

**In looking at “The Involuntary or Coerced Terminations of Pregnancy for People with a Disability”, I think, we need to look at the outcomes since this practice was removed.**

It is well over 20 years since advocates have proposed disabled people have the right to have children. Many have had children. As a Child Health nurse working with these parents, I would like to make some observations and a recommendation.

- With 30 years of working with a special interest in supporting parents with an intellectual disability, in all cases Child Safety have become involved. Rarely, have these reports been from my legal responsibility to report cases of child abuse. Over-representation of parents with a disability in Child Safety care is a statistical fact.
- My observation is these parents love their children but as the children move into toddlerhood they do not have the life skills to parent safely. Most community health services for intensive parent support are withdrawn at the first birthday. My advocating for this to be extended has been denied at the local level.
- For a few, grandparents take up the required care and support, for which I admire them. For many this is not available as the grandparents do not have the ability either. I have encountered a family where many children had been removed from the care of the mother. Three of those” children” had children of their own by the time I was involved with her last baby. All of those, now young women, and their children were involved with Child Safety.
- My observations have been made in metropolitan, provincial and country locations over 30 years.

*My concern is we have given a right without ensuring the necessary life skill support is in place.*

We have said, “You can be parents”, then, “ You are bad parents. We may have to take your children from you”, simply because the life skills are not practically demonstrated.

If we are to give this right, my recommendation is that day care centres are set up where parents and children attend. Appropriate staffing, I would envisage, would include - Child Health Nurse for young babies, Early Childhood teacher for older group and Social Worker support. In smaller towns, a support worker could attend a regular day care centre modelling care and also give extra skills including for example, cooking nutritious meals. Referral to the centres would be via Midwifery service as extended support is now.

I understand a service on a similar model, NEWPIN, operates in some states. A specific centre for people with a disability would be better than one with one that includes people with drug and alcohol issues.

In a country town, a client of mine was advised her little baby would be taken from her if she did not have support. She requested my help. I was able to enlist a group of ladies from a local Church. I understand a lot of practical support was given. When I revisited that town 19 years later, I found a young lady together with her mother, still in regular contact with these ladies - a village support. This has been the best outcome I have encountered. With today’s life style for women, that level of support would be difficult.

***To give a right, then set a person to fail because of inadequate and appropriate education, is worse than not giving the right.***

I have also known a married couple who both had an intellectual disability. The female had had permanent measures taken to prevent contraception. They have lived independently, in a loving relationship for 20 years with only a little support necessary. As the male had a brother with a more severe disability for his widowed mother to care for, any extra burden would have put the extended family under extreme pressure. My observation is that this is a fulfilled, loving extended family - *a good outcome.*