

Senedd Cymru

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Absenoldeb Disgyblion

Ymateb gan Prifysgol Caerdydd

Welsh Parliament

Children, Young People and Education  
Committee

Pupil absence

Evidence from Cardiff University

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Record your views against the inquiry's terms of reference, which have been grouped into 5 themes.

## 1. Reasons

Reasons for and levels of persistent absenteeism.

Diabetes is one of the most common chronic childhood illnesses in the UK, affecting 1 in 700 children. There are two types of diabetes which affect how insulin regulates blood glucose levels. This research focuses on Type 1 diabetes which is the most common form in childhood. A child with Type 1 diabetes must self-inject insulin regularly to keep their blood glucose within acceptable limits, depending on what they have eaten or physical activity.

Our research found that children living with diabetes are absent from 9 additional sessions a year compared with children without diabetes. Sessions may be missed for medical appointments related to the condition or illnesses as a result of living with diabetes.

Whether and if so, why, non-covid related absenteeism is higher than prior to the COVID 19 pandemic

We have access to linked Welsh Schools and the National Diabetes Audit datasets which we could use to provide evidence on this point if required.

Whether and, if so, reasons why persistent absenteeism is more prevalent among particular groups of pupils (those with Additional Learning Needs, eligible for free school meals, boys and girls, specific age groups, ethnicity)

Children living with diabetes are absent from 9 additional sessions a year compared with children without diabetes. The research used a blood test to see the average blood glucose levels for the last two to three months (HbA1c levels). Using this marker, we found that children experiencing challenges managing their diabetes missed 15 additional sessions of school a year compared with children without diabetes, even children with levels of blood glucose associated with the best future health outcomes missed 7 additional sessions a year.

## 2. Risks and consequences

Due to the challenges and self-management of the condition for children living with diabetes, they face multiple disadvantages. Firstly, the challenge of daily self-management of their condition. Secondly, the cycle of missing schooling and then needing to catch up with their education in their own time after school and at weekends.

Living with a chronic condition can result in high levels of stress and anxiety, particularly for children and young people. They may experience a negative impact on their self-esteem and feel different

around their peers. The constant requirement to manage their blood glucose levels and the consequences of high or low levels, for example loss of concentration, sweating and feeling shaky.

Children will need to manage their diabetes in a public space at school, or will be required to take themselves away from the classroom to conduct finger prick tests or inject themselves with insulin. A lack of appropriate support and training by teachers in school can exacerbate the situation and make children feel different or negative about their condition. This lack of awareness and support can also prevent children taking part in educational activities and school trips.

### 3. Impact

The impact on pupils' learning and attainment

Children living with diabetes are absent from 9 additional sessions a year compared with children without diabetes. Despite missing these additional sessions, on average children living with diabetes achieve the same levels of academic qualifications as children without diabetes. Furthermore, children living with diabetes are equally likely to attend higher education as children without diabetes.

However, children experiencing challenges with managing their diabetes achieved 5 grades lower at 16 years of age than children without diabetes.

This pattern continues into higher education; children experiencing challenges managing their blood glucose levels are less than half as likely to attend University compared to children without diabetes.

The relationship between a child managing their diabetes and their educational achievement is complex. Diabetes management may influence a child's educational attainment, for example, incidences of hypoglycaemia, and poor adherence to the guidance by a child's school; more educationally able children may be better able to self-manage their diabetes; or there may be other factors which affect both the child's educational attainment and their diabetes management, for example, parental involvement, or a highly trained supportive teacher.

Regarding the length of time since diagnosis. There is no difference in a child's academic attainment at 16 years of age as to whether they have recently diagnosed or diagnosed earlier in childhood.

Whether absenteeism has resulted in a higher level of pupil de-registration and any cross-over with elective home education

We have access to linked Welsh Schools and the National Diabetes Audit datasets which we could use to provide evidence on this point if required.

### 4. Effectiveness of policies

Effectiveness of existing Welsh Government policies and guidance

We need to ensure that children and young people with health conditions get the support they need and are entitled to through the relevant legislation and guidance.

Each of the four home nations within the UK have made a commitment to support children and young people with medical conditions in school, including Type 1 diabetes. Legislation varies across the home nations, but all highlight the importance of support for children and young people with additional learning needs. Under the Equality Act 2010, all schools in England, Scotland and Wales have a duty to make reasonable adjustments to ensure that children and young people with a

disability (including Type 1 diabetes) are not discriminated against or put at a significant disadvantage to their peers.

The current guidance frameworks for the management of Type 1 diabetes in school is different in Wales and England. In England, the Children and Families Act 2014 came into force in September 2014. Section 100 contains a statutory responsibility to support students with medical conditions. This means that in practice schools must make additional arrangements for supporting students at schools with medical conditions. This legislation does not apply to schools in Wales.

There is a concern that the rights of children and young people with medical needs in Wales during the school day are not protected in law to the same level as children in England, putting them at risk of an academic and health disadvantage. The Welsh Government originally published a guidance document, 'Access to Education and Support for Children & Young People with Medical Needs' in 2010. In order to ensure implementation of the guidance from schools we need to ensure that this is part of the legislative framework.

How effectively parents are engaged and supported

Parental engagement is critical for children with diabetes to receive the correct support in schools. Where parents are not able to effectively engage with schools, (this may be due to a lack of knowledge or agency), as a result children do not receive the support they need and have higher absence and lower attainment rates and worse clinical and future outcomes.

## 5. Other

N/A