

### **Szurikáta (Suricate)Activities – a smile with the jab**

**Objectives of the project:**The primary and most important short-term goal of our Activities is to help newly diagnosed children with diabetes, for whom this is a trauma, to be able to **re-integrate** as smoothly as possible **in their own environment** with this chronic disease. In order to do this, we offer help within their own peer group, meaning in the nursery group or in a school class, in the frameworks of playful activities or special environment classes led by medical students. Such Activities serve as tools to make it easier for the children to talk about what happened to them, about the changes in their life, about the treatment involving injections/jabs and pain; we also try to show that this problem affects a lot of children, and you can and should talk about it with others. We give a chance to the peers to try the tools of diabetes (pen, blood glucose meter, etc.), to put questions and to talk about their thoughts and feelings related to this disease, and by this we try to prevent children with diabetes to be **“isolated”** and for diabetes to become a **“taboo”**. Coming across tools with a stress connotation such as medical instruments causing pain and playing with them in a friendly safe environment makes it possible to divert children’s fantasies and fears to a realistic context and to create a nexus with peers and generate empathy. The targeted knowledge conveyed by trained health professionals in a playful manner helps **undo themisconceptions** that are quite common even in small children (e.g. excessive carbohydrate consumption causes children’s diabetes, etc.) and help learning the really important rules (measuring blood glucose, administering insulin, eating habits) to be observed. The children learn when their peer with diabetes might need help, and how they can help. This contributes to the feeling of **security** of the child with diabetes in the given institution. The long-term objective of the project is **secondary prevention**, meaning the best possible management of the already evolved disease and providing support to a strong therapy **compliance** and **acceptance of the disease**. After the activity sessions, these children will be able to accept their condition better, and on the long run, this will help them to live a healthier and more complication free life. Mismanaged diabetes can cause severe complications such as kidney failure, blindness, etc. The findings of a study made in Connecticut – in which Julie Wagner et al. surveyed 58 children with type 1 diabetes and their parents – indicate that children whose class mates had been educated on diabetes assessed their quality of life as **better** than those children where this did not happen. These findings are supported by the feedback we receive from teachers and parents. A mother said that the Suricate Activities finally brought some very positive experience to her son’s life who had seen only the disadvantages of diabetes before. Our goal is to put the disease in a **new context** so that children can see not only the difficulties, but also they can be very proud of themselves for lots of reasons.

The problem of lack of enough medical doctors and migration of young doctors is more and more evident in paediatrics too. Therefore, the secondary goal of our activities is to win medical students over to paediatrics, and within that to child diabetology, to become the dedicated doctors of children with diabetes in the future. In order to achieve this, we provide training, with the assistance of the professionals of the Diabetes Clinic of the Children’s Clinic #1 of the Semmelweis University, to medical students on childhood diabetes much earlier and with a lot more theoretical insight than what is in the university curriculum. With the regular consultations with our Foundation, they get hold of **practical knowledge**, and can gain experience in successfully communicating with children: their future patients. They learn how treating this chronic disease affects the everyday lives of their small patients, their social contacts and their problems. Our activities also serve as a tool **to sensitize** future doctors.

**Way of implementation:**The activity sessions are held by members of the Budapest Medical Students’ Association (BOE) based on the MoU concluded with BOE. The leader is a new graduating student every year who had already proven his/her abilities during such activities. The students may hold the activities as volunteers after the necessary training. The training for future activity leaders is done at the beginning of every academic year where any BOE member can participate. The medical students for the different activities are selected and mentored by the programme manager. Students collect so called BOE points (credits) by holding such activities, which is a precondition for exchange student practice abroad. Our Foundation does the communication of the programme,

some organisation work, it takes pictures of the events and reports on them in the media and via its own channels. It provides the tools for the Activities, it develops them and replaces them, and raises funds for new purchases. Teachers or parents request the Activities, and our Foundation meets such requests in order of arrival within the territory of Hungary, fitting them in with the school year. Before every session, the teachers and parents of each affected child are contacted, and we explore the child's social contacts in his/her environment, and his/her attitudes on diabetes (acceptance, independence, etc.) Before starting, the leader of the Activities gets to know the child, and they discuss how he/she wishes to participate: just like the other children, or as the leader's helper, in a little doctor's role. Such "role" can change during the Activities. The leader keeps paying attention and reacting to the signs of the child with diabetes. The Activities start with a round of guided discussion, in order to create a good and accepting atmosphere. After this, two figures, Suri Kate and Peter are introduced in a play: they are two suricates with diabetes (puppets). They tell how they noticed that they had diabetes: they demonstrate the symptoms through small drawings of suricates. This is followed by conveying messages related to diabetes and dispersing some misconceptions, in line with the linguistic abilities of the given age group, in an interactive manner. We raise their curiosity: what is there in the secret bag of the suricates? The tools of treating diabetes are shown, with the highest possible involvement of the children, but still respecting their will, if they want to participate at all and to what extent. The tools go around, and at the end of the session, there is free play when children can repeat what they had learnt of health procedures, such as administering insulin. Raising awareness to healthy eating is achieved by using food cards, smart plates and other means of cooperation, such as grouping food types. Every time the Activities are closed with free play, and children get a certificate for their clever participation.

**Achievements:** Since 2015, we held Suricate Activities in 21 schools, 17 nurseries and at 9 events, with the participation of 2160 children. We have invitations for the first half of 2018 in 6 schools and 1 nursery for the sake of 9 children with diabetes. We are very proud that the programme leader medical students in 2015-2016 and 2016-2017, Dr. Kitti Dancs and Dr. Dorina Sinka have chosen to specialise in paediatrics, and today they are paediatric residents. The Suricate Activities received an acclaim in 2017: the Innovative Pharmaceuticals Association "For me!" Health Understanding Patients' Associations category 3<sup>rd</sup> prize was awarded to us. However, the "real" acclaim for us is when a child with diabetes has the self-confidence after participating in our Activities to accept diabetes among his/her peers.

**Financing:** The implementation and running of our project do not require a lot of funds. Already at the initial purchases of the tools we aimed at getting excellent quality, durable toys and demonstration materials in order to have them serve in our project for a long time. Lost or damaged tools are replaced from private donations. Activities leaders work as volunteers, and their travel costs in the country are covered by their own organisation: BOE. We purchased the initial set of tools in 2015 from a local government grant in the amount of 250 000 HUFs (800 €); in 2016, we raised funds in the community: 100 000 HUFs (320 €), which was used to widen our set of tools (soft "little bro" suricates, a huge size smart plate), and to replace the worn items. In 2017, private donations added up to 100 000 HUFs (320 €) and the amount was used to widen our set of tools and to replace items. We plan to run the programme in 2018 too, from private donations.

**Innovative project idea – a novelty:** In our information to date, in Hungary certainly there are no similar activities helping chronically ill children in their own environment in a playful way by sensitizing and educating their peers, and we are not aware of such in Europe either. The project is seeking to answer a problem that is not new, but has been given little attention. The target group, children with diabetes, are under strong medical and parental control in the treatment of their diabetes, but not much attention has been given and importance attached to supporting the integration of such children in their own peer environment. Yet children are anxious about how their peers would receive them. Would they still have friends? Would they not be bullied because of the jabs ("are you a drug addict?")? Often they feel useless, wrong, worthless and different after the diagnosis. They emotionally shut down, do not speak about their disease, they keep their treatment a secret or they don't do it for being ashamed. The average Hungarian adult or child has practically no

information on childhood diabetes requiring immediate and life-long insulin treatment, they mix it up with old age diabetes and they think for instance that children get ill because of the wrong way of life. (Even victim blaming can take place instead of support!) “Don’t eat so much chocolate because you’ll have diabetes, just like Stevie” – this is how some uninformed parents wrongly frighten their own children who have peers with diabetes.

With our Activities, we try to find solutions in a playful way, using children’s language and within the peer group of the affected child to support re-integration, to prevent the disease to become a taboo, and to disperse misconceptions. This is the main novelty of our project. Medical students have been offered scholarships and high salaries to win them over to certain areas, but we try to give them the experience of how their own personality can become the “medicine” while they practice, and how their mere presence and words can cause positive changes in the life of a child having been through a huge trauma and needing continuous insulin treatment. We find it an important innovative element in our project that it can be done and run with just a small amount of money, because it is not based on financial rewards, but on linking voluntary work with the BOE foreign scholarship programme.

**Innovation in reaching the target group – participation:** When preparing for the Activities, we try to get all possible information mostly from the parents on the child to be visited to tailor the Activities, and to make our visit in his/her life memorable, to make it his/her day, and we try to sneak this all into the Activities. The specific gain for the children with diabetes that accompany them throughout their life is that they accept their diabetes without fear and they can return with it to their own peer group, the disease cannot isolate them anymore and it does not become a taboo. Due to open communication, diabetes treatment becomes natural and not something to be ashamed of; therefore, children can live a healthier and more complication free life. With our Activities, we help to demonstrate to the peers and teachers of children with diabetes that the perseverance and discipline that even very small children show when they suffer the treatment, the number of daily jabs and the pain and comply with strict eating rules, command respect and acclaim. This is how disadvantage can become an advantage, and being different can be something special.

**Innovation in implementation – efficiency:** The key to the efficiency of the Activities is in its tailor made aspect and personalised implementation; therefore it could work in case of other chronic diseases (e.g. gluten sensitivity) or in a difficult life situation (death in the family) using the same methods in schools and nurseries. For the time being, the project works with future and currently practicing health professionals, but we are already working on involving students of pedagogy, dietetics and psychology. Feedback is very important. After our Activities, we request evaluation from parents, teachers and the affected children, and taking them into account, we shape our Activities to be even more efficient.

**Innovation to the outside world – to be an example:** Our Foundation reaches – via Facebook, our website and through child diabetes centres – practically all Hungarian families raising children with diabetes and the affected families request our Activities. We presented our Activities at the Hungarian Diabetes Society Child Diabetes Medical Conference and we regularly report on our Activities in the annual Diabetes Junior for families. The doctors and the psychologists of the Semmelweis University Children’s Clinic #1 recommend our Activities to families, and the Health Understanding Prize indicates that the health care system accepts and appreciates our project. Fundraising for purchasing tools for the programme is successful, because they enjoy the trust of private donors. Better than any other marketing tool is that, those who have already participated in our Activities highly recommend them to others.