

Welcome to Volume 11, Issue 4. It includes papers on a variety of topics that point to the diversity of needs presented to services.

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Two papers address dementia. This is a topic that we must expect to grow in terms of papers as the changing demographics of people who have intellectual disabilities and the increasing expectation that services will respond fulsomely to people who have intellectual disabilities and develop dementia. The two papers published in this issue look at dementia from different angles and at different scales. Shoostari *et al.* present and discuss population data that describe the diagnostic prevalence in Manitoba, Canada. It joins an expanding list of similar studies conducted in other geographical areas, which collectively inform us about the prevalence and guide the thinking of those who plan to study prevalence in their own parts of the world. At the other end of the scale, Bayley *et al.* report the results of an evaluation of one specialist memory clinic illustrating the means by which such services can be examined.

Also at the “close-up” end of the scale, Sheehan *et al.* report an evaluation of a psychotropic medication group in a low-secure hospital setting. This is useful to us for its illustration of method, and also for the recommendations the authors offer to other services that plan to develop and evaluate similar groups.

Brown *et al.* investigated the knowledge of public defenders (state-appointed defence lawyers) about fetal alcohol syndrome disorder (FASD), and also their needs for further education of this topic. Many people who have FASD will also have intellectual disabilities and are at risk of coming conflict with the law. These are issues that many professionals working in intellectual disability services have little knowledge of, and all whose work intersects with medico-legal and forensic processes may be as much in need of information as Brown *et al.*'s public defenders were.