

Current models of health service delivery for people with intellectual disability

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Executive Summary: The Social Policy Research Centre (SPRC), UNSW Australia, conducted a literature on current models of health service delivery for people with intellectual disability. The review was commissioned by the New South Wales Agency for Clinical Innovation (ACI) Intellectual Disability Health Network as part of the *Blueprint* that ACI is developing to deliver improved health services for people with intellectual disability in NSW. This document reports the findings of the literature review.

The review focused on publications in English language from January 2011 to January 2015. Keyword searches were undertaken in four databases: PsycINFO, Social Science Citation Index, Medline and CINAHL; in these latter two databases relevant keywords were searched only as MeSH (Medical Subject Headings) terms.

The review identified nine models of health service delivery for people with intellectual disability, seven from the UK and two from Australia. All the models identified in the literature review stress the need for interagency collaboration. It seems to be increasingly accepted that generic models of health care are not resourced sufficiently to appropriately meet the needs of people with intellectual disability. Integration of the expertise from specialist services within mainstream services is often presented as potentially the most advantageous approach. This approach entails a way of delivering services based on co-operation and integration between generic and specialist teams.

The models were categorised along two main conceptual axes: the type of interagency framework they propose, whether multidisciplinary or interdisciplinary, and their approach to serving people in remote locations, whether based on central hubs or including outreach services. In particular, multidisciplinary frameworks are described as teams of professionals from different disciplines who approach the client from their own perspective and then meet to review the clients' needs in 'case conferences' which are usually undertaken in the absence of the client. Interdisciplinary frameworks consists of multi-professional teams whereby practitioners from different professions often meet the client at once, integrating their disciplinary approaches into a single consultation and more often involving clients in any discussions regarding their condition, prognosis and the plans about their care.

The majority of models addressed the wider health service needs of all people with intellectual disability. Four models focused on the interactions between health services in specific life passages: post-school transitions, hospitalisation,

and end of life care. Five of the reviewed models were multidisciplinary and centralised: the Community Intellectual Disability Services (UK), the Tertiary specialist services (UK), and the Learning Disability Liaison Nurses (UK), person-centred planning, and the model for partnership practice between specialist palliative care and intellectual disability services. Two of the reviewed models were multidisciplinary and decentralised: the Hub-and-Spoke model (Australia) and the Birmingham Social Policy Research Centre 2015 2

Assessment and Treatment Service (UK) and two were interdisciplinary, decentralised models: the 'Fair Horizons' model (UK) and the 'wobbly hub and double spokes' (Australia). The review did not find any interdisciplinary, centralised models. None of the literature met the systematic review standards of high research quality, because it did not include rigorous evaluations.

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To read the whole document please visit <https://www.sprc.unsw.edu.au/newsroom/articles/current-models-of-health-service-delivery-for-people-with-intellectual-disability-literature-review/>

