



Australian Paediatric Society



19TH ANNUAL APS ISPAD DIABETES WORKSHOP

Sustaining Quality
Type 1 Diabetes Care.

Event Program

2026



DATE: FRIDAY 16TH & SATURDAY 17TH OCTOBER 2026

VENUE: SOFITEL BRISBANE CENTRAL (AND VIRTUAL)

Welcome 2026



Dear Colleagues,

On behalf of the Australian Paediatric Society (APS), it is my pleasure to welcome you to the **19th Annual APS ISPAD Diabetes Workshop**, themed **"Sustaining Quality Type 1 Diabetes Care."** APS represents the largest group of clinicians managing Type 1 Diabetes (T1D) across Australia, caring for more than 4,000 children and young people.

APS is strongly aligned with the International Society for Pediatric and Adolescent Diabetes (ISPAD), sharing the goals of best-practice care through education, science and advocacy. Most of our presenters are ISPAD members, and we encourage delegates to consider joining ISPAD.

Since our first meeting in 2005, a central mission of this workshop has been **equity of access to high-quality T1D care**. Advances in insulin delivery, continuous glucose monitoring and automated insulin delivery have transformed what can be achieved, but technology is only one component of quality care. Equally important is access to an experienced multidisciplinary team and the considerable work that occurs beyond scheduled consultations, including case conferencing, asynchronous data review and feedback, after-hours communication, school and ECEC management and education, and individual advocacy for children and families.

These advances, however, bring a new challenge: **how do we sustain quality care?**

Technology is evolving rapidly, complexity is increasing, and diabetes services face significant workforce and resource pressures. Regional

and rural inequities remain, psychosocial and mental-health needs are increasingly prominent, and families continue to carry the relentless day-to-day burden of T1D. Sustaining quality care requires skilled clinical teams, sustainable models of care, strong regional capability, support for families and continued commitment to benchmarking and improving outcomes.

This year's program reflects these challenges, spanning prevention and early-stage T1D, clinical outcomes and AID, nutrition, psychological and family support, the consumer voice, workforce sustainability and building multidisciplinary regional teams, before looking ahead to the next generation of T1D technology. Throughout the workshop, we will ask not only **what is possible**, but **how high-quality care can be delivered equitably and sustainably across Australia**.

We sincerely thank our speakers, sponsors and consumer partners for their support, and Gary Smith and Armchair Medical for their technical support. Thank you also to our Organising Committee, and to every delegate for your continuing commitment to improving outcomes for children and young people living with T1D.

Peter Goss
Chair APS Allergy

Date Friday 16th October

8.45am	Welcome and ISPAD and T1DLC resource update	Peter Goss
SESSION 1	PREVENTION AND CURE	Chair Peter Goss
9.00am	Screening and intervention - where are we?	Rowen Seckold
9.30am	When to Start Insulin In Stage 3 T1D	Bruce King
10.00am	What Can Clinicians Do to Prevent Emotional Issues?	Tara Griffin
10.30am	MORNING TEA	
SESSION 2	DIABETES EDUCATION – AID SYSTEMS	Chair Siobhan Barlow
11.00am	Outcome Targets and Strategies to Reach Them	Richard McGee
11.30am	AIDs Without Food Bolus	Deb Foscett
12.00pm	Travel to a Family Beach Resort with AID	Megan Paterson
12.30pm	Sick days, Alcohol and Intimacy with AID systems	Lucy Casson
13.00pm	LUNCH	
SESSION 3	HOT TOPICS IN NUTRITION	Chair Lucy Casson
14.00pm	ISPAD 2026 Nutrition Guidelines	Carmel Smart
14.30pm	Simplified Carb Counting - Small Medium Large	Clare Slater
15.00pm	How Can We Help Parents to Stay the Distance?	Siobhan Barlow
15.30pm	AFTERNOON TEA	
SESSION 4	T1D WORKFORCE	Chair Carmel Smart
16.00pm	Sustaining T1D care across public/private interface	Anton Harding
16.15pm	Sustaining specialist T1D care in regional Australia	Peter Goss
16.30pm	Group discussion and future action	Panel
17-18.00pm	COCKTAILS & CANAPES	

Date Saturday 17th October

SESSION 5 THE CONSUMER VOICE		Chair Megan Paterson
9.00am	A National Survey of What T1D Consumers Want	Ange Liston-McCaughley
9.30am	T1D in Early Childhood Education Centres	Tamara Boyer
10.00am	Obesity in T1D - Role GLP1 agonists	Andy Cotterill
10.30am	Assisting Siblings of a Child with T1D	Tara Griffin
11.00am	MORNING TEA	
SESSION 6 BUILDING A REGIONAL TEAM		Chair Anton Harding
11.30am	Adapting a Successful T1D Outcome Model	Chris Lawrence
12.00am	Building T1D Nutrition Expertise in Regional Teams	Carmel Smart
12.30pm	Building T1D Psychology Expertise in Regional Teams	Melanie Cullen
13.00pm	LUNCH	
SESSION 7 TECH UPDATE – SPONSOR SESSION		Chair Peter Goss
14.00pm	What’s new from our company	Sponsors
15.15pm	What’s next in T1D technology: A look into the future	Megan Paterson/ Lucy Casson
15.30pm	AFTERNOON TEA	
16.00pm	FINISH	



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APS ISPAD Diabetes Presentations

Day One

Welcome; ISPAD and T1DLC resource update

PRESENTER: Peter Goss, *Pediatrician*

Peter and his wife Jenny (Credentialled Diabetes Educator) comprise Team Diabetes, managing over 80 young people with T1D in Geelong, Gippsland and Melbourne. Peter's interests include T1D at school, T1D advocacy and training and upskilling regional diabetes teams. Peter co-chaired the 2018 and 2024 ISPAD Diabetes in Schools Position Statements, is a ISPAD Schools Special Interest Group Council member and was awarded the 2019 ISPAD Prize for diabetes innovation on behalf of the team who developed the first e-learning school courses for diabetes in schools (t1d.org.au)

Session One

1. Screening and intervention - where are we?

PRESENTER: Rowen Seckold, *Paediatric Endocrinologist*

Rowen has worked at the John Hunter Children's Hospital since 2020 after completing her training there. She was awarded her PhD through University of Newcastle in 2025 focusing on clinical challenges in paediatric type 1 diabetes and her research centred around preschool age children physical activity, eating, and exercise in type 1 diabetes. Rowen is originally from rural NSW and enjoys working in Newcastle as a regional centre and is grateful to be part of such a fantastic diabetes service at the John Hunter Children's Hospital.

Case Scenario:

An asymptomatic 8-year-old child living in regional Australia, approximately 200 km from the nearest tertiary paediatric diabetes centre, undergoes T1D screening because their father developed T1D at age 3. The child is well and asymptomatic. Sole sibling age 5 is antibody negative. Both parents work full time. Screening identifies two positive islet autoantibodies.

The parents ask their GP who refers to the local paediatrician: "Does our child now have type 1 diabetes? What happens next? Is there anything we can do to prevent it?"

Months later, the child has dysglycaemia on OGTT and therefore Stage 2 T1D. What can we offer the family?

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1. Insulin Data on File. QPS-003 Clinical Study Report, 2024. A 13-week randomised controlled trial conducted among 194 adults (age 18-70 years) with type 1 diabetes in France and the U.S., comparing the safety and effectiveness of the Omnipod 5 Automated Insulin Delivery (AID) System versus conventional non-AID pump therapy and CGM (control). At 13-weeks of Omnipod 5 use 130 participants were asked via a System Usability Survey (SUS) if the system was easy to use. 71.5% of participants strongly agreed and 13.2% agreed.

2. Healthcare Professionals reported that Omnipod was the most frequently chosen pump brand in the past year for their patients new to an insulin pump. Segway Partners 2025 Diabetes HCP Perspectives Survey Report (n=289). Segway Partners, LLC HCP Perspectives Report, December 2025. Insulin data on file: 10/2/2025-2025/7.

3. Fontana G, et al. Diabetes Technol Ther (2024). Retrospective analysis of real-world data of the 37,840 Omnipod 5 users with type 1 diabetes who utilized the 110 mg/dL glucose target 6,581 (18.3%) had 80% time in range or greater. Omnipod 5 results based on users with ≥90 days CGM data, ≥75% of days with ≥200 readings available.

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APS ISPAD Diabetes Presentations

2. When to Start insulin in Stage 3 T1D

PRESENTER: Bruce King, *Paediatric Endocrinologist*

Bruce is the Discipline Lead of Paediatric Diabetes and Endocrinology at John Hunter Children's Hospital, NSW which has the best glycaemic outcomes in international SWEET data. Bruce is a long- standing member of the organising committee for the APS/ISPAD diabetes workshop, upskilling regional Australian paediatric diabetes teams. Bruce strongly believes that skilled regional diabetes teams are essential for equitable service delivery and are capable of high-quality outcomes. Bruce leads a research team that has contributed to ISPAD and ADA guidelines. Bruce is a board member of Diabetes NSW & ACT and is a representative for "Life for a Child" in the Solomon Islands, India, and Kashmir.

Case Scenario:

The child is now 9 years old and has been followed locally following progression to Stage 2 T1D. The family has been using intermittent CGM as part of monitoring. Over recent weeks, CGM increasingly shows glucose rising to 10-15 mmol/L after meals, sometimes remaining elevated for 1-2 hours, before returning spontaneously to the target range. Overnight and fasting glucose levels remain largely within range.

The child remains well, with no polyuria, polydipsia, weight loss or other symptoms. Ketones are negative. HbA1c has risen to 6.3%.

The parents ask: "Does this mean our child now has Stage 3 type 1 diabetes? Do we need to start insulin now, even though the glucose comes back down by itself?"

3. What Can Clinicians Do to Prevent Emotional Issues?

PRESENTER: Tara Griffin, *Clinical Psychologist*

Tara is a nationally registered clinical psychologist who was diagnosed with Type 1 diabetes at 14 years of age. She offers support in diabetes management, eating behaviour, bariatric support, chronic health conditions, as well as general psychological conditions. She is passionate about a client-centred approach, working with patients across the lifespan. Tara consults with patients in a variety of settings including private practice, telehealth, and an online program My Health Explained. She is a full member of the Australian Psychological Society (MAPS).

Case Scenario:

A mother attends her teenage son's routine T1D appointment. She appears calm and reports that things are going well. Suddenly, she bursts into tears and begins talking rapidly about her exhaustion, worries about his diabetes, school, glucose levels and the future. She becomes increasingly distressed. Her son looks uncomfortable, glancing between his mother and the clinician. He shifts in his chair, avoids eye contact and gradually shrinks into his chair and withdraws.

What do you do?

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Session Two

4. Outcome Targets in Paediatric T1D and Strategies to Reach Them

PRESENTER: Richard McGee, *Paediatric Endocrinologist*

Richard is the Chair of Paediatrics and Child Health and the University of Newcastle and a paediatric endocrinologist at John Hunter Children's Hospital. His research spans medical education, epidemiology and collaborative research networks in paediatrics. He is Research Program Lead (Child Health), Hunter Medical Research Institute (HMRI) and Co-Chair of CIRCAN. Richard has published more than 100 academic works, including Cochrane systematic reviews.

Case Scenario:

A 3-year-old child was diagnosed with T1D 3 months ago and is using an AID system. The mother is a medical oncologist. The family is highly engaged and reviews the glucose data closely. At follow-up, the mother asks: "I am very interested in what targets should we actually be aiming for? And how do I know whether our child's results are as good as they could reasonably be?" "What constitutes an excellent outcome rather than simply an acceptable one?" "In oncology we measure outcomes and benchmark services. Do paediatric diabetes services know their own outcomes, and should families know them too?"

Advancing safety, inclusion, and care

The National Type 1 Diabetes Council brings together clinical expertise, lived experience and sector knowledge to improve outcomes for Australians living with type 1 diabetes.

Working alongside the Australian Paediatric Society and community partners, we are advancing workforce capability and accredited training pathways to support children with type 1 diabetes.

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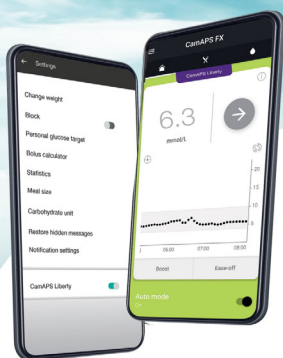
CGM = continuous glucose monitor; HCP = health care professional; * Severe hypoglycaemia 3 mmol/L; † Compatible smartphone is required to pair a new Dexcom G7 sensor with a compatible Apple Watch. To use Share/Follow the smartphone must be within 10 meters of the Dexcom G7; ‡ Smart devices sold separately. For a list of compatible devices, visit dexcom.com/compatibility; § Compared to previous generations of Dexcom systems; || Dexcom G7 is indicated for wear on the back of the upper arm and abdomen for ages 2 years and older, and ages 2-6 can wear on the upper buttocks. Reference: 1 Puhf S, et al. Diabetes Technol Ther. 2019;21(4):155-158; 2 Welsh JB, et al. J Diabetes Sci Technol. 2024;18(1):143-7; Dexcom G7 and any related logos and design marks are either registered trademarks or trademarks of Dexcom, Inc. in the United States and/or other countries. © 2026 Dexcom, Inc. All rights reserved. Australasian Medical & Scientific Limited is a Dexcom company. MAT-16894 Rev001 September 2026

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5. AIDs without food bolus

PRESENTER: Deb Foskett, *Credentialed Diabetes Educator, Nurse Practitioner*

Deb is an ISPAD member who is the Australian pioneer of technology use in diabetes management with over 22 years' experience in initiating insulin pump therapy. Since moving to the Gold Coast, Deb has also led initiation of insulin pump therapy in children from diagnosis. Deb looks forward to the future of volunteer work and membership of her local lawn bowls club.

Case Scenario:

A 15-year-old with T1D is diligent with their diabetes care and uses an AID system. Despite repeated education and encouragement from the diabetes team and considerable parental frustration, they average only **1.1 meal boluses per day**. HbA1c is **7.4%**, glucose SD **4.5 mmol/L**, and time in tight range (3.5 -7.8 mmol/L) is **25%**. The family feels they have exhausted strategies to improve meal bolusing. The adolescent has heard about newer AID systems that may work with little or no carbohydrate counting or meal announcement and asks: "Why can't I just use a system that gives me insulin automatically when I eat?" His mother asks: How important is meal announcement with current AID? What happens when boluses are consistently missed? Can newer systems genuinely manage unannounced meals - and how close are we to effective fully closed-loop insulin delivery?

Day Two

6. Travel to a family beach resort with AID

PRESENTER: Megan Paterson, *Credentialed Diabetes Educator Clinical Nurse Consultant*

Megan has been an integral part of the JHCH paediatric diabetes team since 2013 and completed a PhD at the Hunter Medical Research Institute in 2020. Megan has translated personal experience to a passion for the best possible education, management and outcomes for children and adolescents with T1D and has a special interest in working with schools, preschools and other situations that manage children with T1D and has served on the ISPAD Science School.

Case Scenario:

An active 6-year-old with T1D is managed with an AID system. At a routine appointment, the family tells you they are travelling to Bali for a family holiday in 2 months.

The parents have been reading online about airport security scanners and whether pumps and CGMs can safely pass through them. They are also unsure how much diabetes equipment and backup insulin they should take, how it should be carried and what documentation they need.

They reassure you that managing diabetes should be easy because they plan to "spend most of the holiday lazing around the pool."

How should we prepare this family for international travel? What advice is required regarding airport security, carrying and storing insulin and diabetes technology, backup plans for pump/AID failure, swimming and device adhesion, heat, altered activity and food, illness and ketones - and what should they do if something goes wrong overseas?

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7. Sick days, Alcohol and Intimacy with AID systems

PRESENTER: Lucy Casson, *Credentialed Diabetes Educator, Paediatric Diabetes Nurse Practitioner*

Lucy was the senior diabetes nurse at Sydney Children's Hospital, Randwick from 2005 -2017 and has extensive experience in helping children and their families manage T1D. Lucy is passionate about diabetes technologies, co-owns Total Diabetes Care (a private practice in Sydney) and visits families in their homes and a variety of practice settings.

Case Scenario:

A 17-year-old with T1D uses an AID system and generally achieves good glycaemic outcomes. They are becoming increasingly independent, have a steady partner and have recently started attending parties and occasionally drinking alcohol. After one party they vomited overnight and were unsure whether this was due to alcohol, gastroenteritis or diabetes. Their glucose was not particularly high, so they assumed DKA was unlikely and went back to sleep.

They ask whether alcohol, and staying overnight away from home require any changes to their AID system.

Session Three

8. ISPAD 2026 Nutrition Guidelines

PRESENTER: Carmel Smart, *Paediatric and Endocrine Dietitian*

Carmel is a clinical researcher and practitioner who is internationally recognised as a leading authority in paediatric diabetes. Carmel holds appointments as a Senior Diabetes Dietitian at the John Hunter Children's Hospital and as Nutrition Research Lead Diabetes, Hunter Medical Research Institute. Carmel has recently been awarded the 2026 ISPAD Lestradet Prize for Education and Advocacy. Carmel has enjoyed working with a great team and wonderful families for over 25 years and is prominent in ISPAD activities.

9. Simplified Carb Counting - Small Medium Large

PRESENTER: Clare Slater, *Accredited Practising Dietitian and Credentialed Diabetes Educator*

Clare has specialised in diabetes for most of her 16-year career. Originally from Brisbane, she has worked on the Gold Coast, in the UK, in Mount Isa, and spent seven years working as a Diabetes Dietitian at the Royal Children's Hospital Melbourne. She returned home to Brisbane in 2023 after the birth of her second child and is currently the Senior Dietitian in Paediatric Diabetes at West Moreton Health. She is also a Dietitian Diabetes Educator at the new Mater Hospital in Springfield in the diabetes in pregnancy service and works privately providing diabetes education in the early learning sector.

Case Scenario:

15-year-old with T1D using AID has persistent difficulty estimating carbohydrate amounts and entering them into the pump. When they do bolus, they frequently enter 50 g regardless of the meal, and approximately half of their meals and snacks have no carbohydrate entry at all. A friend with T1D has suggested abandoning carbohydrate counting and instead using three fixed entries - Small, Medium and Large - regardless of the actual carbohydrate content of the meal. The parent asks: "Wouldn't an approximate bolus be better than no bolus? Does this approach actually work, is it safe, and will they enter carbohydrates more consistently if we make it this simple?"

APS ISPAD Diabetes Presentations

10. How Can We Help Parents to Stay the Distance?

PRESENTER: Siobhan Barlow, *Diabetes Specialist Nurse Practitioner, Credentialed Diabetes Educator*

Siobhan has extensive clinical experience in diabetes care across rural, remote and regional communities and is passionate about improving outcomes for people and families living with diabetes through clinical leadership, education, advocacy and research. Siobhan is Chair of the Board of the Type 1 Foundation, contributing to advocacy and initiatives supporting people affected by type 1 diabetes. As a parent of a son living with type 1 diabetes, she brings both professional expertise and lived experience to her work in diabetes.

Case Scenario:

A 15-year-old has had T1D since age 4. For more than a decade, their parents have managed the relentless demands of diabetes - night-time alarms, carbohydrate counting, sport, school, sick days, appointments and responding to glucose data. With adolescence, their child increasingly wants independence, frequently misses meal boluses and becomes angry when parents ask about diabetes. Attempts to help are described as "nagging", while stepping back results in deterioration in glucose outcomes. The parents are exhausted. They acknowledge that diabetes has affected their relationship, family activities and attention available to their other children. How can parents sustain involvement in T1D care over childhood and adolescence without burnout? How should responsibility be transferred to the young person, and when should parents step in or step back? What can diabetes teams do proactively to support parental wellbeing, family relationships and the transition towards independence?

Session Four

11. Sustaining T1D care across the public–private interface

PRESENTER: Anton Harding, *Consultant Paediatrician, Melbourne*

Anton established the Paediatric Diabetes Service at the Austin Hospital in 1994 and the Young Adult Diabetes Service (YADS) in 2008, managing around 200 patients with T1D. His private diabetes practice commenced in 1989 has expanded to manage around 160 patients with an average HbA1c between 6.6-6.8% many of these with common paediatric comorbidities.

Overview:

Can contemporary paediatric T1D care be sustained across public and private practice? Increasing use of CGM, pumps and AID, together with growing multidisciplinary and between-visit care, is challenging traditional models of service delivery and funding. This presentation explores the viability of private T1D care, pressures on tertiary services, workforce and funding gaps, and what a sustainable public–private model might look like.

12. Sustaining specialist T1D care in regional Australia

PRESENTER: Peter Goss, *Consultant Paediatrician*

Overview:

Can children with T1D living outside major centres receive specialist care comparable with that available in tertiary services? Contemporary T1D management requires multidisciplinary expertise, diabetes technology, remote data review and support extending well beyond scheduled consultations. This presentation examines the workforce, logistics and economics of sustaining specialist T1D care regionally, and asks whether the clinical outcomes, reduced hospital utilisation and improved access achieved justify the resources required.

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Session Five

13. A National Survey of What T1D Consumers Want

PRESENTER: Ange Liston-McCaughley, *T1D Parent, CEO and Founder Type 1 Foundation*

Ange created the Type 1 Foundation, an Australian charity in 2015 after experiencing the massive support gap for families following the traumatic diagnosis of T1D her then 9-year-old daughter. The T1F now supports thousands of Australian families with their emotional journey of T1D connecting them to a community of Type 1 families. Ange has passion and tremendous skills in organising and delivering support services including organising large-scale T1D family events.

Overview:

Almost 3,000 Australians living with T1D, or caring for someone with T1D, responded to a national consumer survey in just 11 days. Independent of government funding and institutional agendas, the survey provides an unusually direct insight into the lived experience of T1D in Australia. This is the consumer voice, unfiltered: what are people living with T1D telling us, and are we listening?

14. T1D in Early Childhood Education Centres

PRESENTER: Tamara Boyer, *T1D Parent, CEO National Type 1 Council*

Tamara has a diverse professional background with senior leadership roles across a range of sectors, giving her a unique skill set, including the ability to balance the competing objectives of diverse stakeholders whilst adhering to complex legal and regulatory frameworks. Since her son was diagnosed with T1D in 2010 at 13 months, Tamara has actively engaged in the health sector, applying the principles gained from her professional experience to advocate for improved health programs and sector compliance. Tamara has held appointments on the Royal Children's Hospital Statutory Patient Safety Committee, is the current Chair of the National T1D Council and is an ISPAD parent member.

Overview:

Children with T1D in early childhood education and care (ECEC) require staff who can safely undertake glucose monitoring, insulin administration and emergency management, yet Australia has lacked a nationally consistent framework for training, competency and authorisation. This presentation follows the work of the Australian Paediatric Society and National T1D Council in bringing these concerns before Commonwealth and Victorian parliamentary inquiries, the findings and recommendations that followed, and the next steps towards a nationally consistent and sustainable framework for safe and inclusive T1D care in ECEC.

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15. Obesity in T1D - Role of GLP1 agonists

PRESENTER: Andy Cotterill, Paediatric Endocrinologist

After a distinguished career in paediatric endocrinology spanning Brisbane and London, Andy Cotterill has embraced retirement with enthusiasm. He is now learning the finer points of farming, childcare and becoming a competent sous-chef, while attempting to maintain his fitness through running and Pilates. His advice to colleagues contemplating the next chapter? "Retirement -I recommend it!"

Overview:

An 18-year-old Year 12 student diagnosed with T1D at age 10 has experienced progressive weight gain, with BMI increasing from 22 to 39.9 kg/m², although her weight has remained stable for the past 3 years. She now uses AID and has an HbA1c consistently below 6.5%. She is very concerned about her weight, exercises daily and reports significant dietary restriction, with <100 g carbohydrate entered into her pump most days but has been unable to lose weight. She has researched GLP-1 receptor agonists and asks to commence Wegovy (semaglutide). She understands that treatment may be expensive and has taken a part-time job specifically to help pay for it. Her mother attends and asks: "What evidence is there that this works and is safe in someone with T1D using AID? How would we manage her insulin, hypoglycaemia and ketosis risk? And what happens if she stops treatment?"

The multidisciplinary team also raises whether further assessment is required before commencing treatment and what should the goals of therapy be? How should semaglutide be initiated and monitored alongside AID, and what are the implications of potentially long-term treatment?

16. Assisting Siblings of a child with T1D

PRESENTER: Tara Griffin, Clinical Psychologist

Case Scenario:

An 8-year-old whose 10-year-old sibling has had T1D for 18 months has recently begun having behavioural problems at school, including increasing irritability and aggression. There were no significant behavioural concerns before their sibling's diagnosis.

At home, the child has become more demanding and argumentative. During an angry outburst at a parent, they shout: "I wish I had diabetes too! Then you would care about me as much as you care about them."

Session Six

17. Adapting a Successful T1D Outcome Model

PRESENTER: Chris Lawrence Paediatric Endocrinologist, JHCH and Gosford Hospital, NSW

Chris is completing his PhD at the University of Newcastle with a focus on improving outcomes for young people with T1D in rural, remote and low-income settings. He also has a clinical and research interest in disordered eating and T1D.

Overview:

For decades, John Hunter Children's Hospital has achieved outstanding T1D outcomes in Australia and internationally. But can the key elements of a successful tertiary model be translated to regional services with smaller teams and fewer resources? This presentation explores which components matter most, what can be adapted rather than replicated, and how regional centres can use multidisciplinary care, technology and smarter models of service delivery to achieve high-quality T1D outcomes with limited resources.

18. Building T1D Nutrition Expertise in Regional Teams

PRESENTER: Carmel Smart, Paediatric and Endocrine Dietitian

Overview:

Access to dietitians with specific T1D expertise can be challenging in regional services. Dietitians may have limited diabetes experience, positions may be part-time or transient, and some teams may have no specialist dietitian at all. This presentation explores how regional services can build T1D nutrition capability within their multidisciplinary team: what core competencies are required, what education and upskilling opportunities are available, how specialist expertise can be accessed remotely, and how teams can maintain safe, contemporary nutrition care despite limited local resources.

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19. Building T1D Psychology Expertise in Regional Teams

PRESENTER: Melanie Cullen, T1D Parent, Psychologist

Melanie is a registered psychologist and a leading advocate for the mental health of people living with T1D in Australia. Melanie is the Mental Health Program and Healthcare Engagement Lead at Breakthrough T1D, where she brings a long history of working in the diabetes field across both the public and private sectors. She is also the mother of an emerging adult who was diagnosed with T1D at 2 years, giving her a deeply personal connection to the community she serves.

Overview:

Psychological and behavioural challenges are common in children and adolescents with T1D, yet regional diabetes services often struggle to access and retain psychologists with diabetes-specific expertise. While general mental health services may be available, clinicians may have limited familiarity with the demands of T1D management, diabetes technology and the complexities of working within a multidisciplinary diabetes team.

How can we develop and sustain psychological expertise within regional T1D services?

Drawing on lived and clinical experience, this presentation will explore practical approaches to diabetes-specific education and clinical upskilling. It will consider opportunities for mentoring, clinical supervision, remote consultation and collaboration with established diabetes psychology services, with particular emphasis on developing sustainable psychological expertise within regional multidisciplinary T1D teams.

Session Seven

20. What's New?

PRESENTER: Participating sponsors

A series of brief presentations from workshop sponsors highlighting recent developments, newly available technology and significant upcoming innovations from their companies.

21. What's Next in T1D Technology? - – A Glimpse into the Future

PRESENTER: Megan Paterson and Lucy Casson

A rapid look beyond current Australian practice: what is already available overseas, what is approaching clinical use, and what might change T1D management over the next few years?

Workforce capability, safety, & participation

- children with type 1 diabetes in early childhood education & care

Evidence from a national parent survey

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1. National T1D Council, 2. Type 1 Voice, 3. Type 1 Foundation, 4. Team Diabetes Geelong Australia

BACKGROUND

Increasing numbers of families of young children with type 1 diabetes (T1D) seek access to early childhood education and care (ECEC) services. ECEC services include childcare and preschool.

Safe participation requires employees who are trained, authorised and competent to manage insulin administration, glucose monitoring, nutrition and diabetes emergencies. Despite this, there is little published Australian evidence describing families' experiences in accessing and participating in ECEC.

AIM

1. To examine Australian parents' experiences of children with T1D attending ECEC, with particular emphasis on child safety, workforce capability, participation and inclusion, and impact on parental employment.
2. To validate the perceived need for regulated T1D diabetes training for ECEC employees.

METHODS

Anonymous national online parent survey of all Australian states and territories with descriptive analysis of responses during October 2025.

The questions explored:

- Participation in ECEC services
- T1D diabetes training for employees
- Parental confidence in ECEC employees
- T1D emergency response and management
- Child safety
- Impact to parental workforce participation

A Survey for Type 1 Parents

★ Type 1 Diabetes in
Childcare, Early
Learning & Preschool ★



RESULTS

Parents of 83 T1D children responded to the survey. This represents approximately 25% of children with T1D currently enrolled in ECEC services in Australia.

Geographic distribution of respondents is consistent with the distribution of children with T1D across Australia.

34% VIC 31% NSW 13% QLD 22% OTHER STATES & TERRITORIES

Access and Participation

83% of T1D children kept home due to safety concerns

Challenges in participating in ECEC (%)

YES NO

Child kept home due to safety concerns 83% 17%

Child experienced challenges participating 78% 22%

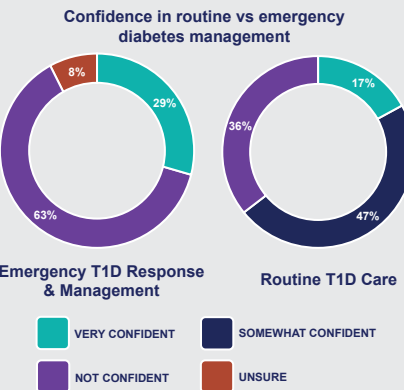
Always treated the same as peers 28% 72%

Family Impact

81% of parents have had their ability to work impacted

Confidence in ECEC employees

63% of parents NOT confident in the ability of employees to respond to T1D first aid requirements



Workforce Capability

100% of parents support formal, regulated T1D training & qualifications for ECEC employees

Impact of Training

Parents identified formal training & qualifications WILL improve:

96%
Child safety

98%
Participation & inclusion

60% Parents know that there is NO formal, regulated, accredited T1D training for ECEC employees.
34% Parents mistakenly believe there is formal training.
6% Parents are unsure.

DISCUSSION

Parents consistently identified substantial barriers to the safe and equitable participation of T1D children in ECEC.

The survey identified:

- Widespread concerns regarding workforce capability;
- Low levels of confidence in the management of diabetes-related emergencies;
- Frequent exclusion from ECEC services due to safety concerns; and
- Significant adverse effects on parents' workforce participation.

There was a remarkable level of consensus regarding the required solution, with every respondent (100%) supporting the introduction of formal, regulated T1D training and qualifications for ECEC employees.

Many families (approx. 1/3) mistakenly assume that employees undertaking complex and potentially life-critical diabetes care have received accredited training.

However, no nationally accredited training and governance framework currently exists for employees supporting children with T1D in either the Australian ECEC or school sectors. This includes the federally funded Diabetes in Schools program by Diabetes Australia. Diabetes in Schools does not constitute nationally accredited training or provide a regulated workforce capability and authorisation framework.

Accordingly, the existing Diabetes in Schools program model cannot simply be transferred into ECEC and will not, in itself, address the workforce capability, governance and compliance requirements of the ECEC sector.

Approx 6 months after the survey was conducted, the Australian Government Senate Committee's final report into the quality and safety of the ECEC sector, dated 31 March 2026, confirmed a critical systemic gap: the absence of an accredited training pathway enabling ECEC employees to safely undertake the time-critical tasks required to support children with type 1 diabetes.

CONCLUSION

The survey findings support the development of a nationally regulated accredited training framework for ECEC employees who provide T1D first aid and complex diabetes care, including insulin administration. Such a framework should address the compliance and safety needs so to provide protection for children, families, employees and ECEC service providers.

- Nearly 4 in 5 families experienced participation challenges.
- More than 80% reported effects on employment.
- Almost two-thirds lacked confidence in emergency management.
- 100% supported formal workforce training for ECEC employees.
- Parents overwhelmingly believed workforce training would improve both child safety and participation.

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