

Diabetes UK Cymru
Global Reach Celtic Gateway,
Cardiff Bay,
Dunleavy Drive,
Cardiff,
CF11 0SN

6th of February 2025

Petitions Committee

Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

Dear Carolyn Thomas MS,

I am writing on behalf of Diabetes UK Cymru regarding the petition to ban smartphones (Smart Devices) in all schools in Wales.

We understand the concerns around the potential negative impacts of smartphone use on children's wellbeing and learning. However, we want to highlight smartphones' critical role in managing certain medical conditions, such as type 1 diabetes.

Recent discussions in England have demonstrated the importance of ensuring that any policies regarding mobile phones in schools account for the needs of children with medical conditions. The advisory guidance published in February 2024 by the Department for Education in England rightly stated the need for reasonable adjustments for children living with medical conditions, using diabetes as an example.¹

Technology such as continuous glucose monitoring (CGM) systems now allow people with diabetes, including children, to monitor their blood sugar levels directly through their mobile phones / smart devices, including watches. Research has shown that improved blood glucose control through such technology is associated with higher educational attainment in children with type 1 diabetes despite potentially more school absences.

Diabetes UK has been campaigning to ensure that schools use individual healthcare plans / Individual Development Plans to identify pupils who need to use their phones for medical reasons.

While we understand the desire to create a smartphone-free (smart devices) school environment, we urge the Petitions Committee to consider the needs of children with medical conditions like diabetes. Any policies around mobile phones in schools must

¹ Department for Education, Mobile Phones in Schools, Guidance for Schools on Prohibiting the use of mobile phones throughout the school day, February 2024,
https://assets.publishing.service.gov.uk/media/65cf5f2a4239310011b7b916/Mobile_phones_in_schools_guidance.pdf

comply with the statutory duty to support children with medical conditions and ensure they can access the technology they need to manage their health effectively.

Further, we urge that any guidance recommended places the child who requires their smart devices for medical or other needs at the centre of the policy. The ban on smart devices at school will have the undesired effect of also highlighting the reasons why someone needs a smart device. This may not cause any added pressure on pupils' education, but it may highlight their condition/reason without their consent. In such instances, the smart devices may divide pupils and place some in awkward positions of explaining their condition/reason to their fellow pupils where they hadn't needed to before or had only confided to a close friend or network/group of friends. When a ban in a school is being considered, we ask that guidance reflects these concerns.

To support your consideration of the petition's calls, we submit the following evidence, Appendix:

1. Comments from Three Young Leaders of the Together Type 1 Diabetes Programme and the Youth Coordinator in Wales.
2. Comments from the National Paediatric Diabetes Education Lead for Wales and Diabetes Transitional Care National Coordinator.
3. Mobile Phone Statement from the Children and Young People's Wales Diabetes Network.
4. Further comments from members of the Children and Young People's Wales Diabetes Network.

Diabetes UK Cymru will continue to monitor the discourse around mobile phones in schools and emphasise the need for children with diabetes to access the tools they need to manage their condition. We hope the Petitions Committee will consider our concerns when considering this petition.

Sincerely,

Mathew Norman

Diabetes UK Cymru.

Appendix 1

Together Type 1 Response to the Petition

Together Type 1 (the new name for Our Lives, Our Choices, Our Voices) is a pioneering programme for young people aged 11 to 25 with type 1 diabetes. Developed by Diabetes UK, the UK's leading diabetes charity, and funded by the Steve Morgan Foundation, it was launched in September 2022 and was the first of its kind to be rolled out in-person and online across the UK.

Thousands of children and young people with type 1 diabetes report feeling down about their condition, that they don't feel in control and that it's holding them back. Many feel isolated, often having never met another young person with the condition. A diagnosis of type 1 diabetes also impacts the families and loved ones of children and young people affected, with parents or guardians often feeling isolated, anxious and exhausted.

Driven by their experiences and needs, young people with type 1 diabetes and their families are being supported by the programme through:

- Increasing knowledge and confidence on how to best manage type 1 diabetes
- Reducing feelings of isolation and loneliness through developing peer support networks
- Improving relationships with healthcare professionals

Help Shape Policy: Share Your Thoughts on Smartphones in Schools:

To help inform the Committee, we asked the young leaders of the programme in Wales the following questions: three young people responded in the short time period available (27/01/25 – 31/01/25):

1. How would a smartphone ban affect you?
2. Have you had any negative experiences with teachers regarding smartphone use?

Name	Question 1	Question 2	Both Questions in one
Respondent 1			Firstly, a ban on phones in school could cause many problems when it comes to type 1 diabetes. This is because individuals with the illness are unable to check their

			<p>glucose levels when needed and wouldn't know whether to take action or not. I've had a few times where my phone has tried to be taken, and I've had to argue and teachers then say it's not a good enough excuse. This is really frustrating as being a type 1 diabetic no one really understands the consequences of not being able to see my glucose levels. I've had my mum and dad complain several times and have even requested teachers to learn more about the illness.</p>
Respondent 2	<p>If I was in school and they introduced a phone ban, it would heighten my anxiety around diabetes in an education setting, as I would not be able to focus on the actual education and more worried that I can't use my phone to check my blood sugars and if I do, I would get told off.</p>	<p>There's been many times when a teacher has spoken up about how my phone shouldn't be out of the desk, which then forces me to say out loud that it's there for my diabetes and now I've told the whole class, which at the time I was recently diagnosed so made me feel uncomfortable, it's imperative that all teachers are aware when a student gets a type one diagnosis so they feel as comfortable as possible when returning to school.</p>	
Respondent 3	<p>Having my smartphone banned</p>	<p>Over the years in high school and</p>	

	<p>in an educational setting would affect my health detrimentally. I rely on my phone to give me update on the state of my blood glucose levels as frequent as every five minutes. Without this, I don't know the direction of where my blood sugars are going. Some people say my phone is my life for me it actually is!</p>	<p>even now my second year of college, my type one diabetes and my phone. I've had a lot of trouble during exam times where I've needed to either take treatment or check my blood sugars during an exam both in class and externally.</p>	
--	--	--	--

**Comments from the Together Type 1 Diabetes Youth Coordinator, Wales
Racheal Taylor DUK Cymru.**

A ban on smartphones would not only affect a young person's mental health but also have a knock-on effect on their education. Being at school should be a safe space for a young person to feel comfortable and enjoy learning.

Type 1 diabetes affects young people in many ways. Some can manage their type 1 easily, however, there is a large portion of young people who struggle on a daily basis. Besides managing blood sugar levels, worrying about insulin levels, finding a safe space to inject and mealtimes, young people want to fit in with their peers. If smartphones were banned from school and only given to young people who have type 1, this would then highlight that a young person has a medical condition. It is within a person's right to choose to disclose that they have a medical condition and not through a school policy of a phone ban.

We must remember that there can be a detrimental effect on mental health in connection with type 1 diabetes. Some young people may be diagnosed at an early age, at 2 or 3 years old, where they know no different and have adapted but will still have their challenges. However, for example, a young person diagnosed later in their teenage years will have to adapt to having the condition; this can be a challenge when returning to school after diagnosis and explaining their condition to friends and teachers. With all the challenges that young people are faced with, there can be a potential risk of young people becoming withdrawn at school and the possibility of depression and anxiety; there will be a considerable risk of the young person disengaging at school.

Having a smartphone for a person living with type 1 is a lifesaving treatment device, and every young person has the right to learn in the UK; let's not take this away from students because of the impact of a phone ban.

Appendix 2

Comments from Lisa Daniels, National Paediatric Diabetes Education Lead, National Strategic Clinical Network for Diabetes:

- We would support a mobile phone/smart device ban in educational settings, with the understanding that Children and young people with Diabetes would be exempt (exemptions for exceptional circumstances)
- With the exemption “exceptional circumstance”, we would advise that this needs to be based on an in-depth health care plan/assessment or review between educational staff and the health care professionals. Ensuring that the use of a mobile phone/smart device is a requirement of the diabetes plan.
- When noting Diabetes, this could be of different types (e.g., type 1, type 2 MODY, or pre-diabetes).
- During the development of the recommendation, it would be vital to include professionals directly involved with managing diabetes and ideally seek advice from children and young people living with diabetes in education.
- Many of the questions below would be aimed at educational staff on day-to-day issues in schools/colleges; however, in the planning stages, collaborative working with health colleagues on how this would work would be beneficial.

Comments from Sarah Crowley, Diabetes Transitional Care National Coordinator:

- The additional consideration I would highlight is *how* this would be managed. It's important to ensure that young people who are exempt don't become targets or face additional inadvertent stigma, which can be a significant factor, particularly among adolescents. Often, this isn't a problem as exemptions are handled individually, but it could become an issue if not approached sensitively.
- Many young people with long-term health conditions want to be the same as everyone else, especially in situations where staff may not be aware of the child's exemption or the reason behind it.
- Clear communication and training for staff could help ensure exemptions are applied consistently and discreetly, reducing the risk of stigma.

Appendix 3

Mobile Phone Statement from the Children and Young People's Wales Diabetes Network.

Use of mobile phone for diabetes management in school / college / education setting

The paediatric diabetes team would like to explain the necessity of the use of mobile phones for the monitoring and treatment of children and young people with diabetes within all educational settings and should be considered a vital medical device.

The paediatric diabetes team understand that the use of mobile phones is normally prohibited within educational settings, and have provided the supporting information below as to why such devices need to be used and the rationale behind this. The aim is to both support teaching staff in the use of these essential devices, and to enable children and young people with diabetes in achieving their educational, and physical potential during teaching, examination and other activities carried out in school.

NICE guidelines now recommend that all children and young people on insulin treatment are offered real time continuous glucose monitoring devices, where their mobile phone is used as a receiver. Glucose levels are sent to the phone continually, where they can be tracked and the phone will alert the child / young person and or carer if the glucose level is rising or falling, too high or too low, enabling the child / young person to monitor and manage their glucose levels. Intermittently scanned continuous glucose monitoring (Flash), such as Freestyle Libre, where a mobile phone app is used to scan the sensor may be used by some children and young people as an alternative to real-time continuous glucose monitoring. Whether through real-time or intermittently scanned glucose monitoring, the mobile phone app is an essential component to enable children and young people to manage their diabetes.

This is particularly important during exams, as maintaining blood glucose within target will best enable the child / young person to perform to the best of their ability on the day. By monitoring their glucose levels during exams, they can correct levels that are too low or too high, or that are dropping or rising too quickly. Please refer to Joint council for qualifications guidance [FAQs---June-2022-special-consideration-process-for-centres-in-Wales_FINAL.pdf \(jcq.org.uk\)](#).

Some children/young people manage their diabetes using a hybrid/closed loop system. This includes software run on a smartphone which takes readings from a Continuous Glucose Monitor and sends automatic instructions to the child/young persons' insulin pump to increase or decrease the amount of insulin being delivered. It is important to note that in these cases the insulin pump needs to be in close proximity to the phone and that the child/young person may need to make additional manual adjustments to their insulin using the phone.

We understand there may be concerns about the use of mobile phones at school / college, and particularly in exams. As the connection of the glucose transmitter and

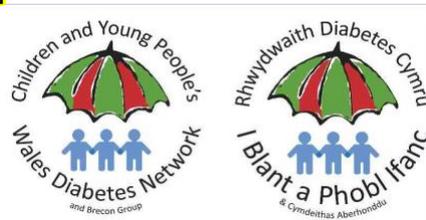
insulin pump is Bluetooth, the phone will still work as a receiver or with the pump without Wi-Fi and with the phone in airplane mode with Bluetooth on. The mobile phone does however need to be within six meters of the child/young person with appropriate alerts on. The high and low alerts can be put on vibrate, so not to disturb others; only the urgent low alarm, which requires immediate attention cannot be muted.

Restricted access to mobile phones will prevent the child or young person from managing their diabetes safely.

We acknowledge that schools restrict mobile phone use in education settings for other reasons including safeguarding concerns. Adapting school policies and procedures to accommodate this would be in accordance with the legal requirement to make reasonable adjustments to prevent discrimination. Please do not hesitate to speak to a member of the paediatric diabetes team to discuss any further concerns.

Yours sincerely

[Paediatric Diabetes Team]



I bwy y gallai fod yn berthnasol

Defnyddio ffôn symudol ar gyfer rheoli diabetes yn yr ysgol / coleg / lleoliad addysg

Hoffai'r tîm diabetes pediatriig egluro'r angen i ddefnyddio ffonau symudol ar gyfer monitro a thrin plant a phobl ifanc â diabetes ym mhob lleoliad addysgol, a dylid ei ystyried yn ddyfais feddygol hanfodol.

Mae'r tîm diabetes pediatriig yn deall bod y defnydd o ffonau symudol fel arfer yn cael ei wahardd mewn lleoliadau addysgol, ac wedi darparu'r wybodaeth ategol isod ynghylch pam mae angen defnyddio dyfeisiau o'r fath a'r rhesymeg y tu ôl i hyn. Y nod yw cefnogi staff addysgu i ddefnyddio'r dyfeisiau hanfodol hyn, a galluogi plant a phobl ifanc â diabetes i gyflawni eu haddysg, a photensial corfforol yn ystod addysgu, arholiad a gweithgareddau eraill a gynhelir yn yr ysgol.

Mae canllawiau NICE nawr yn argymhell bod pob plentyn a pherson ifanc sy'n cael triniaeth inswlin yn cael cynnig dyfeisiau monitro glwcos parhaus amser real, lle mae eu ffôn symudol yn cael ei ddefnyddio fel derbynnnydd. Anfonir lefelau glwcos at y ffôn yn barhaus, lle gellir eu hollrhain a bydd y ffôn yn rhybuddio'r plentyn/person ifanc a/neu'r gofalwr os yw'r lefel glwcos yn codi neu'n gostwng, yn rhy uchel neu'n rhy isel, gan alluogi'r plentyn / person ifanc i fonitro a rheoli ei lefelau glwcos. Monitro glwcos parhaus (Flash) wedi'i sganio'n ysbeidiol, fel Freestyle Libre, lle defnyddir ap ffôn symudol i sganio'r synhwyrdd gall rhai plant a phobl ifanc ei ddefnyddio fel dewis arall yn lle monitro glwcos parhaus amser real. P'un ai trwy fonitro glwcos amser real neu ysbeidiol yn ysbeidiol, mae'r ap ffôn symudol yn elfen hanfodol i alluogi plant a phobl ifanc i reoli eu diabetes.

Mae hyn yn arbennig o bwysig yn ystod arholiadau, gan mai'r ffordd orau o gynnal glwcos yn y gwaed o fewn targed fydd yn galluogi'r plentyn / person ifanc i berfformio hyd eithaf eu gallu ar y diwrnod. Drwy fonitro eu lefelau glwcos yn ystod arholiadau, gallant gywiro lefelau sy'n rhy isel neu'n rhy uchel, neu sy'n gostwng neu'n codi'n rhy gyflym. Cyfeiriwch at ganllawiau Cyngor ar y Cyd ar gyfer cymwysterau Cwestiynau Cyffredin - [FAQs—June-2022-special-consideration-process-for-centres-in-Wales FINAL.pdf \(jcq.org.uk\)](#)

Mae rhai plant/pobl ifanc yn rheoli eu diabetes gan ddefnyddio system dolen hybrid/caeedig. Mae hyn yn cynnwys meddalwedd sy'n cael ei redeg ar ffôn clyfar sy'n cymryd darlleniadau o Fonitro Glwcos Parhaus ac yn anfon cyfarwyddiadau awtomatig i bwmp inswlin y plentyn / person ifanc i gynyddu neu leihau faint o inswlin sy'n cael ei gyflwyno. Mae'n bwysig nodi bod angen i'r pwmp inswlin fod yn agos at y ffôn yn yr achosion hyn ac efallai y bydd angen i'r plentyn/person ifanc wneud addasiadau llaw ychwanegol i'w inswlin gan ddefnyddio'r ffôn.

Rydym yn deall y gallai fod pryderon ynghylch defnyddio ffonau symudol yn yr ysgol / coleg, ac yn enwedig mewn arholiadau. Gan fod cysylltiad y trosglwyddydd glwcos a'r pwmp inswlin yn Bluetooth, bydd y ffôn yn dal i weithio fel derbynnydd neu gyda'r pwmp heb Wi-Fi a chyda'r ffôn yn y modd awyren gyda Bluetooth ar. Fodd bynnag, mae angen i'r ffôn symudol fod o fewn chwe metr i'r plentyn/person ifanc gyda rhybuddion priodol ar gael. Gellir rhoi rhybuddion uchel ac isel ar ddirgrynu, felly i beidio ag aflonyddu ar eraill; Dim ond y larwm isel brys, sy'n gofyn am sylw ar unwaith na ellir ei dawelu.

Bydd mynediad cyfyngedig i ffonau symudol yn atal y plentyn neu'r person ifanc rhag rheoli ei ddiabetes yn ddiogel.

Rydym yn cydnabod bod ysgolion yn cyfyngu ar y defnydd o ffonau symudol mewn lleoliadau addysg am resymau eraill gan gynnwys pryderon diogelu. Byddai addasu polisïau a gweithdrefnau ysgolion i ddarparu ar gyfer hyn yn unol â'r gofyniad cyfreithiol i wneud addasiadau rhesymol i atal gwahaniaethu. Peidiwch ag oedi cyn siarad ag aelod o'r tîm diabetes pediatrig i drafod unrhyw bryderon pellach.

Yn gywir

[Tîm Diabetes Pediatrig]

Appendix 4

Statement from Jessica Thomas, formerly paediatric parent rep for CYPWDN and the FWDNN in Wales

Prior to the remote monitoring of blood glucose levels in children using smartphones, integration in school life could present various difficulties for students, teaching staff and parents. The personal and anecdotal experiences I collected in my role as a parent representative illustrated difficulties including shame, embarrassment and lower engagement with treatment plans, especially notable during vulnerable periods of adolescence. This was particularly exacerbated when finger-prick methods of monitoring blood glucose and injecting insulin during school hours were used. Being reluctant to monitor can lead to food restriction or guessing starting blood glucose levels, which in turn will cause blood glucose fluctuations that can profoundly affect cognitive function, impacting both learning and behaviour.

Since 2017, I have been involved in the use and development of blood glucose monitoring, which has had a hugely positive effect on most aspects of school life. Being able to manage blood glucose monitoring using a smartphone and subcutaneous device such as a Dexcom negates the issues of finger prick testing, allowing children to focus on education and social relationships. For parents, remote monitoring can alleviate some of the serious concerns about safely integrating a child with type 1 diabetes into school life.

This means that a proposal to remove smartphones from schools must include a robust framework for protecting children and young people who use smartphones as part of the technology that helps manage their condition. This framework should ensure that no child's use of smartphones for monitoring and insulin delivery is questioned or erroneously removed. It should also include developing procedures relating to the use of monitoring and insulin delivery during exams.

The effect of being questioned in front of peers about why they would be exempt should not be underestimated. Thus, any smartphone restriction in schools should not proceed without thorough consultation with diabetic health professionals, parents, young people, and educational staff.