



## WE Party Conference

15 – 18 October 2020

**Title:** An Online Education Policy for Disabled Children and Young People

**Proposed by:** Samantha Kelly on behalf of the Women's Equality Disability Caucus

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**Type of motion:** Policy motion



### **Motion Text:**

1 The Women's Equality Party Conference 2020:

- 2 • Reaffirms its commitment to equal education;
- 3 • Understands that there are many disabled and chronically ill children in the United  
4 Kingdom who are unable to access an education due to their disability and/or  
5 chronic illness;
- 6 • Recognises that the sufferers of chronic illnesses such as Chronic Fatigue  
7 Syndrome and Postural Orthostatic Tachycardia Syndrome are disproportionately  
8 female with illnesses starting during adolescence; and
- 9 • Notes that education other than at school provided by councils has many gaps  
10 through which children and young people can fall.

11 The Women's Equality Party calls upon the Governments of the four nations of the United  
12 Kingdom to:

- 13 1. Create and support an online and inclusive, full and comprehensive system of  
14 education.
- 15 2. Allow all students the same access to a thorough education regardless of health or  
16 disability.
- 17 3. Include education beyond the age of 16, up to and including A-level standard.

### **Motion rationale:**

18 Although there is provision for 'Education other than at school' (EOTAS), this provision is  
19 dependent on individual local authorities (e.g. councils).<sup>1</sup> There are specific criteria which  
20 need to be fulfilled in order to access this resource and this can result in no schooling  
21 while awaiting a diagnosis of, for example, Chronic Fatigue Syndrome (CFS), which can  
22 take over a year, due to diagnostic requirements.

23 CFS often starts in teenage years and predominantly affects girls, with estimates that  
24 between 65%<sup>2</sup> and 80%<sup>3</sup> of sufferers are female. Postural Orthostatic Tachycardia  
25 Syndrome (POTS) also often strikes when young, with estimates that 85% of sufferers  
26 are female.<sup>4</sup>

<sup>1</sup> Education Act 1996, s19

<sup>2</sup> [https://www.mefmaction.com/docs/CCHS\\_Stats\\_2014.pdf](https://www.mefmaction.com/docs/CCHS_Stats_2014.pdf)

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC449736>

<sup>4</sup> <https://www.acc.org/latest-in-cardiology/articles/2016/01/25/14/01/postural-tachycardia-syndrome-pots-diagnosis-and-treatment-basics-and-new-developments>



27 A diagnosis is often followed by further delays and long waiting lists in order to access  
28 EOTAS support. Waiting time for support depends on the individual councils' financial  
29 and human resources.

30 When there is a lack of education provision in any form, the responsibility to provide  
31 home-schooling, in order to fill the gap, often falls disproportionately on the mother. This  
32 can put the mother in the position of being carer, teacher and mum, often while also trying  
33 to care for other children and holding down a job.

34 Once a child reaches the age of 16 they are no longer entitled to EOTAS support.<sup>5</sup>  
35 Individual councils may, if they choose, provide A-level education to those unable,  
36 through illness or disability, to attend school.<sup>6</sup> Many do not.

37 In the case of many disabilities and medical conditions, there is an energy limiting factor,  
38 which can make the EOTAS style of education inappropriate. Energy limitations in a  
39 child/young person due to either illness or disability can make sitting with a tutor for blocks  
40 of time very difficult, if not impossible, and can exacerbate their medical conditions and  
41 energy limitations.

42 Energy levels with any energy-limiting illness or disability can fluctuate on a daily basis,  
43 making keeping to a strict study schedule almost impossible. If and when the children or  
44 young people become able to attend school again, their re-integration can be very difficult  
45 and they can often feel 'left behind'. Online education would allow the student to access  
46 teaching and resources as and when their health permits.

47 As an online resource, it would be available immediately to the student, eliminating the  
48 waiting periods for either a diagnosis or a tutor. Online education, in this form, would work  
49 in conjunction with the student's existing school. Their teachers could issue which lessons  
50 to follow and mark completed work. This would allow for an easy re-integration back into  
51 the school environment, should that become appropriate. The general concept of virtual  
52 classrooms is already acceptable based on government guidance.<sup>7</sup> However, while there  
53 are existing online schools, they either lack resources, are private and potentially  
54 prohibitively expensive for most people, and/or they do not work in conjunction with a  
55 student's existing school.

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<sup>5</sup> <https://northumberland.fsd.org.uk/kb5/northumberland/fsd/service.pdf?id=UE-7TWukOXA>

<sup>6</sup> Children and Families Act 2014, s61

<sup>7</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/269469/health\\_needs\\_guidance\\_-\\_revised\\_may\\_2013\\_final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance_-_revised_may_2013_final.pdf)