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IDA

Intellectual Disability Australasia

Magazine of the Australasian Society for Intellectual Disability

group homes

visual function

community inclusion

discussing sterilisation

next ASID get-together

asid
research to practice

contents

front cover:
wattle blooms by krvt DESIGN

asid
research to practice

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editorial

Spring is here already and once again, the ASID conference is fast approaching.

If you haven't already registered for the conference in Adelaide from the 9th -11th November then hurry to the ASID webpage and sign up now.

This year the conference theme is to '**beg or to choose - you decide**'. 2011 is an exciting time for disability. The Productivity Commission report on disability care and support has been presented to the Australian Commonwealth Government and state and territory governments have agreed in principle to work with the Commonwealth in order to move to a rights based rather than a welfare approach to disability and the continued growth in individualised funding all present opportunities for ASID.

This event covers ALL aspects of:

- human rights/self determination
- self advocacy
- person-centred practice
- profound and severe disabilities
- children and families
- managing complexity

As always, the conference will have something for everyone and will both affirm your commitment to the field whilst challenging some of your thinking.

The ASID Board has been busy working further on the new Strategic Plan, which will be available at the conference, and published in the December issue of IDA. Other topical issues being considered by the Board include ongoing work to keep our webpage up to date and responsive for the membership, the impact of the NDIS for Australians with intellectual disabilities, the movement towards a national approach to the reduction of restrictive practices within Australia and more recently, ASID is reviewing the evidence and current focus on the use of Facilitated Communication as an intervention tool for people with communication impairments.

This quarter's IDA has an eclectic mix of articles and ideas for workshops so there should be something of interest for everyone.

IDA, on behalf of ASID also includes congratulations to Associate Professor Roger Stancliffe, former editor of ASID's Journal for Developmental and Intellectual Disability, who was awarded the AAIDD research award recently.

Cheers, Sue

Sterilisation, the UNCRPD and Intellectually Disabled Girls and Women:

a suitable topic for discussion

Author: Carol Hamilton.

In the past sterilisation, or procedures that leave an otherwise healthy and presumed fertile person incapable of being a parent, were routinely carried out on large numbers of intellectually disabled people. While much has changed in the last 20 years in this area for people in this group, recent studies suggest that (non-therapeutic) sterilisation procedures continue to be sought for young intellectually disabled girls and women in particular - as an alternative to contraception, an effective means of managing sexuality and reproduction and a response to certain forms of anti-social sexual behaviour (Stansfield, Holland & Claire, 2007).

Legal requirements related to requests of this kind vary depending on the country in which requests for the procedure are made. For example, in the USA, 39 states have statutes or case law related to the circumstances in which non-therapeutic sterilisation is to be considered (Begun, 2008). Requirements vary widely, from direct prohibition to approval in certain circumstances depending on how requests are initiated and reasons for the process. In the UK requests for sterilisation of intellectually disabled adults require application to the court system. Here, whether the procedure is 'in the best interests' of the individual concerned is then adjudicated with prior case law providing a benchmark point of reference against which discussions take place (Stansfield et al., 2007). This principle also applies in Australia. Here, the Marion case - concerning application to the court for a non-therapeutic sterilisation of a teenage girl with intellectual disability - set a significant legal precedent. Re Marion secured adjudication of the right to reproduce as a legal matter rather than a decision to be made by parents, carers or medical practitioners. However, subsequent judicial decisions have not endorsed Marion. Much debate continues about who decides whether the person themselves is able to consent and at what age such judgement can be made (see Brisbane Times, 2010, for a recent example). In New Zealand, the Family Court currently adjudicates any sterilisation of intellectually disabled people over 18 judged unable to consent. Prior case law again provides the basis for judgement in these cases. For those under 18 it is possible, although not recommended, for parents or guardians and medical professionals to endorse a decision to sterilise without recourse to the court system (A. Shrenk, personal communication, March 13, 2011). As Dowse (2004) suggests, using the idea of case law precedent rather than direct prohibition means that intellectually disabled people remain vulnerable to 'best interest' adjudications made from the perspective of 'intellectual disability' as a global functional limitation. Thus, in countries where adjudications are made on the basis of precedence, it is still possible to authorise sterilisation procedures for reasons over and above those requested as the result of a life threatening health risk to the intellectually disabled person concerned.

The countries noted above are included in the 100 member states that have now ratified the United Nations Convention on the Rights of People with Disabilities (UNCRPD, 2007). Article 17 - 'Every person with disabilities has a right to respect for his or her physical or mental integrity on an equal basis with others' and Article 23 – 'all parties must take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others' are particularly relevant in respect of continued use of non-therapeutic sterilisation procedures. These statements send a strong signal to governments that the status of all intellectually disabled people in these areas should be no different to that of non-disabled people. However, to fully align legislation and policy with the spirit and intention of the UNCRPD in this area, not only will legal processes need to be examined, but key aspects of the economic, social and cultural factors that hinder the creation of social contexts that value and respect the lives of disabled people will also need to be considered.

"Mother Seeks Girls Hysterectomy"

In 2007 the BBC News Health website published an item about a request for an elective

continued page 4

Sterilisation . . .

continued from page 3

hysterectomy for a 15 year old "severely disabled" young woman. The story, "Mother seeks girl's hysterectomy", included statements from the mother, a medical specialist, the executive director of a large disability organisation (Scope) and a member of the Disability People's Council (BBC, 2007). Subsequently a community forum was initiated on the Have Your Say (HYS) website. Contributions were invited in relation to the following statement and questions:

> Speaking on a range of national television programmes, Alison Thorpe, 45, from Essex, says 15-year-old Katie, who has cerebral palsy, would be confused by periods and they would cause her indignity. Doctors are now seeking legal approval before carrying out the surgery. The disabled charity Scope said the operation would "set a 'disturbing' precedent for other disabled girls" (BBC, 2007).

- Should the mother have the right to make this decision without the permission of her daughter?
- Do you think she has made the right choice?
- Do you share Scope's concerns or have a personal experience to share?

In 2010 I made a review of these comments in order to present the views of wider community members within research framework, so to investigate the possible influence of wider community members views on the debates that are needed to ensure the bodily integrity of all intellectually disabled people guaranteed by UNCRPD Articles 17 and 23. The five hundred and thirty six comments posted on the HYS site in response to the statement and questions were downloaded and manually processed. Five different 'community member' poster categories were sorted and coded. This exercise isolated a 369 General Community Member (GCM) group of opinions posted by people with no stated family or personal connection to a disabled person. These posts – including comments by 185 men and 184 women - were then used to complete the review (for an extended methodological discussion and the review, see Hamilton, 2011). As is usual on this HYS site, comments posted were brief due to the eight lines of discussion maximum limit requirement. Remarks posted by responders included a variety of opinions about quality of life, personal incapacity, menstrual and reproductive management, sexual vulnerability and rights issues related to the mother's request. The table below indicates the number of male and female posters included in the three sub-categories of comments made in relation to questions one and two posted on the site.

Table 1:
Mother's Right Responses by Subgroup and Gender

GCM Total Posts	185 Men	184 Women
Mother's Right Comments Posted	94 (51%)	109 (59%)
Agree with Request	52 (55%)	82 (75%)
Mother and Dr Joint Decision	19 (20%)	7 (6%)
Disagree with Request	23 (25%)	20 (18%)

What Posters Said

A review of the comments posted revealed that a majority of remarks posted by men and women indicated approval of the mother's right to request a non-therapeutic sterilisation procedure for her daughter. Opinions included the following statements:

> *Leave Mum to make the decision* (Katie)
>
> *Only the girl's mother can make this decision* (Leonard)
>
> *The old adage 'mother knows best' applies in this heartbreaking case* (Chris)
>
> *Only she (Mother) can infer what effect this procedure will have on her daughter* (Kevin)

However, not all agreed that the mother should have sole decision-making power. Other posters suggested including input from medical professionals – with more men than women offering an endorsement of this idea. These comments included the following remarks:

> *This incredibly difficult decision lies exclusively with the Mother and the Doctors involved* (George)
>
> *I think with sensible Doctors (of which I think there should be 2) to advise the family this could work well* (Mandy)

While more men than women overall provide clinical expertise in relation to the care and support of intellectually disabled people, it is unsurprising that involving medical personnel in decision-making might be a more important issues for men. However, the comment below suggests that including medical professionals in this decision did raise a significant ethical precedent for some:

> *I don't like the idea... the doctors involved should*

> *'do no harm' and not go sterilising a girl for the sake of the mother's wish* (Stephen)

In addition, a small but significant number of GCM men and women disagreed with the idea that the mother, with or without the assistance of medical personnel, should have the right to make such a decision without her daughter's permission. These comments included the following, posted by GCM men and women after watching a news video clip of the mother explaining why she wanted the surgical procedure:

> *"Save who from the "pain and indignity" menstruation causes?* (Jon)
>
> *I wonder if this is a case of indignity to the daughter or inconvenience to the mother* (Marie)
>
> *I heard her mother interviewed and felt troubled that she did not believe that her daughter was able to love by the fact that she ruled out her daughter ever having a relationship. I believe her daughter is able to show love ... and could do so with someone else, although not in a conventional way* (Geoff66)

Strong emotions featured in a number of posts by both GCM groups, suggesting that at least some wider community members had a degree of difficulty with the advocacy/rights perspective offered by representatives of disability support organisations and other social agencies in relation to this case.

> *Try looking after a badly handicapped, doubly incontinent girl having a period. Do this for say 6 months and then come back with your glib theoretical arguments that might be fine for an edition of 'The Moral Maze' but have no place in the real world* (Andrew)
>
> *It's a matter for the parent or guardian to decide – NOT social workers, social engineers or those who merely think it wrong because of their own limited views* (Jack)
>
> *I'd like to ask Scope how much help and support they have provided to the Thorpe family over the past 15 years* (Megan)
>
> *The Human Rights Act is a complete waste of time* (Leanne)

An unexpected outcome of the review process was the number of posts isolated that included a range of *not a suitable topic for discussion* statements. Thirty-two comments posted by GCM men and three by GCM women in this area were isolated. Remarks started with polite suggestions about the questionable value of the public nature of this discussion to the family involved, ending up including expressions of heated indignation towards BBC personnel for presuming that this subject could possibly be considered a matter for an HYS forum. Examples drawn from this group included the following:

Katie and Alison Thorpe

> *"Sorry BBC I think some things should not be discussed* (Anthony)
>
> *Does anyone else share my thought that this is not a remotely suitable topic for public discussion?* (Steve)
>
> *Hear, hear, if the BBC has any respect for privacy it will drop this subject quickly* (Pete)
>
> *I can't believe how low the BBC have stooped for the sake of sensationalism* (Paul)
>
> *I find this question really abhorrent. BBC should be ashamed of itself* (Tom)

However, ten male GCM's disagreed with these remarks. In a direct rebuttal of the comment posted by Steve, one poster responded:

> *Since you ask, no I don't agree with you. HYS is for people to express their opinion, so it is therefore a suitable discussion topic* (Harry)

The outcome of this review process showed that at least some wider community members may experience some difficulty engaging in key aspects of the discussions needed in order to ensure the full sexual and reproductive wellbeing of intellectually disabled people guaranteed by the Articles of the Convention. Further, they suggest that advocacy/rights based points of view used to change hearts and minds will need to be thoughtfully and strategically deployed, so to encourage the beneficial two-way conversations between advocates and community members that will help to clarify attitudes and beliefs about this difficult topic. As an outcome of this study, I suggest that full endorsement of intellectually disabled people's 'right to belong' by wider community members will provide a significant step forward in ensuring that all articles of the UNCRPD are fully implemented. Research can be helpful in this regard, and more is needed in order to inform the wider conversations that will assist in shaping implementable policies and practices in this still very sensitive area of intellectually disabled people's lives.

continued page 6

Seeing Group Homes Differently

by Lisa Hamilton
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Home

Home is a personal, abstract concept, hard to describe and to define, yet it is an essential aspect of our humanity. Our experience of home is individual and home is much more than just bricks and mortar; it can be a safe haven from the outside world, a place where we feel a sense of belonging and where individual choice is expressed. Home is conceptualised in the literature as a refuge from external demands, a sanctuary that is secure and stable and where self-expression is not constrained.

Table One provides a representation of home through four dimensions;

Physical - the built environment including spatial and material structures
Psychological - security, continuity and stability, emotional attachment and belonging, self-determined, personal privacy and freedom (including freedom from surveillance)
Social - relationships (including choice of relationships) and interactions within the home, critical and formative experiences
Spiritual - a sense of belonging, sanctuary from the outside world

Table One

(Dimensions of home are sourced from the work of Sixsmith (1986), Despres (1991) and Smith (1994) whose studies are based on homes for people without intellectual disabilities and people who are not living in supported accommodation settings).

In this way, home can be seen as a multi-dimensional concept where meaning is constructed and negotiated, both individually and with the people who share the home.

These elements of home have been identified from literature about home for people without intellectual disabilities. How, then, do people with intellectual disabilities who live in group homes experience home?

Home for People with Intellectual Disabilities Who Live in Group Homes

The experience of home for people with intellectual disabilities who live in group homes is poorly understood and there is a paucity of literature, and knowledge, in this area. Yet, group homes are a dominant form of contemporary accommodation and support for people with intellectual disabilities and have developed largely as a result of deinstitutionalisation. Group homes characteristically include the extensive presence of paid staff (Clement & Bigby, 2010) and are usually shared by other people with intellectual disabilities who do not necessarily choose to live together. Tøssebro (2005) notes that the typical group home is "fairly different from a family home, and also from the homes of single adults" (p.191). The presence of such service features as rostered staff and administrative offices within the home, the physical indicators of service systems such as exit signs or chemical hazard signs publicly displayed and terminology such as asset management, bed numbers, and language such as service recipients, clients or consumers further separate group homes from other homes where most people without intellectual disabilities may live.

Sterilisation . . .

continued from page 5

References

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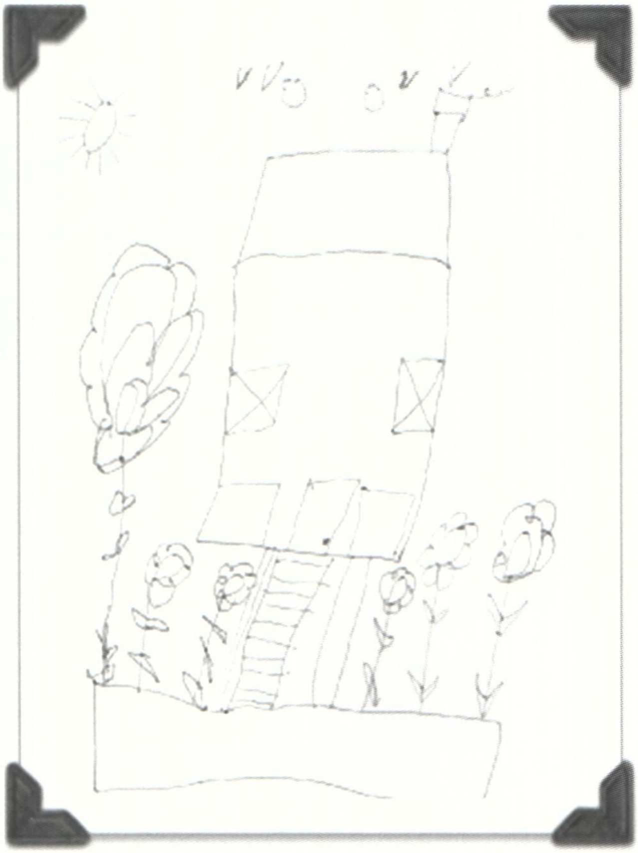
Biographical Note

Carol Hamilton is a Senior Lecturer in Disability and Inclusion Studies at the University of Waikato. Her PhD examined issues related to intellectual disability and sexuality support in an agency service group home in New Zealand. She has also worked as a researcher gathering life-stories from older intellectually disabled men and women in Ireland as part of the 'A Story To Tell' project, based at NIID, Trinity College, Dublin. Her current research interests are in clinicians' attitudes to sterilisation and young intellectually disabled girls and women in New Zealand, and wider community attitudes and beliefs in the area of disability, ability and social inclusion.

Consequently, group homes come to be seen as a service system, as congregated units of homogenous experience, viewed through a service perspective rather than through the dimensions of home identified earlier, or through the experiences of people who live in group homes.

The disability literature on group homes, and perhaps the service sector as well, are often preoccupied with one dimension of home; the physical dimension. Elements such as the physical appearance of the group home, the number of beds in the group home, decor and furnishings, and physical aesthetics are assessed to determine whether group homes are 'homelike'. Clement and Bigby (2010) identify the physical, social and personal dimensions of home within the group home context, providing a holistic understanding of home. Without consideration of the various elements of home a superficial, one-dimensional understanding of home is created.



A drawing of home by a housemate at Lake House.

Lake House is a pseudonym. The drawing of home was provided for this article with permission from the artist.

Comparing Group Homes to Institutions

It is, perhaps, understandable that because of the institutional history of group homes, comparisons are often made between group homes and institutions. Is life better for people who live in smaller group homes than the larger, congregate care facilities? Do people living in group homes have more access to their local neighbourhoods, are they genuinely included in their communities? The comparison with institutional living is problematic because we are comparing group homes to institutions, rather than to notions of home. Is a group home a better place to live because an individual has more personal choice than they did when they lived in an institution or is a group home a better place to live because the individual has been supported to create a home of their own choosing, their own design?

Some people who live in group homes have moved out of institutions, however, many people who now live in group homes have never lived in institutions. It is argued here that the comparison of group homes with institutions is no longer adequate. It can no longer be sufficient for group homes to simply be the antithesis of institutional living. Rather, group homes should be viewed as genuine homes where the individual experience of home lies at its core.

Seeing Group Homes Differently

The present study is part of the author's PhD research and was developed to explore and understand group homes from the perspective of the people who live there, to identify meanings of home and how these meanings come to be constructed within the group home context. The author spent ten months with six people with intellectual disabilities, the housemates, who live in a group home called Lake House .

Lake House is home to eight people with intellectual disabilities, located in a suburban neighbourhood, and managed by an organisation that provides services to people with disabilities. Six people consented to be part of the study, and all eight residents gave permission for the research study to occur in their home.

Talking About Home

If someone asks, "What does home mean to you?" it can be difficult to answer. To help explore this abstract concept we used photo voice, scrapbooking, drawing, and conversations. Photo voice is a method of qualitative research where participants use a camera and take

continued page 8

Seeing Group Homes Differently

continued from page 7

photos with regards to a particular theme (in this case, home) and then the participants discuss the photos with the researcher. In the present study, the housemates used a camera to capture aspects of home that were important to them.

Initially we started using disposable cameras but we found these did not provide us with the opportunities for seeing the photo immediately after it was taken. We then changed to using digital cameras and the researcher supported the housemates with the technical aspects of photography, while the housemates had full control and autonomy over the camera and the photographs they chose to take. The housemates then chose which photographs they wished to keep and we printed copies of these.

Some housemates made scrapbooks from the photos ; others showed the photos to family, friends and workmates. The photos also provided us with an opportunity for discussion, either as a group or individually. For some housemates the scrapbooks were an opportunity to make, and keep, memories of home. Oftentimes their history of home could not be remembered clearly or was archived in corporate records which were not accessible to the housemates.

Other housemates used drawings to express their feelings about home, or to represent particular aspects of home. We also used an iPad to upload photos and to create slide shows, with music, about what home means living at Lake House. The housemates enjoyed using the iPad and the straightforward interface made the technology easy to operate while providing high quality results that the housemates could see immediately. Our work was also fun! The design was intentionally interactive and housemates have created memories of home that they take pleasure in sharing with others.

Meanings of Home at Lake House

The research study is ongoing and preliminary findings are emerging. Lake House, like many other group homes, is currently structured around the presence of rostered staff, routines required to meet organisational policy and procedures and service standards. However, within the service delivery structures of Lake House a home exists, as created by the housemates.

The housemates at Lake House don't think of themselves as living in a service, even though they recognise the routines and procedures that are a result of living in a group home. Table Two illustrates how the housemates have developed a shared understanding of home by developing their own 'house rules':

Creating a scrapbook about home - what does home mean to you?

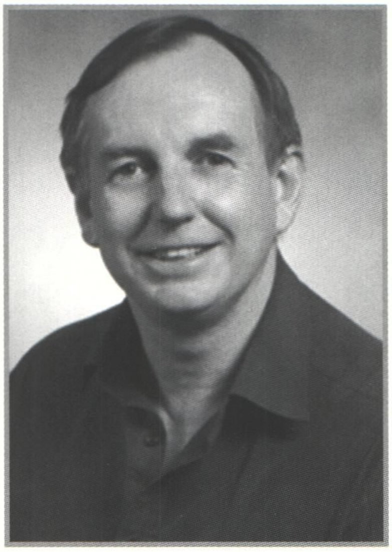
This photograph of scrapbooking about home has been included with permission from the participant.

The Rules of Lake House (as defined by the organisation)	Meanings of Home (as defined by the housemates)
Don't hit other clients Don't leave the property Don't eat chips in the lounge room	Look after each other Don't dob!
'All Visitors Must Report to the Office' is a large sign located at the front of the property	"When my sister comes to get me she has to go to the office first, that's the rules or we will get in trouble."
Staff Roster	Be quiet when [staff X] is on, don't argue, just do what they say. Cool, [staff Y] is here!

Table Two

The formal rules of Lake House are interpreted by the housemates, and are also adapted. For example, the housemates enjoy eating chips in the lounge room while they are watching DVDs but this is not allowed. So, when the staff are not present the housemates will eat chips in the lounge room, being careful not to make a mess so the staff don't find out, and ensuring that no one gets into trouble. In this way, housemates

Roger Stancliffe receives AAIDD Research Award



Roger Stancliffe is Associate Professor, Disability Studies, at the University of Sydney's faculty of Health Sciences. On June 7th, at the American Association on Intellectual and Developmental Disabilities (AAIDD) 135th Annual Meeting in St Paul Minnesota, 33-year ASID member and past Editor of the Journal of Intellectual & Developmental Disability (2003-08) Roger Stancliffe, was honoured as the recipient of the AAIDD Research Award. AAIDD President, Professor Michael Wehmeyer presented the award, with a citation that read:

> Research Award.
> Presented to Roger J. Stancliffe PhD FAAIDD.
> In recognition of your Exceptional Accomplishments.

In the 40-year history of the AAIDD Research Award, Roger is the first person from the southern hemisphere to be so recognised. Past recipients of this prestigious award include Sir Michael Rutter (UK), Jack Tizard (UK), Donald Baer (USA), David Braddock (USA), Ann and Alan Clark (UK), Lionel Penrose (UK) and Robert Edgerton (USA).

ASID congratulates Roger on this outstanding achievement. ●

Seeing Group Homes Differently

continued from page 8

create their own interpretation of the formal house rules and work together to protect each other from getting in trouble with the staff by creating their own informal rules such as "Don't dob!" (During my time at Lake House I witnessed lots of eating of chips in the lounge room when staff weren't present and never once was the 'evidence' discovered by staff and no one ever dobbed!)

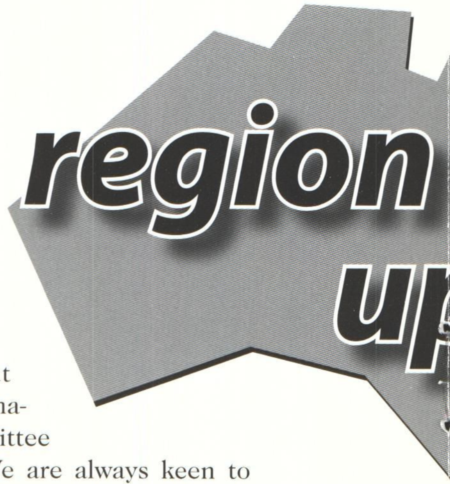
So to conclude, people with intellectual disabilities who live in group homes have considerable knowledge and experience to share about what life is like living in a group home. Annison (2000) suggests that in order for residential services to be transformed into genuine homes, an understanding of the elements of home is required. Who better to support us in developing this understanding than people living in group homes themselves?

People with intellectual disabilities may often be excluded from complex discussions about abstract concepts such as home, however, photo voice, visual activities and conversations held over longer periods of time can provide opportunities for participation. These methods can support people with intellectual disabilities to share their thoughts, feelings, ideas and aspirations. There are also opportunities for policy makers and service providers to consider using similar methods to seek the contribution of people with intellectual disabilities who live in group homes.

Comparing group homes to institutions is no longer adequate and comparing group homes to 'ordinary homes' may also be inadequate. Focusing on the superficial, physical elements creates a one-dimensional view of home and ignores the other critical aspects of home. Perhaps it is time to start seeing group homes differently. The implications for service providers, policy makers and researchers resulting from a shift in perspective from seeing homes through a service lens to seeing group homes as genuine homes requires further consideration and it is hoped that this study will make a contribution to this area. Further results of the study will be disseminated as they emerge. The housemates would also like others to know about their experiences and would like to share their ideas about what makes a house a "good home".

References

can be obtained from the author at l1.hamilton@qut.edu.au ●



Queensland

by Karen Grogan

A glorious winter day provided the perfect setting for the Biannual State Conference held at the University of Queensland Ipswich Campus on 6 August 2011. Some seventy people attended the conference which was appropriately themed "Fostering Research to Practice". The morning session involved three stimulating presentations from key note speakers Dr Jeffrey Chan (Chief Practitioner Disability and Director of Forensic Disability, Dept of Communities), Professor Karen Nankervis (Centre Director, Centre of Excellence for Behaviour Support) and Associate Professor Clare Townsend (Director, Systems Research, Centre of Excellence for Behaviour Support). The afternoon program entailed concurrent sessions of informative presentations from speakers representing various organizations, including the Qld Centre for Intellectual and Developmental Disability, House with No Steps (Townsville), Community Living Association, WWILD, and the School of Social Work and Human Services at the University of Queensland. Of course, it wouldn't be an ASID Conference without a lively panel discussion and this panel did not disappoint. Professor Karen Nankervis (Centre Director, Centre of Excellence for Behaviour Support), Fran Vicary (Qld Advocacy Incorporated), and Fiona Anderson and Kirsten Deane (Every Australian Counts campaign) offered their insights and fielded questions from the floor on Australia's progress towards a National Disability Insurance Scheme (NDIS).

The conference also provided the perfect opportunity to trial a new web based video conferencing software, which allows remote users with web access to receive a live feed from broadcasted events. Our aim for this software is to provide web based access to ASID Qld events for people who live outside of the greater Brisbane area. Keep an eye on the Qld website for information on upcoming broadcast events (www.asid.asn.au/Regions/Queensland.aspx)

In wrapping up the conference, we must extend our sincere thanks to Professor Karen Nankervis and her team at the Centre of Excellence for Behaviour Support for the generous support and assistance provided to ASID Qld to hold the conference.

The next event on the calendar is the ASID Qld Annual General Meeting to be held in Brisbane in the very near future. Notification about meeting details and nomination forms to join the committee will be distributed soon. We are always keen to welcome new members to the Committee. If you would like to find our more about what we do or if you are interested to join the committee please contact the Secretary, Hamish Millard.

Tribute for Jude McPhee

by Madonna Tucker

Recently a friend, colleague and advocate for people with intellectual disability passed away. Her name was Jude McPhee. Her involvement directly with ASID was in the organisation of the latest Australasian conference, that was held here in Brisbane on the 29 September - 1 October 2011. Among the many positions Jude held in her life, she worked in the disability sector, as a Recreation Officer, a manager of a Disability Services accommodation service and as a Research Assistant just to name a few. Jude had a strong love of life and what it had to offer. This came out in her work with people with intellectual disabilities as always putting the person with intellectual disabilities first and was a strong advocate for developing their own personal skills as well as trying to change the system (or get around it) so that the best quality of life could be had for all.

Jude worked tirelessly for the ASID conference. She started in 2009 when we had our first meeting to discuss where and when it would be held. With conference co-convenors, Nicholas Lennox, Karen Nankervis, myself and Jude we had many a laugh at our conference organising meetings. Jude was the 'behind the scenes person' who would always come up with an idea or listen to the ideas put forward and then deliver a number of options so that we could make an informed decision. I had many a meeting with Jude in my kitchen at home, and in between getting pet advice from her (my spaniel loved her, because she was such a dog person), we deliberated over many a conference issue. On behalf of the other conference co-convenors, Nicholas and Karen, I can honestly say that Jude will be sorely missed and her efforts for ASID duly noted. Our thoughts are with her beloved puppies and her devoted husband, Steve.

Victoria

by Sam Murray

Victoria has had a flurry of activity since the last edition of IDA, including our Annual General Meeting. Last edition we reported on the upcoming Michael Perlin workshop. Michael is the Director of the International Mental Disability Law Reform Project and Director of the Online Mental Disability Law Program at the New York Law School and held the workshop "Disability Human Rights in Research and Practice". The full day session was hosted by ASID (Vic) in early May. Thank you to Deakin University for generously providing a venue for the day, and to ASID (Vic) Regional Councillor Assoc Prof Keith McVilly for the work he put in to planning the session.

ASID (Vic) was also proud to host Sharon Paley and Mark Wakefield of the British Institute of Learning Disabilities (BILD) in the last week of July. Sharon, who presented a keynote at DSW10, was out here on a Florence Nightingale Scholarship and also spent time with the Office of the Senior Practitioner and a number of disability service providers. Interest in the session was so great, that we put on a second day. Over 120 participants, over the two days, from across Victoria, NSW, Tasmania and NZ came to see Sharon and Mark present an insightful full day entitled: "Speak up if you've got something to say: Challenging Behaviour Interactive Workshop". We look forward to having Sharon and Mark involved in future ASID (Vic) activities. Visit http://asid.asn.au/Regions/Victoria.aspx for a copy of Sharon's workshop.

The beginning of August was AGM time for ASID (Vic) and we held the event back at The Retreat Hotel in Abbotsford. This year we invited Dr Jane Tracy, Educational Director at the Centre for Developmental Disability Health Victoria (CDDHV), to speak about activities at the centre, and her work with medical students. We were also fortunate to have Jane provide an update on activity surrounding the National Disability Insurance Scheme (NDIS), as Jane is a member of the Victorian Task Force established for the NDIS campaign. The timing was serendipitous, as on the morning of our AGM DisabiliTea events were held all across the country (over 900 were held) supporting the NDIS. Visit: http://everyaustraliancounts.com.au/ for more information about the NDIS.

With each AGM comes elections and this year we saw a few changes with the Region. We welcome former ASID (Vic) Secretary, Louise Mountford, as Vice President position, Ralph Kober (former WA ASID committee member) as Treasurer and we thank Heather Kennedy for continuing on as Secretary, whilst Erin Lindley enjoys a break to enjoy time with her new little family. At the same time, ASID (Vic) would like to extend their thanks to Alyson McKenzie, who has served as Vice President for a number of years. We're hoping to still have Alyson contribute as a Regional Councillor and provide her expertise to the DSW Conference each year. Lastly, we would like to give special thanks to Glen Jose, who 'retires' from ASID (Vic) this year, in both his long-held capacity as Treasurer and Regional Councillor. Glen has not only provided instrumental support to the Region over many years, but has also committed up countless hours on the Australasian Board as Treasurer. Thanks Glen!

For the 2010/2011 ASID (Vic) President's report visit asid.asn.au/Regions/Victoria.aspx

Lastly, DSW11 is coming along at a furious pace. Registrations, sponsors and papers are all flooding in. We will announce the conference program in the coming weeks. To register for DSW11 at the MCG on Nov 3rd and 4th visit https://www.asid.asn.au/Events.aspx or for more information contact Sue Mason, Conference Coordinator, on (03) 9925 7899 or sue.mason@rmit.edu.au

New Zealand

by Gary Wyatt

While writing this brief regional update, most of New Zealand is experiencing one of its worst winters in recent years, but this has seen a level of determination and support that Kiwi's, especially those in the South Island, are famous for.

Many intellectual disability providers are facing the dilemmas of supporting people with disabilities within their own homes or supported accommodation houses whilst their staff are having their own battles trying to get anywhere with the large snow falls around the South Island. Our thoughts are also with the people of Christchurch who are still rebuild-

continued page 12

ing their city and are now faced with this cold wintery blast.

We have even had snow in the 2011 ASID NZ Conference City of Rotorua – hopefully it will be a bit warmer by the time our conference kicks off on the 31st August. Rotorua, the Thermal Wonderland of New Zealand, will host the 2011 ASID NZ Conference from the 31st August to the 2nd September 2011.

We have had another remarkable year in regards to registrations with delegates registering from across New Zealand, Australia and even Pakistan and Saudi Arabia. This once again confirms that ASID NZ is a leading platform for intellectual disability supports and research in New Zealand.

More local events will be planned for later in the year so keep checking the website pages for more details soon. ASID NZ has recently started to make use of Facebook with the development of our own Facebook page "ASID NZ". This has been a success in providing up to date information about our conference updates, providing registration information as well as details about our keynote speakers. Whilst this will be reviewed after this year's conference, we cannot ignore the development of social media sites to help inform people about the disability sector.

ASID NZ will be hosting its Annual General Meeting on the 1st September during our Annual Conference. On a personal note, this will be my last update on behalf of ASID NZ as I will be standing down as Secretary at the AGM. Details on any changes to the NZ Council will be posted on the NZ page of the ASID Website in due coruse.

For further information on ASID NZ, council members in your area, conference information or networking, contacts details are available on the NZ branch page of the ASID website – www.asid.asn.au

ASID NZ is also on Facebook. You can find us by searching on Facebook for "ASID NZ" and clicking "Like"

NSW & ACT

By Tina Purdon

Wow! It is definitely a great feeling when you 'get it right'. We see examples of this through all State Reports and articles in each edition of IDA and are pleased to provide an addition to this list.

ASID NSW / ACT Regional Committee members were excited by the success of the recent Regional Hot Topics Workshops organised by committee member Vivienne Riches, held at Wagga Wagga in the south of NSW and Bathurst in the central west of NSW. Nearly 50 people attended each event and there were so many interested participants in Bathurst that an extra event was conducted. We acknowledge the efforts of our partners ; Janet Laws and her team at Kurrajong Waratah, Merilyn Creighton and her team from Charles Sturt University and the Centre for Disability Studies for the planning, promotion and presentation of these events.

The Hot Topics Workshops focused on the principles and practice of Person Centred Active Support and highlighted the ASID theme of research to practice. Evaluations from the events indicate that bringing such information to regional areas is very important and support the strategic direction of ASID NSW / ACT in this area. It is hoped to hold another Hot Topics Workshop at Armidale in the New England region of NSW later this year, in partnership with The Ascent Group.

We would also like to organise a Hot Topics Workshop – topic to be decided by the local area, in Canberra or Queenbeyan later this year or early 2012. Any person or organisation interested in becoming a partner for this event, or in finding out more, is invited to contact Linda Ward Secretary at lward4444@hotmail.com

Notice of AGM – NSW / ACT members are advised the details of the Regional Committee AGM

- Monday 12th September, 2011
- Liverpool Catholic Club
- During the lunch break of the State Conference

All attention at the time of this Report is on the 2011 State Conference. Registrations are rolling in for this event to be held on 12th September at Liverpool in Sydney. Please see the ASID website for more information or contact Linda (as above). We have been very fortunate to engage as a keynote speakers;

- Bob Bowen CEO The Mandt System®, designed to prevent, de-escalate and, if necessary, intervene in the prevention of aggression.
- Tom Tutton from Autism Spectrum Australia (Aspect) - person centred behaviour support planning

We will also hear from the recipient of the 2010 Disability Support Worker Recognition Award Lynanne Leahy along with Warwick Brown, speaking about their achievements leading to the nomination and the Award.

And of course the 2011 Disability Support Worker Recognition Award recipients will be announced at the Conference.

NSW / ACT is scheduled to host the ASID National Conference in 2013. We are looking toward this event with some forward planning and will be asking State Conference attendees to provide input and ideas for the theme and topics for the 2013 National Conference.

Nomination Forms for the 2011 – 2012 NSW / ACT Regional Committee will be distributed to members shortly. The new Committee will be formed at the AGM held during the State Conference. We invite any ASID members from NSW / ACT to consider becoming involved with the Regional Committee.

We encourage all members to attend the State Conference, be motivated by the presentations and take the opportunity to join or contribute to the activities of the NSW / ACT Committee.

Finally the NSW / ACT Regional Committee would like to acknowledge the support of the Centre for Disability Studies throughout the last 12 months and thank all Committee members for their efforts with ASID activities. We look forward to announcing the new Regional Committee in the next edition of IDA.

Western Australia

by Angus Buchanan

ASID WA held a Strategic Planning breakfast in August. The response from membership have has been very positive and the result of the session is expected to be a three year vision and plan for ASID in WA. Already members have been indicating that ASID should be talking an active role in a range of areas that are impacting on the lives of people with disabilities and their families. One major area of potential interest is mental health for people with intellectual disability. The awareness of these issues is growing with the development of the Western Australian Mental Health Commission. It would be expected that many other important areas will be put forward. I hope that all ASID members will also want to contribute to the work of the organisation when the plan is finalised.

One issue that has recently attracted a good deal of attention in Western Australia is how people with intellectual disability interface with the criminal justice system. ASID hosted a forum called "Are people with intellectual disability getting a fair go in the justice system?" The Forum had five excellent speakers – Amanda Perlinski, Jodie Waite, Lucy Hayne, Peter Sirr and Janet Nesci. The resounding answer was no and a robust discussion took place with valuable contributions from the audience of over 30 people. This is clearly an area which requires much more discussion and positive action.

On September 26th the WA Regional Conference will be held. This year the theme is Transformations with a focus on the influence of person centred approaches. Speakers will be from government, non government agencies, families and researchers and is expected to be a stimulating forum. At the Conference the Guy Hamilton Scholarship will be presented to an honours student conducting research in the area of intellectual disability. The Conference will be followed by the AGM which all members are encouraged to attend and hear about the strategic directions of ASID WA.

Tasmania & South Australia

No reports ●

ASID membership details

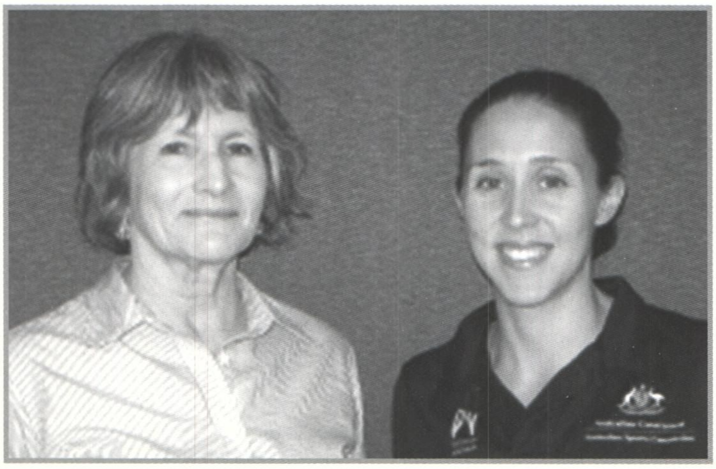
***4 membership types*:** Organisation / Individual / Student / Associate

***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

Assessment of Visual Function of Residents at Halwyn



Judy Fredericks
and Jodie Spottiswood

Therapy Dept., Halwyn Centre, Red Hill, Brisbane
Judy_Fredericks@health.qld.gov.au

The Halwyn Centre is a residential facility for adults with Profound Intellectual and Multiple Disabilities (PIMD). We are a Qld Health Department facility. This article is based on our poster presented at the ASSID conference in Brisbane in September 2010. We describe our findings and experiences since 2002, when Halwyn Occupational Therapists gradually organised and supported residents to attend the QUT School of Optometry Vision Rehabilitation Clinic, at the Kelvin Grove Campus. The initial screening occurred over a number of years, with follow up reviews now occurring within 5-7 years, or earlier if concerns arise.

Of 63 Halwyn residents most had not had their vision formally assessed since early childhood. For some there was a diagnosis of 'cortical blindness' but in general, individuals' visual abilities were unknown. As OTs we were concerned that visual impairments might be having a significant impact on the clients' participation in meaningful leisure activities and ability to learn new skills. There were time constraints preventing staff accompanying such a large number of people to medical specialist appointments. The QUT Vision Rehab Clinic is a few minutes drive by wheelchair accessible van or taxi with appointment times available within university semesters.

Measuring visual function is complicated in people with PIMD. One QUT staff member, Ann Lamont, had a special interest in developmental disabilities. With our familiarity with the residents, we were able to assist the Optometry students. They spent a long time with each client, assessing visual acuity and visual fields and screening for possible eye health issues. The tests used were non-invasive.

Before the initial appointments we gave care staff and where possible families a brief survey to complete to gather their impressions of the clients' visual function; and to note behaviours such as eye rubbing, light gazing or avoiding glare.

We took two clients per appointment. Two therapists accompanied them, or one therapist with the assistance of a direct care worker, family member or volunteer. During the appointments the clients shared a large examination room. This facilitated the flow of information; it also importantly allowed clients time for rest breaks.

A number of tests including the STYCAR graded-balls vision test were applied. The Stycar Balls test was originally designed for screening of very young children; it is also useful for assessing visual acuity of adults with PIMD. The ball sizes can be related to Snellen letter equivalents [Sheridan 1973].

When residents had their morning tea during the appointments observations could at times contribute to the assessment. (For example the young woman who ignored all parts of testing but was able to locate ever smaller pieces of 'burger ring' placed on her wheelchair tray!)

During their appointments, we found that residents were generally very calm and cooperative. We felt the unhurried and respectful approach at the clinic contributed to this.

- Before the screening process commenced, most clients' Vision Impairments were unidentified, however people with severe and profound intellectual disabilities can generally be assumed not to have good vision. Fifty three of the clients were assessed as having Poor Vision, according to WHO criteria, including at least 24 with Severe Impairments or Blindness. The causes of the impairments are generally part of widespread global damage to the central nervous system rather than true cortical vision impairment (often called cerebral blindness). Difficulties with cooperation mean that the retinal disc could not always be observed however optic atrophy was common. Ocular findings included refractive errors, strabismus, coloboma, cataracts and keratoconus. These findings are similar to those reported in the literature. [Saunders 1995; Sjoukes 2010; Van den Broek 2006; Van Splunder 2006]
- Four women with a diagnosis of Rett syndrome

were assessed. They performed better than most of the other clients, however three were myopic (short sighted).

- Eye health problems e.g. dry eyes, pterygiiums, family history of glaucoma, have been documented and for 4 residents there were issues which prompted follow up referrals to Ophthalmologists by their GP.
- The comfort and eye health of certain residents has been improved e.g. by using lubricating eye drops, avoiding glare.
- People with severe communication, sensory and motor difficulties are particularly challenging groups for the assessment of vision and require special communication skills for the eye care professional. The optometry students learnt skills to use in their later practice and also developed awareness of disability issues. They provided written reports and individual advice for the residents' medical files. However, we have noticed that the findings and recommendations may not be read, or if read may not be properly understood by staff and families.
- Some family members were distressed by the label 'Visually Impaired' when they found it had been applied to their relative, An old man whose wife had died, cried, saying that his daughter 'never saw her mother's beautiful face'.
- As a result of the screening, five people now wear spectacles consistently. 'Readers' available from pharmacies are useful for some clients; for others, glasses were supplied through the MASS (Medical Aids Subsidy Scheme). By contributing extra funds some residents have chosen from a wider range of frames.
- During Occupational Therapy programs we became more aware of strategies such as visual simplification of the work area and using visually stimulating objects (e.g. moving on the spot, shiny, red/yellow).
- To promote more active engagement of residents in their activities of daily living, Individual Support Plans incorporate elements of recommendations from vision reports. These may include for example optimal size and positioning of objects, the use of visual contrast/ contrasting background colour, positioning client away from light source.
- More appropriate choices of community access and leisure activities have been recommended, however as described by Sjoukes [Sjoukes 2010] this advice is often not acted on.
- We successfully applied for free travel (VIP) passes for 45 residents on the basis of their impaired vision.

Conclusions:

- We learned that severe visual impairments are very prevalent among the residents of the Halwyn Centre. We now have information on each individual's visual abilities, also some practical advice.
- The staff and students at the QUT Vision Rehab Clinic have provided a service which is convenient and appropriate for the needs of Halwyn residents. As well as checks by their GP during routine health reviews, appointments should continue within 5 – 7 years [Lennox 1999] or earlier when concerns arise.
- We need to find better ways to explain the findings to other staff, community access workers and families. There is a need for education for carers regarding low vision which should be repeated regularly to allow for staff turnover. Implementation of specific support for individual residents needs more follow up. [Sjoukes 2010].
- A sensitive approach needs to be taken when communications with families make reference to their relative's Visual Impairment.

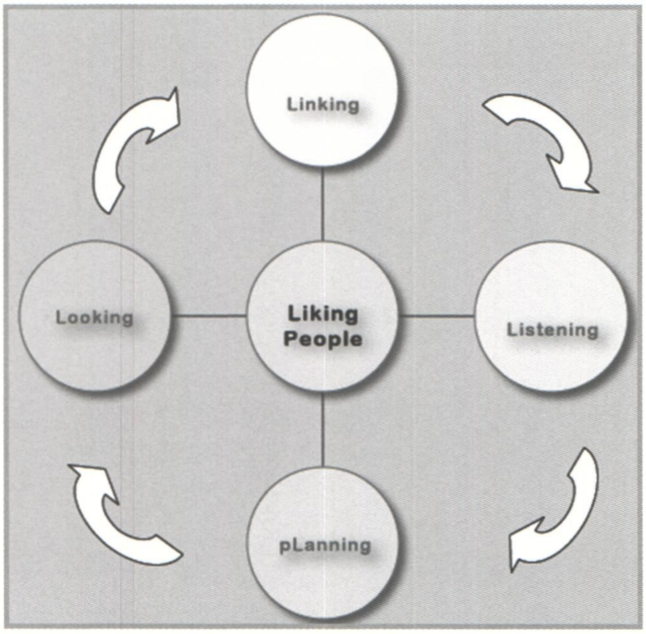
References

can be obtained from the authors at Judy_Fredericks@health.qld.gov.au ●

"Liking People" : a framework for community inclusion

Richard Warner

Community Projects Team Leader



The following article is a practice framework in workshop format presented at the 2010 ASSID Conference. The material raised some heated debate amongst workshop participants as to the values and ethics of purposeful community linking. Although this was unexpected it led to some fascinating debate. Our experience has led us to alter the workshop so that participants first reflect and name their own underlying values in relationship to promoting inclusion, before discussing the 'doing' of inclusion. Please note that this framework is born out of our practice experience of working with vulnerable individuals with intellectual disability with limited sets of relationships and limited paid supports. More information on this work and our organsiation: Community Living Association can be found at www.communityliving.org.au

Liking people is important to the *doing* of community inclusion.

- **Liking** the people we assist and their communities' means we will want the best for them and for us.
- **Liking** people means walking in another's shoes - listening and understanding in a deep and respectful way.
- **Liking** people leads us to understand the importance of the sum of relationships in our lives and the part they play in forming, transforming and sustaining us.

If we like the people we assist it also follows that we will want to:

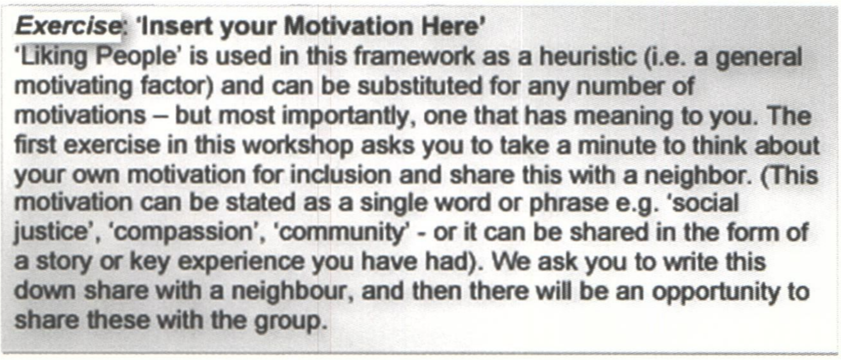
1) Limit the harmful relationships in their lives.
2) Mend and strengthen fragile or broken relationships.
3) Seek out new relationships, where links are lacking.

The Liking People framework helps us to do just this, and is an attempt to frame the basic elements of connection work. The five major elements of this work, along with associated action dimensions and framework examples can be found below:

'Liking People'

The central component 'Liking People' undergirds the work and is expressed in each element. Liking people means we are genuinely interested in them, care about their well being, and are aware of theirs and our interdependence. Liking people means relationship building will be a natural and ongoing part of our practice.

Liking people is expressed in core capacities for empathy, genuine interest, questioning, challenging, persistence, letting go, celebration and ongoing dialogue with others.



Exercise**: 'Insert your Motivation Here'**

'Liking People' is used in this framework as a heuristic (i.e. a general motivating factor) and can be substituted for any number of motivations – but most importantly, one that has meaning to you. The first exercise in this workshop asks you to take a minute to think about your own motivation for inclusion and share this with a neighbor. (This motivation can be stated as a single word or phrase e.g. 'social justice', 'compassion', 'community' - or it can be shared in the form of a story or key experience you have had). We ask you to write this down share with a neighbour, and then there will be an opportunity to share these with the group.

1) 'Listening' is the first element of liking.

Listening means:

- Being interested in people and having the time and internal space to hear what they say.
- Acknowledging people's gifts, interests and capacities.
- Discovering or uncovering their core focus, drive or need.

Practice frameworks related to listening include:

- Developmental Dialogue.

- Yearly Reflection and Planning tools.
- Barringham's 'Profiling' Tool.

***Exercise*: read and refer to one of the case studies. Listening deeply to the person in this case study:**

- **Consider what might be their core focus, drive or need.**
- **Consider what might be their gifts, interests and capacities.**

2) 'pLanning' is the second element of liking.

Planning means:

- Getting to know the person's existing networks and resources.
- Developing a picture or vision for what might be helpful.
- Deciding the most important place to begin this relationship vision.

Specific Practice tools related to learning include:

- Relationship Map or Relationship Systems Map.
- Use of Time Map (e.g. weekly planner).
- Profiling Tool.

3) 'Looking' is the third element of the framework.

Looking means:

- Ongoing networking with a range of people.
- Antennae always out for possible linkages and shared agendas.
- Active (e.g. approaching people) and/or Passive (e.g. advertising) recruitment to seek out new relationships where necessary.

Specific practice frameworks related to Looking include:

- Networking.
- Community Mapping.
- 'Recruiting Starting Points' compass.
- Citizen Advocacy Model.
- Barringham's 'A Place to Belong Model' (in library)
- Ric Thompsons, 'Inclusion Works' Model.

***Exercise:* going back to the case study, consider what might be a logical place to begin your connection work.**

4) 'Linking' is the final element of liking.

Linking means:

1) Planning and thoughtfulness as to how we bring people together (or help them establish boundaries).
2) Supporting a new or renewed linkage (or assisting people to better manage an existing link).
3) Withdrawing and working out a maintenance plan (where required) for supporting the link.

Specific Practice frameworks related to Linking are:

- CLA connection frameworks e.g Volunteer, Home-Space.
- Citizen Advocacy, A Place To Belong, Circles of Support, Inclusion'
- Mediation or CLA Working with Exploitation framework where 'de linking' might be an agenda.

***Exercise:* What might be important considerations in supporting the linking (or de linking) of Mary or John with connection opportunities?**

CONCLUSION OF WORKSHOP

'Thanks for taking part in this workshop. We hope it has contributed to your journey of inclusion. In the time left do you have any questions?'

Attached are the following tools:
- A Profiling framework adapted from Barringham and Barringham.
- A Recruiting Starting Points compass.
- A Relationship Map.
- 'Choice Points in Relationship building' frame.

Acknowledgments: ***We acknowledge and are indebted to the work of: The Barringhams of a Place to Belong, Ric Thompson of Inclusion Works, the Citizen Advocacy Movement and Tony Kelly in the development of this framework.***

'Choice Points' in Relationship Building Work

Relationship building is as simple or as complex as the relationships that make up our lives. Below are some common choice points that arise in the work. Awareness of these helps us to engage in the work more consciously and deliberately

continued page 18

continued page 18

"Liking People" ...

continued from page 17

Constituent/YP involvement:

- With/On Behalf of

Type of relationship:

- New/Old

For existing relationships:

- Repair/Renew/Regulate or Restrict

Relationship Formations

1 - 1

1 - 1+

1+ - 1+

Locality

- Close/Distant

Worker role in bringing people together:

- Bridge Build / Loose Network / Purposefully Organise

Recruiting Methods:

- Active/Passive.
- Planned/Opportunistic.

Asking:

I ask personally/I ask someone else to ask/ I ask through advertisement.

I ask through Internal Networks/External Networks/Person's Networks/My networks

Time

Regular / Ad hoc

Daily/Weekly/Fortnightly/Monthly

Roles

- Intimate; Family; Friend; Flat mate; Neighbour; Colleague; Co-member; Volunteer; Customer; Client.

Worker Involvement

- Short Term/Ongoing
- Big time investment/Small Time investment

'Case Study' for use in the workshop:

Mary's Story

Mary is a long term client of the service. She attended Catholic special schools for most of her education and came into contact with the agency through her parents - who are now quite old. Mary has lived independently in a program unit near Eagle Junction for six years and is proud of her achievements. In this time, her parents have found it more difficult to visit because of their age and workers have noticed that she is requesting the agency visit more often. When asked about agency volunteers however, Mary responds 'I don't need any more help, I'm not as disabled as the other people you look after, I can look after myself with a bit of help from the Agency.'

Mary spends a lot of time in her unit where she feels safe, although will venture out occasionally to go to the Video Shop where she indulges her love of Dr Who and The Goodies. She isn't a bad cook and enjoys different foods, but more often than not will order takeout. Workers have noticed that she likes it when they pop around, but can sometimes get anxious when there is a pre-planned visit or outing. Mary has few relationships other than agency workers and spends most of the time watching TV, playing solitaire or knitting. She did have a great relationship with a former cleaner Di - who was something of a character - however this ended when the Di changed jobs. Mary also gets on well with one neighbour Suzy although it appears that Suzy regularly borrows money from Mary and sometimes doesn't repay.

People can find Mary a bit silent and gruff initially, but warm when they get to know her. She says she is 'fine how things are and doesn't need anything to be different' although she would 'go to church sometimes - if it were closer'. ●

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
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
2 -3 Nov 2011	**11th Annual Disability Support Worker Conference** ***Research to Practice: Keeping the Promise*** Melbourne Cricket Ground Information and Registration Forms at www.asid.asn.au and see below
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: Inaugural Conference** ***Every Body In*** University of Otago, Dunedin, New Zealand
9 - 14 July 2012	**2012 IASSID World Congress** Halifax Canada
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

The Victorian branch of ASID is proud to host the

11th Annual Disability Support Worker Conference
Research to Practice: Keeping the Promise

Melbourne Cricket Ground, November 2 & 3, 2011

This year we are delighted to hold this event at a new venue - the Melbourne Cricket Ground (MCG).

This conference provides a forum for Disability Support Workers from around Australia and New Zealand to come together, share experiences, listen, discuss and participate in presentations and workshops about the latest in practice, research, and issues of interest in the disability sector.

Sponsor Opportunities available.

Opened by The Hon Mary Woolridge MP, Victorian Minister for Community Services.

Special Address by John Della Bosca, Campaign Director, Every Australian Counts.

Keynote Speakers include:

* Professor Jim Mansell UK, Person centred Active Support: What it is and what it is not.

* Professor Pat Mirenda Canada, Augmentative and Alternative Communication.

* Professor Eric Emerson UK, Health inequalities faced by people with intellectual disability.

* Dr Wendy Lawson, Aust. Psychologist and Author. Shares her experiences of living with Autism.

Topics: Health, Working with Families, Restrictive Practices, Person Centred Active Support and Practice Leadership, Inclusion and Representation, Sexuality and Relationships.

Full registration $240	ASID Member $210
One day registration $150	ASID Member $130

Contact Sue Mason on 03 9925 7899 or dswconference@rmit.edu.au Information and Registration Forms at www.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

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research to practice

to beg or to choose:
you decide