

## Children's Rights Impact Assessment

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.

### 1. Policy objectives

- What decision are you impact assessing?

Varicella (commonly known as chickenpox) is a highly contagious infectious disease caused by the varicella zoster virus. Varicella is very common and affects most children during childhood, although it can be caught for the first time at any age. Varicella is often more serious in very young infants (under 4 weeks) and adults, in particular in pregnancy when it may cause complications in both the mother and the foetus, and in adults who are immunosuppressed.

Most varicella cases in children are relatively mild and the illness resolves without any need for treatment from a medical professional, though most children are unwell for several days and will miss 5 or more days from school or nursery. However, some children will go on to develop complications from varicella including bacterial infection of skin lesions (including group A streptococcus) and in rare cases, encephalitis, pneumonitis and stroke. These complications can sometimes result in hospitalisation and on rare occasions death.

The Joint Committee on Vaccination and Immunisation (JCVI) has recommended a universal varicella (chickenpox) vaccination programme should be introduced as part of the routine childhood schedule. This should be a 2-dose programme offering vaccination at 12 and 18 months of age using the combined MMRV (measles, mumps, rubella and varicella) vaccine: [JCVI statement on a childhood varicella \(chickenpox\) vaccination programme - GOV.UK \(www.gov.uk\)](#)

As has been shown in other countries which include varicella in their routine vaccination schedule, a 2-dose schedule is predicted to decrease the number of cases of varicella seen in childhood rapidly and dramatically. The programme will prevent severe cases of varicella, and other serious complications of varicella, which while rare may have otherwise resulted in hospitalisation or other serious outcomes.

Subject to Ministerial agreement, the Welsh Government, along with the other UK nations, proposes to introduce a routine varicella vaccination programme to the childhood immunisation schedule from December 2025.

## 2. Gathering evidence and engaging with children and young People

- Using this research, how do you anticipate your policy will affect different groups<sup>1</sup> of children and young people, both positively and negatively? Please remember policies focused on adults can impact children and young people too.

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 groups<sup>2</sup> 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:

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<sup>2</sup> <https://phw.nhs.wales/topics/immunisation-and-vaccines/engagement-insights/evaluation-of-information-resources-ethnic-minorities-summary-report-2023/>

- Parents classed as 6 C2DE<sup>3</sup> (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.

Further work is planned by PHW communications on a strategy which sets out for parents and carers of young children the benefits of receiving varicella vaccination, including tailored information/ leaflets for specific groups, based on the results of the studies referenced above.

These messages will be taken forward at local level by health board communication teams to reach their resident populations.

Detailed communication and deployment plans to raise awareness of the varicella programme and to ensure maximum take-up in all eligible cohorts will be produced by PHW and VPW.

The uptake of vaccination is monitored by PHW and an annual surveillance report is published which summarises trends in socioeconomic inequalities and geographic variation in the uptake of routine childhood immunisations in Wales. In order to calculate uptake by socioeconomic status, data were linked to the Welsh Index of Multiple Deprivation (WIMD) at Lower Super Output Area (LSOA) level. The WIMD provides a composite ranking deprivation for each LSOA in Wales, weighted across eight domains: income, employment, health, education, access to services, community safety, physical environment and housing.

The surveillance report from 2022-23 is published on the PHW website: [phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/inequalities-in-uptake-of-routine-childhood-immunisations-in-wales-202223/](https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-inequalities-reports/inequalities-in-uptake-of-routine-childhood-immunisations-in-wales-202223/)

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<sup>3</sup> those out of work and those educated to below degree level are less likely than average to consider these diseases serious.

### 3. Analysing the evidence and assessing the impact

It is not considered the vaccination programme would have a negative impact on the lives of children and young people. The varicella vaccination will be added to the routine childhood vaccination programme whereby the child will be vaccinated at 12 months and 18 months – in these circumstances, their parent/guardian will be the decision maker on the child's behalf.

The protection of children from developing varicella by receiving the varicella vaccination supports and promotes children's right in relation to the following UNCRC article or optional protocol –

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

Status: enhances

Explanation: support will be provided by all organisations to ensure parents and guardians are aware of the risks of varicella to help them make informed decisions on vaccine and treatment uptake. This supports Article 3

**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.

Status: enhances

Explanation: support will be provided by all organisations to ensure parents and guardians are aware of the risks of varicella to help them make informed decisions on vaccine and treatment uptake. This supports Article 5

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

Status: enhances

Explanation: Administering the varicella vaccination will protect the child from varicella, increase population level protection and reduce the number of infants presenting at GPs and hospitals with serious varicella symptoms. This supports Article 6.

**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.

Status: enhances

Explanation: support will be provided by all organisations to ensure parents and guardians are aware of the risks of varicella to help them make informed decisions on vaccine and treatment uptake. This supports Article 18.

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

Status: enhances

Explanation: PHW has a team dedicated to public engagement and vaccination equity. Vaccination catchup programmes and opportunistic vaccinations are often run to ensure that children from all backgrounds have access to all routine childhood vaccinations. This supports Article 22.

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

Status: enhances

Explanation: in the long term, introducing varicella to the childhood vaccination schedule will improve the quality of healthcare available to prevent varicella in children. This supports Article 24.

The provision of this vaccination programme also considers the Deputy Minister for Social Services 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.

#### **4. Ministerial advice and decision**

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

The Minister will be advised that the introduction of a varicella vaccination programme will have a positive impact on children (as per JCVI advice). The Minister will receive assurance that steps will be taken to maximise the positive and minimise the negative impacts associated with the introduction of the vaccine as outlined in the health impact assessment.

#### **5. 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?

As highlighted above, we have not completed any participatory work with the children affected, as the vaccination programme is targeted at children who are 12 months and 18 months old, therefore, the decision to vaccinate will need to be

undertaken by the parent or guardian. A communications plan will be developed to raise awareness of varicella and its inclusion in the routine childhood vaccination programme.

A Ministerial written statement and Welsh health circular will be published once the policy has been determined in Wales.

### **Monitoring and Review**

- 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 varicella vaccination programme 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. These meetings will continue to monitor progress along with meetings at official level. Vaccination take up will be monitored as part of PHW's surveillance programme on immunisations.