

Is it you, them or diabetes?!

# A guide to life with a 5-7 year old

Your child - with or without diabetes

There are a number of behaviours and stages that any child goes through whether or not they have diabetes. As a parent, it is important to understand these behaviours and how they may impact on your child's experience living with diabetes.

## A child aged 5-7 years with or without diabetes:

- Is busy
- Explores
- Wants to play and have fun
- Wants to learn and achieve new skills
- Can be impulsive
- Is learning to get on with others at school and at home
- Becomes more helpful, can help to tidy up toys, makes their bed with guidance
- Can make simple foods like sandwiches
- Copies you
- Is learning to read
- Feels more independent but still needs adult supervision. For example, does not understand danger such as being careful around boiling water
- Is easily distracted by peers and environment

## When your child is diagnosed with diabetes your child may:

- Appear to accept having diabetes yet can be sad, angry or worried for you and themselves. This could be the reason for unusual, unexplained behaviour from your child. Reassure your child that you will all get through this together and that life goes on.
- Feel that you have let them down because they are used to being protected by you and now you can't make their diabetes go away. You may need to explain to your child that sometimes things are just outside your power; that things happen out of the blue and unfortunately can't be changed.
- Believe that diabetes has happened to them for a reason, perhaps because of something they have done wrong. Frequent reassurance from you that diabetes happens to all different children, and is not a punishment, will help them. Meeting other children with diabetes, helps your child to feel less isolated.
- Wish their diabetes away and try and ignore it. Sometimes they may be tempted to miss tests and injections or make up blood glucose results. Extra supervision may be needed despite your child insisting they can manage by themselves.
- Feel "different" at a time when they are becoming more sociable. Their friends are becoming important to them and they want to be like them. Reassure your child that everyone has difficulties to overcome – diabetes needs a bit more thought, but shouldn't stop them from doing everything that their friends do.

- Begin to lose confidence because living with diabetes makes them different. This may lead to them turning down invitations, for example to sleep overs. Encourage your child's friends to visit your house, and when they become more confident suggest they go over to their friend's house. Talk to their friend's parent(s) so that they feel comfortable – sometimes a parent worries more than a child.
- Be curious about diabetes-related tasks – at first it's all new but then they realise that the diabetes won't go away which may make them angry. Your support and encouragement is important to their self-esteem and self-worth.
- See diabetes as a barrier to joining in team sports that are of interest to them. Encourage them to join in and reassure them that they can try anything. As your child gets older they will begin to learn to take on more responsibilities – dialling up insulin and giving their injection – but they may still require your supervision and support when it becomes too much.

At this stage many children are:

- Capable of preparing simple foods and can start to recognise suitable foods and the need to eat regularly. Encourage your child to help at mealtimes and be involved with preparing food for school/sport.
- Better able to understand safety and danger and so they become more aware of the importance of eating extra snacks, for example before physical activity. Gentle reminders may be needed.

## Living with diabetes

### Your child's responsibility... how much is too much?

Children must have adult supervision for diabetes-related tasks but as they get older they will gradually begin to take on some of these tasks themselves.

Try to encourage some responsibility (for example, ask them to collect their meter) but ultimately you are responsible. Your child may not have much concept of time, so you will need to make sure snacks and insulin are given on time.

You may gradually transfer some tasks to your child. This varies according to their abilities and interest. Sometimes children become over-enthusiastic, then get fed up and want to give back the task.

Breaking up the tasks into smaller steps rather than learning too much at a time may help your child to feel more confident.

When your child is younger, handling small things such as syringes/insulin pens may be difficult as fine motor coordination is still in the process of development.

Your child is able to cooperate with you by sitting still for a finger prick and insulin injection. Being able to choose a finger or a site for injection makes them feel included and allows them some control.

Three or four year olds can sometimes recognise a hypo and by the time they reach five, six or seven this is more evident especially if you draw attention to a hypo as it happens and ask them to tell you how they are feeling.

Your child can tell you when they feel hungry but they may be a bit vague in their description of hypo symptoms. They may not say "I'm having a hypo", they are more likely to say "I feel wobbly, funny".

You can never be sure that your child knows their hypo symptoms. It is a good idea to draw attention to symptoms straight after a hypo occurs so that your child can talk them over with you. This will help them to remember how they feel and the warning signs of a hypo.

## **As your child gets older...**

Helping children with diabetes is a challenge for most parents. You may feel guilty or angry (sometimes both) and you may become over protective or very critical. This may result in asking your child to take on too much responsibility before they are ready, or may squash their expression of interest in helping with diabetes-related tasks.

Common questions asked are:

- When should my child take on more responsibility?
- Am I asking too much or too little?

Some tips:

All children are different – what works for one child may not work for another.

By the time your child is 8 years old they will usually have the skills to physically do the task but not the maturity and knowledge to take on full responsibility. Taking on some of this responsibility requires that your child learns more about diabetes.

Group sessions with children of a similar age may help. Check what is available through your diabetes team.

There is no special age when your child should give their own injections.

Health professionals agree that by age 11 to 13 years, most children can perform most diabetes related tasks, but this varies from child to child. As a guide, a child of 10 may be giving the injection and at 11 they may be drawing/dialling up the insulin. If your child refuses to give their own insulin – reduce the steps to one at a time, encouraging your child to join in at each point, but allowing them to 'opt out'.

### **The steps could be:**

- Check the dosage
- Dial up the insulin
- Select the injection site
- Inject the insulin

These steps may need to be introduced a few days apart and should be done when you have time to spare and you're not too rushed such as weekends.

Sharing tasks between both parents and the child is useful – for example Mum a.m., Dad p.m., child on weekends. Often children will be keen to help.

Concentrate on your child learning one task at a time. When demands are too great, your child may become confused or unwilling to stick at it.

Your child's skills may not be as good as your own, so patience is needed to increase their confidence. This is another reason for choosing a less rushed time of the day to try out new steps and tasks.

Encourage involvement when your child shows an interest in learning new tasks. It's still important to observe your child's ability and technique to avoid possible mistakes and short cuts. Aim to be positive and focus on the things they do well.

Make it clear to your child that you will slowly introduce responsibility, and that you realise they may sometimes need a break. Let them know that you will help them with diabetes tasks for short periods of time.

It's very easy for you as a parent to carry on doing everything for your child, but it is vital for your child's self-esteem and confidence, and your sanity, that you encourage the beginnings of self-care.

## At school

Some children do not want anyone outside the family to know that they have diabetes. However, it may be helpful for your child to tell their close friends what to do, especially if a hypo occurs when they are at school.

Your child will need the help of their peers and may need a guiding hand to deal with classmates and friends.

Some children may be happy to 'show and tell' about having diabetes.

If your child has had diabetes from an early age they may have told everyone – a lot depends on their personality. Other children may be more private in which case your advice as to how to go about telling their friends may be helpful. Together you can practise what to say.

Your child might like to do a school project on diabetes to tell their classmates how it is to have diabetes – for example, they could show how they use their meter. This may increase confidence through teaching their friends.

School events may motivate your child to help in self-care – for example, learning to correctly treat hypos so they can confidently attend sports events or school excursions.

Your child may be keen to sleep-over at a friend or relative's house which may provide a gentle push to take on responsibility for some diabetes-related tasks. Seize every opportunity you can.

Having a small group of your child's close friends see how the equipment is used, and directing simple, age appropriate discussion can help the more sensitive child.

Education days or support groups may be organised by your local diabetes centre to help you and your child meet other children living with diabetes and their parents.

Camps are invaluable to help you and your child feel less isolated. In some states there are parent/child weekend camps which provide an introduction to the concept of the camping experience. Your child may then graduate to other camps throughout their childhood right up to adolescence.

Contact Diabetes NSW or Diabetes Australia in other states for more information.

## Coping from day to day

**Use simple terms and answer questions simply, as they arise.**

Don't overload your child with too much information. Give a step-by-step introduction to tasks. Do one task at a time, and when neither of you is too tired.

Acknowledge your child's feelings especially when they're frustrated, tired and fed up. Setting limits as you would for your other children is very important. It helps them feel safe.

Children often absorb more than we think – they take in information along the way.

Give your child some relief, share injection and blood glucose tasks.

Praise your child when they take on any new responsibility.

Try not to expect perfection.

Children can benefit from you directing them to help express their frustrations.

Remind your child that diabetes is not their fault.

Be positive and give lots of hugs.

When your child gets older you can gradually increase responsibility.

Supervise, help, support and encourage your child.

Choose a quiet time of the day to start a new task.

Too much responsibility too soon can lead to burnout.

## Siblings

Siblings can appear jealous of the sudden focus on the child with diabetes – Why all the fuss? Why do we have to rush home for injections? Why do we have to worry about food all the time?

If they thought their sibling were the favourite prior to being diagnosed with diabetes, this may add to the problem.

Siblings may also fear that they might get diabetes, or that their brother or sister with diabetes might die. They may have nightmares, suddenly start wetting the bed or cling to you. Remember there are health professionals who can help.

### Ideas for coping:

Though not always easy, try to keep things as normal as you can. Spend special time alone with each of your children, doing things they find fun and really enjoy.

Be consistent in the way you discipline all your children.

Siblings need to know what is happening and to feel involved. Involving siblings in the initial diabetes education may help them understand more about diabetes.

Families often find that they have become closer because of diabetes. Problems can be sorted out with patience and understanding.

Health professionals can help you and your family.

## School

After diagnosis you may be reluctant to let your child out of your sight to go to school. For you and your child's sake, it is a good time to encourage independence and adapt to diabetes.

To take this step you must feel comfortable that your child will be safe and happy.

You can ask your diabetes educator to visit the school and talk to the staff so that they in turn feel comfortable with the situation. Teachers are usually helpful and only too pleased to assist. There is also a webinar available from Diabetes NSW which provides important information for parents, teachers and carers.

It's best for your child to remain in class to check their blood glucose level (BGL), rather than walking to the office. Otherwise their BGL will drop even lower and be harder to treat.

As your child gets older they may be embarrassed if you go to school to check their BGL. Your child's meter should be at school for them to test as necessary.

It is essential for you to provide one or two hypo kits for the school staff to store in a prominent, handy place. Remember to restock hypo kits regularly. A photograph of your child placed in the staff room with details of hypo symptoms is also helpful. An emergency action poster next to the photo, as a reminder, is a good idea.

Your child should wear some type of diabetes identification chain or bracelet. This habit is a good one to encourage at a young age as they may maintain the habit as they get older.

Encourage your child to speak up if feeling unwell. Friends and peers can be a great help at school.

Your child may be eligible for special provision for exams (e.g. Basic Skills Test in NSW for children in year 3 and 5). This may allow your child extra time and toilet or rest breaks. Discuss with your child's school, well before the exam date.

The School pack, available from Diabetes NSW, is helpful to give to schools. You can download it [here](#).

## To care for your child you must care for yourself

**Diabetes takes a lot of time and energy so it's normal to feel frustrated and tired from the constant daily demands of management.**

Your emotions may change and recur (perhaps frequently) – guilt, frustration, helplessness, sadness, anger... and elation when all goes according to plan.

It can help to talk to someone who may understand, perhaps another parent going through the same thing.

Share your feelings with your partner, a friend or relative, support groups, your doctor, other health professionals such as a social worker or psychologist.

Share diabetes-related tasks with your partner, supportive family members or friends.

Keep in touch with your educator, as ongoing education can help you and your child at different stages.

Don't be afraid to ask your health professional team for support and guidance.

Encourage relatives or friends to attend education sessions and/ or support groups to learn more about diabetes so that they may in turn give you support.

Find some time for yourself. It's a worthwhile investment for the daily demands of parenting.

## Food

**What does any child do with food at this age?**

**Ages 5-7 - Explores and 'tries out' different foods**

The young school aged child wants to feel more independent. At the same time, they want to fit into the world around them and peer pressure begins to shape their behaviour. This includes food choices.

Food choices for your child living with diabetes should be the same as the rest of the family – generally low in fat (especially saturated fats) and high in fibre. This keeps the whole family healthy and reduces the risk of long term health problems.

Heavily advertised foods will be favourites and often are high in fat, salt or sugar. These 'sometimes' foods can be included from time to time as special occasion treats.

Taking a balanced approach to nutrition teaches your child about the difference between 'everyday' and 'special occasion' foods. This applies equally to siblings and other family members.

As your child reaches school age they begin to eat more meals away from the family home. This is a time of growing independence and socialising – sleepovers, camps, parties – fun. You may encounter things like your child relying more on approval from friends, swapped lunches (the grass is greener... in a friend's lunch box) and missed meals (not enough time to eat and play!).

### **Helpful hints:**

Prepare a lunch that looks good and is quick to eat.

Pack snacks and lunches in different wraps or containers to make it easy for them to determine which food package is for which meal.

Freeze sandwiches and other items the night before so it tastes and looks fresh.

Lunch may be eaten more frequently if it has been made by the child themselves. Children at this age like to learn new skills and can make simple items like sandwiches.

Low fat alternatives such as reduced-fat milk and low fat cooking methods are appropriate at this age.

Buying lunch at the canteen can add to variety, but is not recommended every day.

### **Lunch ideas:**

- Sandwich fingers or triangles
- Wholegrain crackers and reduced fat cheese
- Rolls, bagels or wraps
- Small container of pasta salad

### **Snack ideas:**

- Whole fresh fruit or bite sized fruit pieces
- Low fat yoghurt
- Dried fruit boxes (e.g. sultanas or apple)
- Fruit in zip lock bags e.g. grapes, cherries
- Canned fruit snack packs
- Raisin bread/fruit loaf/toast
- Crispbread eg. Vita-weats
- Wholegrain rice crackers and low-fat dip
- Pikelets, crumpets or English muffins
- Homemade fruit muffins
- Low-fat flavoured milk tetra pack (freeze the night before)
- Muesli bar
- Fruit-filled biscuits
- Popcorn
- Handful dried breakfast cereal
- Toasted sandwich/jaffle

### **Snacks low in carbohydrate:**

- A small handful (30 grams) of plain, raw unsalted nuts
- Vegetable sticks (celery/carrot/capsicum/cucumber/snow peas) with a tablespoon of hummus, tomato salsa or tzatziki yoghurt dip  
Celery boats with two tablespoons of low-fat cream cheese or no-added-salt peanut butter  
A handful of cherry tomatoes
- A mini can of tuna/salmon/sardines served in half a capsicum or a lettuce cup
- A hard-boiled egg

- One cup air-popped popcorn served plain, or sprinkled with cinnamon/paprika/chilli
- One cup strawberries

## Riding the food merry-go-round

### Sharing decisions about food choices

Along with their growing responsibilities for day-to-day tasks come the responsibilities of managing diabetes. A child at this stage is usually cooperative, willing to learn new tasks and responds to encouragement.

Learning about healthy food choices and understanding which foods (carbohydrates) affect BGL's is appropriate and possible. Helping out with cooking and making food choices in the supermarket are practical and fun ways for your child to learn.

Older school-age children are often ready to do more of their diabetes care, such as making their own food choices, assisting with cooking meals and even reading food labels. Allowing your child to join in outings, sleepovers and camps helps them to learn to share responsibility for their diabetes. Teachers, other parents and carers need to be informed your child has diabetes – so they can be prepared. However, making a fuss may cause them to feel different and singled out. Providing a few simple food choice suggestions is helpful.

### Varying appetite – varying insulin dose

A child's appetite varies according to the body's need for food. Growth spurts or periods of lots of activity are times when they will usually eat more. To cater for these changes, insulin dosage may need to be adjusted. This does not mean their diabetes is worsening as sometimes believed. It's an inevitable part of the growing process.

Talk to your doctor or diabetes educator about these adjustments. Frequent reviews (at least once a year) of meal plans by a dietitian are essential to ensure normal growth.

As they get older, children may begin to stay up later on some nights (such as the weekend). At times like this, it may be appropriate to give them a second supper to prevent hypos. Check their blood glucose levels (BGLs) to help to decide if this is necessary.

With increasing appetite it's important to offer extra healthy food choices (e.g. fruit, vegetables, dairy foods) and seek advice on changes to insulin dosage to maintain good blood glucose control. Talk to your child's doctor or diabetes educator.

### Counting carbohydrates

You may be concerned when your child is away from home – will they eat correctly so they don't have a hypo?

Teaching your child about foods and the quantities they need to eat is important. Having extra fats or sugars, occasionally, is not going to be harmful in the long term.

Encouraging them to make their own decisions about how much they need to eat at meals at home is a good place to start. With this confidence they may deal with other situations more easily.

Making carbohydrate choices at meal times should not be difficult – offer selections from pasta, rice, noodles, potato, corn, sweet potato or bread. Desserts can also be nutritious and offer another carbohydrate alternative – try fruit or dairy based desserts such as fruit salad, yoghurt, banana split, custard or canned fruit.

## Parties

Rule no. 1 is – have fun. Your child should be allowed to enjoy the foods offered at the party, including snack foods and birthday cake like other children. It's helpful if teachers can inform parents in advance of special parties so they are aware of the cause of a possible rise in their child's BGL's.

If your child needs to take a plate for a party at school, here are some great party food ideas which can be enjoyed by everyone:

- Mini pita pizzas
- Potato wedges or oven fries
- Sushi rolls
- Pretzels
- Diet jelly cups
- Mini fruit muffins
- Crackers and vegetable sticks with dip
- Popcorn
- Ribbon sandwiches
- Diet soft drink
- Wholemeal pikelets
- Fruit kebabs
- Milk ice blocks

## Fast food

At some time, either during a school outing or after school, your child will be exposed to fast foods. Takeaway outlets offer a variety of foods that are fast, fun and definitely appealing to children. Many of these foods are high in fat and salt and lack fibre; however they can be enjoyed from time to time. The type and amount of carbohydrate and fat are important considerations.

Better choices are:

- Sushi rolls
- A baked potato with low fat fillings
- A wrap – filled with lean meat and salad
- BBQ chicken roll (skip the skin)
- Regular burger with salad
- Doner kebab and salad
- Toasted sandwiches or focaccia
- Grilled fish and small serve of chips
- Asian stir-fry or noodle dishes
- Burritos
- Vegetable based pizzas

Encourage your child to avoid sugary drinks like soft drink or fruit drinks (unless they are having a hypo) and choose plain water as the best everyday drink. Diet soft drink or diet cordial is also suitable occasionally.

## Planning a 'day out'

It may be useful to work out a checklist with your child as a reminder of what to take with them when they go out to a school outing or stay over at a friend's home. A checklist on the fridge or a cork board is helpful.

The checklist should include the following:

- Hypo food – quickly absorbed carbohydrates – e.g small juice popper, jelly beans, sugar sachets and follow up carbohydrates – eg crackers, biscuits, dried fruit
- Extra carbohydrate snacks
- Insulin

- Syringe or pen
- Blood glucose meter and test strips
- Tissues
- Small sharps container
- Hypos and physical activity

Carrying easily absorbed carbohydrate (e.g. fruit juice popper) at all times is another task to be learned and increase a child's sense of independence. Exercise and sport may become more active, prolonged and routine, especially if played after school. Insulin doses may need to be adjusted and you may need to experiment with the amount and types of food to learn what suits your child's needs. For example, dried fruit and crackers are quick to eat. Reminding your child to have BGL's checked before and after the activity, as well as topping up with carbohydrate foods is important. Talking to your dietitian and/or diabetes educator often helps.

### **Hypos at school**

Initially, fitting diabetes into the school day can be a balancing act. Your diabetes team can help work out your child's insulin plan around their usual school routine.

Although hypo symptoms are individual, mid-morning sleepiness, poor attention just before morning recess, or headaches, are common signs of low BGL's.

Teachers can pick up the signs of a hypo and treat early if they are well informed.

It is vital that teachers are aware of avoiding delays in meal times and most importantly when treating a hypo. At the same time, preventing your child from feeling different by ensuring meals (such as recesses and lunch) are at the same time as the other children is essential. This is best explained to them by you or your child's diabetes educator.

Sometimes a before school snack may be necessary to prevent a hypo before recess.

It's important to give a supply of hypo foods to your child and your child's school teacher. These items could be kept in a separate lunch box in your child's bag as well as in the class room and/or office.

Packing snacks for your child to eat during the school ensures they have enough food to eat to prevent hypos. This is particularly relevant if there's a school day with extra activity planned such as sports day.

### **Planning for sport and exercise**

If extra activity is planned, your child may need additional carbohydrate food prior to the exercise. A general guide is a half to one extra carbohydrate exchange (7-15g carbohydrate) for every 30 minutes of physical activity. However the exact amount needed will be determined by the level of activity and blood glucose response to exercise.

Exercise increases the body's sensitivity to insulin (increasing the risk of hypos) and this effect may continue for up to 12-16 hours following the activity. There is a lot of variation between individuals regarding these effects, so it is important to monitor your child's blood glucose levels (BGLs) closely before, during and after exercise.

If regular exercise is expected, such as a sports day at school or swimming on the weekend, you may wish to discuss with your child's doctor the need to reduce the insulin dosage on these days.

Carbohydrate foods for sport

- Muesli bar
- Pack of sultanas
- Sandwich
- Low fat flavoured milk

- Dried apricots
- Fresh fruit

If your child is involved in an endurance/long sporting event, they may need extra carbohydrate during and after the event to prevent a low BGL. A carbohydrate containing drink such as a sports drink can be handy, providing both fluid for hydration and carbohydrate for energy. Talk to your dietitian about suitable choices.