

Let's Talk Type 1 Diabetes in Schools

Every child has a right to education and every child has a right to medical care. Yet some children and families across Northern Ireland are currently facing great difficulties as they try to access a normal education and simultaneously manage their diabetes safely.

Type 1 diabetes is a condition in which the pancreas stops producing insulin. The exact cause of Type 1 diabetes is unknown but is in no way related to weight or, as many people incorrectly believe, sugar intake. Without insulin a child with diabetes will become rapidly and dangerously unwell, without treatment, this could prove fatal.

Children require insulin injections in order to allow the body to process the glucose in their food. Some children take two daily injections which are sufficient to keep their blood glucose at safe levels. However other children can require up to four or five injections a day to stop their blood glucose fluctuating and putting them in danger of both long and short-term complications.



What treatment do children with Type 1 diabetes require in school?

Children on four or five injections a day require a lunchtime insulin injection which means, for pupils under the age of nine (at which age most will start to self-inject), they need someone to inject them while they are at school. From the age of nine years, children will still need supervision for self-injecting of insulin. All children, regardless of the insulin regimen, require supervision and at times assistance with blood glucose testing.

Complications of diabetes

Hypoglycaemia and Hyperglycaemia

If a child's blood glucose levels go low they will experience a 'hypo' (hypoglycaemia) and can feel sweaty, shaky, hungry and may have a headache. Their behaviour may also change and the child may become irritable or start laughing or crying for no apparent reason. They may also have blurred vision and have tingling or pins and needles in their hands and lips.

A 'hypo' can occur fairly quickly and is a warning to the child that they need to eat or drink some sugar and starchy foods to bring the blood glucose level up to normal.

If a child's blood glucose levels go high they will experience a 'hyper' (hyperglycaemia) and can feel tired, thirsty and need to pass large and frequent quantities of urine. If hyperglycaemia persists the child can adapt to a high blood glucose level and may not experience marked symptoms but damage will be taking place to their blood vessels throughout the circulation.

If hyperglycaemia persists it can also lead to a condition known as diabetic ketoacidosis (DKA). This condition is classified as a medical emergency and requires hospital treatment. If a child has DKA they will feel very sleepy, generally ill, nauseated and are likely to vomit. DKA is a dangerous condition as ketones are being released into the body. Ketones are poisonous and, if not treated in hospital, they can lead to coma and even death.

Long-term complications

The long-term complications of diabetes are more often seen in adults with diabetes however they are caused by hyperglycaemia. If the blood glucose is not well controlled the damage starts from the point of diagnosis (or before it if someone goes undiagnosed for a while).

The long-term complications are:

Circulation damage leading to a five times higher risk of heart disease and a three times higher risk of stroke

Blood vessel disease leading to amputation

Eye disease leading to blindness

Kidney disease leading to kidney failure

Having Type 1 diabetes can reduce life expectancy by up to 20 years.

It is not always immediately obvious if a child has low or high blood glucose so the seriousness of the condition can often be overlooked.

Diabetes is a serious condition and damage to the child's health will take place if their diabetes is not managed. Children **MUST** be supported to manage their diabetes.



Difficulties children can experience in school

While Diabetes UK Northern Ireland is aware of many negative experiences we are also aware of teachers and schools who do their utmost to support all children in their care, including those with diabetes. We thank and commend those involved for ensuring their pupils can access their education and feel safe and supported to do so.

Lunchtime insulin provision

Currently in Northern Ireland some children are unable to access a lunchtime insulin injection due to both parents working and no-one at the school taking on the responsibility. In the current climate many families require both parents to work but some parents (including single parents) have had to reduce their working hours, change career or give up their job entirely.

In cases where a parent is available to inject, the child's attendance at school is totally reliant on the parent. As a result there are cases where, due to bad weather conditions, caring for family relatives or the parent themselves falling sick, the child has had to be kept off school. The parents are reluctant to do this and worried about their child falling behind but feel they have no other option.

In cases where no-one is available to inject some children have to go on to a lesser regimen which doesn't include lunchtime insulin. As a result these children can suffer from unstable blood glucose levels and research has demonstrated that this has a negative effect on cognitive ability. Anecdotally we are aware that children are also more likely to miss school due to fluctuating blood glucose levels.

In some cases parents have felt they had no option but to move the child from the school or educate at home.

Discrimination

Many children have also been prevented from going on school trips or taking part in extra curricular activities due to their diabetes.

Under Part 4 of the Disability Discrimination Act, responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education and associated services - a broad term that covers all aspects of school life including school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies.

Guidance clearly states that a risk assessment should be made available for each school trip and it must identify the reason why the child cannot attend.

Diabetes UK Northern Ireland is aware of discrimination taking place in regards to children with diabetes - this cannot be tolerated.

We would call on schools to include children with diabetes in all aspects of school life.



Policy in Northern Ireland

In 2008 the Department of Education and the Department of Health, Social Services and Public Safety published guidance entitled "Supporting Pupils with Medication Needs". In the publication it is clearly stated "responsibility for the provision of medicine lies with the parents."

As with other areas, there is no legal duty upon staff to administer medication, rather it is a voluntary role. Teachers are therefore not legally obliged and many of them do feel reluctant or uncomfortable about volunteering. In the culture within which we live, Teaching Unions are also advising teachers against the administration of medication, including insulin.

The guidance indicates that some non-teaching staff may be on contracts within which this role is included. If staff do undertake such duties the guidance indicates that they should be supported, given training and reassured about their legal liability.

We would strongly urge head teachers and Education Boards to emphasise this support and actively look for volunteers.

The way forward

It is simply not acceptable that Northern Ireland continues with the status quo - we are turning a blind eye to children's needs to the detriment of their education, health and overall family circumstances.

Diabetes UK Northern Ireland would like to see the various organisations and bodies involved open the discussion about how this situation can be resolved to everyone's satisfaction.

We call for an effective solution that has the potential to radically improve the lives,

educational achievement and quality of life for so many children and their families in Northern Ireland.

We can - and must - do better.

Recommendations

Diabetes UK Northern Ireland fully accepts that teachers have a voluntary role in administering medication. However, there is an onus on schools to fully appreciate the duty of care they have in relation to a child and their access to education and to endeavour to find a solution.

A child whose diabetes is not effectively managed is at a disadvantage as their cognitive ability is adversely affected by too high or too low blood glucose levels. The most recent guidance indicates that schools must be sympathetic to medical needs but our evidence tells us this isn't always happening. Rather than turn a blind eye we are urging head teachers and Education and Library Boards to recognise there are problems and to work now to address these. Every child has a right to an education and the right to feel safe when they go to school.

In terms of lunchtime insulin injections we would like to see, in situations where it is necessary and required, a system similar to that in Lincolnshire where existing Classroom Assistants receive a nominal fee to provide insulin injections and supervision at school.

We would also like to see an immediate stop to unlawful discrimination which prevents children from taking part in all aspects of school life

- Guidance should be updated to suggest that where new non-teaching roles are created or situations become vacant that the administration of medicines is written into the contract.
- Guidance should place strong responsibility on Educational Boards, Health and Social Care Trusts and Local Commissioning Groups to work on policies to meet the needs of their local population and ensure no child's health is adversely affected as a result of a lack of ownership.
- Health Trusts should have responsibility to ensure annual training is given to all schools with pupils with diabetes and that staff make themselves available to receive it. At this stage staff should be made aware that they can volunteer, given the opportunity to do so and supported in this role by the school.

