18 August 2020

Dear Florence and Gary,

Thank you for your letter of 18 May, addressed to the Secretary of State, about education provision for children living with Duchenne muscular dystrophy. I am replying as the minister responsible for this policy area and I am sorry for the delay in sending a response.

May I begin by wishing both of you well in these troubling and challenging times. Keeping children, families, and staff safe is the highest priority for the government, as we move towards recovery and the re-opening of education and childcare settings.

We start from a belief that all children and young people should return to school full time to receive face-to-face education and support. This is particularly important for those with special educational needs and disabilities (SEND). We recognise that some children with SEND will have additional health and behavioural vulnerabilities and may have been advised to shield in the early stages of the pandemic, and so a return to a more normal life might feel a big step. We want to assure you that we recognise this challenge and we are doing everything we can to support a safe return. However, we are clear that the benefits of being back in the classroom far outweigh the very low risk of contracting the virus, and schools can take action to reduce that risk even further.

To support the full opening of schools, we have published a suite of guidance outlining the steps that educational settings need to take to ensure that children and young people SEND return to full-time provision from September. These are available at:

- tinyurl.com/Ycc8udlx - Guidance for full opening: special schools and other specialist settings
- tinyurl.com/srpYJ7J - Actions for early years and childcare providers during the coronavirus (COVID-19) outbreak
- tinyurl.com/YassJxxb - Guidance for full opening - schools
- tinyurl.com/Qr4buJ9 - What FE colleges and providers will need to do from the start of the 2020 autumn term
I appreciate all the work that you are doing to support young people with Duchenne muscular dystrophy (DMD) and their families. You may find it helpful to share the resources you have produced on the Health Conditions in Schools Alliance website and the SEND gateway.

Shielding advice for all adults and children was paused on 1 August, subject to a continued decline in the rates of community transmission of coronavirus (COVID-19). Therefore, the majority of pupils will be able to return to school at the beginning of next school year, including those pupils who remain on the shielded patient list.

Returning to school is vital for children’s education and for their wellbeing. Time out of school is detrimental for children’s cognitive and academic development, particularly for disadvantaged children. This impact can affect both current levels of learning and children’s future ability to learn, and therefore we need to ensure that all pupils can return to school sooner rather than later.

The public health advice in our guidance for opening education settings makes up a PHE-endorsed ‘system of controls’, building on the hierarchy of protective measures that have been in use throughout the coronavirus outbreak. When implemented in line with a revised risk assessment, these measures create an inherently safer environment for children and staff where the risks to all staff and pupils will be mitigated significantly, including those who are extremely clinically vulnerable. Schools may need to work with some families who may be anxious or reluctant for their children to return, to secure regular school attendance from the start of term. Pupils who remain under the care of a specialist health professional may need to discuss their care with their health professional before returning to school.

As part of their risk assessment, schools will want to consider measures so that specialists, therapists, clinicians, and other support staff for their pupils can continue to provide support that is needed. Any member of school staff providing support to a pupil with medical needs should have received suitable training.

All schools also have a duty to have a managing medical conditions policy in place that is available for all to see. If families of children with significant risk factors such as DMD are concerned, we recommend they discuss their concerns with schools and that schools explain the measures they are putting in place to reduce risks. School leaders should try as far as practically possible to accommodate additional measures as appropriate.

Schools are expected to have a contingency plan in place by the end of September to ensure that any pupils who need to be educated at home for any period of time are given the support they need to make good progress. A range of resources to support schools in delivering remote education is available and can be found in our guidance. This includes our work with Oak National Academy and providing devices and internet access to the most disadvantaged pupils. Schools are expected to consider how to continue to improve the quality of their existing offer against the expectations set out in the guidance on remote education.
It is our intention that all pupils, in all year groups, will return to school full-time from the beginning of the autumn term. We will keep this guidance under review and update it as necessary. I will pass on your concerns to the team responsible for producing and updating the guidance.

I hope that this response gives some reassurance to families of children with DMD that they will be able to return to school safely in September.

Thank you for writing about this important matter. I hope this reply is useful.

Yours sincerely,

Vicky Ford MP
Parliamentary Under-Secretary of State for Children and Families