Young Children's Health and Wellbeing Across the Transition to School: A Critical Interpretive Synthesis

Jennifer Fane,1 Colin MacDougall,2 Gerry Redmond,3 Jessie Jovanovic1 and Paul Ward2
1School of Education, Flinders University, Adelaide, Australia
2Discipline of Public Health, Flinders University, Adelaide, Australia
3School of Social and Policy Studies, Flinders University, Adelaide, Australia

This paper reports on the systematic search and review of the literature relating to the health and wellbeing of young children across the transition to school. It identified 56 papers (including empirical studies, reviews, commentaries, and reports) relevant to the research questions and completed an interpretive systematic review to ascertain the current state of the literature. The review employed the Critical Interpretive Synthesis (CIS) method to allow for a rigorous and systematic review of a disparate literature which stretches across several disciplines. The findings are presented in seven thematic categories: current conceptualisations of health and wellbeing, assessment and measurement, 'school readiness', service integration, transition actors, 'at risk' children, and child voice. These findings illustrate the ways in which concepts have been constructed, identified, and operationalised in early years research, practice, and policy. Moreover, it highlights that 'what is known' can be used to inform the review or implementation of services, practices, and partnerships that support child health and wellbeing during the transition to school.

Background
The transition to formal schooling has been positioned as an ideal time to gather evidence of children's early development. This transition is often viewed as the culmination of a child's early learning and care experiences, which can irrevocably impact upon future academic, social, and economic life (Goldfeld, Sayers, Brinkman, Silburn, & Oberklaid, 2009). Within early years literature, the transition to school is understood to be more than the first day of formal schooling, or the time between early learning and the first year of school. It is instead a concept with numerous interpretations that refer to the totality of young children's lives and experiences. As such, the transition to school includes the experiences of children and families within multiple structures (such as education and care services) and the connections between them (Bonhan-Baker & Little, 2004). While the importance of practices and processes to support children during the transition to school is undisputed in the literature, answers to the questions 'what are effective transition practices?' or 'what does a successful transition look like?' are less clear (Dockett & Perry, 2004a). This likely stems, in part, from the current and widely accepted view of transition as contextually bound and experienced by individuals in different ways (Dockett & Perry, 2004a, p. 217). This conceptualisation builds on Bronfenbrenner's (1979) ecology systems model which has inspired ecological perspectives on the transition to school such as the Ecological and Dynamic Model of Transition (Kraft-Sayre & Pianta, 2000; Rimm-Kaufman & Pianta, 2000). This view of children and their experiences acknowledges the interrelated nature and impact of family, childcare/early learning, community, and health services on children, and the need to support children and families in ways that recognise the totality and complexity of children's experiences (Crowley, 2001).

Despite no consistent definition of what the transition to school should look like, children and families experience very real change during this time and can require a variety of support mechanisms as they move through systems, providers, and environments. Programs and practices to support children and families during the transition to school are widely used in early childhood education and care settings, both in Australia and internationally (Einarsdottir, Perry, & Dockett, 2008). Due to a culmination of factors which converge during the transition to school, there is widespread acceptance in the literature that the first year of school is a useful point at which to collect data on young children and their previous learning and care experiences. As such, the time of children's transition to school is widely used to assess children's school readiness, or preparation for formal schooling. While school readiness is a heavily contested topic (see Graue, 2010), it is generally understood as the assessment of children's development prior to and during the transition to school. School readiness has traditionally focused on children's cognitive skills such as reading, writing, and numeracy. However, the concept of school readiness continues to be expanded to incorporate a more varied understanding of child development including non-cognitive skills such as: adaptability, flexibility, independence, and cooperation in addition to cognitive skills (Janus & Duku, 2010). Stemming from the continued interest and efforts in assessing child health and wellbeing using measures that go beyond indicators of children's basic survival, as is evidenced in the continued use and engagement with 'State of the Child' reports, (Ben-Arieh, 2012), child health and wellbeing has increasingly been included within the construct of school readiness, and is commonly assessed during children's transition to school. As the increasing focus on, and inclusion of, measures of health and wellbeing become a normalised part of the transition to school landscape, a review pertaining specifically to how health and wellbeing across school transition is being conceptualised, supported, assessed and understood is arguably both timely and necessary.

Recent research within early years literature points to a lack of communication and consensus between researchers, policy makers, and service providers about how to identify, assess and support young children's health and wellbeing (Ben-Arieh, 2012; Cronin de Chavez, Backett-Millburn, Parry, & Platt, 2005; Dodge, Daly, Huyton,& Sanders, 2012). While there is broad agreement on the definition of child health, the definition of wellbeing remains largely unresolved, and has resulted in 'blurred and overly broad definitions' (Foregeard, Jayawickreme, Kern, & Seligman, 2011, p. 81). Even within a single nation, such as Australia, conceptualisations of wellbeing in national reports and frameworks vary considerably. For example, despite having a shared focus on research to support the health of children and families, the Australian Research Alliance for Children and Youth (ARACY) and the Australian Institute of Family Studies (AIFS) define and understand wellbeing in very different ways. ARACY's view of wellbeing is expressed as 'the good life', which is defined by the successful obtainment of positive outcomes in the five key result areas: feeling loved and safe, being healthy, opportunities for learning, material basics, and community participation (ARACY, 2013). In contrast, the AIFS definition appraises wellbeing in terms of how children spend their time, stating that children's construction and use of time and participation in positive activities are indicators of health's positive development, particularly in the attainment and development of skills (AIFS, 2014, p.51). These two examples of current conceptualisations reflect the tension between the views of wellbeing as a holistic and lifelong state of being encompassing personal and social needs and opportunities, and a largely developmental view which situates child wellbeing as the building block for future development.

Moreover, constructions of wellbeing in research, policy, and practice in the early years are also highly discipline specific. For example, the Australian Early Years Learning Framework (EYLF), the national curriculum framework for early childhood educators working across the birth-to-five sector, encompasses many of the holistic understandings of wellbeing expressed in ARACY's definition, but also includes the concept of children's agency (Australian Government Department of Education, 2009).
Despite little consistency in definitions, however, as strong levels of wellbeing in the early

years are correlated with academic achievement and lifelong health (Barblett & Maloney, 2010), wellbeing has been increasingly operationalised as an indicator of optimal child development, even if it remains intangible, difficult to define and even harder to measure (Thomas, 2009). The continued lack of consensus in how to define and determine child health and wellbeing across the transition to school denotes the very real challenge in synthesising 'what we know' and 'what needs further evidence or exploration'. In this context, the need for a systematic review of the literature pertaining to children's health and wellbeing across the transition to school was identified.

During preliminary searches, it also became evident that there was a very real gap in the literature addressing the dichotomy between education and health care in the early years. This gap speaks to the need for a systematic review that is able to cross distinct disciplinary and methodological boundaries. To this end, the aims of this review were threefold: (a) synthesise current research on child health and wellbeing during the transition to school (b) identify research interests, methodologies, assumptions, and theoretical perspectives being used by the range of disciplines working in this area, and (c) identify gaps in research to inform future policy and the development of services, practices, and partnerships that support the wellbeing of children and families.

Method
Scope
This review focuses on the Australian context, but also includes research across a range of OEDC countries and geographical/political entities such as the UK, Canada, the EU, and the USA. Australian policy reflects many of the early childhood policy directions championed by international bodies (such as the OEDC and the United Nations Children's Education Fund) and is based on the dual discourse of (i) starting strong and (ii) investing in the early years (Irvine & Farrell, 2013, p.221). Therefore, the findings of this review are arguably of relevance to both an Australian and a wider international audience.

Systematic Review Framework
To complete a systematic review of this nature, a framework that could accommodate the complexity of this field of literature was sought. The CIS method offers an interpretive approach to systematic review which can be applied to a whole corpus of evidence, regardless of study type (DixonWoods et al., 2006, p. 2) – a necessary consideration when attempting to complete a review that crosses the diverse nature of early child research, practice, and policy perspectives. Designed by Mary Dixon-Woods et al. (2006), the CIS method allows for the production of a 'mid-range' theoretical account of the evidence and existing theory that is neither too abstract (so as to lack applicability) or too specific (that explanatory scope is limited). Within the context of the present review, the application of the CIS method is intended to produce a mid-range account of the current conceptualisations and operationalisations of child health and wellbeing during the transition to school.

Formulating the Review Question
In accordance with the CIS method, a preliminary research question was chosen to allow the systematic search to act as a 'compass', rather than an 'anchor'(Dixon-Woods et al., 2006). The preliminary research question was 'How and in what ways do traditional (non-integrated) and integrated approaches to school transition impact upon early childhood health and wellbeing?' Using the CIS method, the research question and criteria for inclusion/exclusion are iteratively developed throughout the review and investigation of the literature. During this process, the preliminary research question was developed into the final iteration used to guide the extraction, analysis and critique of data: 'How can social indicators and socially critical ways of viewing health and education be used to inform understandings of health and wellbeing of children transitioning to school?'

Searching the Literature
This review undertook systematic searches of selected electronic databases. As per the CIS

method, it also included a number of diverse strategies for locating relevant literature such as: website searching, reference list combing, contact with experts, and expertise from within the multidisciplinary team of authors to identify the literature for inclusion.

The systematic database search included six databases, which returned a total of 6,445 records identified through keyword searches, which were subsequently screened by reading titles and abstracts to determine relevance to the preliminary research question (see figure 1). A complete record of the systematic database search (PRISMA diagrams) is available via the online supplementary material. From these search strategies, 109 papers were selected to undergo further screening.

Sampling
Purposive sampling was used during the systematic database search to select papers that were highly relevant to the research question. Theoretical sampling was used during the iterative stage of the review to remove papers identified as no longer relevant, and add papers using the aforementioned searching strategy.

Determination of Quality
As per the CIS method, a two-pronged approach was used to determine the continued relevance of the papers to the research question and the quality of the included papers. After all papers were re-assessed to determine their relevance to the final research question, criteria were chosen for both quantitative and qualitative research studies to identify and exclude primary papers (empirical studies) of unsuitable quality to prevent distortion during the review (DixonWoods et al., 2007). For quantitative studies, the Cochrane Collaboration's PICO(T) (Population, Intervention, Comparison, Outcome, and Type) framework was used to identify studies to be excluded due to fatal flaws (Higgins & Green, 2011). For 11 qualitative studies, the model put forward by Tracy (2010) identifying 'eight "big-tent" criteria for excellent qualitative research' (worthy topic, rich rigor, sincerity, credibility, resonance, significant contribution, ethical, meaningful coherence) was used to evaluate and exclude poor quality papers (for further discussion of exclusion criteria for qualitative research see Campbell et al., 2003). For mixed methods studies (eight papers), a combination of the two criteria was used according to the data being evaluated. Any paper that was found to be of insufficient quality or relevance to the finalised research question was excluded. Secondary papers were also screened by relevance to the research question.

Following this process, all papers chosen for inclusion underwent further screening to determine their weighting in the review, based on whether the papers took the form of empirical research, re-analysis of research, commentary and editorial work, or reports and policy documents. The grading system proposed by Attree (2004) was used, a 4point grading scale of A-D. Papers that would have been graded as D were excluded through the determination of quality screening. Papers that were secondary analyses or, while providing useful background evidence had only limited relevance to the research question, were graded C. Papers graded A or B were primary papers of rigorous quality that were used to identify main themes and concepts. The difference between A and B was determined by their relevance to the research question. The grading of papers
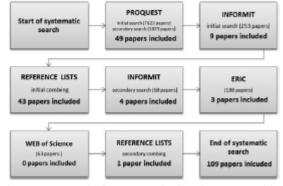

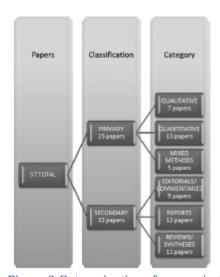*Figure 1 Record of systematic database searching.*

facilitated the emergence of prominent themes during the iterative phase of the analysis. Of the 109 papers initially included, 54 were eventually excluded, resulting in 57 papers to be included in the review (see figure 2).

Data Extraction
During the data extraction process, each paper went through a rigorous examination during which the aims, methods, frameworks, instruments, and key findings were identified and recorded. Alongside the extraction of data, as per the CIS method, a critical analysis of each paper was undertaken to investigate how the paper/report was presented, represented, or positioned within the literature. The full data extraction process for the 54 papers is available via the online supplementary material.

Conducting the Analysis
The distinctive characteristic of the CIS method is its movement beyond a summary of the data reported to a more fundamental critique which may involve questioning taken for granted assumptions (Dixon-Woods et al., 2006, p.4). The CIS method allowed the critique of literature to be 'dynamic, recursive and reflexive' rather than a series of single, final steps. The iterative and interactive phase of the analysis uncovered a variety of potential themes and subthemes. As these emerged they were identified and coded to document patterns, categories, and the frequency of each theme across the literature, while recursive and reflexive processes enabled early and emergent themes to be further developed. Ultimately many papers went through multiple inspections as they were compared against the themes and theoretical structures being developed throughout the analysis. From this process, seven prominent and distinct themes were identified, based on their frequency across the literature and the weighing given to the papers from which they emerged, and they correspond to the seven thematic categories presented in the findings below. As per the CIS method, each theme is discussed in regard to the way it is represented and positioned within the literature.

Figure 2 Categorisation of papers included in the systematic review.

Findings
Conceptualisations of Health and Wellbeing for Young Children – Australia and Internationally
Discussion about social indicators, used to detect evolving norms, values, and changes in children's health and wellbeing status, was the most common theme found by this review. There was much discussion about the importance of social indicators and their potential value in responding to a range of needs and concerns relating to health and wellbeing such as: identification, monitoring, goal setting, and increased accountability (Moore, Brown, & Scarupa, 2003; ARACY, 2013; Eldridge, Beneforti, & Macdonald, 2011; Janus, Brinkman, &

Duku, 2011; Sayers et al., 2012; Ure, 2008). However, a significant challenge was the lack of consistency in the call for, use of, and/or application of social indicators to childhood health and wellbeing research. While child social indicators are meant to provide meaning for statistical data and empirical support for theories and models, they raised a host of validity and reliability challenges (Ben-Arieh, 2012), which the literature did not engage with or attempt to resolve.

While investigating the social indicators literature, the review found the terms 'health' and 'wellbeing' were used largely interchangeably and often without further definition. While it is to be expected that these concepts would have a variety of different definitions depending on epistemological or discipline specific views, health and wellbeing are different concepts (see Earls & Carlson, 2001). When health and wellbeing are used interchangeably or lumped together as synonymous terms, it becomes unclear what the research or report is suggesting should be valued, measured, or identified. This is a significant limitation for the current literature found in this review. Compounding this confusion was the conceptualisation of indicators to identify children's health and wellbeing. In its truest sense, wellbeing is the 'right now', or 'this specific point in time'. In the case of children transitioning to school, indicators for wellbeing would focus on children's quality of life in the present (Fattore, Mason, & Watson, 2008), their current experiences of being and being well. Despite this, the vast majority of papers in actuality referred to children's future ability to lead happy and productive lives – their well-becoming. The literature's preoccupation with well-becoming, rather than wellbeing is also evinced by the intense focus on the design and implementation of programs, interventions, and supports for children that aim to positively support children with what they will need to be happy, healthy, and fully functioning adults. The confusion in the literature regarding whether the focus should be on wellbeing as opposed to well-becoming (which appears in actuality to be of greatest concern) was a rarely stated yet recurrent issue. If child social indicators are to be used to provide statistical data and empirical support for theories and models of child health and wellbeing, further discussion pertaining to the interchangeable use of health and wellbeing, and wellbeing and well-becoming is warranted.

The Measurement of Health and Wellbeing of Children Transitioning to School
School entry is widely regarded as a useful time to reflect on children's cumulative early childhood development experiences (Goldfeld et al., 2009, p. 980–981) and there has been extensive investigation of how best to obtain data on the health and wellbeing of children in this age group. Despite established links between the quality of children's early life experiences [and] indicators of health, social wellbeing, and economic viability in adult years (Ure, 2008, p.11), there is agreement that Australia, like some other OECD countries, currently lacks a valid data source on the social and emotional wellbeing of young children (ARACY, 2013; Eldridge et al., 2011). As such, the literature refers to an array of assessments and instruments designed to gauge children's capabilities, competencies, and health and wellbeing status before, during, and after the transition to school. While the systematic search included only papers which reported on an assessment/measurement tool that covered at least one aspect of health and wellbeing, this review found 87 different instruments in recent and/or current use (AIFS, 2014; Corter, Patel, Pelletier, & Bertrand, 2008; Curtis& Simons, 2008; Denham, 2006; Edmunds & Stewart-Brown, 2002; Giallo, Kienhuis, Treyvaud, & Matthews, 2008; Goldfeld et al., 2009; Guhn, Janus, & Hertzman, 2007; Guhn, Zumbo, Janus, & Hertzman, 2001; Hymel, LeMare, & McKee, 2011; Janus et al., 2011; Janus & Duku, 2010; McIntyre, Eckert, Fiese, DiGennaro, & Wildenger, 2007; Rural and Regional Health and Aged Care Services Division, 2003; Sayers et al., 2007; Sayers, 2008; Sayers et al., 2012; valentine, Thomson, & Antcliff, 2009; Wildenger & McIntyre, 2012).

The focus of these instruments varied considerably and, through the process of data extraction and analysis, they were categorised into eight groups: social and emotional competency focus (17), behaviour focus (18), teacher/educators perspective focus (13),

academic skill focus (14), health assessment/diagnostic focus (10), parent/family perspective focus (8), transition to school focus (4), and learning/care environment focus (3). A full listing of the instruments and categorisation can be found via the online supplementary material. The differing foci of these instruments make it difficult to compare the instruments in terms of their validity/psychometric properties, or their ability to contribute to a holistic understanding (incorporating both cognitive and non-cognitive measures) of child health and wellbeing during the transition to school. These challenges are also exacerbated by the lack of agreement as to whether either positive indicators (such as happiness or self-esteem) or negative indicators (such as illness or deficits) are most useful in childhood health and wellbeing research (Pollard & Lee, 2003).

In regard to this review's focus on the child wellbeing and well-becoming during the transition to school, the instrument that was most cited/examined/used was the Early Development Instrument (EDI) or AEDI (the Australian adaptation of the EDI) – now referred to as the AEDC (Australian Early Development census). This instrument is a teacher-completed checklist which reports on children's prior to school development (see Janus et al., 2011). There was strong evidence within the literature to support the use of this instrument by studies investigating its validity and ability to act as a comprehensive tool for gathering data to identify, at the community level, areas of vulnerability for children during their transition to school (Brinkman, 2012; Goldfeld et al., 2009; Guhn et al., 2001; Janus et al., 2011; Sayers et al., 2007).

Widespread and international use of the EDI/AEDI/ AEDC speaks to its utility for collecting meaningful community-level data on a range of social indicators for transition-to-school aged children. However, there are still questions and concerns raised in the literature as to whether the current design of this instrument, and others, have indeed moved beyond the narrow and highly contested view of school readiness, specifically in regard to children's health and wellbeing. While the general discriminant and convergent validity of the EDI/AEDI/AEDC has been evidenced by many of the included papers, the physical health and wellbeing domain was identified by Janus et al. (2011) as having the lowest internal consistency of the five domains. The work of Hymel et al. (2011) also called into question the discriminant validity of the physical health and wellbeing domain. This suggests that while the EDI/AEDI/AEDC has demonstrated its validity and efficacy as a tool for gathering data during the transition to school, there remain questions as to the ability of the EDI/AEDI/AEDC (and other reported tools/instruments) to accurately and comprehensively report on dimensions of health and wellbeing.

Parents and Families as Actors and Agents in Supporting the Transition to School
A significant amount of research was identified in the review characterising the transition to school as a process that families experience with their transitioning child, rather than as an event that happens to the child (Rimm-Kaufman & Pianta, 2010; Sayers et al., 2012). Indeed, there is strong agreement within the literature that families and parents are important actors within the transition process. This has likely been an important force behind the call from both policy makers, researchers, and practitioners for increased parental/family involvement in the transition to school.
The conceptualisation of the transition to school as an experience necessitating the involvement of families and parents was demonstrated by a variety of studies included in the review (Bonhan-Baker & Little, 2004; Dockett& Perry, 2004b; Giallo et al., 2008; Giallo, Treyvaud, Matthews, & Kienhuis, 2010; Janus, Kopechanski, Cameron, & Hughes, 2008; La Paro, Kraft-Sayre, & Pianta, 2003; McIntyre et al., 2007; Sayers et al., 2012; Wildenger, McIntrye, Fiese, & Eckert, 2008). While the majority of these studies focused on the experiences of transition from both a parent and family perspective, there was also discussion about children's experiences and how these differed from those of parents and family. Dockett and Perry's (2004b) findings articulated discernible differences between the experiences and perspectives of children and parents, and highlighted the important implications of this when creating partnerships between schools and families. Similar findings emerged in a study by

Laverick (2008), which emphasised the need to account for these differences within the transition process. Both in terms of policy and practice, the repositioning of the parents and families as active actors and agents during the transition process now sees family involvement increasingly recognised and called for in the development of transition programs (Bonhan-Baker & Little, 2004; Dockett, 2008; McInnes & Nichols, 2011). In addition, partnerships between parents and family and other transition actors (schools, early learning and care, health, and community agencies) have received significant attention. Likewise, there has been broad interest in the experiences of parents and families, and how they relate to child health and wellbeing, with studies examining areas such as: parental efficacy (Giallo et al., 2008), parenting intervention programs (La Paro et al., 2003; Thompson, valentine, Mullan, Longden, & Harrison, 2010), and past and present experiences of parents and families during transition (Janus et al., 2008; McIntyre et al., 2007; Wildenger et al., 2008).

While there was significant evidence to show that partnerships between parents/families and other transition actors are integral to successful transitions and the design/implementation of services, research has also highlighted that there can be impediments to this. In a recent study by Kaehne and Catherall (2013), findings suggested that, despite efforts to include family/parents through service co-location and planning, the majority of parents were unaware or mistaken about changes to services and the impacts on transitions for their children. Parents' lack of knowledge about organisational structures and professional practice within children's services, as well as their focus on the specific needs of their own child rather than on those of children more generally, were issues raised by the authors (Kaehne & Catherall, 2013). In another review of the literature and research study of partnerships between parents and early childhood service providers, McInnes and Nichols (2011) also identified a potential lack of congruence between the goals and needs of parents and service providers, arguing that partnerships among a variety of professionals and parents can be disempowering for parents, adding layers of complexity and introducing barriers to their ability to make decisions based on their child's needs.

While it is not reasonable to expect all parents to have high-level competencies in early childhood development and education, the specific knowledge they bring about their child and the child's needs remains an essential component of successful transitions, as identified in ecological models of transition. However, it does raise questions about what partnerships between parents and transition actors could or should look like. Several papers also cautioned against the assumption that a partnership model is necessarily 'good' or 'best' practice. Papers critical of the view that partnerships in and of themselves are the best solution point out that partnerships should be carefully constructed, facilitated and examined in order to maximise their efficacy (Kaehne & Catherall, 2013; Nichols & Jurvansuu, 2008; Wong, Sumsion, & Press, 2012).

Service Integration in Early Childhood Education and Care
Calls for further service integration in early childhood education and care sectors feature prominently in the literature, with service integration seen as a tool for supporting the health and wellbeing of children and families (AMA Taskforce on Indigenous Health, 2013; Atkinson, Doherty, & Kinder, 2005; Eastman, Newton, Rajkovic, & valentine, 2011; Mustard, 2008; Rural and Regional Health and Aged Care Services Division, 2003; Schmeid et al., 2011; Sims, 2011; The Centre for Community Child Health, 2008). While there are a variety of different definitions of service integration and what it entails, it is generally considered to constitute services that are connected in ways that create a comprehensive and cohesive system of support (Dockett et al., 2011, p.5). However, within the reviewed literature, service integration was often left undefined (see Wright, 2005 for further discussion and examples of early years service integration in Australia).

Although papers sometimes mentioned the rationale for the integration or 'joining-up' of services (Wong & Press, 2012), several discussed the often 'unspoken' problems that come with service integration, such as difficulties working in multi-disciplinary teams and

interprofessionally (Nichols & Jurvansuu, 2008; Rous, Myers, & Stricklin, 2007). Wong, et al. (2012) also argue that including educators and health practitioners in collaborative teams can become problematic due to existing hierarchical structures, which often devalue the work of those in the early education and care sector. Calls for increased service integration have been widely echoed in policy documents and reports in Australia, yet concerns remain about the almost complete lack of empirical evidence regarding the impacts of service integration on child and family outcomes (Wong & Sumsion, 2013).

School Readiness and 'Ready Schools' within the Context of Health and Wellbeing
'School readiness' (or children's readiness for the transition to school) continues to be a highly contested concept evoking specific criticism within the literature (for further discussion see Graue, 2010). While some papers claimed that current conceptualisations of school readiness have moved far beyond previously narrowly defined cognitive skills-based definitions (see Janus & Duku, 2010), the utility of focusing on the child's ability to be ready for school as an important and necessary aim for early years education and care continues to be debated in the reviewed literature (Curtis & Simons, 2008; Dockett, Mason, & Perry, 2006; Goldfeld et al., 2009; Guhn et al., 2007; La Paro et al., 2003). There has also been some attempt to re-focus school readiness from children needing to be ready for school, to schools being ready to support the health and wellbeing of children (Clark & Zygmut-Fillwalk, 2008; Curtis & Simons, 2008). However, these 'expanded' views of readiness remain closely tied to cognitive measures of reading and math proficiency (Curtis & Simons, 2008; Janus & Duku, 2010).

While some studies attempted to investigate health and wellbeing during the transition to school independently of academic variables, these studies were largely focused on socio-behavioural outcomes such as problem behaviour (Edmunds & Stewart-Brown, 2002; Rimm-Kaufman & Pianta, 2010; Wildenger & McIntyre, 2012), which, as this synthesis argues, is no more holistic in regard to health and wellbeing than the academic measures they seek to move away from. The literature clearly identifies the need to expand of the concept of 'school readiness', though there was no agreement as to how this might be redefined.

A Focus on those Most at Risk During Transition Within the literature there was a subset of papers and reports that focused on specific populations identified as 'at risk', such as children with special needs and/or chronic health conditions, children and families from low socio-economic status backgrounds, children of immigrant and refugee families, and Indigenous children (AMA Taskforce on Indigenous Health, 2013; Dockett et al., 2006; Janus et al., 2008; Janus, Lefort, Cameron, & Kopechanski, 2007; Kaehne & Catherall, 2013; Rous et al., 2007; Sayers et al., 2012; Sims, 2011). While this review has highlighted that child health policies frequently emphasised the need for a partnership approach to be combined with a mix of flexible integration strategies, this is particularly so where vulnerable and disadvantaged families are concerned (Schmeid et al., 2011). Of these 'at risk' groups, Indigenous children and children with special needs attracted the most attention in the literature. As this synthesis has already demonstrated, the measurement of health and wellbeing through validated assessment tools is a focus for much of the literature. However, as Sayers et al. (2012) indicate, the research regarding 'at risk' families is particularly focused on whether [identified] tools would be applicable and inclusive for all children; in particular, families with an Indigenous or culturally and linguistically diverse (CALD) background or who have a child with a disability (2012, p.48).

In Australia, research and policy documents concerning Indigenous children and families stressed the need for flexible and integrated strategies specific to Indigenous community needs in order to work towards reducing, and eventually eliminating, health disparities between Indigenous and non-Indigenous children (AMA Taskforce on Indigenous Health, 2013; Dockett et al., 2006; Sims, 2011). In addition, Dockett and Mason (2006) assert that assessment tools and school readiness checklists also need to be adapted for Indigenous children because what is valued in their culture is not what is generally assessed (2006, p.143). This is echoed by Sims' findings (2011), which indicate that policy recommendations,

planning, and practices to support Indigenous students are often based on assumptions that Indigenous early years support and programs can be modelled on programs for non-Indigenous children.

While it was encouraging to observe an increased interest in supporting Indigenous children's outcomes in the early years, this review also noted quite disparate approaches to supporting Indigenous health and wellbeing. For example, the report by the AMA Taskforce on Indigenous Health (2013), titled The Healthy Early Years – Getting The Right Start in Life, was largely written from a biomedical and individualistic standpoint, focusing heavily on risks and what Indigenous families and parents can (and should) do to prevent poor health outcomes for their children. While this report did highlight key issues and challenges for Indigenous families and the services that support them, it took little account of the social determinants of health and power relationships that are key factors in health disparities between Indigenous and non-indigenous Australians. In contrast, Growing up in Australia: The Longitudinal Study of Australian Children – Annual statistical report commissioned by the AIFS (Sims, 2011) identified similar key issues, but instead took a strengths-based approach to the amelioration of health disparities faced by Indigenous children and families. Children with special needs were identified as the other key 'at risk' group in this review. While there was a substantial amount of literature on transitions for children with special needs, there was very little literature relating to the transition to school, with only two papers explicitly concerned with this topic (Janus et al., 2008; Rous et al., 2007). This finding echoes a review conducted over seven years ago by Janus et al. (2007), demonstrating a continued gap in the field's knowledge base. There were, however, four other papers that, in some way, addressed related aspects of health and wellbeing for young children with special needs during transitions (Brinkman, 2012; Edmunds & Stewart-Brown, 2002; Janus et al., 2007; Kaehne& Catherall, 2013).

While the literature generally differentiates between the specific needs of 'high risk' groups, it is important to note that high risk categories often overlap. For instance, Indigenous students are over-represented in special education (Graham, 2012), and there is a correlation between children considered at risk due to low socio-economic status and those considered at risk due to special health care and education needs (Goldfeld, O'Connor, Sayers, Moore,& Oberklaid, 2012). This, taken with the findings of papers included in this review, suggests that there remains a dearth of knowledge and research addressing high risk child populations and their health and wellbeing as they transition to school.

The Voice of the Child in their Own Wellbeing
The last theme emerging from this synthesis is the role that children's voices can and/or should play in early childhood health and wellbeing research. A small number of papers were found to have addressed this theme (Dockett & Perry, 2004b; Goldfeld et al., 2012; Jones & Sumner, 2009; Stephenson, 2012a). Of the four papers that explicitly covered an aspect of child voice, only one was specifically about child voice and children's understanding of their own wellbeing (Stephenson, 2012a). Two other papers included some data from children (through surveys or focus groups) as part of their wider data collection (Dockett & Perry, 2004b; Goldfeld et al., 2012), and a fourth extolled the virtues of including child voice, yet lacked frameworks, methods, examples, or suggestions of how to incorporate or highlight child voice within research (Jones & Sumner, 2009). Stephenson's work (2012a), however, offered an example of a highly detailed study into child voice and child wellbeing by exploring the transition of a small cohort of students moving together from the same kindergarten (pre-school) to the same primary school, and drawing on children's capacity to participate in and inform research.

The lack of interest in capturing the child's voice as part of research into child health and wellbeing is interesting considering the wider interest in including or hearing children within other areas of early childhood education and care (see Clark, 2005). It suggests there may be an opportunity to use this alternative approach to enhance our understanding of young

children's health and wellbeing across the transition to school.

Discussion
The findings of this CIS indicate that, while there is great interest in the health and wellbeing of young children, there is little cohesion across the health and education sectors in regard to research, policy, and practice during children's transition to school. In the discussion that follows, areas of contestation and continued challenge concerning the health and wellbeing of transition-to-school aged children are explored in response to key themes that emerged.

Positioning 'Readiness' within Health, Wellbeing, and Well-becoming
Despite the recent and considered efforts to include health and wellbeing as part of the determination of school readiness, this review asks whether it is possible or appropriate to conceptualise wellbeing (or well-becoming) as a measurable outcome that can be assessed as part of general school readiness.

There is extensive literature on the definitions of and history behind the concept of school readiness by leading authors in the field (see Graue, 1993, 2010; Kagan, 1992; Meisels, 1996; Meisels, 1998, 1999; Pianta, Cox, & Snow, 2007), and it is broadly understood as an outcome of children's early development (Janus & Offord, 2007). The present review seeks to extend this literature and current debates by questioning the positioning of health and wellbeing as merely another aspect of school readiness. The literature synthesised in this review is very clear that children's wellbeing and well-becoming (throughout childhood and later years in life) depends greatly on their physical, mental, social, emotional, cognitive, and spiritual health. When health and wellbeing are positioned as generalist indicators of an overall outcome of school readiness, holistic ideas of wellbeing and well-becoming become greatly over-simplified and expressed as 'qualities'. An example of this simplification is found in research compiled by the US National Center for Education in Statistics in which teachers stated that physical health, being 'well-rested', curiosity, and enthusiasm were 'essential qualities' of ready children (1993, as cited in Hair, Halle, Terry-Humen, Lavelle, & Calkins, 2006). Similarly, despite being created nearly a decade later, the EDI/AEDI/AEDC uses similarly random parameters to determine a child's physical health and wellbeing such as school absences, hunger, tiredness levels, and coordination (Janus & Offord, 2007).

Rather than reimagining health and wellbeing, studies tended to continue using health and wellbeing as generalist and problematic indicators of school readiness. A way forward would be to rethink the combination of indicators necessary to assess child health and wellbeing in more holistic ways. To this end, Meisels (1999) offers an alternative approach to conceptualising readiness, termed the 'interactionist approach', which takes into account dimensions of children's biological, social, and environmental factors in its assessment of their readiness. Further thinking and consensus around holistic measures of child health and wellbeing, taking us beyond the observation of easily measured qualities and behaviours, would support the literature's aim to move away from narrowly defined conceptualisations of readiness. This would also promote further discussion and engagement with the question of what should be the actual focus of these measurements: health, wellbeing, or well-becoming? And what indicators might be chosen to meaningfully explore these.

Whose Voice is being Heard?
In the review's earlier discussion of instruments used to measure at least one facet of health and wellbeing, it was noted that the vast majority of instruments were completed by teachers, educators, or health practitioners. Out of the 87 instruments identified, only seven investigated family and or parental experiences of their child's health and wellbeing, and only four were completed by the parents/families themselves. While not wanting to suggest that parent/family perspectives should be the sole measure, there is a significant amount of research, grounded in Bronfenbrenner's ecological systems model (1979), which has indicated the benefits of including the voices of parents and family members to a great extent in transition-to-school literature, especially if the parental/family involvement has been

carefully planned, scaffolded, and supported.

Another concern that several papers raised was the absence of the child's voice within existing research on child health and wellbeing, a concern shared across many disciplines that work explicitly with children. Until the late 20th century, research paid little close attention to the experiences of children and childhood, and what attention was paid to children was based on a behaviouristic view of child development that relegated children to a primarily passive role (Corsaro, 2005, p.27). These developmental approaches still dominate today, framing children as developing and incomplete versions of adults (Danby & Farrell, 2004) or as in their very nature not grown up and thus not yet something rather than something (Waksler, 1991, p.63). Despite a large and continually growing body of research that shows children to be competent actors and participants in research, and advocates for the inclusion of their own voices, in practice their voices, especially those of young children, remain most often 'silenced' and excluded from decisions which shape their lives (Pascal & Bertram, 2009, p.253). This exclusion continues even though a number of disciplines that contribute to early years research have long-standing traditions of including the voice and experiences of marginalised people in the research process. Disciplines such as education (see the work of Freire, 1972), public health, sociology, and the New Sociology of Childhood (Corsaro, 2005; Prout, 2011) all advocate for Participatory Action Research methods, which require those being researched to be active participants within the process (Baum, MacDougall, & Smith, 2006). Given that the need to question the nature of knowledge and the extent to which knowledge can represent the interests of the powerful and serve to reinforce their positions in society (Habermas, 1971 as cited by Baum et al., 2006, p. 854) has received widespread acceptance, there is a need to critically examine whose voice and interests are being heard and included in current conceptualisations of child health and wellbeing.

The results of this synthesis suggest that the lack of attention to the child's voice is indicative of broader disengagement with children's experiences. The majority of authors felt no need to acknowledge or justify their exclusion of children's experiences, or to draw on other related research that has incorporated understandings based on children's voices, and this is underscored by many authors' reliance on methodologies that reflect the deficit view of children as 'incomplete adults'. For example, Hymel et al. (2011), in their study of the convergent and discriminate validity of the EDI, claim that given young children's limited cognitive and language skills and attention spans, it is not surprising that many researchers rely on adult rating as an efficient way to evaluate child attributes (2011, p.270).

While it has been recognised for over two decades, in part as a result of the United Nations Convention on the Rights of the Child (Zhang, 2015), that children can be positioned as active participants in social research, only two papers included and/or focused on the voice of the child in understanding and conceptualising child health and wellbeing (Dockett & Perry, 2004b; Stephenson, 2012a). By contrast, the increasing value and importance given to children's voices in other areas of early years research is reflected by a recent large-scale study children's views of their community, involving 350 young children, their families, and educators in South Australia (Harris & Manatakis, 2013), and a previous study of early experiences of school by Briggs and Potter (2003), involving 100 five-to-six year olds. As such, the question for researchers working in the early years is no longer why the voice of the child is important, but how can it be captured (Stephenson, 2012b). While there remains some debate about how best to authenticate and meaningfully incorporate children's voices into the research process (see Zhang, 2015), there is broad support for a number of research methods that allow researchers to 'listen' to children (Clark, 2001; Dockett, Einarsdottir, & Perry, 2011; Lipponen, Rajala, Hilppo¨, & Paananen, 2015). These include the Mosaic Approach (Clark, 2001), the Jigsaw Approach (Stephenson, 2012a), the Children's Voices Framework (Harris & Manatakis, 2013), and visual and video observatory methods (Clark, 2011; Pa´lmado´ttir & Einarsdo´ttir, 2015), which suggest future ways to capture children's understandings and experiences of their health and wellbeing, and challenge the nature of

current knowledge.

Integration: What do we Need to Know?
As reported in the findings, service integration continues to be the main focus of Australian early years policy and research, a finding that can be attributed to the Starting Strong (2001) and Starting Strong II (2006) OECD reports which highlighted the need, through government action, to move towards the integration of early childhood education and care services (Cleveland & Colley, 2013; Kaga, Bennett, & Moss, 2010). These recommendations have informed policy internationally, with examples of service integration in early childhood education and care settings being programs such as Early Excellence and the Sure Start Centres in the UK, Head Start in the US, and Toronto First Duty in Canada (Cleveland & Colley, 2013; Corter et al., 2008; Kagan & Kauerz, 2007). In their review of the literature on the integration of early years provision in Australia, Press et al. (2010) note that annual state and national government reports, and the websites of the relevant departments, clearly reflect the widely held belief that further service integration is important and beneficial for Australia. This has been demonstrated by attempts to increase integration for national and state programs (for example, via National Partnerships in the early years through the Council of Australian Governments), as well as efforts to integrate service delivery for children and families across state government departments (Press et al., 2010, p. 3–4). Nevertheless, while there are a number of different models being used to improve service integration, this review has found there is a lack of empirical research to support that assumption that service integration, in and of itself, has beneficial impacts on child health and wellbeing, and this remains an area for further investigation.

Methodological Concerns Encountered
As is the case with any qualitative or partially qualitative analysis, presenting a fully transparent account of the methods and processes used in the creation of this synthesis is made difficult by the creative processes entailed by critical analysis. To address this concern and add to the review's rigor, a multi-disciplinary team of academics working across Early Childhood Education, Public Health, and Social and Policy Studies were involved in the triangulation of data during data extraction, and contributed to review's processes of analysis.

Future Pathways
Current conceptualisations of young children's health and wellbeing and the role of service integration in the early years clearly emerged from the findings of this review as two areas demanding further exploration and empirical research. The current literature evidently conceptualises young children's health and wellbeing in ways that are problematic, and the emerging challenges are compounded by the use of deficit-based child development models that have led to the exclusion of children's voices from existing research. While there is certainly a place for adult-led measures and assessment of child health and wellbeing, this review argues that the reliance on these methods comes at the expense of child-centred understandings of children's health and wellbeing. Clearly there is not only a lack of empirical research regarding child health and wellbeing, but also a lack of acknowledgement for and valuing of young children's ability and capacity to be active participants in childhood research, rather than passive recipients of service delivery.

In light of these findings, this review asserts that there are several key questions that could usefully guide future research. The first relates to whether health and wellbeing can be meaningfully positioned as outcomes within the transition to school. Can health and wellbeing be usefully defined in ways that move beyond narrow conceptualisations of school readiness, and, if so, what would the appropriate indicators of health and wellbeing be, and from whose perspective? Finally, in order to redress the lack of empirical evidence concerning the need for and impacts of service integration, future research must ask: What are the impacts of service integration on young children and their families? Does it deliver the benefits assumed by policy makers, and, if so, what models make service integration most

effective as a way to support children during the transition to school?

References

AMA Taskforce on Indigenous Health. (2013). Aboriginal and Torres Strait Islander health report card 2012–2013: The healthy early years – getting the right start in life. Retrieved from https://ama.com.au/article/ 2012-13-ama-indigenous-health-report-card-healthyearly-years-getting-right-start-life.

Atkinson, M., Doherty, P., & Kinder, K. (2005). Multi-agency working: Models, challenges, and key factors for success. Journal of Early Childhood Research, 3(1), 7–17. doi: 10.1177/1476718X05051344.

Attree, P. (2004). Growing up in disadvantage: A systematic review of the qualitative evidence. Child: Care, Health & Development, 30(6), 679–689.

Australian Institute of Family Studies. (2014). Growing up in Australia: The longitudinal study of Australian childrenannual statistical report 2013. Retrieved from http://growingupinaustralia.gov.au/pubs/asr/2013/ asr2013.pdf.

Australian Government Department of Education, Employment and Workplace Relations. (2009). Belonging, being & becoming: The early years learning framework for Australia. Canberra, ACT: Commonwealth of Australia.

Australian Research Alliance for Children and Youth. (2013). Report cardThe wellbeing of young Australians. Retrieved from http://www.aracy.org.au/projects/ report-card-the-wellbeing-of-young-australians.

Barblett, L., & Maloney, C. (2010). The complexities of assessing social and emotional competence and wellbeing in young children. Australian Journal of Early Childhood, 35(2), 13–18.

Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. Journal of Epidemiology and Community Health, 60(10), 854–857. doi: 10.1136/jech.2004.028662.

Ben-Arieh, A. (2012). How do we measure and monitor the "state of our children"? Revisiting the topic in honour of Sheila B. Kamerman. Children and Youth Services Review, 34, 569–575.

Bonhan-Baker, M., & Little, P.M.D. (2004). The transition to kindergarten: A review of current research and promising practices to involve families. Harvard Family Research Project, 1–9. Retrieved from http://www.hfrp.org/ publications-resources/browse-our-publications/thetransition-to-kindergarten-a-review-of-current-researchand-promising-practices-to-involve-families.

Briggs, F., & Potter, G. (2003). Children talk about their early experiences at school. Australian Journal of Early Childhood, 28(3), 44.

Brinkman, S. (2012). The validation and use of a population measure of early childhood development in Australia: The Australian early development index. (Doctor of Philosophy of Paediatrics and Child Health), University of Western Australia; Perth.

Bronfenbrenner, U. (1979). The ecology of human development.

Cambridge, MA: Harvard University Press.

Campbell, R., Pound, P., Pope, C., Britten, N., Pill, R., Morgan, M., & Donovan, J. (2003). Evaluating meta-ethnography: A synthesis of qualitative research on lay experiences of diabetes and diabetes care. Social Science & Medicine, 56(4), 671–684. doi: 10.1016/s0277-9536(02)00064-3.

Clark, A. (2001). How to listen to very young children: The mosaic approach. Child Care in Practice, 7(4), 333–341. doi: 10.1080/13575270108415344.

Clark, A. (2005). Listening to and involving young children: A review of research and practice. Early Child Development and Care, 175(6), 489–505. doi: 10.1080/0300443050131288.

Clark, A. (2011). Breaking methodological boundaries? Exploring visual, participatory methods with adults and young children. European Early Childhood Education Research Journal, 19(3), 321–330. doi: 10.1080/1350293x.2011.597964.

Clark, P., & Zygmut-Fillwalk, E. (2008). Ensuring schools readiness through a successful transition to kindergarten: The Indiana schools ready initiative. Childhood Education, 84(5), 287.

Cleveland, G., & Colley, S. (2013). Integration of child care and education in Canada: A comparison with Sweden, New Zealand, England and Wales. International Journal of Early Childhood, 45, 167–189. doi: 10.1007/s13158-013-0088-z.

Corsaro, W.A. (2005). The sociology of childhood (2nd ed.).

Thousand Oaks, CA: Pine Forge Press.

Corter, C., Patel, S., Pelletier, J., & Bertrand, J. (2008). The early development instrument as an evaluation and improvement tool for school-based, integrated services for young children and parents: The Toronto first duty project. Early Education and Development, 19(5), 773–794. doi: 10.1080/10409280801911888.

Cronin de Chavez, A., Backett-Millburn, K., Parry, O., & Platt,

S. (2005). Understanding and researching wellbeing: Its usage in different disciplines and potential for health research and health promotion. Health Education Journal, 64(1), 70–87. doi: 10.1177/001789690506400108.

Crowley, A.A. (2001). Child care health consultation: An ecological model. Journal of the Society of Pediatric Nurses, 6(4), 170–181.

Curtis, P.A., & Simons, K.A. (2008). Pathways to ready schools. Child Adolescent Social Work Journal, 25, 171–183. doi: 10.1007/s10560-008-0119-z.

Danby, S., & Farrell, A. (2004). Accounting for young children's competence in educational research: New perspectives on research ethics. The Australian Educational Researcher, 31(3), 35–49.

Denham, S.A. (2006). Social-emotional competence as support for school readiness: What is it and how do we assess it? Early Education and Development, 17(1), 57–89.

Dixon-Woods, M., Cavers, D., Agarwal, S., Annandale, E., Arthur, A., Harvey, J., Sutton, A.J. (2006). Conducting a critical interpretive synthesis of the literature on access to healthcare by vulnerable groups. BMC Medical Research Methodology, 6(35), 1–13. doi: 10.1186/1471-2288-6-35.

Dixon-Woods, M., Sutton, A., Shaw, R., Miller, T., Smith, J., Young, B., Jones, D. (2007). Appraising qualitative research for inclusion in systematic reviews: A quantitative and qualitative comparison of three methods. Journal of Health Services Research & Policy, 12(1), 42–47.

Dockett, S. (2008). The importance of transition in the early years learning framework. Professional VoiceEarly Years Education, 2(2), 23–27. Retrieved from http://www.aeuvic.asn.au/professional_files_PV_6_2_4_ Dockett.pdf.

Dockett, S., Einarsdottir, J., & Perry, B. (2011). Balancing methodologies and methods in researching with young children. Researching young children's perspectives: Debating the ethics and dilemmas of educational research with children, pp. 68–81.

Dockett, S., Mason, T., & Perry, B. (2006). Successful transition to school for Australian Aboriginal children. Childhood Education, 82(3), 139–144.

Dockett, S., Perry, B., Kearney, 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. Retrieved from https://www.csu.edu.au/ data/assets/pdf_file/0004/ 517036/Facilitating-Childrens-Trans-School.pdf

Dockett, S., & Perry, B. (2004a). What makes a successful transition to school? Views of Australian parents and teachers. International Journal of Early Years Education, 12(3), 217– 230.

Dockett, S., Mason, T., & Perry, B. (2006). Successful transition to school for Australian Aboriginal children. Childhood Education, 82(3), 139–144.

Dockett, S., & Perry, B. (2004b). Starting school: Perspectives of Australia children, parents and educators. Journal of Early Childhood Research, 2, 171. doi: 10.1177/1476718X04042976.

Dockett, S., Perry, B., Kearney, E., Hampshire, A., Mason, J., & Schmeid, V. (2011). Facilitating children's transition to school from families with complex support needs. Retrieved from https://www.csu.edu.au/ data/ assets/pdf_file/0004/517036/Facilitating-Childrens-TransSchool.pdf.

Dodge, R., Daly, A.P., Huyton, J., & Sanders, L.D. (2012). The challenge of defining wellbeing.

International Journal of Wellbeing, 2(3), 222–235. doi:10.5502/ijw.v2i3.4.

Earls, F., & Carlson, M. (2001). The social ecology of child health and well-being. Annual Review of Public Health, 22(1), 143–166.

Eastman, C., Newton, B.J, Rajkovic, M., & Valentine, K. (2011). Linking school and early years project evaluation: Data collection round 2. Retrieved from https://www.sprc.unsw.edu.au/media/SPRCFile/2011_2_ Report2_11_LSEY.pdf.

Edmunds, L., & Stewart-Brown, S. (2002). Assessing emotional and social competence in primary school and early years settings: A review of approaches, issues and instruments (pp. 1– 92). Oxford: The Department for Education and Skills and the Health Services Research Unit, University of Oxford. Retrieved from http://webarchive.nationalarchives.gov.uk/ 20130401151715/http://www.education.gov.uk/ publications/eOrderingDownload/EOR-SBU-2002042.pdf.

Einarsdottir, J., Perry, B., & Dockett, S. (2008). Transition to school practices: Comparisons from Iceland and Australia. Early Years: An International Research Journal, 28(1), 47–60.

Eldridge, D., Beneforti, M., & Macdonald, M. (2011). Headline indicators for children's health, development and wellbeing 2011. Retrieved from http://www.aihw.gov.au/ publication-detail/?id=10737419587.

Fattore, T., Mason, J., & Watson, E. (2008). When children are asked about their well-being: Towards a framework for guiding policy. Child Indicators Research, 2(1), 57–77. doi: 10.1007/s12187-008-9025-3.

Foregeard, M.J.C., Jayawickreme, E., Kern, M., & Seligman, M.E.P. (2011). Doing the right thing: Measuring wellbeing for public policy. International Journal of Wellbeing, 1(1), 79–106.

Freire, P. (1972). Pedagogy of the oppressed. M.B. Ramos, (Ed.). Middlesex: Penguin Books.

Giallo, R., Kienhuis, M., Treyvaud, K., & Matthews, J. (2008). A psychometric evaluation of the parent self-efficacy in managing the transition to school scale. Australian Journal of Educational & Developmental Psychology, 8, 36–48.

Giallo, R., Treyvaud, K., Matthews, J., & Kienhuis, M. (2010). Making the transition to primary schools: An evaluation of a transition program for parents. Australian Journal of Educational and Developmental Psychology, 10(2010), 1–17.

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 & Behavioural Pediatrics, 33(4), 319–327. doi: 10.1097/DBP.0b013e31824a7b8e.

Goldfeld, S., Sayers, M., Brinkman, S., Silburn, S., & Oberklaid, F. (2009). The process and policy challenges of adapting and implementing the early development instrument in Australia. Early Education and Development, 20(6), 978–991. doi: 10.1080/10409280903375800.

Graham, L.J. (2012). Disproportionate over-representation of Indigenous students in New South Wales government special schools. Cambridge Journal of Education, 42(2), 163–176.

Graue, E. (1993). Ready for what?: Constructing meaning of readiness for kindergarten. Albany: State University of New York Press.

Graue, E. (2010). The answer is readinessnow what is the question? Early Education and Development, 17(1), 43–56.

Guhn, M., Janus, M., & Hertzman, C. (2007). The early development instrument: Translating school readiness assessment into community actions and policy planning. Early Education and Development, 18(3), 369–374. doi: 10.1080/10409280701610622.

Guhn, M., Zumbo, B.D., Janus, M., & Hertzman, C. (2001). Validation theory and research for a population-level measure of children's development, wellbeing, and school readiness. Social Indicators Research, 103, 183–191. doi: 10.1007/s11205-011-9841-6.

Hair, E., Halle, T., Terry-Humen, E., Lavelle, B., & Calkins, J. (2006). Children's school readiness in the ECLS-K: Predictions to academic, health, and social outcomes in first grade. Early Childhood Research Quarterly, 21, 431–454.

Harris, P., & Manatakis, H. (2013) Children's voices: A principled framework for children and young people's participation as valued citizens and learners. Retrieved from: http://www.decd.sa.gov.au/docs/documents/1/ ChildrenSVoice.pdf.

Higgins, J.P.T., & Green, S. (2011). Cochrane handbook for systematic reviews of interventions version 5.1.0 [updated March 2011]. The Cochrane Collaboration, 2011. Retrieved from http://www.cochrane.org/handbook.

Hymel, S., LeMare, L., & McKee, W. (2011). The early development instrument: An examination of convergent and discriminant validity. Social Indicators Research, 103, 267– 282. doi: 10.1007/s11205-011-9845-2.

Irvine, S., & Farrell, A. (2013). Are we there yet? Early years reform in Queensland: stakeholder perspectives on the inroduction of funded preschool programs in long day care services. International Journal of Early Childhood, 45(2), 221–236.

Janus, M., Brinkman, S., & Duku, E.K. (2011). Validity and psychometric properties of the early development instrument in Canada, Australia, United States, and Jamaica. Social Indicators Research, 103, 283–297.

Janus, M., & Duku, E.K. (2010). The school entry gap: Socioeconomic, family, and health factors associated with children's school readiness to learn. Early Education and Development, 18(3), 375–403. doi: 10.1080/10409280701610796a.

Janus, M., Kopechanski, L., Cameron, R., & Hughes, D. (2008). In transition: Experiences of parents of children with special needs at school entry. Early Childhood Education Journal, 35, 479–485. doi: 10.1007/s10643-007-0217-0.

Janus, M., Lefort, J., Cameron, R., & Kopechanski, L. (2007). Starting kindergarten: Transition issues for children with special needs. Canadian Journal of Education, 30(3), 628– 648.

Janus, M., & Offord, D.R. (2007). Development and psychometric properties of the early development instrument (EDI): A measure of children's school readiness. Canadian Journal of Behavioural Science, 39(1), 1–22.

Jones, N., & Sumner, A. (2009). Does mixed methods research matter to understanding childhood wellbeing? Social Indicators Research, 90, 33–50. doi: 10.1007/s11205-008-9311-y.

Kaehne, A., & Catherall, C. (2013). User involvement in service integration and carers' views of co-locating children's services. Journal of Health and Organization and Management, 27(5), 601–617.

Kaga, Y., Bennett, J., & Moss, P. (2010). Caring and learning together: A cross-national study on the integration of early childhood care and education within education. Retrieved from http://unesdoc.unesco.org/ images/0018/001878/187818e.pdf.

Kagan, S.L. (1992). Readiness past, present, and future: Shaping the agenda. Young Children, 48, 48–53.

Kagan, S.L., & Kauerz, K. (2007). Reaching for the whole: Integration and alignment in early education policy. In

R.C. Pianta, M.J. Cox, & K.L. Snow (Eds.), School readiness and the transition to kindergarten in the era of accountability (pp. 11–30). Baltimore: Paul H Brookes Publishing.

Kraft-Sayre, M.E., & Pianta, R.C. (2000). Enhancing the transition to kindergarten: Linking children, families, and schools. Retrieved from https://www.pakeys.org/ uploadedcontent/docs/Transition%20into%20Formal% 20Schooling/Enhancing%20the%20Transition%20to% 20Kindergarten%20rev.PDF.

La Paro, K.M., Kraft-Sayre, M., & Pianta, R.C. (2003). Preschool to kindergarten transition activities: Involvement and satisfaction of families and teachers. Journal of Research in Childhood Education, 17(2), 147– 158.

Laverick, D.M. (2008). Starting school: Welcoming young children and families into early school experiences. Early Childhood Education Journal, 35, 321–326. doi: 10.1007/s10643-007-0201-8.

Lipponen, L., Rajala, A., Hilppo¨, J., & Paananen, M. (2015). Exploring the foundations of visual methods used in research with children. European Early Childhood Education Research Journal, 1–11. doi: 10.1080/1350293x.2015. 1062663.

McInnes, E., & Nichols, S. (2011). Partnerships in integrated early childhood centres: Getting from policies to practices. New Zealand Research in Early Childhood Education Journal, 14, 81–93.

McIntyre, L.L., Eckert, T.L., Fiese, B.H., DiGennaro, F.D., & Wildenger, L.K. (2007). Transition to kindergarten: Family experiences and involvement. Early Childhood Education Journal, 35(1), 83–88. doi: 10.1007/s10643-007-0175-6.

Meisels, S.J. (1996). Performance in context: Assessing children's achievement at the outset of school. In A.J. Sameroff & M.M. Haith (Eds.), The five to seven year shift: The age of reason and responsibility (pp. 410–431). Chicago: University of Chicago Press.

Meisels, S.J. (1998). Assessing readiness. Retrieved from http://files.eric.ed.gov/fulltext/ED429272.pdf.

Meisels, S.J. (1999). Assessing readiness. In R.C.P.M.J. Cox (Ed.), The transition to kindergarten (pp. 39–66). Baltimore: Brookes.

Moore, A.K., Brown, B.V., & Scarupa, H.J. (2003). The uses (and misuses) of social indicators: Implications for public policy. Child Trends Research Brief. Retrieved from http://citeseerx.ist.psu.edu/viewdoc/download?doi= 10.1.1.549.7485&rep=rep1&type=pd.

Mustard, F. (2008). Investing in the early years: Closing the gap between what we know and what we do. Thinkers in Residence. Retrieved from http://portal.oas.org/ LinkClick.aspx?fileticket=aEhWqJbJgG8%3D&tabid= 1318&language=en-US.

Nichols, S., & Jurvansuu, S. (2008). Partnership in integrated early childhood services: An analysis of policy framings in education and human services. Contemporary Issues in Early Childhood, 9(2), 117–130.

Pa´lmado´ttir, H., & Einarsdo´ttir, J. (2015). Video observations of children's perspectives on their lived experiences: Challenges in the relations between the researcher and children. European Early Childhood Education Research Journal, 1– 13. doi: 10.1080/1350293x.2015.1062662.

Pascal, C., & Bertram, T. (2009). Listening to young citizens: The struggle to make real a participatory paradigm in research with young children. European Early Childhood Education Research Journal, 17(2), 249–262. doi: 10.1080/13502930902951486.

Pianta, R.C., Cox, M.J., & Snow, K.L. (Eds.) (2007). School readiness and the transition to kindergarten in the era of accountability. Baltimore: Brookes Publishing.

Pollard, E.L., & Lee, P.D. (2003). Child well-being: A systematic review of the literature. Social Indicators Research, 61, 59– 78.

Press, F., Sumsion, J., & Wong, S. (2010). Integrated early years provision in Australia. Bathurst, NSW: Charles Sturt University. Retrieved from: http://cscentral.org.au/ Resources/Publications/FinalCSUreport.pdf.

Prout, A. (2011). Taking a step away from modernity: Reconsidering the new sociology of childhood. Global Studies of Childhood, 1(1), 4. doi: 10.2304/gsch.2011.1.1.4.

Rimm-Kaufman, S.E., & Pianta, R.C. (2000). An ecological perspective on the transition to kindergarten: A theoretical framework to guide empirical research. Journal of Applied Developmental Psychology, 21(5), 491–511.

Rimm-Kaufman, S.E., & Pianta, R.C. (2010). Family-school communication in preschool and kindergarten in the context of a relationship-enhancing intervention. Early Education and Development, 16(3), 287–316.

Rous, B., Myers, C.T., & Stricklin, S.B. (2007). Strategies for supporting transitions of young children with special needs and their families. Journal of Early Intervention, 30(1), 1–18.

Rural and Regional Health and Aged Care Services Division. (2003). Children's' health: Parents' perceptions. School Entrant Health Questionnaire (SEHQ) 2000 report. Retrieved from https://www.eduweb.vic.gov.au/ edulibrary/public/stuman/nursing/childrenshealth.pdf.

Sayers, M. (2008). The Australian early development index: A national measure of early childhood development. Professional VoiceEarly Years Education, 6 (2), 29–33. Retrieved from http://issuu.com/aeu-vic/docs/pv_6_2/31?e=0.

Sayers, M., Coutts, M., Goldfeld, S., Oberklaid, F., Brinkman, S., & Silburn, S. (2007). Building better communities for children: Community implementation and evaluation of

the Australian early development index. Early Education and Development, 18(3), 519–534.

Sayers, M., West, S., Lorains, J., Laidlaw, B., Moore, T.G., & Robinson, R. (2012). Starting school: A pivotal life transition for children and families. Family Matters, (90), 45–56.

Schmeid, V., Donovan, J., Kruske, S., Kemp, L., Homer, C., & Fowler, C. (2011). Commonalities and challenges: A review of Australian state and territory maternity and child health policies. Contemporary Nurse, 40(1), 106–117.

Sims, M. (2011). Early childhood and education services for Indigenous children prior to starting school. Closing the Gap Clearinghouse, 1–17. Retrieved from http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/ Content/Publications/2011/ctgc-rs07.pdf.

Stephenson, E. (2012a). An investigation into young children's perspectives of their wellbeing during transition from preschool to school. Adelaide: (Doctor of Philosophy), University of South Australia.

Stephenson, E. (2012b). Young children's voices: Developing innovative research methods. In P.W.K.D. Gioia (Ed.), Children and childhoods 1: Perspectives, places, and practices (pp. 139–150). Newcastle upon Tyne, UK: Cambridge Scholars Publishing.

The Centre for Community Child Health. (2008). Rethinking the transition to school: Linking schools and early years service. Policy BriefTranslating early childhood research evidence to inform policy and practice, 11 2008. Retrieved from http://ww2.rch.org.au/emplibrary/ccch/PB11_Transition_ to_school.pdf.

Thomas, J. (2009). Working paper: Current measures and the challenges of measuring children's wellbeing. Retrieved from http://www.statistics.gov.uk/cci/article.asp?ID=2371.

Thompson, C., valentine, k., Mullan, K., Longden, T., & Harrison, L. (2010). Partnerships in early childhood program: Final evaluation report. (SPRC Report 7/10). Retrieved from https://www.sprc.unsw.edu.au/ media/SPRCFile/2010_7_Report7_10_PIEC.pdf.

Tracy, S.J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. Qualitative inquiry, 16(10), 837–851.

Ure, C. (2008). A new era for the profession: The national agenda for reform or early childhood education. Professional VoiceEarly Years Education, 6(2), 11–15. Retrieved from http://issuu.com/aeu-vic/docs/pv_6_2/31?e=0.

valentine, k., Thomson, C., & Antcliff, G. (2009). Early childhood services and support for vulnerable families: Lessons from the Benevolent Society's partnerships in early childhood program. Australian Journal of Social Issues, 44(2), 195–120.

Waksler, F.C. (1991). The little trials of childhood and children's strategies for dealing with them. London: Flamer Press.

Wildenger, L.K., & McIntyre, L.L. (2012). Investigating the relation between kindergarten preparation and child sociobehavioural school outcomes. Early Childhood Education Journal, 40, 169–176. doi: 10.1007/s10643-012-0509-x.

Wildenger, L.K., McIntrye, L.L., Fiese, B.H., & Eckert, T.L. (2008). Children's daily routines during kindergarten transition. Early Childhood Education Journal, 36, 69–74.

Wong, S., & Press, F. (2012). Integrated services in Australian early childhood education and care: What can we learn from the past. Australian Journal of Social Issues, 47(2), 153–173.

Wong, S., & Sumsion, J. (2013). Integrated early years services: A thematic literature review. Early Years: An International Research Journal, 33(4), 341–353. doi: 10.1080/09575146.2013.841129.

Wong, S., Sumsion, J., & Press, F. (2012). Early childhood professionals and inter-professional work in integrated early childhood services in Australia. Australasian Journal of Early Childhood, 37(1), 81–88.

Wright, B. (2005). The virtual village: Raising a child in the new millennium. Report of the Inquiry into Early