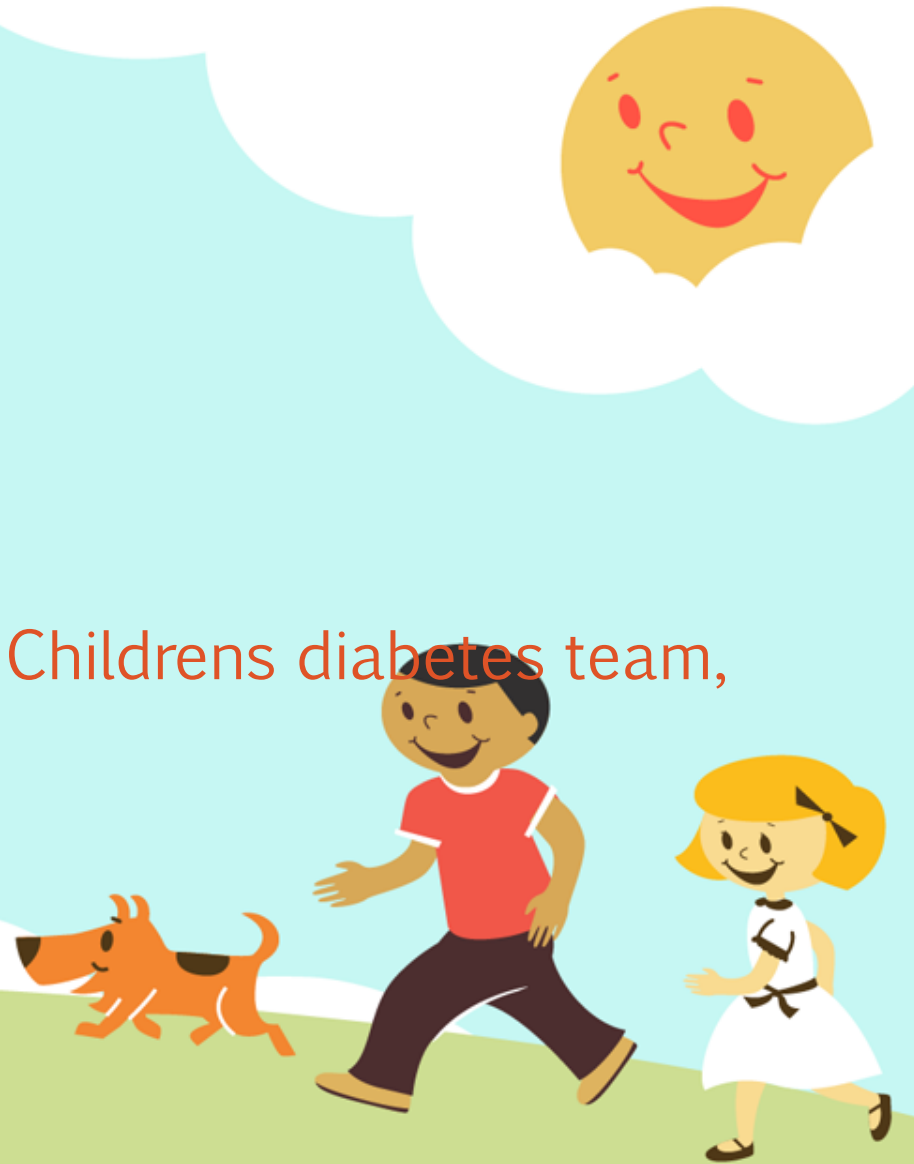


Psychosocial barriers in diabetes care

Diana Yardley

ANP Paediatric diabetes nurse, Oxfordshire Childrens diabetes team,
PhD Candidate, Oxford Brookes University



Diabetes care improvements

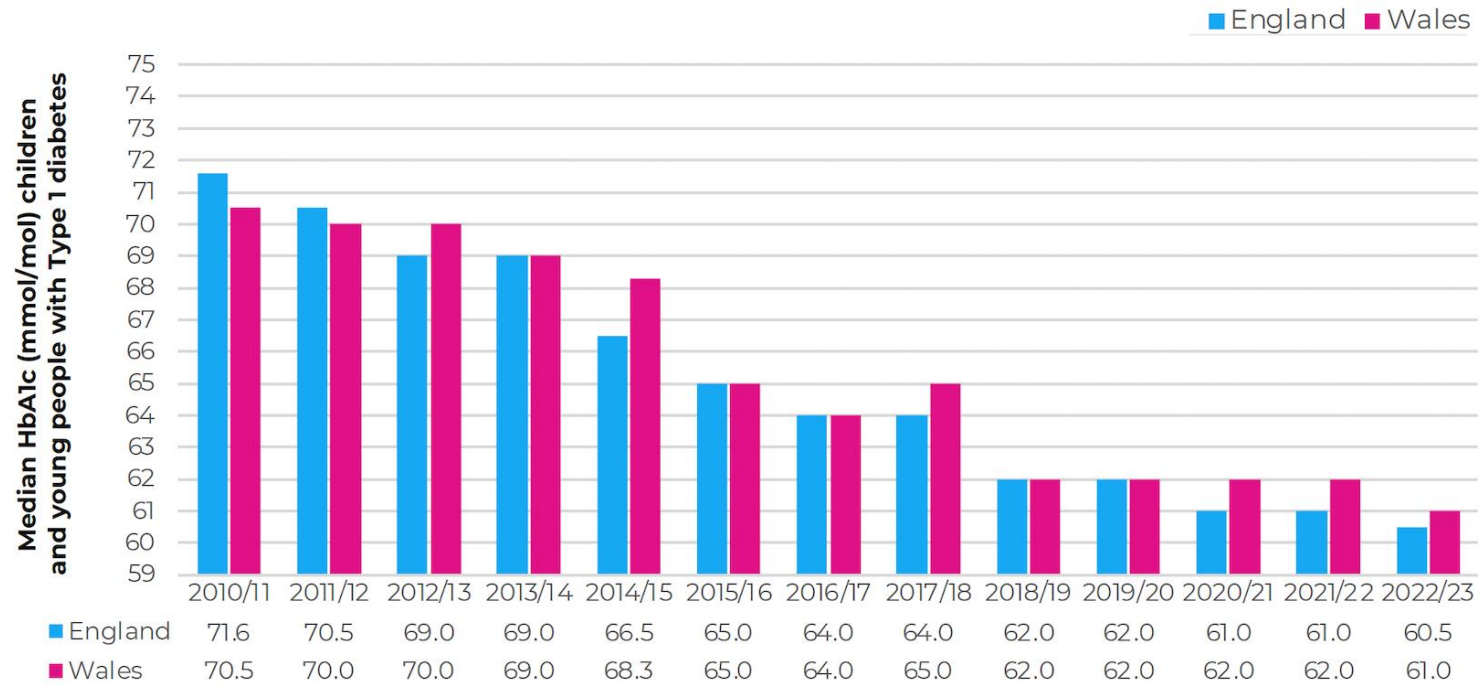


Figure 5: Median HbA1c for children and young people with Type 1 diabetes in England and Wales, 2010/11 to 2022/23.



Understanding the need

- Diabetes in children
- Children services

Almost 4,000 new diagnosis
Increasing T1 & T2
Incidence 32.7/100,000
60% children have HbA1c above national target

the population of children becoming 'looked after children' is rising quicker than the population of children in the UK (NSPCC, 24)



Understanding the need

Workforce Audit 2019

3.7% PDU caseloads CPP/CIN
children with diabetes: CPP is twice as
likely
Reticence in teams to act early

Didn't consider:
200,000 Children, 'under the threshold'
Children who died due to neglected
diabetes



Several initiatives already in place

- Improving access to diabetes technology for CYP with diabetes across NENC: a response to poverty proofing, the national paediatric diabetes audit and the NHSE CORE20PLUS5.

Jenny Foster

- Improving equity of care within a paediatric diabetes service,
- Sanjay Gupta et al.
- NHSE South Tech team Guide to accessible diabetes services.



A Guide To An Accessible Diabetes Service To All Children And Young People

From newly diagnosed to clinic appointments, access to diabetes technologies and support outside of clinic - consider the patient's social determinants of health: access to resources (finances, digital resources, food, transport), language preferences, cultural beliefs, neurodiversity conditions and social circumstances. This guide considers all these factors and provides resources to help your service be accessible to all.

Audit and Quality Improvement: Is there inequality in your service?

- Look at your patient's glycaemic outcomes by demographic, IMD score and interpreter requirement.
- Look at the accessibility of technology by demographic, IMD score and interpreter requirement.

This will give you an idea of whether changes need to be made to tackle inequalities within your service.

Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.

Know your patients' Social Determinants of Health Suggestions:

- Use questionnaires to find out patients' circumstances relating to social determinants of health (access to food, finances, education, healthcare and other essentials that affect health outcomes). Click here for example questionnaires: <https://www.whamproject.co.uk/tools>
- One Minute Script to open conversations: [Making a difference \(whamproject.co.uk\)](https://www.whamproject.co.uk)
- Useful questions to ask:
Dietitian-could ask what the family's weekly food budget.
If your fridge or washing machine failed this week would you be able to replace them?
Do you think you can support your child with healthy foods.
Do you have access to a fridge for insulin and fresh foods?

Financial Support

- Ensure families are directed to NHS low income scheme: eligible to students, people on benefits, those earning a wage – access to travel for appointments, dental treatments, prescriptions
- Ensure families are accessing [Child Tax Credit](#).
- Ensure families are directed to claim for Disability Living Allowance for children (DLA) or [Personal Independence Payment \(PIP\)](#)
- Contact Citizens advice and see what they can offer and if they would contact a parent if consent was given to support them: [Citizens Advice](#)
- Offer support to families who might struggle with filling in these applications. Consider having a pre-filled form or DLA letters to save time.
- Consider referring parents to the local Social Prescribing Team via their GP
- Carers UK charities [UK Carers UK](#)
- Refer to WHAM Project National Resource for help with money, essentials and enjoying life (Page 5)

Food Insecurity

Signpost to [Find a Food Bank - The Trussell Trust](#)
Or Search 'Food banks' in your local area

Access to Free School Meals
[Apply for Free School Meals](#)
Children eligible for free school meals will be eligible for [Holiday Activities and Food Programme](#) and [Household Support Fund](#) (if you get benefits, they will not be affected if you get a payment from a Household Support Fund scheme.)

Share below resources on healthy eating on a budget

- [Budget meal plan | Diabetes UK](#)
- [Cooking on a budget | Diabetes UK](#)
- [Eat well for less | Diabetes UK](#)
- [Shopping on a budget | Diabetes UK](#)
- [Top ways to cut your food costs | Diabetes UK](#)

1 in 6 adults have skipped a meal as they cannot afford it
1 in 7 worry about not having enough food to eat
1 in 12 have gone a whole day without eating

NO HUNGER www.noahunger.org.uk

Multiple approaches are required

Deprivation and
psychological
need

What about where
the barriers to
managing diabetes
aren't actually the
diabetes?

Can medical
measures meet
social need?



Social determinants of health

- The non-medical factors that influence health outcomes.
- The conditions in which people are born, grow, work, live, and age,
- Affected by a wider set of forces and systems shaping the conditions of daily life.
- Range of factors influencing health, including:
 - Income and social protection
 - Education
 - Unemployment and job insecurity
 - Working life conditions
 - Food insecurity
 - Housing, basic amenities and the environment
- How can we account for these if we don't understand? Is it our role to?



Bronfenbrenner's ecological framework

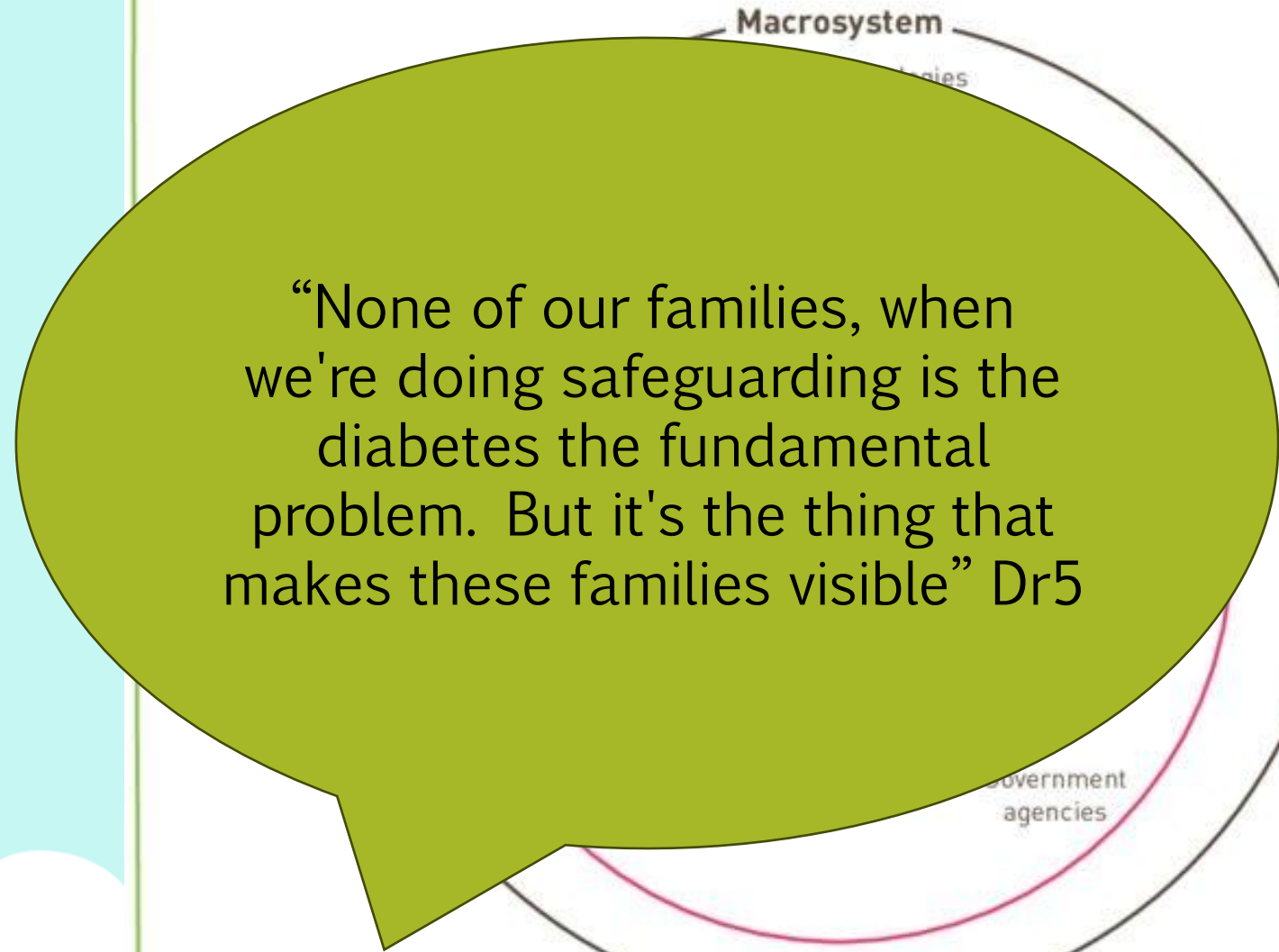
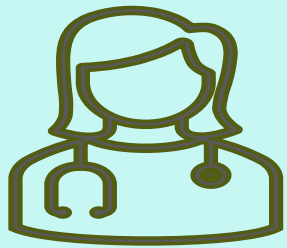


Diagram adapted from
Takeuchi & Levine, 2014

Exploring Paediatric diabetes healthcare professionals' experiences of safeguarding and child protection

20 Participants (3M)

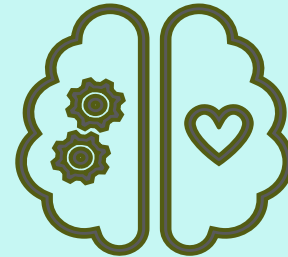
Semi-structured Interviews completed online



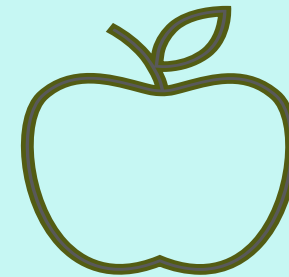
Consultants
N=5



Nurses
N=9



Psychologists
N=3

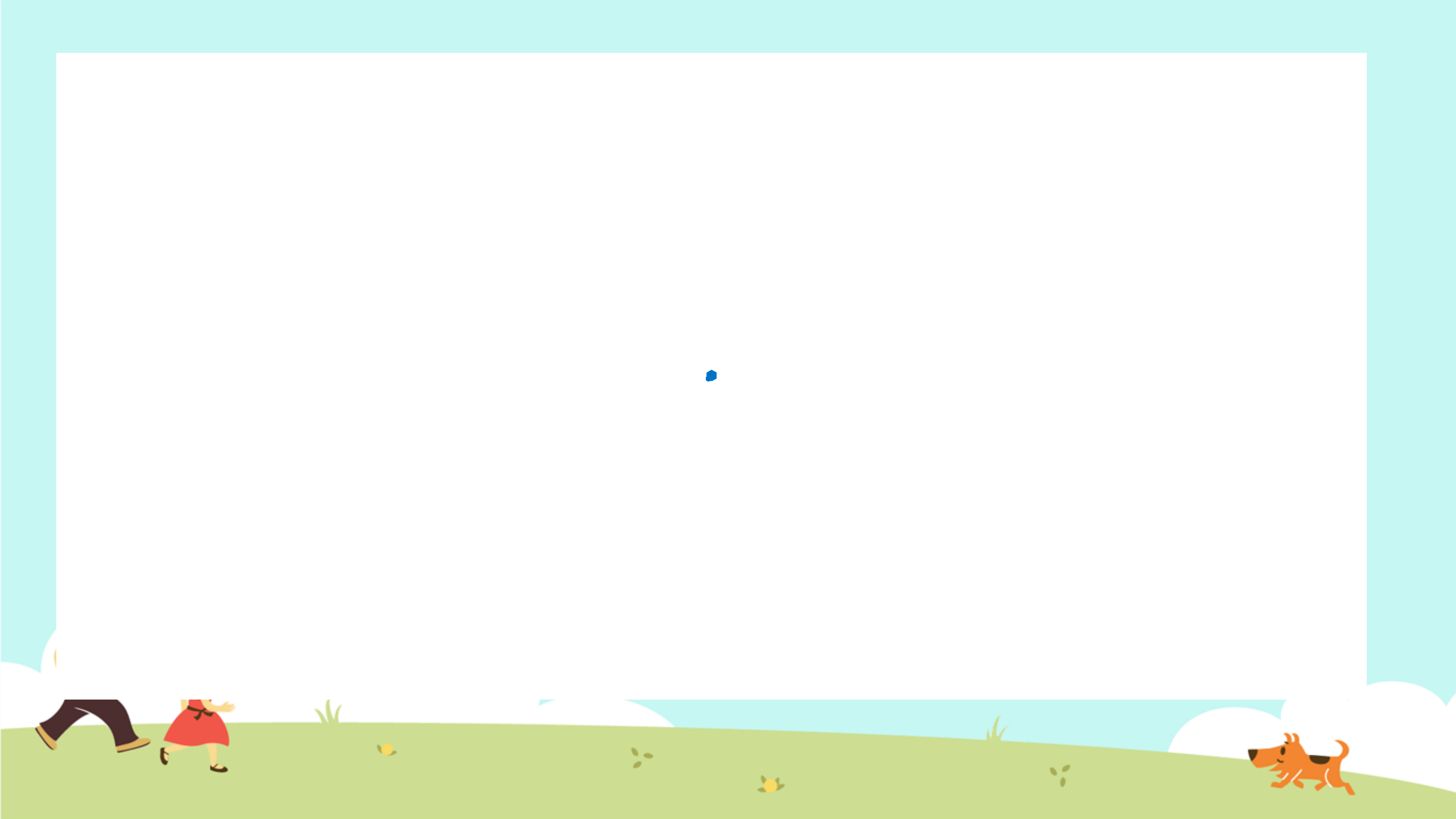


Dietitians
N=3

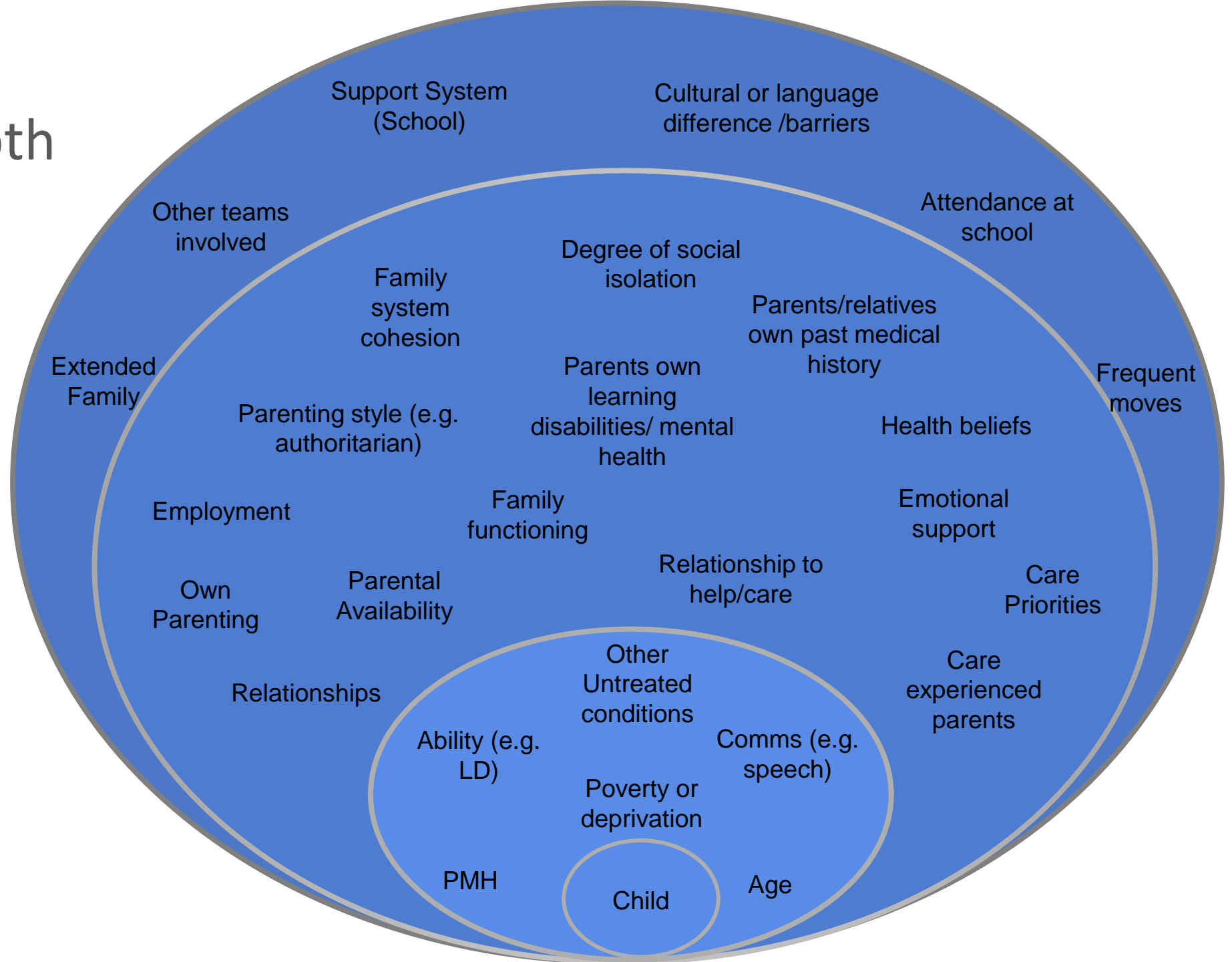


Social Worker
N=0





How in-depth
are they?





Diabetes-related

Missing treatment targets

Unexplained hypos or high glucose levels

Other untreated conditions

Parents not responding to high glucose or ketones

Extreme levels of control (very low or high HbA1c)

Running out of prescriptions

Repeatedly losing diabetes kit (injections/meters)

Multiple Diabetic Ketoacidosis/Multiple Severe

Hypoglycaemic episodes

Manipulating insulin delivery; extremely low/high doses

Parents [not] observing insulin delivery

Parents unaware of child's glucose levels or insulin dosages

Attending just regularly enough

Child having too much diabetes responsibility

Remote observation of high glucose levels on sensor (team)

Unable to obtain glucose data (lose meters or unable to tolerate/keep sensor on).

Biomedical/anthropomorphic outcomes static or worsening

Self-harm in teenagers

Diabetes or general health tourism (multiple teams/trusts)

Not being provided with/supported to have diabetes kit in school

Parent attempting to divide team

Family related

Working begrudgingly

Refusing support

Difficult or obstructive relationships

Unusual health beliefs (restricting foods/medication/denial of diagnosis)

Parental obstruction

Not engaging with team

Not adhering to contracts/working agreements

Not brought to clinic

Barriers related to parent's own health needs

Parental substance use/supply

Acrimonious break-ups

Not attending school

Child being blamed

Informal living arrangements/frequent changes

Mental health/learning disability



	Childs diabetes fully supported	Limited ability to manage diabetes	Unable to keep child safe
Data	Able to see glucose data remotely or family send updates if need support	Unable to see data (remote or via reports) Able to see data but levels are consistently above target range	Will not/refuses to wear sensors (fall off or removed by child). Data not linked or Unable to see data able to see high data (remotely)
Diabetes safety	Child experiences hypos less than 4 % of time, no severe hypos Families seek support if incidence of hypoglycaemia is excessive.	Child experiencing >10% below target range. Parents not seeking support to reduce Parents not responding to low glucose levels/appear untreated on data review	Child experiences unexplainable severe hypos or repeated hypos despite reducing doses of insulin+/- parents asked to restrict access to insulin/observe injections
	Parents react to glucose levels that are above 16 appropriately. Families seek support if ketones above upper range (*according to local policy), or child vomiting.	High glucose regularly reported Ketones over 3 but not attending ED or experiencing DKA. Reporting high level ketones in the community regularly	CYP experiences DKA more than once in ?3-6months). Severe hypos, or significant highs, resolve when insulin administration is appropriately supervised under an admission. Repeated admissions for diabetes and or other concurrent illnesses
Nutrition	Child supported to eat a healthy balanced diet, eats 5-8 portions of food a day family eat together	Parents report stealing/taking food as an excuse for high glucose levels (appropriate to child's age)	Concerns about food security/ availability of food.

Call for further action for

- Better understanding of the level of needs within families)
- Better understanding of the time and workload requirements for teams
- Earlier consideration within teams of the additional pressures within families that block diabetes management
- Professional development to have 'difficult' conversations with families earlier about concerns around other family pressures
- Increased understanding of localised knowledge of systems to access support or signpost families



Thank you for your attention



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