

Video presentation Script

Hello everyone,

This presentation explores Type 1 diabetes and its impact on children's health, wellbeing and development within early years education and care settings.

Type 1 diabetes is often viewed primarily as a medical condition that requires insulin administration and blood glucose monitoring. However, focusing only on these medical aspects can overlook the wider ways in which the condition affects a child's everyday experiences.

For young children, health, wellbeing and development are closely interconnected. The World Health Organization (2020) emphasises that children's physical health plays a significant role in their growth, learning, participation and emotional development. As a result, the impact of Type 1 diabetes extends beyond physical health and may also affect a child's confidence, social participation, emotional wellbeing and learning experiences.

This holistic approach is reflected within the Early Years Foundation Stage framework (Department for Education, 2024), which highlights the importance of promoting children's health, wellbeing and inclusion to support positive developmental outcomes.

This presentation will define Type 1 diabetes, examine why it is significant, explore what professional guidance and research tell us about its impact, and consider how practitioners can support children effectively in practice.

To understand why Type 1 diabetes is significant, it's important to first understand what the condition is.

According to the NHS (2025), Type 1 diabetes is a lifelong autoimmune condition in which the body's immune system mistakenly attacks the insulin-producing cells in the pancreas. As a result, the body is unable to produce insulin naturally.

Insulin plays a vital role in regulating blood glucose levels. It allows glucose to move from the bloodstream into the body's cells, where it can be used as energy. Without insulin, glucose builds up in the bloodstream, causing blood sugar levels to rise.

The NHS also explains that Type 1 diabetes differs from Type 2 diabetes because it is not caused by lifestyle factors and cannot currently be prevented.

According to Diabetes UK, children diagnosed with Type 1 diabetes require lifelong insulin treatment and regular blood glucose monitoring to help manage the condition safely and effectively.

While this medical explanation is important, it only tells part of the story. For young children, Type 1 diabetes is more than a condition that requires medical treatment. Managing diabetes becomes part of everyday life and can influence how children participate in activities, interact with their peers, and experience their early years education and care.

Understanding these wider impacts is essential for practitioners, as it helps ensure that children with Type 1 diabetes receive the support they need to thrive physically, emotionally and socially. (Diabetes UK, 2025)

Type 1 diabetes is significant because it affects thousands of children and has the potential to influence multiple areas of development simultaneously. Diabetes UK (2025) estimates that approximately 35,000 children and young people under the age of 19 are living with diabetes in the United Kingdom, with around 96% of these cases being Type 1 diabetes.

However, the significance of the condition is not only reflected in prevalence statistics. What makes Type 1 diabetes particularly important is the ongoing nature of its management. Unlike temporary illnesses, Type 1 diabetes requires continuous monitoring and daily decision-making to maintain safe blood glucose levels (NHS, 2025).

For young children, this responsibility is largely shared between families, healthcare professionals and educational settings (Diabetes UK, 2025). This means that diabetes becomes part of children's everyday experiences rather than something only managed during medical appointments.

From an early years perspective, this raises an important consideration. Health cannot be viewed separately from development. Children's ability to learn, communicate, build relationships and participate in activities is influenced by their physical and emotional wellbeing. Therefore, understanding Type 1 diabetes requires consideration of its wider impact on children's wellbeing and development (Diabetes UK, 2025).

The most immediate impact of Type 1 diabetes is on children's physical health. Children with diabetes may experience episodes of hypoglycaemia, where blood glucose levels become too low, or hyperglycaemia, where blood glucose levels become too high (NHS, 2025).

The NHS and Diabetes UK highlight awareness of the "4 Ts" of Type 1 diabetes: being very thirsty, needing to use the toilet more often, feeling tired, and experiencing weight

loss (Diabetes UK, 2025). These symptoms are important indicators of potential diabetes and require early recognition.

While these symptoms are often discussed from a medical perspective, their implications within early years settings are particularly significant.

For example, a child experiencing hypoglycaemia may appear tired, irritable, withdrawn, or unable to concentrate. Similarly, a child experiencing hyperglycaemia may struggle with fatigue and reduced attention levels (Diabetes UK, 2025).

This highlights an important issue for practitioners. Behaviour cannot always be understood without considering children's health needs. A child who appears disengaged or unsettled may in fact be experiencing symptoms related to their condition. This reinforces the importance of practitioners being aware of medical conditions that can affect behaviour and learning (NHS, 2025).

This suggests that effective practice requires a holistic understanding of children's needs. Rather than viewing health and behaviour separately, practitioners should recognise how physical wellbeing directly influences participation, learning, and development.

Furthermore, if Type 1 diabetes is not identified and treated appropriately, children may develop diabetic ketoacidosis, a serious and potentially life-threatening complication (Diabetes UK, 2025). This emphasises the importance of early recognition, prompt treatment, and effective support in all care and education settings.

Although the physical effects of diabetes are often the most visible, emotional wellbeing is equally important.

Young children are developing their sense of identity, self-confidence and belonging. During this stage of development, experiences that make children feel different from their peers may have a significant impact.

Children with Type 1 diabetes may require blood glucose monitoring throughout the day, insulin administration or additional support from adults. While these interventions are necessary, they can also draw attention to differences between children.

Delamater *et al.* (2014) suggest that managing a long-term condition can create emotional challenges for children and families. Feelings of anxiety, frustration or uncertainty may emerge as children attempt to understand their condition and adapt to treatment routines.

The significance of these experiences should not be underestimated. Emotional wellbeing is closely linked to children's confidence and willingness to engage with the world around them.

If children feel anxious or excluded, they may become less likely to participate fully in activities or social interactions. This demonstrates that emotional wellbeing is not simply an additional consideration within diabetes care. Instead, it forms an essential component of children's overall health and development.

Hilliard *et al.* (2013) further argue that positive emotional wellbeing contributes to successful diabetes management. This suggests a bidirectional relationship in which emotional wellbeing influences physical health outcomes and vice versa.

The relationship between health and learning is important. Research by McCarthy *et al.* (2016) shows that changes in blood glucose levels can affect attention, concentration, and thinking skills.

In early years education, children learn through play and interaction (Department for Education, 2024). If a child has a health condition that affects their concentration or participation, it may impact their learning opportunities.

This does not mean they are less able to learn, but it highlights the need for the right support so they can access learning equally.

The Early Years Foundation Stage framework also states that children learn best when they are healthy, safe, and emotionally secure (Department for Education, 2024). This shows that health and learning are closely linked, and supporting wellbeing helps improve educational outcomes.

Understanding the impact of Type 1 diabetes requires consideration of a range of sources.

The NHS provides evidence-based information regarding symptoms, diagnosis and treatment. This guidance is important because it establishes current understanding of the condition and highlights the importance of early intervention.

Diabetes UK provides additional insight through research and advocacy work. Their publications emphasise not only medical management but also the emotional and social experiences of children living with diabetes.

The Early Years Foundation Stage framework offers statutory guidance for practitioners. It states that providers must promote children's good health and take appropriate action to support children with medical conditions (Department for Education, 2024).

Academic research also contributes valuable perspectives. Delamater *et al.* (2014) highlight the psychological impact of diabetes, while Hilliard *et al.* (2013) emphasise the

importance of resilience and emotional wellbeing. McCarthy et al. (2016) provide evidence regarding links between diabetes and learning.

Taken together, these sources demonstrate that Type 1 diabetes should be understood as more than a medical condition. The evidence consistently highlights connections between physical health, emotional wellbeing and development.

Bronfenbrenner's Ecological Systems Theory provides a useful framework for understanding children's experiences.

Bronfenbrenner proposed that children's development is influenced by the relationships and environments surrounding them. These include family, educational settings, healthcare services and wider social systems.

This theory is particularly relevant to Type 1 diabetes because successful management depends upon collaboration between multiple individuals and organisations.

For example, parents may monitor treatment at home while practitioners support the child within the setting. Healthcare professionals provide specialist advice, and each of these systems influences the child's experiences.

Bronfenbrenner's theory highlights that positive outcomes are more likely when communication between these systems is strong. Conversely, inconsistent communication may create challenges for children and families.

The theory therefore helps explain why partnership working is frequently identified as a key component of effective support.

Having considered the impact of diabetes, attention can now be given to implications for practice.

One of the strongest themes emerging from research is the importance of partnership working. According to Pinquart (2019), parents of children with chronic health conditions can experience high levels of anxiety, particularly during the early stages after diagnosis and while learning to manage their child's condition. This highlights the importance of providing emotional and practical support to families as they adjust.

Partnership working allows practitioners to gain valuable knowledge about children's individual needs while ensuring consistency between home and the setting.

From Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979), these relationships strengthen the connections between the different systems influencing children's development.

As a result, partnership working benefits not only practical care but also children's overall wellbeing.

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Individual Healthcare Plans are another important strategy for supporting children with Type 1 diabetes. These plans provide clear information regarding medication, symptoms, emergency procedures and staff responsibilities (Department for Education, 2024).

However, plans are only effective when practitioners understand how to implement them confidently. This highlights the importance of staff training. Training enables practitioners to recognise symptoms, respond appropriately and support children's safety. Importantly, it also promotes confidence among families who need reassurance that their child is receiving appropriate care (Diabetes UK, 2025).

Inclusive practice is equally significant. Rather than focusing on limitations associated with diabetes, practitioners should consider how barriers can be removed so that children can participate fully in nursery life (Department for Education, 2024).

This reflects a strengths-based approach that recognises children's capabilities while providing appropriate support where needed.

An example of effective support is a four-year-old child with Type 1 diabetes attending a nursery setting. The nursery works closely with the child's parents and diabetes nurse to develop an Individual Healthcare Plan, and staff receive training to recognise and

respond to hypoglycaemia and hyperglycaemia. Regular communication between the nursery, family and healthcare professionals ensures that the child's needs are met consistently.

The child is fully included in play, learning activities and daily routines alongside their peers.

This example reflects Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979), which suggests that children's development is influenced by the relationships and environments around them. It also aligns with the Early Years Foundation Stage, which emphasises inclusive practice and meeting children's individual needs (Department for Education, 2024).

This demonstrates how effective collaboration between families, healthcare professionals and practitioners can support positive outcomes for children with Type 1 diabetes. Ultimately, support is not only about managing the condition; it is about helping children feel safe, included and confident so they can participate fully and achieve their developmental potential.

In conclusion, Type 1 diabetes is more than just a medical condition involving insulin and blood glucose monitoring. It can also affect children's physical health, emotional wellbeing, social experiences, and learning.

The research and theory show that children's development is holistic and shaped by many connected factors, including health, relationships, and support systems.

For early years practitioners, this means working with families and healthcare professionals, promoting inclusion, and ensuring children with Type 1 diabetes feel safe, valued, and able to take part fully in activities.

By focusing on the whole child rather than just the condition, practitioners can help children with Type 1 diabetes thrive and reach their full potential. Thank you for listening.

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