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Why Canada Needs a National Youth Policy Agenda

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1.0 INTRODUCTION

Adolescents have a great deal of work to do to reach adulthood, when they will be expected to manage their own health, well-being, personal and community life and workforce participation . As a society, we have a great deal of work to do to help them become healthy and engaged adults. Although the family has considerable responsibility in nurturing young people, there are many ways that social structures and processes help or hinder them. For this reason, it is essential that we avoid moralistic frameworks and look instead at rights and responsibilities, determinants of health, and adolescence as a key transitional stage. This paper was commissioned by the National Children's Alliance to begin a discussion about why we need a national youth policy agenda. Clearly, there is a need for some organization to catalyze systemic transformational change and provide momentum towards concrete civic and policy engagement.

1.1 WHY FOCUS ON ADOLESCENCE?

Why focus our collective efforts on adolescence? What makes this developmental stage unique? This section:

- Defines our terms
- Describes the developmental realities of adolescence
- Highlights diversity in the adolescent population and its implications
- Sets the stage for a determinants of health and rights-based approach to key social issues for adolescents

Throughout this section, there is one dominant thread B the need to conceptualize and engage adolescence as agents of change and to support them as they take their agenda forward.

1.2 DEFINITIONS

Adolescence: Adolescence is a transition period from childhood to adulthood, marked by rapid development change. It begins with puberty. Where it ends is less clear. A social or legal definition ends adolescence when a person reaches the age of majority. A developmental definition

ends adolescence with the accomplishment of certain developmental tasks.

Youth: This term is often used interchangeably with the term adolescence. However, its linguistic ties to a particular age group are less strong. Some organizations have pushed the boundaries forward to include young people in their twenties (CPRN, 2002).

Determinants of Health Approach: This approach sees health as a function of diverse factors, which can be clustered into five categories: social and economic environment, physical environment, personal health practices, and individual capacity and coping. Factors within these categories interact with one another to produce health and well-being outcomes.

Life Transitions Approach: The life transitions approach looks at life trajectories. Generally, five life transitions are identified: infancy, childhood, adolescence, adulthood and older adulthood. The life transitions approach is often used in conjunction with the determinants of health approach.

Rights-based Approach: The rights-based approach uses the United Nations Conventions on the Rights of the Child as its interpretative and analytical lens. Importantly, the Convention recognizes the rights of adolescents to participate and to be engaged.

1.3 OBJECTIVES OF THE PAPER

This paper makes the case for the development of a national youth policy agenda based on the developmental tasks of the transition years.

Its objectives are:

- To open a dialogue on adolescent health and well-being
- To demonstrate how adolescence is a critical period in human development, where the decisions that we make as a society can have an enormous impact for better or worse
- To highlight key social issues relating to adolescence
- To establish adolescence as a priority action area.

It highlights the need for a shift in adult-adolescent relationships and links research and policies to the practice of actualizing the agency, resourcefulness, enthusiasm and energy of youth.

1.4 BACKGROUND ON CANADIAN ADOLESCENT HEALTH POLICY

Internationally, the need for more positive, proactive attention to adolescence has been identified. The World Health Organization and the United Nations Children's Fund have collaborated to produce a document, which emphasizes the importance of treating youth as separate from children and adults. The Pan-American Health Organization has advocated for an approach to adolescence that emphasizes "resilience" and "opportunities". Youth is recognized as a pivotal period in

development where social programs and supports can make a dramatic difference in life trajectories.

Canada does not have a comprehensive national adolescent development or adolescent health policy. This would be fine if the issues of adolescence were the same as those of either adults or children or if adolescence was a relatively invulnerable period in development. However, we know that adolescents are the one developmental group that has not experienced a decline in morbidity and mortality rates in recent years. Preventable injuries and substance abuse problems contribute to keeping these rates high. The National Children's Agenda has not effectively generated activities on behalf of youth. Initiatives that have emerged as a consequence of the Agenda have focused primarily on the early years. These initiatives have filled important gaps in social policy, but adolescence remains a neglected policy area with a weak health and social human resources infrastructure to implement related activities.

We know that adolescents need a broad spectrum of support that cross multiple domains, including health, social services, education, and justice. Although these domains are largely within the jurisdiction of provincial and territorial governments, the federal government is in a position of leadership. In particular, the federal government has a responsibility to negotiate Federal, provincial and territorial accords and agreements that establish shared goals, standards and expectations and that provide a framework for monitoring progress. The Early Childhood Development Agreement demonstrates the potential of these agreements to generate momentum across the country around particular issues. The federal government is, therefore, in a position to raise the profile of adolescence, stimulate policy and program development and generate momentum across the country. What is required is the political will to do so. The National Children's Alliance could play a positive role in generating this political will.

There are many parallels between adolescence and the early years, an area where the Alliance has had a great deal of success in generating political will and national policy action. Both are periods of rapid development characterized by striking physical, psycho/social and emotional changes. They are both periods of opportunity and vulnerability. The elementary school years are, in comparison, a period of relative developmental calm. We would never argue that school aged children do not need supports, services and opportunities promoting healthy development. We believe strongly in supporting individuals throughout the life cycle. However, the early years and adolescence may represent opportunities for society to have the greatest impact for its investments and where the consequences of not addressing problem areas may be especially far-reaching.

1.5 EVIDENCE OF FEDERAL GOVERNMENT INTEREST IN YOUTH ENGAGEMENT

There is evidence that the federal government is interested in finding innovative, effective ways to support healthy adolescent development in the absence of a national policy. For the purposes of this paper we have looked only at the Health Transition Fund. Through this fund, the federal

government has invested in projects that explore new models for meeting the wide-ranging needs of adolescents. Four projects currently underway are:

- YouthNet Satellite Program, YouthNet
- Youth Mobilization Project, Smartrisk Foundation
- Youth Engagement in Health Research and Policy, Social Program and Evaluation Group, Centre for Health Services and Policy Research
- Building Community Capacity in the Development of Healthy Public Policy and Programming for Youth: A School-Based Youth Empowerment Approach, CAHPERD

Other government funding supports youth engagement. One key example engages vulnerable youth in the arts. The Arts Network for Children and Youth provides practical community development and capacity building. It addresses the need for an arts-based culture as an alternate conduit to education, skill building and employment.

One common component in these projects is the emphasis placed on youth engagement. This is particularly surprising as youth engagement is actually considered to be a powerful and subversive concept, strongly linked with an often poorly understood rights-based perspective on adolescent development and well being, multiple barriers for youth and adult resistance to sharing power.

Multiple definitions of youth engagement exist in the literature. We turned to the Centre of Excellence on Youth Engagement to pinpoint a definition. According to their literature review, "youth engagement is the meaningful participation and sustained involvement of a young person in an activity, with a focus outside of him or herself " and "a youth can be vitally engaged in almost any sphere of activity, including music, politics, the arts, and community work ".

2.0 THE ADOLESCENT DEVELOPMENTAL STAGE

2.1 DEVELOPMENTAL GOALS AND TASKS

A recent literature review undertaken by the Registered Nurses Association of Ontario demonstrated the consensus among researchers that adolescence is a time of rapid physical, psycho/social and emotional change . The experience of adolescence is affected by previous developmental stages and by cultural background and, of course, the full range of health determinants. Healthy adolescent development is crucial as adolescents take more responsibility for their actions, make more decisions for themselves and make decisions that are more complex and can have life-altering consequences.

The goal of adolescence is to become an independent, autonomous individual connected with others in positive, fulfilling ways. The developmental tasks are:

- To achieve independence
- To adjust to sexual maturation

- To establish cooperative relationships with peers
- To prepare for a vocation
- To establish intimate relationships
- To develop a core set of values and beliefs
- To establish a personal identity
- To prepare for adult social roles

There are many parallels between these developmental tasks and those of the early years, although with more autonomy and less supervision. Developmental changes provide adolescents with the basic tools they need to accomplish these tasks, just as they did for very young children, but they are interactive tasks and adults need to play a supportive role.

2.2 THE NEW SCIENCE

We are accustomed to thinking of the early years of life in terms of rapid neurological development. Adolescence has not generally been thought of in this way. However, new neurodevelopmental research on adolescence reveals that the brain is being rapidly "rewired" over these years and that this rewiring is critical to human development. Neural pathways, brain structure and brain functions undergo change and development. As with the early years, environmental factors can influence this process for better or worse. Because the brain is still developing during adolescence, particularly in areas such as motivation and impulse control, this age group is especially vulnerable to forming addictions.

2.3 DEVELOPMENTAL PRIMING MECHANISMS

Clyde Hertzman created a list of developmental priming mechanisms. These are the things that adults can do to support adolescents in their tasks. Once again, they parallel those required to support very young children in their tasks:

- Encouragement of exploration
- Mentoring basic life skills
- Celebration of developmental advances
- Guided rehearsal and extension of new skills
- Protection from inappropriate punishment, teasing or disapproval
- Rich and responsive language environment

These priming mechanisms, to be most effective, should be applied everywhere adolescents are found: by parents and other adults at home, by teachers and staff at school, by health care professionals, by social service providers, by community program providers and others. The consistent application of these techniques is challenging as they undermine the exercise of control over adolescents. However, organizations, like the Registered Nurses Association of Ontario and others, are working towards the development of policies, programs and delivery models that are adolescent-friendly.

2.4 ADOLESCENTS ARE NOT A HOMOGENOUS GROUP

Adolescents are not a homogenous group B their strengths and weaknesses are related to:

- Developmental age and stage
- Family status
- Gender
- Whether they are in or out of school
- Ethnicity
- A Culture of youth in their community
- Sexual orientation
- Other factors

There are groups that have been identified in the research literature as especially vulnerable:

- Youth in care
- Homeless youth
- Pregnant and parenting adolescents and youth
- Youth in transition homes
- Aboriginal youth
- Immigrant and visible minority youth
- Youth involved with the justice system
- Disconnected youth
- Families of vulnerable youths

Because of this diversity, we need to hear from as many different voices as possible. We need to engage different sectors of the youth sector in dialogue to understand their needs and support them in their own (positive) agendas. It is also important to recognize how quickly transitions pass B youth culture is on the move. We know from the research that each successive stage builds on the accomplishments of the previous stages. We need to support adolescents throughout the stages, not focus supports at one end of the spectrum (for example, youth transition to work).

3.0 KEY SOCIAL ISSUES PERTAINING TO ADOLESCENCE

This report identifies issues related to healthy adolescent development that highlight the need to support community capacity building, training and access to resources in the adolescent sector and for professionals who support adolescents. What do we as a society want for adolescents?

- Healthy development (achievement of developmental goals)
- Adolescent engagement, citizenship and nurturing democratic principles by demonstrating them

It looks at determinants of health to examine factors affecting healthy adolescent development, engagement and citizenship. It describes the risks and opportunities that are associated with different aspects of adolescence, and highlights especially vulnerable groups. It concludes with the identification of key social issues or action areas.

3.1 HEALTHY DEVELOPMENT

This section examines five broad categories of social determinants: social and economic environments, physical environments, personal health practices, individual capacity and coping skills, and community

institutions. There has been considerable research, in part because this is the theoretical approach promoted by Health Canada. Recent federal and provincial/territorial government reports are structured around this approach. Our purpose here is not to comprehensively review, but to pick out key points for moving the adolescent agenda forward.

3.1.1 SOCIAL AND ECONOMIC DETERMINANTS

Although there are many issues relating to social and economic determinants, we have focused on bullying because it has been identified by the National Children's Alliance as a key issue.

Issues Related to Bullying and Exposure to Violence

Bullying is a form of aggression that occurs when a child is exposed, repeatedly and over time, to negative actions (physical, verbal and/or social) on the part of one or more children.

Given the specific developmental tasks of adolescence, peer relationships are central. Adolescents have an almost overwhelming need for affiliation (reference). Positive relationships with peers are crucial to accomplishing their developmental goals and yet, this need for affiliation also makes adolescents vulnerable to bullying.

Bullying is costly to society, leading to demands on multiple services over the life span . Adolescents who bully can generate life long costs because of their involvement in multiple systems such as mental health, juvenile justice, special education and social services. These young people who bully are at risk for developing other anti-social behaviour such as criminality in adulthood. Victims of bullies also experience a spectrum of problems including loneliness, lower self-esteem, insecurity, depression and anxiety. In severe cases, bullying can lead to suicide. Some victims become angry and aggressive themselves and turn to bullying others. Although the majority of students are relatively uninvolved in bullying, they are still negatively affected when witnessing these acts.

- 23% of young people in Canada, in grades 6 -10, reported that they bullied others
- Most bullied infrequently, but 1-6% reported bullying on a weekly basis
- Boys reported more victimization than girls
- 2-8% reported being victimized at least once a week
- The prevalence of bullying and victimization was highest in grade 10 for boys and grade 8 for girls

Extensive TV viewing by adolescents and young adults is associated with an increased likelihood of aggressive behaviour with others. By graduation from elementary school, a child will have seen on average 8,000 murders and 100,000 assorted acts of violence on television. Physical, sexual, verbal, and emotional abuse in the household and/or in a dating relationship compounds the risk factors for adolescents and youth.

Policy Implications

Canada's has promised its children that they will be made safe in their

homes, their communities and their schools.

- Bullying is a multi faceted issue and therefore benefits from a universal, comprehensive approach to policy, programs, practice and advocacy.
- Evidence-based school policies, designed and implemented with youth for reducing the incidence of physical bullying, rumor and verbal intimidation, and other forms of victimization
- A single, unequivocal message from adults and social institutions in their lives. Kids are taught that violence in different context can mean different things. Depending on the circumstances, violence is perceived as entertaining, admirable, necessary, a legitimate form of punishment or "bad".
- The implications of bullying and victimization for adolescents vary by their degree of involvement and adjustment difficulties. They require different levels of support and intervention on a continuum of care and support (i.e. identification, intervention, counseling, and justice.)

3.1.2 PERSONAL HEALTH PRACTICES

The Issues Relating to Physical Activity, Nutrition and Obesity

Physical activity and nutrition are important factors in healthy growth and development, contributing to physical and mental wellbeing. Obesity is an adverse health outcome that has become alarmingly common among adolescents.

Physical Activity

- Active adolescents report better psychological and physical health, endurance, muscular strength and flexibility compared with inactive peers
- Physical activity patterns can persist into adulthood and reduce the risk of adverse health outcomes such as cardiovascular disease and diabetes
- Approximately 80% of 11-16 year olds are not as physically active as recommended by the national physical activity guidelines
- Sedentary behaviours, such as television viewing and computer, are cited as contributing factors to the decline in physical activity
- About one in five Canadian youth spend three or more hours in the average day playing computer video games or using the Internet
- Adolescents with physical disabilities reported less exercise and more sedentary activities.

Nutrition

- Increased consumption of fast foods, pre-pared meals
- Increased accessibility to soft drinks and candy in schools
- Adolescents with physical disabilities ate less fresh fruits and vegetables and more high fat foods.

Obesity

- The increasingly sedentary lifestyles of youth contribute to a rise in obesity rates
- Psychosocial risks of obesity are of equal importance to the physical health risks (e.g. being less well-liked by peers, being bullied)

Policy Implications of Issues Related to Physical Activity, Nutrition and Obesity

If the obesity epidemic is to be alleviated in young Canadians more effective national public health campaigns aimed at increasing physical activity participation and decreasing sedentary behaviours will have to be implemented. Although personal choices made at home, such as to watch television or use the computer, are important factors in reduced physical activity and increased obesity, there are other factors that can be changed more easily through policy shifts. Decreased opportunities for physical activity in schools and communities has contributed to reduced rates of physical activity among adolescents, tendencies towards being overweight and obesity in Canadian youth.

Issues Related To Risk Taking Behaviours

Injury is a central issue in relation to risk taking. A legislative perspective on the prevention of unintentional injuries among children and youth in Canada provides a policy backdrop to the tendencies of adolescents and youth to see themselves as indestructible. Unintentional injury continues to be the greatest cause of mortality, morbidity and disability for children and youth in Canada. Risk for youth injury rises sharply in accordance with the number of risk behaviours reported. Risk behaviours include smoking, excessive drinking, engagement in bullying and failure to use seatbelts. However, some positive activities also increase the risk, such as participation in organized sports.

- In 2002, 47-60% of young people in Canada incurred injuries requiring medical treatment.
- Boys reported more injuries than girls and injuries peaked in Grade 8
- Approximately one third of student incurred injuries severe enough to limit their activities

Policy Implications

Injuries are predictable and preventable and should not be confused with "accidents". The majority of injuries sustained by this cohort take place at sports facilities, home, and the school environment. Injury reduction strategies have been successful, but the data point to the need to continually improve policy direction on safety of school and sports-related environments and to enhance first aid and other programs aimed at initial responses to these injuries. The importance that multiple risk behaviours play as a potential cause of injury among youth needs to be recognized and addressed in prevention initiatives on the policy, program, practice and advocacy levels.

The Issues Relating to Sexual and Reproductive Health A recent report summarized issues relating to sexual and reproductive health. There are pervasive mixed media messages that place a high value on sexual attractiveness and activity. Without education and training around sexual communication and relationship building, girls and young women are more likely to associate sexual activity with spontaneity and romance and less likely to be prepared for safer sexual and reproductive health practices. Boys and young men are still reluctant to take responsibility for their procreative consciousness.

There are a number of adult perspectives on adolescent and youth sexual and reproductive health and well being and myths about adolescent pregnancy that can interfere with the development of effective public policy:

- Sex education will promote sexual activity among adolescents
- Parents do not support sex education in schools

The combination of the social stimulus to value attractiveness and sexuality and the social barriers to education in sexual and reproductive health is a deadly one for many adolescents. Some of the issues reflected in this domain are:

- Negotiating relationships and birth control
- Sexual health clinics, sexually transmitted infections & HIV/AIDS
- Fetal Alcohol Spectrum Disorders
- Maternal, infant, child health
- Support for adolescent fathers
- Teen parenting support and child care

Policy Implications

- Develop a health promotion strategy to maximize positive sexual health outcomes.
- Encourage a community-based approach to action and involve youth in health promotion program policy, design and implementation.
- Use determinants of health to approach policy development, program implementation and service delivery and avoid issues of "morality".
- Respect the rights of pregnant/parenting teens to program delivery and services.

3.1.3 INDIVIDUAL CAPACITY AND COPING SKILLS

The Issues Related to Mental Health and Spiritual Wellbeing

Secure attachment has been increasingly recognized as central to adaptive functioning over the life span . During the last two decades, researchers have clarified the role of secure attachment in promoting psychological, emotional, social and spiritual wellbeing during developmental transitions.

Recently, a Canadian report has indicated that \$14.4 billion is spent on treating mental health each year . This amount is expected to increase, and will make mental health the leading cost in Canada by 2020. Young people who suffer from emotional problems need not suffer through adulthood if policies are identified and in place to ensure effective interventions in adolescence. Educational facilities providing positive climates are positioned to offset some of the emotional health difficulties of adolescents.

Statistics on adolescent mental health include.

- 12% of adolescent boys and 20% of adolescent girls reported regular feelings of loneliness

- 70-78% of adolescents between 15-19 experienced moderate to high levels of distress in their lives
- 12% of girls and young women, 15-19, experienced a major depression.

The UN Convention on the Rights of the Child emphasizes the need to ensure the full development of the child and includes spiritual, moral and social levels of development. According to a recent virtual discussion on youth and spirituality, "spiritual development includes hope, possibility for growth and learning, capacity for wonder, sense of belonging, creativity, peace, a sense of personal power and capacity for self-determination, empathy, responsibility, and a feeling of being connected and safe."

The McCreary Centre Society surveys adolescents about their sense of connectedness with family, friends and others:

- 75% of adolescent students in British Columbia reported medium levels of connectedness with family and 15% reported being highly connected.
- Younger adolescents reported higher connectedness with family than older adolescents.
- Connectedness with school is at its lowest between Grades 7 and 10.

Policy Implications

Clearly mental health and spiritual wellbeing should be central to any national youth policy agenda. Parent education and adjustment during adolescence is just as potent in its positive or negative health impacts as it is during the early years. Attention needs to be focused on parent education through schools, treatment centres, and places of employment to give parents access to opportunities to consciously address their roles through the vulnerable and robust transition years. Policy work will need to involve all sectors of society to broaden recognition of the benefits of providing opportunities for adolescents that foster creativity, innovation and connectedness.

3.1.4 COMMUNITY INSTITUTIONS

Issues Relating to School Environments

Adolescents spend a substantial portion of their lives at school. The Health Behaviours of School Age Children study focused on six aspects of school experience: academic achievement, school satisfaction, school climate and teacher support, relationships with other students, parent support, and pressure to achieve at school. The study identified two general patterns:

- Students who have positive school experiences are less likely to participate in risk behaviours or have negative views of their lives
- The perception of secondary students towards school tends to be more negative than those of elementary students

Policy Implications

Clearly it is important to promote positive school experiences and to

ensure that this positive environment continues as adolescents mature. The increase in negativity among older adolescents at school may reflect difficulties encountered by schools in balancing the need to respect adolescent developmental tasks (e.g. increasing autonomy and self-determination) with the need to maintain an orderly and safe school environment. The National Training Initiative in Adolescent Health (NTIAH) offers a model for positive interaction between adults and adolescents around shared goals.

Issues relating to Community Policing and Justice

The literature on youth and justice and freedom from discrimination points to several areas in which young people's citizenship status is infringed upon . This occurs directly and indirectly on the basis of age and membership in a particular category (such as gay or lesbian) or community (such as newcomers to Canada). If youth come into contact with the policing or the criminal justice system, they may receive overly punitive treatment rather than balanced corrective treatment.

Although some adolescents are engaged in criminal activity, in some cases, young people lack youth-friendly spaces (indoors and outdoors) where they can engage in activities that interest them. For example, adolescents utilizing public spaces for skateboarding may come in contact with police and those hanging out with friends at coffee shops may be evicted for loitering.

Policy Implications

A National Policy Agenda for Youth would need to increase physical environments that meet the needs of youth and prevent over-reliance on community policing. It would need to focus attention on the need for developmentally appropriate corrective measures when adolescents do come in contact with the law and to raise awareness about the need to improve the social and economic determinants that contribute to adolescent criminal activity. The UN Convention of the Rights of the Child is an important document supporting reforms in our treatment of young people in the justice system.

3.2 ADOLESCENT (YOUTH) ENGAGEMENT

In addition to an overview of determinants of health, this paper presents a discussion of adolescent engagement. Engagement can be viewed as both a determinant of health and a positive outcome. However, it can also represent an alternative model for thinking about youth. This section looks at engagement from these three perspectives.

The Centre for Excellence for Youth Engagement has completed research that examines the correlation between various risk factors and engagement . It defines youth engagement as "a meaningful and sustained participation in an activity with a focus outside the self."

Where youth engagement was higher, the following were lower:

- Alcohol consumption
- Smoking
- Recreational drug use

- Risky sexual practices
- Violent behaviour, delinquency and crime
- Emotional problems
- School failure and early leaving

Where youth engagement was higher, the following were also higher:

- Self-esteem
- Physical activity
- School performance
- Commitment to friends, families and communities

Issues Relating to Barriers to Engagement

Understanding that full citizenship is possible when rights, responsibilities, access and feelings of belonging are present, it is essential that we seriously consider the following barriers to engagement articulated by youth:

- Existing stereotypes that adults have of youth inhibit cooperation
- Competing goals and objectives amongst adults and youth
- Continuity as adolescence is a transitory period and young people moving on making the case for well-trained adults, who are able to mentor youth as they pass through system and be able to welcome a new wave of youth
- Unequal ability to participate with adults
- Need for training and communication skills for both youth and adults to recognize rights, responsibilities, expectations and effective communication strategies

When youth encounter an "inappropriate disapproval, teasing or punishment" in community institutions it can negatively impact on their development and reduce their engagement with the community. For example, when schools employ teaching methods that run counter to developmental priming mechanisms (such as sarcasm), adolescent development is challenged. Or when schools respond to adolescents with behavioural or learning disabilities (such as attention deficit hyperactivity disorder) with exclusionary tactics, it also impedes development. These same concerns emerge in other environments, such as community health services and social and recreational programs.

Policy Implications

It is important to remember that a correlation does not imply causation. This association between engagements and other factors, however, does provide a framework for considering the possible role of engagement-oriented programs as a response to adolescent risk-taking behaviours and as a proactive means to support healthy adolescent development. Social exclusion is essentially the opposite of engagement. Excluded adolescents lack opportunities to develop their capabilities and to be full participants in their communities. To effectively reach their goals, youth engagement programs must be supported by a national policy framework that makes social inclusion a priority.

Issues Relating To Transition To Citizenship

Aristotle said that a citizen is one who participates in democratic power.

Democracy means having the opportunity to actually make a difference in policies which govern and impact our lives. Engaged citizens are informed and accountable and expect to be listened to and respected.

Being a full citizen means:

- Engaging in activities ensure and promote one's rights
- Exercising one's responsibilities
- Having access to political institutions
- Being empowered
- Sharing a sense of belonging to the community - national as well as local.
- Having the resources and opportunity to participate in different domains of life

Policy Implications

Many youth are excluded from full citizenship because of age or social and economic circumstances. The three dimensions of citizenship are (1) rights and responsibilities, (2) access, and (3) feelings of belonging . Youth in care, Aboriginal youth and youth engaged in street culture are at increased risk of perceived and real disenfranchisement. Independence and autonomy are also a key element of full citizenship - and in fact underpin each of the three dimensions of full citizenship. A policy framework for youth must recognize these as foundational and build upon them.

Issues Relating to Recreation and Citizenship

A national study found that significant numbers of Canadian adolescents (ages 9-11 years) almost never participate in supervised sports(33%), arts programming (63%) or community-based programs (65%). This infers that participation rates during later adolescence and amongst youth are likely similar.

While research in the area of recreation and citizenship is relatively new, the initial evidence on the role of community-based youth organizations in fostering democracy is extremely promising. Community service learning, which takes place within the educational system and has the potential to reach large numbers of adolescents, has also shown benefits.

We as a society have shut kids out of activities that are socially meaningful. Yet it is through these activities that youth develop commitment to their communities and to other people in their communities. By relieving children of responsibility, we have ended up shutting them out of roles at exactly the developmental period when they need them in order to experience a sense of commitment to others.

Policy Implications

Not only are Canadian youth not being given opportunities to participate in fun, challenging and developmentally appropriate programs, they are missing critical opportunities to learn the skills required to become productive and community-oriented democratic citizens. This is not only detrimental to an individual's development but for society as a whole.

Bonnie Bernard's synthesis of research on resilience is a landmark

document that provides a new framework that emphasizes the desperate need for positive health indicators and perspectives on adolescent development. Her research provides the evidence that individuals no matter what age are hard wired for self-righting. Holding open a space for adolescents to extend the period devoted to self-development and self realization through education, training and apprenticeships allows for more positive outcomes to emerge. Youth grapple with the developmental tasks autonomously from their families or tribes and learn how to create new realities and relationships for themselves.

This is part of the advocacy challenge for the National Children's Alliance - to educate adults to see this innate capacity and the space and caring to complete developmental tasks as the birthright of all children and youth. The advocacy challenge is also to help adults learn how to position themselves to support the emergence of these young citizens by incorporating research findings based on positive health indicators which support youth to lead happy and productive lives.

4.0 CONCLUSIONS

This exploration of adolescence as a key transitional period demonstrates how important it is for the National Children's Alliance to play a leadership role. The Alliance has learned highly transferable lessons from their advocacy on behalf of very young children. Research has shown the parallels between development in early childhood and adolescence. Youth policy at the federal level is at the early stage in development and the National Children's Alliance could carve out a role in shaping the emerging policy framework.
