

5.1 Determining Need for Non-Teaching Support

Intensive insulin therapy is the standard of care for Type 1 diabetes. Young children, who do not have the developmental capabilities for self-care, depend on adult support for intensive insulin therapy management and others for tasks such as blood (or tissue) glucose monitoring, insulin administration, adjustment of food/ insulin doses for physical activity and management of blood glucose levels outside the normal range. During the school day, primary school children depend on the support of school staff to ensure that their diabetes care needs are met. Special Needs Assistants work with children who need extra non-teaching support and since 2008 includes provision for children with a significant medical need. The relevant guidance from the Department of Education and skills is Circular 0030/2014 and Circular 0030/2020.

For diabetes management, it is generally accepted that the ability of children in the junior years in primary school (or approximately < 8 years) and those in the later classes (from 3rd class onwards) are distinct in terms of their abilities to meet personal care needs. Therefore, the PPPs need to be age sensitive (**see Appendix 1a & 1b**) and updated regularly. The paediatric diabetes team is best placed to determine the level of support needed as they know the diabetes management schedule and the child's capabilities which may be influenced by age, time since diagnosis, family support, other medical or social issues (**see 5.2: Matrix of Support Intensity for Children with T1DM**).

The management schedule is founded on a series of activities based on optimising diabetes management that is required regularly during the day for each child with diabetes. The activity titles used are those generally agreed to be the most widely needed for a young person with diabetes and are understood by all the diabetes community and should be the ones referred to when determining non-teaching support. Special Needs Assistants need to have the required level of knowledge, skills and training to deliver the support competently during the school day.

Carrying out tasks requires additional training and is based on the assumption that the Special Needs Assistant is taking responsibility for completing each task in a timely and appropriate manner. **Assisting** is based on the assumption that the pupil can partly do the task but requires practical additional help to do so e.g. interpreting blood glucose results. **Supervising** is based on the assumption that the pupil can complete the tasks but does not have sufficient capability to be deemed competent.

Examples of primary care needs that children with diabetes may require include:

- Assistance with feeding in the form of supervision that snack/lunch is eaten and extra snack given before physical activity if in PPP
- Administration of medicine – this may be actual administration by injection of insulin (rare) or alteration of computer assisted delivery of insulin through an insulin pump
- Assisting teachers to provide supervision in the class, playground and school grounds so that acute complications of diabetes, particularly hypoglycaemia (low blood glucose) are recognised and managed promptly and appropriately
- Care needs such as blood glucose testing as an aid to give appropriate medication or to confirm the onset of hypoglycaemia or hyperglycaemia so that appropriate action is taken.

Examples of secondary care associated tasks may include:

- Maintain the personal pupil plan and diabetes management plan
- Maintaining a care monitoring system and communicating that to the parents/guardians
- Planning for activities where additional glucose management actions may be required – exercise requires a blood glucose check and appropriate action
- Assistance so that pupil can attend school related activities – day trips, attendance at events outside school grounds e.g. when teachers cannot adequately provide the supervision required.

5.2 Matrix of Support Intensity for Children with T1DM

	Low intensity support (Supervise)	Moderate intensity support (Assist)	High intensity support (Carry out)	Score
Insulin administration	Student competent in insulin administration (1 point)	Student carries out insulin injection or pump bolus but needs assistance (3 points)	Insulin injection or pump bolus administered by assistant as student not capable (6 points)	
Blood glucose testing	Student can test, record and interpret blood glucose (1 point)	Student can test and/or record blood glucose but requires assistance with interpretation (2 points)	Student unable to test, record or interpret blood glucose (3 points)	
Recognition of low blood glucose	Student recognises physical symptoms of low blood glucose most of the time (1 point)	Student sometimes recognises physical symptoms of low blood glucose and requires adult supervision (3 points)	Student rarely/never recognises physical symptoms of low blood glucose and requires close adult supervision (6 points)	
Management of low blood glucose	Student able to give appropriate treatment (1 point)		Student dependent on assistance to give the appropriate treatment (3 points)	
Management of high blood glucose	Student able to administer the appropriate treatment (1 point)		Student dependent on assistance to check for ketones and administer the appropriate treatment (3 points)	
Regular meals and snacks		Ensures supplied snacks are consumed in a timely manner (1 point)		
Carbohydrate counting	Student competent at carb counting (1 point)	Student has awareness of carb amounts but needs assistance with calculations (2 points)	Pupil unable to carb count and requires this to be carried out (3 points)	
Management of physical activity	Student competent in managing without supervision (1 point)	Student carries out most appropriate steps but requires assistance (2 points)	Tests glucose prior to activity and adjusts treatment as required. (3 points)	
TOTAL SCORE				

Scoring system: An individual score is assigned in each of the 8 categories which is then totalled - The total score of **8** or more supports an application for inclusion support. The higher the total score, the greater the degree of support required.