Models of Intellectual Disability Nursing: The 6 Ps

People, Purpose and Passion: Be extraordinary

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Models of intellectual disability nursing: The 6 Ps

Intellectual disability nursing is perceived to be the **purist** form of nursing, supporting people with disabilities and their families from the cradle to the grave (Gates, Fearns &Welch, 2015).

It involves nurses working in **partnership** with people with intellectual disabilities and their significant others to ensure that their needs are met.

Planning focuses on person centred approaches, working in partnership with other professionals, identifying individual strengths and the most appropriate strategies to achieve the best possible outcomes.

It could be argued that to be **professional** in this area of work we need **passion**, we certainly need knowledge and, we can often be extraordinary.

This paper will look at our **purpose** as intellectual disability nurses and some of the nursing models used across the world.

The purist form of nursing

- Intellectual disability (ID) nursing is perceived to be the **purist** form of nursing, supporting people with disabilities and their families from the cradle to the grave (Gates, Fearns & Welch, 2015).
- Associated complex, chronic physical and mental health care needs and behavioural issues, in children, adults and people who are ageing (Northway, Cushing & Duffin, 2017)
- ID nursing is comprehensive, compassionate and competent meeting a multitude of needs through assessment, planning, implementation, review and evaluation.
- Holistic person centred care and support alongside the person with a range of disabilities, we work in partnership with a range of health and social care professionals (Gates, Fearns & Welch, 2015).
  - Environments: Community, hospitals, prisons, forensic services, advocacy, health promotion, genetics/counselling, perinatal screening, aged care, mental health (Northway, Cushing & Duffin, 2017).

Working in partnership

- Intellectual disability nurses work in **partnership** with people with intellectual disabilities and their significant others to ensure that their needs are identified and met.
  - ✓ Circles of support (Moulster, Ames and Griffith, 2012)
  - ✓ Interdisciplinary teams across the health and social care sector
  - ✓ Productive partnerships with nursing students resulting in skills, confidence and positive attitudes (Trollor et al 2016)
  - ✓ Addressing health inequalities
- Speciality Practice Standards, Visibility of our role could result in a positive perception that values ID nurses (Wilson et al. 2018)

Planning focused on Person Centredness

- Person-centred practice is collaborative and respectful partnership built on mutual trust and understanding through good communication. Each person is treated as an individual with the aim of respecting people's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Person-centred practice recognises the role of family and community with respect to cultural and religious diversity (NMBA, 2016).
- Identifying individual strengths and the most appropriate strategies to achieve the best possible outcomes in evolving service systems across the lifespan.
  - Complexity focused, with awareness of chronic health issues and hereditary factors
  - 'Knowing the client' (Jaques et al 2018) linked to communication and changing needs
  - Specialist skills – advocacy, behaviour support, mental health care
  - Supporting families navigating and transitioning through services (Northway et al, 2017)
  - Consider assessment and management of risk - safeguarding
- Developing accessible information (Northway et al 2017) to enable people to make decisions and take action in relation to their health (NMBA 2016).

Professionalism

- ID nurses need a positive professional identity (Wilson et al 2018)
- Professional Practice Standards – under scrutiny
  - Registered nurse (RN) practice is person-centred and evidence-based with preventative, curative, formative, supportive, restorative and palliative elements. RNs work in therapeutic and professional relationships with individuals, as well as with families, groups and communities. These people may be healthy and with a range of abilities, or have health issues related to physical or mental illness and/or health challenges. These challenges may be posed by physical, psychiatric, developmental and/or intellectual disabilities (NMBA 2016).
- Professional bodies
- Legislation, Human Rights, DDA, Safeguarding
- **Challenges:** Loss of identity, lack of evidence, lack of professional recognition

The 6 Cs

- UK Department of Health: a new strategy for nursing, midwifery and care staff. Compassion in Practice (Cummings & Bennett,2012).
- The 6 Cs – a set of values for nursing practice, made into a framework (NHS 2016)
  - **Care** – core business, recipients expect it to be right consistently throughout life
  - **Compassion** – care given with empathy, respect and dignity, **intelligent kindness**
  - **Competence** – carer must understand person's health and social needs, based on research and evidence
  - **Communication** – 'no decision about me without me'
  - **Courage** – to do the right thing, speak up, advocate, strength and vision to innovate and embrace new ways of working
  - **Commitment** – to individuals and populations, improving care and experiences, meet the challenges ahead promoting the strategy (Baillie, 2017)

Nursing Model: Moulster and Griffiths Learning Disabilities Nursing Framework (2012)

- Aldridge's (2004) centred ecology of health models: how ID affects physical health
- Orem's (2001) supporting people with ID to become more independent in the community
- McCormack and McCance (2006) outcome focused and person centred framework measuring the result of interventions
- Gibb's Cycle of reflection (1988)
- Person centred care: screening, wishes and desires, safeguarding, easy read information, engage with care plans, involve circles of supports and advocates (Moulster, Ames and Griffiths, 2012)

Learning Disability Nursing Framework

(Moulster, Ames and Griffiths, 2012)

Person centred care: screening tool

- Assessing needs: overview of person, ability to consent, what the person has found, finds or likely to find important
- Evidence based care: current validated evidence, intuition important (experience)
- Planning care: health outcomes and person centred goals, easy read formats
- Outcome focused care: measure health outcomes
- Implementing care: accessible information, meaningful communication
- Reflective care:
- Evaluating care: cost effectiveness of services, risks, reasonable adjustments, measuring health outcomes to social determinants of health

Purpose as Intellectual Disability Nurses

- Build upon the invisible and undervalued relational skills (Jaques et al 2018)
- Interventions that are evidence based (Wilson et al 2018)
- Preventative strategies that maintain and improve health outcomes and reduce the long term costs (Health checks in GP practices £24)
- Reduce health inequalities (Northway, Cushing & Duffin, 2017)
- Safeguarding: protecting an adult's right to live in safety, free from abuse and neglect (SCIE, 2017).
- Empowering other health professionals to make reasonable adjustments and improve health experiences of people with intellectual disabilities (Moulster, Ames & Griffiths, 2012)

Passion to be extraordinary

- A ‘can do’ attitude ensures that we reach the top of the mountains we climb
  - Is it time to move the mountain? Or add some bridges?
- Support, teach and advise health care colleagues ensuring best interest decisions for people with intellectual disabilities (Moulster, Ames and Griffiths, 2012)
  - Educate nursing students, encourage them into the area for placements
- A therapeutic presence (Chan, 2018)
- Evidence Based Practice
  - 7 papers in 2 years, telling the world what is being done but what could be done?
- Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working (Cummings and Bennett, 2012)

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