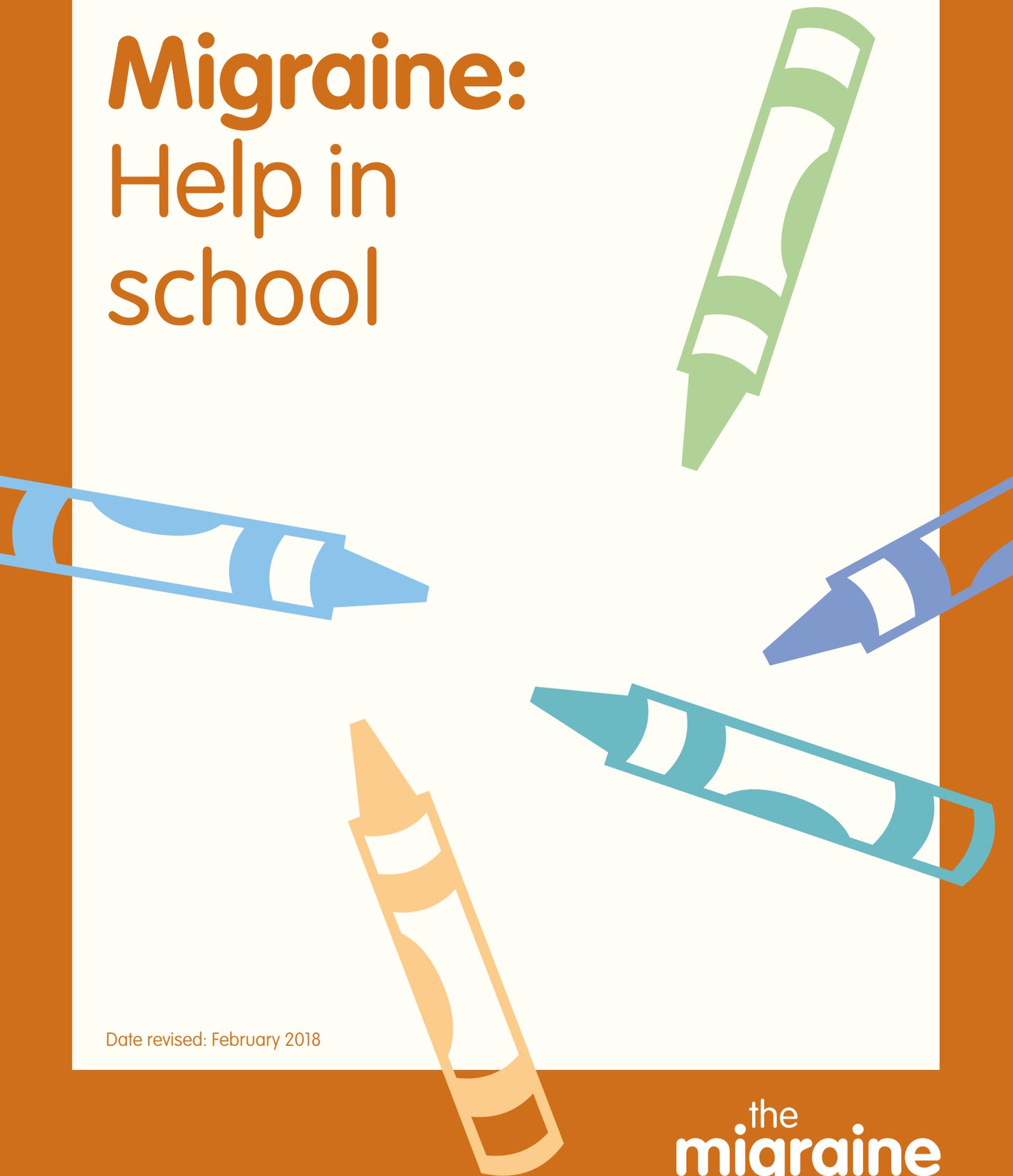




Migraine: Help in school



Date revised: February 2018



Contents

This document provides information and guidance for parents or carers of children and young people with migraine. It includes resources to help parents or carers understand and advocate for better support at school. This document is useful for head teachers, teachers, school staff and health professionals 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.

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For further information, visit The Migraine Trust website www.migrainetrust.org or email advocacy@migrainetrust.org.



Migraine in children and young people

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 three months off from school due to their migraine compared to the general population who take between three and 13 days off per year (Abu-Arafeh, 2010). This can have a knock-on effect on their educational attainment, confidence, happiness and friendships.

Migraine in children and young people

Migraine is a complex neurological condition with a wide variety of symptoms. The symptoms will vary from person to person and individuals may have different symptoms during different attacks. The intensity and frequency of attacks can also vary. Some children will have migraine attacks only once or twice a year while for others it may be as often as two or three times a week.

Migraine attacks in children can be described as a throbbing unilateral (pain on one side) headache, although the pain can be felt all over the child's head, accompanied by nausea, vomiting, dizziness, abdominal pain, mood changes and sensitivity to light, noise and odours. Some children may experience visual disturbances. Some children are more likely to get stomach pain rather than head pain. The length of a migraine attack in children can be shorter than adults. For example, in children it can last from 30 minutes to two hours.

Migraine attacks can be relieved by rest, sleep and simple painkillers. After an episode a child may feel tired but 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 two per cent of five year olds have migraine. More information is available at www.migrainetrust.org

The complex nature of migraine means that the treatments available are varied and differ from person to person. There is currently no cure for migraine.

Keeping a migraine diary

Parents can help their child keep a migraine diary to help with their diagnosis, identify trigger factors and attack warning signs, and monitor the effectiveness of treatments. This is useful to share with the child's school. More information about keeping a diary and a diary page template can be found via The Migraine Trust website www.migrainetrust.org



Additional support

See our other resource:
Help in further and higher education
at www.migrainetrust.org



Managing migraine in school

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 vary throughout their school life. Children and young people experiencing frequent and severe attacks will require additional 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 or carers, teachers, school staff and children have the information that they need to manage migraine in school.

Making adjustments

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

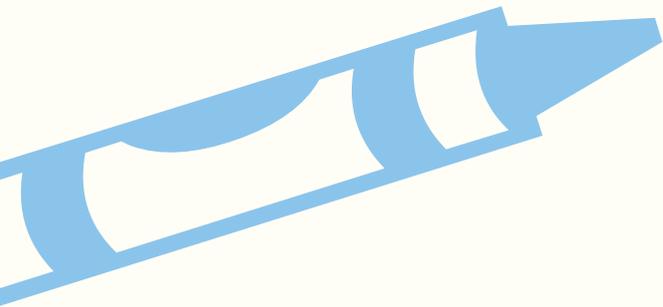
- **Educational support:** children who miss a significant amount of lesson time due to migraine may require further support to ensure that they do not fall behind. This may require support such as materials to catch up on work missed, extra tuition, online or distance learning tools and lesson plans. If a child is frequently absent due to migraine 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 an appropriate staff member will ensure attacks are addressed promptly.
- **Food:** regular food intake, which may be more frequent than formal 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 able to remain there until they can be collected or sent home or are well enough to return to the classroom.
- **Seating in class:** some children may be sensitive to lights in the classroom. Explore whether they can be seated next to a window with more natural light or if the lights above the desk can be dimmed or removed.
- **Exams and coursework:** schools should be flexible in making adjustments such as extended deadlines, separate room for exams, mitigation, and 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. It may be helpful to relocate a child with migraine to a desk in an appropriately ventilated area of the classroom to minimise attacks.
- **Awareness activities:** there is a lot of stigma surrounding the migraine 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

Managing migraine in school

Asking for support

If migraine is having a negative impact on a child at school, parents or carers could ask teachers and wider school staff to support the child:

- **Inform the school:** to ensure that a child receives the right support, the appropriate teachers and school staff need to be made aware of the child's condition. Write to the school to explain how migraine impacts on a child. Include any known trigger factors, the support needed including medication and what to do when an attack occurs. Ask that child's doctor to write to the school as well.
- **Contact The Migraine Trust's Advocacy Service:** Parents and schools can contact the service for support by telephoning 020 7631 6973 or via www.migrainetrust.org
- **Ask for a meeting:** if parents or carers are concerned with the way a child's migraine is being managed, request a meeting with the head teacher, appropriate teachers and school staff to discuss concerns. Ask for the child to be present if this is appropriate. Where applicable, involve teaching assistants or a school nurse. At the meeting, ask for an agreed plan to address the impact of migraine to ensure the child is supported going forward. The plan should take the form of an individual healthcare plan (IHP). It may be helpful to provide the school with a copy of the child's medical report.
- **Review the outcome:** any agreed actions and support should be reviewed regularly. Ask the school for a follow up meeting or agree the best way to maintain contact if concerns arise.



Managing migraine in school

Individual healthcare plan (IHP)

An IHP is an agreement between parents or 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 the '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. Head teachers, school governors and responsible bodies have a duty to ensure that a child with a medical need has an IHP and that this is being carried out. It is good practice for a healthcare plan to be put in place for all children whose migraine significantly impacts on their education. If a parent or carer feels that a child may benefit from an IHP it may be helpful to speak to that child's head teacher.

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 the school will provide to the child when dealing with an attack. This should indicate the staff responsible for writing the care plan, providing support, staff training needs and staff cover when they are unavailable. The IHP should set out a review date and be signed by a parent or carer, child (if appropriate or applicable) and relevant school staff. The IHP should be shared with relevant staff involved in providing support to the child. The child's

GP, headache nurse or neurologist involved in the management of the child's condition may be 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:

- An explanation of their migraine and symptoms
- Triggers
- Medication
- What to do if a child has a migraine attack
- School absences
- Support to catch up on work missed
- When to give medicine
- When and who to contact (parent/carer)
- Types of suitable adjustments
- Arrangements for school trips and other school activities outside the normal timetable
- Staff that are to be made aware of a 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 a school should be informed of
- When the IHP will be reviewed
- Any relevant information about the child's migraine.

An IHP is a live document that can be updated and needs regular communication between parties involved regarding concerns or changes to the child's circumstances. An IHP template is available to download at www.migrainetrust.org



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 and training and support for school staff. 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 a 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. Any staff members designated to administer medicines must be trained and the school must ensure that proper procedure is in place and that staff are 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. Schools have a duty to guarantee that children are all equally able to access and enjoy the same opportunities at school. For more information visit www.gov.uk

Wales

In Wales, the 'Supporting learners with healthcare needs' guidance provides similar support for meeting the needs of children and young people within an educational setting. This statutory

guidance provides advice on supporting pupils with healthcare needs to governing bodies and local authorities. The guidance emphasises the need for a collaborative approach from education and health professionals, placing the learner at the centre of decision making. More information is available via www.wales.gov.uk

Scotland

The 'Supporting children and young people with healthcare needs in schools' provides guidance for NHS boards, education authorities and schools to develop a clear policy on meeting the health care needs of pupils and the administration of medicines in schools within their area of coverage. The guidance also recognises 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

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

Northern Ireland

The 'Supporting pupils with medication needs' in Northern Ireland is government guidance that helps schools to form their own medicines policies and procedures to ensure that pupils with medication needs receive appropriate care and support at school. The guidance applies to all schools and other educational settings in Northern Ireland. More information is available at www.education-ni.gov.uk

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. A clear medicines policy should set out the procedures for managing prescription and non-prescription medicines that need to be

Statutory support for children with a medical condition in school

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.

More information on formulating a medical condition policy is available at www.medicalconditionsatschool.org.uk

Template letters of consent are available to download from The Migraine Trust website www.migrainetrust.org

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 a child is moving school, it may be worthwhile for parents or carers to view the policy whilst selecting a school.

Special educational needs (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 it is felt that a child needs an assessment, this can be discussed with the child's school.

Some children have multiple impairments or health conditions. It is important that staff do not focus on just a single condition and overlook others. For children with SEN, this toolkit should be read in conjunction with the 'Special educational needs and disability' (SEND) code of practice. SEND explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part three of the Children and Families Act 2014. For pupils who have medical conditions that require education, health and care plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children. For further reading for your specific geographic region see the back of this document. More information available at www.direct.gov.uk

The Children and Families Act 2014

Section 100 of the Children and Families Act 2014 places a duty on maintained schools and academies to support pupils who have medical conditions at school.

The Equality Act 2010

The Act defines disability as: a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities.

- Substantial means more than minor or trivial.
- Long-term means that the impairment has lasted or is likely to last for at least 12 months or the rest of your life.
- Normal day to day activities are activities that children do on a regular or daily basis such as reading and writing, holding a conversation, using the telephone, watching TV, walking and travelling by various forms of transport and taking part in social activities.

Statutory support for children with a medical condition in school

A doctor or headache nurse may be able to advise on whether an individual's migraine is likely to be covered under the Act.

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

Migraine as a disability

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

- Have a physical or mental impairment.
- 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 criterion as it is a physical impairment. However, whether a child with migraine meets the second criterion 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 person living with migraine 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 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 other educational establishment 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.



Statutory support for children with a medical condition in school

- **Victimisation:** occurs when a person is treated badly because they have made or supported a complaint or grievance under the Act. The law also provides protection against unlawful discrimination by association with a disabled person and by perception of disability.

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

What are reasonable adjustments?

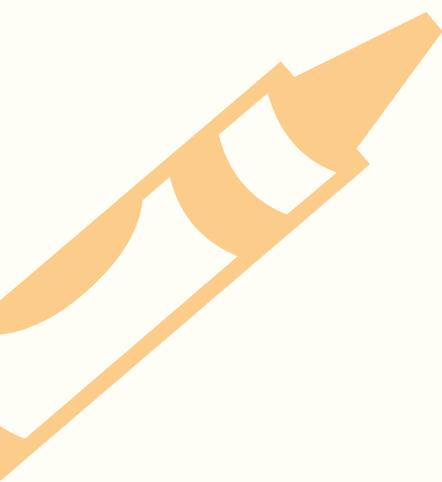
Reasonable adjustments are changes to practices, policies and learning environments that put a child with a long term medical condition at a substantial disadvantage compared to their peers. The Act puts a duty on schools to make reasonable adjustments for children with a disability to prevent them from 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 may have an obligation to make reasonable adjustments for them. A school is required to anticipate the type of adjustments disabled children may need.

The term reasonable is not explicitly defined in the Act, which leaves it up to the discretion of the school or local authority to determine this. Some (but not all) of the factors that may influence a decision are:

- Financial resources of the school
- Cost of the aid or service
- Effect on other pupils
- Health and safety requirements
- Provisions already made by the SEN framework

What is deemed to be a reasonable adjustment may also shift depending on the circumstances of the case. In fact, despite the fact that the legal duty applies to all schools, regardless of whether they are publicly or privately funded, there can still be discrepancies in what is actually provided.





What to do when issues occur

If a parent or carer is concerned about the support a child is receiving to manage their migraine at school or they feel that a child is being discriminated against because of their health condition, they may need to take further action:

- **Speak to the child's school:** where possible try to resolve the issue informally with the school by speaking to a member of staff. They should follow up in writing after a discussion to ensure that any agreements are recorded.
- If you, the parent or carer, are having problems The Migraine Trust has an open letter that can be used to help ask for support www.migrainetrust.org
- **Contact The Migraine Trust Advocacy Service for further information and support:** www.migrainetrust.org or telephone 020 7631 6973.
- **Make a formal complaint:** if parents or carers remain dissatisfied with the response from the child's school or feel that the child's migraine condition is still not being appropriately supported, they can submit a written complaint to the head teacher following the school's complaints procedure. They should familiarise themselves with the school's complaints policy.
- **Complain to the governing body:** if a concern is not resolved by the head teacher, concerned parties 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 the child's doctor into the letter.
- **Contact the responsible body:** parents or carers can contact the body responsible for the school if the complaint is not upheld. This may be the education authority or diocesan body. Further complaints can also be made to the relevant Department for Education department in the geographic location if it is felt that the school is acting unreasonably. Further information is available at www.gov.uk
- **Mediation and tribunals for discrimination claims:** if it is felt that a child has been discriminated against due to their disability by a school and this has not been resolved using the complaints procedure, 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 mediation is found to be ineffective, there is still the option to submit a disability discrimination claim in a tribunal or court within the prescribed time period. 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 SEN Tribunal for Wales. More information is available at www.equalityhumanrights.com

Northern Ireland has a special tribunal called SENDIST that deals with disability claims against schools. More information is available via www.equalityni.org

Resources and further reading

UK wide

Child Law Advice

Provide legal advice and information on family, child and education law affecting children and families.
Tel: 0300 330 5485 www.childlawadvice.org.uk

Citizens Advice

Provides information on legal issues.
www.adviceguide.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

Equalities Advisory Support Services

Provides advice and supports individuals on issues relating to equality and human rights, across England, Scotland and Wales.
Freephone 0808 800 0082 Text phone 0808 800 0084
www.equalityadvisoryservice.com

Equality and Human Rights Commission

Provides expert information, advice and support on discrimination and human rights issues and the Equality Act 2010.
www.equalityhumanrights.com

England

ACE Advice and Information Centre

Provides independent advice and information for parents on education issues in England.
Tel: 0300 0115 142 www.ace-ed.org.uk

Information Advice and Support Services Network (IAS)

Provides details of local IAS Services and organisations.
Tel: 020 7843 6024 www.iassnetwork.org.uk

Wales

The Welsh Government website has a lot of information on government regulations and rights of children and young people living in Wales.
www.gov.wales

Scotland

Education Scotland

This Government website contains lots of information on education matters. <https://education.gov.scot>

The Scottish Government website contains a wide range of general information about government services, including information for pupils and education providers. www.gov.scot

Northern Ireland

Department of Education: provides information and guidance for pupils and schools.
Tel: 02891 279 279 www.deni.gov.uk

Equality Commission for Northern Ireland: provides general information and advice about equality legislation in Northern Ireland.
Tel: 02890 500 600 www.equalityni.org

Further reading

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

The Health and Safety at Work Act etc. 1974

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

Special Education Needs and Disability (Northern Ireland) Order 2005

Special Educational Needs Code of practice for Wales (2004)

Please note that the inclusion of named agencies does not constitute a recommendation or endorsement by The Migraine Trust. We have provided these for informative purposes only and not as recommendations. If in doubt, seek legal advice.



About The Migraine Trust

The Migraine Trust is the largest charity dedicated to leading the fight against migraine in the UK. We exist to transform the lives of people who suffer from migraine, by sharing knowledge and preventing and finding a cure for migraine. We will do this by funding and promoting research, providing support and information, and campaigning for people affected by migraine. 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.

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