18th International Conference on Offenders

with an Intellectual and/or Developmental Disability

Northumbria University NEWCASTLE

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Progress report on Doctoral research by Angela Ridley

This seminar will...

- Provide delegates with a progress report on partial fulfilment of a Doctoral research study.

- The research study is an exploration of the experiences of women with an Intellectual Disability in secure services, a narrative enquiry in their own words

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Additionally,

- This seminar will show how the research study explores the experiences of women with an ID, who may have experienced the CJS, have a health need, and require conditions of security.

- The work focuses upon women with an ID who have previously accessed, or are currently accessing, secure services, and Registered Nurses who have supported and/or are supporting the service users.

The principle research question is ;

'What are the experiences of women with an Intellectual Disability within secure services?' An additional exploration of the preparation, training and education of Registered Nurses working in this environment will be undertaken ''

This is a study that recognises how little research has been undertaken with women with an ID, with there being a similar picture amongst nurses who support them in secure services.

The overall aim of this study is to explore the experiences of women with an intellectual disability (ID) within secure services: and how Registered Nurses support those women.

This study aims;

To find out how women with an ID experience secure services and how the nurses support those women. The research will hear from the women and Registered Nurses about their experiences of referral, assessment, treatment, interventions and outcomes in secure services.

To explore the preparation, practice, assumptions and experiences, which underpin the behaviour and practices of RNs who support women with an ID in secure services.

Acknowledge and recognise any enablers that are present as areas of good practice in relation to the way RNs support women with an ID

The purpose

…of the research study is to determine how women with an ID experience secure services, and how registered nurses (RNs) support those women, illustrating how an innovative methodology (narrative enquiry) is adapted and utilised in the research study.

The data will have been gathered at time of presentation and analysis will have begun. This seminar will also have a focus on the ethical nature of this type of research, an essential consideration for researchers involved in such work.

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The objective of this research is to gain a clear understanding of the way women who have ID experience secure services and how Registered Nurses support those women. This study will;

- Further develop methodological approaches in exploratory research with female patients who have an ID, exploring and developing qualitative methodological approaches

- Explore and deliver care management and treatment recommendations based on the shared experiences as related by women with an ID themselves.

- To examine/explore the nature and provision of significant other/family and community support provided or accessed for and on behalf of women with an ID in secure settings

- To explore the development and provision preparation for practice for RNs working in secure services

- Utilise objectives the above to contribute to the body of knowledge, making recommendations for practice and service development in secure services, associated with the care management and treatment in secure services of women with an ID.

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Why?...

The Bradley report (2009) set the direction of travel for supporting people with intellectual disability (ID) in the criminal justice system (CJS) and recommended collaborative working schemes to best serve the ID population. Bradley (2009) also recommended further research, training and ID awareness to be developed in conjunction with service users.

The Talbot review (Loucks 2007) stated that the prevalence of ID in the offending population remains unclear; however, the review suggested that what is clear is the impact of an ID on a person's ability to cope with the CJS, suggesting that a person with an ID is at greater risk of re-offending.

In addition, this review indicated that research into specialist services can be problematic, but should not be avoided. Equally, there are areas of good practice that need sharing.

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Prevalence

Diagnostic tools and processes vary which makes numbers difficult to determine, specifically of how many offenders have an ID. (Loucks 2007 p11) *"the most consistent thing is the most consistent information about the number of offenders with learning difficulties or learning disabilities is that no one agrees on how many exist"* .

Talbot (2012) a *plausible yet disproportionately high estimation for LD in the adult offender population is about 5-10%*

Nationally, there are between 8 and 10% of patients in medium secure settings who are women (Dent 2006). This figure is four times as many as in 1995 (Hassell & Bartlett 2001). Whilst this is a minority population, women in secure health settings lose their liberty for four times longer than women in prison and for longer than men in secure health (Aitken & Logan 2004).

Prevalence continued

Glover and Brown (2015) analysed data collected from a national census of psychiatric inpatients with ID and autism.

The census was carried out on 30th September 2013 to identify a patient with an ID or autism.

42% of all patients were detained and a further 31% detained within the meaning of MHA Part III.

Women

- Vulnerable women have been firmly placed on the agenda Corston (2007)

- A decade on Corston (2017) reported that progress had been made regarding services and provision

- Hedderman (2010) stated that some progress has been made since Corston (2007), however Annison et al (2015) argue that the well-intentioned developments have not been fully actioned supporting the notion that the evidence base is limited and to some extent dated. Organisations continue to campaign to resolve the limited evidence base.

- Women in Secure Hospitals (WISH) and Women's Mental Health Network (WMHN) are launching a user led campaign to address issues affecting women and update the evidence.

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Harty et al (2012)

conducted a mapping exercise as part of a pathway study of women in secure services in England and Wales. The study explored the extent and range of secure service provision. It was identified from the study that there were 589 medium secure beds, 46 enhanced medium secure beds and 990 low secure beds for women nationally.

The majority (309 52%) were in the NHS, under half (280 48%) were in the independent sector.

Provision of low secure beds has a reverse trend: (745 75%) in independent sector and 254 (25%) in the NHS.

Women…

- continue to represent 5% of the prison population (Ministry of Justice 2014 (MoJ),

- despite the concern from Corston (2007) around women receiving short imprisonment sentences; in 2013 there were 77% of women given custodial sentences compared with 63% of male offenders (MoJ 2014).

The No One Knows' programme (Loucks 2007) estimates that 20% to 30% of offenders have learning difficulties or learning disabilities that interfere with their ability to cope within the CJS.

It is known that there are hidden disabilities amongst the offending population that adversely affect their ability to achieve in education and employment (Rack 2005). A woman with an ID may have learnt over time to disguise her disability. It is therefore clear that women with an ID in the CJS are a small distinctive population.

Scant provision

In-patient ID services for women are rare, therefore, if treatment is required in a secure setting, women are often placed long distances from home, family and friends, and commonly for long periods. (Alexander et al 2015). On the whole, women with a dual diagnosis of ID and mental illness are affected by longer stays in secure settings (Long & Dolly 2012).

Women make up an estimated 25% of the overall population in secure mental health (Alexander et al 2010).

Specialist service provision for women with an ID is insufficiently provided, there is a lack of evidence based interventions and treatment (Coid et al 2000)

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Methodology

Narrative research was classically described as a method of representing an associated succession of events more recently; it is described as a spoken or written account given by people about people Narrative research provides a thorough methodological tool to a researcher who is investigating the diversity of human experiences. This research will adopt a narrative approach because it will enable the researcher to hear from participants.

- See (Webster 1966), (Freshwater & Holloway 2010).

Twelve women (service users) and twelve registered nurses (RNLD/RMN) from secure settings in two North East NHS Foundation Trusts as participants in the study.

Inclusion criteria

Working age (18-65) adult women with an ID

A woman with an ID with capacity to consent

Male and female Registered Nurses who have supported women with an ID in secure services

Male and female Registered Nurses who are currently supporting women with an ID in either

Exclusion criteria

A man who has an ID

A woman who has an ID who is experiencing a mental health crisis.

A person who is on probation*

Challenges

There are a number of methodological challenges when participants have an ID, consideration needs to be given to the issue of a potential power imbalance.

A person with an ID may not have had an opportunity to speak about their experiences.

It could be argued that the researcher could be on the side of people with an ID or the oppressors (Barnes 1996) has postulated concepts of advocacy, and the need for researchers to support people with an ID, as having been oppressed.

Conducting qualitative research enables access to the experiences of groups who lack the power to make their voices heard. People with an ID have something to say which is of value and experiences that are worth understanding.

This then makes this a key work worthy of serious attention, particularly in the methodological challenges involved in researching this group (Nind 2008).

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The power of narratives

People tell stories or narratives, every day. Using a narrative approach in research allows a participant or speaker to tell their story. The researcher does not find narratives, but facilitates in creating the narrative (Reissman 2008).

This approach facilitates a participant to tell the researcher what happened to them. In essence, the researcher learns from the participants.

A participant connects events into a sequence that is consequential for later action and for the meanings that the participant wants the listener to take away from the story. Adopting a narrative approach will enable a participant to talk about events perceived by them as important.

These important events can then be evaluated in a meaningful way, by making sense of the narrative through analysis and description.

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Keeping people safe

There are a number of ethical issues to consider with this research study. Half of the participants are women with an ID who have/are experiencing secure services, which raises ethical dilemmas in itself.

This is because women with an ID have impaired intellectual ability as well as additional complex needs, for example reduced sensory ability. Working with this group is not straightforward, it is widely accepted that a woman with an ID may acquiesce in certain situations.

Therefore, a great deal of care and attention is needed to consider and deal with the ethical implications in this research. Indeed Tuffrey-Wijne (2008) maintain that it would be unethical to disregard people with ID from research that could illustrate insight into their experiences and help shape sensitive care in the future.

Ethical approval

- NU Ethical approval
- IRAS
  - 76 sections
  - Documents
    - PIS, Patients & Nurses
    - PIS accessible version
    - Protocol 9k
    - Interview schedule
    - Consent to participate
    - Committee meetings

Then…

- HRA Approval

- Statement of activities

- Schedule of events

- Research passport

- NHS Trusts

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