



**Murdoch Childrens
Research Institute**

Healthier Kids. Healthier Future.

Review of the evidence base in relation to early childhood approaches to support children in highly disadvantaged communities for the Children's Ground Project

Prepared for
Department of Education, Employment and Workforce Relations

Prepared by
Community Child Health research group
Murdoch Childrens Research Institute
located at The Royal Children's Hospital Centre for Community Child Health in
collaboration with The Royal Children's Hospital Education Institute

OCTOBER 2011



The Royal **Children's**
Hospital Melbourne

This paper was prepared by the following:

Centre for Community Child Health

- Dr. Tim Moore, Senior Research Fellow
- Rebecca Fry, Coordinator, Service Development
- Jennifer Lorains, Senior Project Officer, Service Development

Royal Children's Hospital Education Institute

- Dr. Julie Green, Deputy Director & Head of Research
- Dr. Liza Hopkins, Senior Project Officer

Centre for Community Child Health

Murdoch Childrens Research Institute
Royal Children's Hospital
Flemington Road, Parkville, Victoria
Australia 3052
Tel. (03) 9345 5040
Website: www.rch.org.au/ccch

Royal Children's Hospital Education Institute

Royal Children's Hospital
159 Flemington Road, North Melbourne, Victoria
Australia 3051
Tel. (03) 9322 5100
Website: www.rch.org.au/education

Contents

1.	<u>EXECUTIVE SUMMARY</u>	1
2.	<u>BACKGROUND</u>	2
2.1.	<u>Project brief</u>	2
2.2.	<u>Outline of report</u>	2
3.	<u>SOCIAL CHANGE, VULNERABILITY AND DISADVANTAGE</u>	3
3.1.	<u>Social change</u>	3
3.2.	<u>Vulnerability and disadvantage in children and families</u>	3
3.3.	<u>Conclusions</u>	7
4.	<u>ADDRESSING THE CHALLENGES</u>	8
4.1.	<u>What needs to be done?</u>	8
4.2.	<u>What action have governments taken to address the challenges?</u>	9
4.3.	<u>What action have services taken to address the challenges?</u>	10
4.4.	<u>Specific sectoral initiatives</u>	10
4.4.1.	<u>Early childhood initiatives</u>	10
4.4.2.	<u>School initiatives</u>	11
4.4.3.	<u>Community initiatives</u>	11
4.5.	<u>Conclusions</u>	12
5.	<u>EVIDENCE</u>	13
5.1.	<u>Successful childhood education, development, well-being and transitions</u>	13
5.2.	<u>Improving educational, social and health outcomes for children</u>	14
5.3.	<u>Service models addressing place-based disadvantage for children</u>	20
5.4.	<u>The costs of doing nothing</u>	22
6.	<u>CONCLUSIONS</u>	25
6.1.	<u>Discussion and conclusions</u>	25
6.2.	<u>Concluding statements and key messages</u>	26
7.	<u>REFERENCES</u>	32

EXECUTIVE SUMMARY

The Children's Ground project aims to develop a place-based approach to support children and their families in highly disadvantaged communities. The project approach is informed by research and evidence, recognising the multiple and multi-level influences on children's development and the need to support the role of communities in improving outcomes for children.

The review of the evidence base, undertaken by the Centre for Community Child Health in collaboration with the Royal Children's Hospital Education Institute, begins by outlining the changing social and environmental conditions and the influence of these changes on vulnerable children and families. The report then discusses actions undertaken to address these challenges and the reasons why these actions have failed. Next, key factors enabling optimal outcomes for children and contemporary Australian and international evidence-based interventions and approaches that support vulnerable children are examined. The review concludes by summarising the research on the financial and social costs of doing nothing to intervene and improve outcomes for children.

In summary, the review endorses the development of a place-based approach with a number of key strategies that simultaneously address families' immediate needs for support (the foreground factors) and the broader conditions under which families are raising young children (the background factors). The approach needs to promote wrap around, integrated services that are responsive to and driven by the community. Focus must also be given to *how* services are delivered rather than *what* is delivered. In order to implement the approach, it is critical that a robust governance structure or entity capable of coordinating and supporting the many stakeholders and services involved is established and a long-term financial and policy commitment is made.

Key messages encapsulating broad themes from the literature, supported by concluding statements, have been developed to enable clear communication to a variety of audiences.

BACKGROUND

Project brief

The Centre for Community Child Health, in collaboration with the Royal Children's Hospital Education Institute, was engaged by the Department of Education, Employment and Workplace Relations (DEEWR) to undertake a review of the literature on contemporary Australian and international evidence-based interventions and approaches that support children aged 0-8 years in highly disadvantaged communities.

The review specifically addresses the following key questions, as outlined by DEEWR:

- What key factors account for successful childhood education, development, well-being and transitions in the 0-8 year range?
- What key factors have been identified as improving the educational, social and health outcomes for children from the most disadvantaged communities?
- What service models, apart from Harlem Children's Zone, have proven particularly effective and why in addressing place-based disadvantage for children?
- What are the costs (dollars and social impact) of doing nothing to assist children from disadvantaged communities?

Evidence and research from the review will inform the development of the Children's Ground project, which aims to support children's development and wellbeing in highly disadvantaged communities through a place-based approach.

A series of statements summarising the key messages from the review were to be developed to enable clear communication of the evidence base to a range of stakeholders.

Outline of report

The report begins by considering recent society and environmental changes and the impact of these changes on vulnerable children and families. Actions taken to address the current challenges faced by children, families and communities are summarised and the reasons why these actions have failed are discussed. The report then responds specifically to the key questions outlined by DEEWR, outlining Australian and international research and evidence. The final section of the report provides discussion on the implications of the evidence base for developing approaches to address vulnerable and disadvantaged children, families and communities. A series of key messages presenting the case for change and the actions required conclude the report.

SOCIAL CHANGE, VULNERABILITY AND DISADVANTAGE

Social change

- The dramatic economic and social changes that have occurred in developed nations over the past 50 years have significantly altered the conditions under which families are raising young children.¹⁻⁵
- The effect of these changes can be seen in the health and well-being of children and young people. While most children are doing well, there is evidence of worsening or unacceptably high levels of problems in a minority of children across all aspects of development, health and well-being, including mental health, physical health, academic achievement, and social adjustment.^{4, 6-12}
- Significant numbers of children are arriving at school poorly equipped to benefit from the social and learning opportunities that schools offer¹³⁻¹⁴, and schools struggle to make up the gap between those children and their peers.¹⁵⁻¹⁸
- Considerable social and economic inequalities exist in Australia.¹⁹⁻²⁴ These affect children disproportionately: child poverty rates tend to be higher than those in the general population.²⁰ Studies of the dynamics of poverty show that while there is considerable movement in and out of poverty among children, there is a small group who remain in poverty over sustained periods.²⁰ Children in lone parent households and from minority groups are more likely to experience poverty and social exclusion.^{20, 25}
- As a result of the social and economic changes, the nature of the social problems facing society and governments have altered – they are now more likely to be ‘wicked’ or complex problems that are not able to be resolved through traditional service-driven approaches.²⁶⁻²⁷
- The services and service systems that support children and their families have not changed significantly over the past 50 years, and are struggling to meet the needs of the most disadvantaged groups.^{2, 28}
- The interconnectedness of social problems and the strong influence of environmental factors on children’s development support the use of an ecological framework in policy and service delivery.²⁹⁻³²
- However, the planning and delivery of services continues to be heavily segmented, with government departments and their funding streams operating autonomously as ‘silos’, making it difficult to conduct the joint planning needed to implement an ecological approach.³

Vulnerability and disadvantage in children and families

Vulnerability in children

- Children’s health, development and well-being can be compromised by a number of direct adverse experiences during the prenatal and post-natal periods. Many conditions in adult life – obesity and its associations, hypertension, heart disease, mental health problems, criminality, family violence – have their origins in the adverse circumstances of children’s early lives.³⁴⁻³⁵ The greater the number of adverse experiences in early

life, the greater the likely incidence of later health, mental health and developmental problems.³⁶

- There is growing evidence for the importance of the prenatal period in children's development.³⁷⁻³⁹ Experiences in the womb prepare the foetus for life after birth, programming the regulatory set points that will govern physiology in adulthood.^{37, 40} Problems arise when there is a disparity between prenatal and postnatal environments: the organism is then hampered because the programmed set points do not readily readapt to the new environment, and this can have life-long consequences for health and well-being.
- Factors that can adversely affect the development of the child during the prenatal period include
 - exposure to toxic chemicals,⁴¹⁻⁴²
 - exposure to drugs ingested by the mother,^{39, 41}
 - the quality of nutrition,⁴³ and
 - maternal health and well-being during pregnancy.^{41, 44}
- Factors that can adversely affect the development of the child during the postnatal period include
 - child abuse and neglect,^{36, 45-48}
 - lack of responsive caregiving,⁴⁹⁻⁵³
 - disturbances in attachments,⁵³⁻⁵⁷
 - lack of stimulation and learning opportunities,^{15-16, 18, 39, 58-60}
 - poor nutrition and limited opportunities for exercise,⁶¹⁻⁶⁴
 - homelessness and housing insecurity,⁶⁵⁻⁶⁸
 - restricted opportunities to mix with other children and families^{50, 69}
 - lack of access to regular health care services, and
 - lack of access to high-quality early childhood programs.^{15, 39, 60, 70}
- These factors tend to be pervasive – a child or family confronting adversity in one context is also likely to be facing it in others as well.^{19, 71} In addition, risk factors tend to be self-reinforcing over time: behaviours or experiences at one point in time increase the likelihood of the same behaviours and experiences occurring at a later point.⁷²
- What jeopardises children's development is the cumulative effect over time of exposure to multiple adverse or risk factors.⁷³ Multiple risks have multiplicative rather than merely additive effects: the more adverse experiences and conditions children are exposed to and the longer such exposure occurs, the more likely it is that their development will be compromised and the worse the outcomes.⁷⁴⁻⁸⁰ Children showing resilience are generally those who have been exposed to fewer risk factors for a shorter period of time and/or protected by positive experiences or compensatory mechanisms.⁷²
- Learning starts from birth^{39, 81-82} and skills develop cumulatively, so that those acquired early form the basis for later skill development.¹⁶ Thus, the skills children possess on school entry contribute to a chain of effects that either reinforces and amplifies their initial skills and dispositions, or exacerbate initial difficulties and even produces new ones.⁸³⁻⁸⁷

- Disadvantage also starts from birth and accumulates throughout life.⁸⁸ Developmental differences in children from advantaged and disadvantaged backgrounds are evident as early as 9 months of age and grow larger with age.⁸⁹⁻⁹⁰ These disparities are evident across cognitive, social, behavioural, and health outcomes.
- Disadvantages (and their associated outcomes) are transmitted across generations.⁹¹ Children from socioeconomically disadvantaged families begin their lives with a poorer platform of health and a reduced capacity to benefit from the economic and social advances experienced by the rest of society.
- In every society, regardless of wealth, differences in socioeconomic status translate into inequalities in child development.^{88, 92} Each step up the family social and economic ladder results in improved prospects for child development. In every country in which they have been measured, rich or poor, gradients in developmental outcomes have been shown for infant and child mortality, low birth weight, injuries, dental caries, malnutrition, infectious diseases, use of healthcare services, school enrolment, mathematical and language achievement, and literacy.⁹²
- Children learn through the environments in which they spend their time.⁹²⁻⁹⁷ This means that, if we want to promote children's development and learning, then we need to ensure that the environments in which they spend their time are optimal. In the case of young children, family and other caregivers are the main providers of the relationships and experiences that make up the child's learning environments. Therefore, to promote children's development, we need to change the way that parents and other caregivers relate to the child, ensuring that they have the knowledge and skills to provide environments (relationships / experiences) that both protect and nourish the child, as well as promote the child's development and well-being.

Vulnerability in families

- Many of the recent social and economic changes have been beneficial for most families, but have been accompanied by a widening gap between the rich and the poor.⁹⁸ It is this gap, rather than absolute levels of poverty, that is damaging.⁹⁹⁻¹⁰¹
- For families, the result has been a widening of the gap between those who are benefitting and those who are not: families who are relatively well-resourced are better able to meet the challenges posed by changed social conditions, whereas poorly-resourced families can find the heightened demands of contemporary living and parenting overwhelming.^{29, 102-103}
- Gaps in family functioning are cumulative: the more advantaged families are initially, the better they are able to capitalise and build on the enhanced opportunities available, so that the gap between them and those unable to do so progressively widens.^{85, 98} The result is that there has been an increase in the numbers of families with complex needs, and more pockets of intergenerational disadvantage, underachievement and poor health and developmental outcomes.¹⁰⁴
- Although they represent only a small minority, these families and their children subsequently account for a highly disproportionate percentage of the costs and resources for mental health, education services and welfare services.^{78, 98} Part of the reason for these high costs is that families at risk often access services and support that are crisis-led, and are focused on the immediate presenting issue. This narrow

approach fails to help those families who have multiple needs and require simultaneous support from a range of services.⁹⁸

- The factors that make families vulnerable fall into three groups: factors within the parent or parents, factors within the family, and factors in the wider community and society.^{78, 105-108}
 - *Factors within the parent or parents* include low levels of education, parental mental illness or depression, parental chronic medical condition, parental intellectual disability, parental criminal record, alcohol and drug abuse, recent life stresses (death, job loss, immigration), and a parental background of severe abuse, neglect, or loss in childhood that is unresolved.
 - *Factors within the family* include single teenage parent, low income / food insecurity, chronic unemployment, insecure or inadequate housing, frequent moves, severe family dysfunction and/or instability and family violence.
 - *Factors within the wider community* include lack of social support / isolation, neighbourhood problems and community violence, lack of public transport, difficulties in accessing child and family services, non-family friendly urban environment, and lack of family-friendly recreational and other facilities.

As is the case for children, these factors have a cumulative impact: the more adverse conditions families are exposed to and the longer such exposure occurs, the more likely it is that the family will become dysfunctional, the parents will have problems (health, mental health, employment), and their parenting of the children will be compromised.^{78, 98}

- It is clear is that the capacity of parents to raise their children in ways that they (and we) would wish is compromised by factors beyond their control.^{78, 105-109} Parents do not set out to do a poor job of raising their children, but some end up doing so because of external factors beyond their control.¹¹⁰ A major focus of work with parents, therefore, is to seek to remove (or at least manage and stabilise) these barriers to family functioning and parenting.¹⁰⁹
- Another major focus of work with vulnerable families is to ensure that they have access to and make use of supportive child and family services. While most families of young children are well supported socially and make good use of services, some do not.¹¹⁰⁻¹¹² For a variety of reasons, the children and families who are most in need of support are those least likely to access or receive it.^{105, 113-117} Children from families who have poor social supports and make limited or no use of early child and family services are at increased risk of poor health and developmental outcomes.
- Barriers to families making use of services include service level (or structural) barriers, family level barriers, and interpersonal or relational barriers:
 - *Service level (or structural) barriers* include lack of publicity about services, cost of services, limited availability, failure to provide services that meet parents' felt needs, inability of services to respond promptly to requests for help, rigid eligibility criteria, inaccessible locations, lack of public transport, limited hours of operation, inflexible appointment systems, lack of affordable child care, poor coordination between services, and not having an outreach capacity.^{110, 112, 118-121}
 - *Family level barriers* include limited income, lack of social support, lack of private transport, unstable housing or homelessness, low literacy levels, large family size,

personal preferences and beliefs about the necessity and value of services, physical or mental health issues or disability and day-to-day stress.¹¹⁰ Vulnerable parents have to balance competing needs, and sometimes 'survival' needs take priority over attendance at a service.

- *Relational or interpersonal barriers* include beliefs, attitudes and skills that can compromise the ability of service providers to engage families successfully or the ability of parents to seek out and make use of support services.^{110, 119}

In the case of service providers, relational barriers include insensitive or judgmental attitudes and behaviours, lack of awareness of cultural sensitivities, poor listening and helping skills, inability to put parents at ease, and failure to acknowledge and build on family strengths and to engage families as partners.^{112, 118-119}

In the case of parents, relational barriers include lack of trust in services, fear of child protection services, misperceptions of what services offer, lack of the social skills and confidence to negotiate with professionals, and being easily intimidated or put off by perceived attitudes of staff or other parents.^{78, 110, 112, 118-120, 122}

- The formal service system has a culture of its own, and for parents to make good use of it requires them to master the language, roles and values of that culture.¹²³ Most families learn these skills from their parents, but many do not, and these families make little or no use of the available services.

Conclusions

- Society and the environments in which children are raised have changed dramatically in recent decades.
- Early childhood and family support systems need to be reconfigured to effectively respond to these changes and better meet the needs of families.
- A range of structural, familial and relational barriers prevent families from using available services and reduce opportunities to promote and provide appropriate learning experiences for children.
- Without significant system change and the removal of barriers, vulnerable families will remain vulnerable and the gap between advantage and disadvantage will widen.
- It is not sufficient to address the problems families are facing. Efforts must also be made to address the general social conditions that have led to families experiencing problems in the first place.

ADDRESSING THE CHALLENGES

What needs to be done?

A number of conceptual models or frameworks have been developed that provide guidance on what can be done to improve outcomes for young children and families, especially those who are most vulnerable.

- **Ecological model.**^{29, 32, 124-126} The ecological model championed by Bronfenbrenner proposed that children's development was influenced not only by the more proximal, and relatively stronger influences, of the family, peers, school and neighbourhood, but also by the distal factors of the broader social context such as the media, parents work arrangements and governmental policies. These influences were conceived as a set of nested structures, each inside the next, like a set of Russian dolls. Bronfenbrenner later added a chronosystem to reflect the changing nature of influences as the child develops.¹²⁶ The significance of this model lies in its emphasis of the importance of broader environmental factors on the functioning of families and the development of children.
- **Platforms model.**¹²⁷ In this model, improving outcomes for children and to support their families more effectively requires action on three fronts simultaneously:
 - *building more supportive communities,*
 - *creating a better coordinated and more effective service system, and*
 - *improving the interface between communities and services.*

Action on each of these fronts needs to be included in a comprehensive local plan to address the needs of young children and their families in a particular community. None of the individual interventions on its own will make a significant and sustainable difference to child and family outcomes; they only do so in concert with other forms of action.

- **Universal service models.** A number of reviews of service systems, particularly those focusing on child protections systems, have concluded that an ideal system would be based on a strong and inclusive universal set of services, backed by a tiered system of secondary and tertiary services that enable varying levels of additional support to be provided to those with particular needs.¹²⁸⁻¹²⁹ This notion of an integrated tiered system - sometimes referred to as a public health model,¹³⁰⁻¹³³ and also known as 'progressive universalism' in the UK¹³⁴⁻¹³⁶ – differs from the conventional classification of services as universal, secondary and tertiary in its focus on the process of providing additional support rather than the services themselves.
- **Place-based approaches.** A place-based approach is one that seeks to address the collective problems of families and communities at a local level, usually involving a focus on community-strengthening – efforts to strengthen the engagement, connectedness and resilience of local communities.¹³⁷ A recent analysis of place-based approaches²⁷ identifies key elements that are required to establish a comprehensive framework for community-based services. In this framework, a place-based approach is one element and not a total strategy in itself. The notion of an integrated service

system with a strong universal platform and tiered supports that address the multiple influences on children's development is reinforced within the framework; principles of effective engagement and partnerships are also thought to be critical to success; and the need for a robust governance structure that facilitates collaboration between communities, government and private enterprise is championed.²⁷

- **Collaborative governance models.** An emerging body of evidence suggests that effective work with communities must be based on a collaborative relationship between government and communities.^{28, 138} Collaborative governance is a systematic way of ramping up government efforts through carefully structured arrangements that interweave public and private capabilities.¹³⁸ Others have urged the adoption of the principles and practices of *co-design* or *co-production* - involving users in the design and delivery of services - has been proposed as a way of reforming public services.¹³⁹⁻¹⁴² People's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others, working together to get things done.

What action have governments taken to address the challenges?

- All developed nations have recognised the need to address the changed circumstances in which families are raising young children and to reconfigure early childhood and family support services.¹⁴³⁻¹⁵¹ In Australia, governments at all levels have developed policies and funded initiatives designed to address these problems.
- These have a number of features in common³: finding more effective ways of reaching vulnerable children and families, ensuring that all children arrive at school ready to learn, shifting services to a promotion / prevention focus, reducing child protection rates, monitoring children's development and well-being more effectively, improving the quality of early childhood services, and increasing the use of evidence-based practices.
- Some governments have developed social inclusion agendas aimed at promoting the social and economic inclusion of disadvantaged, marginalised and indigenous groups.^{1, 19, 152} One aim of these initiatives is to increase participation of young children and their families in early childhood services.¹⁵³⁻¹⁵⁵
- Of the three spheres of action identified earlier - building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services – governments have focused most effort on services and the service system.
- Governments are placing most reliance upon 'killer' programs – preferably evidence-based – that address the presenting problems rather than looking at the systemic (ecological) conditions that lead to the problems in the first place.
- So far, these various initiatives have not had a major impact on child and family outcomes. There are a number of reasons why this is the case, including
 - they have not been sustained for long enough,
 - they are not comprehensive enough,
 - they are not sufficiently well integrated,

- they have not involved families and communities in planning, service delivery and evaluation,
- they have not been based on a clear understanding of why problems occur and how they can be remedied,
- they have been unduly reliant upon services (particularly evidence based programs) as the major tool to achieve change, and
- they have failed to address the underlying causes of the problems.

What action have services taken to address the challenges?

- Services have also sought to respond to the changed social conditions by developing new practices and interventions that are more in keeping with changing values and are more responsive to the contemporary needs of families and children.
- There has been a significant change in how vulnerable parents are viewed and hence in how they can best be supported.¹⁵⁶ Rather than viewing them as ‘hard to reach’ and therefore blameworthy, there is a growing consensus that it is more useful to think of them as being people whom services find difficult to engage and retain in their services.^{108, 156} This shifts the onus onto services to reach out to such families and provide services which better meet their preferences and perceived needs.
- Other major service developments include the shift to working with families as partners – eg. family centred practice in early childhood intervention services¹⁵⁷⁻¹⁶¹ and family centred care in health services¹⁶²⁻¹⁶⁴ – and the adoption of strength-based (as opposed to deficit-based) practices in working with vulnerable families.¹⁶⁵⁻¹⁷⁰
- The extent to which these emerging philosophical and practice changes can be adopted and fully implemented by services is limited by a number of factors, including existing job descriptions, work conditions, and funding targets. The stand-alone service with a limited brief, little flexibility, and prescribed output-based funding is still the default model in human services, and significant change will not occur as long as this remains the case.

Specific sectoral initiatives

Early childhood initiatives

There are a wide range of early childhood initiatives that have sought to improve services for children in general and young children in particular. These include the following:

- Increasing the availability of early childhood services – eg. provision of 15 hours of preschool for all 4-year-old children (Universal Access to Early Childhood Education)
- Improving the quality of early childhood services – eg. development of early years learning frameworks (national Early Years Learning Framework, state frameworks such as Victorian Early Years Learning and Development Framework), state and quality assurance initiatives (National Quality Standards for Early Childhood Education and Care)

- Moves to integrate children’s services – eg. integrated child and family centres, early years partnerships
- Extending home visiting support to vulnerable families – eg. sustained home visiting initiatives and trialing of new models
- Promoting home learning environments – eg. Parenting Resource Centre home learning environment trial
- Monitoring children’s progress - eg. national roll-out of the Australian Early Development Index

School initiatives

Various initiatives have also been implemented in the school sector. These include:

- Establishing schools as community hubs
- Providing full service and extended school models or wrap around services
- Improving pedagogic practices, such as building on the child’s existing “funds of knowledge” and the skills that they bring with them to school, adopting a strengths based approach and developing flexible learning options to meet the different learning styles and preferences of children.¹⁷¹
- Using new ICTs to enhance shared understandings of the learning journey between child, teacher and parent (eg. Victorian DEECD’s Ultranet)
- Building strong relationships and the affinity between students and schools so that students feel identity and ownership with education
- Adopting place-based pedagogies and initiatives that integrate educational curricula and programs with the local community and the environment – eg. extended and community school models, where services and opportunities offered from school grounds vary between schools and across communities so they can respond to individual community/group needs.

Community initiatives

A number of community development initiatives exist. There has been recent focus on place-based initiatives that:

- Connect children’s learning to local places and the environment and place-based education
- Identify unique local characteristics and conditions and designed programs to specifically address these conditions

Such initiatives include:

- *Communities for Children* – a Federal government initiative focused on children aged 0-12 years who are at risk of disadvantage and who remain disconnected from childhood services.
- *Best Start* – a Victorian State government initiative that focuses on communities working in partnership to improve outcomes for children aged 0-8 years
- The *Linking Schools and Early Years* pilot project – another place-based community partnership approach that supports the service system at a local community level to plan how they can build on the strengths of children and families and identify and respond to their needs

Conclusions

- There are various conceptual models that can provide guidance on what needs to be done to improve outcomes for children (e.g. ecological model, Platforms model, universal service model, collaborative governance model and place-based approaches).
- Government has taken a number of actions to address the challenges facing children, families and communities, but so far these actions have not had a significant impact on child and family outcomes.
- There are many reasons why recent actions have failed; initiatives have not been sustained long enough, they have not been comprehensive enough and they have not addressed the underlying causes of the problems.
- Services have responded to recent challenges by adopting practices that are more responsive to the contemporary needs of families and children. A strength-based and family centred philosophy has been adopted and the onus of engagement has shifted from families to services.
- The ability of services to make structural changes has been hampered by the conditions under which they work. Whilst the general thrust of various initiatives has been to improve the coordination between services, the traditional system does not easily lend itself to integrate.

EVIDENCE

Successful childhood education, development, well-being and transitions

What key factors account for successful childhood education, development, well-being and transitions in the 0-8 year range?

- Optimal antenatal environments are vital for children's long-term health and development. Factors known to have long-term effects on the child include high levels of maternal stress, poor nutrition, and excessive intake of drugs and alcohol.⁴¹
- Young children develop and learn through their relationships with parents and caregivers.^{49, 50, 53, 172-173} The nature and quality of their attachments and the responsiveness of parents and others, as well as the basic care and safety provided by families are major determinants of subsequent development.^{50, 55, 74}
- The nature and quality of the home learning environments provided by families are also important influences on children's learning and development.^{5-16, 18, 39, 58-60, 175-177} Even the most effective early childhood and school learning environments struggle to sustain the learning of children from impoverished and chaotic home learning environments that do not change.
- High quality early childhood services have been shown to make a significant difference to children's school readiness and performance in later life.^{15, 60, 70, 176-184} Children benefit from attending high quality early childhood services, both in the short- and long-term. Attendance at a preschool program in the year before school entry has a positive impact on children's school readiness^{179, 185-187} There are few differences in school readiness achievement for part-time vs full-time preschool attendance in the year before school.^{179, 185-186, 188}
- The more years children spend in formal childcare or preschool programs, the greater the benefits for their learning.^{60, 179, 189-190} Spending at least two years in preschool programs leads to improved school readiness.¹⁷⁹ Every month of preschool after age 2 has been shown to be associated with better intellectual development, improved independence and improved concentration and sociability.⁶⁰
- However, both early entry to non-parental childcare (ie. prior to 12 months of age), and longer hours of child care (eg. 30 hours or more a week) are associated with poorer outcomes for children's social and behavioural development, language competence and school learning.^{185, 191-196} In general, risks for poorer outcomes are greater when the quality of care is poorer.^{193-194, 197}
- All children and families benefit from having positive social support networks and supportive communities.^{177, 198-201} Positive social support is strongly associated with better parental mental health and well-being, better parenting, and reduced rates of child abuse.

- For vulnerable parents, the first priority is to ensure access to secure, high quality and affordable basic necessities including housing, food, health care, transport and recreation options.^{98, 107} The lack of such essentials has a destabilising and stressful effect on families that often compromises their ability to parent their children as they (and the wider community) would wish.⁷⁸
- The responsiveness of the formal service system to emerging child and family problems is a critical factor in determining if and when vulnerable families access and make use of early childhood and family support services.^{110, 105}
- Vulnerable families are particularly at risk during key transitions in the early years.³⁹ Supports provided during these key transition points – from antenatal to postnatal, home to early childhood education and care (ECEC) settings, ECEC settings to school – have been shown to reduce the incidence of subsequent problems.²⁰²

Conclusions

- It is well understood that children, families and communities need social support, positive experiences and relationships and support at relevant transition points in life to promote optimal outcomes for children.
- It is therefore critical that families, services, educators and communities work together to ensure these supports, experiences and relationships are as positive as possible to provide/build ongoing learning environments for children from birth that enable cumulative development.

Improving educational, social and health outcomes for children

What key factors have been identified as improving the educational, social and health outcomes for children from the most disadvantaged communities?

- The nature and quality of children's attachments and the responsiveness of parents and others, as well as the basic care and safety provided by families are major determinants of subsequent development. Relationships change brains neurologically and neurochemically, and these changes may be for the better or for the worse. Caregiving that is inadequate and negligent and attachments that are weak or disrupted result in adverse consequences for the child's survival, health and development.⁴⁷⁻⁴⁹
- Chronic adverse experiences during early childhood can have long-lasting and even life-long effects on children's health and longevity, mental health and well-being, social adjustment and ability to participate meaningfully in society.^{36, 203-204} Children aged birth to five years are exposed to a disproportionately increased amount of potentially traumatic events compared to older children.²⁰⁵
- Children's health and development can also be adversely affected by the intergenerational transfer of the effects of trauma and other adverse experiences.²⁰⁶⁻²⁰⁸ Some responses shown by parents to environmental challenges may also be displayed by the children even though the children have never experienced the conditions that led to parents' behaviour.

- Attendance at higher quality early childhood programs provides greater benefits for children's social, emotional, and learning outcomes, particularly for children from disadvantaged backgrounds.^{186, 189, 197, 209} Children who attend high quality early learning programs show better cognitive and social / behavioural outcomes at school entry,^{179, 186, 193, 210-211} with benefits lasting into the primary and secondary school years.^{177, 180, 196, 212} These benefits are most evident for children at greater risk of poorer outcomes due to low family income,²¹² low parental education levels,²⁰⁹ or special education needs.¹⁸⁰
- *The key features of effective early childhood programs* are well understood.^{178, 181-182, 213} These include both structural and relational or interpersonal characteristics.
- Key relational or interpersonal features of effective early childhood services include the following:²¹³
 - responsive and caring adult-child relationships are critical for effective service delivery
 - parents and families are recognized as having the primary role in rearing children and are actively engaged by early childhood services
 - an individualised and developmentally appropriate approach is used
 - early childhood staff build upon children's interests, previous learning experiences and strengths
 - a play-based approach is used
 - children are active and engaged - adults and children engage in a process of cognitive 'co-construction'
 - there is a balance of child-initiated and teacher-directed approaches
 - there is a balance between a cognitive / academic focus and a social / emotional focus
 - respect for diversity, equity and inclusion are prerequisites for optimal development and learning
- Besides these interpersonal features, there are several structural features of effective early childhood services:^{178, 213-216}
 - There is a strong association between the ability of staff to create a sound early learning environment and the key structural features of group size (number of children in a class), staff-child ratio, and caregiver qualifications (years of education, child-related training, and years of experience). The reason these features are important is that they are associated with higher quality of care and teaching, which are the qualities that really make the difference in outcomes.
 - Another key structural feature is staff continuity, which is particularly important for very young children.
 - In effective programs, child care and education functions are integrated - all high quality early childhood settings provide caring and nurturing environments that support learning and early development

- In addition, improving teacher effectiveness has shown to be one of the best methods of improving student performance. It is more important for a student to have an effective teacher than to be in a class with a few less students. The impact of highly effective teaching is cumulative.²¹⁷⁻²¹⁸ Students who are taught by less effective teachers over many years are considerably more likely to fall behind.
- While positive learning experiences in the early years are a strong predictor of ongoing success with formal education, ongoing formal educational success is in turn a strong predictor of positive long term outcomes for children and young people across a range of domains, including health, income, employment, housing, social inclusion and civic participation.²¹⁹⁻²²¹
- *Ways of effectively engaging and empowering marginalised families* have been identified. Studies of what vulnerable families want from support services have identified a number of key features that affect the extent to which *they* use and trust the services, as well as their ‘take-up’ of the help provided.^{105, 112, 119} These features include
 - services that help them feel valued and understood, and that are non-judgmental and honest.
 - services that are ‘humanising’ – that is, relationships that have respect for their inherent human dignity, and are responsive to their needs, rather than prescriptive.
 - services that allow them to feel in control and help them feel capable, competent and empowered.
 - services that are practical and help them meet their self-defined needs.
 - services that are timely, providing help when they feel they need it, not weeks, months or even years later.
 - services that provide continuity of care – parents value the sense of security that comes from having a long-term relationship with the same service provider.
- *Features of intervention practices* known to be essential for effective work with parents have been identified.²²⁴⁻²³² They include the following:
 - The relationships between parents and professionals are the most critical factor in determining the success of an intervention.
 - These relationships need to be family-centered, that is, based on a partnership between parents and professionals, with parents making the final decisions regarding the focus of the work and the methods used.
 - Effective service delivery involves the use of capacity-building help-giving practices, whereby the professional helps the parents master and use the behaviours and skills that will benefit their child.
 - Effective services are also non-stigmatising, and demonstrate cultural awareness and sensitivity.
 - Effective services are responsive to family needs and circumstances, and they begin by providing crisis help prior to other intervention aims.

- *Ways of organising services into systems that effectively support vulnerable families of young children have been identified*^{28, 128} A recent synthesis of the evidence³ suggests that the key features of effective service systems are as follows:
 - Universal and inclusive service base - the core services are available to everyone and designed to be inclusive, non-stigmatising and welcoming.
 - Embedded specialist services - specialist or targeted services are embedded in universal services (eg. schools, maternal and child health centres, libraries).
 - Range of services - families have access to a broad range of interventions which include both practical, material services and more complex work (such as enhancing parenting skills). Services should be provided in a range of formats and locations to suit the different needs and preferences of diverse groups.
 - Types of programs - Programs using multiple interventions addressing several risk areas work better than those using a single intervention strategy.
 - Accessibility - services are made as accessible (in all senses, including geographical, cultural and psychological accessibility) as possible. Active assistance (eg with transport or interpreters) is provided as required. Information in various forms regarding the facilities and professional services are available.
 - Integrated services - there are multiple entry points and no 'wrong door': whatever service a child is brought to should either provide help, or help find a more suitable service that is easy to access. Some core services are integrated, either as a 'virtual' network or an actual co-located service (as in service hub models).
 - 'Soft' and 'hard' entry points – a mix of 'soft' and 'hard' entry points to the service system is provided. Universal services can be used to provide an important soft entry point of first contact, whereby parents can access support to more specialised services.
 - Active / assertive outreach - there are outreach services designed to find and build relationships with vulnerable and marginalized families, and link them with services that match their needs and preferences.
 - Mentoring - 'experienced' parents are recruited to act as mentors for 'new' parents. Mentoring helps to achieve positive outcomes with various client groups, such as young parents and isolated parents.
 - Articulation of a shared vision and achievable goals - a shared vision provides a platform for building shared responsibility and accountability between organisations and sectors, providing a base for collective action planning and service delivery.
 - Facilitation capacity - effective service systems usually have an identified person or agency that is funded to facilitate / coordinate collaboration between services, and support the work of early years partnerships including active participation from parents and other community members in the planning, delivery and evaluation of services.
 - Robust governance arrangements - the planning and management of integrated service systems requires the establishment of community-based early years partnerships. The sustainability of these partnerships depends upon establishing

robust integrated governance arrangements that involve all stakeholders, including senior levels of government, and provide a structure for leadership and processes for funding and accountability.

Effective support for vulnerable families requires what has been called a *collective impact* approach, defined as the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.²³³ This differs from the more commonly used *isolated impact* approach, in which single organisations are funded to provide specific services, with the hope that the most effective organisations will grow or replicate to extend their impact more widely. The collective impact approach also differs from most collaboration initiatives in that it involves a centralised infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.²³³

- *Ways of working effectively in a place-based way* have also been identified.^{28, 137, 155, 234} According to a recent synthesis of these findings,²⁷ the key features of a comprehensive place-based approach to services are as follows:
 - Universal – based on the provision of a core set of services to all families in all localities
 - Tiered – provision of additional supports to families and areas identified as having additional needs and/or being exposed to multiple risks
 - Integrated – all relevant services work together to provide integrated holistic support to families
 - Multi-level – able to address all factors that directly or indirectly shape the development of young children and the functioning of their families
 - Place-based – integrated services planned and delivered in defined socio-geographic areas
 - Relational – based upon principles and practices of engagement and responsiveness, both at the individual and community level
 - Partnership-based – based on partnerships between families and service providers, between service providers, and between government and service providers
 - Governance structure – has a robust governance structure that allows different levels of government, different government departments, non-government services, and communities to collaborate in developing and implementing comprehensive place-based action plans.

- *Ways of working effectively with communities* have also been identified.^{32, 137, 155, 235-238} Effective engagement and empowerment of communities is based on community-centred practice, a set of principles that parallel the family-centred practice principles for working effectively with individual families. Key features of community-centred practice include:
 - service delivery is based on a partnership between professional services and communities

- decision-making is shared between communities and professional services
 - services are tailored to meet the needs and priorities of particular communities
 - professionals work with communities to identify and build on community assets and strengths
 - a capacity-building and empowerment approach is used to help communities develop solutions to their own problems
 - local resources are mobilised to meet local needs, and new resources developed as required
 - services are available to all children and families as the need arises
 - professionals collaborate to provide an integrated and holistic system of child and family support services
- Conventional models of public service struggle to deliver services based on relationships, and new public service models are being developed to address this problem.²³⁹ These include co-design and co-production approaches, comprehensive place-based strategies, and collaborative governance models:
 - *Co-design or co-production* involves a collaboration between public servants and consumers in the design of services.^{139, 239-142} This approach is based on the understanding that people's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others.¹³⁹
 - *Place-based* approaches occur in a socio-geographic area and involve a comprehensive multi-level effort to address all the factors that affect child, family and community functioning in that area simultaneously.²⁷ Such approaches differ from existing strategies in a number of ways. Most current efforts have focused on the integration of services within a specific (usually disadvantaged) area. A truly place-based approach is much more comprehensive and involves the integration of a much wider range of policies, practices and services. Successful place-based interventions involve the engagement of communities in decisions of all kinds, the cultivation of community capacity, and the establishment of robust and collaborative governance arrangements.
 - *Collaborative governance* models involve governments partnering with private participants.^{28, 138} The key is to carefully and strategically grant discretion to private entities, whether for-profit or non-profit, in ways that simultaneously motivate and empower them to create public value. Done well, this form of collaboration creates synergies between governments and private participants, allowing them together to produce more than the sum of what their separate efforts would yield.¹³⁸

Conclusions

- Effective services demonstrate a number of key relational features. Not only are responsive and caring relationships between children and adults required, but positive and respectful relationships between families and services are also critical to children's success.

- To engage and empower vulnerable families, services must work in ways that help families feel valued and in control and services must be responsive to family-identified needs.
- Better coordinated and more inclusive service systems are required to ensure that there is no ‘wrong door’ when families are in need of help. Effective partnerships between services will support an integrated approach.
- To effectively engage and empower the community, new ways of working are required from government. The community must be involved in the design, production and evaluation of initiatives to ensure that their needs are identified and responded to.
- Robust, locally responsive governance structures that support collaborative partnerships and shared decision making between community, government and private enterprise will need to be established.

Service models addressing place-based disadvantage for children

What service models, apart from Harlem Children’s Zone, have proven particularly effective and why in addressing place-based disadvantage for children?

- Other early childhood place-based models – eg. Sure Start. The *Sure Start* program in the UK are targeted programs delivered in disadvantaged areas that seek to provide integrated universal services to all children and their families living in the particular area. The most recent evaluation indicates moderate positive benefits for both children and families in comparison to children from non-Sure Start areas.
- Toronto First Duty is another integrated early childhood service delivery model that envisioned regulated child care, kindergarten and family support services consolidated into a single, accessible program, located in primary schools and coordinated with early intervention and family health services. In this delivery model, a professional team of kindergarten teachers, early childhood educators, family support staff and teaching assistants plan and deliver the program. Space and resources are combined. There is a single intake procedure and flexible enrolment options. Children and families are linked to specialized resources as required. Major findings from this initiative ²⁴⁰ included:
 - Successful systems change involves the meaningful engagement of stakeholders at all levels, informed by expert knowledge.
 - New investments should complement existing services rather than adding new program layers.
 - Service integration can be accomplished within current staffing requirements but requires a realignment of job responsibilities.
 - Integrating early childhood services requires clear goals and expectations that can inform frameworks for early learning, child care, and parenting supports and that outline the vision, policy, and practice.
 - A new policy framework should be accompanied by a single funding envelope and infrastructure to support program and professional development.

- Integration promotes more intensive use of existing community facilities, but does not negate the need for service expansion.
 - Building parent/public support for systems change requires the development of programming which is accessible and responsive to community need.
 - Regular assessment and evaluation provide accountability. Shared with practitioners, they support program quality and contribute to improved child outcomes.
- Other wrap-around community approaches include the Promise Neighbourhoods and Choice Neighbourhoods initiatives:
 - The *Promise Neighborhoods* initiative in the US is designed to replicate the Harlem Children’s Zone, providing a pipeline of high quality programs coherently integrated from cradle to career with high quality schools at its core, surrounded by supportive programming for families and community members.
 - Another US initiative, *Choice Neighborhoods*, is a demonstration program designed to transform poor neighborhoods into sustainable, mixed-income neighbourhoods. Where possible, the program will be coordinated with Promise Neighborhood efforts. As such, a strong emphasis is placed on local community planning for school and educational improvements.
- Charter schools focused on disadvantaged areas that only hire exceptional teachers and hold them accountable for results (eg. KIPP, Harlem Children’s Zone’s Promise Academy, Green Dot, Uncommon Schools, Academy Schools)
 - Community school models – eg. full service extended schools, schools as community centres. A number of lessons from established international experiences have been identified, and these are consistent with the preliminary evaluation findings from the Victorian State Government Extended Schools Hub pilot:
 - Children’s and family services need to wrap around a model of engaging children, from birth to all ages and stages, in high quality learning situations.
 - If school achievement levels are to be shifted in areas of extreme disadvantage, learning must aim to shift the whole community as well as the school population
 - For schools to operate as community learning hubs they must do more than simply provide services. Critical to success is identifying and addressing local needs and community issues in order to engage the community.²⁴¹ Adequate resourcing and a sustained, long-term commitment are also required.
 - Schools as hubs do not need to offer or manage every service themselves. Carefully planned, locally responsive school hubs can act most effectively as brokers, establishing reciprocally beneficial partnerships with existing services, businesses and institutions. Recent ‘third way’ approaches to governance support the development of community level management of pooled resources.²⁴²
 - Parents play an important role in the development of school-based programs, extra-curricular activities and the reinforcement and extension of academic learning at home.²⁴³

Conclusions

- Integrated, wrap-around community services are an emerging model of practice, both within Australia and abroad, which are beginning to demonstrate successful outcomes for children and families. Integrated models do not have to offer all services, but can act as brokers to establish partnerships with existing services.
- Initiatives require ongoing, sustained commitment by funding bodies and partners in order to shift complex problems. Communities cannot take ownership or control if sufficient time, training and resourcing are not put in place to support that community ownership.
- Research, evaluation and data collection need to be built into the initiative, ensuring that there is transparency about goals, outcomes and effectiveness.

The costs of doing nothing

What are the costs (dollars and social impact) of doing nothing to assist children from disadvantaged communities?

- A number of economists and others have analysed the economic and social benefits of investment in the early childhood years and concluded that the earlier the investment in the children's lives, the greater the financial and social returns.^{6, 16, 244-252}
- There is now strong evidence for the life-long effects of early experiences and how these impact on the later achievements, social adjustments, mental health, physical health and longevity of individuals.^{34, 39, 203, 244, 253-254} Later efforts to rectify the impact of impoverished early environments on children's learning, or of early neglect and abuse on their mental health, are costly and less effective.^{16, 247, 253}
- There is also evidence of the escalating costs of doing nothing to address potential and emerging problems.^{6, 244, 255} A new UK analysis²⁴⁴ summarises the financial cost to society and of failure to pre-empt dysfunction by intervening early:
 - Each child with untreated behavioural problems costs an average of £70,000 by the time they reach 28 years old – 10 times the cost of children without behavioural problems.
 - The cost of youth crime in 2009 was estimated by the National Audit Office at £8.5–11 billion.
 - The average annual cost for a youth offender to be placed in a young offenders institution is £59,000.
 - It is even more expensive if a child is placed in a secure children's home (£219,000) or a secure training centre (£163,000).
 - The cost of each additional young person not engaged in education, employment or training (NEET) is approximately £45,000.
 - The productivity loss to the state as a result of youth unemployment is estimated at £10 million every day. The average cost of an individual spending a lifetime on benefits is £430,000, not including the tax revenue.

- The costs associated with mental health problems in the UK are estimated at £105.2 billion. This represents an increase of 36% since 2002–03 and an increase in the health and social care share of these costs of over 70%.
- Although correspondingly comprehensive calculations have not been conducted in Australia, it is estimated that the annual cost to Australian society of child abuse and neglect ranges from \$5 to \$10 billion.²⁵⁶⁻²⁵⁸ A recent Australian analysis of the economic gains that would result from early intervention⁶ found that the greatest gains were to be had from interventions that were effective in enhancing human capital, reducing obesity, addressing mental illness in youth and preventing child abuse and neglect.
- Quite apart from the economic benefits of early childhood services, there is a strong moral and ethical case for investment in the early years on the grounds of the personal suffering of the individuals involved. Impoverished and adverse experiences in the early years can leave individuals with a life-long legacy of physical and mental health problems, relationships difficulties, reduced employment and social exclusion.
- There are costs associated, not only with doing nothing, but also with doing things ineffectively, or inefficiently. For example, despite significant federal government supplementary funding for indigenous education through IESIP (Indigenous Education Strategic Initiatives Program) (Commonwealth of Australia, 2005), indigenous students continue to perform below the levels of non-indigenous students on national benchmarking tests (NAPLAN) at all year levels of education.²⁵⁹
- There have been numerous analyses by economists of the cost-benefits of early intervention, all concluding that intervening early is cost-effective.^{6, 244, 260-262} There are currently no Australian figures of this nature but long-term international studies indicate that model programs for three- and four-year-olds living in poverty can produce benefit-cost ratios as high as 17:1 and annualized internal rates of return of 18% over 35 years, with most of the benefits from these investments accruing to the general public.²⁶¹ Other research estimates rates of return on investing in early childhood programs can be 16%: 4% for participants and 12% for society at large.²⁶³ While it is not realistic to assume that all scaled-up early childhood programs will provide such handsome returns, it is likely that benefit-cost ratios still will be considerably greater than 1:1.²⁶¹
- While policy makers and services have recognised the importance of the early years, the general public has not, and therefore there is not yet widespread support for wholesale investment and service reform.²⁶⁴
- A significant proportion of early childhood funding in Australia (\$6.5 billion of \$16 billion) is spent on payments to families, rather than service provision or reimbursement for services provided privately. This is significant, as the research shows that intensive high quality interventions can substantially improve outcomes. However, of the funding that goes to services, Australia does appear to under spend on some proven cost-effective interventions. In addition, the money Governments currently spend on early childhood interventions does not always reach those most able to benefit. Analysis of a subset of early childhood funding tracked by geography suggests that funding for the

types of basic services that all children are likely to need is lower for the least well-off Australians. This is particularly evident for children in regional and remote areas.¹²⁸

- There are greater returns to be had from investments in early childhood education for children from families with low incomes and limited parent education than from remedial programs for adults with limited workforce skills.²⁶¹

Conclusions

- When children have sustained exposure to adverse experiences and impoverished conditions during the early years, then they are highly likely to develop a wide range of problems, including health, mental health, social adjustment, and employability.
- Communities and services have the capacity to take actions that can change a child's trajectory and break the cycle of disadvantage.
- Investment and early intervention is cost effective to society – the earlier the investment in children's lives, the greater the financial returns.
- The cumulative costs of such poor outcomes – both direct and indirect – represent a major financial burden for society and a significant loss in social and economic productivity.
- Doing nothing to intervene and break the cycle of disadvantage also comes at great expense to the individual – the significant actual and potential cost of personal suffering must not be forgotten.

CONCLUSIONS

Discussion and conclusions

This review has summarised a great deal of evidence regarding vulnerable and disadvantaged children, families and communities. What this evidence indicates is that, despite all the government initiatives and service developments, we have not yet succeeded in ensuring that the most vulnerable members of our society are able to participate fully or achieve equitable outcomes. In part, this is because we are still in the process of understanding the factors that have contributed to the marginalisation and disempowerment of these communities.

However, the evidence reviewed here does suggest some ways forward. This is in the form of a general model. The essential features of this model or approach are as follows:

- The key to supporting vulnerable and disadvantaged families and communities effectively is engagement, building relationships with them and responding to their most salient needs. Unless they feel that their concerns are understood and addressed, they will not feel part of the community or make use of the services and facilities.
- Effective engagement of individual families involves building a relationship based on mutual trust and genuine partnership, in which information is freely shared and parents have a real say in all decisions made regarding their families and the services they receive.
- Effective engagement of communities of families involves creating opportunities for families to meet and responding to the collective issues that are of most concern to them.
- A key feature of effective engagement is respect for culture and context. Unless families and communities feel that their culture is respected and their local circumstances understood, they will not respect or make good use of the services and facilities provided.
- Another key feature is that the services must use strength-based approaches, building the capacity of individual families to meet their children's needs and the capacity of communities of families to meet their collective needs. This means allowing them a major role in shaping the services they receive – including the content, form and location of services – and in evaluating their effectiveness.

It should be noted that the approach is described in terms of *how* services are delivered rather than *what* is delivered. This is because there is considerable evidence that successfully supporting vulnerable and disadvantaged families and communities depends first and foremost upon the *manner* in which they are engaged and involved. Making a difference begins with building relationships, and is sustained by ongoing and mutually respectful partnerships between service providers and families, and between governments and communities. *What* services and supports are provided cannot and should not be fully

predetermined, but need to be negotiated over time by the families, communities, service providers and other stakeholders.

The evidence also provides some important indications as to what services should be provided and how they should be structured:

- What is required are comprehensive place-based strategies that simultaneously address families' immediate needs for support (the foreground factors) and the broader conditions under which families are raising young children (the background factors).
- The foreground factors include services to address immediate family concerns regarding family functioning, relationships and parenting.
- The background factors include general factors such as housing, employment and transport; physical environmental factors such as parks, streets and public spaces; and community factors such as citizenship opportunities, provision of facilities, and community activities.
- Also essential are strategies to build diverse social networks capable of providing positive support to all families - families need a range of opportunities to meet other families on a regular basis and in places where they feel comfortable and welcome.
- Services must be easy to access and the service system must be easy to navigate – there should be no barriers to families getting the support they need.
- To ensure this, the service system needs to be integrated, able to respond to the individual and collective needs of families in a coordinated and holistic way.

To achieve this vision, there are two major requirements to be met:

- First, the establishment of a governance structure or entity capable of coordinating the many stakeholders and services who need to be involved, developing a collective vision, and sustaining a long-term effort to achieve this vision.
- Second, obtaining long-term financial and policy commitments on the part of government and funding bodies – community vulnerabilities that are the result of decades of social change are likely to take decades to rectify.

At this stage, there is no direct evidence to support the general approach just outlined, but this is mainly because it has not yet been implemented and evaluated. However, it is supported by a strong rationale and program logic, as well as by a powerful confluence of various streams of evidence. For the most disadvantaged families and communities in our society, it represents the best chance of achieving a better future.

Concluding statements and key messages

A series of key messages have been developed to encapsulate what the evidence tells us about child development, family functioning, society and environment and the actions required

to improve outcomes for children. These are provided in Figure 1 and outlined below, supported by concluding statements from the body of the report.

Every child deserves the best start in life and to get the best start, communities need to support their children and families

- Key themes have emerged from the literature about child development, family functioning, society and environmental changes and the limited success of current reforms. The evidence is clear; we are failing to meet the needs of all Australian children, families and communities in a society and environment that has changed dramatically over the past 50 years.

Society and the environments in which we raise our children have changed dramatically in recent decades

These recent societal changes have created new and complex challenges for communities

- Despite recent investment, efforts to address the challenges facing children, families and communities have not had a significant impact on child and family outcomes. Recent actions and initiatives have not been sustained long enough, they have not been comprehensive enough and they have not addressed the underlying causes of the problems and circumstances negatively impacting on children's development and family functioning.
- To promote optimal outcomes for children it is well understood that children, families and communities need social support, positive experiences and relationships and support at relevant transition points in life.

In the early years children's learning, health, wellbeing and development are inseparable and interrelated

Children's early experiences and environments shape their brains and have life-long effects

Children are influenced by every interaction – positive and negative – with their families, friends, neighbours, education and their community

- A range of structural, familial and relational barriers prevent families from using available services and reduce opportunities to promote and provide appropriate learning experiences for children. Without significant system change and the removal of barriers, vulnerable families will remain vulnerable.

Children who lack a strong foundation fall further and further behind their peers throughout their early years school and life

To thrive, children need positive, supportive and caring families early childhood services, schools and communities

The changes in our society have not benefited all children and families equally, resulting in a widening gap between advantage and disadvantage

- There is a widening gap between advantage and disadvantage and communities are faced with new and complex challenges that require services to be reconfigured based on what we know and what we know works.
- It is critical that families, services, educators and communities work together to ensure these supports, experiences and relationships are as positive as possible to provide/build ongoing learning environments for children from birth that enable cumulative development.

To improve outcomes for children, services need to be reconfigured, based on available evidence

Communities are well placed, and have a vested interest in reconfiguring their local service system to meet the needs of local children and families

- There are existing service and system models and philosophies that can provide guidance on what needs to be done to improve outcomes for children, including strength-based and family centred approaches, ecological frameworks, universal service models, collaborative governance models and place-based approaches.
- To effectively engage and empower the community, new ways of working are need to be enabled and enacted from government through to local service systems. Better coordinated and more inclusive service systems are required to ensure that there is no 'wrong door' when families are in need of help.
- Effective services demonstrate a number of key relational features between children and adults, between families and services and between the range of services that work with children and families. Respectful and caring relationships between all these groups are critical to children's success and effective partnerships between services will support an integrated approach.

- Robust, locally responsive governance structures that support collaborative partnerships and shared decision making between community, government and private enterprise will need to be established. The community must be involved in the design, production and evaluation of initiatives to ensure that their needs are identified and responded to.

Evidence indicates that services and systems need to provide wrap-around and integrated support planned and delivered in partnership with families

- Integrated, wrap-around community services are an emerging model of practice, both within Australia and abroad, which are beginning to demonstrate successful outcomes for children and families. Integrated models do not have to offer all services, but can act as brokers to establish partnerships with existing services.
- In considering what we know works, there is a powerful logic for implementing an approach to early childhood that has:
 - *Wrap-around, integrated services*, which provide responsive and comprehensive support for children and families
 - *Respectful relationships*, engaging and empowering individuals and the community collectively
 - *Collaborative partnerships* between multi-levels of government and private enterprise
 - *Governance structures* that support community involvement and new collaborative partnerships
 - *Sustained effort and commitment*. Significant change can only be achieved through long-term resourcing with an ongoing commitment to clearly articulated and shared goals.
 - *Monitoring and evaluation*. Rigorous monitoring and evaluation processes need to be built in from the start of the initiative to determine the effectiveness of the program and contribute to the Australian and international evidence base.
- Initiatives require ongoing, sustained commitment by funding bodies and partners in order to shift complex problems. Communities cannot take ownership or control if sufficient time, training and resourcing are not put in place to support that community ownership.

For every dollar invested in the early years we can expect a significant return across the life-course

- There is international evidence that demonstrate investment and intervention in the early years are cost-effective and provide greater financial returns for society.

- When children have sustained exposure to adverse experiences and impoverished conditions during the early years, then they are highly likely to develop a wide range of problems, including health, mental health, social adjustment, and employability.
- The cumulative costs of poor outcomes – both direct and indirect – represent a major financial burden for society and a significant loss in social and economic productivity.
- Available evidence needs to inform where funds and resources are focused and research, evaluation and data collection need to be built into all initiatives to build Australian-based evidence around cost-effectiveness of investing in the early years.
- Communities and services have the capacity to take actions that can change a child's trajectory and break the cycle of disadvantage.

Investing in the early years of children's lives by enabling communities, families and children will break the cycle of disadvantage

Figure 1: Key Messages

Every child deserves the best start in life

To get the best start in life, communities need to support their children and families

In the early years children's learning, health, wellbeing and development are inseparable and interrelated

Children's early experiences and environments shape their brains and have life-long effects

Children are influenced by every interaction – positive and negative – with their families, friends, neighbours, education and their community

Children who lack a strong foundation fall further and further behind their peers throughout their early years school and life

To thrive, children need positive, supportive and caring families early childhood services, schools and communities

Society and the environments in which we raise our children have changed dramatically in recent decades

The changes in our society have not benefited all children and families equally, resulting in a widening gap between advantage and disadvantage

These recent societal changes have created new and complex challenges for communities

To improve outcomes for children, services need to be reconfigured, based on available evidence.

Evidence indicates that services and systems need to provide wrap-around and integrated support planned and delivered in partnership with families

Communities are well placed, and have a vested interest in reconfiguring their local service system to meet the needs of local children and families

For every dollar invested in the early years we can expect a significant return across the life-course

Investing in the early years of children's lives by enabling communities, families and children will break the cycle of disadvantage

Early childhood development key messages

Society and environment key messages

REFERENCES

1. Hayes, A., Weston, R., Qu, L. and Gray, M. (2010). **Families then and now: 1980-2010**. AIFS Facts Sheet. Melbourne, Victoria: Australian Institute of Family Studies.
2. Moore, T.G. (2008). **Supporting young children and their families: Why we need to rethink services and policies**. *CCCH Working Paper No. 1 (revised November 2008)*. Parkville, Victoria: Centre for Community Child Health, Royal Children's Hospital. http://www.rch.org.au/emplibrary/ccch/Need_for_change_working_paper.pdf
3. Moore, T.G. and Skinner, A. (2010). **An Integrated Approach to Early Childhood Development**. A Benevolent Society Background Paper. Sydney, NSW: The Benevolent Society. http://www.rch.org.au/emplibrary/ccch/TM_BenSoc_Project_09.pdf
4. Richardson, S. and Prior, M. (Eds.)(2005). **No Time to Lose: The Wellbeing of Australia's Children**. Melbourne, Victoria: Melbourne University Press.
5. Trask, B.S. (2010). **Globalization and Families: Accelerated Systemic Social Change**. Springer.
6. Access Economics (2009). **Potential benefits of a national strategy for child and youth wellbeing**. Report for Australian Research Alliance for Children and Youth (ARACY). Barton, ACT: Access Economics. <http://www.aracy.org.au/publicationDocuments/Access%20Economics%20Report-%20Final%20-%204%20February%202009.pdf>
7. Bruner, C. (2004). Rethinking the evaluation of family strengthening strategies: Beyond traditional program evaluation models. **The Evaluation Exchange**, 10 (2). <http://www.gse.harvard.edu/hfrp/eval/issue26/spotlight4.html>
8. Eckersley, R. (2008). **Never better — or getting worse? The health and wellbeing of young Australians**. Weston, ACT: Australia 21. <http://www.australia21.org.au/pdf/Youth%20Health%20Text%202008.pdf>
9. Eckersley R. (2011). Troubled youth: an island of misery in an ocean of happiness, or the tip of an iceberg of suffering? **Early Prevention in Psychiatry**, 5 (Suppl. s1), 6–11.
10. Li, J., McMurray, A. and Stanley, F. (2008). Modernity's paradox and the structural determinants of child health and wellbeing. **Health Sociology Review**, 17 (1), 64-77.
11. Perrin, J.M., Bloom, S.R. and Gortmaker, S.L. (2007). **The increase of childhood chronic conditions in the United States**. **Journal of the American Medical Association**, 297 (24), 2755-2759.
12. Stanley, F., Prior, M. and Richardson, S. (2005). **Children of the Lucky Country?** South Yarra, Victoria: Macmillan Australia.
13. Centre for Community Child Health and the Telethon Institute of Child Health Research (2007). **AEDI Community Results 2004-2006 Report**. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, Royal Children's Hospital.
14. Centre for Community Child Health and Telethon Institute for Child Health Research (2009). **A Snapshot of Early Childhood Development in Australia: Australian Early Development Index (AEDI) National Report 2009**. Canberra, ACT: Australian Government Department of Education, Employment and Workplace Relations.

http://www.rch.org.au/aedi/media/Snapshot_of_Early_Childhood_DevelopmentinAustralia_AEDI_National_Report.pdf

15. Boethel, M. (2004). **Readiness: School, family, and community connections.** Austin, Texas: Southwest Educational Development Laboratory.
16. Cunha, F., Heckman, J.J., Lochner, L.J. and Masterov, D.V. (2006). Interpreting the evidence on life cycle skill formation. In E. Hanushek and F. Welch (Eds.), **Handbook of the Economics of Education.** Amsterdam: North-Holland.
17. Feinstein, L., Duckworth, K. and Sabates, R. (2007). **Education and the family: Passing success across the generations.** London, UK: Routledge.
18. Le, V.N., Kirby, S.N., Barney, H., Setodji, C.M. and Gershwin, D. (2006). **School Readiness, Full-Day Kindergarten, and Student Achievement: An Empirical Investigation.** Santa Monica, California: RAND Corporation.
19. Australian Social Inclusion Board (2010). **Social inclusion in Australia: How Australia is faring.** Canberra, ACT: Australian Social Inclusion Board, Department of the Prime Minister and Cabinet.
http://www.socialinclusion.gov.au/Resources/Documents/SI_HowAusIsFaring.pdf
20. Daly, A. (2006). **Social inclusion and exclusion among Australia's children: a review of the literature.** NATSEM Discussion Paper No. 62. Canberra, ACT: National Centre for Social and Economic Modelling, University of Canberra.
<http://www.natsem.canberra.edu.au/publications/papers/dps/dp62/dp62.pdf>
21. Propper, C., Burgess, S., Rigg, J.A. and the ALSPAC Study Team (2004). **The Impact of Low Income on Child Health: Evidence from a Birth Cohort Study.** CASEpaper 85. London, UK: Centre for Analysis of Social Exclusion, London School of Economics.
22. Scutella, R., Wilkins, R. and Kostenko, W. (2009). **Estimates of poverty and social exclusion in Australia: a multidimensional approach.** Melbourne Institute Working Paper Series Working Paper No. 26/09. Melbourne, Victoria: Melbourne Institute of Applied Economic and Social Research, University of Melbourne.
23. Turrell, G., Stanley, L., de Looper, M. and Oldenburg, B. (2006). **Health inequalities in Australia: morbidity, health behaviours, risk factors and health service use.** AIHW Health Inequalities Monitoring Series No. 2. Canberra, ACT: Australian Institute of Health and Welfare.
<http://www.aihw.gov.au/publications/phe/hiamhbrfhsu/hiamhbrfhsu.pdf>
24. VicHealth (2008). **Research Summary: Burden of disease due to health inequalities.** Carlton, Victoria: Victorian Health Promotion Foundation.
http://www.vichealth.vic.gov.au/assets/contentFiles/Burden_of_disease.pdf
25. Saunders, P. and Naidoo, Y. (2008). **Social exclusion and children.** Towards New Indicators of Disadvantage Project Bulletin No. 4. *SPRC Newsletter No. 98* (March), 7-10. <http://www.sprc.unsw.edu.au/nl/NL98.pdf>
26. Head, B. and Alford, J. (2008). **Wicked Problems: The Implications for Public Management.** Presentation to Panel on Public Management in Practice, International Research Society for Public Management 12th Annual Conference, 26-28 March, 2008, Brisbane.
27. Moore, T.G. and Fry, R. (2011). **Place-based Services: A Literature Review.** Parkville, Victoria: Centre for Community Child Health.
28. Wear, A. (2007). Place-based partnerships in Victoria. **Public Administration Today, Issue 12** (July-September), 20-26.

29. Barnes, J., Katz, I.B., Korbin, J.E. and O'Brien, M. (2006). **Children and Families in Communities: Theory, Research, Policy and Practice**. Chichester, East Sussex: John Wiley and Sons
30. Bronfenbrenner, U. (1979). **The Ecology of Human Development: Experiments by Nature and Design**. Cambridge, Massachusetts: Harvard University Press.
31. Hertzman, C. (2010). Social geography of developmental health in the early years. **Healthcare Quarterly**, 14(Sp), 32-40.
32. Katz, I. (2007). Community interventions for vulnerable children and families: Participation and power. **Communities, Children and Families Australia**, 3 (1): 19-32.
33. Fine, M., Pancharatnam, K. and Thomson, C. (2005). **Coordinated and Integrated Human Service Delivery Models**. SPRC Report 1/05. Sydney, NSW: Social Policy Research Centre, University of New South Wales.
http://www.sprc.unsw.edu.au/reports/SPRCReport1_05.pdf
34. Centre on the Developing Child at Harvard University (2010). **The Foundations of Lifelong Health Are Built in Early Childhood**. Cambridge, Massachusetts:
35. National Scientific Council on the Developing Child (2010). **Early Experiences Can Alter Gene Expression and Affect Long-Term Development**. NSCDC Working Paper No. 10. Cambridge, Massachusetts: Centre on the Developing Child.
http://developingchild.harvard.edu/index.php/download_file/-/view/666/
36. Anda R.F., Felitti V.J., Bremner J.D., Walker J.D., Whitfield C., Perry B.D., Dube S.R. and Giles W.H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. **European Archives of Psychiatry and Clinical Neuroscience**, 256 (3), 174-186.
37. Gluckman, P. D. and M. A. Hanson (2004). Developmental origins of disease paradigm: A mechanistic and evolutionary perspective. **Pediatric Research**, 56 (3): 311-317.
38. Paul, A. M. (2010). **Origins: How the Nine Months Before Birth Shape the Rest of Our Lives**. New York: Free Press.
39. Shonkoff, J. and Phillips, D. (Eds.) (2000). **From Neurons to Neighborhoods: The Science of Early Childhood Development**, NRCIM. Washington, DC: National Academy Press.
40. Meaney, M.J., Szyf, M. and Seckl, J.R. (2007). Epigenetic mechanisms of perinatal programming of hypothalamic-pituitary-adrenal function and health. **Trends in Molecular Medicine**, 13 (7), 269-277
41. Martin, R.P. and Dombrowski, S.C. (2008). **Prenatal exposures: Psychological and educational consequences for children**. New York: Springer.
42. National Scientific Council on the Developing Child (2006). **Early Exposure to Toxic Substances Damages Brain Architecture**. (2006). NSCDC Working Paper No. 4. Waltham, Massachusetts: National Scientific Council on the Developing Child, Brandeis University. www.developingchild.net/pubs/wp/toxins.pdf
43. McGowan, P.O., Meaney, M.J. and Szyf, M. (2008). Diet and the epigenetic (re)programming of phenotypic differences in behavior. **Brain Research**, 1237, 12-24.
44. Taylor, E. and Rogers, J. W. (2005). Practitioner Review: Early adversity and developmental disorders. **Journal of Child Psychology and Psychiatry**, 46 (5), 451-467.

45. McCrory, E., De Brito, S. A. and Viding, E. (2010). Research Review: The neurobiology and genetics of maltreatment and adversity. **Journal of Child Psychology and Psychiatry**, 51 (10), 1079-1095.
46. Middlebrooks, J.S. and Audage, N.C. (2008). **The Effects of Childhood Stress on Health Across the Lifespan**. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. http://www.cdc.gov/ncipc/pub-res/pdf/Childhood_Stress.pdf
47. National Scientific Council on the Developing Child (2005). **Excessive Stress Disrupts the Architecture of the Developing Brain**. NSCDC Working Paper No. 3. Waltham, Massachusetts: National Scientific Council on the Developing Child, Brandeis University. http://www.developingchild.net/papers/excessive_stress.pdf
48. National Scientific Council on the Developing Child (2010). **Persistent Fear and Anxiety Can Affect Young Children's Learning and Development**. NSCDC Working Paper No. 9. Cambridge, Massachusetts: Centre on the Developing Child. http://developingchild.harvard.edu/index.php/download_file/-/view/622/
49. Richter, L. (2004). **The Importance of Caregiver-Child Interactions for the Survival and Healthy Development of Young Children: A Review**. Geneva, Switzerland: Department of Child and Adolescent Health and Development, World Health Organisation.
50. National Scientific Council on the Developing Child (2004). **Young Children Develop in an Environment of Relationships**. NSCDC Working Paper No. 1. Waltham, Massachusetts: National Scientific Council on the Developing Child, Brandeis University. http://www.developingchild.net/papers/paper_1.pdf
51. National Scientific Council on the Developing Child (2004). **Children's Emotional Development is Built into the Architecture of their Brains**. NSCDC Working Paper No. 2. Waltham, Massachusetts: National Scientific Council on the Developing Child, Brandeis University. <http://www.developingchild.net/papers/workingpaperII.pdf>
52. National Scientific Council on the Developing Child (2007). **The Timing and Quality of Early Experiences Combine to Shape Brain Architecture**. NSCDC Working Paper #5. Cambridge, Massachusetts: Centre on the Developing Child, Harvard University. http://www.developingchild.net/pubs/wp/Timing_Quality_Early_Experiences.pdf
53. Siegel, D.J. (1999). **The Developing Mind: Toward a Neurobiology of Interpersonal Experience**. New York: The Guilford Press.
54. Stien, P.T. and Kendall, J. (2004). **Psychological Trauma and the Developing Brain: Neurologically Based Interventions for Troubled Children**. Binghamton, New York: The Haworth Press.
55. Ranson, K.E. and Urichuk, L.J. (2008). The effect of parent-child attachment relationships on child biopsychosocial outcomes: a review. **Early Child Development and Care**, 178 (2), 129-152.
56. Schore, A.N. (2001). **Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health**. **Infant Mental Health Journal**, 22 (1-2), 7- 66.
57. Thompson, R.A. (2000). The legacy of early attachments. **Child Development**, 71 (1), 145-152.
58. Brooks-Gunn, J. and Markman, L.B. (2005). The contribution of parenting to ethnic and racial gaps in school readiness. **The Future of Children**, 15 (1), 139-168.
59. Feinstein, L. (2003). Inequality in the early cognitive development of British children in the 1970 cohort. **Economica**, 70, 73-97.

60. Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004). **The Effective Provision of Pre-School Education [EPPE] Project: Final Report.** London, UK: Institute of Education, University of London.
<http://www.surestart.gov.uk/doc/P0001378.pdf>
61. Bronte-Tinkew, J., Zaslow, M., Capps, R. and Horowitz, A. (2007). **Food Insecurity and Overweight among Infants and Toddlers: New Insights into a Troubling Linkage.** Child Trends Research Brief #2007-20. Washington, DC: Child Trends.
62. Burke, V., Beilin, L.J., Simmer, K., Oddy, W.H., Blake, K.V., Doherty, D., Kendall, G.E., Newnham, J.P., Landau, L.I. and Stanley, F.J. (2005). Predictors of body mass index and associations with cardiovascular risk factors in Australian children: a prospective cohort study. **International Journal of Obesity**, **29**, 15-23.
63. Centre of Excellence for Early Childhood Development (2008). Obesity: Synthesis of experts texts. In R.E. Tremblay, R. deV. Peters, M. Boivin and R.G. Barr (Eds.). **Encyclopedia on Early Child Development.** Montreal, Quebec: Centre of Excellence for Early Childhood Development, University of Montreal.
64. Swinburn, B.A., Jolley, D., Kremer, P.J., Salbe, S.D. and Ravussin, E. (2006). Estimating the effects of energy imbalance on changes in body weight in children. **American Journal of Clinical Nutrition**, **83** (4), 859-863.
65. Gibson, C. and Johnstone, T. (2010). **Investing in our future: Children's journeys through homelessness and child protection. A Scan of the Literature, Policy and Practice.** Underdale, South Australia: Australian Centre for Child Protection, University of South Australia.
66. Harker, L. (2006). **Chance of a lifetime: The impact of bad housing on children's lives.** London, UK: Shelter.
67. Jolleyman, T. and Spencer, N. (2008). Residential mobility in childhood and health outcomes: a systematic review. **Journal of Epidemiology and Community Health**, **62** (7), 584-592.
68. Pardeck, J.T. (2005). An exploration of child maltreatment among homeless families: implications for family policy. **Early Child Development and Care**, **175** (4), 335-342.
69. Vandell, D.L., Nenide, L. and Van Winkle, S.J. (2006). Peer relationships in early childhood. Ch. 22 in K. McCartney and D. Phillips (Eds.). **Blackwell Handbook of Early Childhood Development.** Oxford, UK: Blackwell Publishers.
70. The Future of Children (2005). Summary of special issue on School Readiness: Closing Racial and Ethnic Gaps. **The Future of Children**, **15** (1), Spring.
http://www.futureofchildren.org/usr_doc/School_Readiness_Summary.pdf
71. Oroyemi, P., Damioli, G., Barnes, M. and Crosier, T. (2009). **Understanding the risks of social exclusion across the life course: Families with children.** London, UK: Social Exclusion Task Force, Cabinet Office.
<http://www.cabinetoffice.gov.uk/media/226107/families-children.pdf>
72. Rutter, M. (2000). Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications. In J.P. Shonkoff and D.A. Phillips (Eds) (2000). **From Neurons to Neighborhoods: The Science of Early Childhood Development.** Washington, DC: National Academy Press.
73. Durlak, J.A. (1998). Common risk and protective factors in successful prevention programs. **American Journal of Orthopsychiatry**, **68** (4), 512-520.
74. Appleyard, K., Egeland, B., van Dulmen, M.H.M. and Sroufe, L.A. (2005). When more is not better: the role of cumulative risk in child behavior outcomes. **Journal of Child Psychology and Psychiatry**, **46** (3), 235-245.

75. Atzaba-Poria, N., Pike, A. and Deater-Deckard, K. (2004). Do risk factors for problem behaviour act in a cumulative manner? An examination of ethnic minority and majority children through an ecological perspective. **Journal of Child Psychology and Psychiatry and Allied Disciplines**, **45** (4), 707-718.
76. Dunst, C.J. and Trivette, C.M. (1994). Methodological considerations and strategies for studying the long-term effects of early intervention. In S.L. Friedman and H.C. Haywood (Eds.), **Developmental Follow-Up: Concepts, Domains, and Methods**. New York: Academic Press.
77. Hall, J. E., Sammons, P., Sylva, K., Melhuish, E., Taggart, B., Siraj-Blatchford, I. and Smees, R. (2010). Measuring the combined risk to young children's cognitive development: An alternative to cumulative indices. **British Journal of Developmental Psychology**, **28** (2), 219–238. doi: 10.1348/026151008X399925
78. Landy, S. and R. Menna (2006). **Early Intervention with Multi-Risk Families: An Integrative Approach**. Baltimore, Maryland, Paul H. Brookes.
79. Larson, K, Russ, S.A., Crall, J.J. and Halfon, N. (2008). Influence of multiple social risks on children's health. **Pediatrics**, **121**, 337-344.
80. Sameroff, A.J., Seifer, R., Barocas, B., Zax, M. and Greenspan, S. (1987). IQ scores of 4-year-old children: social-emotional risk factors. **Pediatrics**, **79** (3), 343-350.
81. Lally, J.R. (2007). Teaching and caring: Responding to both the vulnerability and competence of infants and toddlers. **Childcare and Children's Health**, **10** (3), 1-6. http://www.rch.org.au/emplibrary/econnections/CCH_Vol10_No3_September2007.pdf
82. Meisels, S.J. (2006). Universal Pre-K: What about the babies? **Education Week**, **25** (20), 36, 44. <http://www.edweek.org/ew/articles/2006/01/25/20meisels.h25.html?querystring=MeiselsandlevelId=1000>
83. Alexander, K. L., Entwisle, D. R. and Kabbani, N. S. (2001). The dropout process in life course perspective: Early risk factors at home and school. **Teachers College Record**, **103**, 760–822.
84. Meisels, S. J. (1998). **Assessing readiness** (Report No. 3–002). Ann Arbor, Michigan: Center for the Improvement of Early Reading Achievement. <http://www.ciera.org/library/reports/inquiry-3/3-002/3-002.pdf>
85. Rigney, D. (2010). **The Matthew Effect: How Advantage Begets Further Advantage**. New York: Columbia University Press.
86. Stipek, D. (2001). Pathways to constructive lives: The importance of early school success. In C. Bohart and D. Stipek (Eds.). **Constructive and Destructive Behaviour: Implications for family, school and society**. Washington, DC: American Psychological Association.
87. Stipek, D. (2005). Children as unwitting agents in their developmental pathways. In C.R. Cooper, C.T. Garcia-Coll, W.T. Bartko, H. Davis and C. Chatman (Eds). **Developmental pathways through middle childhood: Rethinking contexts and diversity as resources**. Mahwah, NJ, US: Lawrence.
88. The Marmot Review (2010). **Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010**. London, UK: Global Health Equity Group, Department of Epidemiology and Public Health, University College London.
89. Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J. and Vick, J. (2009). **Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)**. Washington, DC: Child Trends. http://www.childtrends.org/Files/Child_Trends-

90. Nicholson, J.M., Lucas, N., Berthelsen, D. and Wake, M. (2010). Socioeconomic inequality profiles in physical and developmental health from 0-7 years: Australian national study. **Journal of Epidemiology and Community Health**, first published online 19 October 2010; doi:10.1136/jech.2009.103291.
91. Najman, J.M., Aird, R., Bor, W., O'Callaghan, M., Williams, G.M. and Shuttlesworth, G.J. (2004). The generational transmission of socio economic inequalities in child cognitive development and emotional health. **Social Science and Medicine**, **58**, 1147-1158.
92. Hertzman, C., Siddiqi, A., Hertzman, E., Irwin, L.G., Vaghri, Z., Houweling, T.A.J., Bell, R., Tinajero, A. and Marmot, M. (2010). Bucking the inequality gradient through early child development. **British Medical Journal**, **340**, c468. Published 10 February 2010, doi:10.1136/bmj.c468.
93. Feinstein, L. and Bynner, J. (2004). The importance of cognitive development in middle childhood for adulthood socioeconomic status, mental health, and problem behaviour. **Child Development**, **75** (5), 1329-1339.
94. Lewis, M. (1997). **Altering Fate: Why the Past Does Not Predict the Future**. New York: The Guilford Press.
95. Lewis, M. (2005). The child and its family: The social network model. **Human Development**, **48** (1-2), 8-27.
96. Macmillan, R., McMorris, B.J. and Kruttschnitt, C. (2004). Linked lives: Stability and change in maternal circumstances and trajectories of antisocial behavior in children. **Child Development**, **75** (1), 205-220.
97. van IJzendoorn, M.H. and Juffer, F. (2006). Adoption as intervention: Meta-analytic evidence for massive catch-up and plasticity in physical, socio-emotional, and cognitive development. **Journal of Child Psychology and Psychiatry**, **47** (12), 1228-1245.
98. Social Exclusion Task Force (2007). **Reaching Out: Think Family**. Analysis and themes from the *Families At Risk* Review. London, UK: Social Exclusion Task Force, Cabinet Office.
99. Friedli, L. (2009). **Mental health, resilience and inequalities**. Copenhagen, Denmark: WHO Regional Office for Europe.
100. Wilkinson, R.G. (2005). **The Impact of Inequality: How to Make Sick Societies Healthier**. New York: The New Press.
101. Wilkinson, R.G. and Pickett, K.E. (2009). **The Spirit Level: Why More Equal Societies Almost Always Do Better**. London, UK: Allen Lane.
102. Barnes, J., MacPherson, K. and Senior, R. (2006). Factors influencing the acceptance of volunteer home-visiting support offered to families with new babies. **Child & Family Social Work**, **11** (2), 107-117.
103. Gallo, L.C. and Matthews, K.A. (2003). Understanding the association between socioeconomic status and physical health: Do negative emotions play a role? **Psychological Bulletin**, **129** (1), 10-51.
104. Bromfield, L., Lamont, A., Parker, R. and Horsfall, B. (2010). **Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems**. NCPC Issues No 33. Melbourne, Victoria: National Child Protection Clearinghouse, Australian Institute of Family Studies.
<http://www.aifs.gov.au/nch/pubs/issues/issues33/issues33.pdf>
105. Ghate, D. and Hazel, N. (2002). **Parenting in Poor Environments: Stress, Support**

and Coping. London, UK: Jessica Kingsley Publishers.

106. Ghate, D. and N. Hazel (2004). **Parenting in poor environments: stress, support and coping.** A summary of key messages for policy and practice from a major national study. London, UK: Policy Research Bureau.
107. Jack, G. and Gill, O. (2003). **The Missing Side of the Triangle: Assessing the importance of family and environmental factors in children's lives.** Basildon, Essex: Barnardo's Publications.
108. Slee, P. (2006). **Families at Risk: Their Strengths, Resources, Access to Services, and Barriers.** Adelaide, South Australia: Shannon Research Press.
<http://ehlt.flinders.edu.au/education/FamilyNeeds/families%20at%20risk%20online.pdf>
109. Kalil, A. (2003). **Family Resilience and Good Child Outcomes: A Review of the Literature.** Wellington, New Zealand: Centre for Social Research and Evaluation, Ministry of Social Development.
110. Carbone, S., Fraser, A., Ramburuth, R. and Nelms, L. (2004). **Breaking Cycles, Building Futures. Promoting inclusion of vulnerable families in antenatal and universal early childhood services: A report on the first three stages of the project.** Melbourne, Victoria, Victorian Department of Human Services.
http://www.eduweb.vic.gov.au/edulibrary/public/beststart/ecs_breaking_cycles_best_start.pdf
111. Moran, P. and D. Ghate (2005). The effectiveness of parenting support. **Children and Society, 19** (4): 329-336.
112. Winkworth, G., Layton, M., McArthur, M., Thomson, L. and Wilson, F. (2009). **Working in the Grey – Increasing Collaboration Between Services in Inner North Canberra: A Communities For Children Project.** Dickson, ACT: Institute of Child Protection Studies, Australian Catholic University.
http://apo.org.au/sites/default/files/In_the_Grey.pdf
113. Fram, M. S. (2003). **Managing to parent: social support, social capital, and parenting practices among welfare-participating mothers with young children.** *Discussion paper 1263-03.* Washington, DC: Institute for Research on Poverty.
114. Offord, D. (1987). Prevention of behavioural and emotional disorders in children. **Journal of Child Psychology and Psychiatry, 28,** 9-19.
115. Sawyer, M.G, Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., Nurcombe, B, Patton, G.C., Prior, M.R., Raphael, B., Rey, J., Whaites, L.C. and Zubrick, S.R. (2000). **The Mental Health of Young People in Australia: The Child and Adolescent Component of the National Survey of Mental Health and Wellbeing.** Canberra, ACT: Australian Government Publishing Service.
[http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs/\\$FILE/young.pdf](http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/mental-pubs/$FILE/young.pdf)
116. Sayal, K. (2006). Annotation: Pathways to care for children with mental health problems. **Journal of Child Psychology and Psychiatry, 47** (7), 649-659.
117. Watson, J., White, A., Taplin, S. and Huntsman, L. (2005). **Prevention and Early Intervention Literature Review.** Sydney, NSW: NSW Centre for Parenting & Research, NSW Department of Community Services.
http://www.community.nsw.gov.au/DOCSWR/assets/main/documents/EIP_literature_review.pdf
118. Anning, A., Stuart, J., Nicholls, M., Goldthorpe, J. and Morley, A. (2007). **Understanding Variations in Effectiveness Amongst Sure Start Local Programmes: National Evaluation Report.** Research Report NESS/2007/FR/024. London, UK: Department for Education and Skills.

<http://www.dcsf.gov.uk/everychildmatters/download/?id=4754>

119. Attride-Stirling, J., Davis, H., Markless, G., Sclare, I. and Day, C. (2001). "Someone to talk to who'll listen": Addressing the psychosocial needs of children and families. **Journal of Community and Applied Social Psychology** 11(3): 179-191.
120. Barlow, J., Kirkpatrick, S., Stewart-Brown, S. and Davis, H. (2005). Hard-to-reach or out-of-reach? Reasons why women refuse to take part in early interventions. **Children and Society**, 19 (3), 199-210.
121. Kirkpatrick, S., Barlow, J., Stewart-Brown, S. & Davis, H. (2007). Working in partnership: user perceptions of intensive home visiting. **Child Abuse Review**, 16 (1), 32-46.
122. Jack, S. M., DiCenso, A. and Lohfeld, L. (2005). A theory of maternal engagement with public health nurses and family visitors. **Journal of Advanced Nursing**, 49 (2): 182-190.
123. Sobo, E.J., Seid, M. and Gelhard, L.R. (2006). Parent-identified barriers to pediatric health care: A process-oriented model. **Health Services Research**, 41 (1), 148-172.
124. Bronfenbrenner, U. (1994). Ecological models of human development. In **International Encyclopedia of Education, Vol. 3** (2nd. Ed.). Oxford, UK: Elsevier. Reprinted in M. Gauvain and M. Cole (Eds.)(1993). **Readings on the Development of Children (2nd. Ed.)**. New York; Freeman.
125. Bronfenbrenner, U. (2000). Ecological systems theory. In Kazdin, Alan E. (Ed), (2000). **Encyclopedia of Psychology, Vol. 3**, (pp. 129-133). Washington, DC, US: American Psychological Association and Oxford University Press.
126. Bronfenbrenner, U. and Ceci, S. J. (1994). Nature-nurture reconceptualisation in developmental perspective: A bioecological model. **Psychological Review**, 101 (4), 568-586.
127. Centre for Community Child Health (2010). **Platforms Service Redevelopment Framework**. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital.
128. Boston Consulting Group (2008). **National Early Childhood Development Strategy: Report to the ECD Subgroup of the Productivity Agenda Working Group, COAG**. Sydney and Melbourne, Australia: Boston Consulting Group.
129. Moore, T.G. (2008). **Rethinking universal and targeted services**. *CCCH Working Paper 2 (August 2008)*. Parkville, Victoria: Centre for Community Child Health.
130. Bromfield, L. and Holzer, P. (2008). **A national approach for child protection: project report**. Melbourne, Victoria: National Child Protection Clearinghouse, Australian Institute of Family Studies.
<http://www.aifs.gov.au/institute/pubs/cdsmac/projectreport.pdf>
131. Jordan, B. and Sketchley, R. (2009). A stitch in time saves nine: Preventing and responding to the abuse and neglect of infants. **Child Abuse Prevention Issues, No. 30**, 1-26. <http://www.aifs.gov.au/nch/pubs/issues/issues30/issues30.html>
132. O'Donnell, M., Scott, D. and Stanley, F. (2008). Child abuse and neglect — is it time for a public health approach? **Australian and New Zealand Journal of Public Health**, 32 (4), 325-330.
133. Scott, D. (2006). Towards a public health model of child protection in Australia. **Communities, Children and Families Australia**, 1 (1), 9-16.
134. Barlow, J., McMillan, A. S., Kirkpatrick, S., Ghate, D., Barnes, J. and Smith, M. (2010). Health-led interventions in the early years to enhance infant and maternal mental

- health: A review of reviews. **Child and Adolescent Mental Health**, 15 (4), 178-185.
135. Feinstein, L., Budge, D., Vorhaus, J. and Duckworth, K. (2008). **The social and personal benefits of learning: A summary of key research findings**. London, UK: Centre for Research on the Wider Benefits of Learning, Institute of Education, University of London.
<http://www.learningbenefits.net/Publications/FlagshipPubs/Final%20WBL%20Synthesis%20Report.pdf>
 136. Statham, J. and Smith, M. (2010). **Issues in Earlier Intervention: Identifying and supporting children with additional needs**. DCSF Research Report DCSF-RR205. London, UK: Department for Children, Schools and Families.
<http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-RR205.pdf>
 137. Wiseman, J. (2006). **Local heroes: Learning from community strengthening policy developments in Victoria**. Australian Journal of Public Administration, 65 (2), 95-107.
 138. Donahue, J.D. and Zeckhauser, R.J. (2011). **Collaborative Governance: Private Roles for Public Goals in Turbulent Times**. Princeton, New Jersey: Princeton University Press.
 139. Boyle, D., Coote, A., Sherwood, C. and Slay, J. (2010). **Right Here, Right Now: Taking co-production into the mainstream**. London, UK: nef foundation.
http://www.neweconomics.org/sites/neweconomics.org/files/Right_Here_Right_Now.pdf
 140. Bradwell, P. and Marr, S. (2008). **Making the most of collaboration: an international survey of public service co-design**. Demos Report No. 23. London, UK: Demos. <http://www.demos.co.uk/files/CollabWeb.pdf>
 141. Gannon, Z. and Lawson, N. (2008). **Co-production: The modernisation of public services by staff and users**. London, UK: Compass.
 142. Stephens, L., Ryan-Collins, J. and Boyle, D. (2008). **Co-production: A manifesto for growing the core economy**. London, UK: new economics foundation (nef).
<http://www.neweconomics.org/gen/uploads/wyifkx552bjzvjkumj2zcnyc11072008194321.pdf>
 143. Allen Consulting Group (2009). **Inverting the Pyramid: Enhancing Systems for Protecting Children**. Woden, ACT: Australian Research Alliance for Children and Youth.
http://www.aracy.org.au/cmsdocuments/REP_Inverting_the_Pyramid_Enhancing_Systems_for_Protecting_Children_2009.pdf
 144. Bennett, J. (2008). **Early childhood services in the OECD countries: review of the literature and current policy in the early childhood field**. Innocenti Working Paper No. 2008-01. Florence, Italy: UNICEF Innocenti Research Centre. http://www.unicef-irc.org/publications/pdf/iwp_2008_01_board_150908.pdf
 145. Cohen, L., Chavez, V. and Chehimi, S. (Eds.)(2010). **Prevention is Primary: Strategies for Community Wellbeing (2nd. Ed.)**. San Francisco, California: Jossey-Bass.
 146. Friendly, M. (2008). Building a strong and equal partnership between childcare and early childhood education in Canada. **International Journal of Child Care and Education Policy**, 2 (1), 39-52.
 147. Halfon, N., Uyeda, K., Inkelas, M. and Rice, T. (2004). Building Bridges: A Comprehensive System for Healthy Development and School Readiness. In N. Halfon, T. Rice and M. Inkelas (Eds.). **Building State Early Childhood Comprehensive Systems Series**, No. 1. Los Angeles, California: National Center for Infant and Early

Childhood Health Policy.
<http://www.healthychild.ucla.edu/NationalCenter/bb.finalreport.pdf>

148. Neuman, M.J. (2005). Governance of early childhood education and care: recent developments in OECD countries. **Early Years**, **25** (2), 129-141.
149. Press, F., Sumsion, J. and Wong, S. (2010). **Integrated Early Years Provision in Australia**. Bathurst, NSW: Charles Sturt University.
<http://www.cscentral.org.au/Resources/Publications/FinalCSUreport.pdf>
150. Siraj-Blatchford, I. and Siraj-Blatchford, J. (2009). **Improving development outcomes for children through effective practice in integrating early years services**. London, UK: The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).
151. State Services Authority (2007). **Joined up government: A review of national and international experiences**. SSA Working Paper no. 1. Melbourne, Victoria: State Service Authority.
[http://www.ssa.vic.gov.au/CA2571410025903D/WebObj/OccPaper_JoinedupGovernment/\\$File/OccPaper_JoinedupGovernment.pdf](http://www.ssa.vic.gov.au/CA2571410025903D/WebObj/OccPaper_JoinedupGovernment/$File/OccPaper_JoinedupGovernment.pdf)
152. Australian Social Inclusion Board (2009). **Compendium of social inclusion indicators: How's Australia faring?** Canberra, ACT: Social Inclusion Unit, Department of the Prime Minister and Cabinet.
<http://www.socialinclusion.gov.au/AusGov/Board/Documents/Compendium.pdf>
153. Katz, I., La Placa, V. and Hunter, S. (2007). **Barriers to inclusion and successful engagement of parents in mainstream services**. Water End, York: Joseph Rowntree Foundation. <http://www.jrf.org.uk/bookshop/ebooks/barriers-inclusion-parents.pdf>
154. Social Exclusion Task Force (2008). **Think Research: Using Research Evidence to Inform Service Development for Vulnerable Groups**. London, UK, Cabinet Office.
155. Vinson, T. (2009). **Social Exclusion and Early Childhood Development**. Canberra, ACT, Australian Social Inclusion Board, Department of Education, Employment, and Workplace Relations.
156. Centre for Community Child Health (2010). **Engaging marginalised and vulnerable families**. CCCH Policy Brief No. 18. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital.
http://www.rch.org.au/emplibrary/ccch/PB18_Vulnerable_families.pdf
157. Briar-Lawson, K., Lawson, H.A. and Hennon, C.B., with Jones, A.R. (2001). **Family-Centered Policies and Practices: International Implications**. New York: Columbia University Press.
158. Dunst, C.J. (1997). Conceptual and empirical foundations of family-centered practice. In R. Illback, C. Cobb and H. Joseph (Eds.), **Integrated Services for Children and Families: Opportunities for Psychological Practice**. Washington, D.C.: American Psychological Association.
159. Dunst, C.J., Trivette, C.M. and Hamby, D.W. (2007). Meta-analysis of family-centered helping practices research. **Mental Retardation and Developmental Disabilities Research Reviews**, **13** (4), 370-378.
160. Moore, T.G. with Larkin, H. (2006). **'More Than My Child's Disability': A Comprehensive Review of Family-Centred Practice and Family Experiences of Early Childhood Intervention Services**. Melbourne, Victoria: Scope (Vic).
http://www.rch.org.au/emplibrary/ccch/EY_Mod2_Reading.pdf

161. Rosenbaum, P., King, S., Law, M., King, G. and Evans, J. (1998). Family-centred service: A conceptual framework and research review. **Physical and Occupational Therapy in Pediatrics**, **18** (1), 1-2
162. American Academy of Pediatrics Committee on Hospital Care (2003). Family-Centered Care and the Pediatrician's Role. **Pediatrics**, **112** (3), 691-696.
163. Australian Commission on Safety and Quality in Health Care (2011). **Patient-centred care: Improving quality and safety through partnerships with patients and consumers**. Sydney, NSW: Australian Commission on Safety and Quality in Health Care.
164. Shelton, T. and Stepenek, J.S. (1994). **Family-Centred Care for Children Needing Specialised Health and Developmental Services**. Bethesda, Maryland: Association for the Care of Children's Health.
165. Caspe, M. and Lopez, M.E. (2006). **Lessons from Family-Strengthening Interventions: Learning from Evidence-Based Practice**. Cambridge, Massachusetts: Harvard Family Research Project, Harvard Graduate School of Education.
166. Cattaneo, L.B. and Chapman, A.R. (2010). The process of empowerment: A model for use in research and practice. **American Psychologist**, **65** (7), 646-659.
167. McCashen, W. (2004). **Communities of Hope: A Strength-Based Resource for Building Community**. Bendigo, Victoria: Solutions Press.
168. Saleebey, D. (Ed.)(2006). **The Strengths Perspective in Social Work Practice (4th Ed.)**. Boston, Massachusetts: Allyn and Bacon.
169. Solarz, A.L., Leadbeater, B.J., Sandler, I.N., Maton, K.I., Schellenbach, C.J. and Dodgen, D.W. (2004). A blueprint for the future. In K.I. Maton, C.J. Schellenbach, B.J. Leadbeater, B.J. and A.L. Solarz, A.L. (Eds.). **Investing in Children, Youth, Families, and Communities : Strengths-Based Research and Policy**. Washington, DC: American Psychological Association.
170. Williams, F. and Churchill, H. (2006). **Empowering Parents in Sure Start Local Programmes**. Sure Start Research Report NESS/2006/FR/018. London, UK: Department for Education and Science.
171. Comber, B. & Kamler, B. (2004). Getting out of deficit: Pedagogies of reconnection. **Teaching Education**, **15** (3), 293-310.
172. Gerhardt, S. (2004). **Why Love Matters: How Affection Shapes a Baby's Brain**. London, UK: Brunner-Routledge.
173. Reis, H.T., Collins, W.A. and Berscheid, E. (2000). The relationship context of human behavior and development. **Psychological Bulletin**, **126** (6), 844-872.
174. Brooks-Gunn, J. and Markman, L.B. (2005). The contribution of parenting to ethnic and racial gaps in school readiness. **The Future of Children**, **15** (1), 139-168.
175. Melhuish, E. (2010). Why children, parents and home learning are important. In K. Sylva, E. Melhuish, P. Sammons, I. Siraj-Blatchford and B. Taggart (Eds.). **Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project**. London, UK: Routledge.
176. Siraj-Blatchford, I. (2009). Learning in the home and at school: How working class children succeed against the odds. **British Educational Research Journal**, iFirst article, published on 17 June 2009: DOI: 10.1080/01411920902989201
177. Siraj-Blatchford, I., Mayo, A., Melhuish, E., Taggart, B., Sammons, P. and Sylva, K. (2011). **Performing against the odds: developmental trajectories of children in**

- the EPPSE 3-16 study.** Research Report DFE-RR128. London, UK: Department of Education. <https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR128.pdf>
178. Elliott, A. (2006). **Early childhood education: pathways to quality and equity for all children.** Australian Education Review No 50. Melbourne, Victoria: Australian Council for Educational Research.
 179. Sammons, P. (2010). Does pre-school make a difference?: Results over the pre-school period (to aged 5). In K. Sylva, E. Melhuish, P. Sammons, I. Siraj-Blatchford and B. Taggart (Eds.). **Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project.** London, UK: Routledge.
 180. Sammons, P. (2010). Do the benefits of pre-school last? Investigating pupil outcomes to the end of Key Stage 2 (aged 11). In K. Sylva, E. Melhuish, P. Sammons, I. Siraj-Blatchford and B. Taggart (Eds.). **Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project.** London, UK: Routledge.
 181. Siraj-Blatchford, I., Sylva, K., Muttock, S., Gilden, R. and Bell, D. (2002). **Researching Effective Pedagogy in the Early Years.** Research Report RR. 356. London, UK: Department for Education and Skills. <http://www.dfes.gov.uk/research/data/uploadfiles/RR356.pdf>
 182. Siraj-Blatchford, I. (2010). A focus on pedagogy: Case studies of effective practice. In K. Sylva, E. Melhuish, P. Sammons, I. Siraj-Blatchford and B. Taggart (Eds.). **Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project.** London, UK: Routledge.
 183. Magnuson, K.A., Ruhm, C. and Waldfogel, J. (2007). Does prekindergarten improve school preparation and performance? **Economics of Education Review**, 26 (1), 33-51.
 184. Melhuish, E., Quinn, L., Hanna, K., Sylva, K., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2006). **The Effective Pre-School Provision in Northern Ireland (EPPNI) Project: Summary Report 1998-2004.** London, UK: Department of Education. <http://www.deni.gov.uk/researchreport41-2.pdf>
 185. Harrison, L.J., Ungerer, J.A., Smith, G.J., Zubrick, S.R., Wise, S. with Press, F., Waniganayake, M. and The LSAC Research Consortium (2009). **Child care and early education in Australia - The Longitudinal Study of Australian Children.** FaHCSIA Social Policy Research Paper No. 40. Canberra, ACT: Department of Families, Housing, Community Services and Indigenous Affairs.
 186. Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I., & Taggart, B. (2010). **Early Childhood Matters: Evidence from the Effective Pre-school and Primary Education Project.** London, UK: Routledge.
 187. Wong, V. C., Cook, T. D., Barnett, W. S. and Jung, K. (2008), An effectiveness-based evaluation of five state pre-kindergarten programs. *Journal of Policy Analysis and Management*, 27 (1), 122–154. doi: 10.1002/pam.20310
 188. Aos, S., Miller, M. and Mayfield, J. (2007). **Benefits and Costs of K–12 Educational Policies: Evidence-Based Effects of Class Size Reductions and Full-Day Kindergarten.** WSIPP Document No. 07-03-2201. Olympia, Washington: Washington State Institute for Public Policy. <http://www.wsipp.wa.gov/rptfiles/07-03-2201.pdf>
 189. Burchinal, P., Kainz, K., Cai, K., Tout, K., Zaslow, M., Martinez-Beck, I. and Rathgeb, C. (2009). **Early Care and Education Quality and Child Outcomes.** Child Trends Research-to-Policy Research-to-Practice Brief May 2009 (Publication #2009-15). OPRE Research-to-Policy Brief #1. Washington, DC: Child Trends. http://www.childtrends.org/Files//Child_Trends-2009_5_21_RB_earlycare.pdf

190. Hansen, K., Joshi, H. and Dex, S. (Eds.)(2010). **Children of the 21st Century: The First Five Years**. Bristol, UK: The Policy Press
191. Belsky, J., Vandell, D. L., Burchinal, M., Clarke-Stewart, K. A., McCartney, K., Owen, M. T. and The NICHD Early Child Care Research Network (2007). Are there long-term effects of early child care?. **Child Development, 78** (3), 681–701. doi: 10.1111/j.1467-8624.2007.01021.x
192. Harrison, L.J. (2008). Does child care quality matter? Associations between socio-emotional development and non-parental child care in a representative sample of Australian children. **Family Matters, No. 79**, 14-25.
193. Lefebvre, P., Merrigan, P. and Roy-Desrosiers, F. (2011). **Quebec's Childcare Universal Low Fees Policy 10 Years After: Effects, Costs and Benefits**. CIRPEE Working Paper 11-01. Montreal, Quebec: Centre Interuniversitaire sur le Risque, les Politiques Economiques et l'Emploi.
http://www.cirpee.org/fileadmin/documents/Cahiers_2011/CIRPEE11-01.pdf
194. Love, J.M., Harrison, L., Sagi-Schwartz, A., van Ijzendoorn, M.H., Ross, C., Ungerer, J.A., Raikes, H., Brady-Smith, C., Boller, K., Brooks-Gunn, J., Constantine, J., Kisker, E.E., Paulsell, D. and Chazan-Cohen, R. (2003). Child care quality matters: How conclusions may vary with context. **Child Development, 74** (4), 1021-1033.
195. NICHD Early Child Care Research Network (2005). **Child Care and Child Development: Results from the NICHD Study of Early Child Care and Youth Development**. New York: The Guilford Press.
196. Vandell, D. L., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N. and NICHD Early Child Care Research Network (2010). Do Effects of Early Child Care Extend to Age 15 Years? Results From the NICHD Study of Early Child Care and Youth Development. **Child Development, 81** (3), 737–756. doi: 10.1111/j.1467-8624.2010.01431.x
197. McCartney, K., Burchinal, M., Clarke-Stewart, A., Bub, K.L., Owen, M.T. and Belsky, J. (2010). Testing a series of causal propositions relating time in child care to children's externalizing behavior. **Developmental Psychology, 46** (1), 1-17. doi: [10.1037/a0017886](https://doi.org/10.1037/a0017886)
198. Cochran, M and Niego, S. (2002). Parenting and social networks. In M.H. Bornstein (Ed.). **Handbook of Parenting (2nd. Ed.) – Volume 4**. Marwah, New Jersey: Lawrence Erlbaum Associates.
199. Cooper, H., Arber, S., Fee, L. and Ginn, J. (1999). **The Influence of Social Support and Social Capital on Health**. London, UK: Health Education Authority.
200. Thompson, R.A. and Ontai, L. (2000). Striving to do well what comes naturally: Social support, developmental psychopathology, and social policy. **Development and Psychopathology, 12** (4), 657-675.
201. Zubrick, S.R., Smith, G.J., Nicholson, J.M., Sanson, A.V., Jackiewicz, T.A. and the LSAC Research Consortium (2008). **Parenting and families in Australia**. FaHCSIA Social Policy Research Paper 34. Canberra, ACT: Department of Families, Housing, Community Services and Indigenous Affairs
202. Parker, R. and Hunter, C. (2011). **Supporting couples across the transition to parenthood**. AFRC Briefing No. 20. Melbourne, Victoria: Australian Family Relationships Clearinghouse, Australian Institute of Family Studies.
203. Shonkoff, J.P., Boyce, W.T. and McEwen, B. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. **Journal of the American Medical Association, 301**(21), 2252-2259.

204. Teicher, M.H. (2002). Scars that won't heal: The neurobiology of child abuse. **Scientific American**, March, 68-75.
205. Chu, A.T. and Lieberman, A.F. (2010). Clinical implications of traumatic stress from birth to age five. **Annual Review of Clinical Psychology**, **6**: 469-494.
206. Francis, R.C. (2011). **Epigenetics: The Ultimate Mystery of Inheritance**. New York: W.W. Norton.
207. Harper, L. (2005). Epigenetic inheritance and the intergenerational transfer of experience. **Psychological Bulletin**, **131** (3), 340-360.
208. Tremblay, R.E. (2010). Developmental origins of disruptive behaviour problems: the 'original sin' hypothesis, epigenetics and their consequences for prevention. **Journal of Child Psychology and Psychiatry**, **51** (4), 341-367.
209. Watamura, S. E., Phillips, D. A., Morrissey, T. W., McCartney, K. and Bub, K. (2011), Double Jeopardy: Poorer Social-Emotional Outcomes for Children in the NICHD SECCYD Experiencing Home and Child-Care Environments That Confer Risk. *Child Development*, **82** (1), 48–65. doi: 10.1111/j.1467-8624.2010.01540.x
210. Melhuish, E. C. (2004a). **A literature review of the impact of early years provision upon young children, with emphasis given to children from disadvantaged backgrounds**. Report to the Comptroller and Auditor General. London: National Audit Office.
211. Melhuish, E. C. (2004b). **Child Benefits: The importance of investing in quality childcare**. London: Daycare Trust.
212. Dearing, E., McCartney, K. and Taylor, B.A. (2009). Does higher quality early child care promote low-income children's math and reading achievement in middle childhood? **Child Development**, **80** (5), 1329–1349.
213. Moore, T.G. (2008). **Towards an early years learning framework for Australia**. *CCCH Working Paper 4 (August 2008)*. Parkville, Victoria: Centre for Community Child Health. http://www.rch.org.au/ccch/resources.cfm?doc_id=10544
214. Centre for Community Child Health (2006). **Quality in children's services**. CCCH Policy Brief 2. Melbourne, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, Royal Children's Hospital. http://www.rch.org.au/emplibrary/ccch/PB2_Qual_childsrv.pdf
215. Cleveland, G., Corter, C., Pelletier, J., Colley, S., Bertrand, J. and Jamieson, J. (2006). **A Review of the State of the Field of Early Childhood Learning and Development in Child Care, Kindergarten and Family Support Programs**. Toronto, Ontario: Atkinson Centre for Society and Child Development, Ontario Institute for Studies in Education, University of Toronto. <http://www.ccl-cca.ca/NR/rdonlyres/67F194AF-8EB5-487D-993C-7CF9B565DDB3/0/SFREarlyChildhoodLearning.pdf>
216. Early Childhood Learning Knowledge Centre (2006). **Why is High-Quality Child Care Essential? The Link Between Quality Child Care and Early Learning**. Montreal, Quebec: Early Childhood Learning Knowledge Centre. <http://www.ccl-cca.ca/CCL/Reports/LessonsInLearning/20060530LinL.htm>
217. Sanders, W.L. and Rivers, J.c. (1996). *Cumulative and Residual Effects of Teachers on Future Student Academic Achievement* (Knoxville, Tennessee.: University of Tennessee Value-Added Research and Assessment Center, 1996).
218. Jordan, A., Lindsay, L., & Stanovich, P. J. (1997). Classroom teachers' instructional interactions with regular, at risk, and exceptional students. **Remedial and Special Education**, **18** (2), 82-93.

219. Centre for Social Justice (2011). **Making Sense of Early Intervention: A framework for professionals.** London, UK: Centre for Social Justice.
http://www.centreforsocialjustice.org.uk/client/downloads/20110707_early_years_report_web_v3.pdf
220. Feldman, J., Makuc, D., Kleinman & Cornoni-Huntley, J. (1989). National trends in educational differentials. **American Journal of Epidemiology**, **129**, 919-933.
221. Ryan, C. (2011). Year 12 completion and youth transitions *LSAY publications*.
222. Moran, P., Ghate, D. and van der Merwe, A. (2004). **What Works in Parenting Support? A Review of the International Evidence.** Research Report 574, London: Department for Education and Skills.
223. Watson, J. (2005). Active engagement: strategies to increase service participation by vulnerable families. CPR Discussion Paper. Ashfield, NSW, Centre for Parenting and Research, NSW Department of Community Services.
224. Barnes, J. (2003). Interventions addressing infant mental health problems. **Children & Society**, **17** (5), 386-395.
225. Barnes, J. and Freude-Lagevardi, A. (2003). **From Pregnancy to Early Childhood: Early Interventions to Enhance the Mental Health of Children and Families. Volume 1 Report.** London, UK: Mental Health Foundation.
<http://www.mentalhealth.org.uk/EasySiteWeb/getresource.axd?AssetID=38638&type=full&servicetype=Attachment>
226. Berlin, L.J., Brooks-Gunn, J., McCarton, C. and McCormick, M.C. (1998). The effectiveness of early intervention: Examining risk factors and pathways to enhanced development. **Preventive Medicine**, **27**, 238-245.
227. Blue-Banning, M., Summers, J.A., Frankland, H.C., Nelson, L.L. and Beegle, G. (2004). Dimensions of family and professional partnerships: constructive guidelines for collaboration. **Exceptional Children**, **70** (2), 167-184.
228. Davis, H. (2009). The Family Partnership Model: understanding the processes of prevention and early intervention. In J. Barlow and P. O. Svanberg (Eds.), **Keeping The Baby In Mind: Infant Mental Health in Practice.** New York, Routledge.
229. Davis, H. and Day, C. (2010). **Working In Partnership: The Family Partnership Model.** London, UK: Pearson.
230. Dunst, C.J. (2007). Early intervention for infants and toddlers with developmental disabilities. In S.L. Odom, R.H. Horner, M.E. Snell and J. Blacher, J. (Eds.). **Handbook of Developmental Disabilities.** New York: Guilford Press.
231. Dunst, C.J. and Trivette, C.M. (2009). Capacity-building family-systems intervention practices. **Journal of Family Social Work**, **12** (2), 119–143.
232. Turnbull, A., Turbiville, V. and Turnbull, H.R. (2000). Evolution of family-professional relationships: collective empowerment for the early 21st century. In Shonkoff, J.P. and Meisels, S.J. (Eds.). **Handbook of Early Childhood Intervention (2nd. Ed.)**. Cambridge, UK: Cambridge University Press.
233. Kania, J. and Kramer, M. (2011). Collective impact. **Stanford Innovation Review**, **Winter**, 36-41.
http://www.ssireview.org/articles/entry/collective_impact/?zbrandid=2039&zidType=CH&zid=1634595&zsubscriberId=500518267&zbdom=http://aracy.informz.net
234. Yeboah, D.A. (2005). A framework for place based health planning. **Australian Health Review**, **29** (1), 30-36.

235. Beresford, P. and Hoban, M. (2005). **Participation in anti-poverty and regeneration work and research: Overcoming barriers and creating opportunities**. York, UK: Joseph Rowntree Foundation. <http://www.jrf.org.uk/bookshop/eBooks/1859353738.pdf>
236. Hughes, P., Black, A., Kaldor, P., Bellamy, J. and Castle, K. (2007). **Building Stronger Communities**. Sydney, NSW: University of New South Wales Press.
237. Moore, T.G. (2004). Blazing new trails: Finding the most direct routes in early childhood intervention. Invited address to *6th National Conference of Early Childhood Intervention Australia*, Melbourne, 27th July. <http://www.eciavic.org.au/professionals/Conf%202004/Blazingnewtrails-TimMooreECIANatConf2004.pdf>
238. Mugford, S. and Rohan-Jones, S. (2006). **Weaving the net: Promoting mental health and wellness through resilient communities**. Deakin West, ACT: Mental Health Council of Australia. <http://www.mhca.org.au/documents/MHCAweavingthenetLR.pdf>
239. Boxelaar, L., Paine, M. and Beilin, R. (2006). Community engagement and public administration: Of silos, overlays and technologies of government. **Australian Journal of Public Administration**, 65 (1), 113–126.
240. Corter, C., Pelletier, J., Janmohamed, Z., Bertrand, J., Arimura, T., Patel, S., Mir, S., Wilton, A. and Brown, D. (2009). **Toronto First Duty Phase 2, 2006-2008: Final Research Report - June 2009**. Toronto, Ontario: Atkinson Centre for Society and Child Development, University of Toronto. http://www.toronto.ca/firstduty/TFD_phase2_final.pdf
241. Hopkins, L. & Meredyth, D. (2008). Coordination or competition: obstacles and success factors for integrated partnerships at local level. **Journal of Urban Regeneration and Renewal**, 1(4), 316-328.
242. McShane, I. (2010). Trojan Horse or Adaptive Institutions? Some Reflections on Urban Commons in Australia. **Urban Policy and Research**, 28 (1), 101-116.
243. Wilks, S. (2010). **A charter for children's learning at the Royal Children's Hospital**. Parkville, Victoria: Royal Children's Hospital Education Institute, University of Melbourne, Royal Children's Hospital. http://www.rch.org.au/emplibrary/education/CharterLitReviewJune2010_final.pdf
244. Allen, G. (2011). **Early Intervention: The Next Steps**. An Independent Report to Her Majesty's Government. London, UK: Cabinet Office, HM Government. <http://grahamallenmp.files.wordpress.com/2011/01/early-intervention-7th.pdf>
245. Bartik, T.J. (2011). **Investing in Kids: Early Childhood Programs and Local Economic Development**. Kalamazoo, Michigan: W.E. Upjohn Institute for Employment Research. <http://www.upjohn.org/publications/titles/iik.html>
246. C4EO (2011). **Can I afford to? Can I afford not to? What the evidence tells us about best practice and where we will get the best returns for our investment**. London, UK: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). <http://www.c4eo.org.uk/costeffectiveness/files/vignettes/CanIaffordto.pdf>
247. Cunha, F. and Heckman, J.J. (2006). **Investing in Our Young People**. Report prepared for America's Promise – The Alliance for Youth. Chicago, Illinois: University of Chicago. <http://www-news.uchicago.edu/releases/06/061115.education.pdf>
248. Galinsky, E. (2006). **The Economic Benefits of High-Quality Early Childhood Programs: What Makes the Difference?** Washington, DC: The Committee for Economic Development. http://www.ced.org/docs/report/report_prek_galinsky.pdf

249. Hertzman, C. (2004). **Making Early Childhood Development a Priority: Lessons from Vancouver.** Ottawa, Ontario: Canadian Centre for Policy Alternatives. <http://www.policyalternatives.ca/bc/early-childhood.pdf>
250. Lynch, R.G. (2004). **Exceptional Returns: Economic, Fiscal, and Social Benefits of Investment in Early Childhood Development.** Washington, DC: Economic Policy Institute.
251. RAND Corporation (2009). **What Does Economics Tell Us About Early Childhood Policy?** RAND Corporation Research Brief. Santa Monica, California: RAND Corporation. http://www.rand.org/pubs/research_briefs/2008/RAND_RB9352.pdf
252. Rolnick, A. and Grunewald, R. (2003). **Early Childhood Development: Economic Development with a High Public Return.** Federal Bank of Minneapolis: fedgazette (March). <http://www.minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>
253. Field, F. (2010). **The foundation years: Preventing poor children becoming poor adults.** The Report of the Independent Review of Poverty and Life Chances. London, UK: Cabinet Office, Government of Great Britain. <http://povertyreview.independent.gov.uk/media/20254/poverty-report.pdf>
254. National Scientific Council on the Developing Child (2007). **The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do.** Cambridge, Massachusetts: Center on the Developing Child at Harvard University. http://developingchild.harvard.edu/index.php/download_file/-/view/67/
255. Powell, M. (2010). Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) website - www.c4eo.org.uk
256. Bromfield, L., Holzer, P. and Lamont, A. (2010). **The economic costs of child abuse and neglect.** National Child Protection Clearinghouse Resource Sheet. Melbourne, Victoria: Australian Institute of Family Studies. <http://www.aifs.gov.au/nch/pubs/sheets/rs2/rs2.pdf>
257. Kids First Foundation (2003). **Report into the Cost of Child Abuse and Neglect in Australia.** Albion, Queensland: Kids First Foundation.
258. Taylor, P., Moore, P., Pezzullo, L., Tucci, J., Goddard, C. and De Bortoli, L. (2008). **The Cost of Child Abuse in Australia.** Melbourne, Victoria: Australian Childhood Foundation and Child Abuse Prevention Research Australia.
259. Hopkins, L., Green, J., & Strong G. (2010). **Literacy and numeracy in the early years.** Spotlight: Research into practice, 1, 1-6. Melbourne, Victoria: Department of Education and Early Childhood Development.
260. Belfield, C. R., Nores, M., Barnett, S. and Schweinhart, L. (2006). The High/Scope Perry Preschool Program: Cost-benefit analysis using data from the age-40 follow-up. **Journal of Human Resources**, 41 (1), 162–190.
261. Centre on the Developing Child at Harvard University (2007). **A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behaviour, and Health for Vulnerable Children.** Cambridge, Massachusetts: Centre on the Developing Child at Harvard University. http://developingchild.harvard.edu/index.php/download_file/-/view/63/
262. Melhuish, E.C. (2003). **A Literature Review of the Impact of Early Years Provision on Young Children, with Emphasis Given to Children from Disadvantaged Backgrounds.** London, UK: National Audit Office.
263. Heckman, J.J. and Masterov, D.V. (2004). **The Productivity Argument for Investing in Young Children.** Invest in Kids Working Group, Working Paper No. 5, September, 2004. Washington, DC: Committee on Economic Development.

http://www.ced.org/images/library/reports/education/early_education/ivk/report_ivk_heckman_2004.pdf

264. Open Mind Research Group. (2008). **Qualitative research: Parents' point of view.** Unpublished report, prepared on behalf of the Boston Consulting Group for the Department of Education, Employment and Workplace Relations, Canberra.

**Community Child Health research group
Murdoch Childrens Research Institute
The Royal Children's Hospital Centre for Community Child Health**

50 Flemington Road Parkville
Victoria 3052 Australia
Telephone: +61 3 9345 6150
www.rch.org.au/ccch

The Children's

Excellence in
clinical care,
research and
education

