



RNID--CANDO

***Campaign For
Excellence***



Irish Nurses and Midwives Organisation
Working Together

Cuts to Intellectual Disability Services

- The overall budget for disability services has been reduced by €159.4 million or 9.4% since 2008
 - Staffing has been reduced, across the sector, by up to 15% with a significant reduction in the number of registered specialist (RNID) nursing staff employed
 - The Respite Care Grant was cut by over €300 in 2013 (19%)
 - The Housing Adaptation Grant Scheme was cut by 56% between 2010 and 2014
 - In April 2015, 21,821 people remained on waiting lists for speech and language assessments and interventions - 5,200 children with a disability will require speech and language therapy for the first time between 2014 and 2018
 - More than 15,300 people are awaiting assessment by an occupational therapist, with 2,409 children waiting for over a year*

- 28,749 people were waiting for a physiotherapy assessment in April 2015*
- There is a growing waiting list for Personal Assistant services (207) and home help services (296)* (** It is not known how many of the people, on these waiting lists, have an intellectual disability in addition to these other disabilities*)
- Living with a disability in Ireland can have extra costs ranging from €207 to €276 per week
- Disability Allowance, Blind Pension, Invalidity Pension and the Carer's Allowance were cut by an average of 4.1%
- Over 3,000 people with disabilities remain accommodated in large congregated settings with roughly only 100 per year moving to live in the community
- Supplementary Welfare Allowance cut by 5.1% in 2011

Information from Disability Federation of Ireland pre-Budget 2016 submission, A Manifesto for Community Inclusion - Inclusion Ireland, CIL & Down Syndrome Ireland and Inclusion Ireland & Down Syndrome Ireland - Pre-Budget Submission 2015.



Registered Nurse Intellectual Disability

The role of the R.N.I.D. in all stages of the life and development of a person with an Intellectual Disability.

The Specialist in Intellectual Disability

R.N.I.D.





WHAT THE R.N.I.D. CAN DO NOW TO OPTIMISE THE LIVES AND HEALTH OF INDIVIDUALS WITH INTELLECTUAL DISABILITIES

How the R.N.I.D. can optimise the lives and health of individuals with Intellectual Disabilities.

Full utilisation of the role of the R.N.I.D., across all four stages of life, will ensure the full potential of the individual is realised while enjoying the fullest integration with their family and community.

The R.N.I.D. is competent to provide ongoing care and support for the young person with ID and their families, as they grow from child to young adult.

This support and care should be provided through a flexible approach e.g. 7/7 with evening and early morning home visits to maintain home routine and ensure appropriate support.

The R.N.I.D. is equipped to work with diverse groups of infants and children including but not limited to:

0-5years

1. Specific syndromes e.g Down Syndrome
2. Children with Global Developmental Delay
3. Children with complex medical needs
4. Children with a diagnosis of Autism and learning disability



REQUIRED ACTION:

It is imperative the R.N.I.D. be linked to maternity hospitals.

TO ensure all babies born with an intellectual disability are immediately partnered, with the R.N.I.D. (key member of the Primary Care Team), in order to help families to understand the situation and plan for the future.



5-18 years



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This support and care should be provided through a flexible approach e.g. 7/7 with evening and early morning home visits to maintain home routine and ensure appropriate support.

5-18 years The R.N.I.D. can:



1. Provide regular support, guidance
2. Undertake specific assessments pertaining to areas of speciality
3. Continue the provision of training to families
4. Act as an advocate for the child and their families within the health care team.
5. Provide specific training to other staff and clinicians.
6. Promote health promotion.
7. Participate in wider community work
8. Give ongoing support and training to parents and siblings.
9. Assist the child and family as they move through primary school, secondary school and then to adult day services, ensuring the process is planned well in advance.



REQUIRED ACTION:

It is crucial that the R.N.I.D., and the role they must play, is central to all service development particularly in Primary and Community services.

Currently, there is no provision for the R.N.I.D. which greatly weakens service quality and ignores the needs of these citizens.



18-40 years old



The R.N.I.D. provides care, practical support and education for families and clients in the transition from adolescence to adulthood.

R.N.I.D. can:

1. Continue to support ongoing skills teaching and behavioural supports, which are rights based, and dependant on the needs of the young adult.
2. Conduct in-depth behavioural analysis
3. Support the family via education training and practical support within the home including accessing respite
4. Accept referrals from G.P. behavioural distress.
5. Provide specialist on-going training of other family members, friends and other staff.
6. Establish a clear business case for the on-going need of the CNS/ANP in behaviours of distress.
7. Develop behavioural support plans in the family home, school and community settings.



40 years to old age

This is the stage of life in which growing numbers of persons, with I.D. will be found.

The R.N.I.D. is key to the provision of all supports recognising the challenges ageing will bring.

Age related disorders/diseases come to the fore at this stage of the life cycle (may occur much earlier than in the general population) in particular dementia and Alzheimer's Disease. This requires specialised supports and intervention within the competence of the R.N.I.D.



The R.N.I.D. can:

Provide ageing specific supports for the person with ID for example:

- Determining need for specialised care living.
- Ensuring close living as appropriate with peers / families.
- Provide assessment and screening for diseases/ disorders e.g. dementia.
- Manage and control the symptoms appearing with these diseases.
- Ensure availability and access to appropriate respite care services.
- Develop and provide appropriate home care packages.
- Provide care, support and education in the process of ageing.
- Palliative care provisions.



REQUIRED ACTION:

Specialist roles in palliative and dementia care.

Develop and deliver home support services to maintain community living.

Development of C.N.S. liaison to support care when in acute health care settings.

This is an area as with the changing demographic across the whole of society, where expert services will be required in the years ahead.



