A focus on removing barriers to diabetes care services makes it easier for people with disability to access and successfully engage with health organisations. This resource is provided by Jayne Lehmann, Credentialled Diabetes Educator, to support improved diabetes care of people with intellectual disability across Australia. It is presented as a word document so you can complete the planning on-line. Alternatively, increase the space allowed for each row to enable information to be written in each section. Then print and complete.

**How to use:**

1. Read through the barriers to accessing quality diabetes health services under each of the sub-headings below.
2. Tick the ones that you think apply when PWDID try to access your health service. Add others as they are identified under ‘Other’
3. Consider and type/write down the actions that could be taken to decrease the impact in the “Actions we can take to decrease impact” column.
4. Identify each step you can take to address the barrier – creating a to do list in the “Steps required to achieve” column.
5. You will end up with a to do list to work on the steps to improving access to your service by people with intellectual disability.

Go to [www.edhealth.com.au](http://www.edhealth.com.au) and check-in to DE@Connect to find quality information focussed on grassroots diabetes care and education.

Diabetes care resources, staff education and consultancy services are available on the site to support quality care of people with intellectual disability.



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| **Health Services** | | | |
| **√ applies**  **Step 2.** | **Step 1: Barrier to access** | **Step 3: Actions we can take to decrease impact** | **Step 4: Steps required to break down the barrier to quality diabetes care for people with diabetes an intellectual disability (PWDID).** |
| [ ] | Health services target needs of the majority  Example. | Identify needs of people with diabetes and intellectual disability | 1. Review advertising. Add images of people with disability. 2. Contact disability care service re accessing diabetes care for clients 3. When seeing people with ID ask them what will help them to get the most out of the services? |
| [ ] | Funding/staffing pressures |  |  |
| [ ] | Key performance outcomes expected to be achieved |  |  |
| [ ] | Physical design of the service |  |  |
| [ ] | Usually no specialty disability/diabetes services |  | **√** [www.edhealth.com.au](http://www.edhealth.com.au) for resources |
| [ ] | Limited staff to support people with 1:1 needs |  |  |
| [ ] | Difficult to coordinate appointments |  |  |
| [ ] | Cost of private services |  |  |
| [ ] | Attitudes/fear/altered expectations/assumptions about PWDID |  |  |
| [ ] | Health access is necessary for all according to the UN rights of people with disability |  |  |
| [ ] | Other: |  |  |
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| **DE/CDEs and Health Care Professionals** | | | |
| **√ applies**  **Step 2.** | **Step 1: Barrier to access** | **Step 3: Actions we can take to decrease impact** | **Step 4: Steps required to break down the barrier to quality diabetes care for people with diabetes an intellectual disability (PWDID).** |
| [ ] | Lack of knowledge, experience, skills in care of PWDID |  | **√ Ask for professional development on care and education of PWDID to be added to education programmes** |
| [ ] | HCPs think nurses available in disability support |  |  |
| [ ] | Few DE/CDEs with expertise to create knowledge/ care strategies/resources for PWDID |  | **√ Purchase the Diabetes Care and Support of People with Intellectual Disability or Acquired Brain Injury Manual and Resources to use in your work with people with diabetes.** [**www.edhealth.com.au**](http://www.edhealth.com.au) |
| [ ] | Lack of evidence base to disability health care |  |  |
| [ ] | Average age of HCPs – less experience of mainstream schooling of PWID |  |  |
| [ ] | Attitudes/fear/altered expectations/assumptions about PWDID |  |  |
| [ ] | Lack of resources within services to support people with disability |  | **√ Visit DE@Connect on the** [**www.edhealth.com.au**](http://www.edhealth.com.au) **website for grassroots diabetes education articles, resources and information, including care of PWDID.** |
| [ ] | Limited and often inaccurate understanding of the disability support system |  |  |
| [ ] | Other: |  |  |

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| **Support Workers** | | | |
| **√ applies**  **Step 2.** | **Step 1: Barrier to access** | **Step 3: Actions we can take to decrease impact** | **Step 4: Steps required to break down the barrier to quality diabetes care for people with diabetes an intellectual disability (PWDID).** |
| [ ] | Provide majority of support |  |  |
| [ ] | Limited training/skills in health care/support |  | **√ Recommend the Diabetes Care in the Community education programme and Manual/resources for support workers.** [**www.edhealth.com.au**](http://www.edhealth.com.au) |
| [ ] | Cooking skills and food knowledge may be poor |  |  |
| [ ] | Care plans not written in a format support workers can follow |  |  |
| [ ] | Lack of continuity with changing support workers |  |  |
| [ ] | Decreasing community nurse support makes healthcare delivery harder or more unpredictable – especially re insulin management |  | **√ Recommend the Diabetes Care in the Community education programme and Manual/ resources for insulin management by support workers.** [**www.edhealth.com.au**](http://www.edhealth.com.au) |
| [ ] | Team leaders are not nurses. Likely to be a carer promoted. |  |  |
| [ ] | Care plans lacking a practical and simple way to tell support workers how to action goals and healthcare. |  |  |
| [ ] | Other: |  |  |

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| **Disability Support Services** | | | |
| **√ applies**  **Step 2.** | **Step 1: Barrier to access** | **Step 3: Actions we can take to decrease impact** | **Step 4: Steps required to break down the barrier to quality diabetes care for people with diabetes an intellectual disability (PWDID).** |
| [ ] | Limited funding for health support – none in the NDIS |  |  |
| [ ] | May not know how to get training for insulin initiation using support workers |  | √ Recommend Diabetes Care in the Community programme [www.edhealth.com.au](http://www.edhealth.com.au) |
| [ ] | Employ support workers and usually no nursing staff |  |  |
| [ ] | Often limited policy and procedure around diabetes care support |  | √ Recommend Jayne Lehmann’s consultancy services. [www.edhealth.com.au](http://www.edhealth.com.au) |
| [ ] | Service responsible for ensuring support staff can meet the needs of each individual. |  |  |
| [ ] | Responsible for staffing – potential lack of continuity due to staffing pressures |  |  |
| [ ] | Disability support services may not know what a diabetes educator does or how to see one |  |  |
| [ ] | Other: |  |  |

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| **People with disability** | | | |
| **√ applies**  **Step 2.** | **Step 1: Barrier to access** | **Step 3: Actions we can take to decrease impact** | **Step 4: Steps required to break down the barrier to quality diabetes care for people with diabetes an intellectual disability (PWDID).** |
| [ ] | Anxiety/fear - overwhelmed by new experiences |  |  |
| [ ] | Sensory/ processing issues |  |  |
| [ ] | Communication barriers |  |  |
| [ ] | Diabetes care needs to work in different places |  |  |
| [ ] | See lots of different health professionals |  |  |
| [ ] | Waiting room can be challenging for them |  |  |
| [ ] | Not always able to follow instructions |  |  |
| [ ] | Past experiences e.g. may not have had lots of food variety, negative hospital experience |  |  |
| [ ] | Who provides support if in casualty/inpatient |  |  |
| [ ] | Don’t assume can’t pay |  |  |
| [ ] | Poor care planning to support quality diabetes care |  |  |
| [ ] | Limited private hlth insurance |  |  |
| [ ] | Rely on staff to communicate between their health organisations for them |  |  |
| [ ] | Support workers can find it hard to let the person do as much for themselves as possible. (Do with – not for) |  |  |
| [ ] | Other: |  |  |



[www.edhealth.com.au](http://www.edhealth.com.au)