



Support for children with health conditions in education

At least a million children of school age in England have a health condition - many of them are struggling as the support they need, because of their condition, is not yet in place.

Support at school must be a statutory duty

As a rapidly growing alliance of over 30 organisations working on behalf of these children, we are calling for:

- Schools and other learning providers to have a statutory duty to provide support for children with health conditions
- Robust collection of data on the number of children with health conditions
- All schools to produce and implement medical support policies as part of their duty to promote pupil well-being
- Inclusion of school support for health conditions in Ofsted inspections
- Appropriate support and training for school staff.

Children facing preventable hardship

Education is compulsory, but providing the essential support that enables children to benefit from their time at school is still voluntary. Until this changes, children with health conditions will continue to experience:

- × Avoidable ill health
- × Bullying and stigma
- × Inequality and exclusion, that can all lead to
- × Poor mental health.

Immediate and long-term benefits of support

Putting in the necessary support in educational settings will:

- ✓ Improve health outcomes
- ✓ Reduce financial burden on the NHS
- ✓ Enable children to participate fully in learning, which can help them to
- ✓ Achieve the best possible physical, mental and economic well-being later in life.

End this education system lottery

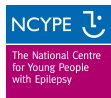
Our organisations are glad the Government now acknowledges that support for children with health conditions is patchy and is taking some steps to tackle current inequalities. However, evidence from families collected by our organisations over many years shows that a voluntary approach does not go far enough. While many schools provide good support for children and young people with health conditions, others place their priorities elsewhere, and the end result is a lottery of support for children with health conditions.

How will you help?

Please support the campaign by contacting Diabetes UK on campaigns@diabetes.org.uk or 020 7424 1120.



INSULIN PUMP THERAPY
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What's happening to our children?

Our organisations hear at first hand that many children with health conditions live with academic and social exclusion. In some cases, their health is put unnecessarily at risk.

Children are:

- × Excluded from lessons such as PE
- × Denied support to keep up during periods of absence and help to catch up with lessons they have missed because of ill health
- × Left out of school trips, extra-curricular activities and social events
- × Made to eat alone if their food needs are different
- × Denied access to their medicines when they need them because the drugs are 'safely locked away'.

Some children have to change school because their needs are not being met, or parents have to give up work to attend school with their child. Certain conditions mean children cannot cope with a whole day at school or have varying levels of alertness throughout the day. Sometimes children have to take medication that can impact on their energy and concentration in lessons. Other children may miss prolonged periods of school or may not be able to attend school because of their condition.

What needs to change?

Many children with health conditions are not included within the definition of disability in the Disability Discrimination Act (DDA), nor are they recognised by Special Educational Needs (SEN) policies. Therefore, children with health conditions are invisible in policy-making and planning of services.

The Government does not know the precise number of children with a health condition or disability at school and as a result is unable to monitor the experience of these children at school and plan how to meet their needs. With regard to the Disability Equality Duty in the DDA (2005), the Secretary of State acknowledges in his 2008 report on disability equity that "DCSF does not yet have an overview of what is happening in schools, and not all schools have yet taken account of the specific duty". Local Authorities are exempt from the requirement to make reasonable adjustments with regard to providing auxiliary aids or services in the DDA, this exemption should be removed.

Frequently it is insufficient training and support for staff that leads to problems. Children and their parents are not confident that staff have been equipped with the knowledge of what to do if they are suddenly taken ill. Furthermore, a general lack of training on working with learners who have complex social and emotional needs, for instance young people with autism, can mean that many members of the school workforce face a double barrier in promoting health and well-being. It is unlikely the Government targets to increase the number of school nurses and community children's nurses will be met, which makes it harder for schools to understand the needs of children with medical conditions and support their staff in meeting those needs.

Where are we now?

In response to the Schools (Health Support) Bill, the Government acknowledged the variability of support for children with health conditions and made a number of welcome commitments to address the current inequalities.

The Child Health Strategy, *Healthy lives, brighter futures*, pledged to reissue the Managing Medicines in Schools Guidance and run an awareness campaign alongside the revised guidance. Our organisations are concerned that while guidance remains voluntary, adequate support and inclusion at school will remain a lottery.

The Apprenticeships, Skills, Children and Learning Bill will make schools a statutory partner in the local Children's Trust with the PCT and Local Authority, requiring them to work together to promote child well-being. We agree this should lead to greater cooperation between services and improved support but are concerned that in practice, this may not happen unless this legislation has the strength to ensure that this increased cooperation results in appropriate health support for children who access education.

The Government committed to ensure Ofsted includes indicators on pupil well-being. It is vital that inspectors are made aware that this must include the outcomes of children with health conditions to end the current unfair situation where schools can receive an "Excellent" Ofsted inspection, even though children with health conditions are not supported, and conversely schools that do provide good support to these children are not properly recognised.

What do we recommend?

Many schools provide good support for young people with health conditions. These tend to have: training for teachers, often provided in partnership with PCTs/NHS Trusts and LEAs; school policies on health conditions; and support from school nurses and community children's nurses.

Schools should have statutory responsibilities to support the health and well-being of children with medical needs. This must be done in a way that ensures:

- Schools are required to produce and implement medical conditions policies – in line with guidance/best practice
- Whole school environments are inclusive towards children and young people with health conditions
- All school staff receive appropriate support and training with guidance from professional nurses
- All teaching assistants and learning support staff are enabled to support children with health conditions with appropriate training and support incorporated in their professional development, are encouraged to play this role and gain professional recognition when they do so
- Government commitments to increase the number of school nurses are met
- NHS bodies, local authorities and PCTs/NHS Trusts help schools fulfil their responsibilities
- As part of well-being indicators, school inspections look at how a school supports children with health conditions and what outcomes those children have.