

## NICE guidelines

### Equality impact assessment

## Social and emotional well-being in primary and secondary education of guideline

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

### 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?

- Pregnancy and maternity

Young mothers including teenage mothers may face difficulties in terms of mental health and access to opportunities. They are often at increased risk of economic hardship compared to their peers without children and are less likely to achieve high levels of academic attainment. Maternal depression is of particular concern in teenage pregnancy with an increased rate of 30-60% compared to mothers at all ages ([Mental Health Foundation, 2018](#)).

- 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 31<sup>st</sup> 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 disruption to their education such skipping a

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

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 people 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.

- Children and young people in contact with the social care system

Stakeholders also highlighted that to children in contact with the social care system, for example the child in need category in England should be given special consideration due to increased risk of poor wellbeing.

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

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Approved by NICE quality assurance lead: Simon Ellis, Guideline Lead

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