

Symposium: Big and Beautiful - Population Data on Health, Deprivation and Behavioural Problems

Health issues for children with Down syndrome

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Aim: To describe the health profiles of individuals with Down syndrome (DS) from birth to 3 years of age. **Method:** Utilizing Tennessee's (USA) Birth, Death, and Hospital Discharge datasets (both separately and linked together by individual), we have examined early health issues in over 1 300 infants born between 1990 and 2008. **Results:** Infants and young children with DS are at risk for medically related problems. They are at significantly higher risk in at least three areas: adverse birth outcomes (low birth weight, preterm delivery, small for gestational age), infant mortality and illnesses requiring hospitalization after the birth hospitalization. **Conclusion:** The increase in life expectancy has transformed DS from an acute condition with a limited life span to a chronic condition. Our challenge now is to understand the life course of DS. We need to identify the interventions that will produce the best quality of life for individuals with DS and their families.

Deprivation, ethnicity and the prevalence of I/DD

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Aim: To determine the independent association between the prevalence of intellectual and developmental disabilities (I/DD) and: (i) household deprivation, (ii) area deprivation and (iii) ethnicity. **Method:** Cross-sectional survey involving multilevel multivariate analyses of educational records of a nearly complete sample of English children aged 7–15 years ($n = 5.18$ million). **Results:** Lower household SEP was associated with an increased rate of identification of I/DD, especially less severe forms of ID. Higher levels of area deprivation were independently associated with increased rates of identification of less severe forms of ID but decreased rates of identification of profound multiple ID and autism spectrum disorder. While minority ethnic status was, in general, associated with lower rates of identification of I/DD, exceptions to this general pattern included higher rates of identification of less severe forms of ID among gypsy/Romany and traveller children of Irish heritage, and higher rates of identification of more severe forms of ID among children of Pakistani and Bangladeshi heritage. **Conclusion:** Children whose development is already compromised (and especially children with less severe ID) are at increased risk of exposure to social conditions that are themselves inimical to healthy development.

Autism and ID: emotional, behavioural problems and maternal mental health

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Aim: We aimed to investigate child behavioural and emotional problems, and maternal mental health, among children with and without autistic spectrum disorder (ASD) and ID in a large population-representative sample. **Method:** Cross-sectional comparison of child behavioural and emotional problems and maternal mental health among 18 415 children (5–16 years old), of which 47 had an ASD, 51 combined ASD with ID, 590 had only ID and the remaining were the comparison group with no ASD or ID. **Results:** The prevalence of likely clinical levels of behavioural and emotional problems was highest among children with ASD (with and without ID). The presence of ASD and ID significantly and independently increased the odds for hyperactivity symptoms and conduct and emotional problems. Emotional disorder was more prevalent in mothers of children with ASD (with or without ID). The presence of ASD, but not ID, significantly increased the odds for maternal emotional disorder. Positive maternal mental health was not affected by the presence of ASD or ID. **Conclusion:** ASD and ID are independent risk factors for behavioural and emotional problems. ASD (but not ID) is positively associated with maternal emotional disorder. Approaches to diagnosing hyperactivity and conduct problems in children with ASD may need to be reconsidered.

Symposium: Longitudinal Analyses of National Datasets

The National Intellectual Disability Database in the Republic of Ireland

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Aim: The presentation outlines the role of the National Intellectual Disability Database (NIDD) in service planning and what has been done to date to monitor its quality and accuracy. The NIDD was established in 1995 as a service-planning tool in the provision of appropriate services for people with ID and their families. It incorporates three core information areas: demographic details, current services and future service needs. The objective is to obtain this information for every individual known to have ID. The record is updated whenever there are changes in the person's circumstances or during an annual review process. **Method:** In 2007, an audit of the NIDD was undertaken with the aim of assessing the accuracy of current data and the identified need for full-time residential services. A sample of 300 cases was selected and interviews were undertaken with service users, their families and carers to complete the NIDD data form and to gather qualitative data. These data were then used to assess levels of satisfaction with service placement and to compare with data held on the NIDD. **Results:** A high level of accuracy was found for the data overall and high levels of satisfaction were recorded with regard to service usage and need. **Conclusion:** The National Database is a reliable tool for documenting current service provision.

Achieving equity in the provision of respite breaks to family carers

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Aim: Internationally, respite breaks are a major support service to family carers, demand for which often exceeds supply. Equitable provision of services is the goal of national policy but the extent of inequalities is often not documented. **Method:** National data on the use of respite breaks by over 4 000 families in a full calendar year were analysed to examine the variation across the Republic of Ireland of carers' frequency of access to breaks and also in the median number of days they had received. **Results:** Striking differences were found across the 10 health service regions in Ireland on both indicators. These were not solely attributable to the availability of provision but also seem to reflect variations in the criteria local services used to allocate places. However, those persons with more severe disabilities tended to have priority whereas carer characteristics were not a major influence. Contact with social workers and community nurses also increased the likelihood of carers receiving respite breaks. **Conclusion:** Intra-country comparisons of service delivery should assist planners in creating more equitable access to respite breaks and the development of more explicit eligibility criteria for them.

Moving from family care to residential and supported accommodation: a national, longitudinal study

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Aim: People with ID need life-long care which is mostly provided by families. However, many now outlive their parents and alternative placements may be required. **Method:** A cohort of over 16 000 people recorded on a national register of people with ID in the Republic of Ireland as living with family carers in 1999 were followed up in 2003 and 2007 to determine those who had moved into supported accommodation and those who had remained with their families. **Results:** Over the eight years period, the majority (85%) continued to live with their family and for two-thirds (67%) no future move was deemed necessary. The two main predictors of moving were that a need had been recorded four years previously and that the family had used out-of-home respite services. But less than a third of people, for whom a need was recorded, moved in the eight years. Moreover no prior indication of need had been recorded for two-thirds of people who had moved. **Conclusion:** Despite the marked expansion in supported accommodation that the Irish government had funded in the period under review, the need for out-of-home placements still outstripped supply. The complexities in assessing need are discussed and the contributions are noted that national datasets can make to service planning.

Symposium: Hospitalization and Health insurance**Preventable hospitalization rates for people with ID: a population perspective****R.S. Balogh** (baloghr@yahoo.com), **M. Brownell**, **H. Ouellette-Kuntz** & **A. Colantonio***Centre for Addiction and Mental Health, Toronto, Canada*

Aim: To compare rates of preventable hospitalization between people with and without ID in a publicly insured population. **Method:** People with ID were identified among the general population of a Canadian province between 1999 and 2003. Rates of preventable hospitalizations for people with and without ID were calculated and compared. Regression models were used to adjust for age, sex and place of residence. **Results:** People with ID were consistently admitted for preventable hospitalizations at a higher rate than people without ID. Between 1999 and 2003, the adjusted rate ratio was 6.1 (95% CI = 5.6, 6.7). Hospitalization rates for epilepsy and schizophrenic disorders were respectively 54 and 15 times higher for people with ID compared to those without. **Conclusion:** The large discrepancy in rates of hospitalization between people with and without ID is an indicator of inadequate primary care for this vulnerable population. Decreasing the number of preventable hospitalizations through specialized outpatient programmes would potentially lead to better health, improved quality of life and cost savings. International comparisons of preventable hospitalization rates could point to the benefits and limitations of the health service policy directions adopted by different countries.

Factors associated with preventable hospitalizations among people with ID**R.S. Balogh** (baloghr@yahoo.com), **A. Colantonio**, **M. Brownell** & **H. Ouellette-Kuntz***Centre for Addiction and Mental Health, Toronto, Canada*

Aim: To identify factors associated with preventable hospitalizations among adults with ID living in Manitoba, Canada. **Method:** Adults with ID living in Manitoba between 1999 and 2003 were identified from administrative databases. An analysis was performed to identify which independent variables were associated with preventable hospitalizations among adults with ID. Appropriate statistical analyses were utilized to account for the correlated nature of the observations. **Results:** In the multivariate regression analysis, four variables remained significant. Living in a rural area, living in an area with a high proportion of First Nations people, and experiencing higher levels of comorbidity were all associated with a higher likelihood of being admitted for a preventable hospitalization, while dwelling in higher income areas had a protective effect. **Conclusion:** The findings suggest that addressing the socioeconomic problems of poorer areas and specifically areas densely populated by First Nations people may have an impact on the number of preventable hospitalizations.

Usage of National Health Insurance among the disabled population of Taiwan**K. Wang** (kuoyuwang194@gmail.com) & **Y. Chai-Fong**
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Aim: To analyse the usage pattern of our National Health Insurance service for disabled population in Taiwan. This analysis will provide important information on the quantitative scale as well as specialized health problems of the disabled population of Taiwan. **Method:** The dataset was provided by our national Health Insurance Bureau. It contained data from 1996 to 2006 on the registered disabled population of Taiwan, together with their clinic and hospitalization data. **Results:** Compared to the general population, disabled people have not totally fully utilized the National Health Insurance system of Taiwan. The older age group and females with disabilities tend to use it more than the younger population with disabilities. **Conclusion:** The analysis showed that the disabled population has visited doctors no more than the general population. The disabled population might have the same rights under this National Health Insurance system but the number of health care visits and hospitalization rates are not significantly higher than those for the general population. These results surprised us and need further investigation in the future.

Symposium: Service Use and Needs in Different Countries**Adults with Down syndrome who use US developmental disabilities service systems****R.J. Stancliffe** (roger.stancliffe@sydney.edu.au), **K.C. Lakin**, **S. Larson**, **J. Engler**, **S. Taub**, **J. Fortune** & **R. Ticha***Faculty of Health Sciences, University of Sydney, Lidcombe, Australia*

Aim: Individuals with Down syndrome (DS) use developmental disabilities service systems but it is rare to have a large enough dataset to be able to describe the functional, health, and service-use situation for adults with DS across the lifespan. **Method:** Data came from the US National Core Indicators (NCI) survey. There were almost 1 200 adult service users with DS in 26 US states, representing around 10% of all service users. **Results:** Compared to other service users, adults with DS were younger and less likely to have a physical disability, but more likely to have a hearing impairment, be overweight (especially women), and develop Alzheimer's dementia. In young adulthood (18–29 years) through to middle age (40–49 years), a significantly higher proportion of individuals with DS lived with family and used facility-based vocational services. **Conclusion:** A particular pattern of abilities, health conditions and service use was evident among adults with DS across the lifespan.

Analysis of the support needs of Spanish adults with ID**A. Ibáñez-García** (ibaneza@unican.es), **M.-A. Verdugo Alonso** & **B. Arias-Martínez***University of Cantabria, Santander, Spain*

Aim: This paper presents the outcomes of research on the support needs of 885 adults with ID in Spain. The study analyses differences in support needs according to various socio-demographic and clinical variables. **Method:** The study was carried out on a sample of 885 Spanish adults with ID. The instrument used was the Spanish version of the Supports Intensity Scale. **Results:** Clinical variables like the number of disabilities (other than ID), the level of ID and adaptive behaviour have an important influence on support needs. With respect to socio-demographic variables, only gender and type of employment were determinants. In the first case, men had lower support needs than women in relation to some items of home living activities and lifelong-learning activities. In the second case, segregated employment (i.e. occupational centre) was associated with the highest support needs of the sample. **Conclusion:** From the results of the research, we can draw two important conclusions. First, the importance of certain variables on the support needs of people with ID. Second, the support needs assessment contributes to a better knowledge of the people with whom we work. To these ideas, we should add the importance of being aware of their goals, desires and expectations in order to achieve better personal outcomes.

Transition skills of independent living for high school students with disabilities in Taiwan**H.-C. Lin** (splnhc@cc.ncue.edu.tw)
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Aim: This study examined the factors affecting transition skills of independent living, such as social participation, family management, self-care, living management and health care, for students with disabilities attended high school vocational education programmes in Taiwan. **Method:** A stratified clustered sample survey assessed the skills of 194 youth in Taiwan with ID, learning disabilities and multiple disabilities, using the Transition Skills of Independent Living for Students with Disabilities (TSIL). Data were then analysed according to frequency, mean, standard deviation, one-way analysis of variance and stepwise multiple regression. **Results:** Students with disabilities ranked themselves lowest in the area of family management for transition skills of independent adult living. Stepwise multiple regressions revealed that student age and severity of disabilities were significantly correlated with TSIL score. **Conclusion:** This study pointed out some problems in the service delivery system for transition to independent living that need attention from relevant parties. Although the study was conducted in Taiwan, it offers some stimulating ideas to researchers and practitioners elsewhere.

Symposium: Contemporary Service Ideologies**Neo-liberalism as an ideology and ethos in services for people with ID****A. Teittinen** (antti.teittinen@kvl.fi)*Centre for Research and Development, Finnish Association on Intellectual and Developmental Disabilities, Helsinki, Finland*

Aim: To study how contemporary societal ideologies are appearing and shaping the service provision of people with ID in the process of dismantling institutional living. **Method:** The process is studied from three perspectives: people who move out of institutions, changing the characteristics of care work and the organizational change among service providers. All these changes are taking place at municipal special care districts. **Results:** Economic reasons are emphasized in the process of deinstitutionalization. Not emphasized are human rights or self-determination dimensions for people who are moving out of institutions. The new situation for care staff is experienced as very insecure. They have much uncertainty about their jobs and new working practices. Change within the service organization is conducted in accordance to market principles, like firms do, although it is a public sector service providers. **Conclusion:** These characteristics indicate a neo-liberalist ideology and ethos in service practices for people with ID. It gives new possibilities to people with ID for independent living but, at the same time, support for the change in caring work is neglected.

Ideological frames of the recent restructuring of welfare services for people with ID**S. Miettinen** (sonja.miettinen@kvl.fi)*Centre for Research and Development, Finnish Association on Intellectual and Developmental Disabilities, Helsinki, Finland*

Aim: The ideological dimension of deinstitutionalization, a process whereby institutions are replaced with different kinds of community-based services, is in previous research usually described with reference to the so called normalization principle. In practice, however, the process seems to be much more ambivalent. The aim was to explore, using Finland as an example, the effect of neo-liberalism on the way in which deinstitutionalization is carried out. **Method:** Existing studies and reports on the restructuring of welfare services for people with ID in Finland during the 1990s and 2000s were reviewed. **Results:** Deinstitutionalization of people with ID has proceeded as part of the more general shift towards a neoliberal welfare regime. In the new regime, deinstitutionalization was perceived as a means to bring about cumulative savings in welfare expenditure, which precipitated the process. Furthermore, the provision of community-based services is shaped in important ways by neoliberal policies that limit their financial resources, increase their productivity, privatize them as well as preserve the caring responsibilities of the family. **Conclusion:** The Finnish experience suggests that, in order to understand the deinstitutionalization process in practice, the influence of neo-liberalism, which has become a dominant ideology around economy and welfare provision worldwide, must be taken into account.

Neo-liberalist frames in the contemporary reforms in the Finnish vocational special education system**K.A. Hakala** (katariina.hakala@kvl.fi)*Centre for Research and Development, Finnish Association on Intellectual and Developmental Disabilities, Helsinki, Finland*

Aim: To describe the changes made in the administration system of Finnish institutions offering vocational special education for students with ID and to look at the negotiation process deciding the reform, analyzing changes and the discourses justifying them. From the beginning of 2009 five state maintained vocational special schools were transferred to be merged with schools of non-governmental organizations for public good. Three of these former state schools are institutions having long traditions in organizing care and education for people with ID. The paper focuses on the negotiation process in these institutions. **Method:** The research has documented the reform in these three schools by visiting the schools, interviewing the headmasters and gathering policy documentation. The paper analyses discursive meanings of the concept of inclusion and different categorizations of 'special' constructed in the data. **Results:** The neo-liberal ideals of privatization, individualization, competition and economic measurement are taken as keys to interpretation of the results of the analysis. There is ambivalence in the formulating ideas of inclusion and exclusion in the data, as the policy is on the one hand for full inclusion and on the other hand legitimates separated vocational special schools. **Conclusion:** The reform process and the rhetoric surrounding the reasoning behind decisions made in the process carry strong elements of neo-liberal ideology.

Symposium: Analyzing Service Policy and Design**Equiframe: a framework for evaluating social inclusion and human rights in policy documents****H. Mannan** (mannanh@tcd.ie), **A. El Khatim**, **M. MacLachlan**, **M. Amin**, **S. El Tayeb**, **A. Eide**, **L. Swartz**, **A. Munthali**, **G. van Rooy** & **E. McAuliffe***Centre for Global Health, Trinity College Dublin, Dublin, Ireland*

Aim: To develop a framework for analyzing health policies in Sudan, Namibia, Malawi and South Africa with regard to their addressing universal and equitable access to healthcare for vulnerable people in resource poor settings in Africa. **Method:** A framework of 21 core concepts based on health as a human right, encompassing the domains of equity in health care and access to health care, incorporating physical, informational and economic access, was developed and used in the analysis of health policies. The policies were evaluated based on scores relating to the coverage of core concepts and the coverage of vulnerable populations. **Results:** The core concept of non-discrimination is central to all policies analysed. The policies analysed are stronger in the areas of professional and system capacity building and weaker on individualized and appropriate health care, responsiveness to cultural and family issues. There is considerable variation in the quality of policies both within and between countries regarding the extent to which they address social inclusion and human rights issues. **Conclusion:** This new framework has strengths in identifying opportunities to improve on existing health policies and in thinking through opportunities to improve on existing health policies and in thinking through the inclusion of vulnerable groups in new policy documents.

Programme theory in a service for people with severe challenging behaviour**T. Clement** (t.clement@latrobe.edu.au) & **C. Bigby***School of Social Work and Social Policy, La Trobe University, Bundoora, Australia*

Aim: People with ID who exhibit severe challenging behaviour are less likely to experience healthy, productive and fulfilling lives, despite there being evidence that such outcomes are possible. In order to deliver high-quality services, service-providers may try and replicate the characteristics of reported successful programmes in their own organizations, often with limited information about what these services look like in practice. An alternative to naïve replication is for service-providers to articulate their own 'programme theory', simplistically understood here as 'why an organization does what it does'. **Method:** An evaluation of a supported accommodation service was undertaken, using a hierarchical evaluation model, which required the articulation of the organization's 'programme theory' as an initial step. A credible 'programme theory' enabled both a process and impact evaluation of the service to three men with ID, autism and severe challenging behaviour. **Results:** The presentation will focus on the outcomes related to the articulation of the 'programme theory', describing a functioning service model that explains how one residential service provider supports people with ID and severe challenging behaviour. **Conclusion:** 'Programme theory' is a useful tool for service providers to understand their interventions, connecting purpose, programme design and outcomes clearly.

Analyzing design practice in a specialist service for people with ID**E.-M. Hempe** (eh343@cam.ac.uk), **T. Dickerson**, **A. Holland** & **P.J. Clarkson***Engineering Design Centre, University of Cambridge, Cambridge, UK*

Aim: We investigated the role of design practice in the development of a service and if difficulties in its provision were due to the lack of or inappropriate design. **Method:** We define design as the conscious fashioning of an object or service to solve a problem or meet a demand, emphasizing exploration of needs and of a variety of solutions. We developed a model to describe the interplay between service design and service delivery, based on our experience of design from other industries. We used the model to analyse data from a one-year exploratory study (interviews, observations, document analysis and surveys). **Results:** Many issues stemmed from a fundamental lack of agreement or understanding of the aims of the service. Key problems, such as coordination across interfaces, were rooted in a lack of clarity and informed decision making. At the design process level, we observed fragmented approaches and a general lack of good design practice. Organizational factors appear to inhibit rather than enable good design. The concept of exploratory processes based on a strong information base was not observed; the actual approach was *ad hoc*, based on custom and the requirements of the organization rather than of the service users. **Conclusion:** The data suggests that problems in the service provision were caused or exacerbated by a lack of information and lack of good design practice. The latter will be context-dependent but attention to the aims of the service, the information flow and service structure is fundamental.

Symposium: University and Virtual Worlds**The power and opportunity of university-based networks to impact policy and practice****G.S. Jesien** (gjesien@aucd.org)*Central Office, Association of University Centres on Disabilities, Silver Spring, USA*

Aim: The presentation will provide a summary of the evolution and growth of two national networks, the University Centres for Excellence in Developmental Disabilities and the Leadership Education in Neurodevelopmental Disabilities Program that make up the Association of University Centres on Disabilities. The advantages, opportunities for leveraging resources as well as challenges of university based collaborations will be described to demonstrate the potential for networks to move policy and practice forward to benefit individuals with disabilities. **Method:** Descriptive information as well as data from a large dataset which aggregates trainees, publications, projects and technical assistance activities will depict the scope of work performed by the network over the last five years and show how the changes over time are related to policy and practice changes within the US. **Results:** The work of the networks will be shown to have had an impact on major policy areas such as education, health, community living, social integration, employment and the availability of resources in the disability field. Strategic and timely partnerships with other key stakeholders and consensus building among network members were critical to move major disability policy agendas forward. **Conclusion:** The presentation will conclude with suggestions and lessons learned from over 15 years of work with these two networks on what steps can be taken to build collaborative networks among university-based programmes in other countries.

Creating a comprehensive literature search for research in autism using the pearl harvesting method**R. Sandieson** (sandie@uwo.ca)*Education, University of Western Ontario, London, Canada*

Aim: Communication between disciplines is necessary to share ideas and co-ordinate resources in the fields of ID and autism. However, linguistic variations abound creating communication barriers. One consequence is confusion about which terms to use when searching for information in multi-disciplinary research databases. The pearl harvesting method overcomes this problem through extensive sampling of research documents, uncovering relevant search terms. Previously, a comprehensive list of search keywords was produced for the topic ID. Use of this list proved more effective than other strategies for literature searching. The present study evaluated a more efficient method to locating relevant search terms, in this case for the topic, autism. **Method:** Eight graduate students were taught how to gather relevant terms. **Results:** Students compiled 47. In comparison, the pearl harvested list contained substantially more terms than 15 recent published meta-analyses. Typically, the meta-analyses only used the search term autism. The pearl harvested list produced 17% more citations than the term autism in PsycINFO; 76% more in PubMed. **Conclusion:** This larger selection of search terms represents the use of language across professions. Now documented, it can be shared with anyone searching for research on the topic of autism.

A virtual community for people with ID**D. Lussier-Desrochers** (dany.lussier-desrochers@uqtr.ca),**Y. Lachapelle & T. Leblanc***Special Education, University of Quebec at Trois-Rivieres, Trois-Rivieres, Canada*

Aim: Internet is one of the most promising technologies in the field of ID. For people with ID, internet can be a new way to express themselves and participate in life community. Moreover, internet is seen as an excellent tool for education, socialization and participation. The objective was to develop a virtual community for people with ID, their families and front-line workers that will include virtual resources, learning activities and simplified information. The content of the website will be presented using videos produced by the people themselves. **Method:** For this research, semi-structured interviews have been conducted with three categories of participants (five people with mild ID, five families and five front-line workers). The interviews addressed four major themes: the goals for using the internet, internet usage and satisfaction. Participants also commented on three web designs proposed by the research team. **Results:** Results showed that people with ID are mostly using the internet for playing games online, watching videos on YouTube and e-mailing to their friends and relatives. On the other hand, many participants encounter problems when navigating, such as typing the right keywords when googling. The participants preferred empowering designs with simplified information. **Conclusion:** This research showed that internet is part of people's life. It provides guidelines for the creation of websites aimed at people with ID, which is now essential.

Symposium: Community Cohesion**Sense of community experienced by young adults with ID in rural and small town Ontario****H. Ouellette-Kuntz** (oulette@queensu.ca) & **M. Rosenberg***Community Health & Epidemiology, Queen's University, Kingston, Canada*

Aim: To develop a deep understanding of the life worlds of young adults with ID in rural and small town Ontario. **Method:** Interviews with young adults ID ($n = 17$), their caregivers ($n = 14$) and the other community members ($n = 20$) from three distinct communities. The analysis relied on hermeneutics.

Results: Satisfaction with one's level of community belonging among young adults with ID varied across individuals and communities. The young adults with ID had unique patterns of social interactions, with some in each community having minimal to no opportunities for social integration and others in each community having many opportunities. In contrast, adequacy of social integration was generally rated low across all communities. Sense of community is very strong in all communities but it is experienced differently by young adults with ID, their caregivers, and other community members. **Conclusion:** More diversity, population growth, and high income may contribute to increased segregation and lower sense of community but higher satisfaction with community belonging. More remote settings with declining populations, lower education and less diversity may create increased segregation, possibly because there are few young adults without ID with whom to interact. Such segregation still confers social integration and sense of community. Low population density and proximity to an urban centre may be important factors related to supports offered to some young adults with ID and their sense of community and satisfaction with community belonging.

Lost in Space: transition and social networks of young people with ID**R. Raghavan** (raghu.raghavan@northumbria.ac.uk), **N. Pawson & N. Small***School of Health Community and Education, Northumbria University Newcastle upon Tyne, UK*

Aim: UK policy highlights the problems faced by young people with ID at the point of transition to adult life and the barriers faced by youngsters from minority ethnic communities. School leavers with ID are often lost within service structures as part of the transition process and young people with ID from minority ethnic communities face many barriers in access and use of services. The aim was to identify the views, aspirations and social networks of young school leavers with ID. **Method:** Forty-three young people with ID and their family carers ($n = 43$) were interviewed over two time points. A semi-structured interview schedule was developed using pictures in order to capture the young person's social network, feelings about transition and future aspirations.

Results: The results indicate that young people with ID have the same aspirations as other people. The study shows that: (i) young people lose their social networks after transition to adulthood or adult services, (ii) young people with ID from minority communities have limited social networks, and (iii) many people with severe ID have very limited social networks. **Conclusion:** This study has major implications in terms of transition planning for young people with ID with special reference to people from minority ethnic communities. Many youngsters are lost in space at the point of transition and there is need to refocus on their aspirations and social networks.

People live in communities, not in services**M. Farrell** (farrell.margaret1@gmail.com)*St. Michael's House, Dublin, Ireland*

Aim: This study examines the community involvement, valued social roles and social capital of adults with disabilities. This study is part of a larger, recent Irish study on quality of life of people with disabilities. **Method:** Personal outcome measures were used with a random stratified sample of 300 Irish people with disabilities, 256 of whom have ID. People were asked about their presence in the community, the extent of their direct interaction and participation in the lives of their communities, social roles they hold and value, and the extent of important relationships and friendships. A Social Capital Index was used to compute bonding and bridging social capital. **Results:** The study showed that 25% of people lived in integrated environments, 44% expressed satisfaction with the extent of direct interaction and 40% participating to their own satisfaction in the life of their community. Just 31% had enough social roles; 35% expressed satisfaction with the extent of their friendships. **Conclusion:** There is room for progress in how agencies support people to increase belonging and true participation in their local communities. Agencies must be bridges, not barriers into communities. Organizational strategies that promote community inclusion are presented.

Symposium: Choice, Self-Determination and Autonomy**Choice and active support****L. de Vries, S.A. Howard & R.J. Stancliffe**

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Aim: Active Support (AS) aims to increase staff support of participation in activities by people with ID. Despite valuing resident choice, AS training to date has not included a specific module in which staffs are trained to support choice-making. Available research suggests that AS has little impact on resident choice. This study evaluated choices offered by staff and made by residents before and after AS staff training supplemented by a training component focusing on choice. **Method:** A non-equivalent control group design was used across two group homes to evaluate the impact of AS, including a new choice-training module, on resident choice. Evaluation consisted of direct observation and the Choice Questionnaire (completed by staff report). **Results:** Overall, few choices were observed. Choices offered and made increased significantly at post-test in the intervention house as compared to the comparison house. Sequential analyses showed an increase in interactions where a staff offer of choice was followed by resident exercise of choice. **Conclusion:** AS training, including the new choice-training module, may be effective at increasing choice availability for residents. Further research is needed to find more effective ways of training staff to offer residents even greater choice.

Self-determination for people with ID: a challenge for Norwegian and American staff**M. Østby** (may.ostby@himolde.no), **H. Hjelle & S. Bjørkly***Faculty of Health and Social Care, Molde University College, Molde, Norway*

Aim: Realization of self-determination in people with ID depends on the competence and ethical skills of people interacting with them. For staff this implies flexible, value-based assessment of different interactions and situations to inform choice and course of action. The aim was to improve knowledge about how staff in private and community residences reflects upon everyday challenges when supporting adults with ID, and to investigate potential differences between ethical reflections in Norwegian and American care staff. **Method:** A sample of 17 Norwegian and 17 American care staff members with different educational backgrounds was introduced to three vignettes, describing everyday ethical challenges. Content analysis and coding of statements was used to show the interviewee's perceptions of the issues addressed in the vignettes. **Results:** The findings showed similarities and differences between Norwegian and American interviewees regarding ethical reflections. Preliminary findings indicate that very few respondents identified ethical dilemmas in the vignettes, but Norwegian respondents seemed to be somewhat more attentive to these dilemmas than their American colleagues. **Conclusion:** The findings suggest that to enhance self-determination and quality of life in people with ID more attention should be given to secure staff awareness of the need for ethical reflections concerning everyday interactions.

Supported autonomy**W. Harpe** (wilmarharpe@cce.nl), **R. Bouwmeester & D. Polhuis***CCE, Utrecht en Noord-Holland, Utrecht, Netherlands*

Aim: Individual training of clients with acquired brain injury - mainly frontal lobe injury - in order to achieve more autonomy in their life, work and activities. Supported Autonomy (SA) focuses on the paradox between autonomy and support. In many health care situations clients are unable to develop autonomy without a certain degree of support. Offering clients a context in which they are able to function is a necessary condition for a successful reintegration into society. Therefore SA is a central concept in training clients with acquired brain injury. **Method:** Context bound modification in a five steps approach developed by Ylvisaker and DeBonis: (i) identify cues and triggers in the daily routine, (ii) identify what changes are able to turn negative routines into positive behaviour, (iii) identify how changes can be motivating in daily routines, (iv) train positive routines in a 'real-world' context, and (v) expand the context and withdraw support slowly. **Results:** Description of a case-study that shows that this approach is successful. **Conclusion:** We refer to the historical shift of focus in health care from control towards SA. We describe a training method based on context bound modification.

Symposium: Leisure, Occupation and Living**Access to leisure services for young people with ID****R. Raghavan** (raghu.raghavan@northumbria.ac.uk) & **N. Pawson***School of Health Community and Education, Northumbria University, Newcastle upon Tyne, UK*

Aim: Young people with ID from black and minority ethnic communities in the UK experience barriers in accessing leisure services. The aim was to hear the voice of young people with ID from South Asian communities and to enable them to consult with their peers, parents and service providers on leisure opportunities. **Method:** This is an action research project using a participatory research model. This involved recruiting seven young people with ID from South Asian communities and enabling them to participate in this research as co-researchers through research training, facilitation and support. With help the co-researchers conducted focus groups involving other South Asian young people with ID, family carers and service providers. **Results:** The young people and parents involved in this project highlighted a number of barriers which prevented access to leisure or caused concerns about using leisure facilities. They also identified a number of key areas which could help in increasing access to leisure and improve service provision. Young people with ID who were co-researchers felt very valued because they could contribute to the development and shaping of future leisure services. **Conclusion:** Young people with ID from South Asian communities have aspirations similar to their non-disabled peers, but they have little opportunity to achieve them. The study helped to inform and plan leisure services for young people from South Asian communities.

The effectiveness of gardening activities within rehabilitation projects for people with ID**F. Fea** (f.fea-aise@mclink.it), **A. Lo Giudice, S. Calapai,****V. Boschetti & L. Caporali***Associazione Scuola Viva, Rome, Italy*

Aim: Gardening activities (kitchen-garden, botanical gardens, landscaping) increase personal abilities instead of disabilities and represent for people with disabilities, particularly with ID, an important experience full of opportunities for meaningful rehabilitation. Besides, those activities refer to the philosophy and to the basic methods of the Rehabilitation Centre *Scuola Viva*, as a concrete experience of taking care of a vital and growing subject that needs special attention from clients characterized as having ID. Last, but not least, it is likewise important to add a working initiative linked to the gardening activities, carried on with enthusiasm by the clients involved. **Method:** Within *Scuola Viva* gardening activities, worked on by skilled professionals, have been fundamental in supporting socialization, learning and respect of rules. Moreover, it has been possible for people to regain or develop cognitive, sequential and classification capabilities as well as increasing attention skills, through education that sharpens, maintains or improves affective faculties assessed by professional direct observation or testing. **Results:** Results will be examined and discussed by the professionals working on the gardening activities as a therapeutic rehabilitation method. **Conclusion:** The results of the programmes will be discussed.

Residential accommodation for children: downsizing of institutional provision or a response to need**W. Lichtwarck** (willy.lichtwarck@nfsk.no)*Social Welfare, Nordland Research Institute, Bodø, Norway*

Aim: A characteristic feature of health and social services in Norway in the last two decades has been the transfer of responsibility for care services to local government, and that traditional institutional care forms have been abandoned. Alternative living arrangements and home-based services are preferred. **Method:** The study was based on a survey of all local authorities. We registered homes for children and the local authorities' reasons for building them. In addition we have interviewed a sample of parents whose children are placed in these homes, as well as residential staff. **Results:** There has been a pronounced increase in the number of homes and the numbers of children placed there. Local authorities argue that this is a rational way to provide services and that there are many parents who want this kind of provision. **Conclusion:** We ask whether the proliferation of homes has occurred because too much institutional provision was abolished in the 1980's and 1990's. Is the current growth in the number of homes due to needs that were overlooked then? Or are there social changes which have created new needs? Or are residential homes for children a useful form of provision that promotes normalization and integration?

Symposium: Post-deinstitutionalization Provision**Choice of where and with whom to live**

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*Research and Training Centre on Community Living, University of Minnesota,
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Aim: Choosing where and with whom to live are widely recognized rights that are often not available to adults with ID. **Method:** Data came from the US National Core Indicators (NCI) survey. There were over 6 000 participating adult service users living in non-family-home service settings in 26 US states.

Results: The majority of participants did not exercise choice about where and with whom to live. Less choice was available to those with more complex needs, due to more severe ID and/or co-occurring conditions. Type of residential setting was also strongly related to the availability of these choices, with individuals living in their own home or an agency-operated apartment exercising the most choice. Regardless of the type of setting, individuals with severe or profound ID had little or no choice of where and with whom to live.

Conclusion: Choice of living arrangements is still not widely available, especially for those with more severe ID. Even so, our findings do suggest some improvement in the availability of these choices relative to 1990. This change may be substantially due to the increase since that time in the number of people with ID living in their own home or an agency apartment. Our results support contemporary community-living policies that emphasize choice of where and with whom to live and that provide the opportunity to live in one's own home.

Economies and diseconomies of scale in services for people with ID

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Aim: Beliefs about economies of scale dominate discussion about the design of residential services for people with ID. This paper explores the nature of economies and diseconomies of scale and evaluates the evidence using new data.

Method: The paper evaluates evidence about economies and diseconomies of scale, using data on 741 people living in 173 care homes across different sectors in the UK. It examines the logic of economies of scale and how they might apply in human services, focusing on the impacts of economies of scale in terms of staffing, care practices and outcomes for users. The analysis includes data from services for older adults as well as for people with ID. It identifies the limitations of economies of scale and the conflicts between economy and the purpose of providing supported accommodation. **Results:** Revenue costs are heavily influenced by staffing levels, so that apparent economies of scale often actually involve reduced assistance for the people served; and the goals of residential services cannot all be met if scale economies are pursued. **Conclusion:** The paper concludes that clarity of service goals and their operationalization in terms of the lives of people with ID offers a more useful basis for service planning than pursuing alleged optimal size of residential units.

Long term developments after deinstitutionalization

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Aim: Institutions for people with ID were replaced by community provision in Norway from 1991 to 1995. Earlier studies found improvements in housing and self-determination and a *status quo* on occupation and social networks. Family attitudes changed from opposition to support. A 2001 follow-up also found a reduction in waiting lists. The aim was to replicate earlier studies in order to study long term developments in community care for people with ID.

Method: Data were gathered in 2010 on 436 people aged 20–67 years in 53 municipalities (structured telephone interviews with staff, $n = 418$, qualitative interviews with the people themselves, $n = 18$). Information on housing, occupation, social networks, leisure activities and self-determination was gathered. **Results:** Data gathering was not complete by March 2010, thus results were not available at the time of submission. Results will be ready before the conference. **Conclusion:** Results will be discussed in relation to two possible developments: (i) the reform idea was to prioritize accommodation first and that normalization of occupation and leisure activities would be a long term process - did that occur? and (ii) political attention faded over time. Thus, the impact of ideology (such as the principle of normalization) is likely to be overruled by the general fiscal strain facing all municipal services. This might lead to a backlash and re-institutionalization.

Symposium: Understanding Quality**The I-CAN: Developing a bio-psycho-social understanding of support**

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Centre For Disability Studies, University of Sydney, Sydney, Australia

Aim: To develop a deeper understanding of the concept of support. **Method:** The I-CAN is an online support needs assessment and planning tool based on the bio-psycho-social ICF framework and the AAIDD supports concept. Individual Support Needs Reports generated by the I-CAN website were de-identified and assigned a quality rating. A random sample of quality reports were reviewed with particular reference to participant descriptions of supports.

Results: Support, reported by participants, is a broad concept encompassing medication, aids and equipment as well as physical and emotional assistance. Support comes from many places: family, friends, the workplace as well as specialized disability services. In this sample, possibly due to the I-CAN's focus on lifestyle needs, support was not reported as funding or systemic advocacy. Profiles and description of supports differ according to disability type.

Conclusion: As the sector moves from a focus on formal specialized services towards more personalized arrangements, a broader conceptualization of support is needed, as is described by people with disability and their supporters. Service arrangements and needs assessments need to consider informal supports, as well as formal supports, in the assessment of funding needs and service planning. Funding need would appear to equate closer to a measure of support resource needs, as opposed to an overall measure of support needs or adaptive behaviour.

Content analysis of client, family and staff perceptions of service quality

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Aim: To explore the suitability of qualitative and responsive methodology for the enhancement of service quality in practice as well as for research purposes.

Method: Clients, family members and staff were asked to describe in their own words what would enhance the present support quality level that was delivered by support service teams. Content analysis of these reports was performed along three dimensions: (i) quality of life outcome related response, (ii) facilitating service conditions, and (iii) interpersonal service process domains. Data were collected from 136 clients, 592 family members and 390 staff in a regional Dutch service provider. **Results:** It proved possible to construct valid and reliable support service quality profiles along the validation framework of the three service quality dimensions and within each of these, along specific quality domains. Profiles allowed comparisons to be made between respondent groups (clients, family, staff) as well as between functional units of the service organization. It also proved possible to summarize the respondents' feedback at the team level and to produce 'quality improvement cards'. These proved useful to initiate a productive dialogue and to guide quality improvement action.

Conclusion: Analysis of qualitative data on service quality perceptions by clients, parents and staff presents an easy to administer and easy to use alternative to (long) standardized questionnaires.

Validating inspectors ratings of quality in services for people with ID

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Aim: As community-based services for people with disabilities are developed across Europe and beyond, the need to monitor the quality of these dispersed services becomes more important. However, as has been discovered in England, how quality is monitored by inspection and regulation bodies can be an important incentive or disincentive to those who provide services. In England, inspection and regulation processes have changed over time from a focus on minimum standards and processes to a greater focus on user outcomes.

Method: Data on user quality of life, staff care practices and inspector ratings of both minimum standards and of quality using the Key Lines of Regulatory Assessment (KLORA) are available for 173 care homes, providing accommodation and support for 741 people (360 of whom have ID). Analysis will include correlations between the research measures of quality (both user outcome and care practices) and the inspectors ratings. **Results:** The paper will present the findings from the correlation analysis between measures of user outcome, staff care practices and regularly collected and publicly available ratings of quality made by inspectors. **Conclusion:** Implications of the findings for the development of inspection and regulation processes will be discussed, in particular the importance of using observational measures focused on the day to day lived experience of people with disabilities.

Symposium: Evaluative Frameworks for Group Homes**Developing a theoretical framework for group home outcomes: a realist based review of the literature****T. Clement** (t.clement@latrobe.edu.au), **C. Bigby, J. Mansell, J. Beadle-Brown & M. Knox***School of Social Work and Social Policy, La Trobe University, Bundoora, Australia*

Aim: The same service model (e.g. group homes) can produce very different outcomes. A number of eminent researchers have called for the development of models or theories that outline the factors that produce high quality lifestyles for service-users. As yet, a comprehensive model or theory has not been put forward. **Method:** Drawing on the 'theory-driven' family of evaluation methodologies, a 'realist review' was undertaken of relevant literature, where the underlying assumptions about how group homes are supposed to work were extracted. **Results:** A large number of factors and outcome variables were identified, emphasizing the view that group homes are complex entities in their own right, but also part of larger complex organizational systems. **Conclusion:** Much of the reviewed literature had a relatively narrow focus, overlooking the fact that organizational processes and outcomes are multi-faceted and complex. The implications for developing a complex theoretical framework that can explain the relationship between inputs, processes and outcomes are discussed.

Seeing group homes differently: an alternative framework for service provision and research**L. Hamilton** (lah1101@gmail.com)*Social Work and Human Services, Queensland University of Technology, Brisbane, Australia*

Aim: To understand how people with ID who live in group homes construct meanings of home. Group homes are the dominant form of contemporary accommodation and support for people with ID yet service provision and research conventionally defines group homes as the antithesis of institutional living, rather than according to the fundamental elements of home identified for people without ID. This paper aims to challenge this comparison and to provide a new framework for understanding group homes. **Method:** An ethnographic approach is used, emphasizing the value of the experiences of people who live in group homes. Participant observation, conversations and visual ethnographic methods are used. **Results:** A small sample of people who live in group homes provide their experiences and share what home means to them. An alternative framework has been developed which conceptualizes the group home ethnographically as a culture, rather than a service. In contrast to conventional research studies which view the group home as a congregated unit of homogeneous experience, this paper offers an alternative framework where the individual experience of home lies at its core. **Conclusion:** This paper challenges existing conceptualizations of group homes and provides an alternative framework for service providers and researchers to see group homes differently.

People with ID as participants in a living conditions study**A.M. Kittelsaa** (anna.kittelsaa@svt.ntnu.no) & **K.E. Ellingsen***Centre for Diversity and Inclusion NTNU Social Research, Trondheim, Norway*

Aim: Relatives and guardians are often used as informants in Norwegian studies about the living conditions of people with ID. In this study we wanted to also include the perspectives of people with ID. **Method:** Qualitative interviews were undertaken with 18 adults with ID in their own homes. The participants were allowed to bring in a person to support them if they wanted. An interview guide was used with themes based on the questionnaire from a living conditions survey. **Results:** While relatives and guardians are often critical about the services that are offered, and about lack of opportunities and self-determination, the informants with ID gave an overall picture of their living conditions being satisfactory in most areas. **Conclusions:** The results seem to support previous findings of acquiescence in interviews with people with ID. The interview situation with an unfamiliar interviewer may have caused anxiety, the participants may not be used to being asked about their opinions and were afraid to speak up, or they did not want to hurt anybody's feelings. Another explanation may be that their living conditions are consistent with their expectations, because most of the participants had similar material living conditions to most people with ID in Norwegian society.

Symposium: Individual Plans I**Using the Personal Outcomes Scale in a service organisation****J.H.M. Van Loon** (jloon@arduino.nl), **C. Claes, G. Van Hove & R. Schalock***Arduin Foundation, Middelburg, Netherlands*

Aim: The Personal Outcomes Scale (POS) is a reliable and valid, instrument, based on an empirically derived conceptual model, to measure quality of life (QoL) of people with ID. The aim was to explore the use of the POS in the development of: (i) an evidence-based person centred support methodology, (ii) a management tool exploring quality indicators for an organization, and (iii) provider profiles. **Method:** Clients are interviewed with the POS every 1.5 years. A system of supports is developed in which goals/perspectives, support needs assessment, individualized support plans (ISPs), monitoring and evaluating personal outcomes are part of a dynamic process within a QoL framework. POS-scores are key performance results within the EFQM Excellence model: a non-prescriptive framework for understanding the connections between what an organisation does and the results it achieves. **Results:** Within a QoL framework an alignment in ISPs was established between input (goals/perspectives of a person and support needs), throughput and output (QoL, measured with the POS). The same POS-scores serve to make profiles for (parts of) the organization and as key performance indicators. **Conclusion:** The POS is a helpful tool in practice: to improve people's QoL in an evidence-based way, to get informative provider profiles and to have relevant quality indicators for an organization.

Integrating ICF and SIS in designing quality of life individual support plans**L. Croce, R. Cavagnola, M. Leoni** (mauro.leoni@fondazioneospiro.it), **G. Chiodelli, M.L. Galli, S. Corti & F. Fioriti***Università Cattolica, Brescia, Italy*

Aim: Functioning and support needs profiles are essential components. ICF and SIS represent two of the best tools by which to understand and classify functioning and support needs at individual and group levels. The present study presents a procedure to integrate ICF and SIS information, in order to design and deliver quality of life (QoL) oriented individual support plans, redefine personal targets and restructure support activities. **Method:** Traditional individual planning, personal objectives and support activities at individual and group level (60 subjects) were compared before and after the implementation of a new assessment step (following an AB design). Personal objectives are classified by using Schalock's 8-domain QoL model; whilst support activities are classified and measured using AAIDD 9 supports domains. **Results:** After ICF and SIS data integration, significant changes in individual objectives and support activities were evident. The shift magnitude in objectives and support activities is plotted, statistically analysed, and measured for all of the cohort. **Conclusion:** A powerful QoL oriented approach based on ICF/SIS integration.

Exploring the relevance of person centred planning to people with ID**J. Ryan** (judy.ryan@hse.ie)*Nurse and Midwifery Planning and Development Unit, Tullamore, Ireland*

Aim: To examine how people with ID residing within a region in Ireland, perceived person centred planning as relevant in their day to day lives. **Method:** Following ethical approval, eight participants with ID shared their personal stories relating to person centred planning. Semi structured interviews were conducted with the transcripts analysed thematically. Confidentiality was assured. Four main themes were identified: family and loss, friendship, work and leisure and quality of life. **Results:** The participants wanted to speak more about their past and present lives than person centred planning. They revealed the enormity of personal loss in their lives and the value of peer friendship. It emerged that there were similarities in lifestyle and personal issues that affected the participants' lives. **Conclusion:** The themes that emerged differed from the original scope of the study. The depth of information collated does nonetheless afford an opportunity to understand the real life personal issues that influence the life of a person with ID involved in person centred planning. The participants generally did not connect person centred planning to their every day lives or see it as an opportunity to examine the real issues that affected their lives.

Symposium: Individual Plans 2**The individual support plan (ISP) in the Netherlands**

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Aim: To describe factors that affects the development of the ISP in The Netherlands in the last two decades. ISPs were originally introduced to enhance professionalism and to promote more methodical support, but today it seems to have become an instrument with different functions and subject to a wide variety of bureaucratic rules. **Method:** A review was conducted of recent professional publications on ISPs in The Netherlands, Dutch legislation applying to service providers, client and family association policies and quality documents and related websites. **Results:** The importance of the ISP for people ID and for promoting support service quality is recognized by different parties (e.g. Dutch Healthcare Inspectorate and professional associations). ISP use is mandatory by law since 2009 and it is viewed as the most important document for delivering transparent support. **Conclusion:** The function of the ISP shifted from enhancing methodical practice in the 1990s to enhancing and accounting for an individual approach to support delivery in 2010 and it became an instrument to enhance the quality of support. These different functions of the ISP coexist at the same time and create a tension between the support needs and wants of people with ID on the one hand and professional and system standards on the other. More research in this area is intended.

Assessing the transition strengths, preferences, interests and needs of students

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Aim: The presentation will cover the importance of assessing the strengths, preferences, interests, and needs of students with ID as they transition from school to life in the community. Focus will be on formal and informal assessment techniques that school-based personnel can easily use to generate information that can be extremely important for planning for the future. A list of practical resources will be provided.

Social participation as part of intended outcome

M. Verdonschot (m.verdonschot@vilans.nl), **L.D. Witte, W. Buntinx & L. Curfs**
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Aim: To explore if individual support plans (ISP) focus on eliminating barriers and using resources in the environment in order to achieve meaningful participation. **Method:** Goals and actions within the ISPs of 33 participants were analysed. The 33 participants all administered, together with a support assistant, the Social Participation and Satisfaction questionnaire (SPAS), a questionnaire with 25 questions on current social participation and the person's satisfaction with it. **Results:** Forty eight percent of the ISPs included one or more support goals on improving participation. Most goals focus on improving domestic life. The defined actions mainly focus on professional support. Other environmental resources (like assistive technology) or environmental barriers (like the attitude of people) were incidentally taken into account. Based on the results of SPAS, dissatisfaction was most often indicated in social relationships. **Conclusion:** The content analysis of the ISPs and the results of SPAS show some discrepancy. The participants mainly prefer improvements in maintaining and managing social relations, while support goals mainly focus on improving domestic tasks. Identification of the client's wants in a structured way in order to the plan individual support is therefore important. Another interesting finding is that there is almost no focus on possible barriers and resources in the environment. Social models, however, do emphasize the role of the environment as a determinant of disability.

Symposium: New Technologies 1**Implementing new communication technologies with people with disabilities**

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Aim: The project 'Implementing technology with people with disabilities' aims to develop a model for implementation of new technologies that strengthen communication, self-determination and social relations of people with disabilities in care homes. **Method:** A model for implementation of technology has been developed and tested in five care homes in Denmark. An IT-screening methodology was developed and technologies were implemented via training of staff, residents and their relatives. IT volunteers have been recruited to assist the process. An e-mail software programme based on inclusive design and a new Simple Skype Interface were implemented via collaboration with the University of Victoria, Canada. The Danish School of Education has conducted qualitative case studies in the care homes to assess the social impact of the opportunities technologies provide. **Results:** Training and motivation of staff and user groups is a crucial for successful implementation. People with disabilities can benefit from using new communication technologies. For this purpose a dynamic action plan that communicates the responsibilities and tasks in the implementation process is vital. **Conclusion:** People with disabilities can strengthen their communication and social relations using IT. An innovative model for implementation of IT includes identifying appropriate IT in a dialogue with staff and users, establishing a local project organization and a local strategy for the implementation process.

Digitalization of day structure for people with autism

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Aim: To minimize the time used among caregivers in residential homes to give support by means of printed symbols and to strengthen independence among people with autism who need day structure. **Method:** The project has a quantitative focus on the time saved by caregivers letting people with autism use day structures partially unassisted. Furthermore, the project focuses on the qualitative side effects from introducing a digital day structure, such as increased independence and a potential decrease in challenging behaviour among the target group. 80 residents and 80 care-givers in nine residential facilities are testing the digital day structure. In the project they have all received a hand-held PDA. **Results:** The basis of the project is that digitalization of day structure will save caregivers around 23 min per day in their work to support people with autism. Furthermore, the basis of the project is that people with autism using a digital day structure become more independent and improve their quality of life. It is expected that a number of other positive side effects may materialize when a person with autism uses a day structure that he can access unassisted. **Conclusion:** Caregivers working with people with autism can benefit from digitalization of day structure by saving time. People with autism can benefit from digitalization of day structure as a way of becoming more independent and obtaining a better quality of life.

And then, what do I do? Achieving tasks at home and at work with my Smartphone!

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Aim: To translate into French and to evaluate the utility of the Pocket Compass software installed into a Smartphone in order to help people with ID to complete tasks within home and work settings. Impact on self-determination of participants was also assessed. **Method:** Fifteen participants whom receive services from three professional organizations of the province of Québec (Canada) were randomly chosen among all potential participants. Parents and staff members were asked to participate in semi-structured interviews. Every day, participants had to complete previously identified home and work settings tasks with the assistance of the technology. Experimentation lasted eight weeks for each participant. **Results:** Preliminary results indicate that the technology turned out to be very useful in assisting participants to complete target tasks at home as well as at work. Not only did it make it easier for them to remember required steps but all of them needed much less than eight weeks to learn all steps related to each task. Participants are also expecting other utilities to help them such as a schedule assistant to help remembering what to do on a daily basis and a simple telephone interface. **Conclusion:** Several technologies are now available or need simple adaptations in order to make them very useful tools that can help people with ID learn self-determined behaviour and exert more control over their environment.

Symposium: New Technologies 2**The ideal application of surveillance technologies in residential care for people with ID**

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Aim: To provide an overview of how surveillance technology is both experienced and/or viewed by (care) professionals working in the field by exploring what the ideal application of surveillance technologies in the residential care for people with ID might entail. **Method:** Use was made of the Concept Mapping method as developed by Trochim, a computer assisted procedure consisting of five sequential steps: brainstorming, prioritizing, clustering, processing by the computer and finally analysis. Various participants (ranging from ethicists, physicians to caregivers) were invited on the basis of their intended (professional) background. This study is part of a larger research project, intended to develop a multidisciplinary guideline for the responsible application of surveillance technologies as an alternative to restraints in the care for people with dementia and/or ID. **Results:** Preliminary results show that the generated views represent six categories, varying from the right balance between freedom and security and clearly defined procedures, to the competence of personnel and the (continual) monitoring of technology. The results are presented in the form of a graphic chart. **Conclusions:** When it comes to views on using technology, there appears to be an inherent duality, often rooted in the moral conflict between duty of care versus autonomy. This is corroborated by earlier findings in a literature review that was conducted as part of this research.

Assistive technology to support social participation

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Aim: Assistive Technology (AT) provides a promising means to accommodate for barriers to independence and self-determination for people with ID. The aim was to gather data on AT to support social participation. **Method:** A systematic review on AT use by persons with ID was conducted. The included studies were categorized by the type of technology studied and the intended use of the technology studied. Furthermore a search was conducted on available AT products on the Dutch market, by searching internet, contacting suppliers and AT experts. **Results:** The review resulted in 76 studies. Technologies for 'skills training' and 'information and communication' are most frequently studied. 'Learning and applying knowledge' and 'communication' is their intended use. A range of products is found in the search for available products. Most products are found in the domain of 'information and communication'. But also technology to manage time, plan activities, support tasks, etc. are available for persons with ID. **Conclusion:** Research mainly focus on the use of AT for 'learning and applying knowledge' and 'communication'. Those results are compared with the range of products available on the Dutch market, for persons with ID. One of the conclusions is that there are a lot of different products available, but more research on the experiences with the use of these products and its impact on social participation is needed.

Assistive technology and telecare: cost, quality of life and ethics

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Aim: Telecare refers to episodic, needs-based support from a peripatetic team which monitors activity in people's homes via a technological 'hub' located within the house. The aim was to investigate the impact on staff resources and residents' quality of life of implementing a telecare service; and to consider ethical implications. **Method:** Two studies were conducted. The first used a controlled multiple time series design to assess the impact of telecare on residents' social activity, constructive activity, choice and staffing levels. The sample comprised 91 people living in 33 settings. The second was a Delphi study in which experts were consulted about ethical issues. **Results:** Staffing levels were reduced significantly by 23% following the telecare intervention. There were no significant changes on any of the resident outcome measures. The Delphi panel identified and discussed 10 ethical themes: policy, assessment, consent, risks, equipment/Installation, independence, privacy, social wellbeing, quality of care and fairness. **Conclusion:** Efficiency appears to have been achieved through the introduction of telecare, without detriment to service users' quality of life. Telecare services have to be planned carefully with ethical issues firmly in mind.

Symposium: Staff-client Relationships and Staff Training**What skills do individuals with mild ID consider important in their care staff**

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Aim: A great deal has been written about the development of the competence of professionals, but there is still a need to gain insight into that which the client considers important. In order to do this, individual and group interviews with clients were undertaken. **Method:** A total of eight clients with mild ID were first consulted in individual semi-structured interviews. The researcher conducted these interviews together with an interviewer with a mild ID. The interviews were audio-recorded, transcribed and then scored using atlas-ti (qualitative analyses) Qualitative and frequency analyses provided insight into the opinions of the clients. **Results:** A total of 166 statements were collected. The clients found 'communication and contact', 'support of the client' and 'needs-oriented' working to be the most important competencies. These results subsequently provided the basis for the formation of four focus groups of individuals with mild ID. **Conclusion:** The results can contribute to the education and training of staff who work with clients with ID. Training should be aimed at learning to call upon specific knowledge and skills but also on reflection upon one's own attitudes and the influence of one's attitudes upon the individual with ID.

How easily can we define the quality of staff-client relationships? A video-review study

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Aim: Staff training programmes frequently aim to improve the quality of staff-client relationships. Although there is clinical and theoretical consensus about the relevance of this, it is not yet clear if and how we can appropriately assess the quality. In this explorative study, we attempt to find out how different participant groups judge random and unknown staff-client interactions. **Method:** Eighty four participants in three different groups: (i) clinical experts, (ii) staff members, and (iii) laymen watched a video-compilation in which 20 different staff-client combinations were shown. Participants were asked to judge the quality of the relationship, having a choice between a 'good' and 'not very good' relationship. Thereupon, participants were invited to explain their judgment in their own words. **Results:** We analysed differences in judgments, explanation patterns and focus of attention within and between the three participant groups. Results will be explained during our presentation. **Conclusion:** We consider this study as a useful entry-point for further investigation of staff-client relationships. This concept appears to be complex but relevant for future attention. Results might contribute to theoretical and intervention studies.

Training emotional intelligence related to treatment skills of staff serving individuals with ID

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Aim: Emotional intelligence (EI) is formulated to help account for individual differences observed in responses to daily situations and the individual's well-being. EI influences the behaviour of staff serving people with ID and challenging behaviour. Although the influence of EI on staff behaviour and the role of treatment skills in dealing with challenging behaviour have been emphasized, the effect of a training programme focusing on EI of staff has not yet been demonstrated. The aim was therefore to assess the effectiveness of a staff intervention focusing on EI. **Method:** The Bar-On EQ-i was used to measure EI. To determine whether EI of staff had improved after completion of the training programme, we developed a system that instructed experts specialized in EI how to judge pre- and posttest scores. The system consisted of three categories: desirable score change, unfavourable score change and unchanged scores. **Results:** EI of the experimental group changed significantly more than that of the control group. Judgments of experts on EI indicated that the EI of the experimental group improved. **Conclusion:** The positive effect of the training programme on EI is consistent with previous research on EI and suggests that EI of staff working with clients with ID and challenging behaviour can be influenced by training.

Symposium: Understanding Direct Care Workers**Supporting the self-determination of people with ID: a part of staff's occupational identity?****H.T. Vesala** (hannu.vesala@kvl.fi)*Research and Development, Finnish Association on Intellectual and Developmental Disability, Helsinki, Finland*

Aim: Human rights, inclusion and self-determination are recognized as basic values guiding the development of services for people with ID. Direct care workers are in key position in supporting the self-determination of people with ID. The research focuses on the views of direct care workers concerning their work and their role in relation to their clients with ID. **Method:** Data were collected by postal questionnaire in 2009. Subjects were direct-care workers of one institution ($n = 93$) and a sample of direct care workers working in community based housing units ($n = 117$). **Results:** Although the majority of respondents saw the promotion of self-determination of their clients as important in their work, there were situations when this was not always seen as possible. If clients' decisions were seen as contradicting other values or aims, such as safety or the goals set for care or rehabilitation, or if clients were seen as having insufficient skills for making decisions, supporting self-determination was not at all self-evident. Being able to support clients' self-determination was positively related to direct care workers' experienced self-efficacy. **Conclusion:** Although self-determination is recognized by direct care workers as an important value or principle guiding their work, they might not be able to fulfill this because of other contradicting values or principles, or characteristics of the clients, which in turn might have an impact of how they see themselves as 'good workers'.

Emotions and direct care staff**P. Embregts** (petri.embregts@han.nl), **W.V. Oorsouw, J. Sohier & L. Zijlman***Han University of Applied Sciences, Nijmegen, Netherlands*

Aim: Considering the body of literature demonstrating the importance of verbal and nonverbal emotional expression on the part of staff, it is remarkable that currently available measures are based on written or verbal responses only. In a sense, this is understandable because such assessment is relatively uncomplicated. However, emotional behaviour consists of more than verbal expression alone. **Method:** The present study was an exploratory study to find out more about the manifestation of emotions in staff behaviour. We observed staff's verbal and nonverbal emotional expressions during shift changes, for three months. **Results:** Facial expression was the most frequent emotional expression, followed by body movement, verbal linguistic utterances and prosodic features of speech. Our results imply that levels of nonverbally expressed emotions might actually be a better representation of staff internal feelings and emotions. **Conclusion:** These findings are interesting, given the fact that most studies base assessment on verbal or written messages only. The present exploratory study contributes to our knowledge of staff behaviour, staff emotions and staff training. From this perspective, we will also refer to a second study aimed explicitly at the relationship between the emotions of staff generally towards a client and those they experience when they have to handle challenging behaviour.

Reciprocity and burnout in direct care staff**J. Rose** (j.l.rose@bham.ac.uk), **T. Madurai, K. Thomas, B. Duffy & J. Oyebode***School of Psychology, University of Birmingham, Birmingham, UK*

Aim: Understanding the perceptions of direct care staff about their reciprocal relationships at work and their levels of burnout may help us improve their psychological health and, as a consequence, improve the service they provide to people with ID. **Method:** A cross-sectional survey design was used and a sample of 242 direct care staff who worked with children, older people and people with ID in residential settings was obtained. They were asked to report their levels of burnout and perceived reciprocity in the relationship staff had with users, other staff and organizations. **Results:** Significant relationships were found between some burnout and reciprocity measures. 'Under benefit' in relationships with service users, colleagues and the organization was related to emotional exhaustion. 'Under benefit' in organizational and staff relationships was related to increased depersonalization. There were also significant differences between staff who worked with different service user groups. **Conclusion:** The reciprocity questionnaire in this study allows for effective comparison between diverse groups of staff. Reciprocity is also a potentially useful concept for understanding differences in relationships across a broad range of staff and how these may be used to implement positive change. The importance of relationships between burnout and organizational factors is highlighted in this sample and suggests organizational change may be an important focus of intervention.

Symposium: Leadership and Staff Training**Leadership at the frontline: a qualitative study of service managers****R. Deveau** (roydeveau@aol.com) & **P. McGill***Tizard Centre, University of Kent, Canterbury, UK*

Aim: To examine the 'lived experience' of service managers in leading direct staff working with adults with ID who exhibit challenging behaviour. **Method:** Semi-structured interviews were conducted with 19 service managers of staffed housing in SE England. Transcripts were analysed using interpretive phenomenological analysis. **Results:** Five groups of themes emerged from the data: (i) managers knowing what's going on – monitoring, (ii) developing new ways of working with service users, (iii) managers shaping staff performance, (iv) influence of external and employing agencies, and (v) managers' personal values and feelings. **Conclusion:** The experience of the participants demonstrated that personal values of managers were important in sustaining the energy and commitment necessary to influence and maintain staff performance. External demands of regulatory and employing agencies for 'paperwork' needed to be balanced with the effort needed to monitor and influence staff relationships and interactions with service users.

The impact of practice leadership for staff in services for people with challenging behaviour**R. Deveau** (roydeveau@aol.com) & **P. McGill***Tizard Centre, University of Kent, Canterbury, UK*

Aim: To examine whether staff would experience less stress and more positive experiences from their work with adults exhibiting challenging behaviour if their manager used a practice leadership (PL) management style. **Method:** A cross sectional survey of staff in 21 staffed houses in SE England. **Results:** A series of hypotheses were tested. PL is associated with lower staff stress, greater positive work experiences and with 'developmental' and 'supportive' leadership approaches. PL demonstrated mixed associations with lower turnover and is not associated with more staff training. **Conclusion:** The role and impact of the day to day manager leading a service has been neglected in discussions of staff performance in services for this group of people. This is in stark contrast with ordinary business settings and some other public services.

Education for personnel: individualism and user centred values**P. Ahnlund** (petra.ahnlund@socw.umu.se)*Social Work, Umeå University, Umeå, Sweden*

Aim: To analyse how education for personnel working with people with ID is studied in a Swedish and an international context. My earlier research has shown that at a national level and among researchers in social science in Sweden, education is more studied among personnel working in elderly care than in care for people with ID. **Method:** The research review is a comparison between studies from the elderly care sector and the disability sector and consists of 46 articles. **Results:** According to the analytical concept of a shared value system, the reason to do research about education for care workers in the disability sector is grounded in the needs of the care recipients. Their quality of life is the most important motive for educating staff. In comparison to the elderly sector, both the needs of the elderly and personnel are questions concerning education. No studies in the research review relate to national goals for initial education for care workers. **Conclusion:** Education for care workers in the disability sector is more discussed at an international level than in Sweden. In the disability sector, the norms for handling issues of education are to educate already employed staff. The trend is individualization where personnel and care recipients undergo the education together. But the educational levels, the work environment and relations with colleagues are seldom discussed as it is in the elderly care field.

Symposium: Knowledge Transfer**Knowledge transfer and exchange and its application in ID**
I. Brown (ivan.brown@utoronto.ca), **J. Beadle-Brown**, **C. Bigby**
& **N. Jokinen***Faculty of Social Work, University of Toronto, Toronto, Canada*

Aim: Knowledge transfer and exchange (KTE) is an almost-unexplored area in ID that appears to have considerable potential. The goals here are to: (i) identify current conceptualizations of KTE in related fields, (ii) highlight progress to date in KTE within the field of ID, (iii) share KTE strategies that have been successful or might prove successful, and (iv) suggest a path forward for the further development of KTE concepts and application of KTE strategies. **Method:** Four short presentations, which have arisen out of research in different countries, will address the aims of the symposium by prompting discussion, information sharing, and future planning.

Presentation 1 (Ivan Brown): A conceptual framework for KTE, developed from a systematic literature review and field tested in Toronto, Canada, will be presented. This framework includes four inter-related aspects of KTE: knowledge generation, knowledge dissemination, knowledge use and impact of KTE. The framework is considered from two perspectives: those who generate knowledge and those who might use some of the knowledge generated. From both perspectives, specific action steps are detailed.

Presentation 2 (Tamar Heller): A second framework is presented here, relating KTE specifically to evidence based practice. Examples are provided of rolling out evidenced based practice and evaluating them using a RE-AIM framework that expands assessment of interventions beyond efficacy to incorporate criteria aimed at identifying the translatability and community-based impact of interventions. Examples include strategies used to disseminate health promotion and family future planning interventions developed by the Rehabilitation Research and Training Centre on Aging with Developmental Disabilities.

Presentation 3 (Shahin Shooshtari): This presentation will share a third conceptual framework, that used by the Canadian Institutes of Health Research (CIHR). A case study will be presented within which contextual facilitating and impeding factors for KTE will be identified and explained.

Presentation 4 (Nina Zuna): This presentation transitions the discussion from conceptualization to application. It describes use of KTE and wisdom-based action to develop Knowledge-to-Action Guides. Knowledge-to-Action Guides provide families and practitioners with access to top-tier research, experience-based knowledge, and current policy on relevant educational and disability topics. The purpose of the Guides is to assist families with the educational decision-making process. Knowledge-to-Action Guides translate scientific and evidence-based research in easy-to-read formats using lay language. Several examples of Knowledge-to-Action Guides on various educational topics will be presented. **Results:** Concepts and strategies from the four presentations that have proven useful to date will be summarized. Symposium participants will then be asked to add to this summary from their own experiences and fields of expertise. The symposium itself will be a data-gathering forum – facilitators will prompt discussion, and note-takers will record ideas. From this discussion, it is anticipated that a seminal paper on KTE, and other KTE products, will emerge.

Conclusion: KTE is an emerging area of study in ID that appears to have considerable relevance for people with disabilities and their families, as well as for professionals, academics and policy makers.

Symposium: Child Mental Health - The Clinical Framework**Developing a core clinical framework for a multidisciplinary educational program****D.L. White** (donna.white@dadhc.nsw.gov.au), **D. Dossetor** & **L. Watson***Ageing, Disability and Home Care, Department of Human Services Epping, Australia*

Aim: This study developed a framework of core clinical interventions to meet the developmental, emotional, and behavioural needs of young people with ID. The framework then provided the basis of an educational programme for multidisciplinary professionals working in child mental health and ID. The educational programme consisted of training events and a compilation of clinical papers into an edited book. **Method:** A review of literature, clinical and training data, expert opinion, existing resources/ curricula, and a forum formed the basis of the framework of core clinical interventions. A consensus was established through a training needs analysis (TNA) and stakeholder survey to determine what clinical domains in the framework were priorities for professionals. **Results:** The framework was divided into 4 domains: scientific approaches, the impact of disability and family well-being, individual emotional and behavioural well-being, and integration of service systems. The stakeholder survey was used to prioritize the core interventions for inclusion in a two day seminar for professionals working in disability, health and education sectors.

Conclusion: The framework development process revealed a paucity of empirical evidence and materials supporting intervention approaches for this population. The TNA resulted in a consensus of what clinical interventions should be included in a core framework and became the foundation of a holistic multidisciplinary seminar for professionals working in child MH and ID.

Evaluation of 'a framework for professional practice' training events**D.L. White** (donna.white@dadhc.nsw.gov.au), **D. Dossetor** & **L. Watson***Ageing, Disability and Home Care, Department of Human Services, Epping, Australia*

Aim: Young people with ID are at risk of developing mental health problems. Professionals lack the expertise and confidence to meet their needs due to inadequate training and poor interagency collaboration. A two day seminar, developed as part of a multidisciplinary educational programme, aimed to increase participants' knowledge, confidence and collaboration when meeting the developmental, emotional, behavioural and mental health needs of young people with ID. **Method:** Three training events were held in NSW, Australia in 2009. Kirkpatrick's model for training evaluation was used in two pilot seminars to measure participants' reaction to the seminars (feedback post training), learning (pre/post knowledge, confidence, collaboration measures), and behaviour (3 months follow-up questionnaire). **Results:** Three hundred and thirty two participants attended three seminars. Data analyses from the pilot seminars revealed statistically significant increases in participants' knowledge, confidence, and attitude to collaboration with other agencies post-training. Thematic analyses of the 3 months follow-up identified key themes about the applicability of learning to their workplace. **Conclusion:** The seminars provided a framework of core interventions that effect change and improve the quality of life of young people with ID and their families. This approach builds professionals' capacity by increasing their knowledge, confidence, and attitude to collaboration to promote the mental health of this population.

'From little things, big things grow': outcomes from the establishment of the clinical framework**D.L. White** (donna.white@dadhc.nsw.gov.au), **D. Dossetor** & **L. Watson***Department of Psychological Medicine, The Children's Hospital at Westmead, Sydney, Australia*

Aim: The mental health (MH) of children and adolescents with ID is a neglected subject. Between 30 and 50% of children with ID have significant MH problems constituting 14% of the MH burden for children and adolescents. Having developed an educational programme on this topic, the question arose as to why it had not been done before and what were the differences about MH for children and adolescents with ID compared to mainstream MH.

Method: Establishment of a core clinical framework formed the basis of the educational programme, including the development, implementation and evaluation of a two day seminar and an edited book. Examination of this process and multidisciplinary discourse occurred to determine why such a programme and book had not been developed previously. **Results:** Issues in child MH and ID include: ambiguous terminology, divisive language (e.g. challenging behaviours versus. MH), differences in disturbance concepts, MH services dealing with talking therapies and subjective mental phenomena therefore not treating moderate-severe ID, necessary disciplines split across employing agencies where links are tenuous and services having different focuses for interventions. **Conclusion:** These issues prevent collaboration and highlight a core level of understanding required for those working in MH and ID. This includes a clinical framework whose central tenets are family orientation, developmental understanding of behaviour and mind, and skill building and problem solving models of intervention.

Symposium: Workforce Development**Aligning talent & performance management with strategic plans to enhance positive workforce outcomes**

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International, CHIMES, Baltimore, MD, United States

Aim: To improve outcomes for people with disabilities and promote engagement of the workforce by aligning performance measures with strategic and annual plans. **Method:** The goals of the strategic plan were cascaded down to each employee's performance objectives and evaluated through the online performance appraisal system. A talent management plan was implemented to retain high performing employees and provide growth and development opportunities. An ethics programme was launched to encourage the workforce to reflect on how personal actions impact on outcomes and reinforce values and the code of conduct. The effectiveness was measured by pre and post surveys. **Results:** Vacancy, turnover rates for exempt and non-exempt were better than targets. 72% of direct support professionals have been employed a year or more. Employee satisfaction continues to be consistently high with improved satisfaction of middle managers. Increased numbers of employees use ethics to guide decisions and recognize ethical issues. **Conclusion:** Shifting the organizational culture from a process orientation to one focused on results and enhanced awareness of ethics creates positive outcomes for people with disabilities and those that support them. An enhanced level of employee engagement correlates with improved quality of services and the success of the organization in achieving its goals.

Effective systems for workforce development from direct support professionals to senior management

M.T. Collard (tcollard@chimes.org) & **J. Levy**
CHIMES, Baltimore, USA

Aim: To create an organizational milieu which facilitates people to grow and develop and is more responsive to the needs of people with ID. **Method:** People work for people. Staff training and development were targeted to the first line manager in order to provide them the skills, tools and supports to maximize the performance of the direct support professionals effectively. Teamwork training and quality improvement tools were instrumental as well as mentoring and coaching from senior management staff. **Results:** The first line managers were more satisfied with their employment and felt more valued by the organization. The focus shifted from a process perspective to a results orientation including the following measures: level of satisfaction of families and people served, turnover and vacancy of direct support professionals and managers, tenure of direct support professionals and operating within budget by reducing overtime. **Conclusion:** The quality of services for people with ID is only as good as the calibre of the direct support professionals providing those supports. The first line managers are instrumental in the development and growth of the direct support professionals. Providing targeted training and tools for the first line managers is an effective utilization of resources to enhance the quality of life for people with ID.

Identifying knowledge translation priorities in ID: support to a service organization

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Aim: To reinforce the knowledge translation and exchange (KTE) capacity of an organization providing services to people with ID. The project used a step by step process in order for the organization to identify its strengths and needs in regards to scientific knowledge and to identify and monitor an action plan focusing on ways to increase KTE. **Method:** Two sources of data were used. First, an open-ended questionnaire was completed by a group of managers ($n = 10$). Questions were derived from the scientific literature and focused on factors involved in the KTE process. Second, 166 staff members completed a self-administered questionnaire. Items explored dimensions of the organizational culture and of quality management practices in reference to KTE. **Results:** A working group composed of senior and middle managers analysed the results of the two questionnaires with the support of a research team. The group produced an action plan to be implemented over the following 2 years. The action plan includes concrete activities and means to increase staff and managers' access to scientific knowledge and opportunities to learn from research evidence. **Conclusion:** This project is an innovative experiment that has the potential to support organizations in the development of evidence based practices. The paper will focus on the first year of this 3 years project.

Symposium: Nurse and Carer Education**Developing a model for the education of intellectual disabilities nurses**

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Faculty of Health and Social Care, University of the West of England, Bristol, UK

Aim: This study examined the development and delivery of the ID nursing curriculum in three universities in the south west of England. **Method:** Data relating to the curriculum was gathered from documentary evidence, questionnaires and interviews. Members of the teaching teams from three universities completed a questionnaire providing material on the content and organization of their curriculum. Following analysis of data from the questionnaires, members of the teaching teams were able to expand the information that they had provided by participating in group interviews. **Results:** Analysis of the curriculum documents and the findings from the questionnaires showed that validation procedures and benchmarking had established content that was common to the three universities. However, there were differences in the ways that the three institutions had approached the provision of practice placements and the relationships that the teams had developed with service users and practice placement providers. **Conclusion:** Analysis of data from interviews with the teaching teams revealed the significance of a 'hidden' part of the curriculum. Tutors on the teaching teams used their experience and local knowledge to deliver and amend a curriculum that was suited to local conditions. Team members used personal knowledge, historical knowledge and familiarity with the community and current services to inform their implementation of the curriculum content and to guide the design of future curricula.

An international perspective of contemporary professional issues in ID nursing

M. Brown (michaelj.brown@nhs.net), **P. Horan** & **F. Timmins**
Faculty of Health, Life and Social Science, Edinburgh Napier University, Edinburgh, UK

Aim: To present the findings of the demographics of the ID nursing workforce across the UK and Republic of Ireland. **Method:** A mixed methods methodology was adopted and a 98 point survey instrument developed that included demographic, Likert-scale and qualitative questions. A sample of $n = 629$ was achieved. **Results:** The findings detail the participants' ages, qualifications, academic attainment, gender, time working with people with intellectual disabilities, professional roles and sectors of practice. 72% ($n = 436$) were women and 28% ($n = 173$) were men, 73.4% of participants ($n = 441$) were employed by health services in the community; 13.8% ($n = 83$) practise in the independent sector, 12.0% ($n = 72$) in residential services and 5.3% ($n = 32$) in social care services. **Conclusion:** The data suggest that, despite the philosophical and actual move towards models of social care for people with ID, there still remains a need to provide for a specifically trained healthcare professional in the form of the ID nurse to meet the ever changing and increasingly complex health needs of this population. Further investigation is needed before any major decisions are taken concerning the future construction of the qualification base for professionals are educated to meet the health needs of persons with intellectually disabilities in the 21st century.

Effects of video on coaching trainers to teach autistic adults self-care skills

G. Cohen (gabgab@boltblue.com) & **P. McGill**
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Aim: Many vulnerable adults and their families heavily rely upon the support of home-based carers commonly with no prerequisite teaching skills. Yet, teaching skills to low functioning individuals is important because it could enhance quality of life. Most research utilizes packaged procedures often involving high costs and complex application. This study aimed to examine effects of video, a low cost single element training programme, on coaching carers to teach autistic adults self care skills. **Method:** Three untrained carers participated. Each provided home-based support for one autistic adult. Digital video technology was used to produce individualized visual training session DVDs. Training involved watching 15 min footage twice daily over a three day period. The effects of training were evaluated using a multiple-baseline design. Participants' behaviour was evaluated across 11 teaching skill elements including prompting and use of the environment. **Results:** Teaching skills were enhanced amongst all participants and feedback questionnaires depicted high scores for favourability and affordability. **Conclusion:** Video technology can be an effective, accessible, enjoyable, low-cost coaching programme for the training of inexperienced and untrained personnel.

Symposium: The ROSE Project**Reducing occupational stress for employees: the ROSE project****J. Wells** (jswells@wit.ie) & **T. Chalder***Department of Nursing, Waterford Institute of Technology, Waterford, Ireland*

Aim: Managing and preventing occupational stress is recognized as key to supporting employee wellbeing. However, in the mental health and ID rehabilitative sector, there appears to be little stress management that is easily accessible for managers and staff. **Method:** Nine work packages were designed, including data collection and analysis, product design, delivery and evaluation. All partners in five EU countries participated in these activities. **Results:** An educational programme and web site were developed providing information on the amelioration and management of stress at an organizational and individual level, predicated on structured content, flexible delivery and self-paced usage. A by-product was information to support the European Commission's initiatives on social inclusion, workplace support, mental health and policy harmonization. **Conclusion:** An accessible and user friendly combined person and work directed self-help stress management programme was designed to improve the long-term wellbeing and retention of staff.

Creating a multi-modal self-help learning environment**M. Denny** (mdenny@wit.ie), **J. Cunningham** & **M. Ridge***Waterford Institute of Technology, Waterford, Ireland*

Aim: To provide information on the development of the ROSE project multi-modal self-help learning environment. **Method:** The research was a cross sectional survey, using the job content questionnaire (JCQ) and focus groups, of managers and support workers from five European countries. Data derived from qualitative sources was analysed using NVivo 8. Data were used to inform the structure and content of a multi-modal self-help learning environment. **Results:** JCQ revealed differences in respondents' overall stress scores and qualitative data showed that stress management approaches are notably lacking within this sector across the EU. Web based learning sessions were developed for managers and staff, combining person and work directed approaches. **Conclusion:** The transnational nature of these self-help sessions will provide transferrable stress programmes between member states with the potential to have positive implications for employee wellbeing.

The ROSE application design**J. Sheppard** (johnsheppard@wit.ie), **R. Edwards** & **L. Widger***Waterford Institute of Technology, Waterford, Ireland*

Aim: To provide information on the design, implementation and use of the ROSE e-learning tool. **Method:** An information and communication technology (questionnaire was distributed and focus groups conducted with managers and support workers in five EU partner countries. ROSE is built on a Moodle platform (an open source Virtual Learning Environment-VLE). The only two requirements are an internet connection and a device such as a smartphone or PC to view lessons. Lessons can be viewed in a standard html web browser and are provided in a Shareable Content Object-Reference Model compliant format, so as to be viewable through other VLEs. **Results:** Target users' preferences for the ROSE interface were noted. Usability has been achieved through iterative consultation with the intended audience during the design, implementation and deployment of ROSE. **Conclusion:** This ensures that the ROSE application design is tailored to the needs of staff. ROSE is a highly scalable, portable and intuitive online individually supportive programme. Millions of users around the world are familiar with Moodle and the other technologies used.

The contribution of ROSE project application to staff working with persons with ID**F. Fea** (f.fea-aise@mcclink.it) & **G. Avau***Associazione Scuola Viva, Rome, Italy*

Aim: ROSE aims to reduce stress and burnout among staff working in the mental health and ID sector. **Method:** The literature indicates that working with persons with ID in support and training centres can be associated with staff occupational stress, emotional exhaustion and 'burnout' and lead to staff leaving their jobs, which reduces service capacity to provide effective support. **Results:** The project is predicated on the development and maintenance of a European collaborative partnership providing input to the development, dissemination and application of a person and work directed stress management programme. Input from potential users was particularly significant in terms of developing a culturally sensitive approach and this has underpinned all activities and communications. **Conclusion:** The transnational nature of this project has resulted in a transferable stress management support programme across member states. Its value to staff within Europe, and especially those represented in the EASPD, is that it can contribute to facilitating career mobility, information sharing and retention of valued and skilled members of staff.

Symposium: Managing Services**How to manage disability services: 5 years experience of policy and practice within a QoL framework****S. Corti**, **M. Leoni** (mauro.leoni@fondazionesospiro.it), **G. Chiodelli**, **F. Fioriti**, **M.L. Galli** & **L. Croce***Disability, Fondazione Sospiro, Sospiro (Cr), Italy*

Aim: To evaluate the outcomes of a multi-dimensional and multi-professional model in a service with a high level of complexity, taking a quality of life perspective (QoL), in terms of its applicability and efficacy. **Method:** In a four year period, 400 people with ID (associated with a range of psychopathology and health issues) living in a large residential setting have been assessed in a multi-dimensional way and all supports have been reviewed. The main actions have been: (i) the application of a scientific and cultural model, (ii) the use of a new management system, (iii) the implementation of a resource management system aimed to promote staff well being, and (iv) the pervasive use of evidence-based strategies for intervention. **Results:** Significant results have been obtained in all eight domains of QoL for 400 subjects with ID, as well as on management, economic and staff issues. **Conclusion:** These results, consistent with the discussion of Kotzma *et al.* in a recent systematic review, provide more evidence of the benefits of using a QoL approach in a deinstitutionalization process, suggesting the factors which are important for positive outcomes.

An informatic database to assist people with ID**G. Albertini** (giorgio.albertini@sanraffaele.it) & **E. Chiodi***IRCCS San Raffaele, La Pisana, Rome, Italy*

Aim: To: (i) explore the process we have underway to organize and establish a model 'lifespan assessment', (ii) illustrate aspects of the model using disability awareness and tracking, and (iii) explore future steps. **Method:** A working group was convened to identify factors representing measurable domains of life function, along with measures for each factor and activities that reflect function and performance. These were integrated within a tool (*MAGIC II*) that tracks status and progression for the following eight domains: (i) health and physical status, (ii) cognitive faculties and mental health, (iii) sensory abilities, (iv) self-direction and IADLS, (v) ADLS (basic self-care), (vi) social support/network, (vii) housing and (viii) financial supports. **Results:** *MAGIC II* consists of eight domains accessible via the web by medical and non-medical professionals, according to the level of permission defined in the user environment. **Conclusion:** *MAGIC II* contains much data on disease conditions and can be mined for building hypotheses. *MAGIC II* data can also be tracked as patients grow and develop to identify trajectories of diseases or conditions. *MAGIC II* data can offer clues to the manner and breadth of co-morbidity. *MAGIC II* contains an infrastructure for further collection of disease or condition relevant data. Body system factors linked to diseases/conditions associated with ID can be tracked and lifespan trajectories calculated and portrayed.

Psychopathology and needs of supports: study on 408 subject**M. Leoni** (mauro.leoni@fondazionesospiro.it), **G. Chiodelli**, **S. Corti**, **F. Fioriti**, **M.L. Galli** & **L. Croce***Fondazione Sospiro, Sospiro (Cr), Italy*

Aim: To implement a study on a large population of institutionalized subjects, with a wide range of clinical and quality of life (QoL) indices, examining different assessment systems for diagnosis and classification of psychopathology, functioning and needs for support. **Method:** A sample of 408 subjects has been examined with: DSM-IV-TR/ICD-9-MR; DASH-II; SIS; and a regional state diagnosis tool. **Results:** Data give a high quantity of information on demographic features, psychopathological characteristics, needs for support, legal classification for funding and underlying discrepancies between measures. **Conclusion:** Results support the idea that, in order to have better more positive outcomes in interventions for the ID population, we do need a QoL perspective which starts from assessment and aligns diagnosis to procedures aimed at classification and identification of needed supports.