Building policy support for family and child health and wellbeing

# What have we learned from experience?

## Rene Loewenson
## Training and Research Support Centre

Drawing on case study input from
R Loewenson, M Masotya, TARSC
L D'Ambruoso, P Abbott, University of Aberdeen,
E Queiroz, Brazil; S Barria, Chile; R Hjermann, Norway; E Nixon, Ireland; R Mori, Japan; W Lichuma, Kenya; A Binagwaho, Rwanda; N Rudolph, South Africa, M van der Merwe, South Africa; A Ivarsson, Sweden; W Paxton, United Kingdom; D Minh Duc, D Thi Thuy Duong, Vietnam



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For further information email TARSC admin@tarsc.org .

# SUMMARY

THIS PAPER presents findings and learning from the project *Fostering policy support for family and child health and wellbeing (FCHW) - Learning from international experience*. The project aimed to address the questions: How have policy recognition, norms and approaches changed in countries towards improving support for FCHW? What can we learn from this?

We explored the changes in countries where there was a shift to more holistic and proactive policies and early promotive, preventive, supportive and equitable services. The signs of policy change and prioritization we used were: improved public support and expressed leadership concern for FCHW; increased investment in and support for and implementation of strategic responses to improve FCHW. To understand the drivers of policy change we explored how key actors and processes raised attention to FCHW issues, promoted policy responses and the adoption of new policies. Document review and data analysis of FCHW trends were used to prepare 14 case study reports from 13 countries (available online and individually hyperlinked in the report) that present inspiring practice and insights on what drives policy change. Telling a single story from these case studies could risk misunderstanding their diversity, yet there are common insights and learning from them.

**The policy changes:** The specific FCHW policy changes varied across the case studies. They covered policies and services for early child development and care; improving school and mental health services for young people and legal and institutional changes supporting child protection and addressing gender based violence. The policy changes also included wider integrated health, nutrition and related policies and services addressing family and child poverty and wellbeing and work-life balance in families. Some focused on how children's voice is included in decisions that affect them. While diverse, the different policy changes were underpinned by a changing view of children, their rights, voice and agency and an appreciation of the positive impact of investment in early child development for the future opportunities of children, families and the country. The policy changes reflect shifts in views of public and state duties for FCHW, delivered through investment in universal, multi-sectoral approaches and with additional measures for those in vulnerable situations.

**Contexts for the changes:** The country contexts and conditions for policy change also varied. Commonly, however, poor and unequal performance in FCHW and a perception of ignored or unfair burdens, such as the unmet need for youth mental health services or the hidden burdens of female genital mutilation, generated conditions for change. So too did situational shocks, whether demographic, socio-economic or security related. More positively, progressive political change, constitutional reforms, rising social literacy and international norms, ideas and peer pressure created favorable conditions. These contexts do not alone generate policy change. They open (and close) opportunities that can be taken advantage of and demand further measures to do so.

**Raising policy attention to FCHW:** While the message, messengers and communication processes raise attention to FCHW concerns, policy changes do not simply depend on a well-crafted communications strategy. The country experiences show that specific concerns are amplified by working in coalitions that broaden understanding and strengthen solidarity, alliances and influence. Raising issues such as sexual violence, youth suicide, workplace practices or children's experience of services challenges power and demands courage. Raising less contentious issues first and opening dialogue through vocal champions or in safe spaces can open the way for raising more sensitive issues.

Communicating technical evidence is necessary, but needs to be framed in approaches and messages that people can relate to and that take people's culture and perceptions into account to change policy and social discourse. The voice of people affected by situations and the evidence they provide has significant impact. Public and policy attention is not simply stimulated by awareness of the problem, but by the sense and information that something can be done about it. Awareness of potential responses to problems is raised through sharing credible evidence, messages and messengers in many places, such as in training activities; legal processes; political, civil society and high level forums; election campaigns and through participatory processes in community settings. These direct interactions can be amplified by media, including social media.

**Building support for policy options:** Policy change is both a socio-political and technical process. Values, interests and evidence all play a role and sometimes compete in shaping policy options. In many countries, identifying, agreeing and adopting shared principles for changes to law or policy helped to provide a *values test*, to adjudicate choices and competing interests and organize relevant evidence. The development of options is an opportunity to build legitimacy and confidence and to unify actors and converge advocacy. The case studies show that this *social test* of policies is more likely to be achieved through transparent, accessible and inclusive consultations, bringing in timely and strategic evidence, with wide outreach and convened by credible institutions. Consultative processes are often managed by state or parastatal agencies, civil society and other actors play a key role in making these formal processes accessible to affected communities and supporting their direct submission to these processes. Choosing policy options that have a greater chance of successful implementation and showing cost and other evidence to support this provides a *feasibility test*. In many settings positive innovations are incentivized and enabled to show what can be done. Innovation can be integrated in existing systems, as was done in some countries for new social protection measures. Innovation is also achieved by facilitating and profiling new approaches 'bottom-up'. These innovations make the proposed policy changes visible as a *reality test*, generating understanding and support from communities and political actors.

The experiences indicate that policy development is a progression. It needs to meet the *test of time*, through steps of change in measures, approaches and services towards broader end goals. It involves both compromise and rapid scale-up to enable progress, with active monitoring and review to improve, learning from practice and showing the benefits to institutionalize change.

**Advancing political decisions for policy adoption:** Political actors play a key role in the decision making on policy change and are also champions in raising attention or engaging on policy innovation. Adoption of policy change in FCHW draws on longstanding relations between politicians, civil society and technical actors that have grown over years as well as through intensive engagement when immediate political events open windows of opportunity for change. The country case studies show that trust grows over years, built in shared forums and joint struggles, as civil society actors and 'think-tank' members go in and out of government or work with politicians and cross-party forums. Parliamentary hearings and campaigns on electoral pledges are opportunities for political engagement on FCHW issues and options. Individual champions and parliamentary caucuses who understand the culture of these processes are well placed to introduce new ideas and build support with political colleagues. In a number of country case studies the direct voice of disadvantaged communities and the realities and experience that children themselves brought into political processes had a major impact on politicians.

The country experiences show that public pressure and expectations and a media profile showing that something *should* be done, and evidence and visible community support for approaches that something *can* be done both contribute to making policy changes an electoral issue for politicians. While electoral change can disrupt policy uptake, the momentum can be sustained by incubating ideas and proposals in think tanks and civil society, by cross-party and parliamentary coalitions and by youth involvement and activism.

**Convergence and continuity:** When these different processes and actors converged around a shared broad goal, often this generated sufficient impetus for policy change. Different individual and institutional brokers can facilitate this convergence. They came from technical, professional and civil society institutions, think-tanks and foundations, and some had links with international agencies. These brokers stimulate and support continuity in the relationships, interactions and feedback loops between the different processes and policy communities that trigger policy attention, provide evidence, propose options and engage politically.

Continuity is also important. Adoption of policy change is not an end point of the process, but a platform for learning, for monitoring ongoing work and for consolidating and preventing reversals to policy change. Recognizing this, within each stage of policy change measures are taken to involve and capacitate implementers, deliver on laws, services and measures, and to monitor and show evidence of the benefit of the changes in ways that are accessible and meaningful to communities, implementers, state, technical and political actors. These are key processes to enable continuity and to institutionalize change. The continuity of action and service delivery and the demonstration of benefit after policy changes have been critical factors in changing social mindsets and generating public support.

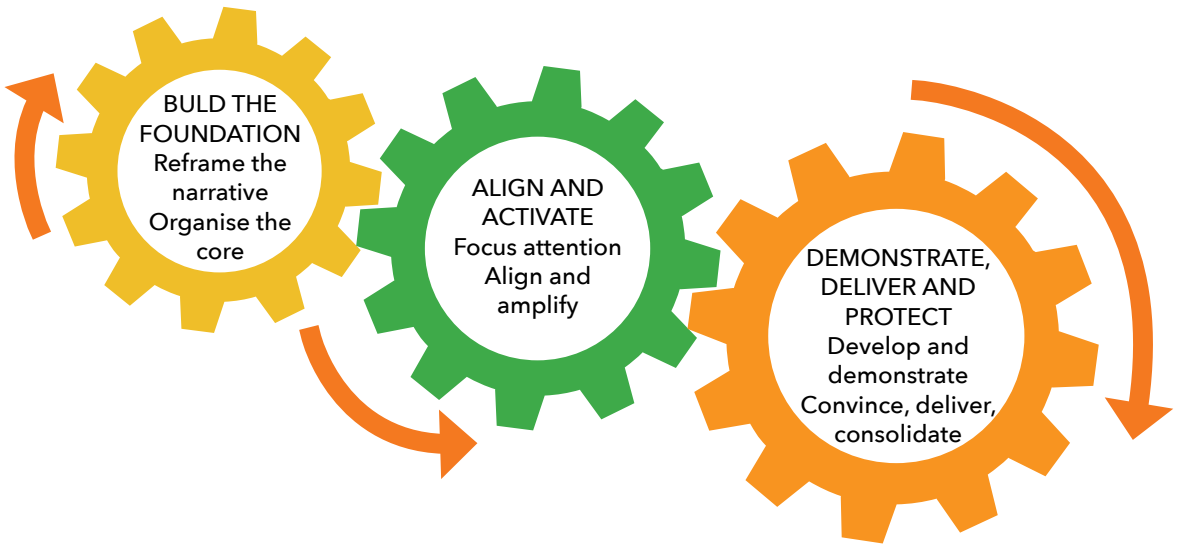
The **drivers of policy recognition and change** share some strategic features that, while achieved in diverse ways, appear to be critical for FCHW policy changes:

- **Reframe the narrative.** A strong foundation is needed. Have a clear, consistently articulated and shared vision, with a progressive concept of children at its heart and a core team of people or a network that consistently carry it forward.

- **Align and activate all to a common cause.** Take advantage of contextual conditions, shocks and public views. This calls for diverse sources of evidence to be presented, including from the direct voice of affected communities, children and from champions. Use messages that resonate with and activate different constituencies to a common cause. Show the costs of not acting and the possibility of taking action. Media, social media and community amplifiers, training activities, electoral pledge campaigns and high level and international forums can help to amplify the reach of messages. Specific FCHW concerns and groups gain from embedding their specific concerns within in broad-cause alliances. This can broaden solidarity, understanding and outreach, and lead to pooled capacities, more messengers and resources and increased influence.

- **Demonstrate, deliver and protect policy change:** Inclusive, consultative processes, guided by principles set at the onset of the change aspired to, can unify and build consensus on policy options across constituencies. These principles can help to arbitrate competing interests. Use evidence and choose options that have a greater chance of successful implementation. Demonstrate new policy approaches in local innovations and share accessible messages on proposed changes to build confidence and support from communities and political actors. Public pressure, evidence of effectiveness, synergy with political goals, direct community and children's voice and support from international actors contribute to making policy changes a political and electoral issue. Think beyond single electoral cycles. Parliamentary and cross party processes and coalitions can sustain the processes needed for political uptake over time.

## Drivers of policy change




Policy change is a process and not an event. A sustained, iterative and visible 'roll out' of changes over time or geographically enables institutional capacities to grow. A sustained process of change can institutionalize practice and widen support, reducing the risk of reversal. So too does active monitoring and review. It provides feedback on the benefit of changes, to build confidence in these changes and where needed, to inform improvements.

**Nurture the long term and seize the immediate:** Policy change is a strategic process. It calls for brokers to build links between the different constituencies and strategies. Effective policy change in FCHW combines strategies for longer term processes that build the understanding, constituencies, evidence, relationships and conditions for change over time, with those used to activate immediate, intensive processes when windows of opportunity open. Nurturing the long term and seizing the immediate are not mutually exclusive. Both appear to be essential.

# 1 INTRODUCTION

AROUND THE WORLD, societies value and see a duty to ensure children's health and wellbeing, not only to address children's rights and vulnerabilities, but as an investment in their future capabilities. Internationally, there has been a movement away from protection of children through reactive services and individual family responsibilities towards proactive, universal pro-poor approaches that set collective and state duties to prevent risk and improve children's opportunities, capacities and wellbeing. This shift has led to investment in early child development (ECD) and in services for children and youth. Early intervention is seen as critical for later wellbeing. Policy changes have also led to improved benefits, income, employment and housing support for working parents and vulnerable families. Diverse local, national and international actors and governments have produced these changes. They have both generated and responded to shifts in social norms and an increased recognition of children's rights. Investments in family and child health and wellbeing (FCHW) yield political legitimacy. They are an investment in the future and in sustainable economic growth and a means to improve the balance between work and care for families.

Despite having the highest aggregate spending on health care globally and rising education and social spending post 2000, the USA has poorer FCHW outcomes than would be expected for its national income. While these outcomes vary across different states in the USA, persistent racial, ethnic and other social inequalities in FCHW and in access to safeguards for children in poor families raise concerns over the weak policy attention given to FCHW in the USA. These poor outcomes and questions on the scope of past policies have raised the question:

***How have policy recognition, norms and approaches changed in other countries towards support for FCHW? What can we learn from this?***

To address these questions, the *Fostering policy support for child and family wellbeing - Learning from international experience project*, co-ordinated by the Training and Research Support Centre (TARSC) in co-operation with University of Aberdeen, gathered evidence and insights from selected low-, middle- and high-income countries that showed evidence of a change post 2000 in policy support for FCHW, drawing learning from this for the USA and other countries. Support for this research was provided by the Robert Wood Johnson Foundation Global Ideas Fund at CAF America.

The project developed a conceptual framework for FCHW and an analytic framework on the drivers of improved recognition by policy actors of FCHW issues (or 'policy recognition') and of investment in FCHW. Desk reviews were implemented on opportunities and challenges for FCHW policy change in the USA and internationally. An analysis of international datasets identified evidence of countries with positive trends post 2000 in key areas of FCHW. These background documents, available as separate reports and cited in the reference list were used together with wider consultation to identify 14 country case studies of the drivers of improved recognition and adoption of policy change in FCHW. The case study reports are included in the reference list and available in full on the TARSC website.

**This report synthesizes the findings from the background work and the 14 country case studies**

a. **Section 2** provides a summary of the conceptual understanding of FCHW, the policy analysis framework used and the selection of and methods for the 14 case studies;

b. **Section 3** outlines the broad features of the policy changes in FCHW in the 14 case study countries.

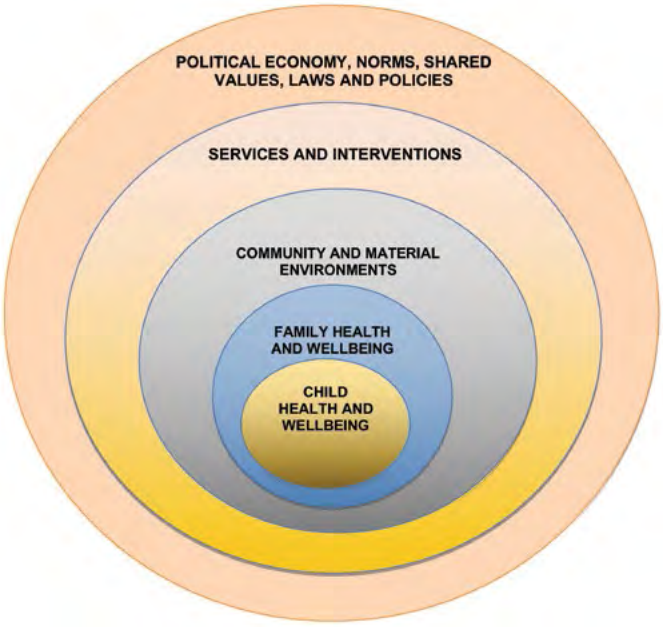
c. **Section 4** summarises the contextual features and drivers of policy recognition, development and adoption in the case study countries.

d. **Section 5** presents insights and learning from the experiences in the case study countries of drivers of policy recognition and change in FCHW.

# 2 ANALYSING POLICY CHANGE IN FCHW

## 2.1 The analytic framework

Child health and wellbeing is located within the health and wellbeing of their families. It is affected by their community and material environments and by the FCHW services and interventions they access. This, in turn, is influenced by social values, shared norms, laws and policies, as shown in the adjacent figure. FCHW is multi-dimensional. It draws on and responds to multiple assets, risks and deficits. It is dynamic, including both current and future wellbeing across the life course. It is affected by people's opportunities and capabilities to achieve positive outcomes for themselves and for others. There are roles for state, non-state actors and society and rights for those involved to be active participants in processes that affect their wellbeing. While not all these interacting features may be present in one country, we explored changes towards such holistic policies for FCHW. We explored changes towards proactive, early promotive, preventive and supportive interventions and services for children, families and community, with measures to reach disadvantaged groups within universal approaches.




Multidimensional drivers of FCHW

**We applied three objectives signs of increased policy recognition and prioritization of FCHW:**

- **Increased public support and leadership recognition of and expressed concern for FCHW.**
- **Increased support for and implementation of specific responses to improve FCHW.**
- **Increased investment in FCHW, in line with social need.**

There are various ways of analyzing policy change. In our work we applied and adapted Kingdon's multi-streams theory (See *Appendix 1*). This analytic framework identifies the range of different policy actors and processes that come together to generate policy change: Some raise attention to the issue and situation, some propose options that demonstrate the feasibility of action, while others make policy decisions. People, spaces and processes help to broker links across these different actors. Policy change is argued to be more likely when these different actors converge on an issue, taking advantage of windows of opportunity to raise attention and to advance policy adoption.

## 2.2 Selecting the country case studies

There are challenges to policy recognition of FCHW in the USA. Nevertheless, high levels of socio-economic inequality, an ageing population, a rise in single-parent households or both parents working, increasing opioid addition and mental disorders in youth have all raised the demand for effective policy responses. Surveys suggest that Americans see investing in children and addressing child poverty as important to close social inequalities and to improve economic performance for families and the country. This raises a question of how better performing countries and systems have promoted policy attention and investment in FCHW in areas perceived to be of similar concern in the USA. These areas include ECD, education and care of vulnerable children; actions on child and family poverty, parental benefits and health care coverage. Within these potential opportunities for change in the USA, relevant learning can be drawn on how FCHW policies were prioritised and adopted in other countries, including through how children's situation and voice were profiled; how public, economic and political mind-sets were changed; how positive practice from local and state level demonstrated policy options and what sustained such drivers during less favourable periods.

*Appendix 2* outlines the methods used to select the 14 case studies from a range of countries that provide evidence on these drivers of FCHW policy change. These country case studies each:

a. Demonstrated a positive policy change or improved policy recognition of FCHW post 2000.
b. Had resonance with the contexts, FCHW policy areas or process potentials found in the USA.
c. Were feasible to carry out, given available published information and in-country personnel to share experience.

The 13 countries and 14 case studies, with their broad focus are shown in *Table 1* and *Figure 2*.

## Table 1: Country case study outlines, with hyperlinks to the full reports

| COUNTRY | | The case study explores the drivers of policy change post 2000 in…. |
|---|---|---|
| **AFRICA** | | |
| 1 | Kenya | Policy recognition and law reform on gender-based violence (GBV), particularly regarding law on sexual offenses in 2006, female genital mutilation (FGM) in 2011 and domestic violence in 2015. |
| 2 | Rwanda | Changes from no government commitment to ECD to one of a commitment to and investment after 2010 in an integrated ECD policy and strategy covering a range of sectors. |
| 3 | South Africa | Passing the 2005 Children's Act and 2007 Children's Amendment Act, as rights based, comprehensive and collective approaches to child wellbeing. |
| 4 | South Africa | The shift from segmented policies to universalism through a specific focus on new approaches to and policy for integrated school health services, particularly between 2009 and 2012. |
| **ASIA PACIFIC** | | |
| 5 | Australia | Policy and practice on youth mental health, towards adoption of headspace as an early intervention model across the 2000s. |
| 6 | Japan | Supporting the work-life balance (WLB) of families with children in a context of the social and economic challenges posed by declining fertility and population ageing across the 2000s. |
| 7 | Vietnam | Co-operation between local state and non-state actors on options for improved transition to early childhood education (ECE) and from ECE to primary school over the 2000s. |
| **EUROPE** | | |
| 8 | Ireland | The shift from family responsibility to collective, state responsibility for FCHW, particularly in relation to responses on vulnerable children and labour market issues over the 2000s. |
| 9 | Norway | Integrating children's direct voice in policy dialogue across the 2000s, particularly through the role of and processes used by the Children's Ombudsman established in 1981. |
| 10 | Sweden | Recognition and inclusion of children's rights and voice in policy and services in stages over the 2000s. |
| 11 | United Kingdom | Building programs to address child poverty 1997 to 2010 and how this was addressed or reversed after electoral change in 2010 in England. |
| **LATIN AMERICA** | | |
| 12 | Brazil | Recognition and integrated action on early child development through influential political, policy, technical, media and civil society actors at different levels, particularly post 2003. |
| 13 | Chile | A shift towards a universal, integrated and comprehensive approach to FCHW and collective responsibility for child wellbeing through 'Chile Crece Contigo', formally initiated in 2007. |
| 14 | Peru | A shift from targeted strategies on food and welfare support to comprehensive, multi-sectoral strategies on child poverty and food security across the 2000s. |

## Figure 2: Countries included in the case studies and USA

Generated with mapchart.net. Two South Africa case studies; Rwanda next to DRC

As shown in *Table 2* overleaf, most of the case study countries have a smaller population than the USA, except for Brazil, Japan and Vietnam. They, however, have a similar share of children 0-14 years in the population, particularly the high-income countries. The USA has a higher gross domestic product (GDP) per capita than most of the countries. Those countries with significantly lower national incomes are likely to have more limited public resources for FCHW. However, the share of GDP that is tax revenue, an indirect indicator of the relative strength of the public sector, is much lower in the USA than in all the other countries.

Brazil, Australia, United Kingdom and to a lesser extent Chile and South Africa have federal or devolved/tiered systems of government and thus greater possibilities of differences in state or sub-national practice. Such contextual factors are further discussed in *Section 4.1*.

The 14 case studies were researched and documented in 2019, with ethical clearances and methods outlined in *Appendix 2*. The case studies followed a common structure in line with the analytic framework, outlining the contexts and actors, processes and conditions that: raised the issue on the policy agenda, shaped policy options and influenced policy negotiation and adoption. These processes were not always sequential and sometimes progressed in cycles of iterative change.

## Table 2: Features of selected countries relative to the USA

| | Total Population mn 2017 | % Population ages 0-14 (% of total) 2017 | GDP/ capita (constant 2011 US$) 2017 | Tax revenue (% GDP) 2016 | Human development Index (1=high) 2015 | Internet users (%) 2016 | Government system | World Bank classification |
|---|---|---|---|---|---|---|---|---|
| United States | 325,7 | 18.9 | 54 225 | 10.9 | 0.92 | 76.2 | Federal | |
| Kenya | 49.7 | 15.0 | 2 993 | na | 0.58 | Na | Unitary | MIC |
| Rwanda | 12.2 | 40.1 | 1 854 | 14.8 | 0.50 | 20.0 | Unitary | LIC |
| South Africa* | 56.7 | 29.0 | 12 295 | 27.1 | 0.67 | 54.0 | Three tier unitary | MIC |
| Australia | 24.6 | 19.0 | 44 649 | na | 0.94 | 87.0 | Federal | HIC |
| Japan | 126.8 | 13.0 | 39 002 | na | 0.91 | 91.0 | Unitary | HIC |
| Vietnam | 95.5 | 23.1 | 6 172 | na | 0.68 | 46.5 | Unitary | MIC |
| Ireland | 4.8 | 21.6 | 67 335 | 18.8 | 0.92 | 85.0 | Unitary | HIC |
| Norway | 5.3 | 17.8 | 64 800 | 22.0 | 0.95 | 97.3 | Unitary | HIC |
| Sweden | 10.1 | 17.5 | 46 949 | 27.7 | 0.91 | 89.7 | Unitary | HIC |
| United Kingdom | 66.0 | 17.7 | 39 753 | 25.6 | 0.91 | 94.8 | Devolved | HIC |
| Brazil | 209.3 | 21.7 | 14 103 | 12.9 | 0.75 | 60.9 | Federal | UMIC |
| Chile | 18.1 | 20.3 | 22 767 | 17.4 | 0.85 | 66.0 | Regionalised unitary | HIC |
| Peru | 32.2 | 27.4 | 12 237 | 13.8 | 0.74 | 45.5 | Unitary | HIC |

(*) 2 case studies were done in South Africa
Source: World Bank 2018, UNDP 2018; Loewenson, 2018, Wikipedia, 2018 na=-not applicable
LIC= low-income country, MIC= middle-income country, UMIC= Upper MIC; HIC = high-income country

This report presents shared features across several countries, or features that despite being unique to specific countries may yield interesting learning. Brief extracts are included from some case studies to detail specific points. Readers are recommended to read the rich experiences and deeper stories of change in the full case study reports!

As this is a meta-analysis of the case studies, rather than a systematic political economy analysis, the report draws insights from the case studies to inform strategic reflection. The report is not prescriptive. While a concluding section draws insights that may be relevant for the USA and other countries internationally, the reader will draw their own strategic assessment of the transferability of specific findings and insights to their own context.

# 3 FEATURES OF THE POLICY CHANGES IN FCHW

NOT SURPRISINGLY, given the objectives and selection criteria, all the case studies show changes towards the holistic, affirmative policy approaches to FCHW outlined in *Section 2.1*. We did not intend to critique the specific policy content but note that all case studies reflected some features of increased policy recognition, prioritization of and investment in FCHW discussed in this section.

## *3.1 A change in public values for and leadership recognition of FCHW*

The case study countries showed evidence of a change in the way society viewed FCHW and in leadership recognition of its importance.

### Children are recognized as individuals with rights

In a number of countries (South Africa, Rwanda, Norway, Sweden, Brazil and Chile), there was an evident shift in both the policy and societal view of children. While there was some variation in this, generally people's views changed towards seeing children as integral persons, citizens from birth, with their own value and rights in an ongoing process of development.

Rede Nacional Primeira Infancia, website, 2019

This view of children places duties on the family, society and the state to enable children to exercise their rights and achieve their potential. In Sweden and Norway, young people have grown up with the rights in the UN Convention on the Rights of the Child (CRC) already included in national law and have thus become used to being listened to. In these two countries there are efforts to meaningfully put these rights into practice, with a growing understanding that listening to children's inputs improves the policies and services that affect them. In South Africa and Rwanda, seeing children as rights-holders changed the role of parents and care-givers from having powers *over* children towards having duties *towards* children. In Chile and South Africa, changing views on children's rights were embedded within wider campaigns for social rights to address past injustices. That this recognition of children's rights permeated society was reflected in ratifications of the UN CRC as well as the inclusion of children's rights in national Constitutional reforms in South Africa, Norway and Brazil, with these rights stated to be an 'absolute priority' in the latter country.

### Children have their own voice in policy

One consequence of the changing view of children as individuals with rights is the recognition that they should have their own voice in policy decisions. In Norway and Sweden, efforts were made to integrate children's inputs in student councils, health service treatment plans and municipal planning. In Australia, youth contributed to design of *headspace*, a youth mental health service. Children's voice was integrated directly in review of services for them in these countries. Pilot electoral reforms lowered the voting age to 16 years in Norway municipalities, while children made submissions to parliamentary hearings on various issues in South Africa, Kenya, Norway and Sweden, directly and indirectly through civil society or through the Ombudsmen for Children in both Norway and Sweden.

### Issues hidden as private or domestic are made public as collective responsibilities and state duties

Whether in relation to youth mental disorders in Australia, unfair burdens on women of work-life imbalances in Japan, or FGM, sexual offenses and domestic violence in Kenya, issues that were viewed as private, family, cultural and moral matters and thus hidden from public policy dialogue were brought into public and policy discourse as collective responsibilities and matters for state intervention. In some countries this change is still in progress. This shift not only changed the policy view, but also affected social norms, professional, business and judicial attitudes and practices to address these collective duties.

Samburu, Kenya moran (warrior) involved in the end FGM campaign in his community, J Lea, DFID, 2016 under creative commons

## Families, especially women, are supported to balance work and wellbeing

Whether a reflection of or an incentive for the shift in the social norms noted above, some policy changes in a number of countries aimed to improve the work-life balance (WLB). These policy shifts sought to address workplace cultures and rules that disadvantage women workers, as well as to incentivize men to play a greater role in child care, as, for example, in Japan. In UK before 2010 and in Ireland, the policy changes covered family-friendly employment measures such as child-care and income support, state-funded high-quality early child education and care (ECEC) for all children and additional support for children and their families living in the most deprived communities.

## ECD is understood to improve children's and the country's future opportunities

While children are valued in all the case study countries, in some, namely Brazil, Vietnam, Rwanda, Chile, Peru and UK, there was a changing social, policy and political understanding of the importance of investing in the earliest years of life (0-6 years) not only for current wellbeing, but also for future life opportunities, or well-becoming. In these countries this led to increased investment in ECD to develop key skills and competencies for life, with support for parents and sectors to stimulate and socialize children and measures to address inequalities so that all children could access these opportunities. In many countries, investment in ECD for all children was seen not only as a right and democratic imperative, it was also viewed as essential for future economic competitiveness, innovation and growth for the country as a whole. In Peru, it was part of a paradigm shift from 'growth for inclusion' to 'inclusion for growth'.

Children participating in play with their parents, Família que Acolhe, Brazil
Source: A Mariot, Prefeitura Boa Vista, 2019

## Key services should be holistic, universal and equitably provided

In many countries, the change was from policies for targeted, ad hoc services towards providing key services universally for *all* children, linking sectors to integrated approaches, providing comprehensive, co-ordinated services inside communities and integrating additional measures to address social inequalities in coverage. This was reflected in the Chile Crece Contigo's (ChCC) integrated child social protection and South Africa's integrated school health policy and Australia's *headspace* initiative providing easy-access, youth-friendly, youth mental health services. In Vietnam's national expansion of early child education (ECE) involved training and improved conditions of employment for pre-school teachers. All these countries saw delivering improved services and visible benefit for all communities to be critical for public understanding and support.

Within these universal approaches, many countries also explicitly aimed to reduce social inequalities in access. For example: South Africa rolled-out its integrated school health policy first in the most disadvantaged areas, before extending to all students over time. Vietnam's expansion of ECEC included measures to ensure that children from ethnic minorities, with disabilities or from disadvantaged families were included. Norway added measures to ensure that children from indigenous and minority communities could express their views in their own language and culture.

In most case study countries, despite diverse contexts, there was a shift towards more holistic and integrated approaches to FCHW, co-ordinating heath, education, labour, social protection and other sectors and responding to a diversity of determinants of FCHW. In various ways the shift overcomes silos and competition and changes from one where the individual child interacts with various fragmented and reactive services to one that addresses children collectively, through comprehensive multi-sectoral approaches, often through accessible entry points in the community. Whether such approaches were applied from an early stage, as in Chile and Brazil, or emerged over time, as in Rwanda, operationalizing this intention attracted both innovation and policy debate. It also demanded accompanying policy measures to encourage co-ordination, such as home visiting in Brazil; budget and capacity incentives in Chile and Peru; high level promotion of 'joined-up government' in Rwanda, and support for devolved co-ordination of sectors by local administrations in a number of countries.

## *3.2 Increased service provision and investment in FCHW*

Beyond the evidence of new policy intentions and approaches to FCHW, the case study countries also showed evidence of innovation in *delivery* on these policies.

### New mechanisms and processes built on existing institutional assets

Existing institutions and services provided a means to advance policy implementation. For example, the near-universal primary care health service in Chile was an effective entry point for wide access to ChCC's new health, education, social protection, parental support and other interventions for child wellbeing. However, new institutions and procedures were also established where needed. This included new ministries to profile or co-ordinate policy implementation on FCHW, such as a new Ministry of Development and Social Inclusion (MIDIS) in Peru and a new Ministry of Children and Youth Affairs in Ireland. Elsewhere, new statutory mechanisms played this role, such as the National Gender and Equality Commission and an Anti-FGM Board in Kenya, and an independent Ombudsman for Children in Norway and in Sweden. In some situations, policy delivery and service and co-ordination was achieved through new state programs, such as ChCC in Chile, Crianza Feliz in Brazil and CRECER in Peru, providing a programmatic umbrella for innovations.

### Investment in FCHW policy areas increased, sometimes significantly

The case studies show diverse forms of new and increased investment in FCHW:

- **Brazil:** Public investment in ECD co-ordination grew from US$100 million in 2017 to US$200 million in 2018, with significant further funds contributed from the education and health ministries.
- **Chile:** New public funding for ChCC rose from US$2.7 billion in the 2007 initial installation phase to US$8.1 billion in the 2008 expansion phase, followed by US$27.6 billion in 2009.
- **Australia:** Investment in youth mental health services grew at both state and federal level, with US$2.2 billion committed for mental health over 5 years in 2010.
- **UK:** By 2009, the government had invested 1% more of GDP annually on children than in 1997 and state benefits increased by 61% between 2000 and 2010.
- Further, **Vietnam and Ireland** increased funding for early child services, **Kenya** allocated new resources for management of gender based violence and in **Rwanda and South Africa** new national health insurance arrangements were introduced to fund universal services.

### Specific investments were made to incentivize change and wider spending

Beyond the overall increase in public spending on FCHW, specific investments were made to incentivise changes and spending by other actors. In Japan, while changes in family decisions were levered by improved accredited child care and parental leave benefits, private companies were also given incentives for enhancing the WLB in their own policies. After voluntary uptake of measures widened, they were made mandatory. Ireland improved the conditions and professional status of childcare workers, building their support for ECD policies. In Peru, integrated financing and results-based budgeting were used to encourage particular areas of spending by diverse sectors to ensure delivery of co-ordinated strategies for child poverty and nutrition.

**In summary, across the 14 case studies, policy changes were underpinned by a changing view of children, their rights, voice and agency and a recognition of the impact of early investment in their development for their own, their family's and their country's future opportunities. The changes reflect a wider social and policy view of public and state duties for FCHW, delivered through increased investment in universal approaches, co-ordinating multiple sectors and institutions, with additional measures for those in vulnerable situations. The next section explores how these changes arose.**

Preschool children in reading time stimuli for ECD, UK
Wikimedia Commons, undated

# DRIVERS OF POLICY RECOGNITION AND CHANGE 4

## *4.1 Contexts for the policy change*

The case study countries had diverse socio-cultural, political, economic and demographic contexts, differing even amongst those on the same continent. Nevertheless, a number of factors appeared to create conducive conditions for the levers of policy change.

### Poor performance and a perception of ignored or unfair burdens created fertile conditions for change

Whether in relation to GBV in Kenya, youth suicide in Australia, child poverty in UK or other forms of unfair burdens and social inequality in other countries, significant unmet need in areas of FCHW and a public sense of unfairness of this situation generated conditions for change. Rising social expectations and a weak government response intensified this sense of unfairness.

These perceptions manifested in various ways: In Kenya, young women's social expectations, court evidence of high levels of GBV built frustration around government's ad hoc response. In Australia, high levels of mental illness and suicide in young people generated social dissatisfaction with the poor service response. In Vietnam, social expectations for children coexisted with inadequate ECE, while in Brazil, Peru, Chile, Sweden, UK and South Africa economic progress was seen to coexist with social poverty and inequality. Social dissatisfaction with inequalities in family and children's opportunities was intensified in countries undergoing democratic struggles, such as in South Africa, but also in many countries where children are seen as an investment for the future security of the family. While conducive, these conditions alone are insufficient for FCHW policy change, unless steps are taken to raise attention to them and organise around them.

Young girl in Vietnam carries her brother on her back while their parents work.
© Danny Bach, Photoshare, 2017

> **'Suicide rates, burden of illness, inequity in access to services, economic costs of not treating mental illness, with … existing programs not fit for purpose in dealing with the problem'**
>
> (Whiteford et al., 2016:7 on bringing youth mental health to policy attention in Australia)

### Situational shocks and major political change opened opportunities for change

In several countries, a shock generated the conditions for policy attention being given to FCHW. After the 1994 genocide in Rwanda, for example, the new government needed to invest in inclusive development and wellbeing to maintain stability. Less extreme but still catalytic shocks generated conditions for change. The demographic crisis of an ageing population with the lowest ever recorded birth rate in the early 1990s in Japan raised questions about longstanding workplace and gender role norms. In Ireland, where Catholicism and the church shaped social attitudes for many years, media reports of children being abused by those in the church opened social debate in the 2000s. The 2011 terror attack on Norwegian children and the recent youth 'climate strikes' in Norway, Sweden and other countries have opened adult ears and processes to youth voice.

Not all such changes are negative. Progressive political change, constitutional reforms and growing social literacy have created affirmative conditions for policy change. In Kenya, South Africa, Brazil, Peru and Chile the end of repressive regimes and democratic elections, together with constitutional reforms in the first three, opened opportunities for socio-political debate and organisation on FCHW issues, including to position them within wider concepts and alliances.

The inclusion of children's rights in the new national Constitutions catalysed attention on specific FCHW policies, laws and practice, to align them with provisions in the Constitution. Key informants (KIs) in South Africa noted: *the inclusion of children's rights in the new Constitution was a big moment and a boost for activists*. New actors coming into government, some from social movements, brought new ideas and opportunities for social dialogue on FCHW. In Vietnam, Japan, Europe and Peru, economic growth and rising living standards and social mobility created social expectations and a more informed citizenry, while weakened family ties and demands on working families, especially women, generated new pressures to address the WLB and parental roles.

> 'when political windows of opportunity open for policy change, the people, methods and policy options to respond need to be ready, including through prior investments in capacities and approaches'
>
> (Peru case study)

## International norms, processes and ideas boosted domestic conditions

In many countries international treaties and processes enhanced conditions for new policy approaches, including: the UN CRC, UNICEF's human rights- approach to child wellbeing, the ideas of USA Nobel Prize-winning economist James Heckman on the economic benefit of investment in ECD, the Millennium Development Goals (MDGs) and the return of diaspora personnel bringing new ideas to home countries. Regional norms and directives, such as those of the European Union, and exchanges with neighbouring countries, as found in Southern Africa, Latin America or the Scandinavian region also provided 'peer pressure' and input in domestic processes.

## As policy processes developed, contexts also changed

With policy changes unfolding over years, contexts also changed. Electoral outcomes both opened and closed windows of opportunities for progress, as exemplified for Peru in *Box 1*. Social change, such as in the growing activism of children and young people around climate change and population changes, such as in South Africa's growing HIV epidemic and rise in child-headed households also raise realities that call for new ways of viewing FCHW and children in policy dialogue.

### Box 1: Multiple political windows of opportunity for change in Peru

**The Peru case study points to several political and electoral windows of opportunity for policy changes relating to child poverty and nutrition.**

- ***The first* window opened in 2000 after President Fujimori resigned. This enabled social dialogue to shift from targeted assistance for poverty and under-nutrition to more comprehensive universal approaches.**
- ***The second* window came with the Garcia presidency in 2006, opening space for co-ordinated, multi-sectoral strategies in CRECER and increased funding and results-based budgeting to support it.**
- ***The third* window emerged with the Humala presidency in 2011. It enabled a deepening of the institutional arrangements for co-ordination of cross sectoral work for social inclusion.**

**While frequent electoral change and neoliberal macroeconomic policies across three decades created contextual challenges, these conditions also provided windows of opportunity for policy change to better reflect 'inclusion for growth', particularly on child poverty and nutritional stunting. A mix of actors and processes took advantage of these opportunities, building relations and work to advance specific policy measures, with different 'centres of gravity' in each of the three periods.**

**In summary, poor and unequal performance in FCHW, a perception of ignored or unfair burdens or situational shocks are conditions for policy change. Progressive political change, constitutional reforms, rising social literacy and international nor ms ideas and peer pressure are also good conditions for policy change. However, these contexts do not alone generate policy change. They open opportunities that can be exploited. The following sections discuss how these contextual opportunities were taken advantage of.**

## *4.2 Raising attention to FCHW in the policy agenda*

While the contexts outlined in *Section 4.1* can provoke increased public and policy attention, this section describes the strategies, actors and processes that sustained and directed this attention.

### Strength and solidarity was found in coalitions and wider alliances

Generally, the policy issues raised by specific groups were amplified when these groups were part of wider networks and associations. Whether within women's coalitions in Kenya; organisations working with children in South Africa; trade unions and women's organisations in Ireland; or the Norwegian Children and Youth Council (LNU) and other youth and student organisations in Norway, issue specific groups were better able to widen advocacy and solidarity on their specific concerns when in wider alliances and networks.

Rally against violence to women in 2014, Nairobi, IPS News, 2016

For example, in South Africa multiple organisations involved with children linked with wider democratic movements, raising children's rights and conditions within wider advocacy on social rights. The formation of a Children's Bill Working Group (CBWG) in South Africa, co-ordinated by the non-state Children's Institute (CI) and the 'End child poverty' campaign in the UK involving over 150 member organisations both enabled diverse organisations to pool capacities and evidence and strengthen their influence and outreach in raising public and policy attention to children's rights and child poverty respectively.

> 'When we are many we keep the march going'
>
> (Key informant, Brazil case study)

These networks became institutionalized in some countries. For example, the non-partisan *Rede Nacional Primeira Infância* in Brazil brought together different professionals, sectors, state and non-state actors to change the social and policy view of children and to show how to implement this view of children in practice. In some countries, coalitions were established within political processes for social dialogue. Peru's *Mesa* roundtables were set up from local to national level as forums for social and political dialogue on shared vision and goals. These forums not only helped to raise the voice of those affected on their situations, they also shared ideas on what should be done. These alliances were often 'glued' by common wider goals. They provided space for specific groups and goals through thematic working groups and built wider social literacy and solidarity on specific issues through the networks.

### Courageous champions from affected communities raised the visibility of issues

In many of the case study countries, powerful individual testimonies by political and social champions and by children themselves raised the profile of FCHW issues. In Kenya, courageous female champions recounted their own experiences, giving visibility to GBV. In Norway, the Ombudsman for Children (OCN) provided a safe space for children to express their experience and views directly in formal processes, especially on sensitive issues such as their experience of the police; of sexual violence; of having parents in prison or of being in refugee families. With the power imbalances inherent in such situations, this direct voice demands courage.

> 'So many girls have died out of this, there is no documentation because this is done in secret, but this is killing and that is why I am talking about it'
>
> (Sophia Abdi Noor, UNFPA, 2012:16 in the Kenya case study)

Non-state organizations have thus provided support to enable children's voice through participatory processes, such as those facilitated by the Change Factory, Save the Children Norway and the OCN in Norway and by South African civil society networks during the reform of the Children's Act. These networks also helped children to document their views. For example, the 2017 report, 'Kidz have rights!' in Norway exposed previously hidden realities, such as the insecurity and lack of love and trust that vulnerable children faced in the child care system.

The direct voices of affected people and children raised the profile of their conditions, changed public and policy discourses and helped to 'ground' campaigns. Other champions also played a role in raising issues. As stated by one key informant (KI), these are people who are 'in the right place, who know where to act, at the right time', such as women members of parliament in Rwanda and Kenya, political party leaderships in Ireland and Chile, or high profile professionals in Australia. *Box 2* shares insights of Australian KIs on the sustained efforts made to raise attention to the issue of youth mental health and to keep it in focus through to policy adoption.

Graphic from 'Kidz have rights', Norway.

Source:The Jebb Committee, 2017:70

**Box 2: Insights from Australia on advocating options for youth mental health**

**Orygen, an Australian organisation, drew funds from the Australian Colonial Foundation and wider federal funding to resource an energetic campaign team that generated messages and credible messengers for different audiences. A key message, 'Out of hospitals, out of mind!' profiled how youth facing mental health challenges were being ignored. The message was that commitments were not translating into practice. A professional 'movement' gathered evidence on the problem and options for how to address it. This was disseminated in person to person interactions with political actors in the major political parties, in the media and in Senate inquiries. Public visibility on the problem and the testimony of clients, carers and professionals created pressure on government.**

**KIs stated that to raise and keep an issue such as youth mental health on the policy and political agenda, you need to find your 'tribe', organise and support those aligned to your thinking and to activate all parts of the system to a common cause. The Australia case study showed how this implies being clear about the issue, using best evidence available, tailored to context and audience. The technical evidence is necessary, but is insufficient to raise and sustain policy attention. It needs media to give 'oxygen' to public awareness. It also needs different approaches to engage innovators and early adopters, to get late adopters on board and to tackle the arguments of those who oppose. This implied paying close attention to public views and adjusting approaches as these changed. The multiple processes needed for policy change called for different capacities and messengers working as a consortium, with a strategic leadership and significant resources to invest in political advocacy and demonstrate policy ideas in practice.**

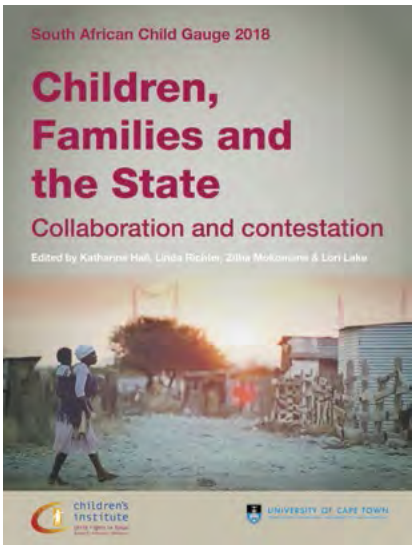
## Issues gained profile when raised in ways that people could relate and respond to

The outreach and dialogue on diverse FCHW issues in Rwanda, South Africa, Peru and Brazil took place in meetings and processes that involved and were accessible to communities, where, as raised by KIs in South Africa, 'everyone could find themselves'. Participatory approaches in local spaces and cultures helped to engage people and overcome the power differences between experts and affected communities. In Vietnam, for example, recognizing deeply rooted Confucian beliefs about adult superiority, teacher authority and child submission, the Women's Union worked with community clubs to discuss ECD with parents and teachers. In Brazil, *Rede Nacional Primeira Infância* participatory discussions on children's issues took place in schools and other familiar local settings. They also used role plays and gave children cameras as a way for them to photograph, identify and discuss issues affecting them. The *Rede* amplified local attention on children's issues through wider strategies, including a petition signed by several hundred thousand people, publishing weekly messages in the media and giving briefings in meetings on information gathered from international summits on children.

The crafting of the messages mattered. In Australia, as noted in *Box 2*, the campaign team crafted messages that reflected the public concern with youth mental health and their frustration that it was not being addressed. In Kenya, social norms that situated domestic violence as a 'private matter' made it a difficult issue to include in early campaigns on GBV. Sexual offenses were thus tackled first, given a rising number of court cases on the crime in public media and a social perception that the perpetrators were generally outside the family. Discussions on sexual offenses were held in community workshops and in one to one meetings with male leaders, framing it as an issue that affected their mothers, spouses and daughters. This generated an understanding that could be built on in later advocacy on other forms of GBV, including domestic violence.

## Clear, diverse and relevant evidence helped to profile issues

Official data and household surveys provide evidence of the scale of problems. However, official data in many countries was seen to under-represent FCHW problems, such as GBV in Kenyan girls or social inequalities in child wellbeing in South Africa, Chile and Peru. Surveys by civil society and by research and think tank institutions helped to fill the gaps and present a more accurate picture, such as South Africa's annual 'Child Gauge' reports. So too did evidence from court cases in Kenya and information from civil society networks in South Africa and Norway. In Japan's context of weak civil society and union voice, a negative view of social activism, a conservative political leadership and strong business influence, WLB research provided a credible method to raise the concerns of working women. In the UK, research was used to challenge the view that poverty was a result of poor people's unwillingness to work and children's problems the result of poor parenting and to show the consequences of child poverty for future wellbeing.



South African Child Gauge, CI, 2018

Local and international research in almost all the case study countries provided a deeper understanding of the nature, distribution and causes of the profiled issues. It also showed the opportunity costs of not addressing the issue, such as losing the positive impact of investment in ECD or the cost of not closing social inequalities. This evidence, together with community consultations and testimonies of people's experiences of systems, such as in Australia, Norway and Peru, have been useful resources to raise policy attention, when actively in policy advocacy and framed in a manner that demands action.

## Credible messengers brought clear messages to high profile processes

Litigation and formal inquiries have been used as a way to leverage policy attention, sometimes making policy breakthroughs in situations where other opportunities are blocked. FIDA-Kenya, a civil society legal resource, represented claimants in court cases on sexual offenses, generating attention from the local community, civil society, the courts and the police. The court cases, survey evidence and awareness activities kept public, policy and media attention on the challenges associated with GBV.

In Chile, the UK and Ireland, politically connected actors used their position within party and political processes to demand more decisive action on social inequality and investment in ECD.

In Peru, the *Child Malnutrition Initiative* (Iniciativa contra la Desnutrición Infantil) (IDI) successfully used high profile electoral processes to campaign for pledges to reduce child stunting from diverse party candidates. IDI tracked delivery on these pledges after elections, keeping the issue on the policy agenda and building cross-party support for actions to improve child nutrition.

> 'Tackling child poverty is the best anti-drug, anti-crime, anti-deprivation policy for our country'
>
> (Gordon Brown, UK Chancellor of the Exchequer, in Lister 2006:317, UK case study)

Across many countries, including Kenya, Rwanda, Vietnam, Sweden, Ireland and Peru, international policy commitments helped to lever attention, generate dialogue and provided opportunities to bring evidence on situations and concerns into international forums attended by high level political and policy actors. Civil society organisations have used high profile meetings to raise issues. For example, ForoSalud Peru, a broad alliance of social and health workers' organizations, protested at a high profile government and WHO conference over certain health policies under discussion.

Other civil society methods such as formal and informal 'shadow' reports and report cards in UN CRC reporting processes have also raised awareness and drawn attention to deficits in FCHW. Well connected international actors in Rwanda and Peru helped to take issues from non-state actors directly into high-level international policy discussions.

As longer term strategies, increased awareness was also built through training programs for those who currently hold, or who may go on to hold, influential positions. In South Africa's school health program, practitioners who were introduced to integrated approaches in short course training went on to hold positions of influence and leadership on the issue. In Brazil, a leadership program on ECD for high level political actors, described later, levered significant political commitment.

Forosalud collage: A Frisancho and SUNASA

## Media amplified and 'gave oxygen' to other approaches for policy attention

In many countries, the media amplified the evidence, perspectives and messages emerging from the processes described in this section. Civil society and researchers held media briefings and produced stories for media use and also implemented their own media outreach. In Japan, the *Ikumen* campaign was launched by government to challenge male stereotypes. The government worked with print and broadcast media to portray male 'pathbreakers' who had changed their work patterns in order to spend time with their families. In Ireland, media exposés, such as the 'Breach of Trust' documentary, raised social attention to child emotional abuse by childcare workers.

In Brazil, local scientists, the Maria Cecilia Souto Vidigal Foundation and the US Frameworks Institute assessed public and media views to build effective messages and metaphors, trained journalists and used these messages in radio, television, film and print media to communicate the science of ECD to the public, further expanding outreach through community amplifiers and social media.

**In summary, the case studies highlight the mix of message, messenger, process and place that increase public and policy attention on FCHW. It is not simply an issue of a single, well-crafted communications strategy. It involves assessing public views and organising and presenting evidence that people can relate to, including the voice of those with direct experience. Raising attention to issues that are already a matter of public frustration or that are less sensitive can open a pathway for raising sensitive or 'taboo' issues. Working in coalitions helps to widen understanding, and to build solidarity, alliances and influence.**

**Much of the groundwork to introduce the issue involves person-to-person interactions but various forms of media, including social media help to amplify the messages, as do participatory processes in familiar community settings; training activities; court cases; political party meetings; election campaigns and engagement in high level forums. Public and policy attention is not simply aroused by the problem, but by the sense that there are ways to act on it. The experiences of how to build the confidence and options to address problems are discussed in the next section.**

## *4.3 Building confidence and support for policy options*

Developing policy options is both a socio-political and technical process. The case studies showed the factors that affect these processes and that build the confidence and support for particular policy options.

### Principles, transparent processes and diverse evidence informed policy options

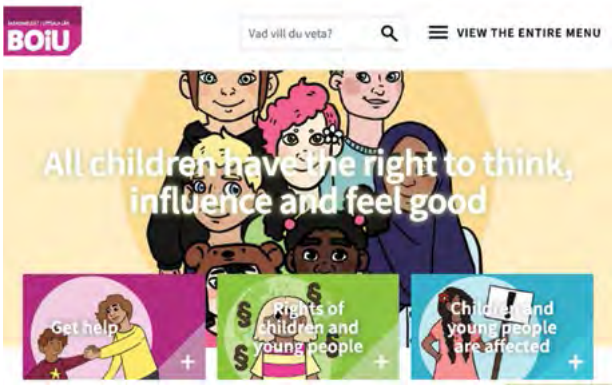
Discussions on policy development often focus on the policy content, but this can miss the key role played by values, principles and interests in driving the policy direction, content and options. In Kenya, KIs observed that legal and policy reform can be a deeply political exercise and a potential way of changing access to power and resources. Policy development plays a critical role in this.

In some cases principles and norms were agreed on from the onset, or arose from national 'vision' processes. The principles and norms often reflected political ideologies, with politically connected think tanks or civil society research institutions involved in policy design. In the UK, a left-leaning think tank connected with the Labour party influenced the design of FCHW policy options that were ultimately implemented when that party came into government. Likewise, a Conservative party think tank applied its centre-right view to frame the different FCHW policies that were applied when the Conservative party subsequently came into government in the UK.

Principles and values framed the language and lens through which technical options would be viewed. For example, in both the UK Labour party plans to reduce child poverty and in Japan's Abenomics and Womanomics, the parental benefit and child care schemes in family-friendly labour market policies were framed as investments, rather than costs, with returns to society and to the economy. In Peru, health, education and nutrition reforms were framed in some electoral periods as a strategy for inclusive growth. International norms played a role in some settings in building support for policy options. In Ireland, national standards, EU directives and the UN CRC informed policy choices for ECD that were presented by government in a white paper, focusing both social and technical debate on specific options.

Agreed principles used in transparent processes to weigh submissions from different and sometimes competing interests helped to bring legitimacy to reform proposals, particularly where contestation could be predicted. The South Africa Law Review Commission established a consensus on key principles early in its process for law reform on children's rights. For example, the principle of progressive realization, where rights are realized in line with available resources, helped to manage tensions between aspirations for best practice and concerns over resource limitations. In complex policy debates, more utilitarian principles were also sometimes applied. For example, in Australia, the approach to early care, close to the community for young people with mild to moderate mental health disorders was proposed as an implementable change that could be visibly applied in a complex wider system to address a problem and that could win public and policy support. Nevertheless, it also raised debates on the continued gap in services for moderate, longer term disorders and did not address more difficult concerns on the wider fragmentation of the system.

This understanding, whether explicit or implicit, that scientific and technical options drew from or reflected norms, principles and values raised the issue of whose voices and interests dominated in dialogue on policy options. In South Africa there were concerns that technical evidence could overshadow social ideas, especially from marginalized communities and from children themselves. In South Africa, Kenya, Sweden, Norway and Australia efforts were thus made to ensure that information was accessible to the public and to facilitate and build capacities of civil society and children to make direct submissions to policy development processes, as exemplified in *Box 3*.




Website of Children's Ombudsman in Upsalla
Source: BIOU, nd

### Box 3: Norway's inclusion of children's voice in dialogue on policy options

**In Norway, children and youth have made direct input into policy decisions. The Change Factory, a non-state organization, facilitated children's inputs on the design of their social services. They worked with local municipal leaders to bring the evidence and views from informal processes that were more accessible to young children into formal policy processes. The youth organization, the LNU, also facilitated direct input from children into public hearings in the development of the 2016 *Child Welfare Act*. The Ombudsman for Children (OCN), Save the Children Norway, the Change Factory, LNU and others have implemented their own parallel processes for children and youth input to policy. They use visual methods, play, youth surveys, 'expert meetings', workshops and other forms of collective discussion and participatory approaches that are more accessible for young people to generate evidence and proposals. The findings from these processes are then brought by children into dialogues with state officials and into formal policy processes, including forums held by parliament, services and public boards, in youth councils and international meetings.**

**The Norway case study showed how the OCN has also provided a 'bridge' for children between their own more accessible, but often informal processes and the formal processes for policy development. The status of the OCN as an independent state agency gave it credibility in bringing evidence to state and parliament forums, while its investment in creating safe, trusted spaces gave children the confidence to express the experience and recommendations for these formal processes.**

## Wide consultation built consensus on shared options

All the case studies involved consultation on policy options. Consultation combined technical, expert- driven processes with social engagement of affected communities, service personnel and politicians to discuss and build legitimacy around options. In Australia, South Africa and Brazil, technical information was communicated in accessible, positive messages to convey an understanding of the policy options as affirmative approaches for recognised problems. They first investigated constituency views and concerns to take on board socio-cultural issues and to ensure that policy options were communicated in an accessible way.

Consultative processes helped to build relationships, to unify actors and build consensus and shared messages on policy options. Taking time to build these relationships and a common understanding was important for later implementation of the agreed options. In Ireland, the presence of different advocacy groups with competing priorities created multiple voices in the dialogue on policy options. This was observed to have diluted the impact of some and to have led to less comprehensive policy options.

Did you know? Poster on the 2005 Childrens Act, South African Police Service, 2012

In Kenya and South Africa, concerns arising during consultations that could have undermined progress were addressed by ad hoc studies, such as costing studies to show feasibility or analyses of court treatment of socio-economic rights. These studies reassured those with fears of increased demands on the state arising from litigation.

Stakeholder outreach took place in forums, through circulation of white papers and through communication in media. Who convened and facilitated these dialogues was important, as was having a credible, high level convenor. In Rwanda and Australia formal consultation was convened by government or the legislature.

In other countries it was convened by an independent, statutory authority, such as the National Gender Equality Commission in Kenya and the South African Law Review Commission on law reforms; the National Economic and Social Forum in Ireland on ECEC policies, or the Presidential Advisory Council in Chile on child social protection. Trusted technical institutions also convened parallel meetings in Kenya, South Africa and Brazil to support non-state actors and communities with their collective submissions to these formal processes.

> 'Financing is important…but so too is transparency and trust'
>
> (Key informant, in the Peru case study)

In addition to public consultations, government ministers and officials held closed meetings, sometimes with expert inputs in technical committees. These expert committees developed options for public consultation and reviewed the feedback from public consultations, as described in *Box 4* in Japan.

In Chile, the Presidential Advisory Council set up in 2005 involved stakeholders from a range of disciplines and political parties. They convened an open process over six months, taking evidence throughout the country through public hearings, drawing from a wide range of technical, social, civil society, international and other sources. Before their adoption, the policy proposals were reviewed by a council of ministers to assess their political, technical and financial viability, after which the final proposals were developed. In South Africa, proposals from the South African Law Review Commission for the Children's Bill were reviewed by government ministers, making changes in areas they felt would not yet pass.

**Box 4: Processes for managing diverse interests in policy development in Japan**

**In Japan, under the initiative of the Prime Minister, various high-level committees and technical working groups were established by the Ministry of Health, Labour and Welfare and other ministries to review evidence and dialogue on policy options and to design policy measures to improve the work-life balance. They involved officials and relevant stakeholders from academia, researchers, business and civil society. While business had an important role in these committees, ministry leads were also able to use formal and informal networks to bring in advocates for change or sources of technical evidence and to draw information from a wider spectrum of implementers, managers, local government actors and opinion leaders.**

**The committees in the Cabinet office and the Ministry of Economy, Trade and Industry were influential, co-ordinating high-level inputs across sectors. Policy development was informed by evidence and analysis generated by Japanese state actors trained at local universities. As a long-term investment for policy development, the state has funded particular universities to ensure the capacities needed by government for input to these policy dialogue processes, while employment by government is viewed as desirable by high-skilled graduates.**

## Selected policy options had a greater chance of successful implementation

Australian KIs noted that political buy in was more likely when they had an accessible message, a visible model, and / or backing from strong advocates and champions. In Australia, this involved advancing a clear, 'common-sense brand'. In Kenya and South Africa it involved compromise, to get what was feasible passed in law, and an acceptance that reform was a process and not a single event. Controversial issues such as FGM and marital rape were thus not included in Kenya's 2006 *Sexual Offences Act*. This enabled that law to pass and FGM and marital rape were addressed in later law reforms. The 2005 Children's Bill in South Africa excluded issues for which society was seen to be unprepared to address, to avoid the whole Bill not being passed. These issues were left for subsequent advocacy and law reform.

Showing that existing institutional mechanisms could implement policy options helped to make the suggested reforms more feasible. In Kenya, it was proposed that the law on FGM be implemented through the administrative structures of the state (village headmen, chiefs, district offices and commissioners) rather than political structures, taking into account the cultural and potential electoral sensitivity of the issue.

In Vietnam, the Women's Union, a socio-political group with widespread community presence in the country, had the national coverage and cultural acceptability to organise parents and family groups to run nurseries. In Chile, ChCC was strategically introduced through the family health system, as a nearly universal service that was already widely accessible to communities, as described in *Box 5*.

**Box 5: Embedding options within existing systems for rapid scale-up in Chile**

**The main policy elements of ChCC in Chile were designed to build on a platform of existing services, adding further elements in stages as the policy developed and as they learned from implementation. This was seen to inform and strengthen both the model and its management. The decision to work with existing systems, using the wide coverage of antenatal care services as the entry point for children, helped to build a familiar entry point for a new approach that communities still felt involved with.**

**Embedding the entry point for ChCC in the family health system enabled its rapid introduction and scale up, as did active communication with, orientation and capacity building of professionals. These choices were motivated by the need to have a sufficiently rapid pace of national scale-up to build visibility and legitimacy during a single electoral period. Other measures that supported the change included: increased budgets for the sectors involved; new resources for co-ordination and capacities for the municipalities and active communication between the centre and the implementing municipalities, sectoral teams and families. The design of ChCC included the active production, sharing and review of evidence from individual cases to collective performance indicators, to inform and encourage decision makers and implementers.**

As raised in *Box 5*, the policy options needed to advance specific reforms and the methods and capacities that could enable their adoption. These ranged from seemingly simple methods, like making commodities available to support men to take on child care roles in Japan, to more complex interventions, such as drafting guidance for local administrations or investment in judicial, professional and police capacities to support reforms in Kenya, South Africa and Brazil.

Training programs offered opportunities to widen understanding and overcome resistance. Brazil's annual leadership course, outlined in *Box 7,* trained over 500 social, political, judicial and institutional leaders, stimulating and supporting their role as advocates for ECD. Exposing governors, mayors and other institutional leaders to the science led to their implementation of new ECD practice in states and municipalities where they had influence. They used the knowledge gained to show what was possible, exchanging with more cautious peers and changing social their awareness and attitudes.

Rede Nacional Primeira Infância A criança e o espaço project gathering suggestions and stories to inform Early Childhood

## Demonstrating practice showed the feasibility of policy proposals

Many countries drew on international experience to inform local options, although showing practice locally was often more persuasive of the feasibility of policy proposals. In Brazil, Dr Osmar Terra as Secretary of Health in Rio Grande do Sul was inspired by ideas from Cuba and introduced home visiting for ECD in his state, showing that the model could be adapted and applied locally. In Vietnam, the Asian Development Bank and the World Bank supported community-based innovation on early child education, implementing models that had been successfully applied in other low-income countries.

The transfer of innovation sometimes came horizontally from one part of the country to others, such as for 'early adopter' municipalities and states implementing policy innovations in Sweden, Brazil and Chile. Elsewhere, where a sequence of policy changes took place over time, the institutional capacities and practice also grew incrementally, such as in Rwanda, South Africa and Kenya. Orygen in Australia mobilised significant funding to test its *headspace* model in over 80 centres. Funding such visible practice was seen to be necessary to demonstrate and build support for the model.

> This translation of science and the connection between science and politics was pivotal… catalysing new programmes on ECD … demonstrating the possible, sharing experience and changing social awareness, attitudes and norms'
>
> (Brazil case study)

Demonstrating practice required resources, evidence and communication to profile what was being done and to build confidence in their wider application.

In some cases this was directed at encouraging professional and official capacities and support. In others this was directed at building community and political support. In Australia, new *headspace* sites were profiled in public meetings and media stories. The visible 'bricks and mortar' and the involvement and support from local communities generated public pressure the model as one that politicians would want to be associated with. In Sweden, professional understanding and support from implementers was seen to be necessary to get support for proposed options, to show that they could be applied 'as part of normal ways of working'. In other countries budget incentives were used to lever support for policy options.

## Change was implemented in stages, embedding learning from practice

Policy reforms were often implemented in stages, such as law reforms in Kenya and South Africa or inter-sectoral service delivery in Rwanda, Chile and Ireland. This provided space for the necessary growth in capacities and periodic review to improve the approaches. Understanding policy change as a process implied planning for the sequencing of reforms. In Japan, initial measures aimed to support uptake of core WLB concepts and practices, later widening to policy options that are still under review, such as tax measures or engagement on more deeply-rooted gender norms. The stability and continuity needed for this in Japan was enabled by a continuity of government and by the state management of new practice through collectives of officials, rather than as the 'project' of particular individuals.

Source: MIDIS website, 2019

Seeing policy design as a progression requires good information systems to inform choices. In Peru, in 2011 the Social Development Ministry (MIDIS) set up a monitoring and evaluation system to generate quality evidence that could be used as a source of information to continuously improve interventions. This enabled the Ministry to assess policy options and monitor implementation, in a feedback loop that was credible for political, policy and public actors. Improvements were seen as a continuous process. Implementing changes in stages demands sustained attention. It also provides time to critically take on policy debates and institutionalise policy options, in a way that makes them less susceptible to reversals when contexts change. In Norway, there is now a debate on whether ECD reforms may have over-emphasized skills-building over play and a shift to recognize the value of play.

> Policy doesn't end with its desig n. Feedback from implementation is critical for both improving and sustaining policies'
>
> (Chile case study)

This shift has reinforced calls to provide more opportunity for children to be heard in policy design. Similarly in Australia, there are professional and policy debates on how *headspace*, as an early intervention approach, links to a more 'joined-up system' and the financial investment needed to address the full spectrum of youth mental health needs.

**In summary, values, interests and science and the voice of affected communities and children all play an important role in shaping policy options. The 14 country case studies provide evidence of processes that help to create and sustain legitimacy, unify actors, converge advocacy and build confidence in policy options. These processes include: early adoption of principles to adjudicate choices, holding transparent, accessible and inclusive consultation, with strategic evidence, wide outreach and credible convenors. Making proposed changes visible, particularly through local innovation, builds confidence, especially if the gains are quickly visible to the public. How to do this, whether through incentivizing and supporting capacities for new practice in existing systems, or facilitating and profiling bottom-up innovations, varies in different contexts.**

**The experiences from the case studies indicate that policy development is a progression, involving many steps towards broader end goals. This can involve either compromises or rapid scale-up, depending on the context. Early application of policy options helps to widen understanding and support. Actively gathering and using information helps to improve, learn from practice and to present evidence of gains to institutionalise change. Political roles and interactions inform, enable, lead and sustain these processes towards policy adoption, but can also challenge and block them. How this has been addressed is discussed in the next section.**

## *4.4 Advancing political decisions for policy adoption and change*

Previous sections highlighted the role political actors and institutions play in driving, profiling, advocating and developing policy options and catalysing diverse forms of practice on FCHW. Their role in taking these policy issues into political processes and into decision-making is central. The 14 case studies highlight features of these political processes and strategic interactions that led to policy adoption.

### Longstanding interactions with political actors helped to build trust and access

Policy interactions on FCHW often build on relationships between political actors, technical personnel, civil society and others that have grown over many years. Longstanding relationships between the UK Labour party and local researchers and campaigners for changes in FCHW policy made it easier to take advantage of the window of opportunity that opened with the Labour party's electoral victory in 1997. In South Africa, these connections were fostered in the mass democratic movement, with some activists going into government, others into parliament and some remaining in civil society. Similar experiences were found after electoral change in other countries. KIs observed that the relationships and trust built in these longstanding interactions made it easier to access, advocate for and negotiate issues with politicians.

Sustained forums where political, social and technical actors interact over time have also helped to build such relations, such as the National Economic and Social Council in Ireland and the 'Mesa' round-tables in Peru. KIs noted that while productive, these prolonged and sometimes intensive interactions were demanding for those involved and that being part of a network helps to share the resources and burdens to sustain them.

### High-profile champions catalysed wider political and policy support

There are many examples in the case studies of individual champions who used their public profile to lever political support for FCHW policies. In the legislative process on FGM in Kenya, Hon Sophia Abdi Noor, a member of parliament (MP), who was barely eight years old when she experienced FGM herself, told her fellow parliamentarians in 2011 about the personal ordeal that made her a campaigner against FGM. Rwanda's President and First Lady both championed children's wellbeing and the President included ECD as an agenda item at each annual government retreat.

Hon Sophia Abdi Noor, speaking at the interparliamentary union IPU, 2010 under creative commons

In Chile, President Bachelet's personal commitment to the improved opportunities for all children as a unifying objective of her government was influential in the introduction of ChCC. Her background as a mother, a public health specialist, her concern over social inequality as a member of the Socialist Party and her experience as a health minister all contributed to her resolve to address inequality and promote ECD. President Bachelet saw these goals as central to achieving the wider political values she articulated for Chile. In the UK, Gordon Brown took up child poverty as a backbench Labour MP and continued to champion when he became the Chancellor of the Exchequer (the Finance Minister).

> Early childhood is and will remain my first priority as President. And not in the words, but in the facts…to build a fairer Chile, with less inequality and more opportunities for all'
>
> (President Bachelet, in Barria, 2018:33 Chile case study)

These political actors helped to keep FCHW goals in focus, even as they rose to higher political levels. In Peru, local governments with mayors from a leftist, indigenous or union background gave more support to initiatives on child poverty and nutrition and achieved better outcomes.

Policy uptake was weaker where municipal or traditional community leaders opposed the changes. Advocacy for FCHW policies was taken forward by politicians from all political orientations and often in cross-party coalitions . In Japan, the centre-right LDP leader and later Prime Minister, Shinzō Abe led the political response on the WLB as part of his economic revitalization strategy, Abenomics, while Ireland's centre-right Fianna Fail party manifesto included ECEC after it was championed by the party leader, Michael Martin.

Political champions fostered by the leadership training on ECD in Brazil and the role of Dr Terra, noted earlier, catalyzed a cross-party political leadership on ECD over two decades that continued after the change in government. The case studies highlight the influence of political leaders, especially where reforms confront deeply rooted social norms, as in Kenya. While it often yielded electoral returns, it demanded commitment, courage and persistence in some situations where it raised electoral risk for those championing the policy changes.

## Direct interaction with affected communities and youth had impact on politicians

Key informants in Norway, Kenya, South Africa and Australia commented from their experience that affected communities, children and young people can have significant impact on political actors, especially when these groups are able to share their views, experience and conditions directly with politicians. In Australia, KIs observed that arguments on the cost benefit of early intervention were useful, but that public pressure and expectations, a concern for youth, media coverage and community support for *headspace* had more impact in making youth mental health an electoral issue for politicians. In Norway and South Africa, children's direct account of their realities was said to have been a 'wake-up call' for parliamentarians. It triggered support and raised new concerns and a sense of urgency to respond to them. However, these political environments were often disempowering for disadvantaged communities and children, particularly where their experience was of systems and services that discounted their voice.

> Case workers talk over your head. I get talked about in the third person when I am present, and I am often not included in communication that is about me'
>
> (Children in Jebb Committee, 2017:19 in the Norway case study)

The case studies provided many examples of processes where children were able to speak to political leaders in ways that did not objectify them, such as in the safe spaces noted earlier in Norway and South Africa. In South Africa, direct engagement with children in hearings and in taking members of parliament (MPs) to realities faced by families and children built parliamentary champions for the Children's Bill.

Institutional brokers such as the Children's Institute in South Africa and the OCN in Norway helped to facilitate the voice of children and disadvantaged communities in political and parliamentary processes that they found intimidating. In South Africa, children were taken by the Children's Institute to the legislative chambers in advance, so they could familiarize themselves with the environments and build their confidence by practicing their submissions in the place they would present them.

Children's views on issues and changes they feel should be made have also been presented in media coverage. In Brazil, a leading newspaper, Folha de Sao Paulo, published a 'Child of the Day' series over several months to profile what children 6-12 years of age felt needed to be done to address their priorities.

In Norway, Sweden and recently in the UK, youth have become more directly involved in the youth wings of parties and other political processes, making them a more direct political force. Young people have contributed to newspaper stories and participated in demonstrations, trade unions and other organizations on issues that concern them, as most recently visible in their role in recent 'climate strikes'.

The "Child of the day" series, Folha de Sao Paulo
Source: https://tinyurl.com/y2seol3l

## Parliamentary networks and advocacy across parties sustained political support

With electoral change and turnover of MPs often happening during policy change processes, working across different political parties and with parliamentary caucuses and networks helped to sustain support for policy adoption, including after electoral change. KIs noted that relying on one party or political grouping can lead to change being stalled, whether by elections or changing party interests.

Different methods were used to build wider support. Think-tanks and other non-state institutions, noted earlier, provided a space for political ideas to incubate and develop, even after electoral change, and helped to prepare for the next electoral change. Various forums were deliberately cross-party in nature, such as in Chile's Presidential Advisory Council or the parliamentary committees and hearings in many countries. In Peru, policy coalitions and campaigns on electoral pledges targeted leaders from all parties, to build a cross-party consensus on child poverty and nutrition.

These processes enable stakeholders to find strategic levers within political processes. For example, in Australia in 2010, when Prime Minister Gillard moved too slowly on youth mental health, the Orygen consortium worked with the political opposition to develop an alternative plan and budget support for early intervention in youth mental health. This put pressure on the government to demonstrate their policy support, which they did by appointing a new minister for mental health and increasing the budget for this area.

Parliamentary networks and caucuses also helped to sustain political interactions. In Kenya, women's movements and legal reformers found and cultivated consistent political support for law reforms from the cross-party Kenyan Women Parliamentary Association (KEWOPA), described in *Box 6*.

A parliamentary caucus on ECD in Brazil, the Frente Parlamentar, worked with a consultant to draft the 2016 law that created the national policy framework on ECD and the mandate for government to create budgets and mechanisms to support policy implementation. This caucus continues to monitor that each ministry's budget lines meet their duties for ECD, and is engaging with the judiciary to ensure judicial practice also promotes ECD. KIs have found that these parliamentary networks and interactions provide accessible political processes for civil society, researchers and others to engage with politicians on the policy choices being made on FCHW.

**Box 6: Women parliamentary networks navigating law reforms on GBV in Kenya**

**Formed in 2002, the cross-party Kenyan Women Parliamentary Association (KEWOPA) mobilized the growing number of female parliamentarians from different political parties interested in gender equality related laws and policies. By 2018, KEWOPA included 97 parliamentarians and 10 local chapters across the country. The KEWOPA network developed gender responsive budgeting guidelines for parliament. They trained over 300 women members of county assemblies and community leaders and provided peer to peer mentorship for more experienced parliamentarians to support first time MPs.**

**The Kenya case study describes how after the *Sexual Offences Act* was passed in 2006, supportive parliamentarians waited for the right conditions to raise the law on FGM. During this time they engaged in local issues and constituency processes led by male MPs to build relations across parliament. When the Bill on FGM was tabled, KEWOPA presented evidence that male MPs could relate to as partners and fathers, such as the low rate of circumcised girls attending secondary school. They invited a medical practitioner to parliament to give a talk on FGM and he showed MPs visual evidence of the serious difficulties circumcised women face in childbirth. Many male MPs changed position after this, with some becoming champions for the law. When the vote on the Act took place in 2015, MPs from constituencies with deep cultural convictions on FGM who felt they could not be seen to support the Bill were persuaded to abstain, rather than vote against it. In parliamentary dialogue on the *Protection Against Domestic Violence Bill,* KEWOPA showed evidence of the scale of domestic violence, its costs to families and society, and the protection the Bill provided not only for women and children, but also for men.**

## Advocacy addressed both political motivations and apprehensions

Community and consumer pressure, models that have won public support or that show delivery on electoral commitments tap into political motivations. In many of the case studies, policy advocates organised and presented information that would resonate with political audiences and their interests, showing how the proposed options would contribute to achieving policy goals and commitments, including international commitments like the MDGs. In the UK, the policy proposals made on child poverty and family support coincided with a Labour party view, following four election defeats, that it needed to make electoral commitments to social justice and reducing inequality in child poverty to make itself electable. In Peru, proposed investments in health and nutrition visibly delivered on political commitments made in an Acuerdo Nacional, developed after the dictatorship.

> ‘Evidence …effectively generated a perceived change in national mood that convinced politicians that something should be done. Widespread dissemination of early intervention as a policy persuaded them that something could be done’
>
> (Whiteford et al., 2016:8, Australia case study)

There were also opposing interests that had to be challenged or addressed. The Kenyan experience described in *Box 6* narrates how female MPs worked with men on their issues and provided persuasive evidence appealing to their own family interests to overturn opposition from many male MPs to law reforms on GBV. In Sweden, political resistance to legislating children’s rights in case it led to litigation against the state was alleviated by showing this to be unfounded from Norway’s experience.

In Japan, business interests initially opposed WLB policies. Businesses were then engaged in a policy dialogue that explained the economic motivations for workplace and benefit reforms and positioned WLB reforms as an economic investment that was vital to address the labour demands of the economy.

Government introduced incentives to build corporate support for WLB policies, such as awarding a government certification mark (Kurumin) on products from firms with high WLB awareness and child care measures. As social mindsets shifted, corporate WLB duties that were voluntary became mandatory.

In addition, Prime Minister Abe personally encouraged larger firms to appoint at least one woman to their boards as a voluntary measure. By 2015, disclosure of the number of female board members in listed firms became mandatory.

In lower-income Rwanda and Vietnam, international funders had some leverage in getting political support for specific FCHW policies, as trusted advisors and co-funders of interventions that could show implementation of electoral promises. In Ireland and Sweden, periodic reporting on UN and EU commitments and civil society advocacy around these reports levered political 'peer pressure' for policy change. High-level international forums offered opportunities for political actors to exchange policy experiences. South Africa drew on Brazil's family health strategy to inform policy support for its PHC Re-engineering Strategy; while exchanges between Norway, Finland and Iceland, where the CRC had been incorporated into domestic law, contributed to cross-party political support for legal reforms integrating the CRC in Sweden.

> 'Use the economy as a driver, get support from key actors, and focus on issues and approaches where there is greater chance of support'
>
> (Key informant, In the Japan case study)

## Choices and strategies were made at the right time to advance policy adoption

These diverse political engagement processes were always strategic, not only in their methods and relationships, but also in choosing the right moment to progress formal change. In some situations this implied compromise, such as removing the most contentious clauses from early laws in Kenya and South Africa so that their enactment could open space for later reforms. In others it involved preparing for when political events and conditions would provide the opportunity for policy adoption. In South Africa, health and education ministers took advantage of high-level commitments to education and primary health care in 2009 to use the President's 2009 State of the Nation Address to advance adoption of the healthy school policy. In Australia, the 2010 elections provided a critical moment to consolidate policy support for youth mental health. Building on years of social, technical and political interactions, a highly visible public advocacy campaign in Australia brought diverse actors together, with candlelight vigils, adverts, mass emailing to politicians, a public petition, a letter signed by mental health organizations and advocacy with politicians, reinforced by Orygen's Pat McGorry being 'Australian of the Year' at the time. In Peru, the presidential, regional and municipal elections in 2006 opened a window of opportunity for a longstanding campaign by the *Child Malnutrition Initiative* (IDI) to secure political commitments through electoral pledges to reduce child malnutrition. In Japan, accumulating evidence on WLB challenges and options, a rise in women in opposition parties raising the issues in parliament and a coalition of opposition parties winning power in 2009-2012 for the first time in many years provided an impetus for the LDP to intensify policy uptake of WLB measures when it was subsequently elected.

Taking advantage of political opportunities in a noisy and competitive political environment was noted by KIs to be demanding, but essential. Policies can fail at this crucial stage and social support can be lost. Windows of opportunity such as electoral events are time bound. The opportunity to use them for positive change depends on prior interactions and preparation and the mix of political, cross-party and civil society networks and coalitions that can sustain interactions and keep political focus on issues. KIs perceived that political adoption of policies combines both longstanding processes and intensive activity.

**In summary, the case studies highlight processes of political recognition and adoption of policy change in FCHW that involve longstanding relations together with immediate and intensive political events. Relationships built on trust enable access to political actors and processes. These relationships grow over years and are fostered by shared forums and joint struggles. Cross-party forums; parliamentary committees and hearings and campaigns on electoral pledges provide spaces for engaging political actors. Political champions can give leadership and use their own stories to engage those with opposing political views and social norms. Disadvantaged communities and children have strong impact on political actors when they bring their realities into these processes, but these interactions can be disempowering without additional support to build their voice and confidence. While political continuity is affected by electoral changes, the momentum for policy change can be sustained during downturns by incubating ideas and proposals in think tanks and civil society, by cross-party and parliamentary coalitions and by youth involvement and activism.**

## *4.5 Convergence and continuity as essential features*

The 14 case studies each present a rich experience and stories of change that covered decades of advocacy, investigation, organization, political, social and technical engagement, with extraordinary people and organisations working for the positive changes in FCHW. Hopefully the snapshot information presented in this paper encourages you to read the full case-study stories!

Structuring the evidence and learning across them to present it in an accessible way inevitably fragments the individual stories to draw common features, and may suggest some segmentation or linear nature in the processes for policy recognition, development and adoption. This is not the case.

In the various parts of this paper attention is drawn to individual and institutional brokers who generate links and continuity across these processes and policy communities, such as the Children's Institute in South Africa, the OCN in Norway; think- tanks in UK, non-state organisations in Brazil and Chile. These organisations bridge formal and informal processes to enable children's voice to be heard. The processes also involve people moving between civil society and government and between local, national and international levels. The case studies and interviews with KIs involved in these processes showed that convergence of these different processes and policy actors around a shared broad goal is often what generated sufficient impetus for policy recognition and change.

> **'Find your 'tribe', organise and support those aligned to your thinking and activate all parts of the system to a common cause'**
>
> (Key informant, in the Australia case study)

The example from Brazil in *Box 7* overleaf shows the interplay between these diverse processes for policy recognition and change. It also shows the role of institutional brokers and catalysts that helped to make links between the different actors and processes and the accumulating convergence over time of interventions, relationships, understanding and actions that propelled policy change.

There is also always a possibility of policy reversal, as was seen in some of the FCHW policies after electoral change in the UK in 2010, or in the constitutional challenge to the 2011 *Prohibition of Female Genital Mutilation Act* in Kenya. In many countries there is an intention to move from voluntary to compulsory approaches, to consolidate changes in law and in institutional practice, and to ensure and sustain political support for the budgets, services and capacities to implement the policy changes adopted.

Hence even after adoption, advocacy has persisted, to ensure these continued reforms. The intention to institutionalise and effectively deliver on policy change is not only seen as important to consolidate it at high political levels. Successful implementation of services has also been a critical factor in many of the case study countries in changing social mindsets and generating public support.

**In summary, the country case studies show that when the different processes and policy actors come together over time around a shared understanding and goal, they generate the impetus for policy recognition and change. Institutional and individual brokers play an important role in making these links between the different actors and processes. Policy reversal is always possible.**

**Policy adoption is not an end point, but a platform to contribute to ongoing changes in public discourse, institutional practice and social norms and views, or as one KI put it: 'not the end…but the beginning'.**

### Box 7: Linking strategies, actors and processes in ECD policy change in Brazil

After the end of the dictatorship in Brazil, the opportunity of wider democratic and constitutional changes and the sustained engagement of a non-partisan network on ECD, the Rede Nacional Primeira Infância brought together non-state and state actors from diverse disciplines to raise awareness on a different understanding of children and their rights as a principle of policy change. They advocated a change from reactive welfare assistance to proactive investment in ECD, reflecting growing international and local scientific evidence of the socio-economic importance of ECD.

A combination of political and technical actors and processes took this forward into changes in policy and practice in Brazil. Dr Osmar Terra as health minister in Rio Grande do Sul, was inspired by ideas from Cuba to bring new practice on ECD to his state in 2003. A coalition of actors and institutions in Brazil, the Maria Cecilia Souto Vidigal Foundation and Instituto de Ensino e Pesquisa (known as INSPER), and in the USA, the Harvard Center for the Developing Child and David Rockefeller Center for Latin American Studies (known as DRCLAS), linked their networks with Dr Terra given shared interests in ECD.

They created a collaborative Núcleo Ciência Pela Infância (NCPI) in 2011 that guided and established in 2012 an annual leadership course on ECD, termed the ELP, and played a continuing role in convening leading Brazilian academics to share and disseminate findings on ECD and to link with key policy and practice constituencies. Journalists helped to communicate accessible messages based on scientific evidence on ECD to the public and used a range of media to amplify these ideas.

The annual ELP involved over 500 social, political and institutional leaders, such as municipal mayors and state governors, congress duties and judicial actors. It stimulated their understanding of the science and supported their role as advocates for and implementers of new practice on ECD in their own areas. This connection between science and politics was pivotal. These leaders initiated new ECD programs in many states, municipalities and constituencies. The programs demonstrated the possible. They shared experience and changed social awareness, attitudes and norms in the process. They encouraged the creation of programs in other states and municipalities in Brazil, while later editions of the ELP also supported federal level initiatives.

The widening network of those involved in advancing new approaches to ECD was complemented by the organisation of political champions in a parliamentary caucus. The caucus took this innovation to the policy and legal adoption of a federal program, *Criança Feliz*, facilitated by Dr Terra's rise to federal level as a chair of the caucus and by technical support to the caucus.

In 2016 Criança Feliz was formally instituted as a federal program by presidential decree. The federal program reflected the same co-operation across sectors that was a feature of the local ECD initiatives. Drawing learning from the 'early adopters', implementing personnel were included in workshops at state level on the life-course benefits of ECD, provided with guidance and supported by mayors and governors. Finance secretaries were also engaged to ensure the financial support for ECD.

With progressive implementation of the changes, attention has now shifted to ensuring that policy implementation provides a positive feedback loop, including for its continued political and social support in what has also become a more volatile policy environment. As a work in progress, this has now focused on several processes: One aspect of this is vertical co-ordination between the central level, under the Ministry of Citizenship, and the state and municipal levels. This continues to involve legislative champions, the *Rede Nacional Primeira Infância,* programs with influential actors such as the judiciary, and training and resources to encourage policy uptake across the country. A second aspect is the strategic use of resources, capacities, social engagement and evidence to ensure the horizontal co-ordination across sectors and with social protection schemes. This also involves co-operation between the diverse actors needed for visible delivery of *Criança Feliz* in communities. Thirdly, evidence is now being gathered from rigorous external evaluation of impacts and from multiple forms of monitoring to continue to lever political support, together with diverse forms of media outreach and involvement of community amplifiers to widen public understanding and support.

# STRATEGIC LEARNING FROM COUNTRY EXPERIENCE 5

Source: S Daboul, Syria

> ‘Children take the temperature of the society’
>
> (Key informant, Norway case study)

EACH OF THE 14 COUNTRY CASE studies tell a unique story, embedded in its own history, socio-political and institutional cultures and the contributions of different people and groups. The documents and interviews for each case study present a narrative of policy recognition and change of particular dimensions of FCHW that is composed of many overlapping stories, told from different lenses. Telling a single story from across all these country case studies would risk misunderstanding their complexity and diversity. Yet, there are insights and learning from them that may be shared.

## *5.1 Reframing the narrative*

All the case studies took forward a new concept and socio-political understanding of what FCHW means. For those activating and guiding social and policy change, the clarity and coherence of their conceptual understanding and the consistency with which they articulated this understanding gave impetus to and sustained changes that took place over many years.

**Fundamental to this has been the concept and articulation of a different view of children and young people. Children are seen an integral persons, citizens from birth, with their own value and rights and in an ongoing process of development. The investment made in their relationships, emotions and development from the earliest years of their lives is understood to make a difference to their current and future life opportunities.**

If, as noted by many KIs, having a common and consistently articulated conceptual, ethical and political framework is crucial for the subsequent processes on FCHW, then this view of children appears to be central to it. This has wider implications:

a. It means that children have a right to participate and be heard in the development of policies and the delivery of plans and services that affect them, with society moving from speaking *for* children to speaking *with* children. Children provide new and important insights on and contribute to improvements in the functioning of society.

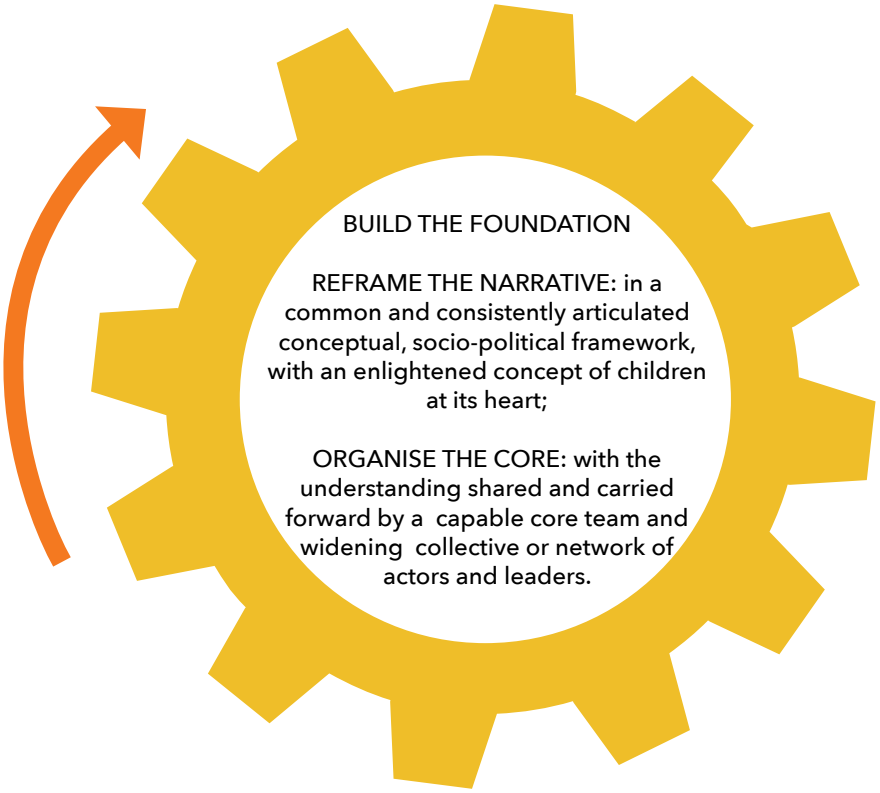
b. The relationship between families, parents and care-givers- both men and women- and children is central to the wellbeing of all. Adult roles change from having powers over children towards having duties towards children. Achieving this changing relationship calls for changes in gender norms that harm and place heavy burdens on women; in the work-life balance; in the roles that both men and women play in child care at home and in addressing service deficits and workplace cultures and rules that undermine family roles and disadvantage women workers.

c. For society and states it implies moving from approaches where the individual child and care giver interacts with various fragmented, reactive and ad hoc services, towards investment in children and families through comprehensive, co-ordinated multi-sectoral services and social protection programs that are delivered universally through accessible entry points in the community, with additional support for disadvantaged families and groups. It also implies bringing harms, norms and deficits in FCHW that have been buried as private into the public domain, to address them as collective responsibilities and state duties.

These policy concepts prioritise the social and human dimensions of life. Investing in the earliest years of life and in family roles is not only important for the future lives of children and their families, it is understood to be essential for the future socio-economic wellbeing of the country. Confronting gender inequalities, rights deficits and unfair and avoidable social inequalities is not only seen to benefit disadvantaged individuals, but the society as a whole.

The different case studies emphasize different aspects of these concepts, and not all countries were on the same point in a trajectory towards this policy understanding. Whatever the specific focus, however, the convergence of understanding and action for policy change in FCHW in most settings was based on a shared conceptual, ethical and political understanding between those catalysing change, with a conceptual view of children as articulated above.

Relatively stable teams were advancing this shared concept in consortia of people with different capacities and shared goals. Sometimes they had a charismatic and sometimes a facilitating leadership. They had resources, sometimes significant, to invest in the different processes and relationships needed for policy change. Collaborative networks helped to share these workloads. They brought together different capacities, constituencies and evidence, facilitated access to key people and provided support and a forum for exchange of experience. In different settings the teams were found in research institutions and think tanks, in government, in civil society and sometimes combining actors from across these constituencies. A shared concept and goal moved these key actors from competition to synergy. A convening leadership also helped to do this, with evident conviction for the issue, able to listen, foster, broker and make connections, to take advantage of opportunities and to guide processes.




**The case study experiences suggest that the processes for levering policy change in FCHW demand a strong foundation to sustain and build convergence around them. This comes from a common and consistently articulated conceptual, socio-political framework, with an enlightened concept of children at its heart, that is shared and carried forward by a core and widening group or network of actors and leaders.**

## 5.2 Aligning and activating all to a common cause

Mural on awareness of violence against women, Chile © Fundación EPES, 2016

> 'Focus on what is common and not what is different … keep a close watch on people's views of and satisfaction with their experience of the delivery on the policy'
>
> (Key informant, Chile case study)

Beyond organising the ideas and core of actors taking the policy changes forward, the case studies showed how a range of social, technical and political constituencies could be aligned and activated around the vision and frameworks proposed. Understanding and identifying with the ideas and policies grew across processes that raised attention, developed options and built political support for their adoption.

The context itself can create demand for new policy ideas. Poor performance, a perception of being ignored and of unfair burdens often coincided with rising social expectations and dissatisfaction with inequalities in FCHW and services, creating fertile conditions for change. Demographic and violent shocks or more positively, democratic changes in government also trigger expectations of improvements and new thinking and practice. However, whether and how these conditions translate into policy change depends on which interests and voices generate the discourse around them.

Various forms of evidence are used to raise awareness of the situations that merit attention. In some settings this came from official data and household surveys. In many settings, distrust of official data led civil society networks, researchers and other non-state institutions to present their own evidence, drawing from court cases, surveys, members' reports, community narratives and testimonials. Research evidence provided a 'proxy' voice where civil society and union voice was weak or where social activism negatively viewed.

Evidence had more impact when tailored to context, audience and purpose, when it raised the visibility of people, children and conditions that are often invisible in public policy and / or exposed rights violations and people's experiences of systems. The evidence helped to highlight flaws in dominant views, especially if framed in a manner that demanded action. However it was never an end point. Evidence was seen as a resource for advocacy, social dialogue and for media to amplify public awareness' through briefings, exposés, radio and television series, print stories, social media and community amplifiers.

Child Living in Tondo Garbage Dump, Manila, A Cohn, 2014

Many of those involved in policy processes observed that it is not evidence that produces change, it is people. Local cultures and perceptions need to be understood and the messages need to resonate in a way that creates a groundswell and that engages many actors and sectors. They observed that this means focusing on what is common and can build convergence, differently engaging innovators, early adopters and late adopters of ideas, while tackling the arguments of those who oppose or wish to detract from the policy changes. It means creating a common framework in which everybody can find themselves and using accessible, participatory approaches in familiar settings that acknowledge the often disempowering relations between experts and affected communities. With situations changing and people drawing information from new sources, it calls for constant review of the effectiveness of communication efforts.

While evidence gathering and communication is often seen as a 'top-down' process, the case studies showed how specific groups of people in negative situations and those working with them activate policy attention themselves. Belonging to a wider network and association helps to generate attention. It widens the advocacy and solidarity on specific concerns and networks can provide support, capacities, evidence, influence and outreach. Direct voice, especially that of children, and interaction between affected communities and public or political constituencies had impact and helped to ground campaigns in their realities.

Many of the environments within which children may make statements are disempowering, especially for those from disadvantaged communities, given their experience of systems not listening to them.

The support that organisations give to children to articulate their experience and views in ways that do not objectify them is thus important. Young people have also directly communicated their issues and experiences in media, in youth wings of parties, in demonstrations, trade unions and other organizations.

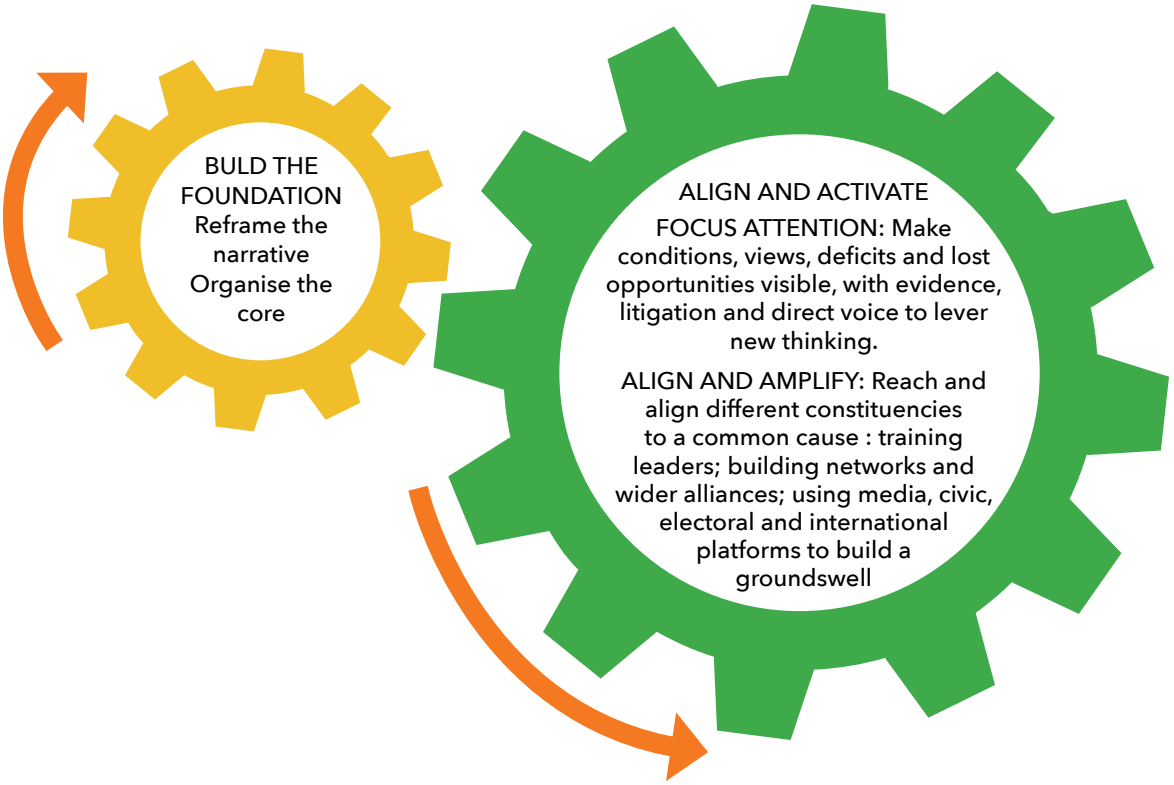
Youth climate strike iLightbox gallery, undated

High-profile, individual champions also catalyse attention, political and policy support. Their personal testimonials, such as that of women political leaders recounting their own experiences of FGM, have been courageous and influential, even when their advocacy raises electoral risk for themselves by confronting deeply rooted social norms. Public processes such as campaigns to secure electoral pledges and to track delivery on commitments and leadership training programs levered attention and support from political leaders, but so too have significant levels of 'behind the scenes' personal and collective engagement.

Other public processes helped to provoke attention and activate people to support the policy change. Litigation was used in some settings to lever attention and make policy breakthroughs, and is noted to be a key tool for situations where other avenues are blocked. Law reform has been viewed as a political exercise and a potential means to change access to power and resources. So too is the strategic use of international forums, agendas, policies and directives to lever focus, generate peer pressure and reinforce domestic proposals. In some case study countries this came from peer to peer influence and international input on the UN CRC, UNICEF's human rights- approach, the UN MDGs and EU Directives. It also came from civil society and children's inputs in international forums and reports. In other countries international research and actors levered new attention, such as James Heckman's work on the economic benefit of investment in ECD, the ideas brought by returning exiles after political change, or the inputs of high-level international advisors.

Aligning and activating a range of constituencies to a common cause is not simply a matter of strategic advocacy. Civil society watchdogs with a watching brief on behalf of affected communities and visible protection of those in the affected community can help people to gain and sustain confidence to raise their own voice and to act. For example, witness protection programmes were important for children litigating sexual violence and FGM in Kenya, as was the provision of safe spaces and protection from the Ombudsman for Children and civil society organisations for children raising criticisms of care services in Norway.

The case studies also point to the mix of dialogue, evidence, capacity support and incentives that encourage the transparency, relationships and trust needed for consensus and co-ordination between different professional actors and sectors for the changes advocated. The movement of people from civil society and technical institutions into government and vice versa after electoral changes helps to bring new perspectives and experience from different institutional cultures into policy processes.



Youth climate strike, USA, M Johnson, 2019

**Contextual conditions, shocks and public views open opportunities for new policy ideas, if made visible, with a clear narrative for what they imply.**

**Diverse evidence from official sources, communities and international ideas, tailored to audience and context, can lever new thinking. Research evidence can expose issues where social activism is weak, discouraged or risky. The voice and testimonials of leaders, affected communities and children, including through litigation and participatory approaches in safe spaces, has even greater impact in changing discourse and helps to ground campaigns.**

**It is not evidence alone that produces change, it is people. A public and political ground-swell needs messages that resonate with, reach, align and activate diverse constituencies to a common cause. Media, including social media give 'oxygen' to these messages, as do petitions and community amplifiers. Networks and broad-cause alliances widen solidarity and understanding and bring pooled capacities, messengers, resources and influence to more focused concerns. Training of decision makers and political leaders, campaigns on electoral pledges, messages in international forums and shadow reporting on international norms further widen outreach, under-standing and uptake of policy messages.**

## *5.3 Demonstrating, delivering and protecting policy change*

The convergence of different constituencies around changes in FCHW policies is not only driven by the vision, values and concepts and the socio-political processes described in the previous section. It is also driven by a sense of the possibility of delivering this change and the engagement of political actors to support it. In the country case study experiences, reform proposals drew on political ideologies or national 'vision' processes. They set the principles that guide the reforms, sometimes drawing on international norms and sometimes proposing and agreeing on these principles at the onset of processes. The extent affected communities and young people are heard in shaping these principles is important, as the principles frame the language and lens through which technical options are viewed and interests adjudicated.

The design of specific policy approaches generally took place in consultative processes that helped to lever consensus on options. Statutory review commissions played a role in some countries, particularly when the policy change involved law reform. While the processes depended on the context and issue, they generally combined technical and social inputs, engaging to varying degrees affected constituencies, communities and implementers in the discussions. They were often chaired by professional or political leaders. However, consultative processes on policy options not only intended to develop policy options. They also helped to unify and build consensus and shared messages on these options across different advocates, facilitating their later implementation. Achieving this 'buy in' was assisted by the translation of technical information into simpler, positive messages, or 'metaphors', to communicate options as common-sense ways of addressing recognised problems. In many cases, trusted technical institutions convened parallel meetings to support civil society and communities with their submissions to formal processes. Ad hoc studies were implemented to bring evidence to specific debates that could undermine consent, such as on costs of policy options, implications for state duties or evaluations of particular models. In some situations, aspects of policy reforms that were divisive or that could bury entire reforms were excluded from policy change.

An accessible message, a visible model or clear brand helped to get political buy in, particularly if demonstrated in practice. International experience and exchanges assisted to build support. However, showing local change was more persuasive for socio-political champions and for implementers. For example, when training programs with governors and mayors exposed them to new ideas, their local implementation of new practices provided a powerful impetus for wider adoption of ECD and for changing social awareness and norms. Demonstrating practice, supporting and capacitating uptake in 'early adopting' sites and providing incentives and new resources helped to deliver ideas in 'bricks and mortar' as policy models that communities supported and politicians wanted to be associated with.

Health promoter explains care A Rucker, undated

This process was not always straightforward. In some cases the process moved forward even in the face of resistance and doubt from some quarters, with a hope of their 'buy in' as it progressed. The process is also affected by resources, interests and different power relations between the actors involved. As demonstrated in the Ireland case study, a lack of resolution of competing priorities and proposals across key constituencies diluted the advocacy of each. Similarly in Australia, while a clear early intervention model for one aspect of youth mental health in a complex system with many deficiencies was easier to understand and more feasible to quickly implement, it left unresolved many debates about the wider fragmentation of the mental health system.

These features suggest that policy development and adoption be seen as a process and not an event. Whether innovation spreads horizontally across areas in a country, or in stages over time across a country, a process of 'roll out' can enable institutional capacities and resources to grow and provide opportunities for review, including by practitioner networks, to both demonstrate benefit and inform improvement. The experiences reported highlight the role of good information systems and active, purposive use of evidence for this, working in a feedback loop from practice for political, service and public actors.

> 'The law and education are like the two wings of a bird… A change in social mindsets can influence legal and policy reform, but is itself also influenced by legal and service reforms'
>
> (Key informant, in the Kenya case study)

Political support for adoption of models was as much informed by community pressure and public support as by evidence of the effectiveness of models. Political support also created enabling conditions and/or opened space for local innovation and action.

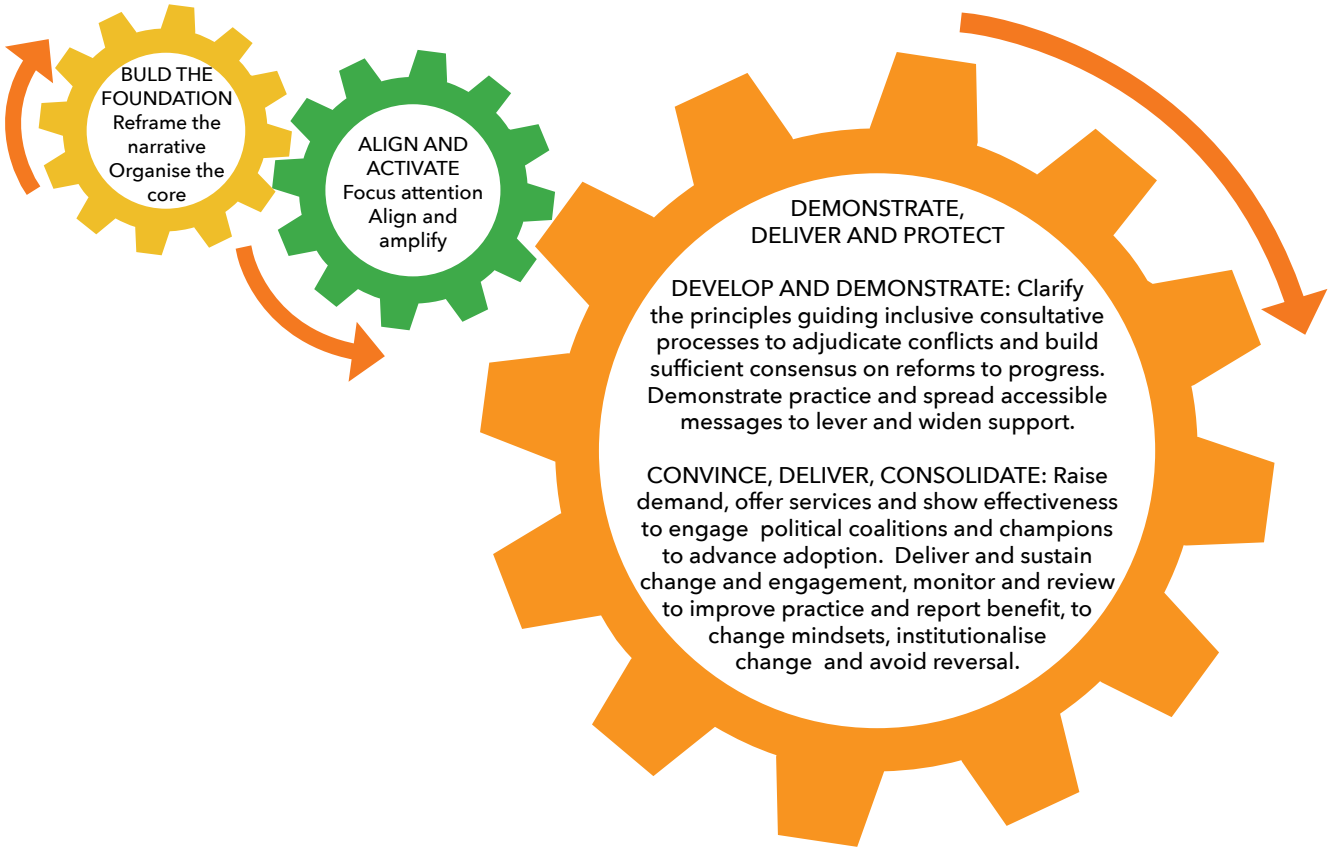
Parliamentary coalitions and hearings created a space for more direct public and children's interaction with politicians. Talking with children and those affected had strong impact, including across parties, as did taking politicians into the situations that were motivating discontent. Showing synergy with political goals and commitments, regional and international peer pressure, resource and technical support further encouraged political support. A range of strategies helped to negate or dissipate political opposition. In some cases this was technical, such as showing the economic benefit of options or the costs of not acting. In other settings, international peer pressure helped to reinforce domestic pressures. Political leaders themselves championed, organized their peers and advanced the processes towards adoption. Parliamentary caucuses built relationships with potential opponents, while appealing to their interests. Policy adoption was sometimes a matter of waiting for a strategic time, or making compromises to enable some change to progress, while keeping alive the advocacy on unresolved issues. As political processes, they were often not predictable. They depended on long-standing interactions and relationships, together with intensive interactions when electoral or political events and opportunities opened.

Political and social volatility sometimes made it critical to implement visible new practice to secure and consolidate policy change. In some settings implementation took place more rapidly through existing institutions that reach community level and were able to build visibility and consolidate support from communities, implementers and politicians and make it less susceptible to reversals. These changes were enabled by financial investments, capacity support and active monitoring, review and reporting of benefit, to incentivize change and to lever spending by other actors.

Many KIs observed that visible improvements in services and practices in the community positively changed social awareness, discourse, practice and norms, further reinforcing policy success and providing a platform for future changes. Yet they also observed that there is no room for complacency. Policy reversal is possible and policy adoption not an end point, but a platform to consolidate, monitor and contribute to ongoing changes in public norms and institutional practice.

Changing deeply rooted social mindsets and practices takes time and a sustained engagement, before, during and after the policy change. There is always the possibility of policy reversal, particularly where communities have had more limited involvement in and ownership of the changes. Poor delivery can lead to public cynicism of both policy processes, law and service reforms. Contexts and society are changing, with new challenges emerging. An understanding of public mindsets cannot be assumed and communication, especially with young people, needs to be active and ongoing, including to bring their voice into processes.

> 'populism, xenophobia, increasing inequalities and individualism are testing gains, with a downwards shift in the tone of political debate and conduct'
>
> (Key informants, in the Sweden case study)




The convergence of different constituencies around policy change is driven by a sense of the possibility of delivering on a shared aspiration. Values and principles guide reforms and help in adjudicating competing interests. Inclusive, consultative processes can unify and lever consensus and build a shared message on options across technical, social and political constituencies. Accessible messages and visible local practice help to get community and implementer support and political buy in. Leadership and implementer training, financial and technical support and recognition help to lever this practice.

Community health worker conducting a survey, Bangladesh, DFID UK, undated

Political adoption is a product of public pressure and evidence of effectiveness and synergy with political goals. Parliamentary coalitions and hearings create space for direct public and children's input. Together with evidence and international peer pressure, political champions and persuasive exchanges with potential opponents can widen political support. Policy adoption is sometimes a matter of waiting for a strategic time, or making compromises.

Policy development and adoption is a process and not an event. Whether spread horizontally across local areas or nationally over time, a 'roll out' enables institutional capacities to grow, and active monitoring and review to provide feedback on benefit and to inform improvement. Successful implementation helps to secure and consolidate policy change, institutionalizing practice and changing social norms, making it less susceptible to reversals. It takes sustained engagement, before, during and after policy change, and attention to possibilities of policy reversal, as contexts and society change.

## 5.4 Nurturing the long term and seizing the short term

The strategies, experiences and processes described in the various sections of this paper and in the case studies point to the longstanding interactions and relationships between political, technical, civil society and other actors that generate the thinking, trust, solidarity and access for policy change, and the readiness to organise and take advantage of immediate opportunities for policy change.

Those involved in advocating and promoting different dimensions of policy change in FCHW have raised the need to prepare and work within the different paces, pathways and 'angles of entry' for the changes aspired to. The processes are essentially strategic, and *Appendix 3* provides some specific questions arising from the findings that may be useful for those involved in FCHW policy change.

As long-term, and sometimes medium-term processes, people from different constituencies have built and sustained formal and informal policy interactions through relationships that develop over many years. Progressive political changes, constitutional reforms, a growth in social literacy and mobility and in an informed citizenry provide positive conditions for these interactions across policy actors. Even where political change takes place as an event, as happened in a number of the case study countries, it reflects decades of organizing, debating and developing ideas and networks. It can also take many years to create the conditions for a smooth change in state institutions, procedures and laws and in the service and social dialogue for ideas to be put into practice.

> 'One lesson learned …is that being able to govern for more than one term enables policy shifts to begin to change the dialogue and outcomes…. ensuring a legacy requires that the policy changes have become owned by citizens so that there is bottom-up support for them'
>
> (UK case study)

KIs observed that longstanding relationships made it easier to access, advocate or negotiate issues with those from different constituencies, particularly with politicians. The network of interactions around a common cause helped to share the resources and burdens to sustain the engagement. Multi-actor forums, think-tanks and political and civil society networks provide spaces to sustain these relationships and to develop ideas. When conditions are less enabling these institutions provide a space for people to incubate and develop ideas.

Over time some from civil society and technical institutions have gone in and out of government and parliament carrying their insights and experience from one platform to another, with the power and possibilities for change that this brings. The duration of these relationships and interactions has meant that some local politicians have carried ideas, commitment to change and alliances with them as they have risen up political hierarchies, opening new opportunities for the changes to advance. Cross-party networks and caucuses around shared concepts and principles sustain political support and policy continuity, even when there is electoral turnover. These networks also take time to develop.

Time produces opportunities to create trust, capacities and conditions for change, bit these do not happen on their own and require strategic planning. Shaping social discourse, aligning thinking and permeating social and institutional processes take time, persistence and responsiveness to changing institutional priorities. The case study experiences show the mix of processes that build the critical mass of evidence, leaders, institutional interactions and innovative practice that build policy change in the longer term.

Young person at a discussion on improving urban wellbeing, Zimbabwe TARSC, 2018

The case study experiences also show, however, the power of specific, short term strategies within longer term processes. This may take place through high profile litigation, media exposés, electoral pledges and campaigns, or when new practices achieve immediate and wide reach through existing institutions and services. These processes can tap into existing public frustration, challenge obstructive power and demonstrate what is possible.

The country case studies point to examples of how the testimonials from children or exposure to their experience have generated immediate policy responses from political actors, as have evidence that has shocked their world view, such as the video of the harm of FGM shown to parliamentarians. Removing blocks that delay change, such as being prepared to compromise on policy elements that will not succeed at a particular time, also helps to lead to more rapid policy progress.

As many of the case studies show, shocks happen and create opportunities. Catalysts of policy change in FCHW need to be ready to act quickly when an opportunity occurs, to know how, with what arguments, evidence, approaches and voice to 'catch the country by the collar'. In many of the case studies, strategic and committed institutions and actors were able to bridge the sustained investment of time, action and resources with the ability to mobilise immediate resources, activities and people to act when opportunities arose. As recounted in the Peru case study, a longer term planning perspective and prior investment in dialogue, capacities and the development of approaches meant that when electoral outcomes opened possibilities for policy change, the people, methods and options to respond were ready. The case studies demonstrate that the responses are not simply reactive. They can draw on longer-term planning, processes and capacities that also help to alert to the potential of triggers for change.

Many of the case studies show *both* longer term and more immediate processes taking place, building the understanding, constituencies, evidence, relationships and conditions for change over time, and activating immediate, intensive processes when needed. Immediate actions and progress often built on existing institutional and social assets. Longer term change often included measures to make more immediate gains visible. Nurturing the long term and seizing the immediate are not mutually exclusive and both appear to be essential for policy change in FCHW.

Mural of children, Pxhere 2017

**Nurturing the long term and seizing the immediate are not mutually exclusive and both appear to be essential for policy change in FCHW.**

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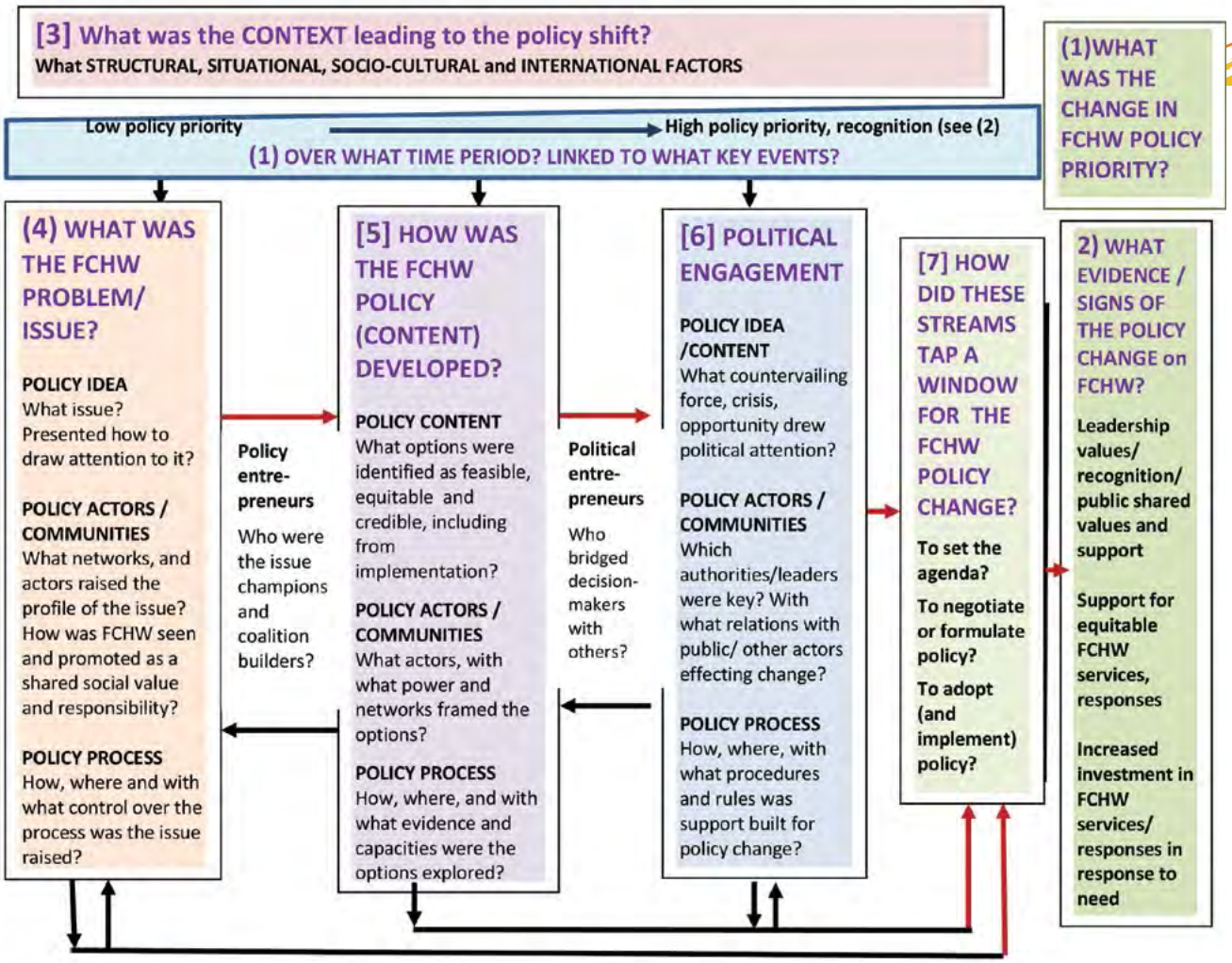
# APPENDIX 1: FRAMEWORK OF DRIVERS OF FCHW POLICYCHANGE




Source: Loewenson and Masotya, 2018

# APPENDIX 2: CASE STUDY AND SYNTHESIS METHODS

The 14 case studies from 13 countries were selected from an analysis of the background document reviews and data produced in the project (see Reference list). Selected countries:

a. Demonstrated a positive policy change or improved policy recognition of FCHW post 2000, with 36 countries meeting this criterion in total.

b. Had resonance with the contexts, FCHW policy areas or policy process potentials found in the USA. Of the 36 countries meeting the initial criterion, 21 countries met this further criterion.

c. Were feasible, in terms of the adequacy of published information and presence of focal persons/ key informants to assist with further information not captured in published material. Of the 21 countries above, after further follow up searches and dialogue with focal persons, nineteen countries met this criterion.

These 19 countries were then reviewed with RWJF, two US reviewers at an international meeting and with an international peer reviewer with international experience of FCHW policy and in a project team meeting. A final set of 13 countries and 14 case studies was identified from these review processes, shown in *Table 1*.

Analysis of the fourteen case studies was implemented in 2019. They were produced as brief narratives of compiled from available documentation, with input from a focal person with direct experience of the policy issue, who in most cases was included as a co-author, and interview of key informants (KIs) directly involved in the changes, with KI numbers shown in *Table A1*. Eight case studies were implemented by TARSC and six by University of Aberdeen. The interviews were implemented in person or by telephone, with review input of the full draft reports by the focal person and one country key informant before being finalized.

## Table A1: Key informants for the country case studies

| COUNTRY | Number of KIs | COUNTRY | Number of KIs |
|---|---|---|---|
| Kenya | 4 | Rwanda | 5 |
| South Africa Childrens Act | 5 | South Africa healthy schools | 6 |
| Australia | 5 | Japan | 3 |
| Vietnam | 2 | Ireland | 3 |
| Norway | 4 | Sweden | 7 |
| United Kingdom | 3 | Brazil | 9 |
| Chile | 5 | Peru | 9 |

Ethical approval for the case study research was obtained through the University of Aberdeen. All key informants interviewed were briefed on the project, the use of the findings and the voluntary and confidential nature of their participation. They were asked for their consent prior to doing the interview. While there were challenges in reaching key informants in different time zones and languages, the country focal points assisted with making connections and all those intended for interview were included. The case studies followed a common structure in line with the analytic framework, outlining the contexts and the actors, processes and conditions that: raised the issue on the policy agenda, shaped policy options and influenced policy negotiation and adoption. These processes were not always sequential and sometimes progressed in cycles of iterative change.

The synthesis report was prepared using a grounded thematic content analysis of the findings within the broad analytic categories applied in the case studies.

The case study reports are published online by TARSC under open source license and shared with all the countries involved for exchange of the insights and learning, together with the final version of the synthesis report on the findings and learning from across the full body of work.

# APPENDIX 3: QUESTIONS FOR REFLECTION

The learning from experiences of FCHW policy change in other countries in the project on *Fostering policy support for child and family wellbeing - Learning from international experience*, suggests questions that may be useful for those planning strategies to advance such changes:

**1. On reframing the narrative on the specific FCHW policy changes,**

a. Does the core team driving the process have a shared understanding of the goals and messages and of the science behind these goals and messages?

b. Are the messages framed in a way that different constituencies will understand and relate to? For FCHW the messages may relate to

i. Children as integral persons, with their own value and rights in an ongoing process of development, and having their own voice in policy.

ii. The value of investment in early child development.

iii. Collective responsibilities and state roles in FCHW issues currently seen as private, domestic, moral or cultural.

iv. Unfair burdens on families and especially women in the worklife balance.

v. The shift needed from targeted, ad hoc services towards universal, co-ordinated approaches in ways that address social inequalities in coverage.

c. What resources, capacities and organisational arrangements are needed in the core team to plan, advance and sustain the different policy strategies identified?

**2. On the contexts for the policy change,**

a. What features (demographic, social, economic, state, legal and situational) of the current contexts will affect the policy change?

b. What current social norms and mindsets will enable or act as a barrier to the changes?

c. What conditions exist or can you foresee that may enable or open windows of opportunities for the intended policy changes (such as social trends, situational shocks or political / electoral changes?)

d. Is there a situation/perception of poor performance or ignored or unfair burdens?

e. What international norms, processes or ideas provide support?

f. What preparation is needed to take advantage of opportunities / openings or to manage downturns?

**3. In raising and provoking attention to FCHW, and aligning all to a common cause**

a. How should the issue be framed so that it connects with public concerns and understanding, and so that key constituencies can relate and respond to it?

b. What safe spaces, participatory, evidence gathering and capacity building processes are needed for those directly affected, including children where relevant, to directly present their experience?

c. What opportunities exist to build sustained relationships and to embed or build wider alliances and coalitions on specific concerns?

d. Who are the potential individual champions that can raise the visibility of issues?

e. What evidence is currently available and what needs to be generated? What local, national, international, constituency and community sources can be used to profile and strengthen understanding of the issue and the possible responses or the opportunity costs of not addressing it?

f. How can this evidence be communicated in a way that demands action?

g. What opportunities are there to engage on the issue within high profile processes?

h. What role can the mainstream media, social media and community amplifers play in outreach of the messages and what information do they need for this?

4. **In demonstrating and building confidence and support for policy options** on FCHW,
   a. What principles should be established at the onset in considering policy options?
   b. Who defines the current proposals for policy options?
   c. Are the current processes for dialogue on policy options open or closed?
   d. Are all relevant actors, including from affected communities and implementers, involved in the dialogue on options? What opportunities are there for widening this input?
   e. What is needed to ensure voice of affected communities in consultations on policy responses? What supportive processes, outreach and information is needed?
   f. Are the proposed policy options feasible? Are they backed by visible practice?
   g. Are the proposed policy options likely to get political and public support and to build confidence and trust? What is needed to support early and late adopters? Who is likely to contest them, and how can you prepare for this?
   h. What evidence, training, outreach and pilot practice is needed to build visibility, understanding and support of the proposals? Who needs this?

5. **In advancing political decisions for policy adoption** and change on FCHW and **delivering and protecting FCHW policy change**
   a. What messages, evidence and messengers are needed to motivate political actors and to address political concerns?
   b. What past relationships will be important for political engagement, and what processes and forums will strengthen relationships with political actors?
   c. What is the best timing for engaging in the political / electoral processes on the policy change?
   d. Are there high profile political champions who may lever wider support?
   e. In what ways are young people currently engaging in policy and decision making and how could this connect to the FCHW concerns?
   f. What opportunities are there for facilitating direct interaction between politicians and affected communities and children on their conditions, experiences and views? What state and non-state institutions can help to broker this input?
   g. Are there parliamentary / legislative or cross-party caucuses that can create or sustain policy dialogue in decision making? What opportunities are there for inputting to or working with these caucuses?
   h. What capacity building, financing incentives, resources, monitoring and performance review is included to enable step-wise implementation and feedback to public and policy actors?
   i. What measures are needed to institutionalise FCHW changes?
   j. What potential is there for policy reversal? How can it be addressed from the onset and in continuing engagement?

6. **In strengthening convergence** across processes and actors, **nurturing and sustaining continuity and seizing the short term**
   a. What links are being made / could be made to align thinking and action between the different constituencies and processes for raising FCHW policy concerns and those identifying and adopting policy responses?
   b. Which individuals and institutions can help to broker these links, and what capacities and resources do they need?
   c. What litigation, media exposés, campaigns on electoral pledges or other measures may can help to bring different policy actors together in raising attention, development or adoption of policies addressing specific FCHW concerns?
   d. What longer term capacities, understanding and interactions need to be fostered to facilitate future changes for deferred issues?
   e. What is needed to address longer term goals or institutionalise and show the benefit of change to different constituencies?

# Building policy support for family and child health and wellbeing

## What have we learned from experience?

Across different countries globally, societies value and see a duty to ensure children's health and wellbeing, not only as response to their rights and vulnerability, but also as an investment in their capabilities.

Child health and wellbeing is located within the health and wellbeing of their families, affected by their community and material environments and by the services and interventions they access. All this is influenced by social values, shared norms, laws and policy.

Policy recognition of and support for family and child health and wellbeing differs across countries. This raises a question of how changes in policy norms and recognition have been achieved in countries, and what transferable learning there is from different country experiences.

Co-ordinated by the Training and Research Support Centre (TARSC) in co-operation with University of Aberdeen, the project gathered evidence and insights from selected low, middle- and high-income countries that showed evidence of a change post 2000 in policy support for family and child health and wellbeing, drawing learning from this for other countries.

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