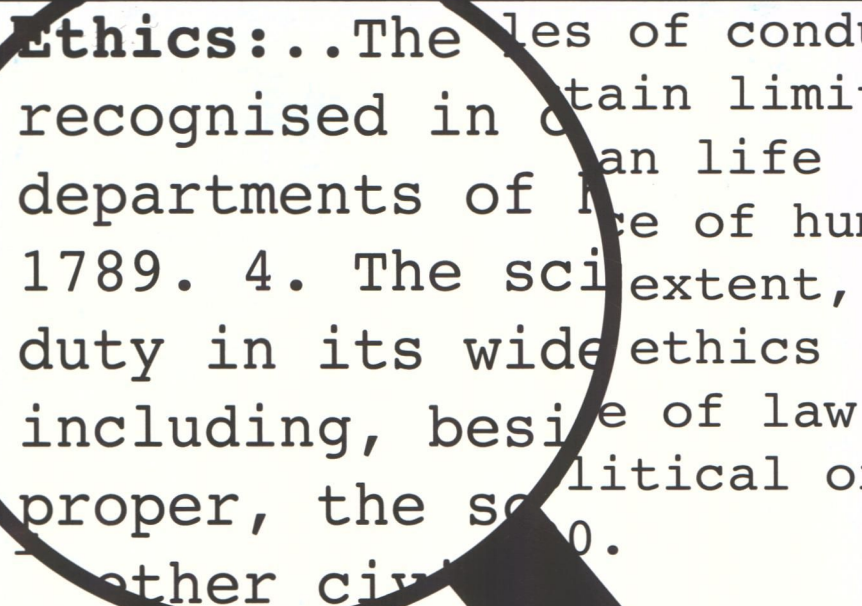


# INTELLECTUAL DISABILITY **A**ustralia



**Ethics:**...The rules of conduct recognised in certain limited departments of human life since 1789. 4. The scientific extent, duty in its wide ethics including, beside of law proper, the social political or other civil.

**Advocate:** fig. a person. One who pleads, intercedes or speaks for another. use spec. as Christ as the intercessor for sinners who argues on behalf of proposal or tenet. Const. c

## *Inside:*

- Ethics - what are they?
- ASSID councillors for 2002
- Ethics and Advocacy
  - Parents' point of view
  - Philosophical Approaches
- Distinguished Service Citations
- ASSID history project
- Special Interest Research Group
- ASSID National Council Meeting 2001
- Info Exchange

*...and more*



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# Editorial

This was to be a special edition on Ethics and Advocacy and two excellent articles on this theme – speaking with very different voices – form the core of this edition of IDA. There is also an extended editorial on the subject and some support information. However, we had so much else to update you on, about ASSID itself, that there is not as much on ethics and advocacy as we would have hoped to have included. Which just goes to show what a busy organization ASSID is! More ethics and advocacy will appear in upcoming issues.

This is the edition of IDA that comes out after both state and national AGMs. A list of new – and sometimes ‘recycled’ - councillors and their contact details is in the magazine. I urge all of you to keep this list and to use it. Contact your local councillor and perhaps offer your services, perhaps just keep in touch, perhaps seek more information. You can contribute!

Of course, this is also the edition that comes out just post-conference. I very much look forward to including articles, summaries and commentary from some of the excellent papers that were presented in Melbourne; these will appear in the March edition of IDA. In the meantime it has to be said that it was another excellent conference. Karen Nankervis was not only National President of ASSID, she was also co-convenor (with Bill Taylor) of the conference and Program Chair. And she still managed to dance the night away at the conference dinner! Karen and Bill and Carolyn Neville (who co-ordinated the Special Interest Streams) and the whole team did a magnificent job and I am sure that I speak for all ASSID members in saying that their work is greatly appreciated. More about Karen and other National Councillors on pages 4 and 5.

Speaking of all these people reminds me again of the strengths that individuals can show and the power of a group to realise these strengths ever more effectively. It is through the work of Karen and Bill and the many conference co-ordinators and presidents before them - and all of you out there who do your bit - that an organization such as ASSID flourishes. And it is through the flourishing of an organization such as ASSID, that innovative research and practice is developed in support of people with disabilities. The ASSID 2001 National Conference, which brought together reports and feedback about so many areas of interest and work,

was a great reminder of what we can do when we band together and share experience.

So, a fine festive season to you all. I think it is pretty fair to say that we all deserve a break and I hope you enjoy yours as much as I intend to enjoy mine.

Ann Penhallurick

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**Phone: 1800 644 741**

**Fax: (02) 4921 7151**

Email: [Wendy.Grant@newcastle.edu.au](mailto:Wendy.Grant@newcastle.edu.au)

**Never forget that you are invited to contribute to this newsletter.**

Send your news, views, letters, reports on best practice to

**[penhall@bigpond.net.au](mailto:penhall@bigpond.net.au)**

# Master of Disability Studies

## Master of Disability Studies (Honours) and Graduate Certificate in Educational Studies (Disability Studies)

The University of Newcastle offers coursework awards in disability studies at the Graduate Certificate and Master's levels. The awards provide a mix of theoretical and practical content. They are designed for professionals who are either working, or who aspire to work, in the disability industry in either a "hands-on" or a managerial capacity.

The awards are offered only by distance learning, and are delivered by staff from the Centre for Special Education and Disability Studies, who have demonstrated expertise in the disability area.

A Master of Disability Studies (Honours) award is also available if the 40 unit research strand is completed in addition to the 80 units of the Master of Disability Studies award.

### Duration

One year part-time for the Graduate Certificate, and two years part-time for the Master's. The additional honours program can be completed in one additional semester full-time or part-time equivalent.

### Mode of Delivery

Courses are delivered through distance learning. All courses are offered at Master's level. Some learning materials are also available online. There is no residential or exam requirement. Distance learning courses commence three weeks after the on campus semester to allow for distribution of teaching materials. Not all courses are offered each semester.

### Entry Requirements

For the Graduate Certificate a three year Diploma, or equivalent, is required. Those holding other relevant qualifications together with appropriate work experience will also be considered and are encouraged to apply. Applicants should note that courses are at the Master's level.

For the Master's a relevant university degree is required. However, students who have successfully completed the Graduate Certificate are eligible to enrol and may receive up to 40 units credit in the Master of Disability Studies.

In both awards, the assumed knowledge for study would be equivalent to two years relevant professional experience.

### Articulation

On successful completion of the Graduate Certificate, graduates will be eligible to apply for entry into the Master of Disability Studies and to seek up to 40 units credit.

### Cost

For Australian students the cost is \$750 per course and \$3000 for the Graduate Certificate award, \$6000 for the Master's award and \$9000 for the honours award. A General Service Charge will also apply. Course fees may be a legitimate tax

deduction as a self-education expense. Prospective students should seek independent advice in relation to taxation issues regarding fees. You may be eligible to use the Postgraduate Education Loans Scheme (PELS) which is an interest-free loans facility for fee-paying postgraduate students undertaking non-research courses. It is similar to the deferred payment arrangements available under HECS, and is operated by the Commonwealth Government. Information can be obtained by visiting the website at [www.hecs.gov.au/pels.htm](http://www.hecs.gov.au/pels.htm) or calling the PELS enquiry line on 1800 020 108. International students should contact the Assistant Registrar - Faculty of Education for details of international study and in-country training costs.

### Graduate Certificate in Educational Studies (Disability Studies) Program Description

To qualify for the award, students must successfully complete a total of four courses (40 units), made up of three compulsory courses and one elective course.

#### Compulsory Courses

##### **EDUC6001 Disability Studies: Perspectives on the Individual, Family and Community**

Provides an introduction to the study of disability, its definitions and social construction, and its impact on the individual, family and community.

##### **EDUC6002 Disability Support and Services: Management and Evaluation**

Provides an overview of the philosophical basis for disability services, the legislation associated with disability services, and the implications of both for the management and evaluation of disability services.

##### **EDUC6003 Programming for Support in Disability Services: Issues and Strategies**

Provides an introduction to the area of programming principles and strategies used in the design of support programs for people with disabilities.

#### Elective Courses

##### **EDUC6004 Collaboration, Planning and Interpersonal Skills in Disability Services**

Examines interpersonal communication processes which are required for collaborative/planning roles in disability services. In particular, skills will be developed in the areas of listening, interviewing, conflict resolution, and collaborative problem solving.

##### **EDUC6083 Communication Intervention**

Introduces theory, research and implementation protocols which support the design and evaluation of communication interventions and programs for challenging behaviour for individuals with high support needs.



**EDUC6087 Developmental Disabilities**

Overviews a number of common developmental disabilities, examines the social, emotional and physical health issues of these disabilities, and critically analyses contemporary approaches to the support of individuals with a disability.

**Master of Disability Studies  
Program Description**

To qualify for the award, students must successfully complete a total 80 units, made up of four compulsory\*, and four elective courses.

**Master of Disability Studies (Honours)**

To qualify for the award, students must successfully complete a total of 120 units made up of 80 units of coursework as specified for the Master of Disability Studies and the 40 units of the Research Strand.

**Service Management Strand****EDUC6002 Disability Support and Services:  
Management and Evaluation\***

Provides an overview of the philosophical basis for disability services, the legislation associated with disability services, and the implications of both for the management and evaluation of disability services.

**EDUC6003 Programming for Support in Disability  
Services: Issues and Strategies\***

Provides an introduction to the area of programming principles and strategies used in the design of support programs for people with disabilities.

**EDUC6004 Collaboration, Planning and Interpersonal  
Skills in Disability Services\***

Examines interpersonal communication processes, which are required for collaborative/planning roles in disability services. In particular, skills will be developed in the areas of listening, interviewing, conflict resolution, and collaborative problem solving.

**Professional Issues Strand****EDUC6001 Disability Studies: Perspectives on the  
Individual, Family and Community\***

Provides an introduction to the study of disability, its definitions and social construction, and its impact on the individual, family and community.

**EDUC6084 Industry/Work-Based Project.**

Conducted in a workplace, and provides students with the opportunity to design, conduct and analyse research focusing on an issue of concern to them in an in-depth manner.

**EDUC6051 Communication Intervention**

Introduces theory, research and implementation protocols which support the design and evaluation of communication interventions and programs for challenging behaviour for individuals with high support needs.

**EDUC6087 Community Service Provision for People  
with a Disability**

Examines recent research associated with a range of community services for people with a disability, (e.g. accommodation, employment, advocacy), and issues that are relevant to the provision of these services.

**EDUC6083 Developmental Disabilities**

Overviews a number of common developmental disabilities, examines the social, emotional and physical health issues of these disabilities, and critically analyses contemporary approaches to the support of individuals with a disability.

**Research Strand****EDUC6048 Introduction to Research Methodology**

Provides an introduction to qualitative and quantitative research methodologies, contemporary perspectives in research, and in particular focuses on developing a range of skills involved in formulating a research proposal, including framing research questions, reviewing the literature and choosing appropriate methodologies for different types of study.

**EDUC6049 Qualitative Research Methods**

Provides a generic introduction to the knowledge, skills and tools that a student will require when undertaking a qualitative research study. In particular, the course focuses on the areas of data collection and analysis.

**EDUC6050 Quantitative Research Methods**

Offers students skill development in quantitative methods of the collection, analysis and reporting of research data, including introduction to the statistical software package SPSS. Analyses of data and hypothesis testing are undertaken using basic descriptive and inferential statistical procedures.

**EDUC6026 Minor Thesis A and EDGS695 Minor Thesis B**

Provides the opportunity to undertake research in an area of interest to the student. The research may take the form of an empirical study, a review of the literature or another research format in discussion with the supervisor.

\* compulsory courses

**CRICOS CODE: 027431K**

**Further Information**

For more information on these professional development programs please see our program information website: <http://www.newcastle.edu.au/courseinfo/handbook.htm> **OR** return the attached Request for Information slip.

**Request for Information**

Please send me an application pack for the:

**Master of Disability Studies**  **Graduate Certificate in Educational Studies (Disability Studies)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Mail to:** Assistant Registrar, Faculty of Education, The University of Newcastle, Callaghan NSW 2308 AUSTRALIA

**OR Fax:** 02 4921 6575 **International:** +61 2 4921 6575

# Ethics; what are they and where do we get them?

## (Editorial: Part 2)

ASSID, NSW ran an Hot Topic Night on this question in September this year. In preparing for this and then 'chiring' that night, one of the issues that struck me as needing considerable discussion was the different nature of ethics as researchers and professionals understand the term and the application of ethical practice in direct care. Elsewhere in this magazine Tony and Heather Tregale, who have the powerful experience of being parents of a young man with a developmental disability, speak about their difficulties in advocating for what they regard as ethical accommodation support for their son – accommodation which goes beyond basic care, toward an active encouragement of an excellent quality of life. No one could argue with the 'rightness' of what they are seeking for their child and for the many other people they provide support for through LISA (Lifestyle in Supported Accommodation). However, this *individual* outcome is not the emphasis of ethics as it is understood in research. Ethics in research is more to do with the common good or the advancement of knowledge in itself; a much less immediate outcome for individuals concerned.

Research, whether academic or clinical, must be given ethics clearance by the appropriate body. This is often the university ethics committee, in other cases it can be the committee of the government department or the professional body, with the National Health and Medical Research Council being mandated to have an oversight of all human research. Although issues of informed consent on the part of the participants (or, in some cases, their guardians or advocates), privacy and the essential issue of the research having no capacity to cause harm to any person involved, are all essential considerations, individual good is not an outcome which is necessarily important to traditional ethics. As those readers who have filled out many more ethics applications than I will know, applicants to ethics committees need to be able to demonstrate that there will be a gain in knowledge as a result of the research, but not necessarily that this gain will have any positive impact on the individuals involved in the research.

Alex Sergejew, in an overview of the research ethics process, says that the task of the Institutional Ethics Committee :

'can be put simply as *weighing up gain versus pain* in a research proposal, and thereby judging within an ethical framework whether (the research) should be allowed to proceed (possibly contingent on conditions/changes

required by the committee).

*Gain* is usually gauged on the scientific or academic merit of the proposed research:

*Pain* is not simply gauged by discomfort or harm (or any risk) to the participants. But also encompasses, for example, consideration of the investment of hope, time, and other resources by the participants.'

Although gain and pain in these senses may seem distant from people's lives, I would like to suggest that there are strengths in the notion of 'ethics' as used and judged in the 'scientific community' (which includes researchers, professionals and practitioners in the human and social sciences). One of these is that already referred to, that the common good is important. My feeling is that in this competitive society we often forget that individuals might contribute to the good of others, even if they do not directly benefit themselves. Another strength is that the research emphasis on knowledge has the advantage of a longer term perspective than does a reliance on individual outcome. Knowledge can accumulate, can be put together with other pieces of knowledge to form something greater than the sum of its part; and, when applied in our field of interest, this is an outcome which has great potential for improving the quality of life of people with intellectual disability.

Knowledge, then, can in turn, form the basis of good advocacy. Too often, in my experience, direct advocacy 'fails' because it is based on an opinion, rather than 'real' knowledge of the person, the impacts of their impairment on them, or on knowledge of the way that disability is constraining their lifestyle. Advocacy, at an individual level, can be made more effective by knowledge of what has already been tried by others, by detailed knowledge of available resources, by seeking the information held by others, as well as reacting, as one should, at a gut level to injustice.

ASSID seeks, through all its work, to increase the knowledge of its members, in every facet of research and practice, so that not only ethical work can be carried out, but that advocacy can be informed and effective.

- Ann Penhallurick

## Reference:

**The Research Ethics Process:** An overview and tips for applicants, **Dr Alex Sergejew**. Paper presented at Research Ethics Seminars, Deakin University, 1996

# ASSID welcomes in 2002

*and thanks those who have worked so hard through 2001 and the many years before.*

**B**elow is the list of the National Councillors and State Executives for 2002. Keep this list handy; these are the people you should contact if you have questions and, most importantly, if you would like to become more involved in ASSID.

There have been a number of changes this year. Karen Nankervis – now Dr Nankervis (congrats. Karen) - needs to be acknowledged and thanked as the outgoing National President of ASSID. Karen has worked tirelessly for ASSID for many years now; fortunately all that accumulated wisdom will not be lost as she will remain as a Victorian 'rep' on National Council.

Sue Peden, from West Australia is now heading the ASSID executive, having impressed everyone with her drive and determination in support of ASSID over a number of years.

Other mainstays of ASSID are finally leaving, or leaving

their positions at least. Professor Phil Foreman is retiring as editor of the journal and Wendy Grant as the 'keeper' of the Secretariat. ASSID has been extremely fortunate in having both Phil and Wendy. The Journal of Intellectual and Developmental Disability is an even more widely read international journal since Phil's editorship began. And no one can deny the efficiency of Wendy in running the often messy business of the secretariat. We will miss both of you!

There are, of course, many others who have volunteered their time to make ASSID an organization of excellence. Some members of State Councils have been loyal for a decade or more ( remarkable people that they are). So, you will recognise many of the names below, miss a few that have moved into less public positions and you should think about adding yourself to the list for 2003!

- Ann P.

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	State Treasurer	Ms Val Baxter	03 6230 7600	baxtfam@netspace.net.au

For further enquiries please contact: ASSID SECRETARIAT The Office Manager 1800 644 741

### ASSID National Research & Education Register

For copies of the Research Register Form contact  
Keith McVilly [mcvilleyk@optusnet.com.au](mailto:mcvilleyk@optusnet.com.au)

You are invited to register with ASSID your research interests and publications,  
together with your educational and professional development / training activities  
relating to the needs of people with intellectual and developmental disability  
and those who support them.

Please return Registration Form to:  
The ASSID National Secretary, PO Box 6, Ryde, NSW, 1680.

*Tony & Heather are Plenary Guardians and Administrators. They run LISA, Lifestyle In Supported Accommodation, a small, unfunded, parent lobby group.*

*Details on "Active Support" can be found in an article entitled "Evaluation of the Dissemination of Active Support in Staffed Community Residences" by Edwin Jones, David Felce, Kathy Lowe, and Clare Bowley of the University of Wales College of Medicine.*

## Ethics and Advocacy Directly Effect Quality of Life

by Tony & Heather Tregale

*"The quality of life of those living in supported accommodation, group homes, is directly proportional to the degree of ethics and advocacy"*

Many parents are extremely reluctant to consider any form of supported accommodation for their intellectually disabled family member: they would rather 'die first'. We can appreciate their reasons; as parents ourselves we have witnessed problems at direct service points first hand. However, avoiding the issue does little for a family member's long term well-being - unless there is a significant breakthrough in medical science, parents are not going to live for ever.

Having said this, you may rightly ask who are we. Well, our younger son, Paul, now 25, is autistic and intellectually disabled. Our elder son is a very well qualified accountant and corporate business manager. Extremes of range!

From an early age, Paul required intensive behaviour intervention, at a time when being a parent of a disabled child was extremely isolating, with little physical help or practical guidance. Most of our behaviour intervention programs and ideas came from the USA. Thank goodness things have changed now!

Having put in the hard yards with every difficult behaviour in the book - and most that were not - to bring Paul to a level where he was reasonable to live with, we decided, reluctantly, that we were getting no younger to provide twenty four hour care. Heather needed some life of her own before it was too late: we wanted to be around, and able, to encourage the best support service for our son, and Paul needed to be young enough to accept living away from Mum and Dad.

All good theory; the practice, somewhat different! It took four years of lobbying the state government controlled supported accommodation central allocation system



Paul and his brother

before being made an offer. Although we could refuse the offer if we considered it unsuitable, the inference was, "Take it or leave it, there is little choice!" Well, we agonised at great length, finally deciding to get a foot in the door, as changes would be easier from the inside of the system. Wrong! Another great theory blown! The system's "Entry, Exit and Relocation" policy sounds

great, but there are few vacancies!

However, having finally penetrated the system and attained a degree of limited choice, we decided to actively encourage the service provision, at the service point, to work as is intended according to the service providers documented policies, standards, procedures and guidelines. After all, providing quality care for people is not rocket science - Mums and hospital nurses have been doing it for centuries! Wrong! Another theory blown!



Heather and Tony

When we questioned the service provider's procedures, we were told that, as mere parents, we did not know what we were talking about. So, with Heather no longer having to provide twenty four hour care for Paul, she did a full time, 12 month, college course to become qualified (as an IDSO-1) to work directly at the service point of supported accommodation services.

She then worked extensively over four years for both government and non

government service providers.

Despite that, as parents, the system conveniently considered we knew nothing, Heather's findings were little different from our previous suspicions and observations. It was however nice to experience the process first hand, to learn the administrative procedures and how, in most cases, residents receive minimal interactive and developmental care, or active support. Although it was refreshing to observe group homes where the residents were

*continued opposite page*

# Distinguished Service Citations:

*Each year state councils of ASSID are asked to nominate members who have given outstanding service to the organization. This year's recipients were:*

## **Stephen Trumble: Victoria**

Stephen was an active member of the Victorian state committee during the 1990s. As such he was at the cusp of many changes in the way services were delivered to people with disability. His influence on the deliberation behind these changes and in fact on how services responded was demonstrated in his involvement in the field of disability as a paid worker and as a person striving in a voluntary capacity to drive the changes in a positive manner.

On becoming a member of the state committee Stephen immediately involved himself in the running of the State Association notably as a convenor of the highly successful 1994 ASSID Victorian state conference. He was also the program convenor for the 1995 National ASSID conference in Melbourne. Many of us still remember Stephen and his bell rounding people up for the next session.

Stephen's roles in ASSID complemented his work in academia where at Monash University he established the first of two academic units within medical schools specifically to improve the medical care of people with intellectual disabilities. These were called the Developmental Disabilities Unit and were established by the Department of Human Services at Melbourne University and Monash University.

Stephen along with other notable medical practitioners such as Nick Lennox, Bob Davies, Jane Tracy and Jenny Curran reinforced the medical nexus that had waned in the

1980's between the various professional occupations providing services to people with intellectual disability. He was instrumental in establishing a strong medical interest stream at each national conference. These streams still continue.

In the age of electronic communication Stephen recognized the benefits to the members of ASSID and established "ASSID-L", the e-mail list available to facilitate communication between ASSID members.

## **Eddie Bartnik: Western Australia.**

Eddie has been a member of both the WA State Council and National Council, finally withdrawing from council in 2000. He was an active member of State Council throughout that period, assisting with planning a number of State Conferences and other events for ASSID members. Eddie also contributed to the affairs of National Council, attending both Mid-year Council meetings, and first and final Council Meetings at National Conferences. During his most recent term as an National Councillor Eddie worked closely with the National President and Registrar to develop a Strategic Plan for ASSID. The Strategic Plan forms the basis of all ASSID operations at both National and State levels.

Prior to moving to WA Eddie was active in ASSID at both a state and national level through the Tasmanian Branch. A man who never gives up!

## **Ethics and Advocacy Directly Effect Quality of Life** *continued*

considered and treated by direct care staff as their second family, it was disappointing to see this was mainly reliant on the integrity of the direct care staff, rather than good service provider management.

Most parents with a family member living in supported accommodation spend much time chasing quality of life issues, such as whether their son or daughter is having good meals, is well and appropriately dressed, how much time they spend doing nothing, etc, etc, Parents are extremely concerned about what will happen or, more importantly not happen, when they are no longer around.

Service ethics compound the problem for parents, especially where their family member has high support needs, and the supported accommodation is isolated in the community with minimum staff supervision and minimum visitation by service provider management to ensure adherence to service level and quality policies.

With Heather's inside knowledge of the system, and the

experience of having a son in a government group home, as well as having been Community Visitors, we now organize for LISA. We feel we have been placed in an ideal situation to assist and empower other parents to seek the best service for their family member.

The aim of LISA is to encourage service providers to proactively ensure their residents enjoy a good lifestyle, not just basic care, and that parents can be confident their son or daughter will be well cared for when they are no longer around.

In conclusion, our findings from both direct inside observation, and as a service user, suggest that the quality of life for residents of supported accommodation is directly dependent on both "Ethics and Advocacy".

Tony and Heather can be contacted through:

"Lifestyle In Supported Accommodation (LISA)"

73 Nepean Street, Watsonia 3087.

Tel: 03-9434-3810. Email: vk3qq@smartchat.net.au

## State Updates:

*All State Councils presented reports at the final National Council Meeting of 2000/2001. The following updates are taken from those reports. Any inaccuracies are therefore likely to be those of your editor.*

*To find out more information about events, past and future, make contact via your state executive councillors; a list appears on page 5.*

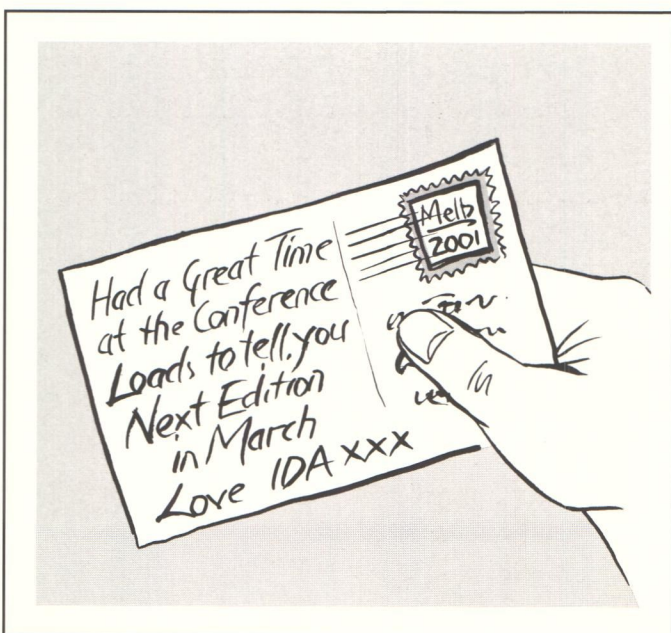
Ann P.

### NSW

New South Wales has a strong Strategic Plan which was provided the direction of activities for 2001. Although the state had less meetings than most (they were probably, therefore, longer!), several seminars were developed and presented: on Sex Offenders, Health Targets and Behaviour Support. These were presented in Albury (Sex Offenders) and Sydney (Behaviour Support being a full day workshop held in September, Health Targets a two hour seminar preceding the AGM). A well attended Hot Topic Night on Ethics; what are they and where do we get them?, was also held at the Centre for Developmental Disability Studies in September. All events attracted ASSID members but also had a pleasing attendance of non-members who had heard on the grapevine or through the advertising and had come along (and will hopefully now join ASSID).

In 2002 NSW hopes to run these seminar 'packages' in other parts of the state. The 2002 conference (Woollongong, June) is well under preparation-way and there are plans for a monograph to be produced on End of Life Issues.

Again, don't forget the participation of all NSW members is encouraged at all levels - see contact details on page 5.



### Western Australia

Despite struggling against small numbers of members Western Australia has had a remarkable year. After the terrific success of the National Conference (Perth, 2000) they still managed to organise an evening seminar on Inclusion, a one day workshop on Family Centred Practice and another on Working with women who have been abused. All seminars were well attended.

ASSID, WA also sponsored a gentleman (with an intellectual disability) to attend the 2001 National Conference in Melbourne. Self advocacy is an area that WA well and truly demonstrated the efficacy of during the 2000 National Conference, so this was a natural development of that.

The new ASSID National President is Sue Peden, from WA. Congratulations, Sue.

### Queensland

Twelve meetings have been held throughout the year, using a mix of face to face and teleconference. An excellent range of activities was successfully undertaken - from an ASSID state conference, through the very well attended 'Sharing the Road' conferences for disability support workers, held in Brisbane and Townsville, to skill development workshops (Brisbane and Maryborough) and a dinner with the Minister for Disability Services.

An innovative telephone tree to promote events and activities was established and three state newsletters were circulated.

Queensland is already well in planning for the 2003 ASSID National Conference: watch this space for more info.

## South Australia

After a late AGM in December of 2000, the SA branch met on a monthly basis, with a 'small but persistent core' of councillors keeping everything going. This energetic group organised a number of events and activities for, and in support of, state members. These included a presentation from Professor Roy Brown in May (with a publishable monograph from this talk being an ongoing project for SA branch). Prof. Brown presented on the 'Options Report' – a review of the SA Public Sector's model of service funding. In August a panel chaired by the Public Advocate, considered 'rhetoric and reality' with other guest speakers addressing areas of legislation, community living and the like. Correspondence with the three universities in the state was also entered into in order to increase the level of engagement of the academic and research community.

South Australia is now in a good position to continue and to grow, with a dedicated executive planning to develop a Strategic Plan in 2002 to give an overall picture and provide direction for the state through the next few years.

## Tasmania

Another good year for this branch, with 12 meetings, a very successful State Conference and six Hot Topic Nights, held in both north and south of the state. Tasmania events are almost notoriously well attended – with numbers often equalling those of the much larger states and on a proportional basis, being huge.

Tasmania also awarded a media certificate to Charles Waterhouse from the Daily Mercury and State Councillors were energetic contributors to Intellectual Disability, Australia.

Tasmania has developed some good 'marketing' strategies with newspaper articles to support the State Conference and regular ASSID inclusion in the Disability Services Newsletter.

Although Tasmania is intending to continue with the well established Hot Topic Nights, concentration will now be on the 2002 ASSID National Conference, which is already well in the planning stages. It is to be held at Wrest Point Casino in mid November 2002. Don't miss it!

## Victoria

Victoria is justly proud of an increase in membership from the state and of the number of diverse activities offered to that membership throughout 2001. Not only did the branch manage to organise the National Conference, they also worked like trojans to conduct a very successful State Conference in July (in Bendigo), contributed to the State DisAbility Plan, ran a 'Safer Sexual Lives' workshop, organised a meeting of 24 key researchers to share information and produced a monthly newsletter mailed out to all state members. There was also a regional seminar held in Mooney Valley at the end of 2000, with 150 registrations. This dissemination of information and strong activity across city and rural and regional areas has paid off in terms of the profile of ASSID within Victoria and in, as aforesaid, terms of a greater than average increase in membership in 2001 for ASSID Victoria.

The Victorian State Council has also spent time analysing trends and categories of membership – information and approaches that might be useful to other state councils.

From the look of their report, it does not seem there will be any reduction in energy in 2002, so, all Victorians, remember to get those diaries out early in the year.

### **Thanks due:**

All State Councils would like to pass on their appreciation and thanks to members retiring from councils this year.

The work and dedication of all councillors is of great benefit to ASSID.

*Thank you.*

*Don't forget to keep your contact details up to date.*

*State Councils all send out information, newsletters, and so forth, to the addresses on the main ASSID data-base, held in the Secretariat. Although the position of the Secretariat will change in 2002, you can still forward address changes to ASSID via [Wendy.Grant@newcastle.edu.au](mailto:Wendy.Grant@newcastle.edu.au) for the time being.*

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# ASSID History Project

Professional associations play a vital role in research dissemination and promotion. The Australian Society for the Study of Intellectual Disability (ASSID), formerly the Australian Association for the Scientific Study of Mental Deficiency (AASSMD), was founded in 1964 and after this extended period an examination of its role and contribution in the field of intellectual disability is well overdue. I am an Honours student, whose interests include research into institutional change, and the history of ASSID is the subject of my Honours thesis at the University of Newcastle.

The main research questions guiding the project are:

1. What led to the introduction of ASSID, how has it developed, and what forces have shaped it as a professional association since its inception?
2. What were the aims and membership of ASSID, have these changed over time and why?

3. What contribution has ASSID made to the field of intellectual disability (and more broadly, special education).

In order to explore the above I will be drawing on the archives of ASSID, and seek the co-operation of ASSID members in filling in the gaps in the Historical record. I will be circulating a questionnaire with a later newsletter and am also seeking interviews with members about major developments in the education and treatment of persons with disabilities as well as the development of ASSID. If you are interested in volunteering any information, or any documentation or memorabilia pertaining to ASSID's development, please contact me at the address below.

Gaye Sheather  
PO Box 197  
The Junction NSW 2291  
Telephone: 02 49616823 (after hours)

## Expressions of Interest for Editor of Journal of Intellectual & Developmental Disability

The current three-year term of Professor Phil Foreman, Editor of Journal of Intellectual & Developmental Disability concludes on 31 December 2003. However, it is the intention of Professor Foreman to step down from the role of Editor on or before 31 December 2002.

To facilitate the transition of responsibilities from the outgoing Editor of Journal of Intellectual & Developmental Disability to the new Editor, the National Council of the Australian Society for the Study of Intellectual Disability (ASSID) is calling for Expressions of Interest for the Honorary position of Editor, Journal of Intellectual & Developmental Disability. A period of transition may be negotiated with the outgoing Editor.

The Editor's main responsibility is to ensure that the scholarly standards of the journal are maintained, to appoint Associate Editors and an Editorial Board, to ensure the prompt processing of manuscripts submitted to the journal for review, to make editorial decisions concerning the publication of manuscripts, to review editorial policy as required concerning the types of articles to be published, and to promote the future development of the journal.

The Editor's position is supported by an Editorial Assistant for 7 hours per week. The incoming Editor will be able to appoint his/her own Editorial Assistant as the

current Editorial Assistant intends to step down at the same time as the current Editor.

The Journal of Intellectual & Developmental Disability is internationally refereed with four issues per year. Each article submitted to the journal is sent to two or three Editorial Consultants and an Associate Editor for anonymous peer review. The Journal of Intellectual & Developmental Disability is the main journal of the Australian Society for the Study of Intellectual Disability whose members are interested in social, psychological, educational and medical aspects of disability, from birth to death. The Journal Editor is expected to be, or become, a member of Australian Society for the Study of Intellectual Disability.

Expressions of Interest will be assessed by a sub-committee of the National Council of ASSID. Applicants should send a one-page statement on their suitability for the position and three copies of their curriculum vitae to:

Professor Phil Foreman  
Editor  
Journal of Intellectual & Developmental Disability  
University of Newcastle  
Callaghan NSW 2308  
email:Phil.Foreman@newcastle.edu.au

**Expressions of Interest close 28 February 2002**

The following information is from the website of IASSID, the International Association for the Scientific Study of Intellectual Disability: [www.iassid.org/spec-int-gr/informal-sirgs/ethics-mission.htm](http://www.iassid.org/spec-int-gr/informal-sirgs/ethics-mission.htm)

## IASSID Special Interest Research group on Ethics and Intellectual Disability

### Mission Statement

The special interest research group on ethics and intellectual disability is part of the IASSID, and aims at an open exchange of views on ethical issues regarding health and social practices in order to support persons with disabilities and their families by stimulating research on ethics within the field of intellectual disability, and by disseminating its results in the wider circle of the IASSID and the research community of which it is part.

In order to fulfil this mission the SIRG will foster communication between SIRG members and the broader IASSID community, hold conferences, seminars and symposia at

regular intervals on topics relevant to their mission, coordinate, encourage and develop opportunities for consideration of ethical issues at the IASSID quadrennial conference and support the publication and dissemination of relevant material.

IASSID SIRG on Ethics - Bylaws

SIRG Ethics and Intellectual Disability Management Committee

Chair:

Hans Reinders (The Netherlands)

[J.S.Reinders@th.vu.nl](mailto:J.S.Reinders@th.vu.nl)

The IASSID group produces a newsletter:

## The Newsletter of The Network on Ethics and Intellectual Disabilities

The Network on Ethics and Intellectual Disabilities was established to support the efforts of those engaged in, or committed to, health care ethics who are concerned about the position of mentally handicapped persons in society and to enable them to share their interests and concerns in this field with others who have similar interests in ethical dimensions of intellectual disability. It is

associated with the International Association of Bioethics, but membership in the network does not include membership in the IAB.

The Network publishes a free newsletter to stimulate the exchange of views and ideas among people from various backgrounds and is not committed to any particular school of thought. We plan to publish brief articles and case studies, book reviews, bibliography, and announcements of meetings. Information on ethical, social, and legal developments regarding mental disability can be sent to the editors.

For further information and to receive the Newsletter, contact:

Prof. de Johannes S. Reinders  
Institute for Ethics  
Free University  
AmsterdamThe Netherlands  
[J.S.Reinders@esau.th.vu.nl](mailto:J.S.Reinders@esau.th.vu.nl) OR

Robert M. Veatch  
Professor of Medical Ethics  
Joseph and Rose Kennedy Institute of Ethics  
Georgetown University, Box 571212  
Washington, DC 20057-1212 USA  
[veatchr@gunet.georgetown.edu](mailto:veatchr@gunet.georgetown.edu)

Please provide both postal and e-mail addresses. At present the newsletter is distributed via postal services, but an e-mail edition is anticipated in the future.

### The Association of University Centers of Excellence in Developmental Disabilities,

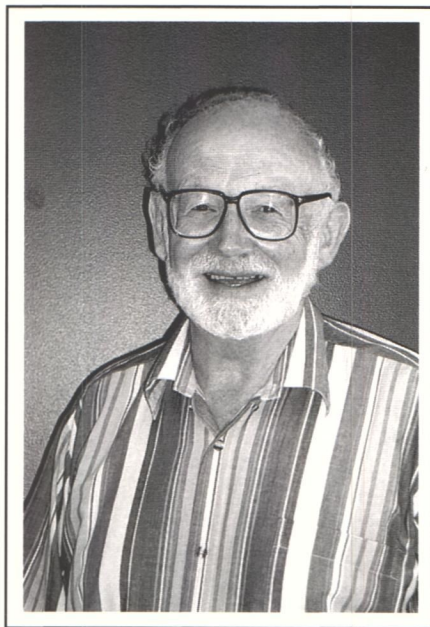
an IASSID affiliate organization, recently ran a workshop *"Emotional and Behavioral Health in Persons with Mental Retardation/Developmental Disabilities: Research and Opportunities"*.

This was sponsored by the US National Institute on Health and held in early Dec 2001. 'The workshop was designed to identify barriers to the inclusion of people with intellectual and developmental disabilities in federally funded research in the United States. The goal was to define ways to increase inclusion of people with intellectual disabilities in research, to promote evidenced-based treatment for this population, and to develop a blueprint for the future.'

The web-cast for the three days of the event can be seen on <http://videocast.nih.gov/>  
To find, click on "Past Events" and then "Conferences."

# A "Deontological" Analysis of Service Provision to People with Intellectual Disability in Australia

**Michael Steer**  
Senior Lecturer, Sensory Disability  
Renwick College



**E**thics is the branch of philosophy that focuses on the study of moral behaviour. It is primarily concerned with examining principles and methods of establishing the ways we should act in morally-laden situations. Writing just over 40 years ago about the state of the human sciences in the English-speaking world, American sociologist C Wright Mills isolated and castigated two major theoretical traditions that he regarded as inimical to the effective development of what he described as "the sociological imagination". The first of these was the tendency on the part of theoreticians to manipulate the evidence of history in such a way that it manufactured a "trans-historical straight-jacket" (Skinner, 1990, p.1). This form of manipulation he associated with the writings of Marx and Weber. The second tradition that he proposed a greater impediment to the development of the human sciences, he labelled "Grand Theory". By this term I believe him to have meant the attempt by philosophers to synthesise and encapsulate with the aim of constructing a systematic theory of society and the nature of humankind.

One of Wright Mill's predecessors, the German philosopher Immanuel Kant (1724-1804), spent almost a lifetime trying to reveal the single principle that would stand as a *categorical imperative* grounding all other ethical judgments. This *imperative* would have to be *categorical* rather than *hypothetical*, or conditional, since true morality, in Kant's opinion, should not depend on one's individual likes and dislikes nor on one's abilities and opportunities. Of his several attempts at formulating the *categorical imperative*, two are noteworthy:

*Always act in such a way that you can also will that the maxim of your action should become a universal law.*

or

*Act so that you treat humanity, both in your own person and in that of another, always as an end and never merely as a means.*

Kant's two principles are examples of a **deontological** or **duty-based** ethic. Each principle has an effect of judging

morality by examining the nature of actions and the will of agents rather than goals achieved. Each focuses on inputs rather than outcomes. One reason for focussing on duties rather than consequences is that, in spite of our best efforts, we cannot control the future. Kant proposed that as far as the moral evaluation of our actions is concerned, consequences do not matter.

The second version of the categorical imperative focuses on respect for individuals. People, unlike things, ought never to be merely used. Their value is never merely instrumental; they are ends in themselves. In an ethics of duty, the ends cannot justify the means.

Individual human rights are acknowledged and inviolable. *Moral dilemmas* are created when duties conflict, and there is no means to solving the conflict.

This brief essay will describe and explain the deontological perspective on service delivery to Australians with an intellectual disability.

## **Disability and service provision**

The manner in which societies think about and have generally perceived and treated people with disabilities has an important impact on modern society. This is because it is today widely held that the ethic governing the way a society treats its most disadvantaged people, to some extent reflects that society's maturity.

With regard to the ethics of service provision, there are essentially two basic points of view that influence the ethical decision making process. The first perspective is teleological or consequentialist; and the second deontological. It is the latter perspective that provides the focus of this article.

Deontological ethics then, starts from an assumption that a person's *motive* or intention for acting is what is important in making ethical judgements. When a deontologist makes an ethical judgement about a situation, it is the motive or intention of the participants that is judged. When deontologists attempt to determine the ways we should act, they focus on establishing primary duties of participants in moral contexts. Such duties might include, for example, doing no harm or respecting autonomy. These sorts of factors are essential to understanding

current human service provision as this affects a great many people with intellectual disabilities who might be considered at risk of societal disadvantage.

The manner in which a particular society thinks about people with intellectual disabilities, as Cocks and Stehlik (1995) have pointed out, strongly influences the way they are treated. The way people with intellectual disabilities are treated strongly influences the manner in which society thinks about them. This circular pattern generates a self-fulfilling prophecy. If for example, people who are easily confused or have low levels of skill are predominantly viewed by society as ill, sick or defective, history affirms that they will be treated within service systems that function as health-care delivery agents. If members of the general public see many people with intellectual disabilities treated in hospital-like or clinical settings, the perception of sickness and ill health is strengthened. An outcome of their treatment is that the people with intellectual disabilities are likely to internalise their experiences and think of themselves as sick.

If on the other hand, people with an intellectual disability are widely held to be human beings with potential for growth and development, and as belonging with their families and friends in their home communities, then services are likely to be provided for them that support related outcomes.

The social roles that people with disabilities are cast, ultimately shape personal and service outcomes. Wolfensberger (1992), has presented an interesting schemata on the historical roles played by people with disabilities. These various role perceptions, for example, viewing a person with a disability as an object of ridicule, a perpetual child or as a burden of charity are universal influences on the social value of those so perceived. These influences must be fully understood in order to comprehend the morality underpinning current patterns of service

provision to individuals with intellectual or other disabilities.

### **An important paradigm shift**

The history of service provision to people with intellectual disabilities can be obtained from a large number of reputable authors, typically, for example, from Scheerenberger (1983).

Over the past 40 years, many western (developed) nations have realised that their governments need to invest more energy in ensuring that all citizens receive equal treatment and a just share of society's benefits. This realisation has been reflected in both law and policy (Gooding, 1994). It has also been reflected in public attitude change and in the increasing demands being made on such human service systems as schools, legal and medical offices, parks and recreation facilities, transportation facilities, employment services and consumer goods outlets. The policy debate in many countries at the opening years of the third millennium is no longer whether or not people with intellectual and other forms of disability are entitled to services. It is rather, on the ways in which the needs of such individuals can be met fairly and equitably. The underpinning motive for this focus upon equality and justice in the treatment of those at risk of societal devaluation can probably be attributed to the adoption by Westernised society of the Judeo-Christian ethic and a wider acceptance of humanitarian teachings from the other great religions and New Age philosophies.

An early outcome of the policy debate has been a growing recognition by decision-makers that traditional approaches to human service provision have not been and are not structured to respond adequately to the needs of people with disabilities and their families. Initiatives have, over the past 30 years been taken to discover and implement alternative approaches which either change or replace the existing system structures and relationships, enabling them to serve individuals in ways consonant with emerging changes in perspective on the rights of people who have disabilities.

Some of the concepts and service system developments that have emerged are derived from the widely held belief that a very large number of people with disabilities are able to live as full, contributing members of society in the community. New-look service systems offer consumers this option rather than segregation from generic services by placement in the programs traditionally provided for them. For example, in segregated schools, sheltered workshops, residential units and nursing homes. The ethic is predicated on the notion that, if society is to empower people with disabilities to live as full participants within the

*continued on page 14*

## **ASSID-L**

A mailing list for people with an interest in intellectual disability. Access to this list is included as part of "Australian Society for the Study of Intellectual Disability" membership and is intended to improve communication between us all.

ASSID-L operates in the same way as any e-mail list.

**To subscribe**, send a message to [ddu@med.monash.edu.au](mailto:ddu@med.monash.edu.au), leaving the subject line blank. In the body of the message, type 'subscribe ASSID-L (your email address)' - making sure you put your email address in! Then, sit back and smile, you will be notified in a couple of days.

# Report back on final ASSID National Council Meeting, November 2001:

**A** long and busy but productive meeting was held in Melbourne the day before the 2001 National Conference in Melbourne. This is one of the few opportunities for councillors from all states to meet face to face: some of us had not 'set eyes on each other before' so it was also a good social occasion, with an excellent lunch!

The agenda was packed and turned out to be a little over-ambitious, with the review of the strategic plan held over to the first council meeting on 2001/2002 (which was held, same venue, at the end of the conference, following the AGM). However, we did cover a wide range of issues, receive reports from all office bearers and all State Councils and make the odd decision. Of particular note to all ASSID members is the departure of Wendy Grant, the friendly voice at the other end of the ASSID 1800 number. Wendy has worked in various capacities for ASSID for a decade and her wealth of knowledge and organisational skill will be very hard to replace. There was considerable discussion of how we would go about finding someone to take on the Secretariat.

Similarly Phil (now Professor) Foreman signalled his wish to hand over the editorship of the *Journal of Intellectual and Developmental Disability*. Phil has been the very well respected editor of the 'ASSID journal' for many years and his quiet and scholarly efficiency will, also, be sadly missed. An expression of interest in the editor's position is

included in this edition of IDA.

Financial matters and the intricacies of the GST took up quite a lot of meeting time, as did discussions on 2002 and 2003 conferences (we need to plan ahead!). Although ASSID is in a good financial position, it is to be noted that we need to secure more members in order to remain a viable organization. At this stage, the benefits to members cost more than the memberships fee brings in. ASSID is more than great value for money! The Registrars report, however, suggested that we were on an upward curve when it comes to membership.

We also awarded distinguished service citations (see page 7), had some feedback on the Consumer Driven Research Project (for which ASSID awarded research funding to self-advocate, Kim Walker two years ago) and on the potential for New Zealand to become part of what might be the Australasian Society for the Study of Intellectual Disability. State Reports were good, with many activities taking place across the country in the past year (see 'Updates' section in the middle of IDA).

Any other issues will be fed back through State Councils to the membership. If you have any enquires, you are very welcome to contact your state reps (see page 5). If you would like to become more involved, contact them too! You'd be very welcome.

## **A Deontological Analysis of Service Provision** *continued from page 13*

community, some critically important links missing from our traditional social service systems need to be present.

What then is the current ethic of service provision in Australia? The press and other forms of mass media daily provide the community with stories. These are generally local in nature, and reveal the exhausting ongoing struggle for simple services, self-respect and basic rights experienced by our fellow citizens. For example, instances of agencies renting particular buildings for conferences, knowing the facilities to be wheelchair inaccessible. Taxi drivers abusing men and women whose appearance they find strange or threatening. Residents of certain affluent communities taking legal action against the disabled residents of small group homes in their neighbourhoods. Parents losing custody battles on the basis of their disability. (Conway, Bergin & Thornton, 1996).

### **References**

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**Conway, R., Bergin, L. and Thornton, K.** (1996). *Abuse and Adults with Intellectual Disability Living in Residential Services*. Mawson, ACT: National Council on Intellectual Disability.

**Gooding, C.** (1994). *Disabling laws. enabling acts: Disability rights in Britain and America*. London: Pluto Books.

**Scheerenberger, R.C.** (1983). *A history of mental retardation*. Baltimore, MD: Paul H. Brookes.

**Skinner, Q.** (1990). *The return of grand theory in the human sciences*. Sydney: Cambridge University Press.

**Wolfensberger, W.** (1992). *A brief introduction to social role valorisation as a high order concept for structuring human services*. Syracuse, NY: Syracuse University Press

# Letter to the Editor:

*Dr Peter Wurth, Consultant Psychiatrist, forwarded this letter in time for the September edition of IDA. The apologies of the editor go to Dr Wurth for it not appearing then! However, the advantage of my filing bungle was that we now have this letter as a timely reminder of the importance of keeping up with the research and the literature if we are not only to provide an excellence in direct service to the people we work with, but are going to be, also, in the position of advocating that others do the same. If it were not for the awareness of professionals such as Dr Wurth, and the willingness to make findings public in a variety of arenas, improvements in quality of 'support' and 'treatment' would only be the province of the wealthy and well connected.*

**Dear Editor**

**Re: Down Syndrome and Dementia**

Readers will be aware that individuals with Down Syndrome develop dementia at a much earlier age and probably at a much higher rate than others. Until recently all that we could do was ensure accurate diagnosis, exclude other conditions such as hypothyroidism and depressive pseudodementia, and watch deterioration. The major management issue was the ongoing assessment of support needs, and whether the current accommodation could provide these.

Many members may not be aware that there are now specific medication for the treatment of Alzheimer's dementia, the type of dementia that those with Down Syndrome develop. Since early this year rivastigmine (Exelon) and donepezil (Aricep) have been available on the PBS subsidized list for the treatment of mild to moderate Alzheimer's dementia. The disease must be diagnosed by a specialist physician, which includes psychiatrists, and the individual must score less than 25 but not more than 10 on the Mini-Mental State Examination. This is having the unfortunate and perhaps unintended consequence of excluding many individuals with Down Syndrome, who even without dementia can have difficulty achieving a score of more than 10 on this scale which requires quite good comprehension, reasonable verbal skills and a level of literacy and numeracy. This exclusion was designed to prevent individuals with severe dementia being treated as there is probably little point in administering such expensive medication in this population. The exclusion criteria are currently in the process of being addressed by the Pharmaceutical Benefits Advisory Committee, but I have advised the Down Syndrome Association of this anomaly and suggested they lobby this committee. Some individuals do satisfy these criteria and I have prescribed these medications on a private basis to others who can afford the cost of about \$200 per month.

Evidence is somewhat conflicting on the benefits of these medications, with a consensus that the rate of decline can be significantly slowed if not halted, but there is less certainty on whether any recovery and improvement in cognitive skills can be expected. There are a few case reports of individuals with Down Syndrome responding to these medications, and there are some early studies assessing the impact of these medications on the cognitive functioning of non-dementing individual with Down Syndrome.

Members should be aware of this development and seek early assessment and treatment whenever dementia is suspected.

**- Dr Peter Wurth**

# Information exchange

12th International Roundtable

**Aging, Quality of Life, and Intellectual Disabilities**

Koriyama City (Fukushima), Japan

March 13-15, 2002

Theme: *Human Rights for All*

English & Japanese translation provided

Call for Papers: Deadline for abstract submissions: January 31, 2002

Guidelines for paper and poster abstracts: Word length: 300 words for the abstract (not including title or author information)

- Provide full title of abstract
- Provide name or names of authors of paper/poster and affiliations
- Provide postal address for contact person or author paper/poster
- Provide email address for person submitting the abstract

Abstracts can be submitted in English or Japanese. If sent by post, abstract should be typed in clear type, single spaced, in an area of 15 cm wide by 15 cm high (or 6" x 6") Indicate whether the submission is a paper or poster. Bilingual posters are welcome - but one language must be either English or Japanese

Submission by email is preferred - abstracts must be sent in the body of the email and not as an attachment.

Read any new books or journals recently you would like to tell the readership about? Seen any new resources, or web sites?

Send your news and reviews to 'information exchange'

Address: To the Editor at [penhall@bigpond.net.au](mailto:penhall@bigpond.net.au)

# Upcoming Events . . .

## ASSID State Events

State Conferences are in the planning stages and will be held throughout 2002. Check your state newsletters or contact your state councillors (see page 5) for details.

Throughout the year to come, remember to check this space and the State Updates - in the middle of this magazine - for other, terrific, informative, state-run events.

## ASSID National Events

37th National Conference of the Australian Association for the Study of Intellectual Disability.

Theme: Developing and Enriching Communities

Dates: 13 - 16th November, 2002

Venue: Wrest Point Casino, HOBART

Inquiries: Virginia Downton Tel: 0408 951 686,  
email:downton@southcom.com.au

## Advertising

Intellectual Disability Australia is a great place to advertise, reaching thousands of people in the field of intellectual disability, through its individual and organisational subscriptions.

Advertising rates for this magazine (from Jan 2002 - until Jan 2003).

Display advertisement: \$176 (including GST) for quarter page (artwork supplied). Where ASSID has to arrange art work, add \$55 (including GST)

Pre-printed inserts: \$220 (including GST). Weight restrictions apply, contact editor for details.

For information regarding closing detail for receipt of advertising and editorial material, please contact:

The Editor, Intellectual Disability Australia  
penhall@bigpond.net.au  
28 White St, Lilyfield, 2040  
phone 61 (0)2 9566 4789

Note: acceptance and publication or distribution of material does not indicate endorsement of a position, program, material or product by the Australian Society for the Study of Intellectual Disability.

## ATTENTION

This 'upcoming events' space can only be filled if you, the ASSID membership, forward details of upcoming events in your state or region.

Any upcoming conference, seminar, workshop, book launch, sporting event that might be of interest to ASSID members, should be forwarded, with full contact details to:

The Editor, Intellectual Disability Australia, penhall@bigpond.net.au  
28 White St, Lilyfield, 2040, phone 61 (0)2 9566 4789