

- Multi-agency team (including a Carer) examining discharge case studies

What people have told us

- Consumer /Carer interviews about their experience of the health system

What people have told us

What people have told us

- Health Managers /Clinicians talking about health services

What people have told us

- Researchers discussing research activity and gaps



2 Clinical Nurse Consultants

(one from health, one from ADHC),

2 Managers (one from health, one from

ADHC), **a mother** whose

daughter had recently been

to hospital, **2 clinicians** (one from regional and one from remote NSW)

examined the discharge

journeys from hospital and

found(pg. 31)

Their discharge planning, expectations of support and date for discharge often suggested hospital staff thought supported accommodation employed nurses.

Before discharge show the person with disability and their Carer what needs to be done at home, but also let them practice it before they leave hospital. Written information may need to be in easy English and have pictures.

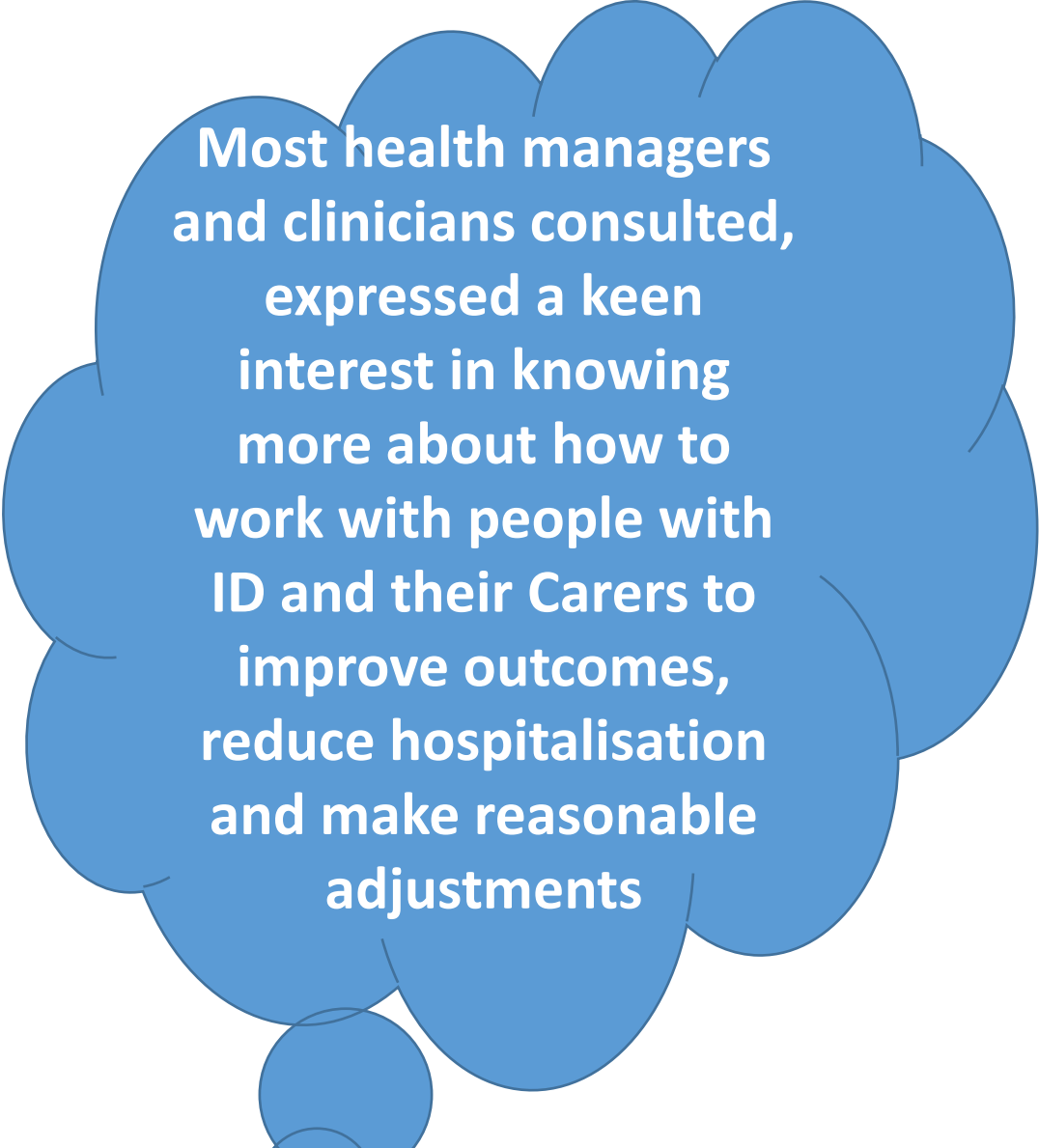
Discharge planning and collaboration between agencies worked best when guided by policy.

Each NSW Local Health District Chief Executive nominated a person / group of people to speak with about ID. **More than 80 conversations later...**

(pg. 23)

An orange speech bubble with a tail pointing downwards and to the left, containing text.

Do you have any suggestions for improving health services for people with intellectual disability and their Carers?

A blue thought bubble with a tail pointing downwards and to the left, containing text.

Most health managers and clinicians consulted, expressed a keen interest in knowing more about how to work with people with ID and their Carers to improve outcomes, reduce hospitalisation and make reasonable adjustments

This work grew from a single conversation. **A Carer from regional NSW in a sub committee spoke of her experience and**

(Real People, Real Lives pg. 70)

“The introduction of a health summary card for people with complex needs would make an enormous difference for all of our lives.”

“She (LHD Carer Support Worker) has been an advocate for us so we can advocate for our son. She has also understood the complex needs of our whole family not just Daniel’s medical needs.”

“What our issue is at any time may be really different to the main issue for professionals. No one asks us what our worries are.”

Academics, Researchers and
Clinicians told us about
research in the area of ID:

**What is happening, what
isn't happening and where
it needs to happen....**(pg. 28)

ID and Mental Health for groups other than adolescents

Older people with more severe ID

People with ID from culturally and linguistically diverse backgrounds

Effectiveness of CBT for people with ID

Suitable sedation eg for dental examination

Strategies to include people with ID in research (and not just research about ID)

Modifying broader health campaigns

Effective communication strategies in hospital

Mealtime safety



Drivers of Change in NSW as identified by the ID Health Network

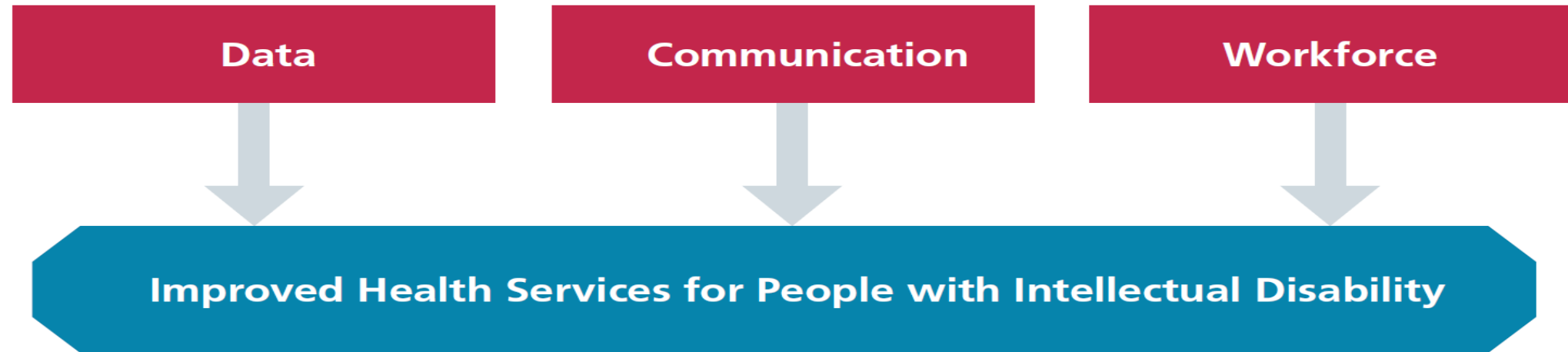
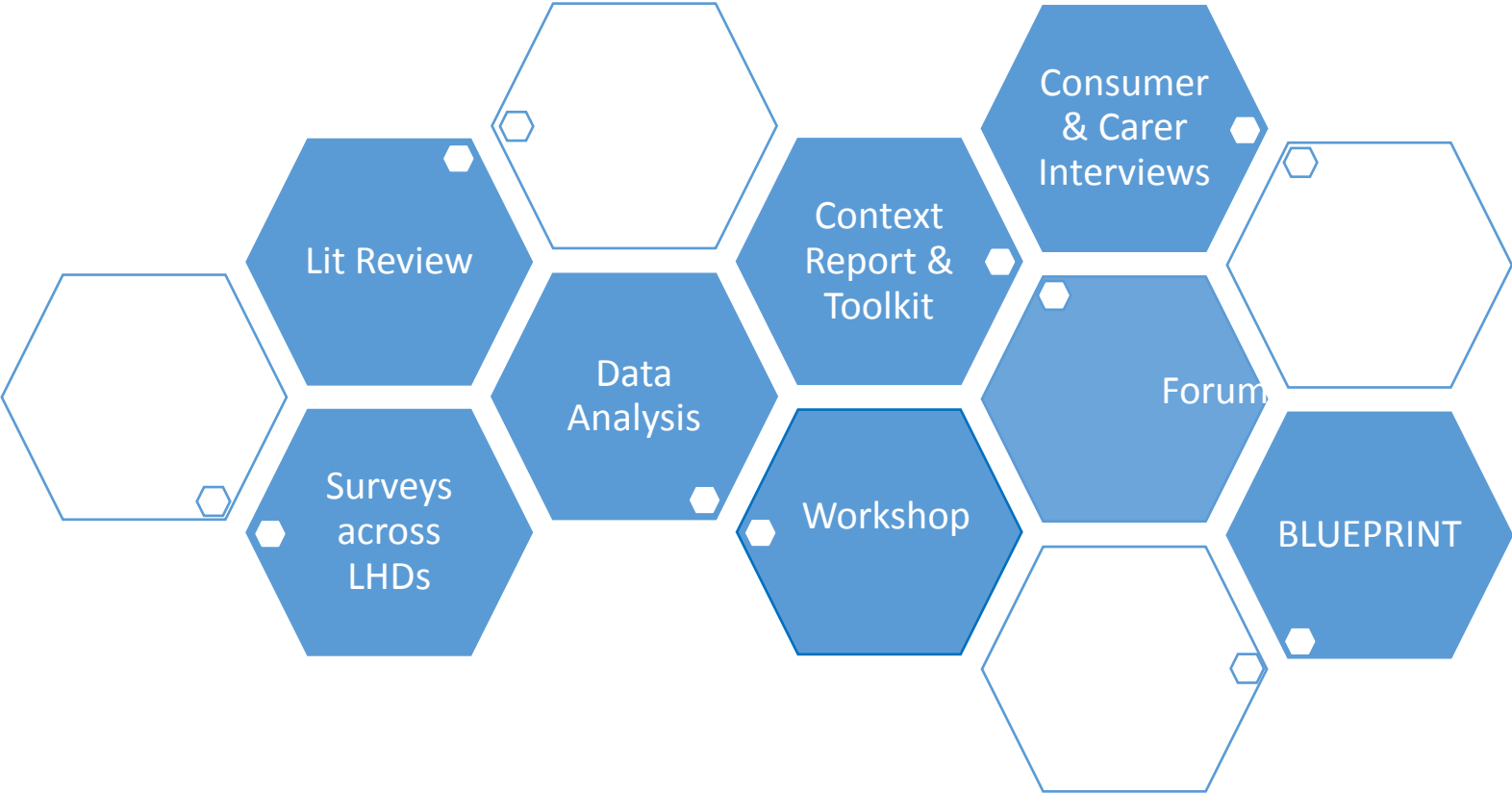


Diagram 1: The Identified Drivers of Change in NSW as identified by the IDHN.

The Pieces of the Puzzle



The consultation, feedback and working in partnership continues through this process of shaping the Blueprint and beyond to implementation and evaluation.