

STATES OF JERSEY



DRAFT TERMINATION OF PREGNANCY (AMENDMENT NO.2) (JERSEY) LAW 202- (P.8/2021) – ADDENDUM

**Presented to the States on 23rd March 2021
by Deputy L.M.C. Doublet of St. Saviour**

STATES GREFFE

ADDENDUM

Child Rights Impact Assessment

Ref P.8/2021

Deputy L.M.C. Doublet

1. Initial CRIA Screening Step

This step is designed to capture basic information about the project you are developing and to determine whether or not a full children’s rights impact assessment is required.

a) Project overview

1	Working title for this project:	<i>Mark all that apply</i>	
2	What type of project is this?	Policy development	
		Primary legislation	X
		Secondary legislation: Regulations	
		Secondary legislation: Orders	
		Secondary legislation: Bye-laws	
		Secondary legislation: Appointed Day Act	
		Secondary Legislation: Rules of Court	
		Secondary legislation: Order in Council	
		Proposition	
		Amendment to a Proposition	
<i>Please answer question 3, OR question 4:</i>			
3	Government of Jersey CRIAs: Development of policy, legislation, propositions and amendments		
	Does this project appear in the Government of Jersey’s Policy Pipeline? ¹		
	Lead Minister:		
	Lead Department:		
	Senior Manager responsible:		
	Lead Officer(s):		
	CSP Priority:		
4	States Assembly CRIAs: Development of propositions and amendments		
	Name of States Member / Committee / Panel / Board developing the proposition or amendment:	Deputy LM.C. Doublet	
5	Project timeframe/key dates:	Debate date: 23 March 2021	

¹ Under the proposed indirect incorporation law, CRIAs will only be required for policy development projects which are listed in the Policy Pipeline. However, there is a recognition that Departments may wish to undertake a CRIA for responses to the COVID-19 pandemic which are intended to directly impact children.

Screening for potential impacts

1	Background and rationale
Briefly describe the drivers for this project, why this work is happening now and how it connects to the CSP / Government Plan.	
<p>Fairness, lawfulness, removal of potential prejudice again women, removal of negative effect of current legislative requirements</p> <p>One of the Government Plan CSPs read ‘We will improve Islanders’ wellbeing and mental and physical health’</p> <p>This legislative amendment is designed to improve the rights of women to decide what is best for their own bodies, and to remove obstacles that can be to the detriment of both their mental and physical wellbeing.</p>	
2	Policy Ambition/Aims
Briefly describe what this project is intended to achieve and how this is expected to take effect.	
This is a legislative amendment to remove the compulsory ‘7-day waiting period’ currently imposed on women seeking abortion care.	
<p><i>Before answering question 3 below, you should familiarise yourself with the scope and content of Part I of the UNCRC (Articles 1 – 42)^{2,3} with particular reference to the Articles recognised as its four ‘guiding principles’:</i></p> <p><i>Article 2 – Non-discrimination</i></p> <p><i>1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.</i></p> <p><i>2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child’s parents, legal guardians, or family members.</i></p> <p><i>Article 3 – Best interests of the child</i></p> <p><i>1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.</i></p> <p><i>2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.</i></p> <p><i>3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.</i></p>	

² [Full version of the United Nations Convention on the Rights of the Child \(UNCRC\)](#)

³ [Summary version of the United Nations Convention on the Rights of the Child \(UNCRC\)](#)

<u>Article 6 – Life, survival and development</u>	
1. States Parties recognize that every child has the inherent right to life. 2. States Parties shall ensure to the maximum extent possible the survival and development of the child.	
<u>Article 12 – Respect for the views of the child</u>	
1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. 2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.	
3a	Will this project, directly or indirectly⁴, positively or negatively, affect the lives of children and young people in Jersey and the enjoyment of their rights as set-out in the UNCRC?
Yes	
3b	If 3a = yes, briefly describe:
	<ul style="list-style-type: none"> i. The aspects of this policy/law which are pertinent to the lives of children and young people ii. How this policy/law will affect, either positively or negatively, all children and young people or specific groups of children and young people⁵ iii. Any differential impacts that are anticipated between particular groups of children and young people
i.	No young person wants to find themselves in the position of having to have an abortion. However, where the young person has made an informed decision and made the decision that seeking abortion care is in their best interests, surely it is also in their best interests to proceed in as smooth manner as possible, without the unnecessary delay which could cause mental and/or physical harm.

⁴ ‘Direct’ refers to policy/legislation which is specifically targeted at children and young people, such as: education; youth justice; child health; corporate parenting; early years provision; safeguarding.

‘Indirect’ refers to policy/legislation which is not specifically directed at children and young people, but which nonetheless has an impact on them, such as: social security; taxation, transport; environmental protection; immigration.

⁵ In responding to this question, you should consider whether the project will impact all, or just some children and young people. The following non-exhaustive list includes some of the groups you should consider: Children with one or more protected characteristics as defined in the [Discrimination \(Jersey\) Law 2013](#) (*Race; Sex; Sexual orientation; Gender reassignment; Pregnancy and maternity; Age; Disability*); socio-economic status of a child’s household, particularly those growing-up in low-income households; children with English as an additional language (EAL); children with a special educational need (SEN); children living in registered households with less than 5 years residence; looked after children; children on the child protection register; children with a parent in custody; children in the criminal justice system; children exposed to domestic abuse; children who are victims of, or at risk of abuse, neglect, or exploitation; children from faith communities; children with unequal access to services and opportunities based on their home address; children attending different types of school; children educated other than at school (EOTAS); quality of a child’s home learning environment; children loving with mental or physical health conditions; children in hospital; children who are NEET (not in education, employment or training); children’s achievement at GCSE/Level 2 and consequent options; children engaging in, or at risk of, early sexual activity/substance misuse.

ii.	<p>There are groups where abortion may be more prevalent – for reasons of religion/ethnicity, for children who may have a negative home life, or children who have recently undergone traumatic experiences. Where children/young people are engaging in early sexual activity, this change in regulation could assist them in the event of an unwanted pregnancy – not making it easier, but hopefully safer, both mentally and physically for the young person.</p> <p>There are also attenuating situations, for instance where a pregnant person already has responsibility for several young children. An accidental and unwanted pregnancy in this situation could have negative implications on the care given to the other dependants.</p> <p>This second area of effect should not be ignored – nor is it felt that the effects of this amendment in relation to children are sufficiently small that a CRIA would not be needed. However, it is acknowledged that this is an unclear area in relation to the completion of a CRIA.</p> <p><i>This lack of an effective mapping exercise is illustrated in several Scottish CRWIA's. For example, the CRWIA on the Functions of Health Boards (Scotland) Amendment Order 2017 concludes that only female children of childbearing age will be directly impacted by the policy on access to abortion services in the UK for Irish nationals. It stated that a full CRWIA is unnecessary as only a small number of children will be affected, and as the impact of the policy on 'people with protected characteristics' is already considered in the EQIA</i></p> <p>https://www.togetherscotland.org.uk/media/1302/crwia-report-group-a-214.pdf</p> <p>Whilst this view has its relevancy, we believe that there are wider implications of this change in legislation that should be recorded and assessed accordingly.</p>
iii.	<p>This amendment would not affect different groups in different ways, in that it presents a level playing field for all pregnancies.</p> <p>However it should be noted that the potential for difficulties, should a pregnant person need to travel to the UK (after 12 weeks) would be far greater from a young person from a low-income household, or a looked after child.</p> <p>Whilst funding may be available to assist them with the substantially increased costs of an abortion off island, the issues of privacy, of assistance, of accessibility, of mental and physical harm are all exacerbated by the need to travel off island.</p> <p>Removal of the 7-day wait is not going to stop all instances of travel to the UK. However it removes yet another potentially unfair blockage to appropriate medical care for young people from low-income households, or looked after children.</p>

b) Outcome of CRIA screening step

- If you answered ‘Yes’ to question 3a above, you now need to complete section 2, unless you are developing an Amendment to a Proposition.
- If you answered ‘No’ to question 3a, you do not need to do anything further.

Is a full CRIA required?

Yes

Any further comments:

It is noted that this CRIA deals with the impacts on Children and Young People, not on the unborn foetus.

The European Court of Justice (“ECJ”), which has jurisdiction in the European Union over disputes between member states, European Union institutions, and individuals, can decide human rights issues when the conflict implicates the interpretation or application of community law. The ECJ has not addressed the right to life of the unborn under the Convention on the Rights of the Child, but has delivered a preliminary ruling regarding whether abortion is a service within the meaning of Treaty of Rome. In *Society for the Protection of Unborn Children v. Grogan*, the ECJ addressed the same conflict as in *Open Door*, and held “that medical termination of pregnancy, performed in accordance with the law of the State in which it is carried out, constitutes a service within the meaning of Article 60 of the Treaty.”

Importantly, [...] the ECHR positions the protection of a fetus as a governmental aim rather than as right held by the unborn child. In a conflict between an aim and an explicitly granted Convention right, the right will trump the aim.

The drafting history of article 24 is silent on the question of how the Convention might reconcile a possible conflict between a mother’s health and a fetus’s right to life or between the right to pre-natal care and the right to an abortion

It is finally noted that the United Kingdom declared the Convention “applicable only following a live birth,”

<https://www.bu.edu/law/journals-archive/international/volume22n1/documents/163-188.pdf>

Further to the above, I would also like to make it clear that this legislative amendment does NOT change the current abortion process or extend the time frame during which a woman can terminate a pregnancy. This remains at 12 weeks. The fundamental rights of the foetus, or lack thereof, are not under discussion – the rights of a pregnant child or woman, are.

2. Full Children’s Rights Impact Assessment

Children’s Rights Impact Assessment (CRIA) is a formative process which should ideally commence at the outset of policy development. The key function of CRIA is to highlight children’s rights when designing and selecting policy options. As with other impact assessment processes, the proposed Jersey CRIA will commence with an initial ‘screening’ step to quickly establish if the policy area in question has any potential impacts on children. If the likelihood of impacts is identified, this step is followed by detailed assessment and prediction of the way in which the identified policy options are expected to impact children and children’s rights; thus allowing potential enhancements or mitigations to be devised.

The full CRIA process should include consultation with children and other stakeholders including the Children’s Commissioner. Undertaking CRIA enables policy officers to advise Ministers and other duty-bearers about the potential impact of policy choices. Completed CRIA also provide evidence of compliance with the duty to have due regard and demonstrate accountability and transparency when published. Although CRIA represent a best-practice approach, it should be borne in mind that duty-bearers can comply with the duty in a range of ways; CRIA will not always be appropriate or feasible in relation to the time and resources available.

As an iterative process, CRIAs should be reviewed and updated along with the law or policy they apply to. There is potential for the Jersey CRIA process to also form part of an integrated impact assessment (IIA) tool as part of a shared model of government policy development, along with a number of other types of impact assessment already in use or under consideration.

a) UNCRC Clusters and Articles

The Articles in Part I of the UNCRC are grouped into eight thematic clusters. The UN Committee’s periodic reporting cycle, which examines the progress state parties have made in implementing the convention, is structured using these Clusters to aid consideration of these issues.

In this section you should indicate where your project is expected to positively or negatively impact children’s rights as set-out in specific articles or clusters of articles from the UNCRC.

UNCRC Clusters	Tick all that apply
I - General measures of implementation (General Comment No.5 , General Comment No. 19)	
Article 4 implementation obligations	
Article 41 respect for existing standards	
Article 42 making Convention widely known	
Article 44(6) making reports widely available	
II - Definition of a child	
Article 1	

UNCRC Clusters	Tick all that apply
III - General principles	
Article 2 non-discrimination	X
Article 3(1) best interest to be a primary consideration (General Comment No.14)	X
Article 3(2) State's obligations to ensure necessary care and protection	
Article 3(3) standards for institutions services and facilities	
Article 6 the right to life, survival and development (<i>See also: Cluster VI - Basic health and welfare</i>)	X
Article 12 respect for the views of the child	X
IV - Civil rights and freedoms	
Article 7 right to name, nationality and to know and be cared for by parents	
Article 8 preservation of child's identity	
Article 13 freedom of expression	
Article 14 freedom of thought, conscience and religion	
Article 15 freedom of association and peaceful assembly	
Article 16 protection of privacy	X
Article 17 child's access to information, and role of mass media	
Article 37(a) right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment (General Comment No. 8)	
V - Family environment and alternative care	
Article 5 parental guidance and child's evolving capacities	
Article 18(1) and (2) parental responsibilities and State's assistance	
Article 9 separation from parents	
Article 10 family reunification	
Article 11 illicit transfer and non-return	
Article 27(4) recovery of maintenance for the child	
Article 20 children deprived of their family environment	
Article 21 adoption	
Article 25 periodic review of placement and treatment	
Article 19 protection from all forms of violence (General Comment No. 8) (General Comment No. 13)	
Article 39 rehabilitation and reintegration of victims of violence (<i>See also: Cluster VIII - Special protection measures</i>)	
VI - Basic health and welfare	
Article 6 right to life, survival and development (<i>See also: Cluster III - General principles</i>)	X
Article 18(3) support for working parents	
Article 23 rights of disabled children (General Comment No. 9)	
Article 24 right to health and health services (General Comment No. 15)	X
Article 26 right to social security	
Article 27(1)-(3) right to adequate standard of living	
VII - Education, leisure and cultural activities	
Article 28 right to education (General Comment No. 8)	
Article 29 aims of education (General Comment No. 1)	

UNCRC Clusters	Tick all that apply
Article 31 right to leisure, play and participation in cultural and artistic activities (General Comment No. 17)	
VIII - Special protection measures	
<i>A - Children in situations of emergency</i>	
Article 22 refugee children	
Article 38 children and armed conflict	
Article 39 rehabilitation of child victims (See also: Cluster V - Family environment and alternative care)	
<i>B - Children involved with the system of administration of juvenile justice</i> (General Comment No. 24)	
Article 40 administration of juvenile justice	
Article 37(a) prohibition of capital punishment and life imprisonment	
Article 37(b)-(d) restriction of liberty	
Article 39 rehabilitation and reintegration of child victims (See also: Cluster V - Family environment and alternative care)	
<i>C - Children in situations of exploitation</i>	
Article 32 child labour	
Article 33 drug abuse	
Article 34 sexual exploitation	
Article 35 sale, trafficking and abduction	
Article 36 other forms of exploitation	
<i>D - Children belonging to a minority or an indigenous group</i> Article 30 (General Comment No. 11)	

The UN Committee on the Rights of the Child issues ‘General Comments’ from time to time on particular themes, subjects or specific UNCRC Articles. An index of the General Comments is accessible from the [OHCHR UN Treaty Body Database for the UNCRC](#). Links to General Comments pertaining to specific Articles have been included in the table above.

b) Children’s Plan Outcomes and Indicators

The vision of the Children’s Plan is that, “All children should have an equal opportunity to be safe, flourish and fulfil their potential.” This will be achieved by working to reduce or increase the trendline for 16 key indicators which are grouped under the Plan’s four headline outcomes.

In this section you should indicate where your project is expected to positively contribute to or negatively impact achievement of the outcomes and indicators set-out in the Children’s Plan and how you expect this to take effect.

This legislative amendment does not have any effects/relevance to the Children’s Plan

c) Jersey's Performance Framework – Sustainable Wellbeing

The Government of Jersey has made a strong commitment to sustainable wellbeing. The Public Finances (Jersey) Law 2019 requires the Council of Ministers to take into account the sustainable wellbeing of current and future generations when they develop the Government Plan. This change means that sustainable wellbeing is now central to the way Government makes decisions and designs public services.

In this section you should indicate where your project is expected to positively contribute to or negatively impact the sustainable wellbeing of children and young people as measured by the Performance Framework and how you expect this to take effect.

Outcomes and indicators from Jersey's Performance Framework	Tick all that apply
Community Wellbeing: Children - All children in Jersey have the best start in life	
Community Wellbeing: Children - All children in Jersey live healthy lives	X
Community Wellbeing: Children - All children in Jersey learn and achieve	X
Community Wellbeing: Children - All children in Jersey grow up safely	
Community Wellbeing: Children - All children in Jersey are valued and involved	
Community Wellbeing: Health and wellbeing - Islanders benefit from healthy lifestyles	
Community Wellbeing: Health and wellbeing - Islanders are protected against social and environmental health hazards	
Community Wellbeing: Health and wellbeing - Islanders can access high quality, effective health services	X
Community Wellbeing: Health and wellbeing - Islanders with long-term health conditions enjoy a good quality of life	
Community Wellbeing: Health and wellbeing - Mental health and wellbeing are fundamental to quality of life in Jersey	X
Community Wellbeing: Safety and Security - Islanders are safe and protected at home, work and in public	
Community Wellbeing: Vibrant and inclusive community - Islanders enjoy living in a vibrant and inclusive community	
Community Wellbeing: Vibrant and inclusive community - Islanders engage in the public decisions that affect their Island	
Economic Wellbeing: Affordable living - Islanders are able to afford a decent standard of living	
Economic Wellbeing: Jobs and growth - Islanders benefit from a strong, sustainable economy and rewarding job opportunities	
Environmental Wellbeing: Built environment - St Helier is an attractive town to live in, work in and visit	
Environmental Wellbeing: Built environment - Islanders live in secure, quality homes that they can afford	

Environmental Wellbeing: Built environment - Jersey benefits from a safe, sustainable transport system	
Environmental Wellbeing: natural environment - Jersey's unique natural environment is protected and conserved for future generations	
Environmental Wellbeing: Sustainable resources - Jersey's natural resources are managed and used responsibly	
Please describe how you expect your project to <u>positively contribute</u> to the sustainable wellbeing indicators from Jersey's Performance Framework that you have selected above.	
<p>Community Wellbeing: Children - All children in Jersey live healthy lives Community Wellbeing: Children - All children in Jersey learn and achieve Community Wellbeing: Health and wellbeing - Islanders can access high quality, effective health services Community Wellbeing: Health and wellbeing - Mental health and wellbeing are fundamental to quality of life in Jersey</p> <p>Accidental pregnancy happens. We all know this. Abortion is not a form of contraception but can be the last hope for a child in need. A child who may be vulnerable, terrified of telling her parents. A child who is too young to undergo a pregnancy and may suffer long term health issues from it. A child who does not need the stigma of having to go to the UK for an abortion because she was 12.2 weeks pregnant.</p> <p>This change is not about amending the process, but instead removing the excessive wait time that is out of kilter with other democracies and with the ECHR</p>	
If you anticipate that your project will <u>negatively impact</u> any of the sustainable wellbeing indicators from Jersey's Performance Framework that you have selected above, please describe this below.	
N/A	

d) Children and young people's views

Use this section to describe how you have taken the views of children and young people into account. If you identified in Step 1 (initial screening) that specific groups of children and young people will be affected by this project, you should try ensure that they have been included in the consultation and engagement activities you are planning. These may include:

- Direct engagement activities with children and young people
- Engaging with children and young people via a third party, or an established process

- Consulting published sources of information about the views of children and young people in Jersey.

NB: the engagement described in this section does not have to be arranged specifically for purpose of completing your CRIA, you should describe any relevant engagement activity which has taken place during the development of your project. You may wish to duplicate this table to record your work with different groups of children and young people.

What have you done to understand the views of children and young people in relation this project/subject?

Please describe what you did, who you engaged with and why – this can include imagery of activities, but these should not identify children and young people unless you have explicit permission to take and potentially publish photographs or video footage. Any such consent should be recorded.

This legislative amendment is not, on the whole focussed on children and young people. However the views of children in relation to their Health and control of their own bodies was taken into account, along with sexual activity levels reported from survey of older children

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administrati on/R%20Jersey%20Children%20and%20Young%20People%27s%20Survey%20200811%20SJ.pdf>

P 58 – 48% of sexually active year 10 and 12 did NOT use a condom when they last had sex

Whilst they may have been using another form of contraception, this is an alarming statistic.

Abortion should never be seen as a contraceptive, however, until the culture of contraception changes and improves, the need for abortion, for the welfare (physical and mental) of the child will remain

- nearly half (47%) of Year 12s reported having had sex
- of those young people who were, or had been, sexually active, around one in eight (13%) reported first having sex before the age of 14

However, the following from Statistics Jersey should also be taken into account:

- the under 20 abortion rate was 5.8 per 1,000 women in 2016-2018; this has decreased from a rate of 20.1 per 1,000 in 2001-2003
- over the period 2012-2014 to 2016-2018 there has been an average of around 20 abortions per year where the mother has been under 20 years; the proportion of teenage mothers in Jersey was lower than in England and Wales over this period

<https://www.gov.je/SiteCollectionDocuments/Government%20and%20administrati on/R%20Termination%20of%20Pregnancy%20Report%202018%20SJ%20201905 03.pdf>

<p>What do children and young people think about this project/subject? (NB: these views are unlikely to be homogenous and may vary between specific groupings of young people; try to capture the range of views)</p>
<p>Reviewed the Findings of the Children’s Commissioner survey – focus on accessible health care and mental health; https://www.childcomjersey.org.je/media/1167/island-wide-consultation-findings-full-report.pdf</p> <p>Also reviewed the Children’s survey 2019 – re Health and wellbeing of Children; https://www.gov.je/SiteCollectionDocuments/Government%20and%20administration/R%20Jersey%20Children%20and%20Young%20People%27s%20Survey%20200811%20SJ.pdf</p> <p>Further review of research undertaken outside Jersey; Young People’s views and knowledge about abortion (Scotland) https://www.sexualhealthtayside.org/wp-content/uploads/2018/07/crfrYPabortion.pdf</p> <p>Thinking about pregnancy and Abortion (Health talk – UK videos); https://healthtalk.org/sexual-health/thinking-about-pregnancy-and-abortion</p>
<p>How have the views of children and young shaped or changed your project? Please describe where you have or plan to amend your project in response to the views of children and young people.</p>
<p>They have not changed the project, but instead support it.</p>
<p>How will you continue your dialogue with the children and young people or provide them with feedback about the progress/outcome of your project? Children and young people are often asked for their views but are not consistently informed about how their contributions were taken into consideration or came to impact the outcome.</p>
<p>Should be fed into sex education for older girls – as part of sexual and mental health and physical wellbeing</p>

e) Engagement with relevant stakeholders

Use this section to describe how you have engaged with relevant stakeholders, including the Children’s Commissioner, in relation to the impact of this project on children’s rights. If you identified in Step 1 (initial screening) that specific groups of children and young people will be affected by this project, you should try ensure that key organisations, professionals, community leaders and family members who support these groups are included in the consultation and engagement activities you are planning. These could include:

- Direct engagement activities with relevant stakeholders
- Discussions with professionals who work closely with children and young people
- Consulting information published by relevant stakeholders about the experiences of children and young people in relation to the issue your project addresses.

Where a CRIA relates to the development of “any enactment directly concerning children or young people”, Ministers [and their delegates] have a legal duty to consult

with the Children’s Commissioner as set out in Article 25 of the [Commissioner for Children and Young People \(Jersey\) Law 2019](#).

NB: the engagement described in this section does not have to be arranged specifically for purpose of completing your CRIA, you should describe any relevant engagement activity which has taken place during the development of your project. You may wish to duplicate this table to record your work with different stakeholders.

<p>What have you done to understand the views of relevant stakeholders in relation this project/subject?</p> <p>Please describe what you did, who you engaged with and why – this can include imagery of activities, but these should not identify individuals unless you have explicit permission to take and potentially publish photographs or video footage. Any such consent should be recorded.</p>
<p>Liaison with Dr Nelson Dr Fiona R Nelson MB ChB, MPhil, DFFP, MRCOG Consultant Obstetrician & Gynaecologist</p> <p>BPAS (British Pregnancy Advisory Service)</p>
<p>What do relevant stakeholders think about this project/subject?</p> <p>(NB: these views are unlikely to be homogenous and may vary between specific groupings of young people; try to capture the range of views)</p>
<p>The following stakeholders are supportive of this legislative amendment;</p> <p>Dr Nelson</p> <p>BPAS (British Pregnancy Advisory Service)</p> <p>Royal College of Obstetricians and Gynaecologists</p>
<p>How have the views of the stakeholders you engaged with shaped or changed your project?</p> <p>Please describe where you have or plan to amend your project in response to the views of the stakeholders consulted.</p>
<p>Clarified the need for the change in legislation</p>
<p>How will you continue your dialogue with the stakeholders or provide them with feedback about the progress/outcome of your project?</p>
<p>The legislative amendment will not change the process undertaken to obtain an abortion. Should any further amendments be required/legislative changes be necessary, I would liaise with these same stakeholders to ascertain the effects of the change and to obtain their buy in to any future amendments.</p>

f) Data, research and other evidence consulted

Use this section to summarise key evidence which is pertinent to your project.
Please duplicate this table to record details of each source you wish to describe.

Publication details – including a link where available:
http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhskHOj6VpDS%2F%2FJqg2Jxb9gncnUyUgbnuttBweOlylfyYPkBbwffitW2JurgBRuMMxZqnGgerUdpjxij3uZ0bjQBOLNTNvQ9fUIEOvA5LtW0GL
Summary of the evidence and its relevance to your project:
<p>The UN Committee on the Rights of the Child commented on the ban on abortion in Northern Ireland in 2016, stating:</p> <p>‘65. With reference to its general comments No. 4 (2003) on adolescent health and development in the context of the Convention on the Rights of the Child and No. 15 (2013), the Committee recommends that the State party (...)</p> <p>(c) Decriminalize abortion in Northern Ireland in all circumstances and review its legislation with a view to ensuring girls’ access to safe abortion and post-abortion care services. The views of the child should always be heard and respected in abortion decisions.’</p>
How has this evidence informed your project or shaped your approach to addressing its impacts on children’s rights?
<p>UNCRC themselves commenting that the views of the child should be heard and respected in abortion decisions.</p>

Publication details – including a link where available:
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11
<p>Joint general comment No. 18 of the Committee on the Rights of the Child and joint general recommendation No. 31 of the Committee on the Elimination of Discrimination against Women on harmful practices</p> <p>CEDAW/C/GC/31/CRC/C/GC/18</p>
Summary of the evidence and its relevance to your project:
<p>Pregnancy-related deaths are the leading cause of mortality for girls between 15 and 19 years of age, whether married or unmarried, around the world. Infant mortality among the children of very young mothers is higher (sometimes as much as two times higher) than among those of older mothers.</p>

How has this evidence informed your project or shaped your approach to addressing its impacts on children’s rights?

Confirmation of understanding that this amendment has the potential to improve health outcomes and prevent deaths of young women and girls.

Publication details – including a link where available:

https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)
CRC/C/GC/15

Summary of the evidence and its relevance to your project:

Article 24, paragraph 2(d). “To ensure appropriate pre-natal and post-natal health care for mothers”

Given the high rates of pregnancy among adolescents globally and the additional risks of associated morbidity and mortality, States should ensure that health systems and services are able to meet the specific sexual and reproductive health needs of adolescents, including family planning and safe abortion services. States should work to ensure that girls can make autonomous and informed decisions on their reproductive health.

How has this evidence informed your project or shaped your approach to addressing its impacts on children’s rights?

The key here is that girls should be able to make autonomous decisions – enforcing a mandatory waiting period delays or removes this autonomy.

Publication details – including a link where available:

<https://www.dovepress.com/mandatory-waiting-periods-before-abortion-and-sterilization-theory-and-peer-reviewed-article-IJWH>

Summary of the evidence and its relevance to your project:

In abortion care, waiting periods often result in an extra appointment being needed, delays in securing a procedure and personal distress for the applicant. Some women end up being beyond the gestational limit for abortion.

Waiting periods breach reproductive rights. Policymakers and politicians in countries that have waiting periods in sexual and reproductive health regulation should review relevant laws and policies and bring them into line with scientific and ethical evidence and international human rights law.

How has this evidence informed your project or shaped your approach to addressing its impacts on children’s rights?

Findings that waiting periods breach reproductive rights – need to be brought in line with International Human Rights Law.

It is not considered that maintaining reproductive rights would be at odds the rights of Children.

Publication details – including a link where available:

https://apps.who.int/iris/bitstream/handle/10665/70914/9789241548434_eng.pdf;jsessionid=49E79060146F553FB6331BF3F2D57963?sequence=1

Summary of the evidence and its relevance to your project:

Mandatory waiting periods can have the effect of delaying care, which can jeopardise women’s ability to access safe and legal abortion services and demeans women as competent-decision makers

How has this evidence informed your project or shaped your approach to addressing its impacts on children’s rights?

Improvement of safe access, health and mental health benefits, right of a child to make decisions about their body.

g) Impact Assessment

Use this section to draw together your consideration of how children’s rights will be impacted by your project.

<p>1. Please describe how you expect your project to have a direct or indirect⁶ POSITIVE impact on children and young people’s enjoyment of their rights, as set-out in the Articles/Clusters of the UNCRC, which you have selected in section a) above. You should also explain how you propose to appropriately enhance these positive impacts. (Add as many rows as you need)</p>	<p>UNCRC Article/ Cluster</p>
<p>Article 2 non-discrimination</p> <p>We asked whether the proposition discriminates against children in any way. Further to the research and review of relevant information, there is no consideration that the removal of the 7-day wait for an abortion discriminates against children.</p> <p>Those children or young people who find themselves in the position of needing an abortion will have the same support and assistance that they would previously have received. It does not discriminate between children of different backgrounds, nor does it have any effect that would cause children or young people to be treated differently to the present system.</p>	<p>Article 2</p>
<p>Article 3(1) best interest to be a primary consideration</p> <p>Best interests of child in this case are likely to not end in a position where they have to travel off island and undergo surgical abortion</p> <p>Links also into a woman who has other children undergoing an abortion – if she feels the other children would suffer, she is putting their best interests first</p>	<p>Article 3 (1)</p>
<p>Article 6 the right to life, survival and development</p> <p>See above research re potential physical and mental harm re pregnancy in young people</p>	<p><u>Article 6</u></p>
<p>Article 12 respect for the views of the child</p> <p>See above research re rights of child to decision making process in relation to their own body</p>	<p><u>Article 12</u></p>

⁶ ‘Direct’ refers to policy/legislation which is specifically targeted at children and young people, such as: education; youth justice; child health; corporate parenting; early years provision; safeguarding.

‘Indirect’ refers to policy/legislation which is not specifically directed at children and young people, but which nonetheless has an impact on them, such as: social security; taxation, transport; environmental protection; immigration.

Article 16 Protection of privacy Having to go to the UK for an abortion would not, for most children or young people, be possible without parents' knowledge – and, given the small island we live on, probably not possible without a lot of other people finding out as well	<u>Article 16</u>
Article 24 Right to health and health services See above re potential health impacts	<u>Article 24</u>

2. Please describe how your project may have a direct or indirect⁷ <u>NEGATIVE</u> impact children and young people's enjoyment of their rights, as set-out in the Articles/Clusters of the UNCRC, which you selected in section a) above. You should also explain how you propose to appropriately mitigate these negative impacts. (Add as many rows as you need)	UNCRC Article/ Cluster
N/A This will not change their rights	

h) References

Links within text

⁷ See footnote 6.