

Supplementary

Research Questions

Descriptive:

- What values undergird health and social policymaking for children?
- Does the policy domain influence the use and framing of values regarding children? Do certain values predominate in specific policy domains?

Interpretive:

- Where do scholarly accounts of values in child social policies overlap and diverge? What points of consonance and tension are evident?
- How do scholars juxtapose and reconcile discrete values?

Search question:

- What ethical and social values inform health and social policies for children?

Figure S1. Research questions.

Table S1. Child policy values CIS search strategy.

Synonyms for social values	AND	Synonyms for policy	AND	Context domain synonyms	AND	Synonyms for child
Value* (to capture: value, values)		Policy, policies, policymaking (to capture: policy, policies, policymaking, policy-making)		Public* (to capture: public, publics, publicly, public policy)		Child* (to capture: child, children, childhood, child care, child-care)
Ethic* (to capture: ethic, ethics, ethical)				Social* (to capture: social, social policy, social policies)		P*ed* (to capture: pediatric, pediatrics, paediatric, paediatrics)
Norm* (to capture: norm, norms, normative)				Health* (to capture: health, health care, health-care, health care, health system, health-system, health systems, health sector, health care sector, health-care sector, health care sector)		Infant* (to capture: infant, infants)
Preference* (to capture: preference, preferences)				Welfar* (to capture: welfare, welfarist, welfare policy)		Adolescen* (to capture: adolescent, adolescents, adolescence)
Priorit*				Educat*		Teen*

(to capture: priority, priorities, prioritization)	(to capture: educate, educating, education, educational, education policy)	(to capture: teen, teenage, teenage, teenager, teen-ager)
Development*		
(to capture: development, developmental, early childhood development)		
Right*		
(to capture: right, rights, human rights, child rights)		
Econom*		
(to capture: economic, economics, econometric, economy, economies, economic policy)		

Table S2. Sample search strategy: MEDLINE.

Ovid MEDLINE(R) 1946 to Present with Daily Update			
#	Searches	Re- sults	Search Type
1	Social Values/	1869 2	Ad- vanced
2	Social Norms/	138	Ad- vanced
3	exp Ethics/	1316 09	Ad- vanced
4	(value* or norm or norms or normative or ethic* or moral*).tw,kf.	1398 111	Ad- vanced
5	1 or 2 or 3 or 4	1481 056	Ad- vanced
6	exp Public Policy/	1191 29	Ad- vanced
7	Policy Making/	1324 0	Ad- vanced
8	(policy* or policies).tw,kf.	1565 81	Ad- vanced
9	6 or 7 or 8	2387 20	Ad- vanced
10	exp infant/ or (infant* or infancy or newborn* or new-born* or baby* or babies or neonat*).tw,kf. or exp child/ or (child* or kid or kids or toddler*).tw,kf. or exp adolescent/ or (adoles* or teen* or boy* or girl*).tw,kf. or minors/ or exp pediatrics/ or (paediatric* or pediatric*).tw,kf.	3421 475	Ad- vanced

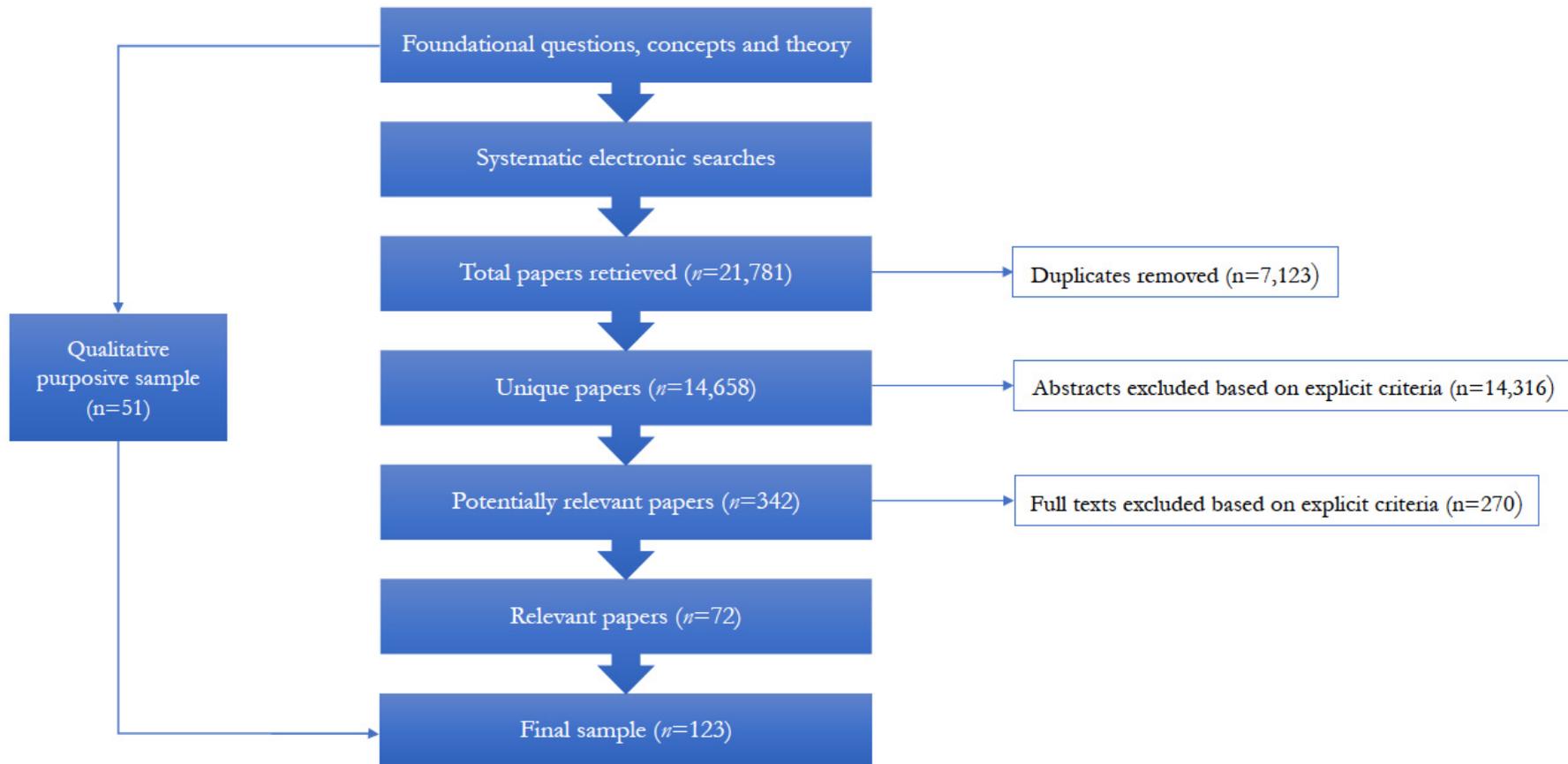


Figure S2. Literature sampling process and yield.

Table S3. Social construction of target populations.

			CONSTRUCTIONS	
			Positive	Negative
POWER	Strong		<i>Advantaged</i>	<i>Contenders</i>
			Elderly	Rich
			Business	Minorities
		Scientists	Cultural elites	
	Weak		<i>Dependents</i>	<i>Deviants</i>
			Children	Criminals
		Mothers	Drug addicts	
		Disabled	Gangs	

Adapted from Schneider and Ingram 1993.

Table S4. Relationship between policy domain and values.

Policy domain	Dominant values/themes	Points of tension	Illustrative quotes
Genetic testing	<ul style="list-style-type: none"> Best interests of the child Risk/benefit ratio 	<ul style="list-style-type: none"> Pull between notions of family-embeddedness and evolving autonomy and capacity of children Tension between loci of interests accounted for: child vs parent/family 	<ul style="list-style-type: none"> “The interest of a child is embedded in and dependent on the interests of the family unit.”¹ (p.238) “One important consequence of explicitly incorporating family interests into the best interest calculation is that an already difficult and subjective determination of the limits of parental authority will unavoidably become messier and more difficult.”² (p.238)
	<ul style="list-style-type: none"> Relational obligations, family embedding 	<ul style="list-style-type: none"> Conflict between paternalism and participation in the interpretation of best interests standard 	<ul style="list-style-type: none"> “The best interests of the child framework is increasingly complicated by a growing appreciation of pediatric autonomy and the development thereof.”³ (p.72)
	<ul style="list-style-type: none"> Child rights: autonomy, capacity, participation 	<ul style="list-style-type: none"> Competing risks: altered parent-child relationship through knowledge of genetic mutation vs. psychosocial risk to family of uncertainty around genetic knowledge vs. medical risk of undetected genetic condition 	<ul style="list-style-type: none"> “It may be ethically acceptable to proceed with predictive genetic testing to resolve disabling parental anxiety...”¹⁵ (p.238) “...any risk of altered parental nurturing as a result of receiving information is outweighed by the increased ability of the child to recognize the need to obtain medical care in the future.”⁴ (p.5)
	<ul style="list-style-type: none"> Well-being: negative and positive formulations <i>Negative:</i> absence of abuse, neglect, exploitation <i>Positive:</i> minimally, focused on need; maximally, inclusive of expansive definitions of quality of life and desire 	<ul style="list-style-type: none"> Multifaceted and internally tense notion of child well-being, incorporating: need, rights, quality of life, material condition, and social embeddedness Socially and historically contingent conceptions of well-being: tied to family functioning, influenced by human rights paradigms, and constrained by protection of private sphere of affairs 	<ul style="list-style-type: none"> <i>Need vs quality of life:</i> need “focused on minimum requirements to avoid harm and participate in society”, whereas quality of life “captures degrees of enrichment [and] children’s subjective perception of their situation.”⁵ (p.380) <i>Quality of life vs. rights:</i> “quality of life offers an important counterbalance to rights, which...can give rise to a plethora of standards and procedures aimed at averting risk.”¹⁹ (p.380)
<ul style="list-style-type: none"> Protection Agency and participation: tethered to child rights principles/conventions 	<ul style="list-style-type: none"> ‘Child protection’ vis-à-vis abuse/neglect as hegemonic principle in social work and child welfare systems, to the exclusion of broader notions of well-being 	<ul style="list-style-type: none"> “Focus on child abuse and the subsequent construction of ‘child protection’...has contributed to the creation of ‘neglected oppressions’ of age, illness, disability and poverty...in the acceptance of those who are seen to be ‘in need’.”⁶ (p.36) 	

	<ul style="list-style-type: none"> Possessory rights of parents vs. best interests of the child 	<ul style="list-style-type: none"> Complex dynamic between child rights and parental rights, and between the responsibility of the state to safeguard children from harm and to promote their participatory rights 	<ul style="list-style-type: none"> “The extremely heavy emphasis in our society on individual freedom of action combines with the historical stress on parental rights in a formidable alliance resisting children’s rights.”⁷ (p.157-8) “The tension within child protection between the child as the powerless victim of the malice of adults and the child as the potential unlocker of the solutions to their own difficulties...”⁸ (p.90)
Health policy (Public health, health care)	<ul style="list-style-type: none"> Distinctness 	<ul style="list-style-type: none"> Internal pull between justifications for prioritization of child health interventions based on intrinsic (distinctness) and instrumental (potential) valuations of child health 	<ul style="list-style-type: none"> “Childhood as a distinct developmental phase of life...”⁹ (p.70)
	<ul style="list-style-type: none"> Vulnerability, innocence and protection 		<ul style="list-style-type: none"> “Society may value health gains in children more highly because of their vulnerability.”¹⁰ (p.417)
	<ul style="list-style-type: none"> Potential (life-course), harm prevention 	<ul style="list-style-type: none"> ‘Fair innings’ argument privileges children but reduces them to a vessel for aggregate potential: it does not value childhood states of health or well-being differently than those of adults, nor is there a specific accounting made of differentials in developmental impacts across the life-course 	<ul style="list-style-type: none"> “The child as a site of investment for the future”; “children as ‘becomings’ and not as ‘beings’ with experiences in the present.”¹¹ (p.292)
	<ul style="list-style-type: none"> Risk/threat to future population health patterns 		
	<ul style="list-style-type: none"> Intrinsic vs. instrumental value of child life 	<ul style="list-style-type: none"> Competing conceptions of children as rights-bearing individuals and relational beings 	<ul style="list-style-type: none"> “Child health is not complete without considering spillover effects and non-health benefits, including changes in parent/caregiver productivity and earnings, family member quality of life and functioning.”²⁴ (p.418)
	<ul style="list-style-type: none"> Family embeddedness, ‘intrafamilial distributive justice’ 	<ul style="list-style-type: none"> Novel equity implications regarding allocation of scarce health care resources to children vis-à-vis quality and availability of evidence on child health technologies and services to guide allocation decisions 	<ul style="list-style-type: none"> Priority setting frameworks/methods “may penalize children if the quality of evidence is poorer or scunter than in adults.”²⁴ (p.417)
	<ul style="list-style-type: none"> ‘Fair innings’ 		
	<ul style="list-style-type: none"> Evidence 		
	<ul style="list-style-type: none"> Investment 		
	<ul style="list-style-type: none"> Rights vs. relations 	<ul style="list-style-type: none"> Categorical distinction of the value of newborn life, with historical, evolutionary and sociocultural dimensions 	<ul style="list-style-type: none"> “The value of a baby’s life is determined, in part, by the family context into which he or she is born...The commonness of infant death [has] led to protective cultural and emotional mechanisms in the form of philosophic differentiation of the newborn from older people.”¹² (p.418-9)
<ul style="list-style-type: none"> Liberalism vs. protectionism in capacity for medical decision-making 			
	<ul style="list-style-type: none"> ‘Personhood’ 		
Child care, early	<ul style="list-style-type: none"> Teleological justification for child care policies: emphasis on educational outcomes and employability 	<ul style="list-style-type: none"> Sociopolitical context crucial in interpreting child care and educational policies, as political ideology influences cast and weight of values grounding policy formulation 	<ul style="list-style-type: none"> Prevailing justifications for policy on early childhood education “produce powerful notions of childhood by emphasizing its futurity and connection with the nation state.”¹³ (p.67)

child- hood ed- ucation	<ul style="list-style-type: none"> Instrumental valuation of child care as mechanism for both enhanced child development and promotion of parental/family self-sufficiency (e.g. through employment) 	<ul style="list-style-type: none"> Varying degrees of ambivalence and/or discord across polities regarding the appropriate role of government in mediating family life and decision-making vis-à-vis children 	<ul style="list-style-type: none"> “Americans’ strongly held values – including the importance of family, work, and equal opportunity...have come to fix the boundaries of public support for government interventions on behalf of very young children.”¹⁴ (p.54)
		<ul style="list-style-type: none"> Competing justificatory frameworks for early childhood education and care: prevailing neo-liberal model of economic potential vs. models emphasizing cosmopolitan belonging and solidarity 	<ul style="list-style-type: none"> Care and education for children has been more marketised and commodified, with an emphasis on education outcomes rather than relational processes.”¹⁵ (p.243) Alternative frames for early childhood education involve “imagery of the ‘social’ understanding of other cultures and ways of being, relationships and interdependence between people, and a disposition of openness...”²⁷ (p.73)
Research involving children	<ul style="list-style-type: none"> (Minimal) risk Protection from harm Equity Evidentiary demands for promotion of child welfare Individual vs population harms/protections 	<ul style="list-style-type: none"> Fundamental tension between protection of children from harm, and promotion of child welfare through advancements in scientific knowledge relevant to children Differing interpretations about what constitutes acceptable risk to individuals, both as individuals and in service of the collective 	<ul style="list-style-type: none"> “The welfare of all children depends on research to test the safety and effectiveness of medical procedures, drug and biologics, and public health measures. Such research is essential in order to provide benefits and to prevent harms within the population of children as a whole.”¹⁶ (p.128) “With this protection came a drawback: the health issues unique to children were underfunded and understudied.”¹⁷ (p.529)
Child rights	<ul style="list-style-type: none"> Autonomy, individuality Participation Dignity Parental/family rights Teleological vs. intrinsic worth 	<ul style="list-style-type: none"> Increasing focus on image of ‘the competent child’, as opposed to child as passive, incomplete and ultimately incompetent vessel in need of protection and edification Tension between child autonomy and participation and legitimacy of parental discretion in decisions regarding children Divergent views about the intent and form of legitimate child participation Criticisms of ‘rights-thinking’ as divorced from social context, and therefore naive about structural barriers to rights execution 	<ul style="list-style-type: none"> The “image of the competent child...is considered as a reaction against the childhood image of the incompetent child, characterized by considering children as objects in need of protection because of their vulnerability.”¹⁸ (p.520-1) “The centre stage of the children’s rights paradigm is the recognition of the child as an autonomous subject, meaningful in its current ‘child-being’...Parental prerogatives derive from the rights of their children.”³² (p.525) “The dominant conception of rights is one-sided in its emphasis on individualism, rather than relationships.”¹⁹ (p.664)

List of Articles in Final Review Sample

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