

# **ADAPT CERTIFICATION MANUAL**

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## **About this manual**

ADAPT is an approach to improving the support for students with Type 1 Diabetes at university.

*This manual is for ...*

- university well-being teams
- health/medical centres associated with universities
- university and health centre senior management

*This manual was written by ...*

- the ADAPT team in Colchester, led by Professor Gijbert Stoet (Psychologist) and Dr. Emily Foster (NHS General Practitioner)

*This manual ...*

- explains the ADAPT approach for support of students with Type 1 Diabetes (T1D)
- gives instructions on how to implement the ADAPT approach
- gives instructions on how to acquire the ADAPT certification

*Abbreviations used in this manual*

- T1D: Type 1 Diabetes
- ADAPT (definition of 5 key features in support of student with T1D, see below)
- CGM: Continuous Glucose Monitor
- NHS: National Health Service
- Uni: Colloquial short for "University"

## **Rationale**

Improved support for students with T1D is justified because living with T1D is enormously challenging for the following reasons:

- T1D requires frequent monitoring of rapidly changing glucose levels
- T1D requires multiple insulin injections daily, and the doses need to be adjusted with every meal depending on a variety of factors
- Insulin dosing is difficult and is often not correct leading to "out-of-range" blood glucose values
- Out of range blood glucose values make people feel unwell, which can lead to lack of concentration, need for rest, exhaustion, and sometimes hospitalisation if not treated in time.

- T1D shortens life expectancy
- People with T1D frequently suffer from depression and are more likely to take their own life.

Currently university students with T1D experience problems

- Recent research shows that 26% of UK university students with T1D are hospitalised for preventable complications; hypoglycemia, hyperglycemia and ketoacidosis are common
- Few universities know how many students with T1D they have, or how many students with T1D receive a reasonable adjustment plan.
- Specific information or programmes to support students with T1D at university is extremely rare.

### Main aims of ADAPT

- To improve the physical and mental well-being of university students with T1D
- To help students with T1D to flourish at university and to succeed academically
- To educate university students with T1D how to live confidently with T1D now and after graduation

### Numbers of students with type 1 diabetes

Prevalence of T1D differs between countries. One of the best and most recent publicly available estimates for the UK is [based on this research article](#). This study found that in Wales, the prevalence was 0.32% in the general population and 0.52% in the age group 15 to 29.

In the UK, there were 2.8 million students in the last available year (2021/2022). Most students are between 18 and 25 years old. Because we do not have exact prevalence for this age bracket, we can safely assume that if university students are a reflection of the general population that the number of students with T1D will most likely be somewhere between 9000 and 14000. However, we believe that the real number of students with T1D might lower based on students indicating this during registration.

### Key features of ADAPT

ADAPT is an acronym describing five key features of support for students with T1D

- **A**ge appropriate interaction and treatment of students with T1D
- **D**iabetes education for students with T1D on campus
- **A**cademic support taking into account the challenges of T1D
- **P**sychological support on campus for students with T1D
- **T**ogetherness of teams and students with T1D

*Age appropriate interaction and treatment of students with T1D*

We know that young people with T1D often do not engage well with those who can provide support to them. For example, they commonly miss medical appointments. Rather than laying all responsibility with the students of T1D, we accept that we need to take into account that students with T1D are faced with such a difficult situation, that we need to put additional effort in supporting them. We also need to take into account that brain development is not completed until around 25 years old. We need to look after this group differently than we would look after middle aged or older adults. We also need to take into account that students with T1D have just left paediatric care or have very recently been diagnosed, such that they are less likely to know exactly how to best look after themselves. This requires a more directive and pastoral approach both at university and within the associated health care settings.

### *Diabetes education for students with T1D on campus*

Diabetes Education is key to living well with T1D. Even though many university students will have been diagnosed recently, few receive structured education during their study. This is frustrating, especially given that university students are eager learners and given that universities have all the facilities and resources to make teaching excellent. The ADAPT programme aims to bring diabetes education to the campus. On top of that, staff need to be educated on how T1D affects their students.

### *Academic support taking into account the challenges of T1D*

Looking after students with T1D is best done by involving the academic services teams. For example, students with T1D should from the start be supported with a reasonable adjustment plan. This adjustment plan means that departmental disability liaisons and personal tutors (if in place) will be informed by the health services – this ensures that these students are most likely to receive the support they are entitled to.

### *Psychological support on campus for students with T1D*

Students with T1D often find it difficult to disclose their diabetes and often hide their diagnosis when making new friends and can find it difficult to make the correct decisions regarding their management. Research suggests that well-controlled students with T1D do not differ in terms of mental well-being from students without T1D. Poorly controlled students, however, do have more psychological problems. Further, students with T1D reported lower quality of life than those without T1D.

We believe that helping students with managing their diabetes directly improves their mental well-being. A problem is, however, that many struggle with diabetes self-management, as this is particularly difficult – even more so because students often do not receive structured diabetes education (when it is available, it usually clashes with the lecturing time table).

We believe that lowering barriers to participation in social events and increasing access to diabetes education has the potential to improve their quality of life. For example, making it easy to count carbohydrates in food outlets makes it easier to participate. And with structured diabetes education, it is easier to self manage diabetes.

Mental well-being should be supported through a range of activities and one-to-one counselling with a therapist experienced in diabetes should be an option. There is good evidence across all patients with diabetes that peer-support groups offer excellent psychological support and have an impact on health outcomes. At university these groups improve social isolation and enable students to learn about management from their peers.

Personal-tutoring that includes conversations with students about their diabetes in the context of university life, and mental-wellbeing group sessions for students with diabetes are other useful tools for psychological support.

### *Togetherness of teams and students with T1D*

Care for people with T1D is often very much compartmentalised, even at universities. In the ADAPT approach, different teams work together and share information such that students experience that they are looked after well, rather than being looked after in completely incoherent ways by different groups of people.

Further, the ADAPT approach focuses on bringing teams together as well as students with T1D together, possibly in the attention of students with other types of diabetes. Students are so supported by knowing and supporting each other.

### The people and teams necessary for providing ADAPT

A university wishing to adopt the ADAPT approach for supporting its students with T1 needs to get the following people and teams together.

#### *The university well-being team*

Typically, universities have a team of staff providing services for students with disabilities and long-standing health conditions. This team plays a crucial role in implementing the ADAPT programme.

#### *A staff coordinator for students with T1D*

The university needs to identify one person with a leading role in coordinating the ADAPT approach. This person can be a member of the well-being team or an academic staff member. This person must have excellent knowledge of T1D. This person will be involved with all other involved teams and the students.

The main duty of this person is ensuring the ADAPT approach is implemented. Example activities this person may undertake are the following:

1. Communicating with healthcare providers, such as an on-campus GP or a local diabetes specialist service
2. Helping to organise on-campus social events for students

3. Helping to organise on-campus diabetes education (e.g., finding a suitable educator, booking a room, broadcasting the event to students with diabetes and other potential stakeholders)
4. Reviewing barriers students with T1D may experience, communicating about this with a university disability/well-being team and trying to resolve the issue

### *A healthcare team*

Many universities (in the UK) work closely together with a health-care facility. A number of universities have an on-campus primary care facility or one within walking distance. And some universities will have a medical school. If no such facility is on campus or near campus, the university needs to establish a relationship with a medical facility or medical doctor for advice.

### The first steps to adopting the ADAPT approach at your university

Adopting the ADAPT approach at your university will take time and effort. It should be pointed out that the ADAPT approach is not a medical intervention – instead, it is an approach on how to organise people and procedures such that support for students with T1D is excellent.

#### Step 1

If you are interested in starting the ADAPT approach at your university, you should ideally start with the following two actions:

1. Have a conversation with different groups of people (more below)
2. Think about who would be a suitable *staff coordinator for students with diabetes*.

The initial conversations with different groups should involve:

1. Students with T1D: Identify their levels of support and their needs.
2. For on campus GPs reviewing data on the number of students with Type 1, how many meet the 8 treatment targets and how many are engaged with a diabetes health care team. For GPs serving students off campus, introduce a mechanism for identifying those type 1 patients who are also students and allow data on these patients to be reviewed separately from the remaining type 1 patients.
3. The well-being team: Identify how well students with T1D are looked after; is there an awareness of the needs of these students?
4. Senior management: For example, discuss the needs for improvement with the senior management coordinator for education (in the UK, this is the Pro-Vice Chancellor for Education) and, if available, the disability lead of the university.

#### Step 2

Once the staff coordinator for students with diabetes has been identified, this person needs to take a number of actions toward adopting the ADAPT approach. There are three different

levels of ADAPT adoption, namely Bronze, Silver, and Gold. It is best to start at aiming to implement the Bronze level standard and from there expanding to the Silver and Gold standard.

Below, we have explained the different features. See also overview Table 1.

|   | <u>Bronze</u> | <u>Silver</u> | <u>Gold</u> |
|---|---------------|---------------|-------------|
| Have a “staff coordinator for students with diabetes”   | x             | x             | x           |
| Dedicated web page with information for students with T1D   | x             | x             | x           |
| Dedicated web page with information for staff about T1D   | x             | x             | x           |
| Run at least 7 social events throughout year  | x             | x             | x           |
| Mass email all students to identify students with T1D   | x             | x             | x           |
| Provide free medication fridge for students with T1D in student accommodation                           | x             | x             | x           |
| Reasonable adjustment plan for identified students with T1D   | x             | x             | x           |
| Report annually to ADAPT team   | x             | x             | x           |
| Offering on campus diabetes education by trained professionals  |               | x             | x           |
| Annual interview with students with T1D to identify barriers and successes in managing T1D during study |               | x             | x           |
| Collaboration between healthcare and university teams   |               | x             | x           |
| Provide a monthly diabetes clinic on campus   |               |               | x           |
| Provide carbohydrate information in university food outlets   |               |               | x           |
| Provide on-campus structured education  |               |               | x           |

Below, we explain for each of the points in Table 1 what needs to be implemented at your university and possibly at your health care centre.

### Bronze standard

In order to qualify for ADAPT bronze level, universities need to provide the following:

*Have a staff coordinator for students with T1D*

There must be a staff coordinator for students with diabetes. This can be an academic staff member or a member of the well-being team. The member of staff will need to have excellent knowledge of T1D and needs to have excellent personal tutoring or psychological skills. The staff coordinator for students with diabetes needs to interact regularly with the T1D group of students and be involved in organising events for these students.

*Have a dedicated webpage with information for students with T1D*

The university website must have a specific site with information for students with T1D. On this website, for example, there should be information about what students with T1D will be offered and what they can expect.

*Have information for staff about how students with T1D can be supported*

Many universities have a section for teaching staff on how to support students with disabilities. This section should include a section for the support of students with type 1 diabetes.

*Run at least seven social events for students with T1D*

Events for students with T1D are places where these students can socialise with each other as well as with relevant staff. These events need to be exclusively organised for students with diabetes.

Ideally, these events are held monthly during term time. During these events, free catering or lunch needs to be provided to lower the barrier of participation.

During the meetings, staff need to point to diabetes education events, encourage students to participate in NHS structured diabetes education, and discuss topics relevant to diabetes self management.

*Mass email all students asking students with diabetes to respond*

One of the challenges is to ensure the university knows who has T1D. Currently, the HESA classification for disabilities does not have this as a separate category and few well-being teams keep a record of these students. Therefore, the university must reach out to all students with the question if students have diabetes, such that they can respond and put on a mailing list for meeting and event invitations. We recommend that this email is sent out at the beginning of the first term of teaching.

*Medication fridge*

If the university has its own accommodation, all students with T1D need to be offered a free medication fridge.

*Reasonable adjustment plan*

All students who came forward as having T1D should be offered a reasonable adjustment plan. As part of this plan, at the very least the following needs to be offered:

- Being allowed to have mobile phone (with wifi on) on desk such that all diabetes technology can be accessed at all places including exams (see notes below),
- Being allowed to submit coursework up to 7 days late without further form to be filled (i.e., default extenuating circumstances),
- Being allowed to start exams later on day of exam if needed due out-of-range blood glucose,
- Being allowed at least 25% extra time and an opportunity for rest during exams,
- Access to a suitable rest/break room during exams,
- Being allowed to bring food/snacks at any meeting

Universities might find it challenging to allow a student to use their mobile phone in an exam. Universities may be worried about academic offences. The university, however, needs to understand that it is a small group of students and that the student with T1D needs to be able to use their medical devices via the phone and that a family member might be connected to these devices as well. Wifi on the phone might be used for the tracking function as well as for connectivity with other medical systems. It would be unreasonable to see the potential of an academic offence as more important than the use of a medical device. Also, not allowing a student access to a medical device creates potential liability issues for the university.

In order to minimise the risk of academic offences, we recommend the following:

- Make sure the student sits close the invigilator
- Make sure the invigilator checks regularly.

### *Report back to ADAPT*

At the end of the year, the staff coordinator for students with diabetes needs to report an end-of-year report (separate document). This report ensures that the central ADAPT team receives feedback and can share good practice with all teams.

### Silver standard

In addition to the bronze level, in order to reach the ADAPT silver standard universities need to offer the following.

### *Annual diabetes and study review*

Students with T1D need to be invited at least one time during the academic year to discuss in a one-to-one setting how they currently manage their diabetes in conjunction with university life. The main aims of this interview are:

- Identify barriers related to T1D the student with T1D experiences while studying



- Ensure students optimally benefit from the ADAPT approach
- Identify how the students benefit from what the university offers and what can be done better

These interviews can be done by either the staff coordinator for students with diabetes or a member of the well-being team. Depending on the number of students with T1D, these interviews can be done by different staff members. These interviews should be at least 15 minutes long and ensure that students have the opportunity to reflect on barriers and successes of adapting to university life with T1D.

The university needs to review the barriers and unaddressed needs as identified in these interviews and report back to ADAPT in the end-of-year report.

The rationale for these interviews is that we might not know what barriers there are for students. The individual nature of these interviews ensures that the students' personal challenges can be discussed.

#### *Offering on campus diabetes education by trained professionals*

The university has to offer at least two events of diabetes education by a trained professional, such as a dietician, diabetes nurse, or medical doctor. For example, this event can be during one of the social events in which a trained diabetes educator provides a carbohydrate counting lesson or a lesson about diabetes technology

#### *Collaboration between healthcare and university teams*

In order to attract the right type of professional, the university needs to ask the nearest diabetes specialist services for advice in providing an appropriate diabetes educator.

Further the staff coordinator for students with diabetes must work together with the health care team in order to ensure that there is a bi-directional flow of information about providing optimal support. The coordinator for students with diabetes must also ensure that the well-being team and the health care team exchange relevant information.

#### Gold standard

In addition to being silver standard, in order to reach the ADAPT gold standard universities need to provide the following.

#### *Provide a monthly diabetes clinic on campus during term time*

Universities need to work together with an NHS primary care or diabetes specialist care within walking distance of the main university campus. This facility needs to offer a monthly diabetes clinic during which specialist diabetes health care providers are present, for example, to help with questions about insulin pumps or about changing insulin type.

### *Provide carbohydrate information in university food outlets*

Major campus food outlets need to provide carbohydrate counts for foods and drinks. This helps students with T1D to inject the correct amount of insulin for consumed meals. This helps students with T1D to participate in having food on campus with peers and to be better integrated.

### *Provide on-campus structured education*

Students must be offered to follow structured diabetes education on campus (e.g., DAFNE).

### How to apply for ADAPT certification

In order to be allowed to use the ADAPT logo on your website, you need to take the following steps.

For the ADAPT Bronze standard certification, you need to fill in the ADAPT certification form and confirm that you have implemented all aspects of the Bronze section. The ADAPT Bronze standard can be self-certified. This means that as long as you send us your self-certified form, you are allowed to use the logo.

For the ADAPT Silver standard certification, you need to fill in the ADAPT certification form and await approval from the ADAPT central team in Colchester.

For the ADAPT Gold standard certification, you need to fill with the certification form. The ADAPT team will visit your campus for a full review and certification. The certification form can be found [HERE](#) (link to be added).

### The ADAPT logo

There is a logo for each of the three levels. The ADAPT logo helps prospective students with T1D to recognise diabetes friendly universities.

There are three levels of review.

For the Bronze level, a university can self certify. The university still needs to inform the ADAPT team about this.

For the silver level, a university must apply with a certification submission.

For a gold level, we will visit the institution for certification.