

What people want	What we might need to ask and explore	What we might produce in the research
<p>Knowledge about what services and supports are available so that people can access the services they need (PLS)</p> <p>Show what is currently happening in stroke care to make it more visible to others (HCPs)</p>	<p>What services are currently available for stroke survivors? When and where are they available? How do people access them? What services have been received by stroke survivors and whānau and how do these address their needs? Why are the services available at particular times and in particular ways? How does this reflect funding and organisational structures?</p>	<p>Map of services and pathways (and barriers) to access This can make the 'system' of stroke care visible to people</p>
<p>Knowledge about what information to give, when, and to whom (HCPs)</p> <p>Know what services and supports are available (PLS)</p>	<p>What information do people currently get and when? What information do people think they need? How do HCPs talk about psychosocial well-being (PSWB) and how do they talk about life after stroke with people?</p>	
<p>Better experiences and outcomes for Māori stroke whānau (PLS)</p>	<p>Why is the patient the focus of stroke services? What would need to shift for the whānau to also be seen as the patient/client? How are family supported in their role transitions?</p>	<p>Articulate what a good psychosocial outcome (oranga wairua) looks like for stroke survivors Exemplars of 'good' psychosocial care practices and processes</p>
<p>Better experiences and outcomes for those who are likely to 'fall through the cracks' (All)</p>	<p>Who are the patients whose psychosocial needs are least likely to be met? Why is this? How do we know this? What are their psychosocial needs? How are these currently being met?</p>	<p>Care pathways for high risk patients (E.g. mild stroke, those in residential care, those with communication impairment)</p>

PLS = People living with stroke

HCP= Health care practitioners

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Understand the roles that different people play in supporting psychosocial well-being, recognising that we are all in the canoe together (PLS)		Articulate the different roles and strengths each (person) brings A resource that depicts the different people and roles, making these visible to everyone. Exemplars of excellent practice that supports psychosocial wellbeing.
Service provision that is aligned with people's needs, that people can go in and out of as and when required (PLS)	What services are currently offered? How does this align with people's needs? Why are services time bound? Could it be done differently? Should it be done differently? What are the factors that have led to stroke services being short term focused? Will an increased focus on primary care impact on what services might be possible (e.g. more allied health input into primary care settings?)	A vision for how service provision could better meet people's long-terms needs.
A strengths-based holistic approach to care that is wairua-centred (PLS)	What is currently provided within services? How is 'flourishing' and well-being supported or enabled within services? Who are the people who are currently doing this? How can we make their work more visible?	Exemplars of strengths-based care showing not just what happens but what makes these practices possible. A framework or model to guide practice.
Better transitions across the continuum of care (HCPs)	What are the current transition processes - across services, within DHBs, between DHB/NGO/primary care, within the discipline?	

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<p>Understand people's experiences of services and what are their psychosocial needs (HCPs) Clear statements of unmet need so that clinicians are able to advocate for improved service provision and resourcing (HCPs)</p>	<p>What 'data' is required to advocate for changes in resourcing and organisations? What are people's needs being met and what seems to make this possible? Where are people's needs being missed? Why is this and what is the impact of this? What are the workarounds people currently use to support wellbeing? Why are these needed? How do they use them?</p>	<p>Summary of patient need and experiences, including both met and unmet needs. Evidence of where needs are and are not being met within services across the continuum of care Make the workarounds visible and consider how they could be normalised</p>
<p>Know how to screen for psychosocial needs and when? (HCPs)</p>	<p>How are psychosocial needs currently being screened for? When, how and by whom?</p>	<p>Examples of screening approaches based on the needs and priorities of stroke whānau and on the research evidence.</p>
<p>Understand how other services support psychosocial wellbeing and understand what makes this possible (Service management)</p>	<p>How is psychosocial wellbeing supported? What makes this possible (or not)? What are the similarities and differences across the services?</p>	<p>Case studies at a service level that go beyond practice that make visible the organisational and structural influences on practice</p>
<p>How do we care for staff so they can continue to care for their patients?</p>	<p>Identify what supports are needed for staff so that they can maintain their own wellbeing?</p>	<p>Minimum standards for staff support and wellbeing.</p>

What people want

Make sense of how psychosocial care can be integrated into their role and scope of practice (HCPs)

What we might need to ask and explore

What does it mean to work at 'top of scope' as an (x discipline) in stroke services?
How do people make psychosocial care work, navigating both their disciplinary roles and their role in supporting psychosocial well-being?
How do people currently think psychosocial care sits within their role and why do they think that?
How is psychosocial care recognised within each discipline's scope of practice, training etc that leads to them being seen as other than core business?
How is psychosocial well-being managed within the team - not just by individual disciplines?

What we might produce in the research

Exemplars of how people navigate scope and role
Literature review - how staff currently support psychosocial well-being in stroke services

What people want

Show the value of psychosocial care and the value of expertise in supporting psychosocial well-being after stroke (HCPs)

What we might need to ask and explore

How do different disciplines provide psychosocial care (e.g. allied health, social work, GP, nursing)?
How might in depth case studies of some clinicians provide insights into how psychosocial well-being can be supported and the value of different expertise in this space?
How do we make sure that in saying 'PS care is everybody's business' we don't downplay the expert knowledge of different disciplines such as psychology and social work?
What data is needed to advocate for change at organisational and structural levels?

What we might produce in the research

Demonstrate similarities and differences across services and identify 'triggers' for these (e.g. resourcing)
Produce exemplars of excellent practice and what they bring about.
Identify what skills and resources are needed to support PSWB well