

LINKS: An Innovative Model for the Comprehensive Assessment of Children referred after Child Protection Involvement

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Background

Extensive national and international research has shown that children referred to Child Protection Services (CPS) are at increased risk of medical, developmental and behavioural comorbidities including poor mental health, physical health and chronic illness.¹⁻⁴

To identify and address these issues, in 2022 the LINKS (Linking In-Need Kids to Services) Clinic was established at the Child Protection Unit (CPU). CPU is a multidisciplinary forensic medical and counselling service based at the Children's Hospital at Westmead, a tertiary paediatric hospital in Sydney, Australia.

Goals

1. To provide a multidisciplinary trauma-informed outpatient health and developmental assessment for at risk children and their siblings (0-5 years old) referred to CPU.
2. To identify developmental and medical needs and link with community-based early intervention services (see Figure 1).

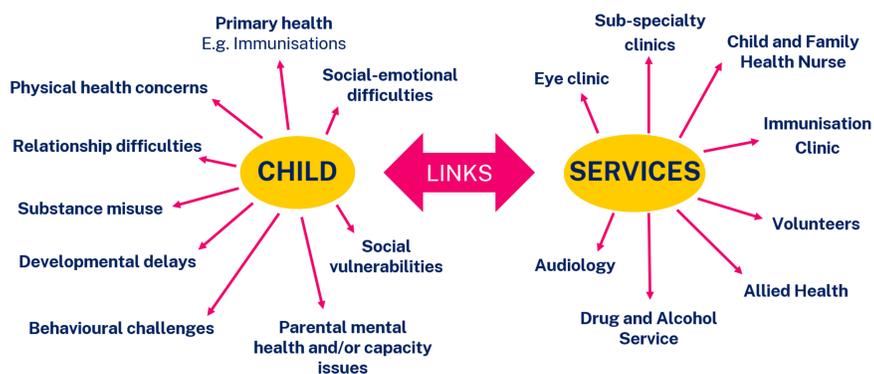


Figure 1: Developmental and medical needs of the child and service linkage provided by LINKS clinic

Activities

The LINKS Clinic is staffed by an occupational therapist, paediatrician and social worker, all with child protection expertise. The clinicians complete a comprehensive health assessment, formulate a child focused clinic report and make referrals to medical, allied health and/or psychological services. Feedback is provided in a family centred way as well as to referrers, inter-agency partners and other services involved via case conference. See Figure 2 for further details.

| Prior | Appointment | Follow Up |
|---|---|--|
| <ul style="list-style-type: none"> Gather history and psychosocial information: <ul style="list-style-type: none"> - Caseworker - Child Wellbeing Unit - Carers/supports and screening questionnaires - Transport Obtain birth records Check immunisation record Reminders to family and active engagement | <ul style="list-style-type: none"> Medical: <ul style="list-style-type: none"> - Comprehensive history - Growth parameters - Examination Developmental Assessment <ul style="list-style-type: none"> - e.g. Ages and Stages Questionnaire 3, Bayley Scales of Infant and Toddler Development (Bayley-4^{AS/NZ}) Same-day appointments Volunteers and child life therapists. | <ul style="list-style-type: none"> Consult with local services Referrals Case conference with Child Protection Services/Non-government organisations Share recommendations with carers Finalise reports |

Figure 2: Preparation, appointment and follow up activities

Evaluation

This pilot clinic, established April 2022 has seen 33 children (from 20 families) over 10 months. See Table 1 for demographics. 88% of children had a developmental assessment completed. The types of developmental assessments completed are shown in Figure 3 and the outcomes are shown in Figure 4. 88% of children required 2 or more referrals to other services. The type of referrals are shown in Figure 5.

| Demographic | n | % |
|---|----|----|
| Gender | | |
| Male | 16 | 49 |
| Female | 17 | 51 |
| Aboriginal or Torres Strait Islander | 15 | 46 |
| Age (months) | | |
| 0-12 | 12 | 36 |
| 13-36 | 13 | 40 |
| 37-60 | 8 | 24 |
| Out of Home Care (Foster Care) | 11 | 33 |
| Index of Relative Socio-Economic Disadvantage (IRSD)* Quartile | | |
| 1 (most disadvantaged) | 11 | 33 |
| 2 | 13 | 40 |
| 3 | 3 | 9 |
| 4 (least disadvantaged) | 6 | 18 |

Table 1: Demographic characteristics of children seen; *IRSD data from Australian Bureau of Statistics

References

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3. Bijlsma A M E, Assink M, Overbeek G, van Geffen M & van der Put C. (2023). Differences in developmental problems between victims of different types of child maltreatment. *Journal of Public Child Welfare*, 17 (2), 408-429. <https://pubmed.ncbi.nlm.nih.gov/36896409/>
4. Power C, Li L, Pereira SMP. (2020). An overview of child maltreatment (neglect and abuse) associations with developmental trajectories and long-term outcomes in the 1958 British birth cohort. *Longitudinal and Life Course Studies: International Journal*, 11 (4), 431-458. <https://pubmed.ncbi.nlm.nih.gov/33149766/>

Type of Developmental Assessment

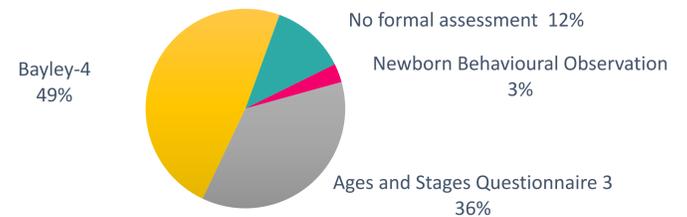


Figure 3: Type of developmental assessment completed

Assessment Outcome

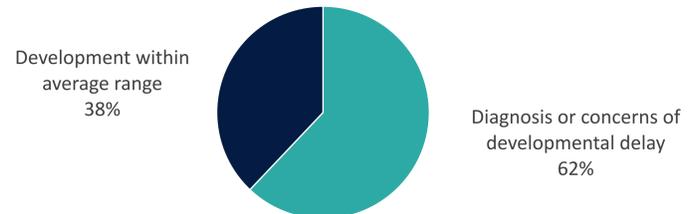


Figure 4: Developmental assessment outcome

Number of Referrals to Services

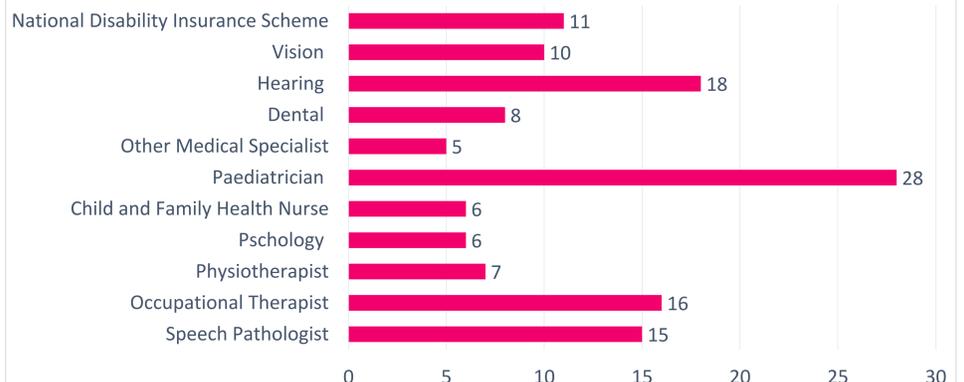


Figure 5: Type and number of referrals in total to services

Strengths

EARLY ASSESSMENT: LINKS Clinic provides assessment, service linkage and advocacy for vulnerable children and families, connecting children with therapy and supports in a timely manner. Publicly funded formal diagnostic and developmental assessments have wait times of 12 -24 months and rely heavily on parental advocacy, leading to delays in accessing early intervention.

EXPERIENCED CLINICIANS: Our clinicians are experienced in assessing children with early life adversity and providing trauma-informed care. We partner with parents and address parental difficulties including trauma, mental health concerns and the effects of this on the parent-child relationship.

INTEGRATED SERVICE: We have a supportive, safe, integrated service model with other specialist appointments scheduled on the day of the clinic.

Challenges

ENGAGING FAMILIES: Families with psychosocial vulnerability are often challenging to engage and flexibility is required to tailor the service to their specific needs.

CLINICIAN TIME: It can be challenging to allocate time to pre-clinic planning, post-clinic referrals, report writing and administration.

Next Steps

A survey has been created for families and referrers to obtain feedback. Collaboration with Aboriginal health staff will be further undertaken to ensure culturally safe, best practice care. Data collection will occur to ascertain cost-benefit of same day appointments.

Key Takeaways

1. Children referred to CPS have high rates of medical, developmental and behavioural difficulties requiring specialised assessment.
2. Early diagnosis and intervention for developmental and psychological difficulties is crucial to improve outcomes for these children.
3. Targeted follow up for these children will yield high rates of developmental delay and is an opportunity for early intervention and improved outcomes.