# Children’s Rights Impact Assessment (CRIA)

<table>
<thead>
<tr>
<th>Title / Piece of work:</th>
<th>Public Health (Minimum Price for Alcohol) (Wales) Bill</th>
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<tbody>
<tr>
<td>Name of Official:</td>
<td>Beverley Morgan</td>
</tr>
<tr>
<td>Department:</td>
<td>Health and Social Services</td>
</tr>
<tr>
<td>Date:</td>
<td>Last Reviewed May 2018</td>
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<td>Signature:</td>
<td>BM</td>
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Six Steps to Due Regard

Section 1 of the Rights of Children and Young Persons (Wales) Measure (2011) places a duty on the Welsh Ministers to have due regard to the United Nations Convention on the Rights of the Child (UNCRC) when making their decisions. The term ‘due regard’ requires a balanced consideration of the issues. This means that Ministers must think about how what they are doing including the development of legislation, relates to the rights and obligations in the UNCRC.

1. What's the piece of work and its objective(s)?

The Welsh Government has brought forward proposals to introduce a minimum unit price (MUP) for alcohol in Wales under the Public Health (Minimum Price for Alcohol) (Wales) Bill (the Bill). The Bill responds to important public health issues in Wales.

The Bill will provide for a minimum price for alcohol, below which, it would be an offence for alcohol to be supplied by retailers from qualifying premises in Wales. The applicable minimum price will be calculated according to the Minimum Unit Price (MUP) which will be specified by the Welsh Ministers in regulations, the percentage strength of the alcohol and its volume. The Bill proposes a local authority-led enforcement regime.

The ultimate objective of the Bill is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-related deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers. The Bill is targeted at protecting the health of hazardous and harmful drinkers who tend to consume greater amounts of low-cost and high-alcohol content products.

There is compelling evidence, built up over many decades, that high levels of alcohol causes harm and that the risk of harm is proportionate to the amount of alcohol consumed. There is also a clear and enduring problem with alcohol misuse in Wales,
leading to a range of well-evidenced health and social harms.

In 2016, there were 504 alcohol-related deaths in Wales, the majority among men. Overall, alcohol misuse in Wales is estimated to cost the health service around £159m each year in direct healthcare costs.¹

MUP forms an important part of the Welsh Government’s overall strategy for reducing alcohol-related harm, due to its ability to target the habits of those people who are most likely to suffer illness and death (hazardous and particularly harmful drinkers, including young people) – while minimising the impact on moderate drinkers. It is designed to target alcohol products which are sold at very cheap prices relative to their alcohol content.

Step 2. Analysing the impact

An MUP for alcohol aims to have a positive impact on the health of society as a whole, by helping to reduce hazardous and harmful alcohol consumption and addressing the associated health harms. The Bill is targeted at protecting the health of hazardous and harmful drinkers who tend to consume low cost and high-alcohol content products.

While the proposals will have a broad impact across society, they are particularly relevant to specific issues relating to alcohol consumption by children and young people. The introduction of an MUP will help address a number of related issues – for example a rise in ‘pre-loading’ or ‘pre-drinking’ (drinking alcohol at home before going out to a bar, pub or nightclub) and reducing consumption among young people who tend to purchase cheap alcohol from supermarkets and off licences. Specifically, MUP is a targeted intervention which aims to have the greatest impact on hazardous and harmful drinkers, including

young people.

In 2014, the Welsh Government commissioned the Sheffield Alcohol Research Group at the University of Sheffield to study the potential impacts to Wales of a range of alcohol pricing policies. In February 2018, updated analysis by the Sheffield Alcohol Research Group on the impacts of minimum pricing for alcohol concluded that there are a number of key benefits to introducing an MUP in Wales, including: MUP policies would be effective in reducing alcohol consumption, alcohol-related harm, including alcohol-related deaths, hospital admissions, crimes and workplace absences, and the costs associated with those harms.

MUP policies would only have a small impact on moderate drinkers. Larger impacts would be experienced by hazardous drinkers, with the most substantial effects being experienced by harmful drinkers. These drinkers are more likely to consume the types of alcohol affected by an MUP.

Based on the updated 2018 analysis by the University of Sheffield, introducing an MUP of 50p for alcohol was estimated to be worth £783m to the Welsh economy in terms of reductions in illness, crime and workplace absence over 20 years. This is an aggregate effect, driven by the greater effect on those drinking at hazardous and harmful levels, whose consumption will fall the most in absolute terms.

The Sheffield model estimated the overall societal cost of alcohol misuse to be £16.6bn over 20 years. A more detailed discussion of the impact of excessive alcohol consumption on health and wellbeing in Wales, including the findings of the Sheffield University study and other evidence can be found in the Regulatory Impact Assessment for the Bill.

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3 Moderate drinkers are those who drink less than 14 units per week. As defined in the Angus et al. (2018) report: Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report.

4 Hazardous drinkers – men who regularly drink between 14 and 50 units per week. Women who regularly drink between 14 and 35 units per week. As defined in the Angus et al. (2018) report: Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report.

5 Harmful drinkers – men who regularly drink more than 50 units of alcohol per week. Women who regularly drink more than 35 units of alcohol per week. As defined in the Angus et al. (2018) report: Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Wales: Final report.

6 It should be noted that the model assumes the MUP threshold is updated annually in line with inflation.
The Welsh Government Advisory Panel on Substance Misuse has considered the academic literature and evidence on MUP.

Its report, published in July 2014, said the evidence base is extensive and reliable: “The effects of an MUP would be different for different subgroups of the population: therefore MUP enables those drinking alcohol more harmfully or hazardously to be targeted, with smaller effects on moderate drinkers, particularly those with low incomes. Taking into account all the circumstances and evidence before the panel minimum unit pricing is an effective mechanism through which alcohol-related harm can be addressed”.  

In relation to young people, some progress has already been made in reducing alcohol consumption. Evidence from the international Health Behaviour in School-Aged Children (HBSC) study shows drinking levels have recently fallen among young people. This is a positive sign and may be a result of a number of factors, including improved legal enforcement as well as cultural factors. However, HBSC data show drinking among young people remains a concern, with 7% of boys and 5% of girls aged 11 to 16 in Wales drinking alcohol at least once a week in 2013-14, the most recent data available. Although decreasing, Wales has the highest alcohol consumption among 11 and 13-year-olds in the UK. Drinking among 15-year-olds in Wales is higher than in England. Indeed, data from across all participating HBSC countries in Europe and North America show Wales is among a cluster of countries where reported frequency of drunkenness among teenagers is relatively high.

Alcohol misuse in adolescence – a developmentally-sensitive period – poses a particular danger to the emerging brain faculties of executive functioning and long-term memory. Starting drinking at an early age is also associated with higher trends of alcohol dependence in adulthood; and a wider range of other adverse consequences. Teenagers who misuse alcohol are also more likely to suffer from side effects, including appetite change, weight loss, eczema, headaches, and sleep disturbances.

It can also be an important factor affecting mental health and well-being. In their recent report on the United Kingdom and Northern Ireland, the United Nations Committee on the Rights of the Child (June 2016) highlighted in their Concluding Observations that the number of children with mental health needs is increasing across the state party, including those related to alcohol, drug and substance abuse. Alcohol consumption during adolescence is also associated with unprotected sex, teenage pregnancy and the increased likelihood of contracting sexually transmitted infections.

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The Welsh Government believes more needs to be done to accelerate the decline in alcohol consumption among children and young adults, as these levels of drinking still present a very significant risk to health.

**Positive impacts of the legislation**

The Bill is anticipated to have a beneficial impact on children and young people’s health and will reduce risks to vulnerable children. Children and young people can be adversely effected by various chronic diseases and conditions associated with excess alcohol consumption by parents and other adults, as well as the general drinking behaviours of adults.

Two of the key points of research published by the Joseph Rowntree Foundation in 2011 were that young people are more likely to drink, to drink frequently and to drink to excess if they are exposed to a close family member (especially a parent) who is drinking or getting drunk and similarly have very easy access to alcohol.\(^\text{10}\) There are also recognised health risks to the unborn children of women drinking alcohol during pregnancy.

There is a growing body of evidence and research that shows a strong link between adverse childhood experiences (ACEs) and links with poor physical and mental health, chronic disease, lower educational achievement and lower economic success in adulthood. ACEs are defined as chronic stress on individuals during childhood. Such stress arises from the abuse or neglect of children, but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol or substance misuse issues. Adults in Wales who were brought up in households where there was domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life.

According to Public Health Wales: “The strong associations between exposure to ACEs and vulnerability to harms including substance use, unintended teenage pregnancy, violence, mental illness and physical health problems, mean the children of those affected by ACEs are at increased risk of exposing their own children to ACEs. This is often referred to as the ‘cycle of violence’. Consequently, preventing ACEs in a single generation or reducing their impact on children can benefit not only those individuals but also future generations across Wales.”\(^\text{11}\) Indeed, research by Public Health Wales has specifically highlighted that by stopping abuse, neglect and other harmful experiences faced by children, around a third of all high-risk drinking, a quarter of smoking and as much as 60% of violence in adults could be prevented.\(^\text{12}\) Reducing hazardous and harmful drinking by increasing the price of alcohol through the introduction of an MUP could potentially make an important contribution to addressing this issue.

\(^{10}\) Joseph Rowntree Foundation (2011) Young People, Alcohol and Influences, A study of young people and their relationship with alcohol. Pamela Bremner, Jamie Burnett, Fay Nunney, Mohammed Ravat, Dr Willm Mistral.
In 2012, the Children’s Commissioner for England published a rapid evidence assessment which focused on the impacts on children who live with parental substance misuse and, in particular, the number of children affected by alcohol misuse in the family. The assessment found that parental alcohol misuse is a sizeable problem (far greater than parental drug misuse) but “greater attention has been given to the latter despite many more children being affected by parental alcohol misuse”. The study also found that different levels of consumption (not just parents who are dependent drinkers) and particular styles of drinking (such as binge drinking) may affect children and it cannot be assumed that higher levels of consumption equates to greater harm.  

Alcohol and substance misuse can be a contributing factor in relation to children and young people entering care. As at 31 March 2017, there were 5,954 looked-after children in Wales (Stats Wales). There were 15,930 children receiving care and support included in the Children Receiving Care and Support Census at 31 March 2017, which was a rate of 254 per 10,000 children aged under 18 years. Parental substance or alcohol misuse, domestic abuse and parental mental ill health capacity factors were each recorded for about a quarter of children receiving care and support.

There is a large body of evidence about consumption and alcohol-related harm and about the links between affordability and consumption. As the price of alcohol increases, national and international studies have shown that alcohol consumption across the population as a whole decreases. In particular, evidence about the impacts of minimum pricing suggests that introducing an MUP has significant potential to help reduce hazardous and harmful levels of alcohol consumption among adults and young people. There is also clear evidence that an MUP is a key factor in helping to reduce demand on the health service and other public services, reducing crime and bringing wider benefits to communities in Wales, as it targets hazardous and harmful drinkers.

The Welsh Government recognises that issues around alcohol related harm and hazardous drinking rarely exist in isolation and there are strong links between alcohol misuse and substance misuse, mental health and wellbeing, and domestic abuse. It is essential that alongside the introduction of an MUP for alcohol, people are able to access other services and support. In essence, it is not intended that the introduction of an MUP for alcohol will on its own address Wales’ relationship with alcohol. Rather, the legislation will form part of a wider strategic approach to reducing alcohol-related harm and contribute to the delivery of a healthier, a more equal and prosperous Wales.

In this regard, there are important links between the Bill and other key policy developments

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in Wales. This includes the Welsh Government’s *Working Together to Reduce Harm (Substance Misuse) Delivery Plan 2016-18* (published in September 2016); the Together for Mental Health Strategy and associated Delivery Plan for 2016-20); and the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

We also know that children and young people living in poverty experience poorer health across a range of different outcomes and it is anticipated that introducing an MUP for alcohol will make an important contribution to reducing health inequalities. This is because hazardous and harmful drinkers living in poverty purchase more alcohol at less than the MUP compared with other groups and are more likely to experience substantial health gains in terms of morbidity and mortality in light of the anticipated impacts of increasing the price of alcohol on levels of consumption.¹⁶ As Callinan et al. (2015) have highlighted, a reduction in consumption among poorer (low income) drinkers is likely to have a greater positive effect on health, than a reduction among more affluent drinkers, which will add to the effect of “increasing health equity”.¹⁷

**Negative impacts**

It is not anticipated there will be any direct negative impacts for children and young people in implementing this proposal, as it is widely acknowledged that children should not be drinking alcohol. A pricing system which discourages drinking among children and addresses hazardous and harmful drinking can only have positive direct impacts.

Welsh Government has, however, noted the concerns raised by some regarding potential impacts which could arise as a result of the proposals set out in the Bill. These will need to be monitored. In particular, while an MUP for alcohol is intended to have a smaller effect on moderate drinkers, there will be a need to monitor perceived affordability for young adults. The extent to which young people may switch from alcohol to other substances has also been highlighted and this is an issue we intend to monitor closely. The Welsh Government considers that the risk of switching or substituting alcohol with other substances (such as illegal drugs) is low. However, this will be kept under review. The Welsh Government has also commissioned the Advisory Panel on Substance Misuse to look at this specific issue.

It will also be important to monitor the impact of introducing an MUP for alcohol on the household budgets of those living in poverty, in order to ensure that the proposal does not indirectly push some children further into poverty and material deprivation.

A number of external stakeholders have also highlighted the risk that some parents/carers will not reduce their alcohol consumption following the introduction of MUP, resulting in money otherwise earmarked for family or domestic matters being used to meet the

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increase in the cost of alcohol that MUP would bring. In terms of mitigating this, there is a focus on continuing to support services for children and young people within the substance misuse agenda, with £2.75m of the £22.6m budget allocated to Area Planning Boards ring-fenced to support children and young people. Services provided with this funding include:

- Counselling
- Emotional wellbeing
- Hidden harm services (problem drug and alcohol use, by parents and/or carers to young people).
- Education and prevention for children and young people under 18.

Consideration will also be given to how Area Planning Boards are made aware of MUP and the possible impact on their services.

On balance, we believe that it is in the best interests of children and young people to introduce legislation on minimum pricing, given its potential impacts on reducing hazardous and harmful drinking and associated reductions in alcohol-related harm.

**Success / Measuring Impact**

MUP will have an important role in contributing to reductions in hazardous and harmful alcohol consumption, which can manifest itself in a number of ways. The impact of an MUP for alcohol will therefore be monitored at a population level using a range of different indicators. This could include:

- The numbers of alcohol-related deaths in Wales.
- Rates of alcohol-specific hospital admissions (admissions which are wholly related to alcohol, such as alcohol-related liver disease or alcohol overdose).
- Alcohol-related mortality rates (deaths most directly linked to alcohol, such as alcoholic liver disease).
- Alcohol-attributable mortality rates (which includes deaths due to conditions which are in part attributable to alcohol).
- Trends in the above rates across different areas, including deprived areas.
- Data on alcohol consumption collected through the National Survey for Wales (previously the Welsh Health Survey).
- The numbers of children and young people taken into care as a result of parental alcohol abuse or substance misuse generally.

**Consultation**

The proposal to introduce a minimum price for alcohol was one of a number of issues consulted on in a Public Health White Paper between 2 April and 24 June 2014.
maximise engagement with children and young people, a young person’s version of the White Paper was produced and published on the Welsh Government website. It was also distributed via Funky Dragon and the Welsh Network of Healthy School Scheme. The White Paper was discussed at Funky Dragon’s Youth Ambassador Conference. Among the consultation responses from children and young people who commented on the MUP proposals, views were mixed. Some young people felt that the proposals would help discourage excessive drinking, while others felt it could make alcohol more unaffordable for young adults and responsible drinkers.

The Welsh Government also consulted on a draft Public Health (Minimum Price for Alcohol) (Wales) Bill in July 2015. The majority of stakeholders and organisations who responded to the consultation were broadly supportive of introducing a minimum unit price for alcohol. The Welsh Government also issued a children and young people’s document (with eight different questions for that particular audience), as part of this 2015 consultation on the draft Bill and sought specific views from organisations including Children in Wales and the Children’s Commissioner.

Welsh Government officials drew the consultation to the attention of a range of education stakeholders through the Welsh Network of Healthy Schools Scheme and other routes, as well as arranging presentations via Children in Wales and directly to Barnardos Cyrmu, the Prince’s Trust and other charities and voluntary organisations working in the interests of children and young people. A total of 194 consultation responses were received (44 of which were from children and young people), with 68% of respondents in favour of introducing an MUP for alcohol in Wales. Some respondents commented that a positive effect would be felt by children and young people if adults (parents and guardians) modified their drinking behaviours as a result of MUP, leading to an increase in responsible parenting. Others said that the introduction of an MUP would make a positive contribution towards the bigger goal of a further cultural shift in attitudes towards the excessive consumption of alcohol, with a focus on levels of sensible drinking.

There was a specific question in the consultation relating to the effect introducing an MUP on alcohol would have on children and young people, where 26% of respondents felt that MUP would have a positive impact on children and young people in Wales by limiting their purchasing power, particularly in respect of high strength alcohol products, and make a positive contribution to reducing levels of under-age drinking. 23% responded to the separate consultation for children and young people. Of these, 66% felt that young people would drink less if it cost more, and 68% said that they believe MUP would help prevent young people drinking too much. 46% of respondents did not express a view on whether MUP would have a positive or negative impact on children and young people. A further 4% felt MUP would have no, or a very little impact, on children and young people, with only 1% feeling that the impacts on household budgets caused as a result of adults still purchasing high strength, low price alcohol at the same rate would have an adverse effect on the wellbeing of children and young people.

A summary of the 2015 consultation responses can be found on the Welsh Government website:

The Children’s Commissioner for Wales has welcomed the proposal to bring forward legislation on minimum pricing on alcohol. It is the Commissioner’s view that this type of development has the potential to serve as a disincentive to underage drinking of alcohol. It could also help lead to a decrease in alcohol intake amongst parents whose alcohol use is problematic and in efforts to reduce the negative impact that problem drinking amongst carers can have on children and young people.

During the consultation in 2015, Children in Wales indicated general support for the introduction of an MUP as one of a range of measures to deal with the issue of underage drinking, drunkenness and domestic violence affecting the emotional wellbeing of children and young people.

As part of our stakeholder engagement programme for the Bill, we will continue to engage with children and young people using our partner networks, including the Children’s Commissioner and Children in Wales. In particular, we will engage with Young Wales, an organisation established in 2015 to give a voice to children and young people. Young Wales identified substance misuse (which included alcohol and drugs, support for young drug users, and ensuring the availability of reliable information on the risks) as one of their priorities for 2016/17.

**Step 3. How does your piece of work support and promote children’s rights?**

Introducing an MUP to target alcohol-related harms and reduce hazardous and harmful drinking is consistent with the requirements of the UNCRC. Such a proposal has the best interests of children and young people as a primary consideration. Although decreasing, Wales has the highest alcohol consumption among 11 and 13-year-olds in the UK. Drinking among 15-year olds in Wales is higher than in England.

It is widely accepted that while children should not be drinking alcohol, large numbers do. Hazardous and harmful drinking from a young age is particularly detrimental and can have serious implications for health outcomes later in life. Introducing an MUP for alcohol aims to reduce alcohol consumption and therefore reduce alcohol-attributable harms. This includes reducing alcohol consumption by children and young people.

Critically, MUP is directly aimed at reducing hazardous and harmful levels of alcohol consumption. This is because hazardous and harmful drinkers tend to buy cheaper alcohol which will be affected by a minimum unit price. Evidence shows hazardous and harmful drinking among parents can have a particularly detrimental impact on children and young people and their future outcomes in adulthood.
In light of the above, the following articles of the UNCRC are considered particularly relevant to the proposal:

Article 3 – All organisations concerned with children should work towards what is best for each child.

Article 6 – All children have the right of life. Governments should ensure that children survive and develop healthily.

Article 12 – Children have the right to say what they think should happen when adults are making decisions that affect them, and to have their opinions taken into account.

Article 19 – Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents or anyone who looks after them.

Article 24 – Children have the right to good quality health care.

The legislation is considered to be consistent with Articles 3 and 24 of the UNCRC, as the Welsh Government is using all available levers to reduce levels of hazardous and harmful drinking and ensure children and young people have good quality health. For children and young people living with parents who are harmful or hazardous drinkers, it is anticipated that reduced levels of consumption will have a direct impact on parental health and wellbeing. It is expected there will also be an impact on child and young peoples’ health and wellbeing through an anticipated reduction in the number of children and young people experiencing adverse childhood experiences associated with alcohol misuse and harmful drinking.

The legislation is also compatible with Article 6. The impacts of hazardous and harmful drinking during pregnancy and associated higher risks of premature birth, birth defects and foetal alcohol spectrum disorders are well evidenced. In January 2016, the UK Chief Medical Officers published revised guidelines for alcohol consumption. They state there is no safe level of alcohol to drink during pregnancy. It is therefore considered an MUP will have a positive impact on this group.

In relation to Article 19, introducing an MUP is one of the ways in which governments can directly intervene to reduce levels of hazardous and harmful drinking and potentially reduce the number of children and young people being identified as children in need.

The process of introducing this legislation is also consistent with the requirements of Article 12, as the Welsh Government will continue to engage with children and young people (as well as organisations such as Young Wales and Children in Wales) as we subsequently implement the legislation.
**Step 4. Advising the Minister and Ministerial decision**

The Cabinet Secretary for Health and Social Services has been advised that this work is consistent with the requirements of the UNCRC, particularly the articles outlined above and will be asked to clear the document for publication.

The Children’s Rights Impact Assessment was published with the Equality Impact Assessment, the Health Impact Assessment and the Welsh Language Impact Assessment alongside the Bill and the Bill’s explanatory memorandum and regulatory impact Assessment. The impact assessments have been amended as the Bill has progressed through the National Assembly for Wales. The Children’s Commissioner for Wales, Children in Wales and other relevant stakeholders and service providers will continue to be consulted throughout the process.

**Step 5. Recording and communicating the outcome**

This Children’s Rights Impact Assessment will be monitored during the development of the Bill. It was published at the same time the Bill and the explanatory memorandum were introduced into the National Assembly for Wales – and has since been updated in light of new research on the impacts of introducing an MUP in Wales, carried out by the University of Sheffield and other relevant developments since the introduction of the Bill. The assessment process undertaken will be as follows:

- Steps 1-3 identify how the UNCRC duty has been complied with.
- Steps 1-3 note the relevant analysis undertaken as part of the assessment
- Step 4 will be updated periodically to note how this information has been communicated.
- The final version of the CRIA will be published as per the Children’s Rights Scheme 2014, once the Bill receives final Assembly approval.
Step 6. Revisiting the piece of work as and when needed

This piece of work will be revisited and updated during the legislation’s passage through the Assembly and periodically following implementation of the proposal. In revisiting the assessment, the following factors will be considered:

- Does the proposal have the same intended impact as set out in step 2?
- How has stakeholder engagement reinforced this?
- Are there any areas of improvement that can be made to the rights of the child?
- Are there any further opportunities for the proposal to promote children’s rights?

Budgets

As a result of completing the CRIA, has there been any impact on budgets?

It is important that where any changes are made to spending plans, including where additional allocations have been made, that this has been assessed and evidenced as part of the CRIA process.

Please give any details:

Details of the financial implications are provided in the draft Bill’s regulatory impact assessment – Part 2 of explanatory memorandum.

As a result of completing the CRIA, no further requirements for additional Welsh Government resources to be applied have been identified. Costs associated with MUP have been identified within Part 2 of the explanatory memorandum, the regulatory impact assessment and include:

- Implementation and enforcement proposals have been designed to align with current local government regimes to minimise any cost impacts. £300,000 has been agreed by the Cabinet Secretary for Health and Social Services to fund inspection...
and enforcement activities during the first three years of implementing the legislation.

- Costs to retailers in changing shelf prices and computer prices alongside calculating the applicable minimum price for alcohol products they sell.

- Communications and costs for a publicity and/or education campaign to ensure stakeholders are aware of the changes in Wales.

- Costs to Welsh Government on the development of training materials and guidance on implementing and enforcing an MUP system in Wales.

- Costs associated with ongoing monitoring and review. The Bill places a duty on the Welsh Ministers to, after a period of five years beginning with the commencement of the MUP regime, lay before the National Assembly for Wales a report on the operation and effect of the Act during that period. This report will be informed by a full evaluation of the impacts of MUP.

**Monitoring and review**

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<th>Do we need to monitor / review the proposal?</th>
<th>Yes</th>
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<td>If applicable: set the review date</td>
<td>To be considered and reviewed on an ongoing basis, following the introduction of the Bill to the Assembly (October 2017 onwards) and if the legislation is passed by the National Assembly for Wales (summer 2018 onwards). The Bill also includes report and sunset provision. There will be ongoing monitoring and an evaluation of the Bill in order to assess impacts and implementation of the MUP system in Wales. The impacts of MUP on children and young people will form an important element of the evaluation and review of the legislation.</td>
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See next page for a Summary List of the UNCRC articles
Article 1
Every child under 18 years of age has all the rights in this Convention.

Article 2
The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say and whatever type of family they come from.

Article 3
All organisations concerned with children should work towards what is best for each child.

Article 4
Governments should make these rights available to children.

Article 5
Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly.

Article 6
All children have the right to a name, a nationality and family ties.

Article 7
Children should not be separated from their parents unless it is for their own good, for example if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

Article 8
Children should be allowed to move between those countries so that parents and children can stay in contact or get back together as a family.

Article 9
Governments should take steps to stop children being taken out of their own country illegally.

Article 10
Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinion taken into account.

Article 11
Children have the right to get and to share information as long as the information is not damaging to them or others.

Article 12
Children have the right to think and believe what they want and to practice their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide their children on these matters.

Article 13
Children have the right to enjoy their education.

Article 14
Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 15
Children should be allowed to have a job.

Article 16
Children should be able to make a living from their own work and be protected from freedom of work.

Article 17
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 18
Children should be able to work in an environment that is safe and healthy. The Government should help families who cannot afford to provide this.

Article 19
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 20
Education should be made available to all children.

Article 21
Education should be made available to all children.

Article 22
Children who come into a country as refugees should have the same rights as children born in that country.

Article 23
Children who have any kind of disability should work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 24
Children have the right to have a good quality health care and to live in a clean, healthy environment.

Article 25
Children who are looked after by their local authorities should have their situation reviewed regularly.

Article 26
The Government should provide extra money for the children of families in need.

Article 27
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 28
Children should have the right to a family.

Article 29
Children should have the right to a healthy life.

Article 30
Children should have the right to learn and use the language and customs of their families.

Article 31
Children should be allowed to have a job.

Article 32
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 33
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 34
The Government should protect children from sexual abuse.

Article 35
The Government should make sure that children are not abducted or sold.

Article 36
Children should be protected from any activities that could harm their development.

Article 37
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 38
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 39
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Article 40
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Article 41
Children should be able to work to a standard of living that is good enough to meet their physical and mental needs. The Government should help families who cannot afford to provide this.

Article 42
The Government should make the Convention known to all parents and children.