KPMG
cutting through complexity ™

Australian Research Alliance
for Children and Youth

A national plan
for child and
youth wellbeing

A review of the literature

November 2012

Table of contents

1.   Introduction

The Australian Research Alliance for Children and Youth (ARACY) are developing The Nest: a national plan for child and youth wellbeing. The Nest is an initiative that aims to improve the health and wellbeing of young Australians from birth to 24 years. It will provide a resource of evidence-based investments – a stocktake of 'what will turn the curve' – that state and federal governments, non-government organisations, and others can make to help young Australians achieve their potential. It will also involve a national consultation with young people to match the evidence base and existing policies against their aspirations and expectations.[1]

1.1   Approach to developing the Nest

An outcomes-based framework approach, the Results Based Accountability (RBA) methodology, will be used to develop the Nest. The RBA method comprises: establishing key results (outcomes) to be achieved; identifying key performance indicators; understanding baseline performance; trend analysis and projections; identifying what is already being done; and establishing the evidence base to guide improvement.

The approach to developing the Nest comprises two core activities: reviewing the evidence base, and engaging key stakeholders. Reviewing the evidence base includes:

- researching the evidence base and the development of a literature review of publishable standard (this document)

- establishing an 'as is' analysis (identifying, as far as possible, current jurisdictional arrangements)

- defining the indicators for inclusion in the Nest, and establishing baseline performance, trends and projections

- populating the results based accountability framework and drafting the plan.

In developing the Nest it is important that key stakeholders including individuals (children, youth and families), organisations, community groups, academic researchers and government departments are engaged. ARACY will coordinate national public consultation on the plan, including providing the opportunity for children, young people and their families, to have a significant and critical say in the Plan.

A number of the tasks associated with the development of the Nest will be iterative in nature as certain outputs of the evidence review will provide input (discussion points) for consultation with stakeholders, and results of the consultations will, in turn, influence the final form and content of the Nest.

1.2   Key result areas

The Nest will focus on five dimensions of child and youth wellbeing (Key Result Areas, KRAs). The KRAs are:

---

[1] National Action Plan project overview.

- Children and young people are loved and safe

- Children and young people are achieving material basics

- Children and young people are healthy

- Children and young people are learning

- Children and young people are contributing and participating[2].

1.3 Purpose of the literature review

The primary purpose of the literature review is to identify strategies that are effective, and will "turn the curve" to support the wellbeing of children and young people against each of the five KRAs.

This document also includes a number of additional resources that have been identified and referenced in the development of the National Action Plan, which span data and other indicator information; assessment frameworks; submissions to government; and other academic articles and opinions. These resources are listed at Appendix B.

A separate but complementary 'as is' analysis will be undertaken to identify and describe the range of strategies that are currently in place in each State and Territory, and at the national level, that are relevant to each KRA and the agreed indicators.

1.4 Method

This section describes the broad approach to the conduct of the literature review, including scope, search engines, search terms, and preliminary analysis.

1.4.1 Scope of the literature review

Jurisdictions

The literature review included all OECD countries, where published material was available in English, with an initial focus on:

- Australia

- United Kingdom

- Canada

- New Zealand

- the United States of America.

The rationale for selection of these jurisdictions was that significant relevant literature would be available, and that the similarity of community, government and policy environments means that identified strategies are more likely to be able to be applied in the Australian context.

---

[2] Six KRAs were identified at a National Workshop convened on 2 December 2010. These KRAs were subsequently refined at the second meeting of the Expert Reference Group on 13 March 2012.

Time horizon

The search was confined to material published in the last six years, that is, material published after 1 January 2006. The rationale for limiting the time horizon was that social constructs of childhood, youth, adolescence and adulthood have evolved over time. Further, the rapid pace of societal change, including significant shifts in social policy, economic conditions, and the pace of technological change mean that it the currency of the evidence base is critical. What worked for children and young people ten years ago, may not work now.

However it was recognised that seminal studies may exist that were published before 1 January 2006, and should be included within scope. For example, the evidence base for some known indicators of health and wellbeing, and effective interventions that impact on these indicators may be well established. Two methods were used to address this limitation:

- the use of snowballing, whereby the reference lists of articles identified within the specified time-horizon are scanned to identify further relevant research material

- the project team drew on the knowledge and advice of the Expert Reference Group, reviewing relevant seminal material posted on Basecamp (an online collaboration portal).

1.4.2   Search engines

Relevant material was identified through a desktop review of the white and grey literature and included research papers, journal articles, government and other reports available via the World Wide Web.

Two types of database were searched to identify relevant academic literature. The first type of database are those usually accessible through university libraries (e.g. EBSCO, Informit Core Collection, IngentaConnect, JSTOR, Open Access Journals, PubMed, and The Cochrane Library) from which peer review journals may be easily (electronically) searched, and full-text articles accessed.

The second type of database are searchable databases or websites maintained online by clearinghouses and public policy 'think tanks', whose focus is on particular areas or fields of relevance to the Nest. These included:

- Australian Policy Online

- the Australian Institute of Family Studies

- National Family Relationships Clearinghouse

- National Centre for Vocational and Educational Research

- National Child Protection Clearinghouse

- the National Youth Affairs Research Scheme (NYARS).

In addition to the academic literature, grey literature was sourced from:

- A scan of Australian state and territory government department websites with responsibility for policy development and program funding for children and young people, and/or relevant to each KRA.

- A search using the Google.com search engine, using key terms, to identify working papers, unpublished conference papers and reports, and government policy statements and whitepapers.

1.4.3   Search terms

The search strategy utilised a set of key terms to identify literature relevant to each KRA, as listed in Table 1 below. The generic terms "child" and "young person" were used in combination with the key search terms to ensure material relevant to children and young people was identified.

The search terms were used in combination with descriptors of sub-populations of young people (e.g. Aboriginal and/or Torres Strait Islander, culturally and linguistically diverse, young people with a disability and young people from disadvantaged backgrounds) where time permitted.

Table 1: Keywords by key result area

Search terms
KRA1: children and young people are loved and safe
- attachment   - self-esteem   - confidence   - pro-social / anti-social behaviour   - vulnerable   - abuse   - maltreatment   - harm   - safety   - self-harm, suicide   - youth crime / youth detention
KRA2: children and young people are achieving material basics
- poverty   - homelessness   - social inclusion, social exclusion   - disadvantage   - deprivation   - neglect
KRA3: children and young people are healthy

Search terms
• mental health / smoking /drugs / alcohol / safe sexual activity • health promotion • nutrition • physical activity.[3]
KRA4: children and young people are learning
• early childhood education and care, preschool, kindergarten, primary school, secondary school, education • school engagement / disengagement • school participation / attendance / attainment • Year 12 completion • transitions.
KRA5: children and young people are contributing and participating
• consultation • youth employment / unemployment • civic participation • social inclusion • extracurricular activities • decision making.

Source: KPMG

1.4.4   Preliminary analysis

Abstracts of articles identified via the literature search were scanned for relevance, and potential papers identified for inclusion in the annotated bibliography and literature review. Papers were deemed relevant where they:

• had been published in the last 6 years, or were considered to be seminal studies

• had been subject to external peer review, or included sufficiently rigorous and detailed information about the study population and research methods

• were, by the reviewer's judgement, relevant to the KRA under exploration.

---

[3] Note that the literature search did not seek to identify strategies against specific conditions (e.g. diabetes, asthma, etc). These will be identified and addressed separately, after indicators have been identified and agreed.

1.5   Annotated bibliography

An annotated bibliography was developed for all articles included in the literature review, per the format provided in Table 2 below. The purpose of the annotated bibliography was to categorise the literature review on the basis of the available evidence. The annotated bibliography is provided at Appendix A.

Table 2: Format for annotated bibliography

Title	The title of the paper or article
Year	The year of publication
Theme	A range of themes was identified post-hoc for each KRA.
Cohort	The specific age range, or cohort, that the research relates to, with reference to specific sub-populations where relevant. Sub-populations include: • Aboriginal and Torres Strait Islander children and young people • Children and young people with a disability • Children and young people from CALD backgrounds • Children and young people from rural and remote areas • Children and young people from disadvantaged communities.
Country	The country, or countries, where the research was conducted.
Evidence	The level of evidence was noted as follows: • Systematic review — synthesis of results from several studies • Randomised controlled trial — population allocated randomly to groups • Quasi-experimental study — similar populations compared (with comparison or control group) • Case study — results compared before and after intervention, or post intervention only (no comparison or control group) • Longitudinal or cohort studies – involve repeated observations of the same variables over long periods of time • Qualitative study – descriptive studies, formative evaluation • Expert opinion – opinions of respected authorities, based on clinical experience; reports of expert committees • Service user experiences – the opinions of children and young people, for example, feedback surveys, regarding 'what works' for them • Practice evidence or knowledge.
Strategy / intervention	A brief description of the intervention / strategy, where relevant.
Research design	A description of the research design and methods, including sample size
Outcomes	A description of the research findings
Reference	A full bibliographic reference.

Source: KPMG

1.6   Structure of the literature review

The literature review sets out, for each KRA:

- a proposed definition for the KRA

- commentary on the importance of the KRA for children and young people

- the key themes identified within the literature

- within each key theme, a summary of the strategies that may impact on the achievement of the KRA, and an analysis of the strength of the evidence of effectiveness of these strategies, and other relevant factors (such as the cohorts and locations in which the strategies have been demonstrated to be effective).

2. Children and young people are loved and safe

This section provides a summary of the literature for KRA1: Children and young people are loved and safe.

2.1 Definition

What does it mean for children and young people to be loved and safe?

Children and young people who are loved and safe are confident, have strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in their life. Children and young people who are loved are actively involved in decision-making about their lives, and their views are respected. Children and young people who are loved and safe are resilient: they can withstand the challenges that life throws at them, and respond constructively to setbacks and unanticipated events.

At the family level, children who are loved and safe grow up in a secure and stable home environment, with continuity of relationships and social support. They are free from domestic and family violence, physical and emotional abuse, and neglect. Their parents set age appropriate boundaries, and provide an environment in which their child or young person can safely explore boundaries and new opportunities. Aboriginal and Torres Strait Islander children and young people have connections to family, community and country, and grow up in a culturally safe environment.

At the community level, children and young people are loved and safe when they are free from discrimination, and live in safe neighbourhoods.

How would we know that children and young people are loved and safe?

Children and young people who are loved and safe:

- have high self esteem
- have pro-social connections
- are able to identify an adult role model in their life
- have a stable home environment
- feel that they are listened to, and are respected
- are free from domestic and family violence, abuse, and neglect
- are connected to their community and culture..

2.2 Summary of key findings

Searching the literature on children who are loved and safe has identified a number of challenges. While there appears to be an abundance of evidence-based research and programs undertaken in relation to the impact, prevention and management of

maltreatment (including physical, emotional and sexual abuse and neglect) and its effects on children and young people, it has been challenging to find documented research, independent of maltreatment, addressing the other defining elements of children and young people who feel loved and safe. However, this thematic crossover is not unexpected due to the significant impact of maltreatment on child safety.

As the literature addressing the relevant aspects of maltreatment has been well documented elsewhere in Australia, most recently through the National Child Protection Clearinghouse, studies that have examined the impact of child abuse, neglect and domestic violence on child outcomes have generally been excluded from this literature review. For similar reasons, only one or two key articles relating to prevention strategies and interventions targeting maltreatment have been included.

Taking these factors into account, this review presents an overview of seminal literature reviews and articles and highlights prevention and intervention strategies which been shown to be effective. An overview of the key findings is provided below, categorised within the following four themes:

- Preventing abuse and neglect

- Family environment

- Safe communities, and

- Bullying.

2.2.1   Preventing and coping with abuse and neglect

Child maltreatment, incorporating physical abuse, sexual abuse, emotional abuse, and neglect, is a recognised major health problem associated with impairment in childhood, adolescence and extending into adulthood. Its impact is not isolated to health factors but has implications for human capital formation, the workforce and social and economic development. Its presence is global, not limited to the Western world, and there is strong evidence supporting the effectiveness and costliness of prevention over intervention (Mikton & Butchart 2009).

This review recognises the significant impact of maltreatment of children and young people and the importance of prevention and intervention in addressing the consequences of maltreatment, particularly with respect to making children and young people feel loved and safe. However, given that studies that have examined the impact and prevention of child abuse and neglect on child outcomes have been well documented in Australia, only one recent systematic review, by Mikton and Butchart (2009) is included here to illustrate two important considerations:

- there are a number of interventions that show promise, across a number of countries, in preventing child abuse and neglect – home-visiting, parent education, abusive head trauma prevention and multi-component interventions

- while the interventions show promise, the argument for their effectiveness is weakened by methodological problems and the paucity of outcome evaluations from low- and middle-income countries.

The interventions have been defined as follows:

- home-visiting – where trained personnel visit parents and children in their homes and provide support, education and information to prevent child maltreatment

- parent education – which aims to prevent child maltreatment by improving parents' child-rearing skills, increasing parental knowledge of child development, and encouraging positive child management strategies

- abusive head trauma prevention – which includes interventions to prevent abusive shaken baby syndrome, shaken infant syndrome and inflicted traumatic brain injury

- multi-component interventions – which typically include services such as family support, preschool education, parenting skills and child care.

2.2.2 Family environment

Families and the stable home environments they can foster are fundamental to children's capacity to feel loved and safe, contributing to their resilience and confidence to cope with challenges that life offers. Families can help children to feel loved and safe by providing a safe and nurturing home environment; parents can assist by being involved, providing role models, and giving children the input and direction they need to grow up with the social and emotional capabilities to tackle everyday life (Australian Government and Australian Institute of Family Studies (AG & AIFS) 2012).

A recent analyses of data from 'Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)' (AG & AIFS 2012) looked at how children's social, economic and cultural environments contribute to their adjustment and well being. A broad brush interpretation of the outcomes suggests that the majority of children and young people in Australia generally feel loved and safe. For example, among the Australian children aged 10–11 years who were surveyed, 44 per cent had been taken by either parent to a concert, play, museum, art gallery or community or school event in the previous month while 30 per cent of children at this age had attended a religious service, church, temple, synagogue or mosque with either parent within the same time frame. Family activities such as these help build children and young people's connections to their communities and cultures.

Helping children to grow socially and emotionally and thereby develop pro-social connections and self esteem is likely to depend upon parents spending time with children, and developing and sharing positive and happy relationships with them. Of the children surveyed in LSAC, over 68 per cent definitely enjoyed spending time with their mother and only a small minority reported they did not enjoy spending time with either parent (AG & AIFS 2012). Further, almost 80 per cent of children feel accepted and trust their parents although only 43 per cent reported sharing thoughts and feelings with their parents. The study demonstrates that while 27 to 35 per cent of children felt that their parents worked too much, 63 to 71 per cent of children still felt their parents worked the 'right amount'. Many parents also felt that paid work provided an opportunity for positive role modelling, particularly as the children got older (AG & AIFS 2012). Overall, these results strongly imply that a significant number of Australian children aged up to 11 years report positive associations in relation to many of the factors which contribute to children and young people feeling loved and safe, including having secure family attachments and involvement with adult role models who they feel respect and will listen to them.

Domestic Violence

There is extensive evidence that the health and developmental well-being of children and young people exposed to domestic violence is impacted negatively across multiple fronts and that this impact can continue even after measures are taken to secure their safety (Holt, Buckley & Whelan 2008). However, as the literature on this theme has recently been extensively reviewed in Australia, this section has been limited to one comprehensive review of this area.

Interestingly, the authors, Holt, Buckley & Whelan (2008) strongly state that studies into the impact of children's exposure to domestic violence have been beset with methodological concerns which include:

- the heterogeneous, multi-dimensional nature of domestic violence,

- the difficulties involved in distinguishing the impact of domestic violence from that of other co-occurring forms of abuse,

- the tendency to oversample particular populations (e.g. those who live in shelters) and to predominately gather data from mothers, and

- the inconsistent use of a common criterion for defining child abuse.

Despite these methodological concerns, the review highlights a range of protective factors that can mitigate against the impact of exposure to domestic violence. In particular, a strong relationship with, and attachment to, a caring adult, usually the mother is an important, resilience building factor. Strong self-esteem, wider social and community support structures and positive peer and sibling relationships and friendships were also found to build resilience and assist children in coping with domestic violence.

The literature reviewed advocates for a holistic and child-centreed approach to service delivery, derived from an informed assessment of each child. Interventions that are timely, appropriate and individually tailored and build on the resilient blocks in the child's life are promoted as the most effective strategies through which to assist children and young people exposed to domestic violence (Holt, Buckley & Whelan 2008).

2.2.3 Safe communities

Fundamental factors supporting children to feel loved and safe are the presence of safe and supportive family, community and physical environments within which children and young people can explore themselves and test boundaries and experience new opportunities.

Community Awareness and Responsibility

Frighteningly, research suggests that the general community does not see the safety of children as a significant community issue or as their responsibility. This lack of awareness can be partially attributed to a lack of knowledge of what constitutes abuse and a significant underestimation of the problem. Even when the awareness of the child safety issues exists, this often does not translate into action (Nair 2012). However, community involvement and responsibility are critical to ensure the safety of children.

Comprehensive and targeted community awareness campaigns using multiple forms of transmission and creating a sense of personal relevancy have been found to be effective

and should be considered as strategies to motivate and mobilise communities and enhance their sense of responsibility towards child safety. Educational strategies are considered an essential component of any community awareness intervention while the impact of social marketing approaches that target specific audiences and align with support services can be further enhanced if coordinated with other prevention initiatives (Nair 2012).

Community Involvement and Service Integration

Addressing and preventing adverse social situations and social exclusion is a necessary precondition for creating safe communities. Resilience needs to be built by nurturing positive connections between families and the community, providing community-based support for families, and enhancing social networks. Locally relevant and targeted prevention and intervention strategies that are accessible and incorporate locally based services can be effective at reducing barriers to success such as insufficient community involvement and the lack of strong professional partnerships between the various community service sectors (Nair 2012). The provision of peer groups and other informal support services, fund raising activities and community forums can also contribute to enhanced sense of belonging and attachment to communities.

Programs that involve collaboration and integration of services would ensure the best possible outcomes for children in a range of circumstances. Multi-disciplinary approaches that seek to address as many individual and social risk factors as possible and include strategies such as universal preventive education, early intervention support and statutory responses aimed at improving child safety are most likely to be effective at creating safe communities for our children and young people.

Actively involving children in decision making and respecting their views on their lives contributes significantly to them feeling loved. Participation of children and young people in issues concerning them, including care options, creates and sustains networks and relationships of trust and reciprocity between children and parents and other caregivers (Hoffman-Ekstein cited in Nair 2012). It is strongly recommended that future research programs or interventions targeting children and young people adopt a collaborative approach in which children's participation is paramount, thereby ensuring that such programs effectively address their needs. Such approaches would promote children's self-esteem, connectivity and sense of wellbeing, contributing to their sense of feeling loved and safe.

The benefits of involving children and young people are covered in further detail in KRA5: Children and Young People are contributing and Participating (Chapter 6).

Place Attachment and Perceived Safety

In addition to the social and emotional supports provided by creating safe communities, the physical environment provided by local neighbourhoods has been recognised as an important life context for adolescence, contributing to young people's feelings of safety.

Neighbourhoods provide children and young people with opportunities to forge supportive networks with people and organisations, and thus have an important effect on youth antisocial behaviour and well-being (Dallago et al. 2009). By fostering individual, group, and cultural self-esteem, self-worth and self-pride, the development of place attachment

in young people may act as a resilience factor against the identity crises that often occur during periods of transition such as adolescence. Dallago et al. (2009) demonstrated that despite cultural and geographic differences, place attachment was a predictor of perceived safety amongst 15 year old students from across 13 countries, and that this perception was in part mediated by social capital. Future interventions promoting positive perceptions of safety in young people should therefore address both their cognitions and attachments towards both their neighbours and the place where they live.

Gender Differences in Perceived Safety

Interestingly, gender-specific differences exist with respect to place attachment and other factors impacting on young people's perceptions of neighbourhood safety. The relationship between place attachment and perceived safety was shown to be weaker in girls than boys, with the girls perceiving their neighbours as less connected and feeling less safety than boys (Dallago et al. 2009). Research has also shown that girls in families provided with housing subsidies which enabled them to move to lower-poverty neighbourhoods benefited from this move, while boys seemed to have not benefited at all (Popkin, Leventhal & Weismann 2008). Factors contributing to the girls improved perception of safety included the reduction of gender-specific threats (sexual and physical assault) and pressure to become sexually active, less psychological distress, anxiety, and substance use. This suggests that genders' perceptions of safety are influenced by external factors differently. These gender-specific differences need to taken into consideration in the future design of programs and interventions targeting children and young people's perception of safety.

The Policy and Legislative Context

The policy context framing our communities also determines whether they are safe and supportive of our children and young people. A review of child welfare reforms by Helyar et al. (cited in Nair 2012) identified that policy platforms need to directly support the factors critical to children and young people feeling safe. For example, policies are required that; promote the broader alignment of cross-jurisdictional priorities, actions and implementation mechanisms; facilitate greater community involvement; and drive locally relevant and integrated service provision based on local needs assessments and promote the participation of children.

Research also suggests that a country's broader social policies may influence young people's perceptions of safety. For example, young people in Scandinavian countries demonstrate higher perceptions of safety, place attachment and social capital than those in Eastern European and Baltic countries (Dallago et al. 2009). These higher perceptions of safety may be attributable to the existence of policies promoting social capital and membership of volunteer organisations within those countries. At the same time, the lower perceptions may be the consequence of the suppression of social capital in Eastern European and Baltic countries, possibly due to former Soviet influences (Dallago et al. 2009). Further research examining the impact of policy on perceived safety in children and young people is required to confirm such connections.

The role of legislation in enabling children and young people to feel loved and safe within their family and community should not be underestimated. The introduction of legislation criminalizing corporal punishment in many countries such as Norway, Sweden, Austria

and Denmark, where it was previously acceptable, has sent a clear message to those communities, including their young people, that a child has the right to security and respect as an individual (Ministry of Health and Social Affairs 2001). The introduction of legislation such as this can, and does, have far-reaching social benefits arising from the community debates generated and the associated policies and support and education frameworks established as a consequence (Ministry of Health and Social Affairs 2001).

Discrimination

Discrimination of any type, including racism, can directly influence children and young people's feeling of being loved and safe within their broader community. Research into the relationship between racism and child health and well being is an emerging field, is extremely limited, and is largely focused on African-Americans and older age groups (Pachter and Garcia Coll 2009). To date most studies have reported on research performed on behavioural or mental health outcomes, with variable definitions of child health. There has also been no consistent measure of racism and the frequent application of measures created for the adult population. However, many of the factors thought to contribute to the racial and ethnic disparities in child health and well-being are thought to be the result of social stratification which in turn can impact on the likelihood of poor development and health outcomes (Pachter and Garcia Coll 2009). Given the cultural and ethnic diversity of the Australian culture, the impact of racism on children and young people in Australia would appear to be a key area on which to focus future research efforts.

2.2.4 Bullying

Children and young people who are bullied often suffer both immediate harm and distress and longer term negative impacts on their social, physical and mental health (Pearce et al. 2011). Children who are bullied no longer feel safe in their own daily environment. Bullying is experienced by a considerable number of children world-wide. An Australian study (Cross et al. cited in Pearce et al. 2011) reported that just over a quarter (27 per cent) of school students aged 8 to 14 years reported being bullied while 9 per cent reported bullying others on a frequent basis (at least every few weeks).

Bullying can be manifested in different forms including verbal, physical, or social threats that are intended to harm an individual or group. More recently cyberbullying, or bullying using technology such as the Internet or mobile devices has also come to the fore.

Universal systematic whole-school approaches, targeting schools, classrooms and individuals, appear to be the most effective at preventing and managing all forms of bullying behaviour (Pearce et al. 2011; US Department of Health and Human Services 2012). Due to the systemic and complex nature of bullying, single level programs are unlikely to be as effective. Implementation of programs to prevent or manage bullying also need to be accompanied by efforts to build each school's capacity, enabling them to put evidence into informed practice. Specific interventions which have been associated with a decrease in bullying include parent training / meetings, teacher training, improved playground supervision, disciplinary methods, cooperative group work between professionals, school assemblies, information for parents, classroom rules and management and whole-school anti-bullying policies (Pearce et al. 2011). Programs addressing bullying should seek to include at least a number of these interventions and

should also consider consulting the Australian-based Child Health Promotion Research Centre's 'Validated Guidelines for School-Based Bullying Prevention' which were updated in 2010 (Cross et al. cited in Pearce et al. 2011).

3. Children and young people have access to material basics

This section provides a summary of the literature for KRA2: Children and young people have material basics.

3.1 Definition

What does it mean for children and young people to have access to material basics?

Children and young people who have material basics have access to the things they need to live a 'normal life'. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways. The absence of material basics can also be understood as living in poverty. Having material basics is important, because children who experience poverty early in life are at risk of ongoing disadvantage[4]. For young people, access to material basics supports them to make effective transitions to adulthood: they are able to secure housing and live independently, and receive an income that enables them provide for themselves.

At the family level, children and young people who have material basics when parents are employed and receive an income that enables them to provide for their children. Having parents who are out of work (either through unemployment, disability or the need to spend time caring for children or the elderly or disabled), may put children at risk of not being able to access material basics. At the family level, access to material basics also encompasses a family's access to adequate public or private transport, to get to where they need to be: work, play, school, or community services. At the community level, it is important that material basics are accessible and affordable.

How would we know that children and young people have access to material basics?

Children and young people have material basics when they:

- live above the "poverty line"
- live in adequate and stable housing
- have adequate clothing, healthy food and clean water
- have access to the equipment necessary to participate in education and training (reading and writing tools)
- have access to public transport
- have access to community infrastructure.

---

[4] ARACY, 2008, op cit.

3.2 Summary of key findings

3.2.1 Overview

Social exclusion, homelessness and poverty all impact the material well-being of children and young people. There is a substantial body of literature that explores the reasons and factors behind the existence of social exclusion, homelessness and poverty, and the impact it has on children's wellbeing. In contrast, literature providing systematic analysis of interventions and responses to social exclusion, poverty and homelessness is relatively sparse.

Poverty and deprivation are characterised by economic insecurity, a lack of access to material resources including material markers of social inclusion such as ownership of branded goods. It is associated with a range of negative health, social and psychological outcomes. Children who live below the poverty line for multiple years, appear, all other things being equal, to suffer poorer outcomes.

Homeless young people have high levels of mental health problems, are at risk of poor nutrition, health problems, assault and social isolation. Furthermore, the instability of social housing makes it difficult to access education, employment, health care and social services. Young people who experience homelessness are more likely to be homeless in adulthood, have an increased risk of long-term poverty, unemployment, poor health and other forms of disadvantage including social exclusion. Particular population groups are over-represented in the homeless population, including young people who have been in out-of-home care and young people of Indigenous origin.

Social inclusion is characterised by the ability to participate in mainstream, 'normal' activities of society, make choices and decisions about everyday life and connect with family, friends and the local community. A lack of financial resources creates a significant barrier to social inclusion as it limit families' ability to pay for activities in which children can participate. Other barriers to social inclusion that have been cited by parents include lack of safe clean playing spaces and safety concerns. Disabled children and their families experience high levels of social isolation and exclusion during out-of-school periods and during the school holidays, either due to rationing of out-of-school leisure or services unable to provide for their disabilities.

Early interventions to increase family income are most effective in improving child outcomes if they are targeted to the poorest families, very early in the life of the child as this is a critical period of brain development. Programs targeted at improving community access to services include: good transport, quality health housing, affordable quality childcare, adequate nutrition and health services will help enable children in poverty, living in disadvantaged neighbourhoods to have their needs met.

Early interventions which address homelessness risk factors such as family conflict, mental health issues, unemployment, poverty, alcohol and other drug issues and build protective factors such as community connections and health family relationships have been identified as important in preventing or reducing youth homelessness. Evaluations of interventions have shown that important strategies include: identifying and reaching families at high risk of homelessness but not actually homeless; providing intensive support over a longer period; providing coordinated support by a number of agencies (in

relation to improvements in labour-force participation); using brokerage funds to stabilise circumstances; and engaging families in multiple ways to help build connections to other families, community and services.

Strategies to improve social inclusion include providing children with access to social activities from which they may otherwise be excluded, space for parents and children to meet with one another and develop friendships and informal support networks, and opportunities for parents and children to contribute to decision-making processes. Services are successful when they are tailored to individual support needs, are holistic, family orientated and take a multi agency approach; and are longer-term providing greater opportunity to support children's changing needs.

Recommended strategies to promote social inclusion of disabled children are multi-level, including assessment of service provision for disabled children, increased provision for young people over the age of 12 and for working parents, a range of options for out of school support including developing short-term breaks, home based child care and opportunities to join mainstream play, child care and leisure activities.

Common themes reflected in the strategies above include the importance of early intervention, holistic approaches including families and communities; tailored strategies requiring a multi agency approach and the importance of long-term supports for children and their families.

Gaps in the evidence base over the impact of poverty include the experiences of children from different ethnic groups, disadvantaged children with a disabiblity and those in marginalised groups such as refugee and asylum seeking children. In addition, there is a shortage of literature providing systematic analysis of interventions and other responses to youth homelessness, in particular, research pertaining to interventions with young people from ATSI backgrounds at risk of homelessness and newly arrived young people (refugees). The general lack of rigorous evaluations is, in part, due to the transient nature of the population group and the difficulty in developing measurable outcomes.

The literature has been categorised against four key themes:

- Social Inclusion
- Homelessness
- Poverty
- Indicators of Material Well-being

An overview of the key findings within each theme is provided below.

3.2.2   Social Inclusion

Social inclusion has no single clear definition but can broadly be defined as emphasizing participation in mainstream, 'normal' activities of society, making choices and decisions about everyday life, connecting with family, friends and local community and being heard (Knight 2008; MacDonald, 2011).

Major barriers to social inclusion for children in low-socio-economic areas include: inability to attend school camps and participate in school activities, bullying and being left

out, time and transport constraints, and financial constraints. Different barriers such as a lack of safe clean playing spaces and safety and traffic concerns are often identified by parents. Financial constraints are a significant barrier, limiting families' ability to pay for activities.

Strategies to support social inclusion

Community and school-based mental health promotion initiatives promoting social connectedness and providing children from low socio-economic backgrounds with access to social activities they may otherwise be excluded from, have the potential to provide children with the protective factors that may safeguard against the development of mental health problems which can arise from social exclusion (Davies, Davis & Waters 2007).

Interventions promoting social inclusion can be effectively used by child and family services to enhance opportunities for parents and families. Services such as maternal and child health services and early education and care services are critical in supporting parents and families to care for children. By promoting social inclusion through the provision of space for parents and children to meet with one another and develop friendships and informal support networks, parents and children develop higher levels of self-esteem and friendships that moderate the effects of stressors in children's lives. Similarly providing opportunities for parents to take up leadership roles within programs and encouraging parents and children to contribute to decision making processes in the community can promote a sense of belonging. These connections can improve children's school performance, pro-social development and wellbeing (McDonald, 2011). Further, communities with higher levels of social cohesion, developed through initiatives such as these, are more likely to have lower reporting of child mistreatment and lower incidence of domestic violence (Nair 2012).

An analysis of preventative services provided by the Children's Fund in the United Kingdom to assist children at risk of social exclusion suggests that services most successful at preventing social exclusion are those tailored to individual support needs and those involving holistic family-oriented approaches and trusting relationships with service providers. Multi-agency approaches and sustainable services are also critical factors in the success of a program. Relatively short-term single service interventions involving the child/family have limited potential to support children's changing needs over time and to tackle wider dimensions of social exclusion that children and families may face (Pinnock and Evans 2008).

There is a clear need for more participatory research involving children to enhance our knowledge of their needs and how children contribute to, and benefit from, social connections (Nair 2012). Interventions involving children and young people in participatory projects have been shown to improve their social inclusion (Davis 2007). Participation of children in research and decision-making in matters concerning them is important for an accurate assessment of their needs and would also promote children's self-esteem, connectivity and sense of wellbeing (Nair 2012).

Meeting the needs of specific cohorts

Disabled children and their families experience high levels of social isolation and exclusion during out-of-school periods and during the school holidays, either due to

rationing of out-of-school leisure or services unable to provide for their disabilities (Knight et al. 2008). Recommended strategies to promote social inclusion of disabled children are multi-level, including audits by local authorities to assess and map service provision for disabled children, increased provision for young people over the age of 12 years and for working parents, a range of options for out of school support including developing short-term breaks, home based child care and opportunities to join mainstream play, child care and leisure activities (Knight et al. 2008).

3.2.3   Homelessness

The prevalence of homelessness

Particular population groups are over-represented in the homeless population and are at increased risk of homelessness, such as young people who have been in state care and protection and young people of Indigenous origin (Barker et al, 2012). On census night, 32,400 young people aged 12 to 24 years were homeless. Adolescents aged 12-18 years were the largest age group in the homeless population. The rate of Indigenous SAAP clients aged 12 to 24 years was 6 times that for other young Australians (AIHW, 2011). Other data collections also show that Aboriginal and Torres Strait Islander people are over-represented in homelessness counts.

Factors that contribute to child and youth homelessness

Risks and pathways into homelessness are varied and multifaceted. The research consistently highlights several, overlapping causal factors: family breakdown (including neglect, conflict and abuse); mental health issues; unemployment; poverty; alcohol and other drug issues; and crime (Barker et al, 2012).

Homeless young people have high levels of mental health problems, are at risk of poor nutrition, health problems, assault and social isolation. Furthermore, the instability of social housing makes it difficult to access education, employment, health care and social services. The younger someone is when they first become homeless, the more likely they are to remain homeless for a longer period of time. Young people who experience homelessness are more likely to be homeless in adulthood, have an increased risk of long-term poverty, unemployment, poor health and other forms of disadvantage including social exclusion (AIHW, 2011). These findings highlight the importance of early intervention when children and young people are at risk of homelessness.

Early intervention programs

Early intervention programs which address multiple risk factors such as family conflict, mental health issues, unemployment, poverty, alcohol and other drug issues, and build protective factors such as community connections and health family relationships, have been identified as important in preventing or reducing youth homelessness (Barker et al, 2012).

Over the past ten years a range of intervention programs aimed at reducing youth homelessness in Australia have been evaluated. Findings show that interventions have resulted in positive outcomes for young people and their families. In particular, the Reconnect program has been successful 'in improving stability in young people's living situations' and in achieving family reconciliation and increasing the capacity of families to

manage conflict and to improve communication (Australian Government, Department of Family and Community Services, 2003). Likewise, 72 per cent of families who had received support from the HOME Advice Program did not experience homelessness for at least 12 months after support was provided (MacKenzie et al. 2007). Some gains in employment and education participation have also been identified (RPR Consulting, 2005).

The evaluation of the Family Homelessness Prevention Pilot identified specific factors that accounted for the success of the initiative. These included: identifying and reaching families at high risk of homelessness but not actually homeless; providing intensive support over a longer period; providing coordinated support by a number of agencies (in relation to improvements in labour-force participation); using brokerage funds to stabilise circumstances; and engaging families in multiple ways to help build connections to other families, community and services (RPR Consulting 2005).

3.2.4   Poverty

Poverty and deprivation are underpinned by economic insecurity, a lack of access to material resources and a lack of key material and symbolic markers of social inclusion in childhood, such as branded goods (Ridge, 2011).

Family income has selective, but in some instances, substantial effects on child and adolescent well being. Childhood poverty is associated with a range of negative health, social and psychological outcomes, all of which can place a considerable burden on the individuals, their families and their communities (Davies et al. 2010).

Children who live in extreme poverty or who live below the poverty line for multiple years, appear, all other things being equal, to suffer poorer health and education outcomes. Children who experience poverty during their preschool and early school years have lower rates of school completion than children and adolescents who experience poverty only in later years (Brooks-Gunn, 1997, Kiernana et al. 2011).

As childhood becomes increasingly commoditised, poverty can restrict opportunities that children have to participate in social activities and associated interactions. As a result, low income children experience considerable anxiety, unhappiness and social insecurity as they lack social networks and friendships which are seen to confer a high degree of social security and connectedness. The social repercussions of poverty are often overlooked and easily disregarded, especially when policy concerns are focused on other perhaps more tangible concerns such as children's economic welfare, their school attendance and performance, and their health and well-being (Ridge 2011).

Poor neighbourhoods

Income inequality between neighbourhoods is correlated to worse outcomes for children and youth. This is driven by a number of factors including: the quality of neighbourhood resources; high rates of joblessness; and crime rates which are generally higher than in less disadvantaged neighbourhoods (Edwards, 2010). Family mechanisms also play an important role in the transmission of neighbourhood socioeconomic effects due to the fact that neighbourhood disadvantage manifests itself via lower neighbourhood cohesion. This in turn is associated with maternal depression and family dysfunction which, in turn, relates to less consistent, less stimulating, more punitive parenting behaviours and

ultimately, poorer child outcomes (Kohen et al. 2008). As a result, programs targeted at the community will have benefits for not only community processes such as cohesiveness but also family and children. Improving access to good transport, quality health housing, affordable quality childcare, adequate nutrition and health services will also help enable children in poverty to have their needs met (Davies et al. 2010).

Studies have shown that prolonged as opposed to transitory exposure to living in disadvantaged neighbourhoods may have more detrimental effects on children's development (Edwards, 2010).

Parental employment

Joblessness of parents also has an impact on children's development. Understanding of this relationship can inform policy and programs that can help 'mitigate the economic shock of job loss' through direct financial assistance or via preventative programs targeting families' experience of economic hardship (Kalil, 2009).

Employment-based policies can improve children's lives if the family moves out of poverty, children have good child care and opportunities for structured out-of-school activities, the mother has time to arrange for the changes in family responsibilities when she starts work, and case workers provide respectful support (Huston, 2010).

Measures to increase family income will be most effective in improving child outcomes if they are targeted to the poorest families, very early in the life of the child. This is a critical period of brain development when a child's immediate social environment has a fundamental impact on development (Davies et al. 2010). Early interventions do not solve many of the problems associated with poverty but they do eliminate some of its effects on children's intellectual behaviour and health problems (Huston, 2010).

Children with a disability

Extensive evidence that children with a disability, including children with an intellectual disability, are significantly more likely to grow up in poverty than their typically developing peers. This means they are more likely to live under conditions that have been shown to impede development, educational attainment and adjustment, and increase the risk of poor health, additional impairment, and social exclusion. Emerson et al. 2010 suggest that strengthening human and social capital available to these families may improve the chances of such families escaping from poverty (and reducing their chances of becoming poor). This may require, for example, a strengthened commitment to areas such as ensuring that sustainable high quality child care is available for all children with a disability, and that regulation ensures that the availability of child care actively supports opportunities for the parents of children with a disability to enter employment, and the introduction of health checks for family carers (Emerson et al. 2010).

Listening to young people

There is an important role for services in providing potentially transformative opportunities for young people from less affluent households through enabling their access to and involvement in services, which may in turn benefit young people through, for example the development of new skills and the enhancement of social networks. By listening carefully to what young people have to say, service providers and professionals will be assisted to

acquire detailed local understandings of which services are wanted and valued by young people and what specific constraints occur in their areas (Wager et al, 2010).

Key gaps in the evidence base over the impact of poverty include the experiences of children from different ethnic groups, disadvantaged disabled children and those in marginalised groups such as refugee and asylum seeking children.

3.2.5   Indicators of material wellbeing

There are multiple studies that seek to derive appropriate measures for material wellbeing of children.

Attempts to compare the material wellbeing of children within the Pacific Rim used a relative income poverty measure and deprivation component. Challenges with the data included the fact that the data only provided an average picture without any data on dispersion within countries; did not span all age cohorts; and the index being reliant on the UNICEF Speaking Out Survey which is becoming aged (Lau et al. 2010).

Other possible approaches for constructing a material deprivation measure to inform a new child poverty measure combine relative low income with material deprivation to give a wider measure of people's living standards as well as levels of persistent poverty (Willitts, 2006).

Challenges around income as an indicator of poverty include the fact that it is unreliable as it is collected at the individual adult and household level without detailed expenditure data. As a consequence, deprivation items geared to measure children's wants and needs may offer a better measure (Main et al. 2010).

Articles advocate the merits of a 'child centred analysis' of material deprivation (Main et al. 2011) which is complementary to more conventional approaches and seeks to define measures of material wellbeing via engagement with children to identify factors that are deemed most important to them. Measures identified by studies include, 'a pair of designer or brand name trainers' and 'a family car for transport when you need it.'

4. Children and young people are healthy

4.1 Definition

What does it mean for children and young people to be healthy?

Healthy children and young people have their physical, developmental, psychosocial and mental health needs met. They achieve their expected developmental milestones. They have access to services which support their optimum growth and development, and access to services to redress any emerging health or developmental concerns.

Prevention and early intervention is important. In order to ensure optimal growth and development, children and young people require access to preventative health measures, including vaccinations and screening. It also is important that positive health behaviours are encouraged, and negative behaviours addressed in an age appropriate way (including safe practices regarding drinking, smoking, sexual activity, drug taking, and mental health awareness, including a positive body image).

Good nutrition and physical activity are key influences on children's immediate and long term development. It is important that children and young people have access to healthy food, clean water, adequate housing, and the opportunity to participate in physical activity. At the family level, it is important that their parents[5] understand these influences, and ensure their children are provided a healthy diet and engage in age appropriate activity. At the community level, there is a need to ensure access to facilities and community infrastructure that encourage and enable social and physical activity, and that health promotion and preventative health measures are delivered.

The maternal (in utero) environment and experiences are now known to influence later health outcomes, and there is emerging evidence of the influence of epigenetics on health. Therefore, the health of mothers is also an important consideration.

How would we know that children and young people are healthy?

Children and young people who are healthy:

- have a healthy life expectancy at birth

- receive evidence based preventative health measures (i.e. vaccinations and screening)

- have a healthy diet and participate in regular physical activity

- are able to cope with stress

- have low rates of physical and mental illness

- have access to health services that meet their needs

- live in a community with infrastructure that supports healthy living.

---

[5] Parents is used as an all inclusive term, which includes guardians and carers.

4.2   Summary of key findings

There is a strong relationship between a child's health and their well being later in life. Effective prevention and early intervention policies and programs, aimed at creating a population of 'healthy' children and young people, are critical in establishing the necessary sustainable frameworks enabling them to become healthier adults. Parents, families, educators and communities, including governments, are responsible for creating these frameworks and the ideal environment in which our children and young people can flourish as healthy individuals. However, the complex nature of 'health', which spans, at a minimum, the psychological, physical, and social spheres, has meant that there is wealth of diverse strategies in the literature which might be considered effective and successful.

The complexity of 'child and youth health' also poses a challenge for those designing and evaluating interventions utilising broader community-based or holistic approaches. Whereas outcomes of medical and pharmaceutical interventions such as clinical trials can largely be directly linked to specific influencing factors, evaluating the impact and outcomes attributable to interventions employing approaches that are, for example, community-wide, health promotion-based, multi-layered and/or longitudinal in nature, is more difficult. This has meant that despite the wealth of research available, across many of the 'spheres' of health presented here, it is often challenging to identify the most effective evidence-based interventions on which to build good policy. In many cases, quality systematic reviews conclude by identifying the need for more, well designed and evaluated, large scale and longitudinal studies before significant policy directives and service changes supporting the health of children and young people can be recommended and implemented.

This review presents an overview of the literature focusing on five key themes in which there is considerable evidence that prevention and early intervention strategies can be effective in contributing to 'healthy' children and young people. Successful strategies and models for broader intervention are highlighted, together with areas in which a strengthened research evidence base is required. When possible, factors which impact on the health of children and young people are also identified as potential targets for consideration for future interventions and /or policy change.

The five key themes against which the literature review has been categorised are:

- Mental Health

- Alcohol, Tobacco and Other Drugs (ATODs)

- Sexual Health

- Nutrition

- Physical Health.

An overview of the key findings within each theme is provided below.

4.2.1   Mental Health

Strategies to improve the mental health of children and young people need to take a lifespan approach to policy planning and service delivery. Research and funding in this

area needs to expand beyond its historically dominant focus on the 12 to 25 year olds and include a focus on the 0 to 5 year olds (Centre for Community and Child Health (CCCH) 2012). National studies in this pre-school population are currently underway and their outcomes will not only contribute to the evidence base of interventions, but may also provide models for broader interventions within Australia (Australian Government Department of Health and Ageing 2010; Davis et al. 2011).

Real and perceived barriers inhibiting access to intervention and prevention programs of treatment exist and need to be addressed through both further research and policy changes. Examples include; community and parental resistance to the existence of mental health illnesses in children; mental health systems and services unable to cope with demand due to the high rates of childhood mental illness and the complex needs of children and families; lack of service integration; and perceived barriers in adolescents preventing access to health services (CCCH 2012; McDougall 2010; Toumbourou et al. 2007; Wilson et al. 2008; Wright et al. 2006).

The technology-age is arguably contributing to, or exacerbating, the development of mental health issues for children and young people (e.g. as a result of cyber-bullying). However, technology also affords service providers a mechanism through which interventions to improve mental health can be implemented. Given the special characteristics of cyber-bullying and its increasing prevalence, further research into sustainable programs to reduce its existence is required (Merry et al. 2011; Pearce et al. 2011). At the same time the preliminary evidence-base suggests that technology driven interventions are likely to be successful in children and young people and should be used in the future (Reid et al 2011; Collin et al 2011).

Support for interventions targeting the mental health of vulnerable and disadvantaged children and young people needs to continue, building the evidence-base for ever improving policies. Studies for Indigenous youth need to take a holistic view, for example, encompassing cultural and historical issues such as the impact of the Stolen Generations' legacy on the mental health of today's youth (Jorm et al. 2012). Better organisation and access to existing services, rather than increased funding, may be the key to encouraging adolescents with mental health issues to access appropriate, rural services in the future (Kurtin et al. 2009). Long-term and multi-layered strategies, often involving integrated prevention and promotion interventions, have successfully improved a range of indicators in children and young people from low socio-economic backgrounds (Toumbourou et al. 2007).

Finally, there is increasing evidence that pharmacotherapy for anxiety disorders is effective in improving clinical symptoms in youth, particularly in combination with psychotherapy. This should not be ignored when considering how best to maintain the mental health of our children and young people.

4.2.2   Alcohol, Tobacco and Other Drugs

Alcohol, tobacco and other drug (ATOD) use is a significant risk to the health and wellbeing of young people in Australia.

Tobacco smoking

Most people start smoking as adolescents and become dependent on the nicotine when young, making early adolescence a critical period for targeting health promotion and prevention activities. Smoking uptake is complex and multi-faceted, stemming from factors as diverse as cultural traditions, tobacco's easy accessibility and moderate pricing, peer and family influences, community norms, tobacco companies' advertisements, and second-hand smoking (Prokhorov et al. 2006). Prevention and intervention strategies for children and young people targeting one or more of these factors have been widely explored, to differing degrees of success.

There is some limited evidence to support the effectiveness of multi-component community interventions in reducing the uptake of smoking in young people however it is not strong (Carson et al. 2007). It is likely that the combined use of approaches as diverse as education of tobacco retailers about age restrictions, mass media, school and family-based programmes and programmes for prevention of smoking related diseases will be most effective. However, to confirm this and translate it into wider policy positions, more rigorous evaluation of community-wide campaigns is required, together with measurement of appropriate outcomes, (Carson et al. 2007).

Active enforcement (e.g. warnings and fines) and/or multi-component educational strategies targeting shopkeepers directly to deter them from making illegal sales are more effective than giving retailers information, however no strategies appear to achieve sustained compliance (Stead and Lancaster 2005; updated in 2008)).

Tobacco advertising and promotion increases the likelihood that non-smoking adolescents will start to smoke (Lovato, Watts, & Stead 2011). Young people in the United Kingdom, consistent with those in both Canada and the United States, have also been shown to find plain packaging less attractive (Hammond et al. 2009). This strongly supports the Australian Federal Government's policy position and recently introduced legislation, the *Tobacco Plain Packaging Act 2011*, to promote plain packaging for cigarettes.

Tobacco cessation interventions using motivational enhancement combined with psychological support, such as cognitive behavioural therapy, demonstrate some persistence of abstinence in young people (Grimshaw & Stanton 2006; updated in 2010). However, others, such as pharmacological interventions, currently show no demonstrated effectiveness in adolescents. Current evidence does not support making any strong policy recommendations for large scale service programmes until further, well-designed, large scale randomized control trials of interventions with consistent definitions of quitting are undertaken.

Long term second-hand smoke exposure has been shown to result in numerous adverse health effects and social consequences for infants and children. Exploration of options to reduce the prevalence levels of smoking in homes suggests that comprehensive programmes targeting reduction of smoking prevalence in the total population are likely to be most effective at increasing the prevalence of smoke-free homes (Thompson, Wilson & Howden-Chapman 2006). There is also indirect evidence that some mass media campaigns could increase the prevalence of smokefree homes while other options that

potentially support smokefree homes include smokefree places legislation, and laws for the protection of children.

Alcohol

Amongst young people, early initiation of alcohol use has been shown to be linked to later binge drinking, heavy drinking and alcohol-related problems (Foxcroft & Tsertsvadze 2011). Alcohol accounts for over 10 per cent of all deaths and numerous hospitalizations among people 14 to 17 years of age in Australia.

Universal family-based prevention programs have been shown to be effective in preventing alcohol misuse in school-aged children up to 18 years of age. These interventions generally include supporting the development of parenting skills (e.g. parental support, nurturing behaviours, clear boundaries and monitoring) however social and peer resistance skills, the development of behavioural norms and positive peer affiliations can also be addressed using this approach (Foxcroft & Tsertsvadze 2011).

Health promotion programs, such as the Aussies Optimism Program (AOP), which focus on general life skills should also be considered as models for interventions targeting health risk behaviours such as alcohol and tobacco use in young adolescents (Roberts et al 2011).

Holistic programs with health and substance abuse prevention strategies targeting younger children aged 3 to 6 years in a child care setting have also demonstrated positive outcomes. For example, the Healthy Alternatives for Little Ones (HALO) program in the United States successfully incorporated both teacher and parental involvement to improve children's knowledge of healthy eating, exercise and emotion recognition and to educate children about the harmful effects of alcohol, tobacco and other drugs (Substance Abuse and Mental Health Services Administration (SAMSHSA) 2010).

Other drug use

For young people, peers, family and social context are strongly implicated in early drug use. Schools offer the most systematic and efficient way of reaching them. Skills based programs delivered in school settings appear to be effective in deterring early-stage drug use, and effectively increasing drug knowledge, decision making skills, self esteem, resistance to peer pressure and drug use including marijuana and hard drugs (Faggiano et al. 2005; edited in 2008).

Primary prevention programs that improve the emotional well-being of secondary students by building the capacity of school communities can also be effective at reducing substance abuse, even when followed up over 2 to 3 years, as demonstrated by the Victorian-based Gatehouse Project (cited in Toumbourou et al. 2007; see Mental Health).

Non-school interventions such as motivational interviewing or brief intervention, education or skills training, family interventions and multi-component interventions should also be considered as options for strategies. However, further research is required to determine the effectiveness of these interventions and their application to service models (Gates et al. 2006).

4.2.3   Sexual Health

The most recent National Survey of Secondary Students and Sexual Health in Australia suggests that young people in Australia, in the main, manage their sexual health well, are well informed and generally participate in safe sexual encounters. Particular concerns around alcohol and drug use and unwanted sexual activity were voiced (Smith et al. 2008), presenting a platform for potential research and interventions through which young people can be assisted.

Sexual education

Public health strategies appear to be an effective approach to ensure that young people are well-educated informed about relationship and sexual health (Dyson 2008). School programs supporting young people to make their own decisions are working well, are valued by students (Smith et al. 2008) and should be fostered. The provision of parent resources to assist them to 'sex educate' their children is recommended (Dyson 2008). Priority should also be given to interventions targeting the gender gap which exists in communication about sex, with boys requiring more support through puberty than girls (Dyson 2008).

Teenage pregnancy

Policy approaches to reducing teenage pregnancy appear to vary widely across the Western world. Recent research in the United Kingdom identified three factors that increase the likelihood of early or teenage pregnancy: dislike of school, poor material circumstances and an unhappy childhood, and low expectations of the future (Harden, Brunton & Fletcher 2009). Early childhood interventions and youth development programmes that address these issues are therefore likely to be both effective and appropriate strategies to target teenage pregnancy. However, additional strategies that directly tackle the societal, community and family level factors that influence young people' route to early parenthood should also be considered in parallel.

Meeting the needs of specific cohorts

Strategies targeting specific groups such as the Aboriginal and Torres Strait Islander children and young people require distinct and culturally appropriate interventions. For example, Family Planning Queensland (FPQ) Sunshine Coast successfully used a community development model and informal partnerships with Indigenous specific services to promote positive messages about the Aboriginal and Torres Strait Islander culture, strengthen local capacity and facilitate the natural networks used by young people to provide information and more effectively meet their reproductive and sexual health needs (Stewart & Walsh 2011).

While targeted school-based programs in small, single-sex groups are a good way to reach Indigenous students, alternative approaches must be found to reach those who have disengaged from the education system. To help young Indigenous people create safer sexual relationships programs must focus broadly on communication, relations between males and females, healthy sexual relationships, and diseases and pregnancy. Research suggests that targeting Indigenous young women's need to protect their reputation by not carrying condoms and their lack of confidence in communicating with their partners about condom use might be an effective intervention (Larkins et al. 2007).

4.2.4   Nutrition

Overweight and obesity in children is a significant public health problem, having a dramatic negative impact on children's health not only during childhood but also throughout the adult life. Increasingly, children become overweight at a relatively young age. Nutrition and diet, and the multiple factors influencing them, are key variables which sustainable evidence-based prevention and intervention programs can target to effect change. Despite the well documented emergence of childhood obesity, the evidence base for intervention programs supporting changes in behaviours which contribute to obesity in young children (0 to 5 year olds) remains relatively sparse.

Delivery of intervention programs

The literature indicates that parents and caregivers, including those most at risk of rearing children who will become overweight or obese, are receptive to intervention programs and in some cases can be supported to make positive changes to dietary, physical activity, and sedentary behaviours of their young children (Hesketh & Campbell 2010). Further, workers engaged with socioeconomically disadvantaged groups who are at higher risk for obesity, and those providing childcare and early education services are well placed to implement obesity-prevention programs (Campbell & Hesketh 2007; Hesketh & Campbell 2010). The design of future interventions therefore needs to place value on the receptiveness of these groups.

While not a specific intervention per se, parenting style is increasingly emphasised as a factor in the development of childhood overweight and obesity. A study has demonstrated that parenting approaches have a small to moderate effect on at least one weight related outcome measure in the prevention of childhood obesity. Further, the evidence also supports the promotion of authoritative parenting as an effective strategy for the prevention and management of childhood obesity (Gerards et al. 2011).

Multi-component programs

The Early Stockholm Obesity Prevention Program (STOPP) is currently subject to a randomised controlled trial in Sweden. Using a multi-disciplinary, combined educational and targeted-coaching approach, this intervention aims to combat multiple obesity-promoting behaviours such as unbalanced diet, physical inactivity and disturbed sleeping patterns in children aged 0 to 6 years. It also intends to evaluate the effectiveness of the early childhood obesity prevention in a well-characterised population of overweight or obese parents (Sobko et al. 2011). This longitudinal RCT is one of the first attempts to demonstrate whether an early, long-term, targeted health promotion program focusing on healthy eating, physical activity / reduced sedentary behaviours and normalising sleeping patterns could be effective. If proven so, Early STOPP may protect children from becoming overweight or obese, and provide long term health benefits.

Nutrition focused programs

School-based intervention programs have also been shown to be effective at improving nutrition knowledge among children potentially helping them to make healthier food choices (Lakshman et al. 2010). Further studies now need to determine whether improvements in nutrition knowledge in children and young people are sustained, lead to

changes in dietary behaviour and are associated with a healthy body weight in the longer term.

Garden-based nutrition-education programs for youth are a potentially promising strategy for increasing preferences and improving dietary intake of fruits and vegetables. Existing research suggests that garden-based nutrition intervention programs may have the potential to promote increased fruit and vegetable intake among youth and increased willingness to taste fruits and vegetables among younger children (Robinson-O'Brien, Story, & Heim 2009). Further well designed evidence based studies, delivered in a range of settings are now required to determine program effectiveness and impact.

To effectively develop dietary interventions for children and adolescents (aged 3 to 18 years), it is necessary to understand the factors that determine eating behaviour in these populations. McClain et al. (2009) have shown that the most promising psychosocial correlates to target for future interventions are perceived modelling, dietary intentions, norms, liking and preferences. The research also suggests that determinants of eating behaviour differ between adult and paediatric populations reinforcing the need for separate research targeting the paediatric population alone.

A review of broader determinants of fruit and vegetable consumption among children and adolescents suggests that future interventions to promote fruit and vegetable intake for children and adolescents should be directed towards boys, older children and adolescents from low socioeconomic groups. They should also aim at improving parental intake and home availability / accessibility to fruit and vegetables (Rasmussen et al. 2006). Further, internationally comparative, longitudinal theory-based and multi-level studies are required to establish stronger evidence for the role of many of the personal and environmental determinants.

Meeting the needs of specific cohorts

In Aboriginal and Torres Strait Islander populations, healthy life style programs targeting the population as a whole also positively impact their children and young people. Programs which are community-initiated, community managed and comprehensive, and utilise community-accepted external expertise appropriately, such as the Looma Healthy Lifestyles Project in WA (cited in Indigenous Closing the Gap Clearinghouse (AIHW, AIFS) 2011) have effectively promoted healthy lifestyles among children.

A small number of evaluations have also suggested a link between sports role models and health-promoting behaviour in Indigenous populations. These are most effective for children and youth where significant adults in their community form long-term mentoring relationships, alongside the shorter-term involvement of sporting celebrities. (Indigenous Closing the Gap Clearinghouse (AIHW, AIFS) 2011). Further interventions using this approach and increasing the evidence base in this area should be considered.

4.2.5   Physical Health

Although higher levels of physical activity are associated with superior physical, social and psychological health in young people, many youth today are physically inactive or despite being active, exhibit sedentary behaviour.

Factors influencing physical activity

Influences on participation in physical activity for children and adolescents are many, ranging from parental influences, gender and age, culture, socioeconomic status, and social and physical environments.

The relationship between socioeconomic status and children's participation in physical activity is unclear, evidenced by mixed research outcomes. Similarly, the role of culture in physical activity levels is vague, but largely due to the lack of published research. Further investigation in these areas could provide valuable insight into appropriate and specific interventions (Drummond & Drummond 2010). This approach is promoted by a recent review of the relationship between Indigenous Australians and physical activity which suggests that a broader socio-ecological approach to health for Indigenous people is required. Western and Indigenous knowledge needs to be linked for the necessary insights to exist for effective physical activity promotion to occur within this population (Nelson, Abbott & Macdonald 2010).

Understanding the environmental attributes influencing physical activity in children can also guide appropriate intervention strategies. Children are more active when there are footpaths, when they can walk to destinations, if public transport is available, when there are fewer controlled intersections to cross and when traffic density is low. Higher physical activity is associated with the presence of play facilities in neighbourhoods and at schools. Home equipment or the proximity of parks are generally not associated with physical activity. Effects were more significant in girls than boys and crime rates appeared to have a negative impact on children's physical activity (Krahnstoever Davison & Lawson 2006).

Accumulating evidence suggests that, independent of physical activity levels, sedentary behaviours are associated with increased risks of ill health. Children, even those who are active, are spending more time in sedentary pursuits, suggesting that to maximize health benefits, interventions should seek to both increase deliberate physical activity and decrease sedentary behaviours (Tremblay et al. 2011).

Decreasing any type of sedentary time is associated with lower health risk in youth aged 5 to 17 years. In particular, daily television viewing in excess of two hours is associated with reduced physical and psychosocial health, and that lowering sedentary time leads to reductions in BMI (Tremblay et al. 2011). Evidence for correlates of sedentary behaviours in preschool children suggests they are multi-dimensional and not well established (Hinkley et al. 2010).

More comprehensive research and understanding of the influences on all children and young people's sedentary behaviours is required to better inform the development of interventions. Given the large number of potential correlates of sedentary behaviour, multi-level, multi-sectoral public health interventions are most likely to be successful.

Physical activity in early childhood

Early childhood is a critical period for the establishment of eating and activity behaviour. Community-based programs to develop healthy physical activity behaviour should therefore start as early in life as possible. Skouteris et al. (2012) recommend that these studies in this area (and any subsequent guidelines) should be based around specific

age groupings because toddlers and preschoolers, school-aged children and adolescents are physiologically and developmentally different from each other.

Many countries are yet to develop guidelines specific to preschool children, possibly due to a lack of literature on the relationship between physical activity and health status in preschool children. Due to the paucity of evaluated interventions in the 0 to 5 year age group, targeted research to understand both the duration and intensity of physical activity required for positive health outcomes in young children is now critical to developing evidence-based guidelines (Drummond & Drummond 2010; Skouteris et al. 2012).

Physical activity in school aged children

A recent review of evidence linking physical activity and health in school aged children and youth (aged 5 to 17 years) has recommended that this population should accumulate an average of at least 60 minutes per day and up to several hours of at least moderate intensity physical activity (Janssen & LeBlanc 2010) consistent with Australia's physical activity recommendations for 12 to 18 year olds. When possible, more vigorous intensity activities should be incorporated or added, including activities that strengthen muscle and bone (at least three days per week) and the majority of the activity should be aerobic (Janssen & LeBlanc 2010). Interventions and larger scale programs promoting similar levels of activity in Australian youth should be encouraged, particularly since adolescence is generally characterised by a decline in physical activity level. (De Meester et al. 2009).

The short-term effectiveness of school-based physical activity promotion programmes in European teenagers is supported by the literature however improvements in physical activity levels by school-based interventions are limited to school related physical activity with no conclusive transfer to leisure time physical activity. The support of peers and the influence of direct environmental changes also increase the physical activity level of secondary school children (De Meester et al. 2009). Recent South Australian data support the premise that boys under 15 years of age are more likely than girls to participate in physical activity, providing further information relevant to the design of future interventions (cited in Drummond & Drummond 2010).

Simple interventions such as increasing children and young people's 'active travel to school' have been associated with a healthier body composition and level of cardio respiratory fitness and also should be included in whole-of-school approaches to the promotion of physical activity (Lubans et al. 2011). It is noteworthy that children from low-income families were more likely to use active travel to school (Spinks et al. cited in Drummond & Drummond 2010).

Multi-component programs

Multi-faceted approaches to physical activity interventions are necessary for optimal outcomes to be achieved in children and young people. Approaches that educate, support and are repetitive in their strategy are needed. School provides an ideal site to engage students in physical activity however 'curriculum-only' strategies do not work. Engaging parents in the interventions as well as community-based capacity building guidelines will both heighten the probability of success (Drummond & Drummond 2010). Interestingly, a review of European interventions targeting physical activity suggests that

interventions aiming to affect more than one health behaviour appear to be less effective than those that target physical activity alone (De Meester et al. 2009).

Given the profound influence that parent behaviours, attitudes, parenting styles and practices have on children's health behaviours, studies exploring the feasibility and efficacy of lifestyle interventions that target parents and aim to influence the health behaviours of both parents and children should be supported. For example, the Australian 'Healthy Dads, Healthy Kids' (HDHK) program in Australia is currently being evaluated in a large effectiveness trial in a community setting. The findings of this study, which aims to help overweight fathers lose weight and positively influence the health behaviours of their children, may enable it to be delivered as a larger scale evidence-based community program (Morgan et al. 2011). Parents have also been found to enhance school-based interventions and their involvement in interventions promoted (De Meester et al. 2009).

5.   Children and young people are learning

This section summarises the literature identified in relation to KRA4: children and young people are learning.

5.1   Definition

What would it look like if children and young people are learning?

Children and young people who are learning are provided with opportunities to experience early learning and education that enables them to reach their fullest potential, and maximise their life opportunities. At the individual level, children and young people learn by attending high quality early childhood services and schools that are welcoming, supportive and inclusive, and provide a high quality program or curriculum. Young people who learn complete a Year 12 or equivalent qualification, which provides them with a solid foundation for success in the future.

At the family level, children and young people are able to learn when their parents are aware and understand their full learning potential. Parents understand their child's development across the key ages and stages. They engage their children in age-appropriate home based learning, ensure their children attend school, and encourage their children to progress to further education, employment and training pathways. At the community level, children and young people learn when education is valued. There is sufficient provision of early childhood education and care services and schools. Schools recognise the individual needs of children, and respond accordingly. There are strategies to support engagement, and to address risks of disengagement early.

All children have the capacity to learn. However, a number of factors may impact on the achievement of learning outcomes, and school attendance, participation and attainment. These may include illness or ongoing health issues; family issues or lack of parental support; and social and emotional difficulties with peers including bullying and harassment (Commissioner for Children and Young People WA, no date). In order for children and young people to learn, these factors must be recognised and addressed.

How would we know that children and young people are learning?

Children and young people who are learning would:

- participate in quality early childhood education and child care services

- be able to access one year of kindergarten in the year prior to school entry

- have access to a high quality primary and secondary education system

- participate in, and attend, school on a regular basis

- achieve national literacy and numeracy benchmarks

- achieve year 12 or equivalent completion

- identify education as important to their present and future lives

- progress to further education, employment, or training pathways.

5.2   Summary of key findings

Learning is a lifelong process, whereby information and experience is transformed into knowledge, skills, behaviours and attitudes. Learning is not the sole domain of the classroom – children and young people continuously learn through daily interactions in the home and the community, with their parents, their peers, and other members of society. For most children and young people, learning is facilitated via a sequence of transitions through the formal education system: commencing with attending early childhood education and care, kindergarten, primary school, secondary school, and concluding with the transition to post-compulsory education (vocational education and training or higher education) or employment.

Identifying the most effective policy responses and programs required to support children and young people to learn and therefore maximise their educational potential is difficult, largely due to the depth and breadth of research on the topic. There is a significant body of research which focuses solely on exploring the complex interactions of factors which influence (positively or negatively) a child or young person's educational trajectory. Similarly, there is a wealth of literature investigating the effectiveness of educational systems and structures, and the contribution of teaching pedagogy and practice, to children and young people's educational achievement and attainment. The focus of this literature review however has been on the exploration of programs or interventions which might support children and young people to be engaged in learning, and to achieve positive learning outcomes.

There appears to be a lack of programs in which evaluation of outcomes has been longitudinal, which would provide a clearer indication of the impact of child and youth learning on adult lives. This review presents an overview of the literature with broader indications of strategies and approaches that have been successful and highlights areas in which further research is required.

The literature has been categorised against the following key themes:

- Early childhood education and care

- Transitions to school

- Parent engagement and the home learning environment

- School engagement and attainment

An overview of the key findings within each theme is provided below.

5.2.1   Early childhood education and care

The foundations for learning are established long before formal school entry. The early years are a critical period for children's cognitive, social and emotional development, and have an important influence on future educational outcomes with benefits that may persist into adulthood (Dalli et al. 2011).

Participation in universal early childhood education and care

Longitudinal studies in the United States and Australia have demonstrated that participation in higher quality childcare, for children aged approximately 1 month to 4 to 5

years, was associated with better language skills, including higher reading scores in preschoolers (e.g. four year olds) (Belsky et al, 2007; Harrison et al. 2009).

Evidence also suggests that early childhood education and care programs have positive short-term effects and moderate longer-term effects on cognitive achievement (Belsky et al, 2007; Burger 2010; Harrison et al. 2009). These positive benefits were found for all children, irrespective of socio-economic background, however, the positive effects for children from disadvantaged families was slightly greater (Burger 2010).

The evidence for the longer-term benefits of early childhood education and care are mixed (Burger 2010). Some studies have found that these positive effects dissipate by grades 1 or 2. For example, one study found that hours per week in care correlated positively with children's ability to externalise problems and dissipate conflict at 4.5 years of age, however this correlation became non-significant by 12 years of age (Belsky et al, 2007). In contrast, introduction of subsidised, universally accessible child care in Norway reflecting a shift from informal to formal childcare, was found to have large positive effects on children's adult outcomes after ~30 years (Havnes & Mogstad, 2009). Variability in longer-term outcomes may relate to study design, data limitations, evaluation and duration, with some of the benefits of participation in quality childcare potentially not emerging until later in life.

Early childhood intervention programs

Early childhood intervention programs that target vulnerable or at risk children, are generally intensive, integrated programs that aim to meet both health and educational needs. Factors inherent in the more effective programs targeting young children (e.g. less than two years) include: clear program guidelines; defined models of community partnerships; low staff-to-child ratios; qualified staff; well articulated curricula; and provision of support both with a centre-based setting and in the home (Dalli et al. 2011).

Participation in quality early childhood services (including early intervention programs, childcare and preschool) is important for all children, but even more so for children and families experiencing vulnerabilities with those most in need the least likely to access early childhood programs (Centre for Community Child Health (CCCH) 2010). However, vulnerable families are also more likely to experience barriers to participation, including structural barriers (cost, availability), family barriers (low income, lack of transport, health issues), and interpersonal values (CCCH, 2010).

Future early childcare and education and care programs and research need to consider factors critical to success and the benefits of longer studies. However, without detracting from the importance of early childhood education and care, it should be noted that the quality of the parenting and the home learning environment (covered below) are stronger predictors of developmental outcomes than any measure, quality or quantity, of childcare participation (Belsky et al, 2007; Harrison et al. 2009).

5.2.2 Transitions to school

A child's first five years and the events, experiences and relationships that shape their abilities to benefit from new opportunities and acquire social-emotional and cognitive skills greatly determine the degree to which they are ready to transition to the school environment (Sheridan et al. 2010). Understanding the factors contributing to school

readiness and the best methods to enhance the early learning experiences of children across diverse environments is therefore critical to supporting this transition to school.

Factors impacting on school readiness are diverse and include child characteristics, parental characteristics and community characteristics. Historically, transition programs have followed one of three models: preparing schools for children, preparing children for school and seeking program continuity between school and prior-to-school settings (Centre for Equity and Innovation in Early Childhood 2008).

Strategies engaging parents and schools such as Victoria's 'The Transition: A Positive Start to School Initiative' have successfully facilitated a common understanding between early childhood educators and preparatory year teachers about supporting children's continuity of learning and development during transition to school. Parents who completed transition statements for their children were more likely to report that they settled into school more smoothly than those who did not (Success Works Pty Ltd 2010). Programs designed to assist parents in supporting their child's autonomy and to promote collaborative interactions among parents and teachers in support of children's learning and development at home and at school also positively influenced the social-emotional readiness of children (Sheridan et al. 2010).

Effective programs supporting school readiness in any child need be multi-faceted and the collective responsibility of families, services, communities and schools (Centre for Equity and Innovation in Early Childhood 2008; Dockett, Perry & Kearney 2010; Rosier & McDonald 2011). They need to include strategies to engage children, seeking their perspectives and supporting them throughout the transition to school. They need to engage parents, schools and early childhood settings, involving them directly in the transition (Centre for Equity and Innovation in Early Childhood 2008). While the literature documents a range of qualitative benefits of transition programs, there is a dearth of quantitative or comparative research on the impact and effectiveness of these programs: "there is debate about which, if any, transition model provides children with the best start to school and why", including a notable absence of studies undertaking long-term follow up (Centre for Equity and Innovation, 2008, p.17). A confounding factor is the absence of any agreed measures of definition of what constitutes a 'successful' transition to school.

Meeting the needs of specific cohorts

Given their unique needs, specific programs targeting transitions to school in vulnerable populations such as children from Indigenous Australian communities or families with complex support needs are necessary. Evaluation of the few programs undertaken the Indigenous context suggest that critical elements for effectiveness include: ongoing funding, a well-qualified workforce, sufficient flexibility for contextual or local input into the services / programs provided, involvement of local people, universal combined with targeted programs, and recognition of the strengths of the children, families and communities involved (Dockett , Perry & Kearney 2010).

The presence of appropriate formal and informal supports and enabling practices, processes and policies are also critical in providing positive transition to school experiences for children from families with complex support needs (Dockett et al. 2011).

5.2.3 Parent engagement and the home learning environment

Research indicates that family background and characteristics, and parental involvement and engagement in a child's education are important determinants of educational outcomes. Engaging families in the education of their children at home and at school is increasingly viewed as an important means to support better learning outcomes for children (Berthelsen & Walker 2008).

The home learning environment

Engagement in learning in the home is effective in supporting children and young people's learning (Harris and Goodall 2007). Learning activities facilitated by parents such as reading to children; playing with letters and numbers; taking children to the library; painting and drawing; teaching children nursery rhymes and songs are known to support cognitive development and enhance learning.

In recognition of the importance of a positive home learning environment on children's cognitive development and school readiness, a range of universal and targeted programs have been trialled to support parents engage in their children's learning. Early literacy programs are one such example. A systematic review incorporating a meta-analysis of over 500 interventions targeting literacy in 0 to 5 year olds found that all had a positive impact on one or more areas of literacy (National Institute for Literacy 2008). The strong positive findings were attributed to the nature and intensity of the interventions included, many of which were delivered one-on-one or in small group settings and tended to be adult directed.

Two programmes have trialled the provision of guidance to parents regarding around reading aloud to their children, and the distribution of age-appropriate books during child health checks. The Reach out and Read intervention (Needlman et al. 2004; Theriot et al. 2003; Weitzmann et al. 2005) has been widely implemented and evaluated in America. Reach out and Read has been demonstrated to have a positive impact on early home literacy practices (Needlman et al. 2004), and learning outcomes including receptive and expressive language (Theirot et al. 2003). In contrast, the Australian 'Let's Read' intervention (random controlled trial) produced no intervention effect at a 2 year follow up. This intervention aimed to support parents to assist in developing their children's early literacy skills, (Goldfeld et al. 2011). Personalised age-appropriate advice (0 to 5 years), behavioural modelling, and Let's Read material was delivered through four routine Maternal and Child Health visits. Potential explanations for the different outcome may be the experimental design, low intensity of the first intervention, variability in implementation, sampling issues, or that outcomes are yet to emerge.

The Home Interaction Program for Parents and Youngsters (HIPPY) is another program that aims to encourage parental home-based learning. HIPPY uses structured materials and activities, to encourage parents to become involved in their pre-school aged children's early learning experiences. The program includes provision of materials for parents to use with their children, for approximately 15 minutes 5 to 6 times a week; fortnightly visits by a para-professional home tutor, to the family home, to familiarise parents with the resources; and fortnightly parent group meetings facilitated by tutors, to provide additional 'enrichment' activities that focus on parenting skills, child development and links with the community (members and services). A recent evaluation of HIPPY

employed a quasi-experimental design, drawing on data from the Longitudinal Study of Australian Children to measure effectiveness (Liddell et al. 2011). Participating children showed significant developmental gains in language and vocabulary, and numeracy. Parents were also more likely to read aloud to their children and to participate in more activities with their children when compared to the comparator group (Liddell et al. 2011). Families were likely to own more books and to be engaged in their child's learning, creating improved home learning environments (Liddell et al. 2011).

Given the largely positive results of the systematic review of interventions targeting early literacy, there appears to be a strong evidence base for interventions delivered in one-on-one or in small group settings, to support parents in their role as their child's first teacher and promote ongoing engagement in their child's education (National Institute for Literacy 2008).

Parental engagement

The research literature makes an important distinction between parental involvement in activities (e.g. volunteering) and parental engagement in learning (Harris and Goodall 2007), noting that it is parental engagement that is most critical to the achievement of outcomes. Parent engagement can occur in the school, or in the home, fostering a learning environment.

Analysis of data from the Longitudinal Survey of Australian Children shows that Australian parents have relatively high levels of involvement in their child's education in the early years, most frequently through visits to their child's classroom or school. Although parent involvement correlated with positive child outcomes in language and literacy, mathematical thinking, and approaches to learning, it was the quality of interaction, rather than quantity that made the most difference (Berthelsen & Walker 2008).

The evidence also suggests that when schools and families work together, children have higher achievement in school and stay in school longer (Berthelsen & Walker 2008; Harris and Goodall 2007). Partnerships, mutual trust, respect and commitment between parents and schools are important and have been associated with positive learning outcomes 12 months post-intervention when parents and teachers work together (Harris and Goodall 2007). Schools need to be accessible to parents – parents who are hard to reach view schools as hard to reach. Strategies to engage parents in children's learning need to address potential barriers to parental engagement such as time, language and literacy, child care issues, together with broader system factors (Harris and Goodall 2007). Parental engagement strategies need to be integrated into school systems, and based on the development of strong family-school partnerships (Berthelsen & Walker 2008). Tailored strategies should also be considered for disadvantaged parent groups.

The Getting Ready intervention in the United States is an example of a successful parent engagement intervention for parents of children aged birth to 5 years. Using collaborative strategies such as sharing and discussing observations about the child; discussing developmental expectations; determining important social-emotional learning goals, assessing current levels of child performance or abilities, monitoring progress, this intervention had positive effects on multiple fronts. Teachers' effectiveness at initiating parental interest and engagement improved, parents interacted more often with their

children and children exhibited reduced anxiety/withdrawal behaviours over time (Sheridan et al. 2010).

While supporting parent involvement and engagement has been noted to be a cost effective way to improve children's learning outcomes (Berthelsen & Walker 2008), the majority of evidence available describes strategies to involve and engage parents in the home, and in early childhood settings. There is limited robust evidence describing the effectiveness or otherwise of strategies to engage parents in later years of their child's education (i.e. during the primary and secondary school years). This is a significant research gap, given that parental attitudes, support and guidance have a strong influence on children and young people's engagement in school and educational aspirations (Cuthbert & Hatch, 2008) and as such, parental engagement has the capacity to shape children and young people's longer term education and training outcomes. As such, there is a need for more research into strategies to support parental engagement throughout the educational continuum.

5.2.4   Engagement and attainment

Engagement of children and young people in school and learning is a 'multifaceted construct' that is influenced by a range of internal and external factors and is therefore amenable to change (Gibbs & Poskitt 2010). Prevention and early intervention is important as studies suggest there is declining engagement over the transition to secondary school (Wilson et al. 2011) and most early school leavers may be identified as early as year 6 (sixth grade) (Kennelly & Monrad 2007).

Factors that influence school engagement

The factors that influence engagement and year 12 completion are complex and span three key areas: individual child or youth, family, and school/community factors (Klima, Miller & Nunlist 2009). Individual factors include peer group status, learning motivation and interest, goal orientation, academic self-regulation, self-efficacy, relational learning, personal agency, dispositions, gender, ethnicity and culture. Home circumstances such as socio-economic background; parent attitudes to schooling and aspirations for their child's education; and parental involvement are amongst the family factors contributing to child and youth engagement in learning. School/community characteristics include partnerships between parents, schools and community; a positive school climate; relationships between students and teachers; learning and teaching contexts, including teacher beliefs and norms; and an engaging curriculum (Gibbs & Poskitt 2010; Klima, Miller & Nunlist 2009; Cuthbert & Hatch 2008). The importance of relationships between teachers and their students, and young people and their peers cannot be underestimated (Gibbs & Poskitt 2010, Cuthbert & Hatch 2008); "effective teachers exert a strong influence on student success" (Kennelly & Monrad 2011).

Strategies and interventions that positively influence child and youth engagement are most successful when they address multiple factors, ideally from each of the three levels described above (Klima, Miller & Nunlist 2009). Promising strategies targeting the child and young person include mentoring programs, career guidance and interventions to address disengaging behaviours such as lack of attendance. As discussed previously, improving the home learning environment and engaging parents in their child's education can also be effective (Klima, Miller & Nunlist 2009). Interestingly, research and

evaluation efforts to date appear to have generally focused on programs to prevent or address disengagement, rather than exploring what works to positively influence student engagement and academic achievement, and in turn, promote school completion and attainment.

Preventing disengagement

School-based or affiliated psychological, educational, or behavioural intervention programs, or community based programs, are generally effective in preventing school dropout (or increasing school completion) in children of school age (preschool to year 12) (Wilson et al. 2011). Alternative educational programs (e.g. schools-within schools) have also been found to be effective (Klima, Miller & Nunlist 2009). Key determinants of success are the extent to which programs are well implemented and tailored to the local environment (Wilson et al. 2011), with a need to target intervention and support to address age / school year specific risk factors for disengagement (Kennelly & Monrad 2007). However, a limitation of most studies is the absence of longer-term follow-up – while many interventions have been shown to assist students to stay in school in the short-term, their longer-term impact on school completion and attainment is not well documented (Kennelly & Monrad 2007).

In Australia, low skill and disengaged learners are disproportionately drawn from disadvantaged Australians: the Indigenous population, people with disabilities, early school leavers, the culturally and linguistically diverse and those from socio-economically disadvantaged families (Davies, Lamb & Doecke 2011).

This is particularly true for 15 to 24 year olds without year 12 or equivalent qualifications who may be unemployed, not in the labour force or in low skill jobs. Strategies common to effective programs targeting this population fall into four key categories:

- outreach programs to connect, inform and target learning to the disengaged learners

- learner well being programs that recognise and address barriers engagement in learning

- pedagogy – programs that adopt applied, flexible and modern approaches to learning, and

- pathways – programs that link to future study, work and career development opportunities either as specific programs or through integrated approaches with community or educational institutions.

Future investment and support for programs targeting this population need to incorporate this knowledge, plus consider evidence relating to successful funding models, costs and returns on investment (Davies, Lamb & Doecke 2011).

Meeting the needs of specific cohorts

School retention rates for Indigenous students are markedly lower than non-Indigenous students (Purdie & Buckley 2010; Zubrick et al. 2006). Disparity in educational achievement is evident from the early years and therefore educational intervention during early primary school in critical (Zubrick et al. 2006). Despite the broad range of strategies trialled to improve the attendance and retention of Indigenous young people, quality

evidence regarding what works remains limited. Programs targeting the individual, family, community and school levels and incorporating the vast body of research into the complex issues and factors that contribute to non-attendance and non-completion of school are required (Purdie & Buckley 2010). A multi-faceted approach is critical as there is currently a mismatch between carers' and teachers' perceptions of academic performance of Aboriginal students and schools need to engage carers to break the existing cycle of the transfer of educational disadvantage between generations (Zubrick et al. 2006). Strategies also need to consider the higher proportions of Aboriginal students at moderate and high risk of clinically significant emotional or behavioural difficulties (Zubrick et al. 2006). It is also essential that these programs and strategies include comprehensive monitoring and evaluation mechanisms (Purdie & Buckley 2010).

6. Children and young people are contributing and participating

This section summarises the literature identified in relation to KRA5: children and young people are contributing and participating.

6.1 Definition

What would it look like if children and young people were contributing and participating?

Children and young people who are contributing and participating are actively connected with the community, through participation in civic and community life, including social, sporting, arts, cultural, community development and volunteer activities. Children and young people who are contributing are engaged in education, training, or employment pathways. They have the skills, capacity, and desire to contribute, and have strong future employment prospects.

Children and young people who are participating are also actively involved and informed citizens: their views are sought, and opinions are respected, both as individuals and collectively. They are involved in decision making across a broad range issues, not just those issues that pertain to young people. For children and young people, participatory decision making may occur at three levels: the individual level (for example, by voicing opinions and preferences, providing feedback, or exercising the right to vote), as a group or collective action (for example, lobbying government through involvement in interest groups or volunteer organisations), or via formal governance processes (for example, via youth advisory committees or boards) (Bell, Vromen & Collin 2008).

At the family level, parents provide both tangible and intangible support to enable their children to contribute and participate in society. Tangible support includes providing their children with the means to participate, whether it be equipment, clothing, or funds. Intangible support includes providing encouragement and guidance, supporting children and young people to make decisions and learn from their mistakes, and helping their children to celebrate success, and supporting them to deal with setbacks. At the family level, participation also includes involving and supporting young people in decisions that affect them on a day-to-day basis, either in the family, or with their peers.

At the community level, the meaningful participation of children and young people may be conceptualised as a culture of "working with" young people, rather than "working for" young people (Eureka Strategic Research 2005). The contributions of young people are valued, recognised, and celebrated.

How would we know that children and young people are contributing and participating?

Children and young people who are contributing and participating would:

- be engaged in age appropriate social, sporting, arts, cultural, community development and/or volunteer activities

- have places in the community where they can 'hang out' with their friends

- have a sense of connection with the community in which they live

- have access to the internet as a means for contributing and participating

- be engaged in education, training, or employment pathways

- have the opportunity to obtain full time employment

- have their a say in matters that affect them.

6.2   Summary of findings

Research on children and young people's participation broadly addresses four types of participation:

- participation in services (in terms of access and engagement)

- participation in extra-curricular activities and youth-specific programs

- civic participation, both in terms of traditional constructs (participation in the institutions and processes of democracy and volunteering), and newer social movements and advocacy networks (where civic participation is driven by specific issues or causes) (Collin, 2008)

- participation in decision making, where participation is formally facilitated by government and service providers to ensure that young people 'have a say' in matters that concern them (Collin, 2008).

Hoffmann-Ekstein (2007) notes that concepts of participation exist across a continuum comprising service participation, community participation, and civic participation, with youth participation strongly linked to concepts of social inclusion and social capital (Collin 2008; Hoffmann-Ekstein 2007).

The literature on youth participation and contribution broadly consists of qualitative studies of young people's attitudes and perceptions to participation, and identification of best practice, or 'what works' to support their engagement in services, programs, and decision making. Limited evidence of the effectiveness or impact of these processes was identified. However, the benefits of participation are well established and include: improving services and decision making; enhancing skills and self-esteem; promoting protection; and empowering young people (Nairn et al 2006).

The remainder of the literature review is structured against the following key themes:

- participation in services and programs

- participation in political processes and decision making

- supporting infrastructure (transport, technology, and the built environment).

6.2.1   Participation in services and programs

This section discusses the importance of family and adult role models, as facilitators of participation in services and programs; and the role of schools as an enabling environment. It then identifies characteristics of programs that are effective in engaging young people.

Family and adult role models

Parental community participation is a critical enabler of child and youth engagement. Parents facilitate children's participation in two ways: by providing the material means to participate, and through modeling participatory behaviour (Hoffmann-Eckstein, 2007). Therefore, parental engagement as an avenue to support young children's participation in community should be encouraged from the early years. Programs that seek to engage children also need to secure the trust and buy-in of parents (Bonnell & Zizys 2005). Deschenes and colleagues (2010), in a study of out of school time programs for disadvantaged young people in the United States, found that parental engagement was also an important strategy in retaining young people in youth programs. At the same time, there is a need to ensure that parents and adults do not infringe on the 'safe spaces' created through youth programs (City of Toronto 2006).

A number of studies also emphasise the importance of a supportive adult role model in encouraging children and young people's participation (Bonnell & Zizys 2005; City of Toronto 2006). In particular, positive and supportive staff-youth relationships can be a critical enabler of young people's engagement and active participation in youth focussed programs. Mentoring programs are an example of a mechanism to formalise adult-youth relationships. Mentoring may facilitate community participation, assisting young people to build their social capital and to develop life skills across a number of domains of wellbeing (such as education; health and safety; and social and emotional wellbeing) (Bonnell & Zizys 2005).

There is a need for communities to make a commitment to youth participation, both by resourcing participation and actively seeking to promote child and youth friendly cultures. This includes shifting the attitudes of adults, encouraging society to be open minded to the ability and capacity of children and young people to participate and contribute (Clark and Percy-Smith 2006). Providing training and resources for adult employees and stakeholders to involve children and young people meaningfully is essential (City of Toronto 2006; Kirby & Bryson 2002). Other strategies that promote youth-friendly cultures include recruitment of skilled youth workers, and the involvement of youth as staff or volunteers (City of Toronto 2006).

Schools as enabling environments

Schools play a strong role in encouraging children and young people to take an interest in, and providing opportunities for, participation and contribution (Bonnell & Zizys 2005; Morrow 2008). While civic learning takes place in a range of settings, and young people respond to 'trigger issues, mobilising platforms, and role models' (Collin 2008), an inclusive school curriculum that addresses issues of civics and citizenship and develops children and young people's awareness is a useful starting point for 'civic socialisation' (Keating et. al. 2009).

The relationship between education and civic participation is well documented. Finlay and Flanagan (2009), in a study of civic participation in the United States, found that children and young people's educational attainment and progress is strongly linked to civic engagement and civic attitudes (as measured by, voting, volunteering, and motivation to 'give back' to the community) and educational progress mediates the affect of disadvantage and race/ethnicity (Finlay & Flanagan, 2009). The relationship between

education and participation acts in both directions – civic engagement may also support educational achievement by strengthening young people's bridging social capital and building aspirations (Cuthbert & Hatch 2008; Ryan and Sartbayeva 2011). This is not surprising, as educational settings offer an environment where interest can be fostered, recruitment to activities can be facilitated, and the necessary resources to support participation are available (Finlay & Flanagan, 2009). School-community partnerships are an important mechanism to support the engagement of young people in youth services and programs (Deschenes et al 2010).

Characteristics of effective youth programs and services

Children and young people experience a number of barriers to participation in services and programs. While specific barriers vary by age, class, and culture, barriers to service and community participation typically include:

- social exclusion and low levels of social capital

- lack of trust or confidence in self, in services, and in institutions

- accessibility of services and programs – both in terms of location and affordability

- cultural barriers whereby young people from diverse backgrounds may feel marginalised and feel that services do not cater for them

- economic factors, where disadvantaged communities are less likely to have the necessary community infrastructure to facilitate participation (Hoffmann-Ekstein 2007).

There is an extensive body of literature that seeks to describe good practice organisational and program characteristics that overcome these barriers and facilitate youth engagement and participation. At the organisational level, enablers of youth participation include:

- Building partnerships and collaborations, where programs draw on a range of specialist knowledge, expertise and resources to deliver targeted programs that meet the needs of young people.

- Employing well-trained, dedicated staff and volunteers with whom youth can identify. This includes provision of adequate professional development and support to ensure staff understand youth development and needs.

- Recognising and responding to diversity, which includes having regard to age, gender, culture, sexuality, and scene (i.e. youth sub-cultures).

- Reducing barriers to program access. This may include consideration of locations and times that are convenient to participants, charging minimal or no fee, and using youth appropriate spaces (Bonnell & Zizys 2005; City of Toronto 2006).

At the program level, effective youth programs:

- provide opportunities for skill development and capacity building across a range of domains including education, civic participation, physical development, emotional development, employment skills

- provide opportunities for leadership, including genuine involvement in decision making

- encourage young people to reflect on their identity

- support young people to develop social awareness (City of Toronto, 2006).

6.2.2 Participation in political processes and decision making

Child and youth participation in decision-making is an important aspect of community and civic participation. Children and young people have an important role to play in the governance and design of programs: children are "active participants and experts in their own lives" (Clark & Percy-Smith 2006) and "when their input is heard and addressed in the planning of services these services are more likely to be used" (Hoffmann-Ekstein 2007). Programs and services are also more likely to be effective and achieve their intended outcomes when young people have been engaged in decision making (Collin 2008).

In recognition of the importance of engaging young people in decision making, schools, government agencies and non-government organisations commonly implement youth participation strategies or frameworks that formalise child and youth participation in decision-making and policy development processes. Strategies include student representative councils, youth round-tables, youth councils, advisory committees, or youth representation on policy making bodies, boards of management and governance committees (Collin 2008; Bell, Vromen and Collin 2008; Kirby et. al. 2003).

Some authors argue that there is a need to employ a range of legislative, policy and practice provisions to ensure children and young people's entitlement, or rights, to participation are upheld (Lansdown 2010) and that government embeds children and young people's participation into mainstream political institutions (Cockburn 2005). An example of a rights-based approach is the UNICEF Child Friendly City framework, which identifies the building blocks for local systems of governance committed to fulfilling children's rights. The framework emphasises the need to promote children's active involvement in issues that affect them; listening to their views and taking them into consideration in decision making; and developing permanent structures in local government to ensure priority consideration of children's perspectives (UNICEF, 2004).

Landsdown (2010) classifies children and young people's participation in decision making at three levels:

- consultative participation, where adults seek children's views in order to build knowledge and understanding of their lives and experience

- collaborative participation, which provides a greater degree of partnership between adults and children with the opportunity for active engagement of children at any stage of decision, initiative, project or service

- child-led participation, where children are afforded the space and opportunity to identify issues of concern, initiate activities and advocate for themselves.

Interestingly, the effectiveness of such approaches has not been proven, with limited evidence of the impacts and outcomes achieved via formally facilitated or 'managed' participation (Collin 2008). There is a need to establish appropriate indicators of youth

participation that measure both the level of child and youth engagement in decision-making, and the quality and impact of this participation (Lansdown 2010).

It is important that any approaches that attempt to engage young people in decision making recognise and respond to the range of barriers children and young people experience in civic and political participation. At the most basic level, civic and political processes do not recognise the unique needs of children and young people; for example, tailoring engagement approaches to age and stage, and providing opportunities to engage at appropriate times and in youth-friendly spaces. Barriers also include distance and travel; being unaware of opportunities or pathways to participation; experiencing disadvantage (diverse cultures, economic status); perceived apathy; adult-centric messaging; and a perception that civic activity is 'uncool' (Ohlin et al 2010).

Reflecting these barriers, the literature identifies a range of good practice approaches that facilitate the meaningful engagement children and young people in decision making:

- providing clear pathways for youth engagement

- being mindful and responsive to young people's time horizons

- establishing relevant and meaningful roles for young people, including clear expectations regarding the nature and scope of involvement in decision making

- engaging young people in appropriate places and spaces, at a location that meets their needs

- considering training and support needs

- formally recognising the contribution of young people, which may include payment, as a means to legitimise their role (Bonnell & Zizys 2005).

There is also a need to avoid any sense of tokenism when formally engaging young people in institutional decision making processes. Bell, Vromen and Collin (2008) note that while it is important that children and young people from disadvantaged or marginalised groups (including young people from culturally and linguistically diverse backgrounds, Aboriginal children and young people, and young people with a disability) are included, the concept of identifying 'representative young people' can imply tokenism. Rather, they suggest that "young people from diverse backgrounds should be encouraged to speak from their own experience and not on behalf of others". Tokenism can also arise when young people do not observe clear outcomes or actions arising from their participation (Nairn, Sligo & Freeman, 2006).

Similarly, a study of youth participation in local council activities identified "polarized participation" as a significant issue whereby youth engagement strategies inadvertently focus on two categories of young people:

- 'trouble-makers' whereby participation is encouraged as a means to "meaningfully occupy" young people, or

- 'achievers', who are community focused and identified as potential future leaders (Nairn, Sligo & Freeman, 2006).

Therefore, there is a need to provide a broad range of participatory initiatives to ensure 'ordinary' young people find participatory structures relevant and attractive (Nairn, Sligo &

Freeman, 2006). Moving beyond tokenism and 'representative' approaches requires the adoption of new, inclusive strategies.

6.2.3   Infrastructure

A lack of sufficient community infrastructure, including the availability of youth friendly spaces, access to transport, and access to technology, can present significant barriers to children and young people's participation in services, community, and civics.

The internet and Web 2.0 technologies are playing an increasing role in political participation, and provide a mechanism to overcome barriers to 'traditional' notions of civic and political participation. In an extensive study of young people's participation in civic activities using internet and mobile technologies, Ohlin and colleagues (2010) reported that technology can overcome a range of barriers to civic and political participation by: providing information in a youth friendly, accessible format; removing geographical boundaries; providing access to a cyber community; reaching broad audiences; re-branding civic engagement as 'cool'; and creating youth-focused, culturally relevant spaces.   An "e-democracy" also provides the opportunity to link young people to influential decision makers (Collin 2008). The increasing use of the internet and social media as a vehicle for civic and political engagement is not without its limitations, as access and service quality continue to be challenges in many areas of Australia (Ohlin et al 2010).   However, given the pervasiveness of social media and young people's high use of technology, governments and organisations should continue to focus on developing and using accessible and appropriate information and communication technologies to reach out and engage young people (Ohlin et. al. 2010; Bell, Vromen and Colin 2008).

Appendix A: Annotated bibliography

This section provides an annotated bibliography of all articles substantively referenced in the literature review. The annotated bibliography has been structured against each of the five KRAs. Within each KRA, articles are summarised by key theme, and listed alphabetically by first author surname.

KRA1: Children and young people are loved and safe

Articles are summarised against the following key themes:

- preventing abuse and neglect
- family environment
- safe communities
- bullying.

Preventing Abuse and Neglect

Title	Child maltreatment prevention: a systematic review of reviews
Year	2009
Theme	Preventing neglect and abuse
Cohort	Early childhood
Country	USA, Canada, Australia, New Zealand, UK, Ireland, Sweden, Netherlands, France, Spain, Colombia, China
Evidence	Systematic review — synthesis of results from several studies
Strategy / intervention	A systematic review of 298 reviews was conducted to synthesise recent evidence from systematic and comprehensive reviews on the effectiveness of universal and selective child maltreatment prevention interventions, evaluate the methodological quality of the reviews and outcome evaluation studies they are based on, and map the geographical distribution of the evidence. The quality of the systematic reviews was evaluated with a tool for the assessment of multiple systematic reviews (AMSTAR), and the quality of the outcome evaluations was assessed using indicators of internal validity and of the construct validity of outcome measures.
Research design	The review focused on seven main types of interventions: home visiting, parent education, child sex abuse prevention, abusive head trauma prevention, multi-component interventions, media-based interventions, and support and mutual aid groups. Four of the seven – home-visiting, parent education, abusive head trauma prevention and multi-component interventions – show promise in preventing actual child maltreatment. Three of them – home visiting, parent education and child sexual abuse prevention – appear effective in reducing risk factors for child maltreatment, although these conclusions are tentative due to the methodological shortcomings of the reviews and outcome evaluation studies they draw on. An analysis of the geographical distribution of the evidence shows that outcome evaluations of child maltreatment prevention interventions are exceedingly rare in low- and middle-income countries and make up only 0.6% of the total evidence base.
Outcomes	Evidence for the effectiveness of four of the seven main types of interventions for preventing child maltreatment is promising, although it is weakened by methodological

	problems and paucity of outcome evaluations from low- and middle-income countries.
Reference	Mikton, C & Butchart, A, 'Child maltreatment prevention: a systematic review of reviews', *Bull World Health Organ* 2009; 87:353–361, viewed 26 May 2012 at http://www.who.int/bulletin/volumes/87/5/08-057075.pdf

Family environment

Title	Families make all the difference: Helping kids grow and learn
Year	2012
Theme	Family environment
Cohort	Children aged up to 11 years
Country	Australia
Evidence	Longitudinal cohort study
Strategy / intervention	The Longitudinal Study of Australian Children (LSAC) is investigating the contribution of children's social, economic and cultural environments to their adjustment and wellbeing. A major aim is to identify policy opportunities for improving support for children and their families and for early intervention and prevention strategies.
Research design	LSAC focuses on two age cohorts of children and their families, with each cohort comprising approximately 5,000 children. The first survey wave was conducted in 2004, when children in the younger cohort were infants (called the" B cohort") and those in the older cohort were 4–5 years old (called the "K cohort"). These two cohorts and their families are followed up every two years, with the most recent data available for analysis having been collected in 2010 (Wave 4), when the B cohort children were aged 6–7 years and the K cohort children were aged 10–11 years.
Outcomes	So as to gauge the social and emotional growth of children, they were asked whether they enjoy spending time with their mother and their father. The vast majority of children were very positive in their responses, with girls tending to be more positive overall than boys. Only a small minority of children reported they did not enjoy spending time with their mother or their father.
	Children were asked how they perceived their relationship with their parents, and the majority of children reported positively on all aspects of these relationships. The highest levels of agreement were in matters of trust and acceptance, with more than 80 per cent of children saying it was almost always or always true that their parents accepted them as they were and that they trusted their parents. The lowest levels of agreement were in relation to sharing thoughts and feelings with their parents (43 per cent said it was almost always or always true that they did this), and talking to parents or having parents ask them about problems (56 per cent said it was almost always or always true that this occurred).
Reference	Australian Government and the Australian Institute of Family Studies, 2012, 'Families make all the difference Helping kids to grow and learn', *Fact Sheet 2012*, viewed 12 June 2012 at http://www.aifs.gov.au/institute/pubs/factssheets/2012/fw2012/fw2012.pdf

Title	The impact of exposure to domestic violence on children and young people: A review of the literature
Year	2008

Theme	Family environment
Cohort	Children living with domestic violence
Country	Ireland
Evidence	Systematic review
Strategy / intervention	A comprehensive search of identified databases was conducted within an 11-year framework (1995–2006). This yielded a vast literature which was selectively organised and analysed according to the four domains identified above.
Research design	A comprehensive search of identified databases was conducted using the key words "domestic," "intimate partner violence" "child," "exposure," "witness." This search was augmented with a review of the bibliographies of related articles to yield over 1000 articles in the initial search, from which online abstract and bibliographic information was used to identify selectively the material that met the inclusion criteria of (1) those published within an 11-year framework (1995–2006), and (2) those directly exploring impact according to one or more of the following domains: • the co-occurrence of domestic violence and child abuse • the impact on parental capacity • the impact on child development, and • exposure to additional adversities. Key seminal texts meeting this criterion were also included for review.
Outcomes	The review found that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioural problems and of increased exposure to the presence of other adversities in their lives. It also highlighted a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother.
Reference	Holt, S, Buckley, H,& Whelan, S, 2008, 'The impact of exposure to domestic violence on children and young people: A review of the literature', *Child Abuse & Neglect*, Vol. 32, Pp. 797–810, viewed on 28 May 2012 at http://www.vfpms.org.au/staging/documents/Impactofexposuretodomesticviolence.pdf

Safe communities

Title	Adolescent Place Attachment, Social Capital, and Perceived Safety: A Comparison of 13 Countries
Year	2009
Theme	Safe communities
Cohort	15 year olds completing the Health Behaviour in School-aged Children Study in 2001 and 2002
Country	Belgium, Denmark, Estonia, Finland, Germany, Hungary, Israel, Italy, Latria, Norway, Sweden, Macedonia and the United Kingdom
Evidence	Qualitative study
Strategy /	Data from the Health Behaviour in School-aged Children Study, a collaborative, cross-

intervention	national research project supported by WHO/Europe, were analysed to complete a cross-cultural examination of perceptions of safety, place attachment and social capital using a sample of 15-year-olds from a range of social backgrounds, to test the hypothesis that social capital will partially mediate the effect on perceived safety of place attachment.
Research design	Representative samples of adolescents were drawn in each country (local areas sampled ranged from wealthy to poor, urban to rural, and small villages to large cities), using cluster sampling with school as the cluster unit. The sample was composed of 20,810 students, 9,924 male (47.7%) and 10,883 females (52.3%), whose mean age was 15.64 years old.
Outcomes	The study found significant differences in perceived safety among countries. Latvian youth had by far the lowest perceptions of safety. Students from Belgium, Estonia, Germany, Israel, Italy, and the United Kingdom (UK) perceive their neighbourhoods as moderately safe, while students from Norway, Sweden, Denmark, Finland and Hungary have a better perception of safety. The study also found gender differences for perceived safety; in each country girls perceive less safety than boys.
	The study found that place attachment was stronger in Denmark, Norway, Sweden and Macedonia, and, for girls, in Finland. This perception was weaker in Latvia, UK, and for girls in Estonia and Italy. Boys had a stronger place attachment than girls except in Israel (and marginally in Latvia), where girls have a slightly stronger place attachment than boys. This factor showed a significant interaction effect between country and gender.
	The study found that in Latvia, Estonia and Finland, for girls, social capital was perceived to be weaker, while in Macedonia, Germany, Denmark and Norway (especially for males) and in Israel (especially for females), social capital was perceived to be stronger. The study found gender differences in social capital: females perceived social capital to be weaker, except in Israel, where girls showed a stronger perception of social capital. For this factor the interaction term between gender and country was significant.
	A three-model procedure was used to verify the findings. In the first model, a linear regression model was used where place attachment was the independent variable and social capital was the dependent variable. A positive and significant relationship among the variables was found: place attachment is connected with the perception that there were friendly and supportive relationships among neighbours, independent of the effects of gender. The second model analysed the relationship between social capital and safety. For the whole sample, this association was positive and significant: having a good and trustful relationship with neighbours is associated with students feeling safer, independent of gender effects. The third model regressed social capital on safety controlling for the effects of both gender and place attachment. Data showed that this relationship was significant for the entire sample across all countries.
	The study used the Sobel test to verify the presence of a mediation effect of the variable social capital on the relationship between place attachment and safety. According to this analysis, social capital in part explained the relationship between place attachment and safety: attachment to the neighbourhood increased the quality of local social relationships which increased perceived safety.
	The study found many between-country differences that cannot be easily ascribed to cultural or regional differences alone. Youth in Scandinavian countries showed a stronger perception of safety, place attachment and social capital, while those in Eastern European and Baltic countries had a weaker perception of all three constructs.
	Despite cultural and geographic differences, the study found that social capital had an important role in making students feel safer, and it mediated the connection between place attachment and perceived safety.
Reference	Dallago, L, Perkins, D.D, Santinelle, M, Boyce, W, Molcho, M & Morgan, A 2009, 'Adolescent Place Attachment, Social Capital, and Perceived Safety: A Comparison of 13 Countries', *American Journal of Community* Psychology , vol. 44, nos. 1-2, viewed 22 May 2012,

Title	Safe and supportive families and communities for children A synopsis and critique of Australian research
Year	2012
Theme	Family environment
Cohort	This review focused on projects that related to the protection of children
Country	Australia
Evidence	Systematic review
Strategy / intervention	The study reviewed the research on building safe and supportive families and communities for children in Australia. Based on assessments of 22 research and evaluation reports, it examines the evidence base in the areas of: • community attitudes and awareness of child safety • parenting and family support, and • child-friendly communities.
Research design	Twenty-two projects identified as supporting Outcome 1: 'Building safe and supportive families and communities for children' of the Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–20 (the National Framework), were reviewed to examine the evidence base in the areas of community attitudes and awareness of child safety, parenting and family support, and child-friendly communities. The review in each topic area sought to answer three questions about the available research in the area: • How much research has been done? • What is the quality of the evidence base? • What do we know from the research in this area? The quality of the research was assessed through an analysis of the methodology including the study design and the sample size if applicable.
Outcomes	Some of the significant factors relating to the creation of safe and supportive families and communities for children, identified through this review, are: • Community involvement and responsibility are important to ensure the safety of children. • Locally based and targeted programs are most effective. • Collaboration between services and integration of a range of services in program design ensures the best possible outcomes for children in a range of circumstances. • Risk factors for child abuse and neglect in the community include parent and community attitudes to child safety, unemployment, lack of community involvement and connectedness. • Participation of children in research and decision-making in matters concerning them could benefit children in many ways. • Social exclusion is considered to provide a more effective approach to the analysis

	of deprivation than previous approaches such as income poverty.
Reference	Nair, L, 2012, 'Safe and supportive families and communities for children A synopsis and critique of Australian research', CFCA Paper No. 1, 2012, Australian Institute of Family Studies, viewed 27 May 2012 at http://www.aifs.gov.au/cfca/pubs/papers/01/cfca01.pdf

Title	Ending Corporal Punishment: Swedish Experience of Efforts to Prevent All Forms of Violence Against Children – and the Results
Year	2001
Theme	Safe communities
Cohort	Children in Sweden
Country	Sweden.
Evidence	Case study
Strategy / intervention	A ban on corporal punishment became part of the Swedish Children and Parent Code in 1979. Legislation passed in 1982 equated assault in private places, (e.g. the home), with assault anywhere else. The law has gained prominence for its prohibition of the corporal punishment of children.
Research design	The case study discusses the impact of this change on Swedish society.
Outcomes	A survey in 1965 revealed that 53 per cent of Sweden's population considered corporal punishment a necessary part of a child's upbringing. By 1996 the percentage in favour had fallen to 11 per cent of respondents. A survey in 2000 included the attitudes of children and found that only 2 per cent of middle school children considered corporal punishment acceptable The case study reports that: • attitudes to corporal punishment in Sweden have become increasingly negative since the 1960s and are far more negative than in other countries • a large majority of 10- and 12-year olds in Sweden have never been subjected to corporal punishment .
Reference	Ministry of Health and Social Affairs, Sweden, 2001, '*Ending Corporal Punishment: Swedish Experience of Efforts to Prevent All Forms of Violence Against Children – and the Results*', viewed 4 June 2012 at http://www.endcorporalpunishment.org/pages/pdfs/ending.pdf

Title	Racism and Child Health
Year	2009
Theme	• Well-being
Cohort	• Children and young people from CALD backgrounds
Country	Various

Evidence	• Systematic review
Strategy / intervention	Racism is a mechanism through which racial / ethnic disparities occur in child health. This study conducted a review of the literature to assess the present state of research into the effects of racism on child health and health care outcomes.
Research design	A systematic search of the literature was conducted between October and November 2007. The NCBI/National Library of Medicine PubMed database was used to perform the searches. PubMed provides access to bibliographic information from MEDLINE,
	The search strategy used the following string of terms: "Racism or Racial Discrimination" _ "Child*" _ "x . . ." The third term ("x . . .") included the following: health, health care, preventive services, screening, behavior, mental health, family, substance abuse, addiction, drug abuse, smoking, tobacco, stress, emergency, perinatal, preterm, birth weight, diabetes, asthma, pulmonary, cardiovascular, hypertension, gastrointestinal, sickle cell, genetic, screening, emergency, transplantation, renal, and obesity. Child health studies were defined as those conducted on children up to college age (as defined by authors) as well as studies of prenatal care and pregnant women. The 4000 studies were further narrowed by requirement to be data-driven (empirical research) including a direct measure of self-reported racism as an outcome variable.
	40 studies were identified for final inclusion.
Outcomes	The study of racism and child health is a new, emerging area of research, however trends are already evident. Research is heavily weighted towards African-Americans, older age groups and behavioural and mental health conditions. There are also no standardized measures for racism, particularly in children and young people or how the perception of racism impacts on interaction with the child healthcare system. Considerable future research is required in this area.
Reference	Pachter, LM & Garcia Coll, C 2009, 'Racism and Child Health', *J Dev. Behav. Pediatr,* Vol.30, pp.255-263.

Title	Girls in the 'Hood: The Importance of Feeling Safe
Year	2008
Theme	Safe communities
Cohort	122 randomly selected families in Boston, Los Angeles and New York who had participated in the Moving to Opportunity (MTO) for Fair Housing Demonstration
Country	USA
Evidence	Qualitative study
Strategy / intervention	MTO targeted families living in some of the USA's poorest, highest-crime communities—distressed public housing—and used housing subsidies to offer them a chance to move to lower-poverty neighbourhoods. The hope was that moving would provide these families with access to communities that offered better schools, city services—police, parks, libraries, sanitation—and economic opportunities.
	Follow-up research on the MTO families conducted in 2002, about five years after they moved, found that adolescent girls seemed to have benefited in important ways from moving to better neighbourhoods, while boys seemed to have not benefited at all.
	The Three-City Study of MTO, a large-scale, mixed-method study, was designed to examine the gender differences that emerged from the interim survey.
Research	The study combined qualitative interviews, ethnographic fieldwork, and analysis of

design	census and administrative data. The ethnographic fieldwork was conducted for 39 control group and experimental-complier families over six to eight months.
Outcomes	Experimental-group movers reported feeling safer overall and that their new communities had few problems with drug trafficking and crime. Census tract–level crime data from Boston, Los Angeles, and Chicago showed that these perceptions reflected real differences in rates of violent crime. These changes in neighbourhood conditions seem to have benefited only adolescent girls. Specifically, girls in the experimental group reported less psychological distress, anxiety, and substance use, and they were less likely to be arrested (especially for violent and property crimes) than girls in the control group.
	The findings from this study suggest that a reduction of gender-specific threats (sexual and physical assault) and pressure to become sexually active benefited MTO girls who moved to lower-poverty neighbourhoods.
Reference	Popkin, S Leventhal, T & Weismann, G 2008, 'Girls in the 'Hood: The Importance of Feeling Safe', *Metropolitan Housing and Communities Center*, Brief No. 1, viewed 26 May 2012 at http://www.urban.org/UploadedPDF/411636_girls_in_the_hood.pdf

Bullying

Title	Current Evidence of Best Practice in Whole-School Bullying Intervention and Its Potential to Inform Cyberbullying Interventions
Year	2011
Theme	• Mental Health • Technology
Cohort	Young people (non-specific)
Country	Australia and Various
Evidence	Systematic Review.
Strategy / intervention	This article summarises current empirical evidence including meta-analyses and reviews to inform the relevance of previously validated guidelines and identify potential intervention strategies to reduce cyberbullying. This literature review will provide the platform to update the validated guidelines for school bullying prevention and management released by the Child Health Promotion Research Centre in 2004.
Research design	The review is the first of a two stage process to update the 2004 guidelines. An extensive meta-analyses was initially identified. Three databases, PsycINFO, CINAHL and ERIC, were searched for peer-reviewed meta-analysis and systematic reviews assessing the effectiveness of school-based bullying interventions. School-based violence programs were excluded. Six further reviews were identified in addition to the initial meta-analyses. Each of the 2004 guidelines were matched according to the evidence to conform their relevance and the revised set of guidelines, 'Evidence to Practice: Whole-School Interventions to Reduce Bullying' was developed.
Outcomes	The review confirmed the importance of systematic whole-school approaches to effectively prevent and manage all forms of bullying behaviours (including cyberbullying) in schools and the need to build school capacity to enable them to put evidence into informed practice. The review identified that the most effective programs associated with a decrease in bullying were: parent training / meetings, teacher training, improved playground supervision, disciplinary methods, cooperative group work between

	professionals, school assemblies, information for parents, classroom rules and management and whole-school anti-bullying policies. Given the special characteristics of cyberbullying (eg. the anonymous nature, greater breadth of audience, lack of authority in cyberspace, and 24-hour access to technology, as well rapid technological changes continually providing new means by which cyberbullying can occur), further research into sustainable programs to reduce its existence is required. The outcomes of the review support the new guidelines.
Reference	Pearce, N, Cross, D, Monks, H, Waters, S and Falconer, S, 2011, 'Current Evidence of Best Practice in Whole-School Bullying Intervention and Its Potential to Inform Cyberbullying Interventions', *Australian Journal of Guidance and Counselling*, vol.21, no. 1, pp.1-21.

Title	School-Based Violence Prevention Programs To Reduce Bullying and Aggressive Behaviors
Year	2012
Theme	Bullying
Cohort	The study samples included male and female students attending preschool, elementary school, middle school, and high school.
Country	USA
Evidence	Systematic review
Strategy / intervention	An extensive search was conducted for systematic reviews published between January 1, 2000, and January 19, 2012. The search was limited to the online catalogue of the U.S. Government's National Library of Medicine, PubMed (http://www.pubmed.gov) to ensure free access to abstracts and, in some cases, full-text articles. Systematic reviews reported in the context of guidelines, consensus statements, or studies were not the target of the search.
Research design	The search strategy used in PubMed comprised a range of search terms and keywords.
Outcomes	Eight systematic reviews on school-based violence prevention programs to reduce bullying and aggressive behaviour were identified. Seven evaluated the effectiveness of school-based programs for the prevention or reduction of bullying, while one assessed the quality of the studies conducted to evaluate anti-bullying programs. The number of intervention studies included in each systematic review ranged from 26 to 249. The intervention studies included in the systematic reviews were conducted in the USA and internationally. Four of the systematic reviews compared the effectiveness of universal school-based programs (delivered in classroom settings to all students in the classroom) to that of selective/indicated programs (provided to students who are specifically selected to receive the intervention because of some risk factor) or compared differing program formats (e.g. method for delivery of the intervention, population receiving the intervention, theoretical approach such as multi-component program or single-session program). Two of the reviews focused on intervention characteristics (e.g. duration, frequency, theory-based), and two focused on population characteristics (e.g. age, gender, grade level, at risk). The findings from the systematic reviews suggest that universal school-based violence prevention programs appear to have the most validation with regard to their effectiveness in reducing bullying or bullying-related outcomes. Program elements such as intervention characteristics and population characteristics should be considered in the interpretation of the systematic review findings.

Reference	US Department of Health and Human Services, 2012, viewed 27 May 2012 at http://nrepp.samhsa.gov/Bullying.aspx

KRA2: Children and young people have access to material basics

Articles are summarised against the following key themes:

- social inclusion
- homelessness
- poverty
- indicators of material wellbeing.

Social Inclusion

Title	Getting the complete picture: combining parental and child data to identify the barriers to social inclusion for children living in low socio-economic areas
Year	2007
Theme	- Social exclusion - Social inclusion - Mental health
Cohort	- Children aged 9-12 years - English speaking parents
Country	Australia
Evidence	Qualitative study
Strategy / intervention	Childhood mental health problems are prevalent in Australian children (14–20%). Social exclusion is a risk factor for mental health problems, whereas being socially included can have protective effects. This study aims to identify the barriers to social inclusion for children aged 9–12 years living in low socio-economic status (SES) areas, using both child-report and parent-report interviews.
Research design	Exploratory descriptive study of the barriers that are preventing children from being included in social activities, social networks and school activities, as identified by parents and children. Australian born English speaking parents and children aged 9-12 years were selected from a low social-economic status area (Greater Dandenong, Victoria) to participate in semi-structured interviews. Parents and children were asked questions about three prominent themes of social exclusion; exclusion from school, social activities and social networks. An inductive thematic analysis was conducted to examine the major barriers to social inclusion, as identified by parents and children. The coding process followed two stages: open coding and focussed coding.
Outcomes	Many children experienced social exclusion at school, from social activities or within social networks. Overall, nine key barriers to social inclusion were identified through parent and child interviews, such as inability to attend school camps and participate in school activities, bullying and being left out, time and transport constraints, financial constraints and safety and traffic concerns. Parents and children often identified different barriers. Neighbourhoods may act as a barrier to social inclusion for children living in low SES communities, as parents in this study reported a lack of safe and clean playing spaces

and busy traffic, as well as some families living in small houses with small backyards. Community facilities such as parks and schools need to be family friendly and safe.

School environments may inadvertently contribute to the social exclusion of children, with many children in this study experiencing bullying and exclusion from school activities and camps. School-based mental health promotion initiatives that aim to promote social connectedness and provide children with access to social activities they may otherwise be excluded from, have the potential to provide children with the protective factors that may safeguard against the development of mental health problems.

For many mothers in this study, the struggle to survive, pay rent and bills and buy essential items took priority over social and school activities, highlighting the importance of community- and school-based interventions that ensure children are connected to one another and have opportunities to build social networks and participate in social activities with other children. This would ensure that children from disadvantaged communities are not socially excluded.

The study strengthens the evidence base for the investments and action required to bring about the conditions for social inclusion for children living in low socio-economic communities.

Further sampling among different population groups and in different school settings may contribute to additional insights. It is recommended that future studies sample participants from various cultural groups and multiple communities.

Reference	Davies, B, Davis, E and Waters, E 2007, 'Getting the complete picture: combining parental and child data to identify the barriers to social inclusion for children living in low socio-economic areas,' *Child care, health and development,* 34, 2, 214-222.

Title	Analysing participation and social exclusion with children and young people. Lessons from Practice.
Year	2007
Theme	• Social exclusion
Cohort	• Children under 12 years of age • Young people aged 12 to 21
Country	UK
Evidence	• Systematic review
Strategy / intervention	The paper reflects on the utility of a variety of perspectives of social exclusion including the idea that the social exclusion of children and young people can be overcome by their involvement in participatory projects. This discussion compares a number of discourses including those that relate exclusion to the need for: greater individual moral responsibility; the removal of social barriers to local spaces, leisure, education and work; the development of strategies that challenge poverty through redistribution; and the growth of approaches that promote resilience, involvement and participation. Through this discussion the paper develops a complex notion of social inclusion that moves beyond false dichotomies and includes discussions of space, power, politics and change. The second half of the paper compares this discussion to the findings of a participatory project carried out in Liverpool in the UK.
Research	Review of results from various studies.

design	
Outcomes	Social exclusion stems from the interaction of a range of issues including lack of money, lack of local facilities, lack of trust/respect, lack of access to participatory processes and a lack of opportunity to access employment. Social exclusion occurs when one of these issues prevents the establishment/maintenance of relationships with others. Participation projects provide a response to social exclusion however a much more complex understanding of exclusion and participation needs to be adopted if children and young people are to be supported to instigate sustained changes in their life circumstances.
Reference	Davis, M 2007, 'Analysing participation and social exclusion with children and young people. Lessons from Practice,' *International Journal of Children's Rights,* 15 (2007) 121-146.

Title	'Mingling together': promoting the social inclusion of disabled children and young people during the school holidays.
Year	2008
Theme	• Disabled children • Social inclusion • Out of school services
Cohort	• Disabled children and their families
Country	UK
Evidence	• Qualitative study
Strategy / intervention	The paper reports on the findings of a qualitative study that reviews the experience of disabled children and young people during the school holidays and seeks to identify strategies to promote social inclusion.
Research design	The paper reports on some of the findings of a qualitative study, entitled '*On Holiday!,*' which involved analysing the views of 297 people across six local authority research sites in England including 86 disabled children and their families. Two advisory groups (1) a group of disabled young people; and (2) representatives of relevant national organizations, each met twice to explore, variously, ways of involving disabled young people, and to comment on research materials, emerging finding and dissemination. Fieldwork was conducted in six contrasting English local authorities.The selection included metropolitan and rural areas, authorities deemed 'good'/'excellent' and 'weak' (Audit Commission 2003) and authorities that had already developed children's trusts and extended schools. To protect confidentiality, we named the local authorities: London Outer, London Central, Metropolitan North-East, Metropolitan North-West, Shire County South and Shire Country East. The research team developed interview topic guides. The perspectives of 86 children and young people were elicited and 121 staff and 90 parents were interviewed. Pilot interviews were not carried out. Fully written notes were taken of all interviews, which were audio-recorded for reference and to amplify the written record, as necessary.
Outcomes	The study showed that disabled children and their families experienced high levels of social isolation and exclusion during out of school periods and during the school

holidays.

Disabled children and their families appeared to be best supported through a range of services, including holiday clubs and other leisure activities that took into account their specific requirements. Participants reported that existing services did not meet their needs either due to rationing of out of school leisure and child care or that services did not provision for their disability.

Recommendations to promote social inclusion of disabled children include an audit by local authorities to assess and map service provision for disabled children, increased provision for young people over the age of 12 and for working parents, a range of options for out of school support including developing short-term breaks, home based child care and opportunities to join mainstream play, child care and leisure activities.

Disabled young people and their families can only be truly socially included and empowered when all levels of the local authority recognise the rights and entitlements of disabled children and have the political will and commitment to implement them.

| Reference | Knight, A, Petrie, P, Zuurmond, M & Potts, P 2008, ''Mingling together': promoting the social inclusion of disabled children and young people during the school holidays' *Child and Family Social Work,* 2009, 14, pp 15-24. |

Title	Social support and education groups for single mothers: a randomised controlled trial of a community based program
Year	2005
Theme	• Social disadvantage • Single mothers
Cohort	• Single mothers of children aged 3 to 9 years old
Country	Canada
Evidence	• Randomised controlled trial
Strategy / intervention	Members of families headed by single mothers are at increased risk of psychosocial disadvantage and mental health problems. The effect of community based programs of social support and education groups for single mothers of young children on maternal well-being and parenting was assessed.
Research design	116 single mothers of children aged 3 to 9 years old were recruited via advertisements. Eligible mothers were randomly assigned either to participate in a 10 week program of group sessions offering social support and education, with a parallel children's activity group, or to receive a standard list of community resources and the option to participate in group sessions at the end of the follow-up period. Interviewers blinded to the randomization collected assessment data from all mothers at baseline and at three follow up visits (immediately after the intervention, at three months and at six months). Outcome measures were self-reported mood, self-esteem, social support and parenting.
Outcomes	Between February 2000 and April 2003, the program was offered to 9 groups of single mothers. Most of the mothers in the trial reported high levels of financial and mental health problems. In the short term, mothers in the intervention group had improved scores for their mood and self esteem compared with mothers in the control group. Scores for the other two measures did not differ between the groups. Growth curve analysis of program effects over the follow-up period showed improvement in all four

	outcomes, with no significant difference between the intervention and control groups. Programs providing more intensive social support and parenting education than the one evaluated here might be needed to improve the quality of life of low-income single mothers and their children over the long term.
Reference	Lipman, E and Boyle, M 2005, 'Social support and education groups for single mothers: a randomised controlled trial of a community based program' *Canadian Medical Journal,* 173(12).

Title	Communities and Families Clearing House Australia practice sheet: What role can child and family services play in enhancing opportunities for parents and families? Exploring the concepts of social exclusion and social inclusion
Year	2011
Theme	• Early childhood education and care • Social inclusion
Cohort	• Children and young people from disadvantaged backgrounds including jobless families.
Country	Australia, UK
Evidence	• Systematic review – synthesis of results from several studies
Strategy / intervention	Provides a summary of research to provide practitioners and policy makers with ideas about how the concept of social inclusion can be used to plan and deliver child and family services in ways that enhance opportunities for parents and families. Social inclusion is understood as four domains of opportunity. Opportunity to: participate in society through employment and access to services; connect with family, friends and local community; deal with personal crises; and be heard. The article explores evidence that demonstrates the negative impact that social exclusion has upon children. It also provides strategies by which child and family services in Australia can play a key role in promoting the social inclusion of child and families.
Research design	Summary of research conducted by other parties – research design not identified within principle article.
Outcomes	Discusses research that shows: • Clear links between children living in a jobless family and behavioural, conduct and peer problems, lower levels of reading literacy, lower educational attainment in young adulthood and experiences of psychological distress. • Services for children, such as maternal and child health services and early education and care services are critical in supporting parents and families to care for children. High quality pre-school can contribute to children's increased resilience to risks that compromise their cognitive development; high quality centre based pre-school programs can have long-term positive effects into adulthood including lower school drop out rates, reduced risk of unemployment and higher income. • Benefits of social connections for both children and their parents include high levels of self-esteem and friendship that moderate the effects of stressors in children's lives.

<table>
<tr><td></td><td>

Connections with local community are important. Children who have a sense of belonging in their community have shown to improve in school performance, pro-social development and wellbeing.
Research found that compared to evidence for the above, there is minimal empirical evidence to demonstrate the way in which restricting children and families' opportunity to be heard (identify their needs and provide feedback) leads to poor outcomes

Child and family services in Australia can play a key role in promoting the social inclusion of children and families by, for example:

Providing a space for parents and children to meet with one another and develop friendships and informal support networks;
Providing opportunities for parents to take up leadership roles within programs; and
Encouraging parents and children to contribute to decision making processes in the local community

</td></tr>
<tr><td>**Reference**</td><td>McDonald, M, 2011, *Communities and Families Clearing House Australia practice sheet: What role can child and family services play in enhancing opportunities for parents and families? Exploring the concepts of social exclusion and social inclusion*, Australian Institute of Family Studies, Melbourne.</td></tr>
</table>

Title	Home-based child development interventions for preschool children from socially disadvantaged families
Year	2011
Theme	- Poverty - Deprivation - Early childhood - Educational outcomes
Cohort	Parents with children up to the age of school entry who were socially disadvantaged in respect of poverty, lone parenthood or ethnic minority status.
Country	UK
Evidence	Randomised controlled trial
Strategy / intervention	Social disadvantage can have a significant impact on early child development, health and wellbeing. What happens during this critical period is important for all aspects of development. Caregiving competence and the quality of the environment play an important role in supporting development in young children and parents have an important role to play in optimising child development and mitigating the negative effects of social disadvantage. Home-based child development programmes aim to optimise children's developmental outcomes through educating, training and supporting parents in their own home to provide a more nurturing and stimulating environment for their child. This study aims to determine whether home based programmes are effective in improving developmental outcomes for preschool children from socially disadvantaged families.
Research design	Randomised controlled trials comparing home-based preschool child development interventions with a 'standard care' control. Participants were parents with children up to the age of school entry who were socially disadvantaged in respect of poverty, lone parenthood or ethnic minority status.

Outcomes	Research included seven studies, which involved 723 participants. Seven of the studies were assessed as being at high risk of bias and three had an unclear risk of bias; the quality of the evidence was difficult to assess as there was often insufficient detail reported to enable any conclusions to be drawn about the methodological rigour of the studies. Four trials involving 285 participants measured cognitive development. Data from these was synthesised in a meta-analysis.
	Compared to the control group, there was no statistically significant impact of the intervention on cognitive development (standardised mean difference (SMD) 0.30; 95% confidence interval -0.18 to 0.78). Only three studies reported socio-emotional outcomes and there was insufficient data to combine into a meta-analysis. No study reported on adverse effects.
	This review does not provide evidence of the effectiveness of home-based interventions that are specifically targeted at improving developmental outcomes for preschool children from socially disadvantaged families. Future studies should endeavour to better document and report their methodological processes.
Reference	Miller S, Maguire LK, Macdonald G, 'Home-based child development interventions for preschool children from socially disadvantaged families,' *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD008131. DOI: 10.1002/14651858.CD008131.pub2.

Title	Safe and supportive families and communities for children – A synopsis and critique of Australian research.
Year	2012
Theme	• Child safety • Parent and family support • Child friendly communities
Cohort	• Children and young people from disadvantaged backgrounds including jobless families.
Country	Australia
Evidence	• Systematic review – synthesis of results from several studies
Strategy / intervention	The paper provides a synopsis and critique of research on building safe and supportive families and communities for children in Australia, as identified through the *Protecting Australia's Children Research Audit*. Based on assessments of 22 research and evaluation reports, it examines the evidence base in areas of; • Community attitudes and awareness of child safety; • Parent and family support and • Child-friendly communities.
Research design	Synopsis and critique of research conducted by other parties: – • Two literature reviews with search methodologies considered appropriate for the content and scope of studies • Five adopted a mixed methods approach with both qualitative and quantitative methodologies including a survey considered to be of sufficient sample size. • One was an evaluation of NAPCAN's programs including a survey of selected, relevant organisations, service providers, staff and parents.

	• Two critical analyses of existing programs.
Outcomes	Key findings: • The importance of community involvement and responsibility to ensure the safety of children cannot be overstated. • Locally relevant and targeted programs are effective in responding to the needs of families as they can develop a better understanding of the situation and hence have a greater potential to respond effectively to issues. • Collaboration and integrated program planning and delivery between various service sectors, such as education, health, employment and other community services, can be an efficient and cost-effective way to achieve the best possible outcomes for families and communities. • Policy-makers and practitioners need to focus on inter-related risk factors for children in the family and community which include parental attitudes, social conditions such as poverty and unemployment, relationship issues, substance abuse, domestic violence, mental health, punitive parenting and social isolation. • Participation of children in research and decision-making in matters concerning them is important in an accurate assessment of their needs and would also promote children's self-esteem, connectivity and sense of wellbeing.
Reference	Nair, L 2012, *Safe and supportive families and communities for children – A synopsis and critique of Australian research*, Child Family Community Australia Paper No 1, 2012

Title	Developing Responsive Preventative Practices: Key Messages from Children's and Families' Experiences of the Children's Fund
Year	2008
Theme	• Social exclusion
Cohort	• Children at risk of social exclusion
Country	UK
Evidence	• Qualitative study
Strategy / intervention	As part of the prevention and social inclusion agenda, the Children's Fund, set up in 2000, has developed preventative services for children at risk of social exclusion. Drawing on a large qualitative dataset of interviews conducted in 2004/05 with children, young people and their parents/carers who accessed Children Fund services, the article analyses key practices and approaches valued by children and parents. These included: specialist support tailored to individual support needs, family-oriented approaches, trusting relationships with service providers, multi-agency approaches and sustainability of services. Finally, the article draws out key lessons for the future development of preventative services.
Research design	The National Evaluation of the Children's Fund (2003–2006) examined the structures and processes that promote good outcomes for children and families This article focuses on children and parents' perspectives gathered in 16 case-study partnerships in England. The Children's Fund were able to report only from the perspectives of families identified by service providers as willing to talk to them and who were likely to have had positive experiences of services. It is not therefore a representative sample of families using Children's Fund services and the positive accounts given by children and carers should be accepted as evidence of improved outcomes for children with caution. Furthermore, the research was not longitudinal, therefore we are unable to measure the

	long-term impact of the Children's Fund for children and families. This article focuses on the practices and approaches that children and parents valued about Children's Fund services.
	Semi structured interviews were conducted with 76 children and 70 parents/carers, resulting in individual data for 92 children. The majority were aged 9-13 years. The families were all accessing one or more Children's Fund services that provided open access opportunities in deprived neighbourhoods or more targeted support to specific groups deemed to be at risk of social exclusion. Over a quarter of the children (26) lived in large families (with three or more children) and/or in single- headed households (24). A third (32) were from black and minority ethnic groups or of mixed ethnicity and a fifth (18) were disabled children or children with special needs.
	As well as interviews, participatory methods were also used with children, such as completing log-books to describe themselves and their family, friends, school and neighbourhood, and their experiences of the Children's Fund service they had accessed. In the interests of confidentiality, the names of all participants have been changed and the services they accessed anonymised.
Outcomes	This research has found evidence of Children's Fund work with children and families which was highly valued and which resulted in perceived positive outcomes for children and their families. This highlights several key lessons for practitioners and policy-makers for the future development of preventative services:
	• Services tailored to individual support needs are key to preventative practice, particularly fast responses and early intervention to prevent problems becoming more serious;
	• Family-oriented approaches that worked holistically to respond to parents' emotional and practical support needs were valued by parents and seemed to have a greater impact on disrupting children's pathways towards exclusion than simply working with children on an individual basis. Preventative services need to be responsive to the emotional and practical support needs of parents/carers and other family members, address ongoing risks at the level of the family and signpost to other sources of support parents/carers.
	• Trusting relations with project workers sustained over time were valued by children and parents.
	• Coordinated multi-agency responses helped to build a holistic package of support. This required practitioners to have a good knowledge of local resources and expertise available.
	• Services should aim to support families for as long as they feel they need it. This enablers better response to children's and families' changing needs over time and pathways towards greater inclusion to be sustained.
	The experience of the Children's Fund suggests that working on with the child/family through relatively short-term single service interventions has limited its potential to support children's changing needs over time and to tackle wider dimensions of social exclusion that children and families may face.
Reference	Pinnock, K and Evans, R, 2008 'Developing Responsive Preventative Practices: Key Messages from Children's and Families' Experiences of the Children's Fund' *Children and Society,* vol. 22, pp. 86-98.

Homelessness

Title	Young Australians – Their Health and Wellbeing 2011
Year	2011
Theme	• Homelessness • Young People • Indigenous homelessness
Cohort	• Young people aged 12-24
Country	Australia
Evidence	• Systematic review
Strategy / intervention	• Review of data arising from the 'Counting the Homeless project' and the 'Supported Accommodation Assistance Program National Data Collection.'
Research design	• Use of the following data sources, 'Counting the Homeless project' and the 'Supported Accommodation Assistance Program National Data Collection' as the primary data source
Outcomes	Homeless young people have high levels of mental health problems, are at risk of poor nutrition, health problems, assault and social isolation. Furthermore, the instability of social housing makes it difficult to access education, employment, health care and social services. Young people who experience homelessness are more likely to be homeless in adulthood, have an increased risk of long-term poverty, unemployment, poor health and other forms of disadvantage including social exclusion. Reducing homelessness is one of the Australian Government's priorities as part of the Social Inclusion Agenda. Obtaining an accurate count of the homeless population is difficult as some people move in/out of homelessness and may never be counted in official statistics. Two main sources of data in Australia are: the Counting the Homeless project and the Supported Accommodation Assistance Program National Data Collection. On Census night, the SAAP data collection recorded 32,400 young people aged 12-24 that were homeless. Adolescents aged 12-18 years were the largest age group in the homeless population. The SAAP data collection excludes those who did not approach or were turned away from a SAAP service sand includes some people who were 'at risk' of homelessness but not actually homeless at the time support was initially provided. The most common reasons for seeking SAAP assistance was interpersonal relationship problems such as family breakdown, domestic violence and accommodation problems. Counting the Homeless project found that Indigenous Australians were over-represented amongst the Indigenous population. In 2006, 9% of the homeless population were Indigenous yet only 2% of the general population were Indigenous. The rate of Indigenous SAAP clients aged 12-24 was 6 times that for other young Australians. Around 19% of SAAP clients were Indigenous.
Reference	Australian Institute of Health and Welfare 2011, *Young Australians – Their Health and Wellbeing 2011,* Cat. No. PHE 140, Australians Institute of Health and Welfare, Canberra

Title	Specialist Homelessness Services Collection: first results (September quarter)
Year	2011
Theme	• Homelessness
Cohort	• Clients who seek assistance from specialist homelessness agencies and the services they receive. • Indigenous clients • Children • Clients escaping violence and family violence • Clients recorded as experiencing primary homelessness before their support period • Clients in care or custodial settings at the time of presenting to the homelessness agency
Country	Australia
Evidence	• Analysis of primary data
Strategy / intervention	Reports over data from the new Specialist Homelessness Services Collection which began on 1 July 2011 and the assistance that homeless people receive.
Research design	SHSC data are collected by specialist homelessness agencies every month. Data are collected about the characteristics and circumstances of a client when they first present at an agency, and further data—on the assistance the client receives and the client's circumstances at the end of the month—are collected at the end of every month in which the client receives services, and at the end of the support period.
	Data are collected via a number of client management systems and submitted to the AIHW via the Specialist Homelessness Online Reporting (SHOR) web portal. Over 80% of homelessness agencies that participate in the collection use the Specialist Homelessness Information Platform (SHIP). This client management system is provided by the AIHW on behalf of all states and territories except South Australia where all agencies use the Homelessness 2 Home (H2H) system.
	Ninety-three per cent of participating agencies returned support period data for at least one month in the September quarter 2011. This high level of participation is important to ensure that the data collected accurately reflects the support provided to clients. It compares favourably with the SAAP NDC agency participation rate, which was 90% in 2010–11 and 92% on average between 2001–02 and 2010–11.
	The introduction of the new collection has affected the completeness of information provided, as agencies needed time to adjust to the new collection requirements and systems for collecting and reporting data.
	Not all agencies have submitted data for all months, and many records have some data missing.
Outcomes	In the quarter (July-September), an estimated 91,627 clients were assisted by specialist homelessness agencies—59% were female and 41% male. Eighteen per cent of clients were aged under 10; and half of all clients (50%) were aged under 25.
	Aboriginal and Torres Strait Islander people were significantly over-represented among SHSC clients—19% of clients were of Indigenous origin.
	In 31% of support periods, clients had lived in short-term or emergency accommodation in the month before presenting for support, and 19% had 'slept rough'.
	Most clients presented to specialist homelessness agencies alone (66%), but more than one-third presented with children or were themselves children.
	Domestic and family violence was the most common main reason for seeking assistance (26%). This was the most common main reason reported by females (36% of female

	clients), but for male clients it was 'housing crisis' (18% of male clients).
	The most commonly identified service need for clients was for 'advice/information' (72% of all support periods), followed by 'other basic assistance' (51%) and 'advocacy/liaison on behalf of client' (42%).
	Based on closed support periods, some modest improvements over the quarter were evident for clients as a whole in relation to their housing situations:
	• Before and at the end of support, most clients were living in a house, townhouse, or flat (65% at the beginning of support; 66% at the end of support).
	• There was a small decrease in clients who had no dwelling, were living in a motor car or in an improvised dwelling (10% at the beginning of support; 7% at the end of support).
	• Before and at the end of support, the most common type of tenure for clients was renting in private housing (20% both at the beginning and at the end of support).
	• There was an increase in the proportion of clients renting in social housing (14% at the beginning of support; 17% at the end of support).
Reference	Australian Institute of Health and Welfare 2011, *Specialist Homelessness Services Collection: first results (September quarter),* Cat. No. HOU 262, Australians Institute of Health and Welfare, Canberra

Title	Literature review: Effective Interventions for working with young people who are homeless or at risk of homelessness
Year	2012
Theme	• Youth • Homelessness
Cohort	• Young people, or children who are homeless or at risk of homelessness
Country	Australia
Evidence	• Systematic review
Strategy / intervention	The purpose of the literature review is to assess the current state of evidence about what interventions are most effective in working with young people who are homeless or at risk of homelessness. The review was produced to inform a broader project that identifies the range of interventions and strategies that are applied by Reconnect services.
Research design	The review is guided by the research question, 'what are effective intervention strategies for working with young people who are homeless or at risk of homelessness?' An electronic literature review of international and Australian research was conducted using government websites, Google scholar, clearing houses, e-journals and databases and defined search terms. Due to the limited availability of evidence-based program evaluations that assess the efficacy of different service models or the strengths and weaknesses of different approaches, the evidence drawn varies in methodological approach. The literature review was constrained by the low number of high quality studies that addressed responses to youth homelessness. In the Australian context, the number of studies is even smaller. Most studies come from North America (US) and the United Kingdom (UK). The review found that there are significant gaps in the evidence about specific groups who experience homelessness in Australia, including Indigenous people and newly arrived young people. The complex nature of youth homelessness, together with the variety of outcome

	measures and research methodologies employed, makes it difficult to assert confidently that an intervention that has been demonstrated to be effective with one population group in one setting will be effective with another group of people in another setting.
Outcomes	Literature concerning young people has overwhelmingly focussed on the reasons, causes and factors associated behind homelessness. There is sparse literature regarding systematic analysis of interventions and responses to youth homelessness. The general lack of rigorous evaluations is, in part, due to the transient nature of the population group and the difficulty in developing precision-based outcomes.
	A strict hierarchy of evidence based on randomised controlled trials, as the gold standard, leaves the youth sector and many other social programs areas little research to guide practice. Evidence of impact and outcomes of interventions with homeless young people is limited.
	Significant gaps in research include; interventions with young people from ATSI backgrounds at risk of homelessness and newly arrived young people (refugees).
	The literature review identified several common elements to effective work with young people experiencing risks related to homelessness and their families.
	• Relationships – between worker and service user
	• Collaboration – between service users, families, other support networks, workers and other service providers.
	• Strengths based approaches – build young people's capacity to address risk factors by 'focussing on the strengths already possessed by the client and those found within their environment.'
	• Participation and inclusion – interventions need to recognise young people's agency, choice and self-directive capacities and therefore need to start with what the young person believes to be important. This enables services to engage young people more effectively.
	• Individually responsive and flexible – young people at risk of homelessness are not a homogenous group for whom one type of intervention will fit all. Case management approaches which work are predicated on individualised assessments, goal setting and planning.
	• Capacity Building – development of young people's skills and knowledge to negotiate life transitions and facilitate young people to adapt successfully to change.
	• Continuity of care – flexible services that enable young people who need support do not slip through the net.
	• Sustainability – ability to provide long term support to young people into their twenties by creating local services that are well planned and strategically driven to meet local needs and conditions.
Reference	Barker, J, Humphries, P, McArthur, M, and Thomson, L, 2012, 'Literature Review: Effective interventions for working with young people who are homeless or at risk of homelessness,' *Australian Government, Department of Families, Community Services and Indigenous Affairs,* Canberra

Title	Perspectives and experiences of homeless young people
Year	2005
Theme	• Homelessness • Young people

Cohort	• Young people aged 15-23 years
Country	US
Evidence	• Service user experiences
Strategy / intervention	The aim of the study was to describe the experiences of homeless young people as participants in research, including their perspectives and advice on how to handle ethical challenges posed by such research.
Research design	Individual interviews with 30 street and clinic-based homeless young people aged 15–23 years and two focus groups with a total of 13 additional homeless young people were conducted in a large West-coast city in the United States of America. The study took place between January and June 2003. Interviews and focus groups were tape-recorded, transcribed, preliminarily coded, with final coding crosschecked and verified with a second researcher.
Outcomes	The majority of young people reported positive experiences as research participants in the past. None reported coercive research experiences; however, many stated that they would have liked more information about how the data they provided would be used by the researchers. All participants reported that it was important to be provided with research incentives, and thought that small monetary or pre-paid phone cards were appropriate incentives. They did express concerns that larger research incentives could be coercive and harmful for some homeless young people.

Researchers working with homeless young people should seek greater input from them on the overall design of the study, especially concerning the appropriate use of research incentives. |
| Reference | Ensig, J.B, 2005, 'Perspectives and experiences of homeless young people,' *Journal of Advanced Nursing, Vol.*54, No.6, pp.647-652. |

Title	'I'm looking at the future', Evaluation Report of Reconnect, Final Report
Year	2003
Theme	• Homelessness prevention
• Youth
Cohort	• Young people (aged 12 to 18 years) who are homeless or at risk of homelessness.
Country	Australia
Evidence	Longitudinal study
Strategy / intervention	Reconnect has been in operation since 1999 as a national early intervention program aimed at reducing youth homelessness. An Australian Government initiative, it seeks to reconnect young people (aged 12 to 18 years) who are homeless or at risk of homelessness, with their families, education, employment and community.

Reconnect services work with young people and their families in flexible and holistic ways. The Reconnect service delivery model includes: a focus on responding quickly when a young person or family is referred; a 'toolbox' of approaches that include counselling, mediation and practical support; and collaboration with other service providers. As well as providing assistance to individual young people and their families, |

	Reconnect services also provide group programs, undertake community development projects and work with other agencies to increase the broader service system's capacity to intervene early in youth homelessness.
	There are now 98 Reconnect services located in disadvantaged communities throughout Australia. By 30 June 2003 these services had provided free assistance to approximately 16,000 young people and their families. An additional 10,000 young people had participated in group programs offered by the services.
	The Reconnect evaluation was designed to provide insight into:
	• the outcomes for young people and families using the program and the extent to which outcomes are sustained over time;
	• the extent to which Reconnect has contributed to an improvement in community capacity for early intervention in youth homelessness;
	• the effectiveness of strategies used by Reconnect services in working with young people, families and communities; and
	• the effectiveness of the program's management.
Research design	Principal sources of data for the evaluation were: two longitudinal studies that investigated respectively client outcomes and community capacity-building outcomes; program data on young people using Reconnect services; assessments of the effectiveness of individual Reconnect services; a report on 'good practice' emerging from the program; and two case-study reports which examined the way six Reconnect services worked collaboratively with other service providers. Of these sources, the two most significant were the Longitudinal Survey of Reconnect Clients and the Reconnect Administrative Data (RAD).
	The Longitudinal Survey of Reconnect Clients surveyed young people and parents entering and exiting Reconnect services over a four-month period in 2001 and surveyed them again 10 months later. The respondents to the study were closely representative of the total Reconnect client population.
Outcomes	The principal finding of the evaluation was that Reconnect intervention resulted in significant positive outcomes for young people and families. Specifically, Reconnect has been notably successful in improving stability in young people's living situations. Reconnect intervention has a major effect in achieving family reconciliation by increasing the capacity of families to manage conflict and to improve communication.
Reference	Australian Government, Department of Family and Community Services 2003, *I'm looking at the future' Evaluation Report of Reconnect*, Australian Government, Department of Family and Community Services, Canberra.

Title	Household Organisational Management Expenses Advice Program Evaluation Report 2007
Year	2007
Theme	• Youth • Homelessness

Cohort	• Families at risk of homelessness particularly:
	  - Female headed sole parent families with at least two children
	  - Aboriginal and Torres Strait Islander families
	  - Families from non-English speaking backgrounds

Country	Australia

Evidence	• Qualitative study
Strategy / intervention	The HOME Advice Program is an innovative government initiative of 'early intervention' and prevention of homelessness between government and the community sector and as a highly effective intervention to support Australian families in need. The precursor to HOME Advice was the Family Homelessness Prevention Pilot (FHPP) and in 2004, on the basis of positive evaluation findings, the pilot program was developed into a more established, albeit small program – HOME Advice.
	It is a highly flexible early intervention program with the capacity to respond to the broad range of issues which may contribute to a family's housing instability. The program uses a holistic, strengths based, family centred practice approach to provide support to the whole family unit including parents, children and other household members.
	A unique component of the program is its capacity to respond quickly and effectively to a family's income support issues through a dedicated Centrelink HOME Advice social worker specifically designated to work with the program and its client families.
	In the three years 1 July 2004 to 30 June 2007, the HOME Advice Program has assisted 1,636 families (an average of 545 per year) or 2,303 adults and 3,438 children (counted up to 30 June 2007).
Research design	The evaluation was required to examine and measure the effectiveness as well as issues of cost-efficiency and cost effectiveness for the program. Extensive fieldwork at the eight sites gathered a large database of first hand qualitative information from workers and sometimes client families. All these discussions were fully transcribed for analysis. Family case studies were obtained to provide detail on the experiences of working with different families. Program documents were sourced and the evaluation team took charge of processing the client and casual client data forms. This data formed the base quantitative data for the evaluation. However, a follow-up survey of clients in 2005 was done to find out how sustainable the program outcomes were in the 12 months or so after the end of support
Outcomes	<u>Effectiveness</u>:
	• 86 percent of families remained in adequate housing or improved their housing situation (one of the Program's core objectives).
	• The key measure of effectiveness was housing stability and whether it was sustainable. The results from the follow up survey measured the outcomes for families 6-12 months after they exit the program. The survey found that 72 per cent of families did not experiences homelessness after receiving support.
	• There was no significant difference in outcomes for Indigenous families with with non-Indigenous families at the end of the support period.
	<u>Efficiency</u>:
	• Cost per client family for HOME Advice Program averaged $3,079. This compares favourably with the Western Australian Supported Housing Assistance Program (average of $3,300) where the level of support provided was more limited.
	• The average cost of supporting people via HOME is lower than through the Supported Accommodation Assistance Program (SAAP) where average cost was $3,130.
	• Providing assistance to prevent homelessness has a range of benefits for clients and for society. The alternative to an early intervention program is that a significant percentage of families at risk of homelessness become homeless and clients of SAAP. Homelessness has a significant and lasting impact on families, the educational achievement of children and family members' long-term and life-time earnings.
	• Families make up some 30 per cent of SAAP support periods over a year, and the families in SAAP come with 54,700 accompanying children (SAAP NDCA Annual Report 2005–2006).
	• Quantifiable benefits of the program largely relate to keeping children at school to

	achieve better life outcomes and keeping families in their homes.
Reference	MacKenzie, Desmond, K, and Steen, A, *Household Organisational management Expenses Advice Program Evaluation Report*, Department of Families, Community Services and Indigenous Affairs, 2007

Title	Family Homelessness Prevention Pilot, Final Evaluation Report
Year	2005
Theme	• Homelessness
Cohort	• Families at risk of homelessness; A&TSI families, families under financial stress and families experiencing violence.
Country	Australia
Evidence	• Qualitative study
Strategy / intervention	The FHPP was established under the 2001 Australian Government budget as an early intervention initiative to develop approaches to reduce family homelessness. The program was piloted in eight sites (one in each state and territory) over a two-year period from July 2002 to June 2004. The sites operated on a service partnership model, with Centrelink and community service providers funded to work collaboratively. As a result of the interim evaluation report, which indicated the early success of the pilot, the Australian Government announced continued funding of the program in the May 2004 Budget. The program, now named the Household Organisational Management Expenses (HOME) Advice Program, has continued to fund the eight pilot sites. For the families it helped, the FHPP aimed to: • establish stable family circumstances so that families' economic, housing, health and social participation improved • develop families' capabilities by strengthening family relationships and increasing their support networks. The program also aimed to improve the broader service system for families by: • developing innovative and collaborative partnerships between agencies so that families could be helped more effectively; and • developing strategies to identify families at risk of homeless and to engage them more effectively. Features of the service model include: • focus on families with young children • focus on early intervention in homelessness • flexible, client-centred interventions including practical support • commitment to collaborative approaches to helping families • use of action research by each of the pilot sites
Research design	The evaluation used three main data sources: • an ongoing FHPP Database (the FHPP DB). Designed by RPR in consultation with community providers, this is a collection of data on client circumstances, service delivery and client outcomes, recorded by community providers on paper forms and centrally processed and managed by FaCS.

	• a before and after client survey to measure changes in client circumstances at the conclusion of intervention. Staff of the pilot sites administered the client survey when clients gave consent for their involvement. • qualitative review of program processes, including: documenting good practice approaches emerging at the pilot sites; eliciting clients' and other service providers' views on the program; documenting issues arising from the partnership approach between Centrelink and the community providers; studying the learnings that grew from action research at each of the pilot sites; and documenting program support provided to the sites and other program management issues.
Outcomes	The pilot successfully reached family groups that had been previously identified as vulnerable to homelessness. The evaluation found evidence of significant improvement in the housing and financial circumstances of these families. Families left FHPP services with greater capacity to sustain stability in housing: • a reduction in the number of families paying a high proportion of their household income on housing (43% of families spent more than 30% of their income on housing prior to support, as opposed to 34% after support) • an increase in the expectation of future stable housing (74% of families expecting their housing to last one year or more at the end of support) • overall debt reduction for the majority of families (21% had debt wiped out and 37% had it reduced) • an increase in the number of families who had buffer funds available in case of emergency (only 4% had such funds before support, compared to 18% after support). While many families remained vulnerable after support (because of dependence on income support and reliance on the private rental market), their situations had been stabilised, providing much-needed breathing space from daily stressors. Stabilisation gives families an opportunity to address underlying issues that may contribute to housing vulnerability. Some gains in employment and education participation were also identified, despite the number of young single mothers seen by the pilot services and the low educational levels of families overall. There was a 17 per cent positive change among families in relation to employment status. The pilot was effective in improving families' resilience to stress and sense of ability to direct their lives—this is a significant finding and indicates the success of the holistic and strengths-based approaches adopted in the FHPP model. While the pilot appears to have been unsuccessful in linking parents to programs designed to improve parenting skills, it is evident that overall improvements in families' lives helped family functioning. Most significant are the findings in relation to A&TSI families: not only was the FHPP successful in reaching and engaging A&TSI families, it also managed to effect real improvements that largely mirror those for non-A&TSI families. The evaluation identified factors that may account for these successful outcomes. Different approaches by the pilot sites seem to have contributed to specific improvements, particularly: identifying and reaching families at high risk of homelessness but not actually homeless; providing intensive support over a longer period; providing coordinated support by a number of agencies (in relation to improvements in labour-force participation); using brokerage funds to stabilise circumstances; engaging families in multiple ways to help build connections to other families, community and services.
Reference	RPR Consulting 2005, *Final Evaluation Report of the Family Homelessness Prevention Pilot,* RPR Consulting.

Title	HAPPI Evaluation Report An Evaluation of the Centacare Homeless and Parenting Program Initiative, South Australia
Year	2003
Theme	• Homelessness • Children • Families
Cohort	• Children aged 0-12 years who are homeless or at risk of homelessness
Country	Australia
Evidence	• Case studies and practice examples • Qualitative study • Service user experiences
Strategy / intervention	The Homeless and Parenting Program Initiative (HAPPI) grew out of the Commonwealth Government's Family and Children's Services Department's (FACS) long involvement with and concerns about the long-term outcomes for children living in homeless families. Recognising that homeless people are amongst the most marginalised people in Australia the Commonwealth Government made a commitment to the prevention and reduction of homelessness through a number of programs and initiatives. HAPPI is a mobile service in that it is able to continue to work with families if and when they relocate within the Adelaide metropolitan area. The program targets the well being of children aged 0 – 12 years and has an emphasis upon Indigenous families. With the objective of improving the outcomes for children by working with both them and their families the specific services include: • specialist counselling and support to families at risk of breakdown resulting from homelessness • parenting support and information to families consultation services to non-government agencies working with families in regard to parenting issues • training and education of non-government workers in parenting and child development • assistance in the delivery of appropriate services to Aboriginal families.
Research design	The methodology selected for the review of HAPPI includes: • Desk top research of HAPPI family files including both closed and ongoing cases • Program statistics and data • Semi-structured interviews with client families based on the client questionnaire included • Structured interviews with referring workers and agencies • Structured questionnaires completed by referring workers and agencies • Interviews with relevant Commonwealth and State Government Officers • Focus groups with HAPPI's Advisory Committee • Discussions with HAPPI staff • Literature review of local and international parenting programs.
Outcomes	The program is meeting a previously unmet need in service delivery in SA with the level of difficulty of the client families being very high with complex issues needing to be addressed with families experiencing psychiatric, intellectually disability, development

	delays, homelessness, drugs and alcohol, violence including domestic violence, offending and criminal behaviour, poverty and homelessness. A further factor is the loss of removal of children in a significant proportion of the families. The evaluation has brought together information about the program that presents an overview of many factors associated both within the program and in the context in which it delivers services. However, it raises as many questions as it answers and further and ongoing research into some of the specific aspects of the program, most importantly the child issues and concerns, would be of great value to both this program, policy makers and services to homeless children in other sectors and program areas. The concept of HAPPI is almost unanimously considered to be an excellent model and service by all those who were consulted during the evaluation. This was supported by limited, structured interviews with clients who appreciated having 'someone who listens and understands my problems and shows me how to do things differently'. Centacare reports that clients also appreciate having the continuity of a worker across the metropolitan area, regarded as rare in human service delivery. Centacare has proved to be an ideal auspice for the program providing strong support to workers and dealing with problems that arise quickly and collaboratively, thereby ensuring ongoing relationships with other service providers are supported.
Reference	Toucan Consulting SA Pty Ltd 2003, *HAPPI Evaluation Report – An Evaluation of the Centacare Homeless and Parenting Program Initiative*, viewed 20 May 2012 at <http://www.fahcsia.gov.au/sa/housing/pubs/homelessfamilies/happi/Pages/default.aspx>

Poverty

Title	The Effects of Poverty on Children
Year	1997
Theme	• Poverty
Cohort	• Children in Poverty
Country	USA
Evidence	• Systematic analysis of several longitudinal studies
Strategy / intervention	Hundreds of studies, books, and reports have examined the detrimental effects of poverty on the well-being of children. Many have been summarized in recent reports such as Wasting America's Future from the Children's Defense Fund and Alive and Well? from the National Center for Children in Poverty. However, while the literature on the effects of poverty on children is large, many studies lack the precision necessary to allow researchers to disentangle the effects on children of the array of factors associated with poverty. Understanding of these relationships is key to designing effective policies to ameliorate these problems for children. The article attempts to explore the relationship between poverty and child outcomes.
Research design	This article focuses on studies that used national longitudinal data sets to estimate the effects of family income on children's lives, independent of other family conditions that might be related to growing up in a low-income household. These studies attempt to isolate the effect of family income by taking into account, statistically, the effects of maternal age at the child's birth, maternal education, marital status, ethnicity, and other factors on child outcomes. Many used data on family income over several years and at different stages of development to estimate the differential effects of the timing and

	duration of poverty on child outcomes. The data sets analysed include the Panel Study of Income Dynamics (PSID), the National Longitudinal Survey of Youth (NLSY) , Children of the NLSY (the follow-up of the children born to the women in the original NLSY cohort), the National Survey of Families and Households (NSFH), the National Health and Nutrition Examination Survey (NHANES), and the Infant Health and Development Program (IHDP). These rich data sets include multiple measures of child outcomes and family and child characteristics.
Outcomes	By and large, this research supports the conclusion that family income has selective but, in some instances, quite substantial effects on child and adolescent well-being. Family income appears to be more strongly related to children's ability and achievement than to their emotional outcomes. Children who live in extreme poverty or who live below the poverty line for multiple years appear, all other things being equal, to suffer the worst outcomes. The timing of poverty also seems to be important for certain child outcomes. Children who experience poverty during their preschool and early school years have lower rates of school completion than children and adolescents who experience poverty only in later years. Although more research is needed on the significance of the timing of poverty on child outcomes, findings to date suggest that interventions during early childhood may be most important in reducing poverty's impact on children.
Reference	Brooks-Gunn, J, and Duncan, G, 1997, 'The Effects of Poverty on Children' *The Future of Children, Children and Poverty,* vol. 7, no.2

Title	Preventing Child Poverty: Barriers and Solutions
Year	2010
Theme	• Poverty • Deprivation • Poor health
Cohort	• Young children
Country	New Zealand
Evidence	• Systematic review
Strategy / intervention	Childhood poverty is associated with a range of negative health, social and psychological outcomes, all of which can place a considerable burden on the individuals, their families and their communities. Differences in child poverty rates between developed nations are determined largely by government policy. However, public attitudes towards the poor particularly beneficiaries, can be a barrier to changing government policy. Research and practice psychologists therefore have an important role to play in influencing public attitudes towards poverty and shaping policy through active engagement in the policy making process.
Research design	Systematic review of available literature.
Outcomes	Solutions: • Measures to increase family income will be most effective in improving child outcomes if they are targeted to the poorest families, very early in the life of the child. This is a critical period of brain development when a child's immediate social environment has a fundamental impact on development. Investing early in the lifecycle will help enable people to reach their full potential, increasing the rate of

	return on the government's investment.
	• Effective early childhood interventions can substantially enrich children's social attachment, social skills and motification to engage constructively.
	• The unequal distribution of poverty between neighbourhoods makes it harder for families and services in deprived areas to ensure children's wellbeing. Improving access to good transport, quality health housing, affordable quality childcare, adequate nutrition and health services will help enable these children to have their needs met.
	Psychologists, including clinical, forensic, developmental and educational psychologists have important roles to play in promoting the impact that child poverty has on their development and on wider society. This may assist to put genuine strategies to child poverty on the political agenda, and thereby deal with a root cause of some social problems. The costs to reduce child poverty may well be high in the short-term, the costs of inaction are likely higher.
Reference	Davies E, Crothers C, and Hanna K, 'Preventing Child Poverty: Barriers and Solutions,' *New Zealand Journal of Psychology,* Vol. 39, No. 2, 2010.

Title	Financial Disadvantage and Children's School Readiness
Year	The year of publication
Theme	• Social disadvantage • Transitions.
Cohort	• Children and young people aged 4 to 5 years in disadvantaged communities
Country	Various – mainly United States of America and United Kingdom.
Evidence	• Longitudinal Study / Expert opinion
Strategy / intervention	Children vary in their "readiness" for the transition to school, with marked differences visible in their cognitive and social/emotional skills when they enter school. There is significant evidence that a good transition to school is predictive of later outcomes; children who are less "ready" are less likely to excel academically, and are more likely to have behavioural and emotional problems, be retained in a grade or drop out of school Such children are also more likely to become teenage parents, engage in criminal activities and have poorer employment records. School readiness encompasses not only the children themselves, but also their school, family and community. This article specifically examines the relationship between low income (as representative of financial disadvantage) and the cognitive and learning components of children' school readiness. It is largely based on findings from a recent report commissioned by the Smith Family and undertaken by the Australian Institute of Family Studies and Professor Ann Sanson which addresses social/ emotional elements of school readiness in addition to cognitive and learning aspects. .
Research design	The paper initially provides a summary of the research literature and describes two theoretical models that seek to explain why financial disadvantage is related to school readiness. Then, using data available from an Australian study '*Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC)*' the only comprehensive, contemporary large-scale longitudinal study examining Australian children's cognitive, socio-emotional and physical development over the important transition period into school that has also collected extensive data on children's home, child care, preschool and school experiences.

	Using this data, this paper undertakes an analysis to examine the factors that contribute to the school readiness of Australian children, including those living in financial disadvantage, with a particular focus on any association between low income and the cognitive and learning components of children's school readiness at 4–5 years. The extent to which low income is an independent risk factor for low school readiness net of other child, parental and community factors is then examined.
	An initial analysis of financial disadvantage and children's school outcomes investigated whether there was a relationship between family financial disadvantage and school readiness.
	A further multi-variate analysis took into account the effect of other risk or protective factors that might influence children's school readiness or the links between family financial disadvantage and school readiness. These factors include child characteristics, parental characteristics, parenting style, family educational climate, neighbourhood characteristics, socio-economic disadvantage and children's child care.
Outcomes	There is evidence of a consistent association between financial disadvantage and cognitive and learning components of children's school readiness at 4–5 years of age. However, when other child, parental and community factors are included, there is no clear evidence to suggest that financial disadvantage is a strong independent risk factor.
	Children in financially disadvantaged situations may be exposed to a greater number of risks and this may contribute—in addition to the effects of individual risk factors—to the propensity to have lower school readiness among financially disadvantaged children. For example, in the financially disadvantaged group of children only, maternal employment was associated with better performance for both pre-literacy/ pre-numeracy skills and language skills. Similarly, within financially disadvantaged families the father was more often absent or not employed; mothers were more often not employed, more likely to have incomplete secondary education and more likely to be relatively young; parents were more likely to exhibit low levels of parental warmth and consistency, and to read to their child less often; and children had fewer books and watched more television.
	Thus, the same child, family and community factors affect school readiness in children from both financially disadvantaged and non-disadvantaged families, but that these factors tend to be more common in the financially disadvantaged group.
	The authors recommended that intervention efforts focus on risk factors that are strongly related to school readiness, irrespective of a family's financial status. Because of the higher prevalence of these factors in the financially disadvantaged group, interventions targeting these variables would apply particularly, but not exclusively, to that group.
	Promising strategies for improving school readiness among disadvantaged children that address a number of the risk factors identified in this paper, such as parenting, educational stimulation and neighbourhood disadvantage include
	• multimodal programs that combine high-quality early education (cognitively stimulating curriculum) and attention to health, nutrition, parenting and family support services are the most in the US.
	• The Smith Family's Families Learning Together model, an Australian model which combines the education and care of children, the enhancement of parents' education and parenting skills, and health care. Families Learning Together integrates four streams of learning within a single cohesive learning system for parents and their children by providing: early education and development for children; parenting education for adults; parent and child together time; and adult education for parents,
	• the Australian Pathways to Prevention program which promotes child language and social development in a highly deprived community, and has been found to improve language, cognitive school readiness, and many aspects of children's behaviour.
Reference	Edwards, B, Baxter, J, Smart, D, Sanson, A & Hayes, A 2009, 'Financial Disadvantage and Children's School Readiness' *Family Matters, Australian Institute of Family Studies,* vol. 83, pp. 23-33.

Title	A longitudinal view of children living in disadvantaged neighbourhoods
Year	2011
Theme	• Children in disadvantaged neighbourhoods
Cohort	• Children born from March 2003-February 2004 • Children born from March 1999 to February 2000
Country	Australia
Evidence	• Longitudinal study
Strategy / intervention	In Australia there is increasing interest in area based initiatives to address locational disadvantage for families and communities. This is driven by the Government's Social Inclusion Agenda, an increase in income inequality in neighbourhoods and findings that neighbourhood socio-economic disadvantage is correlated to worse outcomes for children and youth.
Research design	*Growing Up in Australia* is the first nationally representative longitudinal study of child development. The purpose of the study is to provide data that enable a comprehensive understanding of children's development. The study has an accelerated cross-sequential design with two cohorts of children: • Baby cohort (aged 0-1 years at beginning of study) that were born from March 2003-February 2004 • Kindergarten cohort (aged 4-5 years at the beginning of the study) that were born March 1999 to February 2000. First wave of data collection was in 2004 with subsequent main waves every two years. The LSAC used multiple respondents to provide a richer picture of children's lives and development as well as to reduce risk of bias. A variety of data collection methods have been used including face to face interviews; self-complete questionnaires; physical measurements of the child; time use diaries; computer-assisted telephone interviews; and linked administrative data. Of 18,800 families selected to participate in the study, 54% of families agreed to take part. This resulted in a nationally representative sample of 5,107 0-1 year olds and 4,983 4-5 year olds who were Australian citizens or permanent residents. This chapter uses LSAC data to examine data over experiences of children and families who live in disadvantaged neighbourhoods. Uses the Index of Advantage/Disadvantage of Socio-Economic Indexes for Areas (SEIFA) which is a weighted average of a composite of 31 variables to identify and rank disadvantaged neighbourhoods.
Outcomes	The quality of neighbourhood resources and services may be poorer in more disadvantaged areas. High rates of joblessness and residential mobility also characterise many disadvantaged neighbourhoods which impact social capital. Crime rates are generally higher and ratings of neighbourhood safety are generally lower in more disadvantaged neighbourhoods. Prolonged as opposed to transitory exposure to living in disadvantaged neighbourhoods may have more detrimental effects on children's development. Data shows that young children and their families were transitioning out of living in a disadvantaged neighbourhood at higher rates in the first three years of children's lives than when they were 8-9 years old. Neighbourhood mobility declined with age.
Reference	Edwards B, 'A longitudinal view of children living in disadvantaged neighbourhoods,' *LSAC Annual Statistical Report 2010,* Chapter 9, Australian Institute of Family Studies,

	Melbourne.

Title	Poverty transitions among families supporting a child with intellectual disability
Year	2010
Theme	• Poverty • Disability
Cohort	• Children and young people with intellectual disability
Country	United Kingdom.
Evidence	• Longitudinal study
Strategy / intervention	Exposure during childhood to poverty, and associated social and material hardship, has detrimental effects on multiple aspects of children's development and on the life opportunities, health and well-being, and life expectancy of these children in their adult years. Extensive evidence that children with disability, including children with intellectual disability, are significantly more likely to grow up in poverty than their typically developing peers. This means they are more likely to live under conditions that have been shown to impede development, educational attainment and adjustment, and increase the risk of poor health, additional impairment, and social exclusion (see above). The aim of the paper was to identify events that are associated with transitions into and out poverty and material hardship among three groups of families: • (a) families supporting a child with intellectual disability, • (b) families supporting a child with other types of disability, and • (c) families supporting a child with no disability. Specifically, the research sought to answer four questions: • (1) What proportion of short-term transitions into and out of poverty is associated with potential trigger events (e.g., entry into or exit from employment)? • (2) Does this proportion vary across the three types of families investigated? • (3) What is the strength of the association between the occurrence of specific potential trigger events and short-term poverty transitions? • (4) Does the strength of the association vary across the three types of families investigated?
Research design	The study was based on a secondary descriptive analysis of short-term longitudinal data collected in Waves 3–7 (2001–2005) of the Families and Children Study (Families with children in Britain: Findings from the 2005 Families and Children Study (FACS) Department for Work and Pensions Research). The data used contains a wide array of variables relating to income poverty and other indicators of socioeconomic deprivation Children were identified as having a disability if the informant replied in the affirmative to either of the following two questions: • (a) "Does [name of child] have any long-standing illness or disability? By longstanding I mean anything that has troubled [name of child] over a period of time or that is likely to affect [child's name] over a period of time?"; • (b) "Has [name of child] been identified at school as having a Special Educational Need (SEN)?". In addition, the informant had to reply in the affirmative to either of the following two

	questions related to impact:
	• (a) ''Do/Does/Will this problem/any of these problems affect [name of child]'s ability to attend school or college regularly?'' or
	• (b) ''Do/Does/Will this problem/any of these problems cause you to spend more time caring for [name of child] compared with a fully-fit child of similar age?
	Two indicators related to poverty were used:
	• Income poverty (based on equivalised household income), and
	• hardship (based on access to assets and resources).
Outcomes	When compared to families not supporting a child with disability, families supporting a child with intellectual disability or other disability were found to be significantly more likely to be living in income poverty and hardship.
	When initial poverty status was taken into account, families supporting a child with intellectual disability were significantly more likely to have transitioned into hardship and significantly less likely to have transitioned out of hardship 12 months later.
	Similarly, families supporting a child with other disability were significantly more likely to have transitioned into income poverty and hardship, and significantly less likely to have transitioned out of income poverty.
	Consequently, the association between poverty and child disability represents a major challenge to social policies that seek to improve the life chances of, and address the disadvantage and discrimination faced by, people with disability.
	They also suggest that the observed socioeconomic gradients in the prevalence of intellectual disability in childhood are not the result of the indirect costs of supporting a child with intellectual disability.
	The authors suggest that strengthening human and social capital available to these families may improve the chances of such families escaping from poverty (and reducing their chances of becoming poor). This may require, for example, a strengthened commitment to such issues as ensuring that sustainable high quality child care is available for all children with disability, and that benefit regulation ensures that the availability of child care actively supports opportunities for the parents of children with disability to enter employment and the introduction of health checks for family carers.
	Future research in this area could include (a) the identification of specific subgroups of children and families with different poverty trajectories, (b) the replication of these methods using data over longer periods of time and with larger samples and further investigation of child and family characteristics associated with variations in poverty transitions.
	Such research would have the potential to better inform public policy in this area.
Reference	Emerson, E, Shahtahmasebi, S, Lancaster, G & Berridge, D 2010, 'Poverty transitions among families supporting a child with intellectual disability', Journal of Intellectual & Developmental Disability, vol. 35, no. 4, pp. 224–234.

Title	Children in Poverty – Can public policy alleviate the consequences?
Year	2010
Theme	• Alleviation of poverty
Cohort	• Children and young people in poverty

Country	US
Evidence	• Systematic review
Strategy / intervention	The articles considers what is meant by poverty and assumptions about causes of poverty. It then discusses current knowledge about early childhood interventions and employed based incentives for parents as examples of well documented, evidenced based policies designed to reduce poverty or its effects. The author also considers the implications of theories of change for future policies as well as future directions in research.
Research design	Literature review
Outcomes	Research has found that the environments experienced by children in poverty affect their early developmental progress but also has last impact on intellectual development. Summarising the body of research investigating the effects of pre-school interventions the author summaries that carefully designed intensive interventions can produce improvements in school achievement and social behaviour. Early interventions do not solve many of the problems associated with poverty but they do eliminate some of its effects on children's intellectual behaviour and health problems. Another strategy to addressing poverty is to increase parents' employment. Overall, the experiments that tested policies requiring employment, even without additional income or centre-based care, showed very few deleterious effects on children. The worst fears of the those opposed to this approach were not realised, though we should be concerned that the policies did nothing to improve poor children's wellbeing. At same time, these experiments demonstrated that employment-based policies can improve children's lives if the family moves out of poverty, children have good child care and opportunities for structured out-of-school activities, the mother has time to arrange for the changes in family responsibilities when she starts work, and case workers provide respectful support.
Reference	Huston, AC 2010, *Children in Poverty – Can public policy alleviate the consequences?* Keynote addressed presented at the Australian Institute of Family Studies Conference 8 July 2010.

Title	Joblessness, family relations and children's development'
Year	2009
Theme	• Social Disadvantage
Cohort	• Children and young people from disadvantaged communities
Country	Various
Evidence	Systematic review / Expert opinion
Strategy / intervention	Economic instability and job losses remain permanent features of the American and Australian economies. Job loss negatively affects families' economic security, adults' physical and mental health and marital relationships and increases the likelihood of divorce. Although understanding the mechanisms that link parental job loss to family and child wellbeing has been a central question in the social science literature for the past two decades, the nature of children's experiences in families with jobless workers is not fully

	understood. What is known suggests that job loss can have wider ranging negative impacts. This article presents a critical review and analysis of theoretical perspectives and empirical research on the impact of joblessness, gathered from the US and other countries. It proposes avenues for future research in this area together with suggestions for public policy intervention to help support jobless families and their children.
Research design	The article provides a detailed analysis of the current literature, including reviews, qualitative and quantitative studies, combined with the author's expert opinion. It examines the impact of joblessness with respect to gender and race/ ethnicity, mothers' versus fathers' joblessness, and different levels of wealth and economic resources.

Outcomes	The paper found that:
	
	• despite the rise in maternal employment, it is possible that mothers' involuntary job losses nevertheless do not have as great a negative impact on marital quality as do fathers' involuntary job losses,
	
	• there is increasing evidence that parental job loss adversely affects children's educational attainment,
	
	• the impact of joblessness appears to differ, not only across groups defined by race eg. young black workers in the US are more likely to suffer a job loss than are young white workers and that black families, at all levels of the socio-economic spectrum, have fewer economic resources,
	
	• the impact of joblessness appears to differ depending on levels of wealth and economic resources available with which to buffer the shock of job loss.
	
	This paper contributes to understanding of the magnitude of the impact of parental joblessness on children's development and the pathways through which these phenomena are linked.
	
	It proposes that better understanding could inform policy and programs such as:
	
	• programs aimed at mitigating the economic shock of job loss through direct financial assistance to families, such as unemployment insurance programs, or promotion of parents' job search skills, training for a new occupation, or education in effective money management.
	
	• prevention programs targeting facets of families' experience of economic hardship including:
	
	    o adolescents' worries about the family's economic situation and the impact that it might have on future options,
	
	    o children's concerns about parents' wellbeing and marital relationship, and
	
	    o heightened conflict among family members.
	
	It is suggested that these programs could include referrals or information regarding mental health services, or teaching parents and adolescents to share information about plans to reduce economic stress and to work together to develop constructive strategies to realise these plans. The author believes that policies that help increase families' economic security may also be important in helping pave the way for future generations to achieve socio-economic success
	
	The paper proposes that freater scientific energy needs to be devoted to understanding and solving the problems faced by jobless families.

Reference	Kalil, A 2009, 'Joblessness, family relations and children's development' *Family Matters, Australian Institute of Family Studies,* vol. 83, pp.15-22.

Title	Poverty, family resources and children's early educational attainment: the mediating role

	of parenting
Year	2006
Theme	- Poverty - Deprivation - Early childhood - Educational outcomes
Cohort	- Children aged from 9 months to five years. - Over-representation of families living in areas with high rates of child poverty or high proportions of ethnic minorities
Country	UK
Evidence	Longitudinal study
Strategy / intervention	This study uses longitudinal data from the UK Millennium Cohort Study to show the extent to which episodic and more persistent poverty in early childhood and the lack of other family resources disadvantage children at the start of their school careers in terms of whether they have achieved the target indicator of 'good level of achievement' on the Foundation Stage Profile. The article also assesses the extent to which positive parenting behaviours and attitudes relate to school performance. But the key aim is to assess the extent to which positive parenting mediates the effects of poverty and disadvantage.
Research design	The studies used data from the first three waves of the Millennium Cohort Study (MCS) focussing on children born in England as the outcome measure, which comes from the Foundation Stage Profile and is only available for children in English state schools. The first sweep of the MCS in England was carried out during 2001–2002 and includes information on 11,533 families and 11,695 children aged between 9 and 11 months. Children born between September 2000 and August 2001 were included, representing those who would begin attending primary school in 2005. The families were followed up when the child was aged three and five years with achieved response rates of 78 and 79% of the target sample, respectively. Detailed information on the sampling strategy and response rates for the surveys can be found in Hansen (2008). The sample design allowed for over-representation of families living in areas with high rates of child poverty or high proportions of ethnic minorities, which increased the power of the study to describe effects for these groups of families. The study is weighted to take account of the initial sampling design as well as non-response in the recruitment of the original sample and sample attrition over the follow up period to age five (Plewis, 2007; Ketente, 2008). The sample for the analysis reported in the paper includes 5462 children whose mothers were interviewed at the initial survey, for whom there was an educational assessment at age five and for whom information on family income was reported at each of the initial and follow up surveys. Only one child from twin or triplet births was included.
Outcomes	Children from poor families and those with lower levels of family resources are doing less well than their more advantaged peers in their first year of school as assessed by their performance on the Foundation Stage Profile. Research shows that persistent poverty was even more detrimental for children's attainment. Moreover, even those children whose families had moved out of poverty were not faring well. This may be due to these families having just moved above the poverty threshold but still experiencing relative hardship (see Berthoud et al. [2004] for a discussion of this issue) or that legacies of poverty continue to be influential. Children from poor families and those with lower levels of family resources who experienced more positive parenting were more likely to be doing well in school, and the differences were quite marked. It was also clear that more positive parenting matters at

	all levels of resources. Moreover, there was little evidence from analysis that quality of parenting had a more positive or negative effect depending on poverty experience or level of family resources.
Reference	Kiernana, K.E, and Mensah, F.K, 'Poverty, family resources and children's early educational attainment: the mediating role of parenting,' *British Educational Research Journal,* Vol. 37, No. 2, April 2011, pp. 317-336.

Title	Neighborhood Disadvantage: Pathways of Effects for Young Children
Year	2008
Theme	• Socio-economic Disadvantage
Cohort	• Children and young people aged 4 to 5 years from disadvantaged communities.
Country	Canada
Evidence	Longitudinal Study
Strategy / intervention	To date our knowledge about how neighborhood socioeconomic status (SES) effects are manifested on young children's development is limited.This study uses data from a national, longitudinal study of Canadian children to examine a theoretical model of the mechanisms through which the effects of neighborhood SES and conditions impact young children's verbal and behavioural outcomes
	It considers neighborhood (i.e., cohesion) family processes, namely, psychosocial factors (i.e., family functioning, maternal depression) and parenting behaviours (literacy activities in the home, consistent, and punitive parenting behaviors) and aimed to highlight processes which may serve as indirect pathways through which neighbourhood SES effects operate on young children's development.
	A comprehensive theoretical model is proposed, integrating social disorganization and familystress perspectives, in which it is hypothesized that associations between neighborhood structural disadvantage and young children's development would operate through both neighborhood and family processes.
Research design	The Canadian National Longitudinal Survey of Children and Youth (NLSCY) is a clustered probability sample of Canadian residential households of children from birth to 11 years, first conducted in 1994 – 1995, with follow-up surveys conducted every 2 years thereafter.
	This study focuses on data collected in the first three cycles of the survey (1994 – 1995, 1996 – 1997, 1998 – 1999). Excluded households were those in remote areas, on First Nations Peoples' reserves, and in institutional settings.
	In total, 15,579 households were selected to participate in the first wave of data collection. Responses were obtained from 13,439 participants, resulting in an overall response rate of 86.3%.
	The present study focuses on the families and neighborhoods of Canadian children aged 4 and 5 years (M age 5 5.05, SD 5 0.86) in Cycle 3 (1998 – 1999) who participated in the first three cycles of the NLSCY (N53,528)
	Respondents consisted of fewer teen mothers, fewer mothers with less than high school levels of education, fewer single mothers, and fewer poor families than the complete sample. Thus, the results likely underestimate the effects of neighborhood disadvantage because the most disadvantaged children were less likely to have complete longitudinal information inform our conceptual model.
	In analysing and interpreting the data, reference is made to two relevant bodies of literature; the first presents evidence concerning associations between neighborhood

	structural factors, social organization, and child development; and the second examines the influence of family socioeconomic hardship on family processes, such as parental mental health, family functioning, and parenting behaviours on children's development.
Outcomes	Integrating elements of social disorganization theory and family stress models, and results from structural equation models suggest that both neighborhood and family mechanisms played an important role in the transmission of neighborhood socioeconomic effects. Neighborhood disadvantage manifested its effect via lower neighborhood cohesion, which was associated with maternal depression and family dysfunction. These processes were, in turn, related to less consistent, less stimulating, and more punitive parenting behaviors, and ultimately, poorer child outcomes. This study contributes to the existing literature documenting the impact of neighbourhood disadvantage on young children as well as the applicability of the social disorganization and family stress models to begin to understand the mechanisms by which neighborhood disadvantage has an impact on young children's outcomes. Future studies, both qualitative and quantitative, need to explore such processes more carefully. The findings also suggest implications for public policy focused on promoting healthy development in young children, particularly those living in poor communities. Although programs are often targeted at individual children or families, these findings suggest that programs targeting the community will have benefits for not only community processes such as trust and cohesiveness but also the family, and the individual child. Children benefit from parents who are physically and emotionally healthy and live in safe neighborhoods where they trust their neighbors. These features are less typical in low-SES communities but no less important. The current findings add to a limited body of work addressing how neighborhoods influence young children's development.
Reference	Kohen, DE, Dahinten, S, Leventhal, T & McIntosh, CN 2008, 'Neighborhood Disadvantage: Pathways of Effects for Young Children', *Child Development*, vol. 79, no. 1, pp. 156-169.

Title	Policies to reduce child poverty: Child allowances versus tax exemptions for children
Year	2011
Theme	• Child allowances • Child poverty • Tax exemptions
Cohort	• Families with children in the United States
Country	Australia
Evidence	• Qualitative study • Expert opinion • Service user experiences • Practice evidence or knowledge.
Strategy / intervention	The paper discusses the regressive nature of tax exemptions for children compared to child allowances and estimates the decline in child poverty in several developed countries due to child allowances. The paper then estimates the decline in child poverty in the United States due to tax exemptions for children and simulates the impact of various possible child allowance programs on child poverty in the United States. It finds

	that a $3000 to $4000 child allowance would reduce child poverty in the United States to the level of other developed nations and, due to the costs associated with child poverty, be a cost effective policy change.
Research design	The paper looks at how the state can help reduce child poverty. It examines two policies that aid families with children. It then calculates the poverty reducing impact of both, and simulates the impact of possible child allowance programs on child poverty.
Outcomes	The study found that a $1,000 per child allowance, paid to each householder regardless of income or tax status, would reduce child poverty in the US slightly from 26.3% to 23.2% (the US would remain behind the rest of the developed world in terms of child poverty). A $4,000 allowances reduces child poverty to 14.8% (comparable with other developed nations). Results of the empirical study provide a strong argument that the US should follow the rest of the world an adopt a liberal child allowance program.
Reference	Pressman, S 2011, 'Policies to reduce child poverty: Child allowances versus tax exemptions for children,' *Journal of economic issues,* vol. XLV, no. 2, June 2011

Title	The Everyday Costs of Poverty in Childhood: A review of Qualitative Research Exploring the Lives and Experiences of Low-Income Children in the UK
Year	2011
Theme	• Disadvantage • Exclusion • Participation • Poverty
Cohort	Children in poverty, UK
Country	UK
Evidence	• Qualitative study • Service user experiences
Strategy / intervention	The Child Poverty Unit (CPU) in the UK commissioned a critical summary of evidence from qualitative research carried out in the UK with low-income children and parents over a ten year period from 1998 to 2008. The study sought to raise awareness of children's lived experience of poverty and inform the CPU's future engagement plans. The study focuses on the following issues: • What are the key areas of concern identified by low-income children? • How does poverty impact on children's lives in their homes, neighbourhoods and at school? • How does poverty affect children's relationships with their peers, their families and other adults such as teachers? • What does the research evidence tell us about how children negotiate, mediate and cope with the everyday challenges of poverty? • Whose voices are missing from the evidence base and what methodological issues were raised by the review?
Research	The review process entailed extensive searches of citation databases and endeavoured to draw out research findings from a range of published research

design	studies, and research carried out with children by academic and non-academic sources. There were a wide range of methods used in the research covered by the review, including in-depth interviews, focus groups, group work, case studies, participatory workshops and action research.
Outcomes	Poverty and deprivation are underpinned by economic insecurity and a lack of access to material resources. Low income children have a keen understanding of how poverty impacts their lives. Children's accounts of economic and material affects of poverty identified three main areas of pressure: • Adequacy of income; • A deficiency of natural resources; and • A lack of key material and symbolic markers of social inclusion in childhood such as branded goods and trainers. Poverty can restrict everyday childhood experiences and interactions. As a result, low income children experienced considerable anxiety, unhappiness and social insecurity. Social networks and good friendships confer a high degree of social security and social connection. As childhood becomes increasingly commodified, low income children have few opportunities to participate in social activities. The article goes on to summarise the impact of poverty in the home, housing and homelessness, transport, leisure opportunities and school. Key gaps in the evidence base over the impact of poverty include the experiences of children from different ethnic groups, disadvantaged disabled children and those in marginalised groups such as refugee and asylum seeking children. The evidence provides clear, consistent and largely unequivocal evidence about the pervasive and damaging effects of childhood poverty. The social repercussions of poverty are often overlooked and easily disregarded, especially when policy concerns are focused on other perhaps more tangible concerns such as children's economic welfare, their school attendance and performance, and their health and well-being. Yet the social and relational effects of poverty are clearly fundamentally important issues for low-income children themselves. Furthermore, the evidence also shows that children are active and resourceful, and they seek to manage and mediate the highly corrosive effects of poverty where and when they can. These strategies of survival involve mediation and moderation, concealment of needs, employment and attempts to gain some autonomous control of income and resources.
Reference	Ridge, T 2011, 'The Everyday Costs of Poverty in Childhood: A Review of Qualitative Research Exploring the Lives and Experiences of Low-Income Children in the UK,' *Children and Society,* vol. 25, pp.73-84.

Title	The Impact of Poverty on Children and Young People's Use of Services
Year	2010
Theme	• Impact of poverty • Social exclusion
Cohort	• Children aged 10 to 14 years
Country	Scotland, UK
Evidence	• Service user experience / qualitative study

Strategy / intervention	This article draws on the findings of a qualitative study undertaken with children aged 10 to 14 years to explore the extent and nature of the impact of poverty on children and young people's perceptions of, access to and use of services. This article draws on the growing body of qualitative research evidence that have sought to gain an understanding of child poverty, as '*founded in the realities of children's everyday lives and experiences.*' Research shows that there is value of a child-centred perspective however children's experiences '*remain marginal to evidence-informed policy.*' The study presented here, therefore, aimed to provide a perspective on the lives of children and young people affected by poverty in Scotland, by comparing the experiences of those living in poverty in accessing and using services with those living in more economically advantaged circumstances. It focused on how children engage with services in the context of their everyday lives and how poverty influences their use and non-use of these services. This article concentrates on the impact of family income on service use, together with the role of relatives, friends and other services in facilitating children's access to and use of services.
Research design	This article draws on research designed to contribute to the qualitative evidence base that focused on a comparatively neglected aspect, namely the impact of poverty on children and young people's use of and experiences of services. The study focussed on children aged 10 to 14 years. Recruitment of children for the study was primarily via schools. Children were invited to take part in age-relevant classes in primary and secondary schools. Community based settings such as youth clubs were also approached to maximise opportunities for participation. A cluster of indicators at both the household and neighbourhood level were used to determine the relative affluence of the child's household. Three fieldwork locations were chosen to ensure representation of urban and rural settings, and a range of socioeconomic circumstances. The two stage data collection design comprised initial focus groups followed by individual interviews with the same children. Discussions covered general perceptions of all services used by children and young people in their local area (with a particular focus on leisure, retail and health). Leisure services provide opportunities to learn practical and social skills and retail services denote access to goods and markers of social acceptability. In total, 56 children took part in the research (32 were aged 10-11 years and 21 were aged 13-14 years).
Outcomes	Research showed how low household income often limits the use of services that children see as particularly important in their everyday lives. Direct service charges were seen to deter service use as well as associated costs such as the need to travel, purchase special clothes and equipment. This led to a reduced range of opportunities for children from less affluent families with implications for current satisfaction levels and also for future development and prospects. Recreation and shopping activities were seen to be key activities undertaken in children's lives which provided opportunities for the acquisition of skills, knowledge and social contacts (seen as vital elements of human and social capital in modern society). There is an important role for services in providing potentially transformative opportunities for young people from less affluent householders through enabling their access to and involvement in services, which may in turn benefit young people through, for example the development of new skills and the enhancement of social networks. Service providers and professionals need to listen carefully to what children have to say locally. They need to acquire detailed local understandings of which services are wanted and valued by children and what specific constraints occur in their areas. Within such an approach, it is vital to ensure the opportunity for children living in poverty to have a voice, in order that service provision may take account of the particular needs they may have in accessing and using services in their everyday lives.
Reference	Wager, F et al 2010, 'The Impact of Poverty on Children and Young People's Use of

| | Services', *Children and Society,* Vol.24, pp.400-412. |

Indicators of material wellbeing

Title	Child Well-being in the Pacific Rim
Year	2010
Theme	• Measurement of wellbeing
Cohort	• Children and young people across countries in the Pacific Rim
Country	Pacific rim region including Australia
Evidence	• Systematic review
Strategy / intervention	This study extends previous efforts to compare the well-being of children using multi-dimensional indicators derived from sample survey and administrative series to thirteen countries in the Pacific Rim. The framework for the analysis of child well-being is to organise 46 indicators into 21 components and organise the components into six domains: material situation, health, education, subjective wellbeing, living environment, as well as risk and safety.
Research design	The research began with a search for comparative indicators. It focussed on identifying data that could be used. Indicators were mainly drawn from the following sample surveys: • Progress in International Reading Literacy Study (PIRLS) 2006; • The OECD Programme for International Student Assessment (PISA) 2006; • Trends in International Mathematics and Science Study (TIMSS) 2003; • UNESCO Institute for Statistics 2006; • UNICEF, Multiple Indicators Cluster Survey (MICS) 2006; and • UNICEF, Speaking Out Survey 2001 The other source of survey data were the OECD Programme for Internal Student Assessment. The other source of indicators was administrative data and included the following sources: • World Bank, Health, Nutrition and Population (HNP) at A Glance 2006; • World Bank, World Development Indicators (WDI) 2006; WHO, Mortality Database 2008; • WHO, Oral Health Country, Decayed, Missing and Filled Teeth (DMFT) 2005; • WHO, World Health Statistics; and • UNICEF, The State of the World's Children (SWOC) 2008 There was missing or out of date data for some countries in many of these sources. The authors were very reluctant to fill data gaps by obtaining data directly from national sources as it risks including data which is not comparable. However, they did obtain infant mortality and low birth weight data for Hong Kong and Taiwan.
Outcomes	Children's material well-being was assessed by a relative income poverty measure and deprivation component. The components are composed of the percentage of income received by the 40% of households with the lowest income and three indicators of

deprivation of books and education possessions.

Overall, Japan, Singapore and Taiwan have the highest child well-being and Thailand, Indonesia and the Philippines the lowest. However, there are substantial variations between the domains. Japan and Korea perform best on the material well-being of children and also do well on health and education but they have the lowest subjective well-being among their children by some margin. There is a relationship between child wellbeing and GDP per capita but children in China have higher well-being than you would expect given their GDP and children in Australia have lower well-being.

This was the first attempt to compare child well-being in the Pacific Rim region using social indicators. Problems include:

- Not all possible domains of child well-being are represented—in particular there is nothing here on looked-after children.

- This is an average picture without any data on dispersion within countries by ethnicity, gender and so on.

- It is largely a picture of children in their early years and in their teenage years with the middle period of childhood underrepresented.

- The assumption of equal weighting is open to challenge. Summarising indicators by taking the average of z scores tends to give a slight weight to more dispersed indicators.

- The index as a whole is over reliant on data from the UNICEF Speaking Out Survey which is now quite old.

- There is more missing data than desirable. In too many cases a country is being assessed on the basis of a single component in some domains.

| Reference | Lau, M, & Bradshaw, J 2010 'Child Well-being in the Pacific Rim,' *Child Ind Res* 3:367-383, DOI 10.1007/s12187-010-9064-4 |

Title	Missing out: A child centred analysis of material deprivation and subjective well-being. The Children's Society.
Year	2011
Theme	- Poverty - Deprivation - Wellbeing
Cohort	- Children aged 8 to 15
Country	UK
Evidence	- Service user experiences
Strategy / intervention	The Children's Society conducted research to ask children about a list of material items and experiences that were derived from discussions with them as a of way of finding out about their concept of material well-being. They were interested in finding out what material items and experiences were considered necessary for a 'normal kind of life,' whether lacking these items and experiences was related to their self-reported well-being and if so, what types of items seem to be most important.
Research design	The Children's Society's programme of research included: - Focus groups (36 children aged 8 to 15) to ask about the possessions and experiences that are part of 'a normal kind of life' for someone their age.

	• Piloting work (300 children and their parents) • National representative schools survey of 5,500 young people aged 8 to 15
Outcomes	The study found a significant relationship between each of the 10 material items and experiences that were selected and children's subjective well being. The 10 items were: • Some pocket money each week to spend on yourself • Some money that you can save each month, either in a bank or at home • A pair of designer or brand name trainers • An iPod or other personal music player • Cable or satellite TV at home • A garden at home, or somewhere nearby like a park where you can safely spend time with your friends • A family car for transport when you need it • The right kind of clothes to fit in with other people your age • At least one family holiday away from home each year • Family trips or days out at least once a month The study suggests that the index provides a useful tool to examine child material deprivation and well being. Children lacking two or more items are at risk of material deprivation; lacking three or more items suggests material deprivation; and lacking five or more items suggests severe material deprivation. The research represents a first attempt at creating a child-centred, child reported measure of children's material circumstances to complement conventional measures.
Reference	Main, G, & Pople, L 2011, *Missing out: A child centred analysis of material deprivation and subjective well-being*, The Children's Society.

Title	PSE 2011 Measures Review Paper: Children's deprivation items
Year	2010
Theme	• Poverty • Social Disadvantage
Cohort	• Children and young people from disadvantaged communities.
Country	United Kingdom
Evidence	• Review / Expert Opinion / Longitudinal Study
Strategy / intervention	Income poverty may be a particularly unreliable indicator of poverty of children. It is collected at the individual adult and household level and without detailed expenditure data we do not know whether it is spent on or for children. Deprivation items geared to measuring children's wants and needs may offer a better measure. Through them it may be possible to identify: • deprived children in income poor homes, • non deprived children in income poor homes, • deprived children in non income poor homes and • non deprived child in non income poor homes.

	This paper seeks to undertake a critical review of the children's deprivation items used in the Poverty and Social Exclusion Survey (PSE) of Britain undertaken by the Office for National Statistics in 1999 (PSE99). As the socially perceived necessities questions in PSE99 did not work very well, this paper examines them in detail to develop a list of proposed deprivation items and suggestions for their appropriate application in terms of children's age groups. The aim is to ultimately provide suggestions for improvements for the PSE in 2011.
Research design	The PSE99 provided a base line understanding of the nature of poverty and social exclusion, including two sections which provided baseline data on the number of children who are living in poverty, their characteristics and those of their households and trends over time in poverty among children and adults.
	This study provides an analysis of the items used in PSE99 as measures for deprivation in children, considering them in context of similar items used in other surveys; FRS, ALSPAC, Breadline Britain and SILC.
	Both children's and parents' perceptions of necessities across a number of surveys were examined and assessed to identify variations. Similarly, the perceptions of those of parents and children considered 'richer' versus 'poorer' respondents were examined.
	The study used this information across the multiple surveys to devise two lists (short and long) of deprivation items, together with an analysis of these items according to the age of children and recommendations about which age groups they are relevant for.
Outcomes	Children were, on the whole, found to be able to accurately report on parental employment and receipt of free school meals. More disagreement was evident between parents and children in terms of subjective assessment of their family's wealth, and most disagreement tended to be in the middle of the scale with children perceiving higher familial wealth than adults on average.
	Children's subjective perceptions of familial wealth were closely linked to possession of deprivation items, suggesting that such items are a promising way of measuring subjective poverty amongst children. Since children's reporting of objective facets of poverty was also similar to that of adults, and deprivation items correlated with annual income, the deprivation scale also appears to be an adequate proxy (amongst other forms of measurement) of objective deprivation
	A notable finding from the pilot is that whilst parents and children consistently report very similar assessments of poverty and of whether they own items, where there are differences these tend to be around adults saying that children do not want or have items, whilst children say that they do. This contrasts with previous findings that child poverty is merely a sub-set of adult poverty, since children may (theoretically at least) be poor without living in a poor family. It also lends support to previously reported qualitative findings that poor children may hide their experiences of poverty from their parents.
	These results support the use of the short and long list of deprivation items as a mechanism by which to measure subjective poverty in children and thereby inform policies aimed at reducing the extent of poverty and social exclusion in children and young people.
Reference	Main, G, & Bradshaw J 2010, *PSE2011 Measures Review Paper: Children's deprivation items,* Department of Social Policy and Social Work, University of York, United Kingdom.

Title	Measuring child poverty using material deprivation: possible approaches
Year	2006
Theme	• Poverty • Deprivation

	• Wellbeing
Cohort	• Children in poverty
Country	UK
Evidence	• Service user experiences
Strategy / intervention	The paper focuses on possible approaches for constructing a material deprivation measure in order to inform the third element of the new child poverty measure, which will combine relative low income and material deprivation. The analysis uses the Families and Children Study (FACS) and uses those deprivation questions that closely measure the same construct as those in the Family Resources Survey (FRS). The FACS survey allowed us to look at changes in deprivation over time, revealing a steady decline from 2001 onwards. The FACS survey provided a valuable opportunity to investigate possible approaches to the material deprivation element of the measure prior to the availability of the deprivation indicators newly introduced to the FRS. The analysis explores: • the possible methods for creating a summary deprivation index. A simple count index and prevalence • weighted index are presented for comparison; • determining a deprivation threshold; and • the updating of deprivation items and the rebasing of the measure.
Research design	DWP consulted with a wide range of stakeholders, including those with direct experience of poverty, and academic experts in the field. DWP completed in-house analysis of the FACS survey to look at deprivation over time. Development of a summary score deprivation index.
Outcomes	The report presents analysis to inform the material deprivation element of the new UK child poverty measure that is designed to give a wider measure of people's living standards but will also capture elements of persistent poverty. It outlines the consultation work that led to the choice of measure and the methodological work that has been conducted thus far to finalise this tier of the child poverty measure. It highlights the considerations that have been taken into account and the available options.
Reference	Willitts, M 2006, *Measuring child poverty using material deprivation: possible approaches*, Department for Work and Pensions – UK, Working Paper No 28.

KRA3: Children and young people are healthy

Articles are summarised against the following key themes:

• mental health

• alcohol, tobacco and other drugs

• sexual health

• nutrition

- physical activity.

Mental Health

Title	KidsMatter Early Childhood (KmEC), Australian Early Childhood Mental Health Initiative Overview: Framework Components and Implementation Details, and Kids Matter Evaluation Newsletter October 2011
Year	2010 / 2011
Theme	• Mental Health • Prevention and Early Intervention
Cohort	• Children and young people aged 0 to 5years
Country	Australia
Evidence	• Quantitative, Qualitative and mixed-method approach
Strategy / intervention	KMEC has been developed in collaboration with beyondblue, the Australian Psychological Society, and Early Childhood Australia, with funding from beyondblue and the Australian Government Department of Health and Ageing. The KidsMatter Early Childhood initiative is the first national program targeting early childhood services. It provides a continuous improvement framework to enable preschool and long day care services to plan and implement evidence-based mental health promotion, prevention and early intervention strategies that aim to: • improve the mental health and wellbeing of children from birth to school age • reduce mental health difficulties among children • achieve greater support for children experiencing mental health difficulties and their families. The four components of the framework are: • creating a sense of community; • developing children's social and emotional skills; • working with parents and carers; and • helping children who are experiencing mental health difficulties. It seeks to further develop early childhood services' capacity to foster children's mental health and wellbeing, and to recognise and respond effectively to early signs of children's mental health difficulties. The initiative also emphasises shared community responsibility for children's wellbeing and aims to promote partnerships with families, early childhood professionals and a range of community services and agencies to improve children's mental health. The study is in its final evaluation phase.
Research design	The initial trial of KMEC has been undertaken in 110 pre-school and long day care services across Australia. Information for the evaluation has been collected on four occasions: May 2010, November 2010, May 2011 and November 2011. Most of the information will come from responses to a questionnaire completed by the parents and staff of children aged between 1 year and up to 5 years in each early childhood service. The questionnaire aims to measure outcomes from the KMEC initiative for staff, students, and parents. The questionnaire also focuses on aspects of

	the implementation of KidsMatter Early Childhood and how this changes over time.
	State-based KidsMatter Facilitators are also completing questionnaires on each of their services on the four occasions. Service leadership will provide an executive summary at the end of the evaluation. A small number of staff, parents and students from selected services will participate in the Photo
Outcomes	Collection of data underway prior to analysis to determine if the implementation process has been successful and whether the initiative has led to improved mental health
Reference	Australian Government Department of Health and Ageing 2010, *KidsMatter Early Childhood – Overview: Framework, components and implementation details*, Australian Government Department of Health and Ageing, Canberra.

Title	Translating early childhood research evidence to inform policy and practice: Children's mental health.
Year	2012
Theme	• Mental Health
Cohort	• Children and young people aged 0 to 12 years.
Country	Various
Evidence	• Policy Brief / Literature Review
Strategy / intervention	This brief documents current research findings for children's mental health. It suggests the need for increased awareness of children's mental health concerns and emphasises the need for early prevention and intervention.
Research design	Review and evaluation of current literature on mental health in children and young people in relation to future policy directions.
Outcomes	This paper highlights the need for greater mental health promotion and intervention in the 0-12 year old age bracket, as this is the age group in which many of the mental health concerns in adolescence and adulthood find their origin. It also provides background as to why this issue is so important, examines what the current research in this area is, the implications of this research and the considerations for policy and programs.

It argues that pathways to poor mental health start early in life and that it is more cost effective to intervene as soon as possible after mental health concerns are identified. The research shows that preventative programs that support parents to parent well may be the most effective approach to facilitate good mental health in children. Barriers (eg. needs are too complex, services unable to cope with demand, financial burden, resistance to the existence of mental health concerns in early childhood) inhibiting access to preventative programs of treatment also need to be addressed. Further the research shows that community awareness and acceptance of the existence of mental health concerns in childhood is poor and should be targeted.

The following recommendations of this research review were:

• further research to determine effectiveness / cost-effectiveness of preventative programs,

• further research to evaluate uptake and outcomes of parenting programs (eg universal vs targeted programs)

• changes to service systems needs to be integrated, focusing on reviewing and improving links and communication between primary, secondary and tertiary |

	clinicians, and between clinicians and children and families,
	• service providers need greater access to skill development in mental health prevention and promotion and clearer referral pathways,
	• mental health assessment should be included as a developmental milestone at 3 years olds health-checks,
	• increase resources to promote and prevent mental health illness from a young age, and
	• increase community education about mental health and mental health illness, including its occurrence in early childhood to increase the knowledge and capacity of parents and professionals.
Reference	Centre for Community and Child Health, 2012, *Policy Brief: Translating early childhood research evidence to inform policy and practice: Children's Mental Health*, Centre for Community and Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital, Melbourne

Title	ReachOut.com: The role of an online service for promoting help-seeking in young people
Year	2011
Theme	• Mental Health • Health Promotion • Technology
Cohort	Young people aged 14-25
Country	Australia.
Evidence	Qualitative and quantitative evaluation combined with service user experiences.
Strategy / intervention	ReachOut.com is an online mental health promotion, prevention and early intervention service that provides young people aged 14–25 with the information, tools, skills and connections they need to make positive decisions about their mental health and wellbeing. The service aims to increase mental health literacy, help seeking behaviour, social connectedness and resilience. The six core components are: • Research supported information created by young people and professionals delivered through over 250 factsheets; • an online community forum and blog; • an online game based on cognitive behavioural therapy[1]; • digital and social media including podcasts, • digital stories and video; and • use of social networking services to deliver content and build community. In addition, ReachOut.com aims to promote help-seeking by maintaining a mental health brand position that young people trust and see as relevant, providing credible information on help options and by offering skill building tools and opportunities, both on and offline. This study sought to understand if and how ReachOut.com can promote effective help-seeking behaviour in young people.

Research design	Research design was based on the 'action research model' directly involving over 600 young people. Data was drawn from three sources: website statistics, cross-sectional surveys of young people accessing the ReachOut.com website and user-generated site content analysis. Focus groups and interviews were conducted with 23 and 9 young people respectively, drawn from a pool of 500 users.
Outcomes	Results indicate that ReachOut.com is effectively engaging young people, particularly those likely to be experiencing moderate to severe mental health difficulties. Young people are using it for its intended purpose – to obtain information and support and reported that it helped them seek help by talking to someone or access professional services. ReachOut.com is also being used by young people who may not yet recognise they need help, acting as a gateway service to assist young people to identify they have a problem and to become service-ready.
Reference	Collin, PJ, Metcalf, AT, Stephens-Reicher, JC, Blanchard, ME, Herrman, HE, Rahilly, K and Burns, JM, 2011, 'ReachOut.com: the role of an online services for promoting help seeking in young people', *Advances in Mental Health,* vol. 10, no. 1, pp39-51.

Title	Building the capacity of family day care educators to promote children's social and emotional wellbeing: an exploratory cluster randomised controlled trial
Year	2011
Theme	• Mental Health • Prevention and Early Intervention • Health Promotion
Cohort	• Children and young people aged 0 to 5 years.
Country	Australia
Evidence	• Randomised controlled trial – study protocol
Strategy / intervention	This study is an exploratory wait-list control cluster randomised controlled trial to test the appropriateness, acceptability, cost, and effectiveness of 'Thrive: Promoting Children's Social and Emotional Wellbeing in Family Day Care' an intervention program to build the capacity of family day care educators to promote children's social and emotional wellbeing. Thrive aims to increase educators' knowledge, confidence and skills in promoting children's social and emotional wellbeing.
Research design	Field workers (n=5) who supervise 10-15 family day care educators within one family day care organisation will be randomly assigned to intervention or control groups. Intervention group will receive series of interventions including workshops, activity exchanges and focussed discussion about children's social and emotional wellbeing. Base line survey of educators will be compared with surveys administered at one six and 12 months post-intervention. All educators will also have an in-home quality of care assessment done at these times.
Outcomes	This is the first intervention program designed to build the capacity of Family Day Care educators to promote children's social and emotional wellbeing internationally. One of the motivations for this research is that it might serve as a model for the FDC and childcare sectors. With a strong evidence base, the THRIVE program may be implemented widely within the sector nationally, thus addressing a key area of children's health inequalities - mental health.

Reference	Davis, E, Williamson, L, Mackinnon, A, Cook, K Waters, E, Herrman, H, Sims, M, Mihalopoulos, C, Harrison, L and Marshall, B, Building the capacity of family day care educators to promote children's social and emotional wellbeing: an exploratory cluster randomised controlled trial

Title	Pharmacotherapy for anxiety disorders in children and adolescents.
Year	2011
Theme	• Mental Health • Pharmacotherapy
Cohort	• Children and young people with anxiety disorders
Country	Various
Evidence	• Expert opinion
Strategy / intervention	Anxiety disorders are the most common mental diagnoses in youth. This article discusses approaches for assessing and treating anxiety disorders in youth with a focus on the evidence base of pharmacologic treatment and important clinical considerations to optimise care.
Research design	Not applicable.
Outcomes	Overall, there is increasing evidence that pharmacotherapy for anxiety disorders is effective in improving clinical symptoms in youth, particularly in combinations with psychotherapy. Best practice is for a combination approach of Cognitive Behavioural Therapy coupled with medications. Selective serotonin reuptake inhibitors (SSRIs) are thought to be relatively safe and effective for acute treatment of several classes of anxiety disorders in youth.
Reference	Kodish, I, Rockhill, C & Varley, C 2011, *'Pharmacotherapy for anxiety disorders in children and adolescents'*, Dialogues in Clinical Neuroscience, vol. 13, pp.439-452

Title	What are the Mental Health Needs of Adolescents in Rural South Australia? The Perceptions of Human Service Providers
Year	2009
Theme	• Mental health • Vulnerable Population
Cohort	• Adolescents, Rural
Country	Australia
Evidence	Qualitative study
Strategy /	This study sought to investigate how 'rurality' influences the mental health of adolescents in rural South Australia, and to explore the perceptions of the mental health

intervention	needs of adolescents as described by service providers in rural South Australia.
Research design	The study included four focus group discussions and 14 interviews conducted with 38 human service providers in the Eyre Peninsula, Spencer Gulf, Limestone Coast and Greater Green Triangle regions of South Australia. Semi-structured telephone interviews were also conducted with three Victorian human service providers.
Outcomes	The most common mental health problems seen by these human service providers included depression, anxiety disorders, self-harming behaviour and suicide, and drug and alcohol abuse/dependency. Barriers to access were both physical and social eg. Stigma. The study found that the organisation of and access to existing services needs to be improved to encourage adolescents with mental health issues to access appropriate, rural services in the future. This may not require more resources per se, but better use of current resources. Furthermore, increasing collaboration and networking events between existing service providers will help address any gaps and/or overlap in service delivery.
Reference	Kurtin, M., Barton, C., Winefield, A. and Edwards, J, 2009, 'What are the Mental Health Needs of Adolescents in Rural South Australia? The Perceptions of Human Service Providers', *Australasian Medical Journal*, vol.1, no.6, pp. 1-33.

Title	'Exercise in prevention and treatment of anxiety and depression
Year	2006
Theme	• Mental Health • Physical Activity
Cohort	Children and young people aged 11 to 19 years
Country	Various
Evidence	Systematic review
Strategy / intervention	The review aimed to determine whether exercise interventions in reduce or prevent anxiety or depression in children and young people up to 20 years of age compared to other or not treatment and to identify what the characteristics of effective interventions are.
Research design	The Cochrane Controlled Trials Register (latest issue available), MEDLINE, EMBASE, CINAHL, PsycINFO, ERIC and Sportdiscus up to August 2005 was searched for randomised trials of vigorous exercise interventions for children and young people up to the age of 20, with outcome measures for depression and anxiety. Sixteen studies with a total of 1191 participants were included in the analysis. Interventions included vigorous physical activity of clearly specified quality with a minimum duration of four weeks. Outcomes were measures of anxiety or depression as reported by the individual, health personnel, parent or teacher with standardised procedures.
Outcomes	This review indicates that while there appears to be a small effect in favour of exercise reducing anxiety and depression, the limited research and diversity of interventions in make it difficult to draw conclusions. Six small trials indicate that exercise decreases reported anxiety scores in healthy children when compared to no intervention. Five small trials indicated that exercise decreases reported depression scores when compared to no intervention. The majority of studies were undertaken in college student and the research base for children in treatment is scarce; with only three small trials investigated the effect of exercise in

	depression. Further research through randomised controlled trials, particularly focussing on children less than 16, is required.
Reference	Larun, L, Nordheim, LV, Ekeland, E, Hagen, KB, Heian, F, 2006, 'Exercise in prevention and treatment of anxiety and depression', *Cochrane Database of Systematic Reviews 2006*, Issue 3, no. CD004691.

Title	Early intervention with children can prevent problems in later life.
Year	2010
Theme	• Mental Health • Early Intervention
Cohort	• Children (non specific)
Country	United Kingdom
Evidence	Expert opinion
Strategy / intervention	Critical analysis of a report of the UK National Advisory Council for Children's Mental Health and Psychological Wellbeing, One Year On.
Research design	Not applicable.
Outcomes	McDougall discusses how emotional and mental health problems in childhood can lead to difficulties in adulthood. The author attests that those responsible for children's and adult's mental health services need to recognise the importance of early intervention and take a lifespan approach to policy, planning and service delivery. Furthermore, the author notes that while there is increasing recognition that preventing mental health and psychosocial difficulties in childhood improves outcomes and offsets the future burden on society, the current economic climate limits their capability and opportunity to do so. While the article is an analysis of the policy context within the UK, a number of recommendations and strategies are relevant to the context in Australia, noting that a focus on local delivery of current policy will help improve the emotional wellbeing and mental health of all children and young people by reducing inequalities. The recommendations included: • young people have told us that they want more to be done on stigma, training and being taken seriously, • services that promote mental health and emotional wellbeing, and prevent of mental health problems for children and young people will require significant investment, including into specialist mental health services for those young people with serious mental health illnesses, • services should be needs-led and make sense to the users and workers, including encompassing those vulnerable groups requiring additional help (eg. children from culturally and linguistically diverse background or with a disability) and • strong relationships across professionals and agencies and improved integration across services providers is required, together with strong leadership and promotion of a collaborative approach, leading to stronger, smoother transitions for young people between services.

Reference	McDougall, T., 2010, 'Early intervention with children can prevent problems in later life', *Mental Health Practice'*, vol.13, no.10, pp.30-32.

Title	Psychological and educational interventions for preventing depression in children and adolescents (Review)
Year	2011
Theme	• Mental Health
Cohort	Children and young people aged 5 to 19 years
Country	Various
Evidence	Systematic review
Strategy / intervention	The review aimed to assess the effectiveness of psychological or educational interventions, or both, in preventing the onset of depressive disorder in children and adolescents.
Research design	The Cochrane Depression, Anxiety and Neurosis Review Group's trials registers (CCDANCTR) were searched for randomised control trials of psychological or educational preventional programmes, or both, at the editorial base in July 2010. Update searches of MEDLINE, EMBASE, PsycINFO and ERIC were conducted by the authors in September 2009. Conference abstracts, reference lists of included studies and reviews were searched and experts in the field contacted. Psychotherapy interventions were not categorised but were primarily based on cognitive behavioural therapy strategies. There were few educational programmes to review.

Psychological interventions were defined broadly as those that target psychological processes thought to be involved in the development of depression and educational interventions as those that provide education about depression, its causes and what could be done about it in a broad sense, for example lifestyle interventions such as advice to take Omega-3 oil.

Fifty-three studies including 14,406 participants were included in the analysis. Only six studies included adequate concealment of allocation to intervention or control groups.

Prevention programmes were diverse and varied in those targeted, the components they included, and the focus of those components. Most programmes included some components of Cognitive Behavioral Therapy (CBT). Others included a focus on self-efficacy, stress reduction, trauma or optimism. Some programmes were gender-specific and some focused on family members. Many were school-based, while others were online or based in primary care settings. Many were group-based programmes. There were also a number of specific prevention programmes. |
| Outcomes | This review supports the efficacy of targeted and universal depression prevention programmes, when compared with no intervention, at preventing the onset of depressive disorders. Data suggests they reduce clinically significant depressive episodes and depressive scores to 12 month follow-up. Despite many of these targeted and universal depression prevention programmes being delivered at school, the educational programmes showed little efficacy. They have however, been short in duration compared with the psychological interventions. |
| Reference | Merry, SN, Hetrick, SE, Cox, GR, Brudevold-Iversen, T, Bir, JJ, McDowell, H, 2011, 'Psychological and educational interventions for preventing depression in children and adolescents', *Cochrane Database of Systematic Reviews 2011*, Issue 12, no. |

	CD003380.

Title	A mobile phone application for the assessment and management of youth mental health problems in primary care: a randomised controlled trial.
Year	2011
Theme	• Mental Health • Technology
Cohort	Young people aged 14 to 24
Country	Australia
Evidence	Randomised controlled trial
Strategy / intervention	Mobile Tracking Young People's Experiences (mobiletype) program. The mobiletype program monitors a young person's mood, stress, coping strategies and daily activities a number of times per day, and their eating, sleeping, exercise patterns, and alcohol and cannabis use once per day
Research design	The overall aim of this study was to investigate, via a randomised controlled trial, a number of suggested benefits found in pilot studies of the mobiletype program. An RCT was conducted as an effectiveness trial, to explore the utility of the mobiletype program in the real world primary care setting. The research design comprised a multi-centre, multiregional, stratified (according to region) single blind, attention-controlled study with balanced (1:1) individual randomisation into parallel groups. Inclusion criteria were young people aged 14 to 24, who speak proficient English and have a mild or more severe emotional/mental health issue as assessed by their GP, or indicated by a K10 Symptom score greater than 16. 118 participants were recruited. Participants were requested to complete at least two mobiletype entries a day until they returned for their medical review in 2-4 weeks. Upon completion, participants reviewed the self-monitoring data with their GP on the mobiletype website. Young people completed a post-test assessment immediately following this appointment, again at six weeks and six months after this post-test. GPs completed a post-test questionnaire immediately after the appointment.
Outcomes	The mobiletype intervention group's mental health outcomes (depression, anxiety, or stress) did not improve significantly more than the comparison group at post-test or 6 weeks. The authors reported that active monitoring of mental health symptoms using mobile phones led to increased emotional self-awareness for all participants. The influence of participation on GPs may have positively confounded the results, whereby providing frequent reminders, clinical resources and support to GPs, together with their general participation resulted in improved mental health outcomes for the sample as a whole.
Reference	Reid, SC, Kauer, SD, Hearps, SJC, Crooke, AHD, Khor, AS, Sanci, LA, Patton, GC, 2011, A mobile phone application for the assessment and management of youth mental health problems in primary care: a randomised controlled trial', *BMC Family Practice*, no. 12, pp.131-143.

Title	Alternatives to inpatient mental health care for children and young people
Year	2009
Theme	• Mental health
Cohort	• Children and young people aged 5 to 18 years
Country	Various (mainly North American)
Evidence	Systematic review
Strategy / intervention	The review included comparison of four alternative treatment methods: multi-systemic therapy (MST), intensive home based crisis intervention, intensive home treatment, and intensive specialist outpatient services.
Research design	The objectives of the review were to: • classify and describe the different organisational structures and therapeutic approaches described in the literature as alternatives to inpatient mental health services for children and young people. • determine the effectiveness, acceptability and cost of alternatives to inpatient care for children and young people The search included the Cochrane Effective Practice and Organisation of Care Group Specialised Register (2007), the Cochrane Central Register of Controlled Trials (The Cochrane Library 2006, issue 4), MEDLINE (1966 to 2007), EMBASE (1982 to 2006), the British Nursing Index (1994 to 2006), RCN database (1985 to 1996), CINAHL (1982 to 2006) and PsycInfo (1972 to 2007). A total of 18,981 potentially relevant studies were identified and the review ultimately included seven randomised controlled trials recruiting a total of 799 participants.
Outcomes	Young people receiving home-based multi-systemic therapy (MST) experienced some improved functioning in terms of externalising symptoms and they spent fewer days out of school and out-of-home placement. There were small, significant patient improvements reported in both groups in the trial evaluating the intensive home-based crisis intervention using the 'Homebuilders' model. No differences at follow up were reported in the two trials evaluating intensive home treatment, or in the trials evaluating specialist outpatient services. Overall, the outcomes for children and young people who received alternative treatment methods were no worse or significantly better than for those that receive inpatient care. The authors concluded that the quality of the evidence base currently provides very little guidance for the development of services and that alternative study designs should be considered to deliver more effective results.
Reference	Shepperd S, Doll, H, Gowers, S, James, A, Fazel, M, Fitzpatrick, R, Pollock, J, 2009, 'Alternatives to inpatient mental health care for children and young people', *Cochrane Database of Systematic Reviews 2009*, Issue 2, no. CD006410.

Title	Mental Health and Indigenous University Students
Year	2011

Theme	• Mental Health • Vulnerable Population
Cohort	Aboriginal and Torres Strait Islander young people (university)
Country	Australia.
Evidence	Qualitative study / Expert Opinion
Strategy / intervention	Recent research has identified that a large number of aboriginal students in universities had been diagnosed with mental health issues. This paper explores the students' mental health issues and their relationship to the university experience.
Research design	Researchers interviewed voluntary participants with respect to their views on living with a mental illness and studying at university.
Outcomes	A large number of participants (37%) identified that they or a family member suffered from a mental health disorder. Depression and anxiety were the most common mental health disorders identified. Participants appeared accepting of their illness with many indicating that university actually increased their mental health and well being. Some felt that university also provided a distraction. All participants with mental health concerns had been impacted by the Stolen Generation's legacy (ie. Forcible removal of a family member). The overall impression was that aside from being medicated there did not appear to be holistic or therapeutic services to assist participants with their illnesses. The study suggests further support and understanding is required.
Reference	Toombs, M and Gorman, D, 2011, 'Mental Health and Indigenous University Students', *Aboriginal and Islander Health Worker Journal*, vol. 35, no. 4, pp.22-24

Title	Mental health promotion and socio-economic disadvantage: lessons from substance abuse, violence and crime prevention and child health
Year	2007
Theme	• Mental Health • Health Promotion • Alcohol, Tobacco and Other Drugs
Cohort	• Children and young people from disadvantaged communities.
Country	Various
Evidence	Systematic review
Strategy / intervention	Mental health promotion aimed at populations with low socio-economic status (SES) may benefit from prevention strategies that effectively address related child and adolescent problems.
Research design	Evidence from a number of recent systematic literature reviews and well conducted and influential empirical program evaluations was gathered using electronic search strategies. Review papers were only included if they met quality standards for systematic selection and methodological evaluation. Evaluations needed to show efficacy (outcomes in research studies) or effectiveness (outcomes in real world settings). Only major conclusions about the influence of SES disadvantage on health

	and social problems were discussed.
	SES disadvantage was defined on the basis of low education, low income and low cumulative status across multiple indicators of education, income, occupation, housing and welfare.
Outcomes	Factors associated with low SES are also associated to varying extent with the development of violence and crime, substance abuse and child health problems. Interventions that address underlying determinants of low SES show strong efficacy in decreasing adolescent crime and violence and effectiveness in improving child health outcomes.
	Although there is limited efficacy evidence that substance abuse prevention can be effectively addressed by targeting low SES, programs designed to improve educational pathways show some efficacy in reducing aspects of adolescent substance use.
	A range of prevention-focused based strategies that hold promise for addressing problems in low SES contexts that can undermine mental health. A common strategy has been that of improving early development and educational pathways. In a number of programs, long-term and multi-layered strategies successfully improved a range of indicators underlying the intergenerational transmission of disadvantage.
	Examples include:
	• the 'Pathways to Prevention' program used a community development framework, combining child focused programs delivered universally through State preschools (the Preschool Intervention Program) with individual services for families (the Family Independence Program),
	• KidsMatter which is a primary school mental health promotion, prevention and early intervention initiative developed in collaboration with the Federal Government
	• RAMP (Risk Assessment and Management Process) which is a program that encourages a partnership between schools and mental health agencies. Process evaluation suggested the intervention is feasible and encourages school staff to monitor evidence based factors that influence student mental health and deliver tailored interventions to targeted students.
	• Gatehouse Project (www.gatehouseproject.com) which is a Victorian, school-based, primary prevention program aiming to improve the emotional well-being of secondary students by offering a framework for building the capacity of school communities. Resources include student emotional competence curricula and professional training for teachers. The evaluation found a 3-5% reduction in substance use for early secondary school students exposed to the intervention when followed up over 2-3 years (however this study did not demonstrate an impact on depression).
	The review's findings point to the benefits of an integrated nature of prevention and health promotion approach and suggest that intervention benefits in one area are likely to have reciprocal effects in reducing the health, social and mental health problems common to low SES communities.
Reference	Toumbourou, JW, Hemphill, SA, Tresidder, J, Humphreys, C, Edwards, J & Murray D 2007 'Mental health promotion and socio-economic disadvantage: lessons from substance abuse, violence and crime prevention and child health', *Health Promotion Journal of Australia*, Vol.18, pp.184-190.

Title	Reducing Adolescents' Perceived Barriers to Treatment and Increasing Help-seeking Intentions: Effects of Classroom Presentations by General Practitioners
Year	2008

Theme	• Mental Health • Health Promotion • Prevention and Early Intervention
Cohort	High school students in Years 10 and 11
Country	Australia
Evidence	Quasi-experimental study
Strategy / intervention	The Building Bridges to General Practice (BBGP) program is an outreach initiative, comprising GP and school personnel professional development training, followed by a GP delivered classroom presentation (45 minute). The classroom presentation includes a GP led discussion of students' health related questions, and a presentation of information about practical issues related to consulting a GP. BBGP aims to reduced barriers to, and increase young people's intention to seek help for physical and psychosocial problems.
Research design	A quasi-experimental nested design was used to evaluate the effect of the intervention in three Australian high schools. A Treatment group (n = 173, M = 16 years) and Comparison group (n = 118, M = 15 years) completed questionnaires of perceived barriers, intentions and self-reported consultations with a GP. Questionnaires were completed 1 week before the intervention, 5 then 10 weeks post-intervention. Perceived or believed barriers included: • difficulties with service access (time, money and transport constraints) • limited knowledge about the types of help GPs provide • the doctor–patient relationship (communication difficulties) • discomfort within the doctor-patient relationship, • developmental stage issues, specifically, autonomy and • individuation (belief that you should solve your problem alone, • help-seeking fears including concerns about confidentiality breach and loss of anonymity • experiencing embarrassment and shame during a consultation, and • difficulty expressing thoughts and feelings in a consultation and concerns about being misunderstood.
Outcomes	The Treatment group receiving BBGP, but not the Comparison group, showed reductions in perceived barriers over time, increased intentions to consult a GP for psychological problems and a significant correlation between intentions and subsequent GP consultations. Results support the utility of the intervention for improving adolescents' beliefs, intentions and behaviour related to consulting a GP for physical and psychological problems.
Reference	Wilson, CJ, Deane, FP, Marshall, KL, Dalley, A, 2008, 'Reducing Adolescents' Perceived Barriers to Treatment and Increasing Help-seeking Intentions: Effects of Classroom Presentations by General Practitioners', *Journal of Youth and Adolescence*, vol.37, no.10, pp.1257-1269.

Title	Development and evaluation of a youth mental health community awareness campaign - The Compass Strategy
Year	2006

Theme	• Mental health • Health promotion.
Cohort	Young people aged 12 to 25
Country	Australia
Evidence	Quasi-experimental study
Strategy / intervention	The Compass Strategy was implemented in the western metropolitan Melbourne and Barwon regions of Victoria, Australia. The campaign included the use of multimedia (newspaper ads, posters, and postcards), a website, and an information telephone service. The campaign itself ran from May 2001 to May 2003.
Research design	The Precede-Proceed Model guided the population assessment, campaign strategy development and evaluation. Methods included a cross-sectional telephone survey of mental health literacy undertaken before and after 14 months of the campaign using a quasi-experimental design. Randomly selected independent samples of 600 young people aged 12-25 years from the experimental region and another 600 from a comparison region were interviewed at each time point.
Outcomes	Significant effects (indicated by region-by-time interaction effects where $p < 0.05$) were observed for the following domains: awareness of mental health campaigns, self-identified depression, help for depression sought in the previous year, correct estimate of prevalence of mental health problems, increased awareness of suicide risk, and a reduction in perceived barriers to help seeking. The study demonstrates that the rigorous standards of a health promotion model, including the use of a control region, can be applied successfully as a mental health population intervention.
Reference	Wright, A, McGorry, PD, Harris, MG, Jorm, AF, Pennell, K, 2006, 'Development and evaluation of a youth mental health community awareness campaign - The Compass Strategy', *BMC Public Health*, No.6, pp.215-227.

Alcohol, Tobacco and Other Drugs (ATODs)

Title	Community Interventions for preventing smoking in young people.
Year	2011
Theme	• Tobacco / Smoking Prevention
Cohort	• Children and young people under the age of 25 years.
Country	Various
Evidence	• Systematic review
Strategy / intervention	Cigarette smoking is a leading cause of preventable death. This paper conducts a systematic review of the literature to determine the effectiveness of community interventions using coordinated, multi-component programmes in influencing smoking behaviour in young people, including the prevention of uptake of smoking.
Research design	Studies selected were those involving randomized and non randomized controlled trials that assessed the effectiveness of coordinated, multi-component community interventions compared to no intervention or to single component or school based

	programmes only.
	These were chosen through searches on the Tobacco Addiction group's specialised register, Medline and other health, psychology and public policy electronic databases.
	Studies were combined in a meta-analysis where possible and reported in narrative synthesis in text and table.
Outcomes	Twenty five studies were ultimately included, with sixty-eight not meeting inclusion criteria. Of these studies there was variability in the primary outcomes of reduced smoking prevalence, with ten studies reporting some reduction and thirteen studies showing no significant difference. Two studies showed lower smoking rates in the control groups.
	While there is some limited evidence to support the effectiveness of multi-component community interventions in reducing the uptake of smoking in young people, it is not strong.
	Community members are often involved in determining and / or implementing these programmes and they can be as diverse as education of tobacco retailers about age restrictions, mass media, school and family-based programmes and programmes for prevention of smoking related diseases. Changes in intentions to smoke, knowledge, attitudes and perceptions about smoking did not appear to affect the long terms success of such programmes.
	Evaluation of community-wide campaigns is methodologically challenging but rigorous evaluations is required, together with measurement of appropriate outcomes if future research is to be successful at proving effectiveness.
Reference	Carson, KV, Brinn, MP, Labiszewski, NA, Esterman, AJ, Chang, AB & Smith, BJ 2011, 'Community interventions for preventing smoking in young people',. *Cochrane Database of Systematic Reviews*, Issue 7. No. CD001291.

Title	School-based prevention for illicit drugs' use
Year	2005 (edited in 2008)
Theme	• Drugs • School-based
Cohort	• Children and young people, mainly in grades 6 or 7
Country	Various but predominately the United States of America.
Evidence	• Systematic review
Strategy / intervention	This study assesses the effectiveness of school-based interventions in improving knowledge, developing skills, promoting change, and preventing or reducing drug use versus usual curricular activities or a different school-based intervention. The aim is to examine their effectiveness at reducing first use or preventing the transition from experimental use to addiction. School is an appropriate setting for preventative interventions.
Research design	Searchers were undertaken to identify randomised control trials (RCTs), case controlled trials and controlled prospective studies evaluating school-based interventions designed to prevent substance use. Databases searched included the Cochrane Drug and Alcohol Group trial register, the Cochrane Central Register of Controlled Trials, Medline, EMBASE and other databases.
	32 studies with 46539 participants were included, of which 29 were randomised, comparing school-based prevention programs and usual curricula. Twenty-eight studies

	were from the United States of America. Studies were analysed to compare knowledge focused programs, skill-based programs, affective programs versus usual curricular.
Outcomes	Skills based programs appear to be effective in deterring early-stage drug use, effectively increasing drug knowledge, decision making skills, self esteem, resistance to peer pressure and drug use including marijuana and hard drugs. Future research needs to focus on replication of results with well designed, long term randomised trials and evaluation of single components of the interventions (eg. parents, peers, booster sessions). As a nation's context and drug policies influence effectiveness of programs, relevance of results to other settings should be considered.
Reference	Faggiano F, Vigna-Taglianti F, Versino E, Zambon A, Borraccino A, & Lemma P, 2005 (edited in 2008), 'School-based prevention for illicit drugs' use', *Cochrane Database of Systematic Reviews*, Issue 2. No. CD003020.

Title	Universal family-based prevention programs for alcohol misuse in young people.
Year	2011
Theme	• Alcohol • Family-based
Cohort	• Children and young people of school age up to 18 years
Country	Various
Evidence	• Systematic review
Strategy / intervention	This review systematically examines the effectiveness of universal family-based prevention programs in preventing alcohol misuse in school-aged children up to 18 years of age.
Research design	Evidence from a previous Cochrane review on this topic was included, together with studies identified through searches of Medline, Cochrane Central Register of Controlled Trials, EMBASE, Project Cork and PsychINFO. These searches specifically identified randomized trials evaluating universal family-based prevention programs and reporting alcohol use in children younger than 18 years of age. 12 parallel randomized controlled trials were included.
Outcomes	Reporting quality from the trials was poor. Nine of 12 trials showed some evidence compared to control or other intervention group. Two studies with larger sample sizes and one smaller size study showed no significant effects. The authors concluded that the effects of family-based prevention interventions are small but generally consistent and persistent in the medium to longer term. These interventions generally included supporting the development of parenting skills (eg. parental support, nurturing behaviours, clear boundaries and monitoring), however social and peer resistance skills, the development of behavioural norms and positive peer affiliations can also be addressed with a universal family-based preventative program.
Reference	Foxcroft, DR & Tsertsvadze, A 2011 'A Universal family-based prevention programs for alcohol misuse in young people', *Cochrane Database of Systematic Reviews*, Issue 9, No. CD009308.

Title	Interventions for prevention of drug use by young people delivered in non-school settings.
Year	2006 (updated in 2009)
Theme	• Drugs.
Cohort	• Children and young people under 25 years of age
Country	Mainly United States of America
Evidence	• Systematic review
Strategy / intervention	To summarise current evidence about the effectiveness of interventions delivered in non-school settings intended to prevent or reduce drug use in young people under 25 and to investigate whether the effectiveness of the interventions are modified by the type and setting of the intervention and age group which is targeted. Finally the review also aimed to identify areas for further research.
Research design	Searches were undertaken of Cochrane Central Register of Controlled Trials (CENTRAL - The Cochrane Library Issue 4, 2004), MEDLINE (1966-2004), EMBASE (1980-2004), PsycInfo (1972-2004), SIGLE (1980-2004), CINAHL (1982-2004) and ASSIA (1987-2004).Reference lists of review articles were also searched. Randomised trials that evaluated interventions targeting drug use by young people under 25 years of age, delivered in a non-school setting, compared with no intervention or another intervention and reported substantial findings were included. Seventeen controlled studies, 9 cluster-randomised studies, with 253 clusters, and 8 individually randomised studies with 1230 participants were chosen. All but two were conducted in the United States of America.
Outcomes	Of the four types of interventions were evaluated,: motivational interviewing or brief intervention, education or skills training, family interventions and multi-component interventions. Methodological drawbacks across most studies, such as loss to follow up, meant there were insufficient studies for firm conclusions. No studies reported cost outcomes. Further research is required to determine the effectiveness of these interventions and their application to service models.
Reference	Gates, S, McCambridge, J, Smith, LA, Foxcroft, D 2006, 'Interventions for prevention of drug use by young people delivered in non-school settings' *Cochrane Database of Systematic Reviews*, Issue 1, No. CD005030.

Title	Tobacco cessation interventions for young people
Year	2006 (updated in 2010)
Theme	• Tobacco / Smoking
Cohort	• Children and young people aged less than 20 years.
Country	Various
Evidence	• Systematic review

Strategy / intervention	To evaluate the effectiveness of strategies that help young people to stop smoking. Many of these are based around the prevention of uptake and to determine if those interventions which are effective for adults can also help adolescents quit.
Research design	Searches of the Cochrane Tobacco Addiction Group's Specialized Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE and PsycINFO databases were undertaken.
	Randomized control trials (RCTs), cluster randomized controlled trials (CRCs) and other controlled trials involving young people less than 20 who were regular smokers were included. The primary outcome was smoking status after six months follow up.
	Twenty-four trials with over 5000 young people were included (eleven CRCs, 11 RCTs and two controlled trials.
Outcomes	Most studies used motivational enhancement combined with psychological support such as cognitive behavioural therapy. Some were tailored to stage of change using the transtheoretical model. Studies such as these showed some persistence of abstinence from smoking at 30 days or six months. The few trials with evidence about pharmacological interventions showed no demonstrated effectiveness in adolescents.
	There is a need for further, well-designed, large scale randomized control trials of interventions with consistent definitions of quitting before evidence-based recommendations for large scale service programmes can be made.
Reference	Grimshaw, G & Stanton, A 2006 (Updated in 2010), 'Tobacco cessation interventions for young people', *Cochrane Database of Systematic Reviews*, Issue 4, No. CD003289.

Title	Cigarette pack design and perceptions of risk among UK adults and youth
Year	2009
Theme	• Tobacco / Smoking
Cohort	• Children and young people aged 11 to 17
Country	United Kingdom
Evidence	• Qualitative study
Strategy / intervention	This study examines consumer perceptions of cigarette packs, including the perception of 'plain packaging' in which the colour and other design elements are removed, aside from the brand name.
Research design	Participants (516 adults and 806 youth aged 11 to 17) recruited from a consumer panel consisting of 185 000 individuals. Adults who smoked one cigarette in the past month were eligible. Consumer panel members with youth were asked by email if their youth were allowed to participate. This was not randomized.
	Participants completed a 15 minute online survey which included comparisons between pairs of cigarette packs on five measures: taste, tar level, health risk, attractiveness and ease of quitting (adults) or brand of choice if they were to try smoking (youth). The study also examined the effect of plain packaging.
Outcomes	The pattern of results observed for the youth was similar to the adult smokers. Substantial proportion of respondents reported that some cigarette brands were less harmful than others based on the words (eg. 'light', 'smooth', 'gold' and 'silver' were less harmful) and design elements of the packs (with lighter colouring being less harmful). The study also indicates that children as young as 11 years hold these false beliefs.

	Youth smokers were more likely than non-smoking youth to perceive differences between packs. However, a significant proportion of non-smokers still reported false beliefs based on colouring and branding, making it unlikely that the perception arises from the sensory experience of smoking.
	Removing promotional information from packs was found to reduce false beliefs about the risks of cigarette brands. Plain packs were less likely to engender false beliefs about the harmfulness of one pack versus another.
	The study's results are consistent with results from similar studies from Canada and the US including studies showing that youth find plain packaging less attractive and believe they would help reduce smoking uptake.
Reference	Hammond, D, Dockrell, M, Arnott, D, Lee, & McNeill, A 2009, 'Cigarette pack design and perceptions of risk among UK adults and youth', *European Journal of Public Health*, vol.19, no.6, pp61-637

Title	Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours
Year	2011
Theme	• Tobacco / Smoking • Health Promotion
Cohort	• Children and young people aged 18 or younger
Country	Various
Evidence	• Systematic review
Strategy / intervention	Despite the tobacco industry denying that it targets young non-smokers with their marketing, it is likely that tobacco advertising and promotion influences young people's attitudes. This review assesses the effects of tobacco advertising and promotion on non-smoking adolescents smoking behaviour.
Research design	The following databases were searched Cochrane Tobacco Group specialized register, the Cochrane Central Register of Controlled Trials, MEDLINE, the Cochrane Library, Sociological Abstracts, PsycLIT, ERIC, WorldCat, Dissertation Abstracts, ABI Inform and Current Contents to August 2011.
	Longitudinal studies assessing non-smoking adolescent's smoking behaviour and exposure to advertising, receptivity, or attitude to tobacco advertising, or brand awareness at baseline and assessed smoking behaviour at follow-up were selected.
	Nineteen studies following over 29,000 baseline non-smoking adolescents met inclusion criteria.
Outcomes	Interventions measured exposure / receptivity in a variety of ways, including having a favourite advertisement or an index of receptivity based on awareness of advertising and ownership of a promotional item.
	In 18 of 19 studies, non-smoking adolescents who were more aware of the advertising or receptive to its promotion were more likely to have experimented with cigarettes or become smokers at follow up. The strength of the association varied with studies but was sufficient to conclude that tobacco advertising and promotion increases the likelihood that adolescents will start to smoke.
Reference	Lovato, C, Watts, A & Stead, LF, 2011, 'Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours' *Cochrane Database of Systematic Reviews*,

	Issue 10, No. CD003439.

Title	Youth Tobacco Use; A global perspective for child care clinicians
Year	2006
Theme	• Tobacco / Smoking
Cohort	• Children and young people.
Country	Various
Evidence	• Expert opinion – Review Article
Strategy / intervention	This article reviews contemporary evidence with respect to the aetiology of nicotine dependence among youth, the forms of youth tobacco products worldwide, global youth tobacco-control efforts to date, medical education efforts, and child health care clinician's special role in youth tobacco-control strategies.
Research design	Literature review.
Outcomes	Factors contributing to youth smoking in developing countries include cultural traditions, tobacco's easy accessibility and moderate pricing, peer and family influences, and tobacco companies' advertisements and promotional activities. Second-hand tobacco smoke exposure is a substantial problem that causes increased rates of pneumonia, otitis media, asthma, and other short- and long-term pediatric conditions. Parental tobacco use results in children's deprivation of essential needs such as nutrition and education.
	Forms of tobacco products and the aetiology of youth nicotine dependence is reviewed.
	Global control efforts include WHO's Tobacco Free Initiative, the World 'No Tobacco Day' and a popular annual smoking-cessation contest 'Quit and Win'. These and other initiatives target prevention, promote non-use and track and evaluate the effectiveness of tobacco-control programs. WHO also sponsors the Framework Convention of Tobacco Control, a treaty which offers tools to build tobacco-control legislation and continues to endorsed by countries.
	Diagnosis and treatment options for tobacco-control are explored including age restrictions, restricting tobacco promotion, increasing prices and parental tobacco control. The role of child health care clinicians is also highlighted.
Reference	Prokhorov, AV, Winickoff, JP, Ahluwalia, JS, Ossip-Klein, D, Tanski, S, Lando, HA, Moolchan, ET, Muramoto, M, Klein, JD, Weitzman, M, Ford, KH, for the Tobacco Consortium, American Academy of Pediatrics Center for Child Health 2006, 'Youth Tobacco use; a global perspective for child health care clinicians', *Pediatrics*, Vol.118, pp.890-903.

Title	Impact of a mental health promotion program on substance use in young adolescents
Year	2011
Theme	• Mental Health • Health Promotion • Alcohol

	• Tobacco / Smoking
Cohort	• Children and young people aged 10-13 years
Country	Australia
Evidence	• Randomised controlled trial (cluster)
Strategy / intervention	This study evaluates the impact of a universal mental health promotion program, the Aussies Optimism Program (AOP) on alcohol and tobacco use.
Research design	Students aged 10–13 years (N = 3288) from 63 government primary schools were recruited from an urban population area in Western Australian. Schools were randomized to a usual school health curriculum control group (21 schools), an AOP group with teacher training (20 schools), or AOP with teacher training plus coaching (22 schools). The intervention was implemented in primary school Grades 6 and 7, with follow-up in secondary school Grade 8. This period covers the normative transition to secondary school, a period of elevated risk for some adolescents. Students completed confidential questionnaires relating to consumption of cigarettes and alcohol over the past month. The intervention program contained activities relating to social skills, social problem solving and challenging unhelpful thoughts.
Outcomes	The intervention was associated with lower levels of alcohol use at post-test and lower levels of both alcohol and tobacco use at a 12-month secondary school follow-up, but only when AOP was implemented by teachers who received training and coaching in the program.
	While the intervention effects were relatively small for tobacco and alcohol use, positive outcomes following primary prevention programs are important given that participants function within the normal range.
	The program's effects on alcohol use were evident at post-test and follow-up whereas effects on tobacco use did not appear until the end of Grade 8. This suggests that the initiation of alcohol use is occurring earlier than previous studies have suggested.
	This intervention demonstrates that mental health promotion programs that focus on general life skills may also impact upon health risk behaviours such as alcohol and tobacco use in young adolescents.
Reference	Roberts, C, Williams, R, Kane, R, Pintabona, Y, Cross, D, Zubrick, S & Silburn, S 2011, 'Impact of a mental health promotion program on substance use in young adolescents' *Advances in Mental Health*, Vol.10, No.1, pp.72-82.

Title	Interventions for preventing tobacco sales to minors
Year	2005 (updated in 2008)
Theme	• Tobacco / Smoking
Cohort	• Children and young people
Country	Various
Evidence	• Systematic review
Strategy / intervention	The review examines the effects of interventions to reduce underage access to tobacco by deterring shopkeepers from making illegal sales.
Research	The following databases were searched, originally in 2005 and then in 2008, for

design	appropriate studies: Tobacco Addiction group trials register, MEDLINE and EMBASE.
	Studies included controlled trials and un-controlled trials with pre-and post-intervention assessment of interventions to change retailers' behaviour. Outcomes were measured by changes in retailer compliance with legislation (assessed by test-purchasing) and changes in young people's smoking behaviour and their perceived ease of access to tobacco products.
	Thirty-five studies were identified, of which 14 had data from a control group for at least one outcome.
Outcomes	No strategy achieved complete, sustained compliance however giving retailers information was less effective in reducing illegal sales than active enforcement and/or multi-component educational strategies.
	Various interventions including warnings and fines for retailers who illegally make sales to underage youth have been shown to reduce the proportion of retailers who are willing to sell tobacco during compliance checks.
	However, few of the communities studied achieved sustained high levels of compliance. This may explain why it has been difficult to demonstrate a clear effect of interventions on young smokers' perceptions of how easily they can buy cigarettes, or on their smoking behaviour.
Reference	Stead LF & Lancaster T 2005, 'Interventions for preventing tobacco sales to minors', *Cochrane Database of Systematic Reviews*, Issue 1, No. CD001497.

Title	Review of Healthy Alternatives for Little Ones (HALO)
Year	2010
Theme	• Substance Abuse (Alcohol, Tobacco and Other Drugs (ATOD) • Mental Health • Health Promotion
Cohort	• Children and young people aged 0 to 5 years in child care settings.
Country	United States
Evidence	**Quasi-experimental study**
Strategy / intervention	Healthy Alternatives for Little Ones (HALO) is a 12-unit wholistic health and substance abuse prevention curriculum for children aged 3 to 6 in a child care setting. It is designed to address risk and protective factors by providing children with information on healthy choices. It encourages healthy eating, exercise and emotion recognition and educates children about the harmful effects of alcohol, tobacco and other drugs.
Research design	HALO encourages healthy eating, exercise and emotion recognition and educates children about the harmful effects of alcohol, tobacco and other drugs (ATOD). The curriculum provides learning opportunities for children through teacher-led, developmentally appropriate and fun hands-on activities that involve educational songs, videos, group activities and books. Parental involvement is facilitated through introductory and unit-specific letters that encourage at home discussions and the practice of identifying and making healthy choices. It uses a storybook assessment tool administered by a trained interviewer to measure a child's knowledge of a variety of areas including the harmful effects of ATODs and what 'healthy' means.
Outcomes	Compared with the control group, the intervention groups demonstrated significant increases in knowledge across all subject areas tested, including harmful effects of

	ATODs.
Reference	Substance Abuse and Mental Health Services Administration's (SAMSHSA) 2010, *Review of 'Healthy Alternatives for Little Ones (HALO)'*, National Registry of Evidence-based Programs and Practices (NREPP) Reviews, viewed 15 May 2012, http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=175.

Title	Population level policy options for increasing the prevalence of smokefree homes
Year	2006
Theme	• Tobacco / Smoking
Cohort	• Children and young people
Country	Britain, USA, Australia and New Zealand
Evidence	• Systematic review
Strategy / intervention	The study identified and evaluated options for policy level government policies to increase the prevalence of homes free of secondhand smoke. For infants and children there are numerous adverse health effects from long term exposure to secondhand smoke including the increased risk of death from sudden infant death syndrome. Social consequences of home secondhand smoke exposure include increased school absences and downstream financial and other costs of psychological stress.
Research design	Literature was searched for population level policy options and evidence for them. The search criteria used was effectiveness, the reductions on inequalities in secondhand smoke exposure and cost effectiveness.
Outcomes	Evidence from all four countries shows some association between relatively comprehensive tobacco control programmes and lower prevalence levels of smoking in homes. The evidence of the effect of such programmes on inequalities in smokefree home prevalence is limited. No published evidence was found of the cost effectiveness of the programmes in achieving changes in smokefree homes.
	Within comprehensive programmes, there is some indirect evidence that some mass media campaigns could increase the prevalence of smokefree homes. Structural options that have potential to support smokefree homes include smokefree places legislation, and laws for the protection of children.
	These comprehensive programmes targeting reduction of smoking prevalence in the total population and likely to be most effective at increasing the prevalence of smoke-free homes.
Reference	Thompson, G, Wilson, N & Howden-Chapman, P 2006, 'Population level policy options for increasing the prevalence of smokefree homes', *Journal of Epidemiology and Community Health*, Vol. 60, No. 4, pp.298-304.

Sexual Health

Title	Parents and sex education in Western Australia: a consultation with parents on educating their children about sexual health at home and school.
Year	2008

Theme	• Sexual Health
Cohort	• Children and young people
Country	Australia
Evidence	• Expert opinion / Service user experiences
Strategy / intervention	This commissioned research project aimed to advise on those public health strategies which aim to ensure that young people are well-educated and informed about relationship and sexual health.
Research design	Broadly, the research • Undertook research to inform development of a sexual health resource for parents and conducted a review of the literature about the needs and views of parents in sex education, • Reported on the roles and needs of parents as sexual health educators for their children, and • Reported to the WA government on parent views about the roles of schools and teachers in the provision of sex education.
Outcomes	Key findings included: • most parents support the provision of sexual health education in schools but want to be kept informed of programs and their content, and to be assured that educators are suitably qualified, • Communication, family values and knowledge emerged as main issues of concern for parents, • A gender gap clearly exists in communication about sex with boys needing more support through puberty. Recommendations included the establishment of system / frameworks to assist schools, principals and teachers to foster the necessary relationships to accommodate the key findings. Specific recommendations were also made concerning the provision of parent resources to assist them to 'sex educate; their children. The study suggests that further research on specific parent groups is requiring including men, culturally and linguistically diverse parents, same-sex parents and parents of same-sex attracted children.
Reference	Dyson, S 2008, *Parents and sex education in Western Australia: a consultation with parents on educating their children about sexual health at home and school*, Department of Health, Government of Western Australia, Australia.

Title	Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies
Year	2009
Theme	• Sexual Health
Cohort	• Children and young people from disadvantaged communities
Country	United Kingdom.
Evidence	Systematic review

Strategy / intervention	To determine the impact on teenage pregnancy of interventions that address the social disadvantage associated with early parenthood and to assess the appropriateness of such interventions for young people in the United Kingdom.
Research design	A three part systematic review of the literature and research evidence on social disadvantage and pregnancy in young people was undertaken. This included a statistical meta-analysis of quantitative controlled trials on interventions for early parenthood, a thematic synthesis of qualitative studies that investigated the views on early parenthood in young people living in the UK and an integration of the two sets of findings.
	Data sources included 12 electronic databases, five key journals, reference lists, study authors and experts in the field.
	Ten controlled trials and five qualitative studies were included.
Outcomes	Teenage pregnancies were found to be 39% lower among individuals receiving an intervention than in those in normal or no intervention groups.
	Three main themes contributing to early pregnancy emerged including: dislike of school, poor material circumstances and unhappy childhood, and low expectations of the future.
	These results suggest that early childhood interventions and youth development programmes that address these themes are both effective and appropriate strategies to target teenage pregnancy. However, additional strategies that directly tackle the societal, community and family level factors that influence young people' route to parenthood should also be considered in parallel.
Reference	Harden, A, Brunton, G & Fletcher, A 2009, 'Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies', *BMJ*, Vol.339, pp.4254-4265

Title	Attitudes and behaviours of young Indigenous people in Townsville concerning relationships, sex and contraception: the "U Mob Yarn UP' project
Year	2007
Theme	• Sexual Health
Cohort	• Aboriginal and Torres Strait Islander children and young people
Country	Australia
Evidence	• Qualitative study
Strategy / intervention	The study aimed to gather some understanding of the attitudes and behaviours of Indigenous young people in Townsville concerning relationships, contraception and safe sex.
Research design	The study used cross-sectional approach in which a Young Mums' Group, operating on participatory action principles, assisted to design the project and act as key participants and peer interviewers and as a social support group.
	Participants included Indigenous Year 9-11 students at three high-schools and 15 residents of a homeless youth shelter.
	Data was collected using a computer-assisted self-administered survey and single sex focus group discussions. Focus group discussions were facilitated by an Indigenous and a non-Indigenous researcher.
	Outcomes were measured through self-reported attitudes and behaviour about

	relationships, sexual intercourse and contraception.
Outcomes	Like all teenagers, Indigenous teenagers in Townsville are becoming sexually active at a young age (13-14 years) and are not practicing safe sex reliably.
	Likelihood of having sex increased with being male, increasing age, perceived sexual activity of peers and frequency of alcohol consumption. Young women reported less enjoyment and were more likely to report unwanted sexual touching.
	The need to protect their reputation places young women at higher risk as they are not prepared for safe sex by carrying condoms. Most lacked confidence to communicate with their partners about condom use.
	This study provides information on which aspects of sexual health in Indigenous young people would potentially be most responsive to interventions such as education, safe sex promotion and access to contraception in a safe, shame-free environment.
	The authors suggest that while targeted school-based programs in small, single-sex groups are a good way to reach Indigenous students, alternative approaches must be found to reach those who have disengaged from the education system. Programs must focus broadly on communication, relations between males and females, and healthy sexual relationships, in addition to diseases and pregnancy, to help young Indigenous people create more egalitarian and thus safer sexual relationships.
Reference	Larkins, SL, Page, RP, Panaretto, KS, Scott, R, Mitchell, MR, Alberts, V, Veitch, PC &McGinty, S 2007 'Attitudes and behaviours of young Indigenous people in Townsville concerning relationships, sex and contraception: the "U Mob Yarn UP' project', *Medical Journal of Australia,* Vol.186, pp.513-518.

Title	Interventions to modify sexual risk behaviours for preventing HIV in homeless youth
Year	2011
Theme	• Sexual Health • Homelessness
Cohort	• Children and young people from disadvantaged communities (homeless) aged 12-24 years
Country	United States of America
Evidence	• Systematic review
Strategy / intervention	Homeless youth are at high risk for HIV infection as a consequence of risky sexual behaviour. Interventions for homeless youth are challenging. This review aims to evaluate and summarize the effectiveness of interventions for modifying sexual risk behaviours and preventing transmission of HIV among homeless youth.
Research design	Electronic databases (CENTRAL, MEDLINE, EMBASE, AIDSearch, Gateway, PsycInfo, LILACS), reference lists of eligible articles, international health agency publication lists, and clinical trial registries were searched in January 2010.
	Randomised studies of interventions to modify sexual risk behaviour (biological, self-reporting of sexual-risk behaviour or health seeking behaviour) in homeless youth (12-24 years) were chosen.
	As reports of self-reporting sexual risk behaviour outcomes varied across studies precluding calculation of summary measures of effect; outcomes are presented descriptively for each study. Authors were contacted for missing or ambiguous data.
	Three eligible studies were selected from an initial total of 255 records. All three

	recruited substance abusing male and female adolescents through homeless shelters into randomised controlled trials of independent and non-overlapping interventions.
Outcomes	Due to the heterogeneity and lack of robustness in the three studies available, effectiveness of these interventions can only be interpreted with caution. The absence of solid evidence means no firm conclusions on the impact of interventions to modify sexual risk behaviour in homeless youth can be made.
	Further research utilising rigorously designed methodology, delivery, outcome measurement and reporting is required.
Reference	Naranbhai, V, Abdool Karim, Q, & Meyer-Weitz, A 2011, 'Interventions to modify sexual risk behaviours for preventing HIV in homeless youth', *Cochrane Database of Systematic Reviews*, Issue 1, No. CD007501.

Title	Collaborating to make Aboriginal and Torres Strait Islander Young People's Sexual and Reproductive health " everybody's business"
Year	2011
Theme	• Sexual health
Cohort	• Aboriginal and Torres Strait Islander children and young people
Country	Australia
Evidence	• Qualitative study
Strategy / intervention	The development of informal partnerships between Family Planning Queensland (FPQ) Sunshine Coast with a number of on the Sunshine Coast and surrounding areas have facilitated the delivery of several education sessions for Aboriginal and Torres Strait Islander community leaders, young people, carers and the workers who support them. These led to development of a project to strengthen local capacity and facilitate the natural networks used by young people to more effective meet their reproductive and sexual health needs.
Research design	A community development model was used to promote positive messages about the Aboriginal and Torres Strait Islander culture and to provide information about sexual and reproductive health. Messages were communicated through established cultural or sporting events eg. Wanna be Deadly touch football carnivals or specific gatherings / training sessions.
	A steering committee of relevant stakeholders was established to support and organise the monthly training days / gatherings for Sunshine Coast young people ('The Black Swans"). These gatherings included up to 70 young people, parents, carers, community members and Elders.
	A youth advisory committee 'Deadly Murris' was formed from a small group of young people involved in The Black Swans.
	Formal evaluation of the outcomes was undertaken through focus groups and interviews.
Outcomes	The project was found to have a far wider impact on service delivery than possible if the FPQ Sunshine Coast had provided the services directly Critical success factors included:
	• An explicit focus on addressing Shame as a major obstacle for young people, parents and workers
	• Use of a sports programs as a vehicle for sexual health education

	• The use of FPQ's statewide network
	• FPQ's long term commitment to community activities and the ensuing trust
	• FPQ's focus on building capacity
	• The involvement of young people in the project's planning and management through the Deadly Murris and the fostering of leadership capacity of local young people.
	FPQ is no supporting local sexual health clinical services in improving their profile among Aboriginal and Torres Strait Islander young people, increasing the likelihood of them seeking services.
Reference	Stewart, J & Walsh, A, 2011, *Collaborating to make Aboriginal and Torres Strait Islander young people's sexual and reproductive health "Everybody's Business"*, Aboriginal & Islander Health Worker Journal, Vol.35, No.4, pp.14-15

Title	*Secondary Students and Sexual Health 2008*: results of the 4th National Survey of Australian Secondary Students, HIV?AIDS and Sexual Health
Year	2008
Theme	• Sexual Health.
Cohort	• Young people in Year 10 and Year 12 at secondary school
Country	Australia
Evidence	• Service user experiences
Strategy / intervention	This report provides an overview and analysis of outcomes from the The Fourth National Survey of Secondary Students and Sexual Health which surveyed Year 10 and Year 12 students under key themes of sexual knowledge, behaviour and health.
Research design	Research design focused on a survey comprising seven sections,
	• demographics and student background;
	• items measuring student HIV/AIDS knowledge and perceived risk of HIV
	• items relating to perceptions of peer condom use, sexual attraction, confidence in talking to parents/guardians and whether te student had experience (if any) of sex
	• questions covering students' sexual behaviour and experiences of sex
	• questions addressing alcohol, marijuana, infjecting drug use
	• students' general health
	• true/false knowledge questions relating to sexually transmitted diseases and information sources.
	A two stage sampling approach was used, the first using schools randomly selected with a probability proportional to population size. The second sampling two classes each of Year 10 and 12 students were randomly selected from all classes.
	Survey administration was undertaken by the school contact at each school with students, where possible, placed at separate desks and asked not to talk.
	Nearly 3000 students in Year 10 and Year 12 at over 100 secondary schools from across every jurisdiction in Australia were surveyed. Students could opt out if they chose.
Outcomes	The present survey, as with the previous iterations, reflects two competing forces: the need to ask the same questions in each survey in order to be able to make inferences about how young people are changing with the passing of time; and, a desire to include

	as much as possible that reflects current concerns.
	Continuing themes include young people's sexual behaviour and condom useand the apparent increase in sexual partner numbers. Particular concerns exist around drug and alcohol use, most particularly around the nexus between alcohol and drug use and unwanted sexual activity.
	The data collected in previous surveys has been widely used to inform policy and practice in the sexual health areas and by health departments to plan interventions for young people. Many sexual health and youth health services draw on these data for evidence-based service planning and opportunistic health promotion.
	It is important to note that young people, in the main, manage their sexual health very well. They generally make good decisions about their sexual behaviour. If they are sexually active, they generally participate in safe sexual encounters about which they are largely pleased and well informed. School programs which are currently in place are working well and valued by students; support given to young people to make their own decisions is well rewarded. Teachers and parents generally appear to be addressing this frequently challenging area with some success.
Reference	Smith, A, Agius, P, Mitchell, A, Barrett, C, & Pitts, M, 2009, *Secondary Students and Sexual Health 2008*, Monograph Series No. 70, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

Nutrition

Title	Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature
Year	2007
Theme	• Nutrition • Physical Activity
Cohort	• Children and young people aged 0 to 5 years.
Country	Various.
Evidence	• Systematic review
Strategy / intervention	This study conducted a systematic review of the literature to assess the effectiveness of interventions designed to prevent obesity, promote healthy eating and/or physical activity and/or reduce sedentary behaviours in 0-5 year-old children.
Research design	Literature searches involving both systematic searching of key databases (Medline, PsychINFO, Academic Search Premier, Communication and CINAHL databases) and hand searching for key researchers and programmes were conducted focussing on articlessampling children aged 0–5-years. Searches used defined relevant research criteria and excluded literature concerned with breastfeeding, eating disorders, and interventions which were school-based or concerned with obesity treatment. Nine studies, mostly multi-component interventions undertaken in the USA were identified. Many focused on socio-economically disadvantaged families. All showed effectiveness on at least on obesity promoting behaviour in children.
Outcomes	These studies support, at a range of levels, the premise that parents are receptive to and capable of some behavioural changes that may promote healthy weight in their young children. The small quantity of research heralds the need, particularly given the potential for early intervention to have long-lasting impacts on individual and population health, to build in a substantial way upon this evidence base.

Reference	Campbell, KJ & Hesketh, KD 2007, 'Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature', *Obesity Reviews*, Vol.8, pp.327-338

Title	Healthy lifestyle programs for physical activity and nutrition
Year	2011
Theme	• Nutrition • Physical Activity
Cohort	• Aboriginal and Torres Strait Islanders including children and young people
Country	Australia
Evidence	• Expert opinion / Practice evidence or knowledge / Report
Strategy / intervention	Approaches found to be successful in the Aboriginal and Torres Strait Islander population as a whole also positively impact their children and young people. This paper describes the burden of lifestyle-related chronic diseases affecting Indigenous Australians. It assesses the evidence regarding the effectiveness of physical activity and nutrition programs and identifies strategies that have been demonstrated to be effective. It also reviews strategies that have the potential to be effective, based on their short-term effect or their effectiveness in non-Indigenous populations. Healthy lifestyle programs must be considered in a broader context that incorporates the social determinants of health, and population-based approaches to health improvement. This approach recognises that the risk of developing chronic disease is not only directly influenced by an individual's behaviours but also by cultural, historical, social, geographical, economic and community factors, and government health policies and services.
Research design	N/A
Outcomes	Being overweight or obese, being physically inactive and consuming a diet low in fruit and vegetables have been estimated to contribute to the high rates of cardiovascular disease, diabetes and chronic kidney disease experienced by Australia's Indigenous people. Healthy lifestyle programs can help with these conditions. Diabetes rates in adults have been shown to stabilise and healthy lifestyles have been effectively promoted among children where programs are community-initiated, community managed and comprehensive, and where community-accepted external expertise is appropriately utilised. For example, the Looma Healthy Lifestyles Project in WA. Intensive lifestyle programs have been shown to be effective in reducing the incidence of diabetes among overweight non-Indigenous people who are pre-diabetic. Their effectiveness in relation to overweight Indigenous people who are pre-diabetic has not yet been demonstrated. Individual, family and group-based Indigenous healthy lifestyle projects have had positive health effects in the short term; however, it is not known whether these have been maintained. Longer term research is needed in this area. The settings in which lifestyle programs are delivered to at-risk individuals and who delivers them appear to contribute to their effectiveness. Sport can be used to promote healthy lifestyles. A small number of evaluations suggest a link between sports role models and health-promoting behaviour. These are most effective for children and youth where significant adults in their community form long-term mentoring relationships, alongside the shorter-term involvement of sporting

	celebrities. However participation in sport decreases with age, particularly in women.
Reference	Closing the Gap Clearinghouse (AIHW, AIFS) 2011, *Healthy lifestyle programs for physical activity and nutrition*, Produced for the Closing the Gap Clearinghouse, Canberra, Australian Institute of Health and Welfare & Australian Institute of Family Studies, Melbourne.

Title	Interventions addressing general parenting to prevent or treat childhood obesity
Year	2011
Theme	• Nutrition • Family
Cohort	• Children and young people
Country	Various
Evidence	• Systematic review
Strategy / intervention	Observational studies increasingly emphasize the impact of general parenting on the development of childhood overweight and obesity. The aim of the current literature review was to provide an overview of interventions addressing general parenting in order to prevent or treat childhood obesity.
Research design	Potentially eligible studies (1057) published until February 2010 were identified through keyword searches of PubMed, PsychINFO, and Scopus. Studies were further assessed with 63 retrieved for full reading. Nine papers detailing seven intervention studies were ultimately included. The studies described four different general parenting programs, which were supplemented with lifestyle components (i.e., physical activity and nutrition).
Outcomes	All studies showed significant small to moderate intervention effects on at least one weight-related outcome measure. Overall, the review shows that despite the emerging observational evidence for the role of parenting in children's weight-related outcomes, few interventions have been developed that address general parenting in the prevention of childhood obesity. These interventions provide evidence that the promotion of authoritative parenting is an effective strategy for the prevention and management of childhood obesity
Reference	Gerards, SM, Sleddens, EFC, Dagnielie, PC, De Vries, NK & Kremers, SPJ 2011, 'Interventions addressing general parenting to prevent or treat childhood obesity', *International Journal of Pediatric Obesity*, Vol. 6, pp.e-28-e45.

Title	Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature
Year	2010
Theme	• Nutrition • Physical Activity
Cohort	• Children and young people aged 0 to 5 years.
Country	Various, mainly United States of America (2/3)

Evidence	• Systematic review
Strategy / intervention	This review provides an update on the rapidly emerging evidence in the area of early childhood obesity-prevention literature.
Research design	Ten electronic databases (Academic Search Premier, Cumulative Index to Nursing and Allied Health Literature, Cochrane Central Register of Controlled Trials, Communication, Global Health, Health Source: Nursing/Academic, Medline, Psycharticles, PsychINFO, Psychology, and Behavioral Sciences Collection) were searched to identify literature from January 2005 to August 2008.
	Aside from using a search strategy with specific keywords, strict inclusion (interventions reporting child anthropometric, diet, physical activity, or sedentary behavior outcomes and focusing on children aged 0–5 years of age) and exclusion criteria (focusing on breastfeeding, eating disorders, obesity treatment, malnutrition, or school-based interventions) were used.
	Study quality was assessed using a six-component rating scale which assesses selection bias, study design, confounders, blinding, data collection methods, drops outs and withdrawals.
	Twenty-three studies met inclusion criteria, approximately two-thirds of which used multi-component interventions. Just Most were conducted in preschool/childcare ($n = 9$) or home settings ($n = 8$). Approximately half targeted socioeconomically disadvantaged children ($n = 12$) and three quarters were published from 2003 onward ($n = 17$).
Outcomes	The evidence base focussing on interventions for the 0-5 year olds remains relatively sparse, despite the fact that obesity and related behaviours are prevalent during early childhood and track across childhood.
	The variation in outcomes – some studies demonstrate some level of effectiveness while others showed none may be due to insufficient sample sizes, together with the fact that many studies lacked a parental component, which may be critical for observable and lasting changes in this age group. Interventions showing success impacted both knowledge and skills and competencies, suggesting a social behavioural theory base.
	Despite the mixed efficacy of the ability of intervention programs to change behaviors that contribute to obesity in young children, the evidence supports the premise that parents and caregivers, even those most at risk of rearing children who will become overweight or obese, are receptive to intervention programs and in some cases can be supported to make positive changes to dietary, physical activity, and sedentary behaviors of their young children. Further workers engaged with socioeconomically disadvantaged groups who are at higher risk for obesity, and those providing childcare and early education services are willing to implement obesity-prevention programs.
Reference	Hesketh, KD & Campbell, KJ 2010, 'Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature, *Obesity*, Vol.18, Suppl.1, pp.S27-S36

Title	A novel school-based intervention to improve nutrition knowledge in children: cluster randomised controlled trial.
Year	2010
Theme	• Nutrition • Health promotion
Cohort	• Children and young people aged 9 to 11 years
Country	United Kingdom

Evidence	• Randomised controlled trial
Strategy / intervention	Improving nutrition knowledge among children may help them to make healthier food choices. The aim of this study was to assess the effectiveness and acceptability of a novel educational intervention to increase nutrition knowledge among primary school children
Research design	We developed a card game 'Top Grub' and a 'healthy eating' curriculum for use in primary schools. Thirty-eight state primary schools comprising 2519 children in years 5 and 6 (aged 9-11 years) were recruited in a pragmatic cluster randomised controlled trial. The main outcome measures were change in nutrition knowledge scores, attitudes to healthy eating and acceptability of the intervention by children and teachers.
	Twelve intervention and 13 control schools (comprising 1133 children) completed the trial. The main reason for non-completion was time pressure of the school curriculum.
Outcomes	Mean total nutrition knowledge score increased by 1.1 in intervention (baseline to follow-up: 28.3 to 29.2) and 0.3 in control schools (27.3 to 27.6). Total nutrition knowledge score at follow-up, adjusted for baseline score, deprivation, and school size, was higher in intervention than in control schools (mean difference = 1.1; 95% CI: 0.05 to 2.16; p = 0.042).
	At follow-up, more children in the intervention schools said they 'are currently eating a healthy diet' (39.6%) or 'would try to eat a healthy diet' (35.7%) than in control schools (34.4% and 31.7% respectively; chi-square test p < 0.001). Most children (75.5%) enjoyed playing the game and teachers considered it a useful resource.
	The 'Top Grub' card game facilitated the enjoyable delivery of nutrition education in a sample of UK primary school age children.
	Further studies should determine whether improvements in nutrition knowledge are sustained and lead to changes in dietary behaviour.
Reference	Lakshman, RR, Sharp, SJ, Ong, KK & Forouhi, NG 2010, 'A novel school-based intervention to improve nutrition knowledge in children: cluster randomised controlled trial', *BMC Public Health*, Vol.10, pp.213-222.

Title	Psychosocial correlates of eating behaviour in children and adolescents: a review
Year	2009
Theme	• Nutrition
Cohort	• Children and young people aged 3 to 18 years
Country	Various
Evidence	• Systematic review
Strategy / intervention	To develop effective dietary interventions for children and adolescents, it is necessary to understand the factors that determine eating behavior in these populations. Research has repeatedly shown that theory-based interventions that are guided by relevant behavioral theories are more likely to significantly impact dietary behaviors in youth
	This literature review identifies and reviews studies examining correlates of the following categories of dietary intake in children and adolescents: Fruit, Juice and Vegetable Consumption, Fat in Diet, Total Energy Intake, Sugar Snacking, Sweetened Beverage Consumption, Dietary Fiber, Other Healthy Dietary Consumption, and Other Less Healthy Dietary Consumption.

	The goal of this review in identifying promising psychosocial correlates is to inform the development of interventions to improve dietary intake in children and young people
Research design	Cross-sectional and prospective studies were identified from database searches of PubMed, PsycINFO and PsycArticles using dietary intake psychosocial keywords and through examination of bibliographies from relevant reviews and research articles. Articles scanned ranged from 1990 and May 2009. Selected studies also had to comply with additional inclusion / exclusion critieria. Seventy-seven articles were included in this review.
Outcomes	The review found that the correlates best supported by the literature are: perceived modeling, dietary intentions, norms, liking and preferences. Perceived modeling and dietary intentions have the most consistent and positive associations with eating behavior. Norms, liking, and preferences were also consistently and positively related to eating behavior in children and adolescents. Availability, knowledge, outcome expectations, self-efficacy and social support did not show consistent relationships across dietary outcomes. Comparison of the outcomes of this review paper with recent reviews of the adult literature suggests that determinants of eating behavior differ between adult and pediatric populations. Future intervention research which may now create more effective adolescent and childhood dietary interventions by targeting the variables shown in this review that are most consistently associated with the various eating behaviours.
Reference	McClain, AD, Chappuis, C, Nguyen-Rodrigues, ST, Yaroch, AL & Spruijt-Metz 2009 'Psychosocial correlates of eating behaviour in children and adolescents: a review' *International Journal of Behavioral Nutrition and Physical Activity*, Vol.6, pp.54-74

Title	Determinants of fruit and vegetable consumption among children and adolescents: a review of the literature. Part I: quantitative studies
Year	2006
Theme	• Nutrition
Cohort	• Children and young people
Country	Various
Evidence	• Systematic review
Strategy / intervention	The present review is part of the Pro Children Project, an international-study involving nine European countries aiming at assessing fruit and vegetable consumption among schoolchildren and their parents, as well as positively affecting determinants of children's consumption. In order to more effectively promote fruit and vegetable intake among children and adolescents, insight into determinants of intake is necessary. We conducted a review of the literature for potential determinants of fruit and vegetable intake in children and adolescents.
Research design	Database searches of Medline and PsychINFO identified 5,279 articles using keywords. These papers were further screened using stringent inclusion and exclusion criteria. The resulting papers (465) were then thoroughly read and analysed through a four-step

	process for inclusion, together with papers identified through searches of bibliographies of literature reviews and methodological papers.
	Ninety-eight papers were included in the review, ranging from 1958 to December 2005. Determinants assessed included social-demographic factors (eg. gender, age/grade, socioeconomic position, race/ethnicity, urbanisation and other personal factors) family-related factors (eg. parental intake, home availability / accessibility, family size, family meals, parenting style, parental support for eating fruit and vegetables), friends-related factors, school related factors (eg. availability and policy of healthy and unhealthy foods), meal patterns, fast food eating, and TV watching.
Outcomes	Despite the large number of studies, for many determinants, strong evidence is lacking. The review reveals that the determinants supported by the greatest amount of evidence are gender, age, socio-economic position, preferences, parental intake, and home availability/accessibility.
	Girls and younger children tend to have a higher or more frequent intake of fruit and vegetables.
	Socio-economic position, preferences, parental intake, and home availability/accessibility are all positively associated with intake. In addition, also for nutritional knowledge, self-efficacy and shared family meals the evidence for positive associations is rather convincing.
	Future interventions to promote fruit and vegetable intake for children and adolescents should aim towards boys, older children and adolescents from low socioeconomic groups. In addition, further internationally comparative, longitudinal theory-based and multi-level studies are required to establish stronger evidence for the role of many of the personal and environmental determinants.
Reference	Rasmussen, M, Krolner, R, Klepp, K-I, Lytle, L, Brug, J, Bere, E & Pernille, D 2006, 'Determinants of fruit and vegetable consumption among children and adolescents: a review of the literature. Part I: quantitative studies' International *Journal of Behavioural Nutrition and Physical Activity,* Vol.3, pp.22-41.

Title	Impact of garden-based youth nutrition intervention programs: a review
Year	2009
Theme	• Nutrition
Cohort	• Children and young people aged 5 to 15 years
Country	United States
Evidence	• Systematic review
Strategy / intervention	Garden-based nutrition-education programs for youth are gaining in popularity and are viewed by many as a promising strategy for increasing preferences and improving dietary intake of fruits and vegetables.
	This review examines the scientific literature on garden-based youth nutrition intervention programs and the impact on nutrition-related outcomes.
Research design	Database (PubMed, Argricola, ERIC, and PsychINFO) searches using keywords were combined with an examination of reference lists of relevant publications identified eleven studies. Articles were included in this review if they examined the impact of garden based nutrition education on youth fruit and vegetable\ intake, willingness to taste fruits and vegetables, preferences for fruits and vegetables, or other nutrition-related outcomes.

	Eleven studies were identified. Five were school-based, three were part of an after-school program and three were community based programs.
Outcomes	The outcomes of this review suggest that garden-based nutrition intervention programs may have the potential to promote increased fruit and vegetable intake among youth and increased willingness to taste fruits and vegetables among younger children.
	However, it is difficult to make conclusions on the small number of well-designed methodologically peer-reviewed research studies available. Therefore, there is a need for well-designed, evidenced-based, peer-reviewed studies to determine program effectiveness and impact. Future research in this area is needed.
Reference	Robinson-O'Brien, R, Story, M & Heim, S 2009, Impact of garden-based youth nutrition intervention programs: a review', *J Am Diet Assoc*, Vol.109, pp.273-280.

Title	A randomised controlled trial for overweight and obese parents to prevent childhood obesity – Early STOPP (Stockholm Obesity Prevention Program)
Year	2011
Theme	• Nutrition • Health Promotion
Cohort	• Children and young people
Country	Sweden
Evidence	• Randomised controlled trial - Study Protocol
Strategy / intervention	Overweight and obesity have a dramatic negative impact on children's health not only during the childhood but also throughout the adult life. Preventing the development of obesity in children is therefore a world-wide health priority. There is an obvious urge for sustainable and evidenced-based interventions that are suitable for families with young children, especially for families with overweight or obese parents.
	This paper presents a protocol for a prevention program, Early STOPP, combating multiple obesity-promoting behaviors such unbalanced diet, physical inactivity and disturbed sleeping patterns. It also intends to evaluate the effectiveness of the early childhood obesity prevention in a well-characterized population of overweight or obese parents. This protocol outlines methods for the recruitment phase of the study.
Research design	This randomized controlled trial (RCT) targets overweight and/or obese parents with infants, recruited from the Child Health Care Centers (CHCC) within the Stockholm area. The intervention starts when infants are one year of age and continues until they are six and is regularly delivered by a trained coach (dietitian, physiotherapist or a nurse). The key aspects of Early STOPP family intervention are based on Swedish recommendations for CHCC, which include advices on healthy food choices and eating patterns, increasing physical activity/reducing sedentary behavior and regulating sleeping patterns.
	In total 200 families of different ethnic, socioeconomic and educational backgrounds will be recruited. To be included, at least one member of the families will be obese (BMI > 30) or two overweight parents (BMI > 25). Control groups of lean families will receive usual care form their CHCC nurse.
Outcomes	The Early STOPP trial design addresses weaknesses of previous research by recruiting from a well characterized population, defining a feasible, theory-based intervention and assessing multiple measurements to validate and interpret the program effectiveness. The early years hold promise as a time in which obesity prevention may be most effective. This longitudinal RCT is the, or one of the, first attempts to demonstrate

	whether an early, long-term, targeted health promotion program focusing on healthy eating, physical activity/ reduced sedentary behaviors and normalizing sleeping patterns could be effective. If proven so, Early STOPP may protect children from the development of overweight and obesity.
Reference	Sobko, T, Svensson, V, Ek, A, Ekstedt, M, Karlsson, H, Johansson, E, Cao, Y, Hagstromer, M & Marcus, C, 2011 'A randomised controlled trial for overweight and obese parents to prevent childhood obesity – Early STOPP (Stockholm Obesity Prevention Program) *BMC Public Health*, Vol.11, pp.336-344.

Physical Health

Title	Interventions for promoting physical activity among European teenagers: a systematic review
Year	2009
Theme	• Physical activity
Cohort	• Children and young people aged 1- to 19 years
Country	European countries
Evidence	• Systematic review
Strategy / Intervention	Although physical activity is considered to yield substantial health benefits, the level of physical activity among European teenagers is not sufficient. Adolescence is characterized by a decline in physical activity level. Many studies investigated the effectiveness of interventions promoting physical activity among young people, but none dealt with the available evidence specific for Europe. This review was conducted to summarize the effectiveness of interventions to promote physical activity among European teenagers.
Research design	A systematic review was conducted to identify European intervention studies published in the scientific literature since 1995. Four databases were searched, reference lists were scanned and the publication lists of the authors of the retrieved articles were checked. The ANGELO framework was used to categorise the included studies by setting and by intervention components.
	Twenty studies were identified, fifteen of which were delivered in a school setting, three of which included a family component and three including a family and community component. The other five were delivered through a community setting, primary care and the internet.Ten studies used a multi-component approach and ten used only an individual component.
Outcomes	Main findings of the review were:
	(1) school-based interventions generally lead to short term improvements in physical activity levels;
	(2) improvements in physical activity levels by school-based interventions were limited to school related physical activity with no conclusive transfer to leisure time physical activity;
	(3) including parents appeared to enhance school-based interventions;
	(4) the support of peers and the influence of direct environmental changes increased the physical activity level of secondary school children;
	(5) the assumption that a multi-component approach should produce synergistic results

	can not be confirmed;
	(6) when interventions aimed to affect more than one health behaviour the intervention appeared to be less effective in favour of physical activity.
	Overall, this review supports the short-term effectiveness school-based physical activity promotion programmes. The available evidence for the effectiveness in other settings is rather limited and underscores the need for further research.
Reference	De Meester, F, van Lenthe, FJ, Spittaels, H, Lien, N & De Bourdeaudhuij, I 2009 'Interventions for promoting physical activity among European teenagers: a systematic review' *International Journal of Behavioural Nutrition and Physical Activity*, Vol.6, pp.82-93

Title	Physical activity from early childhood to adolescence: a literature review of issues and interventions in disadvantaged populations'
Year	2010
Theme	• Physical Activity
Cohort	• Children and young people from disadvantaged communities.
Country	Various.
Evidence	• Systematic review
Strategy / intervention	Evidence suggests physical inactivity ranks second behind tobacco in contributing to mortality and morbidity in Australia. This raises concern about the connection between inactivity and health risk while highlighting the importance of physical activity as a public health priority for health promotion and disease prevention. Socioeconomic circumstances and disadvantage shape and constrain options to participate in physical activity. Childhood and adolescence are areas noted in the literature as being pivotal to long-term health and an area in which physical activity interventions require clarity.
	This paper presents finding from the literature identifying key physical activity interventions in disadvantaged populations with a focus on early childhood to adolescence. It is based on a report commissioned by the South Australian Health Department on this topic for the population more broadly. Physical activity is a major modifiable risk factor in the reduction of mortality and morbidity from many chronic, non-communicable and potentially preventable diseases.
Research design	Online academic databases: Proquest, Informit, Blackwell Synergy, Sage Publications, CINAHL and Cochrane were searched for peer-reviewed articles, systematic reviews and evaluations. Keywords used for searching included physical activity and', using the Boolean 'or' exercise, together with low socioeconomic position 'or' low socioeconomic status, culture, intervention health promotion, evaluation, strategies, South Australia, Australia. Manual searches of reference lists of suitable articles were also searchers.
	A global picture was sought and papers on countries with a similar culture and socioeconomic status to Australia were considered and further screened against inclusion criteria. 114 articles were used for the broader review.
Outcomes	There are myriad reasons for the success or failure of physical activity interventions for youth ranging from parental influences, gender and age, culture, socioeconomic status, and social and physical environments.
	Outcomes aligned with themes identified included:
	• Early childhood provides an ideal opportunity to develop lifestyle behaviour strategies that potentially carry on throughout childhood, although this cohort is

understudied. Enhancing parental skills not only benefits the child but also the parent. Due to the paucity of evaluated interventions in this age group, particularly 0 to 5, it is an area that warrants further investigation

- Most Australian children and adolescents are physically active; however the percentage that is not warrants concern. There are many influences on participation in physical activity for children and adolescents ranging from parental influences, gender and age, culture, socioeconomic status, and social and physical environments.

Multi-faceted approaches to interventions are required to achieve optimal outcomes for youth from early childhood through to adolescence. Approaches that educate, support and are repetitive in their strategy are needed. School provides an ideal site to engage students in physical activity. However 'curriculum-only' strategies do not work. Engaging parents in the interventions will heighten the probability of success as well as community-based capacity building.

Reference	Drummond, MJN & Drummond CE 2010, 'Physical activity from early childhood to adolescence: a literature review of issues and interventions in disadvantaged populations', *Journal of Student Wellbeing*, Vol.4, No.2, pp.17–31.

Title	A randomised controlled trial of a theory-based intervention to improve sun protective behaviour in adolescents ('you can still be HOT in the shade'): study protocol
Year	2012
Theme	• Physical Health • Health promotion • Sun-safety
Cohort	• Children and young people aged 12-17 years
Country	Australia
Evidence	• Randomised controlled trial (study protocol)
Strategy / intervention	There is limited research aimed at understanding why people do / do not engage in sun protective behaviour and an associated absence of theory-based interventions to improve sun safe behaviour. This paper presents a study protocol for a school-based intervention which aims to improve the sun safe behaviour of adolescents.
Research design	Approximately 4000 adolescents aged 12-16 years will be recruited throughout Australia and randomized to the intervention or 'wait-list' control group. The intervention focuses on encouraging sun protective attitudes and beliefs, fostering perceptions of normative support for sun protective behaviour and increasing perceptions of self control / efficacy over using sun protection. The intervention will be delivered during three X one hour sessions over a three week period from a trained facilitator at class time. Data will be collected pre-intervention, at one week and four weeks post-intervention. Outcomes measured will include intentions to sun protect and sun protective behaviour. Secondary outcomes will assess the attitudes and perceptions targeted through the intervention.
Outcomes	The study will provide valuable advice on the effectiveness of the intervention in improving sun protective behaviour of adolescents. As adolescents have high levels of knowledge and awareness of the risk of skin cancer but exhibit significantly reduced suns safe behaviour than adults.

	Given the prevalence of skin cancers in Australia, a successful intervention will have significant implications for health promotions models to improve the long-term health of our young people and our future adults.
Reference	Hawkes, AL, Hamilton, K, White, KM & Young, R 2012, 'A randomised controlled trial of a theory-based intervention to improve sun protective behaviours in adolescents ('you can still be HOT in the shade'); study protocol', *BMC Cancer*, Vol.12, pp1-8.

Title	Correlates of sedentary behaviours in preschool children: a review
Year	2010
Theme	• Physical Activity (Sedentary Behaviour)
Cohort	• Children and young people aged 3 to 5 years
Country	The country, or countries, where the research was conducted will be noted.
Evidence	• Systematic review
Strategy / intervention	Sedentary behaviour has been linked with a number of health outcomes. Preschool-aged children spend significant proportions of their day engaged in sedentary behaviours.
	Sedentary behaviours have shown a moderate tendency to track over time from quite a young age therefore strategies targeting reduced time being sedentary during the period when those behaviours are established may be beneficial for future health outcomes.
	Research into the correlates of sedentary behaviours in the preschool population is an emerging field, with most research being published since 2002. Reviews on correlates of sedentary behaviours which include preschool children have previously been published; however, none have reported results specific to the preschool population.
	This paper reviews articles reporting on correlates of sedentary behaviour in preschool children published between 1993 and 2009.
Research design	Literature was retrieved from three sources: a literature search of Medline, Pubmed, ERIC, Australian Education Index, PsycINFO, Current Contents, Social Science Index, SportsDiscus, Child Development Abstracts, and Health Reference Center – Academic: a manual search of reference lists of recovered articles and a review of the authors personal files.
	Articles examining correlates of sedentary behaviours in preschool children were retrieved and evaluated in 2008 and 2009. Twenty-nine studies were identified as meeting specific inclusion criteria.
Outcomes	From the twenty-nine studies, 63 potential correlates, including demographic and biological variables, social and cultural variables, physical environmental variables and behavioural attributes and skills variables, were identified. Television viewing was the most commonly examined sedentary behaviour.
	Age, body mass index, parental education and race had an indeterminate association with television viewing. However, outdoor playtime and the sex of a child were consistently unrelated to television viewing.
	The remaining 57 potential correlates had been investigated too infrequently to be able to draw robust conclusions about associations. Correlates of preschool children's sedentary behaviours are multi-dimensional and not well established.
	Further research is required to provide a more comprehensive understanding of the influences on preschool children's sedentary behaviours to better inform the

	development of interventions.
Reference	Hinkley, T, Salmon, J, Okely, AD & Trost, SG 2010, ' Correlates of sedentary behaviours in preschool children: a review', *International Journal of Behavioural Nutrition and Physical Activity,* Vol.7, pp.66-76.

Title	Systematic review of the health benefits of physical activity and fitness in school-aged children and youth
Year	2010
Theme	Physical Activity
Cohort	• Children and young people aged 5 to 17 years.
Country	Canada
Evidence	• Systematic review
Strategy / intervention	The purpose of this review was to: 1) perform a systematic review of studies examining the relation between physical activity, fitness, and health in school-aged children and youth, and 2) make recommendations based on the findings.
Research design	This systematic review was limited to key indicators of different health outcomes known to be related to physical activity in school-aged children and youth. Decisions on what health outcomes to include in the systematic review were made by examining what outcomes were studied in previously conducted reviews of this nature [20,21] and in consultation with the Steering Committee for the Canadian Physical Activity Guidelines. Seven health outcomes were included: cholesterol, depression, injury, bone density, blood pressure, obesity and metabolic syndrome. The pediatric systematic review was limited to: 1) studies examining certain key health indicators, and 2) for observational studies, the outcomes must have been measured in a dichotomous (yes or no) manner and presented as prevalences or ratio scores (odds ratio, relative risk, hazard ratio). Literature searches using keywords were conducted in MEDLINE (1950-January 2008, OVID Interface), EMBASE (1980-January 2008, OVID Interface), CINAHL (1982-January 2008, OVID Interface), PsycINFO (1967-January 2008, OVID Interface), all Evidence-Based Medicine Reviews (1991- January 2008, OVID Interface), and SPORTDiscus (up to January 2008, EBSCO Interface). Articles were further screened prior to inclusion and analysis of the level of evidence and formulation of recommendations undertaken. Eighty-six articles were included in this review.
Outcomes	Based on their analysis of the relevant papers, the authors concluded that physical activity is associated with numerous health benefits in school-aged children and youth with observational studies suggesting the more physical activity, the greater the health benefit. To achieve substantive health benefits, the physical activity should be of at least a moderate intensity, and it should be recognized that vigorous intensity activities (eg. aerobic) may provide an even greater benefit. From their findings, the authors devised the following recommendations: Recommendation #1 - Children and youth 5-17 years of age should accumulate an average of at least 60 minutes per day and up to several hours of at least moderate intensity physical activity. Some of the health benefits can be achieved through an

	average of 30 minutes per day. [Level 2, Grade A]
	Recommendation #2 - More vigorous intensity activities should be incorporated or added when possible, including activities that strengthen muscle and bone. [Level 3, Grade B].
	Recommendation #3 - Aerobic activities should make up the majority of the physical activity. Muscle and bone strengthening activities should be incorporated on at least 3 days of the week. [Level 2, Grade A].
Reference	Janssen, I & LeBlanc, AG 2010, 'Systematic review of the health benefits of physical activity and fitness in school-aged children and youth', *International Journal of Behavioural Nutrition and Physical Activity,* Vol.7, pp.40-56.

Title	Do attributes in the physical environment influence children's physical activity? A review of the literature
Year	2006
Theme	• Physical Activity
Cohort	• Children and young people
Country	Various but mainly United States of America
Evidence	• Systematic Review
Strategy / intervention	Many youth today are physically inactive. Recent attention linking the physical or built environment to physical activity in adults suggests an investigation into the relationship between the built environment and physical activity in children could guide appropriate intervention strategies. This review examines the association between children's physical activity and environmental attributes (perceived and objectively measured).
Research design	Searches using PubMed, PsychInfo, EBSCO, CINAHL, and TRANSPORT were to identify published studies and reports examining relationships between the physical environment and children and adolescents' physical activity. Transportation and urban planning reports were accessed using TRANSPORT and general internet searches and by searching the bibliographies of papers.
	Specific search terms were compiled from previous reviews. Studies identified were further assessed on relevancy with 23 studies meeting the inclusion criteria. An additional 10 studies were identified through bibliography searches, resulting in 33 articles included in this review.
	Studies were assessed on three categories of environmental attributes, 1) recreational infrastructure, 2) transport infrastructure and 3) local conditions.
Outcomes	Studies examining the impact of transport infrastructure showed that children are more active when there are sidewalks, they can walk to destinations, public transport is available, fewer controlled intersections to cross and traffic density was low.
	The majority of studies assessing the impact of recreational infrastructure showed that the availability of facilities in neighbourhoods and the availability of equipment and permanent activity structures in school play areas were associated with higher physical activity. In addition, greater distances to school were associated with lower rates of walking and cycling to school. Most studies did not show an association between home equipment and physical activity or the proximity of the parks. Effects were more significant in girls than boys.
	Studies assessing local conditions (eg. safety, crime, weather) found the least consistent results, reflecting the broader range characteristics. Generally no effects were seen for safety however crime rates appeared to have a negative impact on

	children's physical activity. No consistent pattern was seen for weather.
	This study provides preliminary evidence that a relationship exists between children's participation in physical activity and environmental attributes.
Reference	Krahnstoever Davison, K & Lawson, C 2006 'Do attributes in the physical environment influence children's physical activity? A review of the literature' *International Journal of Behavioral Nutrition and Physical Activity,* Vol.3, pp.19-36.

Title	The relationship between active travel to school and health-related fitness in children and adolescents: a systematic review.
Year	2011
Theme	• Physical Activity
Cohort	• Children and young people aged 5 to 18 years
Country	Various
Evidence	• Systematic review
Strategy / intervention	Higher levels of physical activity are associated with superior physical, social and psychological health in young people. Physical activity is inversely related to overweight and obesity in youth and poor body composition in childhood is associated with an increased risk of coronary heart disease in adulthood. Evidence suggests that there has been a decline in active travel to school (ATS) among children and adolescents in many countries, despite ATS being considered an important source of physical activity for youth.
	However, the relationship between ATS and health-related fitness (HRF) among youth remains unclear. The aim of this review, therefore, was to systematically examine the potential health benefits associated with ATS among children and adolescents. The secondary aim was to explore the quality of studies that have examined the relationship between ATS and HRF and to determine whether study quality may have confounded these relationships.
Research design	A systematic search of seven electronic databases (EMBASE, OVID MEDLINE, PsycINFO, PubMed, Scopus, SPORTDiscus and TRIS on line) was conducted in December 2009 and studies published since 1980 were considered for inclusion. Full articles considered compatible were retrieved and further screened against inclusion criteria. Reference lists of selected articles were further investigated for additional articles to consider.
	Twenty seven articles were identified that explored the relationship between ATS and the following aspects of HRF: weight status/body composition, cardiorespiratory fitness, muscular fitness and flexibility. Twenty five articles ezamined the relationship between ATS and weight status / body composition.
Outcomes	Forty-eight percent of the studies that examined the relationship between ATS and weight status/body composition reported significant associations, this increased to 55% once poor quality studies were removed. Furthermore, the
	findings from five studies, including one longitudinal study, indicate that ATS is positively associated with cardiorespiratory fitness in youth. However, the evidence for the relationships between ATS and muscular fitness or flexibility is equivocal and limited by low study numbers
	There is some evidence to suggest that ATS is associated with a healthier body composition and level of cardiorespiratory fitness among youth. Strategies to increase ATS are warranted and should be included in whole-of-school approaches to the

	promotion of physical activity.
Reference	Lubans, DR, Boreham, CA, Kelly, P and Foster, CE 2011, 'The relationship between active travel to school and health-related fitness in children and adolescents: a systematic review' *International Journal of Behavioural Nutrition and Physical Activity*, Vol.8, pp5-17.

Title	The 'Healthy Dads, Healthy Kids' community effectiveness trial: study protocol of a community-based healthy lifestyle program for fathers and their children
Year	2011
Theme	• Physical activity
Cohort	• Children and young people aged 5 to 12 years
Country	Australia
Evidence	• Community Randomised controlled trial – Study Protocol
Strategy / intervention	It has been demonstrated that a father's parenting style was more influential than a mother's parenting style on their pre-school child's weight status. Fathers' dietary intake has also been shown to be associated with their children's dietary intake. A longitudinal study of more than 3200 families identified that having an overweight or obese father, but a healthy weight mother, increased the odds of a child becoming obese However, the reverse scenario (having an overweight mother with a healthy weight father) was not a significant predictor of childhood obesity. These findings provide emerging evidence that fathers are a key influence in shaping the home environment that may influence children's dietary and physical activity behaviors.
	As parent behaviors, attitudes, parenting styles and practices have a profound influence on children's health behaviours, there is an urgent need to explore the feasibility and efficacy of lifestyle interventions that target parents and aim to influence the health behaviors of both parents and children.
	The 'Healthy Dads, Healthy Kids' (HDHK) program was designed to help overweight fathers lose weight and positively influence the health behaviors of their children. The aim of the current study was to evaluate the previously established efficacious program in a community setting, in a large effectiveness trial.
	The aims of the program are to help fathers achieve their weight loss goals, become healthy role models, and promote healthy behaviors for their children.
Research design	The HDHK community trial consists of 3 major stages:
	Stage 1 - Program refinement and resource development
	Stage 2 - Community randomized controlled trial (RCT)
	Stage 3 - Community effectiveness trial
	The HDHK program is based on Social Cognitive Theory (SCT) [23] and Family Systems Theory (FST) which leads to the postulation that when a parent changes his or her physical activity and dietary behaviors this will be reflected in the child's behavior. The 3-month HDHK program involves fathers attending seven face-to-face group sessions (90 minutes each). Four group sessions are for fathers only, and three sessions involve both the fathers and their children. These practical sessions will be conducted in local school halls and delivered by two trained facilitators.
	The HDHK will be evaluated in 5 government areas in which there are high level so employment in mining and associated manufacturing industries. These areas were selected as 52% of men in mining industry are engaged in shift work, an independent

	predictor of increased body mass index.
	For the community RCT, participants will be blinded to group allocation at baseline assessment. Baseline assessments will be made 1-2 weeks before program commencement. Demographic characteristics will be collected via questionnaire. The primary outcome measure will be body weight of the father at 6-month follow up with secondary outcomes including BMI, waist circumference, blood pressure, physical activity, reported physical activity and alcohol consumption, among others. Sedentary behaviour of the children will be reported by the mother as will the child feeding habits and intake.
	Community Program feasibility will also be assessed and sustainability planning will be undertaken in consultation with local communities.
Outcomes	Translating research results into evidence-based community programs that are widely disseminated is a major public health challenge. The programs with the most potential to prevent unhealthy weight gain in children are those that are evidence-based, readily accessible, require minimal resources, and can be delivered in community settings.
	The findings of this study will provide important information relating to the translation of HDHK which will enable it to be delivered on a larger scale and enable further studies to address long-term impact and ongoing evaluation.
	The community-based participatory research approach focuses on local relevance of health issues and collaborative partnerships between the researchers and community; builds on the strengths and resources of a community; and promotes capacity building.
	The potential public health benefits relate to the key research outcome, which is the improvement in the overall health and quality of life of participants (both fathers and children) through (a) positive changes in behaviors relating to physical activity and food intake (b) positive role modeling and engagement of fathers in their children's health and life and (c) community benefits through reductions in the burden of disease and direct/indirect health costs that are associated with poor lifestyle behaviors.
Reference	Morgan, PJ, Lubans, DR, Plotnikoff, RC, Callister, R, Burrows, T, Fletcher, R, Okely, AD, Young, MD, Miller, A, Clay, V, Lloyd, A & Collins, CE 2011, 'The 'Healthy Dads, Healthy Kids' community effectiveness trial: study protocol of a community-based healthy lifestyle program for fathers and their children' *BMC Public Health*, Vol.11, pp.876-1890.

Title	Indigenous Australians and physical activity: using a social–ecological model to review the literature
Year	2010
Theme	• Physical activity
Cohort	• Aboriginal and Torres Strait Islander children and young people
Country	The country, or countries, where the research was conducted will be noted.
Evidence	• Systematic review
Strategy / intervention	Based on a literature review, this paper aims to present what is currently known about Indigenous Australians and their engagement in physical activity and to then challenge some of the 'taken-for-granted' ways of thinking about promoting or researching physical activity with Indigenous Australians.
Research design	The literature reviewed in this paper was sourced in three ways. First, major electronic databases, including PubMed, CINAHL, ERIC, PsycINFO and SPORTS-DISCUS, were searched for relevant articles post-1990. references located in

	the retrieved articles were identified where relevant. Third, additional sources, were identified through a more general search of government websites, academic and non-academic library databases and discussions with colleagues within this research area. Studies were further assessed against two eligibility criteria, • the paper provided either qualitative or quantitative information relating to physical activity (in its broadest sense) and Indigenous people. • (the paper was focused on Australian Indigenous people: all ages and both urban and rural locations. Given the paucity of data available, articles were included irrespective of the number of participants or rigor of research processes.
Outcomes	The engagement of Indigenous Australians in physical activity and the ways in which it has meaning in their lives cannot be separated from the myriad of other influences such as 'social relationships, underlying environmental, occupational, nutritional, residential and experiential conditions and more broadly, colonization, culture, history and family. An examination of the cultural factors impacting the participation of Indigenous people in physical activity needs to go beyond a view of culture as a fixed entity and acknowledge that there are different approaches and meanings attached to physical activity for all people and that any public health initiative will require a more complex consideration of this diversity in order to be effective. The authors suggest that we need to recognize that health education and promotion initiatives in Australia are inevitably produced from a Western cultural perspective that reflects particular values that are potentially incongruent to those of some Indigenous people. The cultural interface' provides a helpful conceptual tool to assist health educators to consider the complexity and diversity of Indigenous people's lived experiences when planning and implementing programs aimed at promoting active living. It is described in part as an intersection of 'different systems of thought within and between different knowledge traditions and different systems of social, economic and political organization'. This article supports a broader socio-ecological approach to health for Indigenous people, suggesting that Western and Indignous knowledge needs to be linked for the necessary insights to exist for effective physical activity promotion to occur within this population. Given the cultural base for this discussion, it is reasonable to assume that the same or similar approach would be applicable to promoting physical activity amongst Indigenous children and young people.
Reference	Nelson, A, Abbott, R & Macdonald, D 2010, 'Indigenous Australians and physical activity: using a social–ecological model to review the literature', *Health Education Research,* Vol. 25, No.3, pp.498-509.

Title	Physical activity guidelines for preschoolers: a call for research to inform public health policy
Year	2012
Theme	• Physical activity
Cohort	• Children and young people aged 0 to 5 years
Country	Various
Evidence	• Systematic review

Strategy / intervention	Guidelines for the preschool years have recently been developed in several countries, but there are notable inconsistencies in the amount of physical activity regarded as sufficient for this age group. Given that early childhood is a critical period for the establishment of eating and activity behaviour and the current prevalence of childhood obesity, evidence-based studies to inform the development of community-targeted programs to ensure that children develop healthy physical activity behaviour should start as early in life as possible. Children under the age of 5 years are commonly defined as infants when aged between birth and 1 year, as toddlers when aged between 1 and 3 years, and as preschoolers when aged 3 to 5 years. This article outlines the global recommendations for physical activity for children ≤5 years of age. We identify gaps in the literature and suggest recommendations for future research and public health policy.
Research design	Keyword searches using search engines Google and Google Scholar was conducted in June 2011 to identify suitable articles. We also conducted a multidatabase search using EBSCO*host* (http://www.ebscohost.com) to retrieve journal articles that have cited physical activity recommendations or guidelines in children aged ≤5 years. Most guidelines/recommendations were retrieved from government or organisational websites. Guidelines or recommendations provided by the World Health Organization, and the Centers for Disease Control and Prevention[19] and the National Association for Sport and Physical Education (NASPE) in the United States were also considered.
Outcomes	Australian guidelines and recently released United Kingdom guidelines appear to be the only government-endorsed guidelines that have provided recommendations in age-appropriate categories. The authors argue that age groupings are needed because toddlers and preschoolers, school-aged children and adolescents are physiologically and developmentally different from each other. There is concern that the duration of physical activity varied between guidelines, from 60minutes physical activity to ≥2hours per day. Further research is required to understand both the duration and intensity of physical activity required for positive health outcomes in young children. The review shows that although researchers are beginning to focus on early childhood, many policymakers are yet to develop guidelines specific to preschool children, possible due to a lack of literature on the relationship between physical activity and health status in preschool children. Barriers to developing evidence-based guidelines include methodological issues (such as the application of different measurement instruments), a lack of evidence for the dose–response required for a positive health outcome, and limitations in representative surveys of physical activity in healthy young children In order to compare trends across countries, and to harmonise data collection internationally, empirically supported physical activity guidelines to examine whether children are sufficiently active need to be developed. For this to be possible, further targeted research is urgently required.
Reference	Skouteris, H, Dell'Aquila, D, Baur, LA, Dwyer, GM, McCabe, MP, Ricciardelli, LA, Fuller-Tyszkiewicz, M 2012, 'Physical activity guidelines for preschoolers: a call for research to inform public health policy', *Medical Journal of Australia*, Vol.196, pp.174-176.

Title	Systematic review of sedentary behaviour and health indicators in school-aged children and youth
Year	2011
Theme	• Physical activity / sedentary behaviour

Cohort	• Children and young people aged 5 to 7 years
Country	Various
Evidence	• Systematic review
Strategy / intervention	Accumulating evidence suggests that, independent of physical activity levels, sedentary behaviours are associated with increased risk of cardio-metabolic disease, all-cause mortality, and a variety of physiological and psychological problems. There is also increasing trends towards children, even those who are active, spending more time in sedentary pursuits. Therefore, to maximize health benefits, approaches to resolve the inactivity crisis should attempt to both increase deliberate physical activity and decrease sedentary behaviours, especially in the pediatric population.

The purpose of this systematic review is to determine the relationship between sedentary behaviour and health indicators in school-aged children and youth aged 5-17 years. Ultimately this review will form the evidence base for clinical practice sedentary practice guidelines for children and youth. |
| Research design | Online databases (MEDLINE, EMBASE and PsycINFO), personal libraries and government documents were searched for relevant studies examining time spent engaging in sedentary behaviours and six specific health indicators (body composition, fitness, metabolic syndrome and cardiovascular disease, self-esteem, pro-social behaviour and academic achievement). Studies were further screened against additional criteria prior to inclusion and analysis.

232 studies including 983,840 participants met inclusion criteria and were included in the review. |
| Outcomes | Television (TV) watching was the most common measure of sedentary behaviour and body composition was the most common outcome measure. Qualitative analysis of all studies revealed a dose-response relation between increased sedentary behaviour and unfavourable health outcomes. Watching TV for more than 2 hours per day was associated with unfavourable body composition, decreased fitness, lowered scores for self-esteem and pro-social behaviour and decreased academic achievement.

A meta-analysis was completed for randomized controlled studies that aimed to reduce sedentary time and reported change in body mass index (BMI) as their primary outcome. In this regard, the metaanalysis revealed an overall significant effect of -0.81 (95% CI of -1.44 to -0.17, p = 0.01) indicating an overall decrease in mean BMI associated with the interventions.

There is a large body of evidence from all study designs which suggests that decreasing any type of sedentary time is associated with lower health risk in youth aged 5-17 years. In particular, the evidence suggests that daily TV viewing in excess of 2 hours is associated with reduced physical and psychosocial health, and that lowering sedentary time leads to reductions in BMI.

The outcomes of this review therefore support public health efforts not only focusing on increasing physical activity but also on decreasing sedentary behaviour in children and young people. The authors recommend further work to translate this information into guidelines and disseminate it and that similar work is required in the 0 to 5 year olds, adults and older adults' categories. They also believe that a multi-level, multi-sectoral approach is required for any public health intervention in this area to be successful.

Future work also needs to move beyond the relationship between television and body composition and focus on other modes of sedentarism (e.g., prolonged sitting, passive transport) and other associated health indicators. To do this, objective measures of the time, type and context of sedentary pursuits will be needed in combination with robust and standardized measures of health indicators. |
| Reference | Tremblay, MS, LeBlanc, AG, Kho, ME, Saunders, TJ, Larouche, R, Colley, RC, Goldfield, G & Gorber, SC 2011, 'Systematic review of sedentary behaviour and health indicators in school-aged children and youth', *International Journal of Behavioural* |

Nutrition and Physical Activity, Vol.8, pp.98-120.

Title	The influence of parents and the home environment on preschoolers' physical activity behaviours: A qualitative investigation of childcare providers' perspectives.
Year	2011
Theme	• Physical activity
Cohort	• Children and young people aged 2.5 to 5 years.
Country	Canada
Evidence	• Qualitative study
Strategy / intervention	Physical activity offers numerous physiological and psychological benefits for young children; however, many preschool-aged children are not engaging in sufficient activity. Within Canada, the National Longitudinal Survey of Children and Youth indicates that only 36% of 2-3 year olds and 44% of 4-5 year olds participate in sport and physical activity each week with research suggesting between 26 and 30% of young children are overweight or obese. The home environment, inclusive of parent role modelling, has been identified as influencing preschoolers' physical activity. Parents of preschoolers have previously acknowledged their dependence on childcare staff to ensure their children are sufficiently active [23,24]; however, the perspectives of childcare staff with regard to the role of parents in increasing children's physical activity has not been examined. This study sought to examine childcare providers' perspectives of the importance of parents and the home environment for supporting the physical activity behaviours of preschool-aged children (aged 2.5-5 years) attending childcare.
Research design	A heterogeneous sample of childcare providers (n = 84; response rate 39%) working at public childcare facilities in London, Ontario participated. Thirteen semi-structured focus groups were conducted in London centres between February 2009 and February 2010. Focus groups were audio recorded and transcribed verbatim and inductive content analysis was used to code and classify themes. A number of strategies were used to verify the trustworthiness of the data. A total of 84 childcare providers (mean age = 33 years; 99% female; mean length of experience = 9 years) from 16 childcare centres in London, Ontario participated in this study. Eighty one percent were full time childcare providers and seventy nine percent had a college education.
Outcomes	Childcare providers acknowledged their reliance on parents/guardians to create a home environment that complements the positive physical activity messaging children may receive in childcare. Moreover, childcare staff highlighted the need for positive parent role modelling and parent support to encourage active healthy lifestyles among young children. Several providers suggested efforts to increase parents' awareness of and involvement in their children's physical activity would be advantageous. This study's findings highlight the need for increased parent-caregiver partnering in terms of communication and cooperation in service of promoting appropriate amounts of physical activity among preschoolers.
Reference	Tucker, P, van Zandvoort, MM, Burke, SM & Irwin, JD 2011 'The influence of parents and the home environment on preschoolers' physical activity behaviours: A qualitative investigation of childcare providers' perspectives', *BMC Public Health,* Vol.11, pp168-175.

KRA4: Children and young people are learning

Articles are summarised against the following key themes:

- early childhood education and care

- transitions

- parent engagement and the home learning environment

- school engagement and attainment.

Early childhood education and care

Title	Are There Long-Term Effects of Early Child Care?
Year	2007
Theme	Early childhood education and care
Cohort	Children aged 4 to 12 years
Country	United States of America
Evidence	Longitudinal study
Strategy / intervention	The study examined the effects of early child care on children's functioning, from 4.5 years of age to 12 years of age.
Research design	The principal aim of the National Institute of Child Health and Human Development (NICHD) Study of Early Child Care and Youth Development study was to explore the effects of different features of the child-care experience, particularly the quality of the care, the amount or quantity of care, and the type of care. Non-maternal child care was defined as "regular care by anyone other than the mother—including fathers, relatives, and nannies (whether in home or out of home), family day-care providers, and centers". A sample of 1,364 participants were recruited to the study, from 10 locations across the United States of America. Information about child-care use, including quantity, quality and type of care, was collected every 3–4 months from 1 month of age until school entry (approximately 54 months). Measures of cognitive and social functioning were collected longitudinally at 4½ years and in first, third, fifth, and sixth grade. Some measures were also collected in kindergarten, second, and fourth grade. A range of variables were used to control for family factors, school and after-school experiences.
Outcomes	Key findings from the ongoing study include: • children who experienced higher quality care had significantly higher reading scores at 4.5 years of age, but the association declined over time • children who had experienced higher quality care had higher vocabulary scores in fifth grade • parenting quality significantly predicted all the developmental outcomes and much more strongly than did any of the child-care predictors • a previously reported association between the hours per week in care and teacher ratings of externalizing problems and conflict dissipated, from significant at 4.5 years of age to non-significant at 12 years of age – however, when type of care was considered, spending more hours in center care predicted more teacher-reported externalizing problems.
Reference	Belsky, J, Vandell, DL, Burchinal, M, Clarke-Stewart, KA, McCartney, K, Owen, MT 2007, Are There Long-Term Effects of Early Child Care? Child Development, Vol 78, No

	2, pp.681-701.

Title	How does early childhood care and education affect cognitive development? An international review of the effects of early intervention for children from different social backgrounds
Year	2010
Theme	Early childhood education and care School readiness
Cohort	Children aged 2 to 6 years
Country	Studies identified for inclusion were sourced from the United Kingdom, Germany, Netherlands, Switzerland, United States of America, Canada, and Vietnam.
Evidence	Systematic review
Strategy / intervention	The review aimed to determine the effect of early childhood education and care on cognitive development. Early childhood education and care was defined as "center-based early intervention programs that foster the cognitive and socio-emotional development of children between about two years and the official school entrance age".
Research design	Eligibility criteria included: • the intervention commenced during the preschool years, was center-based, focused on the promotion of child well-being, and aimed to enhance child development and learning by attending to the needs of children. • sufficient information was provided about characteristics of the type of service • studies had to have well defined samples (>300 participants), with sufficient detail on sample characteristics, research methods and analyses to evaluate the robustness and validity of the results • outcomes measures were used as indicators of children's cognitive development, with assessment of linkages between participation and outcome achievement • a control (or comparison) group was used so that the effectiveness of different interventions could be compared • studies had to be published after 1990, be reported in a journal article or research report as a primary study (i.e. not a literature review). 32 studies (comprising 23 projects) were identified that met the criteria for inclusion.
Outcomes	The majority of the studies indicated effects of preschool on academic achievement tests, educational attainment and years of school attendance: • 22 of 32 studies showed positive associations between preschool attendance and cognitive outcomes or educational attainment; 8 studies (5 projects) had mixed results. • participants made significant gains in terms of relative standing to national norms; that is, participation assisted disadvantaged children to 'catch up' to their peers • of six studies that explored future special education needs, two reduced the proportion of children who later required special education, two found mixed results, and two lacked a sufficient control group to draw conclusions • few studies explored educational attainment, one study showed no differential effect, while one showed a clear advantage associated with preschool attendance. Overall, the review indicates that early childhood education and care programs have a positive short-term effect (on cognitive achievement) and moderate longer-term effects.

	Positive benefits were found for all children, irrespective of socio-economic background, however, the effect for children from disadvantaged families was slightly greater.
Reference	Burger, K 2010, 'How Does Early Childhood Care and Education Affect Cognitive Development? An International Review of the Effects of Early Interventions for Children from Different Social Backgrounds', *Early Childhood Research Quarterly*, vol 25, no 2, pp.140-165, viewed 16 May 2012, <http://www.unifr.ch/pedg/staff/burger/earlyinterventions.pdf>.

Title	Engaging Marginalised and Vulnerable Families
Year	2010
Theme	Early childhood education and care
Cohort	Children and young people from disadvantaged communities
Country	Australia
Evidence	Literature review
Strategy / intervention	The policy brief explores the evidence regarding improving access to services for marginalised and vulnerable families with young children, and how families can best be engaged and supported.
Research design	Not described.

Outcomes	Key findings from the policy brief:
	
	 • Young children and families most in need tend to be the ones who are least likely to access support services (including participation in early childhood services).
	
	 • There is a need to reframe the challenges associated with service access. Rather than labelling families as 'hard to reach', these families should be considered to be 'difficult to engage and retain'.
	
	 • Most parents want to receive help however there are a number of barriers to engagement. Barriers exist at three levels:
	   - service level (structural) barriers (cost, availability, eligibility, transport, hours of operation, inflexible appointment systems, poor coordination between services, etc)
	   - family level barriers (limited income, unstable housing or homelessness, low literacy, physical or mental health issues or disability), and
	   - relational or interpersonal barriers (for service providers, these include insensitive or judgemental attitudes, lack of cultural awareness, etc; for families these may include lack of trust, misperceptions, lack of social skills and confidence, being intimidated).
	
	 • There are six preconditions for successful engagement: the quality of relationship between the family and the service provider; establishing shared decision-making; cultural awareness and sensitivity; non-stigmatising interventions and settings; minimising the practical or structural barriers to accessing services; providing crisis help prior to other intervention aims.
	
	 • There is a need to build the capacity of service providers to engage vulnerable families, with consideration given to ensuring that the known barriers to service access for vulnerable families are minimised.

Reference	Centre for Community Child Health 2010, 'Engaging Marginalised and Vulnerable Families', Policy Brief No 18, viewed 20 May 2012 at
	http://www.rch.org.au/emplibrary/ccch/PB18_Vulnerable_families.pdf

Title	The impact of Sure Start Local Programmes on five year olds and their families
Year	2010
Theme	Early childhood education and care
Cohort	Birth to 5 years
Country	United Kingdom
Evidence	Quasi-experimental (longitudinal with matched comparator group design)
Strategy / intervention	Sure Start Local Programs (now children's centres) are area based programs, that aim to enhance the life chances for young children growing up in disadvantaged neighbourhoods in the United Kingdom. Sure Start children's centres target all children aged less than 5 years and their families, and offer a range of co-located supports and services, including health services, early childhood education and care, and employment assistance. The range of services provided varies according to local need.
Research design	The impact evaluation followed up over 7000 5-year-olds and their families in 150 SSLP areas who were initially studied when the children were 9 months and 3 years old, and compared outcomes to a matched comparator group drawn from the Millennium Cohort Study. Comparator group selection involved matching children based on living in areas with similar economic and demographic characteristics, but which were not SSLP-designated areas and thus did not offer SSLP services
Outcomes	Mixed results were found regarding the impact of SSLP on 21 child and family outcomes. While the first follow-up study at 3 years of age demonstrated only beneficial impact, both positive and negative effects were found at 5 years of age:
	• positive effects included better physical health for children, and for parents, included greater life satisfaction, engaging in less harsh discipline, providing a less chaotic home environment and a more cognitively stimulating home learning environment
	• negative effects included that mothers experienced more depressive symptoms and parents in SSLP areas were less likely to be engaged in their child's school (as measured by attendance at school meetings)
	• no effects were found regarding school readiness (early language, numeracy and social skills).
	The authors contend that methodological constraints, and the introduction of the 3 and 4-year-old free entitlement to pre-school, may have impacted on findings.
Reference	Department for Education 2010, The impact of Sure Start Local Programmes on five year olds and their families. London: DfE, viewed 16 May 2012 at <http://www.ness.bbk.ac.uk/impact/documents/RR067.pdf>

Title	Quality early childhood education for under-two-year-olds: What should it look like? A literature review
Year	2011

Theme	Early childhood education and care
Cohort	Children aged birth to 2 years
Country	New Zealand
Evidence	Systematic review
Strategy / intervention	The New Zealand government commissioned a review of research published in the last decade about the factors that impact the quality of experience in early childhood services, and outcomes, for under-two-year-old infants in order to generate an evidence base to underpin policy and practice for quality early childhood service provision for this age-group.
Research design	The review methodology involved a systematic search for English-medium research published in the last ten years within the following databases: ERIC, PsychINFO, Ebsco and Academic Search premier. Articles identified through the search were included in the study if they met the following criteria:
	• the article clearly described the methods of data collection and analysis used in the study (i.e., it reported an empirical study, or a review of empirical studies)
	• the study provided sufficient information to enable a judgment about the reliability and validity of its findings
	• the study was published in the last ten years or was deemed to offer important research findings – either in terms of its context and/or for its contribution to the current knowledge base.
Outcomes	The review identifies enablers and barriers to quality pedagogy, barriers to positive effects from centre-based early childhood services, and aspects of ECEC that may be regulated (and hence may be influenced by policy).
	Benefits of high quality interventions include that long term effects on children's developmental outcomes persist into adulthood, and that high quality early childhood intervention may ameliorate the effects of risk in social, cognitive and linguistic domains of learning. In addition, the authors conclude that "the benefits of routine high quality early childhood education have been shown for all children not just those enrolled in intensive early intervention programmes".
	Findings suggests that factors associated with effective early intervention programs (for vulnerable or at risk children), most of which are multi-service provisions to meet health and educational needs, include:
	• Clear program guidelines, and well-defined models of community partnerships, are beneficial.
	• Structural features of high quality programs including low adult:child ratios, staff qualifications, and a well-articulated curriculum, are related to positive outcome measures for children.
	• Qualified staff are essential to the success of an intervention program.
	• Centre-based programmes, and programmes that combine centre-based intervention with home-visiting work better than home-visiting alone.
	• A range of interrelated factors impact program effectiveness, including ensuring access through the provision of transport for children and parents to a centre-based facility.
Reference	Dalli, C, White, EJ, Rockel, J, Duhn, I, Buchanan, E, Davidson, S, Ganly, S, Kus, L, & Wang, B 2011, Quality early childhood education for under-two-year-olds: What should it look like? A literature review, a report prepared for the New Zealand Ministry of Education, viewed 16 May 2012, www.educationcounts.govt.nz/publications

Title	Child care and early education in Australia
Year	2009
Theme	Early childhood education and care
Cohort	Infants aged 3 to 12 months Children aged 4 to 5 years
Country	Australia
Evidence	Longitudinal study
Strategy / intervention	The study explored the impact of Early Childhood Education and Care (ECEC) and education attendance patterns on developmental outcomes for infants and children.
Research design	Growing Up in Australia—the Longitudinal Study of Australian Children (LSAC) provides data to enable a comprehensive understanding of children's development in Australia. The study analysed data from Wave 1 of LSAC which included 5,107 infants and 4,983 children. Data for Wave 1 was collected from the child's primary carer, secondary carer, other resident parent or stepparent, child care providers (formal and informal), teachers or carers in early education settings (preschool, child care, school), and the child (physical markers and direct assessment tasks). A series of multivariate analyses were performed to assess the contribution of children's child care and early education experiences to infant health and development outcomes, and child social and cognitive outcomes.
Outcomes	The study found that while there were some relationships between experience of ECEC and developmental outcomes (measures of pro-social and problem behaviour, receptive vocabulary, and early literacy and numeracy skills), maternal and family factors (maternal age, maternal psychological distress, parenting behaviour, socio-demographic variables) were more strongly predictive of child outcomes than any ECEC variable. Key findings included: • attendance at an ECEC program for more than eight hours per week, but less than 31 hours per week, was associated with higher literacy and numeracy skills • children's pro-social behaviour or problem behaviour (as rated by mothers and teachers) is not associated with hours of care per week spent in child care • approaches to learning (measured by teaching practices in the child's group or classroom) also contributed to social and learning outcomes.
Reference	Harrison, LJ, Ungerer, JA, Smith, JA, Zubrick, SR, & Wise, S 2009, Child care and early education in Australia, Social Policy Research Paper No. 40, Canberra, Department of Families, Housing, Community Services and Indigenous Affairs, viewed 28 May 2012 at http://www.fahcsia.gov.au/about/publicationsarticles/research/socialpolicy/Documents/prp40/default.htm See also, Harrison, L 2008, Does child care quality matter? Associations between social-emotional development and non-parental care in a representative sample of Australian children, Family Matters, 79, 14-25.

Title	No Child Left Behind: Universal Child Care and Children's Long-Run Outcomes
Year	2009

Theme	Early childhood education and care
Cohort	Children aged 3 to 6 years
Country	Norway
Evidence	• Cohort study
Strategy / intervention	Universal access to formal child care. Formal child care is defined as publicly and privately provided child care institutions, and licensed care givers.
Research design	The introduction of universal child care in Norway in late 1975 was analysed, to identify any potential impact of access to universal ECEC on long-term outcomes for children Reforms to the childcare sector in the late 1970s in Norway assigned responsibility for child care to local governments, and increased federal subsidies for formal child care. This generated a significant variation in the supply of formal child care for children aged 3 to 6 years over the reform period. A difference-in-differences approach was used to compare two cohorts of children born between 1973 and 1976: • a treatment group was drawn from municipalities where child care expansion was significant • a comparison group was drawn from municipalities where there was little or no increase in child care coverage. Data was sourced from administrative registers from Statistics Norway covering the entire resident population of Norway from 1967–2006. Strict exclusion criteria were applied to control for potentially confounding variables (e.g. children from families that moved between treatment and comparison municipalities were excluded). The final sample included 499,026 children from 318,367 families. Adult outcomes in 2006, including educational attainment, earnings, welfare dependency, household type and composition, were compared to administrative data on all child care institutions (number of children in child care, by age) to estimate effects per child care place.
Outcomes	The introduction of subsidized, universally accessible child care in Norway from 1975 had large positive effects on children's adult outcomes. At age 30 to 33, the treatment group demonstrated: • an increased number of years in education (a proxy measure for increased likelihood of completing high-school and attending college) • a decreased probability of being welfare dependent • an increased probability of earning at least average wage • delayed child bearing and family formation as adults. During the period, there was no net change in maternal employment, suggesting that the outcomes reflect a shift from the use of informal care to formal care (rather than a shift from parental care to formal care). The authors acknowledge a limitation of the study is that data on child care use, by child and parent characteristic was not available.
Reference	Havnes, T, & Mogstad, M 2009, No Child Left Behind: Universal Child Care and Children's Long-Run Outcomes, Discussion Paper No. 4561, Institute for the Study of Labor (IZA), November 2009.

Transition to school

Title	School readiness: what does it mean for Indigenous children, families, schools and

	communities?
Year	2010
Theme	Transitions
Cohort	Age not specified Indigenous children and young people
Country	Australia
Evidence	Systematic review / qualitative study
Strategy / intervention	Programs and interventions that promote school readiness
Research design	The paper researches the concept of school readiness of indigenous Australians, and provides an overview of national and international readiness programs and activities.
Outcomes	The authors review the literature on school readiness and identify three essential components of school readiness: children's readiness (skills and abilities); school readiness (supports and quality teaching and learning) and family and community supports. Physical health and wellbeing, and social emotional and mental health are important determinants of school readiness and academic achievement. The authors note that school readiness is "a multi-faceted construct in which children's abilities and health, family capacity, early childhood services and supports, schools, as well as the broader community, all play important roles". The range of programs identified as supporting school readiness are diverse and include both targeted early intervention programs and universal programs. There are few evaluations of programs in the indigenous context. The following characteristics of effective programs are identified and described: • ongoing funding, often at the state or national level • sufficient flexibility for local community or contextual input into the nature of the program or type of service made available. • universal availability, often complemented by targeted programs • involvement of local people within the programs – which is of particular importance in indigenous communities • recognition of the strengths and capabilities of the children, families and communities involved • a well-qualified workforce to deliver the program.
Reference	Dockett, S, Perry, B. and Kearney, E 2010, School readiness: what does it mean for Indigenous children, families, schools and communities? Issues paper no 2, produced for the Closing the Gap Clearinghouse, accessed 16 May 2012 http://www.aihw.gov.au/closingthegap/documents/issues_papers/ctg-ip02.pdf
Title	Facilitating children's transition to school from families with complex support needs
Year	2011
Theme	Early childhood education and care Transitions
Cohort	Children aged 4 to 5 years
Country	Australia (NSW)

Evidence	Qualitative study
Strategy / intervention	The qualitative study explored the range of supports parents accessed which assisted their child with the transition to school.
Research design	Methods included: • conversational interviews with families with complex support needs who had a child eligible to start school during the research period (n=44). Families participated in between one and six interviews over a one to 24 month period. • interviews with children (n=10) • interviews early intervention/family support staff (n=6) • interviews with teachers of study participants who started school (n=18), including completion of the Strengths and Difficulties Questionnaire (SDQ). Families were recruited through various programs offered by the project partners.
Outcomes	All families accessed a range of informal and formal supports during the transition period. Formal supports included practical support (assistance to purchase uniforms) and access to programs focused on parenting, financial planning and behavioural support. There was variation in how families approached the decisions related to children starting school, and transition programs provided an important avenue for information provision. The programs also influenced parent's choice of school. There was an insufficient sample size to determine the impact of behavioural concerns on children's transitions. The study finds that appropriate supports and enabling practices, processes and policies contributed to effective transition experiences for children from families with complex support needs. Practices that supported positive transitions varied, however, common elements include: providing access to information about school, assisting families to make positive connections with schools, promoting the development of family skills and abilities, acknowledging transition as a time when families seek and are responsive to input, and recognising other challenges experienced by the family. Processes that supported positive transitions to school promote: continuity of support across the transition to school, alignment of funded programs across the transition including alignment of funding and access to support, cross-sector collaboration, support that changes as family needs change, service flexibility and responsiveness to each family's changing situations, adaptation of services and support to local contexts, and professional development opportunities for staff.
Reference	Dockett S, Perry B, Kearny E, Hampshire A, Mason J, Schmied V, 2011, Facilitating children's transition to school from families with complex support needs, Albury, Research Institute for Professional Practice, Learning and Education, Charles Sturt University.

Title	Promoting positive education and care transitions for children
Year	2011
Theme	Transitions School readiness
Cohort	Children aged 0 to 5 years
Country	Australia

Evidence	Systematic review
Strategy / intervention	Transition programs
Research design	A literature review to identify factors that impact the transition from home to ECEC, and from ECEC to primary school.
Outcomes	The paper reports that transition is more difficult for financially disadvantaged families, Indigenous families, families with children who have a disability, and culturally and linguistically diverse families. The following factors are reported to impact on school readiness: • Child characteristics: temperament, IQ, personality, social skills and cognitive ability all appear to influence their readiness for school • Parental characteristics: socio-economic status, relationship status, membership of a minority group, intelligence and psychopathology, parenting practices and style, and attachment status • Community characteristics: availability of services, the schools within their community and the relationships between these and the families in which children grow up all impact upon their readiness for school. The authors argue that while some transition programs have been demonstrated to be effective, supporting school readiness is the collective responsibilities of families, services, communities and schools.
Reference	Rosier, K, & McDonald, M 2011, 'Promoting positive education and care transitions for children', *Communities and Families Clearinghouse Australia resource sheet*, Australian Institute of Family Studies: Melbourne.

Title	Literature Review - Transition: a positive start to school
Year	2008
Theme	Transitions
Cohort	Children aged 3 to 6 years
Country	Various
Evidence	Systematic review
Strategy / intervention	Transition to school programs
Research design	A Best Evidence Synthesis was conducted to explore the key research question: *What are the key findings and issues for improving transition into prep for children, their families, local communities and early childhood education and care professionals in Victoria?* Online databases were searched to identify relevant literature. 125 articles were included in the synthesis.
Outcomes	The review indicates that there is no evidence regarding the relative effectiveness of various transition to school programs, due to a lack of rigorous effectiveness evaluations, and no experimental or quasi-experimental studies. The synthesis indicates transition programs generally follow one of three models: preparing schools for children, preparing children for school and seeking program

continuity between school and prior-to-school settings.

The authors propose an ecological approach to the transition to school, targeting children, families, and schools. Promising practices identified in the literature include:

- Strategies to engage children: seek children's perspectives, questions and ideas on their transition to school; support children to initiate contact with school prior to the year before school; arrange visits to the school by the child before the school year begins; initiate 'Buddy' systems; acknowledge children as capable learners, irrespective of their background.
- Strategies to engage parents: create indicators of school readiness; arrange meetings in early childhood and school settings before and after the transition to school; create open lines of communication; provide parents to the opportunity to discuss how to participate in and share their children's learning; invite parents to join a peer support group.
- Strategies to engage schools and early childhood settings: identifying a staff member to be responsible for transition to school strategies; provide and/or seek professional development that is specific to transitions; plan children's transition in the year prior to school.

Reference	Centre for Equity and Innovation in Early Childhood 2008, Literature Review - Transition: a positive start to school, prepared for the Department of Education and Early Childhood Development, viewed 12 May 2012 at http://www.education.vic.gov.au/earlylearning/transitionschool/profresources/research.htm

Title	Parent engagement and school readiness: effects of the Getting Ready intervention on preschool children's social-emotional competencies
Year	2010
Theme	School readiness
Cohort	Children aged 3 to 5 years Children from disadvantaged backgrounds
Country	United States of America
Evidence	Randomised control trial
Strategy / intervention	Getting Ready is a parent engagement intervention designed to facilitate school readiness among disadvantaged families with children from birth to 5 years of age who are of participating in home- and center-based early education programs. Specifically, it was intended to (a) guide parents to engage in warm and responsive interactions with their child, support their child's autonomy, and participate in their child's learning; and (b) promote collaborative interactions among parents and teachers in support of children's learning and development at home and at school. Head Start teachers were provided with 2 days training in a range of strategies to promote parent engagement, and were supported throughout implementation with two coaching sessions per month, delivered by a project coach. The strategies allowed the Head Start teachers to focus parents' attention on their child's strengths; affirm parent competence, provide developmental information; and model and/or suggest parent actions that can support child learning. Collaborative strategies included sharing and discussing observations about the child; discussing developmental expectations; determining important social-emotional learning goals, assessing current levels of child performance or ability, brainstorming with parents around problems or issues related to the child's social, cognitive, or communicative development and

	learning, and checking back to monitor child progress. The strategies were employed during all interactions between parents and teachers.
Research design	This study took place in 28 Head Start classrooms over a four-year period. All classrooms used the used the High/Scope curriculum delivered by a qualified teacher and a paraprofessional teachers aide. Classroom size averaged 18 to 20 children from ages 3 to 5 years. Standard services provided to both treatment and control groups included an average of five home visits each academic year, parent-teacher conferences twice each year, and monthly family socialization activities at the school and in the community. 220 children enrolled in Head Start and their parents were involved over the 4-year study period. Random assignment to experimental or control groups occurred at the teacher/classroom level. Data were collected at six monthly intervals over a 2-year period for all participants. Home-visits were videotaped to assess fidelity of implementation, and parents' responsiveness to the intervention within home visits.
Outcomes	Key findings included: • Teachers' effectiveness at initiating parental interest and engagement was rated significantly higher than teachers' in the control group, indicating high fidelity in implementation. • Parents in the experimental group were observed interacting with their children significantly more than parents in the control condition. • Children in the experimental group demonstrated significantly enhanced gains in the level of attachment behaviours with adults over time, and significantly greater reduction in anxiety/withdrawal behaviours over time, in teacher reports of interpersonal competences, compared to the control group. • There was no difference between participants and the control group on measures of behavioural concern (anger/aggression, self-control, or behavioural problems). Overall, the intervention had a positive impact on the social-emotional readiness of children. However, the targeted and individually tailored support provided to parents, and the coaching provided to teachers, may have contributed to the results. A significant limitation of the study is the lack of follow-up data on children as they transitioned to a formal school setting.
Reference	Sheridan S, Knoche L, Edwards C, Bovaird J & Kupzyk K, 2010, 'Parent engagement and school readiness: effects of the Getting Ready intervention on preschool children's social-emotional competencies', *Early Education & Development*, Vol 21, No 1, pp. 125–156.

Title	Evaluation of Transition: A Positive Start to School Initiative
Year	2010
Theme	Transitions
Cohort	Children aged 4 to 5 years
Country	Australia (Victoria)
Evidence	Qualitative study (Evaluation)
Strategy / intervention	The Transition: A Positive Start to School Initiative aimed to improve children's experience of starting school by strengthening the development and delivery of transition programs. The initiative comprised the development and implementation of four

	resources:
	• A Transition Guide,that includes advice to parents on improving children"s experience of starting school.
	• A Transition Learning and Development Statement, a tool for families and educators to share information about a child's learning and development. the statement is completed by the early childhood educator in and forwarded onto to the child's primary school.
	• A Transition Resource Kit, to assist early childhood services, outside school hours care services and schools improve transition to school planning. It included information and advice to improve the development and planning of local transition to school processes and programs.
	• Professional development and support. Training sessions were provided to support early childhood educators to complete, and primary school teachers to interpret the Transition Statements.
Research design	An evaluation was conducted to explore the implementation and effectiveness of the initiative. Data collection methods included: online surveys for early childhood educators managers (n=569), prep teachers and principals (n=1029 participants), and parents/guardians (n=903); focus groups with parents/guardians (five in total); site visits to early childhood services and primary schools (n=48); and telephone interviews with key informants (n=45).
Outcomes	Evaluation findings related to impact and effectiveness of the initiative include:
	• the Transition Statements provide valuable information for educators, and supplemented existing local transition arrangements for children entering school
	• educators reported that the initiative was effective in identifying children's strengths and facilitating a common understanding between early childhood educators and Prep teachers about supporting children's continuity of learning and development during transition to school
	• educators reported that the initiative was neither effective nor ineffective in ensuring that children started school confident and ready to learn
	• parents who had completed a transition statement were more likely to report that their child settled smoothly into school, compared to parents who had not completed a transition statement who were more likely to report that their child had taken time to adjust to school, or were still adjusting
	• further effort is required to develop a greater understanding of the roles and responsibilities of families, early childhood educators and Prep teachers in the transition to school process.
	A limitation of the study is that it relies on the self-reported perceptions of teachers and parents, rather than objective assessments of children's transitions.
Reference	Success Works, 2010, Evaluation of Transition: A Positive Start to School Initiative, report prepared for the Department of Education and Early Childhood Development, viewed 16 May 2012 at http://www.education.vic.gov.au/earlylearning/transitionschool/research.htm

Parent engagement and the home learning environment

Title	Parents' Involvement in Their Children's Education
Year	2008
Theme	Parent engagement
Cohort	Children in Year 1 and Year 2

Country	Australia
Evidence	Longitudinal study
Strategy / intervention	Parent involvement in children's education in the early years was explored through analysis of data from the Longitudinal Survey of Australian Children.
Research design	The paper briefly reviews research findings on parental involvement to explore four research questions: • *What expectations do parents have for their child's education?* • *How responsive do parents believe schools and teachers are to their needs?* • *What contact do parents have with their children's school/ teachers in the early years of school?* • *Does parental involvement predict children's learning competence?* The authors then use data from *Growing Up in Australia*: *The Longitudinal Study of Australian Children (LSAC)* (children in Years 1 and 2). to investigate the relationship between parental involvement and children's learning competence. Six items were used to measure teachers' perceptions of the level of involvement of parents in the classroom: parent orientation activities; parent participation (e.g., as a classroom volunteer); formal parent–teacher meetings children's progress; parent information sessions; social activities for parents that promote contact or support; and information provision (regular newsletters about your program and events). Parents were also asked about their level of involvement in various activities.
Outcomes	The authors find that extensive research indicates: • there are important links between parenting and children's academic and behavioural competence at school, and • when schools and families work together, children have higher achievement in school and stay in school longer. Analysis of LSAY data shows that Australian parents have relatively high levels of involvement in their child's education in the early years, and parents report that involvement most frequently occurs via visiting the child's classroom. Higher levels of involvement were evident for families with higher household income. Parent involvement was correlated with child outcomes in language and literacy, mathematical thinking, and approaches to learning. The quality of interaction, rather than quantity, made the most difference. The authors conclude that supporting parent involvement in schools is a cost effective way to improve children's learning outcomes, and suggest that strong family-school partnerships are a critical enabler.
Reference	Berthelsen, D, & Walker, S 2008, Parents' involvement in their children's education, Family Matters, 79, Australian Institute of Family Studies, viewed 30 May 2012, http://www.aifs.gov.au/institute/pubs/fm2008/fm79/bw.pdf

Title	Promoting academic and social-emotional school readiness: The Head Start REDI Program
Year	2009
Theme	School readiness
Cohort	Children aged 4 years

Country	United States of America
Evidence	Randomised controlled trial
Strategy / intervention	The Head Start REDI (Research-based, Developmentally Informed) program was designed as an enrichment intervention that could be integrated into the existing framework of Head Start programs. The intervention involved brief lessons and hands-on extension activities (employing the PATHS curriculum) to promote social-emotional competencies, and specific teaching strategies to promote language development and emergent literacy skills. Teachers taught one PATHS lesson and one extension activity per week. Take-home materials were provided to parents to enhance skill development at home. Teachers received training workshops and ongoing weekly mentoring to support their use of the curriculum and teaching strategies.
Research design	Forty-four Head Start classrooms across 3 counties in Pennsylvania were randomly assigned to the intervention or 'usual practice' conditions. Multi-method assessments of 356 children tracked their progress over the course of the 1-year program. Assessments included child assessments, teacher ratings, parent ratings, and direct observations by assessors blinded to the intervention. Pretest scores for all children were used to control statistically for initial differences in child skills.
Outcomes	There were significant treatment effects for children participating in Head Start REDI on measures of vocabulary, emergent literacy, emotional understanding, social problem solving, social behaviour, and learning engagement. Only 2 of the 11 skills measured (grammatical understanding and sentence imitation) showed no evidence of intervention impact. Three of the 12 behavioural measures showed significant intervention effects (ratings of aggression, observer ratings of task orientation, and parent ratings of communication/language use). The authors conclude that children's cognitive and social-emotional school readiness can be improved by incorporating research-based instructional strategies and teaching practices into existing high quality curricula.
Reference	Bierman, KL, Domitrovich, CE, Nix, R, Gest, SD, Welsh, JA, Greenberg, MT, Blair, C, Nelson, KE, & Gill, S 2008, 'Promoting academic and social-emotional school readiness: The Head Start REDI Program', *Child Development*, Vol 79, No 6, pp.1802-1817.

Title	Outcomes of a universal shared reading intervention by 2 years of age: The Let's Read Trial
Year	2011
Theme	Early literacy
Cohort	Children aged birth to five years
Country	Australia
Evidence	Randomised control trial
Strategy / intervention	The aim of Let's Read is to support parents to develop their children's early literacy skills. Parents are provided with age appropriate advice at four routine individual Maternal and Child Health (MCH) visits: 4-8 months, 12 months, 18 months and 3.5 years. MCH nurses deliver, model and discuss the Let's Read material, and provide a take home pack containing a story book, DVD or video, booklist, and guidance. The

	three subsequent visits take a similar format.
Research design	A cluster randomised control trial was conducted in five relatively disadvantaged local government areas, and the program delivered by Maternal and Child Health Nurses. All parents attending a routine 4-week or 8-week well-child check up were approached to participate in the study over a three-month period. A sample of over 630 babies and their families were recruited (265 control, 365 intervention).
	Parents completed a mail-based questionnaire when their child was 4 weeks of age (baseline), 4 months, 12 months, and two years of age. Measures covered the home literacy environment, literacy practices, language development, and parent/child interaction.
	A total of 552 families (87.6%; 324 intervention and 228 control families) of 630 recruited families completed the two-year old questionnaire.
Outcomes	At 2 years, there was no significant difference in vocabulary, communication, or home literacy measures between intervention and control families. However, over three-quarters (77 per cent) of participants felt that the intervention changed their own shared reading practices. The authors suggest that the absence of any intervention effect may be due to the low intensity of the intervention, variability in implementation, sampling issues, or that outcomes are yet to emerge.
Reference	Goldfeld, S, Napiza, N, Quach, J, Reilly, S, Ukoumunne, OC, & Wake, M 2011, Outcomes of a universal shared reading intervention by 2 years of age: The Let's Read Trial, *Pediatrics*, Vol. 127 No. 3, pp. 445 -453, viewed 16 May 2012 < http://pediatrics.aappublications.org/content/127/3/445.full.html>

Title	Engaging Parents in Raising Achievement. Do parents Know They Matter?
Year	2007
Theme	Parental engagement
Cohort	Not specified
Country	United Kingdom
Evidence	Evaluation
Strategy / intervention	The project funded 100 schools to develop and pilot innovative strategies to that directly aimed to engage parents in learning. The projects focussed on one of four themes:
	• Supporting parents to help their children learn
	• Personalising provision for parents themselves as learners,
	• Intelligent reporting ("ireporting"),
	• Enhancing pastoral care.
Research design	Qualitative case study
Outcomes	Key findings include:
	• There is a difference between parental involvement in activities (e.g. volunteering) and parental engagement in learning. Engagement in learning in the home (rather than supporting activities in school) is more effective in supporting children and young people's learning.
	• Analysis of school datasets demonstrated a positive relationship between increased parental engagement, and positive learning outcomes 12 months post

	implementation.
	• A partnership between parents and schools is important: mutual trust, respect and commitment are important, and outcomes are greatest where parents and teachers work together.
	• Schools need to be accessible to parents – parents who are hard to reach view schools as hard to reach. Other barriers to parental engagement include time, language and literacy, child care issues, and system factors. Tailored strategies may be required for some parent groups.
	The authors conclude that parental engagement strategies should be embedded and integrated into school systems.
	A limitation of the study is that it does not clearly identify what strategies or methods of engaging parents are most effective.
Reference	Harris, A, & Goodall J, 2007, *Engaging Parents in Raising Achievement. Do parents Know They Matter?* available at
	http://wiki.ict-register.net/images/0/0a/July_07_Every_parent_matters.pdf

Title	Investing in our future: An evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters
Year	2011
Theme	Early childhood education and care Early literacy
Cohort	Children aged 4 to 5 years
Country	Australia
Evidence	Quasi-experimental design
Strategy / intervention	The Home Interaction Program for Parents and Youngsters (HIPPY) uses structured materials and activities, to encourage parents to become involved in their pre-school aged children's early learning experiences. The two-year program comprises: • provision of materials for parents to use with their children, for approximately 15 minutes 5 to 6 times a week [8 storybooks and 30 activity packs for parents and children in the first year (age 4) of HIPPY and 7 storybooks and 15 activity packs for the second (age 5) year] • fortnightly visits by a para-professional home tutor, to the family home, to familiarise parents with the resources • fortnightly parent group meetings facilitated by tutors, to provide additional 'enrichment' activities that focus on parenting skills, child development and links with the community (members and services). Home tutors are recruited from the local community, and receive training and support from an appropriately qualified professional. The program is delivered in 50 communities across Australia.
Research design	An evaluation explored the appropriateness, effectiveness, and efficiency of HIPPY. Effectiveness was determined via a two-year, longitudinal, quasi-experimental research design that involved a comparison group drawn from the Longitudinal Study of Australian Children. The baseline sample included 197 parent–child pairs participating in HIPPY across 14 communities. 131 parent–child pairs were able to be contacted for follow-up data collection. A comparator group of 2473 Longitudinal Study of Australian Children (LSAC)

	participants was identified using propensity score matching.
Outcomes	Positive impacts were identified in relation to: • the child: identified gaps in children's early numeracy and early literacy skills had closed by the end of the program, and children had fewer problems with their peers, and high levels of pro-social behaviour (indicators of socio-emotional adjustment). • the parent: participants reported increased confidence in their role as their child's first teacher between the start and end of the program, were more likely to consider themselves a 'good' parent; participated in more in-home and out-of-home activities with their child; and had a less hostile parenting style • the home learning environment: HIPPY parents reported that their child liked being read to for longer periods of time in any one sitting, and parents were more involved in their child's learning and development and had greater contact with the school than non-HIPPY parents • the parents' sense of wellbeing and social inclusion (including feeling supported and likelihood to access services in the future). The evaluation also reported low adherence to the program model; with greater fidelity there may be the capacity to demonstrate more positive outcomes at the child level.
Reference	Liddell M, Barnett T, Diallo Roost F & McEachran J 2011, *Investing in our future: An evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY),* Final report to the Department of Education, Employment and Workplace Relations, Australian Government.

Title	Developing Early Literacy Report of the National Early Literacy Panel: A Scientific Synthesis of Early Literacy Development and Implications for Intervention
Year	2008
Theme	Early childhood education and care Early literacy
Cohort	Children ages 0 to 5 years
Country	United States of America
Evidence	Systematic review Meta-analysis
Strategy / intervention	The aim of the review was to identify interventions, parenting activities, and instructional practices that promote the development of children's early literacy skills. The review explored four questions: 1. What are the skills and abilities of young children (age birth through five years or kindergarten) that predict later reading, writing, or spelling outcomes? 2. Which programs, interventions, and other instructional approaches or procedures have contributed to or inhibited gains in children's skills and abilities that are linked to later outcomes in reading, writing, or spelling? 3. What environments and settings have contributed to or inhibited gains in children's skills and abilities that are linked to later outcomes in reading, writing, or spelling? 4. What child characteristics have contributed to or inhibited gains in children's skills and abilities that are linked to later outcomes in reading, writing, or spelling?
Research design	Electronic searches were conducted using online databases, supplemented with hand searches of major research journals, reference checks of past literature reviews, and nominations from leading experts in the field of early literacy. 8,000 potential articles

	were identified and screened for relevance. 500 articles were included in meta-analyses
Outcomes	Key findings of the review include: • all of intervention types reviewed had a positive impact on one or more areas of literacy (interventions were grouped into one of five categories: code-focussed i.e. designed to teach the alphabet, shared reading, parent and home programs, kindergarten programs, and language enhancement interventions) • skills that are predictive of later reading, writing, and spelling outcomes include alphabet knowledge, phonological awareness, rapid naming tasks, writing, and phonological short-term memory • language enhancement interventions appear to be more effective with younger children, with few differences with regard to age and effectiveness for all other types of intervention. The authors could not determine the role of other characteristics (such as gender, race, or socio-economic status) due to reporting limitations in the original studies. A potential reason for strong positive findings was the nature and intensity of the interventions examined, the majority being delivered one-on-one or in a small group setting. The authors conclude that there is a need to focus on translational research of "more typical implementations" of programs or interventions within early childhood education settings.
Reference	National Institute for Literacy 2008, Developing Early Literacy Report of the National Early Literacy Panel: A Scientific Synthesis of Early Literacy Development and Implications for Intervention, National Institute for Literacy: Jessup, Maryland.

Title	Reach Out and Read: Research Summary
Year	Various (2003 to 2005)
Theme	Early literacy
Cohort	Children aged 6 months to 5 years
Country	United States of America
Evidence	Quasi-experimental design with matched control group, pre- post- testing, and post-testing.
Strategy / intervention	Reach out and Read is an intervention that incorporates anticipatory guidance around reading aloud, and distribution of books. The program is delivered at routine child health visits, from six months to five years. At the time of children's checkups, pediatricians provide guidance and encouragement to parents to read to their children, program volunteers model shared book reading for parents, and children are given a new, age-appropriate book to keep.
Research design	Reach out and Read has been studied in a number of settings, employing a range of research designs. For example: • Weitzman et al (2005) conducted interviews with parents, and home visits to assess the home literacy environment, for a cross-sectional sample of 100 parents. • Needlman et al (2004) interviewed 1647 parents (730 who had participated in Reach out and Read, and 917 control parents) about their attitudes and practices in reading aloud to their child. • Theriot et al (2003), conducted assessments of expressive and receptive vocabulary, surveyed parents, and compared findings to the number of contacts with the intervention, for a sample of 64 children.

Outcomes	Studies have reported various positive findings, including:
	• Parents who participate in Reach Out and Read are up to four times more likely to read aloud to their children, compared to control groups.
	• Families participating in Reach Out and Read are more likely to own more books
	• Children who participate in Reach Out and Read show significant developmental gains in language and a six-month developmental edge over their peers in the preschool years. They also have been shown to score higher on vocabulary tests (receptive and expressive vocabulary scores) and school readiness assessments.
	• A 'dosing' effect has been observed: children's vocabulary test scores are associated with both the number of Reach Out and Read enhanced well-child visits they had attended, and with the number of books purchased for them by their parents.
Reference	Reach Out and Read has been subject to extensive research and evaluation. More recent publications include:
	Needlman, R, Toker KH, Dreyer, BP, Klass, P, Mendelsohn, AL 2005, 'Effectiveness of a primary care intervention to support reading aloud: a multicenter evaluation', *Ambulatory Pediatrics*, No 5, p. 209–215.
	Theriot, JA, Franco, SM, Sisson, BA, Metcalf, SC, Kennedy, MA, Bada, HS 2003, 'The impact of early literacy guidance on language skills of 3-year-olds', *Clinical Pediatrics*, No 42, pp. 165–172.
	Weitzman, CC, Roy, L, Walls, T, & Tomlin, R 2004, 'More evidence for Reach Out and Read: A home-based study', *Pediatrics*, No113, pp. 1248–1253.

Title	Parent engagement and school readiness: effects of the Getting Ready intervention on preschool children's social-emotional competencies
Year	2010
Theme	Parent engagement
Cohort	Children aged 3 to 5 years
	Children from disadvantaged backgrounds
Country	United States of America
Evidence	Randomised control trial
Strategy / intervention	Getting Ready is a parent engagement intervention designed to facilitate school readiness among disadvantaged families with children from birth to 5 years of age who are of participating in home- and center-based early education programs. Specifically, it was intended to (a) guide parents to engage in warm and responsive interactions with their child, support their child's autonomy, and participate in their child's learning; and (b) promote collaborative interactions among parents and teachers in support of children's learning and development at home and at school.
	Head Start teachers were provided with 2 days training in a range of strategies to promote parent engagement, and were supported throughout implementation with two coaching sessions per month, delivered by a project coach.
	The strategies allowed the Head Start teachers to focus parents' attention on their child's strengths; affirm parent competence, provide developmental information; and model and/or suggest parent actions that can support child learning. Collaborative strategies included sharing and discussing observations about the child; discussing developmental expectations; determining important social-emotional learning goals, assessing current

	levels of child performance or ability, brainstorming with parents around problems or issues related to the child's social, cognitive, or communicative development and learning, and checking back to monitor child progress. The strategies were employed during all interactions between parents and teachers.
Research design	This study took place in 28 Head Start classrooms over a four-year period. All classrooms used the used the High/Scope curriculum delivered by a qualified teacher and a paraprofessional teachers aide. Classroom size averaged 18 to 20 children from ages 3 to 5 years. Standard services provided to both treatment and control groups included an average of five home visits each academic year, parent-teacher conferences twice each year, and monthly family socialization activities at the school and in the community.
	220 children enrolled in Head Start and their parents were involved over the 4-year study period. Random assignment to experimental or control groups occurred at the teacher/classroom level. Data were collected at six monthly intervals over a 2-year period for all participants. Home-visits were videotaped to assess fidelity of implementation, and parents' responsiveness to the intervention within home visits.
Outcomes	Key findings included:
	• Teachers' effectiveness at initiating parental interest and engagement was rated significantly higher than teachers' in the control group, indicating high fidelity in implementation.
	• Parents in the experimental group were observed interacting with their children significantly more than parents in the control condition.
	• Children in the experimental group demonstrated significantly enhanced gains in the level of attachment behaviours with adults over time, and significantly greater reduction in anxiety/withdrawal behaviours over time, in teacher reports of interpersonal competences, compared to the control group.
	• There was no difference between participants and the control group on measures of behavioural concern (anger/aggression, self-control, or behavioural problems).
	Overall, the intervention had a positive impact on the social-emotional readiness of children. However, the targeted and individually tailored support provided to parents, and the coaching provided to teachers, may have contributed to the results.
	A limitation of the study is the lack of follow-up data on children as they transitioned to a formal school setting.
Reference	Sheridan S, Knoche L, Edwards C, Bovaird J & Kupzyk K, 2010, 'Parent engagement and school readiness: effects of the Getting Ready intervention on preschool children's social-emotional competencies', *Early Education & Development*, Vol 21, No 1, pp. 125–156.

Engagement and attainment

Title	Educational aspiration and attainment amongst young people in deprived communities
Year	2008
Theme	Attainment
Cohort	Children and young people from disadvantaged backgrounds
	Children and young people aged 11 - 14
Country	United Kingdom

Evidence	Qualitative study.
Strategy / intervention	The research project explored the ways in which communities and social networks influence young people's aspirations, and the potential to raise educational attainment in deprived areas by supporting young people, families and the wider community to foster high aspirations.
Research design	The research methods included: • interviews with 60 young people, 50 parents, and 50 practitioners across three disadvantaged neighbourhoods; • analysis of data from: the Department for Children Schools and Families; the Avon Longitudinal Study of Parents & Children (ALSPAC); the Longitudinal Study of Young People in England (LSYPE).
Outcomes	Key findings include: • Educational aspirations and expectations differ by gender, ethnicity, socio-economic group, and level of community disadvantage • Young people's educational aspirations are highly correlated with those of their peers. • Parents have a significant influence on their children's engagement in school and educational aspirations. • Teacher expectations for their students, teacher confidence in their own teaching efficacy, and positive teacher student relationships predict school achievement. • The 11-14 age range is a time when young people move from idealistic to more realistic educational and career ambitions; however few interventions target this age group. • The educational aspirations amongst young people living in disadvantaged communities vary widely – suggesting that neighbourhood characteristics may influence aspirations. In disadvantaged communities, young people have low levels of bridging social capital (diverse networks of contacts outside their immediate social circles), and have high levels of bonding social capital (close friends and family members living locally) which collectively act to "constrain individuals to familiar locations and choices". • While no direct 'neighbourhood effect' on aspirations was identified in the study, the authors argue that increasing young people's bridging social capital – expanding their social networks and 'broadening horizons' – may assist to increase aspirations and expectations.. • interventions need to be better aligned and tailored to the specific characteristics and circumstances of their particular communities
Reference	Cuthbert, CD, & Hatch, R 2008, *Educational aspiration and attainment amongst young people in deprived communities*, Edinburgh, Centre for Research on Families and Relationships, viewed 16 May 2012, <www.crfr.ac.uk/spa2009/spa_papers.html>.

Title	Strategic Review of Effective Re-Engagement Models for Disengaged Learners
Year	2011
Theme	Engagement Re-engagement
Cohort	Young people aged 15 to 24
Country	Australia

Evidence	Literature review
Strategy / intervention	The literature review reports on programs and strategies which have proven successful in helping 15 to 64 year-olds who have not attained initial qualifications (Year 12 or equivalent) and are unemployed, not in the labour force or in low skill jobs, to engage in education and training and attain a qualification.
Research design	The literature search included Australian an international literature. The search strategy is not defined, however, the authors report that strategies were included where they had been evaluated as effective, with evidence of impact available.
Outcomes	The authors identify 17 strategies across four elements that are evident across effective programs and interventions: • outreach: programs include strategies to connect with disengaged learners, identify their needs and inform them of available options, which may include providing accessible information, bringing learning to the learner, targeting high needs groups, and establishing meaningful relationships • learner well-being: programs recognise and address structural or situational barriers to engagement in learning. Strategies include intensive support and guidance, being client sensitive, developing relationships, delivering services via a hub or one-stop-shop, and providing whole community or familial interventions • pedagogy: programs adopt approaches to learning that include: applied or hands on learning, flexible options, literacy and numeracy skill development, and integrate the use of technology. • pathways: programs include links to other study and to work and career development opportunities. Pathways may be embedded into the program, or programs may make use of: connections with community and institutions, intermediate labour market approaches, or integrated work based learning programs. The report also discusses funding models, costs of various interventions, and returns on investment.
Reference	Davies, M, Lamb, S, & Doecke, E 2011, *Strategic Review of Effective Re-Engagement Models for Disengaged Learners*, prepared for the Victorian Department of Education and Early Childhood Development, August 2011.

Title	Student Engagement in the Middle Years of Schooling (Years 7-10): A Literature Review
Year	2010
Theme	Engagement
Cohort	Children and young people aged 12 to 15
Country	New Zealand
Evidence	Literature review
Strategy / intervention	The literature review explores three research questions: • Thinking specifically in terms of learning and achievement outcomes for students over the shorter-and longer-term, what are the key elements of 'student engagement' during the middle schooling years? • How, and to what extent, are these various elements of 'student engagement' linked to student learning and achievement? Are certain elements more or less strongly linked to learning and achievement for particular students or groups of students?

	• What promotes and supports 'student engagement' for improved learning and achievement during the middle schooling years? Does it differ for particular students or groups of students?
Research design	The literature search strategy is not defined.
Outcomes	The authors argue that while engagement is poorly defined, and should be viewed as a multifaceted construct. The three main components of engagement are: emotional, behavioural and cognitive engagement. Eight factors that have an effect on the engagement and subsequent learning and achievement of students are identified: relationships with teachers and other students, motivation and interest in learning, goal orientation, academic self-regulation, self-efficacy, relational learning, personal agency, and dispositions. Principles and classroom strategies that are known to positively influence student engagement and learning are described, across three domains: developing nurturing and trusting relationships, engaging students in fun learning activities, and making learning meaningful for students. Overall, the literature review provides evidence that the classroom environment may shape student engagement, and provides strategies that will foster student engagement in learning.
Reference	Gibbs, R, & Poskitt, J 2010, Student Engagement in the Middle Years of Schooling (Years 7-10): A Literature Review, Report to the Ministry of Education New Zealand, viewed 16 May 2012, <www.educationcounts.govt.nz/publications>.

Title	Approaches to Dropout Prevention: Heeding Early Warning Signs With Appropriate Interventions
Year	2007
Theme	Engagement
Cohort	Children and young people in grades 6 to 10
Country	United States of America
Evidence	Literature review
Strategy / intervention	Strategies to prevent early school leaving
Research design	The authors reviewed available literature on predictors of early school leaving, and summarised the effectiveness of programs listed in the United States Department of Education Institute of Education Sciences' 'What Works Clearinghouse'.
Outcomes	Commonly agreed key predictors of early school leaving, or drop out, identified in the literature are: • poor grades in core subjects (maths and English) • low attendance rates • failure to be promoted to the next grade • disengagement in the classroom. The review indicates that most early school leavers may be identified as early as sixth grade, and the authors suggest that strategies to prevent school leaving should be

targeted at the 'crucial middle years' as school-level factors are also critical drivers of drop out. Early warning systems which use readily available school data to identify students who are at risk of dropping out, may support early intervention.

While the review identifies strong predictors of school leaving, there are few strategies and interventions designed to prevent early school leaving that have been proven to be effective. A limitation of most studies include the absence of longer-term follow up - while some strategies demonstrate positive short-term retention outcomes, the effect on school completion is unable to be determined.

However, promising practices include: attendance and behaviour monitors; tutoring and counselling; establishment of small learning communities for greater personalization; engaging catch-up courses; Ninth Grade Academies; homerooms; benchmarking; progress monitoring; tiered interventions; a focus on equal access to rigorous coursework and high expectations; career/college awareness; community engagement; and eighth-to-ninth grade transition programs. Further, there is a need to targeted intervention and support is provided that addresses the known risk factors within each grade level.

Specific dropout prevention programs that have strong research showing positive or potentially positive effects include Check & Connect, Achievement for Latinos through Academic Success (ALAS), and Career Academies (What Works Clearinghouse, 2006) are also described.

The authors conclude that there are effective, research-based steps school systems can readily take to identify likely high school dropouts – however, less is known about effective preventative strategies.

Reference	Kennelly, L, & Monrad, M, 2007, Approaches to Dropout Prevention: Heeding Early Warning Signs With Appropriate Interventions, Washington DC, American Institutes for Research, published online <http://www.betterhighschools.org/docs/nhsc_approachestodropoutprevention.pdf>.

Title	What works? Targeted truancy and dropout programs in middle and high school
Year	2009
Theme	Retention
Cohort	Children and young people
Country	United States of America
Evidence	Meta-analysis
Strategy / intervention	The authors reviewed targeted school-based interventions and alternative educational programs, which often support students at risk of early school leaving.
Research design	Programs were identified through a search of online academic databases and websites. 341 programs met the criterion for appropriate program focus and setting (i.e. able to be implemented in schools, the courts, or via law enforcement), and 22 studies met the authors' criteria for criteria for research methodology and relevant outcomes.
Outcomes	The authors identify six types of programs: alternative educational programs, mentoring, behavioral programs: (including systems of rewards, punishments), youth development: (healthy development and skills focused), academic remediation, and alternative schools.
	These programs employ a range of strategies to support students, including academic remediation/ tutoring, career/ technical education, case management, contingency management, counselling, mentoring/advocacy, monitoring attendance, parent outreach,

youth development, and additional services (e.g., childcare center/parenting classes, school-based health center).

There are few rigorous studies evaluating the effects of targeted truancy and dropout programs on at-risk students. The meta-analysis indicates:

- targeted programs for older student populations make small positive impacts on dropping out, achievement, and presence at school (attendance/enrolment).
- alternative educational programs (e.g., schools-within schools) and mentoring programs are found to be effective.
- Career Academies—an alternative program model that offers a strong career and technical focus—positively impact all three outcomes, as well as high school graduation
- alternative schools have a small negative effect of dropping out, for at-risk young people.

The findings with respect to alternative education schools may indicate that there is benefit in maintaining a level of integration among at-risk and high achieving students.

Reference	Klima, T, Miller, M, & Nunlist, C 2009, *What works? Targeted truancy and dropout programs in middle and high school*, Olympia, Washington State Institute for Public Policy.

Title	School attendance and retention of Indigenous Australian students
Year	2010
Theme	Engagement Retention
Cohort	Aboriginal and Torres Strait Islander children and young people
Country	Australia
Evidence	Systematic review
Strategy / intervention	The paper provides information on strategies that aim to improve attendance and retention. Strategies identified either direct (e.g. provide incentives for attendance) or indirect (e.g. aim to develop culturally relevant curricular).
Research design	A systematic literature search of online databases, to identify relevant Australian and international literature published in the last 10 years. Key search terms included: school attendance, school retention, school participation, school readiness, educational participation, educational aspirations, absenteeism, truancy, attendance patterns, dropouts, and school holding power. Internet searchers and snowballing was used to identify further relevant material.
Outcomes	The paper reports that while Year 7/8 to Year 12 school retention rates for Indigenous students have improved over the last 10 years, the retention rate is still markedly lower than non-Indigenous students (45% compared to 77% in 2009). A range of strategies have been trialled to improve attendance and retention, which can be broadly categorised as: scholarships, financial support and support structures; sanctions; incentives and rewards; cultural relevance; system based initiatives; and school-based initiatives. Despite the range of strategies that have been implemented, the authors find that there is limited high-quality research or evaluation available - therefore the evidence regarding what works to improve attendance and retention is limited. Despite the lack of empirical evidence, the authors note that there is a significant body of

	research into the issues and factors that contribute to non-attendance and non-completion of school. They argue that, given the complexity of attendance and completion, there is a need for future strategies to target the individual, family, community and school levels. The authors conclude that more large scale research is required in the area, and recommend that new programs and strategies must include monitoring and evaluation mechanisms.
Reference	Purdie N, and Buckley, S, 2010, *School attendance and retention of Indigenous Australian students*. Canberra, Australian Institute of Health and Welfare (AIHW); Australian Institute of Family Studies (AIFS).

Title	Do extracurricular activities improve education outcomes – a meta analysis
Year	2010
Theme	School engagement
Cohort	Children and young people aged 12 to 18 (secondary school)
Country	United States
Evidence	Systematic review
Strategy / intervention	Participation in extracurricular activities. Extracurricular activities were clustered across eight categories: sports, academic clubs/journalism, performing arts/cheerleading; student council; vocational club; mentoring; non-sports activities; and general activities.
Research design	The authors undertook a systematic review of the literature to understand the contribution of participation in extracurricular activity to positive educational outcomes.

Studies were excluded if the data was collected before 1985, if the study focused on children less than 13 years of age or over 19 years of age. 29 studies were identified for inclusion in the final review. |
| **Outcomes** | The studies included in the systematic review measured a range of educational outcomes including: grade point average, mathematics, English/reading, science, attitudes toward school, self concept, and aspirations to tertiary education.

The authors find that there is a positive relationship between participation in school-sponsored extra curricular activities and academic achievement, however, the causal relationship is unclear. Most effect sizes were small, and the authors conclude there is a lack of evidence to suggest a causal relationship between participation in extracurricular activities on educational outcomes. |
| **Reference** | Shulruf B, 2010, Do extra curricular activities improve education outcomes – a meta analysis, International Review of Education. |

Title	Dropout prevention and intervention programs: Effects on school completion and dropout among school-aged children and youth.
Year	2011
Theme	Attendance

Retention |

	Completion
Cohort	Children and young people of school age (preschool to year 12)
Country	United States of America
Evidence	Systematic review
Strategy / intervention	The objective of the systematic review was to identify and summarise the available evidence on the effects of prevention and intervention programs aimed at increasing school completion and reducing early school leaving, for both primary and secondary school students.
Research design	Five criteria were specified for inclusion in the review. The studies must have: • involved a school-based or affiliated psychological, educational, or behavioural prevention or intervention program intended to have beneficial effects on students recipients; or, a community-based program explicitly presented as a dropout prevention or intervention program • investigated outcomes for interventions directed toward school-aged youth, or those expected to attend pre-K to 12th grade (or equivalent) • used experimental or quasi-experimental research designs, or sufficient information to permit calculation of pre-treatment effect size group equivalence • reported at least one eligible outcome variable measuring school completion, school dropout, high school graduation, or school attendance • published or reported between 1985 and 2010. A total of 23,677 reports were identified through the literature search, of which, 2,794 which were considered potentially relevant and were retrieved for further analysis. Of those, 548 reports describing 167 different studies were included in the final review. Meta-analytical methods were applied to determine intervention effects.
Outcomes	The meta-analysis indicated that both general programs and programs specialized for teen parents were effective in reducing school dropout (or increasing school completion), regardless of program type. However, higher levels of implementation quality tended to be associated with larger effects. The authors concluded that preventative and intervention programs will generally be effective if they are implemented well and are tailored and appropriate to the local environment.
Reference	Wilson, SJ, Tanner-Smith, EE, Lipsey, MW, Steinka-Fry, K, & Morrison, J 2011, Dropout prevention and intervention programs: Effects on school completion and dropout among school-aged children and youth, *Campbell Systematic Reviews*, 2011:8, viewed 12 May 2012, <www.campbellcollaboration.org>.

Title	The Western Australian Aboriginal Child Health Survey: Improving the Educational Experiences of Aboriginal Children and Young People
Year	2006
Theme	Attainment
Cohort	Aboriginal and Torres Strait Islander Children and Young People Children and young people aged 0 – 17 years
Country	Australia (Western Australia)

Evidence	Qualitative and quantitative study – point in time survey
Strategy / intervention	Not applicable.
Research design	The primary objective of the Western Australian Aboriginal Child Health Survey (WAACHS) was to identify the developmental and environmental factors that enable competency and resiliency in Aboriginal children and young people aged 0–17 years.

The WAACHS was undertaken between 2000 and 2002. The survey was based on an area sample of dwellings: families in selected dwellings who reported that there were 'Aboriginal or Torres Strait Islander children or teenagers living at this address who are aged between 0 and 18 years' were eligible to be in the survey. During the household interview, carers of children attending school were asked for their consent for the survey team to approach the child's school and request information about the child's school performance, services used and attendance.

Data were collected for 5,289 eligible children living in 1,999 households. Data on academic performance were collected for 2,379 of these children who were attending school at the time of the survey. |
| Outcomes | The survey provides an epidemiological knowledgebase of the health, wellbeing and schooling of Western Australian Aboriginal and Torres Strait Islander children. Key findings of the survey include:

• Aboriginal children are performing far worse at school than non-Aboriginal children, both in academic achievement and exhibit poor school attendance. The disparity in attendance rates between Aboriginal and non-Aboriginal students accounts for part, but not all, of the gap in academic performance.

• Disparities in education measures are on the order of 30 to 40 percentage points regardless of the measure used for the estimate. Disparity is evident from the early years of schooling, and widens the longer Aboriginal children are engaged in school. This highlights the importance of the early years of primary school as a key period for educational intervention.

• There is a mismatch between carers and teachers perceptions of academic performance of Aboriginal students. Primary carers of 90 per cent of Aboriginal students aged 4–17 years reported they were doing OK with their school work, while teachers rated 58 per cent of students as having low academic performance.

• The three main independent factors contributing to poor academic performance among Aboriginal students are: the lower levels of academic achievement of carers of Aboriginal students; the higher rates of absence from school; and the higher proportions of Aboriginal students at moderate and high risk of clinically significant emotional or behavioural difficulties.

• Poor educational performance is intergenerational, and patterns of low academic performance are set during early school years.

The authors argue that, based on the findings of the survey, future policy directions should be underpinned by two principles:

• the need for schools to engage carers and communities to break the cycle of the transfer of educational disadvantage between generations

• the need to improve early childhood and early school learning for Aboriginal children, to prevent children falling behind in the crucial early years of life. |
| Reference | Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J, Cox A 2006, *The Western Australian Aboriginal Child Health Survey: Improving the Educational Experiences of Aboriginal Children and Young People,* Perth, University of Technology and Telethon Institute for Child Health Research, viewed 16 May 2012 at <http://www.ichr.uwa.edu.au/files/user17/Volume3_Complete.pdf> |

KRA5: Children and young people are contributing and participating

Articles are summarised against the following key themes:

- participation in youth services and youth programs
- civic education
- participation in decision making and decision making processes
- infrastructure.

Participation in youth services and youth programs

Title	Best practices for youth programs
Year	2005
Theme	Community participation and engagement
Cohort	Young people aged 12 or 13 to the early 20s Young people from disadvantaged backgrounds (including recent migrants, and at-risk and marginalised youth from low-income neighbourhoods)
Country	Canada
Evidence	Literature review Qualitative study
Strategy / intervention	Youth programs targeted in the following areas: • Training and employment for youth • Integrating newcomer youth • Youth engagement • Youth mentoring • Enhanced youth social recreation • Youth violence prevention • Engaging at-risk and marginalised youth in low-income neighbourhoods.
Research design	The research comprised four methods: • A literature review of studies using academic databases, Internet search engines and reviews of specific Internet resource sites (primarily the publications pages of relevant foundations, advocacy organisations, and practice-based networks). • Interviews with 40 key informants, representing services, funders and experts in the youth development field, to provide practice-based experience, and test the literature review findings. • A focus group with eight youth leaders and youth outreach workers in Toronto, to further test some of the findings and to include a youth perspective on the research. • Analysis of twelve programs demonstrating best practices in action.
Outcomes	Common themes identified in the literature included: 1 A strong emphasis on strengths based or assets-based approaches. 2 The importance of caring, supportive adult role models who understand the

developmental issues faced by young people and are able to listen to youth, validate their viewpoints and providing them with opportunities to explore their evolving roles.

3   Effective program implementation as a critical in the achievement of outcomes. Effective implementation is characterised by:

- Adhering to a clear mission.
- Undertaking performance measurement and monitoring to inform continuous improvement.
- Strengthening organisational capacity, through training and professional development. This includes ensuring staff have the necessary skills and understanding of youth development.
- Building partnerships and collaborations, including engaging with schools.
- Recognising the diversity of youth, having regard to age, gender and culture.
- Reducing barriers to program access (which may include consideration of locations and times that are convenient to participants, charging minimal or no fee, and using youth appropriate spaces).

Findings in relation to specific program types include:

- **Youth employment and training** programs need to address three issues simultaneously:
  - Workforce development (i.e. preparing the youth for the workplace).
  - Youth development (i.e. supporting the youth in their transition to adulthood).
  - Agency capacity (i.e. ensuring that the agency has the staff skills and organisational systems to implement programs effectively).
- **Services for migrant or newly arrived young people** have not been rigorously evaluated, however, good practices include:
  - facilitating social opportunities and peer support, to provide opportunities for friendships to be formed
  - establishing peer mentoring programs
  - using schools as a key location for delivering services
  - providing community services to support to all members of the family, not just the young person this includes consideration of intergenerational programming and counselling to help resolve issues between immigrant parents and their children
  - developing staff cultural awareness and competency, and/or the recruitment of volunteers and staff from the target communities to conduct outreach and provide a sense of connection.
- General social recreation programs should:
  - involve youth in decision making and program delivery
  - Employ well-trained, dedicated staff or volunteers with whom youth can identify, who may have lived in a similar environment as the participants and have had similar experiences
  - adopt a strengths-based positive approach, encouraging participants to build their strengths and improve their skills in a wide range of areas
  - offer a variety of activities that will: attract a diverse group of participants, reduce boredom and encourage regular attendance
  - offer youth the chance "to be of service, rather than just to be served" (for example, social activism and community service initiatives)
  - incorporate physical activity, responsible self-care and health-promoting behaviours
  - address barriers to participation (minimise fees, use accessible locations that are with welcoming and youth-friendly, and provide a convenient time)
- **Youth engagement in decision making**. Good practice includes:
  - Creating clear pathways for opportunities for youth engagement
  - Establishing relevant roles for youth

- Being responsive to youth time horizons as youth generally have an interest in immediate action and may have limited tolerance for long planning processes
- Avoiding tokenism
- Clarifying expectations regarding the nature and scope of youth involvement in decision-making
- Tailoring the time and place to youth needs, and in an environment that is not formal or intimidating
- Teaching adults to step back without tuning out
- Recognising the contribution of youth.
- Providing training and support to young people which is tailored to their needs
- Providing incentives – including pay to legitimise and recognise the role of young people.

- **Youth mentoring programs** should conside**r:**
  - supporting the establishment of mentor/mentee relationships including effective screening, orientation, training, matching, and setting expectations regarding frequency and duration of contact.
  - facilitating ongoing relationships including: flexibility in location and mode of interaction; frequency of meeting, group activities, adequate supervision and monitoring or the relationship.
  - building partnerships with community organisations, businesses and other partners as a means to identify mentors and support program sustainability
  - supporting mentors and mentees to formally cease the relationship including exit interviews; monitoring and evaluation with a focus on measuring tangible benefits, not just satisfaction.

- **Engaging at-risk and marginalised youth** in low-income neighbourhoods. Effective strategies include:
  - Concentrating resources geographically to maximise impact
  - Promoting holistic approaches, emphasising coordination and integration of services and supports
  - Working with local officials to develop clear, compelling goals
  - Developing and testing demonstration ideas to address unmet needs and service gaps and increase knowledge about programs that work
  - Being clear with youth about what is being offered
  - Delivering holistic approaches in partnership with other community services.

Other learnings

- Youth-led initiatives (as distinct from youth involved initiatives) have unique additional requirements including: access to resources; provision of training and mentoring to build capacity; and
- Adult role models can add value by: sharing their knowledge and experience (for example, how to manage a project); providing advice, but not leadership; providing structure; maintaining respect toward youth and giving them their space.
- Acknowledging diversity, with consideration of age, gender, race/ethnicity, sexuality, scene (e.g. youth sub-culture), and the needs of newly arrived migrants,
- Involving parents can support access, provide a means of building broader support for a program. Programs may also need to secure the trust and buy-in of parents before they will allow their children to participate. The exception of parental involvement is for older youth.
- Using popular culture, e.g. photography, music concerts, dance, fashion shows, art displays and magazines, can be an effective strategy to support engagement.
- Other considerations include:
  - Involving young people in all stages of program design and implementation and seeking input throughout
  - Providing young people with a sense of ownership, by making them responsible

	for activities and tasks
	- Giving youth a chance to better themselves, as well as to better their community.
	- Offering job opportunities for youth; and not restricting paid positions to those with qualifications (for example, where substantial volunteer experience could relevant)
	- Ensuring that young people's contribution is recognised (for example, by a letter of recommendation or payment).
Reference	Bonnell, J & Zizys, T 2005, *Best Practices for Youth Programs*, United Way of Greater Toronto, accessed 16 May 2012 <http://www.unitedwaytoronto.com/downloads/whatWeDo/reports/YouthBestPractices-FinalPublicReport.pdf>.

Title	A guide to meaningful youth engagement
Year	2006
Theme	Community participation
Cohort	Youth aged between 13-24 years
Country	Canada
Evidence	Qualitative study
Strategy / intervention	Youth programs
Research design	Interviews with staff involved with engaging youth in organisations (a total of 13 interviews)
Outcomes	Effective youth engagement programs:

• provide opportunities for skill development and capacity building, including academic, intellectual, civic, emotional, physical, employment, social and cultural competence.

• provide opportunities for leadership, which involves a genuine transfer of decision-making power to youth. This includes providing opportunities to inform the design and direction of their own programs, and engagement on adult-led boards and committees, or separate structures in the form of youth-led advisory boards and youth councils.

• encourage young people to reflect on their identity. This can be achieved through anti-oppression training, discussion and creative expression for youth. Reflection on identity enables youth to make the links between the factors that affect their own lives and the systemic factors that affect their community and society at large.

• support young people to develop social awareness. Organisations can guide youth through the transition from self-awareness to social awareness and give opportunities to reflect on the responsibilities of citizenship. Youth can also be provided with the skills, training, and resources to become the agents of change in their community.

Organisational factors which foster successful youth engagement

Organisations must provide a respectful and supportive environment for youth, which may include:

• Ensuring there are strong adult allies and advocates for youth. |

–

	• Providing anti-ageism training
	• Reviewing organisational policy and practices on inclusive decision-making e.g. considering a proportional number of places for youth at the decision-making table.
	• Creating and implementing mechanisms for youth to safely raise concerns
	• Recruiting young people as employees and volunteers, and ensuring equal treatment of young employees (e.g. competitive wages, job security and benefits
	• Providing training and capacity building, especially for young employees who require ongoing training and skill development, and for staff engaging youth to ensure they can meet the complex needs of diverse youth.
	Program factors for successful youth engagement
	Stability and continuity of youth programs is important, especially when working with marginalised youth. The following issues should be considered:
	• Clarity in aims and objectives. There is a need for consistent messaging and clear language when describing the purpose and objective of programs.
	• The potential for partnerships, or joint activities for organisations and initiatives.
	• Recruiting graduate participants as staff or volunteers. This strategy is particularly effective when it enables youth participants to become the facilitators and mentors for the next generation of youth.
	• Seeking input and feedback from participants throughout the life of the program, and at program conclusion, as a means of continuous improvement.
	• Recognising participation and contribution, both publicly and privately. Mechanisms include provision of awards, certificates and graduation ceremonies. Other incentives include stipends and honoraria.
	• Proactively involving parents, while at the same time, balancing the need to protect children and young people's privacy, independence and the 'safe space' that programs establish for young people.
	Supporting ongoing engagement and retention in programs requires:
	• Flexibility, including providing participants with many chances to engage and improve
	• Exploration of why young people may be disengaging, and whether this relates to personal factors, or program factors.
	• Problem-solving – where issues arise, workers should discuss them with participants as a group and together determine how it should be resolved.
	• Encouraging young people to establish their own rules.
Reference	City of Toronto 2006, *Involve Youth 2: A guide to meaningful youth engagement*, City of Toronto, Toronto.

Title	Beyond consultation: participatory practices in everyday spaces
Year	2006
Theme	Community participation and engagement
Cohort	Young people
Country	United Kingdom
Evidence	Expert opinion

Strategy / intervention	Young people's participation in organisations
Research design	Not applicable
Outcomes	The following tensions provide opportunities to enhance understanding and practice of young people's participation: • Seeing young people as passive or active. Adults can view children and young people as a passive, vulnerable group or as active participants and experts in their own lives. These views influence expectations of, and relationships, with children and young people. It is argued that young people's views, opinions and abilities should be given equal worth, and the child's perspective should be treated with integrity. • Adult's roles and responsibilities and young people's freedom to articulate their own childhoods. Adults should clarify their understanding and interpretation of children's perspectives, and build a collaborative model of participation based on dialogue, learning and reciprocity. • Adult agendas for organisations and child-directed goals. Greater transparency on the assumptions held about young people, adults and organisations may promote collaboration and achieve more genuinely democratic models of participation. There is a growing trend to direct young people's participation away from policy, service and organisational agendas and to focus on providing spaces for young people that let them lead their own agendas.
Reference	Clark, A & Percy-Smith, B 2006, 'Beyond consultation: participatory practices in everyday spaces', *Children, Youth and Environments*, vol. 16, no. 2, pp.1-9.

Title	Engaging older youth: program and city-level strategies to support sustained participation in out-of-school time
Year	2010
Theme	Community participation and engagement
Cohort	Middle and high school youth, with a focus on youth from low-income and distressed neighbourhoods
Country	United States
Evidence	Qualitative study
Strategy / intervention	Out-of-school time (OST) programs for disadvantaged youth
Research design	The study used a mixed-methods approach comprising of both survey data from a large sample of programs and interview data: • Quantitative analysis to identify characteristics (practices) that were significantly associated with higher rates of retention among older youth participants • Qualitative analysis of interviews, in addition to document review, to identify program practices that relate to greater retention. In total, 979 youth participated in the study.
Outcomes	Five program characteristics set apart programs that are successful in retaining young people in out of school time activities:

- providing many leadership opportunities to youth in the programs
- being community-based
- enrolling 100 or more youth
- having staff keep informed in several ways about youth outside programs
- holding regular staff meetings.

Retention and recruitment practices were reported to be important in engaging older youth included:

- Recruitment practices: using peers and staff as recruiters, using organisational relationships, and matching program attributes to youth needs.
- Retention practices: fostering a sense of community through connection to program staff and peers, providing developmentally appropriate activities and incentives, and engaging families

Findings from qualitative analysis include:

- Cities should consider offering a variety of specialised activities for high school youth
- OST programs' attention to developmental changes can support continuing youth engagement (e.g. so that participants do not feel like they have outgrown the program)
- Family engagement matters for older youth participation
- Recruitment efforts should be supported by strong school-program partnerships
- Resources for organisational capacity are important to support participation
- Decision making informed by analysis of program data can improve participation
- City-level initiatives should work with programs for older youth to learn how to better support retention goals.

Reference	Deschenes, S, Arbreton, A, Little, PM, Herrera, C, Grossman, JB, Weiss, HB, & Lee, D 2010, Engaging Older Youth: Program and City-Level Strategies to Support Sustained Participation in Out-of-School Time, Harvard Family Research Project, Cambridge.

Title	Pathways to Community Participation
Year	2007
Theme	Community participation
Cohort	Children and families
Country	Australia
Evidence	Case study
Strategy / intervention	The Communities for Children initiative provides communities with funding to develop their own programs that focus on engaging families and children in community activities.
Research design	The research comprised: - a review of the literature to examine the impact of social cohesion in communities, the benefits of community participation and the challenges in engaging families - interviews with communities for children practitioners.

Outcomes	The paper argues that the three dimensions of social capital (bonding, bridging and linking capital) are helpful constructs to consider when thinking about how children and families participate in communities and identifies how services can establish pathways to participation at three levels:
	• service participation – by making services more accessible and facilitating community input into service planning
	• community participation – by providing safe opportunities for families to deepen their community networks
	• civic participation – by empowering families through their engagement with services and the community.
	The research highlights best practice principles that assist to overcome barriers or challenges to participation. These include:
	• engaging families in service planning and evaluation
	• considering service location and accessibility – including factors such as transport, cost, facilities
	• staff characteristics – staff should reflect the diversity of the community
	• building local service networks – to understand the range of services in the community
	• hosting community events – such as family days, community consultations and meetings
	• employing a range of mechanisms to sustain involvement
	• developing the skills of community members, and empower individuals to make a difference regarding issues that concern them, which may include providing facilities and training.
Reference	Hoffmann-Ekstein J 2007, Pathways to Community Participation, Evidence into Action Topical Paper, Australian Research Alliance for Children & Youth, accessed 20 June 2012 at <www.aracy.org.au>

Title	Building Effective Program Strategies for Youth-Adult Partnerships: Reflections and Guidance on Promising Practices
Year	2011
Theme	Community participation and engagement
Cohort	Youth
Country	United States
Evidence	Qualitative study
Strategy / intervention	Youth-adult partnerships (YAPs)
Research design	The study was formed to investigate youth in decision-making. Data was gathered from Youth Development Program advisors and program representatives, as well as from volunteers and youth engaged in nominated programs, using a three-phase approach:
	• Phase one involved a promising practices/needs assessment survey, which assessed the degree to which youth in governance strategies were being incorporated into program activities throughout the state.
	• Phase two involved an examination of 14 nominated programs, which gathered

	input from youth and adult participants to better understand: the organisational elements that support the approach, barriers that make the work more challenging, and the ways to strengthen these efforts from a state-wide perspective.
	• Phase three involved conducting and analysing interviews with youth and adults from six California counties.
	In total, 31 youth (aged 13-18 years) and seven adults were interviewed.
Outcomes	The optimal conditions that need to be in place for youth-adult partnerships to occur are:
	• Knowledge: The transfer of knowledge between staff, youth and adults, and mutual learning through specific trainings on youth-adult interactions
	• Attitudes: Positive attitudes being mutual respect; shared voice, influence and decision-making power; and meaningful youth participation through high expectations of youth
	• Resources: Supportive and available staff, training, funding and leadership programs contribute to either the success or challenge of implementing youth-adult partnerships.
	The promising practices necessary for youth-adult partnerships to take place:
	• Foster an intentional youth program structure
	• Assess attitudes and determine roles
	• Establish reciprocity of partnership
	• Intentionally transfer skill sets as a youth participation strategy
	• Promote the YAP goal of program / community improvement (not youth leadership).
	These five steps (viewed sequentially and totally) comprise a recommended strategy.
Reference	Olagundoye, S & Lawler, M 2011, 'Building Effective Program Strategies for Youth-Adult Partnerships: Reflections and Guidance on Promising Practices', *Relational Child & Youth Care Practice*, vol. 24, no. 4, pp. 63-73

Title	Culturally and linguistically diverse (CALD) young people and mentoring: the case of Horn of African young people in Australia
Year	2008
Theme	Community participation and engagement
Cohort	Young people aged between 12-25 years from CALD backgrounds
Country	Australia
Evidence	Qualitative study
Strategy / intervention	Mentoring for young people
Research design	There were three stages in the research methodology:
	• a literature review
	• phone interviews with mentors, mentoring program managers, mentoring policy makers and personnel from Horn of African community organisations
	• focus groups with young people from the Horn of Africa across three states in Australia (New South Wales, Victoria and South Australia).

Outcomes	Mentoring programs that target newly arrived or migrant communities should consider:
	• Engaging community leaders, elders, and relevant community organisations in program design
	• Targeting those 'most at risk' including young people not at school and/or those with limited support networks who are likely to be socially isolated.
	• Race-matching mentees and mentors is not essential, however, may provide mentees with a sense of being understood. Non-race matches were also viewed positively because they can prevent the mentee from becoming overly dependent on their mentor.
	• Involving families during the initial relationship development and clarify the role of the mentor; providing (translated) documents may be necessary.
	• Supporting mentors and mentees to develop a strong relationships in the initial stages of the program. The strength of the relationship between a mentee and mentor is critical to the achievement of outcomes.
	• Providing mentors with information regarding community service organisations, and appropriate referral pathways, so that they can refer their mentee where additional support needs are identified (e.g. trauma counselling).
	• Providing training to staff and mentors regarding settlement issues and trauma, cultural awareness and cultural competence.
	• Providing sufficient frequency and duration of contact between mentors and mentees. Good practice suggests relationships should endure for at least 12 months with regular and flexible contact a feature.
	Good practice case studies
	A number of examples of good practice from mentoring programs working with young Horn of African people emerged from this study, including:
	• Providing cultural fact sheets to mentors and service providers and counselling for mentors
	• Organising relationship building and strengthening exercises and regular group activities
	• Inviting older Horn of Africans to talk about their success stories as part of cultural awareness training for mentors
	• Ensuring mentees set clear goals about what they want from the program
	• Having volunteer rather than paid mentors
	• Encouraging ex-mentees to volunteer as mentors
	• Providing mentors and mentees with tangible recognition of involvement.
Reference	Sawrikar, P, Griffiths, M & Muir, K 2008, *Culturally and linguistically diverse (CALD) young people and mentoring: the case of Horn of African young people in Australia*, Report to the National Youth Affairs Research Scheme.

Civic education

Title	Making Educational Progress: Links to Civic Engagement During the Transition to Adulthood
Year	2009
Theme	Civic engagement
Cohort	Young people aged 16 to 24
Country	United States of America

Evidence	Longitudinal study with comparison group
Strategy / intervention	Participation in community-based service programs (AmeriCorps).
Research design	Data was collected a part of an evaluation of AmeriCorps, a national service program comprised of community based service programs open to young people over the age of 16 years. Participants were followed over an eight year period from 1999 to 2007. Four waves of data regarding their attitudes and behaviours in the domains of civic engagement, life skills, education, and employment were collected via telephone interview. A total of 1,666 participants were included in the final data set.
Outcomes	Key findings include that: • Educational progress for disadvantaged young people is linked to civic involvement and motivation. • Disadvantaged young people (from families with low income) progressed in their educational attainment (i.e. went to college) were more likely to vote, more likely to engage in volunteer activity, access media for information on current events, and consider that 'contributing to the greater good' influenced them to consider joining AmeriCorps when compared to those who did not progress. • There is a relationship between voting and educational progress, regardless of a young person's socio-economic background. • Engagement in volunteer service is positively related to educational attainment. Sustained engagement for young people from less advantaged backgrounds increased the likelihood of attainment, suggesting volunteer activity may maintain motivation and support educational achievement. • Civic media use (e.g. using the internet for information on current events) was also linked to educational progress and attainment. However, the correlation is likely to relate to the impact of computer access and computer literacy more broadly. • Young people who made no educational progress tended to exhibit a pattern of civic disengagement, measured by civic behaviours (voting and volunteer work) and attitude (motivation to contribute to the greater good).
Reference	Finlay, A & Flanagan, C 2009, *Making Educational Progress: Links to Civic Engagement During the Transition to Adulthood*, CIRCLE Working Paper #67, accessed 20 June 2012, <www.civicyouth.org>

Title	Embedding Citizenship Education in Secondary Schools in England (2002-08): Citizenship Education Longitudinal Study Seventh Annual Report
Year	2008
Theme	Community participation and engagement
Cohort	Young people aged 13 to 18 years
Country	United Kingdom
Evidence	Longitudinal study; case study
Strategy / intervention	Youth citizenship education

Research design	The Citizenship Education Longitudinal Study follows a cohort of students who entered secondary school in September 2002 and were the first students in the UK to receive compulsory citizenship education. The purpose of the study was to identify the short-term and long-term effects of the compulsory curriculum on students and schools.
	The research design comprised four methods:
	- a longitudinal survey of a cohort of Year 7 students tracking the whole year group through Years 9 and 11 and 13 (or equivalent when they are aged 18), their schools and their teachers - four cross-sectional surveys of Year 8, 10 and 12 students, their schools and teachers 12 longitudinal school case studies - a literature review.
	A nationally representative sample of 317 schools and colleges in England completed the surveys during the spring term of 2008. The latest data (from 2008) was compared to findings from previous cross-sectional surveys conducted in 2006 and 2004, and prior case-study visits conducted in 2006, 2004 and 2002.
Outcomes	Overall, citizenship education has become increasingly embedded and established in secondary schools in England. Citizenship is more visible in school structures and processes and school leaders and teachers are more aware of and supportive of its impact and wider benefits for schools, students and local communities. Specific key findings are below.
	Delivery models for citizenship education
	- School leaders and teachers are increasingly witnessing (and recognising) the positive impact of citizenship education and the wider benefits it can bring to the school and to students, particularly in relation to student participation. - Delivery policies and practices for citizenship education in schools can be undermined by: weak leadership, implementation and coordination; the low status of citizenship education; and pressures on curriculum time. - Student awareness of citizenship education is mixed.
	Teaching, learning and assessing citizenship
	- Active teaching and learning methods support the delivery of citizenship education and students report that citizenship education lessons tend to involve more active participation than lessons in other subjects. However, the use of active teaching and learning methods varies considerably within and between schools. - Teachers and students have become more positive about the extent to which students have a voice in their school and in the classroom. - There is a need to strengthen teacher capacity to engage some students with topics around government, politics and voting, as well as those concerning diversity, identity and global issues. - There is a drop off in education about citizenship (and especially political literacy) once students progress beyond key stage 4.
	Staffing and monitoring and evaluating citizenship education
	- A cohort of experienced cadre civics and citizenship educators is gradually emerging in schools, as teachers gain more hands-on experience of teaching citizenship education in the classroom. However, a significant number of citizen education staff have not received any formal training in citizenship and civics education and many teachers expressed a need for further training in this area. - Some schools have developed robust and responsive measures that demonstrate a commitment to improving citizenship education teaching and learning in their schools. These measures make use of internal self-evaluation and external monitoring by the UK Office for Standards in Education (Ofsted).

	Participation outside the classroom
	• School policies and structures for facilitating student participation within and beyond schools have improved, with examples of good practice in building strong relationships between schools and local and wider communities.
	• Students are moderately positive about the extent to which democratic processes are in place in their schools and colleges.
	• Student participation in extracurricular activities within and outside of school have remained relatively low, despite increasing range and availability of activities at school.
	• Despite a strengthening of policies and practices concerning participation, schools report that it remains a challenge to engage students and increase participation rates in decision-making processes.
Reference	Keating, A et. al. 2009, *Embedding Citizenship Education in Secondary Schools in England (2002-08): Citizenship Education Longitudinal Study Seventh Annual Report,* Research Report DCSF-RR172, Department of Children, Schools and Families, London

Participation in decision making and decision making processes

Title	Rewriting the rules for youth participation: Inclusion and diversity in government and community decision making
Year	2008
Theme	Community participation and engagement
Cohort	Young people aged 12-25 years from diverse backgrounds, including: • Indigenous • culturally and linguistically diverse (CALD), including refugee and recently arrived communities • low socio economic backgrounds • young people who have a disability • young people who are, or have been, under the guardianship of the Minister (particularly those in foster care).
Country	Australia
Evidence	Qualitative study
Strategy / intervention	Youth participation in decision making
Research design	There were three stages in the research methodology: • Four face-to-face discussion forums with policy makers from government and community organisations. The forums explored the range of views held by policy makers and decision makers from government and community organisations that interact with, or influence policy that affects the lives of young people from diverse backgrounds. • A national telephone survey with 100 organisations that provide services to young people from diverse backgrounds. The survey examined how individual organisations approach and incorporate youth participation into their service delivery. • A Youth Advisory Group (YAG) made up of young people from diverse

	backgrounds. The YAG provided an opportunity for young people from a range of diverse backgrounds to share their experiences, ideas and understandings of participation and decision-making processes. In addition, three young people from the YAG supported the community audits by helping to set up, facilitate and document young people's feedback during the community audits.
	• Face-to-face community audits in four locations around Australia, as well as an online audit. The community audit approach was used to examine the range of local level opportunities that exist for young people from diverse backgrounds to participate in government and community decision-making processes. Also explored was the extent to which young people understand and access decision making processes, and what were the motivators and barriers for them doing so.
Outcomes	The report provided eleven key findings with associated recommendations for effective practice:
	• The way diversity is framed influences which young people get involved.
	- Organisations need to expand their understanding of diversity so as to include young people from the five target populations.
	- Organisations need to recognise but not emphasise, that young people have complex, multi-dimensional identities.
	- Wherever possible, use the terms 'young people from a range of backgrounds' or 'young people with different life experiences' as these are more likely to be meaningful to young people than 'young people from diverse backgrounds'.
	• Engaging young people in determining both processes and the content for participatory decision making increases the engagement and commitment of young people from diverse backgrounds.
	- Involve young people in planning decision-making mechanisms for the organisation or program.
	- Invite feedback on the process, as well as the outcomes, and communicate how to use that feedback.
	- Do not just expect young people to 'fit in' - be prepared to change internal processes if need be.
	• Definitions of participation need to incorporate a range of decision making mechanisms including informal approaches.
	- Organisations need to recognise and resource less formal approaches for involving young people from diverse backgrounds.
	- Diversify the mechanisms used to engage young people. The more varied the approaches, the more varied the groups of young people who are engaged.
	- Frame decision-making processes in a way that relates to young people's lived experience.
	• Organisations report that insufficient resourcing is the most significant barrier to engaging young people from diverse backgrounds in decision making.
	- Organisations should look at ways to embed a commitment to youth participation in the culture of the organisation. This should be reflected in the organisational values, recognition and support for youth participation at an executive and management level and through appropriate processes, training and support to staff to work with young people from a range of different backgrounds.
	- Identify available resources (staff, skills, materials, volunteers) and use these to better involve young people from diverse backgrounds.
	- Recognise that not all youth involvement processes are resource intensive, and that less structured, shorter term strategies such as casual chats and the use of online facilitation processes can be more cost effective than longer term approaches to participation.
	- Identify opportunities to partner with local organisations that provide services to young people so as to share skills and pool existing resources

and expertise.

- Work with young people to identify strategies for accessing resources.
- Plan ahead for the resources needed to involve young people from one or more of the target diversity backgrounds.
- Foster organisation-wide endorsement for youth participation in decision making by promoting the benefits of involving young people from a range of backgrounds in decision making.

- Gradually introducing young people to decision-making processes can assist in ensuring that young people from diverse backgrounds are interested in, and comfortable with participation.
  - Use a staged introduction to participation mechanisms (particularly formal ones) to ensure that young people can gradually familiarise themselves with new places, processes and people.
  - Provide opportunities for young people to learn about decision-making processes before committing to longer-term involvement.
  - Support young people from diverse backgrounds to play an active role in decisions that affect their personal lives as this increases their capacity and motivation to participate in wider decision making.
  - Work with young people to establish a clear understanding of expectations, roles, and the parameters of the decision-making initiative.

- Participation is most appealing to young people from diverse backgrounds when the focus is on more than just having a say. Participation must be purposeful, supported and linked to outcomes.
  - Do not dwell on 'speaking up' or 'having a say' as this deters young people who are not confident public speakers. Instead, promote the opportunity to make a difference, learn specific skills and meet new people.
  - Work with young people from diverse backgrounds to identify the issues that matter to them and then create participation opportunities around these issues
  - Do not limit the scope of decisions that young people can be involved in to those deemed 'youth specific'.

- Online mechanisms are under utilised by both government and community organisations, and can provide appropriate and cost effective ways to engage young people from diverse backgrounds.

- Actively targeting the involvement of young people from diverse backgrounds increases engagement.
  - Promote opportunities to participate through organisations or intermediaries who are already well known to, and trusted by, young people from diverse backgrounds.
  - If using a universal participation mechanism, develop a priority access policy to ensure that young people from a range of backgrounds are involved in decision making processes. Ensure that the policy is public and its application is transparent.
  - Host decision-making processes in spaces that are familiar, and accessible to young people from diverse backgrounds.

- Flexibility and ownership are key to sustaining the involvement of young people from diverse backgrounds.
  - Recognise that young people are experts in their own lives and seek top-down organisational support of processes that encourage young people from diverse backgrounds (and young people more widely) to shape decision-making processes and outcomes.
  - Do not assume that young people want to be involved continuously or for long periods of time. Provide flexibility by giving young people opportunities to determine their level of involvement and encourage young people to determine their own terms of engagement.

- The endorsement of participation processes by key community figures can help

	to engage young people from CALD and Indigenous backgrounds.
	- Ensure effective promotion of participation opportunities to young people and their communities, including parents, elders and relevant organisations.
	- Be mindful of the gatekeeper role that parents, community leaders and organisations can play and address this by working with a range of intermediaries and clearly communicating that participation is open to young people from all backgrounds, not just 'young leaders' or 'high achievers'.
	- Work with young people to determine the appropriate level of involvement they want from adults in their communities.
	• Determining who is involved helps organisations to identify which groups of young people are not involved.
	- Ensure that evaluation mechanisms are planned and embedded in youth participation strategies. These should include documenting the profiles of young people who are involved in participatory decision-making processes to better understand where participation gaps exist.
Reference	Bell, J, Vromen, A & Collin, P 2008, *Rewriting the Rules for Youth Participation,* Report to the National Youth Affairs Research Scheme (NYARS), accessed 21 May 2012, http://www.deewr.gov.au/Youth/Programs/NYARS/Documents/InclusionandDiversity _report.pdf

Title	Young people imagining a new democracy: literature review
Year	2008
Theme	Decision making
Cohort	Young people (age range not specified)
Country	Australia
Evidence	Literature review
Strategy / intervention	Youth participation in democracy
Research design	The literature review focused on young people's aspirations, attitudes, experiences of political and civic participation, and the nature and forms of that participation. Keyword searches were conducted in a range of humanities and economics databases, and online libraries were scanned for relevant research reports.
Outcomes	The literature review identifies the following key themes and issues • Young people are often considered to be apathetic or disengaged from politics and democratic process. However the authors argue that the ways in which youth participate in democracy are changing with a shift from engagement in traditional political activities (mobilisation in relation to the state) toward new social movements (issues or cause based –mobilisation). • Young people participate in democracy in a range of ways – participation in political parties, voting, and volunteering. The benefits of participation include increased knowledge, skills, attitudes and connectedness and sense of citizenship. • There is an increasing focus on engaging young people formally in institutional decision making at all levels of government, which is often enabled through consultative practices. There is limited evidence on the effectiveness of these practices and processes.

- Youth participation is often supported through 'managed decision-making processes' in three key settings: schools, government, and community groups and organisations. Structured methods include student councils, youth advisory committees, youth councils, or youth quotas on organisation boards or committees. Informal approaches include online surveys and youth community consultations.
- Structured decision making processes can be 'elitist' and engage only small numbers of young people.
- The internet and technology are increasingly important enablers of political participation, strengthening existing arrangements and linking marginalised groups (including young people) to decision makers. The internet can also be a vehicle for civic education, and foster active citizenship.
- Young people's are interested and knowledgeable in a range of political issues – and there is a strong relationship between parental occupation and interest in politics and political issues.

Reference	Collin, P 2008, Young People Imagining a New Democracy: Literature Review, The Whitlam Institute, University of Western Sydney.

Title	Measuring the magic? Evaluating and researching young people's participation in public decision making
Year	2002
Theme	Community participation and engagement
Cohort	Young people
Country	United Kingdom
Evidence	Systematic review
Strategy / intervention	Youth involvement in decision making
Research design	Literature review of evaluations and research on the effective ways of involving young people in public decision making and the impacts that can be achieved
Outcomes	Key findings include: • good participatory work benefits participating young people but it needs to be more than token involvement. Few studies have sought the views of young people who did not participate in public decision making. • support to encourage and assist young people to be involved include having clear objectives, capacity building, formal training, ongoing worker support and adopting different support roles as required in the context. Barriers to young people involvement include formality, complexity and bureaucracy. • adults need support and training to facilitate young people's involvement; adult's negative attitudes can act as a barrier. • having committed senior and front-line staff, fewer institutional demands, formal systems for incorporating young people's views, good multi-agency and team work, dedicated participation workers, adequate staffing and resources and quality staff are key success factors.
Reference	Kirby, P & Bryson, S 2002, Measuring the magic? Evaluating and researching young people's participation in public decision making

Title	Building a culture of participation: Involving children and young people in policy, service planning, delivery and evaluation
Year	2003
Theme	Community participation and engagement
Cohort	Young people
Country	United Kingdom
Evidence	Qualitative study
Strategy / intervention	Young involvement in organisations
Research design	Review of participatory practices with children and young people by 29 case study organisations and the enablers of meaningful participation
Outcomes	Case studies suggest that participatory practices require positive relationships to be built between adults and children and young people that redress the power imbalance, with building trust and respect as the starting point. Establishing dialogue and providing feedback are important. Peer support, involving parents where appropriate and involving children and young people in the wider community are also enablers.
	In terms of the type of participation activities, children and young people can be involved in different types of decisions making (depending on the organisation) and formal communication systems and other communication methods are key.
Reference	Kirby, P., Lanyon, C., Cronin, K. & Sinclair, R. 2003, *Building a culture of participation: Involving children and young people in policy, service planning, delivery and evaluation*, research report prepared for the Department for Education and Skills.

Title	Mixed Messages: Youth Participation and Democratic Practice
Year	2004
Theme	Support to contribute and participate in society
Cohort	Young people
Country	Australia
Evidence	Literature review
Strategy / intervention	Legislative and policy frameworks to support youth participation
Research design	A literature review of Australian government legislation and policies
Outcomes	Young people are understood to be members of society in so far as they belong to it, but have that bare presence without inclusion or representation. Democratic practice requires a commitment to practices and conventions that constitute representative democracy including universal suffrage and rights such as freedom of speech.

An analysis of the official youth participation agenda indicates there is considerable talk about democratic practice, but a failure to acknowledge the existing barriers to young people. It also reveals increasing governance of young people under the guise of participation, as well as a failure to establish participatory mechanisms that give material effect to young peoples' voices.

An array of social, legal and cultural practices prevent young people's engagement in the civic, social and political life of the community:

- Young people under the age of 18 are denied the right to vote.

- Schools offer young people many developmental rights but are also undemocratic institutions as students rarely have the right to say how the school is run, how teachers and others adults should conduct themselves, and in decisions which affect them (such as the curriculum). There are few rights to privacy due to mandatory and surprise bag and locker inspections and most recently, by placing surveillance cameras in student toilets.

- Some state governments (e.g. Western Australia and Northern Territory) have introduced sentencing legislation to address 'rising crime rates'. This legislation is inimical to the rights of young Indigenous people.

- The rights of young people to freedom of movement, speech and assembly are curtailed, through politicians, parents and teachers denying students the right to participate in political activities like protest marches when those activities take place during class hours. In many cases, it would involve invoking the truancy laws.

- Youth curfews are used by local authorities to keep young people off the streets during certain hours. Police can lawfully apprehend and relocate a young person without that young person having committed an offence other than being out at night.

- The 'youth wage' means that some young people do not receive equal pay for equal work.

Reference	Bessant, J 2004, 'Mixed messages: youth participation and democratic practice', *Australian Journal Of Political Science*, vol. 39, no. 2, pp. 387-404.

Title	Children's participation in social policy: inclusion, chimera or authenticity?
Year	2005
Theme	Support to contribute and participate in society
Cohort	Young people
Country	England
Evidence	Expert opinion
Strategy / intervention	Changes in adults required for youth participation
Research design	Not applicable
Outcomes	For effective participation to occur: - Adults need to check their own motivations and assess their readiness to work in partnership with children - Children's views must be placed alongside with other adult stakeholders who may have conflicting agendas

	• Greater time and resources are necessary to meaningfully initiate and sustain children's participation
	• It is important that children determine the way that they participate in their own terms
	• The task of the government is to embed children and young people's participation into mainstream political institutions.
Reference	Cockburn, T 2005, 'Children's participation in social policy: inclusion, chimera or authenticity?', *Social Policy & Society*, vol. 4, no. 2, pp.109-119.

Title	Carving out meaningful spaces for youth participation and engagement in decision-making
Year	2010
Theme	Community participation and engagement
Cohort	Young people aged between 12-24 years, including those from CALD backgrounds
Country	New Zealand
Evidence	Qualitative study
Strategy / intervention	The Auckland City Youth Council which advocates on behalf of young people
Research design	A review was conducted to determine the effectiveness of the current youth council.
	The review involved focus groups and online surveys with youth council members, young people, schools and community organisations and government agencies, council officers and elected officials. There was a total of 60 survey participants.
Outcomes	Key findings of the research included:
	• Role of the youth council: Youth voice
	A key role for the youth council is to enable young people to have a strong voice that leads to action, and provides a space for young people to be heard in civic affairs and policy development.
	• Wider representation on the youth council
	The youth council needed to be more representative of the wider population of young people in Auckland city.
	Rather than self-nominations, members are nominated from local schools and communities on an annual basis. Youth council members are then selected by a panel (comprised of a young person, a council officer and a youth organisation representative) to balance representation of ethnicity, socioeconomic background, achievement, schools, communities and geographic areas.
	• Greater youth engagement
	To increase youth engagement in youth council meetings, the meetings are more informal and administered by the youth council (the meetings are run and chaired by youth council members).
	• Greater community inclusion
	To increase youth inclusion in the community, a Community Services Committee representative is invited to attend the meetings to provide a link between the youth council and Auckland City Council. Community boards invite youth council representatives to attend meetings where there are relevant agenda items.
	There is also a focus on building stronger relationships with schools, youth

	organisations and local communities through projects and the recruitment of members. The youth council makes it a priority to communicate its activities and decision-making with schools and communities.
Reference	Finlay, S 2010, 'Carving out meaningful spaces for youth participation and engagement in decision-making', *Youth Studies Australia*, vol. 29, no. 4, pp. 53-59

Title	The realisation of children's participation rights
Year	2010
Theme	Connection to community
Cohort	Children and young people of all ages
Country	United Kingdom
Evidence	Expert opinion
Strategy / intervention	Not applicable
Research design	Not applicable
Outcomes	Meaningful and sustained realisation of children's participation rights requires the introduction of a wide range of legislative, policy and practice provisions which establish this entitlement and the opportunity to hold governments and others to account. This includes: • legal entitlements, such as complaints mechanisms, access to courts and to legal aid, definition of parental responsibilities in family law, entitlement to establish school councils, introduction of ages of consent, lowering of voting ages • systematic provision of information on rights for children of all ages and abilities, including human rights education in schools, child-friendly information on what to expect in hospital, child-friendly consultative documents from governments • sensitisation and awareness raising of adults, for example, pre- and in-service training on the rights of children for all professionals working with and for children, and parent education programs • systemic mechanisms for influencing public decisions at all levels, including development of child-friendly and collaborative public services, support for child-led organisations, peer education, access to the media, community mobilisation, child representation on local and national policy-making bodies, and consistent access to government to enable dialogue on all relevant aspects of policy development • mechanisms for remedy and redress for children, including complaints procedures or through access to courts when necessary. The challenges in realising children's rights, which must be addressed, include: • adult presumption of children's incapacities • long-term commitment required by adults to sustain and facilitate participatory processes • building sustainable links between children's participation activities and children's own local communities • providing appropriate protection for children in accessing and using their right to

	participation
	• establishing indicators to measure participation (both the level of engagement and the quality of participation). For example, children's participation can be classified (and could therefore be measured) at three levels: - consultative participation, where adults seek children's views in order to build knowledge and understanding of their lives and experience - collaborative participation, which provides a greater degree of partnership between adults and children with the opportunity for active engagement of children at any stage of decision, initiative, project or service - child-led participation, where children are afforded the space and opportunity to identify issues of concern, initiate activities and advocate for themselves.
Reference	Lansdown, G 2010, 'The realisation of children's participation rights', in Percy-Smith, B & Thomas, N (eds), *A handbook of children and young people's participation*, London, Routledge, pp.11-23.

Title	Dilemmas in children's participation in England
Year	2008
Theme	Community participation and engagement
Cohort	Children and young people
Country	United Kingdom
Evidence	Qualitative study
Strategy / intervention	Schools and communities as places of participation
Research design	The study used qualitative research methods and structured activities with a sample of 101 boys and girls in two age bands: 12-13 and 14-15 year olds. The participants were located in two relatively deprived wards in a town in England, including a number from ethnic minority groups. The discussions related to experiences of being "listened to" in school and neighbourhood.
Outcomes	Young people are constrained within their existing structures and settings, which affect willingness or capacity to participate. Specifically: • **Participation in school**. Schools are an important place of social interaction for children. Children 'participate' in school in the sense of attending, but in the context of 'sharing' in it and actively participating: - many children did not feel that anything happened with the school council (where one was established), other than being a forum to air their views - some children felt that teachers did not build up their "confidence or anything", and that schools valued only academic knowledge. • **Participation in neighbourhood**. Some children expressed a strong sense of exclusion in the neighbourhood, due to: - concerns about safety (traffic safety, racial harassment, safety in local parks and outside the shops, gangs and criminals) - being mistrusted by adults - not having much to do in the community for their respective age group - needing money for transport into town, and for entry into leisure facilities. While most local authorities have a youth forum or youth council, many children were not

	aware of the existence of the youth forum or council and had not been directly consulted in decisions about changes in their neighbourhoods..
Reference	Morrow, V 2008, 'Dilemmas in children's participation in England', in Invernizzi, A & Williams J (eds.), *Children and citizenship*, SAGE, London, pp.120-130.

Title	Polarizing participation in local government: Which young people are included and excluded
Year	2006
Theme	Support to contribute and participate in society
Cohort	Young people including those from disadvantaged communities.
Country	New Zealand
Evidence	Qualitative study
Strategy / intervention	The study explored the effectiveness of approaches used by metropolitan and rural city councils to support youth participation. Strategies included youth conferences, a youth councils, a youth unemployment service, art exhibitions, youth music festivals, the development of stake parks and youth centres.
Research design	A multi-method approach to the study was used, including student questionnaires (110 questionnaires were completed), street interviews with 55 young people in the urban setting, focus group and key informant interviews and participant observation. People who were consulted included adult organisers, youth workers and youth councillors and a member of the youth council, as well as students.
Outcomes	Initiating people's inclusion in local government processes by adults in effect polarises participation into two types of young people: 1) Those who are considered "problems" and local government attempts to find ways to meaningfully occupy such young people with particular types of participation; 2) Those who are considered to be community focused high achievers and therefore future leaders. This polarisation gives rise to an excluded 'middle'. The study also found inclusion and exclusion practices work in paradoxical ways. Recruitment may engage a diverse group of young people, but if some of these participants experience spaces and practices as "adultist", white and/or middle class, then these attempts at inclusion are ultimately exclusionary. In terms of 'what works', key features of participatory structures include: flexibility in terms of how young people are involved, young people's control over the structure of that involvement, and the importance of a critical mass to avoid the problem of a few people representing all young people.
Reference	Nairn, K, Sligo, J, & Freeman, C 2006, 'Polarizing participation in local government: Which young people are included and excluded?' *Children, Youth and Environments*, vol. 16, no. 2, pp. 248-73.

Title	Young Australians and social inclusion

Year	2011
Theme	Support to contribute and participate in society
Cohort	Youth aged 18 years of age including those from disadvantaged communities
Country	Australia
Evidence	Quasi-experimental study
Strategy / intervention	Economic support for families to promote social inclusion
Research design	The study used descriptive and regression analysis to investigate the extent to which growing up in disadvantage can affect social inclusion in adulthood as well as other factors that influence the extent of social inclusion.
	Wave 1 was conducted in the second half of 2006, when focal youth were 18 years of age. The study collected survey data for 4,079 focal youth and 3,964 parents, with 2,430 matched parent-youth pairs. The parents were interviewed once only, while the young adults were re-interviewed in the second half of 2008.
Outcomes	Young people whose parents had a prolonged history of income support are likely to be less socially included than young people with no or a moderate history of parental income support. This effect was particularly prominent in outcomes such as participation in education, full-time employment and job search, quality of relationships with parents and social participation.
	Even after controlling for factors like the socioeconomic status of the parents, family structure, parental decisions to invest in their children and attitudinal variables, the effect of exposure to income support is not completely eliminated.
	While moderate exposure to income support while growing up does not seem to make any difference, those that have prolonged (six years or more) exposure to the income support system had significantly higher levels of social exclusion than others. Results indicate that this may be due to the persistence of the social exclusion of these young people when they were at school.
	Controlling for negative schooling experience indicators, such as the incidence of suspensions and expulsions, school attendance and participation in after-school activities substantially reduces the lasting effect from prolonged income support exposure. Although negative schooling experience should be interpreted as an early-childhood manifestation of social exclusion rather than the cause for social exclusion in adulthood, the connection between school achievement and social inclusion cannot be rejected.
Reference	Ryan, C & Sartbayeva, A 2011, 'Young Australians and social inclusion', Australian *Social Policy Journal,* no. 10, pp.1-26.

Title	Having a say: children and young people talk about consultation
Year	2003
Theme	Community participation and engagement
Cohort	Children and young people aged 3-18 years
Country	Scotland

Evidence	Qualitative study
Strategy / intervention	Youth participation in decision making
Research design	The study was based on consultations with around 200 children and young people aged between three and 18 through group discussions (with 12 groups in mainstream education and a further six from excluded backgrounds) and an open-ended questionnaire. Groups were sorted into primary age children (9-10 year olds), second year (11-12 year olds) and fifth year (15-16 year olds).
	Participants were asked about their views on what they wanted to be consulted about, how they would like to be consulted and the advice they would give to governments and policy makers about consulting children and young people.
Outcomes	The study reported that:
	• There was considerable consensus that children and young people want to have more say in education, conditions in school, good leisure provision, public transport and health education and advice.
	• Participants felt that consultations should be fair and representative, genuine, purposeful and respectful.
	• There was also discussion about the effectiveness (pros and cons) of the methods of consultations (e.g. small group discussions, questionnaires, one-off events like youth conferences, direct contact with politicians, a voting system for young people).
Reference	Stafford, A, Laybourn, A & Hill, M 2003, 'Having a say: children and young people talk about consultation', *Children and Society*, vol. 17, pp.361-373

Infrastructure

Title	Rural and regional young people and transport
Year	2005
Theme	Support to contribute and participate in society
Cohort	Young people
Country	Australia
Evidence	Qualitative study
Strategy / intervention	Infrastructure
Research design	The aim of the project was to investigate transport and travel for rural and regional young people, to examine successes and challenges in improving the provision of transport services to young people, and to focus on viable solutions to their transport needs. The following activities were conducted:
	• a travel needs review, compiling available research evidence on transport issues associated with young people in rural and regional areas
	• a transport operations experience review with particular reference to transport for young people
	• consultations with young people including market testing of ideas for transport

	improvement
	• case studies of good practice transport projects
	• reviews of international experience and practice
	• an assessment of existing government institutional frameworks including the community transport sector.
Outcomes	Lack of access to transport can be a major problem for young people in rural and regional areas. Without transport, access to activities is limited and economic and social opportunities can be restricted.
	The following transport improvement options would be effective in addressing the transport needs of young people living in rural and regional Australia:
	• expansion and enhancement of service levels for conventional public transport services e.g. services at nights, weekends and holidays
	• expansion and development of transport services using community transport resources (use of brokerage schemes)
	• schemes to assist in training and ownership of motor vehicles including motorbikes
	• ridesharing schemes which assist to increase car occupancy as long as safety and cost sharing issues are addressed
	• cycling and walk access improvement schemes where appropriate e.g. some medium sized rural settlements and major regional centres
	• telematic schemes or schemes where transport information and communications technologies are used as tools to increase access to transport information
	• transport subsidy schemes which target reductions in travel use costs to specific groups
	• outreach schemes which seek to bring services to remote communities.
	The key success factors in good transport projects are:
	• local youth and community involvement to understand the travel needs of young people, target the scheme to local problems and obtain "buy in" from these groups
	• sustainable funding
	• having a committed and skilled person behind the transport project
	• addressing communication barriers between young people and transport providers
	• using existing transport projects to provide better services to add value and improve viability of existing services and resources
	• high profile promotion of transport projects, including leveraging the goodwill of local business and media.
	Challenges to government in providing effective transport solutions include:
	• sustainable funding
	• careful targeting of schemes to local needs and obtaining "buy-in" and involvement from young people
	• improving knowledge and experience relating to young people and transport, including addressing the high turnover in the youth sector. There is a case for strong case for the formation of a national specialist applied research group to look at local transport issues in rural and regional Australia
	• rather than viewing local transport as an issue for states and territories, recognising that there are benefits in adopting a more national approach in service provision and coordination, and sharing best practice for state policies (such as Victoria / South Australia)
	• establishing a state or national transport advocate or champion.
Reference	Currie, G, Gammie, F, Waingold, C, Paterson, D, & Vandersar, D 2005, *Rural and Regional Young People and Transport: Improving Access to Transport for Young People in Rural and Regional Australia*, a report to the National Youth Affairs Research

	Scheme, accessed 20 May 2012 at <http://www.deewr.gov.au/Youth/Programs/NYARS/Documents/RuralRegionalTransport.pdf>

Title	How young people participate in civic activities using internet and mobile technologies
Year	2010
Theme	Infrastructure
Cohort	Young people
Country	Australia
Evidence	Qualitative study
Strategy / intervention	Internet and technology to support civic participation
Research design	The study involved the following components: • a review of national and international literature regarding the current state of youth civic and political engagement using online and mobile technologies • consultation with governments, youth sector organisations and information and communication technologies (ICT) providers • focus groups with young people in metropolitan and regional areas throughout Australia.

Outcomes	**Key findings**
	
	• There has been a shift in the ways in which young people engage in political democracy, rather than a decline in participation in civic engagement. This relates to an increased integration of online channels (as opposed to 'offline' channels) for participation, and a move from institutionalised engagement to alliances with issues and causes.
	• Young people are more motivated by 'politics of choice', such as humanitarian causes, political issues, and campaigns. They prefer to participate in arenas and on issues where they feel they can make a contribution. Furthermore, they are discussing these issues in more informal networks, among like-minded individuals, and using media with which they feel more comfortable.
	• Young people's engagement with government can be conceived in terms of three separate audiences:
	   - Government-engaged young people: young people who engage with governments through youth councils, youth committees and youth advisory groups, and who may have established relationships with government at all levels.
	   - Non-government engaged young people: those who participate in civic activities and who are not necessarily associated with governments but rather non-government organisations.
	   - Non-engaged young people: young people who are not engaged with governments or other social groups in any significant way.
	• Information communication technology and Web 2.0 has a key role to play in engaging the latter two groups, in a "youth owned space" which provide a neutral forum for interaction, overcoming traditional adult/child constructs of power and influence.
	• The degree to which young people use and harness internet and mobile

technologies for civic and political activity varies. Internet and mobile technologies are used as: an information source; an organisational tool; a space for exchanging ideas and posting information; a means to 'spread the word'; or a channel for focused and opportunistic networking (through social networking sites).

- Technology can overcome a range of barriers to civic and political participation by: providing information at fingertips; remove geographical boundaries; provide access to a cyber community; reach broad audiences; re-brand civic engagement as 'cool'; keep issues 'top of mind' for young people; create a youth-focused, culturally relevant space; provide legitimacy to emotional connections elicited through media.

- Barriers to accessing technology for the use of civic and political activity include lack of or poor quality of internet connectivity; disadvantaged background; computer literacy and limitations placed on the types of websites accessible through school systems (proxies).

Role of government in civic participation

The article recommends the following strategies for the use of technology to engage children and young people:

- Use personal connections with young people as the starting point for engagement.

- Use a combination of offline and online techniques to more effectively engage with young people.

- Recognise the growing role of the 'smart' mobile phone in increasing access to online platforms.

- Ensure the branding of government products is attractive and accessible to young people.

- Recognise that the most effective point of engagement may be young people's space.

- Utilise existing ICTs to reach out to young people by ensuring these are well designed, accessible interfaces.

- More effectively harness opportunities to reach out to young people in schools through technology.

- Take a risk management, rather than risk averse, approach to Web 2.0 and the opportunities it offers for engagement with young people.

- Engage young people effectively and appropriately in the development of online tools and spaces.

- Utilise ICTs in a flexible manner to enable an inclusionary, rather than exclusionary, approach and place a greater emphasis on supporting and providing facilities to those young people in disadvantaged locations, situations or categories.

Reference	Ohlin, J, Heller, A, Byrne, S, & Keevy, N 2010, *How young people participate in civic activities using internet and mobile technologies*, Report to the National Youth Affairs Research Scheme, accessed 20 May 2012 at <http://www.deewr.gov.au/Youth/Programs/NYARS/Documents/NYARSReport2010.pdf>

Appendix B: Additional resources

This section provides citations for the additional resources that have been identified and referenced in the development of the National Action Plan, which span data and other indicator information; assessment frameworks; submissions to government; and other academic articles and opinions.

In addition to the sources cited below, the development of the NAP also included reference to data sources such as the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and a number of government publications and policy documents.

As with Appendix A, this section has been structured against each of the five KRAs. Within each KRA, articles are summarised by key theme, and listed alphabetically by first author surname.

KRA1: Children and young people are loved and safe

Articles are summarised against the following key themes:

- preventing abuse and neglect; resilience and juvenile justice

- family environment

Preventing Abuse and Neglect; resilience and juvenile justice

Source	Australian Institute of Criminology. Crime Facts Info: Experiences of neglect and abuse amongst juvenile detainees, 14 March 2006).
Summary	The Drug Use Careers of Offenders (DUCO) study conducted by the Australian Institute of Criminology collected information on the lifetime offending and substance use patterns of 371 juveniles incarcerated in Australian detention centres. The project, which was funded by the Australian Government Attorney-General's Department, asked the juveniles to report their lifetime experiences of neglect and abuse. Violent abuse was most frequently reported (36%) followed by emotional abuse (27%) and neglect (18%). When combined, almost half the young people (46%) reported experiencing at least one of these types of abuse in their lifetime.

Further analysis revealed that when neglect or abuse did occur, it was most likely to be by a parent or guardian, followed by a sibling. Moreover, the experiences of neglect and abuse also appeared to be linked to both drug use and crime. Juveniles reporting regular violent or property offending were more likely to report a history of neglect and abuse, as were juveniles reporting high frequency substance use in the six months prior to detention. |

Source	Australian Institute of Criminology. Police-referred restorative justice for juveniles in Australia: Trends & issues in crime and criminal justice no. 398, Kelly Richards, August 2010
Summary	This preliminary paper provides an overview of the legislative and policy context of restorative justice measures for juveniles in each Australian state and territory, highlighting the diverse characteristics of current restorative practices. Further, it provides an indication of the numbers and characteristics of juveniles who are referred

	by police to restorative justice measures and the offence types for which they are most commonly referred. A number of key points about the application of restorative justice measures to juveniles in Australia's jurisdictions are highlighted, including that juveniles were referred to conferences primarily for property crimes and that Indigenous juveniles comprised higher proportions of those sent to court than to conferencing. This paper argues that more detailed data on the offending histories, offence types and offence seriousness of juveniles referred by police to restorative justice processes would enable a more finely-grained analysis of restorative justice for juveniles in Australia.

Source	Centre for Excellence in Child and Family Welfare, Issues Paper Two: Their needs: appropriate service models for vulnerable children, young people and families, Victoria, 2011.
Summary	The Centre's submission to Protecting Victoria's Vulnerable Children Inquiry 2011 which argues for the adoption of a shared social responsibility model for vulnerable children, young persons, and families across Victoria. This is envisaged by the Centre as the development of a whole-of-system Vulnerable Children, Young Persons' and Families Strategy for tackling vulnerability which includes an outcomes framework and a broad-based concept of vulnerability. This paper further discusses these recommendations and the issues that underscore them, with reference to alternative models and future directions for out-of-home care in Victoria.

Source	Costello, Lauren and Thomson, Melanie. Best practice, Programs, Early intervention, Youth, Adolescents, Costs, Evaluation, Mentoring, Literature reviews, Cost effectiveness, Melbourne: Australian Housing and Urban Research Institute, 2011.
Summary	This research synthesis reviews the costs and benefits of youth mentoring programs. It examines the Australian and international literature on youth mentoring as a form of early intervention, evidence on mentoring relationships, key factors of successful youth mentoring programs, measuring cost effectiveness, and cost offsets.

Source	Hunter, Cathryn. Is resilience still a useful concept when working with children and young people?, Australian Institute of Family Studies, 2012.
Summary	This paper reviews some of the complexities and issues surrounding the concept of resilience in order to ascertain its usefulness for practitioners working with children. It offers a brief history of the research as well as an investigation of how resilience is defined, measured and used in practice.

Source	Noetic Solutions. Review of Effective Practice in Juvenile Justice: Report for the Minister for Juvenile Justice, January 2010.
Summary	This report identifies and describes effective practice in juvenile justice. The report reviews important international and Australian juvenile justice systems and draws from the 'what works' literature to evaluate a range of programs, as well as traditional penal and 'get tough' programs including juvenile incarceration. Specific issues of reducing Indigenous over-representation, and realising and

	coordinating whole-of-community action are also discussed. The report was developed in order to build a comprehensive evidence base from Australia and overseas in order to test current practice and new ideas in the NSW context.

Source	NSW Bureau of Crime Statistics and Research. The transition from juvenile to adult criminal careers, Crime and Justice Bulletin, Number 86, May 2005
Summary	Compared with the United States and Britain, Australia has conducted comparatively little research into juvenile re-offending and none (as far as can be determined) into the transition between juvenile and adult offending. This paper presents the findings from a preliminary study into factors that affect the rate of juvenile offending and the proportion of juveniles whose criminal careers stretch into adulthood. Contrary to previously published research, this paper finds a high proportion of juveniles making their first appearance in a Children's Court continue their offending into adulthood, particularly if their first court appearance occurred when they were young. The implications of this finding for juvenile justice policy are discussed.

Source	Richards, Kelly. 'Children's exposure to domestic violence in Australia', Trends & issues in crime and criminal justice no.419, Australian Institute of Criminology, June 2011.
Summary	This paper argues that witnessing domestic violence can involve a range of incidents, ranging from the child 'only' hearing the violence, to the child being forced to participate in the violence or being used as part of a violent incident. Describes current knowledge about the extent of children's exposure to domestic violence in Australia, along with the documented impacts that this exposure can have on children. This includes psychological and behavioural impacts, health and socioeconomic impacts, and its link to the intergenerational transmission of violence and re-victimisation. The paper also highlights current legislative and policy initiatives and some community-based programs that have been introduced in Australia to address the problem of children's exposure to domestic violence. It concludes that initiatives focused on early intervention and holistic approaches to preventing and responding to children's exposure to domestic violence should be considered as part of strategies developed to address this problem.

Family environment

Source	Victorian Equal Opportunity and Human Rights Commission (2012) *Desperate measures: the relinquishment of children with a disability into state care in Victoria*
Summary	This report presents the findings from a research project undertaken looking at the nature, extent and causes of relinquishment, focusing on children under 18 years. There research project gathered the views of families and carers, service providers, advocates and support groups through an online survey. In addition, peak bodies and large agencies made written submissions. The research found that around 20 per cent of children in residential care are considered by DHS Children, Youth and Family Services (CYFS) to have a disability. This is significant, as only 11 per cent of all children in care are in residential care. The report suggests the over-representation of children with disability in child protection underscores the need for coordinated and seamless support for children who find themselves in the care of the state.

Source	Walker, Roz and Shepherd, Carrington. Strengthening Aboriginal family functioning: What works and why? AFRC Briefing No. 7, 2008.
Summary	Examines a complex array of environmental, social, economic, cultural and historical factors that contribute to family functioning and suggests that despite the importance accorded to issues of family functioning within government policy and reporting contexts, there are very few measures of either Aboriginal or mainstream family functioning.
	Identifies those measures go some way to reducing the knowledge gap around the factors that contribute to Aboriginal family and community wellbeing; however argues that further research is required to understand the complexity of particular factors that influence family functioning and to provide a more integrated Aboriginal world view in developing future programs and services and developing indicators.

KRA2: Children and young people have access to material basics

Articles are summarised against the following key themes:

- homelessness

- poverty

- indicators of material wellbeing.

Homelessness

Source	National Centre on Family Homelessness, "The Characteristics and Needs of Families Experiencing Homelessness
Summary	A fact sheet to outline the scope, causes, and impact of homelessness on children and families around the country. Intended as a resource, along with the publications cited in the footnotes as tools to learn more about homelessness.

Poverty

Source	Australian Council of Social Service. Poverty Report, October 2011 Update
Summary	This report updates ACOSS' Poverty Report, last published in October 2010. While the total measurement of poverty in Australia has not been brought up to date since 2006, many other statistics quoted in the October 2010 Poverty Report have been updated in this report. More information has been included regarding poverty of Aboriginal and Torres Strait Islanders, and the information about working poverty has been expanded.

Source	Andrew Scott (ed), Changing children's chances: Can Australia learn from Nordic countries? Centre for Citizenship and Globalisation, Deakin University, Volume 3, July 2012
Summary	This paper outlines the key ideas and learning's discussed at a symposium held in Melbourne on 26 April 2012: Changing Children's Changes: Can Australia learn from

Nordic countries?

The research papers presented explore how the reduction of inequalities and poverty in childhood leads to improved life outcomes and to a longer-term reduction in the broader community. The key policy recommendations arising from the symposium include establishment of a publically funded universal child health system working closely education, greater provision of childhood education services, providing more extensive and integrated parental leave, focus on creating flexible and jobs and focusing on preventative interventions.

Source	Phillips, B. and Nepal, B. Going without: financial hardship in Australia, National Centres for Social and Economic Modelling, University of Canberra, 2012
Summary	This report analyses financial hardship in Australia using a number of quantitative measures including deprivation, financial stress, expenditure analysis and poverty analysis. The report takes a special interest in households where the main source of income is derived from either the Newstart Allowance (NSA) or the job seeker Youth Allowance (YA). These are the two main payments received by unemployed persons in Australia. The report has been prepared for the Major Church Providers. The report provides an analysis of financial hardship in Australia through a number of lenses. Poverty measures are constructed to consider the extent of resource constrained households through the perspective of the OECD half-median income measure. To add extra dimensions to the financial hardship measures the analysis adds the more direct measures of deprivation and financial stress and provide a detailed analysis of the expenditure patterns within households. Such measures are considered for different household types and government beneficiary households.

Source	Youth Affairs Council of Victoria YACVic's submission to the ACTU's Independent Inquiry into Insecure Work in Australia, 2011
Summary	YACVic's submission to the Australian Council of Trade Unions' (ACTU) Independent Inquiry into Insecure Work in Australia discusses the extent of insecure work for Australian young people aged 15-25 years, the workers who are most at risk of insecure work and why, and the effect of insecure work on regional communities, social inclusion, and community organisations. The submission also includes the results of an online survey we created to investigate young people's employment experiences, in order to include young people's voices and experiences in the submission.

Indicators of material wellbeing

Source	ACOSS. Australian Community Sector Survey: National Report, 2012
Summary	The Australian Community Sector Survey (ACSS) is the annual national survey collecting data about the non-government, non-profit community services and welfare sector. The 2012 ACSS was conducted between April and June 2012 and covers the period from 1 July 2010 – 30 June 2011. A total of 665 agencies completed the survey, responding on issues relating to service provision, income and expenditure, and operational, policy, and workforce issues for the community services sector.

Source	Australian Institute of Family Studies. Longitudinal study of Australian Children Annual statistical report 2011; Housing characteristics and changes across waves, pp 67-77
Summary	This is the second of the Annual Statistical Report series for *Growing Up in Australia: The Longitudinal Study of Australian Children* (LSAC), which builds on the 2010 report to further explore the multiple facets of children's lives that influence their wellbeing. In doing so, the report seeks to provide a foundation for further research that can inform government policies and programs to support the wellbeing of children and their families. This report uses longitudinal data from children aged 0-10 years to investigate changes in children's experiences and development over time. This provides insight into experiences of prolonged disadvantage and critical points of transition in children's lives. Aspects of children's family environments and experiences are also examined in parts of the report, including their parents' mental health, their fathers' involvement in their personal care activities, characteristics of their families' housing arrangements, and experiences of families with a child with disability. Other sections of the report investigate aspects of children's development, including numeracy skills, body mass index, exposure to television and other media, and access to preschool in the year before children start school. Some chapters also examine these variations in children's development and experiences by different socio-demographic characteristics.

Source	COAG Reform Council. Affordable Housing 2010–11: Comparing performance across Australia, COAG Reform Council, Sydney 2012
Summary	This is the third report assessing progress under COAG's National Affordable Housing Agreement. It was submitted to COAG on 30 April 2012 and publicly released on 29 June 2012. In this report, the council focuses on the outcomes in the Agreement that relate to home purchase affordability, rental affordability, and housing market efficiency and responsiveness. The council found that nationally, based on the indicators and years that can be reported on, there is no indication that housing affordability has improved. Rental affordability in particular – as measured by the proportion of low income households spending more than 30 per cent of their income on rent – has worsened in capital cities and for those on the lowest incomes.

Source	National Housing Supply Council Housing Supply and Affordability – Key indicators, 2012
Summary	The National Housing Supply Council's 'Housing Supply and Affordability – Key Indicators, 2012' report was released in June 2012. This publication updates the National Housing Supply Council's analysis of underlying housing demand, supply, the balance between the two, and housing affordability, from the previous State of Supply Report

KRA3: Children and young people are healthy

Mental Health

Source	Eckersley, R. 'Rising psychosocial problems among young people: historical myth or contemporary reality?' [Published in Family Matters, no. 50, winter 1998, pp 50-52.
Summary	The health and well-being of young people today is a complex and difficult issue. Surveys of youth concerns, attitudes and values do sometimes yield very different results, depending on which aspects of their lives and relationships the surveys focus on. Each piece of evidence, taken in isolation, is open to doubt about its robustness or reliability, or may be explicable in other terms. However, taken as a whole, the evidence indicates that adverse social and emotional well-being issues are not confined to a small and static number of young individuals. Effectively addressing this problem requires a better recognition of the issues and avoiding unnecessary confusion over the complexities relating to health and wellbeing.

KRA4: Children and young people are learning

Early childhood education and care

Source	Australian Early Development Index (2009) AEDI Research Snapshot: Children starting schools with additional health and development needs
Summary	This fact sheet provides an overview of the prevalence of Australian children with additional needs in the first year of formal schooling. The research also aimed to ascertain these children's demographic and developmental characteristics. The findings show that that four per cent of children were reported by their teachers to have established additional health and developmental needs, meaning they already had diagnoses that were noted before they arrived at school. This is similar to other Australian estimates, and about the same proportion of children who meet criteria for special education services in their state or territory. A further 18 per cent however were identified by teachers as having emerging developmental difficulties 'of concern' because the children either had areas of impairment that affected their ability to learn and/or needed further assessment. These children may not have sufficient access to additional supports and services.

Source	Center on the Developing Child (Harvard University), The Foundations of Lifelong Health Are Built in Early Childhood, 2010
Summary	This publication was co-authored by the National Scientific Council on the Developing Child and the National Forum on Early Childhood Policy and Programs. It argues that vital and productive society with a prosperous and sustainable future is built on a foundation of healthy child development. Health in the earliest years—beginning with the future mother's well-being before she becomes pregnant—lays the groundwork for a lifetime of vitality. When developing biological systems are strengthened by positive early experiences, children are more likely to thrive and grow up to be healthy adults. Sound health also provides a foundation for the construction of sturdy brain architecture and the achievement of a broad range of skills and learning capacities.

Source	Emerson, L., Fear. J., Fox, S., and Sanders, E. (2012). *Parental engagement in learning and schooling: Lessons from research*. A report by the Australian Research Alliance for Children and Youth (ARACY) for the Family-School and Community

	Partnerships Bureau: Canberra.
Summary	This report identifies evidence on the benefits of positive parental engagement, what works to promote positive parental engagement, and the strategies available to policy-makers wishing to facilitate such engagement. This report provides a synopsis of the published literature pertaining to parental engagement in both the home and school environments. On the basis of the evidence in the literature, it identifies those approaches which have the greatest influence and impact on student outcomes. Given the clear benefits of positive parental engagement in student learning, by way of improved academic achievement, wellbeing and productivity, the report concludes that resourcing and effectively progressing parental engagement initiatives is warranted, if not essential to education reform and the future of Australia.

Source	Goldfeld, S., O'Connor, M., Sayers, M., Moore, T., & Oberklaid, F. (2012). Prevalence and Correlates of Special Health Care Needs in a Population Cohort of Australian Children at School Entry. *Journal of Developmental & Behavioral Pediatrics*, 33(4), 319–327.
Summary	This article analyses population data to estimate the prevalence and developmental and demographic characteristics of Australian children with special health care needs on entrance to school. The analysis shows that four percent of children were reported with established special health care needs, and a further 18% were identified by teachers as "of concern." There were a greater proportion of boys with established special health care needs, as well as those from lower socioeconomic status communities, and Indigenous and older children. This paper suggests that the prevalence of Australian children with special health care needs at school entry is higher than previously reported in literature and far outweighs the number of children actually receiving special education services.

Source	Heckman, J, Grunewald, R and A Reynolds (2006) The Dollars and Cents of Inverting Early: cost-benefit analysis in early care and education, in Grunewald, R and A, Reynolds (eds) *Zero to Three*, pp 10-17
Summary	This chapter provides a cost-benefit analysis of investing in early childhood education and programs. The chapter reviews four studies on early childhood programs in the United States of America. The findings demonstrate that early education programs have a strong economic contribution to the individual and society more broadly. The analysis also demonstrates that the highest per child benefits stem from programs that focus on economically disadvantaged children, with longer term cost-benefits including higher individual incomes and public savings due to reduced crime and need for rehabilitation and treatment.

Source	Perry, Bruce D. 'Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture', Brain and Mind, 2002
Summary	This paper considers a number of studies of childhood abuse and neglect and the considerations of nature and nurture. While each child has unique genetic potentials, both human and animal studies point to important needs that every child has, and severe long-term consequences for brain function if those needs are not met. The effects of the childhood environment, favourable or unfavourable, interact with all the

	processes of neurodevelopment.
	The paper reviews the time courses of all these neural processes, along with statements of core principles for both genetic and environmental influences on all of these processes. It presents evidence that development of synaptic pathways tends to be a "use it or lose it" proposition, and of the need for children and young nonhuman mammals to have both stable emotional attachments with and touch from primary adult caregivers, and spontaneous interactions with peers. If these connections are lacking, brain development both of caring behaviour and cognitive capacities is damaged in a lasting fashion.

Source	Shonkoff, Jack and Phillips, Deborah. From Neurons to Neighborhoods: The Science of Early Childhood Development, 2000
Summary	This book presents conclusions about nature-versus-nurture, the impact of being born into a working family, the effect of politics on programs for children, the costs and benefits of intervention, and other issues. The committee issues a series of challenges to decision makers regarding the quality of child care, issues of racial and ethnic diversity, the integration of children's cognitive and emotional development, and more.
	It presents the evidence about "brain wiring" and how kids learn to speak, think, and regulate their behavior. It examines the effect of the climate-family, child care, community-within which the child grows.

KRA5: Children and young people are contributing and participating

Participation in decision making and decision making processes

Source	Eureka Strategic Research 2005, Scoping Study of Youth Policy Priorities and Directions: Summary of Findings, prepared for the National Youth Affairs Research Scheme (NYARS)
Summary	This report summarises the findings of a Scoping Study prepared for the National Youth Affairs Research Scheme (NYARS) in April 2005 by Eureka Strategic Research.
	The purpose of the Scoping Study was to provide a stocktake and review of current youth policy priorities and directions; and determine issues that have the capacity to influence young people's opportunities, decision-making and outcomes over the next 20 years.

Source	Lansdown, G. A Framework for Monitoring and Evaluating Children's Participation 2011
Summary	A framework to monitor and measure process and outcomes in child participation work, which builds on numerous models across different agencies and different regions of the world, in order to identify indicators which are meaningful and which rely on data capable of being collected and analysed with relative ease.
	This framework was originally developed in 2004 and has been updated incorporating perspectives from different regions, as well as adding a dimension on measuring participation within the wider societal environment. It has since been amended to reflect

more closely the Committee on the Rights of the Child General Comment on Article 12. It also incorporates feedback from participants at a conference in Canada on accountability, monitoring and evaluation, and from a consultative review across Save the Children UK, both in 2009.

Source	Mannion G. 2007. Going Spatial, Going Relational: Why 'listening to children' and children's participation needs reframing, in *Discourse*, 28: 405 – 420.
Summary	This article explores the consequences of the view that the identifications of children and adults and the spaces they inhabit are undergoing a continuous co-specification. Firstly, the article describes and critiques the rationales provided that suggest we should consult with children and young people and encourage their participation. In response, the author suggests that policy and practice and research on children's participation are better framed being fundamentally about child-adult relations and that the emerging field would benefit from becoming more sensitive to socio-spatial aspects. Examples of research projects in three different contexts (school grounds, an arts centre, and the 'childfree zone') are reviewed for evidence to show that they how they were centrally about the emergence of spaces for new child-adult relations. The goal for a reframed 'children's participation' project could be to understand better how child-adult relations and spaces get constructed and how they can be improved.

Source	McNeil, B, Reeder, N and J Rich (2012) A framework of outcomes for young people, The Young Foundation
Summary	This framework articulates the importance of social and emotional capabilities in all other life outcomes for children and young people. It proposes a model of seven interlinked clusters of social and emotional capabilities: communication; confidence and agency; planning and problem solving; relationships and leadership; creativity; resilience and determination; and managing feelings. The framework outlines the evidence linking these clusters with outcomes in education, employment and health. The framework also sets out a series of tools to measure these capabilities, how to select the most appropriate tool and what measurement looks like in practice.

Source	Shier, H. Pathways to participation: openings, opportunities and obligations, 2004
Summary	This paper offers an alternative model to the 'ladder of participation' (Hart) that is based on five levels of participation: 1. Children are listened to. 2. Children are supported in expressing their views. 3. Children's views are taken into account. 4. Children are involved in decision-making processes. 5. Children share power and responsibility for decision-making. In addition, three stages of commitment are identified at each level: 'openings', 'opportunities' and 'obligations'. The model seeks to provide a logical sequence of 15 questions as a tool for planning for participation.

Appendix C: Bibliography

This section provides the reference list of all sources used for each KRA.

KRA1: Children and young people are loved and safe

Australian Government and the Australian Institute of Family Studies, 2012, 'Families make all the difference Helping kids to grow and learn', Fact Sheet 2012, viewed 12 June 2012 at http://www.aifs.gov.au/institute/pubs/factssheets/2012/fw2012/fw2012.pdf

Australian Institute of Criminology. Crime Facts Info: Experiences of neglect and abuse amongst juvenile detainees, 14 March 2006).

Australian Institute of Criminology. Police-referred restorative justice for juveniles in Australia: Trends & issues in crime and criminal justice no. 398, Kelly Richards, August 2010

Centre for Excellence in Child and Family Welfare, Issues Paper Two: Their needs: appropriate service models for vulnerable children, young people and families, Victoria, 2011.

Costello, Lauren and Thomson, Melanie. Best practice, Programs, Early intervention, Youth, Adolescents, Costs, Evaluation, Mentoring, Literature reviews, Cost effectiveness, Melbourne: Australian Housing and Urban Research Institute, 2011.

Dallago, L, Perkins, D.D, Santinelle, M, Boyce, W, Molcho, M & Morgan, A 2009, 'Adolescent Place Attachment, Social Capital, and Perceived Safety: A Comparison of 13 Countries', *American Journal of Community Psychology* , vol. 44, nos. 1-2, viewed 22 May 2012, http://www.springerlink.com/content/x783346225297t12/fulltext.pdf

Holt, S, Buckley, H,& Whelan, S, 2008, 'The impact of exposure to domestic violence on children and young people: A review of the literature', Child Abuse & Neglect, Vol. 32, Pp. 797–810, viewed on 28 May 2012 at http://www.vfpms.org.au/staging/documents/Impactofexposuretodomesticviolence.pdf

Hunter, Cathryn. Is resilience still a useful concept when working with children and young people?, Australian Institute of Family Studies, 2012.

Mikton, C & Butchart, A, 'Child maltreatment prevention: a systematic review of reviews', Bull World Health Organ 2009; 87:353–361, viewed 26 May 2012 at http://www.who.int/bulletin/volumes/87/5/08-057075.pdf

Ministry of Health and Social Affairs, Sweden, 2001, 'Ending Corporal Punishment: Swedish Experience of Efforts to Prevent All Forms of Violence Against Children – and the Results', viewed 4 June 2012 at http://www.endcorporalpunishment.org/pages/pdfs/ending.pdf

Nair, L, 2012, 'Safe and supportive families and communities for children A synopsis and critique of Australian research', CFCA Paper No. 1, 2012, Australian Institute of Family Studies, viewed 27 May 2012 at http://www.aifs.gov.au/cfca/pubs/papers/01/cfca01.pdf

Noetic Solutions. Review of Effective Practice in Juvenile Justice: Report for the Minister for Juvenile Justice, January 2010.

NSW Bureau of Crime Statistics and Research. The transition from juvenile to adult criminal careers, Crime and Justice Bulletin, Number 86, May 2005

Pachter, LM & Garcia Coll, C 2009, 'Racism and Child Health', J Dev. Behav. Pediatr, Vol.30, pp.255-263.

Pearce, N, Cross, D, Monks, H, Waters, S and Falconer, S, 2011, 'Current Evidence of Best Practice in Whole-School Bullying Intervention and Its Potential to Inform Cyberbullying Interventions', Australian Journal of Guidance and Counselling, vol.21, no. 1, pp.1-21.

Popkin, S Leventhal, T & Weismann, G 2008, 'Girls in the 'Hood: The Importance of Feeling Safe', Metropolitan Housing and Communities Center, Brief No. 1, viewed 26 May 2012 at http://www.urban.org/UploadedPDF/411636_girls_in_the_hood.pdf

Richards, Kelly. 'Children's exposure to domestic violence in Australia', Trends & issues in crime and criminal justice no.419, Australian Institute of Criminology, June 2011.

US Department of Health and Human Services, 2012, viewed 27 May 2012 at http://nrepp.samhsa.gov/Bullying.aspx

Walker, Roz and Shepherd, Carrington. Strengthening Aboriginal family functioning: What works and why? AFRC Briefing No. 7, 2008.

KRA2: Children and young people have access to material basics

Australian Council of Social Service. Poverty Report, October 2011 Update

Australian Council of Social Service, Australian Community Sector Survey: National Report, 2012

Australian Government, Department of Family and Community Services 2003, *I'm looking at the future' Evaluation Report of Reconnect*, Australian Government, Department of Family and Community Services, Canberra.

Australian Institute of Family Studies. Longitudinal study of Australian Children Annual statistical report 2011; Housing characteristics and changes across waves, pp 67-77

Australian Institute of Health and Welfare 2011, *Specialist Homelessness Services Collection: first results (September quarter),* Cat. No. HOU 262, Australians Institute of Health and Welfare, Canberra

Australian Institute of Health and Welfare 2011, *Young Australians – Their Health and Wellbeing 2011,* Cat. No. PHE 140, Australians Institute of Health and Welfare, Canberra

Barker, J, Humphries, P, McArthur, M, and Thomson, L, 2012, 'Literature Review: Effective interventions for working with young people who are homeless or at risk of homelessness,' *Australian Government, Department of Families, Community Services and Indigenous Affairs,* Canberra

Brooks-Gunn, J, and Duncan, G, 1997, 'The Effects of Poverty on Children' *The Future of Children, Children and Poverty,* vol. 7, no.2

COAG Reform Council. Affordable Housing 2010–11: Comparing performance across Australia, COAG Reform Council, Sydney 2012

Davies, B, Davis, E and Waters, E 2007, 'Getting the complete picture: combining parental and child data to identify the barriers to social inclusion for children living in low socio-economic areas,' *Child care, health and development,* 34, 2, 214-222.

Davies E, Crothers C, and Hanna K, 'Preventing Child Poverty: Barriers and Solutions,' *New Zealand Journal of Psychology,* Vol. 39, No. 2, 2010.

Davis, M 2007, 'Analysing participation and social exclusion with children and young people. Lessons from Practice,' *International Journal of Children's Rights,* 15 (2007) 121-146.

Edwards B, 'A longitudinal view of children living in disadvantaged neighbourhoods,' *LSAC Annual Statistical Report 2010,* Chapter 9, Australian Institute of Family Studies, Melbourne.

Edwards, B, Baxter, J, Smart, D, Sanson, A & Hayes, A 2009, 'Financial Disadvantage and Children's School Readiness' *Family Matters, Australian Institute of Family Studies,* vol. 83, pp. 23-33.

Emerson, E, Shahtahmasebi, S, Lancaster, G & Berridge, D 2010, 'Poverty transitions among families supporting a child with intellectual disability', Journal of Intellectual & Developmental Disability, vol. 35, no. 4, pp. 224–234.

Ensig, J.B, 2005, 'Perspectives and experiences of homeless young people,' *Journal of Advanced Nursing, Vol.*54, No.6, pp.647-652.

Huston, AC 2010, *Children in Poverty – Can public policy alleviate the consequences?* Keynote addressed presented at the Australian Institute of Family Studies Conference 8 July 2010.

Kalil, A 2009, 'Joblessness, family relations and children's development' *Family Matters, Australian Institute of Family Studies,* vol. 83, pp.15-22.

Kiernana, K.E, and Mensah, F.K, 'Poverty, family resources and children's early educational attainment: the mediating role of parenting,' *British Educational Research Journal,* Vol. 37, No. 2, April 2011, pp. 317-336.

Knight, A, Petrie, P, Zuurmond, M & Potts, P 2008, ''Mingling together': promoting the social inclusion of disabled children and young people during the school holidays' *Child and Family Social Work,* 2009, 14, pp 15-24.

Kohen, DE, Dahinten, S, Leventhal, T & McIntosh, CN 2008, 'Neighborhood Disadvantage: Pathways of Effects for Young Children', *Child Development*, vol. 79, no. 1, pp. 156-169.

Lau, M, & Bradshaw, J 2010 'Child Well-being in the Pacific Rim,' *Child Ind Res* 3:367-383, DOI 10.1007/s12187-010-9064-4

Lipman, E and Boyle, M 2005, 'Social support and education groups for single mothers: a randomised controlled trial of a community based program' *Canadian Medical Journal,* 173(12).

MacKenzie, Desmond, K, and Steen, A, *Household Organisational management Expenses Advice Program Evaluation Report*, Department of Families, Community Services and Indigenous Affairs, 2007

Main, G, & Pople, L 2011, *Missing out: A child centred analysis of material deprivation and subjective well-being*, The Children's Society.

Main, G, & Bradshaw J 2010, *PSE2011 Measures Review Paper: Children's deprivation items,* Department of Social Policy and Social Work, University of York, United Kingdom

McDonald, M, 2011, *Communities and Families Clearing House Australia practice sheet: What role can child and family services play in enhancing opportunities for parents and families? Exploring the concepts of social exclusion and social inclusion*, Australian Institute of Family Studies, Melbourne.

Miller S, Maguire LK, Macdonald G, 'Home-based child development interventions for preschool children from socially disadvantaged families,' *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD008131. DOI: 10.1002/14651858.CD008131.pub2.

Nair, L 2012, *Safe and supportive families and communities for children – A synopsis and critique of Australian research*, Child Family Community Australia Paper No 1, 2012

National Centre on Family Homelessness, "The Characteristics and Needs of Families Experiencing Homelessness

National Housing Supply Council Housing Supply and Affordability – Key indicators, 2012

Phillips, B. and Nepal, B. Going without: financial hardship in Australia, National Centres for Social and Economic Modelling, University of Canberra, 2012

Pinnock, K and Evans, R, 2008 'Developing Responsive Preventative Practices: Key Messages from Children's and Families' Experiences of the Children's Fund' *Children and Society,* vol. 22, pp. 86-98.

Pressman, S 2011, 'Policies to reduce child poverty: Child allowances versus tax exemptions for children,' *Journal of economic issues,* vol. XLV, no. 2, June 2011

Ridge, T 2011, 'The Everyday Costs of Poverty in Childhood: A Review of Qualitative Research Exploring the Lives and Experiences of Low-Income Children in the UK,' *Children and Society,* vol. 25, pp.73-84.

RPR Consulting 2005, *Final Evaluation Report of the Family Homelessness Prevention Pilot,* RPR Consulting.

Andrew Scott (ed), Changing children's chances: Can Australia learn from Nordic countries? Centre for Citizenship and Globalisation, Deakin University, Volume 3, July 2012

Toucan Consulting SA Pty Ltd 2003, *HAPPI Evaluation Report – An Evaluation of the Centacare Homeless and Parenting Program Initiative*, viewed 20 May 2012 at <http://www.fahcsia.gov.au/sa/housing/pubs/homelessfamilies/happi/Pages/default.aspx>

Wager, F et al 2010, 'The Impact of Poverty on Children and Young People's Use of Services', *Children and Society,* Vol.24, pp.400-412.

Willitts, M 2006, *Measuring child poverty using material deprivation: possible approaches*, Department for Work and Pensions – UK, Working Paper No 28.

Youth Affairs Council of Victoria YACVic's submission to the ACTU's Independent Inquiry into Insecure Work in Australia, 2011

KRA3: Children and young people are healthy

Australian Government Department of Health and Ageing 2010, *KidsMatter Early Childhood – Overview: Framework, components and implementation details*, Australian Government Department of Health and Ageing, Canberra.

Campbell, KJ & Hesketh, KD 2007, 'Strategies which aim to positively impact on weight, physical activity, diet and sedentary behaviours in children from zero to five years. A systematic review of the literature', *Obesity Reviews*, Vol.8, pp.327-338

Carson, KV, Brinn, MP, Labiszewski, NA, Esterman, AJ, Chang, AB & Smith, BJ 2011, 'Community interventions for preventing smoking in young people',. *Cochrane Database of Systematic Reviews*, Issue 7. No. CD001291.

Centre for Community and Child Health, 2012, *Policy Brief: Translating early childhood research evidence to inform policy and practice: Children's Mental Health*, Centre for Community and Child Health, Murdoch Children's Research Institute, The Royal Children's Hospital, Melbourne

Closing the Gap Clearinghouse (AIHW, AIFS) 2011, *Healthy lifestyle programs for physical activity and nutrition*, Produced for the Closing the Gap Clearinghouse, Canberra, Australian Institute of Health and Welfare & Australian Institute of Family Studies, Melbourne.

Collin, PJ, Metcalf, AT, Stephens-Reicher, JC, Blanchard, ME, Herrman, HE, Rahilly, K and Burns, JM, 2011, 'ReachOut.com: the role of an online services for promoting help seeking in young people', *Advances in Mental Health,* vol. 10, no. 1, pp39-51.

Davis, E, Williamson, L, Mackinnon, A, Cook, K Waters, E, Herrman, H, Sims, M, Mihalopoulos, C, Harrison, L and Marshall, B, Building the capacity of family day care educators to promote children's social and emotional wellbeing: an exploratory cluster randomised controlled trial

De Meester, F, van Lenthe, FJ, Spittaels, H, Lien, N & De Bourdeaudhuij, I 2009 'Interventions for promoting physical activity among European teenagers: a systematic review' *International Journal of Behavioural Nutrition and Physical Activity*, Vol.6, pp.82-93

Drummond, MJN & Drummond CE 2010, 'Physical activity from early childhood to adolescence: a literature review of issues and interventions in disadvantaged populations', *Journal of Student Wellbeing*, Vol.4, No.2, pp.17–31.

Dyson, S 2008, *Parents and sex education in Western Australia: a consultation with parents on educating their children about sexual health at home and school*, Department of Health, Government of Western Australia, Australia.

Eckersley, R. 'Rising psychosocial problems among young people: historical myth or contemporary reality?' [Published in Family Matters, no. 50, winter 1998, pp 50-52.

Faggiano F, Vigna-Taglianti F, Versino E, Zambon A, Borraccino A, & Lemma P, 2005 (edited in 2008), 'School-based prevention for illicit drugs' use', *Cochrane Database of Systematic Reviews*, Issue 2. No. CD003020.

Foxcroft, DR & Tsertsvadze, A 2011 'A Universal family-based prevention programs for alcohol misuse in young people', *Cochrane Database of Systematic Reviews*, Issue 9, No. CD009308.

Gates, S, McCambridge, J, Smith, LA, Foxcroft, D 2006, 'Interventions for prevention of drug use by young people delivered in non-school settings' *Cochrane Database of Systematic Reviews*, Issue 1, No. CD005030.

Gerards, SM, Sleddens, EFC, Dagnielie, PC, De Vries, NK & Kremers, SPJ 2011, 'Interventions addressing general parenting to prevent or treat childhood obesity', *International Journal of Pediatric Obesity*, Vol. 6, pp.e-28-e45.

Grimshaw, G & Stanton, A 2006 (Updated in 2010), 'Tobacco cessation interventions for young people', *Cochrane Database of Systematic Reviews*, Issue 4, No. CD003289.

Hammond, D, Dockrell, M, Arnott, D, Lee, & McNeill, A 2009, 'Cigarette pack design and perceptions of risk among UK adults and youth', *European Journal of Public Health*, vol.19, no.6, pp61-637

Harden, A, Brunton, G & Fletcher, A 2009, 'Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies', *BMJ*, Vol.339, pp.4254-4265

Hawkes, AL, Hamilton, K, White, KM & Young, R 2012, 'A randomised controlled trial of a theory-based intervention to improve sun protective behaviours in adolescents ('you can still be HOT in the shade'); study protocol', *BMC Cancer*, Vol.12, pp1-8.

Hesketh, KD & Campbell, KJ 2010, 'Interventions to prevent obesity in 0-5 year olds: an updated systematic review of the literature, *Obesity*, Vol.18, Suppl.1, pp.S27-S36

Hinkley, T, Salmon, J, Okely, AD & Trost, SG 2010, ' Correlates of sedentary behaviours in preschool children: a review', *International Journal of Behavioural Nutrition and Physical Activity,* Vol.7, pp.66-76.

Janssen, I & LeBlanc, AG 2010, 'Systematic review of the health benefits of physical activity and fitness in school-aged children and youth', *International Journal of Behavioural Nutrition and Physical Activity,* Vol.7, pp.40-56.

Kodish, I, Rockhill, C & Varley, C 2011, *'Pharmacotherapy for anxiety disorders in children and adolescents'*, Dialogues in Clinical Neuroscience, vol. 13, pp.439-452

Krahnstoever Davison, K & Lawson, C 2006 'Do attributes in the physical environment influence children's physical activity? A review of the literature' *International Journal of Behavioral Nutrition and Physical Activity,* Vol.3, pp.19-36.

Kurtin, M., Barton, C., Winefield, A. and Edwards, J, 2009, 'What are the Mental Health Needs of Adolescents in Rural South Australia? The Perceptions of Human Service Providers', *Australasian Medical Journal*, vol.1, no.6, pp. 1-33.

Lakshman, RR, Sharp, SJ, Ong, KK & Forouhi, NG 2010, 'A novel school-based intervention to improve nutrition knowledge in children: cluster randomised controlled trial', *BMC Public Health*, Vol.10, pp.213-222.

Larkins, SL, Page, RP, Panaretto, KS, Scott, R, Mitchell, MR, Alberts, V, Veitch, PC & McGinty, S 2007 'Attitudes and behaviours of young Indigenous people in Townsville concerning relationships, sex and contraception: the "U Mob Yarn UP' project', *Medical Journal of Australia,* Vol.186, pp.513-518.

Larun, L, Nordheim, LV, Ekeland, E, Hagen, KB, Heian, F, 2006, 'Exercise in prevention and treatment of anxiety and depression', *Cochrane Database of Systematic Reviews 2006*, Issue 3, no. CD004691.

Lovato, C, Watts, A & Stead, LF, 2011, 'Impact of tobacco advertising and promotion on increasing adolescent smoking behaviours' *Cochrane Database of Systematic Reviews*, Issue 10, No. CD003439.

Lubans, DR, Boreham, CA, Kelly, P and Foster, CE 2011, 'The relationship between active travel to school and health-related fitness in children and adolescents: a systematic review' *International Journal of Behavioural Nutrition and Physical Activity*, Vol.8, pp5-17.

McClain, AD, Chappuis, C, Nguyen-Rodrigues, ST, Yaroch, AL & Spruijt-Metz 2009 'Psychosocial correlates of eating behaviour in children and adolescents: a review' *International Journal of Behavioral Nutrition and Physical Activity*, Vol.6, pp.54-74

McDougall, T., 2010, 'Early intervention with children can prevent problems in later life', *Mental Health Practice***'**, vol.13, no.10, pp.30-32.

Merry, SN, Hetrick, SE, Cox, GR, Brudevold-Iversen, T, Bir, JJ, McDowell, H, 2011, 'Psychological and educational interventions for preventing depression in children and adolescents', *Cochrane Database of Systematic Reviews 2011*, Issue 12, no. CD003380.

Morgan, PJ, Lubans, DR, Plotnikoff, RC, Callister, R, Burrows, T, Fletcher, R, Okely, AD, Young, MD, Miller, A, Clay, V, Lloyd, A & Collins, CE 2011, 'The 'Healthy Dads, Healthy Kids' community effectiveness trial: study protocol of a community-based healthy lifestyle program for fathers and their children' *BMC Public Health*, Vol.11, pp.876-1890.

Naranbhai, V, Abdool Karim, Q, & Meyer-Weitz, A 2011, 'Interventions to modify sexual risk behaviours for preventing HIV in homeless youth', *Cochrane Database of Systematic Reviews*, Issue 1, No. CD007501.

Nelson, A, Abbott, R & Macdonald, D 2010, 'Indigenous Australians and physical activity: using a social–ecological model to review the literature', *Health Education Research,* Vol. 25, No.3, pp.498-509.

Prokhorov, AV, Winickoff, JP, Ahluwalia, JS, Ossip-Klein, D, Tanski, S, Lando, HA, Moolchan, ET, Muramoto, M, Klein, JD, Weitzman, M, Ford, KH, for the Tobacco Consortium, American Academy of Pediatrics Center for Child Health 2006, 'Youth Tobacco use; a global perspective for child health care clinicians', *Pediatrics*, Vol.118, pp.890-903.

Rasmussen, M, Krolner, R, Klepp, K-I, Lytle, L, Brug, J, Bere, E & Pernille, D 2006, 'Determinants of fruit and vegetable consumption among children and adolescents: a review of the literature. Part I: quantitative studies' International *Journal of Behavioural Nutrition and Physical Activity,* Vol.3, pp.22-41.

Reid, SC, Kauer, SD, Hearps, SJC, Crooke, AHD, Khor, AS, Sanci, LA, Patton, GC, 2011, A mobile phone application for the assessment and management of youth mental health problems in primary care: a randomised controlled trial', *BMC Family Practice*, no. 12, pp.131-143.

Roberts, C, Williams, R, Kane, R, Pintabona, Y, Cross, D, Zubrick, S & Silburn, S 2011, 'Impact of a mental health promotion program on substance use in young adolescents' *Advances in Mental Health*, Vol.10, No.1, pp.72-82.

Robinson-O'Brien, R, Story, M & Heim, S 2009, Impact of garden-based youth nutrition intervention programs: a review', *J Am Diet Assoc*, Vol.109, pp.273-280.

Shepperd S, Doll, H, Gowers, S, James, A, Fazel, M, Fitzpatrick, R, Pollock, J, 2009, 'Alternatives to inpatient mental health care for children and young people', *Cochrane Database of Systematic Reviews 2009*, Issue 2, no. CD006410.

Skouteris, H, Dell'Aquila, D, Baur, LA, Dwyer, GM, McCabe, MP, Ricciardelli, LA, Fuller-Tyszkiewicz, M 2012, 'Physical activity guidelines for preschoolers: a call for research to inform public health policy', *Medical Journal of Australia*, Vol.196, pp.174-176.

Smith, A, Agius, P, Mitchell, A, Barrett, C, & Pitts, M, 2009, *Secondary Students and Sexual Health 2008*, Monograph Series No. 70, Australian Research Centre in Sex, Health & Society, La Trobe University, Melbourne.

Sobko, T, Svensson, V, Ek, A, Ekstedt, M, Karlsson, H, Johansson, E, Cao, Y, Hagstromer, M & Marcus, C, 2011 'A randomised controlled trial for overweight and obese parents to prevent childhood obesity – Early STOPP (Stockholm Obesity Prevention Program) *BMC Public Health*, Vol.11, pp.336-344.

Stead LF & Lancaster T 2005, 'Interventions for preventing tobacco sales to minors', *Cochrane Database of Systematic Reviews*, Issue 1, No. CD001497.

Stewart, J & Walsh, A, 2011, *Collaborating to make Aboriginal and Torres Strait Islander young people's sexual and reproductive health "Everybody's Business"*, Aboriginal & Islander Health Worker Journal, Vol.35, No.4, pp.14-15

Substance Abuse and Mental Health Services Administration's (SAMSHSA) 2010, *Review of 'Healthy Alternatives for Little Ones (HALO)'*, National Registry of Evidence-based Programs and Practices (NREPP) Reviews, viewed 15 May 2012, http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=175.

Thompson, G, Wilson, N & Howden-Chapman, P 2006, 'Population level policy options for increasing the prevalence of smokefree homes', *Journal of Epidemiology and Community Health*, Vol. 60, No. 4, pp.298-304.

Toombs, M and Gorman, D, 2011, 'Mental Health and Indigenous University Students', *Aboriginal and Islander Health Worker Journal*, vol. 35, no. 4, pp.22-24

Toumbourou, JW, Hemphill, SA, Tresidder, J, Humphreys, C, Edwards, J & Murray D 2007 'Mental health promotion and socio-economic disadvantage: lessons from substance abuse, violence and crime prevention and child health', *Health Promotion Journal of Australia*, Vol.18, pp.184-190.

Tremblay, MS, LeBlanc, AG, Kho, ME, Saunders, TJ, Larouche, R, Colley, RC, Goldfield, G & Gorber, SC 2011, 'Systematic review of sedentary behaviour and health indicators in school-aged children and youth', *International Journal of Behavioural Nutrition and Physical Activity,* Vol.8, pp.98-120.

Tucker, P, van Zandvoort, MM, Burke, SM & Irwin, JD 2011 'The influence of parents and the home environment on preschoolers' physical activity behaviours: A qualitative investigation of childcare providers' perspectives'*, BMC Public Health,* Vol.11, pp168-175.

Wilson, CJ, Deane, FP, Marshall, KL, Dalley, A, 2008, 'Reducing Adolescents' Perceived Barriers to Treatment and Increasing Help-seeking Intentions: Effects of Classroom Presentations by General Practitioners', *Journal of Youth and Adolescence*, vol.37, no.10, pp.1257-1269.

Wright, A, McGorry, PD, Harris, MG, Jorm, AF, Pennell, K, 2006, 'Development and evaluation of a youth mental health community awareness campaign - The Compass Strategy', *BMC Public Health*, No.6, pp.215-227.

KRA4: Children and young people are learning

Belsky, J, Vandell, DL, Burchinal, M, Clarke-Stewart, KA, McCartney, K, Owen, MT 2007, Are There Long-Term Effects of Early Child Care? Child Development, Vol 78, No 2, pp.681-701.

Berthelsen, D, & Walker, S 2008, Parents' involvement in their children's education, Family Matters, 79, Australian Institute of Family Studies, viewed 30 May 2012, http://www.aifs.gov.au/institute/pubs/fm2008/fm79/bw.pdf

Bierman, KL, Domitrovich, CE, Nix, R, Gest, SD, Welsh, JA, Greenberg, MT, Blair, C, Nelson, KE, & Gill, S 2008, 'Promoting academic and social-emotional school readiness: The Head Start REDI Program', Child Development, Vol 79, No 6, pp.1802 -1817.

Burger, K 2010, 'How Does Early Childhood Care and Education Affect Cognitive Development? An International Review of the Effects of Early Interventions for Children from Different Social Backgrounds', Early Childhood Research Quarterly, vol 25, no 2, pp.140-165, viewed 16 May 2012, <http://www.unifr.ch/pedg/staff/burger/earlyinterventions.pdf>.

Centre for Community Child Health 2010, 'Engaging Marginalised and Vulnerable Families', Policy Brief No 18, viewed 20 May 2012 at http://www.rch.org.au/emplibrary/ccch/PB18_Vulnerable_families.pdf

Center on the Developing Child (Harvard University), The Foundations of Lifelong Health Are Built in Early Childhood, 2010

Centre for Equity and Innovation in Early Childhood 2008, Literature Review - Transition: a positive start to school, prepared for the Department of Education and Early Childhood Development, viewed 12 May 2012 at http://www.education.vic.gov.au/earlylearning/transitionschool/profresources/research.htm

Cuthbert, CD, & Hatch, R 2008, Educational aspiration and attainment amongst young people in deprived communities, Edinburgh, Centre for Research on Families and Relationships, viewed 16 May 2012, <www.crfr.ac.uk/spa2009/spa_papers.html>.

Dalli, C, White, EJ, Rockel, J, Duhn, I, Buchanan, E, Davidson, S, Ganly, S, Kus, L, & Wang, B 2011, Quality early childhood education for under-two-year-olds: What should it look like? A literature review, a report prepared for the New Zealand Ministry of Education, viewed 16 May 2012, www.educationcounts.govt.nz/publications

Davies, M, Lamb, S, & Doecke, E 2011, Strategic Review of Effective Re-Engagement Models for Disengaged Learners, prepared for the Victorian Department of Education and Early Childhood Development, August 2011.

Department for Education 2010, The impact of Sure Start Local Programmes on five year olds and their families. London: DfE, viewed 16 May 2012 at <http://www.ness.bbk.ac.uk/impact/documents/RR067.pdf>

Dockett S, Perry B, Kearny E, Hampshire A, Mason J, Schmied V, 2011, Facilitating children's transition to school from families with complex support needs, Albury, Research Institute for Professional Practice, Learning and Education, Charles Sturt University.

Dockett, S, Perry, B. and Kearney, E 2010, School readiness: what does it mean for Indigenous children, families, schools and communities? Issues paper no 2, produced for the Closing the Gap Clearinghouse, accessed 16 May 2012 http://www.aihw.gov.au/closingthegap/documents/issues_papers/ctg-ip02.pdf

Emerson, L., Fear. J., Fox, S., and Sanders, E. (2012). *Parental engagement in learning and schooling: Lessons from research*. A report by the Australian Research Alliance for Children and Youth (ARACY) for the Family-School and Community Partnerships Bureau: Canberra.

Gibbs, R, & Poskitt, J 2010, Student Engagement in the Middle Years of Schooling (Years 7-10): A Literature Review, Report to the Ministry of Education New Zealand, viewed 16 May 2012, <www.educationcounts.govt.nz/publications>.

Goldfeld, S, O'Connor, M, Sayers, M, Moore, T, & Oberklaid, F, 2012, Prevalence and Correlates of Special Health Care Needs in a Population Cohort of Australian Children at School Entry. *Journal of Developmental & Behavioral Pediatrics*, 33(4), 319–327.

Goldfeld, S, Napiza, N, Quach, J, Reilly, S, Ukoumunne, OC, & Wake, M 2011, Outcomes of a universal shared reading intervention by 2 years of age: The Let's Read Trial, Pediatrics, Vol. 127 No. 3, pp. 445 - 453, viewed 16 May 2012 < http://pediatrics.aappublications.org/content/127/3/445.full.html>

Harris, A, & Goodall J, 2007, Engaging Parents in Raising Achievement, Do parents Know They Matter? available at http://wiki.ict-register.net/images/0/0a/July_07_Every_parent_matters.pdf

Harrison, LJ, Ungerer, JA, Smith, JA, Zubrick, SR, & Wise, S 2009, Child care and early education in Australia, Social Policy Research Paper No. 40, Canberra, Department of Families, Housing, Community Services and Indigenous Affairs, viewed 28 May 2012 at http://www.fahcsia.gov.au/about/publicationsarticles/research/socialpolicy/Documents/prp40/default.htm

Harrison, L 2008, Does child care quality matter? Associations between social-emotional development and non-parental care in a representative sample of Australian children, Family Matters, 79, 14-25.

Havnes, T, & Mogstad, M 2009, No Child Left Behind: Universal Child Care and Children's Long-Run Outcomes, Discussion Paper No. 4561, Institute for the Study of Labor (IZA), November 2009.

Kennelly, L, & Monrad, M, 2007, Approaches to Dropout Prevention: Heeding Early Warning Signs With Appropriate Interventions, Washington DC, American Institutes for Research, published online <http://www.betterhighschools.org/docs/nhsc_approachestodropoutprevention.pdf>.

Klima, T, Miller, M, & Nunlist, C 2009, What works? Targeted truancy and dropout programs in middle and high school, Olympia, Washington State Institute for Public Policy.

Liddell M, Barnett T, Diallo Roost F & McEachran J 2011, Investing in our future: An evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY), Final report to the Department of Education, Employment and Workplace Relations, Australian Government.

National Institute for Literacy 2008, Developing Early Literacy Report of the National Early Literacy Panel: A Scientific Synthesis of Early Literacy Development and Implications for Intervention, National Institute for Literacy: Jessup, Maryland.

Needlman, R, Toker KH, Dreyer, BP, Klass, P, Mendelsohn, AL 2005, 'Effectiveness of a primary care intervention to support reading aloud: a multicenter evaluation', Ambulatory Pediatrics, No 5, p. 209–215.

Perry, Bruce D. 'Childhood Experience and the Expression of Genetic Potential: What Childhood Neglect Tells Us About Nature and Nurture', Brain and Mind, 2002

Purdie N, and Buckley, S, 2010, School attendance and retention of Indigenous Australian students. Canberra, Australian Institute of Health and Welfare (AIHW); Australian Institute of Family Studies (AIFS).

Rosier, K, & McDonald, M 2011, 'Promoting positive education and care transitions for children', Communities and Families Clearinghouse Australia resource sheet, Australian Institute of Family Studies: Melbourne.

Sheridan S, Knoche L, Edwards C, Bovaird J & Kupzyk K, 2010, 'Parent engagement and school readiness: effects of the Getting Ready intervention on preschool children's social-emotional competencies', Early Education & Development, Vol 21, No 1, pp. 125–156.

Shonkoff, Jack and Phillips, Deborah. From Neurons to Neighborhoods: The Science of Early Childhood Development, 2000

Shulruf B, 2010, Do extra curricular activities improve education outcomes – a meta analysis, International Review of Education.

Success Works, 2010, Evaluation of Transition: A Positive Start to School Initiative, report prepared for the Department of Education and Early Childhood Development, viewed 16 May 2012 at http://www.education.vic.gov.au/earlylearning/transitionschool/research.htm

Theriot, JA, Franco, SM, Sisson, BA, Metcalf, SC, Kennedy, MA, Bada, HS 2003, 'The impact of early literacy guidance on language skills of 3-year-olds', Clinical Pediatrics, No 42, pp. 165–172.

Weitzman, CC, Roy, L, Walls, T, & Tomlin, R 2004, 'More evidence for Reach Out and Read: A home-based study', Pediatrics, No113, pp. 1248–1253.

Wilson, SJ, Tanner-Smith, EE, Lipsey, MW, Steinka-Fry, K, & Morrison, J 2011, Dropout prevention and intervention programs: Effects on school completion and dropout among school-aged children and youth, Campbell Systematic Reviews, 2011:8, viewed 12 May 2012, <www.campbellcollaboration.org>.

Zubrick SR, Silburn SR, De Maio JA, Shepherd C, Griffin JA, Dalby RB, Mitrou FG, Lawrence DM, Hayward C, Pearson G, Milroy H, Milroy J, Cox A 2006, The Western Australian Aboriginal Child Health Survey: Improving the Educational Experiences of Aboriginal Children and Young People, Perth,

University of Technology and Telethon Institute for Child Health Research, viewed 16 May 2012 at
http://www.ichr.uwa.edu.au/files/user17/Volume3_Complete.pdf

KRA5: Children and young people are contributing and participating

Bell, J, Vromen, A & Collin, P 2008, *Rewriting the Rules for Youth Participation,* Report to the National Youth Affairs Research Scheme (NYARS), accessed 21 May 2012, http://www.deewr.gov.au/Youth/Programs/NYARS/Documents/InclusionandDiversity_report.pdf

Bessant, J 2004, 'Mixed messages: youth participation and democratic practice', *Australian Journal Of Political Science*, vol. 39, no. 2, pp. 387-404.

Bonnell, J & Zizys, T 2005, *Best Practices for Youth Programs*, United Way of Greater Toronto, accessed 16 May 2012 <http://www.unitedwaytoronto.com/downloads/whatWeDo/reports/YouthBestPractices-FinalPublicReport.pdf>.

City of Toronto 2006, *Involve Youth 2: A guide to meaningful youth engagement*, City of Toronto, Toronto.

Clark, A & Percy-Smith, B 2006, 'Beyond consultation: participatory practices in everyday spaces', *Children, Youth and Environments*, vol. 16, no. 2, pp.1-9.

Cockburn, T 2005, 'Children's participation in social policy: inclusion, chimera or authenticity?', *Social Policy & Society*, vol. 4, no. 2, pp.109-119.

Collin, P 2008, Young People Imagining a New Democracy: Literature Review, The Whitlam Institute, University of Western Sydney.

Currie, G, Gammie, F, Waingold, C, Paterson, D, & Vandersar, D 2005, *Rural and Regional Young People and Transport: Improving Access to Transport for Young People in Rural and Regional Australia*, a report to the National Youth Affairs Research Scheme, accessed 20 May 2012 at <http://www.deewr.gov.au/Youth/Programs/NYARS/Documents/RuralRegionalTransport.pdf>

Deschenes, S, Arbreton, A, Little, PM, Herrera, C, Grossman, JB, Weiss, HB, & Lee, D 2010, Engaging Older Youth: Program and City-Level Strategies to Support Sustained Participation in Out-of-School Time, Harvard Family Research Project*,* Cambridge.

Eureka Strategic Research 2005, Scoping Study of Youth Policy Priorities and Directions: Summary of Findings, prepared for the National Youth Affairs Research Scheme (NYARS)

Finlay, A & Flanagan, C 2009, Making Educational Progress: Links to Civic Engagement During the Transition to Adulthood, CIRCLE Working Paper #67, accessed 20 June 2012, www.civicyouth.org

Finlay, S 2010, 'Carving out meaningful spaces for youth participation and engagement in decision-making', *Youth Studies Australia*, vol. 29, no. 4, pp. 53-59

Hoffmann-Ekstein J 2007, Pathways to Community Participation, Evidence into Action Topical Paper, Australian Research Alliance for Children & Youth, accessed 20 June 2012 at <www.aracy.org.au>

Keating, A et. al. 2009, *Embedding Citizenship Education in Secondary Schools in England (2002-08): Citizenship Education Longitudinal Study Seventh Annual Report,* Research Report DCSF-RR172, Department of Children, Schools and Families, London

Kirby, P., Lanyon, C., Cronin, K. & Sinclair, R. 2003, *Building a culture of participation: Involving children and young people in policy, service planning, delivery and evaluation*, research report prepared for the Department for Education and Skills

Kirby, P & Bryson, S 2002, Measuring the magic? Evaluating and researching young people's participation in public decision making

Lansdown, G. A Framework for Monitoring and Evaluating Children's Participation 2011

Lansdown, G 2010, 'The realisation of children's participation rights', in Percy-Smith, B & Thomas, N (eds), *A handbook of children and young people's participation*, London, Routledge, pp.11-23.

Mannion G. 2007. Going Spatial, Going Relational: Why 'listening to children' and children's participation needs reframing, in *Discourse*, 28: 405 – 420.

McNeil, B, Reeder, N and J Rich 2012, *A framework of outcomes for young people*, The Young Foundation

Morrow, V 2008, 'Dilemmas in children's participation in England', in Invernizzi, A & Williams J (eds.), *Children and citizenship*, SAGE, London, pp.120-130.

Nairn, K, Sligo, J, & Freeman, C 2006, 'Polarizing participation in local government: Which young people are included and excluded?' *Children, Youth and Environments*, vol. 16, no. 2, pp. 248-73.

Ohlin, J, Heller, A, Byrne, S, & Keevy, N 2010, *How young people participate in civic activities using internet and mobile technologies*, Report to the National Youth Affairs Research Scheme, accessed 20 May 2012 at <http://www.deewr.gov.au/Youth/Programs/NYARS/Documents/NYARSReport2010.pdf>

Olagundoye, S & Lawler, M 2011, 'Building Effective Program Strategies for Youth-Adult Partnerships: Reflections and Guidance on Promising Practices'*, Relational Child & Youth Care Practice*, vol. 24, no. 4, pp. 63-73

Ryan, C & Sartbayeva, A 2011, 'Young Australians and social inclusion', Australian *Social Policy Journal,* no. 10, pp.1-26.

Sawrikar, P, Griffiths, M & Muir, K 2008, *Culturally and linguistically diverse (CALD) young people and mentoring: the case of Horn of African young people in Australia*, Report to the National Youth Affairs Research Scheme.

Shier, H. Pathways to participation: openings, opportunities and obligations, 2004

Stafford, A, Laybourn, A & Hill, M 2003, 'Having a say: children and young people talk about consultation', *Children and Society*, vol. 17, pp.361-373