Seeing the whole child - and their family:

Responding to both trauma and disability in practice.

Terry Symonds
Chief Executive
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Disability and trauma (often) go hand in hand

CCYP (2020) found that 67% of young people in residential care had a diagnosed disability.

Disability Royal Commission heard that over 40% of young people in care have a disability.

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.

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.
- **Royal Commission** cited national data **children and young people** ly an undercount,

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, attenti and memory. These impairments are often diagno later as intellectual disability, autism, or psychoso disability—but they may also be misdiagnosed or remain unrecognised.

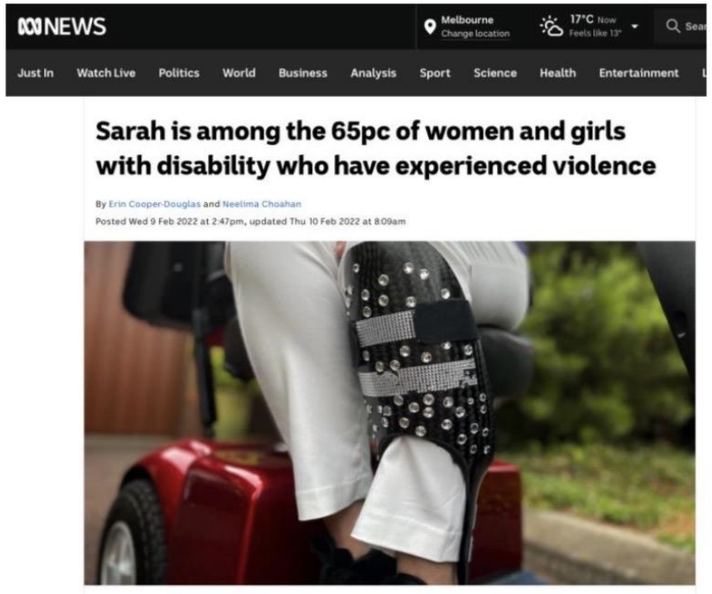
Key findings from recent research incl

- **Trauma is widespread:** Many young Australia report experiences of maltreatment, violence emotional abuse beginning in early childhoo (Matthews et al., 2023).
- **Preschool age children are especially vu** They are the age group **most likely to be incidents of family violence** (Phillips, most likely to be the subject of substan protection reports (AIHW, 2025).
- **Trauma and disability co-occur:** Dev ay can be both a symptom of traum id more vulnerable to

Family violence and disability: Over-representation “in both directions”.

“By four years of age, some children learn to live in a state of constant fear, unable to separate safely from their caregiver and displaying behaviours—such as screaming, tantrums, or repetitive self-soothing—that can be misinterpreted as indicators of autism. Without developmental and family assessments that take account of the household environment, these children risk being misdiagnosed, their disabilities misunderstood, and critical opportunities for safety and intervention missed.”

Berry Street Yooralla, Submission to Thriving Kids Inquiry



“The NDIS has a parent problem”

“Parents and carers are their child’s first and most important support. Parents should have the flexibility to seek out high-quality parenting support and programs that have been found to be effective for children with a disability.”

One in five people with intellectual disability aged 15 to 44 years have children. The NDIS offers support for activities of daily living, but doesn’t count parenting in this category…

Fragmented responsibilities means fragmented care.

"We have heard of inconsistencies in service provision between the NDIS and child protection, with children and families caught between the two systems while disputes continued about who should provide support and pay for it.

In addition, poor collaboration between the National Disability Insurance Agency (NDIA) and state and territory agencies means… there is duplicative and unintegrated screening and risk assessments, along with inconsistent planning and coordination for complex situations such as when a young person transitions to life after care."

A “stacked” approach could improve reach and equity.

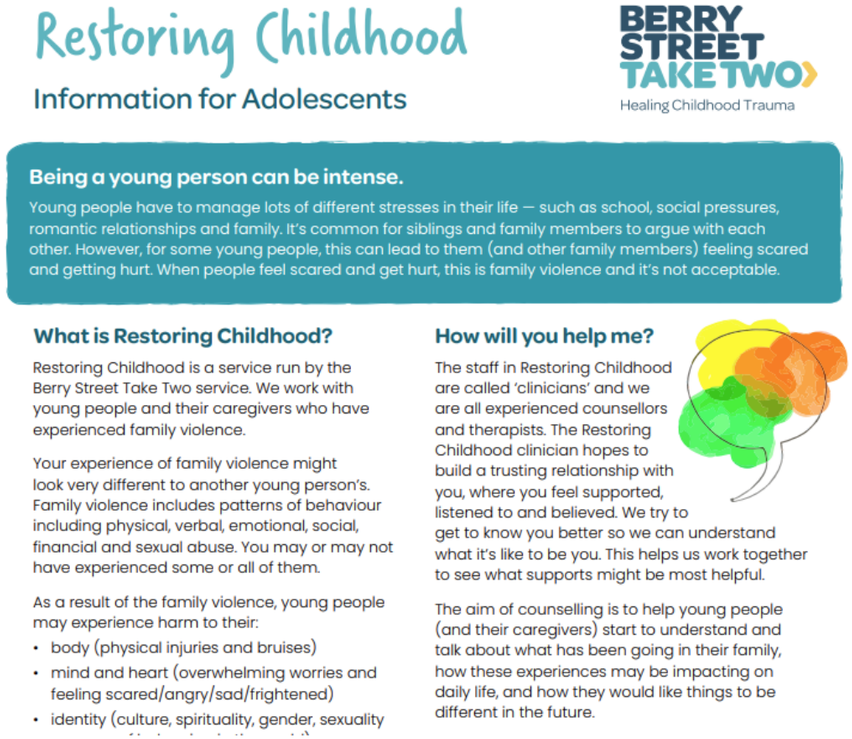
We need:

- more inclusive universal health and education settings, equipped to identify and respond to child and family needs;
- high quality practical, allied health and parenting place-based supports, stacked as needed to provide additional support.

Schools or early education could be linked to high quality parenting programs or family services supports and located within integrated hubs.

(Oberklaid et al., 2013; Goldfeld & Harmann-Smith, 2025; O’Connell, 2025; Beamish & Johnston, 2025).

Evidence based programs work with carers and children.

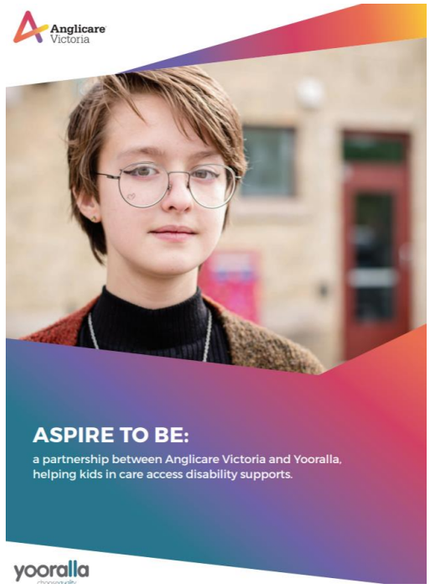


Emma, a seven-year-old with a learning disability, often hurt others because she couldn't express her feelings.

After starting weekly psychotherapy, she began to understand and talk about her emotions instead of acting out.

Within a year, her distress eased and her learning improved. Parallel work with her parents helped them learn how to better support her.

Connecting sectors – a four year, three way partnership.



Berry Street Yooralla's Bridges Program

Better outcomes for children and young people with disability in Out-of-Home Care

About the Bridges Program

The Bridges Program brings together specialist disability, health, and care expertise to improve life outcomes for children and young people with disability in Out-of-Home Care (OOHC).

We know that:

- More than 40% of children in care have a disability (according to national data cited in Disability Royal Commission).
- Disability and trauma are deeply interwoven in the lives of many children in the child protection system.
- Children and young people wait up to 18 months for assessments, often leaving care without NDIS eligibility or supports. They may also face NDIS access barriers where there is no formal diagnosis or unclear guardianship.

Specialist Support Coordination

- Expert guidance on navigating the NDIS, including eligibility, access, implementation, and reviews.
- Strategic coordination of services to ensure linkage with appropriate disability, therapeutic, and mainstream supports that align with needs and goals.
- Support in crisis planning and stabilisation, reducing the risk of placement breakdown and ensuring continuity of care.
- Capacity building for Child Protection practitioners to better understand and engage with the NDIS, disability systems, and support pathways.
- Advocacy to address service gaps.

Psychology and Positive Behaviour Support (PBS)

150+ referrals from Anglicare and Berry Street residential care teams for specialist support coordination, psychology and positive behaviour support.

- 33% increase in NDIS access
- 95%% increase in total NDIS funds for kids referred
- Increased staff confidence
- Reduced occupational violence

For further information or referrals…

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