



Department  
for Education

# **Supporting children and young people with medical conditions and allergy statutory guidance consultation**

**Equalities impact assessment  
March 2026**

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## Summary

This Equalities Impact Assessment (EqIA) accompanies the Department for Education's consultation on revised statutory guidance for **Supporting pupils with medical conditions (including allergy)**. The purpose of the assessment is to ensure Ministers meet their duties under the **Public Sector Equality Duty (PSED)** by considering the likely impacts of the proposals on pupils, families and staff across all protected characteristics.

The revised guidance strengthens expectations on:

- published **medical conditions** and **allergy safety** policies;
- consistent use and review of **Individual Healthcare Plans (IHPs)**;
- staff **training** in awareness, emergency response and safe handling of medication;
- recording and learning from **serious incidents and near misses**.

Overall, the assessment indicates that the proposals are expected to have **positive or neutral impacts across all protected characteristics**. The strongest benefits are for **disabled pupils** and children with long-term, life-threatening or fluctuating medical conditions, who stand to gain from clearer expectations, consistent planning and improved emergency preparedness. Positive impacts are also identified for groups experiencing higher risks from asthma and allergy, including some minority ethnic children.

No adverse equalities impacts have been identified. Potential risks—primarily inconsistent implementation or communication barriers—are addressed through mitigations already built into the draft guidance, templates and supporting materials. The EqIA will remain under active review throughout the consultation period. A full, updated assessment will be published alongside the final statutory guidance.

## What legislation is the guidance issued under?

This statutory guidance is issued under **Section 100 of the Children and Families Act 2014**, which places a duty on governing bodies of maintained schools, academy proprietors and management committees of PRUs to make arrangements to support pupils with medical conditions. In exercising this duty, education settings must have regard to this guidance.

A number of wider duties also apply to supporting children and young people with medical conditions, including obligations under:

- The duty of care under section 3 of the [Children Act 1989](#) for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;
- The duties to safeguard and promote the welfare of pupils and students under sections 20 and 175 of the [Education Act 2002](#), the [Education \(Independent School Standards\) Regulations 2014](#) (and associated statutory guidance [Keeping Children Safe in Education](#)) and the [Non-Maintained Special Schools \(England\) Regulations 2015](#);

- The duty of the employer under section 2 of the [Health and Safety at Work etc Act 1974](#) to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;
- The duties under the [Equality Act 2010](#) to provide equality of opportunity for all, including those who are disabled.
- The Special Educational Needs and Disability (SEND) [SEND code of practice: 0 to 25 years](#).
- The [Early Years Foundation Stage \(EYFS\) framework](#).

These duties remain unchanged. The revised consultation on guidance strengthens clarity and consistency but does not create new statutory requirements for schools.

## Part 1: Introduction

This document records the analysis undertaken by the Department for Education to enable Ministers to fulfil the requirements placed on them by the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010.

The PSED requires the Minister to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

These aims are also known as the 3 limbs of the PSED. Readers may find it useful to refer back to these limb definitions, as this document summarises the anticipated impacts against them. The protected characteristics in question are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

## Part 2: Brief outline of policy or service

The Department is consulting on a draft of new statutory guidance issued under section 100 of the Children and Families Act 2014, setting out how LA-maintained schools, Academies and PRUs should fulfil their statutory duty to plan for supporting pupils with medical conditions. This is intended to replace the current statutory guidance on [Supporting pupils with medical conditions at school](#), published in December 2015. We are seeking views on the following proposals to strengthen statutory guidance:

- mandatory **medical conditions policy** and a separate **allergy safety policy**;
- strengthened expectations for **Individual Healthcare Plans (IHPs)**;
- training expectations for staff on awareness, emergency response and safe handling of medicines (including AAls);

- clearer recording of **incidents and near-misses**;
- improved consistency and inclusion for children with medical conditions.

These changes are intended to ensure pupils with medical conditions and allergies are supported safely, consistently, and inclusively. They also align with duties under the Equality Act 2010 and reflect emerging evidence from child-health data, including the prevalence of asthma, anaphylaxis-related hospital admissions, and long-term conditions among school-age children.

## Part 3: Analysis of impacts

### 3a. Summary Table

Protected Characteristic	Impact		
	Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act	Advance equality of opportunity between people who share a protected characteristic and those who do not	Foster good relations between people who share a protected characteristic and those who do not
Age	Neutral.	Positive	Positive
Disability	Positive	Positive	Positive
Gender Reassignment	No impact	No impact	No impact
Marriage & Civil Partnership	No impact	No impact	No impact
Pregnancy & Maternity	No impact	Positive	Neutral
Race	Positive	Positive	Positive
Religion or belief	Neutral	Neutral	Neutral.
Sex	Neutral	Positive	Neutral
Sexual orientation	Neutral	Neutral	Neutral

### 3b. Further detail

The assessment indicates that the proposals will have a largely positive impact, particularly for pupils whose medical condition meets the Equality Act definition of disability. The proposals strengthen expectations on planning, training, consistency, and incident reporting, all of which support safer and more inclusive practice. The guidance provides clear and explicit examples of “reasonable adjustments” under the Equality Act and emphasises the importance of making anticipatory adjustments. Potential risks relate primarily to inconsistent implementation and communication,

especially where language barriers or stigma may affect engagement. Mitigations are identified below.

### **Age - Positive**

- **Impact:** Guidance applies to all ages; however, younger pupils depend more heavily on adults for medication administration and monitoring. Older pupils may require support as they transition toward managing conditions independently.
- **Mitigations:**
  - Ensure IHPs include **age-specific responsibilities**, monitoring arrangements and escalation routes.
  - Require training that explicitly covers **early years, primary, and secondary/adolescent self-management**.
  - Promote **pupil voice**, adapted to age and developmental level.
  - Reinforce expectations on **supervision** (for younger pupils) and **independence skill-building** (for older pupils).

### **Disability – Positive impact with clear mitigations**

- **Impact:** Many pupils with medical conditions meet the definition of disability. Strengthened IHP expectations, staff training, and risk management reduce discriminatory variation and promote inclusion.
- **Risks:** Variable staff confidence; inconsistent understanding of reasonable adjustments; families of disabled CYP may often experience communications challenges.
- **Mitigations:**
  - Provide clear, practical examples of reasonable adjustments in the guidance.
  - Guidance is explicit in using Individual Healthcare Plans to record dedicated arrangements for CYP with medical conditions, including reasonable adjustments under the Equality Act.
  - Minimum expectations for staff training and emergency procedures.
  - Strengthened monitoring, including learning from incidents and near misses.
  - Encourage multi-agency collaboration (ICBs, School, school nursing (where appropriate), parents

### **Race – mixed potential, overall positive with mitigations**

- **Impact:** Ethnic disparities exist in asthma severity, healthcare access and hospitalisation rates. Some families may face language or cultural communication barriers. with complex medical instructions.
- **Mitigations:**

- Encourage schools to provide translated materials or interpretation where needed.
- Use structured, visual IHP templates to support understanding.
- Promote inclusive communication and engagement with diverse families.

### **Religion or Belief – neutral**

- **Impact:** Medication schedules, fasting, prayer, and dietary rules may intersect with health management.
- **Mitigations:**
  - Include questions on religious considerations in IHP templates.
  - Encourage flexible arrangements for fasting periods and medication requirements.
  - Encourage respectful dialogue about dietary restrictions and allergy risk management.

### **Sex – Positive**

- **Impact:** Prevalence of certain long-term conditions varies by sex (e.g., boys higher asthma prevalence; girls higher incidence of autoimmune conditions). Menstrual health or eating disorders may interact with medication routines or monitoring.
- **Mitigations:**
  - Ensure staff training includes awareness of conditions with sex linked patterns.
  - Promote sensitive, confidential handling of sex specific health issues.

### **Sexual Orientation – neutral**

- **Impact:** No direct differential impacts identified.
- **Mitigations:**
  - Maintain inclusive language and avoid assumptions when engaging with families.

### **Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity**

- **Impact:** No direct impacts on pupils for gender reassignment or marriage/civil partnership.
- Some positive indirect impacts for staff in pregnancy where clearer medical protocols reduce risk.
- **Mitigations:**
  - Ensure general expectations for non-discriminatory practice remain explicit.

- Reinforce standard workforce health and safety protections for pregnant staff.

### **Other factors - deprivation**

- **Impact:** Deprivation intersects strongly with chronic illness, poor health management, and reduced access to healthcare.
- **Mitigations:**
  - Clearer responsibilities for schools to support pupils regardless of parental healthcare access or capacity.
  - Strengthen signposting to local health services

## **Part 4. Decision making**

Based on the equality analysis undertaken, we intend to proceed with consulting on the revised statutory guidance. The proposals are assessed as having a **positive overall impact**, particularly for disabled pupils and those with long-term or life-threatening medical conditions. No adverse impacts have been identified that would prevent the policy from progressing.

Mitigations have been built into the draft guidance, model templates and supporting materials to ensure consistency, accessibility and inclusive practice across settings.

## **Part 5. Monitoring evaluation and action plan**

We will keep this EqIA under active review as the policy develops, refining it as further evidence becomes available. As this assessment focuses on the equalities impact of publishing the revised guidance, monitoring activities will be limited to areas where the department can reasonably gather information. This will include:

- Analysis of consultation responses to identify equality considerations raised by stakeholders and to understand how different groups may be affected by the publication of the guidance.
- Targeted engagement with parents, pupils, school leaders and healthcare professionals, ensuring a diverse range of perspectives are considered during final drafting.
- Ongoing input from legal, medical and safeguarding specialists, ensuring the guidance remains accurate, lawful and aligned with statutory duties throughout its development.
- Gain timely stakeholder insight via existing SEND & AP engagement forums to identify any early indicators of implementation challenges.
- Monitoring themes in Business of State correspondence relating to medical needs, as shifts in volume or content may signal clarity, confidence or areas requiring further support.

Given that the department does not collect operational data from schools broken down by protected characteristics, we are not able to monitor the impact of the guidance once implemented in schools. As such, this EqIA does not attempt to assess the equalities impact of the end-state produced by local implementation.

A full updated EqIA will be completed and published alongside the final statutory guidance.



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