



Protecting Pupils with Allergies in English Schools

What is the issue?

The prevalence and impact of allergies is on the rise. In less than half a century, allergy, originally perceived as a rare disease, has become a major public health threat. It currently affects more than 680,000 children in England and close to one billion worldwide, heavily impacting their daily lives and the health budgets that support them. Disturbingly, its prevalence and impact are on the rise, with a rapid increase in the number of hospitalisations due to allergy in the last 20 years.

There is a need for schools to be better prepared to manage the increasing number of children with allergies entering the classroom. Currently between 5% and 8% of children in the UK are believed to have a food allergy. With children spending 20% of their waking hours in schools, it's perhaps unsurprising that 18% of allergic reactions take place there – more than in any other setting outside the home. Allergic disease is the most common chronic condition among children in England, and an estimated 45,000 children born in 2022 will go on to develop allergies.

Current measures are failing students For pupils with allergies currently in the education system, over 1.2 million school days are lost annually for allergy related reasons, and there are increasing numbers of children are opting out of the school system entirely – choosing to remain safe by home educating. There is a need to better support pupils with allergies in order to break down barriers to opportunity and ensure students have the same chance to learn as their peers. Benedict Blythe Foundation's proprietary research in 2024 found 70% of schools did not have the recommended allergy safeguards in place. There is a need to better support pupils with allergies in order to break down barriers to opportunity.

There have been several high-profile fatalities in recent years as a result of anaphylaxis in English schools. In 2017 alone, three children died following allergic reactions at school: 13-year-old Karanbir Cheema died after a pupil flicked cheese at him, knowing he had a dairy allergy. 14-year-old Nasar Ahmed died after an allergic reaction to milk in his tandoori chicken lunch. 9-year-old Mohammed Ismaell Ashraf died following an anaphylactic reaction to an unknown allergen. In all these cases, the coroner pointed out that there were failings in how the school responded and outlined key recommendations to be put in place to prevent future fatalities from anaphylaxis in school. Recently 5-year-old Benedict Blythe collapsed at school and died from anaphylaxis, prompting his family to establish Benedict Blythe Foundation to campaign on behalf of other families for increased allergy safety.

Current guidance for schools falls short: our recommendations for change

Schools in England must adhere to two pieces of statutory guidance: Supporting Pupils with Medical Conditions at School, and Early Years Foundation Stage. Neither of these make explicit mention of specific safeguards for pupils with allergies.

The Department for Education's belief is that the statutory guidance is proportionate, however evidence shows that the vagueness of the guidance, and the possibility of its delivery being open to interpretation, has created a worrying gap in allergy safeguard provision.

The current English legislation falls well short of other western countries, where examples like Sabrina's law in Canada, and Elija's Law in New York have seen protection for pupils with allergies through legislation for almost two decades, while in England the Children and Families Act 2014 makes no explicit mention of allergy.

Benedict Blythe Foundation's 2024 proprietary research, conducted with The Institute of Clever Stuff, found in an freedom of information analysis of 2,198 UK schools that:

- **70%** of schools did not have the basic recommended allergy safeguards in place
- **almost half** of UK schools did not have a stock of 'spare pens' for use when a child suffers an allergic reaction
- **1/4** did not provide any training on allergy symptoms and emergency response
- **1/3** did not have any kind of allergy policy

Benedict Blythe Foundation believes the lack of explicit expectations set out in legislation mean safeguarding pupils with allergies in school is open to interpretation, causing allergy safety to fall between the cracks in English schools. Combined with the fact that no budget is made available to schools to deliver the recommended protections, it is unsurprising the evidence shows that 70% of schools do not have even basic allergy safeguards in place.



What is needed?

An additional £5 million in funding is required to address the minimum requirements for keeping pupils with allergies safe in school. Change is required at all levels to achieve an effective whole school approach, however the most impactful changes would be those implemented through government via funding and amendments to legislation:

- **Nationally mandated reporting of allergic reactions and near misses in English schools.** A mechanism for schools to be able to track the volume of reactions, enabling them to take action to reduce this number, and for the Department for Education to identify whether current support is sufficient.
- **Allergy policies made mandatory in every school, including an anaphylaxis plan.** A requirement for schools to ensure there is either a standalone allergy policy, or explicit mention within an existing policy such as a medical conditions policy. Schools and clinicians can work from existing model templates.
- **Individual Healthcare Plans should be provided for every child with an allergy.** Going beyond the current patchwork approach that see teachers making clinical decisions about which children do, or do not, qualify, IHPs would be given as standard for any child with allergy to guide staff in the daily management of their condition to prevent allergic reactions.
- **All schools should be funded to hold in date spare Adrenaline Auto-Injectors (AAIs), with all staff trained in their use.** There should be funding provided for the national roll-out of AAIs similar to the approach taken to defibrillators, ensuring that all schools have the appropriate stock.
- **All school staff should be trained in allergy awareness, management, and emergency response.** Fully funded training on what allergies are, how to manage a child's allergy, and administration of medication and identifying signs and symptoms of anaphylaxis must be made freely available to all school staff, with regular training made mandatory.

There is also a need to ensure these measures are checked in an annual school inspection as part of Safeguarding and Health and Safety.

Why we believe this is needed

Since 2022, Benedict Blythe Foundation has expressed concerns about the 'postcode lottery' for pupils with allergies. We have raised this through public and political debate, via MPs in Westminster debates and Prime Ministers Questions, and seen our recommendations for change backed by over 13,000 petitioners, many cross-party MPs, and 40 charities, clinical organisations, unions and industry leaders. Lived experience interviews also highlight, through personal stories, the need for change. Families regularly disclose to us heartbreaking stories where children are hospitalised, excluded and struggling with anxiety due to school allergy incidents. This should not be taking place in 2024 in a country with established health, care and education sectors.

We believe there is a need to elevate allergy above other conditions, calling it out in guidance to ensure due care is taken. As hospitalisations increase, there is a need for England's schools to prepare to meet both the present and future need of our children.

We see a need to work alongside government to implement the measures outlined above, so we can ensure children with severe allergies thrive, and give peace of mind to their parents when they drop them off at the school gates.

Details of our work to date can be found at www.benedictblythe.com

