dangers</li> <li>• minimal litter or trash</li> <li>• use of safe transportation</li> </ul>	<ol style="list-style-type: none"> <li>1. National Adolescent assessment card</li> <li>2. HEEADSSS</li> <li>3. Child friendly community indicators</li> <li>4. Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program</li> <li>5. Well-being Tool for Youth WIT-Y</li> <li>6. SHANARRI wellbeing wheel</li> </ol>
<i>Health and social services</i>	<p><i>Explores youths' awareness and interaction with available community services. This includes:</i></p> <ul style="list-style-type: none"> <li>• existence of community solidarity networks</li> <li>• access to services/counselors for victims of abuse/violence</li> <li>• availability of care solutions for children not living at home or out of school</li> </ul>	<p>Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program</p>

	<ul style="list-style-type: none"> <li>• facilities for children/youths with special health care needs</li> <li>• availability and access of health and mental health care services</li> <li>• access to child friendly justice</li> <li>• availability of health care facilities</li> <li>• availability and access to social and counseling services</li> <li>• availability of reproductive health services</li> <li>• quality of outdoor air</li> <li>• existence of garbage collection and waste disposal system</li> </ul>	
<i>Mobility and transport</i>	<p><i>Explores youths' engagement with transport. This includes:</i></p> <ul style="list-style-type: none"> <li>• Freedom of movement</li> <li>• Geographic accessibility and connectivity</li> <li>• Availability and accessibility of public transport</li> <li>• Traffic safety</li> </ul>	<ol style="list-style-type: none"> <li>1. WHO/EEA JOINT WORKSHOP ON "CHILDREN'S ENVIRONMENT AND HEALTH INDICATORS"</li> <li>2. Indicators for Child friendly local development</li> </ol>
<i>Home environment</i>	<p><i>Explores youths' home situation. This includes:</i></p> <ul style="list-style-type: none"> <li>• Access to water</li> <li>• Availability of toilets</li> <li>• Access to secure housing</li> <li>• Adequate housing conditions</li> <li>• Quality of air indoor</li> <li>• Availability of electricity</li> <li>• Household size</li> <li>• Safety at home</li> </ul>	<p>Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program</p>
	<p><i>Explores how youths are able to form and sustain supportive interpersonal connections with parents and caring adults. This includes:</i></p> <ul style="list-style-type: none"> <li>• youth-parent relation</li> <li>• atmosphere at home,</li> <li>• how youths feel in their families,</li> <li>• if they have enough age-appropriate freedom,</li> <li>• satisfaction with financial resources,</li> <li>• sense of trust,</li> <li>• ability to communicate needs,</li> <li>• family connections</li> </ul>	<ol style="list-style-type: none"> <li>1. HEEADSSS</li> <li>2. National Adolescent assessment card</li> <li>3. KIDSCREEN-27 HRQoL</li> <li>4. Well-being Tool for Youth WIT-Y</li> </ol>



## EDUCATION

<i>Cognitive health</i>	<p>Explores the child's/adolescent's perceptions of his/her cognitive capacity, learning and concentration, and their feelings about school</p> <p>Explore if a child is actively engaged in learning in formal or non-formal education systems</p>	<ol style="list-style-type: none"> <li>1. KIDSCREEN-27 HRQoL</li> <li>2. National Adolescent Assessment Cards</li> </ol>
<i>Peer relations</i>	<p>Explores how youths are able to form and sustain supportive interpersonal connections with peers. This includes:</p> <ul style="list-style-type: none"> <li>• social and interpersonal relationship,</li> <li>• how youths among their peers,</li> <li>• the nature of relations with other children/youths,</li> <li>• sense of trust,</li> <li>• manage influence of peer pressure,</li> <li>• ability to communicate needs</li> </ul>	<ol style="list-style-type: none"> <li>1. HEEDSSS</li> <li>2. National Adolescent assessment card</li> <li>3. KIDSCREEN-27 HRQoL</li> <li>4. Well-being Tool for Youth WIT-Y</li> </ol>
	<p>Explores how youths are guided in learning and development of skills, confidence and self-esteem at school. This includes:</p> <ul style="list-style-type: none"> <li>• Attainment in education</li> <li>• Attitudes to school</li> <li>• Teacher support</li> <li>• Attendance, exclusion, qualifications</li> </ul>	<p>SHANARRI wellbeing wheel</p>
<i>School environment</i>	<p>Explores youths' perception on the school environment. This includes:</p> <ul style="list-style-type: none"> <li>• Access to school</li> <li>• Gender equality (equal opportunities)</li> <li>• Children/teacher ratio</li> <li>• Availability of education on: a. Healthy Living b. Environment c. Rights d. Reproductive Health</li> <li>• Respect for children's and parent's views</li> <li>• Respect for diversity/Non-discrimination</li> <li>• Availability of time for play and recreation</li> <li>• Existence of a safe and protective environment: a. Incidence of bullying b. Access to a support person (counsellor) c. Incidence of corporal punishment</li> <li>• Access to water (for drinking and washing)</li> <li>• Availability of toilets</li> <li>• Access to library in school or community</li> <li>• Availability of vocational training / placement opportunities</li> </ul>	<p>Child Friendly Kazakhstan: Designing and implementing a national child friendly cities recognition and accreditation program</p>

**HEALTH**

<i>General health</i>	Chronic and acute health conditions, hospitalization, immunization, injuries Use of health care services Quality of life/Life satisfaction	HEEADSSS National Adolescent Assessment Cards (NAACs) Well-being Tool for Youth WIT-Y SHANARRI WELLBEING WHEEL The Role and Impact of Social Capital on the Health and Wellbeing of Children WHO AA-HA! Guidance
<i>Health promoting behaviors</i>	Exercise - level of child’s physical activity and fitness  Eating  Weight status and body image  Sleep patterns  Dental health	HEEADSSS KIDSCREEN-27 HRQoL Next Generation Youth wellbeing study WHO AA-HA! Guidance  The Role and Impact of Social Capital on the Health and Wellbeing of Children WHO AA-HA! Guidance  HEEADSSS  The Role and Impact of Social Capital on the Health and Wellbeing of Children
<i>Health risk behaviors</i>	Drug use (tobacco, alcohol, drug use) explores the context of substance use, initiation, frequency, amount consume, attitudes  Sexual & reproductive health: sexual orientation (sexual identity), sexual practices (sexual activity), sexual transmitted infections, contraception use, access to health services	HEEADSSS Next Generation Youth wellbeing study WHO AA-HA! Guidance  HEEADSSS Next Generation Youth wellbeing study WHO AA-HA! Guidance
<i>Mental health</i>	Psychological wellbeing: Positive emotions, satisfaction with life, feeling emotionally balanced  Suicide and self-harm Internalizing behaviors: Depressive/mood disorders and psychological distress Externalizing behaviors (conduct disorder, violence	KIDSCREEN-27 HRQoL WHO AA-HA! Guidance  HEEADSSS Next Generation Youth wellbeing study The Role and Impact of Social Capital on the Health and Wellbeing of Children WHO AA-HA! Guidance

Support system and access to mental health services Resilience and strategies for coping	Next Generation Youth wellbeing study HEADSSS Well-being Tool for Youth WIT-Y WHO AA-HA! Guidance
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**AGENCY AND EGAGEMENT**

Cultural and community engagement	a. Identity b. Practices c. Knowledge d. Community connection	Next Generation Youth wellbeing study
	Youths’ sense of belongingness and connection to the people, cultures, and places in their lives. Communities also offer accessible resources that are relevant to overall youth well-being	Child friendly community indicators
	Active: adolescents are socially, culturally and civically engaged in their communities	National Adolescent Assessment Cards
	Express their opinion on the city they want	CHILD FRIENDLY Republic of Kazakhstan
Accountability Leadership Citizenship	Adolescents are prepared for sustainable and non-exploitative, productive work.	National Adolescent Assessment Cards (NAACs)
	Purpose is youths’ ability and recognition of their place in the world and connection to something larger than themselves. This domain encompasses spirituality, religion, and a future orientation, including career planning and training.	Well-being Tool for Youth WIT-Y
	Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them’.	SHANARRI wellbeing wheel

## *Module 2*

**Results of the working meetings with the LEAP consortium and of consultations with the LEAP Advisory Board**

**Summary of the process.** The process of prioritizing focus areas in the field of wellbeing of adolescents' and youths' from Cluj-Napoca started in August 2019 with a series of round table discussions. During August-October 2019, representatives of three institutions (Babes-Bolyai University, PONT Group, Cluj Cultural Center) met several times with the purpose of drafting a needs-gaps-opportunities assessment (NGOA) in the field of wellbeing of youths (10-24 years old) living in a secondary city. This **first step** resulted in the first list of needs and opportunities for youths (10-24 years old) living in Cluj (Annex 1), in four focus areas (health, education, youth engagement and support, infrastructure and digital solutions) and in two priority areas for a NGOA of youths living in Cluj (health, education). At the same time, this step resulted in a proposal for a participatory rapid appraisal methodology that can be implemented during a four months period to identify needs-gaps-opportunities in youths living in Cluj. The **second step** of prioritizing focus areas started in January 2020, with a series of weekly working meetings engaging members of the three partner institutions. These working meetings aimed to co-create an identity of the NGOA project and to refine the project methodology. At the same time, these working meetings created the context of shaping the focus areas. The project consortium started sharing knowledge on previous NGOA initiatives and started a literature review to explore in the international scientific literature the two previously established focus areas: health & wellbeing (Department of Public Health), education and future of work (Department of Political Sciences). At the end of January, the project consortium met again to share the results of the review and to identify the focus areas for the NGOA project. Three conclusions emerged after this meeting. First, the consortium agreed that the concept of wellbeing is complex and is not limited to health and education but incorporates many other domains (e.g., agency, citizenship, community participation, safety, infrastructure, access to clean air and water), that all seem relevant in the context of this NGOA project. Second, the consortium agreed to continue prioritizing health and education, but, at the same time, acknowledge and report all the categories incorporated in wellbeing. Third, culture was added on the agenda as a relevant focus area. The **third step** brought experts' views in prioritizing focus areas. First, in January 27<sup>th</sup>, during the project's kick-off meeting, the wellbeing categories were discussed with experts that formed the projects' Advisory Board Committee. The meeting resulted in a proposal of expanding the focus areas from the youths' wellbeing approaches to the following approaches: Healthy Cities, City resilience, Child Friendly Cities, Growing up in Cities Project, the WHO AA-HA! Guidance. Between February 1<sup>st</sup> and February 21<sup>st</sup>, we continued to bring experts' input in the priority areas process, through consortium meetings and through individual and group consultations with stakeholders (Magic, Wello, Health Observatory, Youth Federation, Cluj School Inspectorate, City municipality, SDG colab, Transylvania College etc.). Stakeholders' consultations continued during March 2020. **Step four** in shaping the focus areas consisted in an in-depth exploration of the national and local scientific literature addressing wellbeing in youths living in the Cluj Metropolitan. Using specific key words and search engines (EbscoHost, Pub Med, Google Scholar, etc), we screened the national and local literature on youths' wellbeing with a specific focus on health. This literature review resulted in over 40 pages report. To synthesize the priority areas emerging from these four steps, a public health researcher engaged in a process of reviewing the documents that resulted from each step. Figure 1 presents the document analysis process and Table 1 briefly presents the results emerging from this process.

**Table 1. Focus areas based on desk study and stakeholders' consultations**

<i>Activity</i>	<i>Focus areas</i>	<i>Identified priorities</i>
<p><b>Round table discussions for drafting the proposal</b></p> <p>August-September, 2019 Approx 15 participants 4 organizations (SPH, PS, CCC, PONT)</p>	<p><b>Health:</b> data repository on health indicators; health system; health protective and healthy risk behaviors</p>	<p>Develop a local data repository on health that a. offers information on health indicators segregated by gender, age, ethnicity, income; b. offers information on accessibility of health system for youths; c. Is used to inform the decision making process; d. expands knowledge on wellbeing; e. addresses obesity, nutrition, substance use, mental health</p>
	<p><b>Education:</b> School collaboration; Youth engagement/agency; Civic engagement; Soft skills; Emotional health; Labor market requirements; School dropout; Vulnerable youths</p>	<p>1. Increase youth engagement by assessing their perceptions, involving them in school decisions; 2. Change the curricula to incorporate emotional education, civic education, soft skills, vocational education, political and social values; 3. Address educational needs in vulnerable groups</p>
	<p><b>Youth engagement and support:</b> Areas for youth engagement/agency; NGOs for youth engagement/agency; Participatory budgeting; Political and social values; Civic education</p>	<p>1. Increase youths' agency by identifying opportunities for youth engagement (areas, NGOs); 2. Increase capacity of current existing youth organizations; 3. Integrate participatory budgeting in local mechanisms; 4. Separate budget lines for city vs. county budgeting; 5. Increase education on political and social values, civic education</p>
	<p><b>Digitalization:</b> Tools; Communication strategies</p>	<p>Dedicate a social media/digital channel only for youths; Identify information areas requested by youths</p>
	<p><b>Infrastructure:</b> Access; Safety</p>	<p>1. Ensure access to basic infrastructure; 2. Identify and improve living conditions; 3. Ensure safety; 4. Build infrastructure for youths</p>
	<p><b>Other youths:</b> Vulnerable groups; Minorities</p>	<p>1. Prioritize youths from poor living conditions; 2. Address youths not engaged in education; 3. Create synergies between minority groups</p>
<p><b>Working group meetings &amp; Consultations with stakeholders</b></p> <p>January-March, 2020 Approx 20 participants Youth Federation, Transylvania College, Wello, Magic, Health Observatory, SPH, PS, CCC, PONT</p>	<p><b>Wellbeing:</b> assessment tools; wellbeing in teachers <b>Health:</b> children with disabilities and chronic conditions <b>Collaboration:</b> public and private sector <b>Culture:</b> impact on wellbeing; cultural consumption; availability and accessibility</p>	<p>1. increase collaboration between schools; 2. increase teachers' wellbeing; 3. develop a wellbeing tool to be used; 4. ensure access to education for children with disabilities and chronic conditions; 5. improve services for children with disabilities and with chronic conditions; 6. increase collaboration and improve strategic actions; 7. reduce inequalities in access to IT infrastructure; 8. develop digital tool to assess health and nutrition related indicators; 9. reduce school drop-outs; 10. increase vocational counseling and vocational interventions in schools; 10 address nutrition in school through improvements of school cafeterias, of school snacks provided by the state and of banning various unhealthy snack products from stores located nearby schools; 11. increasing collaboration between NGOs and local authorities</p>
<p><b>Review of scientific international sources</b></p>	<p><b>Environment:</b> play and leisure; safety; mobility and transport; living conditions and home environment; health and social services</p>	<p>1. ensure availability and accessibility to play and leisure infrastructure and activities; 2. ensure a safe community for youths; 3. ensure freedom of movement, geographic accessibility and connectivity, availability and accessibility of public transport, traffic safety; 4. ensure proper living conditions and nurturing parent-child relations; 5. improve access to health and social services</p>
	<p><b>Education:</b> academic achievement; peer relations; school environment</p>	<p>1. ensure access to proper education; 2. ensure nurturing peer relations and professor-students' interactions; 3. ensure a safe school environment</p>
	<p><b>Health:</b> sexual health; mental health; substance use; nutrition; physical activity; communicable and non-communicable diseases; violence and interpersonal injuries; water, sanitation and hygiene; policy, health and social systems; digital</p>	<p>1. prevent health risk behaviors and promote healthy behaviors; 2. reduce prevalence and incidence for communicable and non-communicable diseases; 3. develop mechanism for action; 3. empower youths in health related initiatives; 4. implement multi-sectorial interventions to address health in youths; 5. integrate digital tools and social media in health related interventions</p>

tools and social media; multi-sectorial interventions

**Agency:** cultural and community engagement; leadership; empowerment; decision making

1. ensure adolescents are socially, culturally and civically engaged in their communities; 2. ensure students have opportunities and encouragement to play active and responsible roles at home, in school and in the community; 3. increase youths' sense of belongingness and connection to the people, cultures, and places in their lives

**Review of the scientific national and local sources**

**Education**

1. Performance issues (promotability, evaluation results); 2. School climate (deliberation, values, participation, critical thinking, civic education); 3. Abandonment and frequency of participation in hours / courses (incidence, intention to abandon, detachment of school); 4. School participation (including equity issues, unequal access); 5. Perceptions on education (valorization of education, perceptions on the quality of education); 6. Problems at the school level (perceptions related to the resources and practices inside the school from: 7. perspective of the teachers, the perspective of the students / students, the perspective of the parents); 8. Involving parents in education (homework help, attendance, meditation); 9/ Education and (perceived) influence of studies on employability; 10. Vulnerable categories (including aspects of discrimination, exclusion); 11. Education and migration; 12. Free time / volunteering; 13. Formal and non-formal education; 14. After-school programs; 15. Characteristics related to the school - institutional capacity, financing; 16. School and religion

**General health**

1. Lower the prevalence and incidence of the 10 chronic conditions accounting for almost 80% of the total disease cases in adolescents and youths (e.g., refractive vices/opthalmological related diseases, non-endocrine obesity, posture related defects, bronchial asthma); 2. Address acute upper respiratory tract infections; 3. Increase accessibility to datasets presenting health indicators segregated by age, gender, residency, socio-economic status; 5. Improve data on hospitalization rates and access to medical services; 6. Improve data on oral health

**Sexual health**

1. Prevent early age onset of sexual activity; 2. Incorporate sexual education in the school curricula; 3. Increase adolescents' and youths' knowledge and abilities in contraception use; 4. Change parental attitudes with regards to sexual education; 5. Integrate family planning in high school settings; 6. Address vulnerable groups

**Mental health**

1. Improve mental health screening and develop a data set with mental health indicators as number of mental disorders are not known; 2. Increase the number of interventions addressing mental health; 3. Change policies regarding the number of school counselor (e.g., at present 1 counselor for 600 students); 4. Develop community services addressing mental health in youths; 5. Address vulnerable groups; 6. Address mental health in the school context

**Substance use**

1. Lower the prevalence and incidence of substance use during early adolescence; 2. Prevent the early age onset of substance use; 3. Develop mechanisms to identify the real incidence and prevalence of drug use; 5. Educate adolescents and parents with regards to substance use consequences; 6. Improve interventions addressing substance use prevention; 7. Improve evaluation of substance use interventions; 8. Ensure up-scaling of effective and efficient substance use interventions; 9. Enforce laws on banning alcohol and tobacco selling for minors; 10. Reduce youths' exposure to parental substance use; 11. Improve social and emotional health in youths; 12. Address vulnerable groups

**Physical activity**

1. Urgently increase the frequency of physical activity in adolescents and youths; 2. Increase in the school curricula the number of hours allocated to physical activity; 3. Improve physical activity infrastructure in schools; 4. Improve physical activity infrastructure in peripheral areas of Cluj-Napoca and in the communes surrounding the city; 5. Increase physical activity at the family level, focusing on parents' physical

	activity; 6. Enforce schools to integrate physical activity in their program and to diversify physical activities; 7. Increase community programs addressing physical activity; 8. Increase visibility of physical activities in communities; 9 Address vulnerable groups
<b>Violence and interpersonal injuries</b>	1. Reduce domestic violence; 2. Increase school based interventions to reduce verbal, physical, relational and cyber bullying; 3. Develop policies addressing bullying in schools; 4. Develop community based programs to address violence and interpersonal injuries; 5. Improve statistics on interpersonal violence; 6. Improve law enforcement on domestic and interpersonal violence; 7. Develop coordinated actions to address interpersonal violence; 8. Develop integrated services to address interpersonal violence and improve communication between various agencies; 9. Increase prevention of domestic violence during early adolescence in rural areas; 10. Address head injuries and road traffic injuries; 11. Address vulnerable groups
<b>Nutrition</b>	1. Improve dietary patterns at the family level; 2. Increase daily consumption of fruits, vegetables and dairy products in adolescents and youths; 3. Increase nutrition literacy levels; 4. Incorporate nutrition based classes in the school curriculum; 5. Improve interventions addressing nutrition by teaching cooking skills, healthy choices, by using innovative tools and by engaging parents; 6. Address selling unhealthy nutrition products in stores nearby schools; 7. Lower obesity prevalence; 8. Address malnutrition; 12. Address vulnerable groups
<b>Culture</b>	1. Identify cultural consumption patterns in adolescents and youths; 2. Intensity cultural related activities in schools; 3. Indentify youths' perception and understanding of culture; 4. Increase availability and accessibility of cultural consumption; 5. Integrate culture in health promotion interventions (to be added)

**Results.** By combining all the results identified, we identified that SAFETY, AGENCY AND EQUITY are the main focus areas that should be address in the HOME, SCHOOL and COMMUNITY ENVIRONMENTS through SYNERGY and INNOVATION.

	<b>SAFETY</b>	<b>AGENCY</b>	<b>EQUITY</b>
	<i>Protect from</i>	<i>Engage in</i>	<i>Ensure</i>
<b>HOME</b>	improper conditions for physical, emotional and cognitive development; inter-personal violence, abusive relations and exploitation; exposure to risk behaviors (smoking, alcohol and drug consumption, unsafe sex, improper nutrition, sedentarism)	family, school and community decisions and initiatives; family, school and community events and actions; shaping the physical characteristics of the external environment	access to educational, health and social services; contribution in shaping the community; access to cultural events
<b>SCHOOL</b>			
<b>COMMUNITY</b>			



**SYNERGY**

*defined as interaction of elements that when combined produce a total effect that is greater than the sum of the individual elements, contributions – involves*

Increase cooperation between local authorities, academic institutions, NGOs, youth organizations

Develop one local strategy addressing youth wellbeing

Engage the community in local decisions and actions

Develop interdisciplinary working teams

Implement multi-sectorial interventions

**INNOVATION**

Use digital tools to transform health, education, transport, communication, cultural consumption

Develop a public available interactive platform where reliable indicators of youth wellbeing are reported and analyzed

Direct educational focus towards soft skills, civic engagement, political and social values and vocational abilities

Build online and onsite spaces for youths

**Annex 1. Results of the round table discussions that took place during August-September 2019**

The results of the round table discussions that took place during August-September 2019 were summarized in a document that was used to develop the LEAP project proposal. The text from that document is presented in the table below.

	<i>Needs as expressed in the proposal</i>	<i>Opportunities</i>	<i>Focus areas</i>
<b>Health</b>	<p>not enough documented at a city level, because of lack of data</p> <p>focus on obesity, smoking, mental health, drug use, nutrition</p> <p>interaction with health system (access to care, service availability and networks of organizations catering to youth, the question about perceptions of health system</p> <p>lack of reliable data sources</p> <p>lack of comprehensive assessment of current situation</p> <p>impaired evidence-informed decision making process</p> <p>a need for a broader approach on well-being - more than health</p> <p>segregated data on gender, age, ethnicity, income</p>	<p>Increase availability of better documented data using reliable resources on at a city level</p> <p>focusing on:</p> <p>a. health indicators segregated by gender, age, ethnicity, income</p> <p>b. accessibility of health system for youths</p> <p>Use data to inform the decision making process</p> <p>obesity, smoking, mental health, drug use, nutrition</p> <p>Expand how wellbeing is explored and defined</p>	<p>Local data repository on health</p>
<b>Education &amp; future of work</b>	<p>insufficient collaboration between schools, civil society organizations and the corporate sector</p> <p>Students' involvement in decision making regarding their schools can be improved/promoted; this is also important in learning civic skills/becoming an engaged citizen</p> <p>Connection between curricula and labor market requirements</p> <p>Minorities/vulnerable categories - bullying, discrimination,</p>	<p>Increase collaboration between schools</p> <p>Increase students' involvement in decision making regarding school improvements</p> <p>Incorporate civic engagement education in curricula</p> <p>Change curricula to adapt it to market requirements</p> <p>Integrate vulnerable categories</p>	<p>School collaboration</p> <p>Youth engagement/agency</p> <p>Civic engagement</p> <p>Vulnerable youths</p>

There is a school dropout problem in Cluj County - do we have indicators referring to school dropouts, missing classes, illiteracy between grades 1-12? What are the causes?

Data about dropout is available mostly at country level (EU stats) or regional level (ARACIP, World Vision study).

ISJ probably has it too

How do young people gain soft skills, like communication, basic planning and management skills, teamwork, critical thinking? School systems do not support this learning.

Exploring the relationship between education system objectives/priorities and perceptions existing among young people

Current educational system is based heavily on results, and less on social-emotional development

There is little data that evaluates the current educational system, and how it addresses the skills needed for the future labor market (creativity, innovation, collaboration, emotional intelligence, cultural sensitivity).

Soft skills and attitudes: the education system, curriculum does not support gaining these skills and attitudes.

Education too much focused on gathering/memorizing information and not enough on critical thinking; education means also transmission of values (bring fake news and media literacy into discussion).

School dropout

School dropout

Incorporate soft skills in the school curricula

Soft skills

Increase students' involvement in decision making regarding school improvements

Students' engagement

Incorporate emotional health in education/schools

Emotional health

Change curricula to adapt it to market requirements

Labor market requirements

Incorporate soft skills in the school curricula

Soft skills

Incorporate soft skills in the school curricula

Soft skills

<b>Youth engagement /participation</b>	there are several arenas of socialization where young people can develop civic/political skills - identifying those arenas is critical	Identify areas for youths' engagement	Areas for youth engagement/agency
	young people under the age of 18 cannot engage in political participation "proper", so civic engagement (participation?) in different non-governmental organizations, through school are important - .	Identify NGOs/institutions for youths' engagement	NGOs for youth engagement/agency
	Social capital of the youth - social cohesion, sense of community, sense of belonging		
	Participatory budgeting for youth proved that there is a wide range of untapped participation among young people but it is not encouraged by proper mechanisms locally. Informal groups of young people barely addressed.	Integrate participatory budgeting in local mechanisms	Participatory budgeting
	civic is illustrative of core political and social values that are transmitted through family, peers, school, volunteering - exploring transmission of political and social values is important - civic participation, not engagement	Intensify education on political and social values	Political and social values
	No local or metropolitan youth council or consultative body. There is one under preparation. Youth County Council - a branch of a national structure under the Ministry of Education. There is a pool of teachers at local level who form a group of extracurricular activities through which they engage young people in things outside of school. Pretty active.		
Civic education problematic - not enough emphasis on understanding core social/political values/principles. Youth participation: not enough institutional background and organizational history in creating long-lasting youth organizations. (transition between generations of youth community enablers fast but without a transfer of gained experience and expertise)	Increase civic education	Civic education	

<b>Youth and youth support structures, youth framework</b>	Strong university youth organization network but which has effect only on students mostly.	Address youths not engaged in education	Vulnerable youths
	Federation of Youth NGOs from the Cluj County - a legacy organization of Cluj 2015 European Youth Capital, which needs capacity building and experience	Increase capacity of current existing youths organizations	
	Local and county level public funding for youth initiatives (but not a separate budget line)	Separate budget lines for city vs. county budgeting	Budget

Youth Chapter in the Development Strategy - but performance not really followed.  
 Religious youth organizations (ASCOR, ASTRU) need to be explored

Monitor addressability of youths' needs through the Development Strategy  
 Expand organizations to religious ones

**Youth Information Systems**

No dedicated youth channels, but a lot of "parallel" communication we are not aware of - like bloggers vloggers, influencers, 'youtubbers'.  
 There is a special page on FB called Cluj for Youth. Legacy of the EYC, 75.000+ likes.  
 There are some efforts on school newspapers. (no exact data on this)  
 The informal networks of the Cluj Youth County Council are reaching key youth leaders in school. The School Inspectorate can also reach them.  
 Media does not focus on specific youth topics which are not mainstream (except festivals, or bigger events.) The EYC title was well covered but that was a specific situation).

Dedicate a channel for youths

Information for youths

Explore specific youths' topics

**Urban resilience and its impact on youth**

*How do the city physical and social systems affect youth well-being?  
 Is the city designed in a way that fosters safety and ensures children and youth have access to basic infrastructure? :*  
*In Cluj, there are still children that live in precarious conditions, in houses without access to basic sanitation. They are also from communities with low social mobility, where parents do not have stable employment. This affects their learning and motivation to stay in school.*  
 Huge lack of youth spaces (like youth community centres, 'safe-spaces' for youth in the city centre, or neighborhoods. False illusion that coffee-shops and bars solve this problem. Same issue with open spaces.  
 Housing costs in the city are rising, affecting families with lower incomes and students who come from other parts of the country - How does this impact mental and emotional well-being?

Explore the relation between the physical/social system/conditions & wellbeing

Living conditions &WB

Prioritize youths from poor living conditions

Vulnerable youths

Absence of youths' spaces/community spaces for youths

Build infrastructure

Living costs & WB

<b>Hungarian Community</b>	no specific measures encouraging the creation of synergies. The extra cost of translation and adaptation not supported. There is no urge to cross-ethnic synergies because of strongly developed parallel educational systems, alternative funding schemes. Lack of proficiency in Romanian of ethnic Hungarian young people still a major barrier.	Create synergies between minority groups
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Results based on the analysis of the above provided text

<i>Focus area</i>	<i>Categories</i>	<i>Priorities</i>
<b>Health</b>	Local data repository on health	Develop a local data repository on health that a. offers information on health indicators segregated by gender, age, ethnicity, income b. offers information on accessibility of health system for youths c. Is used to inform the decision making process d. expands knowledge on wellbeing e. addresses obesity, nutrition, substance use, mental health
	Obesity, mental health, tobacco use, drug use, nutrition	
<b>Education</b>	School collaboration	Increase youth engagement by assessing their perceptions, involving them in school decisions
	Youth engagement/agency	
	Civic engagement Soft skills	Change the curricula to incorporate emotional education, civic education, soft skills, vocational education, political and social values
	Emotional health	
	Labor market requirements	
	School dropout	
	Vulnerable youths	Address educational needs in vulnerable groups
<b>Youth engagement</b>	Areas for youth engagement/agency	Increase youth engagement by identifying opportunities for youth engagement (areas, NGOs)
	NGOs for youth engagement/agency	Increase capacity of current existing youths organizations

	Participatory budgeting	Integrate participatory budgeting in local mechanisms Separate budget lines for city vs county budgeting
	Political and social values	
	Civic education	Increase education on political and social values, civic education
<b>Youth support</b>	Youth structures Budget	Increase capacity of current existing youths organizations Separate budget lines for city vs county budgeting
	Youth information system	Dedicate a channel for youths and identify areas for information
<b>Infrastructure</b>	Access to basic infrastructure Safety	Ensure access to basic infrastructure
	Living conditions	Identify and improve living conditions
	Youths' spaces	Build infrastructure for youths
<b>Other youths</b>	Vulnerable groups	Prioritize youths from poor living conditions
	Minorities	Address youths not engaged in education Create synergies between minority groups





## ***Module 3***

**Detailed results of the literature review  
using international sources to indentify  
focus areas**

## Preliminary focus areas based on a literature review on wellbeing

*Defining wellbeing.* Wellbeing is a complex construct and various definitions have been used to conceptualize it. Some researchers view wellbeing as the balance point between the individual's psychological, social and physical resources and the psychological, social and physical challenges that individual faces (Dodge, Daly, Huyton, & Sanders, 2012). At the same time, happiness has been used as an equivalent of wellbeing in both scientific language and in lay language (Warner, 2013). However, the concept of wellbeing is more complex and, in order to assess wellbeing, researchers have been using composite measures of life satisfaction, social wellbeing (e.g., the quality of social relations), emotional wellbeing (e.g., presence of positive emotions, absence of negative emotions), positive functioning, physical wellbeing (e.g., feeling very healthy and full of energy), psychological wellbeing (e.g., feeling good, judging life positively), economic wellbeing, work satisfaction, domain specific satisfaction, etc. (Centre for Disease Control, 2018; Dodge et al., 2012).

The definition that captures full spectrum of wellbeing and that was used in this project is the following:

*„Wellbeing is generally understood as the quality of people's lives. It is a dynamic state that is enhanced when people can fulfil their personal and social goals. It is understood both in relation to objective measures, such as household income, educational resources and health status; and subjective indicators such as happiness, perceptions of quality of life and life satisfaction.”* (Statham, & Chase, 2010).

*Importance of addressing wellbeing.* Wellbeing was reported to have numerous benefits, as it was observed to positively correlate with longevity, immune functioning, recovery from injury and disease, engagement in healthy behaviors, work productivity, social connectedness, community engagement, educational accomplishments, health results and to negatively correlate with risk of disease, illness and injury, divorce rates (Centre for Disease Control, 2018). At the same time, health is associated with subjective wellbeing as high rates of subjective wellbeing are reported in countries having the highest life expectancy at birth (Ortiz-Ospina & Roser, 2019). In the last decade, wellbeing has been receiving an increased political interest as measurements of happiness and life satisfaction have been combined with the gross domestic product to measure national progress and economic prosperity (Warner, 2013). Data from the World Happiness Report (which assessed data on happiness from 160 countries), the World Value Survey (which has been assessing data on life satisfaction for 100 countries since 1981), the Eurobarometer (which has been assessing data for over 40 years on life satisfaction) and from other national surveys show significant positive associations between life satisfaction and income over time at both national and individual level (Ortiz-Ospina & Roser, 2019). Although results show positive trends in life satisfaction worldwide, it seems that life satisfaction is higher in countries with higher average national incomes and in rich individuals, with Nordic countries ranking at the top of happiness scores and with the Central African Republic, South Sudan, Tanzania, Rwanda and Haiti reporting the lowest national scores on happiness (Ortiz-Ospina & Roser, 2019). Wellbeing is influenced not only by one's ability to cope with life events (e.g., divorce, bereavement) but also by societal factors such as history, culture and freedom with low subjective wellbeing reported in ex-communist countries and in countries where people are not free to choose and control their lives (Ortiz-Ospina & Roser, 2019).

*Wellbeing in adolescents and youths.* After screening the scientific literature using the following key terms [“youth's/child/adolescents' needs” and/or “health needs assessment” and/or “wellbeing in children and youths” and/or “assessing needs in children/adolescents/youths”], we identified wellbeing as a general and broad concept that is used internationally both as a tool in assessing needs in youths aged 10-24 but

also as an indicator of cities abilities to respond to youth’s needs. The table below presents several examples of how wellbeing was conceptualised in other NGOA initiatives.

**Table 2. Categories of wellbeing in international initiatives**

<i>Categories of wellbeing</i>	<i>Definitions and examples</i>
HEEADSSS assessment	Most widely used youth health and wellbeing assessment tool in Australia and internationally <a href="https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_003.pdf">https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2018_003.pdf</a>
Home	explores a young person’s home situation, family life, relationships and stability
Education and Employment	explores sense of belonging at school/work and relationships with teachers/peers/workmates; changes in performance
Eating and Exercise	explores how they look after themselves
Activities, Hobbies and Peer Relationships	explores their social and interpersonal relationships, risk-taking behaviour, as well as their attitudes about themselves
Drug Use (cigarettes, alcohol)	explores the context of substance use (if any) and risk-taking behaviours
Sexual Activity and Sexuality	explores their knowledge, understanding, experience, sexual orientation and sexual practices; it explores any risk-taking behaviour and/or abuse
Suicide, Self-Harm, Depression, Mood, Sleeping Patterns	explores risks of mental health problems, strategies for coping and available support
Safety and Spirituality	explores sun screen protection, immunisation, bullying, abuse, traumatic experiences, domestic violence, risky behaviours, beliefs/religion
<b>KIDSCREEN-27 HRQoL</b>	<b>Questionnaire exploring wellbeing in children and adolescents</b> <a href="https://link.springer.com/article/10.1007/s11136-010-9706-5">https://link.springer.com/article/10.1007/s11136-010-9706-5</a>
Physical Well-Being (5 items)	explores the level of the child’s/adolescent’s physical activity, energy and fitness
Psychological Well-Being (7 items)	includes items on positive emotions, satisfaction with life, and feeling emotionally balanced
Parent Relations & Autonomy (7 items)	examines relationships with parents, the atmosphere at home, and feelings of having enough age-appropriate freedom, as well as degree of satisfaction with financial resources
Social Support & Peers (4 items)	examines the nature of the respondent’ relationships with other children/adolescents
School Environment (4 items)	explores the child’s/adolescent’s perceptions of his/her cognitive capacity, learning and concentration, and their feelings about school
<b>Next Generation Youth wellbeing study</b>	<b>A new study protocol focused on understanding the health and social well-being trajectories of Australian Aboriginal adolescents aged 10–24</b>

	<b>years</b> <a href="https://bmjopen.bmj.com/content/bmjopen/9/3/e028734.full.pdf">https://bmjopen.bmj.com/content/bmjopen/9/3/e028734.full.pdf</a>
Cultural/community/family engagement	a. Identity b. Practices c. Knowledge d. Family connection e. Community connection
Social determinants of health	a. Education b. Employment c. Financial stressors/security d. Driver license e. Housing f. Racism/discrimination g. Interaction with police/justice
Physical health and injury	a. Adolescent health conditions b. Injuries c. Sleep d. Physical activity/sedentary behaviour e. Diet
Mental health	a. Psychological distress b. Self-harm c. Resilience d. Bullying e. Support systems/access to health services
Sexual and reproductive health	a. Puberty b. Sexual identity c. Sexual activity d. Sexually transmitted infections/diseases e. Contraception f. Pregnancy g. Parenting h. Access to health services
Tobacco, alcohol and drugs	a. Initiation b. Frequency c. Amount consumed d. Attitudes

<b>National Adolescent Assessment Cards (NAACs)</b>	<b>A tool to measure adolescent well-being</b> <a href="https://www.unicef-irc.org/publications/pdf/IRB_2016_10.pdf">https://www.unicef-irc.org/publications/pdf/IRB_2016_10.pdf</a>
Health	Adolescents attain their highest physical health and mental well-being
Relations	Adolescents feel safe and protected in their families, among their peers, in their schools and in their social/virtual environment
Engaged	Adolescents are actively engaged in learning in formal or non-formal education systems
Active	Adolescents are socially, culturally and civically active in their communities
Prepared	Adolescents are prepared for sustainable and non-exploitative, productive work.

<b>Well-being Tool for Youth (WIT-Y)</b>	<b>Self-assessment tool of wellbeing for youths</b> <a href="https://cascw.umn.edu/wp-content/uploads/2015/05/WIT-Y-Guide-FIN-REVISED.pdf">https://cascw.umn.edu/wp-content/uploads/2015/05/WIT-Y-Guide-FIN-REVISED.pdf</a>
Safety and security	Safety and security means youth have stability of and access to the necessities of life, including food, water and shelter. It means youth feel free from emotional and physical harm and have a sense of control over what happens in their surroundings and with the people in their lives.
Mental Health	Mental health refers to youths' self-esteem and their ability to cope with adversity and manage emotions in a constructive way, including asking for help when needed.
Cognitive Health	Cognitive Health is youths' intellectual potential and engagement in activities that promote growth, curiosity, and identity development. This domain includes consistent school participation, management of time and responsibilities, and engagement in interests and hobbies.
Physical Health	Physical health is youths' ability to care for their bodies through prevention and management of physical illness, use of health care services, and engagement in healthy behaviors.
Relationships	Well-being in relationships means youth are able to form and sustain

Community	<p>supportive interpersonal connections with peers, family, and caring adults.</p> <p>This domain includes youths' sense of trust, being able to communicate needs, and manage the influence of peer pressure</p> <p>Community is youths' sense of belongingness and connection to the people, cultures, and places in their lives. Communities also offer accessible resources that are relevant to overall youth well-being.</p>
Purpose	<p>Purpose is youths' ability and recognition of their place in the world and connection to something larger than themselves. This domain encompasses spirituality, religion, and a future orientation, including career planning and training.</p>
Environment	<p>Environment is youths' relationship and connection with nature. This includes access to clean air and water, exposure to plants and animals, availability of parks and other outdoor settings, and a balance of screen time.</p>

<b>SHANARRI wellbeing wheel</b>	<p><b>Wellbeing model used to assess available evidence on child and adolescent health and wellbeing in Scotland</b></p> <p><a href="https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/09/child-adolescent-health-wellbeing-scotland-evidence-review/documents/00540155-pdf/00540155-pdf/govscot%3Adocument/00540155.pdf">https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2018/09/child-adolescent-health-wellbeing-scotland-evidence-review/documents/00540155-pdf/00540155-pdf/govscot%3Adocument/00540155.pdf</a></p>
Safe	<p>"Protected from abuse, neglect or harm at home, at school and in the community"</p> <p>Assessment categories: Care and protection; Bullying and fighting; Neighbourhood safety</p>
Health	<p>Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices'</p> <p>Assessment categories: Child health behaviours (e.g., diet - uptake of fruits and vegetables; physical activity - daily amount of physical activity; immunization uptake; substance use; ora health); Child health outcomes (e.g., self-assessed for children aged above 13/parental assessment for children aged below 13 for health outcomes for mental health + measures of life satisfaction and confidence +health conditions; hospitalization; death rates)</p>
Achieving	<p>Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community</p> <p>Assessment categories: attainment in education and success in employment, attitudes to school; teacher support; attendance; exclusion; qualification</p>
Nurtured	<p>'Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting</p> <p>Assessment categories: Family relationships</p>
Active	<p>Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community'.</p> <p>Assessment categories: Area factors, physical activity and exercise, sedentary behavior</p>

Respected	<p>Having the opportunity, along with carers, to be heard and involved in decisions that affect them'</p> <p>Assessment categories: Public attitudes to young people, Participation in decision making</p>
Responsible	<p>having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them'</p> <p>Assessment categories: Positive activities, Substance use and sexual behaviour</p>
Included	<p>Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn'.</p> <p>Assessment categories: Teenage pregnancy, Peer relationships, Neighbourhood relationships</p>

## Preliminary focus areas based on a literature review of sources recommended by experts of the project's Advisory Board

Three source categories were added to the literature review after stakeholders' consultations took place.

- ❖ Recommendations from World Health Organizations
- ❖ City resilience
- ❖ Child friendly cities

This section presents a summary of each recommended source, focusing, at the same time, on priority areas addressed in each document.

### WORLD HEALTH ORGANIZATION RECOMMENDATIONS

#### *A.Global Accelerated Action for the Health of Adolescents (AA-HA!)*

*World Health Organization. "Global accelerated action for the health of adolescents ( AA-HA!): guidance to support country implementation." (2017).*

First, the AA-HA! guidance addresses adolescence not only through the conventional public health lenses of risk and protective factors but also considers adolescents to be powerful societal assets whose contributions can be nurtured and augmented through meaningful engagement and participation. The level and quality of inputs to this document from adolescents and young people, including vulnerable groups, lend considerable weight to its recommendations.

Second, the guidance takes a radically different approach to traditional adolescent health programming. In the past, adolescent health advocates have had to look for entry points – such as HIV, or sexual and reproductive health – to access funding to address broader adolescent health issues. We argue that the triple dividend from investing in adolescent health is enough rationale for directing attention and resources to adolescent health in its own right, while making the case for an “Adolescent Health in All Policies (AHiAP)” approach. In that respect, the guidance recommends key actions that are needed in sectors as diverse as education, social protection, urban planning and the criminal justice system, in order to respect, protect and fulfil adolescents' rights to health.

Third, there is a growing realization that adolescents often face disproportionate risks in humanitarian and fragile settings – including poor physical and mental health, harassment, assault and rape. Adolescent-specific considerations for programming in humanitarian and fragile settings have therefore been explicitly included. Finally, this guidance not only provides information on what needs to be done – it demonstrates what is already being done. More than 70 case studies from across the globe provide concrete examples of how countries have done what is being promoted.

The AA-HA! guidance aims to assist governments in deciding what they plan to do – and how they plan to do it – as they respond to the health needs of adolescents in their countries. It is intended as a reference document for national-level policy-makers and programme managers to assist them in planning, implementing, monitoring and evaluation of adolescent health programmes. After a brief introduction which summarizes the main arguments for investing in adolescent health, the document details the key steps from understanding the country's epidemiological profile, to undertaking a landscape analysis to

clarify what is already being done and by whom, to conducting a consultative process for setting priorities, to planning, implementing, monitoring and evaluating national adolescent health programmes, and ends with key research priorities.

The meaningful involvement of young people in all aspects of their own, and their communities', development brings multiple benefits. From an operational perspective, adolescent participation contributes to better decisions and policies. It allows decision-makers to tap into adolescents' unique perspectives, knowledge and experiences, which brings a better understanding of their needs and problems and leads to better solutions. Furthermore, respecting adolescents' views regarding their health-care ensures that more adolescents will seek services and remain engaged in accessing them.

Some authors have specifically focused positive adolescent development interventions on social and emotional well-being, e.g. programmes that seek to bolster the five Cs of adolescent competence, confidence, connection, character and compassion. In the AA-HA! guidance document, however, positive development interventions are defined more broadly to encompass promotion of positive physical, sexual and neuro-cognitive health and development in adolescents.

Examples include parenting psycho-education; adolescent-friendly health services (including promoting health literacy and adolescent engagement in their own care and the design of services); and health-promoting schools (including health, nutrition and hygiene services, such as facilities for safe menstrual hygiene management). Importantly, a positive development approach recognizes adolescents as assets within their societies rather than problems. It seeks to empower them to participate in an active way within their families and communities. Indeed, participation is one of the key principles of a human rights-based approach to health, including the participation of adolescents in ways that are appropriate to their age and maturity. Moreover, adolescents' sense of ownership and commitment to a health programme can be strengthened – and the appropriateness and effectiveness of the programme increased – if adolescents are involved in programme conceptualization, needs assessment, design, implementation and evaluation. Working with parents, families and communities is especially important because of their great potential to positively influence adolescent behaviour and health. The education sector also provides a critically important opportunity for intensive, long-term and large-scale initiatives implemented by professionals.

This report is relevant for the current NGOA project in two ways. First, it overlaps with the NGOA methodology developed by the project consortium. Namely, it presents a three step process

- ❖ a needs assessment to identify which conditions have the greatest impact on adolescent health and development;
- ❖ a landscape analysis of existing adolescent health programmes, policies, legislation, capacity and resources within the city
- ❖ priority setting that considers explicit criteria, including the needs of the most vulnerable groups.

Moreover, the recommends priority areas in

Youth participatory research	their perceptions of health and happiness (e.g., what is healthy and unhealthy) their main concerns about those issues (e.g., what influences health and ill-health, risk and protective factors, including safety and security) the types of actions they believe can be implemented in the schools and
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	<p>communities to improve them (e.g., actions they can take to stay healthy)  the most important thing that youths themselves can do to improve their health and happiness, both now and in the future (e.g., empowerment and related factors)  access to and use of media, including social media</p>
Adolescents' health	<p>Communicable diseases prevention and management  Injuries and violence  Mental health  Noncommunicable disease management  Nutrition  Physical activity  Substance use  Sexual health  Policy, health and social systems</p>
Adolescents' sexual health	<p>maternal health  abortion  contraception  gender based violence  HIV treatment and care  Abortion  Family planning and HIV service integration  Sexually transmitted infections (STIs) and human papillomavirus (HPV) infection</p>
Adolescents' rights	<p>health  nutrition  education and the transition to work  clean air; water, sanitation and hygiene  infrastructure  child protection and provisions for vulnerable groups</p>
Setting national priorities	<p><i>road traffic injuries</i>: all regions and most countries will want to prioritize evidence-based road traffic injury interventions within their adolescent health programming  <i>adolescent health education and services related to sexual and reproductive health and nutrition</i>: implementation of such evidence-based, multisectoral interventions should be prioritized in all country adolescent health programmes; need for large-scale adolescent HIV prevention, care and treatment interventions; prevent and respond to early pregnancy in countries where adolescent maternal disorders are highly prevalent  <i>Injuries</i>: Self-harm, drowning  <i>Interpersonal violence</i>  <i>WASH</i>: Water, sanitation and hygiene</p>

## ***B. Engaging young people for health and sustainable development - Strategic opportunities for the World Health Organization and partners***

*World Health Organization, Geneva. (2018). Engaging young people for health and sustainable development: strategic opportunities for the World Health Organization and partners.*

The resource represents a report, as an extension of World Health Organization's (WHO) long-standing work on young people's health and rights. In this report, young people represent those aged 10 to 24 years, including both adolescents and youth. Due to the fact that we have the largest generation of young people in history, with 1.8 billion between the ages of 10 and 24 years, it is essential to develop interventions which would aim to focus on engaging them.

This report highlights four areas of strategic opportunity for WHO: 1) Leadership; 2) Country impact; 3) Focusing global public goods on impact; and 4) Partnerships - with recommendations for WHO listed in each of the four strategic areas, and elaborated within the report.

1. **Leadership** - the review of evidence identified organizations within the United Nations and elsewhere that have demonstrated effective leadership on engaging with young people. Although approaches differ, these organizations typically share certain behaviors:
  - ensuring young people have space, voice, audience and influence, grounded in their agency and rights
  - enabling young people to shape and implement agendas
  - explicitly committing to young people's engagement and leadership by young people

**Recommendations:** Create a fully resourced WHO strategy for engaging with young people; Modernize WHO culture to orient the organization towards young people, ensuring none are left behind in the SDG era

2. **Country impact** - according to the report, the main systematic barriers encountered when trying to develop initiatives for young people can refer to:
  - insufficient integration across health and other sectors (such as education, nutrition and jobs)
  - inadequate political commitment, policies and resources
  - data gaps relating to young people and inadequate civil registration and vital statistics systems (see text on data and civil registration and vital statistics (CRVS) in next section)
  - lack of awareness of initiatives and platforms for young people's engagement
  - uncertainty over how young people can contribute to these initiatives
  - limited support to strengthen young people's capacities to engage meaningfully and drive country impact
  - inadequate safety measures – physical, political, financial, psychological, sociocultural – for young people's engagement
- it is critical that young people are aware of the importance of attaining the highest standard of health both as an intrinsic right, and linked to their getting a better education, having fulfilling relationships and productive jobs, and their security, safety and well-being overall -> it is critically important to look at young people and health in a holistic, multisectoral way rather than as purely medical or technical challenges

- evidence suggests that school-based programmes have been utilized to engage and inform young people on health issues such as sexual abuse and self-protection, tobacco use, nutrition and physical activity
- A notable capacity-building initiative for countries is the Adolescent and Youth Constituency (AYC) of the Partnership for Maternal, Newborn & Child health (PMNCH). AYC engaged and connected with young people in innovative ways: they worked with WHO to develop a comic book to tell young people about the AA-HA! Guidance.

**Recommendations:** engage all young people, taking into account their diverse backgrounds and characteristics, in health and sustainable development planning and implementation; Strengthen the capacity of organizations to engage safely, effectively and meaningfully in ways that enable young people to augment their knowledge and to lead on health and rights

3. **Focusing global public goods on impact** - creation and dissemination of global norms and standards for engaging with young people in health:

- Clarity of purpose and partnership – Young people, and the organizations engaging with them, should share a clear understanding of why engagement is taking place, roles and responsibilities should be clearly defined.
- Safe, effective and meaningful engagement – Define and develop standards for safe, effective and meaningful engagement of young people, and guidelines to support implementation
- Shared authority for decision-making - When equal decision-making is not possible, organizations should make this clear and identify areas where young people can make meaningful contributions
- Varied methods of communication - young people require different forms of engagement and varying communication styles and platforms, depending on age, background and other factors
- Mentoring, support and training – Organizations should help young people to build capacity and skills and to understand their role, the engagement process and their level of influence.
- Adequate resourcing – Resources should be dedicated to ensure completion of the engagement activity, including adequate financing and people with the necessary expertise
- Monitoring, evaluation and follow-up – Young people will be more likely to engage in future if organizations can demonstrate that their involvement has made a difference

**Recommendations:** engage young people throughout the design and delivery of global public goods, and especially on issues that affect their health and rights; establish an innovative partnership-driven platform, such as Young Voices Count, so young people can share their experiences and ideas to monitor and drive change on health and SDGs

4. **Partnerships** - is necessary for WHO to embrace new forms of partnership, and to partner with diverse groups and organizations in non-traditional alliances - new partnerships should include innovative alliances forged across sectors and with young people – who should be involved at every level and often take the lead. The organizations reviewed were found to demonstrate potential for impact and partnership with WHO in four areas:

- UN agencies as conveners and catalysts for partnerships
- private sector innovation and market reach
- foundations and non-governmental organizations (NGOs) as a source of creative solutions
- existing young people's engagement within civil society, including education, culture and sports

**Recommendations:** forge innovative partnerships with diverse organizations that engage with young people; mobilize resources for a comprehensive, coherent global movement that engages the power of young people for health and sustainable development

By implementing the recommendations of this report, WHO can become a global leader on young people's engagement with health and rights, setting an example within its own organization and creating norms and standards for others to follow, leading efforts to fill data gaps and improve understanding of how to maximize the impact of young people's engagement.

### A. City Resilience Framework

*Index, City Resilience. "City resilience framework." The Rockefeller Foundation and ARUP (2014).*

**The City Resilience Framework** is a report which provides an accessible, evidence-based articulation of city resilience. As part of their initiatives, according to the Rockefeller Grantee Workshop, one of their objective would be “by April 2014, to articulate urban resilience in a measurable, evidence-based and accessible way that can inform urban planning, practice, and investment patterns which better enable urban communities (e.g. poor and vulnerable, businesses, coastal) to survive and thrive multiple shocks and stresses” (Rockefeller Grantee Workshop, New York City, February 2013).

The main topic addressed in this framework is related to *city resilience*, which is a term aimed to describe the capacity of cities to function, so that the people living and working in cities – particularly the poor and vulnerable – survive and thrive no matter what stresses or shocks they encounter. The resilience of a city becomes conceptually relevant when chronic stresses or sudden shocks threaten widespread disruption or the collapse of physical or social systems. According to the source, “resilience” is a term helping to describe the capacity of a system to maintain or recover functionality in the event of disruption or disturbance; focusing on enhancing the performance of a system in the face of multiple hazards, rather than preventing or mitigating the loss of assets due to specific events.

The framework in general, its indicators and variables are intended to support a dialogue between stakeholders who contribute to building more resilient cities globally. The framework took into account the following 12 key themes after a detailed analysis of the factors identified: essential needs; health management; livelihood support; law enforcement; social harmonization; information and knowledge management; capacity and coordination; critical infrastructure management; environmental management; urban strategy and planning; economic sustainability; accessibility.

Therefore, the identification of these themes lead to the creation of a list of qualities of resilient systems.

- First of all, the systems should be **reflective**, accepting of the inherent and ever-increasing uncertainty and change in today’s world. In these systems, the mechanisms continuously evolve, modifying standards or norms based on emerging evidence, people and institutions examining and systematically learning from their past experiences, leveraging this learning to inform future decision-making.
- Secondly, the systems should be **robust**, including well-conceived, constructed and managed physical assets, so that they can withstand the impacts of hazard events without significant damage or loss of function, anticipating also the potential failures in systems, making provision to ensure failure is predictable, safe, and not disproportionate to the cause.
- Thirdly, the **flexibility** in a system implies that systems can change, evolve and adapt in response to changing circumstances. Flexibility can be achieved through the introduction of new knowledge and technologies, as needed
- A system should also be **resourceful**, so the people and institutions are able to rapidly find different ways to achieve their goals or meet their needs during a shock or when under stress.

- On the other hand, systems should also be **inclusive**, this attribute emphasising on the need for broad consultation and engagement of communities, including the most vulnerable groups. An inclusive approach contributes to a sense of shared ownership or a joint vision to build city resilience.
- Furthermore, another quality of the systems represents the **integration** and alignment between city systems, promoting consistency in decision making and ensures that all investments are mutually supportive to a common outcome.

City resilience is complex, the three layers of the City Resilience Framework – categories, goals and qualities – each contributing to a richer articulation of resilience. The City Resilience Framework provides a lens through which the complexity of cities and the numerous factors that contribute to a city’s resilience can be understood, it comprising 12 key goals that describe the fundamental outcomes of a resilient city, in 4 categories:

<i>I. Health and wellbeing</i>	<ol style="list-style-type: none"> <li>1. Minimal human vulnerability</li> <li>2. Diverse livelihoods and employment</li> <li>3. Effective safeguards to human health and life</li> </ol>
<i>II. Infrastructure &amp; ecosystems</i>	<ol style="list-style-type: none"> <li>1. Reduced exposure and fragility</li> <li>2. Effective provision of critical services</li> <li>3. Reliable communications and mobility</li> </ol>
<i>III. Economy &amp; society</i>	<ol style="list-style-type: none"> <li>1. Sustainable economy</li> <li>2. Comprehensive security and rule of law</li> <li>3. Collective identity and community support</li> </ol>
<i>IV. Leadership &amp; strategy</i>	<ol style="list-style-type: none"> <li>1. Effective leadership and management</li> <li>2. Empowered stakeholders</li> <li>3. Integrated development planning (e: flexible, redundant, robust, resourceful).</li> </ol>

The framework represents a helpful tool because it can be used to facilitate a common understanding of resilience amongst diverse stakeholders. It can also be used to identify where there are critical gaps, where action and investment to build resilience will be most effective, or where deeper analysis or understanding is required. The City Resilience Framework provides a foundation for the City Resilience Index, which would aim to provide cities with a robust, holistic and accessible basis for assessment so that they are better placed to make investment decisions and engage in urban planning practices that ensure people living in cities – particularly the poor and vulnerable – survive and thrive no matter what shocks and stresses they encounter. Finally, the report encompasses data, aiming to recognize city resilience in a few case studies from cities such as Surat, New Orleans, Semarang, Cali, Cape Town.

## ***B. City resilience profiling tool***

*Habitat, U. N. (2012). City Resilience Profiling Programme: Providing national and local governments with tools for measuring and increasing resilience to multihazard impacts including those associated with climate change. UN Habitat information brochure.*

UN-Habitat's mandate has adapted over the time to meet the needs of our growing urban world. At a time when the way we plan and manage our cities is more critical than ever, UN-Habitat's mission is to promote socially, economically and environmentally sustainable human settlement development and the achievement of adequate shelter for all.

The agency is currently working in more than 70 countries to bring high impact projects to people living in cities. UN-Habitat implements an integrated normative and operational activity. Working with governments and other stakeholders on the ground, our projects combine world-class expertise and local knowledge to deliver timely and targeted solutions to the most vulnerable urban residents.

The main goal of UN-Habitat's resilience work is to support local governments and relevant stakeholders to transform urban areas into safer and better places to live in, and improve their capacity to absorb and rebound quickly from all potential shocks or stresses, leading them towards sustainability.

The urban system approach considers five critical and interdependent dimensions common to all human settlements:

<i>Spatial attributes</i>	all human settlements are located somewhere geographically, and distributed in specific spatial terms from the smallest plot up through urban segments, to functional, regional, national and international contexts;
<i>Organizational attributes</i>	here meaning any association of humans for some purpose - formal, informal, corporate or political, and can describe any organizational scale from an individual, to a neighbourhood or community association, council of elders, to rate-payer groups, or even professional or religious associations that can influence the profile of the city; as well as more formal institutions such as local, regional or national governments
<i>Physical attributes</i>	from dwellings, and unpaved village roads; to the complex built environment of mega-cities;
<i>Functional attributes</i>	describing processes and flows - anything from a rural village market and transport hub, to commercial, governance, and social processes in large cities
<i>Time</i>	understanding that cities are not static, and evolve continuously

The CRPT provides cities the necessary framework to evaluate urban resilience and develop Actions for Resilience (A4R) tailored to their city. The CRPT uses a diagnostic methodology to determine shocks and

stresses facing a city and establishes prioritized actions allowing cities to capitalize on their existing data. The CRPT and accompany guidance assist local governments to deliver on targets set out in globally agreed inter-governmental frameworks, in particular. The Tool has been designed to collect information and provide a resilience profile that is applicable to a wide range of city scales, geographies and types. The Tool's integrated approach is holistic and takes into account the specificities of each city at the data collection, analysis and action stages. The data and information provided by the local government reveals the aspects that are more relevant to the local context.



## CHILD FRIENDLY CITIES

Table 3 presents the priority areas addressed in these initiatives and the indicators used for each priority area

<i>Priority areas addressed</i>	<i>Detailed indicators</i>
<b>CHILD FRIENDLY CITY Initiative implementation methodology for the Republic of Kazakhstan</b>	
<a href="https://www.unicef.org/kazakhstan/media/581/file">https://www.unicef.org/kazakhstan/media/581/file</a>	
Health	<ul style="list-style-type: none"> <li>Peri-natal mortality rate</li> <li>Under-five (U5) mortality rate</li> <li>Number of suicides among children and youth</li> <li>Percentage of children on exclusive breastfeeding for 6 months</li> <li>Adolescent birth rate</li> </ul>
Child safety and environment	<ul style="list-style-type: none"> <li>Number of children aged 14–17 who commit crime</li> <li>Number of crimes against children</li> <li>Number of child deaths from road traffic incidents</li> <li>Number of child deaths from incidents, injuries and poisoning</li> <li>Mean annual concentration of selected air pollutants</li> </ul>
Social equity	<ul style="list-style-type: none"> <li>Percentage of children in households below minimum subsistence</li> <li>Number of children in institutional care</li> <li>Number of children in adoption, guardianship and tutelage, and foster care</li> </ul>
Education	<ul style="list-style-type: none"> <li>Percentage of children aged 3–6 in pre-school</li> <li>Percentage of children aged 3–6 with special needs, limited ability or disability attending inclusive pre-school</li> <li>Percentage of children aged 6–17 with special needs, limited ability or disability attending inclusive general secondary school</li> </ul>
My Play & Cultural Activities	<ul style="list-style-type: none"> <li>places for play and sports</li> <li>engagement in play, rest and enjoy myself at home or in my neighbourhood</li> <li>library or another place where I can find books.</li> <li>Places for play in my neighbourhood can also be used by children with physical disability.</li> <li>places in my neighbourhood where I can be in contact with nature (trees, bushes, flowerbeds, etc.).</li> <li>participate in, or observe, cultural and sports events in my neighbourhood</li> </ul>
My Participation & Citizenship.	Express their opinion on the city they want;
My Safety & Protection..	Influence decisions about their city;
My Health & Environment.	Participate in family, community and social life;
My Education	Receive basic services, such as health care, education and housing;
My Personal Life	<ul style="list-style-type: none"> <li>Drink safe water and have access to proper sanitation;</li> <li>Be protected from exploitation, violence and abuse;</li> <li>Have green spaces for plants and animals;</li> <li>Walk safely in the streets on their own;</li> <li>Meet friends and play;</li> </ul>

Live in an unpolluted environment;  
Participate in cultural and social events; and  
Be an equal citizen within their city, having access to every service, regardless of ethnic origin, religion, income, gender or disability .

### Child Friendly Community Indicators

<https://s25924.pcdn.co/wp-content/uploads/2017/11/Child-friendly-Community-Indicators-a-Literature-Review-2008.pdf>

Agency

“The ability of children to demonstrate agency or take independent action. Children spoke of wanting to make choices and have some control over their own lives within age-appropriate boundaries. In particular, they expressed a desire to be involved in decisions about their lives and to be able to negotiate those boundaries when appropriate. This sense of control was seen as important for developing the skills to solve problems but also to achieve personal goals and outcomes.”

“A recurring theme for children’s wellbeing was the need to feel both safe and secure. Children spoke of feeling safe with others around and expressed feelings of vulnerability when left alone. They spoke of wanting to feel part of their communities and neighbourhoods and craved ‘safe spaces’ that allowed them to participate in activities with some independence. Traffic and the design qualities of the built environment were highlighted as factors that limit the potential of children to feel secure within their communities”

positive sense of self

“A third theme that was perceived by children to be important to their wellbeing was having a positive sense of self and of being valued and respected for who they are. A sense of recognition and belonging was described by the children in the study as “feeling recognised” and “feeling competent” (p 7). This also involved the ability of children to take time out to relax and reflect, whether within the confines of their own home or within the wider community environment.”

“Activities for fun; freedom and competence; spaces for children to connect with people or simply exert independence in times of adversity; the importance of access to activities that do not discriminate against children as a result of uneven access to material and economic resources; the need for child friendly environments that facilitate fun, a sense of community, and interaction with others; the need for natural places in which to explore and experience free play; and a desire to exercise and keep fit and healthy”

“Influence decisions about their city · Express their opinion on the city they want · Participate in family, community and social life · Receive basic services such as healthcare and education · Drink safe water and have access to proper sanitation · Be protected from exploitation, violence and abuse · Walk safely in the streets on their own · Meet friends and play · Have green spaces for plants and animals · Live in an unpolluted environment · Participate in cultural and social events”

1) Children’s sense of agency 2) Child safety and security 3) Children feeling respected and valued 4) Child health 5) Independent mobility

6) Access to diverse services and activities 7) A sense of belonging and connection to community 8) Authentic participation and self determination 9) Opportunities for exploratory play 10) Contact with nature and green spaces

1. Green areas 2. Provision of basic services 3. Variety of activity settings 4. Freedom from physical dangers 5. Freedom of movement 6. Peer gathering places 7. Reductions in traffic 8. Minimal litter or trash 9. Geographic accessibility and connectivity

**WHO/EEA JOINT WORKSHOP ON "CHILDREN'S ENVIRONMENT AND HEALTH INDICATORS**  
[http://www.euro.who.int/\\_data/assets/pdf\\_file/0003/134895/E80604.pdf](http://www.euro.who.int/_data/assets/pdf_file/0003/134895/E80604.pdf)

Air  
 Water, sanitation & Housing  
 Nutrition & Food  
 Mobility & transport  
 Physical and Chemical Agents  
 Specific adverse social environments

**Child Friendly Kazakhstan Designing and implementing a national child friendly cities recognition and accreditation program**

<https://researchdirect.westernsydney.edu.au/islandora/object/uws:27164/datastream/PDF/view>

Play and Leisure	"Access to safe places for play and sports Accessibility of play areas for children with disabilities Availability of green areas/parks Respect for cultural diversity Opportunities to interact with friends"
Participation and Citizenship	"Community's participation in decision making Access to internet Access to information on child rights Existence of policies for children Existence of a child-centred budget Existence of impact assessment mechanisms Availability of data on children"
Safety and Protection	"Safety of movement within community (walk, cycle or use of public transport) Respect for diversity/Non-discrimination Existence of community solidarity networks Safety from abuse, violence and bullying Access to services/counsellors for victims of abuse/violence Protection from drugs Incidence of crime/conflict Availability of care solutions for children not living at home Access to child friendly justice Existence of measures against environmental hazards and natural disasters Children engaged in work (not harmful and allowing for school attendance)

Health and Social Services	Availability of services for children not living at home or out of school” “Availability of health care facilities Access to birth registration services Availability of child care facilities/services Access to immunization Availability of and access to social services and counseling services Availability of reproductive health services and HIV/AIDS-STDs prevention Existence of garbage collection and waste disposal system Quality of air outdoor”
Educational Resources	“Access to school (pre-school, primary school, secondary school) Gender equality (equal opportunities) Children/teacher ratio Availability of education on: a. Healthy Living b. Environment c. Rights d. Reproductive Health Respect for children’s and parent’s views Respect for diversity/Non-discrimination Availability of time for play and recreation Existence of a safe and protective environment: a. Incidence of bullying b. Access to a support person (counsellor) c. Incidence of corporal punishment Access to water (for drinking and washing) Availability of toilets Access to library in school or community Availability of vocational training / placement opportunities”
Home Environment	“Access to water (for drinking and washing) Availability of Toilets (indoor or outdoor) Access to secure housing Adequate housing conditions Quality of air indoor Availability of electricity Household size (sufficient space) Safety at home”
<b>Indicators for CHld friendly Local Development</b> <a href="https://bernardvanleer.org/app/uploads/2017/10/Indicators_for_CHld_friendly_Local_Development-I_CHILD.pdf">https://bernardvanleer.org/app/uploads/2017/10/Indicators for CHld friendly Local Development-I_CHILD.pdf</a>	
Built environment	housing and schools open spaces
Services and facilities	physical and social infrastructure facilities for children with special needs
Safety and mobility	personal safety traffic safety transport and mobility
Ambient environment and disaster management	ambient environment disaster management

**The Role and Impact of Social Capital on the Health and Wellbeing of Children and Adolescents: a systematic review**

[https://www.gcph.co.uk/assets/0000/3647/Social\\_capital\\_final\\_2013.pdf](https://www.gcph.co.uk/assets/0000/3647/Social_capital_final_2013.pdf)

Family social capital:	family structure; quality of parent-child relations; adult’s interest in child; parental monitoring; and, extended family exchange and support
Community social capital:	social support networks; civic engagement; trust and safety; degree of religiosity; quality of pre-school/school; and, quality of neighbourhood.
Mental health and problem behaviours	Self-esteem and self-worth Internalising behaviours which includes thoughts, feelings, emotions and behaviours that the child/adolescent directs inwards (e.g. depression and anxiety) Externalising behaviours which includes the outward expression of feeling and emotions (e.g. aggression, violence, conduct disorders and disobedience) Composite measures of mental health and problem behaviours, where researchers have measured both internalising and externalising behaviours on a single scale.
Health promoting behaviours	nutritional health physical activity weight status and body image dental health.
Health risk behaviours	Tobacco use Alcohol use Drug use Sexual health Composite risk behaviours, which include composite measures across a range of risk behaviours.
General health, quality of life and wellbeing	where a single item measure asking about general health, QoL or wellbeing had been employed as the outcome

**FATTORE, T., MASON, J., & WATSON, E. (2007). CHILDREN’S CONCEPTUALISATION(S) OF THEIR WELL-BEING. Social Indicators Research (2007) 80: 5–29, DOI 10.1007/s11205-006-9019-9 Retrieved 23 January 2020, from <https://link.springer.com/content/pdf/10.1007/s11205-006-9019-9.pdf>**

Autonomy and Agency: o a sense of well-being”	“well-being as the capacity to act freely and to make choices and exert influence in everyday situations - not necessarily being independent from others - the social relations upon which autonomy was premised, including stable, secure relationships with adults - the capacity to act in ways consistent with being oneself - the capacity to act morally – make moral decisions with some degree of autonomy, was crucial t
Keeping safe and feeling secure	“fears about personal safety, particularly feeling alone and fear of being a victim of crime - global fears about war and terrorism, particularly feeling helpless to do anything about world events - factors that provide a sense of security and safety: being with other

Physical Environment and Home	<p>people, having parents that protect you and treat you well, having a personal, safe place to be and religion”</p> <p>“Adequate physical shelter and home environments that are stable - being able to access parklands autonomously, and feel safe to play in parks - Home as a place defined through family; it is a place you receive basic care; it is a place where you can relax and be yourself; it is a place where you have your possessions and hopefully a place where you can have fun; ideally it is a place where you have space to do internal work and feel secure”</p>
Self	<p>“Positive sense of self was used to define well-being - experiences of being valued, experience of self as an okay person and aspiring to be okay in the future - ‘internal work’ : taking time out to be on one’s own, to relax, reflect, ‘chill-out’ and having ones own space”</p>
Material resources	<p>“Having enough money to provide a decent standard of living for households and families, not individuals - certain items that children owned -&gt; they were invested with a certain emotional significance”</p>

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