

CHILDREN'S RIGHTS IMPACT ASSESSMENT

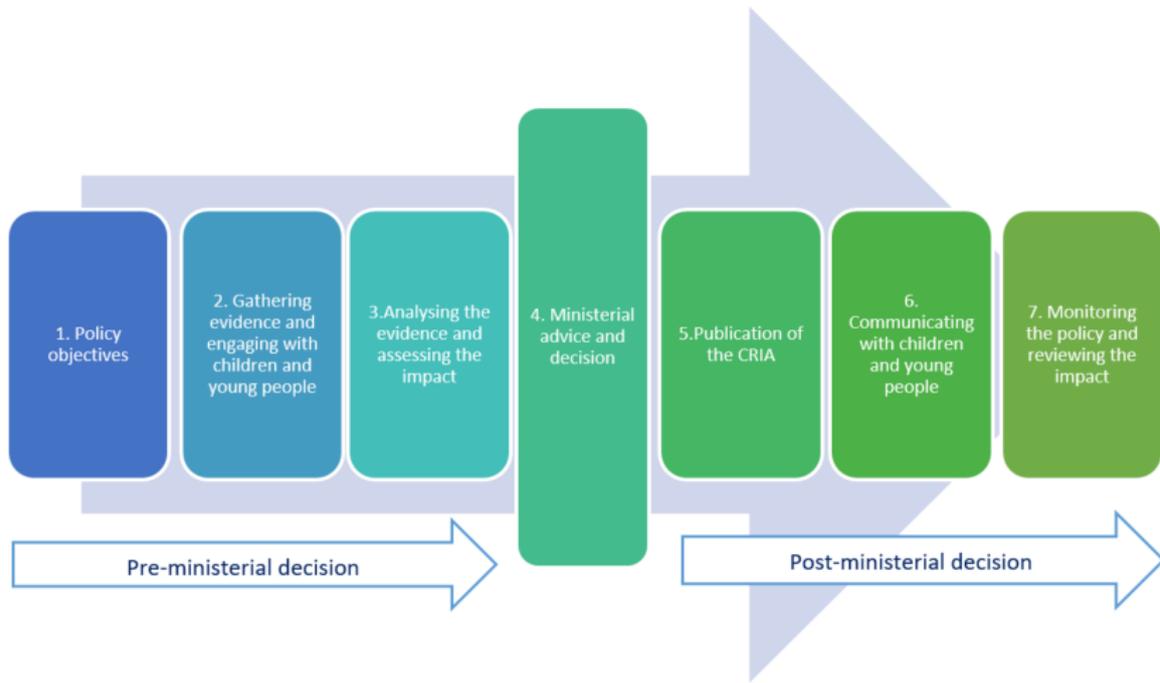
Title of Proposal: Respiratory syncytial virus (RSV) vaccination programme

All completed Children's Rights Impact Assessments must be sent to the CRIA@gov.wales mailbox

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on the Welsh Ministers to pay due regard to the [United Nations Convention on the Rights of the Child \(UNCRC\) and its Optional Protocols](#) when exercising any of their functions.

The CRIA process is the agreed mechanism officials should use to support Ministers to meet this duty and ensure they give balanced consideration to children's rights in their decision making. A CRIA should be used to inform ministerial advice and must be completed prior to a ministerial decision being made. Once a decision has been reached, your CRIA must also be published.

Please note we have an established Children's Rights Advisory Group (CRAG), comprising the Children's Commissioner for Wales's office, UNICEF, the Wales Observatory on Human Rights of Children and Young People, and Children in Wales, who can be used to discuss or test your draft CRIA. Please contact the Children's Branch CRIA@gov.wales for further information.



For further advice and guidance on the CRIA process, please consult the *Children's Rights Manual for Staff* or contact the Children's Branch CRIA@gov.wales

1. Policy objectives

- What decision are you impact assessing?

The Joint Committee on Vaccination and Immunisation (JCVI) recommendation that an RSV immunisation programme, that is cost effective, should be developed for both infants and older adults: <https://www.gov.uk/government/publications/rsv-immunisation-programme-jcvi-advice-7-june-2023>

It is proposed to introduce an RSV vaccination programme to protect the recommended groups from autumn 2024.

2. Gathering evidence and engaging with children and young People

RSV vaccination (like all vaccination) would be a preventative measure to provide protection against the RSV virus – with the aim of keeping individuals safe from severe disease, hospitalisation and death. The vaccination programme would limit the infection rate and reduce the number of severe cases in those immunised. This would have a positive health effect for those vaccinated, especially those at greatest risk of severe illness and will reduce the impact of RSV on public health services, especially in the winter months when RSV is most prevalent.

We have not completed any participatory work with children as the maternal/infant vaccination programme is targeted at pregnant women and newborn babies (up to the age of 27 days). We have liaised with the chief midwifery officer for input and conducted a stakeholder engagement exercise with groups such as the Strategic midwifery leaders' advisory group and all Wales maternity and neonatal network for their feedback. The Children's Commissioner for Wales, Children in Wales, UNICEF and the Wales Observatory on Human Rights of Children were also contacted.

We received 2 stakeholder responses in relation to the maternal/infant programme. One from Royal College of Paediatrics and Child Health (RCPCH) Wales which called for immediate action from the Welsh Government to introduce an RSV programme, highlighting the limited time available to protect infants from the 2024 RSV season. They stated that administering one jab to babies by September 2024 would make a material difference next Winter. The other response was from the Children's Commissioner who was supportive of the introduction of the programme and referenced the articles for inclusion (which have been captured in section 3 below). This feedback will be used to inform the PHW communication and VPW deployment plans to raise awareness of RSV to ensure maximum take-up in all eligible cohorts.

In 2022, The UK Health Security Agency (UKHSA) designed an [online survey](#) to find out what parents thought about vaccination. UKHSA commissioned the commercial parenting organisation, Bounty, to send an invitation email and survey link to parents registered with their organisation who had children aged between 2 months and under 5 years. A total of 1,485 surveys were completed

among parents of children aged 0 to 4 years. The findings of the survey published in February 2023 state:

Parents had a high level of confidence in the vaccine programme:

- 95% agree vaccines work
- 91% think vaccines are safe
- 90% agree they trust vaccines
- 90% of parents agreed they like to have their child vaccinated at their GP practice
- 98% of parents agreed that they like to be reminded about upcoming appointments by text or email

Public Health Wales (PHW) has a role in engaging with the public and a range of statutory and third sector organisations to gain behavioural insights on the barriers, perceptions and experiences of the vaccine programmes in Wales. The organisation uses various tools and methods to engage directly with groups to inform and influence national strategies and service improvements. The aim is to actively involve the different sections of the public, such as ethnic minority groups¹ in the development of resources and interventions, with the aim of informing and building trust. As part of a [Study Report Evaluation of information resources](#) published in 2023) PHW used focus groups and in depth interviews with service users, to explore attitudes towards vaccinations, as well as awareness and views of information on vaccinations. In addition, PHW published a [survey of parental attitudes](#) in 2021, with the aim of informing the pre-school vaccination programme, ensuring PHW's communication with parents meets their needs and to develop a deeper understanding of vaccine confidence in Wales. Some of the findings include:

- Parents classed as 6 C2DE² (9%) and disabled parents (19%) are more likely to have reservations about vaccine safety.
- Welsh speakers are less likely than other groups to have seen or heard information about vaccination in the past 12 months (77%).
- Younger age groups (16-24), parents of children under 18, those who receive Universal Credit and people who identify as transgender are more likely to have encountered concerning information about vaccinations.
- People from ethnic minority backgrounds are more likely to rate several diseases that the Welsh vaccine programme protects from as not serious, as are LGBTQ+ people.

Engagement will continue with all relevant stakeholders up to and beyond the implementation stage to develop and maintain a targeted awareness campaign to provide expectant mothers / parents/ guardians with information about the risks and treatment of RSV to help them make informed decisions on whether to have

¹ <https://phw.nhs.wales/topics/immunisation-and-vaccines/engagement-insights/evaluation-of-information-resources-ethnic-minorities-summary-report-2023/>

² those out of work and those educated to below degree level are less likely than average to consider these diseases serious.

the maternal vaccination or give permission for their child to receive the RSV treatment. One example will be the inclusion of RSV vaccinations questions in the 'Time to Talk' monthly PHW survey which is distributed to the general public. These messages will be taken forward at local level by health board communication teams to reach their resident populations.

Health boards are required by the NIF to have plans in place in order to boost vaccine take up for hard to reach groups – for example in socially deprived communities and in persons from certain ethnic minority backgrounds. Vaccine surveillance by PHW will also monitor take-up in specific hard to reach groups.

3. Analysing the evidence and assessing the impact

Vaccination eligibility will not be extended beyond JCVI clinical advice and will be governed by the licence conditions per vaccine (age cohort etc.). Vaccination will be offered to all eligible individuals regardless of gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation. Targeted communication plans will be developed to raise awareness of RSV and all health boards in Wales are required to have equity plans in place to ensure all those eligible will be offered a vaccine, especially in hard-to-reach areas of the community.

Vaccination is expected to have a positive impact on those eligible groups, as a preventative measure to provide protection against RSV – with the aim of keeping people safe from severe disease, hospitalisation and death. The vaccination programme would also limit the infection rate and reduce the number of severe cases in the community. This programme will also reduce the impact of RSV on public health services.

A negative impact would be if an expectant mother decided against the maternal vaccine or if the parent/s/ guardian/s of a newborn refused permission to administer the RSV treatment creating a negative risk to the child of contracting RSV and developing serious complications that may result in hospitalisation. It would also contribute to the pressure in NHS services during RSV season.

The protection of newborns from developing RSV by receiving the infant treatment supports and promotes children's right in relation to –

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

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 of life. Governments should ensure that children survive and develop healthily; and

Article 24 - children have the right to good quality health care.

The protection of the unborn baby by administering the maternal vaccine to the pregnant mother from 28 weeks gestation onwards supports and promotes the children's rights in relation to -

Article 18 - Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

- How does your proposal enhance or challenge children’s rights, as stipulated by the UNCRC articles and its Optional Protocols? Please refer to the [articles](#) to see which ones apply to your own policy.

UNCRC Articles or Optional Protocol	Enhances (X)	Challenges (X)	Explanation
Article 6 - All children have the right of life. Governments should ensure that children survive and develop healthily	X		Administering either the maternal vaccine or infant treatment will protect the child from developing RSV, increase population level protection and reduce the number of infants presenting at GPs and hospitals with serious RSV symptoms. This supports Article 6.
Article 3- All organisations concerned with children should work towards what is best for each child.	X		
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.	X		Support will be provided by all organisations to ensure parents are aware of the risks of RSV to help them make informed decisions on vaccine and treatment uptake. This supports Articles 3,5 & 18.
Article 18 - Both parents share responsibility for bringing up their children and should	X		

<p>always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.</p> <p>Article 24 - children have the right to good quality health care.</p>	<p>X</p>		<p>In the long term, introducing either the maternal vaccine or infant treatment will improve the quality of healthcare available to prevent RSV in children. This supports article 24.</p>
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The provision of these vaccination /treatment programmes also considers the previous Deputy Minister for Social Services, Julie Morgan MS, commitment to reflect the UNCRC Concluding Observations recommendations in health policy decisions. It will strengthen the availability of quality, child sensitive and age - appropriate paediatric primary and specialist health services to all those deemed eligible as per JCVI advice, as detailed in the Basic health and welfare (arts. 6, 18 (3), 24, 26, 27 (1)–(3) and 33.

further information on the [UNCRC](#) and its *Optional Protocols*, please visit the [Children’s Rights Intranet Page](#).

4. Ministerial advice and decision

- How will your analysis of these impacts inform your ministerial advice?

We continue, in Wales, to be led by the latest clinical and scientific evidence and advice from the JCVI in terms of the timing and eligibility of the RSV vaccination programmes. Vaccination eligibility will not be extended beyond JCVI clinical advice.

The Ministerial advice will state the introduction of RSV vaccination /treatment programmes will have a positive impact on those eligible. Vaccinating these vulnerable groups, as identified by JCVI, will aim to prevent death, hospitalisation/illness and reduce the burden on NHS Wales. It would limit the infection rate and reduce the number of severe cases in those immunised. This will

have a positive health effect for those vaccinated and will reduce the impact of RSV on public health services.

5. Publication of the CRIA

- *Following the ministerial decision, the CRIA should be published on the Welsh Government website.*

- *Send sections 1 and 8 of your IIA and the CRIA (Annex A) to your departmental web manager for publishing.*

6. Communicating with Children and Young People

- If you have sought children and young people's views on your proposal, how will you inform them of the outcome?

We have not completed any participatory work with children as the maternal/infant vaccination/treatment programme is targeted at pregnant women and newborn babies (up to the age of 27 days). The views of children's rights groups have also been sought and factored into this assessment. Welsh Government will continue to work with PHW to develop a targeted communications plan to raise awareness of RSV for those eligible.

A Ministerial written statement and Welsh health circular will be published after a policy decision and funding has been agreed in Wales and the contacted awarded to vaccine manufacturers.

7. Monitoring and Review

It is essential to revisit your CRIAs to identify whether the impacts that you originally identified came to fruition, and whether there were any unintended consequences.

Please outline what monitoring and review mechanism you will put in place to review this CRIA.

Following this review, are there any revisions required to the policy or its implementation?

The implementation of the RSV vaccination /treatment programmes will be monitored by VPW who will report back to Welsh Government via the Vaccine Oversight Board as part of the national governance arrangements.

A four-nation project board has been set up to discuss implementation and align deployment to ensure consistency across the UK and NI. These meetings will continue to monitor progress along with meetings at official level. A surveillance system will also be created to gather uptake data from GPs and midwifery services in Wales in line with other vaccination programmes.

Welsh Government will continue to liaise with all relevant stakeholders beyond the implementation phase to monitor progress and evaluate the initial rollout. Officials will continue to attend JCVI vaccination meetings, as observers, to monitor any future discussion on RSV and any changes they might advise.