

**Supporting people
with an intellectual disability to live
ordinary lives in ordinary places**

**SHAPING THE FUTURE
OF INTELLECTUAL DISABILITY
NURSING IN IRELAND**

-
- ✘ Commenced in 2013
 - ✘ Draft report 2016
 - ✘ Published Sept 19th 2018
 - ✘ 32 Recommendations

- ✘ **Theme 1:** Person-Centredness and Person-centred Planning
- ✘ **Theme 2:** Supporting Individuals with an Intellectual Disability with their Health, Well-being and Social Care.
- ✘ **Theme 3:** Developing Nursing Capacity, Capability and Professional Leadership
- ✘ **Theme 4:** Improving the Experience & Outcomes for Persons with an Intellectual Disability and their Families

PROJECT AIM

- × To determine the future role of the Registered Nurse in Intellectual Disability (RNID) who provides health and social care services to individuals with an intellectual disability and their families/carers in a changing landscape.

- ✘ *“Integrated workforce planning will require senior nurses, planners and managers of services to examine the deployment of RNIDs to ensure that they are assigned to and supported in any emergent new roles.”*
- ✘ *“It is imperative that RNIDs are embedded in primary care services and utilise their expertise in consultative and coordinating activities.”*

PERSON-CENTREDNESS AND PERSON-CENTRED PLANNING

Recommendation 1

- ✘ RNIDs will continue to ensure that their practice is informed by the values and principles of person-centredness and person-centred support in the assessment, planning and delivery of health and social care with individuals with an intellectual disability in all settings.

Recommendation 2

- ✘ RNIDs will receive further professional development in supporting the self-determination of individuals with an intellectual disability through, for example, advanced advocacy training.

Recommendation 3

- ✘ The HSE will develop specific policy and systems for professional supervision within intellectual disability services in accordance with the HSE's overall HR circular on clinical supervision. RNIDs will be supported to engage with regular and effective professional supervision to ensure that the values of person-centredness are applied consistently in practice.

PERSON-CENTREDNESS AND PERSON-CENTRED PLANNING

Recommendation 4

- ✘ The focus, knowledge, skills and competence of the RNID will be central to the interdisciplinary, community based model of support for individuals with an intellectual disability.

Recommendation 5

- ✘ RNIDs and professionals from other disciplines will work collaboratively to support individuals with an intellectual disability live ordinary lives in ordinary places.

Recommendation 6

- ✘ The RNID will be supported to undertake additional training to understand the components of the Assisted Decision-Making (Capacity) Act (2015). This will include the need for legally recognised decision-makers to support a person to maximise their decision-making powers and for RNIDs to develop an understanding of what this means for staff supporting individuals with an intellectual disability.

SUPPORTING INDIVIDUALS WITH AN INTELLECTUAL DISABILITY WITH THEIR HEALTH, WELLBEING AND SOCIAL CARE

RNIDs should be enabled and supported to work with family carers across the lifespan with a particular focus on:

- (a) management of complex health needs;
- (b) supporting families and person with intellectual disability with planning for and implementing transitions across the lifespan;
- (c) encouraging health promotion habits and behaviour;
- (d) supporting management of enduring conditions;
- (e) offering palliative care when needed.

SUPPORTING INDIVIDUALS WITH AN INTELLECTUAL DISABILITY WITH THEIR HEALTH, WELLBEING AND SOCIAL CARE

Recommendation 7

- ✧ Individuals with an intellectual disability will have access to the specialist knowledge and skills of the RNID across primary, secondary and tertiary care settings.

Recommendation 8

- ✧ Consideration will be given to the development of liaison roles within acute hospital services based on service need, to support the individual with an intellectual disability throughout their entire acute hospital journey.

Recommendation 9

- ✧ RNIDs will be prepared to undertake, as required leadership and governance roles within health and social care services for individuals with an intellectual disability and will be clearly identified as key members of multidisciplinary teams.

SUPPORTING INDIVIDUALS WITH AN INTELLECTUAL DISABILITY WITH THEIR HEALTH, WELLBEING AND SOCIAL CARE

Recommendation 10

- ✦ Specialist RNID roles in a range of locations will support individuals with an intellectual disability with regard to their health needs; for example in community agencies, acute hospitals, day services, schools and other educational facilities, workplaces, legal and business services and the criminal justice system. Such roles will be based on identified service need.

Recommendation 11

- ✦ RNID's as well as other team members, will undertake a care management and liaison role ensuring timely and appropriate access to health services for individuals with an intellectual disability.

DEVELOPING NURSING CAPACITY, CAPABILITY AND PROFESSIONAL LEADERSHIP

“if the requirement for CNS and RANP roles has been recognised and enshrined in our national health and nursing policy and legislation for all individuals requiring access to our health services why would an individual with an intellectual disability be precluded from such expertise...”.

DEVELOPING NURSING CAPACITY, CAPABILITY AND PROFESSIONAL LEADERSHIP

Recommendation 12

- ✘ Pre and post-registration educational curricula will be strengthened to better prepare RNIDs to respond effectively to the increased complexity of health, well being and social care needs of people with an intellectual disability across the lifespan.

Recommendation 13

- ✘ A broader range of intellectual disability placement opportunities will be developed for undergraduate nursing students and new supervision guidelines developed so that RNID supervision requirements do not preclude the utilisation of some important placement opportunities.

Recommendation 14

- ✘ Continuing professional development and postgraduate education programmes for RNIDs will be developed in response to the changing care and support requirements of individuals with an intellectual disability across the lifespan. These will be delivered using a blended learning approach as appropriate.

DEVELOPING NURSING CAPACITY, CAPABILITY AND PROFESSIONAL LEADERSHIP

Recommendation 15

- ✦ Higher Education Institutions will further develop collaborative partnerships with intellectual disability services to enhance the skills and competencies of nurses and to ensure positive health outcomes for individuals with an intellectual disability.

Recommendation 16

- ✦ Individuals with an intellectual disability will increasingly be involved in the design and delivery of education programmes and policy.

Recommendation 17

- ✦ RNIDs will ensure their practice is evidence based by strengthening their involvement with practice development initiatives, availing of continuing professional development, engaging with research activity and participating in professional supervision.

DEVELOPING NURSING CAPACITY, CAPABILITY AND PROFESSIONAL LEADERSHIP

Recommendation 18

- ✘ RNIDs will be actively involved in the development of policies, procedures, protocols and guidelines to support intellectual disability nursing practice.

Recommendation 19

- ✘ In the context of integrated workforce planning, a national staffing framework; inclusive of decision support tools to calculate nurse staffing requirements within intellectual disability services will be developed based on the best available international evidence.

Recommendation 20

- ✘ Clinical Nurse Specialist and Advanced Nurse Practitioner roles will be developed in accordance with Nursing and Midwifery Board of Ireland criteria and in response to identified service need. These roles will be designed to specifically address disparities in health policy implementation, health service delivery and health outcomes for individuals with an intellectual disability

DEVELOPING NURSING CAPACITY, CAPABILITY AND PROFESSIONAL LEADERSHIP

Recommendation 21

- ✘ Consideration will be given to the appointment of joint posts between intellectual disability services and higher education institutions to further progress the development of evidence based intellectual disability nursing practice.

Recommendation 22

- ✘ Leadership development programmes will be provided for nurses working at all levels within intellectual disability services.

Recommendation 23

- ✘ RNIDs throughout the health sector will explore mechanisms to network and share practice and research including the use of journal clubs, networks, conferences and seminars and social media. RNIDs are also encouraged to build networks with colleagues at Community Health Organisation level to be informed about local developments and training opportunities. RNIDs are also encouraged to further develop professional networks with the international “Strengthening the Commitment” steering group which spans membership from Northern Ireland, Scotland, Wales, England and Ireland.

DEVELOPING NURSING CAPACITY, CAPABILITY AND PROFESSIONAL LEADERSHIP

Recommendation 24

- ✦ RNIDs will respond to contemporary health, well-being and social care policy recommendations and will provide leadership to ensure its timely implementation.

Recommendation 25

- ✦ Opportunities will be created for RNIDs to contribute to national policy; in particular addressing health disparities for individuals with an intellectual disability.

IMPROVING THE EXPERIENCE & OUTCOMES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY

Recommendation 26

- ✘ Nurse leaders and others who are designated Persons in Charge within intellectual disability services will be supported to undertake and engage in relevant education and provided with subsequent support to develop a systematic approach to quality measurement and improvement.

Recommendation 27

- ✘ Nurse leaders and Persons in Charge will participate in the wider professional nursing fora at a regional, national and international level and engage in quality related development activities.

Recommendation 28

- ✘ The capacity and capability of nurses within intellectual disability services will be developed to implement and evaluate evidence -based quality improvement methodologies through the provision of relevant education programmes and subsequent support.

IMPROVING THE EXPERIENCE & OUTCOMES FOR INDIVIDUALS WITH AN INTELLECTUAL DISABILITY

Recommendation 29

- ✘ Nurses at all levels working in intellectual disability services will access, use and evaluate the resources and tools developed by the HSE's Quality Improvement Division to achieve a culture of person-centred quality care which is continuously improving.

Recommendation 30

- ✘ RNIDs will be supported to undertake training in the HSE national risk assessment and safety management guidance for intellectual disability services. The RNID should be key in its application to practice; specifically in areas of incident reporting, investigation and using findings to inform learning and change.

Recommendation 31

- ✘ RNID practice will demonstrate an acknowledgement of the dynamic nature of risk, ensuring that there is ongoing multidisciplinary and collaborative review

CONCLUSION

Recommendation 32

- ✦ Services for persons with a disability, in partnership with the Office of the Nursing and Midwifery Services Director will establish the appropriate structures and processes to lead, drive and monitor the implementation of recommendations 1-31 of this report.

Over the coming weeks a Joint Implementation Group comprising Service User representatives, RNIDs, HSE, Staff representative organisations, Educators, NMBI and other relevant stakeholders will be established to undertake this work.

CONCLUSION

Their role in respect to each of the recommendations will be to:

- a) Develop a detailed action plan
- b) Identify who has lead responsibility
- c) Identify the resources required (human and financial)
- d) Outline the time frames for the implementation of the recommendations
- e) Drive and monitor the implementation plan.

A formal evaluation of the implementation of the recommendations will be undertaken in 5 years from publication.

Thank You