



Diabetes in Schools - Program Advisory Committee Terms of Reference

1. Background

Action is required to better support more than 11,000 children and young people with type 1 diabetes, including the thousands of primary school aged children, attending schools across Australia. Australia needs a proactive, coordinated, national approach to better support parents and families, school principals and staff, and health professionals and so that schools can better support children with diabetes - particularly with regard to insulin administration.

The Australian Government and Department of Health has approved funding from the National Diabetes Services Scheme (NDSS) New Support Programs for a new national program to support type 1 diabetes management in schools.

The Diabetes in Schools Program aims to ensure that children with type 1 diabetes are supported in managing diabetes while at school. This program will include the development and implementation of new information and tools to better support parents and families, information for schools principals charged with the duty of care in regard to the school environment; and a targeted, nationally consistent three-tiered training and support program for teachers and school staff about the management of children with type 1 diabetes including insulin administration, hypoglycaemia and normalising diabetes in schools.

Diabetes Australia is working in collaboration with the Australian Diabetes Educators Association, Australian Diabetes Society, the Australasian Paediatric Endocrine Group, JDRF Australia and the education sector in delivering this program.

Type 1 diabetes is a serious and complex condition that requires round-the-clock management, support and care. This includes intensive management with multiple daily injections of insulin or insulin pump therapy, combined with regular monitoring of glucose levels throughout the day. Often, parents have to attend school regularly to administer insulin, or children have to administer their own insulin dose unsupervised and unsupported. In some cases, children may miss lunchtime or other insulin doses, altogether seventy-three per cent of Australian children and adolescents do not meet the recommended blood glucose targets.¹ In some cases, this is because they are unable to receive insulin treatment at school as prescribed by their health care team.² Given a large portion of a child's day is spent at school, improving diabetes management at school is critical if diabetes outcomes for Australian children with type 1 diabetes are to be improved.

¹Phelan, Helen et al. "The Australasian Diabetes Data Network: First National Audit of Children and Adolescents with Type 1 Diabetes". *The Medical Journal of Australia* 206.3 (2017): 121-125. Web.

² Phelan, Helen et al. "The Australasian Diabetes Data Network: First National Audit of Children and Adolescents with Type 1 Diabetes". *The Medical Journal of Australia* 206.3 (2017): 121-125. Web.

Type 1 diabetes is a serious and complex condition. A child can lose consciousness because of very low or high blood glucose levels. Despite the potentially serious short-term health complications of low blood glucose levels and the increased risk of debilitating long-term health complications, there is no nationally consistent approach to support children with diabetes at school, particularly around the safe and legal administration of insulin at school. Students in regional and remote communities may be particularly disadvantaged if unable to access the support of specialised diabetes healthcare teams or appropriately trained school staff.

2. Program Development

The first phase of the Diabetes in Schools Program is now complete. It included a comprehensive needs analysis, legal frameworks review, and stakeholder consultation. The program is now in the design phase, and Diabetes Australia seeks to establish a Diabetes in Schools Program Advisory Committee to support the development of content for the education and training program elements.

The three-tiered training and education modules will ensure principals, and school staff, have the information, support, and skills necessary to support children with type 1 diabetes at school, including insulin administration.

The three tiers will cover:

Tier 1 - Basic diabetes education/information for all school staff;

Tier 2 - Detailed training and education about diabetes management for designated school staff who will be directly involved in supporting students with type 1 diabetes and;

Tier 3 - Practical and more specific training and support for designated school staff that focuses on the individual student and their specific management plan including insulin administration and dosage.

3. Diabetes in Schools Program Advisory Committee Membership

Applications for the Diabetes in Schools Program Advisory Committee close on the April 12 2019 and up to seven (7) members will be selected based on the required skills and experience set out in the Expression of Interest.

During this period, any vacant positions may be filled by Diabetes Australia either nominating a Committee member with the required experience and interest, or by advertising an Expression of Interest.

4. Role of the Diabetes in Schools Program Advisory Committee

The Diabetes in Schools Program Advisory Committee will play a key role in providing advice to the Diabetes in Schools to ensure that the education and training resources; including the website design, is applicable to meeting the needs of parents and carers, school staff and health professionals to manage students with type 1 diabetes while at school.

The Diabetes in Schools Program Advisory Committee will:

- Provide advice to Diabetes Australia that will assist to define and shape the stakeholder relevant content and requirements for the three-tier education package and other supporting resources;

- Provide advice on draft education resources in relation to their suitability in meeting the needs of stakeholders; and
- Provide stakeholder appropriate advice to support the development of a Diabetes in Schools website.

5. Agenda, Minutes & Meeting Papers

Relevant documents and reading material for each meeting will be prepared by the Project Coordinator and the Diabetes in School Program Team. The documents will be circulated prior to meetings.

6. Frequency of Meetings

The Diabetes in Schools Program Advisory Committee will meet at least seven (7) times between May and September 2019. It is expected that two face-to-face meetings will be scheduled, with all other meetings held by teleconference.

It is anticipated that reviewing and providing advice on resource planning, documentation and the website development, in the context of stakeholder needs, will form a major component of work. Committee members will be requested to contribute approximately one to two hours each week to review material outside of meetings.

Meeting frequency may be adjusted, depending on the requirements of the project and member availability.

It is critical to the project delivery timeframes, that all Committee members be available for the following meetings*:

Date (2019)	Meeting type	Meeting Time (AEST)	Information
TBC in consultation with committee members	Teleconference	4:00pm – 5:00pm	Introduction & context
	Face-to-face	Full Day Workshop	Determining resources
	Teleconference	4:00pm – 5:30pm	Review of first draft
	Teleconference	4:00pm – 5:30pm	Review of second draft
	Face-to-face	Full Day Workshop	Thorough review
	Teleconference	4:00pm – 5:30pm	Final amendments
	Teleconference	4:00pm – 5:30pm	Sign off on documents

* We require Committee members to commit to attending a minimum of two (2) teleconferences from the dates outlined above and are available to attend the full day workshops.

* If the requirements of the Program Advisory Committee are required beyond the initial contract period members may be invited to extend their participation.

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* On 23 May 2019 Diabetes Australia is hosting a National Forum in Melbourne. Members of the Program Advisory Committee will be invited to attend. ³

³ Due to the tight turnaround between the formation of the committee and the May 23rd National Forum, Diabetes Australia recognizes some committee members may not be able to attend.

7. Proxies to Meetings

No proxies or alternates may be nominated.

8. Travel Costs

Travel to attend face-to-face meetings will be arranged and paid for by Diabetes Australia in line with the Diabetes Australia/NDSS travel policy.

9. Confidentiality

Documents for the Diabetes in Schools Program circulated by Diabetes Australia, the Program team, or individual members of the Diabetes in Schools Program Advisory Committee; including the minutes and notes from meetings, are confidential and cannot be shared externally. All individual Committee members are required to respect confidentiality of all discussions held during the meetings.

10. Secretariat Support

The Diabetes in Schools Program Team will ensure that the appropriate support and communication is provided to assist the work of the Diabetes in Schools Program Advisory Committee. This will primarily be the responsibility of the Program Coordinator.

11. Remuneration

Committee members, who are not employees of Diabetes Australia (or NDSS Agents, i.e. external experts), can seek remunerator funding for their employing organisation in accordance with the table below.

The intent of the remunerator funding is to compensate organisations for the release of their staff to attend the Program Advisory Committee meetings and additional committee-related work. Seeking remuneration from Diabetes Australia is not mandatory and is at the discretion of the releasing organisation.

Meeting Duration	Remuneration
Teleconference up to 1 hour	\$75
Teleconference more than 1 hour	\$150
Face-to-face meeting up to 1/2 a day	\$200
Face-to-face meeting 1 day	\$400

Note: Further remuneration of up to two hours per week is available to Committee members for work undertaken outside meeting times. Preapproved written authorization from Diabetes Australia required prior to commencement of out-of-hours work.

12. Diabetes in Schools Program Contact Details

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