

Social Work with Marginalised People Who have a Mild or Borderline Intellectual Disability: Practicing Gentleness and Encouraging Hope

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Abstract

People with mild or borderline intellectual disabilities are a group of people who usually do not meet the eligibility criteria for specialist disability services, yet are high users of many generalist services, such as mental health, child protection, and criminal justice systems. They may traverse many services, often entering, exiting, and returning to the same service providers with few positive results. This article explores the practice approach of the Meryton Association, a medium-sized nongovernment agency located in Brisbane, Australia. The Meryton Association provides social work support to people with mild to borderline intellectual disabilities, actively assisting this group to build relationships, resources, knowledge, and autonomy in their everyday lives. Using qualitative in-depth interviews with Meryton Association staff and secondary analysis of Meryton Association policy and practice documents, the challenges and opportunities of using this practice approach have been documented. The article proposes that specialist services are needed that use a developmental approach, stress the importance of relationship, and the need to practice gentleness and hope in social worker-client interaction.

Keywords: Disability; Practice Research; Social Work

The Lived Experience of People with Mild to Borderline Intellectual Disabilities

In 2003, approximately 3% of the Australian population had an intellectual disability within the severe to mild range of impairment. If people with borderline impairment are included in this figure, it would increase to 13% of the population (Australian Institute of Health and Welfare, 2008).

“Intellectual disability” is the term most frequently used in the contemporary Australian context for people with significant learning difficulties. The American Association on Intellectual and Developmental Disabilities (AAIDD) (2010) definition is often used: a disability is “characterised by significant limitations both in

intellectual functioning and adaptive behaviour as expressed in conceptual, social, and practical skills” (para. 2). The disability is said to originate before the age of 18 years. IQ tests and assessments of adaptive functioning are the usual means of measuring intellectual functioning, determining access to services, and assessing a person’s decision-making capacity and support needs (Uzieblo, Winter, Vanderfaelie, Rossi, & Magez, 2012).

Research in relation to people with intellectual disability often fails to distinguish between different levels of impairment. For example, in a recent literature review by Allerton, Welch, and Emerson (2011), which covered more than 1,500 articles on the health needs of children and young people with intellectual disability, there is only one reference to the particular needs of people with mild intellectual disability and no reference to people with borderline intellectual disability. As Edgerton (2001) attested, “perhaps the most sobering realisation is that the majority of these individuals... are not cited in the research literature nor are they known to the mental retardation/developmental disabilities service delivery system” (p. 3). However, the needs of this group can be quite different from those experienced by people with more marked levels of intellectual impairment.

People with mild and borderline intellectual disabilities experience many life challenges arising from their impairment *and* from society’s disabling responses to that impairment. Having an intellectual disability can create difficulties in understanding and retaining complex ideas, interacting with others, and engaging in everyday problem-solving (Hartley & MacLean, 2009; Van der Molen, Van Luit, Van der Molen, & Jongmans, 2010; Wehmeyer et al., 2008). In addition, living in contemporary society presents many everyday challenges. These challenges include high rates of loneliness (Gillan & Coughlan, 2010) and low levels of income (Snell & Luckasson, 2009). Consequently, people with intellectual disability are vulnerable to a range of challenging issues. They may have difficulties accessing public housing, are likely to have insufficient income to pay rent in the private rental market, and are over-represented among the homeless (Oakes & Davies, 2008). They are less likely to be employed than the general population (Luecking, 2011); and are also significantly more at risk for criminal victimisation than are other members of the general population, including physical, financial, emotional, and sexual exploitation (Nettlebeck & Wilson, 2002). They are over-represented as offenders in the criminal justice system, with some studies of the number of prisoners with intellectual disabilities reporting as many as 28.8% of prisoners (Murphy, Harrold, Carey, & Mulrooney, 2000). They can have difficulty accessing appropriate health services, and may be susceptible to developing many chronic health conditions, comorbid mental illness, and substance use problems (Cooper & van der Speck, 2009; Emerson, 2011; Slayter, 2010). Many parents with mild and borderline intellectual disabilities have their children removed and placed into care by child protection agencies (Feldman, McConnell, & Aunos, 2012). They are often dependent on generic services that are not usually able to cater successfully to this group’s needs (Weiss & Lunskey, 2010).

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The Meryton Association and Developmental Work with People with Mild and Borderline Intellectual Disabilities

The Meryton Association (MA)¹, established in 1987, is a medium-sized nongovernment service located in Brisbane. It currently oversees a range of programs that assist people with a "learning difficulty", an intellectual disability, or an intellectual disability and mental illness; also young people at risk of leaving school early and people at risk of homelessness; and other programs that the Association self-funds². It is required to regularly evaluate its practice, and has successfully reported against funding guidelines and commissioned evaluations of its programs as part of an ongoing process of service development. MA has developed and publicises its key principles for practice, and a developmental practice framework within which these principles are applied.

The developmental approach developed and used at MA builds on Benn's (1976) work at the Brotherhood of St Lawrence: "The dignity and worth of the individual, self-determinism and self-actualisation cannot be attained unless people have power over their own life decisions" (Benn, 1976, p. 80). She noted that to achieve the objectives of changing the person's environment to reduce inequalities rather than getting the individual to adapt to the given situation, a developmental approach was needed, focused on achieving power over resources, relationships, information, and decision-making (Benn, 1976). This resonates with the approach promoted by the social model of disability (Oliver & Sapey, 2006). Their approach also takes account of the need to address the very real issues people experience linked to their impairment. In this regard, MA is influenced by work with intentional communities, particularly the work of L'Arche communities, where people with and without intellectual disabilities live together with an emphasis on relationships based on mutuality and trust³. MA's approach also reflects core aspects of community development: identifying issues in common, moving private issues to public issues, and increasing the capacity of people to use their resources to address these issues.

The current research focused on the service needs of people with borderline (IQ range 70–80) and mild intellectual impairment (IQ range 50–69) (World Health Organization, 2007). The study sought an answer to the question: What are the challenges and opportunities for practitioners in supporting people with a mild–borderline intellectual disability using the MA model?

Method

This qualitative research, conducted by an experienced researcher independent of MA, received ethical approval from the University of Queensland.

¹ All names of people and organisations are altered.

² While MA receives State and Federal disability funding, it has diversified its funding sources through a number of avenues. These include the private sector, community development finance institutions, and businesses run by MA.

³ <http://www.larche.org.au/index.cfm>

Table 1 Details of participating staff.

Gender	Qualifications	Time at Meryton Association	Current Role
Male	BSocWk, Master of Social Work	21 years	Coordinator, Meryton Association
Female	BSocWk	5 years	Team Leader/Senior Outreach Worker
Female	BSocWk/BA	3 years	Key Worker
Female	BSocWk	3 years	Key Worker
Female	BSocWk	1 year	Key Worker
Male	BSocWk/BA	7 years	Community Development Worker/Volunteer Coordinator
Female	BSocWk/BA	10 years	Research Worker
Female	BSocWk/BA	1 year	Key Worker
Female	BSocWk	18 years	Team Leader Community Support Program
Female	BSocWk/BA/Dip Ed/Master of Social Work	8 years	Senior Key Worker
Female	BSocWk (Hons)	2 years	Key Worker

BA, Bachelor of Arts; BSocWk, Bachelor of Social Work; Dip Ed, Diploma of Education; Hons, Honours.

Participants

Participants were the staff at MA involved in the two programs of interest in this study, which focused on constituents⁴ at risk of homelessness and constituents who lived independently in the community. At the time of the study, staff in these programs worked with 65 people and their networks. Constituents supported by the programs lived locally, and many had experiences of social disadvantage. They were not representative of all people with mild or borderline intellectual disability. Most had histories of disconnection or abuse, or both, from their families of origin, many had mental health diagnoses, many had contact with the police and corrections as victims or perpetrators of crime, and when they initially came to MA many were isolated or living in very poor housing, or both. All were in receipt of the Disability Support Pension. Their ages ranged from 16 to 49 years.

Of 14 staff employed in these two programs, 11 volunteered to be interviewed. Three staff who declined to participate were all recent employees. Details of gender, qualifications, time in the organisation, and respective roles of participants are outlined in Table 1.

⁴ The term "constituent" came into use at MA rather than "clients or service users" because people in the organisation wanted to emphasise that the organisation belonged to the people who used its services and existed for them. Constituents and their significant others have formal power in the organisation and are offered membership in MA. One third of MA's board is reserved for constituents.

Instruments, Procedure, and Analysis

A semistructured interview guide was used to guide workers in their discussion of their practice approaches at MA, highlighting practice issues and challenges, practice strategies, and opportunities. This guide was structured in line with MA's organisational practice framework,⁵ to ensure the interviews focused on the work objectives and methods of practice of the organisation. MA's practice framework has four elements used to enhance people's capacity to change: building relationships; building resources; building knowledge; and building decision making. Change comes about by addressing these issues in people's lives.

Interviews were recorded, transcribed, and analysed thematically using open coding with NVivo (Version 9.2.81.0) qualitative software (QSR International, 2011). Themes arising from the interviews in the challenges and opportunities of the four areas of practice were developed. The deidentified summaries of individual interviews were shared with MA workers, which helped to further refine the analysis and conclusions of the study. Interviews were supplemented with deidentified records of MA's practice, as well as a secondary analysis of policy and internal research conducted by the organisation.

Findings and Discussion

Findings of this study cover MA staff responding to issues and needs of the client population, meeting challenges that arose, and maximising opportunities within MA's organisational practice framework

Building Relationships

MA's core work involves extending both the reach and range of people's relationships and widening their web of support. As one worker explained, "We work with young people and their significant others . . . so one person might mean one person or it might mean five people or it might mean 20 people".

Any relationship work with people with intellectual disability needs to happen at a gentle pace; there are many factors to consider. For example, there may be aspects of the person that other people may not readily warm to, or the person may have considerable anxiety about forming new relationships, even if this is what he or she desires. One worker discussed the need to introduce change slowly with a woman who liked to do craft work.

We're slowly doing some crafts in her garage, and putting up pictures . . . She's never had any visitors apart from her mum to her unit, and she has spoken about a house warming, but then said, oh, no, no . . . I reckon this might take another six months or so . . . doing some craft every week or fortnight, and then building up to maybe inviting people to have a look.

⁵ MA policy documents were used in formulating the interview guide.

Workers at MA often need to build the courage to ask others in the community to make a commitment to a person. As one worker attested, "our professional training, if anything . . . reinforces this sense that people will come and ask me for help . . . it's more difficult for people to actually go out and ask others, say, I need your help". Inviting people to become involved in a person's life is done in a number of ways, including recruitment through volunteer organisations, an advertisement in the local paper, or putting up flyers. A more active approach is taken through networking, getting a profile of the kind of person and his or her desired role in the community and then actively approaching a range of people to find the right person. Helping people to build new relationships in their lives has many benefits. See Figure 1 for an example of facilitating relationships in a person's home space.

This work should not get in the way of supportive existing relationships, such as those with family members. MA has a role in supporting the building of new understandings in existing relationships in a person's life, such as assisting in the resolution of conflict or facilitating reconnection.

Workers focus on fostering relationships but there are clear limits around the nature of a worker-constituent relationship. Talking about work with one female constituent the worker highlighted the gap between the needs of the person and what can be offered by a worker: "There (were) 10 phone calls a day and X was trying to keep you on the phone and when you went round, you couldn't get out of the house". This worker outlined efforts to come to grips with the issues that would (and did) offer a way forward. This took considerable time and was resolved by establishing a more mutual position in X's relationships with a wider network of people.

Relationship work also involves assisting a person with his or her interactions with other service systems that they need to utilise. MA workers continually advocate

Relationship Building in a Person's Home Space

A man who had been previously sexually assaulted and robbed by his next door neighbour was still living in constant fear and trauma. Although the man no longer lived in the neighbourhood where the abuse took place, he would still constantly talk about the perpetrator. The worker decided it would be useful to put her energy into creating some positive social experiences for the man, so she started a project with him where they developed a flyer and letter to put in people's letterboxes. The letter explained that the man really loved dogs and wanted to take neighbours' dogs for a walk once a fortnight with assistance from his worker:

Worker: We got probably 30 copies of the letters and he walked past the street and whenever he heard a dog bark, he said, "Make sure we put one in this letterbox..."

The worker received phone calls from two women in the neighbourhood and an ongoing visit was arranged for morning or afternoon tea:

Worker: ... for him, it's about having someone in the neighbourhood that really cares about him, really loves him, really shows interest in what he's been up to and how the week has been. So they came along to his birthday party... they just wanted to be part of his life and it's just really wonderful.

The benefit to the man was that the activity gave him something positive to focus on rather than the trauma of his past.

Figure 1 Relationship building in a person's home space.

for their constituents and for greater collaboration between different service systems (Ellem, Wilson, & Chui, 2011). This can be difficult and time consuming, particularly when other agencies fail to understand or take responsibility for issues (Okamoto, 2001).

Relationship work is also an avenue to address issues of safety and security for people with intellectual disability. Keeping people safe involves looking at both the positives and negatives of existing relationships, and seeking to accentuate the positive while putting boundaries around the negative wherever possible. Workers commented that while it may appear easier to discourage a person to associate with certain others, this is likely to be unrealistic, and could undermine the person's sense of autonomy and create unforeseen repercussions in the person's life. Therefore, effective relationship work requires considerable reflection on the part of the worker. The worker may need to suspend his or her own judgement of a situation, resist the urge to take over the relationship, while addressing any exploitation that is occurring. A worker may challenge exploitation that exists within relationships by shining a light on the behaviour:

Letting them [the perpetrator] know in a nice way...this is who I am, I am involved, I am supporting this person...I'm talking to you because you're obviously a big part of this person's life right now and I want to meet you and get to know you. And even in the positive way that still lets them know that you're involved and watching what's going on...

MA assists people with and without intellectual disability to form *intentional groupings* (L'Arche Australia, 2009) to pursue common agendas. Intentional groupings are identified as one mechanism to assist people to save for a range of things, including goods and holidays, as one worker attests:

So they all save for an individual goal, but there's a relationship aspect to it where people support each other. They share what they're saving for. There's a bit of mutual pressure and there are some rules to the group, some structure to it...you commit to that.

The Adventure Holiday Group, formed when workers realised that the people they supported did not have the resources to have their own holiday, is one example of intentional grouping. It was set up with certain expectations for people, constituents, and volunteers who wished to join the group. Resources for holidays were acquired outside the group at first, but now members have the energy and enthusiasm to raise their own funds. The positive achievement of going on a holiday is something members can draw upon in other aspects of their lives.

People coming together because they have similar needs can also accentuate those needs. The act of grouping people with disabilities together is often seen as problematic in the ideology of disability service provision. As part of his social role valorisation theory, Wolfensberger (1992) described congregation as a way in which devalued people were kept separate from mainstream society. While the practice of

intentional groupings includes people without disabilities, there are still many instances where people with intellectual disabilities come together at MA, as the physical locality of the organisation acts as a base for many social gatherings. People with intellectual disability who have had a protected life may be negatively influenced by others with intellectual disability from more disadvantaged backgrounds.

Relationship building can be challenging for the worker on several levels. For example, it may be difficult to stay connected to a large number of people. Similar difficulties can be found in other approaches such as family-centred practice (Strock-Lynskey & Keller, 2007). At times there can be potential confusion over who is the primary client. Confidentiality within a person's extended network can also be an ongoing negotiation with the person with an intellectual disability. Relationship work is complex and all-encompassing, involving supporting, affirming, re-affirming and re-establishing existing connections, and building new relationships. It involves continual reflection and learning on the part of the worker. Because relationships between constituents and workers may take a while to develop and are resource-intensive, there is a danger that constituents can become over-reliant on workers. MA workers need to assess the pros and cons of their work with people, judging it in terms of what people with intellectual disability want to do and what is likely to be most helpful.

Building Resources

Many people with an intellectual disability supported by MA have difficulty accessing the resources needed to achieve a meaningful life. Fundamental needs such as housing, income, food, clothing, furnishings, and transport can be hard-won commodities. However, workers comment that it is a mistake to focus on obtaining these resources without considering the importance of relationships:

You can set up those material things around people but then Dad will come [from outside Brisbane] and they'll be off with him, and there'd be that frustration of, "Oh God, we did all that work and now they've gone and their Dad ditched them and they're homeless again"...People won't value [these resources] over the relationships and they'll be happy to leave it.

MA encourages people with an intellectual disability to discover their gifts, talents, and resources and use them for change. A common assumption is often made that people with intellectual disabilities are needy, passive recipients of human services, rather than acknowledging their strengths, abilities, and contributions. MA has been influenced by practice-based approaches such as mutualism, strengths-based practice, and asset-based community development. The organisation encourages relationships of reciprocal obligation and cooperation between people through which each person can engage in change and create opportunities (Wilkinson-Maposa, 2008). All of this takes time and effort if staff are not to fall back on the temporary "quick fix":

It's not all just a reliance on MA... people feel that they have... an imprint, their sense of their own decision making, because they've got resources to do things, and they don't have to come to us and ask for our permission to do things. (Worker)

Of course there can be tensions between what the worker and the constituent see as issues; for example, around the use of money. As one worker commented, "I don't think people have raised pawn brokers and credit cards as being bad. It's more workers seeing it as a problem".

Many people with an intellectual disability are poor and their poverty is likely to be accentuated if their parents also experienced poverty. MA works to assist people to address poverty in its guises of debt, homelessness, and inadequate income. This has been through both collective and individual utilisation of underutilised gifts and resources and through individual and collective gaining of external resources. Individually, people may develop skills in budgeting or, with assistance, attract external funding or affordable housing. Collectively, groups such as the workers' co-op, established to provide training opportunities, also provide important resources for both income generation and a sense of self-worth. Such developmental work requires considerable input from staff, who try to balance their use of time to achieve externally-funded outputs as well as internally-generated projects, while keeping the constituent central to their work processes. It may not always be possible for the worker to adequately balance these competing demands.

MA staff are encouraged to use as many aspects of themselves in their work as possible and are allocated projects based on their interests and passions. As one worker described, "The culture of the organisation is all about the potential to create things new... being innovative, having a go at things". However, there are also several challenges in resource building work. For example, there is a paradox of supporting people to have more control over resources through relinquishing control or sharing control with others. A person with an intellectual disability may be resistant to relinquishing control of their income, at least initially, but may actually achieve a better quality of life and be able to save for an important holiday if his or her money is managed by the Public Trust. Another challenge for workers is being able to support people to share their gifts in a society that does not value those gifts. An employee with an intellectual disability may only be able to work at a certain pace and for a few hours per week, but this is often not recognised or valued by employers.

Building Knowledge

People with intellectual disability can achieve positive change in their lives if they are supported to develop knowledge about issues that are important to their everyday lives. The process of building knowledge is another element to MA's practice framework, which recognises that there are different forms of knowledge development. This can include technical knowledge, knowledge from story or example, experiential knowledge, and knowledge from conscious reflection.

Technical knowledge can be developed by assisting people with intellectual disability to learn such things as preparing their own meals, keeping a budget, or running a meeting. Much of the learning of these skills is incidental at MA, based upon the needs and desires of the person with intellectual disability at the time. While there are more structured mechanisms to assist groups of people with intellectual disability to gain technical knowledge, such as the Literacy Skills Group, even these forums are individualised, with people developing their own agendas and curriculum. For people with intellectual disability to learn technical knowledge, the worker must be able to break down tasks into simple concrete steps and provide repeated opportunities for learning. Patience and persistence are important worker attributes, as is respecting the person's needs to feel competent and be treated as an equal.

Knowledge can also be gained through story-telling, case study, or other examples. Such sources provide a concrete example to people with intellectual disabilities about social situations, and can be directed to the needs of the individual or the group, or both. One worker mentioned that she used the content from the TV series "Home and Away" to provide opportunities for people to understand relationship issues. People with intellectual disability at MA have also been encouraged to share their own stories to help others; for example, the Talk About Bullying Group, where people shared their schooling experiences with students across Brisbane. In this instance, workers carefully supported people to overcome any anxiety they may have felt in sharing their stories to others. Different avenues were often explored depending on the person's comfort levels, such as having a worker read the person's story or videotaping a person telling their story.

Lived experience can also be a potent teacher and MA values the use of experiential knowledge in helping people with intellectual disability to make changes in their lives. An example was given by a worker in assisting a man with intellectual disability to better manage the symptoms of his mental illness. The man was able to understand how certain behaviours were concrete signs of becoming unwell:

We did a bit of an exercise where he described what physically changed when he was getting unwell. "When I sleep, I sleep with my door open usually. When I'm getting unwell I close the door. I close the door because the voices are shouting at me and I want to shut them out". So, that is a physical thing that is very concrete. "I've closed my bedroom door, I need to let D* know I'm not feeling well before it gets to the point I'm smashing things".

Assisting a person to consciously reflect on what is happening in their lives is another way in which MA assists people with intellectual disability to build knowledge. Many people need help to understand the emotions they may be experiencing. A worker can provide important reference points for the person by talking about what he or she observes, or the worker sharing his or her own feelings. One worker mentioned how many of the people she supported had very poor oral health, but felt that the discomfort they experienced was a common experience for

everyone. The issue was picked up through observation (e.g., only eating soft food) and helping the person to become aware of the need to get dental care.

Helping a person with an intellectual disability to develop knowledge also requires considerable reflection on the part of the worker. It can be easy to either over-assume a person's competency, or over-assume their inability. There is also the difficulty that people with an intellectual disability, like all of us, can be negatively influenced by the presence of false knowledge in our society; the constant presence of fast food advertising leading people to make poor nutritional choices is an obvious example. Effectively challenging such dominant social messages is difficult and MA staff noted that they had limited success in this regard.

Building Decision Making

A sense of autonomy and self-efficacy in a person's life is linked to actively participating in decisions regarding his or her own life. Decision-making can be individual or collective in nature, and can involve addressing a person's fears, lack of knowledge, and uncertainty. Most workers commented on this aspect of their work as central but challenging. MA recognises that people with intellectual disability may have difficulty articulating what they want; therefore, workers attempt to be truthful to a person's real expressions. This is through "deep listening" and finding the core messages behind a person's actions as mentioned previously. The core messages may be very difficult to understand and require a lot of reflection, persistence, and trial and error on the part of the worker. In some instances, the worker may be aware of a situation where the person with intellectual disability is being exploited by others, yet does not want to take action to stop the abuse. The worker needs to take the time to understand the underlying reasons for the person's reluctance, but not let go of the issue of exploitation. This may involve providing different options to the person that he or she feels comfortable with—such as talking to someone close to the person about an issue, without divulging information that the person does not want to be shared; or the worker talking to the other person involved. Figure 2 provides an example in which a worker supported a woman to make decisions that would promote her safety.

Decisions may also need to be challenged when they impact negatively on the person or on others. Workers noted a common issue is around assisting people with intellectual disability to develop a sense of self-control and healthy boundaries with others. For one man who had Bipolar Disorder, a worker needed to confront some of the unrealistic cognitions the man had and help him to make decisions more slowly without harming others in the process.

Several issues were raised by workers that need attention when assisting a person with an intellectual disability in decision making. First, there is a need to continually reflect on whether a person is really agreeing or disagreeing with a decision. A person may be experiencing considerable anxiety and this may affect how they respond. Second, there is a need to be careful not to pretend to understand a person when you

Deciding to Stay Safe

Worker: A woman had some taxi drivers coming over...she was lonely... really, really isolated. The taxi drivers would come and knock on her door and say "Hey, can I come in" They'd come for a cup of tea. She'd let them in, she loves making people cups of tea, then they wouldn't want to have a cup of tea, they'd want to have sex, which she'd feel obliged to go along with just because she'd let them in... So, first it was about talking about whether she wanted that. "What do you want from these men? What's good about them coming over? What do you not like about it?"... and then her deciding I don't want them to come over, this is not okay and then developing some language around that and some strategies of, "No, you can't come in, you need to leave now, I don't want you here... I am going to call M.A. I'm going to call the police" and so having that strategy of calling them while he is at the door. If he wouldn't go away, also talk to the neighbours and they were able to look out and see if some strange person was knocking on her door...they would all come out and say, "Hello, what are you doing here, who are you?"

Figure 2 Deciding to stay safe.

really may not. Third, there is a need to avoid colluding in harmful decisions that a person may make. Finally, there is a need to continually question one's own judgment about what actions one may regard as harmful, when they may be beneficial for the person.

Practitioners' Accounts of the Overall Challenges in Constituents' Experiences

When practitioners were asked to describe some of the everyday challenges that this group may experience, it was acknowledged that while each person they worked with was a unique individual, there were some common issues experienced by most people that presented practice challenges. Reference was often made to the level of assistance and time needed by people with intellectual disabilities to engage in everyday activities, as one worker explained:

A simple thing, like reading a phone number and making a phone call... maybe you can't retain the phone number in your head long enough to dial the number and if you do... you have to remember who to ask for. You have to be confident enough to ask for the person and then be able to articulate what you want... work out the answer that they are giving you... and remember that and then be able to use that information... There are 100 simple steps to everything you want to do and there's an opportunity for every little step to be a little bit harder for someone with an intellectual disability.

MA practitioners acknowledged that while people with mild and borderline intellectual disabilities are able to engage in many activities independently compared with people in the lower range of IQ, the level of autonomy available to them presents its own difficulties. For example, a natural desire to be regarded as competent and similar to others without disabilities may lead people to mask their troubles in understanding complex social nuances and abstract concepts in communication. This can result in a failure to understand the person's behaviour

and choices. In particular, service providers may regard people as noncompliant, attention-seeking, or unmotivated:

Generalist services . . . may not even realise that people have a significant cognitive disability because people can verbalise . . . They can say "yes" to the workers, who have the great plans about things they should do with their lives. (Worker)

Workers then may fail to understand why the person does not follow through on such plans and feel that the person is not responding to them. The service relationship is likely to break down from these misunderstandings. To be effective, relationships must be built on a shared understanding of the goals of practice. Identifying such goals is a further challenge.

Assessing What is Important—Finding the Core Message

Participants noted that a key element in understanding a person is learning about the core messages in his or her life. In their experiences, these core messages may be something quite different from those the constituent immediately presents. They may feel fairly powerless in their lives, and feel the need to assert themselves by saying "no" to things they actually want. It may take a very long time to understand what a person is really communicating and there can be several core messages. It was acknowledged that this is true for many people, but negotiating from the initial statement of issues to the core issue takes time and skill. In the example below, a woman with an intellectual disability expresses her need to connect:

This woman lives in a unit on her own and spends a lot of time on the computer. Really doesn't venture out much . . . At times she has a real need to connect so she calls up and wants the workers to come around and visit, but if we say could we help her find something to do in the community? Or get involved in a group? We've got volunteers that could get involved. She's like, "No, no, I don't need anyone else; I just want you guys". So we go "Okay, that's okay", that approach clearly wasn't working, but she'd still be ringing up looking for us to connect with her . . . She's a very proud person as well so that's why she said, "I don't need any one else, I don't need a volunteer". So we went back to her and said, "Would you be interested in connecting with an unpaid worker; we have people who are happy to help us out and don't want to get paid. They're looking for things to do; they're also interested in learning about what we do?" She said "I'd love to do that", so it's putting a different label on the role. (Worker)

Listening to the underlying messages behind the woman's actions involved a gentle and intuitive approach. The woman was communicating quite clearly that she felt comfortable with MA workers and that she was feeling bored and lonely. This manifested as numerous phone calls per day, keeping the worker chatting on the phone, and not wanting workers to leave when they visited. Other core needs were having a sense of pride and being able to help others. The solution of the "unpaid worker" was one that listened to the woman's core messages.

Conclusion

Gentleness, Hope, and Celebration

This article has touched upon some of the practices of the Meryton Association, which supports programs and projects to assist people with mild and borderline intellectual disabilities to live meaningful lives. The constituents who receive support from MA tend to be high frequency users of a diverse range of welfare services. While the practice approach outlined in this paper has been effective in the context of MA, further research is needed to examine its applicability to other types of services and service users. In many respects, MA's approach runs counter to the contemporary economic rationing of many welfare services, and the current emphasis on short-term, episodic support. It has survived in a neoliberal context due to its ability to attract and retain highly creative and skilled workers and ensure effective outcomes for service users, who may have previously been rejected by other services.

The MA approach has been informed by the lived experience of people with intellectual disability and is developmental in nature, aiming to build people's capacities for relationships, resources, knowledge, and decision-making. The intent of such practice is to relate to a vulnerable group of people with gentleness and respect, and to instil a sense of hope and celebration for life, which previously may have been missing. Workers who engage in this practice need to be highly reflective, and be willing to embrace very complex situations. They need to prioritise the importance of relationships in their work and be creative in coming up with solutions to the issues presented. The practice framework used at Meryton Association—with its four elements of building relationships, building resources, building knowledge, and building decision-making—is an important guidepost to such a practice.

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