Keeping children safe in education (KCSIE).

(Department of Education: draft guidance).

PANS PANDAS UK's consultation response.

May 2026

Key themes raised by PANS PANDAS UK:

Context-led, proportionate safeguarding
Safeguarding indicators such as absence, behaviour changes or part-time timetables should be interpreted within the full context of the child. For children or young people with PANS and PANDAS, these may reflect the impact of their medical condition rather than safeguarding risk.

Distinguishing need from risk
Overlapping presentations can make it difficult to differentiate between underlying health needs and safeguarding concern. Clear guidance is needed to support accurate interpretation and avoid misattribution.

Improved guidance, training and case examples
Schools would benefit from clearer definitions, training and practical examples to support understanding of complex and fluctuating presentations and strengthen professional judgement.

Holistic, child-centred decision-making
Effective safeguarding requires a joined-up understanding of how health, SEND, mental health and wellbeing interact, ensuring decisions reflect the whole child or young person.

Clear signposting to health support
Guidance should support schools to recognise when a child or young persons presentation may require health-led assessment and ensure timely signposting to appropriate health services. Strengthening links with healthcare professionals will support more accurate understanding and earlier intervention.

Removing barriers to accessing healthcare
School policies and safeguarding responses should not inadvertently delay or restrict access to assessment or treatment. Children or young people should be supported to access appropriate healthcare alongside their education.

Context-rich information sharing
Information shared between settings should include clear context to support appropriate interpretation, particularly at transition points.

Clarity and coherence across the guidance
KCSIE should support joined-up thinking, with strong links between sectors to avoid fragmented interpretation.

Supporting accurate and proportionate decisions
Additional guidance would help schools apply safeguarding thresholds consistently and fairly where presentations are complex and open to interpretation.

Full response overleaf

Q Do you agree with the proposed changes to align with 'Working Together to Safeguard Children' (WT), promoting consistency across the safeguarding system and clarifying the role of schools and colleges within multi-agency arrangements?

A **We agree.** Overall, aligning KCSIE more closely with WT is helpful and sensible. Greater consistency across the safeguarding system can support clearer communication, shared language and more effective multi-agency working, which schools and colleges welcome.

From the perspective of CYP with complex medical and neuropsychiatric conditions such as PANS and PANDAS, clarifying the role of schools within multi-agency arrangements is particularly important. These children or young people often require coordinated input from education, health and social care, and clearer alignment may help schools feel more confident in understanding when and how to seek support, share information and contribute appropriately.

However, it will remain important that alignment does not unintentionally encourage premature escalation into statutory pathways where concerns may be better understood through a medical or health-led lens. Clear emphasis on proportionality, professional curiosity and collaboration with health professionals will help ensure that alignment with WT supports families as well as safeguarding systems.

Q Do you agree with the proposed amendments to paragraph 17 of KCSIE, including the references to pupils who have been "repeatedly removed from the classroom" and those "on a part-time timetable", to better reflect the guidance and highlight potential safeguarding risks such as child criminal exploitation?

A **We agree.** Recognising that repeated removal from the classroom and part-time timetables can be indicators of vulnerability and safeguarding risk is helpful. Aligning this with Behaviour in Schools guidance supports a more joined-up understanding of behaviour and safeguarding.

However, for some CYP including those with complex or fluctuating medical and neuropsychiatric conditions such as PANS and PANDAS, reduced timetables or classroom removal will be a consequence of unmet health or SEND needs, rather than a safeguarding concern in itself. It will therefore be crucial that these indicators are interpreted with appropriate professional curiosity and medical context, so that illness-related absence, behaviour, unmet SEND needs is not misread as risk, and support remains proportionate and child-centred.

Q If KCSIE were to include more guidance on recognising and preventing child-on-child violence, what would be most helpful?

A Clearer definitions and case studies would be particularly helpful in supporting staff to distinguish between child-on-child violence that arises from safeguarding risks and behaviour that may be driven by underlying medical or neuropsychiatric conditions, such as PANS and PANDAS.

CYP experiencing acute illness-related distress may display sudden aggression or dysregulation that can look like intentional harm but requires a very different response. Case studies that include health-related contexts would support professional judgement and reduce the risk of misinterpretation.

Training resources and clearer guidance on partner roles, particularly the role of health professionals, would also help schools respond proportionately, ensuring that safeguarding action is taken where needed while avoiding punitive or escalation-focused responses when a health-led approach is more appropriate.

Q To what extent do you agree with the following statement:"The revised section on 'children requiring mental health support' clearly explains the role of schools and colleges in identifying and responding to mental health needs."?

A **We mostly agree** that the revised section provides a clearer explanation of the role of schools and colleges in identifying and responding to mental health needs, particularly where there are serious safeguarding risks. The emphasis on early identification, whole-school approaches and clear referral pathways is helpful.

However, for some CYP including those with medically driven neuropsychiatric conditions such as PANS and PANDAS, presenting symptoms can closely resemble primary mental health disorders. It will therefore be important that staff training and signposting support consideration of underlying medical causes, so that confidence to act is balanced with appropriate professional curiosity and collaboration with health services, and children and young people are directed to the most appropriate support.

Q To what extent do you agree with the following statement: "The revised section on 'children requiring mental health support' provides a clear and useful high-level summary and appropriately signposts to more detailed guidance." ?

A **We mostly agree** that the revised section provides a clear and accessible high-level summary and that signposting to more detailed guidance is helpful. A concise overview can support consistency and confidence across education settings. However, for some children and young people mental health needs cannot be meaningfully separated from physical or medical factors. This is particularly relevant for children with conditions such as PANS and PANDAS, where acute physical illness can drive sudden and severe neuropsychiatric symptoms.

Comprehensive training at all levels will therefore be essential to support staff in assessing the full scope, pattern and interaction of symptoms, recognising the connection between physical and mental health, and ensuring that assessment and signposting are holistic rather than inadvertently skewed towards a single explanatory framework.

Keeping children safe in school: statutory guidance
Medical conditions

Q Do you agree with the addition of guidance on safeguarding children with medical conditions, and does it help clarify when a medical condition may become a safeguarding issue?

A **We agree with clarification only.** The addition of guidance on safeguarding children and young people with medical conditions is welcome and provides helpful clarification, particularly the clear statement that a medical condition in itself is not an indicator of safeguarding risk. The emphasis on joint consideration by healthcare professionals and the DSL supports proportionate and informed decision-making. This clarity is especially important when read alongside other parts of the guidance that identify indicators such as repeated removal from the classroom or part-time timetables as potential safeguarding concerns.

For children or young people with medical conditions such as PANS and PANDAS, these patterns may arise as a direct consequence of illness rather than risk, and the appropriate interpretation of such indicators is therefore reliant on the medical context being recognised and understood. Clear linkage between these sections helps ensure that health-related needs are not inadvertently viewed through a safeguarding lens alone, while still allowing safeguarding duties to be identified where genuinely triggered.

Keeping children safe in school: statutory guidance
Special Educational Needs and Disabilities (SEND)

Q Do you think the expansion of the list of additional barriers children with SEND can face is helpful?

A **We agree**. For CYP with PANS and PANDAS, underlying health needs may be the primary driver of SEND barriers, sometimes before those health needs have been identified or understood. Where this causal link is not recognised, difficulties with behaviour, attendance or remaining in the classroom may be misinterpreted through a safeguarding lens rather than as signs of unmet or emerging medical need.

Families supporting a CYP with complex, fluctuating health needs may experience high levels of stress and increased contact with services, and siblings may also present with additional needs. Without recognition of the health context, there is a risk that these wider family factors are misinterpreted, leading to skewed assessment and escalation. [Evidence] Clear recognition of how health needs can lead to SEND, and how this interacts with family circumstances, ensure safeguarding responses remain proportionate and protective

Q Do you support the proposed clarification that, when a pupil transfers to a new school or college, the DSL or a deputy should share any information indicating potential risk to self or others?

A **We agree.** Clarifying expectations around information sharing at transition is helpful and supports continuity of safeguarding. The recommendation for direct DSL-to-DSL conversation where there are significant concerns is particularly welcome, as it allows for professional judgement and nuance beyond written records. For CYP with complex or fluctuating conditions such as PANS and PANDAS, this will be most effective where information about potential risk to self or others is shared alongside clear health context.

Illness-driven behaviour or distress may appear high-risk if viewed in isolation, particularly at points of transition. Ensuring that transferred information reflects the underlying causes, current presentation and any relevant medical input will help receiving settings respond proportionately, avoid assumptions becoming embedded, and provide appropriate support while maintaining safeguarding oversight.

Q Do you support the addition that it is considered good practice for DSLs at both settings to have a direct discussion where concerns exist?

A **We agree**. See above explanation.

Q What aspects of KCSIE do you find most helpful in supporting safeguarding practice?

A KCSIE is most helpful where it provides clear statutory expectations while emphasising professional judgement, proportionality and the need to consider patterns and context rather than single indicators. Its focus on multi-agency working, information sharing and continuity of support aligns well with safeguarding practice for CYP with complex or fluctuating needs.

Taken together, sections that recognise the intersection between health, SEND, mental health and safeguarding are particularly valuable, as they support child-centred decision-making and reduce the risk of fragmented or overly narrow interpretation in complex cases.

Q What aspects of KCSIE do you find least helpful or most challenging?

A KCSIE rightly emphasises all CYP must be safeguarded, and it is important to acknowledge that safeguarding concerns can and do exist alongside health needs, SEND and wider family circumstances. The most challenging aspect in practice is that many safeguarding indicators rely heavily on interpretation and context.

For CYP with conditions such as PANS and PANDAS, core features of illness including sudden behavioural change, emotional dysregulation, interrupted attendance, masking, and parental advocacy closely overlap with recognised safeguarding and FII alerting signs. [Evidence]. Where underlying health needs are unidentified, disputed or poorly understood, these indicators can compound, increasing the risk of escalation before medical drivers are recognised.

This does not diminish the importance of safeguarding action where required, Rather, it highlights the challenge of ensuring safeguarding responses are informed by health context and applied proportionately, so that CYP and their families are protected both from harm and from the unintended consequences of misattribution.

Q Is there anything missing from KCSIE that would help you safeguard children more effectively?

A One area where further clarification could be helpful is in supporting schools to recognise when a CYP's presentation may warrant health-led assessment, particularly where mental health, behaviour and physical symptoms intersect. For some CYP including those with complex or emerging medical conditions, mental and physical health symptoms can present together and change rapidly over time.

Clearer guidance on recognising co-morbidities, understanding fluctuating and episodic presentations, and knowing when to seek medical input would support schools to apply safeguarding indicators accurately and in context. This would help ensure that concerns are responded to appropriately, safeguarding action is taken where needed, and CYP are not inadvertently disadvantaged by assessments that focus on a single explanatory framework

"This consultation has provided an opportunity to share the lived experiences of children and young people with PANS and PANDAS. Through our response, PANS PANDAS UK has drawn on the experiences of our community to show how these conditions can affect daily life, learning and participation in school.

We hope that by sharing these experiences, our response will help shape guidance that better reflects what children and young people are going through. Our aim is to support more understanding, more informed responses in schools, and ultimately better support so that children and young people can access education in a way that works for them."

– Tina Coope, Education Lead, PANS PANDAS UK

PANS PANDAS UK