IDENTIFICATION OF VULNERABLE CHILDREN IN AUSTRALIAN HEALTH SERVICES

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QUESTION

What approaches, or best practices exist in paediatrics for identifying vulnerable patients?

RESULTS

ONLINE RESOURCES

GOVERNMENT PUBLICATIONS AND GUIDELINES

Australian Government: Department of Social Services. (2024). **The National Framework for Protecting Australia's Children 2021–2031.** Web link

- The National Framework for Protecting Australia's Children 2021–2031 was created collaboratively by the Australian Government, state and territory governments, Aboriginal and Torres Strait Islander representatives, and the non-government sector.

Australian Government: Australian Institute of Family Studies. (2024). **Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence.** Web link

- A report from the Australian Institute of Family Studies and the Australian Human Rights Commission examines over 3,000 recommendations from 61 inquiries into child protection and youth justice. It highlights the need for better understanding of implementation barriers and calls for greater government accountability to improve outcomes for vulnerable children in Australia.

Victoria State Government: Department of Health. (2024). **Identifying vulnerable children Information and resources to support health professionals.** Web link

- Learning and support for health professionals on identifying and supporting vulnerable children

Commissioner for Children and Young People Western Australia. (2019). **Improving the odds for WA's vulnerable children and young people.** Web link

- This report, based on the Vulnerability Speaker Series, presents five key recommendations to address vulnerability in Western Australia. The primary recommendation is to establish a statewide Child Wellbeing Strategy focused on early intervention for vulnerable children and families, with clear, measurable outcomes. Additional recommendations include strengthening oversight, supporting Aboriginal-led solutions, and building community capacity.

Centre for Community Child Health. (2015). **Engaging and partnering with vulnerable families and communities: The keys to effective place-based approaches.** Web link

- This presentation explores effective ways to engage vulnerable and marginalised families, addressing current social and service challenges. It focuses on identifying key features of effective service delivery for these families, summarising evidence on best practices. The presentation concludes with a description of the Tasmanian Child and Family Centres as an exemplary community engagement project and a proposed universal human services framework.

Victoria State Government: Department of Human Services. (2006). **Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services.** Web link

- This document outlines the importance of early identification and response to vulnerable children in Victoria, noting rising rates of abuse and neglect linked to factors like family violence and substance misuse. It introduces a best practice framework to guide acute health services in supporting at-risk children, emphasising early intervention, information sharing, and integrated service delivery under the Children, Youth and Families Act 2005.

PEER-REVIEWED JOURNAL ARTICLES – MOST RECENT FIRST

Articles are grouped by theme:

- Screening tests / Assessments
- Childhood experiences
- Familial association

Each article summary contains excerpts from the abstract and an online link.

SCREENING TESTS/ ASSESSMENTS

Mesznik, et al. (2025). **Suicidal thoughts and behaviors among gender-minority adolescents in the emergency department.** *Academic emergency medicine : official journal of the Society for Academic Emergency Medicine.* Click for full-text.
This study examined suicide risk among gender-minority adolescents presenting to emergency departments, finding that one in three had attempted suicide previously and one in four reported recent suicidal thoughts. Risk factors included self-harm history, sexual minority status, parental suicide attempts, hopelessness, and substance use. The findings highlight the need for targeted suicide prevention strategies for gender-minority youth in emergency settings.

Batterham, et al. (2024). **Psychometric properties of the Distress Questionnaire-5 (DQ5) for measuring psychological distress in adolescents.** *Journal of psychiatric research*, 169, 58–63. Click for full-text.
This study evaluated the Distress Questionnaire-5 (DQ5) as a brief tool for identifying psychological distress in adolescents, finding it had strong validity, reliability, and sensitivity to change. Given its

strong psychometric properties and simplicity, the DQ5 could be effectively used in school settings to screen for at-risk students.

Rengasamy, et al. (2024). **Cross-sectional and longitudinal relationships between complete blood count measures and adolescent suicidal behavior.** *Journal of Affective Disorders Reports, 15,* 100684. Click for full-text.
This study explored whether complete blood count (CBC) measures could distinguish adolescents hospitalised for suicide attempts (SA) from those with suicidal ideation (SI). In both test and replication cohorts, adolescents who had attempted suicide showed lower eosinophil counts and percentages. Lower eosinophils were also linked to future suicidal behaviour over 90 days. These findings suggest that eosinophil levels may help identify adolescents at increased risk of suicide attempts, though some differences may reflect the physical effects of an attempt itself.

Mahindroo, et al. (2021). **Audit of paediatrician recognition of children's vulnerability to harm at the Royal Children's Hospital, Melbourne**. *Journal of paediatrics and child health*, 57(1), 80–86. Click for full-text.
This study found that paediatricians at the Royal Children's Hospital, Melbourne, infrequently documented adverse childhood experiences, risk or protective factors, and rarely flagged children as vulnerable in the electronic medical record. Recognition of vulnerability was strongly linked to the extent of risk factor documentation during the initial consultation.

Le Brocque, et al. (2020). **The Course of Posttraumatic Stress in Children: Examination of Symptom Trajectories and Predictive Factors Following Admission to Pediatric Intensive Care**. *Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies*, 21(7), e399–e406. Click for full-text.

This study found that while most children admitted to paediatric intensive care were resilient, around 13% experienced chronic trauma symptoms. Maternal distress and children's pre-existing internalising behaviours were strong predictors of ongoing psychological distress, highlighting the need for early screening and targeted support.

Wickramasinghe, et al. (2019). **The adverse childhood experiences checklist: Can it serve as a clinical and quality indicator?**. *Journal of paediatrics and child health*, 55(9), 1113–1118. Click for full-text.
A modified ACE checklist trialled in South Western Sydney community paediatric clinics was found to be simple, useful, and effective in identifying vulnerable children. The tool helped clinicians recognise exposure to trauma and supported both intervention and service development.

Antonucci, et al. (2017). **Children's Moods, Fears and Worries Questionnaire: Validity with Young Children at Risk for Internalizing Problems.** *Infant and Child Development, 26*(2), E1966. Click for full-text.
The Children's Moods, Fears and Worries Questionnaire (CMFWQ) showed strong reliability and validity in a sample of young, temperamentally inhibited children at risk of internalising problems. It effectively distinguished between children with and without diagnosed anxiety disorders.

Tomyn, et al. (2017). **The Validity of Subjective Wellbeing Measurement for Children: Evidence Using the Personal Wellbeing Index—School Children. Journal of Happiness Studies,** 18, 1859-

1875. Click for full-text.
This study found that while a wellbeing index showed reasonable structure in children aged 10–12, reliability was lower and response bias was higher compared to adults. It recommends caution when using subjective wellbeing measures with children, especially those from disadvantaged backgrounds.

March, et al. (2015). **Feasibility of a screening program for at-risk children following accidental injury**. *Journal of traumatic stress*, *28*(1), 34–40. Click for full-text.
This study tested a PTSD screening program for injured children in Australian hospitals. Screening successfully identified children needing help, but fewer families participated than expected. Rescreening later showed that some children's symptoms naturally improved without treatment, supporting a "watchful waiting" approach.

Zwi, et al. (2015). **Prioritizing vulnerable children: strategies to address inequity**. *Child: care, health and development*, 41(6), 827–835. Click for full-text.
This study aimed to address health inequities for vulnerable children by developing tools to identify, prioritize, and monitor their needs in clinical settings. By reviewing local and national initiatives, the study proposed a systemic approach to health service delivery that could be more efficient and sustainable than group-specific interventions. It highlighted the need for data collection to assess the effectiveness of these tools and interventions.

CHILDHOOD EXPERIENCES

Chen, et al. (2024). **Trauma Exposure Moderates the Link Between Cognitive Flexibility and Suicide Risk in Pre-Adolescent Children.** *Archives of suicide research: official journal of the International Academy for Suicide Research*, 1–17. Click for full-text.
This study found that cognitive flexibility (CF) reduced the risk of suicidal ideation (SI) in pre-adolescents, but only among those with a single trauma exposure. Using data from over 11,000 children, it showed that multiple trauma exposures significantly increased the risk of SI and suicide attempts. CF had no protective effect in children with no or multiple traumas, highlighting the need for targeted screening based on trauma history.

Riggs, et al. (2024). **Resilience and Positive Wellbeing Experienced by 5-12-Year-Old Children with Refugee Backgrounds in Australia: The Childhood Resilience Study**. *International journal of environmental research and public health*, 21(5), 627. Click for full-text.
This study used the co-designed Child Resilience Questionnaire to assess resilience among 5–12-year-old children from refugee backgrounds in Australia. Refugee-background children showed strong resilience, particularly in personal, school, and community domains, and most with high resilience also had positive wellbeing. The findings challenge deficit-based views and highlight the importance of building strengths across multiple areas to support refugee children's wellbeing.

Baffour, et al. (2024). **The Utility of Socioeconomic and Remoteness Indicators in Understanding the Geographical Variation in the Regional Prevalence of Early Childhood Vulnerability in Australia**. *Child Ind Res* 17, 1791–1827 (2024).
This study used 2018 Australian Early Development Census data to examine how socio-economic disadvantage and remoteness influence childhood development vulnerability across Australia. Among 308,953 children, one in ten were developmentally vulnerable. Hierarchical Bayesian models showed SEIFA significantly explained spatial variation, while including ARIA improved accuracy in

remote areas. The best-performing model accounted for higher-level heterogeneity, highlighting the importance of both disadvantage and remoteness in understanding child development outcomes. Would you like this summarised even further for a table or evidence map?

O'Hare, et al. (2023). **Self-reported mental health of children known to child protection services: an Australian population-based record linkage study**. *European child & adolescent psychiatry*, 32(1), 101–112. Click for full-text.
This large longitudinal study found that children with any level of contact with child protection services before age 10 had increased odds of self-reported mental health difficulties at age 11. The highest risk was observed in children with substantiated reports or those placed in out-of-home care. Even children with unsubstantiated or lower-level reports showed elevated mental health concerns, highlighting the need for early detection and intervention across all levels of child protection involvement.

Bayer, et al. (2023). **Prediction of clinical anxious and depressive problems in mid childhood amongst temperamentally inhibited preschool children: a population study**. *European child & adolescent psychiatry*, 32(2), 267–281. Click for full-text.
This longitudinal study followed inhibited preschool children to mid childhood to identify predictors of anxiety and depression. Over half developed clinical anxiety and over one-fifth had depressive problems. Key predictors included parental distress and overinvolved or harsh parenting. The findings support early parenting interventions to reduce internalising risks in shy or inhibited children.

Busby, et al. (2023). **Specific anxiety and depression symptoms are risk factors for the onset of suicidal ideation and suicide attempts in youth.** *Journal of affective disorders*, 327, 299–305. Click for full-text.
his study analysed data from a schools-based intervention trial to examine which baseline symptoms predicted suicidal behaviour in adolescents over 18 months. Specific anxiety symptoms—such as worry, sleep difficulties, and interference with daily life—predicted later suicidal ideation, planning, and attempts, while overall anxiety or depression scores were less predictive. The findings suggest targeted screening of individual symptoms may improve suicide prevention efforts.

Dipnall, et al. (2022). **Predictors of health-related quality of life following injury in childhood and adolescence: a pooled analysis.** *Injury Prevention, 28*:301-310. Click for full-text.
This multinational cohort study pooled data from 2,259 injured children and adolescents to identify predictors of health-related quality of life (HRQoL) post-injury. HRQoL varied by socioeconomic status, injury type, comorbidities, sex, and age, with lower scores linked to more severe or intentional injuries. The findings highlight key risk factors affecting long-term physical and psychosocial recovery after childhood injury.

Hocking, et al. (2022). **Age and environmental factors predict psychological symptoms in adolescent refugees during the initial post-resettlement phase**. *Child and adolescent psychiatry and mental health*, *16*(1), 105. Click for full-text.
This pilot study assessed newly resettled adolescent refugees in Melbourne and found that displacement, older age, and parental mental health symptoms were key predictors of early psychological symptoms. Despite appearing well post-resettlement, some youth showed elevated risks for depression and trauma-related symptoms, highlighting the need for early identification and preventative mental health support.

Najman, et al. (2022). **Do adversities experienced over the early life course predict mental illness and substance use behaviour in adulthood: A birth cohort study**. *Journal of psychiatric research*, *155*, 542–549. Click for full-text.
This study from the Mater-University of Queensland Study of Pregnancy found that adverse life events in later childhood and adolescence predicted adult depression and substance use, even when accounting for childhood maltreatment. Early interventions should be complemented by support during adolescence, with a continued focus on preventing childhood trauma to reduce long-term mental health risks.

Conway, et al. (2021). **Children's language abilities at age 10 and exposure to intimate partner violence in early childhood: Results of an Australian prospective pregnancy cohort study.** *Child abuse & neglect*, *111*, 104794. Click for full-text.
This study found that children exposed to maternal intimate partner violence (IPV) in early childhood had poorer language skills at age 10, particularly in pragmatic language. These associations persisted even after accounting for maternal depressive symptoms, highlighting the long-term developmental risks of early IPV exposure.

Taylor, et al. (2020). **Associations between clusters of early life risk factors and developmental vulnerability at age 5: a retrospective cohort study using population-wide linkage of administrative data in Tasmania, Australia.** *BMJ Open, 10***:** e033795. Click for full-text.
This study analysed developmental outcomes of Tasmanian children and found that those exposed to combined sociodemographic, health behaviour, and maternal age-related risks in early life were significantly more likely to be developmentally vulnerable at school entry. The findings highlight the need for integrated policy responses targeting clustered early life risks.

Piotrowska, et al. (2020). **Transitions between socio-emotional and cognitive vulnerability profiles from early to middle childhood: a population study using multi-agency administrative records**. *European child & adolescent psychiatry*, *29*(12), 1659–1670. Click for full-text.
This study investigated the patterns of socio-emotional and cognitive vulnerabilities in children, identifying three profiles in early childhood and two in middle childhood. Key factors such as parental mental illness and contact with child protection services were found to influence transitions between vulnerability profiles, highlighting the importance of early identification and intervention.

Tregeagle, et al. (2019). **Previous life experiences and the vulnerability of children adopted from out-of-home care: The impact of Adverse Childhood Experiences and child welfare decision making.** *Children and Youth Services Review, 96:* 55-63. Click for full-text.
This study examines the experiences of a cohort of 'difficult to place' adoptees in Australia, highlighting the vulnerability of children with severe pre-care experiences, behavioural difficulties, and health and wellbeing challenges. The findings suggest the importance of careful timing in permanency decisions and the need for tailored recruitment, training, and support for adoptive families.

Wickramasinghe, et al. (2019). **Burden of adverse childhood experiences in children attending paediatric clinics in South Western Sydney, Australia: a retrospective audit**. *BMJ paediatrics open*, *3*(1), e000330. Click for full-text.
This study investigates the burden of adverse childhood experiences (ACE) among children attending

community paediatric clinics in South Western Sydney. It found that children attending vulnerable child clinics and those from specific ethnic groups or older age groups had the highest burden of ACE. However, no significant association was found between ACE and developmental health.

Taliaferro, et al. (2019). **Risk and Protective Factors for Self-Harm in a Population-Based Sample of Transgender Youth**. *Archives of suicide research : official journal of the International Academy for Suicide Research*, *23*(2), 203–221. Click for full-text.
This study aimed to identify factors distinguishing transgender/gender non-conforming (GNC) adolescents who engage in self-harm, including non-suicidal self-injury (NSSI) and suicide attempts (NSSI + SA), from those who do not engage in self-harm. The study found that over half of transgender/GNC adolescents reported self-harm, with key risk factors including mental health problems, depression, substance use, and victimization. Factors distinguishing the NSSI + SA group from the NSSI-only group included experiences of abuse, relationship violence, bullying, and lower levels of school safety and parent connectedness.

Kimla, et al. (2019). **Identification of vulnerability within a child and family health service**. *Australian health review: a publication of the Australian Hospital Association*, *43*(2), 171–177. Click for full-text.
This study aimed to identify the prevalence of vulnerability in newborns, the factors that increase the risk of vulnerability, and whether vulnerable newborns are receiving home visits. The study found that 40.5% of newborns were identified as vulnerable, with 13.9% having two or more risk factors. The most common risk factors were biological. Vulnerable newborns were more likely to be offered home visits compared to non-vulnerable newborns (74.6% vs. 33.7%), highlighting that identifying vulnerability can help prioritise services for those most likely to benefit.

Green, et al. (2019). **Early developmental risk for subsequent childhood mental disorders in an Australian population cohort.** *The Australian and New Zealand journal of psychiatry*, *53*(4), 304–315. Click for full-text.
This study explored the link between early childhood developmental vulnerability and later mental illness in Australian children. It found that children with early risk profiles—such as special needs, pervasive risk, or misconduct risk—were more likely to develop mental disorders between ages 6 and 13. Children with special needs had the highest risk. These children also used mental health services more frequently. The findings highlight the importance of early identification and intervention to reduce future mental health issues.

FAMILIAL ASSOCIATION

Duko, et al. (2024). **The effects of pre-eclampsia on social and emotional developmental vulnerability in children at age five in Western Australia: A population data linkage study**. *Journal of affective disorders*, *352*, 349–356. Click for full-text.
This study examined the impact of preeclampsia on childhood development in emotional maturity and social competence. Using a population-based cohort of 64,391 children born in Western Australia, the study found that children exposed to preeclampsia in utero were more likely to be developmentally vulnerable in these domains by age 5. Specifically, the risk for developmental vulnerability was higher in emotional maturity (RR = 1.19) and social competence (RR = 1.22). These findings highlight the potential long-term developmental risks associated with preeclampsia during pregnancy.

Green, et al. (2022). **Forecasting childhood adversities from conditions of birth**. *Paediatric and perinatal epidemiology*, *36*(2), 230–242. Click for full-text.
This study aimed to identify key risk factors at birth that predict a range of adverse childhood outcomes up to age 13. The cohort included 72,059 Australian children, with 14 identified risk exposures such as maternal smoking, young maternal age, preterm birth, and socio-economic disadvantage. The study found that these exposures accurately predicted outcomes like developmental vulnerability, educational underachievement, and mental disorders, with predictive accuracy ranging from fair to excellent. Children with five or more risk factors were more likely to experience adverse outcomes, highlighting the potential for early detection and intervention, although caution is needed due to relatively low positive predictive values.

Tan, et al. (2022). **Adverse childhood experiences, associated stressors and comorbidities in children and youth with fetal alcohol spectrum disorder across the justice and child protection settings in Western Australia**. *BMC Pediatr* 22, 587. Click for full-text.
This study examined the link between adverse childhood experiences (ACEs) and negative outcomes in individuals with Fetal Alcohol Spectrum Disorder (FASD). It found that 70% had child protection involvement and 40% had legal trouble. The most common ACEs were substance misuse at home (70%) and domestic violence (52%). A higher number of ACEs was associated with increased comorbidities, such as attachment disorder and PTSD, and greater involvement with child protection and justice systems. The study stresses the need for early diagnosis and intervention to reduce the impact of ACEs in children with FASD.

Bell, M. F., Bayliss, D. M., Glauert, R., Harrison, A., & Ohan, J. L. (2019). **Children of parents who have been hospitalised with psychiatric disorders are at risk of poor school readiness**. *Epidemiology and psychiatric sciences*, *28*(5), 508–520. Click for full-text.
This study examined the impact of parental psychiatric disorders on children's school readiness, using data from 19,071 Western Australian children. It found that children of parents with psychiatric disorders had increased odds of being developmentally vulnerable in multiple domains of school readiness, including physical, social, emotional, communicative, and cognitive. Both maternal and paternal psychiatric disorders were associated with these risks, with variations depending on the type of psychiatric disorder. The study suggests that children of parents with psychiatric disorders should be considered in discharge and treatment planning, and advocates for family-based interventions to address both parental mental health and child development.

Green, et al.(2019). **Inter-agency indicators of out-of-home-care placement by age 13-14 years: A population record linkage study**. *Child abuse & neglect*, *93*, 91–102. Click for full-text.
This study aimed to identify a minimum set of cross-agency indicators to predict placement in out-of-home care (OOHC) before age 13-14. Analyzing data from 72,079 Australian children, the study found that a combination of six risk factors could classify children at risk of OOHC placement with about 95% accuracy. Four or more of these indicators provided excellent specificity (99.6%). The findings suggest that integrating data from health, justice, and education systems could effectively target support services to prevent children from entering OOHC.

APPENDIX

SEARCH METHODOLOGY

A systematic search was conducted for literature. The results were screened by librarians using Covidence.

SEARCH LIMITS

- English-language
- Published within the last 10 years
- Australian studies only

DATABASES SEARCHED

- Medline – index of peer reviewed articles across health sciences and medicine.
- Embase – index of biomed and pharmacological peer reviewed journal articles.
- Emcare – index of nursing, allied health, critical-care medicine and more.
- PsycINFO – index of psychology and psychiatry peer review journal articles and book chapters.
- Grey literature – Google, Google Scholar, Trip database

MEDLINE SEARCH STRATEGY

This search strategy was conducted on 24/04/2025 and translated to other databases, as relevant. Searches in each database were conducted on the same day.

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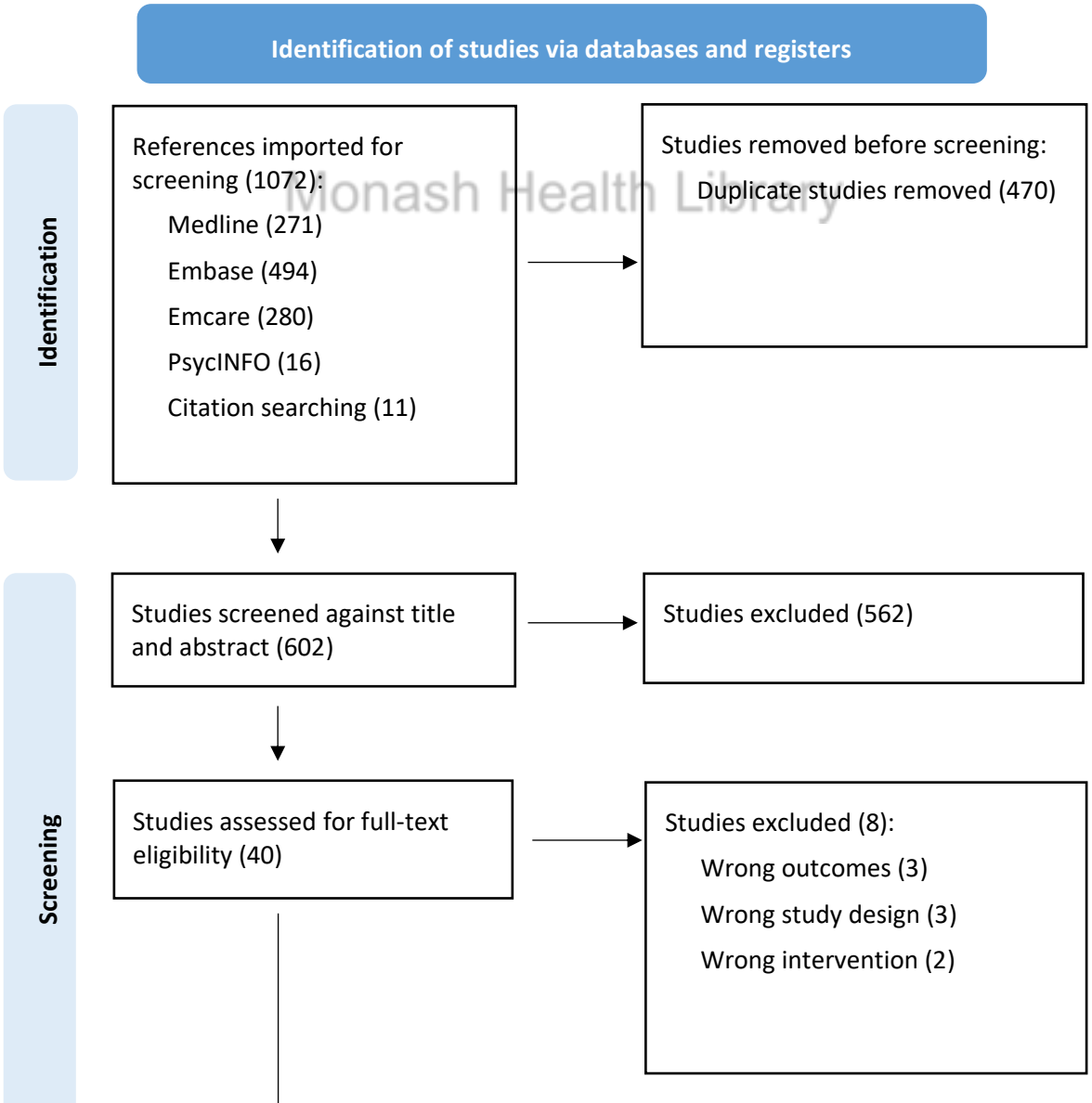

Included

Studies included (32)

This report contains curated literature results against a unique set of criteria at a particular point in time. Users of this service are responsible for independently appraising the quality, reliability, and applicability of the evidence cited. We strongly recommend consulting the original sources and seeking further expert advice.