TPH Child Friendly Policy Assessment Tool

(Adapted from the TPH Health Impact Assessment, 2008)

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Part A: Nature of the proposal/policy under consideration

Background	Comment
Division:	
Directorate:	
Title of the proposal/policy:	
Proposal/policy aims and objectives:	
Is this a proposed new or existing proposal/policy?	
At what stage is the proposal/policy?	
Not yet started?	
Short way into delivery?	
Half way through?	
On-going?	
Coming to an end?	
Other?	
What is the proposal/policy context?	
What factors are driving the policy? Who supports the policy, who	
opposes it? Is there a high level of concern or interest in the policy in the	
community or among the public?	
Who implements the proposal/policy, and who is responsible for it?	
Consider:	
(a) Who is accountable?	
(b) Who is responsible for monitoring?	
(c) Who enforces the policy?	

Who are the main stakeholders (i.e. regulatory or internal stakeholders, staff/professionals, the public, etc) in relation to the proposal/policy?	
Consider:	
(a) Who needs to be consulted?	
(b) Who needs to be informed?	
What type of setting is this proposal/policy potentially influencing?	
a) School	
b) Neighbourhood	
c) Hospital	
d) Primary care	

Part B: Identification of potential impacts on child health and well-being

1. What are the potential impacts on child health and well-being?

The Child Friendly Policy Framework was developed to guide policy and advocacy work promoting the health, development and wellbeing of children 0-12 years of age. The purpose of this assessment tool is to ensure that new or updated policies are consistent with the child friendly policy criteria. The tool is to be used for new or updated externally facing TPH policies or position statements *AND* Toronto municipal policies or position statements.

The purpose of the assessment tool is to establish:

- Whether there is a potential impact on children's health and well-being
- What segments of the child population could be affected
- The likely direction and scale of the potential impacts
- The need for a more detailed assessment
- Whether a more detailed assessment is the most effective way to address potential health impacts

The next section examines the determinants of health that might be affected by the policy/position statement and how the policy or initiative may affect access to care for children.

Is it likely to have positive impacts that enhance health equity? Is it likely to have negative effects that contribute to, maintain or strengthen health disparities?

Points to consider:

- The size and significance of the potential impacts (positive/negative)
 - > Direct impact on the child (child's virtual environment)
 - > Direct impact on the family, indirect impact on the child (safety, economic security, access to services)
- The potential for cumulative or long-term impacts
- If you do not have enough information or determinant of health is not applicable to the proposal, check Not Enough Information or N/A

		Po	otential Impa	Priority	Comment		
Determinants of Health	Positive	Neutral	Negative	Not enough information	N/A	1: low 2: medium 3: high	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Healthy Child Development							
Children's physical health & development							
Children's mental health & social development (feel a sense of hope, self-worth and happiness; cognition)							
Biology and genetic endowment							
Physical and Social Environments							
Safe physical environments (air quality, water, exposure to lead, smoking, safety of neighbourhoods)							
Safe social and virtual environments (family, community cohesion, exposure to violence, attachment, screen time)							
Other?							

		Po	otential Impa	Priority	Comment		
Determinants of Health	Positive	Neutral	Negative	Not enough information	N/A	1: low 2: medium 3: high	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Income and Social Status							
Food Security							
Economic security/working conditions							
Housing Affordability /Living Conditions							
Education and Literacy							
Learning and access to education (opportunities and choice for lifelong learning and building skills)							
Parental/caregiver engagement in child's education							
Social Inclusion							
Sense of belonging							
Positive relationships							
Opportunity to participate in decisions about their lives							
Gender							
Gender stereotypes							
Inclusive of trans, two-spirited and non-binary							
Culture							
Community and culture							

		Po	otential Impa	Priority	Comment		
Determinants of Health	Positive	Neutral	Negative	Not enough information	N/A	1: low 2: medium 3: high	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Personal Health Practices and Coping Skills							
Nutrition							
Physical activity							
Smoking							
Alcohol use							
Drug use							
Sexuality (early sexual activity, explorative play, LGBTQ2S)							
Aggressive/violent behaviour							
Access to Services							
Health services (e.g. primary care, specialized care, dental, eye, sexual health, mental health, etc)							
Social services (e.g. social assistance, child-care, employment support, housing/shelter support, counseling, etc)							
Transport (e.g. public transit, active transportation, affordability, accessibility, etc)							

		Pc	otential Impa	Priority	Comment		
Determinants of Health	Positive	Neutral	Negative	Not enough information	N/A	1: low 2: medium 3: high	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Recreation/Leisure (e.g. parks, arts, sport and culture)							
Other Determinants							

2. What population of <u>children</u> are affected by the policy/position statement?

Some populations, groups and/or communities may be affected differently than others (either positively or negatively). Please identify populations of concern using the table below.

Points to consider:

- Are impacts differentially distributed in the population?
- Are there any socially excluded, vulnerable, disadvantaged groups likely to be affected?
- Can people living outside Toronto be affected?

* NOTE: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. The population groups noted with an (*) are groups which have been identified in the MOHLTC HEIA Tool as potentially vulnerable/marginalized groups requiring special attention.

		P	Comment			
Populations	Positive	Neutral	Negative	Not enough Information	N/A	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
Indigenous people (e.g., First Nations, Inuit, Métis, etc.)						
Family composition						
Single parent						
Dual parenting						
Extended family						
Health Conditions (eg. cancer, diabetes, AIDS, mental illness, addictions/substance use, etc.)						
Disability (e.g., physical, deaf,						

		P		Comment		
Populations	Positive	Neutral	Negative	Not enough Information	N/A	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
deafened or hard of hearing, visual, intellectual, developmental, learning, etc.)						
Ethno-racial communities (e.g., racialized groups, ethno-cultural communities)						
Francophone (including new immigrant Francophones, deaf communities using LSQ/LSF etc.)						
Homeless (including marginally or under-housed, etc.)						
Immigrants (e.g. permanent residents, living in Canada for greater than 5 years)						
Migrant Status (e.g. newcomers – living in Canada for less than 5 years, temporary visa, refugee, asylum seekers, undocumented tourists, etc.)						
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)						
Religious/faith or persons with political beliefs (e.g. recognized religious denominations, atheists,						

		P		Comment		
Populations	Positive	Neutral	Negative	Not enough Information	N/A	Please describe in what way you think an impact might happen. What existing evidence (either presumed or otherwise) do you have for this?
other belief systems, political groups, etc.)						
Neighbourhood characteristics (e.g., neighbourhood improvement areas (NIAs), under-serviced areas, geographic/social isolation, etc.)						
Sex/gender (e.g., male, female, women, men, trans/ transgendered, two-spirited, non- binary, etc.)						
Sexual orientation (eg., heterosexual, lesbian, gay, bisexual)						
Intersections: In addition to the specific populations mentioned above, are there possibly any differential impacts that arise from the intersection of two or more factors/population characteristics?						
Other: Please describe the population(s) below Other (Specify)						

Part C: Summarizing findings

Positive Impacts Prioritized

If you have identified any **positive** impacts for any of the determinants of health please prioritize these impacts. Please group these positive impacts into the following 3 categories:

Less important	Important	Very Important

Negative Impacts Prioritized

If you have identified any **negative** impacts for any of the determinants of health please prioritize these impacts. Please group these negative impacts into the following 3 categories:

Less important	Important	Very Important

Summary of Recommendations

After careful review of the potential impacts this proposal/policy may have on the health and well-being of children, identify any recommendations to effectively address these impacts. If a more detailed assessment is recommended, identify the most appropriate method/tool to monitor or evaluate the areas of policy influence.

Glossary

Social Determinants of Health (MOHLTC, 2012)

The most effective way to address health disparities is grounded in a framework that includes consideration of the social determinants of health (SDoH)—looking beyond the traditional confines of the health care system, focusing "upstream" on a broad range of socio-economic influences and outcomes that affect individual, community and population health.

The Commission on Social Determinants of Health established by the World Health Organization (WHO) states that "health care is an important determinant of health. Lifestyles are important determinants of health, but it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place. While the list continues to evolve, the Public Health Agency of Canada (2017) has identified the following list of social determinants of health:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments

- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Although many of the determinants that produce health disparities lie beyond the health care system itself, analysis of social determinants of health has the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities.

Health impacts

The overall effects, direct or indirect, of a policy, plan, program or project on the health of a population.

Differential impacts

When health impacts are experienced to a greater extent by one group i.e. children

Health equity (MOHLTC, 2012)

Within the health system, equity means reducing systemic barriers in access to high quality health care for all by addressing the specific health needs of people along the social gradient, including the most health-disadvantaged populations. Equity planning acknowledges that health services must be provided and organized in ways that contribute to reducing overall health disparities.

Health inequities or disparities are differences in health outcomes that are avoidable, unfair and systemically related to social inequality and marginalization. Research shows that the roots of health disparities lie in broader social and economic inequality and exclusion, and that there are clear social gradients in which people's health tends to be worse the lower they are on the scales of income, education and overall privilege.

Health equity, then, works to reduce or eliminate socially structured differentials in health outcomes. Health equity builds on broader ideas about fairness, social justice, and civil society.

Child

The Toronto Public Health Child Friendly Policy Framework defines childhood as zero to12 years of age, inclusive.

Family Composition

The classification of families (that is, married or common-law couples, with or without children, and lone parents with at least one child) by the number and/or age group of children living at home. A couple may be of opposite or same sex. A couple with children may be further classified as either an intact family or stepfamily, and stepfamilies may, in turn, be classified as simple or complex. Children in a family include grandchildren living with their grandparent(s) but with no parents present (Stats Canada, 2011).

Gender

Refers to the socially constructed roles, behaviours, activities, and attributes that society considers appropriate for men and women. (Gender Inclusive Washroom Policy)

Non-binary

A social system whereby people are thought to have either one of two genders: "man" or "woman." These genders are expected to correspond to birth sex: male or female. In the gender binary system, there is no room for living between genders or for transcending the gender binary. The gender binary system is rigid and restrictive for many people whose sex assigned at birth does not match up with their gender, or whose gender is fluid and not fixed. Non-binary refers to living between genders or for transcending the gender binary. Refers to those who do not identify as male nor female. (http://www.the519.org/education-training/glossary)

Indigenous people

An umbrella term for self-identified descendants of pre-colonial/pre-settler societies. In Canada these include the First Nations, Inuit and Métis peoples as separate peoples with unique heritages, economic and political systems, languages, cultural practices and spiritual beliefs. While the collective term has offered a sense of solidarity among some indigenous communities, the term should not serve to erase the distinct histories, languages, cultural practices, and sovereignty of the more than fifty nations that lived in Canada prior to European colonization. (http://www.the519.org/education-training/glossary)