Partnering with Disability Services to develop a Disability Action Plan

Feel like a fish out of water?

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What is Intellectual disability (ID)?

Used to be called Mental retardation until the introduction of DSM-V

Intellectual Disability (Intellectual Developmental Disorder) requires three criteria
1. Deficits in intellectual functioning;
2. Deficits in adaptive functioning and
3. Onset during developmental period
What the literature tells us....

- The biggest barrier limiting people with an intellectual disability (PWID) to fully participate in society are the attitudes of others (Findler, Vilchinsky & Werner, 2007).

- Within the “hierarchy of disability’, intellectual disability is ranked as one of the least accepted disabilities (Panek & Jungers, 2008).

- It is the second most discriminated group after people with schizophrenia (Scior & Furnham 2011).

- Our policies have not translated to public positive attitudes towards PWID.

- Policies that improve community inclusion, wellbeing, educational attainment, employment, support seeking behaviours consider community knowledge and understanding (Ouellette-Kuntz, Burge, Brown, & Arsenault 2010; Scior2011)

- Scior and Furnham (2011) need to look beyond knowledge but ID literacy

- The beliefs, knowledge and attitudes of the significant other, determines what supports PWID receive and how well their rights are protected (Murray and Powell 2008).

- PWID are aware of their negative treatments by others towards them (Mc Manus, Feyes & Saucier 2010) impacting PWID’s wellbeing and self-esteem (Mc Manus et al., 2010) and leads to social isolation and feelings of disempowerment (Abbott & Mc Conkey 2006; Jahoda & Markova 2004).
What our local data told us.....

• One in five people in Australia have a disability.

• Almost 90 per cent of disabilities are invisible.


• 6% of people in the Illawarra and Shoalhaven have a severe or profound disability

• Source: Australian Bureau of Statistics, 2011
Intellectual Disability Sector became a lobby group

MOU, Education sessions, Admission and Discharge issues

Resource Folder
So what changed?
Policy and accreditation changes within Health at a National level helped place disability back on the agenda.
The level of consumer engagement changed.
Planning for a ISLHD Disability framework that addresses mainstream services

- Leadership
- Governance
- Education
- Effective communication
- Meaningful Engagement
- Procedures/Practices meet patient needs
Consumers involved at every level

Priority 1: Our Buildings and Services are Physically Accessible for People with Disabilities and their Carers

Priority 2: Our information is available in a range of formats for People with disabilities and their Carers.

Priority 3: People with disabilities and their Carers are assisted to fully participate in ISLHD consultations and in decision making.

Priority 4: ISLHD policies, procedures and practices are inclusive and effective in meeting the diverse needs of people with disabilities and their carers.

Priority 5: Employment opportunities for PWD in ISLHD are increased and supported.
The Launch of the ISLHD DAP

- A three year plan with shared roles and responsibilities for both ISLHD and Partners
- Executive responsibility for priority area

- DAP is a tool to keep ISLHD accountable and community informed

So what has happened since?
Engaging with consumers and disability services has improved processes. Together we have:

- Worked with Consumers to better understand their Rights and responsibilities
- Developed, tested and reviewed resources
  *intranet page
- Conducted Access-ability audits in five of our nine hospitals
- Delivered staff training with consumers and carers
  *Goal to skill and support

Health
Illawarra Shoalhaven Local Health District
We are providing information that is easy to use and understand…

YOUR RIGHTS

Information for patients, clients, carers, families, consumers & visitors

As a patient, client, carer, family member, consumer or visitor of the Illawarra Shoalhaven Local Health District you have the RIGHT to:

ACCESS
To use the health services that you need.

PARTICIPATION
To be involved in decisions about your care.

SAFETY
To be treated with a high standard of care in a safe environment.

PRIVACY AND CONFIDENTIALITY
Have your health information kept private unless it’s okay to share.
“Being involved in the rights and responsibility video, inspired me and gave me confidence. It also gave me trust in the hospital system and I hope this video will help others.” Laura

A big Thank you to Amanda Kirwin for supporting Laura and Karen make the video & Enza McNaught for her support.
Increased Staff awareness

Angela’s Story

Angela is a young woman with Down Syndrome. She lives independently with in-home disability supports. Angela comes to hospital for bi-lateral carpal tunnel surgery. The Doctor asks if she can manage at home after the surgery, and Angela says “yes”. She is discharged on Friday into the care of her Guardian.

On Monday Angela is visited by a community nurse who discovers that Angela has been at home alone unable to perform any self care duties due to the surgery. The community nurse rings the discharge planner. This is the first time that the discharge planner has been contacted. Home services had been suspended when she was admitted to hospital. No arrangements were made to reinstate home services. Angela was readmitted to hospital.
And we have worked together to change processes and systems

“...the ISLHD and NGO's partnership: has effected positive change for people with a disability accessing the health system; is truly inclusive in its approach and genuinely engages with people who have a disability to help inform best practice across the health service”. John Wood LWB
Consumers are engaged in our service planning, delivery, monitoring and evaluation.
What we need to do next...

With the guidance from Mark Sheridan, ISLHD Disability Liaison CNC we will be:

- Reviewing our current policies
- Improving our identification processes
- Increasing suite of Disability education packages for staff
- Service evaluation
Lessons learned

Framework
Investment
Sustainability
Health Literacy
Inclusivity
National Standards

Work collaboratively
Accountable & SMART
Take calculated risks;
Tiered approach
Engagement is varied
Respect and report back

NSW Government Health
Illawarra Shoalhaven Local Health District