

# Migraine: Help in School

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This document provides information and guidance for parents and carers of children and young people with migraine in school. It is a resource for self advocacy when problems occur.

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research | awareness | information | advocacy

## **Introduction**

### **Migraine in School**

Migraine and headache are common in children and young people and can have a substantial impact on their lives. Children with migraine take on average between 32 days and 3 months off from school due to their migraine compared to the general population who take between 3–13 days off (Abu-Arafeh, 2010). This can have a knock-on effect on their educational attainment, confidence, happiness and friendships.

### **Purpose of this toolkit**

The purpose of this document is to provide information and guidance for parents/carers of children and young people with migraine. It includes resources to help you understand and advocate for better support at school. This document is useful for headteachers, teachers, school staff and health professionals that are supporting children with migraine. The information in this document is not a substitute for individual, detailed advice as to an individual's particular rights and circumstances from medical or legal professionals.

If you require further information that you do not feel is covered by this document you can visit The Migraine Trust website [www.migrainetrust.org](http://www.migrainetrust.org) or email [advocacy@migrainetrust.org](mailto:advocacy@migrainetrust.org)

The term "school" in this document refers to maintained schools and academies (excludes 16-19 years). The principles outlined here can be drawn upon as good practice for all educational bodies and establishments providing support for children with medical conditions.

## 2. Migraine in children and young people

Migraine is a neurological condition that is associated with a series of complex changes that occur in the brain and brainstem. Migraine attacks in children are described as a throbbing unilateral (pain on one side) headache, accompanied by nausea, vomiting, dizziness, abdominal pain, mood changes and sensitivity to light, noise and odours. An attack can last from 30 minutes to two hours and can occur two to four times per month. Migraine attacks can be relieved by rest, sleep and simple painkillers. After an episode a child may feel drained for another 24 hours or so but individual is usually well and healthy between attacks.

Frequent and chronic migraine attacks can interfere with a child's quality of life. Children of any age can develop migraine and it is thought that 2 per cent of 5 year olds have migraine. More information available at [www.migrainetrust.org](http://www.migrainetrust.org)

**Keeping a migraine diary:** parents can help their child keep a migraine diary to identify trigger factors and learn to predict when an attack is more likely to happen by recognising certain warning signs. It is also useful to keep a record of how a child treats their migraine so they know what to do when they feel an attack coming on. This is useful to share with the child's school. More information about keeping a diary and a template can be found on The Migraine Trust website [www.migrainetrust.org/living-with-migraine/](http://www.migrainetrust.org/living-with-migraine/)

## 3. Managing migraine in school

Many children and young people who experience occasional attacks may find that migraine has little impact on their lives at school and do not require a more formal programme of support. Migraine is a fluctuating and episodic condition. As such the impact on a child's education can still vary throughout school life. Children and young people experiencing frequent and severe attacks will require more support to limit the impact on their education and the effect of sickness absences. Whilst parents have the main responsibility for their child's health, schools have a duty of care towards pupils whilst they are in school. It is important that parents/carers, teachers, school staff and children have the information that they need to manage migraine in school.

### Making Adjustments

There are many straightforward adjustments or forms of support that schools can put in place to support a child with migraine. The following list includes some suggestions and is not exhaustive.

**Educational support:** children who miss a significant amount of lesson time due to migraine may require further support to ensure that they do not fall behind. This may require materials to catch up on work missed independently, extra tuition, online/distance learning tools, lesson plans and so on. If a child is absent due to migraine frequently or for extended periods of time schools should ensure provisions are put in place to accommodate this.

**Access to medication:** acute medication needs to be taken at the onset of an attack to be most effective. Any delay in accessing medication can result in significant and prolonged pain and potentially longer absence from school. Ensuring that children have access to their medication, themselves or via the appropriate staff member, when they need it will ensure attacks are addressed promptly.

**Food:** regular food intake, which may be more frequent than the set school break times, may help to avoid attacks.

**Access to a quiet dark room:** once an attack begins the child may need a quiet dark room to lie down in. They should be kept here until they can be collected or sent home, or are well enough to return to class

**Exams and coursework:** schools should be flexible in making adjustments such as extended deadlines, separate room for exams, mitigation, access to online course work or homework if a child's migraine puts them at a disadvantage in assessments.

**Ventilation:** dry airless classrooms can create headaches and fatigue. Improving ventilation can be beneficial for all pupils and it may be helpful to relocate a migraine sufferer to a desk in an appropriately ventilated area of the classroom to minimise attacks.

**Awareness Activities:** there is a lot of stigma surrounding the condition and it can be hard for other children and young people to understand. Schools can support their pupils with migraine by raising awareness of the condition and the impact it can have amongst teachers and pupils. The Migraine Trust is able to provide information and resources to support awareness raising activities in schools. Contact us via our website [www.migrainetrust.org](http://www.migrainetrust.org).

## Asking for support

If migraine is having a negative impact on your child at school you can ask the teachers and the staff there to support them:

**Inform the school:** to ensure that your child receives the right support the appropriate teachers and school staff need to be made aware of your child's condition. You and your child can help the school by writing to them to explain how migraine impacts on them. Include any known trigger factors, the support needed including medication and what to do when an attack occurs. You can ask your child's doctor to write to the school as well.

**Contact the Advocacy Service:** you can contact The Migraine Trust's Advocacy Service for support by telephone on 020 7631 6973 or completing the online form.

**Ask for a meeting:** if you are concerned with the way your child's migraine is being managed you can request a meeting with the head teacher, and appropriate teachers and school staff, to discuss your concerns. You can ask for your child to be present if you feel it is appropriate. It may also be helpful to involve teaching assistants or a school nurse. At the meeting you can ask for an agreed plan to address the impact of migraine and ensure that your child is supported going forward. The plan should take the form of an Individual Healthcare Plan (IHP) for your child.

**Review the outcome:** any agreed actions and support should be reviewed regularly. You can ask the school for a follow up meeting or agree the best way to maintain contact if concerns arise.

It may be helpful to provide the school with a copy of this document. If the school has questions about managing migraine more generally they can contact our Advocacy Service.

### **Individual Healthcare Plan (IHP)**

An IHP is an agreement between parents/carers, a child's school and health professionals that identifies specific medical needs and the support a child requires while under school supervision. A similar document is called Individual Education Plan in Wales; Health care plan in Scotland and Individual Medication Plan in Northern Ireland. The main purpose of an IHP is to detail a child's specific needs, the support needed, when this is needed and who is going to provide it. It also ensures that schools effectively support pupils with medical conditions.

Government guidance on Supporting pupils at school with medical conditions recommends that schools should ensure that arrangements are in place to support children with medical conditions. Headteachers, school governors and responsible bodies have the duty to make sure that a child with a medical need has an IHP and that this is being carried out. The Migraine Trust recommends that it is good practice for a healthcare plan to be put in place for all children whose migraine is significantly impacting on their education. If you feel that your child may benefit from an IHP it may be helpful for you to speak to your child's headteacher.

An IHP should record vital details such as the child's symptoms, triggers, treatment, access to medicine, food/drink; what to do in an emergency and specific support that school will be provided in dealing with an attack, absences, catch up on missed school work, exams etc. This should indicate staff responsible for writing the care plan, providing support, staff training needs and cover when they are unavailable. The agreement should set out a review date and signed by parent/carer, child (if appropriate) and relevant school staff. The IHP should be shared with all the relevant staff involved in providing support to the child. In deciding the appropriate support for the child, the child's GP, headache nurse or neurologist involved in the management of the child's condition maybe able to recommend support. It is important that adjustments and support reflect the fluctuating and episodic nature of the migraine condition.

The following are suggested examples of what should be included in a child's healthcare plan:

- Their migraine and symptoms
- Triggers
- Medication
- What to do if the child has an attack
- School absences
- Support to catch up on work missed
- When to give medicine
- When to contact (parent/carer)
- Types of suitable adjustments
- Arrangements for school trips and other school activities outside the normal timetable
- Staff that should be made aware of your child's migraine and their responsibility
- Names of health professionals managing the child's migraine
- Details of staff training and needs
- Emergency contacts
- Family circumstances that school should know
- When the IHP will be reviewed
- Any relevant information about the child's migraine

An IHP is a live document and needs regular communication between parties involved about concerns or changes to the child's circumstances. An IHP should be reviewed when there is a change in circumstance. An IHP template is available to download at [www.migrainetrust.org/living-with-migraine/](http://www.migrainetrust.org/living-with-migraine/)

#### **4. Statutory support for children with a medical condition in school**

This section outlines specific legislation and statutory guidance applicable in the nations in the UK that recommend support for children with medical conditions.

##### **England**

In England the government has issued statutory guidance called Supporting pupils at school with medical conditions. It outlines practical support schools should provide to children with medical conditions such as making sure they have an IHP in place, training and support for school staff etc. The guidance requires schools to have a clear policy on medicine administration and to develop a policy that identifies collaborative working arrangements between all professionals involved in the care of a child to make sure that the needs of pupils with medical conditions are met effectively. Governing bodies have the duty to ensure that arrangements are in place to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented.

Staff have no obligation to administer medicines to sick pupils unless this forms part of their contract. A staff designated to administer medicines must be trained and school must ensure that proper procedure is in place, and staff made fully aware of this. The guidance applies to governing bodies of maintained schools and proprietors of academies including alternative provision academies. Academies for over 16 – 19 years and independent schools are excluded. Essentially schools have the duty to guarantee that children are able to access and enjoy the same opportunities at school as any other child. For more information visit [www.gov.uk](http://www.gov.uk)

## **Wales**

In Wales the “Access to Education and support for children and young people with medical needs” provides similar support for meeting the needs of children and young people with medical needs in educational setting. The document is currently being revised by the Welsh government. More information available [www.wales.gov.uk](http://www.wales.gov.uk)

## **Scotland**

The Administration of medicines in schools guidance commends Education Authorities to develop a clear policy on meeting the health care needs of pupils and administration of medicines in schools within their area of coverage. The guidance also recognised the importance of a healthcare plan for children with medical needs in school in identifying the level and type of support that is needed at school. More information available at [www.gov.scot/](http://www.gov.scot/)

Children attending academies for over 16s and independent schools are covered under the Equality Act 2010.

## **Northern Ireland**

The “Supporting pupil with medication needs” in Northern Ireland is a government guidance that recommends schools to form their own medicines policies and procedure that will ensure that pupils with medication needs receive appropriate care and support at school. It supports schools to create a medication plan that identifies a child’s needs in school. The guidance applies to all schools and other educational settings in Northern Ireland. More information available at [www.education-ni.gov.uk](http://www.education-ni.gov.uk)

## **A School Medicines Policy**

Schools and local authorities are required to formulate a medicines policy to support children and young people with medications needs in school. Clear medicines policy should set out the procedures for managing prescription that need to be taken during school, trips or outings, and set out responsibilities of staff supervising the administration of medicines and requirement for trained staff. A policy should be clear about medicine administration and reflect the principle that medicines should only be given at school when it would be detrimental to a child’s health or school attendance not to do so. As parents have the main responsibility for their child’s health, they should provide schools with information about their child’s medical condition and medication. If a child requires prescription or non-prescription

medication during the day to manage their migraine it is important for parents to submit consent in writing to the child's school. Older children may be able to support themselves with their medication in school but it is important that the school is made aware of this in writing. Template letters of consent are available to download from The Migraine Trust website [www.migrainetrust.org/living-with-migraine/](http://www.migrainetrust.org/living-with-migraine/)

For children and young people with migraine most medication needs to be taken at the outset of the attack in order to minimise the effects. It is important that a child's school has policies specifying their position on the management of medication in schools. These may vary between schools but should be guided by the appropriate regulation depending on the geographic location. Parents can request a copy of the school's policy at any time and, if your child is moving school, it may be worthwhile to view the policy whilst making a selection.

### **Special educational need (SEN) and migraine**

SEN refers to children who have a learning difficulty or disability that makes it harder for them to learn or access education. In most cases migraine alone would not normally result in a SEN but children with multiple complex needs may be eligible for help. If you feel that your child needs an assessment discuss with your child's school. For further reading for your specific geographic region see the back of this document. More information available at [www.direct.gov.uk](http://www.direct.gov.uk)

### **The Equality Act 2010**

The Equality Act 2010 is the main law that promotes equality for all and prevents discrimination of specific groups and those associated with them in education. The Act defines disability as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. The Equality Act applies to all schools in England, Scotland and Wales. Some early years settings are excluded from the Act and more information can be found at [www.direct.gov.uk](http://www.direct.gov.uk) and [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

Northern Ireland has its own range of anti-discrimination law that protects people in education from unlawful discrimination and victimisation on the basis of disability. For more information visit [www.equalityni.org](http://www.equalityni.org)

### **Migraine as a disability**

Migraine may be considered as a "disability" under the Equality Act in some cases. This will depend on the severity and frequency of the attacks and the impact the condition has on the sufferer. A person is "disabled" for the purposes of the Act if they:

1. have a physical or mental impairment and
2. the impairment has a "substantial" and "long-term" adverse effect on their ability to perform "normal day-to-day activities".

Fluctuating and episodic conditions can be covered by the act even if the effect temporarily ceases.

Whether an individual's particular condition satisfies the requirements of being a "disability" for the purposes of the act will depend on the effect of that condition as experienced by that individual.

Migraine meets the first criteria as it is a physical impairment. However, whether a sufferer's condition meets the second criteria can be more complicated and needs to be determined on a case-by-case basis, depending on the frequency and impact of the attacks. Often, a child's migraine can have a significant impact on their daily lives which can meet the definition in the Act. Doctors' reports can be beneficial for determining whether it is likely that an individual migraine sufferer is covered by the Act. This is a legal matter and individual cases can only be decided by a court or tribunal.

Schools should promote equality and prevent discrimination for all pupils, and support pupils to achieve their academic potential. The Equality Act requires schools to ensure that disabled pupils can access and enjoy the same opportunities at school as any other child. In some cases this may require flexibility to make reasonable adjustments to support the child in school.

## Discrimination

The Act sets out types of discrimination which could occur against a person with a disability.

**Direct discrimination:** this occurs when a school or education provider treats someone less favourably than they would others because of the individual's disability (or other protected characteristic). Less favourable treatment could involve being deprived of a choice or excluded from opportunities.

**Indirect discrimination:** where a school or education makes a rule, policy or practice that applies to all pupils but puts a pupil(s) with a particular protected characteristic (in this case disability) at a substantial disadvantage when compared with others and which the provider cannot justify.

**Discrimination by failure to make reasonable adjustments:** where a school or education provider has a rule, policy or practice that puts a disabled person at a substantial disadvantage in comparison with non-disabled pupils and the school fails to take such steps as are reasonable to avoid that disadvantage (special provision is made for reasonable adjustments to physical features of the buildings and in relation to auxiliary aids).

**Harassment:** A harasses B where A engages in unwanted conduct related to B's disability (or other protected characteristic) and the conduct has the effect of violating B's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for B.

**Victimisation:** occurs when a person is treated badly because they have made or supported a complaint or grievance under The Equality Act 2010.

The law also provides protection against unlawful discrimination by association with a disabled person and by perception of disability.

More information about The Equality Act 2010 and discrimination is available from the Equalities and Human Rights Commission.

### **What are reasonable adjustments?**

Reasonable adjustments are changes to practices, policies and learning environment that put a child with a long term medical condition at a substantial disadvantage compared to their peers. The Equality Act puts a duty on schools to make reasonable adjustments for children with a disability to prevent them from being put at a disadvantage. Reasonable adjustments can be set out in a child's IHP. If a child's migraine meets the definition of 'disability' under the Act their school has an obligation to make reasonable adjustments for them. A school is required to anticipate the type of adjustments disabled children may need. Any adjustment will be assessed whether it is reasonable for a school to make. What is deemed to be reasonable will be determined by the cost of the adjustment sought, resources of the school and availability of financial support.

### **5. What to do when problems occur**

If you are concerned about the support your child is getting to manage their migraine at school or feel that your child is being discriminated against because of their health condition you may need to take further action.

- **Speak to your child's school:** where possible try to resolve the issue informally with your child's school by speaking to a member of staff. You should follow up in writing after a discussion to ensure that any agreements are recorded.
- **Contact The Migraine Trust Advocacy Service** for further information and support. You can complete our online referral form or telephone us on 020 7631 6973
- **Formal complaint:** if you are not happy with the response from your child's school or you feel that your child's migraine condition is still not being appropriately supported, you can submit a written complain to the Headteacher following the school's complaint procedure. Familiarise yourself with the schools complaint policy.
- **Complain to the Governing body:** if your concern is not resolved by the Headteacher you can escalate this by submitting a written complaint to the board of governors in accordance with the school's complaints procedure. If the matter is of a medical nature it may help to copy your child's doctor into the letter.
- **Contact the responsible body:** you can contact the body responsible for the school if your complaint is not upheld. This may be the local/education authority or Diocesan Body. Further complaints can also be made to the

relevant Department for Education in your geographic location if you feel that the school is acting unreasonably. Further information available at [www.gov.uk](http://www.gov.uk)

- **Mediation and Tribunals for discrimination claims:** if you feel that your child has been discriminated against due to their disability by a school and this has not been resolved using the complaints procedure you may wish to consider using a mediation service or submit a claim to the relevant tribunal. Mediation can provide an effective and less expensive alternative to pursuing a legal claim, however if you find that mediation is ineffective you can still submit a disability discrimination claim in a tribunal or court within the prescribed time period. You should seek legal advice before doing this. Litigation can be lengthy, expensive and draining for the persons involved.

In England a parent or pupil can submit a disability discrimination claim before the First Tier Tribunal, cases can be filed in Scotland at the Additional Support Needs Tribunal and claims against schools are heard by the Special Educational Needs Tribunal for Wales. More information is available at [www.equalityhumanrights.com](http://www.equalityhumanrights.com). Northern Ireland has a special tribunal called SENDIST that deals with disability claims against schools. More information at [www.equalityni.org](http://www.equalityni.org)

## Open letter from The Migraine Trust

Dear Headteacher,

### **Re: Support for Migraine Sufferers in School**

The Migraine Trust is the health and medical research charity for migraine in the United Kingdom. We fund research, provide evidence-based information, campaign for and support people affected by migraine.

Migraine is a complex neurological condition with a wide variety of symptoms. It is highly prevalent and can be extremely disabling.

Government guidance on Supporting pupils at school with medical conditions recommends that schools should ensure that arrangements are in place to support children with medical conditions such as making sure they have an individual healthcare plan. A healthcare plan identifies a child's specific medical needs and the support they require from the school while under school supervision. For children whose migraine has a significant impact on them in school a healthcare plan may be beneficial for them.

Migraine may be considered as a 'disability' under The Equality Act 2010 in some cases. This will depend on the severity and frequency of the attacks and the impact the condition has on the individual. The Act defines disability as: 'a physical or mental impairment which has a substantial and long-term adverse effect on one's ability to carry out normal day-to-day activities'. Reasonable adjustments can be put in place to make sure that migraine sufferers are not put at a substantial disadvantage in school when compared to pupils without a disability. A pupil's GP/neurologist/headache nurse is able to provide information and advice based on the individual's circumstances. It is important that adjustments and support reflect the fluctuating and episodic nature of the condition.

More information and resources are available from The Migraine Trust website at [www.migrainetrust.org](http://www.migrainetrust.org). If we can be of any further support to you, your staff and pupils please contact us on 020 7631 6973 or email [advocacy@migrainetrust.org](mailto:advocacy@migrainetrust.org).

Yours faithfully,



Helen Dada  
**Advocacy Officer**

## 7. Resources and reference

### UK wide

**The Equality and Human Rights Commission:** [www.equalityhumanrights.com](http://www.equalityhumanrights.com) the Helpline provides advice and support to individuals on issues relating to equality and human rights, across England, Scotland and Wales.

**Equality Advisory and Support Service; Freephone: 0808 800 0082; Text phone: 0808 800 0084.**

**Citizens Advice:** your local branch will be able to provide information on your rights including education matters. [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

**Child Law Advice:** provide legal advice and information on family, child and education law affecting children and families. Telephone: 0300 330 5485. [www.childlawadvice.org.uk/](http://www.childlawadvice.org.uk/)

**Direct Gov:** contains a wide range of general information about government services including disability rights information for children with disability. [www.direct.gov.uk](http://www.direct.gov.uk)

### England

**Information Advice and Support (IAS):** can provide you details of your local IAS Service, and organisations that may be able to help you. Telephone: 0207 843 6051 [www.iassnetwork.org.uk](http://www.iassnetwork.org.uk)

**Advisory Centre for Education (ACE):** provides independent advice and information for parents on education issues in England. **Telephone: 0300 0115 142.** [www.ace-ed.org.uk](http://www.ace-ed.org.uk)

### Wales

Welsh Government website has a lot of information on government regulations and rights of children and young people living in Wales. [www.gov.wales/?lang=en](http://www.gov.wales/?lang=en):

### Scotland

Scottish Government website contains a wide range of general information about government services, including information for pupils and education providers. [www.gov.scot](http://www.gov.scot)

### **Education Scotland**

Government website with lots of information on education matters. [www.educationscotland.gov.uk/inclusionandequalities/additionalsupportforlearning/](http://www.educationscotland.gov.uk/inclusionandequalities/additionalsupportforlearning/)

## **Northern Ireland**

**Equality Commission for Northern Ireland:** provides general information and advice about equality legislation in Northern Ireland. **Telephone: 02890500600;** [www.equalityni.org](http://www.equalityni.org)

**Department of Education:** provides information and guidance for pupils and schools. [www.deni.gov.uk](http://www.deni.gov.uk)

## **Further Reading**

Managing Medicines in Schools and Early Year Settings, Department of Health, 2005.

The Health and Safety at Work Act 1974

The Education (Additional Support for Learning) (Scotland) Act 2004, amended in 2009) 2004

Special Educational Needs Code of practice for Wales (2004)

Special Education Needs and Disability (Northern Ireland) Order 2005

## About the Migraine Trust

The Migraine Trust was founded in 1965 to improve the lives of people with migraine through research and education, and this remains our focus 50 years on.

Our mission is to promote research into migraine and reduce its burden on sufferers.

We fund research, provide evidence-based information, campaign for and support people affected by migraine in the UK.

Visit our website to subscribe to email updates and news, access migraine information and to learn more about The Migraine Trust including our support services, research and events.

Web: [www.migrainetrust.org](http://www.migrainetrust.org)

Tel: 020 7631 6970

Twitter: @MigraineTrust

Facebook: themigrainetrust

The Migraine Trust, 52-53 Russell Square, London, WC1B 4HP.