

CORE STANDARDS FOR NURSES WHO SUPPORT PEOPLE WITH A DISABILITY

PERSON CENTRED HEALTH CARE ASSESSMENTS AND THE DEVELOPMENT OF HEALTH CARE PLANS APPRAISAL

Welcome to the Person Centred Health Care Assessment and the Development of Health Care Plans practice package which has been developed for Nurses who provide person centred health support for people with disability. Before undertaking the Person Centred Health Care Assessments and the Development of Health Care Plans appraisal, nurses should have read and understood the Person Centred Health Care Assessments and the Development of Health Care Plans Practice Package, including the section, Disability and Health.

It is important when supporting people with a disability to note that there may be challenges in developing and maintaining health care assessments and health care plans. This can be particularly evident when supporting people with complex needs and or mental health issues. This appraisal supports staff in explaining how to develop and monitor good health care that can significantly improve a person's health outcome.

If a nurse wants to be appraised he or she must arrange a time with the WPSP and use this as part of their professional supervision and mentoring sessions. This appraisal consists of two sections – theory (question / answers) and discussion regarding application of the principles to work practice. There is not a scoring system in this appraisal. All questions are to be answered to a satisfactory level, and there must be satisfactory demonstration of application to the practitioners work in the areas outlined.

NURSE:

Date Core Standard commenced:

POSITION:

WORK PRACTICE SUPPORT PERSON NAME:

Date Core Standard commenced:

POSITION:

DEFINITIONS:

Work Practice Support Person (WPSP): this person supports the nurse and can be a professional supervisor or management supervisor with appropriate skills and experience. An alternative WPSP may be identified if the current supervisor/s believe another person may be better suited to appraise a nurse's knowledge. Consideration must be given to the professional discipline of the supervisee to ensure an appropriate WPSP is selected.

GUIDELINES:

- The WPSP will sign below when they are satisfied the requirements for each section below have been met. The information under each question is intended to provide the key points each nurse should address. Nurses can provide more than is itemised.
- Questions may be answered verbally or in writing.
- Questions may be answered in the context of a group discussion as long as the WPSP is present and satisfied with the nurse's response.

- Case discussion / examples are acceptable if completed in collaboration with another nurse as long as the WPSP can identify the nurse's level of contribution and is satisfied that the requirements are met.
- Case discussion / examples must have been completed within the previous 12 months.
- There is not a scoring system in this appraisal. All questions to be answered to a satisfactory level.

DISCLAIMER:

This appraisal was developed by the Clinical Innovation and Governance Directorate of Ageing, Disability and Home Care in the Department of Family and Community Services, New South Wales, Australia (FACS).

This appraisal has been developed to indicate whether a nurse has increased their knowledge through the completion of the core standard. It has been designed to promote consistent and efficient best practice. It forms part of the supporting resource material for the Core Standards Program developed by FACS. Access to this document for nurses working outside of FACS has been provided in the interests of sharing resources. Reproduction of this document is subject to copyright and permission. Please refer to the website disclaimer for more details.

Whilst the information contained in this appraisal has been compiled and presented with all due care, FACS gives no assurance or warranty nor makes any representation as to the accuracy or completeness or legitimacy of its content. FACS does not accept any liability to any person for the information (or the use of such information) which is provided in this practice package or incorporated into it by reference. FACS does not intend nor guarantee the use of the appraisal as assessing a level of competence by nurses working outside of FACS.

CERTIFICATION:

Participants working in FACS who choose to demonstrate knowledge acquisition and skill application in a core standard receive a certificate of completion from FACS (Clinical Innovation and Governance directorate) recognising their hard work. The certificate is a significant achievement. It demonstrates to the agency, as well as to future employers, demonstrated knowledge and application in the relevant area. Skills that are appraised only once can wane over time through lack of use, monitoring and feedback. It is suggested that certificates of completion be renewed every four years. To ensure this is easy to do participants need only re-submit two further case examples demonstrating application of the information covered by the core standard program.

Questions / Answers	Comments	Meets Requirements (WPSP)
INTRODUCTION TO HEALTH AND DISABILITY FOR NURSES		
<p>What are some of the barriers to health care for people with intellectual disability?</p> <ul style="list-style-type: none"> • communication difficulties that impede communication of health care needs • poor identification and understanding of health needs (regular and special) • fear of negative attitudes amongst health care providers • failure of carers to recognise gradual health deterioration in people with an intellectual disability • poor procedures for the delivery of health services including: physical inaccessibility; communication problems; time constraints; lack of knowledge; • unhelpful attitudes <p>These factors contribute to significantly poorer health status when compared with the mainstream population.</p>		

Questions / Answers	Comments	Meets Requirements (WPSP)
(Atherton, 2006; Dossetor, 2013; NSW Health, 2012)		
<p>Name 4 potential health issues associated with autism?</p> <ul style="list-style-type: none"> • anxiety • chronic gastrointestinal problems – constipation, bloating, abdominal pain, nausea, diarrhoea • atypical sensory responses – heightened responses to light, sound, textures, taste, smell • seizures <p>(Centre for Genetics Education, 2013; Howlin, 2002)</p>		
<p>Name 6 potential health issues associated with cerebral palsy?</p> <ul style="list-style-type: none"> • sensory impairments (visual, hearing, touch) • epilepsy • neuromuscular problems • skeletal deformities • osteoporosis • incontinence • voiding dysfunction • constipation • skin breakdown • pain • depression • dysphagia • eating and drinking difficulties • malnutrition • recurrent aspiration • gastro-oesophageal reflux disease (GORD) • Barrett's oesophagus • gastric bleeding/anaemia • poor peripheral circulation • recurrent chest infections • chronic lung disease • dental problems <p>(CDDH, 2013; CDDS, 2006, Cerebral Palsy Alliance, 2013)</p>		

Questions / Answers	Comments	Meets Requirements (WPSP)
<p>Name 6 potential health issues associated with Down syndrome?</p> <ul style="list-style-type: none"> • visual impairments (including cataracts) • hearing impairments • hypothyroidism • epilepsy • congenital heart defects • hypotonia • cervical spine problems (atlanto-axial instability) • sleep apnoea • respiratory infections • dental/oral problems • skin disorders – eczema, alopecia • blood dyscrasias • leukaemia • immune system problems – increased infections, diabetes, coeliac disease • GORD • constipation • fitness and weight problems • anxiety and depression • early onset dementia (Alzheimer’s) <p>(CDDS, 2006; Centre for Genetics Education, 2013; Tracy, 2011)</p>		
<p>Name five potential health issues associated with epilepsy. Identify your role in the assessment of these risks.</p> <ul style="list-style-type: none"> • status epilepticus • risk of SUDEP • further cognitive decline • risk of injury during seizure • risk of choking during seizure • adverse effects of AEDs – neurological, GI, haematological, vertigo, sedation, drowsiness, mood, periodontal disease, skin rashes • irritability, confusion, depression, 21 • risk of drowning during seizure • social difficulties • sleep disturbances anxiety <p>(Bernal, 2003; Chapman <i>et al.</i>, 2005; Epilepsy Action Australia, 2013; Prasher & Kerr, 2008; Therapeutic Guidelines, 2012)</p>		

Questions / Answers	Comments	Meets Requirements (WPSP)
<p>What are the threats to health if a person has dysphagia? Discuss your role in the identification of these threats.</p> <ul style="list-style-type: none"> • <input type="checkbox"/> aspiration • <input type="checkbox"/> chest infections • <input type="checkbox"/> chronic lung disease • <input type="checkbox"/> malnutrition • <input type="checkbox"/> obstructive sleep apnoea • <input type="checkbox"/> hypoxaemia during oral feeding • <input type="checkbox"/> asphyxia • <input type="checkbox"/> death (Crawford, 2009) 		
<p>What are the threats to health if a person has gastrointestinal problems? Discuss your role in the identification of these risks.</p> <ul style="list-style-type: none"> • pain • narrowing of the oesophagus • dysphagia • aspiration • loss of appetite • dental erosion • sleep disorders • undernutrition and weight loss • haematemesis(vomiting of blood) • anaemia • infection (including gastroenteritis) • cancer • behavioural problems • death <p>(Beange <i>et al</i>, 1999; CDDS, 2006; Somerville <i>et al</i>, 2008)</p>		
<p>INTRODUCTION TO THE PERSON CENTRED HEALTH CARE ASSESSMENTS</p>		
<p>Explain what is meant by a Person Centred Approach? FACS (2012) defines person-centred approaches as follows:</p> <p>A person centred system places the person with disability at the centre of decision making when it comes to the supports and services they use. In a person centred system, the rights of people with disability, and their families and carers to make choices about their own lives are respected. A person with disability, their families and carers are heard and supported to exercise choice and to direct supports and service arrangements.</p>		

Questions / Answers	Comments	Meets Requirements (WPSP)
<p>Why is it important for nurses to develop health care assessments?</p> <p>A health assessment is essential and is considered to be the first step in the process of determining the person's health care needs. It provides information that is critical to the development of a plan of action that enhances personal health status.</p> <p>Nurses and other health care professionals are able to establish baseline data and the person's current health condition before providing care.</p> <p>The development of a person's health assessment involves the person with a disability and their family (when appropriate) being actively involved in negotiating goals and generating and implementing relevant information required.</p> <p>This Health assessment is a systematic approach to gathering health-related data. An assessment is used for:</p> <ul style="list-style-type: none"> • screening and diagnosis • the documentation of baseline data • the rationale for therapeutic interventions • the foundation for health care planning • the evaluation of therapeutic interventions 		
<p>What are the 2 types of data that can be collected during a health assessment?</p> <p>Health data may be broadly classified according to their source.</p> <p>Primary data are obtained directly, including:</p> <ul style="list-style-type: none"> ▪ direct assessment, observation of signs, and examination of the person ▪ reports of symptoms and health status from the person ▪ tests related to physiological functioning, e.g., blood tests, urine tests, pulmonary function tests, etc. ▪ imaging, e.g., x-rays, CT scan, MRIS, etc. ▪ standardised screens, tests and measures – physical and psychological <p>Secondary data are obtained indirectly from others, including:</p> <ul style="list-style-type: none"> ▪ family, carers, support staff ▪ previous health records ▪ other health professionals ▪ research, knowledge, experience about specific conditions from other sources such as journals, colleagues, etc. 		

Questions / Answers	Comments	Meets Requirements (WPSP)
<p>Name the 4 types of Health Assessments that may be used. Provide an example relevant to your practice.</p> <p>1. Comprehensive health assessment assesses the overall health status of a person in order to plan care in partnership with the person (and significant others when appropriate).</p> <p>A comprehensive health assessment gathers information related to:</p> <ul style="list-style-type: none"> ▪ physical status – a systems approach is often used ▪ developmental status ▪ psychological and emotional status ▪ functional capacities and limitations ▪ activities of daily living (ADL's) ▪ risks and threats to health and wellbeing, including lifestyle risks ▪ cultural and spiritual beliefs ▪ social history ▪ support systems <p>2. Comprehensive health checks usually refer to regular medical assessment by a person's General Practitioner (GP). They focus primarily on medical issues, but usually consider psychosocial factors and support systems that have an impact on an individual's health.</p> <p>3. Screening assessments are used to detect possible problems before symptoms become obvious. They may identify areas of risk for further, more detailed assessment, e.g., observation of developmental milestones.</p> <p>4. Targeted assessments or problem-oriented assessments are used for specific problems and purposes, e.g. pain, body systems (respiratory, cardiac, etc.), falls risk, skin integrity, etc. These enable thorough assessment of specific health issues identified by signs and symptoms, screening, comprehensive assessment or known risk areas.</p> <p>Note that health checks, screening, and targeted or problem-oriented assessments may be components of a comprehensive health assessment.</p>		

Questions / Answers	Comments	Meets Requirements (WPSP)
<p>List the essential skills that a nurse needs to draw upon when completing a health care assessment:</p> <ul style="list-style-type: none"> ▪ ongoing informal clinical observations ▪ discussion with person with disability, family, carers, support staff ▪ discussion with professional colleagues ▪ using relevant assessment tools across environments 		
<p>Choose 4 health assessment tools that you use in your day to day practice. Summarise their use.</p> <ul style="list-style-type: none"> • health care assessments • pain assessment tool • respiratory assessment • continence assessment • pressure area care assessment • sleep assessment • neurological assessment • nutritional and swallowing 		
<p>Identify factors that a Nurse needs to consider prior to and during an assessment.</p> <p>People with an intellectual disability have cognitive impairments and many have communication problems. Therefore, it is imperative that a support person, family, carer, who knows the person well, and is present during any health assessment.</p> <ul style="list-style-type: none"> ▪ gain consent from person with disability and/or family or carer ('person responsible'). Document consent on record ▪ organise time, place and any equipment that may be required ▪ gather all relevant information, e.g., previous assessments, records, reports, etc ▪ engage with person being assessed and support person. Spend a little time establishing rapport prior to more formal assessment processes ▪ collaborate with other professionals if necessary ▪ document health assessment and all information gathered ▪ if accompanying person with a disability to another health assessment, e.g., GP, specialist, ensure all documentation is current and relevant. This forms part of a person's ongoing health care assessment 		

Questions / Answers	Comments	Meets Requirements (WPSP)
<ul style="list-style-type: none"> record <ul style="list-style-type: none"> ▪ report verbally and prepare written report including findings, recommendations, referrals and appointments for person being assessed and/or family or carer ▪ develop a health care plan based on the assessment and recommendations 		
INTRODUCTION TO THE DEVELOPMENT OF HEALTH CARE PLANS		
<p>Name several components of a comprehensive care health plan and the reasons why they are included in a person's plan?</p> <ul style="list-style-type: none"> • information about the person • medical diagnoses • allergies • risks and alerts • immunisation status • people involved • medications • health issues • goals • actions or interventions • responsibility evaluation comments • appointments, tests, etc. • attachments 		
<p>When would a nurse review and evaluate a person's health care plan?</p> <p>Good practice dictates that health care plans are subject to ongoing informal review.</p> <p>Any change in a person's health warrants a review of the plan where changes in interventions may be required.</p> <p>Formal review and evaluation should occur at regular intervals, at least annually, unless warranted more frequently.</p> <p>It is a good idea to link this review with the annual GP assessment and person-centred planning processes.</p> <p>Health problems must be evaluated against person's health goals. If goals are not met, then interventions must be reviewed.</p>		

Case Discussion / Examples.

Don't forget to include the elements that the nurse is looking for in each sample.

- *Case discussion / examples must have been completed within the previous 12 months.*
- *Case discussion / examples are acceptable if completed in collaboration with another nurse.*
- *Practitioner can discuss the participant's level of contribution with them to enable sign off.*

Work Practice Sample Required	Comments	Meets requirements (WPSP)
<p>Does the person being assessed need to give consent even if they are non verbal?</p> <p><i>Remember:</i> nothing can be done without consent from the person with intellectual disability or substitute consent from 'person responsible'. (See: your organisations Decision Making and Consent Policy and Procedures).</p>		
<p>Discuss a case or give examples where a health care planning process was used. Provide examples of each step of the health planning process.</p> <ul style="list-style-type: none"> ▪ assessment ▪ diagnosis ▪ planning ▪ implementing ▪ evaluating 		
<p>Name 5 health care assessment tools that could be used to assess a person's health care. Provide examples of when they have been used in your practice.</p> <p>Refer to Person Centred Health Care Assessments and the development of Health Care Plans Practice Package</p>		

Observations

Don't forget to include the elements that the nurse is looking for during the observation.

Observations must have been conducted within the previous 12 months.

Observation Description	Comments	Meets Requirements (WPSP)
<p>The nurse has demonstrated the following key skills during an interaction with a person with a disability.</p> <ul style="list-style-type: none">• questions used to clarify responses and elicit more information• notes are taken during or after the meeting• the ability to develop a comprehensive health care plan after consultation• the ability to provide accurate information via documentation• the ability to confirm correct information <p>Recorded responses/notes match the practitioner's notes.</p> <p><i>Impressions of the nurses and clients interactions during the assessment, context and respondent are discussed with WPSP following the interview.</i></p>		
<p>Was there good participation and outcomes observed during the Person Centred Health Care Assessments and the Development of Health Care Plans? Provide an example where it applies.</p> <ul style="list-style-type: none">• the person had a strong understanding of the principles around Health Care Assessments and the Development of Health Care Plans• the Health Professional had a good rapport with the person and other stakeholders		

Date all work above signed off by WPSP:

I confirm that all requirements have been met for this core standard.

Signed:

Name:

Position:

Date:

REFERENCES, RESOURCES AND FURTHER READING

- ADHC (2012). Health care: policy and procedures. Sydney: NSW Government.
http://www.adhc.nsw.gov.au/data/assets/file/0007/228094/Health_Care_Policy_and_Procedures_April_2012.pdf
- Atherton, H. (2006) Care planning for good health in intellectual disabilities. In *Care planning and delivery in intellectual disability nursing* (Gates, B. ed.) Blackwell Publishing Ltd, Oxford, pp. 257-276.
- Balandin, S., Hemsley, B., Sigafoos, J. & Green, V. (2007). Communicating with nurses: The experiences of 10 adults with cerebral palsy and complex communication needs. *Applied Nursing Research*, **20**(2), 56-62.<http://dx.doi.org/10.1016/j.apnr.2006.03.001>
- Baldrige, K. H. & Andrasik, F. (2010). Pain assessment in people with intellectual or developmental disabilities. *AJN: American Journal of Nursing*, **110**(12), 29-35.<http://www.nursingcenter.com/Inc/cearticle?tid=1096383>
- Beange, Lennox & Parmenter (1999). Health targets for people with an intellectual disability. *Journal of Intellectual and Developmental Disability*, **24**(4), 283-297.
- Bernal, J. (2003) Epilepsy. Accessed: 24 May 2013
http://www.intellectualdisability.info/physical_health/epilepsy
- Buzio, A., Morgan, J. & Blount, D. (2002). The experiences of adults with cerebral palsy during hospitalisation. *Australian Journal of Advanced Nursing*, **19**(4), 8-14.<http://ajan.com.au/Vol19/Vol19.4-1.pdf>
- Centre for Genetics Education (2013) Genetics fact sheets. Accessed: 1 June 2013 NSW Health, <http://www.genetics.edu.au/Information/Genetics-Fact-Sheets>
- CDDH(2013) Cerebral palsy. Accessed: 7 June 2013 Monash University, Melbourne, <http://www.cddh.monash.org/index.html>
- Cerebral Palsy Alliance (2013) Cerebral Palsy Alliance.<https://www.cerebralpalsy.org.au/>
- CDDS (2006). *Health care in people with intellectual disability: guidelines for general practitioners*. North Sydney: NSW Dept of Health.
http://www.cds.med.usyd.edu.au/publications-home/cat_view/50-health-publications
- Chapman, D., Moss, B., Panelli, R. & Pollard, R. (eds.) (2005) *Sudden unexpected death in epilepsy: a global conversation*, Epilepsy Australia, Victoria.
- Crawford, H. (2009) Dysphagia and people with profound intellectual and multiple disabilities. In *Profound intellectual and multiple disabilities: nursing complex needs* (Pawlyn, J., Carnaby, S. ed.) Wiley-Blackwell, United Kingdom, pp. 236-258.
- Dossetor, D. (2013) Better health services for people with intellectual disability in NSW: the Agency for Clinical Innovation Disability Network. *CHW School-Link*, **4**(1), 2-5.
- Gates, B.(Ed.) (2006). *Care planning and delivery in intellectual disability nursing*. Oxford: Blackwell Publishing Ltd.

- Goddard, L., Davidson, P. M., Daly, J. & Mackey, S. (2008). People with an intellectual disability in the discourse of chronic and complex conditions: an invisible group? *Australian Health Review*, **32**(3), 405-414.
- Hemsley, B., Balandin, S. & Togher, L. (2007) Older Unpaid Carers' Experiences Supporting Adults with Cerebral Palsy and Complex Communication Needs in Hospital. *Journal of Developmental and Physical Disabilities*, **19**(2), 115-124. <http://dx.doi.org/10.1007/s10882-007-9040-1>
- Hemsley, B., Balandin, S. & Togher, L. (2008) Professionals' views on the roles and needs of family carers of adults with cerebral palsy and complex communication needs in hospital. *Journal of Intellectual and Developmental Disability*, **33**(2), 127-136. <http://informahealthcare.com/doi/abs/10.1080/13668250802082898>
- Hemsley, B., Balandin, S. & Togher, L. (2008) 'We need to be the centrepiece': Adults with cerebral palsy and complex communication needs discuss the roles and needs of family carers in hospital. *Disability and Rehabilitation*, **30**(23), 1759-1771. <http://informahealthcare.com/doi/abs/10.1080/09638280701645474>
- Hemsley, B., Sigafos, J., Balandin, S., Forbes, R., Taylor, C., Green, V.A. & Parmenter, T. (2001) Nursing the patient with severe communication impairment. *Journal of Advanced Nursing*, **35**(6), 827-835. <http://dx.doi.org/10.1046/j.1365-2648.2001.01920.x>
- Howlin, P. (2002) Autism. In *Understanding intellectual disability and health*. Accessed: 7 June 2013 St. George's University of London, <http://www.intellectualdisability.info/diagnosis/autism>.
- Iacono, T. & Davis, R. (2003) The experiences of people with developmental disability in Emergency Departments and hospital wards. *Research in Developmental Disabilities*, **24**(4), 247-264. <http://www.sciencedirect.com/science/article/pii/S0891422203000416>
- Marsh, L. & Drummond, E. (2008). Health needs in people with learning disabilities: using the 'OK' health check. *Learning Disability Practice*, **11**(4), 16-21. <http://learningdisabilitypractice.rcnpublishing.co.uk/archive/article-health-needs-in-people-with-learning-disabilities-using-the-ok-health-check>
- [NSCCH Carer Support](http://www.nscchealth.nsw.gov.au/carersupport/) [<http://www.nscchealth.nsw.gov.au/carersupport/>]
- NSW Health (2008) Disability - People with a disability: responding to their needs during hospitalisation. NSW Government, Sydney. http://www0.health.nsw.gov.au/policies/pd/2008/PD2008_010.html
- NSW Health (2013) NSW Health & Ageing Disability and Home Care (ADHC) Joint Guideline: Supporting residents of FACS operated and funded accommodation support services who present to a NSW public hospital. NSW Government: Health & FACS, Sydney. http://www0.health.nsw.gov.au/policies/gl/2013/pdf/GL2013_001.pdf
- NSW Health (2012). *Service framework to improve the health care of people with intellectual disability*. http://www0.health.nsw.gov.au/pubs/2012/pdf/service_framework_2012.pdf
- NSW Ombudsman (2013) *Report of reviewable deaths in 2010 and 2011. Volume 2: Deaths of people with disabilities in care*. Crown copyright, NSW Ombudsman, May 2013.

Available: <http://www.ombo.nsw.gov.au/news-and-publications/publications/annual-reports/reviewable-deaths-vol-1/report-of-reviewable-deaths-in-2010-and-2011-volume-2-deaths-of-people-with-disabilities-in-care>

NSW Ombudsman (2013). Preventing deaths of people with disabilities in care. Fact Sheets 1-5. Available: <http://www.ombo.nsw.gov.au>

Pawlyn, J. & Carnaby, S. (2009). *Profound intellectual and multiple disabilities: nursing complex needs*. United Kingdom: Wiley-Blackwell

Prasher, V.P. & Kerr, M. (eds.) (2008) *Epilepsy and intellectual disabilities*, Springer-Verlag Ltd, London.

Robertson, J., Roberts, H. & Emerson, E. (2010). Health checks for people with learning disabilities: a systematic review of evidence. United Kingdom: Improving Health and Lives, Learning Disabilities Observatory. Available: http://www.improvinghealthandlives.org.uk/uploads/doc/vid_7646_IHAL2010-04HealthChecksSystemicReview.pdf

Somerville, H., Tzannes, G., Wood, J., Shun, A., Hill, C., Arrowsmith, F., Slater, A. & O'Loughlin, E.V. (2008) Gastrointestinal and nutritional problems in severe developmental disability. *Developmental Medicine and Child Neurology*, 50(9), 712-716.

Therapeutic Guidelines Ltd. (2012). *Management guidelines: developmental disability. Version 3*. Melbourne: Therapeutic Guidelines Ltd. (Order from: www.tg.org.au)

'Top 5' protocol [<http://www.nscchealth.nsw.gov.au/carersupport/cc/Top5.shtml>]

Tracy, J. (2011) Australians with Down syndrome: health matters. *Australian Family Physician*, 40(4), 202-208.

VicHealth (2010) Person-centred practice toolkit. Victorian Government Health Information, Victoria. Site has many useful resources. Available: <http://www.health.vic.gov.au/older/toolkit/02PersonCentredPractice/>

Wallace, R.A. & Beange, H. (2008) On the need for a specialist service within the generic hospital setting for the adult patient with intellectual disability and physical health problems. *Journal of Intellectual and Developmental Disability*, 33(4), 354-361. <http://dx.doi.org/10.1080/13668250802259264>

Webber, R., Bowers, B. & Bigby, C. (2010) Hospital experiences of older people with intellectual disability: Responses of group home staff and family members. *Journal of Intellectual and Developmental Disability*, 35(3), 155-164. <http://informahealthcare.com/doi/abs/10.3109/13668250.2010.491071>