

1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Social, emotional and mental wellbeing in primary and secondary education

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

None

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

During the development of the draft scope the following potential equality issues were identified.

- Age

No issues identified.

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- Disability

In terms of the most effective ways to deliver interventions to promote social and emotional wellbeing in children and young people consideration will need to be given to those with special educational needs due to:

Higher rates of absence and exclusion: In 2016/17 pupils with special educational needs and disabilities (SEND) (for example, those with a statement of special education needs (SEN) or Education, Health and Care (EHC) plan) had the highest level of absence from school (8.2% of morning or afternoon school sessions missed) compared and 4.3% for pupils without SEND. Also, pupils with SEND (with or without EHC plan) accounted for just over half of all permanent exclusions and fixed period exclusions from school in 2015/16 ([Special educational needs in England: January 2018](#) : [Special educational needs: analysis and summary of data sources](#)). These make it more likely that children with SEND will experience poorer outcomes, compared to their peers, as they will miss out on education on social emotional and wellbeing due to increased absence.

- Gender reassignment

According to the [Dept for Education \(2014\)](#) it is relatively rare for pupils – particularly very young pupils – to want to undergo gender reassignment, but when a pupil does so a number of issues will arise which will need to be sensitively handled. Interventions to improve social and emotional wellbeing may need to give consideration to the specific needs of this group.

- Pregnancy and maternity

No issues identified.

- Race

In 2016/17 Black Caribbean pupils had a permanent school exclusion rate nearly three times higher (0.28%) than the school population as a whole (0.10%) ([Permanent and fixed-period exclusions in England: 2016 to 2017](#)). This makes it more likely that Black Caribbean children and young people will experience poorer outcomes, compared to their peers, as they will miss out on education on social emotional and wellbeing due to increased absence.

- Religion or belief

No issues identified.

- Sex

The overall rates of mental health problems are similar between the sexes however the type of mental health problem experienced differs between the sexes.

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This may have implications for how vulnerable children and young people are identified.

Boys are also more likely to be excluded than girls and will experience poorer outcomes, compared to their peers, as they will miss out on education on social emotional and wellbeing due to increased absence.

- Sexual orientation

Children and young people who identify as lesbian, gay, bisexual or transgender (LGBT) may experience specific challenges such as stigma, discrimination, bullying and mental health difficulties. Young people who do not identify as heterosexual are more likely to have a mental disorder (34.9%) compared to those identified as heterosexual ([Mental Health of Children and Young People in England, 2017](#)). This puts children and young people who identify as LGBT at risk of poorer social and emotional wellbeing.

- Socio-economic factors

Children living in lower income households have higher rates of adverse childhood experiences and tend to be more likely to have a mental disorder (including emotional disorders) ([Hughes 2017](#)). The rates were higher in children whose parents receive low income benefits. This puts children and young people living in low income households at risk of poorer social and emotional wellbeing.

- Other definable characteristics:

- refugees / asylum seekers

There are known barriers to accessing education for unaccompanied asylum-seeking children including lengthy waiting periods for school places to become available or being unable to access education during periods in temporary accommodation. Young refugees and asylum seekers may also have specific psychological needs based on their experiences. Interventions to improve social and emotional wellbeing may need to give consideration to the specific needs of this group.

- migrant workers

Children of migrants may face challenges related to language or culture, particularly if their or their parents/carers' do not speak English as a first language or do not speak English. There may also be interruptions in school placement if the work is temporary or seasonal, These make it more likely that children and young people in these families will experience poorer outcomes, compared to their peers, as they will miss out on education on social emotional and wellbeing due to increased absence.

- looked-after children

In 2018, 39% of children who had been looked after for at least 12 months were demonstrating causes for concern in their emotional and behavioural health

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(based on Strengths and difficulties questionnaire) ([Children looked after in England including adoption: 2017 to 2018](#)). Interventions to improve social and emotional wellbeing may need to give consideration to the specific needs of this group.

- people who are homeless

Children and young people living in temporary accommodation face a number of practical considerations including: transport to and from school, moving from one school to another, and not having suitable space or equipment in which to do their homework and self-care. Interventions to improve social and emotional wellbeing may need to give consideration to the specific needs of this group.

- prisoners and young offenders

Around 18% of 13–18 year olds in custody have depression, 10% have anxiety, 9% have post-traumatic stress disorder and 5% have psychotic symptoms ([Chief Medical Officer annual report 2012: children and young people's health](#)). This puts children and young people in custody at risk of poorer social and emotional wellbeing.

- Children and young people from gypsy or traveller backgrounds

Children from gypsy and traveller communities who travel with their families can be dual-registered at schools or home-educated. This might lead to inconsistencies in the education received. Interventions to improve social and emotional wellbeing may need to give consideration to the specific needs of this group.

- Children or young people who are carers

Children and young people who care for other are more likely to miss school ([Hidden from View](#) (The Children's Society, 2013)). This makes it more likely that children and young people who are carers will experience poorer outcomes, compared to their peers, as they will miss out on education on social emotional and wellbeing due to increased absence

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

Positive outcomes are known to be more difficult to achieve in these population groups and therefore specific recommendations in these groups may need to be made to address this. The committee will be able to use subgroups or sensitivity analyses to identify any need for specific recommendations for these groups.

None of these groups have been excluded from the guideline.

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1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

Completed by Developer Fiona Glen, Programme Director

Date 12/04/2019

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date _____ 29/04/2022 _____

2.0 Checking for updates and scope: after consultation (to be completed by the Developer and submitted with the revised scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

- Age

Children usually start school in the September following their fourth birthday but can delay this until they reach compulsory school age (age 5). Stakeholders highlighted that children born between 1st April and 31st August are more likely than their peers to face challenges with developmental needs. In 2018, 61% of children born in the summer at age 5 achieved a good level of development compared with 81% of those pupils born in the autumn ([Early years foundation stage profile results: 2017 to 2018](#), Department for Education)

These children can encounter difficulties depending on when they start school. For example, a child who starts school when they have just turned 4 may not be 'school ready' relative to their classmates who were born earlier in the year. This may lead to challenges for the child that may mean they require extra support to 'catch up' to their peers.

Another example is for a child who delays school entry until aged 5 (compulsory school age) may also experience e disruption to their education such skipping a

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school year where the school decides to put them in the year group they would have been in if they had started school the September after they had turned 4.

These challenges can have knock on effects through periods of transition should there be different policies and procedures in areas the family may move to for example. This puts these children at risk of poorer social and emotional wellbeing and academic attainment.

- Disability
 - Children and young people with speech language and communication needs (SLCN)

Stakeholders identified children and young people with a mental disorder are about 5 times more likely to have speech and language problems (14.9% vs 3.2%, [NHS Digital 2017](#)). This puts children and young people with SLCN at risk of poorer social and emotional wellbeing.

- Race

Stakeholders identified that there are inequalities in referral routes to mental health services for young people. Black young people and mixed-race young people were more likely to be referred to mental health services through education, social care and/or youth justice, than through primary care, compared to white British young people. These routes of referral are less likely to be voluntary than through primary care. Poorer outcomes may be associated with compulsory referral routes. ([Edbrooke-Childs 2019](#)).

- Other definable characteristics:
 - Children experiencing bereavement

Stakeholders highlighted that it was estimated in 2015 that 41,000 dependent children aged 0-17 were bereaved of a parent. Mortality varies by social class and geographic location so it likely that those living in disadvantaged areas are more likely to experience bereavement. It was also highlighted that children and young people who attend special schools may be more likely to experience bereavement of a peer due to higher mortality rates in people with complex health needs. Children who experience bereavement will experience negative psychological wellbeing in the period immediately following the bereavement, but this can sometimes extend beyond and lead to poor emotional wellbeing.

- Children and young people with long-term conditions

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Children with long-term conditions may be absent from school for extended or regular periods of time due to medical appointments or hospital stays. This makes it more likely that children and young people who have long-term conditions experience poorer outcomes, compared to their peers, as they will miss out on education on social emotional and wellbeing due to increased absence.

- Children and young with continence problems

Stakeholders also highlighted that children with continence problems may experience challenges as a result of being 'labelled' by their condition and could be more likely to experience poorer wellbeing and academic outcomes.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

No. The potential issues highlighted are broadly covered within the groups identified during the scoping process or do not provide a new equality issue.

2.3 Have any of the changes made led to a change in the primary focus of the guideline which would require consideration of a specific communication or engagement need, related to disability, age, or other equality consideration?

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation)

No.

Updated by Developer Fiona Glen, Programme Director

Date 19 June 2019

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Approved by NICE quality assurance lead _____ Simon Ellis _____

Date _____ 29 April 2022 _____

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee considered evidence about the identification of children and young people (CYP) at risk of poor social emotional and mental wellbeing as the core task of this guideline. They made special consideration of the needs of CYP with learning difficulties and special educational needs (SEND). They agreed to place neurodiversity at the heart of their considerations and received expert testimony on the topic to inform their discussions. The committee also had professionals from special schools onboard. The focus group work conducted with CYP included people from schools with high rates of SEND and from special schools and pupil referral units.

The committee agree that through their recommendations about more positive whole school approaches and targeted interventions for those at more risk, they will make schools more inclusive and positive places to be (in terms of social emotional and mental wellbeing) and will ensure that CYP from all of the groups identified at scoping and who are at risk of poor SEMW will be identified, assessed and if necessary be offered a targeted intervention.

The committee did not consider that any of the recommendations made in this guideline had the potential to increase inequalities among any group.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

The committee discussed the impact on SEMW of the COVID-19 pandemic and the enforced home-schooling. They were particularly concerned about its impact on CYP with SEND. They heard expert testimony that explained that there was no one response from CYP to schooling at home among people with SEND, but

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rather, depending on their personalities and circumstances, some of them thrived with online learning and others struggled.

They agreed that the recommendations in the draft guideline would help to identify CYP who were struggling and find ways to help them.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Equalities issues run clearly through all of the committee discussion sections of the evidence reviews and through the rationale and impact sections of the guidelines. Particular issues are discussed in the rationale and impact sections for:

- Risk identification
- Targeted interventions
- Transitions

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The preliminary recommendations make it easier in practice for all groups to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No. The preliminary recommendations make it easier in practice for all groups to access services.

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3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

The preliminary recommendations make it easier in practice for all groups to access services.

Completed by Developer: Chris Carmona on behalf of Sarah Willett

Date: 13 September 2021

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date _____ 29 April 2022 _____

4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Age

Stakeholders noted that the guideline refers to 'schools' when its scope includes all primary and secondary education and some post-16 education for people with special educational needs. The committee addressed this by adding a note at the beginning of the guideline to clarify that the term 'schools' was used to mean schools, colleges and post-16 educational establishments.

They also noted that need for parental involvement would vary depending on the chronological and developmental age of the child or young person. Older young people would not need parental consent as they would be capable of consenting for themselves. The committee addressed this by adding to the recommendations box above the recommendations that some young people were competent to consent. They also added this detail to recommendation 1.4.3 which talks about parental consent.

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4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

- Disability

Stakeholders noted the communication and access barriers faced by some children and young people and questioned whether the guideline had taken those into account sufficiently. They also asked that the Equality Act and reasonable adjustments be included in the guideline. The committee addressed this by making sure that they highlighted different communication needs and neurodiversity where possible throughout the recommendations. This was added to recommendations 1.1.4, 1.1.8, 1.1.15, 1.3.6 and 1.4.2.

- Gender reassignment

No issues raised

- Pregnancy and maternity

No issues raised.

- Race

Stakeholders referred to communication needs for children and young people and their families that may need communication support with English. One stakeholder specifically mentioned this in relation to refugees and asylum seekers. The committee highlighted communication needs in recommendations 1.1.4, 1.1.8, 1.1.15, 1.3.6 and 1.4.2.

- Religion or belief

Stakeholders spoke about making sure interventions were culturally relevant. The committee addressed this by adding notes to ensure curriculum content for social, emotional and mental wellbeing was culturally relevant (rec 1.2.1) and that targeted support should be culturally relevant (rec 1.4.2)

- Sex

No issues raised

- Sexual orientation

No issues raised.

- Socioeconomic

1 stakeholder raised the lack of mention of deprivation, however the committee agreed this was adequately covered by recommendations about schools being outward facing and engaging with local communities and organisations, and involving parents, carers and families.

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4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No changes to the recommendations are expected to make it more difficult for any group.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No changes to the recommendations are expected to make it more difficult for any group.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in question 4.2, or otherwise fulfil NICE's obligations to advance equality?

The committee modified various recommendations to reduce barriers as set out above.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

For discussions of equality issues, see the rationale and impact sections on whole school approach where the committee note that "the inclusion health agenda (for example see the DHSCs [inclusion health: applying All Our Health](#)) was central to this guideline. When implementing the guideline, schools needed to pay particular attention to marginalised or excluded groups, both in terms of their involvement and in terms of tailoring the recommendations to meet the needs of those groups."

Also see the section on Identifying children and young people at risk of poor social, emotional and mental wellbeing which discusses risk factors and adverse childhood experiences, and the section on tools and techniques which discusses

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4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

the importance of taking developmental age as well as chronological age into account.

The rationale and impact section for transitions mentions the additional support that might be needed by children and young people from a refugee or asylum seeker background.

Updated by Developer Chris Carmona, Technical Adviser

Date 01/04/2022

Approved by NICE quality assurance lead _____ Simon Ellis _____

Date _____ 29/04/2022 _____

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