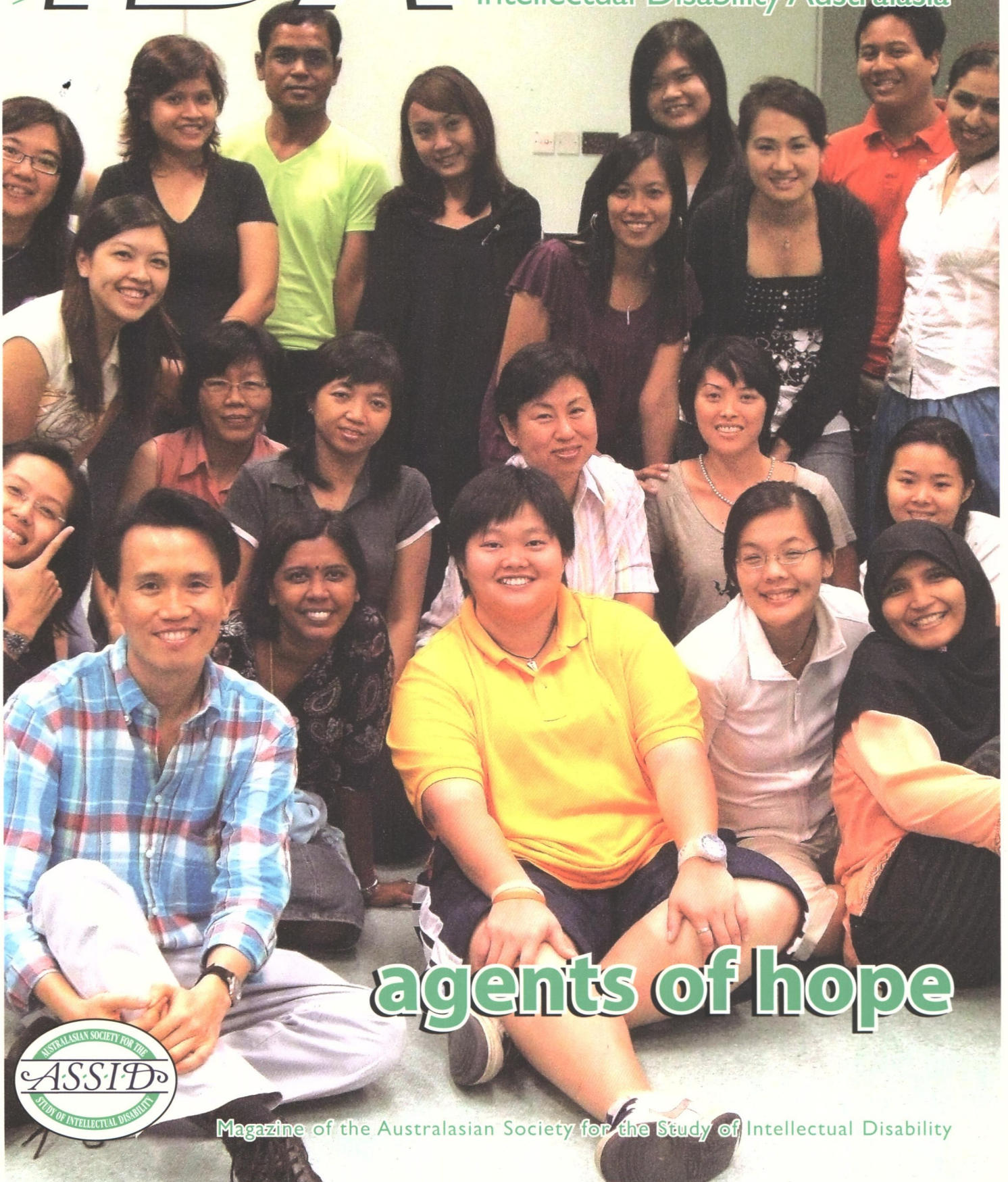


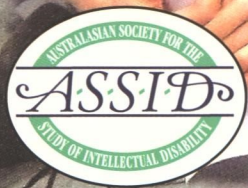
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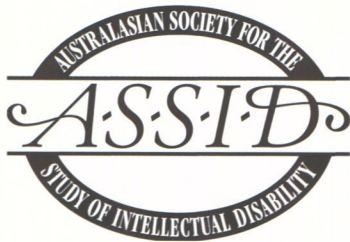
Intellectual Disability Australasia



agents of hope



Magazine of the Australasian Society for the Study of Intellectual Disability



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Front Cover:

courtesy of Levan Lim and NIE Singapore

Editorial



Our two feature articles in this issue provide some great reading. Levan Lim delivered a wonderful paper at the 2006 ASSID conference and with some encouragement, he agreed to provide a version of his paper for inclusion in IDA. Levan's article entitled *Teacher Education as an Agent of Hope for an Inclusive Society* considers the area of teacher attitudes toward students with disabilities. He looks at how these attitudes influence practice, and how approaches to teacher education can influence these attitudes.

Angus Buchanan has contributed an article on parental empowerment based on his PhD research. Not only has Angus been in the midst of organising this year's conference in Fremantle, but he's managed to squeeze in time to write and contribute his work to IDA. Much has been written about empowerment in the past few decades. Angus' work, as presented in this paper entitled *The Antecedents of Empowerment for Parents and Carers of People with Intellectual Disabilities Within the Direct Funding Model* makes an important contribution to this literature and provides a pathway to improving policy and service delivery for individuals with disabilities and their families.

All our regular features are included: book review, plain English version of an article from JIDD, regional reports, upcoming events and information on our back page about the 2008 ASSID conference in Melbourne.

Deb Keen

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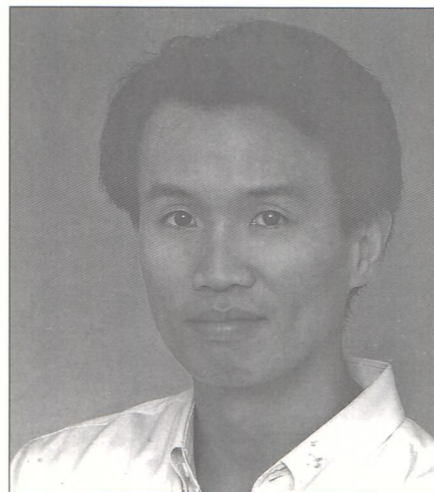
Teacher Education as an Agent of Hope for an Inclusive Society

presented by
Levan Lim

National Institute of Education, Singapore

at the 41st Annual Conference of ASSID, Canberra, 2006

- Risk and Resilience: Hope for the Future



Introduction

It has been over a year since I presented my keynote talk at the ASSID's 41st Annual Conference held in 2006 in Canberra. The theme of this conference was "Risk and Resilience: Hope for the Future", which I thought was a very timely and appropriate theme for what I wanted to share about the special needs scene in Singapore with the audience. Unprecedented changes in the disability scene were occurring then in this small nation that can be traced to the re-envisioning of Singapore as an inclusive society; and the calling for teacher education to play a significant role in realizing this vision was, to my special education colleagues and I at the National Institute of Education (NIE) in Singapore, quite irresistible. This is especially so since the NIE is Singapore's sole teacher education body. Hence, the title of my talk - "Teacher Education as an Agent of Hope for an Inclusive Society".



The Changing Context

It was in August 2004 when the Prime Minister of Singapore, Lee Hsien Loong, proclaimed in his inauguration speech the vision of a "Government that will be open and inclusive in its approach towards all Singaporeans, young and old, disabled and able-bodied..." (Ibrahim, 2004). In Singapore where education and the creation of future society are heavily linked, this rhetoric of an inclusive society for people with disabilities was enthusiastically welcomed in the disability community and quickly found its response within education. About a month after his inauguration speech, the Prime Minister called for greater efforts to integrate people with disabilities into mainstream society, beginning with the integration of students with disabilities into mainstream schools (Teo, 2004).

What followed in 2005 proved to be a watershed year for special education in Singapore in that special education finally began to occupy a place within mainstream education. For decades, special education in Singapore has remained as a separate system apart from mainstream education. Special education services (such as special

schools) are run by voluntary welfare organizations (VWOs) while regular mainstream schools are under the Ministry of Education. This long-standing dual system of education has instilled within generations of teachers and members of the larger society strong beliefs that children with and without disabilities belong to separate education systems (Lim & Nam, 2000; Lim & Quah, 2004; Lim & Tan, 2004).

Prior to 2005, students with special needs found in the mainstream education system received little support or accommodation and faced the options of either failing in the mainstream system if they could not cope with the highly competitive, rigorous and inflexible mainstream curriculum or referral to a special school. In 2005, new schemes for supporting increasing numbers of students with special needs within mainstream schools were launched which, in comparison to developments in the past decades, was unparalleled in the history of special education in Singapore.

Special Needs Officers (SNOs) were introduced into mainstream primary and secondary schools in 2005 as the support personnel for students with special needs; however, their roles were limited to supporting students with mild to moderate dyslexia or high functioning autism. These SNOs complement the mainstream teachers in the support of these students through in-class support, small group interventions and pertinent administrative responsibilities. The scheme will gradually expand such that by 2010 all primary schools and certain designated secondary schools will have at least one SNO.

Another significant scheme, involving the in-service training of mainstream teachers in special needs, also began in 2005. Under this scheme, 10% of all mainstream teachers in Singapore will be trained in special needs between 2005 and 2010 to enable schools to better meet the needs of students with special needs. Current discussions are underway to expand these two schemes. In addition, the introduction of an understanding disability awareness course for all pre-service mainstream teachers since 2005 is another important milestone achieved within teacher education for promoting special needs within the mainstream educational arena.

continued page 4

Agent of Hope for an Inclusive Society

continued from page 3

Dealing with Attitudes

The rapid pace with which support for special needs has been introduced within the Singapore's mainstream education system in 2005 through the above schemes means that teacher education, as delivered by the NIE, occupy an extremely vital role in working with the hearts and minds of teachers to include students with disabilities into mainstream school and classroom settings. In light of the fact that the majority of generations of Singaporeans (including many teachers) have grown up and been educated in an educational system where they have been bereft of the opportunity to interact, have direct experiences and relationships with individuals with disabilities, the task of educating thousands of pre-service and in-service teachers annually was very exciting as well as daunting.

In terms of introducing disability or special needs to both pre-service and in-service teachers at the NIE, my colleagues and I recognized that driving the change towards welcoming and including students with special needs by mainstream teachers after decades of non-ownership, was going to be challenging. As much as we saw the importance of equipping the teachers with strategies to work with students with special needs, we also had to deal with deeply entrenched attitudes towards people with disabilities that have been supported and reinforced for decades not just within education but across Singaporean society. In fact, awareness of how the experience of disability is influenced by the social context of life in Singapore and how attitudes are formed as a result emerged as a key priority to address initially in our pre-service and in-service courses.

We combed the international literature on models and approaches to best deal with the attitudes of teachers towards disability and working with students with special needs, but could not find an existing suitable model to adopt or adapt to our needs and situation here in Singapore. We also examined the literature from the field of disability studies; and although there is available a large body of critical literature deconstructing the impact of societal and institutional arrangements that perpetuate and reproduce social injustice and the marginalization of people with disabilities, many of these sociological analyses did not provide a concrete model for implementation within teacher education. We then developed our own approach specific to the purpose of deconstructing attitudes towards the experience of disability, which is briefly described below.

Our Approach

In designing and developing our initial course on introducing disability to both pre-service and in-service mainstream teachers, we chose not to adopt a strong

technical-rational approach where teachers would look outside of themselves for skills and strategies to define the very nature of their work with individuals they had little or no personal knowledge and experience with (Gallagher, 2005). A strong emphasis on this approach would reinforce the notion of disability as a deficit residing within the individual without exploring the larger cultural, social, political and economic conditions that contribute towards attitudes prevalent towards people with disabilities in Singaporean society.

Through our interactions with teachers, we could often see that though many have not had direct personal experiences with individuals with disabilities, they often harboured negative perceptions and attitudes that were influenced simply by growing up and living in Singaporean society. Our role as teacher educators was then to facilitate our teachers to honestly examine and become aware of their own personal attitudes and the influence of society on their attitudes towards people with disabilities.

To help teachers deconstruct their own attitudes, our initial course guides teachers to enter into a personal encounter and exploration of their own implicit theories, beliefs, meanings, values and assumptions which have influenced their own understanding of and position to the experience of disability, as situated within their lives in Singapore. For many teachers, this inward journey was unsettling precisely not only because they saw how Singaporean society has evolved and constructed its position towards disability but also because they became aware of their own participation through unconsciously adopting prevalent social attitudes.

To prepare the teachers for this inward learning journey, we emphasized at the start that understanding their own attitudes was not going to be an easy task. On the contrary, we explained that deconstructing their own personal attitudes towards disability involved an element of risk – that feelings of discomfort and dissonance can be incurred or evoked because one's ways of knowing, assumptions and worldviews would be challenged and even contradicted. For example, a number of teachers expressed revulsion and confusion with their own feelings when we showed them a video of a person with an intellectual as well as a physical disability living a desirable and fulfilling life. More examples of the teachers' reflections of their own personal learning journeys can be found in Lim, Thaver and Slee's (2008) text entitled "Exploring Disability in Singapore: A Personal Learning Journey"

After guiding the teachers to explore and deconstruct their own personal as well as societal attitudes towards disability, we guided them to reconstruct a new "personal pedagogy" for their roles as teachers and working with students with diverse abilities, such as those with special



needs. We define “personal pedagogy” as what teachers believe, value and cherish about teaching and the essential meanings they make about their work with students. This guidance consisted of sharing with them our research on the personal pedagogies of mainstream teachers who have been successful in creating an inclusive classroom environment for all their students and having the teachers reflect on their work in reference to the vision of an inclusive society. The development of personal pedagogies on the part of the teachers for working with students with special needs was then integrated with the sharing of research-based evidence and knowledge on the specific skills, strategies and classroom practices that successful mainstream teachers have used to create inclusive learning environments.

Conclusion

The approach adopted in the initial introductory course for both pre-service and in-service teachers at the NIE combines the benefits of awareness raising and skills training. Core to our approach is for teachers to nurture and develop a personal pedagogy for inclusivity after they have deconstructed their own positions towards disability. The journey of deconstructing one’s personal attitudes and developing a personal pedagogy for inclusivity, however, involves the learner in taking the risk to moving beyond one’s comfort zone of established assumptions and worldviews.

For many Singaporean teachers who have gone through our course, we found that many of them had the honesty

and courage to enter into their own personal learning journeys at the risk of facing unsettling feelings and emerged with a more resilient and renewed sense of the possibilities they could create and realize in their classrooms through including students with special needs. If Singaporean teachers, individually and collectively, are willing and able to include more children with special needs in the mainstream, with greater supports forthcoming, we are already a step closer to realizing the vision of an inclusive society, and that is hope for the future. ♦

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The Antecedents of Empowerment for Parents and Carers of People with Intellectual Disabilities within the Direct Funding Model

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INTRODUCTION

The last 25 years of the 20th century will be remembered for the unprecedented and rapid change in the way that people with disabilities are viewed (1), as well as in the philosophy, attitudes, and models of providing services and support to these people and their families (2, 3). This transformed vision that people with intellectual disabilities can have "life possibilities" (4) and "a good life" (5) is reflected in increasing reference to concepts such as empowerment, self-determination, choice, control, equity and inclusion.

The provision of services to people with intellectual disabilities and their families has been historically characterised by exclusion and segregation from the community and their families (6, 7, 8). While the nature and degree of this segregation is changing, many people with disabilities have not had the opportunity to engage in good or ordinary life (9). People with intellectual disabilities have traditionally received services and support in ways that reinforced their segregation from the community and their families. These arrangements also seem to assume the need for centralised control through professional intervention, such that people with disabilities and their families have had limited or no choice of services provided (10, 11).

The historical pattern of service delivery for people with disabilities and their families/carers is agency based, that is, it relies on creating agencies to act on people's behalf when it is believed they are unable or unlikely to act on their own (12). The mediator and funders of these services is largely the state, which causes the service system to be characterised as public, collective and politicised (13). Government funding has traditionally been based on directing resources to areas of need through

agencies which were often very large and operated in segregated environments (14, 15, 16). A good deal of dis-empowerment potentially comes from the effects of social institutions such as the social welfare and government structure (17). To counteract this, an empowerment strategy would aim to increase the power people have over these institutions and their effects.

The historical dominance of human service systems in the lives of people with disabilities and their families is significant. The lives of people with disabilities and their families have and continue to be, characterised by limited access to required resources which are often of poor quality. The extensive external controls and limited decision making opportunities afforded to people with disabilities and their families remain dominant themes in the literature. These characteristics are reflected in the literature as factors that may have a disempowering impact on the life of a person. A lessening of the control of service systems over the lives of people with disabilities and their families is viewed as a necessary condition for the achievement of greater empowerment (18, 19, 20, 21).

One of the emerging demands of people with disabilities and their families is that resources traditionally controlled by governments and agencies are placed in the hands of the consumers of the services. A substantial amount of anecdotal evidence indicates that this increased control of resources is empowering for people with disabilities and their families (22, 23). The emerging approach to disabilities resource support over the past decade includes new funding mechanisms whereby people receive individualised funding. However, relatively little is known about the ways the emerging support systems of individualised funding approaches enhance or hinder the quality of people's community life experiences (1).

In the context of disability services, individualised consumer funding redirects current resources or allocates them more directly to the consumers of services. Individualised consumer funding is characterised by its philosophical values of choice, control, self-determination and empowerment (24). As a consequence of these characteristics, it also manifests itself in many variations of implementation and the degree of control provided to a person with a disability and/or their family. The individualised funding literature strongly emphasises the concepts of self-determination, choice, impact and competence, which are fundamental concepts of empowerment (25, 26).

Direct Funding is one model of individualised funding (27) and represents a contemporary and challenging paradigm when compared to the predominant funding approaches implemented in human services by governments and agencies. For the past 20 years the Disability Services Commission (DSC) in Western Australia, through the Local Area Coordination (LAC) Program has been considered a sector leader in the provision of individualised funding via Direct Funding to people with disabilities and their families. Direct Funding in Western Australia represents a radical departure from traditionally funded service approaches for people with disabilities and their families. The unique nature of this funding model for people with disabilities and their families, within a government service structure, is internationally recognised (28). The model is being considered and implemented by other government service providers in Australia, the United Kingdom and North America.

There is a paucity of useful models for examining factors that influence consumer empowerment in disability services. This has, in part, led to ill-informed disability policies and services (12, 23, 29) and practical application of research (30). Unless funding organisations address key questions through appropriate research models, there is a risk that the devolution of funding from services to consumers may not necessarily achieve the outcomes demanded by people with disabilities, families, policy makers and governments.

Although the concept of empowerment has received considerable attention in writing in the area of individualised funding there is little or no empirical research on empowerment in this context. In particular, it was not known whether parents and carers participating in the Direct Consumer Funding model experience more empowerment than those participating in traditional disabilities funding/services. Moreover there is a need to develop a much better understanding through empirical research of specific direct funding program characteristics and other factors that potentially influence feelings of empowerment

in the disability funding context. Until recently there have been few studies that examined the concept of empowerment directly and were based on impressionistic findings or using non-validated measures (31). Few studies have examined if empowerment perceptions are influenced by characteristics of the individual or the context (32, 33).

LITERATURE AND RESEARCH MODEL

Empowerment has become a concept with many meanings and interpretations (34) and is a 'buzzword' within disability service provision and design (1, 35), and is in danger of losing any substantive meaning (17). Empowerment is widely used in management literature and many people have talked about the concept without understanding its essential nature (36, 37, 38). Empowerment has suffered a maturation process at such a significant rate that it is almost impossible to gain any rational consensus on exactly what it is (39). However, there is an emerging consensus within the literature that supports the use of a definition of empowerment for this research. The meaning of empowerment has been approached from a number of perspectives which have focussed on the relational vs motivational relationship (40), the psychological vs structural perspective (32, 41, 42), and as a multi-dimensional concept. Empowerment is multi-dimensional and that its essence cannot be captured by a single concept. An alternative perspective on empowerment should be sought distinguishing between the situational attributes and individual cognitions about those attributes. While there is still some debate about the meaning of empowerment a predominant view is emerging from the literature. The growing consensus is that empowerment should be considered as a systematic psychological motivational concept (43).

Researchers (25, 26) propose that empowerment is the intrinsic task motivation resulting from a set of four task-related cognitions pertaining to a person's role supporting the notion the empowerment is multidimensional (32). Empowerment (25) had four dimensions: meaning (26, 44, 45), competence (46, 47), self-determination (1, 25, 48, 49, 50, 51), and impact (25, 52, 53). Each dimension contributed to the overall construct of psychological empowerment or perceived empowerment. This construct of empowerment has been used and validated in further studies (26, 31, 54, 55, 56). Research on psychological empowerment at the individual level has shown that the four dimensions, although related, are still distinct components of empowerment (54). The four dimensions of empowerment are considered to be related because they are likely to be mutually reinforcing (25, 26).

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Antecedents of Empowerment

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MODEL AND HYPOTHESES

Although in the disability sector there is an emergence of a motivational and psychological perspective to empowerment, it would still appear that a dominant view is based on a relational and structural understanding of the concept. This dominant conceptualisation has the potential to support a belief that control of resources through individualised funding approaches will be strongly associated with empowerment. Such a view makes assumptions that people who are still strongly associated with the predominant service paradigm via the agency model will have low levels of empowerment because they do not have control of resources. This study provided an opportunity to explore the difference in empowerment levels between those people who receive Direct Consumer Funding and those people who do not receive Direct Consumer Funding. It was therefore hypothesised:

Key decision makers for people with intellectual disabilities (parents and carers) who receive Direct Consumer Funding will be more empowered than those key decision makers of people with disabilities who do not receive Direct Consumer Funding.

tional variables that affect the feelings of empowerment. These were called 'critical empowerment cognitions'.

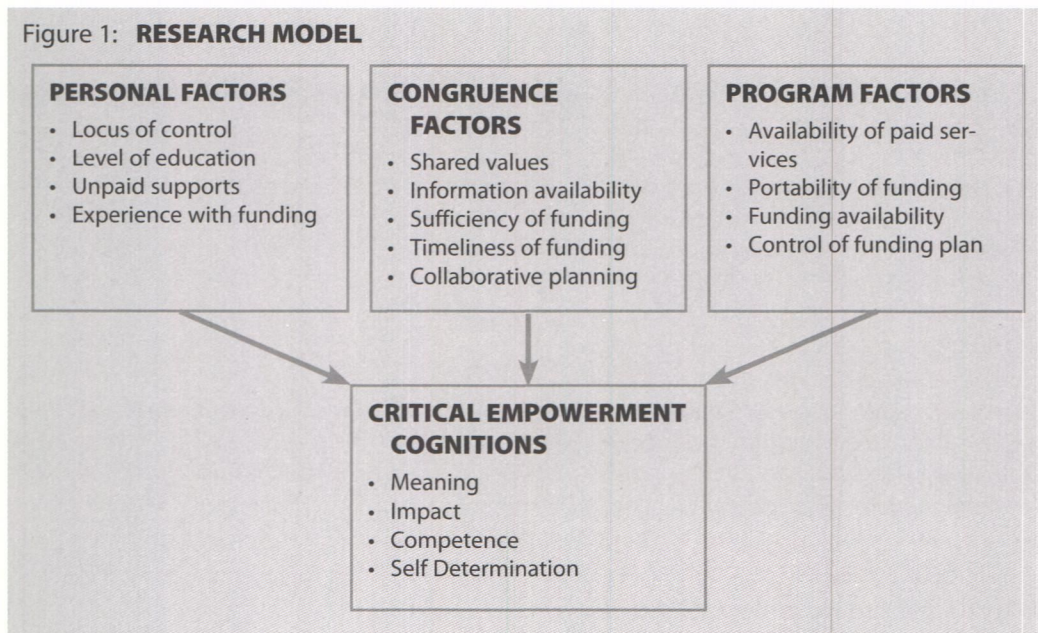
This study uses three groups of influences:

- I. The characteristics of the individuals (parents/carers of the person with a disability). Personal characteristics of the individual are believed to influence empowerment and have been widely researched (25, 26, 31, 55,). They represent those things that are intrinsically or extrinsically linked to an individual and not directly influenced by external sources. Until recently, few studies examined the extent to which perceptions of empowerment were influenced by the characteristics of the individual context (31). Contemporary scholars agree that feelings of empowerment are affected by a variety of individual, interpersonal, positional variables including locus of control, education, unpaid/informal supports and experience;
- II. The characteristics of the program (Direct Consumer Funding). The relationship between an organisation and consumers is seen to be important regarding empowerment outcomes and has been

identified as significant for the achievement of empowerment (57). Organisations can help individuals feel more empowered by providing them with the necessary means, ability, and authority to achieve success (31, 58, 59, 60) and by delegating authority and allowing participation in decisions (61, 62). Delegation and their participation to consumers in key programmatic areas may create conditions necessary for empowerment to take place (40).

Empowerment is considered, by a range of writers, to be how much people can actually influence service providers and policy makers in key program areas (19, 63, 64, 65, 66); and,

- III. Introduces a new set of influences called congruence characteristics where the alignment of organisational and consumer perceptions are con-



The dominant view of empowerment (25) forms the foundations of the research model found in Figure 1. The model is drawn from research offering one of the few diagrammatic models representing the predictors of empowerment in terms of personal and environmental factors (31). It was identified that the model could research the variety of individual, interpersonal and posi-

sidered. The addition of congruence provides a new aspect to the model (31) who only identify personal antecedents and environmental (program) antecedents. More recently, research has begun exploring the broader notion of congruence between the characteristics of the individual and the characteristics of the organisation (67) which can be viewed as the compatibility between people and organisations (68). In the context of Direct Consumer Funding, the literature supports the inclusion of five antecedents/predictors of empowerment which include: Shared values between the parents/carers of people with disabilities and the Disability, Information (41, 69), sufficiency of funding (70), timeliness of funding (69, 71, 72), and collaborative planning (73, 74, 75).

It was therefore hypothesised:

Key decision makers for people with intellectual disabilities who demonstrate characteristics from the individual, congruency and program influence areas will be more empowered than those who do not demonstrate these characteristics.

RESEARCH METHODOLOGY

Respondents for this study (parents/carers of people with intellectual disabilities) were selected from the databases of the Disability Services Commission of Western Australia. The complete population of people in receipt of Direct Funding was used (n = 508). A random sample of primary carers who were not in receipt of funding (n = 420) was also used for comparative data. Excellent rates of data returned were achieved (with funding = 225, without funding = 199).

The study used an adapted 12 item tool (25, 31, 32) to measure empowerment levels of those people in receipt of direct funding (Table 1). The measure includes the four dimensions of empowerment – meaning, competence, self determination and impact. The scale was chosen as it is a reliable a multidimensional measure of psychological empowerment.

The Psychological Empowerment Scale (51) was adapted and used in the study to compare empowerment levels between people with funding and those people without funding (Table 2). Codes for both scales ranges from 1 = strongly disagree to 7 = strongly agree.

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Table 1: Critical Empowerment Cognitions (Direct Funding)

Original Items	Adapted items used in Study
1. The work I do is very important to me	1. Managing my own funding is very important to me
2. The job activities are personally meaningful to me	2. Managing my own funding is personally meaningful to me
3. The work I do is meaningful to me	3. Managing my own funding is meaningful to me
4. I have significant autonomy in determining how I do my job	4. I have freedom in how I use my funding
5. I can decide on my own how to go about doing my work	5. I can decide on how to go about using my funding
6. I have considerable opportunity for independence and freedom in how I do my job	6. I have a lot of say in how I use my funding
7. My impact on what happens in my department is large	7. I have an impact on how I use my funding
8. I have a great deal of control over what happens in my department	8. I have a great deal of control over how my funding is used
9. I have significant influence over what happens in my department	9. I have significant influence on what happens with my funding
10. I have mastered the skills necessary for my job	10. I have learnt the necessary skills to manage my own funding
11. I am confident about the ability to do my job	11. I am confident about my abilities to manage my own funding
12. I am self-assured about my capabilities to perform my work activities	12. I am self-assured about my abilities to manage my own funding

Queensland

by Hamish Millard

A new ASSID Queensland committee was constituted in June, drawing members from the private, government and non-government sectors. The committee is pleased to have some experienced members and some new blood.

In August, the State Conference was attended by over 130 delegates. The conference's theme of "Carter and Beyond" focused on contemporary issues surrounding adults with an intellectual disability who have very challenging behaviour. Highlights included a keynote address from The Honourable Bill Carter QC, a comparison between the proposed changes resulting from his report with current practices in New Zealand and Victoria, and a reflection by Professor Eric Emmerson. Concurrent sessions in the afternoon included a panel discussion regarding behaviour support issues, a session on changes in the physical and mental health care of people with intellectual and developmental disabilities, and a session on emerging issues in the understanding of sensory, movement and communication differences.

The Queensland Branch AGM is scheduled for 02 October. The AGM will be followed by a Dinner with Gary LaVigna (Clinical Director, Institute of Applied Behavior Analysis) including a presentation on issues associated with implementing positive behaviour support plans.

The state committee looks forward to organising further events in the near future, starting with a planning day in January 2008. We will keep you updated on our progress.

Tasmania

by Craig Jones

ASSID Tas held its annual "Celebrating Support Workers" Conference in Campbell Town in October which was extremely successful with approximately 120 delegates from across the state. Our Keynote Speaker for this event was actor and comedian, Elizabeth Navratil who delighted delegates with her address "Services Make the Difference." Elizabeth was born with cerebral palsy and her parents were advised not to expect too much or for her to go to school. With the assistance of various services and support workers, Elizabeth completed her Higher School Certificate and took up acting and has since gone on to perform with Academy Award winner Geoffrey Rush.

The theme of our conference this year was "Celebrating our Services" and as such, we encouraged Support Workers to present papers. We were overwhelmed with the response we received from services wanting to present papers and unfortunately some were restricted by time limits. However, the response form feedback of the delegates was fantastic with many telling us they would like to extend the conference to two days. The conference was concluded with a final stand up performance by Elizabeth who kept the audience amused with her own real life situations from her first taste of alcohol at 7 years old to running into John Howard PM in Adelaide and questioning why he needed 6 minders.

Our second annual Jim Woodworth Student Memorial Award was presented to Tim Machin, a student of TAFE Tasmania who completed his Certificate III in Community Services (Disability) in 2006 and is currently studying for his com-

bined Cert IV in Disability Studies and Cert IV in Leisure & Lifestyle.

Darryleen Wiggins and I have accepted the position of Co-Conveners of the 2009 ASSID Conference to be held in Tasmania and have been working closely with our Conference Coordinators on the development of a bookmark and logo, that we are extremely proud of, to begin making people aware of when and where the conference is.

Our AGM was also held during our conference with the following people elected as Office Holders for the 2007/08 year; President – Craig Jones, Vice President – Darryleen Wiggins, Secretary – Ally Valetich and Treasurer – Robert Blackwell.

We also welcomed Helen Russell and Rick Baxter onto the Committee this year. Helen was the recipient of our inaugural Jim Woodworth Student Memorial Award in 2006 while Rick is a manager for Oak Enterprises. We welcome them and look forward to their valuable contributions.

Western Australia

by Chris Coopes

The IDNetwork forum, jointly planned and run by ASSID WA and the Developmental Council of WA, was held on Thursday 16th August. A four person panel discussed the recently released report of the Disability Health Sector Check (SHC). The SHC was commissioned in mid 2006 to examine how effectively new funding over the past five years had been delivered to the disability sector and how well the sector was working.

The speakers were: Dr Ron Chalmers (Acting Director General, Disability Services Commission); Ms Joan McKenna Kerr (Chair, Sector Health Check Implementation Committee); Professor Errol Cocks (Centre for Research into Disability and Society, Curtin University); Ms Deidre Croft (Parent and PhD Candidate, Curtin University).

Panel members gave their perspective and there were many questions and comments which emphasised the strong interest in the SHC. The forum was well attended and very successful.

The WA ASSID State Council Annual General Meeting was held on 20th September at Nulsen Haven. Reports were tabled and spoken to by the President, Vice President, Secretary, Treasurer and the Co-Convenor of the 2007 National Conference Planning Committee.

Two resolutions were passed unanimously. The first (as part of an ASSID recommendation) was that the membership fees for the 2008/09 financial year be increased by 5%. The second was an amendment to the ASSID WA Constitution by adding a section relating to Custody of Records, Documents and Securities.

The State Council for 2007/2008 is:

Chris Coopes (President); Nicole Hicks (Vice President); Jill Mackenzie (Secretary); Sue



region
up

Peden/Craig Glasheen (joint Treasurers)
State Councillors: Roslyn Atkinson, Angus Buchanan, Tracey Delamare, Shane Mauger (Nulsen Haven) and Chris Yates.
National Board Representatives: Jill Mackenzie, Angus Buchanan, Chris Coopes.

All reports together with a small amount of additional material will be incorporated into a printed WA Annual Report of 2006/07.

As I write this on 28 October, we are only a week away from the 2007 National ASSID Conference and the organising committee members have done a wonderful job. I am sure that many ASSID members will be attending the Conference in Fremantle.

Victoria

by Daniel Pennefather

The recent ASSID Victoria Annual General Meeting saw a few changes within the Victorian Committee. Sam Murray took over as Regional President from Assoc Prof Karen Nankervis, who is very much looking forward to having some more time for other projects. ASSID Victoria congratulates Sam and welcomes him to the role, and thanks Karen profusely for all her hard work! Karen remains on Committee and will convene the 2008 Australasian Conference, to be held in Melbourne.

The new Victorian Committee is as follows:

Sam Murray (President), Assoc Prof Karen Nankervis, Dr Keith McVilly, Alyson McKenzie (Vice President), Bill Taylor, Jon Slingsby, Patsie Frawley, Sheridan Forster (Secretary), Dr Christine Bigby, Glen Jose (Treasurer) and Daniel Pennefather.

Our new Vice President is Alyson McKenzie, with Sheridan Forster and Glen Jose continuing as Secretary and Treasurer respectively. The Victorian representatives to the Australasian Board are Sam Murray, Sheridan Forster and Glen Jose. The Victorian Committee reminds members that they are welcome to attend the Committee meetings. Contact Daniel. Pennefather@dhs.vic.gov.au for meeting details (or check the Victoria Region page of www.assid.org.au).

In other news, congratulations to Sheridan Forster on the success of the recent Paul Hart workshops. Both workshops were at full capacity, and delegates reported a very inspiring event. Thanks also to Paul Hart for his time and energy.

Our current project is the Disability Support Worker Conference 2007, incorporating the Disability Support Worker Awards, 22 & 23 November. A report will be included in the next issue.

South Australia

by Richard O'Loughlin

On October 17th we held a workshop (in conjunction with Flinders University) on "Isolation, Loneliness and Not

Belonging" that considered the emerging crisis of loneliness within western societies with a particular focus on the effects upon people with an intellectual disability. There was a panel of speakers that considered causes, programmes already in place and ideas for the future. They provided a range of perspectives that encompassed theoretical considerations; videos presenting the success of practical strategies such as "Circles of Support"; through to discussion from grass root service providers whose role is to enlist volunteers to become companions to people who are otherwise isolated. The event was well attended. The ideas presented and discussed by the participants will be documented and presented as a communiqué to a range of decision makers and influential agencies.

The workshop was held in conjunction with our AGM. Although the majority of the state committee will continue in their current roles we are pleased to welcome some new members to the SA state committee. Our next event will probably occur early in 2008 – where ASSID members will have an opportunity to meet with the chief executive of Disability SA to discuss the current context, future directions and priorities.

If you have an issue regarding the lives of people with a disability that you would like highlighted, discussed or explored and you believe ASSID (SA) could be helpful – contact me at richardoloughlin@bigpond.com.

New Zealand

by Martyn Matthews

During August and September, NZASID hosted Dr Steve Moss to run workshops in Auckland and Dunedin on the use of the PAS-ADD psychiatric assessment tool, which were attended by a range of health professionals with an interest in the mental health of people who have an intellectual disability. The workshops were very well received, and generated lots of interest. We look forward to Steve making a return visit as there are many more people keen to attend the training.

During September we also held our annual conference in Wellington, with this year's theme being BEST PRACTICE FOR PROGRESS: DOING THE RIGHT THINGS FOR THE RIGHT REASONS. We heard three outstanding keynote speakers in Roger Stancliffe, Doug Boer and Robyn Hunt and a range of high quality presentations over the two days. At the conference we also held our AGM and elected the council for the forthcoming year. Sharon Brandford was re-elected as President, Adrian Higgins as Vice President and Martyn Matthews as Treasurer. New council members for this year are Maureen Booth, who was also elected as Secretary, Gary Wyatt and Brigit Mirfin-Veitch. This year has been the most successful so far for NZASID and we intend to build on this in the coming year.

As the NZ council is so geographically dispersed, we hold our meetings mostly by teleconference. Our first meeting of the new council will be on the 3rd of December, where we will set out our plan for the year. ♦

New South Wales & ACT

(Report not available at printing deadline. Ed)

Antecedents of Empowerment

continued from page 9

Table 2: Psychological Empowerment Scale (PES)

Item
1. I think I make good choices for the person with a disability that I care for
2. I believe I have the power to make positive changes for the person I care for.
3. I feel I make good decisions about the needs of the person I care for.
4. I think my input has an important influence on how decisions are made about providing services to the person I care for.
5. I see myself as someone who usually achieves the goals that I set for myself.
6. I think I make good decisions about the well being of the person that I care for.
7. I believe that organisational skills are a strength of mine.
8. When I have to get something done, I get right to work on it.

The two groups (people with and without funding) were similar in demographic characteristics. The majority of respondents to the research questionnaire (primary care givers) are the mothers of the person with a disability for both those people who receive Direct Consumer Funding (78%) and those people who do not receive Direct Consumer Funding (82%). The fathers of people with a disability provide only 11% (those with funding) and 9% (those without funding) of the primary carer role. Siblings, friends, and other relatives fulfil other primary caring roles. For those people with funding, 58% lived in the metropolitan area of Perth and 41% lived in rural and remote Western Australia. For those people without funding 62% lived in the Perth metropolitan area and 27% lived in rural and remote Western Australia.

RESULTS

The results show that there is a significant difference between people with funding and those without funding in the areas of level of education ($t = 3.250, p = .0007$), and the use of unpaid supports ($t = 3.640, p = .0002$). There is a tendency for both samples to be internally focussed. Locus of control did not vary significantly between those people with funding ($M = 4.603, SD = 1.156$) and those who did not have funding ($M = 4.692, SD = 1.004$). A t test indicates that there is no significant difference between the two sample groups ($t = 1.065, p = 0.8560$).

Both the parents/carers who receive Direct Funding and those parent/carers who do not receive funding are very empowered (funding - $M = 6.284, SD = 0.662$, no funding - $M = 6.183, SD = 0.665$). Hypothesis 1 predicted that

parents and carers who received Direct Funding would be more empowered than those parents who did not receive Direct Funding. A t test was used which indicated that there was no significant difference between the two study populations ($t = 0.982, p = .3270$). Hypothesis 1 is therefore not supported.

The 13 variables were tested using a multiple regression because they all were hypothesised to be predictors of critical empowerment cognitions. The results show varying degrees of support for the 13 variables (Table 3). The model predicts 38.4% of the variance ($R^2 \text{ adj} = .384$). The level of significance was set at 0.5 to reject the null hypothesis. Only four of the 13 items were significant predictors of empowerment within the Direct Funding model which included collaborative planning, availability of paid supports, funding availability and control of the funding plan. The research also shows that locus of control is a high predictor of empowerment amongst those people with and without funding.

DISCUSSION

This study has provided findings that contribute toward the ongoing development and understanding about why current contemporary practices within disability services are empowering for consumers of services. Using an empirical model this study has identified what are the significant influences on empowerment within the Direct Funding model. Research, such as this study, is very important as most research on empowerment in the area of disability has been non-empirical and focused on the outcomes of the concept rather than the antecedents.

The research has addressed two questions. The first question asked if Direct Funding empowered the parents and carers of people with intellectual disabilities, more than those who used traditional funding service models. This study was unable to conclusively answer this question as the empowerment levels of people with and without funding were found to be the same and as equally high as each other. It is very likely that the reason for the similar profiles in empowerment across people with and without funding relates to the type and nature of supports that are provided to all the families of people with disabilities. A primary support service accessed by all families in this study is Local Area Coordination. It would appear that the influence of a contemporary service delivery framework, such as Local Area Coordination has the capacity to facilitate the empowerment of all parents and carers regardless of their support needs.

The second research question explored what were the individual predictors associated with empowerment within the Direct Consumer Funding model. Four significant predictors of empowerment were identified. Feelings of empowerment amongst the parents and carers of people

**Table3: Analysis of Multiple Regression Co-efficients:
Critical Empowerment Cognitions (people with funding)**

Independent Variables	Standard Beta (β)	t-value	p-value
Personal Factors			
Locus of Control	.107	1.923	.056
Level of Education	.035	.652	.515
Unpaid Support	-.048	-.890	.374
Experience with Funding	.038	.709	.479
Program Factors			
Availability of Paid Supports	.024	.391	.696
Portability of Funding	.082	1.382	.168
Funding Availability	-.173	-2.795	.006
Control of Funding Plan	.414	5.256	.000
Congruence Factors			
Values Congruence	.041	.636	.525
Information Availability	-.058	-.786	.433
Sufficiency of Funding	.115	1.854	.065
Timeliness of Funding	-.009	-.154	.878
Collaborative Planning	.228	3.264	.001
Count = 225 R2 = 0.419 Adjusted R2 = 0.384 F = 11.945 p < 0.0001			

with intellectual disabilities who have funding are more likely to manifest in environments where they believe they are in control of their funding, engage in collaborative planning with the funding organisation, can access services that meet their needs, and believe that if they need required additional funding that it would be available. The emergence of the congruence between organisations and their consumers is an important contribution to the understanding of empowerment. Given that this is not identified in previous research, the findings provide additional insight into how organisations can work to facilitate empowerment amongst its consumers through practices that reflect collaborative approaches.

Empowerment is heavily influenced by the perceptions of parents and carers that they can self determine and control the key issues in their lives. The control of resources, through individualised funding, represents one way that families and people with disabilities can exercise self-determination and control. While these are the directions that people are demanding in service delivery (76, 77) it is apparent that organisations simply providing control of resources is not necessarily enough to ensure people have perceptions of feeling empowered. As this study has indicated, direct funding approaches should be part of a

range of strategies including responsive and flexible assistance, personal supports and positive planning processes (78) as is provided by Local Area Coordination.

The complexity of individualised funding should not be underestimated, and although it clearly brings benefits to many people with disabilities and their families, it should be implemented incrementally and cautiously (79, 80, 81). It is realistic to believe that individualised funding approaches such as Direct Funding will continue to grow as a contemporary strategy to support people with disabilities and their families. The challenge that exists for service planners and providers is how such service approaches and current models are further developed and implemented to ensure they facilitate the empowerment of parents and carers of people with disabilities.

Empowerment is a concept loaded with meanings and associations and is likely to remain so, unless organisations claiming to engage in empowerment practices for its consumers, develop a fuller understanding about the actual influences of those practices on empowerment. There is a scarcity of useful paradigms for examining the factors that influence empowerment of people with disabilities and their families (12, 29, 82) and the empirical study of psychological empowerment within area of disability is still in its infancy. Future studies in the area of disability should consider using the predominant view of psychological empowerment which is used in this study (25, 26, 43). The understanding of psychological empowerment would also appear to be inextricably linked to the understanding of its antecedents within specific environmental contexts and not about the concept being the primary objective of research (36, 37, 38). It is therefore essential that future research on the empowerment of people with disabilities shifts from the predominant focus on the concept. Emphasis should be placed on understanding what actually influences empowerment.

Due to space considerations, references have not been included, but a reference list is available from the author at

Angus.buchanan@dsc.wa.gov.au

PO Box 441,
West Perth WA 6872
(08) 9426 9371 ♦

book review

Pain in Children and Adults with Developmental Disabilities

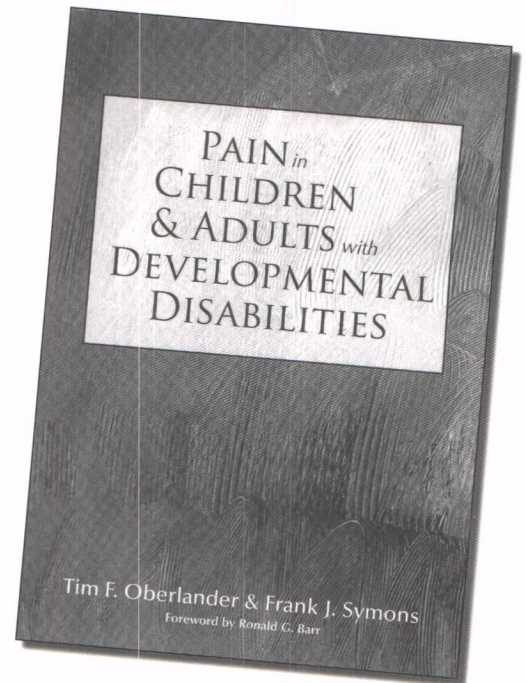
Oberlander, T. and Symons, F. (Eds) (2006)

Baltimore: Paul H Brookes ARRP\$68 (inc GST)

Available direct from Elsevier Australia,
1800 263 951 or customerserviceau@elsevier.com

Reviewed by Madonna Tucker

Old Centre for Intellectual and Developmental Disabilities



“Pain is a very real and common experience among populations with disabilities”

(Oberlander & Symons, 2006, p 82), was one of the main issues that arose from my reading of this edited book. The theories that people with developmental disabilities are not able to experience pain, or are insensitive to pain were repeatedly refuted as invalid notions throughout this book. If a professional believed in those theories, their outdated attitudes and beliefs about pain were shown to affect their clinical practice. This is a disturbing thought in this day and age. It is obvious in reading this book, that some professionals still need to be reminded that everyone, no matter what cognitive ability, deserve the same clinical practice.

The book is divided into four sections: Foundational Issues, Epidemiological, Developmental and Functional Issues, Assessment and Treatment Issues and the Epilogue. I found the first two sections to be the most readable and poignant in portraying the major issues we as professionals need to address, in this new field of research and clinical practice.

There is much covered within the 246 pages of this book. It arose out of a workshop organised by the editors to discuss what is known about pain in people with developmental disabilities. Many of the participants from this discussion then wrote a chapter from their particular expertise regarding pain. That is why the range of topics discussed are varied: from the neurophysiological processes involved in pain (Chapter 4) to specific information about pain in individuals with cerebral palsy (Chapter 7).

Chapter 1: Introduction to the Problem of Pain was most interesting and set the scene well for the rest of the book. However the ordering of the content was a little daunting at times. Chapter 3 was a good overview of the social context of pain but then Chapter 4 examined in great

detail the underlying mechanisms of pain, which was overwhelming. I found Chapter 4 the most difficult to read and spent a lot of time online at dictionary.com

Chapters 5 and 6 looked at more specific information about epidemiology and developmental issues in acute and chronic pain in developmental disability. The Chapter on epidemiology highlighted the fact that there is much research to be done in this area and that children with developmental disabilities may be more at risk of injuries from differing environmental sources than like peers. Also children and adults may be more at risk of acute pain because of their underlying disorder and associated medical complications (operative procedures) associated with that disorder. Chronic pain is also an issue for both children and adults with disabilities, especially cerebral palsy which was highlighted in Chapter 7.

The relationship between problem behaviour and pain was examined in Chapter 8. The conclusions of this chapter, were that assessment needs to not only look at social contingencies but that medical assessments were needed in an interdisciplinary model to understand the biobehavioural aspects of the function of problem behaviour. Understanding the complexities of pain is yet another reason for us to integrate professionals in an interdisciplinary approach for the assessment and treatment of problem behaviours.

The section on assessment and treatment issues highlighted the fact that much research is needed in many areas of understanding the relationship between pain and people with developmental disabilities. Chapter 9 documented WHO's framework in the management of chronic pain in children and youth with disabilities. This chapter describes WHO's International Classification of Functioning, Disability and Health (ICF). It purports this framework as an international model whereby it can be used in clinical practice to identify and document clinical findings of a clinical examination. It could, if taken up

by all medical professionals, give a common language to clinicians from a biopsychosocial approach. This is quite exciting, but I think perhaps a long way off, considering our current disjointed clinical world.

There was also some repetition and overlap between chapters. Chapters 10 and 11 showed this the most. This is what arises when there is a dearth of research and information regarding pain issues and when chapters of a book arise from a round-table discussion. Both chapters were about assessment and treatment, Chapter 9 relating to children and Chapter 10 to adults with developmental disabilities respectively. Assessment tools were examined in detail and considering there is not many of them, examining the same ones in both chapters was a little tedious. It did highlight however the fact that assessing pain in a population where some people have communication impairments is difficult. Pain is considered a subjective experience and if one cannot elicit a reaction or a comment on how much pain someone is in, it is difficult to know how to detect it in someone you don't know very well. This is the position that many medical professionals find themselves in. A patient is having an operation and without a family member or carer who knows the person well, it is very difficult to elicit valid responses to pain assessments. The research shows that it is more difficult to detect small changes in people exhibiting pain than extreme pain, because of the communication difficulties shown by some people with severe cognitive impairment.

The final section, or epilogue as it is called, summarised the substance of the book well. One of the barriers to moving forward in our understanding of pain issues is that

more interdisciplinary research needs to be performed, similar to what was proposed in Chapter 8. But trying to "link" professionals is a difficulty. The second barrier articulated in Chapter 14 was that of "analysis". How do we integrate findings from different disciplines? The findings also need to be bi-directional in that clinical practice needs to inform research and research needs to inform clinical practice.

The major issue I gained from this book was the complexity and number of issues raised in understanding pain and developmental disabilities. The book could be used as a valuable starting point to understand more about pain and how it might affect someone with a developmental disability. I do not recommend that it be read as a whole unit, but standing alone, each chapter has good merit and thus could be used individually to educate professionals and students alike in appreciating the complexity of pain.

This book highlights a new and emerging field and because of this a very exciting one. Pain has not been addressed systematically in the field of developmental disabilities but must be. This book examined how much we have learnt in the last ten years. It is exciting to think of what is to come in the next decade if this topic is taken seriously. Pain is not just an issue for people with disabilities, as it a universal reaction to a noxious stimuli. It has however been neglected and continues to be so. One thing that this book has taught me is that I will be advocating that assessment of pain should be considered as routine as completing a health or behavioural assessment. We, as professionals, need to make pain assessment and treatment a priority in our clinical practice. ♦

... advocating that assessment of pain should be considered as routine as completing a health or behavioural assessment

IDA Advertising Rates

- Display advertisement: \$176 (incl. GST) for quarter page (artwork supplied), where ASSID has to arrange art work, + \$70 (incl. GST).
- Pre-printed inserts: \$242 (incl. GST). Weight restrictions apply, contact editorial assistant for details.

For information regarding closing details for receipt of advertising material, please contact:

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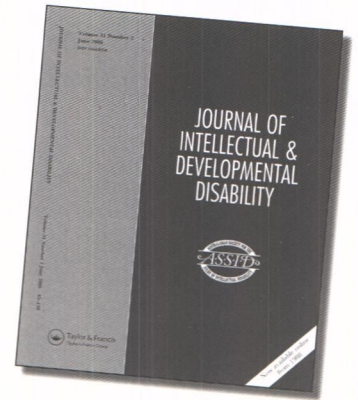
How Staff Feel About Being Hurt by Clients

A Plain English translation by Sheridan Forster of:

Rose, J. L. & Cleary, A. (2007)

Care Staff Perceptions of Challenging Behaviour and Fear of Assault

Journal of Intellectual & Developmental Disability, 32, 153-161.



Background

Some people with intellectual disabilities use challenging behaviours. Challenging behaviours include:

- Hurting somebody
- Hurting yourself
- Swearing at somebody.

Staff might feel afraid of being hurt. If somebody feels afraid they might respond to the person with a disability differently. Some researchers have said that frightened staff might stay away from people or do more risky things with the person. If people are afraid they might feel stressed or sick. They might want to quit their job. On the other hand, other researchers have found that some staff who see lots of violence don't get more sick.

There are lots of different ways to measure fear. Some people have used written questions. There are lots of different ways to measure challenging behaviour at work. It is not easy to work out the best way to measure fear and challenging behaviour.

Everybody feels fear in a different way. Some people feel fearful all of the time. Some people don't feel lots of fear.

Staff might feel more fearful of one person than another person. Some researchers think that four things might affect how much fear staff feel:

- (1) How attractive the staff member is.
- (2) How evil they think the dangerous person is.
- (3) How powerful the dangerous person is.
- (4) How risky the place is where the people are.

What did the researchers want to learn about?

The researchers wanted to find out about staff fear. They wanted to know if staff who saw and experienced lots of challenging behaviour were more fearful than staff who did not see lots of challenging behaviour.

The researchers wanted to find out other things about staff who were fearful. They wanted to know if staff were more afraid if:

- (1) They were more attractive as a person who might get hurt.
- (2) They thought the dangerous person was evil.
- (3) They thought the dangerous person was powerful.

- (4) They thought they were in a place that was dangerous.
- (5) They were young or old.
- (6) They were men or woman.
- (7) They were married or not.
- (8) They had worked with people with disabilities for a long time.
- (9) They had lots of education.

The researchers also wanted to know what two different groups of questions told them about staff fear.

How did the researchers do their study?

The researchers asked for permission from a University to do the research. This is called ethics approval.

The researchers went to two different places. Place number 1 had lots of people who used challenging behaviours. In Place 1 there had been over 2,000 reports of challenging behaviours in one year. Most people had been in trouble with the police. Place number 2 had people who did not use lots of challenging behaviour. There had been 10 reports of challenging behaviour in one year. The researchers asked staff to answer two groups of questions. Eighty-seven (87) staff answered the questions.

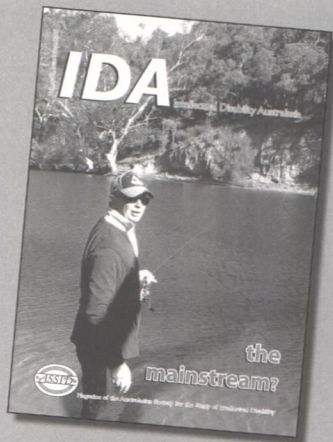
What did the researchers learn?

The researchers looked at the two groups of questions. One of the group of questions said that the staff from Place 1 felt more afraid than staff from Place 2. They saw and experienced a lot more challenging behaviour. The staff from Place 1 did not trust their clients as much as the staff from Place 2. They tried to make sure that they were in places where they could get away easily if a person was being dangerous.

The answers from group two questions said different things. When the researchers looked at these questions they could not see any difference in the fear of staff from Place 1 and Place 2.

What do the researchers say in the end?

Fear can affect how staff react to challenging behaviour. Different questions give different answers about fear. Researchers need to be careful about how they ask questions about fear. ♦



expression of interest

EDITOR

Intellectual Disability Australasia

3 Year Term

Expressions of interest are invited for the honorary position of Editor for the official magazine of the Australasian Society for the Study of Intellectual Disability (ASSID) – IDA

The Editor is an ex-officio member of the ASSID National Council and, in addition to participation in teleconferences and the annual mid-year meeting, attends the ASSID Annual National Conference.

National Council provides financial support to cover out of pocket expenses including conference registration, air fares, and some incidental expenses.

The Editor, in conjunction with other ASSID members, is responsible for attracting and editing articles, book reviews, conference reports, advertising, and regional reports, as well as writing quarterly editorials.

An editorial assistant provides administrative support, and the publications sub-committee of ASSID National Council provides advice and support as required.

Expressions of Interest are sought immediately via -

email: assid.national@bigpond.com

OR

post: ASSID National Secretariat,
PO Box 84 Rosanna Vic 3084 Australia

Your expression of interest should include: a brief summary of the reasons for your interest, previous experience within the field of intellectual disability, and previous experience in publication and/or journalism in a volunteer or professional capacity.

Demonstrated proficiency in written communication is essential.

Enthusiasm, a commitment to team work, an ability to set and meet goals, and an interest in ASSID and its objectives are considered essential.

Previous experience in publishing/journalism is an advantage but not a requirement.

On taking up the position of IDA Editor, membership of ASSID is a requirement.

For further information contact

Richard O'Loughlin: richardoloughlin@bigpond.com

2007 Awards

2007 AUSTRALASIAN RESEARCH PRIZE

(for a paper published in JIDD during 2007 and judged to be the most innovative contribution by an Australasian author/s resulting in positive life changes for people with an intellectual disability):

Awarded to:

Fiona Rillotta & Ted Nettelbeck

for their paper titled

"Effects of an awareness program on attitudes of students without an intellectual disability towards persons with an intellectual disability"

(JIDD Volume 32, Issue 1)

2007 JIDD EDITOR'S PRIZE

(for the paper judged to be the most outstanding contribution among all papers published in JIDD throughout 2007)

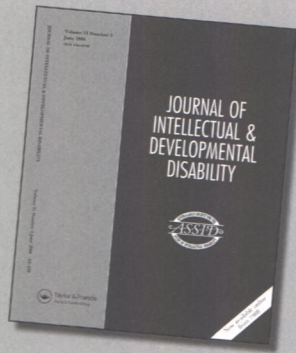
Awarded to:

Yona Lunskey, Jan Frijters, Dorothy M. Griffiths, Shelley L. Watson & Stephanie Willison

for their paper titled

"Sexual knowledge and attitudes of men with intellectual disability who sexually offend"

(JIDD Volume 32, Issue 2)



expression of interest EDITOR **Journal of Intellectual & Developmental Disability**

The *Journal of Intellectual & Developmental Disability* is the official journal of the *Australasian Society for the Study of Intellectual Disability* (ASSID), whose members are interested in social, psychological, educational and medical aspects of intellectual and developmental disability across the lifespan. Four issues of the Journal are published each year.

The current Editor of JIDD, Associate Professor Roger Stancliffe, intends to step down at the end of 2008. The Australasian Board of ASSID is therefore now calling for Expressions of Interest in the honorary position of Editor, *Journal of Intellectual & Developmental Disability*.

The new Editor will be appointed for a period of three years and must be a member of ASSID throughout his or her tenure.

To ensure a smooth handover, a period of transition is envisaged during which the new Editor will work alongside the outgoing Editor (subject to negotiation). Most likely, the incoming Editor will take up responsibility for newly submitted manuscripts in the second half of 2008, with the outgoing Editor retaining responsibility for the remaining issues for 2008, and continuing (until the end of 2008) to deal with manuscripts already under review.

The Editor's main responsibilities are:

- to ensure that the scholarly standards of the Journal are maintained;
- to appoint an international team of Associate Editors and Editorial Consultants;
- to ensure the prompt processing of manuscripts submitted to the Journal;
- to make Editorial decisions regarding the publication of manuscripts;
- to consider proposals for Special Issues;
- to review Editorial policy as required; and
- to promote the overall development of the Journal.

In conjunction with a subcommittee of the ASSID Australasian Board, the Editor will from time to time be required to negotiate a publishing contract with commercial scientific publishers. The Journal's current publishers are Taylor & Francis/ informa healthcare.

The Editor also selects the winners of the annual ASSID Australasian Research Prize and JIDD Editor's Prize

from among the articles published (or to be published) in JIDD during the calendar year for which the prizes are awarded, and presents these prizes at the ASSID annual conference.

Other duties of the Editor include

- preparing a written report to the ASSID Australasian Board twice annually,
- attending the ASSID annual conference, and
- presenting a JIDD Editor's Workshop at this conference.

The Editor's position is supported by a paid Editorial Assistant. The incoming Editor will be able to appoint an Editorial Assistant, as the current Editorial Assistant, Penny Crino, also intends to step down at the end of 2008. It is expected that there will be a parallel period of overlap between the incoming and outgoing Editorial Assistants.

All articles submitted to the *Journal of Intellectual & Developmental Disability* are subject to anonymous peer review.

The Journal uses a web-based manuscript submission and review system hosted by Manuscript Central at <http://mc.manuscriptcentral.com/cjid>. This system affords considerable flexibility regarding working arrangements for the Editor and Editorial Assistant, in that the Journal's online manuscript management system can be accessed via the web throughout the world.

Expressions of Interest will be evaluated by a subcommittee of the ASSID Australasian Board. It is expected that the subcommittee will convene initially in April 2008 to consider the Expressions of Interest. The subcommittee may choose to interview applicants via teleconference, and an appointment is likely to be made in May 2008. Applicants should send a statement on their suitability for the position and a copy of their curriculum vitae (e-mail is preferred) to:

ASSID Secretariat
PO Box 84 Rosanna
VIC 3084 AUSTRALIA
E-mail: <assid.national@bigpond.com>

Enquiries can be directed to the current Editor, Roger Stancliffe at <rogerst@med.usyd.edu.au>

Expressions of Interest close 31 March 2008

upcoming events

10 - 12 March 2008	<p>4th Diversity in Health Conference: Strengths & Sustainable Solutions</p> <p>to be held at the Sydney Convention and Exhibition Centre, enquiries at the conference secretariat, ph 02 9840 3800 or dhi@swahs.health.nsw.gov.au</p>
14 - 15 April 2008	<p>24th Annual Pacific Rim Conference on Disabilities</p> <p>at the Sheraton Waikiki Hotel & Resort, Honolulu, Hawaii. Further information at http://www.pacrim.hawaii.edu/</p>
14 - 15 May 2008	<p>Every Child Matters: National Conference on Children and Young People with Disability and Their Families</p> <p>to be held in Melbourne. Hosted by National Disability Services and Families Australia. Further information at http://www.nds.org.au/conferences/CYF2008/home.htm</p>
25 - 30 Aug 2008	<p>International Association for the Scientific Study of Intellectual Disabilities (IASSID) <i>will be holding its 13th World Congress</i></p> <p>in Cape Town, South Africa. Information available from www.iassid.org.</p>
3 - 6 Oct 2008	<p>Early Childhood Australia Biennial Conference</p> <p>To be held in Canberra. Further information http://www.eacaconference.com.au/</p>
23 - 25 Oct 2008	<p>Early Childhood Intervention Australia Biennial Conference</p> <p>to be held in Sydney. Further information http://www.ecia.org.au/</p>
24 - 26 Nov 2008	<p>Principles, Policies & Practices: The Search for Evidence. 43rd ASSID Conference</p> <p>to be held in Melbourne. For information email assidconference08@rmit.edu.au or visit the ASSID website www.assid.org.au and click on ASSID 08 conference link.</p>

www.assid.org.au

The screenshot shows the ASSID website homepage. At the top left is the ASSID logo with the text 'Australasian Society for the Study of Intellectual Disability'. A navigation menu includes 'Home', 'Membership', 'Branches', 'Publications', 'Links & Other Events', 'About ASSID', and 'Conference Papers'. A search bar is located on the left. The main content area features a welcome message and a large announcement for the '42nd Australasian ASSID Conference' held from '5 - 7 November 2007'. On the right, there is an 'Announcements' sidebar with a notice about a 10% discount for members on the 'Journal of Policy and Practice in Intellectual Disability (JPPID)'.



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