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Special edition - Intellectual disability: Nursing

Editorial

In July 2014 I had the honour and pleasure of hosting the 2nd Conference on Intellectual Disabilities and Criminal Justice at the University of Chester. The conference brought together service-users and professionals, from a wide range of agencies, organisations and disciplines, interested in the health, safety and well-being of people with intellectual disabilities who come into contact with the criminal justice system as either victims or perpetrators of criminal activity. The Rt Hon Lord Bradley opened the conference with a stimulating oral presentation discussing the progress made towards achieving the vision set out in the *Bradley Report* (Department of Health, 2009), which was for the needs of people with mental health problems and learning disabilities, who come into contact with the criminal justice system, are more effectively and humanely met. Some of the changes which have occurred since the publication of the report have been discussed in detail by Durcan *et al.* (2014) in *The Bradley Report five years on*, however whilst it is clear that significant improvements have been made, it is evident much more still needs to be done.

Within the original report, Lord Bradley raised the issue of people, agencies and organisations working independently from each other within their own professional silos, and partnership working amongst professionals, agencies and organisations was a key theme within the 82 recommendations. A flexible, co-ordinated, multi-agency and multi-professional approach was highlighted as critical if the needs of people with mental health problems and learning disabilities, who are at risk of offending or who come into contact with the criminal justice system, are to be met effectively.

It should be noted that the terms learning disability and intellectual disability are used interchangeably within this special edition. *Learning disability* is the term currently utilised within UK policy and practice whilst *intellectual disability* is becoming increasingly used in the wider, international, professional context. Both terms are used in line with the definition provided by the Department of Health (2001, p14): "a significantly reduced ability to understand new or complex information, to learn new skills, with a reduced ability to cope independently which started before adulthood, with a lasting effect on development"; the definition also used by Lord Bradley in his report. However, whilst people with intellectual disabilities experience some shared core difficulties, the

manner in which they are affected by the diagnosis and any associated conditions, is as unique as they are and the support needs of each individual vary considerably. Therefore, given the range and variation in the needs of people with intellectual disabilities, it is unsurprising that no one professional, agency or organisation has the capability or capacity to meet the holistic needs of each individual who comes into contact with the criminal justice system; this requires partnership working.

Partnership working in its various guises has been discussed, within criminal justice and health and social care policies, since the 1960's (Williams and Sullivan, 2007; Berry *et al.*, 2011). Many authors have examined in detail what constitutes effective partnership working, and although not without debate, the fundamental necessities are generally identified as:

- a shared sense of purpose, aim or goal;
- mutual trust and respect;
- ownership and commitment by all the parties involved.

Throughout the discussion of partnership working within the *Bradley Report* (Department of Health, 2009), there was great emphasis on the contribution many services could make to improve the support available to people with mental health problems and learning disabilities throughout the offender pathway. However, learning disability nurses were not specifically discussed and were noticeable by their absence. Clearly the first step of partnership working should be recognition, acknowledgement and understanding of the role of all possible parties who could be involved. This special edition attempts to go some way to address this, highlighting some of the ways learning disability nurses are currently involved and contribute to supporting people with intellectual disabilities who come into contact with the criminal justice system.

References

Berry, G., Briggs, P., Erol, R. and van Staden, L. (2011). *Research Report 52. The effectiveness of partnership working in a crime and disorder context: A rapid evidence assessment*. London: Home Office.

Department of Health. (2001). *Valuing People: a new strategy for learning disability for the 21st century*. London: Department of Health.

Department of Health. (2009). *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health.

Durcan, G., Saunders, A., Gadsby, B. and Hazard, A. (2014). *The Bradley Report five years on*. London: Centre for Mental Health.

Loucks, N. (2007). *No One Knows: The prevalence and associated needs of offenders with learning difficulties and learning disabilities*. London: Prison Reform Trust.

Williams, P. and Sullivan, H. (2007). *Working In Collaboration: Learning from Theory and Practice, Literature Review for the National Leadership and Innovation Agency for Health Care*. Cymru, Wales: Design 4 Partnership.

In this issue

Liaison and diversion services were identified in the *Bradley Report* (Department of Health, 2009) as an important component in improving the health of people with intellectual disabilities who come into contact with the criminal justice system, and were a central theme within the recommendations of the report. In her article, Vanessa Shaw discusses some of the challenges and achievements of embedding the role of learning disability nurses (RNLDs) within a community liaison and diversion team. Activity data is reported and practice examples are included to demonstrate the breadth of the role and the complexities experienced, particularly surrounding the key themes of communication, multi-disciplinary working and role recognition. The implications for future practice are identified, specifically the need to develop and implement prevention and early intervention strategies and provide multi-disciplinary learning disability awareness training. The need for further national guidance to reduce the risk of disparity in service provision across geographical areas is highlighted and recommendations for further research are made. It is hoped that this discussion will make a positive contribution to the ongoing evaluation of liaison and diversion services being conducted by NHS England and to assist other RNLDs, who may undertake the role in the future, to embed the role effectively.

The importance of risk assessments in deciding on the appropriate course of action for offenders is stressed within the *Bradley report* (Department of Health, 2009) and it is recommended that these are fully informed and include a multi-agency component. Within their article, John Hutchinson and Vicky Dunn discuss the development of the community-based Individual Risk Mitigation Profile (IRMP) for people who have an intellectual disability and an offending background. The IRMP aims to provide an evidence-based overview of the risks a person with intellectual disability may present (both currently and historically) to themselves and others thus helping to guide services in the development of positive risk

mitigation plans. The IRMP was originally developed in 1997 for people with intellectual disabilities who had offended, or were at risk of offending, and who were residing within a secure in-patient forensic environment. In 2008, however, it was recognised that a comprehensive risk assessment tool was also required for this population who were accessing community-based services. Using a case study to reveal how the IRMP provides a structure to aid multi-disciplinary, defensible and proactive decision making in relation to risk, the authors demonstrate that the IRMP can be effective in ensuring that people with intellectual disabilities and offending behaviours receive the appropriate care and treatment options to meet their needs.

John Burns and Alexandra Lampraki report on their qualitative research study which sought to explore the experiences of stress and the use of coping strategies from the perspective of people with intellectual disabilities currently residing within the forensic in-patient services of one NHS Trust in the North-West of England. Through the facilitation of 6 focus group discussions, the views and opinions of 20 service-users were gathered. Thematic analysis of the data produced three inter-linking themes: Experiencing stress; Sources of stress; and Coping with stress. The findings confirmed people with intellectual disability understand stress and have the ability to self-report their experiences and identified that whilst a significant source of stress was interpersonal interactions, these were also acknowledged as central to the coping strategies for stress. All participants employed coping strategies when experiencing stress but some strategies had the potential to cause harm for the individual or others and could possibly constitute offending behaviour. It is evident from the findings, that the clinical context of the forensic setting has a direct effect on the experiences, sources and coping strategies in relation to stress for people with intellectual disabilities. The implications for clinical practice are discussed concerning the assessment of stress, service provision and staff training and the need for further research into stress and people with intellectual disabilities is highlighted.

Paula Johnson and Michaela Thomson utilised a case orientated approach to bring together two separate data sets from recent qualitative research studies to present their article entitled: *Journeys into Dialectical Behaviour Therapy (DBT): capturing the staff and service-user experience*. The cases derived from two studies exploring both the staff team's and female service-user's experiences of the introduction of DBT into the intellectual disability, in-patient settings of one NHS Trust offering forensic services. By using a case orientated approach to re-examine the data collected from the two studies, it was evident that both parties had experienced a journey into DBT and a common set of phenomena were identified: Trust,

Intensity and Worthwhile. These are discussed within the article with the assistance of direct quotes. It is concluded that undertaking DBT as either a service-user or staff member is a life changing experience and it is the aim of the article to offer an opportunity for reflection and shared empathetic responses regarding the similar journeys experienced by both the staff members and the female service-users during the introduction of DBT into the service. Furthermore, it is intended that the article highlights the importance of hearing the voice of the service-users and staff members to offer valuable insight and shared empathy when a new venture is undertaken.

Treatment programmes are a key component of an offender's life whilst they are detained within a prison, a hospital or other community facilities. The main aims of offender treatment programmes are to assist with rehabilitation and to reduce recidivism but historically, access to these programmes has been limited for people with learning disabilities. However, following the publication of numerous reports (such as those from Prison Reform Trust's *No One Knows* programme [for example, see Loucks, 2007] and the *Bradley Report*, [Department of Health, 2009]), access to programmes is slowly improving and learning disability nurses are contributing significantly to this improvement through provision of the programmes both within in-patient and community settings. This includes the facilitation of sex offender treatment programmes. Within her article, Keeley Smith offers her opinion regarding the support needs of learning disability nurses who facilitate sex offender treatment programmes. The discussion concentrates on the specific themes of training, clinical supervision and support, highlighting that whilst there is no doubt that learning disability nurses possess the skills, knowledge and abilities to facilitate sex offender treatment programmes, their support needs are complex and this has implications for clinical practice. Recommendations are discussed with regards to the provision of appropriate support packages for learning disability nurses facilitating sex offender treatment programmes and suggestions for future research are given.

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