7 Principles of Inclusive Practice for people with Diabetes in Sport and Exercise settings

These 7 principles have been created based on Activity Alliance's Ten Principles which have been tried and tested in creating welcoming inclusive sport and activity environments. These principles have been adapted to reflect and support the unique needs of people living with diabetes to provide support for organisations looking to support those with diabetes within sport and physical activity settings.

1. Equality and Inclusion (My Rights)
Ensure all individuals with diabetes have equal access to participation, progression, and performance opportunities in line with the Equality Act 2010.

Action Examples:

- Embed diabetes considerations within Equality, Diversity & Inclusion policies across all sport and activity pathways.
- Capture and monitor participation data for individuals with diabetes, using this information to identify potential inequalities and to assess the impact of measures introduced to reduce barriers.

2. Informed Adjustments (My Way & My Pace)
Implement practical measures such as allowing access to medical equipment, flexible breaks for blood glucose checks, and safe storage of supplies.

Action examples:

- Encourage and permit individuals to check blood glucose levels during matches or training without consequence to the individual or the team they might be a part of.
- Provide a designated safe space for insulin administration and equipment storage.
- Lengthen breaks in coaching sessions or medical timeouts to allow diabetes adjustments and recovery from hypo-/hyper-glycaemia.
- Provide as much pre session information, including timings and details of warm up, drills, content of games/sessions and cool downs at least 1 day before they're due to take place, to help with diabetes management and planning.
- Update competition regulations and risk assessments to allow safe use of wearable diabetes technologies without consequence.

3. Education and Awareness (My Values & My Voice)
Provide training for paid and unpaid leaders, coaches, officials, and staff to understand diabetes management and its implications in sporting environments.

Action Examples:

- Embed diabetes awareness in coaching/leadership qualifications and workshops across all levels of coaching awards.
- Include diabetes-specific information/modules in safeguarding or first-aid training.

- Engage and work with people living with diabetes to support the development of good practice within the coaching workforce.
- Increase the visibility of people participating in sport and activity with diabetes, for knowledge and awareness, but equally to improve representation of people living with the condition throughout sport.
- Ensure education is delivered to facilitators of activity on diabetes and wearable technology to tackle the stigma attached to the condition.

4. Safety and Wellbeing (My Life Story & Reassure Me, My Opportunities)

Prioritise individual's health by creating protocols for supporting hypoglycaemia, hyperglycaemia, and emergency situations during activities, training sessions and competitions.

Action Examples:

- Develop a clear emergency action plan for hypoglycaemia and hyperglycaemia incidents.
- Ensure first-aid kits include glucose sources (e.g. gels, tablets).
- Drive awareness of what blood glucose numbers mean in the context of sport & exercise. Recognising that each person may have their own targets that they are comfortable with.

5. Collaboration and Communication (Welcome Me, Listen to me, Include Me)

Work closely with individuals, parents, and healthcare professionals to understand the needs of the individual and where needed develop specific support plans.

Action Examples:

- Schedule pre-season meetings with individuals and parents / carers to discuss support and adjustments.
- *Embed a person-centred approach: c*reate open dialogue, that is driven by the individual, around the condition. Some individuals may wish to speak publicly or privately about how they wish to be supported. Take time to understand the individual and their needs. They may not share everything all at once, meet them where they are.

6. Confidentiality and Respect (My Rights)

Handle all medical information sensitively and respect the privacy and dignity of people living with diabetes.

Action Examples:

- Create a simple disclosure form for individuals to share medical needs.
- Store medical information securely and limit access to essential personnel in line with relevant legislation.
- Train staff on GDPR compliance and respectful communication practices.

7. Continuous Improvement (My Opportunities & My Voice, My Values)
Regularly review and update participants' needs, policies, procedures, and resources to reflect best practice and evolving guidance on diabetes.

Action Examples:

- Build time to check in with participants and make sure their needs are being met and they are provided with the support they need to stay active.
- Conduct annual policy reviews with input from diabetes organisations and advocacy groups.
- Engage and gather feedback from individuals living with diabetes and their parents / carers if under 16 to understand what works and inform future improvements.

Current Training and CPD available surrounding Diabetes in Sport:

Diabetes in Schools and Community Training Platform

FAW's diabetes Awareness Webinar

Underpinning Research:

1. Ngamy, T., Statham, L., Smith, B., Smith, J.R., Lloyd, J., Clarke, R., Narendran, P., Dias, R.P., Andrews, R.C. & Cockcroft, E.J. (2025) *A mixed methods exploration of the experiences of physical activity providers in supporting children and adolescents with type 1 diabetes in the UK. European Journal of Pediatrics*, 184, p.311. DOI: 10.1007/s00431-025-06139-z. Available at: https://link.springer.com/article/10.1007/s00431-025-06139-z (Accessed 20 January 2026).
2. Cockcroft, E., Bright, C., Nathan, H., Farrow, D., Russon, C., Pulsford, R. & Andrews, R. (2025) *Stigma, Stereotypes, and Support: Policy-Relevant barriers to physical activity in people with type 1 diabetes.* medRxiv (preprint), version 2. DOI: 10.1101/2025.08.05.25333022. Available at: https://www.medrxiv.org/content/10.1101/2025.08.05.25333022v2 (Accessed 20 January 2026).
3. Richardson, E., Bright, C., Farrow, D. & Nathan, H. (2025) *Physical Activity Experiences of People with Type 1 Diabetes across the Life Course. Adapted Physical Activity Quarterly* (in press). Available at: https://eprints.worc.ac.uk/15775/ (Accessed 20 January 2026).
4. Abdel-Magid, M., Cockcroft, E.J., Bright, C., Mann, R.H. & Andrews, R.C. (2025) *Lack of policy support for chronic conditions in UK sport: a scoping review of National Governing Bodies.* medRxiv (preprint), version 1. DOI: 10.1101/2025.08.05.25333018. Available at:

https://www.medrxiv.org/content/10.1101/2025.08.05.25333018v1 (Accessed 20 January 2026).

Good Practice Examples from NGB's:

The LTA overview guide on Diabetes for Tennis Venues & the workforce

The FAW's Football and Diabetes: A guide for Coaches document

Contact Details:

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