

OPSR

Managing Childhood Asthma in Schools

Report
March 2004



Contents

Introduction	1
Research objectives	2
Approach	2
Summary of key messages	3
Teachers	3
Other pupils at school	4
Lessons	5
The school environment	6
General issues	7
If you've missed school...	7
Detailed Findings	8
Actual practice in schools	11
Best practice	12
Recommendations	14
Conclusions	17
Appendices	18
Examples of school asthma policies	18
Workshop agenda	21

Introduction

Research by the National Asthma Campaign (NAC) says that one in eight children are diagnosed at some time as having asthma. In extreme cases the condition can be life threatening although with appropriate management patients can live full and active lives.

Good management of asthma is vital for children of school age with the condition, but schools have been criticised by the NAC. Their 1999 report, "Danger Zone" found that 30% of pupils did not have immediate access to their inhaler at school and that 42% of LEAs did not have an asthma policy. There is also considerable variation in the way schools manage asthma. For example, some schools follow NAC advice and allow each child to keep their inhaler with them, whilst in other schools, inhalers are kept in a central place and children need to leave their classroom to access their medication.

The focus of this research was to understand how asthma affects children and young people and to get their recommendations for improving practice within schools. Health and education professionals also took part in the research, to provide suggestions for how they might better support children in school who have asthma.

We would like to thank the children and young people who took part in this research for their ideas and drawings. We would also like to thank the schools for giving their pupils an opportunity to take part in the project.

Research objectives

The overall objectives of the project were:

- To discover what children and young people feel they need to help manage their asthma in school
- To engage children, parents, education and health professionals and policy makers in a dynamic discussion about children's experience of managing asthma with a view to spreading good practice
- To provide recommendations for action and to improve understanding of why some schools are not following good practice

Approach

A qualitative methodology was considered most appropriate for this project, since this would allow us to explore in depth the attitudes and feelings of the children to the way in which their asthma was managed at school. Because of timing constraints, two separate approaches were adopted:

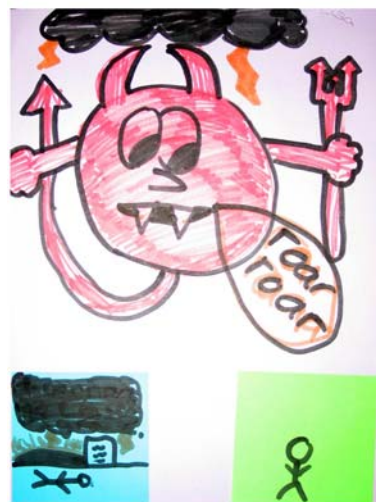
1. Leicester:
 - 1/2 day workshop with children from KS 2 (9 / 11 year olds) – 2 schools
 - Face-to-face interviews with key professionals
2. St. Albans:
 - 1 day workshop with children from KS 3 (11 – 13 year olds) – 1 school
 - Key professionals
 - 1 parent also attended
3. OPSR conducted 4 telephone interviews parents of children who had taken part in the workshops

The key issues discussed in workshops and interviews are appended to this report.

Outputs

A written report detailing key findings will be distributed to all participants.

Summary of key messages



The children involved in this project looked at the impact of asthma on different aspects of their school life. In those areas where they identified problems in the management of asthma, they suggested solutions. The following tables incorporate suggestions from the Asthma Manifestos drawn up by the children and advice from school nurses and the community paediatrician.

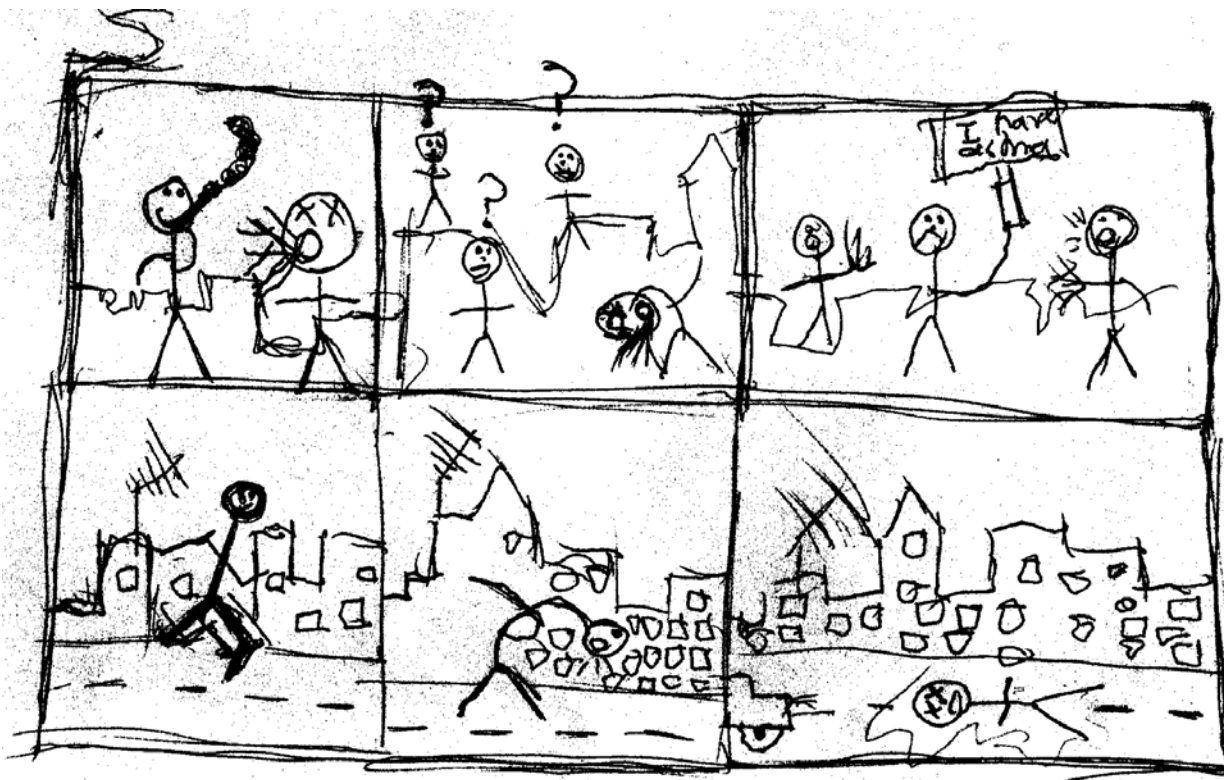
Teachers

LISTEN TO US!	
Have insufficient knowledge about asthma	Teachers should find out about asthma – what it is, triggers, effects
Don't know what to do when children have an asthma attack	Need to learn how to help children: need to know how to spot the signs. Should remind children to use inhalers when coughing /wheezing, helping to ward off worse attacks.
Don't listen to the person having the asthma attack	Should ask what the person wants: only phone parents or hospital if it's serious
Sometimes send child alone to first aid room	Make sure children with asthma have a "buddy" in every class to accompany them to first aid room in the case of attack.
Sometimes think children are "faking it"	Even if children are faking it, this should be taken seriously – eg, referred to counsellor, or clinical psychologist. School nurse said she had never heard of faked attacks.
DON'T PANIC	

1. People smoking,
young man coughing

2. No one knows
how to help

3. They still smoke...



4. So he runs away...

5. But he can't run far.

6. And falls down dead.

Other pupils at school

DON'T TEASE OR BULLY US	
Can tease or bully children with asthma	Include asthma in school anti-bullying policies. Talk about asthma in assembly.
Don't know enough about how to help people having an asthma attack.	Educate all pupils about asthma, its effects and how to help – eg, in PSHE. Develop learning tools: eg, an Expedition through the Lungs which demonstrates the difference between the lungs of someone with asthma and someone without asthma: could be an interactive computer game.



Lessons

PE AND GAMES	
GIVE US TIME	
<i>Problem</i>	<i>Solution</i>
Insufficient time to change for PE / games: rushing and being concerned over lateness increases likelihood of attack	Children with asthma should be given extra time to get ready: eg, leave previous lesson 5 minutes earlier or arrive on sports field 5 minutes later
Struggling to “keep up” – eg, in cross-country running: feeling “useless” may mean children give up physical activity altogether / have low expectations of their abilities	Introduce more variation into physical activities, so children can develop at their own pace, raise their expectations and graduate to more strenuous activities.
Not being reminded by teachers to take inhalers out onto sports fields	Teachers to be aware that children need to take inhalers to sports and that they should remind them to do so
Consequences of different weather conditions: cold air / pollen / heaps of grass cuttings can all worsen asthma	Teachers to appreciate effect of different weather conditions on children’s ability to participate fully and to understand possible measures that might alleviate effects. Grass to be cut at weekends or after school and cuttings to be removed



SCIENCE LESSONS	
Leaky gas taps in science laboratories / taps turned on by students	Regular maintenance of gas taps Teacher to have a "master tap" which stops other taps leaking gas when turned
WOODWORK	
Dust and wood shavings can trigger attacks	Make sure woodwork classrooms are cleaned after each class Small hand-held vacuum cleaners could be available for students to use when necessary Could be a large vacuum cleaner available in woodwork class for use when necessary

The school environment

<i>Problem</i>	<i>Solution</i>
Smoking (primarily by other students and cleaners)	Educate people to understand how smoking affects people with asthma. Have a "smoking patrol" at break times.
Chemicals in the atmosphere: deodorants (used by students after games); air fresheners; cleaning materials	Educate people to understand the effects of these products. Allow children affected by them to go elsewhere, briefly, if such products need to be used during school time.

General issues

Not having enough time to get from one lesson to another: rushing can result in breathlessness, stress and forgetting inhalers.	Make sure lessons finish on time. Where children have to walk some distance between lessons, make allowances if children with asthma are slightly late.
“Quiet room” / first aid room not private or quiet: being left alone.	Have somewhere private and quiet to go for child who’s had asthma attack: make sure someone can stay with them.
School nurses – seen as important source of information - but very over-stretched	Have a school nurse in every school

If you’ve missed school...

Keeping up with work can help to minimise worries about falling behind	You need someone to bring your work home to you – and someone to explain it to you.
Catching up with missed work and understanding work that’s being taught when you return can be difficult	Additional support should be provided for children who’ve missed school, especially for extended periods.

The Good Days



Detailed Findings

All of the children taking part in the research have asthma, ranging from very mild to very severe. The impact of asthma on a child's school life depends to some extent on its severity; for example, those with very mild asthma tend to miss very few, if any lessons, whilst very severe asthma can result in extended periods of absence from school.

Despite this variation in the seriousness of their asthma, all of the children describe its impact in similar terms and make similar suggestions about the steps that could be taken to minimise its negative effects on their school life.

What does it feel like?

The children taking part in the research were asked what it feels like to have an asthma attack at school. There is considerable consistency in the drawings they produced - especially amongst the secondary school children (KS3). Many drew themselves alone, made references to being pressurised by teachers or teased or bullied by other students. Devils and black clouds were in several pictures. One child drew his lungs under attack from guns.

The drawings of the KS3 children suggest that the impact of asthma on the school life of children in secondary school children may be more difficult to deal with than it is for primary school children. This may be because younger children are treated more sympathetically when they present symptoms such as wheezing or coughing and are perhaps less likely to be accused of "faking it." Greater allowances may also be made for younger children. Primary schools are likely to be much smaller than secondary schools, allowing for greater communication between parents and teachers and, as a consequence, relationships between them may be closer. School nurses and a community paediatrician suggest further reasons for the heightened impact of asthma on secondary school pupils (see below).

Feeling isolated appears to be common amongst some of the children: they feel that only other asthma sufferers understand what it is like to have an attack and that this is behind what comes across in people's behaviour – a lack of sympathy and the downplaying of the impact of having asthma on their lives as a whole. Some of the young people said that having a teacher with asthma has made them feel more secure in the classroom – they saw this teacher as more sympathetic towards them, more knowledgeable in case of an attack and less likely to panic.

Some of the children speak of having difficulty sleeping, which means they are often tired and unable to concentrate properly. Even those with relatively mild asthma appear to have limited energy on occasion. Health professionals suggest that many children have low expectations of being able to do anything about their condition, not believing it can be improved. As a consequence, they don't ask for help.

Relation between asthma and emotional problems

Peer group pressure, relationships with girlfriends and boyfriends and the pressures of school work and exams are all felt to impact especially badly on children and young people with asthma. Secondary school students are likely to experience these pressures more keenly than younger children.

Bullying can be especially difficult to deal with, whether related directly to having asthma, for example, being pointed at and mocked when suffering from an attack, or not. In either case, the emotional upset of being bullied can exacerbate the condition.

Young people can also worry about the effect of their asthma on family life. Parents may not be able to work or may miss work to care for a child with asthma. There may be restrictions on leisure activities or holiday locations. Young people in particular will be very aware of this and may feel guilty about it.

The increasing importance of self-image

During adolescence, children want to fit in and are increasingly concerned about their appearance and the effect on this of diet and medication. Not wanting to be different may mean that children downplay their asthma, stop taking medication or using their inhalers preventatively. Children may also start smoking once they are in secondary education. It is felt that they will not necessarily take much notice of health professionals advice against this, preferring instead to be like their friends.

Some students - girls in particular - are felt to worry about steroids leading to weight gain, as a consequence of media coverage: the community paediatrician pointed out that this was misplaced in the case of inhaled steroids but that this point is rarely made.

Children in senior school are also perceived to be less likely to disclose their problems: this can mean they go undetected and their effects on the child can worsen.

Puberty

Health professionals suggest that asthma can be more difficult to control during adolescence because of hormonal changes taking place in the body. This may impact on the effectiveness of medication. The relationship between children and their parents may change – children may grow rebellious and less willing to follow their parent's advice about control of their asthma. This is seen as something of which schools should be aware.

Cultural issues

This is clearly something that affects children of all ages. One health professional emphasised the need for schools to be aware of differences in language use surrounding asthma, which may lead to confusion over what is being said. For example, the distinction between asthma as a condition and asthma as in "asthma attack" may be more or less clearly expressed in different languages.

It is also seen as important for schools to be aware of cultural differences relating to asthma amongst Asian families in particular. The community paediatrician identified three things in particular. First, there is felt to be a resistance to inhaled medications amongst Asian families. Second, Asian children may have different triggers – for example, fizzy drinks are seen as a more likely trigger than they are amongst non-Asian children. Third, diagnosis of asthma is less common in Asian children: this makes it particularly important for teachers to be aware of the signs of asthma and to draw attention to these being displayed by undiagnosed children.

Case study: Susan

Susan is 13 and has very severe asthma. She has missed a lot of school and doesn't do any physical activities when she's there. She is affected in particular by bullying, which upsets her greatly and makes her asthma worse. Her energy levels are often low.

Her mum doesn't think the school takes the bullying seriously and fails to implement its anti-bullying policies properly. She doesn't think that the teachers understand asthma at all and so have no idea of how badly the bullying affects Susan. She says the teachers can ignore Susan when she tries to alert them to an imminent attack and that Susan been accused of faking attacks. The one person in the school who does get a lot of praise is the learning support teacher who is "brilliant".

The most important message Susan's mum has for the school is listen to the students and learn from them – and do something about the bullying.

Listen to us

The most basic point made by the children is that they are not listened to by those responsible for caring for them in school. For example, many of them feel that teachers do not take seriously the initial symptoms of an asthma attack and, consequently, they may suffer more serious attacks more often. Some adults those participating in the research suggested that children "fake it" to avoid lessons or get attention, which supports the children's point.

Health professionals taking part in the research support the children on this point: listening to the children is seen by them as the single most important thing that schools can do to improve their management of asthma. Their response to the "faking it" comments is that this in itself is evidence of something amiss and should be addressed seriously rather than dismissed.

In addition to their specific concerns about school, the children and young people raised general issues about the impact of asthma on their lives. One young person said it "changes everything you do" and gave the example of having to read all packaging information, especially on medications, to make sure products don't contain anything which might trigger an attack. Many spoke of being tired at school because of sleepless nights and one or two said they had fallen asleep during lessons. Some of the older students felt that their future career prospects may be

limited, not simply because of missing school work and falling behind but because having asthma is seen, in itself, as a restriction on the type of work they will be able to do.

Case Study: Sally

Sally is 9. She and her brother both have chronic asthma. She has an inhaler and takes oral steroids. She can't go out when the weather is very cold and sometimes this means she misses school.

At school, she can't join in with games or other physical activities. Asthma affects her appetite and so her energy levels can be very low and this affects her concentration. An asthma attack can keep her off school for three or four days. But she's never had any problems with bullying or teasing because of her asthma.

Sally's mum is full of praise for the teachers at her daughter's school. She thinks that any shortcomings in the way asthma is managed in school are down to the education department. She feels it should provide proper training for teachers on how to deal with children with asthma. She thinks the most important message is that, for children with asthma, a cough is not just a cough but can be the start of a very serious attack – teachers need to know this.

Actual practice in schools

Concerns amongst teachers of exposure to legal action and lack of time appear to be major factors impacting on asthma management within schools. Teachers and health professionals involved in the research suggest that, in secondary schools in particular, the pressures on classroom time make inclusion of extra-curricular topics difficult. Teachers may also fear that training on asthma management or greater responsibility for helping children and young people with asthma could expose them to legal action in the event of a serious incident. These may be reasons for re-introducing school nurses in every school.

All of the schools participating in the research have written asthma policies in place (see Appendices for examples); however, not all update their policies on a regular basis. Two schools acknowledged that they might do more to support children with asthma.

In three of the four schools, children are allowed to carry their inhalers with them. In the fourth, they are kept in the "first aid" room, to which children go, with a "buddy" when they feel it is necessary.

One of the concerns about allowing younger children to keep their inhalers in the classroom is that they get lost and / or other children play with and use them. Some of the young people said that, if they had forgotten their own inhaler, they might borrow one from a friend.

Overall, the community paediatrician and school nurses felt that asthma management in the schools in their areas was generally good, though they felt too that there was always room for

improvement. They endorsed the view of the children and young people that listening to them was of primary importance.

Case study: Mark

Mark is 13. He has had relatively mild asthma since he was 2. It doesn't affect his appetite or concentration though it can mean he has very little energy at times.

Although he's an active young man he has some difficulty joining in with PE. The teachers are very good though and let him judge his own abilities rather than pushing him. He's hardly missed any school because of his asthma and doesn't get bullied. There doesn't seem to be anything in the school environment that triggers his asthma.

Mark's mum is satisfied with the way his school manages asthma. The one difference she notices between the secondary school and his primary school is that the teachers have less time to talk to the parents. She has particular praise for the school nurse at Mark's primary school, who was very knowledgeable and very helpful.

Her message to the school is that teachers should know more about asthma. Whilst for Mark asthma is more of an inconvenience than a serious problem, greater awareness amongst teachers is important.

Best practice

All participants in the research, from children to health and education professionals, hold similar views on what constitutes best practice in the management of childhood asthma in schools. This suggests that failure to follow best practice is due, at least in part, to the absence of knowledge and leadership on the issue rather than a lack of awareness of the possible impact of asthma on children's education.

Best practice in the management of asthma within schools is perhaps best viewed in terms of a network of relationships, with the child at its centre. Addressing the issue without seeing boundaries between school and home and education and health will help to focus attention on the needs of the child. Policy development and communication need to emphasise this.

At present, there appears to be some tension between parents and schools, with schools feeling that parents "mollycoddle" their children and parents feeling that schools are not sufficiently aware of the seriousness and impact of asthma on their child – and not able to deal adequately with attacks or the triggers, bullying in particular. Health professionals – school nurses and community paediatricians - could play a role in dissolving this tension, since they tend to be trusted by parents and their expertise is recognised by schools.

Consulting across all three groups – together with children – on school policy, review procedures, education and training is part of best practice.

Recommendations

Give control over asthma to the children

This is the most fundamental lesson to emerge from the research. Giving children the confidence and space to determine their treatment during an asthma attack and listening to their views on likely triggers and how to avoid them is crucial. The role of adults will be to provide support and care. This will not only help them children develop responsibility for their own behaviour but, anecdotally, may reduce the level of stress they can experience about what will happen if they *do* suffer an attack. Since stress appears to be a potential trigger for attacks, any mechanisms which minimise it are clearly important.

It is seen as particularly important for children not to feel pressured to take part in physical activities at which they are only likely to fail. However, this is not to say that they should do no physical activity at all. The community paediatrician suggested that, amongst asthmatics, there are more overweight and underweight children than there are amongst the general population of children – that is, they are generally less fit. This makes physical activity particularly important. A more innovative approach, with more appealing activities and greater flexibility, taking into account the different levels of ability (as is done with other subjects) is seen as key to encouraging children with asthma to take part in and *enjoy* school games.

Some teachers may be concerned that children may “take advantage” of their greater control – eg, of the opportunity to leave lessons early or arrive late. The views of health professionals tend to suggest that, over the long term, children's education is less likely to be damaged by these measures than it is by poor and unconsidered asthma management. There may also be positive kick-on effects for the wider family if children are encouraged to be responsible and given control.

Communication

Effective communication is essential, both within schools - between pupils, heads, teachers and other adults - and between schools and parents, school nurses, community paediatricians, the LEA and other relevant health and education professionals. This should include any Accident and Emergency departments to which children have been taken.

Schools need to communicate their asthma policy to **all** parents, not just those with children with diagnosed asthma. This may increase awareness amongst parents of the symptoms and thus help to reduce the possibility of children with asthma remaining undiagnosed.

Communicating policy to children is also important: this could be done alongside educational work.

LEAs need to communicate their asthma policy to all schools and parents: none of the health or education professionals or parents involved in the research could specify what LEA policy on asthma was. Some were not sure if such a policy exists.

Communication should take into account cultural differences in the diagnosis, triggers and perceptions of asthma and in the language used to describe it.

Parents of children with asthma may benefit from contact with each other. Mutual support amongst parents of students with asthma may not only help to spread information on school policies but also place pressure on schools to improve their asthma management.

Education and Training

Education on asthma, including its causes, triggers and consequences, is important for both teachers and other adults within schools and for all children and young people. This should include information on the emotional, physical, psychological, educational and environmental factors involved. It is also important that teachers and other adults in school are aware that children may have undiagnosed asthma and that they know what signs to look out for.

Training on how to respond appropriately to asthma attacks, from initial coughing or wheezing to full-blown attacks, is also necessary. The “first-aiders” in one of the primary schools taking part in this research would welcome training on how inhalers should be used: whilst they know “the basics” – ensuring children empty their lungs before use – they are unsure if children are really doing this. This issue was also raised by health professionals, who also point out that, if administered incorrectly, medication “bounces” off the back of the throat rather than being taken into the lungs – and thus has no beneficial effect. Incorrect use may result in children having to use their inhalers more frequently or could lead to more severe attacks.

Information and record-keeping

Good information and record-keeping is an integral part of effective communication. Schools should have information on the severity and triggers of individual children’s asthma as well as on their medication. Information needs to be shared between all those involved and should follow children from class to class and school to school. Parents should be encouraged to inform the school of any relevant changes to their child’s health.

LEAs should consider producing “asthma packs” for schools, which include information for schools on how best to develop best practice in asthma management.

Review policy and practice

Regular reviews of policy, training and education, of the school environment and of communication strategies and information and record-keeping will ensure that schools follow best practice. All parties should be involved in reviews.

Clarify issues around accountability

The difficulty in transferring recognised good practice into actual practice within schools appears in part to be a consequence of uncertainty over where accountability lies. Whilst adults are felt to have a duty of care towards children, this is more likely to be seen as a moral, rather than legal, duty. The “default” position appears to be that parents are accountable.

Schools are seen as having a legal framework within which to manage medical problems, which requires them to support children's health needs in order to maximise their educational achievement. How this is put into practice is felt to rest with the Head's discretion and hence there is great variability across schools.

Clarifying accountability, together with improved training and education, may have a wider impact than simply improving asthma management in schools: it may help to reduce the considerable disruption to family life that can be a consequence of having a child with asthma. Although all professionals refer to schools acting *in loco parentis*, there are limits to the parenting that teachers are able or willing to provide. Teachers and other adults in schools are concerned about exposing themselves to possible legal action if they get overly involved in making decisions about children's health or intervening to help a child. This may result in children having asthma attacks being sent to hospital or their parents being contacted more frequently than may be necessary. This may be an area where school nurses could play an important role.

Increase provision of health services within schools

A good school nurse is seen as one of the most vital elements in the effective management of asthma in schools. The school nurse with responsibility for one of the participating schools had recently retired and all those interviewed from that school emphasised spontaneously the importance of her role in supporting the school, the pupils and the parents. At present, school nurses are seen as over-stretched and under-resourced.

Conclusions

Listen to us. Don't panic. Don't tease or bully us. Give us time.

Children and young people who have asthma are not asking for a great deal in terms of support. However, the impact of a lack of support can be severe, both immediately, during and following an asthma attack and in the longer term, as the cumulative effects of missed school and limited physical activity begin to show.

The recommendations coming out of this research suggest a range of measures which need to be taken to minimise both the immediate and long term effects of asthma on children at school. It is important that schools do not feel that the responsibility of implementing these recommendations is theirs alone. Improving the way asthma is managed in schools will involve a network of health and education professionals, parents, support workers in school and, most crucially, children and young people.

The recommendations themselves are also interlinked. For example, giving control over asthma to the children will require clarification of accountability: teachers will not want to be held responsible for lost inhalers and parents will need to be reassured that, whilst children's wishes are central, adults in a school have the education and training in how to carry them out competently. Reviewing policy and practice will require communication with and, possibly, consultation amongst parents and contact with health professionals to ensure that best practice is being followed. And finally, increased provision of health services within schools – for example, a school nurse in every school – would be a vital element in helping schools to improve the lives of children with asthma.

Appendices

Examples of school asthma policies

PRIMARY SCHOOL ASTHMA POLICY (example 1)

At our school we aim to support children who have asthma and try to ensure that they are not disadvantaged in any way whilst at our school. To achieve this we ask for the support and co-operation of the parents.

1. We require that a completed Asthma card is held in school and regularly updated by parents if the medication dosage or frequency is changed. It is essential that we have up to date contact numbers which can be used in an emergency

2. We expect that all children needing reliever inhalers will have one on school premises. All inhalers are kept in a labelled plastic wallet in the medical room, one for each class. These wallets are then convenient for collection for trips to games field, outings etc. All inhalers must be clearly labelled with the child's full name and date of birth.

Each inhaler is for the personal use of the child and will not be available to anyone else. It is the responsibility of the parents to make sure that the dosage is correct, that there is sufficient medication in the inhaler and that they are not being used beyond their shelf life. Inhalers which use powder capsules, for example Ventolin Rotahaler, and volumatics should be taken home periodically and washed. Each inhaler to be taken home at the end of the summer term.

3. Inhalers will be accessible at all times. Children who have exercise induced asthma will have the opportunity to use their inhaler before they start exercise.

4. We will do all we can to make sure that the school environment is favourable to children with asthma.

5. In the event of an asthma attack, staff will follow the guidelines as recommended in the blue booklet, Asthma at school 1993 (page 11).

All staff have access to and are familiar with this information.

Our aim is to encourage the pupils independence, self-confidence and responsibility in dealing with their condition.

PRIMARY SCHOOL ASTHMA POLICY (example 2)

Your Child Has Asthma

We care too!

We:

 Welcome all pupils with asthma.
 Will encourage and help children with
 asthma to participate fully in all aspects of school life.
Recognise that asthma is an important condition affecting many school children.
 Will do all we can to make sure that the
 school environment is favourable to children with asthma.
 Will ensure that other children understand asthma
 so that they can support their friends, and so that
 children with asthma can avoid the stigma
 sometimes attached to this chronic condition.
 Will work in partnership with parents, school governors,
 health professionals, school staff and children
to ensure the successful implementation of a school asthma policy.

We can work together to help your child enjoy normal school days.

As soon as your child is able we will allow them to keep their reliever/inhaler with them at all times – in their pocket or in an inhaler pouch. You and your doctor will decide when they are old enough to do this.

We will keep a record of each child's medication through the use of the National Asthma campaign's school care which must be filled in with our doctor. The card will be kept where it is readily available to those responsible for each child. You must also complete a medical consent form.

Children who have exercise-induced asthma will have the opportunity to take a puff of their inhaler before they start exercise (in private if they wish).

If a child becomes wheezy during exercise, they will be able to take their reliever and rest until they feel better.

We will ensure that children have 2 relievers/inhalers; a spare one to be kept at school and one to use on a school trip.

Spare relievers marked with their name will be kept in an agreed place, which is always accessible to children, so they can get one if they have forgotten to bring one in.

Young children's inhalers, clearly named, will be kept by the class teacher, this will be accessible to the child at break time.

Two hands playing in the sun
Two hands looking for a place to run
Two hands having lots of fun
Two hands playing all day
Two hands helping me to pray
Two hands please use my inhaler today
And I always say thank you for making me breathe easier today.

Workshop agenda

9.30am – 9.45am	Introduction
	Moderator introduction: Explain project, purpose, outcomes, agenda for workshop Ask for any questions
9.45am – 10.00am	INTRODUCTIONS Names, ages, hobbies, family situation etc Ground rules
10.00am – 10.15am	School Life Things that are enjoyed most
10.15am – 10.35am	Collage / drawings “Good day at school” – followed by discussion
10.35am – 11.45am	Discussion What makes school more difficult / less enjoyable?
10.45am – 11.00am BREAK	
11.00am – 11.15am	Discussion Understanding asthma
11.15am – 11.40am	Having an asthma attack: Young people draw picture / write poem about how it feels to have an asthma attack at school, followed by discussion
11.40am – 12.00noon	Review morning: Draw up Manifesto
Thanks and close	