7 November 2014

Committee Secretary

Senate Standing Committee on Community Affairs

PO Box 6100

Parliament House

Canberra ACT 2600

Dear Committee Secretary:

**SENATE STANDING COMMITTEE FOR COMMUNITY AFFAIRS INQUIRY INTO OUT OF HOME CARE: PARENTS AND CHILDREN WITH DISABILITY**

People with Disability Australia (PWDA) is a leading disability rights, advocacy and representative organisation of and for all people with disability. We are the only national, cross-disability organisation – we represent the interests of people with all kinds of disability. PWDA’s primary membership is made up of people with disability and organisations primarily constituted by people with disability. PWDA is also currently funded to ensure that the experiences of children, young people and adults with disability are included in the Royal Commission into Institutional Responses to Child Sexual Abuse.

PWDA would like to thank the Committee for the opportunity to comment on issues related to out of home care, and for kindly agreeing to an extension in time. We note that there are a number of other ongoing inquiries relevant to this Inquiry, of particular note is the recent submission PWDA made to the United Nations Committee Against Torture and other submissions made to the Committee by Women With Disabilities Australia and Care Leavers Australia Network.

In addition, the processes and outcomes of the Royal Commission into Institutional Responses to Child Sexual Abuse will also be of relevance. Although the Royal Commission is focussed on sexual abuse, a number of comments made by the Commissioner have made clear that their investigations show that sexual abuse is most usually co-existent with physical abuse, neglect, and other forms of human rights abuses and injustices. In this context, the Royal Commission is examining a variety of forms of abuse that surround, compound and sustain organisational settings in which sexual abuse can occur. We commend the Royal Commission’s Interim Report to your attention.

**Background**

*Institutionalisation in Australia*

Historically, children and young people with disability are among the most likely in our community to be institutionalised, often through child protection systems. Unlike most other children and young people in out of home care, children and young people with disability are most frequently institutionalised to benefit other people, often with limited, if any, consideration of what might be in their best interests.

Institutional settings have been, and continue to be, the site of very high levels of abuse and neglect of children and young people with disability. Institutional care is also incapable of meeting the emotional and developmental needs of children and young people. It is clear that institutional forms of care are not in the best interests of any child with disability. It is urgent that this form of care is eliminated, and that a primary care system that provides positive child and family centred services is developed to replace it.

Recent social policy developments have reduced the rate of institutionalisation of children and young people with disability, though not eliminated it. However, there remains much to be done to provide the community, disability, family support and health services that will address the underlying factors that lead to many out of home placements. There are critical levels of unmet need for specialist disability services across Australia. In addressing this crisis, there has been far too little attention given to the development of a primary care system that is capable of supporting family structures to avert family breakdown. There is also much to be done to develop a social policy consciousness of children and young people with disability as children and young people first.

*Policy context*

Australia’s spending on child protection systems has increased by an average of 7% over the past 7 years, and the majority of costs are attributable to out of home care.[[1]](#footnote-1) It is important to note that much out of home care arrangements are administered and managed by state-based authorities, and vary markedly. For example, in the 2009 NSW Government Out of Home Care Review, the Boston Consulting Group found that Victoria’s focus on universal, low-intensity support for families and a focus on the ‘best interest’ of the child led to a system that treated out of home care as a last resort. NSW’s system, by comparison, was costly, inefficient and tended to lead to greater levels of out of home care for children.[[2]](#footnote-2)

However, there are some aspects of out of home care which fall within federal purview. Obviously, the *National Framework for Protecting Australia’s Children,* its Action Plans and various other initiatives are a key means for the Federal Government to influence change in this area. In addition, the *Family Law Act* *1975* is one of the legislative frameworks under which children are placed in out of home care. Thus, the Federal Government has jurisdiction to reframe the issues surrounding out of home care, especially for children and young people with disability.

It is an urgent priority that the Federal Government provide leadership to state-based child protection systems in ensuring all aspects of Australia’s legislation, policies and agencies comply with international human rights conventions to which Australia is a party, especially the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC). In doing so, it should take note of the recommendation made to Australia by the Committee on the Rights of Persons with Disabilities which specifically considered the *National Framework for Protecting Australia’s Children*, and recommended that Australia:

1. Step up efforts to promote and protect the rights of children with disabilities, by incorporating the Convention into legislation, policies, programmes, service standards, operational procedures and compliance frameworks that apply to children and young people in general; and

(b) Establish policies and programmes that will ensure the right of children with disabilities to express their views on all matters concerning them.[[3]](#footnote-3)

This is an international, national and moral obligation, particularly in light of the unsustainable and frequently damaging experiences of out of home care for children. It is clear that leadership is required to ensure that the ‘best interests’ of children, including children with disability, shapes this area of legislation and policy going forward.

This letter will focus on three key issues for children, young people and adults with disability in relation to out of home care:

1. the high rate of unrecognised disability amongst children in out of home care;
2. the disproportionate rates at which parents with disability have children removed from their care through child protection systems; and

3) the likelihood of children with disability to be provided with out of home care in specialist and segregated settings.

There are a range of human rights issues that are raised by the current systems of out of home care across Australia, including rights of children, elaborated in the CRC, to:

* the *participation*of children in decisions which affect their own destiny;
* the *protection* of children against discrimination and all forms of neglect and exploitation;
* the *prevention* of harm to children; and
* the *provision*of assistance for their basic needs.[[4]](#footnote-4)

The CRC also provides numerous reinforcements (Article 5, 9, 10 and 20) regarding the right of children to be cared for by their parents and/or family, and to have support provided to their family if required to maintain this relationship.

In addition, the CRPD (Article 7) elaborates that children with disability have a right to ‘full enjoyment of all human rights and fundamental freedoms on an equal basis with other children,’ and ‘the right to express their views freely on all matters affecting them… and to be provided with disability and age-appropriate assistance to realise that right.’

Further, Article 23 of the CRPD focuses on respect for home and the family. This elaborates an expansive and detailed set of rights which ensure that children and their families are not separated, and particularly not for reasons related to disability (whether parental or the child’s). It delineates the rights that both families, parents and children with disability have to various forms of support to ensure that families can fulfil their child-rearing responsibilities.

*Rights to Freedom from Violence*

However, the right to freedom from violence is reinforced across a number of different international Conventions (the United Nations Universal Declaration of Human Rights ,CRC, CRPD and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment), and is at the heart of many of the concerns about out of home care. Children who are in out of home care are frequently there because they have been removed from violence. It may be understood as a particularly egregious breach of State responsibility that many go on to experience violence in out of home care.

Children with disability are more than three times more likely to experience abuse than their peers.[[5]](#footnote-5) This is unacceptable and requires urgent intervention. Some violence occurs in familial settings where child protection systems may properly intervene. Unfortunately, a child’s disability may be characterised as a ‘risk factor’ in these settings, problematically blaming children. Whilst in many circumstances out of home care is a *response* to violence, it can also be a *cause*.

However, it has long been demonstrated that the kinds of specialist, segregated settings that are often selected as ‘appropriate’ for children with disability in out of home care are associated with higher levels of abuse and violence. The choice of these settings also is in breach of Article 23 of the CRPD, which binds Australia to ‘undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting.’

There is an alarming level of community acceptance of the abuse and neglect of children with disability, and this abuse and neglect is frequently understood to result from the child’s disability. This tendency to blame children with disability for the violence, abuse and neglect that they experience means that this violence is often poorly recognised, and responses around reporting inadequate.

1. **Prevalence of Disability amongst Children in Out of Home Care**

Children with disability are likely to be overrepresented in out of home care, but they are frequently underrecognised. However, some figures suggest that more than half of children in out of home care have some kind of disability. In many cases, governments situate a child’s disability as a ‘risk factor’ for family breakdown, making children, rather than the absence of adequate family supports, responsible for familial difficulties or dysfunction. This is reflected in the demonstrably discriminatory attitudes from caseworkers in the system. Research demonstrates a frightening propensity to ascribe blame for child abuse to the child’s disability.[[6]](#footnote-6)

The prevalence of disability amongst children in out of home care appears to be quite dramatically underestimated in official figures. The Create Foundation found, for example, that prevalence figures for disability amongst children living in out of home care can vary from around 4% in some studies to in excess of 60-70%, depending on the method of data collection, whether diagnostic frameworks were used, and the definition of disability more generally.[[7]](#footnote-7) The lower figure of 4% is derived from a Tasmanian report, and reflects the number of children in out of home care already receiving disability support, demonstrating the difficulty in clarifying those children with disability who are not receiving adequate support.[[8]](#footnote-8)

As observed in the Create Foundation’s report, the underestimation of disability amongst children in out of home care is most likely the result of a failure to fully implement a social model of disability across all jurisdictions. Where conventional medical models of disability focus on a person’s impairment, characterising the impairment as the source of the barriers or impediments the individual experiences, the social model understands disability to result from how that impairment interacts with a social environment, producing ‘various barriers [which] may hinder their full and effective participation in society on an equal basis with others’ (Article 1, CRPD).

Conventional medical models of disability, which are most commonly used in definition of disability by governments in Australia (though notably not in the National Disability Insurance Scheme), tend to require professional diagnosis of impairment before the barriers that a child faces can be recognised and/or ameliorated. In NSW, for example, the impairment must be ‘permanent,’ which can be difficult to assess in children, and tends to undermine the provision of early intervention supports.

The recognition of a child’s disability, which is most frequently what then leads to diagnosis, may be more difficult for children in out of home care, as they may have multiple people providing care. In addition, many of these carers and caseworkers are likely to adopt the highly limited, conventional, medically-based definition of disability used by government.[[9]](#footnote-9)

In addition, ‘disability support’ in out of home care is also often problematic. The recognition of disability support needs in a child entering the out of home care system can lead, as it does in NSW, to the child entering a ‘specialist’ form of care. The policies for children with disability differ quite markedly in NSW, and can result in a child with disability being congregated and segregated in an institutional (group home) setting, potentially with adults. Such settings are widely recognised by child protection systems to be problematic for a child’s emotional and social development, and to be inappropriate for many children. This may act as a disincentive to the recognition of particularly less obvious forms of disability amongst children moving into out of home care, and affirm prejudicial attitudes that may exist among child protection caseworkers.

With both the poor recognition of disability, and the potential unwillingness to place a child in a ‘disability stream’ of the child protection system, the child protection system as a whole lacks a robust understanding of how to ensure the rights of children with disability. This means that many children are not provided with access to the support they need.

This means that there are numerous children with disability in out of home care who are not recognised to have disability, and thus may not receive adequate or specific enough support to support the full exercise of their human rights. Article 7 of the CRPD states that ‘all necessary measures [must be taken] to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.’

This failure to provide support to children with disability also contradicts the increasing focus on early intervention across a variety of jurisdictions and initiatives (including the National Disability Insurance Scheme). The recognition that early intervention can improve long-term outcomes, and the increasing availability of support designed for this end, means that robust recognition of disability amongst children in out of home care must be a major priority.

It is heartening to see that children with disability are recognised as a priority in the National Framework for Protecting Australia’s Children Second Action Plan. However, PWDA remains concerned that the Framework is not working with a robust understanding of the social model of disability, or a focus on the best interests of children with disability. For example, the Plan’s commitment to ‘explore evidence-based models of working with families where disability of the child or adult is impacting on the safety and well-being of children,’[[10]](#footnote-10) characterises a child’s disability as the cause of their own potential lack of safety. Further, this commitment also inappropriately situates the disability of a parent with disability as placing children at risk.

1. **Disproportionate Removal of Children from Parents with Disability**

It is well recognised that Aboriginal and Torres Strait Islander children are removed from their parents and families at alarming rates in Australia, leading some to warn of a ‘new Stolen Generation.’[[11]](#footnote-11) It is less well recognised that parents with disability have their children removed from them at vastly disproportionate rates. [[12]](#footnote-12) This is especially the case for parents with intellectual disability, despite research demonstrating that intellectual disability cannot be understood as an indicator for abuse and neglect.[[13]](#footnote-13) Many of these removals are understood to be in the child’s ‘best interests’, situating the interests and rights of child and parent in competition, rather than co-extensive, an understanding reflected in international human rights law.[[14]](#footnote-14)

The orientation of child protection systems towards the ‘best interests of the child’ has been robustly critiqued for its vulnerability to the prejudices and biases of those implementing the system. This leads to families being threatened with the removal of children in situations where a child is not at risk; i.e., simply because of the disability of a parent.

 The following case study illustrates some of these problems[[15]](#footnote-15):

**Lila and her first child**

Lila was pregnant with her first child. She has a history of mental health problems and intellectual disability. She had a good history of engaging with support services. Her disability and mental health workers had been trying to get assistance from Community Services well before the birth. They felt Community Services were blocking referrals to support services to assist Lila with the baby. Community Services seemed to think there was no point making referrals as they were going to court to have the baby removed when it was born.

Lila’s mental health worker called the Intellectual Disability Rights Service ((IDRS), a disability specialist community legal centre). IDRS’ solicitor wrote to Community Services reminding them of their obligations under the legislation and invited Community Services to contact the centre to discuss concerns they had about Lila’s ability to parent or Lila’s parenting support needs. Community Services responded positively admitting they did not know much about intellectual disability and invited training for their officers.

Lila went home from hospital with her baby. No court application was filed and Community Services helped line up support services.

Whilst is it heartening that this story ended positively for all involved, they reveal a serious problem at the heart of child protection services when it comes to parents with disability. The belief amongst child protection caseworkers that parents with disability will be inadequate parents can become an impediment to the provision of support to those parents.

This is reflected in decision-making under the *Family Law Act 1975*, which requires a high level of ‘independence’ from parents in order to be understood as adequate care-givers for their children. This concept of ‘independence’ is based on the assumption that all families must live up to a standard set by the nuclear family, with little attention paid to the fact that few parents, with or without disability, parent without support from others. This requirement of independence can override numerous other factors in assessing custody, and disproportionately disadvantages people with disability.[[16]](#footnote-16)

This requirement of independence not only obscures the informal support which is ordinarily received by the majority of families, but also diminishes the responsibility of the state to provide support services to those who are socially isolated for various reasons. This has a disproportionate effect on people with disability who are frequently socially isolated.[[17]](#footnote-17)

The refusal to provide support services to parents with disability is contrary to Article 23 of the CRPD, which states that Australia must ‘render appropriate assistance to persons with disabilities in the performance of their child-rearing responsibilities’ and that ‘[i]n no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents.’

It is also worth noting that, for example, although the provision of ‘appropriate assistance’ is a requirement of the CRPD, proposals to ensure this kind of support have been deemed by NSW Minister for Family and Community Services, Pru Goward, to be ‘very expensive’.[[18]](#footnote-18) NSW spends more money on its child protection system (the majority of which goes to out of home care provision) than any other Australian state.[[19]](#footnote-19) The failure to recognise the parenting capabilities of people with disability, and the subsequent removal of children, is thus clogging the system, costing NSW vast amounts of money, and is contrary to obligations under international human rights law.

1. **Residential care and children and young people with disability**

There are frequently different ‘streams’ of out of home care created for children with disability, which influence both their move into out of home care, and what their out of home care itself may look like. For example, NSW allows voluntary arrangements for out of home care to be given to children with disability. This means that where government services fail to adequately support families, some parents may be forced to choose for their child to be placed in out of home care. Further, those children recognised as having disability under the Disability Services Act are subject to different pathways to other children, which may result in an individual child being placed in a congregate care setting such as a group home, with other people with disability.

Children and young people with disability are more likely to be in residential (non-familial) settings than their peers. These residential settings often congregate people with disability together, and segregate them from the rest of their community, contrary to the requirements of Article 19 of the CRPD. These settings frequently lead to high levels of abuse, neglect and exploitation. Some of the reasons for that these settings lead to higher levels of harm are explored at greater length in PWDA’s 2010 report, *Rights Denied: Towards a National Policy Agenda about Abuse, Neglect and Exploitation of Persons with Cognitive Impairment* which is attached to this letter.

The acknowledgment that large residential congregation of people with disability is problematic has led to government commitments in Australian states to close specialist institutions for people with disability. However, this process is unacceptably slow, and in many cases is leading to the ‘redevelopment’ of institutional settings, and/or the development of new congregate care settings in the non-government sector. The Committee on the Rights of Persons with Disabilities noted this problem in its consideration of Australia’s progress under the Convention last year.[[20]](#footnote-20)

In NSW, group homes are frequently treated as the panacea with the closure of large residential centres. As noted above, group homes may be used for out of home care for children with disability. However, a Performance Audit Report, *Group Homes for People with Disabilities in NSW* conducted by the Auditor General of NSW in 2000 found that despite being located in the community, group homes do not mean greater participation in community activities, better quality care with individual needs being met or greater protection from abuse and neglect. In fact the Report found that the incompatibility of residents led to “injury, aggression, hostility, threats, intimidation and fear”.[[21]](#footnote-21) Following the findings of this Report, the Commission concluded that “(s)uch an environment would generally not be considered appropriate for adolescents or young adults, let alone children”.[[22]](#footnote-22)

This kind of congregation is usually designed to save costs on the provision of specialist support. However, it congregates people with disability together, resulting in their segregation from their community, and their family. This kind of segregation has a range of detrimental effects on a child’s emotional and social development. In other words, children with disability are directed towards the disability service system, which is based on a philosophical approach that focuses on disability and not child related needs. It views children with disability as being different to other children: ‘the mere fact of disability require[d] a child to live their life in segregation, away from society and apart from their family and natural networks’. [[23]](#footnote-23)

The National Disability Insurance Scheme (NDIS) offers the potential to transform the places that people with disability can live, because it enables people with disability to access support in their home. This has the potential to transform how children with disability are provided with out of home care. It should, in other words, enable children with disability to be cared for in a family setting, with support provided in-home as required, funded by the NDIS.

**Recommendations**

1. That all Australian governments adopt a social model of disability in all legislation in order to ensure adequate access to supports for people with disability, including children.
2. That the Australian Government consider amending the *Family Law Act 1975* in light of the specific recommendations made by the Office of the Public Advocate, Victoria, to ensure that legislation complies with the Convention on the Rights of Persons with Disabilities.
3. That the Australian Government undertake an inquiry into the removal of children in the context of disability; that is, where parent/s and/or child/ren have disability, to find whether the child protection system is fulfilling Australia’s obligations under the CRPD and the CRC.
4. That the Australian Government use the National Framework on Protecting Australia’s Children to fulfil the rights of children, including children with disability, under the CRPD and the CRC.
5. That the Australian Government use the National Framework on Protecting Australia’s Children to support the integration of child protection systems with disability support, especially the National Disability Insurance Scheme to both ensure adequate support to children with disability, and to prevent children with disability experiencing segregation, congregation and institutionalisation.

We would be pleased to provide the Committee with further information about any of these matters and are available to be contacted should you require further information. Please contact Dr Jess Cadwallader, Advocacy Project Manager, Violence Prevention on jessc@pwd.org.au or by phone: (02) 9370 3100.

Sincerely,

**DR JESSICA CADWALLADER**

Advocacy Project Manager, Violence Prevention

Attached:

People with Disability Australia (2010) *Rights Denied: Towards a National Policy Agenda about Abuse, Neglect and Exploitation of Persons with Cognitive Impairment.*

1. Australian Institute of Family Studies, *The Economic Costs of Child Abuse and Neglect: Fact Sheet September 2014*, Child Family Community Australia, Australian Institute of Family Studies, Australian Government, 2014. [↑](#footnote-ref-1)
2. The Boston Consulting Group, NSW Out of Home Care Review: Comparative and Historical Analysis*,* The Boston Consulting Group, 2009. http://www.community.nsw.gov.au/docswr/\_assets/main/documents/bcg\_report.pdf [↑](#footnote-ref-2)
3. Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013), CRPD/C/AUS/CO/1 [↑](#footnote-ref-3)
4. Melinda Jones, *Myths and Facts Concerning the Convention on the Rights of the Child*, paper presented at the 6th Australian Institute of Family Studies Conference, “Changing Families, Changing Futures”, 1998, p. 1 [↑](#footnote-ref-4)
5. Sally Robinson, *Enabling and protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, Children with Disability Australia, 2012, p. 9. [↑](#footnote-ref-5)
6. Create Foundation, *Supporting children and young people with a disability living in out of home care in Australia*: *Literature Review,* Create Foundation, 2012, p. 11. [↑](#footnote-ref-6)
7. Create Foundation, *Supporting children and young people with a disability living in out of home care in Australia*: *Literature Review,* Create Foundation, 2012. [↑](#footnote-ref-7)
8. Alison Jacob and David Fanning, *Report on Child Protection Services in Tasmania,* Department of Health and Human Services Tasmania and Commissioner for Children Tasmania, 2006. [↑](#footnote-ref-8)
9. Create Foundation, *Supporting children and young people with a disability living in out of home care in Australia*: *Literature Review,* Create Foundation, 2012, p. 24. [↑](#footnote-ref-9)
10. National Framework for Protecting Australia’s Children: Second Action Plan, Department of Social Services, Australian Government, 2012, p. 27. [↑](#footnote-ref-10)
11. John Pilger, “Another Stolen Generation: How Australia still Wrecks Aboriginal Families”, *The Guardian: Comment Is Free*, Saturday March 22, 2014 http://www.theguardian.com/commentisfree/2014/mar/21/john-pilger-indigenous-australian-families [↑](#footnote-ref-11)
12. Emily Renwick, “Child removals from intellectually disabled parents ‘inhumane’”, *ABC News,* 24 October, 2012 <http://www.abc.net.au/news/2012-10-23/calls-for-changes-to-child-removals-from-disabled-parents/4329772>; David McConnell, Gwynnyth Llewellyn and Luisa Ferranto, *Parents with Disability and the NSW Children’s Court*, University of Sydney, 2000; Tim Booth, Wendy Booth and David McConnell, “The Prevalence and Outcomes of Care Proceedings Involving Parents with Learning Difficulties in the Family Courts”, *Journal of Applied Research in Intellectual Disabilities* 18(1), pp. 7-17. [↑](#footnote-ref-12)
13. Alister Lamont and Leah Bromfield (2009), “Parents with Intellectual Disabilities and Child Protection: Key Issues,” *NCPC Issues 31.* [↑](#footnote-ref-13)
14. Annette R Appell and Bruce A Boyer, “Parental Rights vs. Best Interests of the Child: A False Dichotomy in the Context of Adoption,” *Duke Journal of Gender Law and Policy* 2(1), pp. 63-84. [↑](#footnote-ref-14)
15. Parents with Intellectual Disability in Care Proceedings, Intellectual Disability Rights Service Website: http://www.idrs.org.au/support-parents/cnp-stories.php [↑](#footnote-ref-15)
16. Barbara Carter, *Whatever happened to the village: The removal of children from parents with a disability: Report 1: Family law – the hidden issues*, Office of the Public Advocate Victoria, 2013, p. 12. [↑](#footnote-ref-16)
17. M L Ehlers-Flint (2002) “Parenting Perceptions and Social Supports of Mothers with Cognitive Disabilities” in Sexuality and Disability. 20(1); Gwynnyth Llewellyn and David McConnell (2003) “Mothers with Learning Difficulties and their Support Networks*” Journal of Intellectual Disability Research*. 46(1), pp. 17-24. [↑](#footnote-ref-17)
18. Emily Renwick, “Child removals from intellectually disabled parents ‘inhumane’”, *ABC News,* 24 October, 2012 http://www.abc.net.au/news/2012-10-23/calls-for-changes-to-child-removals-from-disabled-parents/4329772 [↑](#footnote-ref-18)
19. Australian Institute of Family Studies, *The Economic Costs of Child Abuse and Neglect: Fact Sheet September 2014*, Child Family Community Australia, Australian Institute of Family Studies, Australian Government, 2014. [↑](#footnote-ref-19)
20. Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Australia, adopted by the Committee at its tenth session (2-13 September 2013), CRPD/C/AUS/CO/1 [↑](#footnote-ref-20)
21. Audit Office of NSW, (2000) Performance Audit Report: Ageing and Disability Department - *Group Homes for People with Disabilities in NSW*, p. 30 [↑](#footnote-ref-21)
22. Community Services Commission, (2000) *Inquiry into the Practice and Provision of Substitute Care in NSW*, p. 47 [↑](#footnote-ref-22)
23. Queensland Advocacy Incorporated, *Children with Disability in 1998: Still Glides the Stream*, Newsletter December 1998. [↑](#footnote-ref-23)