

CHILD IMPACT REPORTING

Kirsten Hanna¹
Ian Hassall
Emma Davies
Institute of Public Policy
Auckland University of Technology

Abstract

Few dispute that children are entitled to enjoy the happiest, healthiest and safest childhoods we can provide or that they will play a pivotal role in the future social and economic development of this country. For all their importance, children's interests are all too easily overlooked in policy development and implementation. Such inattention in the past has led to poor but preventable outcomes. One way of increasing the visibility of children in public policy practices is by conducting child impact assessments. By this process, policy is assessed for its likely effect on children *before* that policy is implemented. It involves determining whether the impact of policy is likely to be in the best interests of children, then making adjustments to avoid or mitigate negative outcomes and to maximise the benefits. Overseas experience points to a number of issues that need to be considered if child impact reporting is to be incorporated into government processes, including issues of governance, process, report content and sustainable institutionalisation. There are considerable barriers to introducing child impact reporting, but if its function and importance can be agreed upon, the details of process and structure can begin to be formulated.

INTRODUCTION

Few dispute that children are entitled to enjoy the happiest, healthiest and safest childhoods we can provide or that they will play a pivotal role in the future social and economic development of this country. For all their importance, attention to children's wellbeing in government policy and processes remains variable and, all too often, *ad hoc*.

It is stating the obvious to say that public policy decisions affect children and that failure to consider their likely effects on children could lead to unforeseen, negative outcomes. New Zealand policies of the 1990s are a case in point. In 1991 benefits were slashed at a time when unemployment was already on the rise. Between 1992 and 1999, 11,000 state houses were sold and from 1993 state house tenants were charged market rentals (Johnson 2003). In the wake of this, the rate of child poverty soared (from 13.5% in 1987/88 to 34% in 1992/93) (Ministry of Social Development 2006), as did rates of overcrowding, substandard housing and a raft of poverty-related diseases, including the meningococcal epidemic which caused 119 deaths between 1991 and 1998 (Baker et al. 1999).

One way that such consequences might be avoided in future is by increasing the visibility of children in the development of public policy. Child impact assessment is a process which does precisely that. By this process, prior to the implementation of a policy, its likely impact on children is assessed. Policy is assessed against the principle of "the best interests of the child"; it is then adjusted to mitigate or remove any negative impacts and, where possible, to maximise benefits.

¹ Acknowledgements

The authors gratefully acknowledge the financial support of the Child Health Services Trust. We also wish to thank the anonymous reviewer for his or her generous and insightful comments on an earlier draft.

Crucially, policy is also audited during and after implementation. The two key elements are therefore predicting consequences and informing (and hence influencing) decision making.²

New Zealand ratified the United Nations Convention on the Rights of the Child (the Convention) in 1993. The United Nations Committee on the Rights of the Child recommends that states which have ratified the Convention adopt child impact assessment for all policy that affects children (UN Committee on the Rights of the Child 2003:11). This recommendation has been heeded to varying degrees by governments around the world, including Belgium (Flemish Parliament), Finland, Scotland, Northern Ireland and Sweden. Here in New Zealand, the Agenda for Children, which was endorsed by the Government in 2002, proposes child impact reporting as a possible future development (Ministry of Social Development 2002:19). Support for this comes from a wide range of organisations, including the New Zealand Law Commission³ and the *Every Child Counts* coalition.⁴ Furthermore, political commitment is beginning to emerge with United Future, Labour and the Greens all indicating that they favour the practice (Every Child Counts 2005). At a local government level, Auckland City Council has committed to adopting child impact reporting in its policy processes.

THE RATIONALE FOR CHILD IMPACT ANALYSIS

There are at least four key reasons for introducing child impact assessments. Firstly, children in New Zealand are manifestly not doing well. At least some poor outcomes likely result from policies that did not take full account of how they would affect children (Kiro 2000). For example, housing policies of the 1990s might have been very different if the likely impact of household overcrowding on child health had been considered. That is, child impact analysis is one way of ensuring that policy development is informed by an understanding of potential implications for children.

Secondly, as non-voters, children are largely excluded from political processes. Yet decisions made by central and local governments have an enormous impact on children's wellbeing, either directly or mediated via families and communities. They have no lobby power to ensure that their interests are taken into consideration, relying instead on adults to advocate on their behalf.

Thirdly, child wellbeing is as critical to the nation's future social and economic development as a healthy environment, the sustainable use of natural resources and a healthy economy. We are accustomed to examining policy for its effect on the environment, our natural resources and the economy. For the same reason -- sustainability -- no less a priority should be given to children.

Finally, children, like adults, have a right to a healthy, happy, safe life. However, children are disproportionately affected by adversity. For example, they are more likely than any other sector of the population to experience poverty and overcrowded accommodation; the negative impact of these conditions on children's health is well established (Baker et al. 2000, Poulton et al. 2002, Shonkoff and Phillips 2000).

Government processes do not currently give due regard to the importance of children in the nation's future. Child impact reporting is one way of addressing this omission. It holds the promise of increasing the profile of children in political processes with the aim of ensuring better outcomes for all.

² This same point is made in relation to health impact assessments, e.g. Kemm 2003.

³ See Ministry of Justice 2001.

⁴ *He Mana iō ia Tamaiti / Every Child Counts* was a campaign launched in 2005 which aimed to promote children's interests in the lead-up to the general election of that year. The campaign was led by a coalition of organisations (Plunket, Barnardos, UNICEF, Save the Children and the Institute of Public Policy at AUT University) and supported by over 5,000 individuals and 350 organisations.

OVERSEAS EXPERIENCES

In 1997, the Flemish Parliament in Belgium led the world by passing an act that required all draft acts affecting children to be accompanied by a child impact assessment when presented to Parliament. Sweden followed soon after in 1999 when its Parliament passed a Bill endorsing a national strategy for implementing the UN Convention on the Rights of the Child. This strategy included a requirement that national government decisions affecting children be assessed for their impact on them, and recommended that local government “set up systems, e.g. Child Impact Assessments and Child Accounting, to monitor the realisation of the best interests of the child in local/regional government” (Sylwander 2001:10). Scotland’s Child Strategy Statement (1998, reissued in 2000 following devolution) calls for all departments within the Scottish Executive to “explicitly consider the implications of [policy] for children” (Scottish Executive n.d.). Northern Ireland’s draft strategy for children of 2004 similarly calls for child-proofing.⁵ Finland’s national action plan for children of 2005 also recommends the use of child impact assessments.

In England, there is no statutory or other formal requirement that policy be child-proofed. However, in 1997 the National Children’s Bureau commissioned child impact reports on 23 Bills passing through Parliament in the 1997/1998 legislative year. An evaluation of the process and its potential concluded that child impact analysis is indeed useful and “On a more ambitious scale, can point the way forward for governments that are truly committed to the wellbeing of children” (Hodgkin 1998:25). In 2004, the Bureau received further funding to *inter alia* prepare child impact reports on consultative papers, draft Bills and Bills, and to develop a model for this process. The final report of this project is due in late 2006.

International experience with child impact assessments is still in its infancy, hence there is very little published literature evaluating the process or outcomes. Descriptions of models for incorporating child impact assessments into legislative or policy processes are similarly few. Although the literature that exists tends to raise more questions than it answers, it does point to a number of issues that need to be considered in developing a model.

Governance

1. Which person/body has overall responsibility for ensuring high-quality reporting is carried out and results in positive action?

Process

2. Which decisions should be subject to a child impact report (only those within the relevant social development ministry or all policy decisions); if the requirement is not universal, who decides when one is necessary?
3. When should the assessments be made (i.e. at all or only some stages in the decision-making process)?
4. Who should undertake them (policy analysts, academics, NGOs and community-based organisations, a cross-sectoral team)?
5. To what degree should children and parents be consulted?
6. What happens to the reports (i.e. are they to be made public) and will decision makers be required to act on them?

Report content

7. What should be included in a report?
8. How does one identify, in any given decision, the “best interests of the child”?
9. Should there be different levels of reporting depending on the nature of the policy being audited? (Hodgkin 1998, Sylwander 2001)

⁵ The final strategy was due in early 2006.

Researchers from Sweden and Britain are beginning to offer answers to many of these questions. For example, in relation to the governance issue, Sylwander (2001) and Hodgkin (1998) are clear that there needs to be high-level support for the process (say, from the Prime Minister or other high-ranking Cabinet minister). Hodgkin further states that a body or individual will need to take responsibility for child impact reporting within government in partnership with an external body acting as watchdog and a parliamentary body to follow up reports:

...a Minister or Unit to secure that the civil service undertakes child impact analysis on a routine basis, a Commissioner to act as an external watchdog on this process and to organise independent assessments when this is thought to be needed, and a Parliamentary body to receive the information during the passage of legislation and to hold the Government accountable to its actions on behalf of children. (Hodgkin 1998:30)

In Flemish Belgium, the approach taken is to share the monitoring function among various offices: responsibility for monitoring compliance with child impact reporting requirements rests with the coordinating Minister for Children's Rights although the Council of State, the Flemish Parliament and the Children's Rights Commissioner also monitor compliance (Flemish Government 2004).

In terms of process, the first question is which policies, bills and the like should be assessed. Some argue that all policy should be assessed, whereas others suggest that a blanket approach runs the risk of devaluing the process (Hodgkin and Newell 1996:49). If a non-universal approach is taken, it would need to be taken into account that policy areas in which children are central, such as education, may not benefit as much from child impact assessment as less-obviously child-related policy areas:

The departments most likely to be required to provide child impact statements are not those where the impact of decisions on children is at the forefront of discussion, e.g. the Department of Health, the Department of Education and Science or the Lord Chancellor's Department's Family Law Division. Rather it is those whose policies impact on both children and adults, and where the impact on children may not have received sufficient attention. (Rosenbaum and Newell 1991, cited in Hodgkin and Newell 1996:49--50)

As a case in point, a recent child impact report was carried out on the British Identity Cards Bill, second reading. The report drew attention to a number of ways in which the provisions of the Bill impacted adversely on children, including on unaccompanied asylum-seeking children's ability to access public services (National Children's Bureau 2005). The fact that the impact on these children was adverse (presumably because they had not been considered) illustrates the value of such reports in policy areas in which children are not "at the forefront of discussion".

Given that the purpose of child impact assessment is to inform policy development, assessments need to be conducted at points in the decision-making process at which changes can be made. The impact of policy on children should ideally be assessed from the earliest stages of policy development and throughout its formal consideration. During and after implementation, the actual impact on children should similarly be monitored and evaluated.

This brings us to the question of who carries out the report: policy analysts, NGOs, academics, lawyers, child advocates, a cross-sectoral team? The British experiment on child impact reporting illustrated that more than one agency typically needs to be involved; that is, writers will invariably need to consult other experts, particularly as the effects of a given policy inevitably interact with other existing or proposed policies. The experiment also suggests that it is preferable if public servants are involved in the process either as primary report writers or to check assessments for accuracy, but that:

...a statementing process must also be sufficiently independent of government for it to be a convincingly objective statement. (Hodgkin 1998:31)

The make-up of any report-writing team would no doubt be partly determined by the policy to be assessed. Who determines the make-up and which effects should be assessed need to be clarified.

The involvement of children in the process is another issue needing consideration. Few working in the field of children's issues would dispute that children's voices should be heard in relation to decisions that affect them. However, the practicalities of participatory processes are not always easy to reconcile with the realities of impact assessment, as noted by researchers in relation to health impact assessment. These comments relate to community participation but apply equally to the participation of children:

Participation is intuitively appealing but it is clear that participatory approaches do not always run smoothly. Working with communities is far from easy and participatory partnerships take time to build if they are to be truly participatory. And herein lies the problem: HIA [health impact assessments] usually has to be done reasonably quickly, so as to operate within the policy-making timescale. To get community participation quickly necessitates the use of existing structures and people; it means compromising the extent of consultation with hard-to-reach groups; and it means that assessments almost certainly have to be predominately "top-down" professionally-led exercises. This type of HIA runs the risk of legitimising a decision in which a substantial proportion of the community have not been involved despite the assessment being conducted under the banner of "participation". (Parry and Wright 2003:388)

A further process issue is what happens to the report. At the very least, the reports should be considered by a semi-independent body or individual to assess their findings and quality. They should be made available for public scrutiny in the interests of transparency and accountability, while the process would also need to establish who is responsible for ensuring that reports result in appropriate actions. Similarly, processes for monitoring and evaluating both the impact of policy measures on children and the child impact reporting process itself need to be established.

The final set of questions relates to report content. Hodgkin's report (1998:28—29) on the British experiment suggests that the following be included.

1. A description of the proposed policy.
2. A description of how it is likely to impact on children.
3. An indication of whether it is consistent or inconsistent with the Convention, relevant national strategies and international treaties.
4. Identification of any disagreements over the likely impact on children.
5. Where adverse impacts are predicted, how they might be avoided or mitigated.
6. An indication of the report's limitations (for example, lack of information or expertise).
7. Children's views.
8. An indication of "what next"; that is, what the measure *could* have covered or done, what needs to be monitored and evaluated after implementation.

In addition, the Swedish model includes spelling out any conflicts of interest that may arise as a result of the proposed policy (i.e. where the best interests of the child conflict with the best interests of other population groups) and a cost/benefit analysis. The model also allows for different levels of report: full impact analysis and, where the policy at hand is too broad to allow a full analysis, an impact review which aims to estimate the impacts:

... without necessarily trying to disentangle the precise impact of the various parts of the proposal or cluster on specific aspects of the effect on a child/children ... based largely on a review of earlier published analysis of similar proposals. (Sylwander 2001:21--22).

In terms of determining the best interests of the child, Sylwander (2001) turns to the Convention for guidance, along with existing “statutory texts, travaux préparatoires, regulations, guidelines and policy with reference to the matter in hand” and scientific knowledge -- “knowledge derived from research, expert participation, studies and surveys of children with reference to the matter in hand” (Sylwander 2001:26).

What is clear from overseas experience is that making child impact reporting an integral part of public policymaking is a long-term process; the first step is to gain the support and understanding of decision makers through an initial phase of education, discussion and debate (Sylwander 2001). With respect to buy-in from decision makers, the same point is made by Kemm (2003:387) in relation to health impact reports:

Health impact assessments are most likely to inform decision-making if the decision-makers “own” the assessment and are closely involved in all the stages of the [health impact assessment], from scoping (defining all the elements involved) to report.⁶

THE STRENGTHS AND WEAKNESSES OF CHILD IMPACT REPORTING

The concept behind child impact reporting is relatively simple and, if well implemented, holds the promise of much benefit. The process could ensure that policy is informed by knowledge about the determinants of child health and wellbeing. It could also open dialogue between ministries to encourage a “whole-child” and “joined-up government” approach, and bring together advocates, academics, and those involved in policy development for focused discussion around policy initiatives.⁷ In other words, there is the potential for impact analysis to increase intersectoral and inter-ministry collaboration in the pursuit of better outcomes. This recognises the fact that the determinants of good outcomes for children fall within the responsibility of multiple ministries, from health and education through to taxation and transport. In addition, child impact reporting holds promise of creating more transparent policy processes that can also improve governmental accountability.

Having said this, one needs to be realistic about what child impact assessment can achieve. It cannot and will not be a cure-all. The potential effects of policy on children can be extraordinarily complex and wide ranging; it would be impossible to identify, let alone predict, all effects in all cases.

Deleted: n

Furthermore, if the process is to influence decision makers, it must work for policy analysts and decision makers. That is, the institutionalisation of the process needs to enhance the decision-making process rather than mire it down, and promote collaboration rather than confrontation between sectors.

Given the inherent difficulty of institutionalising such a process and the limitations as to what it can achieve, one might question the value of child impact reporting as a means of increasing the visibility of children in public policy decision making and improving outcomes for children. The best answer to this perhaps lies in the example given above from Britain where an assessment of the Identity Cards Bill identified a number of negative impacts on children, including on the ability of unaccompanied asylum-seeking children to gain access to public services. These children are without doubt a vulnerable group; the effect of the policy would have been to further marginalise them. It was only through a child impact assessment that this deficiency in the Bill was identified. The advantage of the process is that it avoids the preventable blunders that can arise when children’s interests are overlooked.

⁶ Kemm (2003:387) makes the further point that the report must meet the needs of decision makers: “An assessment will not influence the decision-makers unless it is designed to meet their requirements”.

⁷ Again, similar points are made with respect to health impact reporting (Krieger et al. 2003:659--660).

CONCLUSION

Elsewhere, the authors have argued that “children’s wellbeing must become a fundamental, guiding principle in political processes if we are to prosper as a country” (Hanna et al. 2006). Certainly, child impact reporting is a step in the right direction by vetting policy against the principle of the best interests of the child, by ensuring that the impact of policy on children is explicitly documented, and by creating a transparent process that improves governmental accountability. Furthermore, the expertise and some of the structures that would help make child impact assessments successful are already in the place (e.g. the Office of the Children’s Commissioner, academic centres and NGOs).

Even if there is an official requirement that child impact assessments be conducted, unless the process is fully integrated into public policy decision-making processes (i.e. institutionalised) it is unlikely to be effective. On the other hand, the risk in institutionalisation is that the purpose becomes obscured by the process. The job of child impact reporting is to offer a child-focused perspective on policy development; the challenge is to keep this firmly at the forefront -- in particular, making children visible in policymaking processes and generating intersectoral and inter-ministry dialogue.

It is not useful for academics outside government to attempt to draw up a process for institutionalising child impact reporting. This is a task that requires in-depth knowledge of the policymaking process and the determinants of public policy. What would be useful is to begin the process through open dialogue between sectors as to how child impact reporting could be designed so as to work for decision makers, those working with children on a practical and academic basis and, most importantly of all, for children themselves. If the function can be agreed upon, details of process and structure can begin to be formulated.

REFERENCES

- Baker, M., D. Martin, C. Kieft, N. Jones and D. Lennon (1999) The evolving meningococcal disease epidemic in New Zealand. *Public Health Report*, 6(8):57--61.
- Baker, M., A. McNicholas, N. Garrett, N. Jones, J. Stewart, V. Koberstein and D. Lennon (2000). "Household crowding a major risk factor for epidemic meningococcal disease in Auckland children" *The Pediatric Infectious Disease Journal*, 19(10):983--990.
- Every Child Counts (2005) *Political Party Policy Analysis*. Retrieved 22 September 2005, from <http://www.everychildcounts.org.nz/resources.php?rid=44>.
- Flemish Government (2004) *Child Impact Reporting (CIR) Methodology*. Flemish Government, Brussels.
- Hanna, K., I. Hassall and E. Davies (2006) "Improving public provision for children" *Childrenz Issues*, 10(1):7--12.
- Hodgkin, R. (1998) *Child Impact Statements 1997/98: An Experiment in Child Proofing UK Parliamentary Bills*. National Children's Bureau Enterprises Ltd, London.
- Hodgkin, R., and P. Newell (1996) *Effective Government Structures for Children*. Calouste Gulbenkian Foundation, London.
- Johnson, A. (2003) *Room for Improvement: Current New Zealand housing policies and their implications for children*. Child Poverty Action Group, Auckland.
- Kemm, J. (2003) "Perspectives on health impact assessment" *Bulletin of the World Health Organization*, 81(6):387.
- Kiro, C. A. (2000). Assessing the impact of the economic reforms on Maori tamariki and rangatahi. In A. Smith, M. Gollop, K. Marshall and K. Marsh (Eds.), *Advocating for Children: International perspectives on children's rights*. University of Otago Press, Dunedin.

- Krieger, N., M. Northridge, S. Gruskin, M. Quinn, D. Kriebel, G.D. Smith et al. (2003). Assessing health impact assessment: multidisciplinary and international perspectives. *Journal of Epidemiology and Community Health*, 57:659--662.
- Ministry of Justice (2001) *Summary Analysis of Submissions in Response to the Discussion Paper "Responsibilities for Children: Especially When Parents Part. The Laws About Guardianship, Custody and Access"*. Retrieved 14 September 2005, from http://www.justice.govt.nz/pubs/reports/2001/submissions_children/final_summary.pdf
- Ministry of Social Development (2002) *New Zealand's Agenda for Children*. Ministry of Social Development, Wellington.
- Ministry of Social Development (2006) *Social Report 2006*. Retrieved 13 September 2006, from <http://www.socialreport.msd.govt.nz/index.html>
- National Children's Bureau (2005) *All Party Parliamentary Group for Children Child Impact Statement*. Retrieved 10 November, 2005 from <http://www.ncb.org.uk/resources/Identity%20cards%20June%202005.pdf>
- Parry, J., and J. Wright (2003) "Community participation in health impact assessments: Intuitively appealing but practically difficult" *Bulletin of the World Health Organization*, 81(6):388.
- Poulton, R., A. Caspi, B.J. Milne, W.M. Thomson, A. Taylor, M.R. Sears et al. (2002) "Association between children's experience of socioeconomic disadvantage and adult health: A life-course study" *The Lancet*, 360(9346):1640--1645.
- Scottish Executive (n.d.) *Child Strategy Statement*. Retrieved 11 October 2005, from <http://www.scotland.gov.uk/library3/social/css-00.asp>
- Shonkoff, J.P., and D.A. Phillips (Eds.) (2000). *From Neurons to Neighbourhoods: The science of early child development*. National Academy Press, Washington.
- Sylwander, L. (2001) *Child Impact Assessments*. Ministry of Health and Social Affairs (Sweden) and Ministry of Foreign Affairs (Sweden), Stockholm.
- UN Committee on the Rights of the Child (2003) *General Comments No. 5: General measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para. 6)*. Retrieved 14 March 2006, from [http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3bba808e47bf25a8c1256db400308b9e/\\$FILE/G0345514.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3bba808e47bf25a8c1256db400308b9e/$FILE/G0345514.pdf)