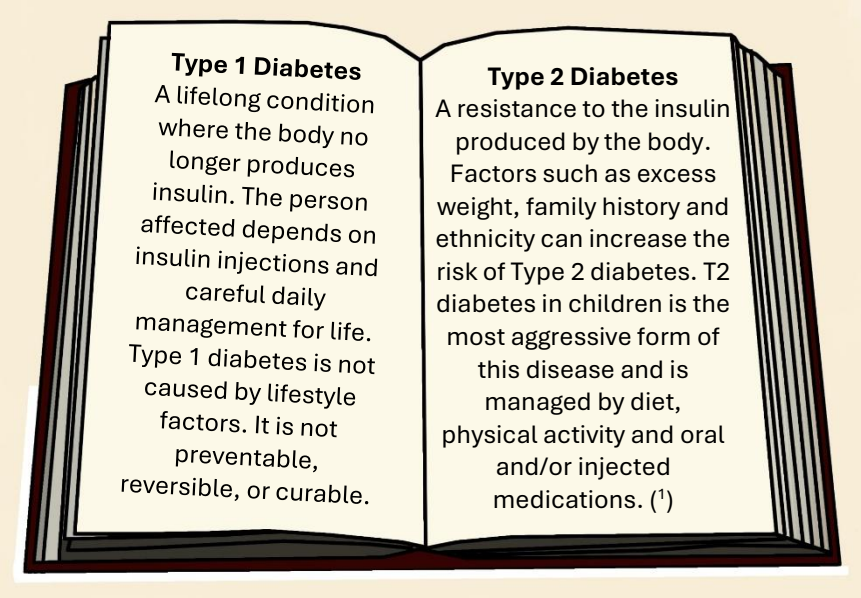
Essential Guide to Diabetes for Social Workers

Before insulin became available for treatment in 1922, children with Type 1 Diabetes were unable to survive. Today, those with diabetes can live a long, healthy and fulfilling life with ongoing daily management. However, management is complex, relentless and exhausting.



The Role of the Paediatric Diabetes Team

Paediatric Diabetes Teams provide extensive education, management, and support to families from diagnosis until the age of 19 to facilitate good diabetes control for the immediate and long-term health of the child.

The team is multidisciplinary and should include:

- Paediatric consultant diabetologists
- Paediatric diabetes specialist nurses
- Paediatric dietitians
- Paediatric Clinical Psychologists

Each family receives support via 3 monthly multidisciplinary clinics, nurse-led clinics when required, home and school visits, 24 hour telephone support, reviews and advice via e-mail, and structured diabetes education sessions (NICE, 2015, updated May 2023 [2]).

Normal Blood Glucose Level

The Role of Parents / Legal Guardians

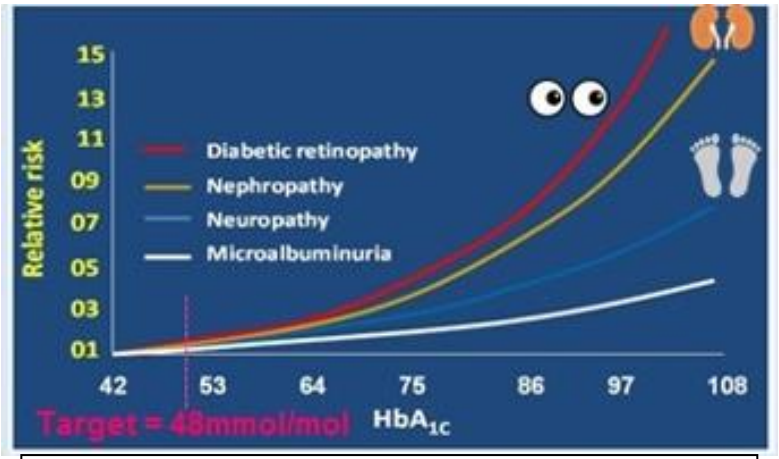
Parents need support to understand requirements of care. Routine is key to success and parents and young people need a level of numeracy to carry out daily management of diabetes. Parents also need to be able to support others involved in the care of their child, such as: schools staff, childminders, nursey staff, after schools clubs (Diabetes UK, 2016).

HbA1c – Measurement of Control

HbA1c is the measurement of blood glucose control over the previous three months. This test is carried out at each clinic appointment and is used to facilitate discussions around the child's tailored treatment management and how the diabetes team can help the family and child to achieve the best possible control. Research identifies a HbA1c target of 48 as optimum control to reduce risk of future health complications (NICE, 2015, updated May 2023 [2]).

Daily Management 24/7/365

- Blood glucose checking before every meal, before bed, before exercise and every time they feel unwell.
- Insulin via injection or pump is given with every meal and most snacks. Most children have continuous glucose sensors which are worn all the time. This still requires active involvement to manage glucose levels.
- Carbohydrate content of every meal and snack must be counted to calculate the correct insulin dose.
- High blood glucose levels need to be corrected with extra insulin doses to prevent risk of long term complications and immediate risk of developing potentially fatal condition known as Diabetic Ketoacidosis
- Low blood glucose levels must be recognised and corrected immediately with glucose to prevent unconsciousness and even death.
- Ketone levels to be checked when blood glucose level is high and/ or child is unwell.
- Management of Type 2 diabetes may include many aspects above with an intense focus on diet and physical activity.



Correlation between HbA1c and risk of developing complications, adapted from DCCT (1993) to include NICE (2015 [2]) guidelines for target HbA1c.

(1) Children and type 2 diabetes | Guide to diabetes | Diabetes UK

(2) Overview | Diabetes (type 1 and type 2) in children and young people: diagnosis and management | Guidance | NICE, updated 2023

Safeguarding Health Needs of Children with Diabetes

"**Medical neglect** – Failing to provide appropriate health care, including dental care and refusal of care or ignoring medical recommendations". NSPCC (2016)

Common Risk Factors by Age Group (ISPAD, 2014)

Pre-schoolers: babies, and preschool children are growing rapidly and with routines and boundaries still being established, blood glucose levels are particularly difficult to control at this age. However, good diabetes control is paramount as risk of developing complications increases the earlier the age of diagnosis.

Children: Management of diabetes is exhausting and relentless for parents, and often, it is one parent that takes on the majority of the responsibility for daily management. This often causes resentment, and the relationship between parents and other members of the family (such as siblings) can suffer and sometimes breakdown completely. Without appropriate support, additional family difficulties can tip the balance in terms of diabetes control.

Adolescence: parents require robust parenting skills to manage the fine balance between promoting their child's independence but retaining responsibility for meeting their health needs. The presence of surging hormones and challenging behaviours that come with psychological development at this age present a significant risk to good diabetes control.

When things start to go wrong...

When diabetes control deteriorates or parents persistently avoid contact/do not engage appropriately, the diabetes team employs a range of strategies to identify the difficulties and to implement support. This may involve revisiting diabetes management education, individual written working agreements to clarify roles and responsibilities, liaison with school health visitors to provide increased support for the child and family, sessions with the team's Clinical Psychologist and/or onward referral to mental health services. Neglect of the management of Type 1 diabetes can lead to significant harm and even death. So if there continues to be no improvement in diabetes control and/or engagement with the service, it is at this stage the escalation to Children Service's is indicated for further investigation and support in order to safeguard the child.

Short-term:

- Less predictable hypos
- Symptoms associated with high blood glucose: increased thirst and urination, reduced concentration, lethargy
- Diabetic Keto-Acidosis. A very serious condition which can be fatal if not treated in hospital quickly.
- Death

Long-term:

- Retinopathy (permanent loss of eyesight)
- Nephropathy (kidney damage which could require dialysis)
- Neuropathy (loss of normal sensation, particularly in the feet w… can lead to necessary amputation)
- Cardiovascular disease (increased risk of heart disease and strok…
- Reduced life expectancy

The Risks of Poor Control!

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