Disability and Child Protection: Understanding the Overlap



Children and young people involved with child protection systems experience disproportionately high rates of disability, yet the service systems designed to support them—child protection, disability, education, health, and mental health—continue to operate in siloes.

As governments pursue reform in out-of-home care, early intervention, and the NDIS, a clear understanding of the intersection between trauma, adversity, and disability is essential to improving outcomes for this high-needs group.

Prevalence of Disability in the Child Protection System

Research shows that disability is far more common among children and young people in contact with child protection than in the general population. While around 10% of children live with disability overall, studies consistently report rates of 30–67% among children and young people in out-of-home care.

- The **Victorian Commission for Children and Young People (CCYP)**, in Keep Caring (2020), found that **67% of young people aged 15+ in residential care** had a diagnosed disability. The most common impairments were cognitive, psychosocial, and speech and language difficulties.
- The **Disability Royal Commission** cited national data showing that **over 40% of children and young people in care** have a disability. This figure is likely an undercount, given barriers to diagnosis and eligibility.
- Among **Berry Street Yooralla's** own service users, at least 60% of students, 50% of young people in residential care and 40% of children in foster care have a disability.
- The **NDIS** has acknowledged both the prevalence of disability and the challenges in supporting children involved in the child protection system, who are unable to readily access and retain supports due to instability, unclear guardianship, and diagnostic delay.

This prevalence is mirrored across other systems. Research from Baidawi et al. (2023) and the Australian Institute of Health and Welfare (AIHW) finds that children with disability are more likely to be:

- Exposed to family violence
- Removed into care
- Re-traumatised through system responses
- Criminalised and overrepresented in the youth justice system.

The Developmental Effects of Trauma and Adversity

The high rate of disability in children and young people in contact with child protection reflects the deep **interplay between trauma, caregiving adversity, and neurodevelopment.**

Multiple studies confirm that **exposure to trauma and adversity in early childhood can impair brain development**, especially in the domains of language, emotional regulation, executive functioning, attention and memory. These impairments are often diagnosed later as intellectual disability, autism, or psychosocial disability—but they may also be misdiagnosed or remain unrecognised.

Key findings from recent research include:

- **Trauma is widespread:** Many young Australians report experiences of maltreatment, violence, or emotional abuse beginning in early childhood (Matthews et al., 2023).
- **Preschool age children are especially vulnerable:** They are the age group **most likely to be present at incidents of family violence** (Phillips, 2020) and most likely to be the subject of substantiated child protection reports (AIHW, 2025).
- **Trauma and disability co-occur:** Developmental delay can be both a symptom of trauma and a factor that makes a child more vulnerable to harm (Ford, 2023; Vogel, 2024).
- **Early adversity shapes lifelong outcomes:** The original **Adverse Childhood Experiences (ACE)** study (Felitti et al., 1998) and decades of research since have shown links between early trauma and later health, education and behavioural outcomes.

Notably, trauma can **mimic, mask or compound disability** in early childhood, especially before developmental trajectories are well established (Zero to Three, 2016). For this reason, leading experts advise caution when diagnosing disability in the preschool years, and instead call for trauma-informed, developmentally sensitive approaches that can respond to overlapping vulnerabilities.

Aboriginal and Torres Strait Islander Children and Young People: Overrepresentation and Compound Disadvantage

Aboriginal and Torres Strait Islander children and young people are significantly overrepresented across child protection, disability, youth justice, and homelessness. Aboriginal children are **11 times more likely to be in out-of-home care** than non-Indigenous children (AIHW, 2025). They are more likely to be exposed to early adversity, intergenerational trauma, and system-level discrimination (Yoorrook Justice Commission, 2025). However, cultural and community-led supports are underfunded, despite being essential for healing and development. This can mean that Aboriginal and Torres Strait Islander children and young people have delayed or limited access to the supports they need - they can be over-represented in statutory systems and under-represented in support systems at the same time. Systems must prioritise **self-determination, cultural safety, and community control** if they are to address these inequities.

Systemic Gaps and Barriers to Support

Despite the clear overlap between disability and child protection, service systems often fail to work together in supporting this cohort. Children and young people fall through gaps created by **fragmented eligibility rules, funding siloes, and poorly coordinated care.**

- **NDIS Access Is Inconsistent:** Children and young people in care—especially in residential settings—may face delays or denials in NDIS access due to lack of a formal diagnosis, unclear guardianship, or insufficient evidence of functional impact. Statutory caseworkers may not have the time or expertise to navigate complex application processes.
- **Service Responses Are Siloed:** Even when disability is identified, children and young people may be referred to clinicians who operate outside their broader therapeutic or educational team. Speech therapy, for instance, may be delivered in isolation from the trauma-informed work occurring within the care placement.
- **Systems Are Built for Simpler Needs:** The NDIS is premised on individual choice and control, yet children and young people in care often move frequently, have multiple professionals involved in decision-making, and lack the consistency needed to establish meaningful therapeutic relationships.
- **Workforces Lack Shared Expertise:** Disability support workers may not be trained in attachment or trauma; child protection workers may not fully understand cognitive impairment. Few services are designed specifically to support children and young people who sit at this intersection.

These barriers mean that children with clear developmental vulnerabilities may receive no formal diagnosis, no sustained therapeutic intervention, and no tailored educational or vocational support—further compounding the harm they have already experienced.



Towards a More Integrated Response

Disability and trauma are deeply interwoven in the lives of many children and young people in the child protection system. And yet, our responses continue to be split between programs, diagnoses, and funding siloes.

"If we are to disrupt cycles of harm and build better futures for these children and young people, we must do more than improve access – we must build **integrated, developmentally-informed systems** that recognise the complex ways children and young people grow, adapt, and respond to adversity. We must **enrich relational health.** Systems must provide **faster, simpler access to the NDIS** and other supports for children and young people in care, with teams that **understand both trauma and disability** working together. Staff across all sectors—child protection, care, family violence, education, disability, health and mental health—need **training to recognise and respond** to complex developmental needs.

Recent reform efforts are re-emphasising **place-based approaches**, such as child and family hubs and schools as community hubs, to better coordinate care where children live and learn. We must fund programs specifically designed for children and young people who've **experienced adversity**—not just rely on general early intervention that may not meet their needs.

At Berry Street Yooralla, we're working with government, philanthropy, people with lived experience, and research partners to **build a better response**. As a merged organisation with deep expertise in both trauma and disability, we are uniquely positioned to design, test and scale solutions that bridge systems and improve outcomes. Together, we're stronger—and we're committed to making **meaningful, lasting change**.

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