

Review Article

Experiences of Children and Young People with a Disability in Out-of-Home Care in Australia: A Scoping Review

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Children with disabilities in out-of-home care (OOHC) are an overrepresented group in Australia, yet little is known about their circumstances, needs, and experiences within OOHC. Utilising a systematic scoping review methodology, we explored the state of knowledge about the experiences of children and young people with a disability in out-of-home care in Australia. Findings in this review speak to the unmet needs and challenges that children with disabilities face in child welfare systems and how systemic failures can lead to institutional pipelines of further maltreatment, adversity, and marginalisation. The review discusses the key themes in the literature, including (i) compounding trauma and placement failures, (ii) concerns of safety, stability, and neglect, (iii) limited control and choice, and (iv) disability and multisystem involvement.

1. Introduction

It is estimated that 7.4% (or 329,000) of Australian children between the ages of 0 and 14 live with some degree of disability, with 4.0% experiencing a severe or profound level of disability (Australian Institute of Health and Welfare [1]). The most prevalent disabilities among Australian children were reported as “intellectual” (4.3% estimated as 190,000 children) and “physical/sensory” (3.2% estimated as 140,000 children [1]). Until recently, however, Australia had not adequately collected data on the prevalence of disability for children and young people in out-of-home care (OOHC) or the prevalence of subgroups based on gender, age, race, ethnicity, or type of disability or circumstance. In 2018, approximately 33,000 children aged 0–12 resided in out-of-home care [1], with some preliminary data suggesting that 12.1% of the children and young people living in out-of-home care (OOHC) in Australia have a form of disability [2].

There is a significant gap in knowledge about the experiences of children and young people in OOHC who have a disability, either suddenly or over time, from illness or trauma. In summary, while the research reporting on this cohort appears to be limited, there is some available

literature suggesting that children and young people with disabilities are a particularly vulnerable and overrepresented group in out-of-home care OOHC who are often subjected to poor practices influenced by ableist attitudes. The current scoping review attempts to collate peer-reviewed literature, specifically reporting on their experiences, to formally recognise and suggest that future research should address this gap. As Mak and Thomas [3] stated, “a scoping review is useful to map the literature on evolving or emerging topics and to identify gaps.” As such, the aim here is not to produce “new knowledge” but rather to identify and present thematically in a synthesised form clear research gaps that may be addressed in future research.

2. Challenges for Children and Young People with a Disability in Out-of-Home Care: Brief Insights from Literature

Children and young people with disabilities can be placed in various types of care settings, ranging from relative/kinship care, nonrelative foster care, adoption, institutional care (hospital), or residential care (or group homes), which can span multisectoral agencies and institutions across various

home, school, and community domains. In this paper, we employ the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (The Royal Commission) definition of disability, which is “an interaction between a person with impairment(s) and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others” [4]. This acknowledges that disabilities exist on a continuum, meaning people living with various disabilities have distinct intersections and uniqueness. Disability, therefore, extends beyond the mere presence or absence of mental and physical health conditions; it also includes an individual’s capacity to engage in everyday activities (or the level of assistance required), including self-care, mobility, and communication (In addition, challenges in other areas such as education and employment are considered) [1]. Disability types can include “emotional/behavioural,” “mental health,” “intellectual,” or “physical/sensory,” which may present visibly or invisibly, temporarily, or permanently.

Children with disabilities are a particularly vulnerable group, exposed to an increased risk of maltreatment and, consequently, a greater rate of involvement with child protection services, often necessitating placement into OOHC [5, 6]. According to the Royal Commission, “there is also no reliable publicly available data on violence, abuse, neglect, or exploitation (experienced by various minoritised groups including . . . children and young people with disabilities” in institutional care settings) [4]. Much of the literature on out-of-home care and disability focuses on intellectual disabilities [5, 7, 8]. Other forms of disabilities, such as sensory disabilities, psychiatric disabilities, physical disabilities, and chronic and neurological disabilities, appear to be understudied in the context of out-of-home care experiences. Although the classification of challenges dependent on the nature of the disability is not well established, some literature indicates that the experience of violence, abuse, and neglect is higher for those with intellectual disability [9–11].

Literature shows that children and young people with disabilities are an overrepresented group in both out-of-home care (OOHC) and the child protection system in Australia, who face additional challenges and increased vulnerability to abuse, neglect, and maltreatment [11–14]. The vulnerability of children with disabilities relates to their “physical, intellectual, sensory, communication, and/or psychiatric impairments. . . (putting them) at a high risk of bullying, abuse, and exploitation” [13]. They are at a high risk of experiencing sexual abuse [7, 15], where the nature of the sexual offence involves penetration as well as inappropriate touching with the majority of the abuse towards children with disability being perpetrated by peers. They are more vulnerable to neglect, harm, and exploitation [11], with some studies reporting that although this cohort faces an increased risk of “abuse and neglect, are less likely than their non-disabled peers to communicate what is happening to them, are less likely to progress an allegation of abuse through to prosecution in court” [13], and are less likely to be able to recognise instances of violence, abuse, or exploitation being perpetrated against them [11, 16].

Children and young people with a disability in OOHC experience additional challenges in finding suitable placements. Research by Sainero et al. [17] showed that children and young people with disabilities “undergo greater instability in their itinerary through (residential) care, with more interruptions and placement changes. They also tend to remain in the system for longer than their nondisabled peers” due to challenges in finding suitable foster homes or placements (pg. 1394). In terms of academic progress, Hagaman et al. [18] found that although children with and without disabilities in care experience academic, behavioural, social, and mental health challenges, those with disabilities experience more pronounced challenges, including greater academic shortfalls and falling behind in reading, doing simple maths, and general academic knowledge.

Other common experiences for young people with disabilities in care are exclusion from participation and decision-making. Some literature indicates that young people in out-of-home care with a disability, particularly those with severe or profound disabilities, struggle to have their voices heard and to participate in decision-making about everyday choices. McPherson et al. [19] argued that participation involves more than “having a say” or “having a voice.” Other literature seems to suggest that children and young people with a disability in care are less likely to receive crucial initial assessments and diagnoses [12, 20]. This is critical because early diagnosis and assessment, especially for children and young people with developmental, neurological, or intellectual disabilities, can make a significant difference in the quality of care they receive. Timely assessments are also important for developing future care and support for the child and young people as they grow into adulthood.

The literature suggests that the dominant factors that exacerbate these experiences for children and young people in care include attitudinal barriers and the normalisation of ableist structures that “perpetuate the acceptability of ridicule, harassment or physical harm,” [21] and, consequently, the minimisation of the consequences of this harmful behaviour [12]. Fyson and Patterson [16] have also cited the “failure of care staff and frontline managers to recognise poor practice at an early stage and prevent its development into a culture of abuse” (p. 354), while another study suggests that “professionals in the child welfare field often lack adequate knowledge and skills” concerning assessment and working with complex disability which “contributes to underidentification of disabilities in OOHC” as well as less than ideal practice approaches [13]. According to Shannon et al. [5], underidentification or the lack of reporting of disability status could be due to individual and institutional assumptions that distort and construct one’s view of how disabilities are understood and, therefore, should be responded to.

3. Research Design and Methodology

3.1. A Systematic Scoping Review. According to Munn et al. [22], what makes a scoping study systematic in its methodology is its attempt to synthesise literature that meets

prespecified inclusion criteria to answer a given research question. This functions as a way to “map” what knowledge is available and to comprehensively synthesise “what has already been studied and the identification of research gaps and future research, policy, and practice implications” [12]. Arksey and O’Malley [23] stated that a systematic scoping review has five key stages. First, a clear question is formulated to determine the identification of relevant studies. The inclusion of relevant studies is based on the agreed-upon inclusion/exclusion criteria. Following this, the data are charted to identify the authors, type of study, and key outcomes. Finally, the data are summarised and “made sense of” through various chosen frameworks including a narrative, descriptive-analytic, or thematic approach and then reported to the concerned parties. We followed these stages in this review as discussed below.

3.1.1. Formulating a Research Question. This scoping review was done systematically to assess and synthesise existing research on children and young people with disabilities in out-of-home care in Australia. Our research question was “what do we know about the experiences of children and young people with a disability in out-of-home care in Australia?”

3.1.2. Identification of Relevant Studies. *Search 1* was conducted across seven databases, namely, Ebsco-Psychology and Behavioural Sciences Collection, APA PsychInfo, APA PsychArticles, Academic Search Premier, Medline, Proquest, and InfoRMIT, and *search 2* was conducted on Google Scholar. The following search terms were used in each database to locate relevant titles and abstracts: “Therapeutic residential care” OR “Residential care” OR “kinship care” OR “Foster care” OR “out of home care” AND “child*” OR “youth” OR “young people” OR “looked after children” AND “Disability” AND “Australia.” Following the advice of our librarian, specific types of disabilities (such as autism or ADHD) were not included in search terms as the authors sought to include all forms, definitions, and approaches of disability rather than specific disabilities in the search terms.

A firm inclusion and exclusion criterion guided this study. We only included peer-reviewed academic journal articles published between 2013 and 2023, written in English and studies located in Australia. The search was limited to the most recent ten years as this is considered the standard search protocol time frame for scoping review and to keep the search as recent as possible, particularly because as McPherson et al. [12] suggested, the policies and practices involving children and young people in care are always changing. Given the purpose of this review was to understand the particular experiences of children and young people with disabilities living in OOHC in Australia, the authors decided to exclude types of permanent care such as adoption or temporary relief such as respite care in their search strategy as they were not considered to fit the scope of the study.

3.1.3. Selecting Relevant Studies and Charting the Results. *Search 1* returned 373 articles from the seven databases. After scanning the titles and removing all duplicates from across and within the databases, a total of 53 articles remained. We then reviewed the abstracts based on the inclusion/exclusion criteria, and a further 23 articles were removed, leaving 30 articles to be reviewed in full. After the full-text review, most of the remaining articles were eliminated as they did not adequately address the research question. Eleven articles from search 1 were selected for thematic analysis.

Search 2 produced a total of 2,010 articles. After inclusion/exclusion criteria were applied by title and abstract, including removal of duplicates, 59 papers remained. These were reviewed further by applying the criteria, leaving a total of 3 papers to be included in this review. In both searches, during the full-article review, some articles were excluded because they focused on young people who were over 18 years of age, focused specifically on the transition experiences of young people leaving out-of-home care, or focused on young people with mental health disorders without a specific focus on disability and young people with disabilities without specifically addressing OOHC.

The PRISMA chart (Figure 1) highlights the systematic scoping process.

3.2. Results: Summary of Studies Included in Synthesis/Analysis. There were 14 articles included in the final selection from both searches. The populations of focus in these studies included ($n = 5$) on intellectual and developmental disabilities, ($n = 6$) on nonspecified disability, and ($n = 3$) on cognitive disabilities. In terms of context, ($n = 5$) articles reported on children and young people whose needs were going unmet in a variety of care placements, ($n = 3$) focused on a dual system involvement or crossover of children with disabilities in OOHC who had also encountered the criminal justice system, ($n = 4$) looked at outcomes as well as well-being and safety for children and young people with intellectual and developmental disabilities, and ($n = 2$) focused on how the perspectives of children and young people with disabilities are heard, enacted, and supported (see Table 1 for a summarised snapshot of the results).

Methodology wise, the majority of studies ($n = 6$) were literature reviews that synthesised research focusing on either a specific population, care setting, or phenomena. The other studies used qualitative ($n = 5$), quantitative ($n = 1$), and mixed-method ($n = 2$) approaches. The authors chose to include diverse methodologies, including literature reviews, due to the scarcity of literature and to obtain a more holistic view of the challenges, needs, and complexities faced by children and young people with disabilities in OOHC. By examining various types of studies, a more nuanced comprehension of the research question was observed. In this sense, the different methodologies complement each other, filling gaps and providing a more robust understanding beyond what any single approach could achieve.

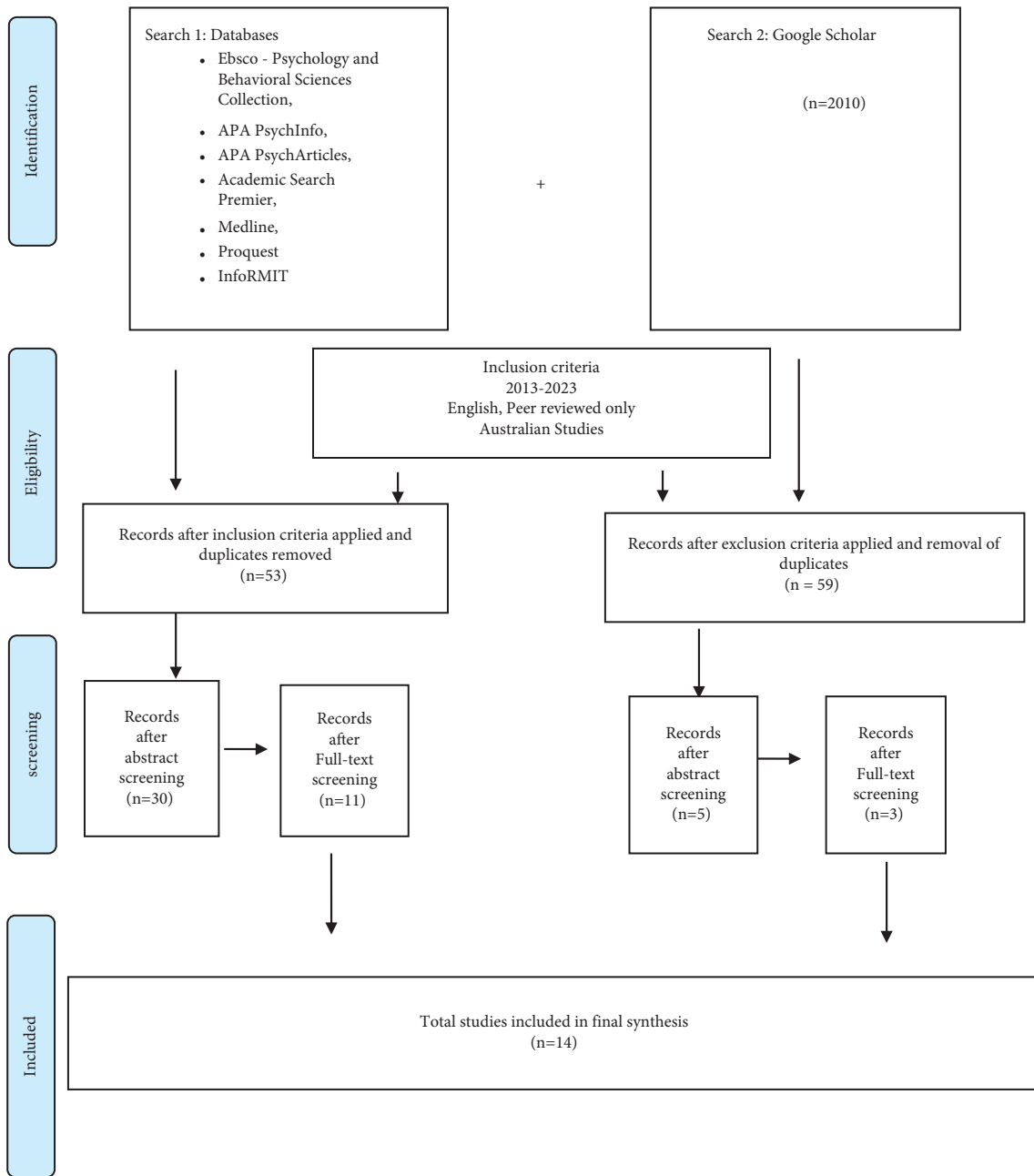


FIGURE 1: PRISMA chart [24].

3.3. *Analysis.* Thematic synthesis was used as a framework to examine the review’s findings and involves the “systematic coding of data and generating of descriptive and analytical themes” [37]. First, we familiarised ourselves with the texts by line by line reading the 14 articles included for analysis. Then, we began developing tentative descriptive codes depending on repeated discussion points in the articles. Theme synthesis “is dependent on the judgement and insights of the reviewers,” allowing flexibility in data translation [38]. By going “beyond the content of the original articles. . .to determine the key messages”, researchers are able to also conceptualise abstract themes within the content

[37]. This involved our own sense of conceptual innovation and extraction of meaning from the “semantic (surface, obvious, and overt) to the latent (implicit, underlying, and “hidden”)” [39]. Developing themes was facilitated in a rigorous and transparent way. Team members coded their initial translations independently, generating multiple minithemes that were discussed with the wider research team to allow for abstract theorising of the themes. The tentative codes were then analysed against their relationship to the research question, reviewed, named, and grouped according to how they related to each other, consequently forming the umbrella themes discussed in the following.

TABLE 1: The 14 included studies for analysis in this review.

Citation	Year	Location	Methodology	Key findings	Population	Type of care
[25]	2021	Australia	Quantitative case study	This study looks at the prevalence of children who have dual system contact between child welfare and youth justice systems and found a high prevalence of young people with neurodisability, and child welfare system responses to this phenomenon contribute to several offending-related trends This paper examines the experiences of young people and their families who have entered aged-care facilities as out-of-home care and found that their needs are going unmet	Young people with intellectual disability	Kinship care, foster care, residential care
[26]	2019	Australia	Qualitative survey	Provides a critical examination of the literature that looks at how the rights of CYP with disabilities are heard or enacted (as choice and control) within Australia's National Disability Insurance Scheme	Young people with acquired intellectual disability	Residential aged-care
[27]	2018	Australia	Literature review	This study looks at children with disabilities in OOHHC and how their wellbeing outcomes are associated with disadvantages from disabilities rather than placement type	CYP with disabilities (not specified)	Family care and OOHHC supported under NDIS
[28]	2023	Australia	Mixed-method longitudinal study	The findings from this study highlight both positive and negative impacts on children and families in voluntary OOHHC, finding that children tend to miss family and experience grief and loss; however, they report positive outlooks for the future if in permanent placements and have gained independent living skills	CYP with disabilities (not specified)	Kinship care, foster care, adoption, residential care
[29]	2014	Australia	Qualitative interviews	This review looks at how most CYP with disabilities in OOHHC have experienced trauma. However, findings indicate there is no evidence of trauma-informed care models being used in foster or kinship care	Young people with disabilities (not specified)	Respite care, foster care, residential care
[2]	2023	Australia	Literature review		CYP with disabilities (not specified)	Kinship care, foster care

TABLE 1: Continued.

Citation	Year	Location	Methodology	Key findings	Population	Type of care
[30]	2022	International, including Australia	Literature review	This literature review looks at self-determination and independence interventions around the world that may have potential to improve children and young people with disabilities ability to express their choices This study reviews a variety of data that spoke to the need for indigenous community resources as young people with disabilities lack access to adequate disability or culturally safe services that too often result in their criminalisation This paper looks at the dynamics of care criminalisation: how surveillance and control through policing and violence are used as responses to behaviour rather than therapeutic care for complex needs This research reviews available literature on how CYP and older people, both in need of respite care are segregated, proposing a model for intergenerational care that could have mutual benefits This study looks at children and young people with disabilities in OOHc and their definitions and experiences of safety	Young people with disabilities (not specified)	Not specified
[31]	2020	Australia	Case study		Aboriginal young people with cognitive disability in remote areas	Hospital and medical, juvenile detention, residential care, adult corrections
[32]	2022	Australia	Qualitative case study		Young people with various cognitive disabilities	Residential care
[33]	2016	Australia	Literature review		CYP and elderly people with disabilities (not specified)	Respite care, childcare and aged care
[34]	2021	Australia	Qualitative interviews		CYP with intellectual disabilities	Institutional and residential care
[5]	2023	Australia	Scoping review	This paper synthesises literature on children with intellectual and developmental disabilities and their experiences of child protection and OOHc to understand what is known. Findings indicate increased risk of entering child protection and out-of-home care system and placement failure was a common theme with residential care This review covers international material related to stability and permanence for disabled children who have been removed from their parents. Finding that they are less likely to be placed in permanent homes due to high needs and lack of support	CYP with intellectual and developmental disabilities	Kinship care, foster care, institutional care, residential care, alternative care
[35]	2015	Australia, US, UK, Canada, China, Netherlands	Literature review		CYP with disabilities (not specified)	Foster care, adoption

TABLE 1: Continued.

Citation	Year	Location	Methodology	Key findings	Population	Type of care
[36]	2015	Australia	Qualitative interviews and focus groups	This paper looks at OOHHC options in rural areas where resources are scarce for people with disabilities. Findings show a lack of services that means CYP and adults with disabilities end up in psychiatric hospitals. Research calls out the need for collaborative approaches to care	Carers of people (including CYP) with intellectual or developmental disabilities	Kinship care, psychiatric hospitals

3.4. Limitations of the Study. We recognised that there are methodological limitations to systematic scoping reviews. With most possibility, the review has not identified all relevant research due to our search criteria and terminologies. While broad, we may have missed articles that might have been relevant to searching specific conditions such as “autism spectrum disorder” or “ADHD” rather than “disability.” Other relevant articles could have been older than ten years and within the grey literature. Our decision to only include “peer-reviewed” articles has implications. There are multiple policy documents, and Royal Commission reports which are important but have been excluded because our focus was on academic work published on this topic.

4. Thematic Findings and Discussions

Findings from this review identify some of the key issues for children and young people living in out-of-home care settings, namely, (i) compounding trauma: pathways to care and placement failures, (ii) concerns of safety, stability, and neglect, (iii) limited control and choice, and (iv) disability and multisystem involvement.

4.1. Theme 1: Compounding Trauma: Pathways to Care and Placement Failures. The literature showed that children with disabilities are more likely to enter out-of-home care compared to children without disabilities [29]. The pathways to placement (whether voluntary or involuntary and permanent or temporary) are still often viewed as a “last resort” for parents, which is why many children and young people with disabilities often enter OOHC at an older age [35]. Despite this, little is known about their unique circumstances, needs, experiences, and what was termed as heartbreaking pathways into OOHC [28]. For example, Crettenden et al.’s [29] study reported the impacts on children with disabilities who are relinquished into out-of-home care (OOHC) and whose journey into care has been described “as a moment and process,” with the “tipping point” usually occurring when children reach their adolescent years [29]. This is usually a time that brings additional challenges to the family, particularly for those balancing the care responsibilities of other children. Although many families desire to care for their children as long as possible, some cannot manage the care load for various reasons, including a lack of support services, coping skills, and financial issues [29]. This was particularly acute for families in rural areas who had no access to facilities or disability services [36] and was part of the reason parents sought out voluntary out-of-home care. Studies by McCausland and Dowse [31, 32] that focused on children and young people with cognitive disabilities describe OOHC as a “system’s failure,” where families with children who have cognitive disabilities are left with the impossible choice to relinquish their children into institutional OOHC due to inadequate support, training and resources to manage the health and behavioural needs [31].

The placement or separation itself can also create experiences of trauma and feelings of grief and loss due to being removed from family and community [29]. The prevalence of trauma was identified in another study by Hatzikiriakidis et al. [2], who found that children with disabilities in OOHC are twice as likely to have experienced violence, maltreatment, abuse, and neglect, which also put them at higher risk of multiple relinquishments/disruptions in OOHC and child welfare placements. Due to the compounding nature of these traumatic experiences and the lack of evidence of trauma-informed care models being used in home-based care, children and young people with various disabilities are more likely to be placed in temporary nonrelative foster care or in residential care and less likely to find permanent placements, return home, or be adopted. Not surprisingly, an international study that focused on children and young people with disabilities removed from their parents’ care found that these experiences of impermanence, care arrangement breakdown, and termination can exacerbate pre-existing mental health and special care needs [35].

4.2. Theme 2: Concerns of Safety, Stability, and Neglect. A study by Welch et al. [35] reported that children with disabilities have poorer OOHC outcomes and “drift” within care systems for long periods of time due to challenges of experiencing belonging, security, and stability. Lack of access to quality disability services and supported accommodation was noted as one of the factors that affected safety and stability. For example, many young people with disabilities were placed in aged-care or mental health facilities that did not have the proper specialist services required to meet their needs [26, 36].

Concerns about safety and harm also appeared in a few studies. For instance, Hatzikiriakidis et al. [2] argued that there was an interconnectedness of disability and a high prevalence of maltreatment, abuse, and neglect. Likewise, another study by Robinson and Graham [34] found that over half of their participants also experienced harm in institutional settings (such as abuse, violence, bullying, and sexual assault). Another study by Cheng et al. [28] reported that the adversities and vulnerabilities that children and young people with disabilities face are high regardless of the type of care system they are in. In this way, wellbeing outcomes for children and young people are associated more closely with their disabilities rather than placement type (such as relative/kinship care, restoration/adoption/guardianship, foster care and residential care).

Affect and emotions were also common in narratives concerning the experiences of young people with disabilities in OOHC. Children and young people expressed feelings of grief, loss, and rejection mostly due to unhappy experiences in placement; this was so for those in uncertain and unstable placements [36]. A study by Crettenden et al. [29] found that most young people surveyed did not view their OOHC placements positively and expressed anger, sadness, and homesickness. Their support workers, however, noted that some children expressed positivity about their future as they gained independent living skills.

4.3. Theme 3: Limited Control and Choice. Lack of control and choice appeared as a common theme in the articles scoped in this review. A study by Robinson and Graham [34] found that children and young people with disabilities and high support needs found it hard to feel safe when they felt a lack of control. According to this study, the experience of “feeling in control” varies significantly from those of their nondisabled counterparts, as children and young people with disabilities encounter numerous additional obstacles when attempting to implement their own safety measures. These challenges encompassed a lack of autonomy within the institutional settings where they spent the majority of their time, a lack of supportive adults who genuinely listened to them, inadequate responses to feelings of threat or intimidation, limited opportunities to practice their safety strategies, and the impact of their disability on comprehension, communication, and anxiety levels, particularly for those with Autism or anxiety disorders. This is exacerbated by a higher prevalence of maltreatment, abuse, and neglect [2].

Robinson and Graham [34] also found that children and young people with intellectual disabilities in residential care felt a lack of choice concerning their therapeutic care, as many adults in positions of authority offered very limited or no support, influenced by ableist attitudes, about instances of violence, bullying, and sexual assault or to support the recovery from the effects of abuse or trauma. A lack of choice was also found in a study by Barry et al. [26], who examined the experiences of young people with acquired neurological disorders who were placed in residential aged-care facilities. The study suggested that these young people and their families had very little control or choice about what their care options were and where they lived and that when choices were given to families, they were forced to make unanticipated decisions quickly without any knowledge of health, disability, or social support systems. The lack of choice or control came out as a strong theme in this paper, as respondents felt that they were not given any viable choices for their care and were not allowed the time or support to prove that they were capable of independent living [26]. Put differently, the lack of control or choice constrained active and informed decision-making.

Choices play a pivotal role in shaping one’s quality of life. Individuals can enhance their overall wellbeing and life satisfaction by making informed choices aligned with values and preferences. As Barry et al. [26] wrote, young people “wanted choices that brought them hope for the future” (p 44). Choices that included being with family, friends, and community where and when it was safe to do so; the opportunity to come home with appropriate and adequate support and services to reach their full potential, with their “impairments” to be appreciated and accommodated rather than attempted to be eliminated [26, 36]. However, the research highlighted that, in reality, quality of life was rarely determined by children and young people or their families/carers. In fact, Willsher [36], whose study focuses on OOHC options in rural areas where resources are scarce for people with disabilities, describes how services often ignored their wants, needs, and desires for a happy and hopeful future and

tended to offer somewhat bleak options. This gave families little hope or relief in placing their children in out-of-home care.

A literature review by Brien [27], which demonstrates the competency and agency of children and young people with disabilities to make choices in their own lives, contradicts the deficit-based assumption in care arrangements about children and young people’s (particularly those with disabilities) capability to participate in decision-making. As Brien [27] suggested, “children’s expressed views must be taken into account, with the understanding that expression does not necessarily have to be a verbal, formal language but should align with children’s preferred modes of communication.” Another literature review by Lindsay and Varahra [30] highlighted that some improvements in independence interventions (including curriculum-based workshops, experiential or residential learning, peer coaching and mentoring, self-directed individual learning, computer games, and multicomponent design) have the potential to improve support children and young people with disability ability to express their choices, including individual/personal, environmental, and social/living choices which can vary by gender, ethnicity and culture, socioeconomic status, and age.

4.4. Theme 4: Disability and Multisystem Involvement. Research has long identified the association between child welfare and criminal justice in Australia; however, research that explores this association with disability and intersectional discrimination remains scarce [32]. Yet, this is an important association as these young people who experience greater rates of cumulative maltreatment, relinquishment/placement disruption, and criminal charges [25] are also impacted by multiple structural and systemic barriers to receiving the support they need. This can be seen particularly for Aboriginal and/or Torres Strait Islander children and young people, who are overrepresented in both child protection and youth justice systems and have high rates of intellectual disability and mental health disorders [32]. An emerging field of research known as “care criminalisation,” which “describes the processes in residential care settings by which staff without sufficient training or skills routinely call police to manage the behaviour of children and young people in their care, leading to those young people being commonly charged in relation to situations and minor matters that ought not to have involved police” [32, 40].

The review found studies that spoke to instances of “care criminalisation” in the Australian context, where crossover children with disabilities were identified as a particularly vulnerable group. One study by Baidawi and Piquero [25] that focused on neurodisabilities in various OOHC settings reported that half of the children surveyed were involved in both child welfare/child protection systems and youth justice systems. Furthermore, the findings indicated that partly, the welfare system’s responses to children with neurodisabilities contributed to offending-related trends. This was supported by another study from McCausland and Dowse [32] that analysed two case studies of nonindigenous young people with cognitive disabilities in residential care. They

found that their vulnerability to dual system involvement (child protection and youth justice) is due to the various ways institutional mechanisms and narratives operate to shape, coerce, and restrict young individuals with cognitive disabilities in residential care.

In a case study by McCausland and Dowse [31], they highlighted how a young indigenous person with cognitive disabilities and various complex needs became deeply embedded in the Australian criminal justice system due to the absence of suitable health support or services. This was also compounded by the widespread and cumulative effects of institutional racism, social and economic disparities, and geographical remoteness. This raises critical questions about the various ways social exclusion and disadvantage (from colonisation, institutional racism, and intergenerational trauma) compound with disability needs to create pipelines for children from care to criminal justice systems. As research has repeatedly shown, Aboriginal and Torres Strait Islander children and young people often lack specialist disability and health services and positive culturally responsive support, particularly in rural areas where cognitive disabilities and compounded support needs are treated by schools and police through “prisms of institutional racism and offending rather than disability” [31]. Taken together, these findings demonstrate how systemic failures often render specific care needs and conditions as “offending behaviour” that needs to be “managed by police” instead of being supported holistically by educational, disability, health, and child protection services in residential care homes.

4.5. Possible Implications for Practitioners and Researchers. Champions of disability and human rights movements have promoted conversations about access, independence, and participation for children with disabilities. The deinstitutionalisation of children with a disability commenced in the 1980s and continues today [41], resulting in the closure of large, segregated, and geographically isolated residential and medical facilities that had been used to house children with disabilities where control, restraint, abuse, and violence were commonplace. The move away from institutionalising children was to support children and young people to live independently in the community, with family and friends, or in other arrangements like group homes. Likewise, children and young people with disabilities also tend to fare better living in home-based care (such as kinship or foster care) rather than in institutional care [5]. In Australia, like many other Western countries, there has been an important reshaping and reframing of disability, which has had significant “ideological, political, and economic” implications [41] and with this change, “the principles of the social model of disability are reflected strongly in legislation, policy, and practice across Australian jurisdictions” [42].

Yet, the findings discussed in this review appear to show a gap in hearing the lived experiences and perspectives of children and young people living with a disability in out-of-home care (OOHC). While there is some available literature, it suggests that children and young people with disabilities in out-of-home care (OOHC) may not be being

listened to or heard and may be the subject of poor practices influenced by ableist attitudes. This has implications for how services could prioritise lived experiences, needs, and preferences [34] in care planning and decision-making [35] and the need to locate problems with systems rather than individuals [32]. A paradigm shift from the individual to a critical examination of the cultural discourse and the socioenvironmental organisation that produces disabling barriers is imminent [43]. This is not to say that the interaction between people living with impairments and their environment is mutually exclusive, but rather an important consideration when confronting the social processes that produce disability.

Whilst policies facilitating the closure of outdated institutional models of care are to be applauded, the research reporting on this cohort remains limited, including the lack of a strong alternative framework for meeting the care needs of these children and young people. This failure is likely to have contributed to the reported lack of choice and control experienced by children and young people with a disability requiring OOHC. Given the above context, action is imperative across multiple levels. To address the needs and priorities of children and young individuals with disabilities in OOHC, critical perspectives closely linked to anti-oppressive practices become crucial against the problematising of the disability as discourse, the institutionalisation of disability, and the stigmatisation of people with disabilities in Australia.

The literature suggests that children and young people with disabilities have unique ways of living and experiencing environments significantly different from those of other children without disabilities, exposing them to significant risks and trauma in out-of-home care (OOHC). According to the literature, what they most need is a sense of choice, control, safety, and stability to ameliorate the impact of trauma and loss [44]. What emerges, however, is the sense that for many children and young people who live with disabilities, the system’s inability to offer targeted and timely services exacerbates their difficulties, including their difficulty in forming secure and lasting relationships with carers. The relevance of these findings prompts the need for future research where children with disabilities in the broader child protection and youth justice policy are prioritised in research, policy-making, and “everyday practices of care.” This acknowledges current issues raised in research that report that children with disabilities are more vulnerable to ongoing maltreatment in care due to social and physical isolation as well as multiple forms of disadvantage and entrenched social discrimination, which operates in “nuanced and hidden” ways [34].

5. Conclusion

These findings in this review speak to the unmet needs and vulnerabilities that children with disabilities face in child welfare systems and how systemic failures can lead to institutional pipelines of further maltreatment, adversity, and criminalisation. It also identifies some significant gaps in the literature in the Australian context, from the prevalence of

disability in OOHC and details of compounded disadvantages such as mental health and maltreatment to the lack of appropriate support and how this interconnects with youth justice systems. Within child protection systems, “those who are in institutional or professional positions” [45] can enforce deficit-saturated and disempowering attitudes that may problematise children and young people with disability or cast their parents as sources of risk rather than support. As a consequence, disempowering assumptions and attitudes that cast parents as sources of risk may dominate the professional discourse, detracting from a focus on developing policy frameworks that seek to comprehensively address the complexities of needs faced by children and young people with disabilities, living in out-of-home care (OOHC) [45, 46].

Improvements to training and upskilling professionals in the police, witness support, and the broader justice system to better engage and respond to the needs of people with disabilities are also critically necessary to support young people to access and feel safe to report [47]. In the upcoming years, the potential for including the participation of children and young people in research and linking with data from out-of-home care (OOHC), child protection, youth justice, and disability health, including hospitalisation records, holds promise for enhancing the available information concerning this specific cohort of children.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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