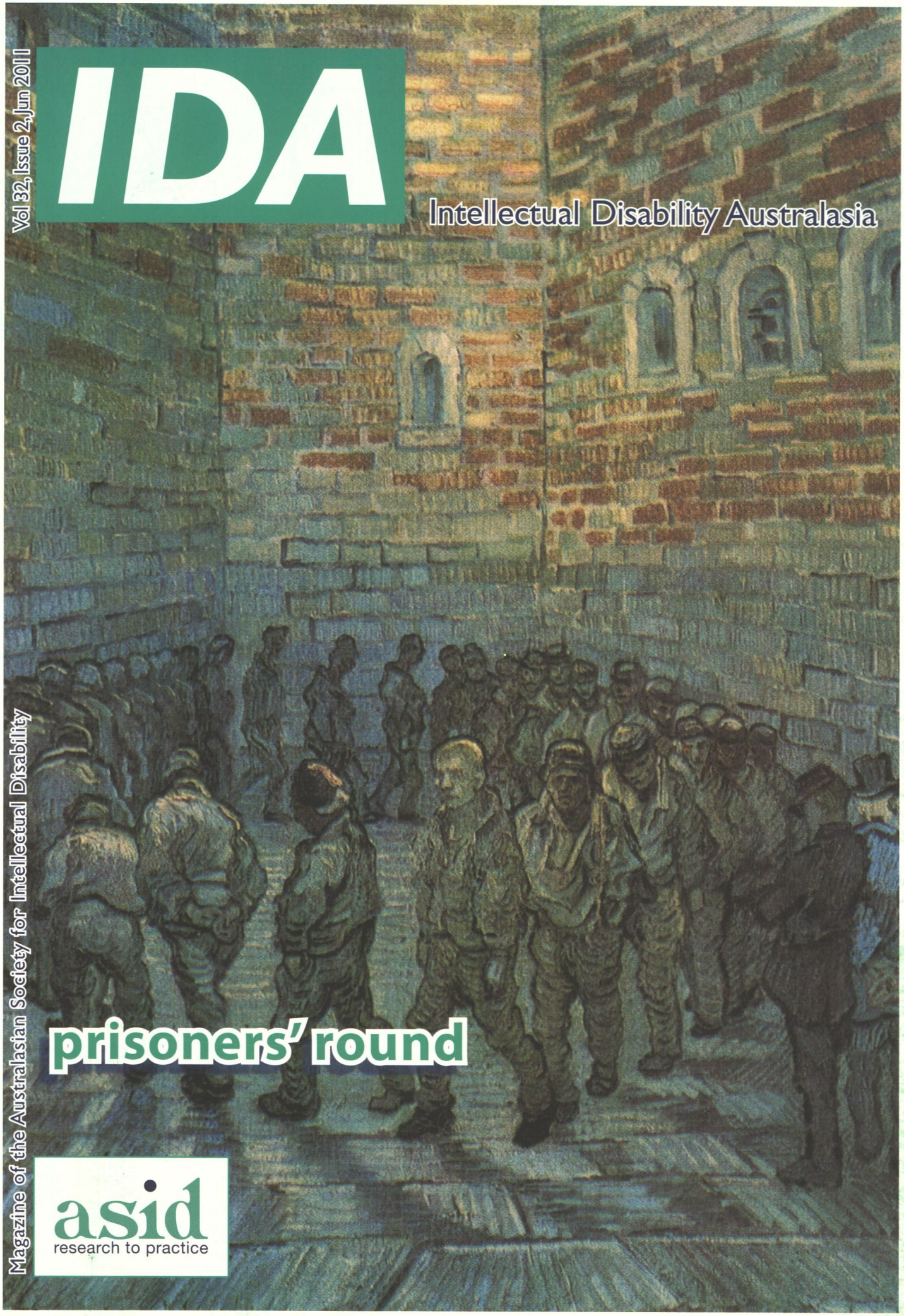
Vol 32, Issue 2, Jun 2011

IDA

Intellectual Disability Australasia



prisoners' round

Magazine of the Australasian Society for Intellectual Disability

asid
research to practice

contents

front cover:

Runde der Gefangenen (nach Doré)
Prisoners' Round by Vincent van Gogh

asid
research to practice

Intellectual Disability Australasia is produced and distributed by the Australasian Society for Intellectual Disability.

The views expressed in this newsletter are not necessarily those of the Australasian Society for Intellectual Disability.

Editor: Sue Peden
Phone: (08) 9426 9728
Email: susan.peden@dsc.wa.gov.au
Editorial Assistant:
Ross Tudman
Advertisers:
Rates are available, on inquiry, from the editorial assistant at krvt@optusnet.com.au
Editorial Address:
78A Cheltenham Rd,
Croydon, NSW, 2132
Membership and Subscription:
Margaret Wilson
ASID Secretariat
PO Box 84
Rosanna VIC 3084
1800 644 741
secretariat@asid.asn.au
Artwork:
krvt DESIGN
krvt@optusnet.com.au
Printed by:
Bloxham & Chambers Printers

editorial

Welcome to the June IDA. Once again we have a feast of articles and information for ASID members. We have two articles from people who presented at the Brisbane conference and over the next few issues I hope to provide some more interesting articles that have been written by people who presented at the last ASID conference.

It's once again time for regional associations to start thinking about nominations for the annual awards presented by ASID at the annual Board conference. Details on the criteria and nomination process are included in this month's IDA.

Intellectual Disability Australasia aims to be an eclectic mix of news, practical articles, reports on some of the Board's activities and provides up to date information that might be of interest to members. Your ideas, comments and feedback is always welcome

The ASID Board recently held its mid-year meeting, when regional representatives traveled to Melbourne for two days of discussion and planning to progress the development of the new strategic plan. At a local level, your involvement in developing appropriate performance indicators and actions through a number of working groups is always welcome. Anyone wishing to help in any capacity is encouraged to contact their regional Board representative, or president.

Do check out the latest on the ASID website. In coming months you will find more and more exciting interactive features including the capacity for membership renewals 'on-line' and an ASID Blog. ASID NZ now has its own facebook page and it won't be long before all regions begin to explore the many possibilities of social media.

Finally, congratulations to Sheridan Forster and Keith McVilly on the safe arrival of baby Curtis. Both Sheridan and Keith are great contributors to the sector and especially in their past and present roles as ASID Board members.

Cheers, Sue

Life Inside Prison for People with Intellectual Disability

by Kathryn Ellem
k.ellem@uq.edu.au

And that I know that I'm not the only woman it's gonna happen to what happened to me and Anne. Last time was the absolute last time. But at least I can tell my story to let other women know what... what goes on and what can happen.

Angela

Angela's story (not her real name) is one of extreme hardship, giving birth to her daughter Anne while in a Queensland prison and subsequently losing custody of that child to Child Safety Services, Department of Communities. It was a difficult and traumatic experience to relay, but Angela felt that it was something worth doing if it would deter others from going to prison.

Angela is one of the ten ex-prisoners with intellectual disability interviewed as part of a PhD thesis at the University of Queensland "Life Stories of Ex-Prisoners with Intellectual Disability in Queensland" (Ellem, 2010). Her story and her reasons for telling it demonstrate the importance of lived experience of people with intellectual disability and how these experiences can provide valuable insight into societal practices that deal with anti-social behaviour and with people who are deemed different from the so-called norm. Life stories were gathered from in-depth interviews with ten ex-prisoners who had been identified as having an intellectual disability by the services they were associated with. These interviews took place over a prolonged period of approximately twelve months and stories were de-identified to ensure anonymity. The life stories were derived primarily from participants' recollections of their lives before, during and after prison. These stories were supplemented with data from semi-structured interviews with six practitioners from disability, mental health and ex-prisoner services, who provided general information about the Queensland context. The stories were analysed using a narrative approach and were then analysed thematically using NVivo 8 qualitative software.

People with intellectual disability in prison

Prisoners with intellectual disability are typically identified as vulnerable within correctional systems where the threat or possibility of violence is omnipresent (Boxer, Middlemass, & Delorenzo, 2009). They may experience a lack of support with personal hygiene and incontinence issues, be subject to sexual assault by other prisoners and by correctional staff, be abused or victimised in other ways such as having property stolen, or being used by more intelligent offenders to violate institutional rules or execute illegal activities such as drug dealing (Glaser & Deane, 1999; Walsh, 2004). Prison staff report that they find prisoners with intellectual disability more difficult to manage than other prisoners, requiring greater staffing and more individualised attention in an environment where staffing resources are likely to be stretched to the limit (Myers, 2004). This article briefly discusses some of the findings about adjustment to prison life for participants in the above study.

continued page 4

Life Inside Prison . . .

continued from page 3

Participants' Experiences of Imprisonment

Deprivation of security

When you first go in there... you get nervous, you shake, cause you don't know, you haven't been there before. It seems strange and you look around.... Big walls up there. Think somebody is going to attack you or something like that. You know what I mean? You get bloody frightened.

Wayne

Wayne's explanation of his experiences of first entering prison is characterized by feelings of fear and confusion, as well as a sense of injustice because he did not believe himself to be guilty of the crimes he was sentenced for. Research on prisoner adjustment has found that the initial days and weeks are often fearful and traumatic for prisoners and it is a time when emotions can be most volatile (Greer, 2002). People with intellectual disability are known to be more vulnerable to feelings of anxiety than the general population (Hagopian & Jennett, 2008).

Many of the practitioners who were interviewed described admission procedures that were highly stressful for people with intellectual disability and that made no adjustment to new prisoners who had different needs from the rest of the prison population. One practitioner outlined what she saw was the thinking behind these procedures:

"This is how we do it and if you don't get it, your bad luck. Cause we're ticking the box here out in the free world to say that we do a good induction, assessments and blah blah."

Another practitioner stated it was a very difficult time for any first-time prisoner to take in the rules and routines of prison life. When entering such an environment, a prisoner may have to see different personnel for each phase of induction, which one professional regarded as being potentially disorienting for prisoners with intellectual disability.

The Queensland Corrective Services (QCS) website outlines a detailed admission procedure of prisoners when they first enter prison (QCS, 2008a). It involves the collection of information, conducting risk assessments of a prisoner's needs and their risk of re-offending, collation and storage of prisoner property, searching the prisoner, allowing the prisoner to shower, recording his or her physical description, taking photographs, and issuing prisoner identification cards, clothing, authorized items out of his or her personal property and a reception pack. The prisoner also needs to undergo a medical examination. Goffman (1961, p. 26) in his seminal work Asylums termed such procedures as "programming" or "trimming", where the "inmate is being squared away, shaped and coded into an object that can be fed into the administrative machinery of the establishment".

Many of the participants in this study had difficulty recalling all of the intricacies of their prison admission. The lack of detail about what occurred may have been due to memory difficulties, but also may be an indication that the initial entry may have been particularly traumatic or that many people just did not understand the routine and rules of prison life. None of the participants discussed being identified as having an intellectual disability in the admission process. It was difficult to determine if participants' disability needs were recognised by authorities within the admission procedures and whether such an assessment had any impact on the way the system responded to such needs.

Involuntary association

The prison environment forces social relationships upon prisoners and involves a mixing of age, ethnicity, race, and abilities within the prison population. Many participants made reference to the forced association with other prisoners and the level of insecurity they felt about this. The majority of participants received assistance from staff within the system, often by being put into higher levels of security within the prison because of the greater prisoner to officer ratio.

Despite this, participants were not always safe in prison, and many experienced victimization, sometimes involving sexual and/or physical assault. Kylie and Mario were forced to give cigarettes and chocolates to other prisoners in exchange for a respite from bullying. Kylie also reported several incidents of victimization to prison officers and faced negative consequences from other prisoners who turned off the water taps really tightly so Kylie could not access drinking water.

For some participants, it was difficult to determine who they could trust in the prison environment, and they used what many non-disabled people would regard as

ineffective ways of determining who was trustworthy. Mario demonstrated how a person with intellectual disability may be vulnerable to exploitation inside by others he or she believes to be friends. When asked how he would know who to trust within prison, Mario explained:

Mario: *They talk to you nicely, you can trust them. They talk to you like dirt...*

Worker: *But what if they just talk to you nicely to gain your trust?*

Mario: *I can still...if they're looking in your in your eyes*

Strip-searching

Many participants discussed their experiences of being strip-searched in prison using descriptors such as "being abused" and "degrading" (Anakin), "not nice" (Leanne), "a bit too much' (Kylie), "uncomfortable" (Mario), "full on" and "really takes your dignity away" (Peter). For Kylie and Anakin, they often felt that the procedure was unnecessary and that they were being accused of something they did not do. Angela talked about some concessions in the process, in that only a doctor was allowed to do internal examinations and when she was pregnant the officers weren't allowed to do a full strip-search on her.

In 2006, the Department of Corrective Services Queensland (now titled Queensland Corrective Services (QCS)) argued that the powers to strip-search prisoners within Queensland were warranted as they were considered essential for the safety and security of prisoners and staff and to enable officials to detect contraband (Department of Corrective Services QLD, 2006). This practice is legislated in the Corrective Services Act Qld (2006) and in the Corrective Services Regulation Qld (2006) and is a practice that is adopted throughout Australia.

The female participants in this study were particularly familiar with the practice of strip-searching, as they had all spent time in the Crisis Support Unit (CSU) of a women's prison (now called a Safety Unit under the Corrective Services Act Qld 2006). According to a report by the Anti-Discrimination Commission Queensland (ADCQ) (2006, p. 71), until late 2005 a routine day for a female prisoner located in the CSU involved:

- *7.30am let out of cell, strip-searched, breakfast;*
- *11.00am strip-searched, locked down in cell;*
- *12.15pm strip-searched, lunch;*
- *4.00pm strip-searched, locked down in cell;*
- *5.10pm strip-searched, dinner;*
- *6.10pm strip-searched, locked down in cell.*

The three women in this study would have undergone such a routine at the times they were incarcerated and at times when they were mentally unwell. Frequent strip-searching still occurs in safety units, however the number of strip-searches was reduced by fifty per cent (Department of Corrective Services QLD, 2006).

Three participants, Anakin, Michael and Kylie felt that they were treated differently to other prisoners with regards to strip-searching. According to Anakin and Michael, prison officers were concerned that they were being treated as "drug mules" for other prisoners, where other prisoners would use them to carry illegal substances around prison. Because of these suspicions, Anakin and Michael were strip-searched daily. Kylie felt she was treated differently from other women prisoners because:

Kylie: *They always leave me last. They always do the other girls first, all the other girls, and leave me to the last one.*

She couldn't understand the reasons for this separate treatment.

For prisoners with intellectual disability, practitioners felt that the process would be particularly traumatic if the person had previously been sexually assaulted (which was the case for at least three participants in this study) and that such prisoners may have difficulty understanding the intent behind such practices.

Surveillance and loss of privacy

Another way in which a prisoner may feel insecure is when they are constantly observed by those in authority. Observation within the prison complex can be particularly discrediting when those in authority are able to witness the prisoner in humiliating circumstances (Goffman, 1961). Certainly the procedure of strip-searching fits into this context, but participants also indicated other instances of scrutiny that would fall into this category.

Nearly all participants mentioned the presence of closed-circuit television (CCTV) surveillance cameras and being observed having a shower *continued page 6*

Life Inside Prison . . .

continued from page 5

and going to the toilet. In particular, Peter mentioned the discomfort felt by many prisoners when female prison officers were introduced to the male prison:

"And the funny thing is, no matter what, it seems to turn out every time you went to have a shower or go to the toilet, there'd be a woman looking through your window."

Some participants were required to wear suicide gowns, that is, loose cotton garments that are similar to those found in operating theatres. Generally, the prisoner is not allowed to wear underclothes under these gowns (unless a woman is menstruating, or a prisoner has incontinence problems). The garments are fastened down the back and may 'gape', exposing the prisoner's nudity (ADCQ, 2006). Kylie, Leanne and Angela were required to wear these gowns in the cells of the Crisis Support Unit (CSU), and Michael wore such a gown when he had engaged in self-harming. Michael also reported wearing this gown when he shared meals with other prisoners in the general population.

Participants utilized various strategies to avoid surveillance. Leanne reported standing up on a table and stuffing bread into the lens of a CCTV camera. She was promptly told by an officer "Get down now!" Peter and Matthew mentioned the presence of 'blind spots' in maximum security prisons where prisoners would take the opportunity to assault other prisoners, usually for failure to repay a drug debt.

Prolonged isolation

For the majority of participants in this study the restrictive practices of prolonged isolation usually resulted in greater loss of liberty than for other detainees. Many participants often spent lengthy periods confined in cells. For example, Kylie reported that she had stayed in the Crisis Support Unit (CSU) for the majority of her stay in prison:

Kylie: *Because they wouldn't let me in the mainstream. They wouldn't... because I was doing so well they wouldn't let me into the mainstream.*

Secure units such as the CSU and other types of detention units and observation cells are used to segregate and isolate prisoners for several reasons. There may be a need to protect staff and other prisoners from harmful behaviours, such as assault and to maintain the order of the general prison population. Segregation also protects the prisoner from being victimized, and may help to protect prisoners who are intending to self-harm (Adams & Ferrandino, 2008). A few practitioners reported that people with intellectual disability are more vulnerable to becoming victims of rape, physical violence, and exploitation from other prisoners within the mainstream prison setting and that if they are moved to a protection unit, they can be better supervised by prison officers.

Angela, Peter, Damon, Kylie, Leanne and Mario were isolated from the mainstream for temporary or lengthy periods in order to manage behaviour or protect them from potential abuse and/or self-harming. Sometimes, this was practically very difficult in the correctional centre people were housed. For example, Damon was confined to a small room in the hospital wing for his protection from other prisoners:

KE: *So what would you do during the day?*

Damon: *Sleep all day [laughs]... They wake me up for brekky, and dinner and lunch. Then wake me up for shower and stuff... After I have a shower I go back to bed again*

At times participants were also restrained by prison officers. Both Angela and Leanne reported being restrained by a body belt at various times. Leanne remembered a time when her arms were handcuffed from behind and the officer would not let her be uncuffed to go to the toilet. Subsequently, she had a toileting accident.

While in many instances participants were isolated for their protection, such practices have been found to also have detrimental psychological outcomes for the individuals involved. Haney (2003, p. 132) regards solitary confinement of a non-voluntary nature lasting for longer than ten days as inevitably resulting in negative psychological consequences. Such situations, prisoners are unable to terminate their isolation at will, may lead to psychological harms, such as emotional breakdowns, hypertension, uncontrollable anger, hallucinations, chronic depression and suicidal thoughts and behaviour.

Loss of custody of a child

For two participants, Angela and Mario, the transition to prison met with additional losses – both Mario and Angela had to deal with the loss of the custody of their respective children. For Mario, the loss of custody occurred prior to imprisonment, yet his stay in prison later jeopardized the degree of contact he could have

with his son. For Angela, the loss occurred straight after the birth of her baby girl. Such experiences would have evoked feelings of anxiety, grief, anger and helplessness for Mario and Angela (Goulding, 2004), and were likely to have a detrimental effect on their ability to maintain a sense of hope in a custodial environment.

Choices in Support within the Context of Prison

An opportunity to work

One entitlement that is closely related to a prisoner's level of prison adjustment is the opportunity to work within the prison system. Many participants did not have the opportunity to engage in any paid work during their stay in prison. This was usually the case when a participant completed a sentence of short duration, or if the person spent a large proportion of their incarceration in isolation from the mainstream prison population for their protection or in order to manage their behaviour. For those who did engage in work, this seemed to assist primarily in the operations of the correctional system, rather than offer significant opportunities for skill development and future employment prospects in the community. Many participants engaged in cleaning tasks, for which they were sometimes paid a low wage, and at other times were expected to do without pay.

Whether the participant was remunerated for work in prison was likely to have some significance for his or her adjustment. As one practitioner noted, without additional income, no matter how small, a prisoner is restricted in buying cigarettes and other personal items and making phone calls:

"Without a wage, you end up doing favours for other prisoners. You are viewed differently and they put you at bottom of the social chain in there."

Prison life appeared to offer very little opportunities to enhance people's sense of achievement or work-related skills. For Peter in particular, he reported that his work ethic had diminished from being in prison:

"Virtually I'm a lazy person now from being in prison. Cause you don't work all day in there. You only work four or five hours."

General and Intervention Programs, Leisure Activities

Many practitioners commented that there was a dearth of programs for people with intellectual disability in the Queensland prison system. In its Disability Service Plan 2007-2010 (2007, p. 9), QCS points out that "the ability of offenders with disabilities to participate in programs can be hampered by their specific needs." Intellectual functioning, medical needs and disability are factors that QCS regards as potentially impacting on a prisoner's ability to successfully undertake a program (QCS, 2008b).

Of the participants in this study, only three (Peter, Angela and Mario) mentioned their experiences or lack of experiences in intervention programs in prison, and only two (Angela and Kylie) reported participating in educational programs. Peter commented that he always "fought" participating in courses. In this regard, he saw himself as "lucky' to have his learning difficulties and diagnosis of schizophrenia if it meant being excluded from programs. He often felt paranoid about disclosing personal details in a group setting in prison because he felt confidentiality would be breached.

Participants also mentioned various leisure activities in which they became involved. These included gardening, pottery, art, and various sporting activities. However, it appears that the provision of such activities did not entirely alleviate the feelings of boredom associated with confinement. Matthew described his experience of prison as:

"You can't go nowhere. You're locked up in a cell... That's about it you know. There's nothing really exciting to talk about in jail cause there's nothing that happens in jails."

Medical care, psychological and psychiatric services

Prisoners in general are at heightened risk of poor health. They are vulnerable to communicable diseases such as Hepatitis A, B and C, Sexually Transmitted Disease and tuberculosis (Covington, 2007). The absence of hypodermic needle exchange in Queensland prisons, the significant problems of drug use within prisons as a whole and the notoriously stressful and violent context of prison environments all contribute to poor health status among prisoners (Kanato, 2008). These issues, in combination with the *continued page 8*

Life Inside Prison . . .

continued from page 7

many health concerns people with intellectual disability often experience, highlights the need for a responsive medical service within the prison system, particularly for those prisoners with intellectual disability.

When commenting on their health care during incarceration, many participants were primarily focussed on the supports they received for their mental and emotional health. The types of emotional and mental health problems participants experienced included depression (Angela), anorexia bulimia (Angela), aggressive acting out (Angela, Kylie, Leanne, Peter), insomnia (Kylie and Leanne), self-harming (Kylie, Leanne and Michael), suicidal ideation (Kylie and Leanne), borderline personality disorder (Leanne), vicarious traumatisation (Angela and Leanne) and paranoid schizophrenia (Peter).

Participants raised concerns about the psychiatric support they received in prison. In the Queensland system, psychiatrists make consultation visits to correctional centres approximately once a month and according to Angela, consultation was usually very brief:

Angela:And they don't help you in there the shrinks. All the shrinks are worth in they say "Hey we'll write you a script. Take a pill. See you later."

KE: *So you don't get to talk to them very long?*

Angela: *Nup. See they come off on the outside... Ten to twenty minutes is maximum.*

Peter experienced a constant changeover in psychiatrists and found that continually telling his story to new practitioners was a 'monotonous' process. Another issue was the trialling and withdrawal of psychotropic medication in the prison environment, particularly when participants experienced side effects in the middle of the night, when no psychiatric support was available.

There was also a need for participants to understand the nature of psychiatric intervention. Two participants, Damon and Michael could not articulate what medication they were taking, or why they were taking the medication. This lack of knowledge may not have been conducive to their recovery from a psychiatric illness.

Support in the form of counselling was generally deemed inadequate by participants who felt they needed such support. This was often due to long waiting lists to see prison counsellors and restricted access to outside prisoner support agencies.

The other key health issue raised by two participants was around their mobility needs. Anakin and Leanne both have mobility issues that leave them fatigued from excessive walking and that slow down their ability to negotiate an environment such as prison. Anakin's cell was located on the ground floor to save him using the stairs, but he reported feeling harassed by prison officers to move quickly. He felt he would have benefited from using a wheelchair at times to assist his mobility:

Anakin: *Um... I don't know how to put it... and I gotta go to the toilet (???)*

Worker: *What wouldn't they help you do?*

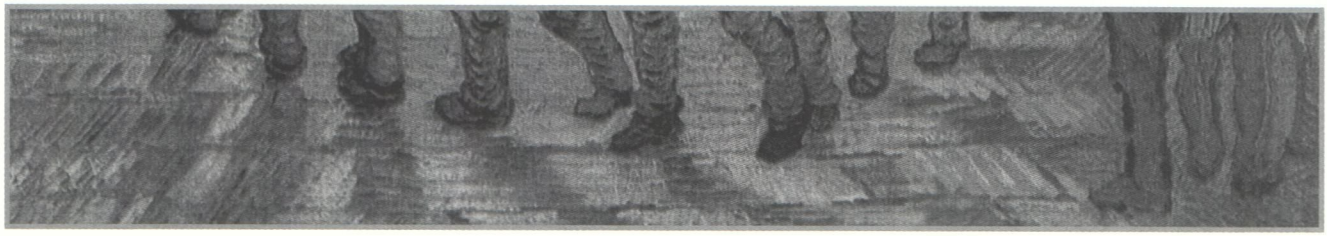
Anakin: *They wouldn't help me walk.*

Worker: *Did you have a walking aid? Nothing?*

Anakin: *I didn't have a walker or anything.*

Conclusion

This article has presented some of the research findings from a PhD study on the life stories of ex-prisoners with intellectual disability in Queensland. Since the completion of the study there have been some positive initiatives for offenders with intellectual disability, including the establishment of a Forensic Disability Service in Brisbane (http://www.communities.qld.gov.au/disability/key-projects/positive-futures/forensic-disability-service) a QCS pilot program Bridging the Gap to support prisoners with cognitive disabilities leaving custodial corrections in Queensland, and a dedicated accommodation unit at Woodford Correctional Centre for prisoners with intellectual disability. However, these initiatives only provide intervention to a small number of offenders with intellectual disability. Many Australian and international studies have found an over-representation of prisoners with intellectual disability. (For example, Einfeld and others (2006) estimate the prevalence of intellectual disability to be in the range of 1 to 3% in developed countries, whereas in some studies on the number of prisoners with intellectual disability in certain prisons the rate has been as great as 28.8% (Murphy, Harrold, Carey, & Mulrooney, 2000)). The experiences of participants in this study indicate the need for positive change for people with intellectual disability who become incarcerated in Queensland. Correctional practices that may be effective with other prison populations are not always productive with prisoners with intellectual disability. A more humane response is needed to ensure the safety and secu-



rity needs of prisoners with intellectual disability in Queensland.

References

Adams, K., & Ferrandino, J. (2008). Managing mentally ill inmates in prisons. *Criminal Justice and Behavior*, 35(8), 913-927.

Anti-Discrimination Commission Queensland. (2006). *Women in prison.* Brisbane: Anti-Discrimination Commission Queensland.

Boxer, P., Middlemass, K., & Delorenzo, T. (2009). Exposure to violent crime during incarceration: Effects on psychological adjustment following release. *Criminal Justice and Behavior*, 36(8), 793-807.

Covington, S. S. (2007). Women and the criminal justice system. *Womens Health Issues*, 17(4), 180-182.

Department of Corrective Services QLD. (2006). *Department of Corrective Services response to the Anti-Discrimination Commission Queensland Women in Prison report.* Brisbane: Department of Corrective Services.

Einfeld, S. L., Piccinin, A. M., Mackinnon, A., Hofer, S. M., Taffe, J., Gray, K. M., et al. (2006). Psychopathology in young people with intellectual disability. *JAMA-Journal of the American Medical Association*, 296(16), 1981-1989.

Ellem, K. (2010). *The life stories of ex-prisoners with intellectual disability in Queensland.* Unpublished manuscript.

Glaser, W., & Deane, K. (1999). Normalisation in an abnormal world: A study of prisoners with an intellectual disability. International *Journal of Offender Therapy and Comparative Criminology*, 43(3), 338-356.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates.* Harmondsworth: Penguin.

Goulding, D. (2004). *Severed connections: An exploration of the impact of imprisonment on women's familial and social connectedness.* Perth, Western Australia: Murdoch University.

Greer, K. (2002). Walking an emotional tightrope: Managing emotions in a women's prison. *Symbolic Interaction*, 25(1), 117-139.

Hagopian, L. P., & Jennett, H. K. (2008). Behavioral assessment and treatment of anxiety in individuals with intellectual disabilities and autism. *Journal of Developmental and Physical Disabilities*, 20(5), 467-483.

Haney, C. (2003). Mental health issues in long-term solitary and "supermax" confinement. *Crime & Delinquency*, 49(1), 124-156.

Kanato, M. (2008). Drug use and health among prison inmates. *Current Opinion in Psychiatry*, 21(3), 252-254.

Murphy, M., Harrold, M., Carey, S., & Mulrooney, M. (2000). *A survey of the level of learning disability among the prison population in Ireland.* Ireland: Department of Justice, Equality and Law Reform.

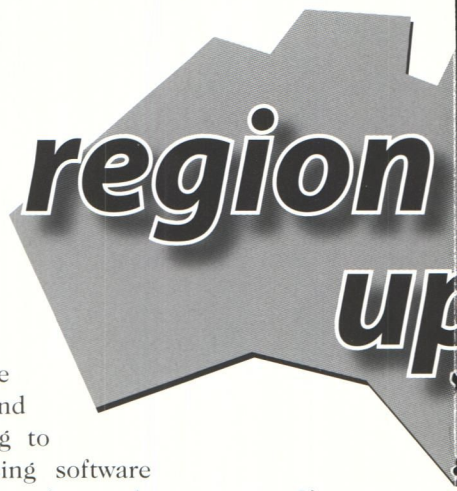
Myers, F. (2004). *On the borderline? People with learning disabilities and/or autistic spectrum disorders in secure, forensic and other specialist settings.* Edinburgh: Scottish Executive Social Research.

Queensland Corrective Services. (2007). *Disability services plan 2007-2010.* Brisbane: Queensland Corrective Services.

Queensland Corrective Services. (2008a). *Procedure - Admission.* Brisbane: Queensland Corrective Services.

Queensland Corrective Services. (2008b). *Procedure - Programs for Offenders.* Brisbane: Queensland Corrective Services.

Walsh, T. (2004). *Incorrections: Investigating prison release practice and policy in Queensland and its impact on community safety.* Brisbane: Queensland University of Technology.



Queensland

by Hamish Millard

The winds of change are blowing through the Queensland Committee this Autumn. Madonna Tucker has decided to step down from the role of President. During her tenure Madonna has overseen our successful management of two State Conferences and many smaller events such as our Site Visit program. Moreover she did an incredible amount of work as the convener of the 45th Annual Board Conference in Brisbane last year. Her leadership of the committee has helped us through a period of renewal and we are lucky that she has decided to continue on as a committee member.

As a result of the changes, Hamish has stepped into the secretary role and Julie has moved across to the treasurer role. We are working to fill the presidential positions. The Committee also welcomes Warren Losberg, from Townsville, who has joined us on the committee. He joins with Brian Harker and Cecily Harker, from the Sunshine Coast, to help represent regional issues to the Committee. We are always on the lookout for new blood, so give me a call if you would like to join us (or at least don't hang up if I come calling?)

Despite these changes, the committee is working on a number of projects for the remainder of 2011. First and foremost, our 2011 Biannual State Conference has been scheduled for 06 August. The theme will celebrate Queensland's contribution to the ASID mantra "Research to Practice". We are lucky to have the support of the Centre for Excellence for Behaviour Support and have already signed on Dr Jeffrey Chan as our first keynote, speaking from his new role as Chief Practitioner Disability. By the time you read this IDA update, you should have received at least one email with more information about the conference.

Speaking of communication, ASID Queensland is trialling 21st century communication. Head to http://www.asid.asn.au/Regions/Queensland.aspx and click on the link to our new ASIDQueenslandNews blog site!! We aim to post news, issues and information relevant to intellectual disability, but more than that, we want to encourage you to contribute. Send us in any information that you would like to share, and add to the discussion about content raised on the blog. Please let us know what you think via the feedback function.

As part of a broader move with ASID, the Queensland Committee will be starting to use web based conferencing software to broadcast some key events during the next year. If you reside outside of Brisbane and have an interest in being part of the State Conference, stay tuned for more information.

South Australia

by Denice Wharldall

The SA team are busy with the Australasian Conference to be held in the beautiful beachside suburb of Glenelg from the 9th to the 11th November. We have not let this prevent us from continuing the work of ASID and our efforts include:

- Presenting to the Productivity Commission hearing on Disability Care and Support when the Commission visited Adelaide
- Completing the Draft ASSID written response to the Draft Productivity Commission Report for consideration by the ASID Board. If you would like to view the ASSID submission please go to the web site http://www.pc.gov.au/projects/inquiry/disability-support/submissions and click submission number DR990.
- Participating on one of the South Australia Social Inclusion Board working parties in the development of the Blueprint for Disability.
- Organising a two day Active Support Train the Trainer Course to be held in August.

We look forward to seeing many of you at the Conference in November

Victoria

by Sam Murray

The Victorian Region will have hosted the Disability Human Rights in Research & Practice workshop with Professor Michael Perlin at the time of this article going to print. We envisage this full day session with Michael at Deakin University to be a great success and a worthwhile activity for ASID Vic members and the broader disability community.

It is quite amazing how fast the year starts slip-

ping away from us and the DSW11 Conference is a sure fire way to ensuring that time whizzes by for the ASID Vic Conference Sub Committee. We are so proud to be holding this year's event at the MCG at the same time as we say goodbye and thanks to Melbourne University who has hosted us for the first ten years of this growing event. As we head into the next ten years of DSW conferences we are excited to start our official program with luminaries such as Prof Jim Mansell (UK), Wendy Lawson (UK), Dr Pat Mirenda (US) and local experts Dr Jane Tracy (CDDHV), Dr Maya Ghobrial (Royal Dental Hospital Melbourne) to name just a few.

It is exciting to also have speak at this year's event Mr John Della Bosca, Campaign Director – National Disability Insurance Scheme (NDIS). With the Productivity Commission tabling it's final report at the end of July, Mr Della Bosca will be able to provide an update as to the progress and actions taken towards establishing and implementing an NDIS.

With a change of venue, a passionate Conference Sub Committee and a renewed vigor to providing the most robust and energetic program possible, this year's DSW Conference is shaping up to be an outstanding event.

For more information visit http://www.asid.asn.au/Conferences/11thDSWMelbourne2011.aspx to keep up to date with the progress of our program and any exiting news as it comes to hand. If you wish to get involved in this year's event, we have a number of roles you may be interested in leading up to the event as well as over the two days. Contact Sue Mason, Conference Manager (sue.mason@rmit.edu.au) for more information.

Lastly, stayed tuned for an upcoming one-day event with Sharon Paley, Positive Behaviour Support Manager at the British Institute of Learning Disability (BILD). Sharon is the first and only Learning Disability Nurse to receive the prestigious Florence Nightingale Scholarship, and will be visiting for a short time later this year. Sharon was also one of the keynotes at last year's DSW10 Conference at Melbourne University, and will also spend some of her scholarship time with the Office of the Senior Practitioner here in Victoria. We are very proud to be hosting a one-day event for ASID member's and the broader community in July. Stay in touch with our website for more details about this event and other ASID (Vic) activities and events. http://asid.asn.au/Regions/Victoria.aspx

New Zealand

by Gary Wyatt

Well the winter is finally settling in here in New Zealand but this is not slowing down the Councils plans and progress for 2011.

Rotorua, the Thermal Wonderland of New Zealand, will host a number of Rugby World Cup games in September this year. It's also the home of the 2011 ASID NZ Conference from the 31st August to the 2nd September 2011. Details on how to register and accommodation options can be found on the New Zealand page of the ASID website (www.asid.asn.au).

Rotorua is just a short flight from most Australian states with direct flights from Sydney to Rotorua and more options via Auckland or Wellington.

We are pleased to announce our keynote speakers for this year's conference. This year we are pleased to host;

Kate Diesfeld – Associate Professor, Waikato University, NZ

Jayne Clapton – Associate Professor, Griffiths University, QLD

Mhairi Duff – Consultant Psychiatrist, Mind-Space Psychiatry Service, NZ

Details about this year's keynote speakers can be found on our Facebook page (ASID NZ) or by checking the NZ Conference page on the ASID website.

This year's theme is "Foundations for the Future" and we have had a very good mix of papers and presenters who have registered their interest with the conference conveners. We are pleased to continue our engagement with those in the dual disability field and this will be evident by providing a stream is dedicated to this.

If you wish to receive details about this conference or have any questions, please contact gary@accessability.org.nz .

More local events will be planned for later in the year so keep checking the website pages for more details soon.

For further information on the NZ branch of ASID, council members in your area, con- *continued page 12*

ference information or networking, please contact gary@accessability.org.nz – other contact details are available on the New Zealand branch page of the ASID website – www.asid.asn.au or below

ASID NZ is also now on Facebook. You can find us by searching on Facebook for "ASID NZ".

NSW & ACT

By Dennis Robson

Since the last IDA article the Committee has been busy continuing to develop our Strategic Plan and put in place a number of actions which we believe will assist towards achieving the necessary outcomes. Firstly, "Hot Topics" days are planned for the Western Region of NSW – Bathurst 25th July and Wagga Wagga 27th July. The main topic for these days will be Active Support and will be developed and presented through partnerships with Charles Sturt University and the Kurrajong Waratah organisation. We look forward to linking with our "country cousins" in this activity.

Work has also progressed on our State Conference. Whilst things are still in the formative stage when going to print, It can be announced that the Conference will be held on Monday 12th September at Liverpool Catholic Club. There will be a "Research to Practice' theme and whilst final presenters have not yet been confirmed, we are confident that there will be presentations on an Inclusive Research Project, Ethics, and our 2010 Support Worker Awardee will be presenting with the person she supports.

Of course there will also be the announcement of the recipient of the 2011 Support Worker Award, an award growing in prestige and an opportunity to acknowledge the great work carried out in the provision of services to people with a disability. We would like to acknowledge the work of our Victorian counterparts in this area as we strive to highlight the dedication and skills of our support workers.

The Liverpool Catholic Club has proved to be a good venue for this type of event and capable of meeting the needs of the growing number of attendees. As soon as more definite information is available on the NSW Conference members will be advised via mail outs, email and via the ASID website.

Trevor Parmenter has brought to notice the passing of Dr. Judith Dey, one of the foundation members of ASID. At a time when change is again in the air for the provision of services and promotion of the rights of people with a disability, it is important to remember people like Dr. Dey who was a major force for the disability movement in Australia.

Western Australia

by Angus Buchanan

The first four months of 2011 has been quieter than usual for WA but the pace of activities and events will pick up as the year progresses.

Planning is well underway for the annual State Conference which will be held on September 9th 2011 at Technology Park. The program is still in development but the focus will be on person centredness and transformation in the lives of people with intellectual disability.

A number of sun downer events are being planned for this year with a focus on people with intellectual disability and the justice system, and directions in supporting people with challenging behaviours, both very topical issues.

WA is looking forward to the increased flexibility that has been built into the new Australasian website allowing local updates and emailing. We hope to soon be able provide local members with more current information on events and also the capacity to book events on-line.

The WA Region will be soon be advertising the Guy Hamilton Scholarship for 2011. The Award (up to $2000) is made to an honours student conducting research in the area of intellectual disability. This Scholarship was established in 2010 to honour the work of Dr Guy Hamilton and the inaugural scholarship was won by Carmel McDougall, an Occupational Therapy student from Curtin University, studying in the area of older carers of people with intellectual disability. The Award takes on an even more important meaning since the passing of Dr Hamilton in late 2010. For further information please contact Allyson Thompson athomson@waimr.uwa.edu.au.

As a small committee we always welcome input and interest from members to be involved in activities. Any thoughts or comments from our membership are always welcome. Please feel free to contact Angus Buchanan a.buchanan@curtin.edu.au

update

continued

Tasmania

by Libby Richardson

ASID TAS held an energy filled Planning Session in December and have been busy developing a Strategic Plan based the decisions made. This will all be released soon. One of the goals for this year is to promote ASID TAS and create an ASID presence across Tasmania. To this end, we are holding an ASID TAS southern cluster gathering in Hobart on Monday June 20th and an ASID TAS northern cluster gathering in Launceston on Wednesday June 29th. These gatherings will take the form of a wine and cheese evening where the ASID name change and new website will be showcased. The gatherings will include an address from the Tas Discrimination Commissioner about how her office can support people with a disability; and a networking forum where attendees will have an opportunity to share ideas and comments on the sorts of activities and services they would like to see ASID TAS offer in each region. We plan to hold a similar event in the North West later in the year.

Also planned for this year is a conference where stakeholders can share best practice and be informed by the latest research.

in memory of

Robyn Dorothy Rainey

People First Christchurch Advocate

Robin Rainey died on Tuesday 10th May 2011 after a short period of ill health. Robyn was an energetic advocate for people with learning (intellectual) disability in Christchurch, New Zealand. For the past 8 years Robyn was a central member of the People First Christchurch and Midsouth Groups.

She helped set up and lead the first People First Speaking-up Course, and served on the groups' committees and worked in the Southern Office. Robyn presented at several ASSID Conferences with other People First Members – her charisma and friendliness won her new friends from all over the world, and her poise and intelligence were remarkable.

Robyn had the wonderful skill of noticing when someone needed help and being able to make them feel comfortable.

Robyn's fellow advocates and friends feel that her 'finest hour' was when, in 2009 she became ill and was forced to stay in a rest home/hospital, because the residential service where she lived with her friends and flatmates, could not provide the increased care and support she needed.

Robyn's determination and absolute commitment to her right to choose where she lives, was an inspiration. She lobbied the government, was interviewed by reporters and appeared on TV – speaking-up for the right to live in her own home with her flatmates – nothing less would satisfy her! So after 18 months, Robyn was finally able to return to live with her friends.

Robyn will be sadly missed – she will be forever irreplaceable and inspirational.

by the People First Christchurch Advocacy Team

Client Pathway Team

An inhouse quality assurance tool

by Robyn Klos

Independent Consultant

Leadership, organisational development:
Health, Disability, Social Services; Workforce development

robynklos@xtra.co.nz

It should be noted that this quality assurance tool was developed while I was the CEO of a relatively large diverse vocational and rehabilitation service in New Zealand, which worked with clients across the broad spectrum of disability including mental health, and included a significant number of people with an intellectual impairment. I stepped down from that role in June 2010 so this paper articulates the practice to that time.

This initiative to develop a "Client Pathway Team" came from a concept I noted in my role as part of the regional District Health Board, where they developed a patient pathway process to track/ map the patient from when they first enter (or wait to enter) the hospital service to when they exit it. This concept struck a cord as there has always been one abiding issue for me – to demonstrate clearly visible measurable and hopefully successful outcomes for a person using our various services and ultimately improve accountability in-house.

Situation prior to the new intervention:

The organisation catered for about 2750 clients a year with multiple funders. There were contracts with four different government departments and their agencies. Each agency had its own referral process. For people receiving post accident vocational rehabilitation there was a co-ordinator for this group, who managed the whole process of referral, co-ordination with the vocational rehabilitation personnel, communicated with the funder's case management staff who dictated the service goals, and monitored the client's progress against contract specifications and expected outcomes and timeframes. This indicated that an extension to this process could work. For two other agencies there was a client co-ordinator who managed the referral and exit process but had no input into the service plans nor monitoring. The last group of clients were students undertaking training and were managed directly by the training staff.

Presenting Issues:

Generally what happened in the past for the client with an intellectual impairment, had mostly been the responsibility of the coal face "hands on" staff. Each client's key worker were support workers who developed the person's individual plan, that outlined the person's aspirations/ goals. They determined the activities and actions needed to achieve those goals - always with the client and hopefully ensuring the client was satisfied not to mention the family or the funder. There was always a concern that people were fitted into existing activities and programmes and people did not get offered a truly unique service catering to their aspirations. It was easier to fit people in to boxes and not deliver to what we claimed we offered – namely flexible options that could extend beyond what the organisation was already providing.

Individual service plans which were meant to be reviewed no less than every six months by the "key worker" were mostly out of date; the quality of many of the goals could not be described as SMART (specific, measurable, realistic and timely) goals. At times activities undertaken had no correlation to achieving the goals. Then when the goals were achieved they just seemed to get lost so real progress was hard to demonstrate.

The key worker was often pulled away to be part of life planning meetings with the residential or other services involved in the person's life impacting on our service and at times the family felt excluded. External stakeholders often complained that they did not know who they needed to talk with within the organisation because of movement by support staff. The client co-ordinator role in place for many years did confer with the family and funding co-ordinators but always had to go back to the service delivery key workers to give or receive information.

There was often confusion about what constitutes a goal and what are activities making up the "action plan"; eg. – To learn to cross the road is not a goal in itself – but to become independent in the community is – of which there are a range of activities that contribute to achieving that goal.

Because the support staff understandably, had their own vested interests or agendas and the client group were highly suggestible, true advocacy could not be assured. It was possible for staff to shape a clients'

service that did not reflect a client's wishes, no matter how well meaning. An example of this would be where a client wanted to engage in water sports or learn to swim, but the middle aged female staff did not want to have to swim, let alone wear togs at work. Hence water sports could be deliberately excluded as an option.

Successful relationships with families and the funder are critical. The focus for the service delivery staff was always on the activity or work of the day, ensuring that the clients who they were responsible for were present, well and getting to the places they needed to be. At times the relationships were compromised or overlooked by competing demands and the multiple personalities involved. Promises could be made with no accountability to ensure they were delivered on. Family concerns could be rationalised.

Because of the difficulties with clients' service plans, goals and documentation of achievements staff performance was difficult to measure to demonstrate effectiveness and achieving successful outcomes. We could not monitor performance well for about 100 staff working in service delivery or for a significant number of clients. For me this was a key driver for introducing the Client Pathway Team – to have an internal quality assurance system which also collated **all the information**, data and statistics relating to each client – mostly needed for contract accountabilities.

All daily client notes were entered by "hands on" staff; for some computer skills was not their forte and administration tasks were avoided. There was a tendency to state what the client did ie. "walked to town" and did not focus on the progress; eg. "navigated pedestrian crossing, went directly to agreed venue without getting distracted". The use of "active support" techniques was improving this situation but there needed to be clear measures for staff to work to.

Every year the financial auditor always asked me "are you assured you are charging for all the work that you do?" The process of capturing all work completed was dependent on service delivery staff accurately completing monthly schedules for the Accounts Department. Because of the multiple people involved there was continuing interface issues. For management this was a serious issue and the process needed to be guaranteed.

To overcome the above issues I determined to introduce a Client Pathway Team who had oversight of all clients who accessed the organisation. Senior staff were canvassed and buy-in was sought from key people.

Client Pathway Team (CPT) Development:

A handpicked team initially of five experienced staff, with client centred values and a reputation for excellent relationships with clients, were appointed.

As CEO I retained the leadership of the team for six months to make sure that the processes we developed were focused on the approach I wanted and to oversee the overall development. A CPT leader was appointed six months later who already was familiar with the development to date. The two people who undertook the previous co-ordination roles were part of this group so intellectual knowledge was retained. I was determined to ensure that it was a seamless service never disrupted by staff on leave or unavailable. It was imperative that it was a team approach with any one of the co-ordinators able to pick up any client, though they did have their own caseloads with some specialisation. This was possible as the organisation has a fully computerised system with one client data base accessed by those with authority to do so; all notes, active support records of progress, communication, hard copy letters etc all captured on the Lotus Notes system.

Role of the Client Pathway Team Leader:

This leader had oversight of the Client Pathway Team co-ordinators, managing their workloads and providing regular staff supervision. Interface with the organisation's department heads and senior staff, and key stakeholders was maintained by the leader. Assuring the whole of team approach and the overall "Pathway" process was an imperative for the role. This leader also managed the organisation wide enhanced Incident reporting, review and analysis system, and the Complaints system. That brought an element of independence from service delivery for these two critical systems and helped maintain an all-encompassing picture of what was happening for the client. The leader maintained an oversight of client attendance and service provided, assuring that clients received their sessions allocated by the funder.

Role of the Client Pathway Team Co-ordinator:

When each co-ordinator received their referrals from the team leader they met with the client/ family/ appropriate people, developed an initial plan and determined which services they would

continued page 16

Client Pathway Team . . .

continued from page 15

access within the organisation in discussion with programme/service or if necessary department "Heads". Opportunities outside the organisation were also offered with support provided. The CPT co-ordinator agreed to the action plan determined by the organisation's programme/ service and routinely monitored progress and reported within timeframes to the funder/ family. They liaised with the relevant department "Heads" on service performance from the client's perspective. This team did not oversee the quality of the actual service delivery by the support staff – that was the role of the two department Heads (executive leaders) and their co-ordinators to manage staff performance.

A key role was to ensure that funder specifications were met – some clients had very specific risk management requirements if they were under a Court order. They also managed the interface with the Accounts Department for their clients and ensured funding was allocated to the right departments.

Maintaining communication with the funder, the source of future referrals and family was key; fostering the family relationships and including them in quarterly family forums if the family chose. The CP team responded to any concerns either from the department and programme, other providers ie residential and families and resolved or co-ordinated resolution of issues. They advocated for the client as necessary.

Service plans were reviewed every six months, achieving updated current plans across the organisation for the first time in many years. They managed the review process either with meetings of key people or based on information provided previously by the various parties. Finally they managed the exit or transfer process.

Results that were demonstrated in the first year of operation:

There was an immediate improvement of accountability by service delivery support staff as the CPT co-ordinators routinely reviewed the documentation around each client. The quality and relevance of notes by service delivery staff improved and focused on the actual goals to be achieved. Additional training was provided to support staff to better articulate the client's progress and they recognised that the notes gave direct indications of their own performance. The support staff were able to see their own successes in a concrete way, not dependent on anecdote.

Collating attendance and compliance records were previously a scramble at the end of the month for service delivery staff. There was now a routine process in place to ensure they were accurately recorded; reassuring for the organisation's accountant.

One of the greatest successes was the improved relationship with families and with case managers/ coordinators. Families especially appreciated the routine communication with the same staff, even those who did not have their disabled family member living with them. The quarterly Family Forums proved popular as not only was it beneficial to speak with knowledgeable staff but also with each other. They wanted the forums to be social as well as informative. Expert speakers were also invited to some of the forums. A spin-off of this has been that the CP Team has given the organisation greater credibility with families and case managers.

In the past the exit of a client was often rushed and given cursory attention. The improved exit process ensured good records showing achievements followed the client and all areas signed off all of which again enhanced the organisation's reputation.

The introduction of this team incurred some additional costs but these were somewhat offset by a small reduction of "hands on" staff working shortened hours as less were needed because of fewer administration tasks. More importantly there was better alignment of staff to work to their strengths. The introduction of the team also provided an extra career strand that could be enhanced to work in case management. The CP Team membership was very stable which assured continuity, good (and long term) knowledge of the clients and retained organisational knowledge.

In reality this team became the face of the organisation, assuring consistency, competence within an excellent customer focused service.

It is clear that in New Zealand and globally there is a movement towards individualised funding models rather than directly funding services. Demonstrating measurable outcomes is increasingly important and a challenge for providers to achieve to retain their market share. This tool gave me greater confidence that the organisation was able to do that. ●

continued page 18

call for nominations
ASID Awards for 2011

asid
research to practice

ASID DISTINGUISHED SERVICE CITATION

Nominations must be in writing and, ideally, submitted electronically. There is no specific application form that needs to be completed. The nomination should be accompanied by a brief biography of the person being nominated. This biography should include details that establish the nominee's distinguished contribution to ASID, which had enhanced ASID's profile and/or operation. The nomination should be signed by at least two current ASID members.

Current members of the Australasian Board are not eligible for nomination.

HONORARY TITLE, FELLOW OF ASID (FASID)

The title may be conferred on individual ASID members (including all classes of individual membership) in recognition of the member's exceptional and significant contribution to the field of intellectual disability. This contribution will have been in one or more of the following areas:

- Research,
- Service provision (including service development or improvement, administration),
- Advocacy and/or self-advocacy,
- Professional practice, and
- Teaching and staff training.

Nominations need only address one of these areas, but may address more than one if the nominee has made an exceptional contribution in more than one area. Nomination forms, with full details are available from The Secretariat.

Individual members who are awarded the title Fellow of ASID (FASID) will receive a certificate, presented at the Annual Conference, and thereafter will have the right to use the title Fellow of ASID (FASID). However, Fellow of ASID (FASID) is an honorary title, not a class of ASID membership, and the member will need to continue to pay his or her membership dues to maintain current membership.

The decision to award an ASID Fellowship is based on the following criteria:

- Exceptional and significant contribution to the field of intellectual disability.
- Substantial duration. (at least 7 years).
- Broad impact across a province or state, nationally or internationally.
- Current financial member of ASID.
- Nominated and seconded by existing ASID members.

NOTE - Service to ASID is not a criterion for selecting ASID Fellows as the ASID Distinguished Service Citation focuses of service to ASID as an organisation.

ASID RESEARCH GRANTS

Consistent with Object 2 of ASID's Constitution ("to promote the research and understanding of intellectual disability") applications are invited from **ASID Members** for research grants of no more than $5000 (Australian).

The following guidelines should be taken into account:

- Projects approved for ASID support will add to the knowledge base of intellectual disability.
- Applicants for ASID research grants must be able to provide evidence of approval of their project from a research ethics committee, or provide a commitment to obtain this approval.
- ASID will encourage partnerships for funding of research with other organisations that share the same values as ASID. This will not, however, exclude applications by individuals for research grants.
- Items of equipment will not normally be funded.
- The successful applicant(s) will be required to present the outcomes of their research at an ASID function.
- The decision of the Research Grants Committee, once ratified by the ASID Australasian Board, is final and no further correspondence will be entered into.
- The Research Grants Committee will seek regular progress reports plus a final report on the progress of the sponsored research, and report the same to the Australasian Board.

Applications should include:

1. The name of the researcher and / or organization(s), and reason for their interest in this research subject.
2. The application should describe the beneficiaries of the project and how it will add to the understanding of intellectual disability.
3. An outline of the project for which support of the research grant is sought, including:
    - method to be employed in gathering data
    - method of analysis
    - the power of the project
    - consent procedures
    - the plans for ethical approval
    - a time line with critical milestones and an expected date of completion
    - a budget

FOR ALL AWARDS

Award nominations must be received at The Secretariat by **Friday 9th September 2011**,
e-mail secretariat@asid.asn.au and will be reviewed by the Australasian Board with successful nominees announced during the Australasian Conference to be held in Adelaide in November 2011.

Enquires to The Secretariat: secretariat@asid.asn.au
Box 84 Rosanna, Victoria, 3084, Australia;
Tel (Aus) 1800 644 741 or
from outside Australia Tel. 61 + 3 + 9497 1926

vale
Judith Dey
1923 - 2011

Dr Judith Dey AO, MBBS (Syd), DCH (Lon) challenged men in a field many of them regarded as their own, not only by becoming a doctor but by establishing a career in the fledgling medical speciality of paediatrics.

In the 1950s, when most women had never heard of the women's movement, she began quietly making a statement that girls could have a career and serve their community. She built her life, professionally and personally, she said, on "the importance of family, community service and involvement and equal opportunity for women".

Judith Elizabeth Dey was born on September 11, 1923, one of two girls in a family of five children to Dr Lindsay and his wife, Mary, a nursing sister. Judith was sent to school at Wenona, where her father was the school's doctor. She did well academically and in archery until World War II stopped the importation of equipment.

In 1939 she did her Leaving Certificate and won the fifth-year chemistry prize. However, as her father considered her too young to go to university, she stayed on at school and sat the certificate again, securing honours in three subjects and prizes in geology and chemistry.

After finally reaching the University of Sydney, Dey graduated with honours in medicine in 1946 and became a junior resident medical officer at Sydney Hospital. She then began a long professional association with the Royal Alexandra Hospital for Children, becoming chief resident medical officer in 1950, a position her father had held in 1916.

Postgraduate study at the University of Edinburgh and the University of Sydney added a bachelor of medical science and a diploma of childcare from the Royal College of Physicians and Surgeons in London.

In 1956, after three years in private practice in Macquarie Street, Dey entered the field of developmental disabilities. She was appointed to the Spastic Centre (now the Cerebral Palsy Alliance) as medical officer, and at the same time was assistant paediatrician at Rachel Forster Hospital and honorary medical officer at Tresillian at Vaucluse.

From 1957 to 1965 she was the first medical superintendent of the Lorna Hodgkinson Sunshine Home at Gore Hill.

In 1965 Dey joined the NSW Health Commission and became medical superintendent and chief executive officer of Grosvenor Hospital. In 1977 she became regional mental retardation adviser to the Illawarra health region and consultant to the Riverina and Murray regions.

Dey was a member of the Australian College of Paediatricians for more than 45 years. She was a world expert in intellectual disability and a foundation member and the first woman president of the Australian Group for Scientific Study of Mental Deficiency.

A firm believer in early stimulation programs for babies with Down syndrome and children with other developmental disabilities, Dey was heartened by the huge changes in treatments during her career.

Despite her busy professional life, Dey found time to be a charter member of the Zonta Club, a service organisation with the mission of advancing the status of women, set up in Sydney in 1966. She served as president from 1970 to 1971 and on national and international committees of the organisation.

Between 1982 and 1990 Dey served on the club's Amelia Earhart Fellowship Committee, which makes available tertiary training for women in aerospace activities. Dey also remained an important part of the Wenona school community. She was secretary, then president, of the Old Girls' Union and served on the Wenona council of governors for 38 years.

Dey retired from full-time work in 1985 but that did not mean slowing down.

She joined the Bowral Horse Show Society, became a senior steward, a committee member and donated the perpetual trophy for the champion harness pony. She was a life member of the Berrima and District Pony Club and a long-time member of the Royal Agricultural Society of NSW, which she had joined as a junior member before World War II.

In her spare time, Dey enjoyed reading, doing embroidery and solving crossword puzzles.

In 1977 she was awarded a Queen Elizabeth II Silver Jubilee Medal and, in 1987, was made an Officer of the Order of Australia.

Judith Dey is survived by her sister, Patricia, and her many nieces and nephews.

With acknowledgements to Denise Thomas and Michele Ginswick - Sydney Morning Herald.

upcoming events

	National Disability Insurance Scheme (NDIS) forums - various locations across the country. Check through www.nds.org.au/events
	Speech Pathology Australia 2011 National Tour ***with Professor Leanne Togher*** For information visit: www.speechpathologyaustralia.org.au/news-and-events
29 Jun – 1 Jul 2011	**Occupational Therapy Australia 24th National Conference and Exhibition** ***Making evidence work: informing practices, organisations and the profession*** Brisbane
6 - 8 Jul 2011	**Australian and New Zealand Communication Association (ANZCA) Conference** ***Communication on the edge: shifting boundaries and identities*** University of Waikato, Hamilton, NZ
9 - 10 Aug 2011	**One Person at a Time Conference.** ***Keeping the Focus on Valued Lives*** Melbourne Park.
5 - 6 Sep 2011	**NDS Employment Forum** venue to be announced
8 - 10 Sep 2011	**Asia Pacific Autism Conference 2011 (APAC 2011)** Perth, Western Australia ph + 618 9389 1488 www.apac11.org e-mail info@eecw.com.au
21 - 23 Sep 2011	**5th International SRV (Social Role Valorization) Conference** ***Getting the good life: from ideas to action*** Canberra.
4 - 8 Oct 2011	**Australian Psychological Society Annual Conference** Canberra
27 - 30 Oct 2011	**Australia Physiotherapy Association 2011 Conference** Brisbane
9 – 11 Nov 2011	**46th Annual ASID Conference** ***To Beg or to Choose; you decide.*** Adelaide www.asid.asn.au
27 - 30 Nov 2011	**Disability Studies: Every Body In-inaugural Conference** University of Otago, Dunedin, New Zealand
8 - 10 Aug 2012	**10th Biennial Early Childhood Intervention Australia Conference** Perth, Western Australia

If you want to advertise your conference in IDA's upcoming events section, please e-mail: susan.peden@dsc.wa.gov.au

ASSID membership details

4 membership types: Organisation / Individual / Student / Associate

to join: download a form from www.asid.asn.au, or, contact the registrar at the address below

to current members: please make sure you don't miss out keep your contact details up to date

registrar: **phone 1800 644 741 PO Box 84 Rosanna VIC 3084 Australia**
secretariat@asid.asn.au

46TH ANNUAL AUSTRALASIAN SOCIETY FOR INTELLECTUAL DISABILITY CONFERENCE

9 – 11 NOVEMBER 2011
STAMFORD GRAND HOTEL
GLENELG • SOUTH AUSTRALIA

www.asid.asn.au

asid
research to practice

Plenary and concurrent sessions.
Topics to include:

- Human rights/self determination
- Self advocacy
- Person centred practice
- Profound and severe disabilities
- Children and families
- Managing complexity

asid
research to practice

to beg or to choose:
you decide