

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee

Blaenoriaethau ar gyfer y Pwyllgor Plant, Pobl Ifanc ac Addysg |
Priorities for the Children, Young People and Education Committee

CYPE 60

Ymateb gan : Corinna Bretland – Nyrs addysgwr ysgolion ar gyfer
diabetes pediatrig

Response from : Corinna Bretland – Paediatric Diabetes Schools
Educator Nurse

Question 1 – Within the remit set out above: what do you consider to be the priorities or issues that the Children, Young People and Education Committee should consider during the Fifth Assembly?

1. Medical needs in schools

Question 2 – From the list of priorities or issues you have identified, what do you consider to be the key areas that should be considered during the next 12 months (please identify up to three areas or issues)? Please outline why these should be considered as key priorities.

1. Medical needs in schools:

I work with children and their families who are living with and learning to cope with the enormous burden of type 1 diabetes, a chronic health condition that requires continuous attention to its management. Type 1 diabetes arises when the child's body stops producing insulin, a hormone vital to sustain life and is necessary to regulate blood glucose levels. This auto-immune condition cannot be predicted nor prevented and can present at any age during childhood and adolescence. The management of the condition requires the child to take regular insulin injections

(4–6 every day) or to be continuously connected to an insulin pump. In addition to insulin replacement, the child must check their blood sugar levels regularly throughout the day (4–10 times) and eat a healthy diet to avoid blood glucose fluctuations as well as calculate the quantity of carbohydrates consumed in each meal and snack. The primary aim of type 1 diabetes management during childhood is to maintain near normal blood glucose levels in order to promote standard growth and development and to minimise the risks of developing the many acute and chronic complications associated with the condition. These include life threatening severe low or high blood glucose levels as well as eye-sight problems, that can lead to blindness, kidney problems which can result in dialysis and requiring a transplant, damage to the nervous system which can result in limb amputations and also premature death. Blood glucose levels are affected by many factors, not just food and insulin intake. Activity levels, growth hormones, illness, emotions, daily routines as well as appropriate and sufficient support are all integrally linked to how well controlled children's diabetes is. In order for children with type 1 diabetes to thrive both at home and in school, the support they receive is directly linked to their health and educational outcomes.

Children spend 16% of their life at school, this is a considerable portion of time where good diabetes control is vital to ensure their health is not compromised and that their potential for maximising their educational attainment is fully supported. In order for children to receive the support they need to manage their complex condition at school, staff must have the appropriate training in order to feel confident to support the child with diabetes. In addition to training (which I provide) staff must have the time and support from their head teacher to carry out diabetes management safely and effectively at school.

I believe that there is a need for a change in legislation in Wales to introduce a statutory duty of care for children with medical needs in schools. There is an opportunity to include this within the newly proposed Additional Learning Needs (ALN) Framework.

The Welsh Government's proposed ALN Framework documentation states that children with medical needs will not be covered by the ALN Bill (see page 30 of the draft ALN Code of Practice). I firmly believe the Committee must consider including medical needs in the Additional Learning Needs Framework.

Current WAG guidance for the management of medical conditions in a school setting differs in Wales compared to England. In England, the Children and Families Act 2014 came into force on 1 September 2014. Section 100 contains a statutory duty to support pupils with medical conditions, meaning that in practice schools **must** make additional arrangements for supporting pupils at schools with medical conditions.

The legislation does not apply to schools in Wales. The rights of children and young people with medical needs in Wales during the school day are not protected in law to the same level as children in England. The current system in Wales puts children with medical conditions in Wales at an academic disadvantage in comparison to their peers in England.

I regularly come across resistance from school staff to provide health management support to pupils with diabetes. Fear about making mistakes, unwillingness to take on the responsibility for health care as well as no legal requirement to do so are all reasons staff cite for not being able to / willing to become involved in diabetes management. This puts pupils with diabetes at significant disadvantage both

medically but also educationally. It is vital that children are kept safe and healthy whilst they are learning to enable them to achieve their full potential.

Children and young people with medical conditions, like type 1 diabetes, must have access to appropriate support to enable them to participate in all aspects of school life. This requires a co-ordinated effort and I would like to see the Committee using the opportunity of including 'medical needs' in the Additional Learning Needs Framework, as I believe this will assist in ensuring children with medical needs get both their health and educational needs met whilst at school and will prevent the ongoing disadvantage Welsh children face when compared to their peers in England.