the nest
A national plan for child and youth wellbeing

The Nest action agenda

Technical document

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Contents

Introduction

The Nest aims to align efforts to improve the wellbeing of Australian children and young people, aged 0-24 years. It is about collectively identifying the outcomes that we want to achieve for children and young people, the most effective prevention focused and evidence-informed ways to achieve these, and how we can best align our collective effort to achieve them.

***The Nest* action agenda** brings together the work of *The Nest* by setting out the agreed evidence-based strategies that will 'turn the curve' and make a difference to the wellbeing of Australia's children and young people.

This technical document underpins the action agenda, providing an overview of *The Nest,* including its development and methodology and detailed evidence to support the strategies and actions that are included in the agenda. It provides a comprehensive account of the project as a whole, from inception in 2009-10, and a full discussion of the multi-faceted approach to evidence-building that *The Nest* models.

The Nest is a unique national project, facilitated by the Australian Research Alliance for Children and Youth (ARACY), but made possible by generous funding and by the active engagement and participation of Australian Federal, state and local governments, businesses, schools, non-government agencies, parents, communities, and children and young people. It demonstrates the potential for collaborative action to make a real and sustained difference to the current and future wellbeing of our children and young people; and it highlights how evidence from a range of sources can be harnessed and used to guide and direct the development of a national action agenda.

The production of a shared national action agenda is an important milestone for *The Nest*, reflecting the culmination of several years of collective engagement and activity. However, work to progress and implement *The Nest* agenda is ongoing and will depend on continuous collective efforts by all those across Australia who are committed to making a difference to child and youth wellbeing.

The case for change: a rationale for *The Nest*

Australia is just 'middle of the road' on many indicators of child and youth wellbeing

Australia is a wealthy nation with a healthy, long-lived population by international standards. However, while the majority of Australian children and young are faring well against key indicators of health, wellbeing, learning, development and safety, comparison with other Organisation for Economic Co-operation and Development (OECD) countries suggests that we are only 'middle of the road' in terms of our performance on a range of child and youth wellbeing indicators.

The 2013 ARACY Report Card on the wellbeing of young Australians (ARACY, 2013) shows that, for the 46 indicators where comparable data are available, we rank in the top third of OECD countries for around only a quarter (12/46) of the indicators, in the middle third for almost a half (20/46) and in the bottom third for around a quarter (14/46).

Although we are doing well in some areas, such as youth smoking rates, and on some indicators of youth education and employment, we rank relatively poorly (in the bottom third) on many key indicators which are of significance for future life chances including: infant mortality, income inequality, jobless families, pre-school attendance among 3-5 year-olds and reading and science performance in Year 4. Our record on teenage pregnancy and on child safety (including child abuse deaths, youth suicides and injury deaths) is also poor when compared with other OECD countries.

One of the most concerning signs that young Australians are falling behind is the significant gap that exists between Australia's highest and lowest performing students. This gap is far greater than that found in many other OECD countries (DEEWR, 2011). Of particular and fundamental concern is the 2013 ARACY Report Card finding that levels of income inequality (a driver of poorer child and youth wellbeing) and of jobless families (a major cause of child poverty and inequality in Australia) are showing an increasing trend (ARACY, 2013).

Inequalities in wellbeing outcomes between Indigenous and non-Indigenous children and young people are also marked and continue to be evidenced across a wide range of areas, most notably in measures of poverty/deprivation, early childhood vulnerability, educational attainment and representation in child protection, out-of-home care, youth justice and custody (ARACY, 2013).

Why we need to act on these findings

Children and young people are 'our future' and their wellbeing is key to our economic and social sustainability. It has been estimated, for example, that negative trends in child and youth wellbeing may be costing Australia in the region of $22 billion per annum, with costs arising from sub-optimal workforce participation, reduced skill levels and welfare dependency. These trends also result in unsustainable expenditure on crisis interventions. While tertiary treatment will always be required, the need for further investment in treatment will only increase without adequate investment in evidence based prevention.[1] The scientific evidence highlighting the cumulative social costs of failure to intervene early, and as early as possible in the life course, is also well-established and indisputable.

While children are 'our future', there are also strong moral and legal imperatives for acting to ensure that every young Australian enjoys the highest standards of wellbeing in their current lives. Children and young people are some of our most vulnerable citizens, whose lives are most directly affected by government policies, and whose rights to protection and provision must be ensured (UNICEF, 2004). Australia is a signatory to the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989) and has a clear set of obligations, within the Convention, to ensure the protection, provision and participation rights of all children and young people (0-18 years). Our children and young people matter now, not just as the adults of Australia's future.

[1] ARACY/Access Economics 2009 data cited in Background Reading: National Plan for Young Australians: Inaugural Workshop, 2 December 2010.

We have made progress but we need to do more and with a different approach

Over many years our governments and non-government organisations have spent a great deal of time, and substantial resources with good intentions and often significant gains in addressing these child and youth wellbeing inequalities and issues.

Australian state Commissioners for Children and Young People, Child Guardians and others are monitoring and reporting on children and young people's wellbeing using wellbeing monitoring frameworks,[2] and are identifying priority areas for action to improve child and youth wellbeing, and taking action to promote the active participation of children and young people.[3]

But critically, Australia lacks a national action plan to guide, direct and streamline collective efforts to improve child and youth wellbeing. Services, policies and programs are sometimes fragmented and poorly coordinated, and in some cases these are not evidence-based or prevention focused. There is duplication in some areas, while in others there is a lack of response, strategy or infrastructure.

While considerable progress has been made, it is clear that we need to do more and to adopt a new and different approach if we are to realistically 'turn the curve' on the wellbeing of Australia's children and young people. The significant issues facing young Australians can't be improved by government alone or by one 'magic' program, one policy, or one organisation working in isolation. We need to develop an integrated and coordinated national plan that is shaped both by scientific research evidence and by the collective perspectives and knowledge of Australians.

A way forward: *The Nest* action agenda

The Nest action agenda provides the integrated plan and the way forward that is needed. Critically, this action agenda doesn't replicate current efforts but builds on existing frameworks and programs, and bridges the gaps between them.

It is relevant and applicable across all the sectors that are focused on children and young people and their wellbeing, from central government developing policy to voluntary organisations delivering services on the ground.

Formed through a synthesis of evidence and consultation, the agenda sets out a shared vision, outcomes and evidence-informed directions to improve child and youth wellbeing and inform policy, program design, delivery, support and evaluation over the long term.

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[2] For example see *The State of Western Australia's Children and Young People*, produced by the Commissioner for Children and Young People in Western Australia (Commissioner for Children and Young People, Western Australia , 2012b); and the Victorian Government's State of Victoria's Children Report at http://www.education.vic.gov.au/about/research/pages/reportdatachildren.aspx

[3] Discussed also under "Promoting the participation of young Australians", in Part 2.7.

The Nest action agenda: in summary

The *Nest* shared vision for Australia's children and young people (aged 0-24) is an Australia where:

> "All children and young people are loved and safe, have material basics, are healthy, are learning and participating and have a positive sense of identity and culture".

This vision of all children and young people attaining these outcomes applies to all Australian children and youth, regardless of age, gender, ability, ethnicity, race and socio-economic status.

The **outcomes** that underpin *The Nest* vision are six broad inter-related domains of child and youth wellbeing that research and evidence suggests are essential for our children's current and future wellbeing:

Being loved and safe

Being loved and safe embraces positive family relationships and connections with others, along with personal and community safety. Children and young people who are loved and safe are confident, have a strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in their life. Children and young people who are loved and safe are resilient: they can withstand life challenges, and respond constructively to setbacks and unanticipated events.

Having material basics

Children and young people who have material basics have access to the things they need to live a 'normal life'. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways.

Being healthy

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

Learning

Learning is a continuous process throughout life. Children and young people learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children and young people who are learning participate in and experience education that enables them to reach their full potential, and maximise their life opportunities.

Participating

Participating includes involvement with peers and the community, being able to have a voice and say on matters, and, increasingly, access to technology for social connections. In practice, participating means children and young people are supported in expressing their views, their views are taken into account and they are involved in decision-making processes that affect them.

Positive sense of culture and identity

Having a positive sense of culture and identity is central to the wellbeing of children and young people, and is particularly important for Aboriginal and Torres Strait Islander and other culturally and linguistically diverse (CALD) children and young people. This outcome includes having a sense of spiritual wellbeing. It underpins and is fundamental to the other *Nest* child and youth outcomes areas, with appropriate measures of a sense of culture and identity to be developed.

The Nest action agenda sets out **six priority directions** that will be required in order to progress towards *The Nest* vision and outcomes:

1. Improving early childhood learning and development.
2. Improving the educational performance of young Australians.
3. Improving the physical health of young Australians.
4. Improving the social and emotional wellbeing of young Australians.
5. Promoting the participation of young Australians.
6. Reducing disadvantage arising from income disparity.

A range of evidence-based and preventive strategies is described under each of these six directions. These cross-cutting directions and their underpinning strategies represent the best evidence-informed approaches for 'turning the curve' on Australian child and youth wellbeing and for achieving our vision and outcomes.

Implementation of the agenda will be guided by a set of **six operational principles**:

- a commitment to the child at the centre;
- a commitment to privileging Aboriginal and Torres Strait Islander knowledge;
- a commitment to a long-term evidence informed approach;
- a commitment to prevention and early intervention;
- a commitment to a life-stage approach; and
- a commitment to systemic change using an outcomes approach.

Measurement of progress

For each of *The Nest* outcomes,[4] a set of indicators allows us to measure progress towards the outcomes; and measurable goals are set for each of the priority directions and for our vision as a whole (Figure 1). Our progress towards the outcomes and goals will be measured and reported on through regular ARACY Report Cards.

[4] As noted previously, appropriate measures are still to be developed for a positive sense of culture and identity.

Figure 1: *The Nest* vision, outcomes and priority directions

[7] Children (0-15 years) in households with less than 15% median income

Action for Aboriginal and Torres Strait Islander children and young people

The 2013 ARACY Report Card shows that outcomes are worse for Aboriginal and Torres Strait Islander children and youth across the five outcome areas for which measures have been developed.

If we are to achieve our vision for the wellbeing of all children and youth in Australia, it is imperative that Aboriginal and Torres Strait Islander people are involved in leading the journey. Work to date on *The Nest* has involved consultation with some Aboriginal and Torres Strait Islander children and youth and key Aboriginal and Torres Strait Islander organisations. However, there is recognition of the limitations of the approach to date, and the need to focus on developing an Aboriginal and Torres Strait Islander-specific agenda as part of *The Nest*.

An approach is therefore being progressed by key Aboriginal and Torres Strait Islander representative organisations in 2013 to work collaboratively to identify **key principles** that should underpin Australia's efforts to improve the wellbeing of Aboriginal and Torres Strait Islander children and youth, and the **key actions** that may bring these principles to life. This will be incorporated into the action agenda by late 2013.

Action for other culturally and linguistically diverse (CALD) children and young people

Australia is one of the most multiculturally diverse countries in the world, with 27 per cent of the total population in 2010 born overseas, and 8.3 per cent of children aged 0-14 years. However, there are many gaps in our knowledge about how CALD children and young people are faring. For some outcomes no CALD data are collected. Where data are collected numbers are often too small to allow for analysis by country of birth or ethnic group; and analysis of the overseas-born as one group can mask important between-group differences in the migration experiences that impact on wellbeing (Australian Institute of Health and Welfare, 2012).

Available data suggest that for some outcomes (such as teenage births and mothers smoking in pregnancy), overseas born children are faring better than their Australian born peers, whereas for others (such as being read to or told stories at age 0-2 years and Year 5 reading) they are faring slightly less well (Australian Institute of Health and Welfare, 2012). As noted in a recent overview, children and young people from a refugee background have very different life experiences and health profiles to those who are born in Australia and they will often have specific health and wellbeing needs (Department of Education and Early Childhood Development, 2011a).

An approach to ensure that the wellbeing of Australia's overseas born children is appropriately monitored and responded to will also be developed and incorporated as part of the development of *The Nest* action agenda.

Action for children and young people with a disability

Around 7 per cent of Australia's children and young people (aged 0-14 years) have a disability; with over half (around 4 per cent) having profound or severe core activity limitations.[5]

[5] ABS Survey of Disability, Ageing and Carers data, cited in Australian Institute of Health and Welfare, 2012. The most common types of disability, among the 7 per cent of children with a disability, are intellectual and sensory/speech disabilities.

Children and youth with a disability and their families (including siblings) are a particularly vulnerable group. These young people and their families are at greater risk of experiencing social exclusion, low incomes, bullying, isolation and mental health difficulties. Additional long-term stresses are often placed on the families of children with disabilities, associated with the financial pressures of raising a child with a disability and these families may also experience particular barriers to work.

As the Australian Institute for Health and Welfare notes, disability "goes beyond the presence or absence of particular health conditions". The experience of disability is strongly influenced by attitudinal and environmental factors; and early detection and intervention "has the potential to significantly reduce disability and its impact on the person's participation in all aspects of their life, over the life span" (Australian Institute of Health and Welfare, 2012. p.25).

An approach to promoting and ensuring the wellbeing of Australia's children and youth with a disability will also be developed as part of *The Nest* action agenda.

An overview of *The Nest*

This technical report begins with a summary of the early development of *The Nest* and with a summary of the key *Nest* activities and approach to evidence.

Early development and scoping

Identifying the need for a National Action Plan

The need for an integrated National Action Plan to improve child and youth wellbeing was originally discussed at the 2009 ARACY Conference, with around 600 delegates.

While it was acknowledged at the conference that there were many federal and state/territory government plans for children and young people, it was noted that these plans were not located within an overarching view of children and young people's wellbeing, and they were not linked as they had generally been developed in isolation (i.e. within separate federal government departments. The plans also used overlapping and inconsistent age ranges, with some age groups not covered at all (such as the 'middle years', or children aged 9-14).

Delegates noted that an integrated plan would promote children and young people's capacity, and would recognise their competence if they were invited to become active players in its development. It was agreed that an integrated plan would also offer the opportunity to more effectively harness and align non-governmental organisation (NGO) effort and resources with government effort and resources in meeting the needs of children and young people.

An inaugural National Action Plan planning workshop

In December 2010, an inaugural National Action Plan planning workshop was held at Parliament House in Canberra to progress the first stage of the National Action Plan. This workshop, facilitated by ARACY Board Member Dr Norman Swan, was attended by around 80 of Australia's leading experts, thinkers and 'doers'. Every state and territory was represented,[6] as well as several federal government departments and representatives from all sides of politics: Greens, Labor and Liberal.

The **workshop objectives** were to:

- understand the need, rationale, background and proposed process in developing a plan;
- discuss and agree on the structure (including key result areas) of a plan; and
- commit to ongoing involvement in development of a plan.

[6] Representation was through a delegate from the Department of Premier and Cabinet in each State apart from Victoria because of caretaker government.

The **following recommendations** were considered and supported by the delegates:

- the development of a National Action Plan for Young Australians, facilitated by ARACY
- that the overall intent of the draft Plan is to promote the wellbeing of Australian children and young people
- the draft Plan covering children and young people from before birth to 24 years
- the use of a Results Based Accountability (RBA) approach to developing the draft Plan
- the following draft six result areas be used as the basis of consulting further on the Plan:[7]
    - Children and young people are loved
    - Children and young people are healthy
    - Children and young people are safe
    - Children and young people are learning and developing
    - Children and young people are contributing
    - Children and young people are achieving material basics
- ARACY developing material to support a wide consultation process and publishing it on the *Change for Children* website
- ARACY regularly updating progress on developing the National Action Plan for Young Australians on the *Change for Children* website including consultation material and papers.

Establishing project governance

Delegates at the workshop also agreed that a **National Steering Committee** should be established to assist in progressing development of the Plan. Terms of Reference were approved, applications for the Committee were called, and the ARACY Board appointed the following members in 2011:

- Chair: Dr Norman Swan – Board Member, ARACY and Presenter, ABC
- Deputy Chair: Ms Gillian Calvert – Child Advocate (former NSW Commissioner for Children and Young People)
- Ms Phillipa Angley – National Policy Manager, National Disability Service
- Ms Aileen Ashford – Commissioner, Commissioner for Children, Tasmania

[7] These KRAs were established under the *Change for Children* Initiative, informed by *Every Child Matters* in the United Kingdom.

- Ms Liz Furler – Chief Executive Officer, School Principals Australia General Member
- Ms Lisa Hillan – Programs Director, Aboriginal and Torres Strait Islander Healing Foundation
- Mr Frank Hytten – Chief Executive Officer, Secretariat of National Aboriginal and Islander Child Care
- Ms Jan Owen AM – Chief Executive Officer, Foundation for Young Australians
- Ms Samantha Page – Executive Officer, Family Relationships Services Australia
- A/Professor Graham Reynolds – President, Women's Hospitals and Children's Hospitals Australasia
- Mr Brian Smith – Executive Officer, Local Community Services Association
- Professor Graham Vimpani – Chair, NIFTeY
- Ex-officio, Dr Lance Emerson – Chief Executive Officer, ARACY.

Defining the National Action Plan and its key elements

It was agreed that the National Action Plan for Young Australians was to be a resource for state and federal governments, non-government organisations and the research community. It was to provide a stock-take of what works when it comes to investment in our children's futures, based on the following elements:

- consulting and listening to the needs and expectations of young people and their families;
- identifying and highlighting evidence-based preventive approaches and interventions; and
- actively working with researchers, policy-makers and practitioners to develop sustained, effective and efficient efforts in dealing with the problems affecting young Australians, to ensure they begin life – and remain – on a positive, healthy path.

The Nest activities

Since its launch in February 2012, work to develop *The Nest* has comprised a series of linked activities within the following two broad categories:

1. Building evidence to inform and support the development of a National Action Plan (*The Nest* action agenda).
2. A range of communication approaches to develop and build cross-sectoral engagement in and support for *The Nest*.

The key *Nest* activities, in broad chronological order,[8] have included:

- A **consultation with around 4,000 children and families** to understand their aspirations and expectations about child and youth wellbeing – providing material to help shape the vision and Key Results Areas (or outcomes) of *The Nest* (ARACY, 2012a).
- A **stock-take of current efforts** – mapping current Australian initiative and programs that are relevant to *The Nest* and that seek broadly to improve child and youth wellbeing.
- A **review of the evidence** on 'what works' to improve child and youth wellbeing, to help shape a set of *Nest* evidence-based strategies that will improve child and youth wellbeing, in line with *The Nest* outcomes (ARACY, 2012b) .
- A **National Summit** – involving young people and Australia's leading 'thinkers and doers', to discuss the development of *The Nest* to date and to map-out the action required to fill the gaps, align efforts and start planning action. This Summit took place in November 2012 and marked the end of the first Phase of *The Nest*, and was supported by the final Phase 1 report, 'Towards a National Action Plan for child and youth health and wellbeing' (ARACY, 2012c).
- The **development of *The Nest* Outcomes Framework** based on collected evidence to date and setting out the data that will be used to measure the key outcomes (KRAs) and associated indicators of *The Nest.*
- **Production of the 2013 ARACY Report Card** building on the first 2009 Report Card (ARACY, 2008a) and based on *The Nest* Outcomes Framework. The 2013 Report Card provides an international comparison and a common metric on the wellbeing of young Australians, and allows for regular reporting of progress, across consistent measures, towards the agreed *Nest* outcomes (ARACY, 2013)
- A **review of evidence-based programs** to underpin and complement the higher-level strategies identified through the evidence review. It is anticipated that the programs identified in this review will provide the basis for the development of a national 'What Works for Kids' database.
- **Production of *The Nest* action agenda** – bringing together the work of *The Nest* into a coherent national plan, including a vision, outcomes, evidence-based **strategies and operational principles** to underpin this work (ARACY, 2014).

The Nest approach to evidence

The Nest has adopted a collaborative and inclusive approach to understanding and using evidence, drawing on i) consultation data, ii) statistical outcomes data, and iii) evidence from research and from systematic reviews of effective interventions to build and develop the action agenda. These different kinds of evidence have been used to complement, inform and strengthen one another, building a clear case for action based on a rigorous research methodology.

[8] These activities are listed in broad chronological order, although work to review the evidence has been continuing throughout the project.

The development of *The Nest* has been guided by a **Results-Based Accountability** (RBA) framework. Used widely in a public policy setting, RBA applies an outcomes-based approach to improve the quality of life in communities, cities, countries, states and nations (Friedman, 2005). Essentially the RBA process starts with the desired ends (i.e. the outcomes or 'population measures' we want to see) and works backwards, step by step, to identify the most appropriate means to achieve these (ARACY, 2012a).

The emphasis of *The Nest* is firmly placed on achieving **measurable outcomes for the child or young person**. This approach provides a common basis for collaborative efforts to make a difference and for regular monitoring and reporting of progress towards achieving the desired outcomes. It differs notably from service-oriented approaches which have tended to focus on documenting the inputs or outputs of individual services and programs, rather than the outcomes that are achieved for service or program users.

Report preview

The main body of this report is in two parts:

Section 1 outlines the work to develop *The Nest* outcomes, measurement and reporting framework and describes the methods used to develop the action agenda directions and strategies.

Section 2 provides a detailed review of the underpinning evidence to support the directions and strategies.

1 Background and methodology

1.1 Developing *The Nest* outcomes and measurement framework

Collaboration and consultation[9]

The Nest engaged and consulted with a wide range of stakeholders in order to seek collaborative input into the development of the vision, KRAs and outcomes of the national action agenda.

Building on the outcomes of the 2009 ARACY National Conference and the Inaugural National Action Plan Planning Workshop (December 2010), work included:

1. the development and implementation of approaches to engage and consult with national stakeholders at all levels of government, non-government organisations and other child wellbeing professionals including research, philanthropies and the business sector; and
2. the development and implementation of a major national consultation with children, young people and their families, facilitated by ARACY, in conjunction with partners across the Australian community (described below).

Nest 'Champions' were also signed up across Australia to act as points of contact within their jurisdictions and to assist in the consultations. Additionally, a number of high-profile public figure 'Ambassadors' were invited to publicly promote the development of the plan and to encourage families and children and young people to participate in the consultation.

The consultation aims and design

The Nest consultation aimed to ensure that the vision, goals and directions of *The Nest* were grounded in the views of children and young people and the key adults in their communities. This approach was innovative in many respects.

Firstly, this was an unprecedented major national consultation, involving people across Australia, in a national discussion about what mattered in relation to child and youth wellbeing. The perspectives of Australians were to be sought directly and used to complement and add weight to evidence that derives principally from research literature about the outcomes that are critical to child and youth wellbeing.

Secondly, and perhaps most importantly, children and young people themselves were included in the consultation and were to be active participants, therefore, in developing and shaping measures of their wellbeing. While there is a small but growing body of literature on the involvement of children and young people in conceptualising and

[9] The text under this heading is largely taken from the ARACY consultation report (ARACY 2012a).

defining measures of their own wellbeing, this area remains relatively undeveloped, and understandings of what constitutes child and youth wellbeing are commonly defined in adult-centric terms.[10]

The **Results-Based Accountability** (RBA) logic shaped the questions and themes for *The Nest* consultation, with approaches used to explore **what outcomes respondents would like for children and young people** (results), **what these results look like** (experience, indicators), **how we are currently faring and perceived to be heading** (baselines), and (for further consideration in the next section of *The Nest* methodology) **how we get to where we want to be** (what works, who is involved in making this work, what other criteria do we need to consider) (ARACY, 2012a).

In particular, this approach facilitated greater understanding of the perceived relevance and meaning of the draft *Nest* Key Result Areas (KRA's) that had been established (and modified slightly) from the early stages of project development in 2010:

- children and young people are loved and valued;
- children and young people are healthy;
- children and young people are safe and supported;
- children and young people are able to learn and develop;
- children and young people are able to have a say;
- children and young people are part of a community; and
- children and young people are achieving material basics.

Activities and methodology

The consultation included an online survey (response details below), and face-to-face discussions and activities with over 500 children and young people across Australia.

The on-line survey was made available:

- On ***The Nest* website**, open to anyone aged 6 or over to complete from 28 February 2012. Links to the survey were promoted to youth and community sector organisations, schools and tertiary institutions, government departments, and the public via media and social media.
- Through a promotion on ***Student Edge***, a membership based website (with over 500,000 members) offering services and promotions to young people across Australia. The survey was open for any member aged 6 or over to complete between 13 June and 5 August 2012.

[10] For discussion of the involvement of children and young people in shaping measures of their wellbeing see, for example, Ben-Arieh, 2005; Hood, 2007; Fattore, Mason, & Watson, 2007.

- As part of the ***Australian Attitudes to Young People Survey***, carried out by ARACY and the Australian National Development Index (ANDI), with the support of BUPA Health Foundation. The survey included several (but not all) questions from the core *Nest* survey and was carried out in May 2012 with a representative sample of 1,000 Australians aged 18 or more years (ARACY, 2012a).

In addition, the following approaches were used:

Partner-facilitated consultation

Approximately 150 partners expressed interest in supporting *The Nest* consultation. Many organisations promoted *The Nest* survey via established networks, to client groups or in their local area. Others provided support for children and young people to complete the online survey, such as making a computer and internet connection available.

A number of organisations conducted face to face consultation activities utilising a resource toolkit produced by ARACY and similar materials were adapted for schools to use as lesson plans, tailored to the age cohort of students involved (further details are provided in Appendix 1).

ARACY-led activities

Members of *The Nest* team at ARACY worked in liaison with several organisations to carry out consultation activities directly with children and young people. These principally involved group discussions about aspects of wellbeing, issues they face, and solutions, using activities developed in *The Nest* consultation toolkit (for further details see Appendix 2).

The consultation sample

In total, 3,122 respondents took part in the survey up to and including 5 August 2012.

Although the consultation was not designed to achieve a nationally representative sample, the final sample was similar to the national population profile. The respondent group reflected a broad spread by gender, age and across geographic location. Almost one half of survey responses (46 per cent) were received from children and young people (aged 24 years or less), with three in ten (30 per cent) provided by those aged 17 or under. The geographical representation also reflected the overall population distribution in Australia, across state and territories and across metropolitan/non-metropolitan areas.

Around one in five of the respondents were born overseas and/or from a Culturally and Linguistically Diverse (CALD) background, and 2 per cent identified as being of Aboriginal or of Torres Strait Islander descent. Approximately 6 per cent of respondents had a disability. Over one quarter (27 per cent) of respondents were parents of children aged 18 or under. Seven per cent of respondents reported being a carer of children who are or are not related to them.

Given the profile of *The Nest* and the active engagement of the community and youth sectors, a high percentage of both paid and voluntary sector workers were expected within the respondent group. Approximately three in ten (30 per cent) survey respondents indicated that their work involved working with, or in relation to, children and young people (ARACY, 2012a).

Further details of the survey respondents are attached in Appendix 3.

Key consultation findings – based on both the survey and face-to-face consultations

Quality of life for children and young people in Australia

Overall, **the majority of participants believed that life for children and young people in Australia was "good" or "very good"**. Children and young people were more likely than adults[11] to report this (67 per cent in the survey saying "good" or "very good", compared with 53 per cent of adults). In contrast, adults were more likely to consider that life was "okay", "bad" or "very bad" for children and young people (44 per cent indicating this), compared to children and young people themselves (30 per cent).

Those who considered life to be "good" or "very good" tended to focus on areas of **provision and support structures in place in Australia**. They often compared Australia positively with other countries. People who believed that life is "okay" also frequently noted that many children and young people in Australia are supported and provided for, but there are notable gaps and **levels of inequity**, whereby some children and young people do not fare well at all.

Other issues raised by those who think that life is "okay", "bad" or "very bad" include challenges for parents (such as time) and observations of **"bad" parenting practices**, concerns about public and personal **safety** (including, for young people particularly, bullying), **increased pressure** on children and young people to achieve, conform and 'fit in', and perceived **declines in health and economic prosperity and opportunity** (ARACY, 2012a).

The main perceptions of survey respondents are summarised in Table 1 below:

Table 1: Why life is considered good/okay/bad for children and young people in Australia

Good/Very good	Okay	Bad/Very bad
• Access to services (e.g. health, education) • Opportunities available to children and young people • Australia compares well to other countries • Have the basics in place (food, shelter etc) • Support and a 'safety net' provided	• Inequity and gaps in wellbeing • Parenting issues • Safety concerns and fear, crime, and bullying • Pressure on children, growing up too fast • Health issues faced by children and young people	• Parenting issues • Tough economic conditions and lack of opportunities • Safety concerns and fear, crime, and bullying • Lack of respect, responsibility and discipline of children and young people • Pressure on children, growing up too fast

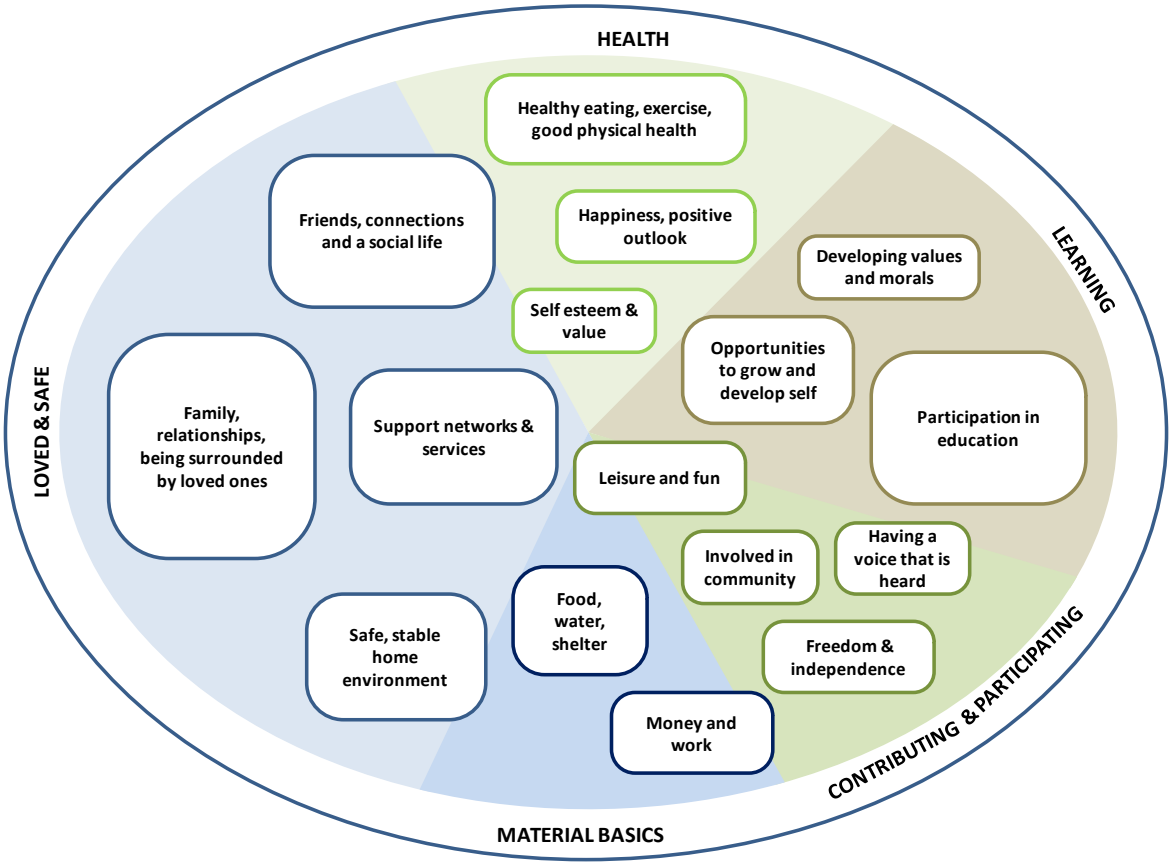
Source: ARACY, 2012a

[11] Children and young people are defined as those aged 0-24 years and adults are those aged 25 years or more.

Shaping the outcomes: what respondents would like to see for children and young people

Participants considered a number of main themes and areas as being important for a 'good life'. These are summarised in Figure 2 (the larger segments and boxes in the diagram were more frequently raised as being important).

Figure 2: Important themes for a 'good life'



SOURCE: ARACY, 2012A

Overall, the theme of **children and young people being "loved and valued" was considered the most important aspect** for contributing to a good life. In *The Nest* survey over three-quarters (78 per cent) of children and young people and almost nine in 10 (88 per cent) adults indicate this to be one of the top three important aspects to wellbeing. Around one half of all respondents indicate "being healthy", "being safe" and "being able to learn and develop" as one of the most important things, with children and young people placing more emphasis on the importance of health than adults. One quarter consider "achieving material basics" as important, and less than two in ten indicate "being able to have a say" and "being a part of the community" as one of the most important factors (ARACY, 2012a).

Understanding what these wellbeing outcomes look like

To further understand conceptualisations of wellbeing and to assist in the development of a set of outcome indicators, the consultation asked participants to articulate in their own words what the draft KRAs 'looked like'. The findings are summarised in Table 2 below.

Table 2: Key descriptors of the draft KRAs

KRA	Aspect of wellbeing	Key descriptors of what this 'looks like'
LOVED & SAFE	**Being loved and valued**	▶ Having loving, trusting, unconditional relationships with family and friends ▶ Being accepted for who you are, being listened to and respected ▶ Having support networks and someone to turn to ▶ Being taken care of, nurtured and provided with security
	Being safe	▶ Being with family, people who love you and you can trust ▶ Being free from harm, abuse, conflict, and free from the fear of harm ▶ Being responsible and making safe decisions ▶ Being cared for and provided with basic human rights
HEALTH	**Being healthy**	▶ Eating well and nutritiously ▶ Being physically active, involved in exercise ▶ Having a good state of mind and being happy ▶ Being in a healthy environment where you are loved and supported ▶ Having a balanced life (work, study, fun)
LEARNING	**Learning and developing**	▶ Having access to and participating in formal education ▶ Having freedom to learn and find things out for yourself ▶ Being able to see new things, experiences and surroundings ▶ Engaging and interacting with others
CONTRIBUTING & PARTICIPATING	**Having a say**	▶ Being able to have a say in things that affect you ▶ Having the confidence to speak out and express oneself ▶ Being listened to and taken seriously ▶ Having opportunities – e.g. forums – to express views
	Being part of a community	▶ Getting involved and contributing to communal events and activities ▶ Being connected and able to socialise with others ▶ Being supported by the community around you ▶ Having a 'sense of belonging'
MATERIAL BASICS	**Achieving material basics**	▶ Food and water ▶ Housing and shelter which is safe and secure ▶ Access to education ▶ Health and sanitation ▶ Clothing, toys for play, and access to computers

SOURCE: (ARACY, 2012A)

Refining the Key Result Areas

Further work to define the five KRAs was undertaken for ARACY by KPMG as part of the wider evidence review to research the strategies that will improve the wellbeing of children and young people against each of the five KRAs (ARACY, 2012b).

This review also confirmed the significance of each of the selected KRA outcomes for children and young people's current and future wellbeing.

Findings from this work are summarised in Appendix 4, with a description of what each of the KRAs means for children and young people and a summary (in dot points) of how we would know if a child or young person had achieved this particular outcome.

Defining *The Nest* outcomes

Taken together, the consultation and the evidence review provided material to inform the definition of five *Nest* outcome areas (Figure 3 below) and the development of indicators to measure progress towards these outcomes (discussed further below under *The Nest* outcomes measurement framework).

Figure 3: The five *Nest* outcome areas

Being loved and safe

Being loved and safe embraces positive family relationships and connections with others, along with personal and community safety. Children and young people who are loved and safe are confident, have a strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and positive adult role models or mentors are present in their life. Children and young people who are loved and safe are resilient: they can withstand life challenges, and respond constructively to setbacks and unanticipated events.

Having material basics

Children and young people who have material basics have access to the things they need to live a 'normal life'. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways.

Being healthy

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

Learning

Learning is a continuous process throughout life. Children and young people learn through a variety of formal and informal experiences within the classroom and more broadly in their home and in the community. Children and young people who are learning participate in and experience education that enables them to reach their full potential, and maximise their life opportunities.

Participating

Participating includes involvement with peers and the community, being able to have a voice and say on matters, and, increasingly, access to technology for social connections. In practice, participating means children and young people are supported in expressing their views, their views are taken into account and they are involved in decision-making processes that affect them.

Consultation on these outcomes, as part of the wider consultation on a draft action agenda, resulted in the inclusion of a sixth outcome area: "a positive sense of culture and identity", as included in the final *Nest* action agenda (ARACY, 2014).

Defining the measurement framework

The Nest outcomes measurement framework was shaped and defined in response to the findings from *The Nest* consultation and the KPMG evidence review as well as in response to the outcomes from discussion at the Phase 1 *Nest* Summit; and from consultation on a draft action agenda.

The framework provides a consistent set of indicators which can be used to measure progress towards five of *The Nest* outcomes, with appropriate measures for "a positive sense of culture and identity" still to be developed.

While the indicators were shaped and defined in response to the consultation and collaboration (outlined above), the final indicator selection was also determined by the kinds of national data that are available to support regular and consistent reporting; and by the ARACY reporting framework that was already established in the 2008 ARACY Report Card on the wellbeing of young Australians (ARACY, 2008a).

The indicator selection reflects and builds on other recent work to develop national indicators in Australia. For example, some of the outcomes framework indicators are also Headline Indicators for children's health, wellbeing and development, developed by the Australian Institute of Health and Welfare (AIHW) and endorsed by Ministerial Councils for health, community and disability services, and education. Others are Measuring Australians Progress indicators, developed by the Australian Bureau of Statistics (ABS) to answer the question "is life in Australia getting better?" (ARACY, 2013, p.3)

There are also some areas of critical importance to child and youth wellbeing, such as engagement in learning, children and young people's perceptions of their neighbourhood and the participation of young Australians in decision-making, for which appropriate national measurement data are limited. We do not have a national dataset on family functioning and our knowledge and understanding of the social and emotional wellbeing of children and young people in Australia is also limited because of some gaps in our national, and internationally comparative, data.

It will be important that we continuously seek to develop, refine and improve *The Nest* measurement framework, building on new evidence as it emerges, and seek to find new measures where required.

Regular monitoring and reporting through ARACY Report Cards

The 2013 ARACY Report Card on the wellbeing of young Australians (ARACY, 2013) provides a baseline overview of how Australian children and young people are faring, against the five measurable domains of *The Nest* outcomes framework. It builds on the first 2008 Report Card (ARACY, 2008a), and the accompanying technical document (ARACY, 2008b) to provide a mechanism for regular and systematic monitoring and reporting, over time, of how we are tracking in our progress towards *The Nest* outcomes.

For some indicators the availability of supporting OECD data allows for comparison between how children and young people in Australia and other OECD countries are faring. Other internationally comparable data is also

incorporated in the outcomes framework, where available and appropriate. Comparative data are included, where available, to allow for comparison between the wellbeing of Indigenous and non-Indigenous children.

Further information relating to the outcomes indicators and the data sources for each indicator can be found in the 2013 Report Card Technical Document (http://www.aracy.org.au/projects/report-card-the-wellbeing-of-young-australians).

1.2 Developing *The Nest* directions and strategies

Setting the context

Introduction

The measurable outcomes of *The Nest* are six broad inter-related domains of child and youth wellbeing that research evidence suggests are essential for our children's current and future wellbeing, defined by *The Nest* as follows:

- **Children and young people who are loved and safe** are confident, have strong sense of self-identity, and have high self-esteem. They form secure attachments, have pro-social peer connections, and are resilient.
- **Children and young people who are healthy** have their physical, developmental, psychosocial and mental health needs met. They achieve their optimal developmental trajectories.
- **Children and young people who are learning** are fully engaged in learning, reach their fullest potential, and maximise their life opportunities.
- **Children and young people who have material basics** have access to the things they need to live a 'normal life'. They live in adequate and stable housing, with adequate clothing, healthy food, and clean water, and the materials they need to participate in education and training pathways.
- **Children and young people who are participating** are actively connected with the community, through participation in civic and community life; and are actively involved in decision-making processes that affect them.
- **Having a positive sense of culture and identity** is also central to the wellbeing of children and young people, and is particularly important for Aboriginal and Torres Strait Islander and other culturally and linguistically diverse (CALD) children and young people.

The Nest action agenda sets out a range of directions and strategies to improve the wellbeing of Australian children and youth against these outcomes.

The Nest consultation findings and the 2012 *Nest* Summit both contributed significantly to shaping these directions and strategies. They were also developed in response to the evidence review by KPMG (ARACY, 2012b) which predated the Summit, and subsequent work to develop the evidence (in 2013), most notably through a review of 'best buy' programs. Underpinning and informing all this work was the ARACY Report Card data describing how children and young people were faring, as this highlighted areas of strength and areas requiring attention and action (ARACY, 2008a; ARACY, 2013).

This section of the report describes the methodology for selection of the action agenda directions and strategies.

It begins by setting the context with a discussion of some broader conceptual and methodological issues; in particular, the assumptions and theoretical models that underpin *The Nest* approach to the development and selection of evidence-based strategies.

Underpinning models and assumptions

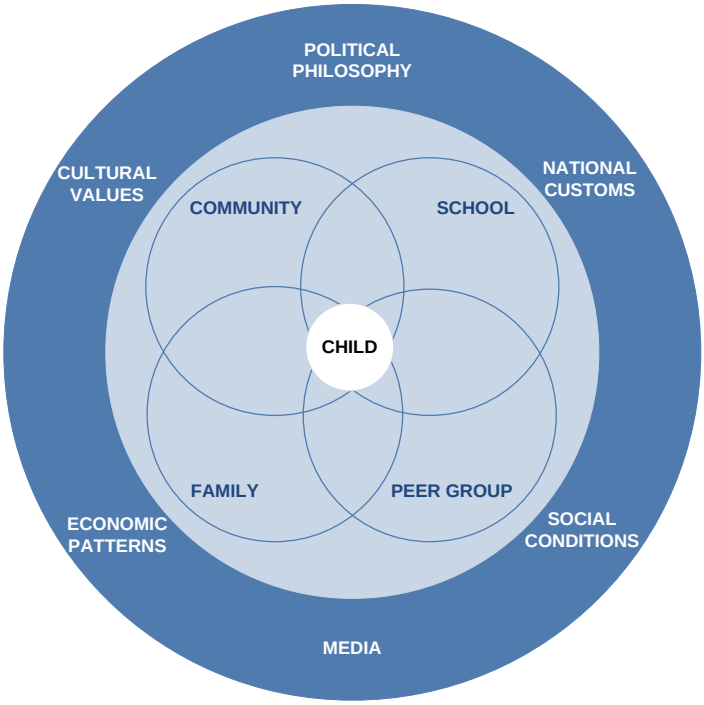
Improvements in outcomes will be driven by a complex inter-relationship of factors

In considering how to achieve the six *Nest* outcomes, it is recognised that a complex inter-relationship of factors will contribute to and drive any improvements or changes in child and youth wellbeing.

Drawing on the work of Bronfenbrenner who described the different systems or environments that work together to influence child outcomes (Bronfenbrenner, 1979), *The Nest* approach is built on the understanding that children's wellbeing outcomes are influenced by the family, his or her networks and wider community and broader societal factors. The individual child in Bronfenbrenner's ecological model is placed in the centre of a series of concentric circles each representing the environmental factors that combine to influence his or her life outcomes, as shown in Figure 4 below.

While Bronfenbrenner's model highlights the key influences on child outcomes, it is important to note that the child in the centre of the circle is not simply a passive recipient of these influences. The process is fluid and interactive – and children and young people are active participants who interact with their environments in ways that can make a difference to their lives.

Figure 4: Factors influencing child wellbeing



SOURCE: KPMG EVIDENCE REVIEW (ARACY, 2012B), ADAPTED FROM BAMMER, ET AL., 2010

Improvements in outcomes will be driven by reducing known risk factors and enhancing known protective factors at each environmental level of influence

Longitudinal research identifies a range of key risk and protective factors at the child, school, peer, family, and broader community and societal levels, that are known to influence the course of child development (for a summary in relation to early child development, see Australian Early Development Index, 2013).

The Nest outcomes are closely inter-related

It is also recognised that the six key *Nest* outcome areas are closely inter-related. The outcomes do not stand alone but interact to affect a child or young person's life experience, opportunities and level of wellbeing. For example, forming relationships or undertaking training or employment is likely to be more difficult when an individual is experiencing difficulty meeting basic life needs and safety. In turn, joblessness affects a parent's ability to provide basic necessities such as housing and food for their family. Having a positive sense of culture and identity is critical to and underpins the other five outcome areas.

Implications for achieving *The Nest* outcomes

These underpinning models and assumptions have important implications for the development of approaches to achieve *The Nest* outcomes.

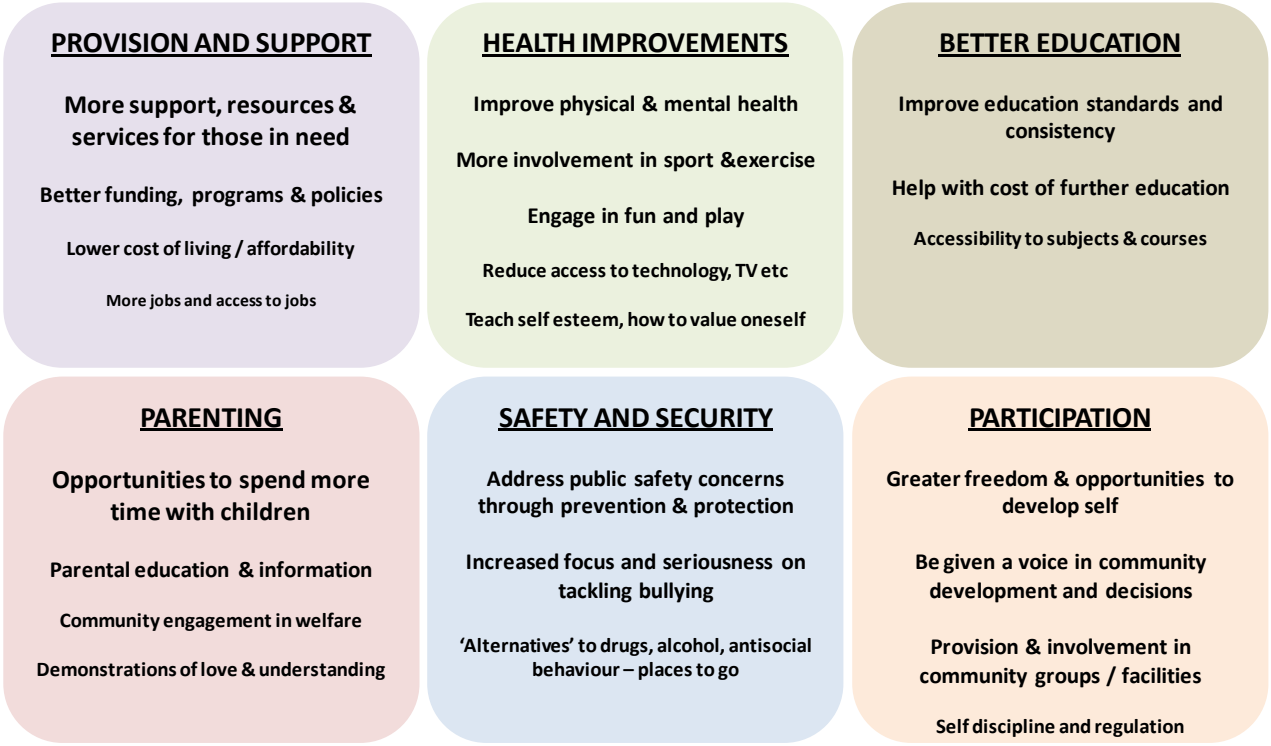
Coordinated and collaborative approaches are needed at all environmental levels

We are most likely to achieve improvements in outcomes, by seeking to reduce known risk factors and enhance known protective factors for children and young people. When thinking about the constellation of environmental factors that influence the outcomes it is critical to recognise that we may have a greater impact when we take planned and coordinated action to do this, at all of the individual child, family, community and wider societal levels. As the Victorian Government notes in discussion of its Child and Adolescent Outcomes Framework, which is also based on the ecological approach: "we are most likely to significantly influence outcomes when we undertake activities at all levels synergistically and in parallel" (Department of Education and Early Childhood Development, 2008a, p.3).

This observation can be applied to analysing and understanding the range of interventions that may be required at different levels to address a wellbeing issue such as alcohol use; and it also has broader relevance for identification of the key stakeholders whose actions will be required at multiple levels to progress and implement *The Nest* action agenda: Australian Government, state and local governments, businesses, schools, non-government agencies, parents, communities, and children and young people.

Those who took part in *The Nest* consultation indicated that responsibility for taking action to improve the wellbeing of children and young people is shared widely by parents, educational institutions, all levels of government and community groups and organisations. Participants provided a range of suggestions for actions that could be taken, with the main issues and themes depicted in Figure 5 below (note: font size is indicative of relative response frequency) (ARACY, 2012a).

Figure 5: Proposed actions to improve the wellbeing of children and young people



SOURCE: ARACY, 2012A

The importance of maintaining a whole-child perspective

Second, the close inter-relationship between *The Nest* outcomes implies that approaches to address the outcomes must be shaped from the perspective of the whole child, focusing on what is required to ensure their overall wellbeing (across all the dimensions of their lives) rather than planning in response to established professional disciplines and service boundaries, which may be focused individually on particular outcome areas (such as health or learning).

Again this requires collective effort across the services and disciplines that are focused on child and youth wellbeing; and the use of *The Nest* child-focused outcomes framework for guiding action and evaluating progress is key to enabling this holistic approach.

Understanding evidence-based interventions: *The Nest* approach

The Nest aims to collectively identify the outcomes that we should be aiming to achieve for children and young people, the most **effective prevention focused and evidence-informed ways** to achieve these, and how we can best align our collective effort to achieve them.

What is meant by this focus on prevention and what are some of the key issues that need to be taken into account in thinking about how this can be done in an evidence-informed way?

When defining prevention it is helpful to distinguish it from early intervention and treatment. Essentially, prevention is about preventing a problem before it occurs, early intervention is about responding to the first signs of a problem and treatment is about trying to deal with and resolve a problem when it has emerged. These approaches are also commonly referred to as primary (prevention); secondary (early intervention) and tertiary intervention (treatment). It is useful to see this as a continuum, with intervention possible at any point along the way.

The Nest **begins with a strong commitment to prevention and early intervention** as the priority overarching approaches to be used in improving the wellbeing of Australian children and youth. While treatment or tertiary intervention will always be required, the majority of effort and investment should be focused towards the prevention end of the continuum. This commitment is based on the clear understanding that, wherever possible, it makes sound economic, as well as ethical, sense to prevent child and youth wellbeing problems before they occur, or to address them as early as possible, rather than to address them when they have emerged.

Prevention approaches can be broadly understood as being of two kinds – universal (or population-based approaches) and targeted prevention, for specific populations who may be at higher risk of poorer outcomes. Universal or population-based approaches can work by bringing benefits to all who receive them, while bringing particular benefits to those who are at the greatest risk of poor outcomes. Where particular conditions hold, and through adopting a public-health population-based approach, it is possible to have a greater overall impact by reaching a lot of people who may be at a lower level of risk, than by intervening with a small group who are at higher risk (Little & Sodha, 2012).

As Little and Sodha note, three conditions must hold for public-health bases approaches to work: i) the problem that we wish to change must be distributed along a continuum so that some have no exposure to the risk, some have are in the middle of the distribution and some have a lot of exposure to the risk; ii) there should be a statistical relationship between the risk and an outcome, with those at the higher end of the risk spectrum more likely to experience that outcome; and iii) there must be the possibility that the behaviour of people in one part of the distribution can be influenced by the behaviour of people at another part of the distribution. These conditions do actually hold for many childhood problems and the potential for the development of such approaches is considerable (Little & Sodha, 2012, p.4).

If prevention approaches are to work they must also be informed at all stages in their development, implementation and evaluation by good data or evidence. To put it simply this means that we need data to tell us what the problem is; what are its key drivers and causal pathways; who it is affecting and how; and we need to be able to test how effective our strategies are to address the problem and for which populations. We need to use clear metrics to evaluate our efforts to make a difference. Where cost-effectiveness data are available these should also inform our approach (Little & Sodha, 2012).

Another similar approach to understanding this is to recognise that we need **foundational research** (which explains why an issue or problem occurs and identifies risk and protective factors); **evaluation research** (to provide evidence of what works); and **translational research** (which examines the best ways to implement effective prevention strategies (Centers for Disease Control and Prevention, National Centre for Injury Prevention and Control, 2012, p.41).

It is helpful to see how this kind of data-driven model applies to *The Nest* methodology. *The Nest* uses this approach to the shaping and development of the overall project methodology, with 'the problem' being all those child and youth wellbeing issues that are preventing us from achieving *The Nest* outcomes for all children and young people; and the data (to develop effective strategies) being derived from evidence review and consultation, supported by clear metrics on how children and young people are faring (in the ARACY Report Card). *The Nest* also applies this kind of data-driven model to thinking about how best to address major high-level overarching issues such as inequalities in outcomes between different populations of children; as well as to thinking about how best to address and respond to more specific health and wellbeing concerns.

Understanding and categorising evidence-based interventions

Program-level interventions lend themselves well to being tested through experimental or quasi-experimental design and there is a considerable body of evidence in Australia and internationally relating to 'what works' at a program level. Perhaps as a consequence of this many people may think of evidence-based approaches as primarily referring to program-level interventions.

However, evidence-based approaches to improving child and youth wellbeing outcomes can vary considerably in their scope and can range, for example, from high-level policy/regulatory and legal approaches to practices, processes, services or programs.

Higher-level policy/regulatory and legal approaches are generally much less easy to evaluate than program or other smaller-scale interventions, as they do not easily lend themselves to experimental or quasi-experimental designs. However, the use of good metrics, combined with testing of these approaches can still provide important information to be used in the development of strategies to improve child and youth wellbeing. Little and Sodha provide an example, of the recent reduction in the number of Scottish children who are killed or seriously injured on the roads, brought about by a range of carefully evaluated evidence-informed and 'high-level' measures including compulsory seat belts, speed limit reductions, and penalties for drink-driving. Importantly, and in line with *The Nest* focus on collective action, the authors highlight that the successful implementation of these evidence-informed measures involved active collaboration at all levels: "in the state changing laws, in local government introducing traffic calming measures, in manufacturers making cars safer and in the general public, learning to drive more sensibly" (Little & Sodha, 2012. p.3)

For the purposes of *The Nest*, evidence-based interventions are understood to encompass any or all of these very different types of approaches. The sphere of influence for these different approaches can be understood to broadly relate to the different environments (child, family, community and society) that impact on child outcomes, so that, for example, policy or regulatory/legal interventions constitute interventions at the community/societal level, while programs constitute interventions at the child, family and (sometimes) community levels.

So just as we may have a greater impact when we take coordinated action at all of the individual child, family, community and wider societal levels, in many instances, a combination of different evidence-based interventions will be more likely to have a greater impact on child and youth wellbeing outcomes.

Implementation issues

As noted earlier, a data-driven model for understanding prevention approaches must also consider the question of implementation. As the Parenting Research Centre describes in relation to programs, a focus on the 'how' of implementation is as important as a focus on the 'what' in determining the outcomes of (a program) intervention.

> Without addressing these organisational and individual challenges as part of a planned, purposeful and integrated implementation strategy, interventions, even effective ones, may not produce the desired effects for parents and children. Therefore, attention to **how** a program is implemented is as important to child, parent and family outcomes as **what** is implemented. To ensure that government spending is directed at services and programs known to be associated with positive results, and to ensure that limited dollars are invested in programs that are more likely to make a difference to families, we must attend to both the evidence that a program works, and the way that program should be implemented to achieve good results (Parenting Research Centre , 2012, p.28).

Key issues to be considered in relation to the implementation of evidence-based approaches are replication and scale. If evidence based approaches are going to realise the maximum benefits for children and young people, they need to reach as many of the children and young people as possible that could benefit: in other words, they need to be scalable. However, as Little and Sodha note, 'evidence-based' and 'scalability' do not always sit comfortably with each other as evidence-based programs are often tightly-defined and there may be challenges in scaling up a complex program and replicating it with fidelity to its effective features (Little & Sodha, 2012).

Cost-effectiveness is another important issue. While strong arguments can be made overall, for the savings associated with prevention and early intervention approaches (over a reliance on tertiary treatment responses), public policy decisions relating to the selection of evidence-based interventions require information about the cost-benefits of particular approaches.

The Nest evidence review methodology

In addition to the evidence received from the consultation and from young people and leading experts in child and youth wellbeing at the National Summit, the formal review elements of *The Nest* included:

- a review of evidence-based interventions undertaken by KPMG for ARACY (ARACY, 2012b); and
- further work to build on this evidence, including a review of 'best buy' programs impacting on the game-changers (termed priority directions) and *The Nest* outcomes.

Together, these approaches provided information about a range of effective interventions that would impact on *The Nest* outcomes on a continuum from policy/regulatory/legal levels to program/practice level interventions.

The KPMG evidence review[12]

Scope

The KPMG evidence review comprised a review of relevant literature to identify effective strategies that would 'turn the curve' to support the wellbeing of children and young people against each of the five original KRAs (or outcomes). The review included all OECD countries, where published material was available in English, with an initial focus on:

- Australia
- United Kingdom
- Canada
- New Zealand
- United States of America.

These jurisdictions were selected on the basis that a significant relevant literature would be available, and that the similarity of community, government and policy environments meant that identified strategies were more likely to be able to be applicable in the Australian context.

The search was confined to material published after 1 January 2006. However it was recognised that some seminal studies may have been published before 1 January 2006 and these should be included within scope. Two methods were used to address this limitation:

1. The use of snowballing, whereby the reference lists of articles identified within the specified time-horizon are scanned to identify further relevant research material.
2. The project team drew on the knowledge and advice of the Expert Reference Group, reviewing relevant seminal material posted on Basecamp (an online collaboration portal).

Search engines

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

Two types of database were searched to identify relevant academic literature:

1. Databases usually accessible through university libraries (e.g. EBSCO, Informit Core Collection, IngentaConnect, JSTOR, Open Access Journals, PubMed, and The Cochrane Library) from which peer review journals may be easily (electronically) searched, and full-text articles accessed.

[12] The description of the method is taken from pages 1-10 of the KPMG report (ARACY, 2012b).

2. Searchable databases or websites maintained online by clearinghouses and public policy 'think tanks', whose focus is on particular areas or fields of relevance to *The Nest*. These included:
    - Australian Policy Online
    - the Australian Institute of Family Studies
    - National Family Relationships Clearinghouse
    - National Centre for Vocational and Educational Research
    - National Child Protection Clearinghouse
    - the National Youth Affairs Research Scheme (NYARS).

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

- A scan of Australian state and territory government department websites with responsibility for policy development and program funding for children and young people, and/or relevant to each KRA.
- A search using Google.com, using key terms, to identify working papers, unpublished conference papers and reports, and government policy statements and whitepapers.

Search terms

The search strategy utilised a set of key terms to identify literature relevant to each KRA, as listed in Appendix 5. The generic terms 'child' and 'young person' were used in combination with the key search terms to ensure material relevant to children and young people was identified.

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

Identification of literature for inclusion

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

- had been published in the last six years, or were considered to be seminal studies;
- had been subject to external peer review, or included sufficiently rigorous and detailed information about the study population and research methods; and
- were, by the reviewer's judgement, relevant to the KRA under exploration.

The ARACY review of evidence-based programs

The aim of this review was to provide information about programs that would be likely to impact positively on *The Nest* outcomes and support the priority directions of *The Nest* action agenda. A total of 162 programs were identified in the review and documented on an excel spreadsheet.

The review was broadly intended to provide access to a comprehensive list of relevant 'evidence-based' programs:

> A widely accepted definition of evidence-based programs is the competent and high fidelity implementation of programs and practices that have been demonstrated to be safe and effective (Chaffin & Friedrich, 2004, cited in Parenting Research Centre, 2012, p.8).

However, in order to ensure coverage of as many as possible of *The Nest* indicators, as well as the inclusion of some programs for population groups (such as Indigenous populations) for which rigorously evaluated programs are limited, some information was also provided about 'best-practice' programs that might be more appropriately defined as 'evidence-informed':

> Evidence-informed programs have been described as the use of current best evidence combined with the knowledge and experience of practitioners and the views and experiences of service users in the current operating environment (Chaffin & Friedrich, 2004; Petch, 2009, cited in Parenting Research Centre , 2012, p.8).

Programs are classified according to their standard of supporting evidence, as either well-supported, supported, promising or emerging, with the majority of programs (123) classified as either well-supported, supported, or promising.

The full review method, including further details of the evidence standard used, is outlined below.

Method

Stage 1

The following Australian and international registries, databases and publications/collations were searched to identify programs that sought to impact positively on child and youth wellbeing outcomes and were identified, by each of the sources, as being supported by evidence.[13]

Australian searchable online databases/registries:

- The Victorian Government's Department of Education and Early Childhood Development (DEECD) online Catalogue of Evidence-Based Strategies
  http://www.education.vic.gov.au/about/research/Pages/catalogue.aspx
- Kids Matter programs guide:
  http://www.kidsmatter.edu.au/sites/default/files/public/Static_Components_Guide3Aug2012_1.pdf

Australian publications/collations

- A Guide to Australian Prevention Strategies (Communities that Care, 2012)
- Evidence Review: an analysis of parenting interventions in Australia (Parenting Research Centre, 2012)

[13] The search criteria related to the reported quality of supporting evidence for programs and was not guided by identified program topics or themes.

- Building Blocks: best practice programs that improve the wellbeing of children and young people, edition one (Commissioner for Children and Young People, Western Australia, 2012a)
- The Northern Territory Government Early Childhood Paper: The value of investment in the early years (Robinson, et al., 2011).

International searchable online databases/registries

- Child Trends (www.childtrends.com)
- Blueprints for Healthy Youth Development (www.blueprintsforhealthyyouthdevelopment.com).

International publications/collations

- Early Intervention: the Next Steps – An Independent Report to Her Majesty's Government (Allen, 2011).

An initial long list of 461 programs was developed as a result of this search.

Stage 2

Each of these sources used a different rating system for evaluation of the evidence supporting the programs. Programs that were classified by these sources as having higher standards of supporting evidence were selected for the review while ensuring that those programs selected included representation of some programs for populations for whom rigorously evaluated programs are limited. A first shortlist of 296 programs was developed as a result of this selection process.

Stage 3

The shortlist was reduced to the final shortlist of 162 programs based on removal of programs using criteria including:

- program duplications (there were 79 of these);
- programs where there was other more recent evaluation of similar program types (e.g. parenting programs);
- programs where the evaluation evidence was based on populations with very little relationship/relevance to the Australian context; and
- programs that, on review, appeared less relevant to *The Nest* outcomes and indicators.

These shortlisted programs were then evaluated with regard to the quality of their supporting evidence, using the rating scheme that was used by the Parenting Research Centre for the Rapid Evidence Assessment (REA) of Australian evaluations of parenting programs (Box 1).

The 162 shortlisted programs comprised 37 well-supported programs, 50 supported programs, 36 promising programs and 39 emerging programs.[14]

Box 1: Rating scheme for Rapid Evidence Assessment of Australian evaluations of parenting programs

Well supported

- No evidence of risk or harm
- If there have been multiple studies, the overall evidence supports the benefit of the program
- Clear baseline and post-measurement of outcomes for both conditions
- At least two RCTs have found the program to be significantly more effective than comparison group. Effect was maintained for at least one study at one-year follow-up

Supported

- No evidence of risk or harm
- If there have been multiple studies, the overall evidence supports the benefit of the program
- Clear baseline and post-measurement of outcomes for both conditions
- At least one RCT has found the program to be significantly more effective than comparison group. Effect was maintained at 6-month follow-up

Promising

- No evidence of risk or harm
- If there have been multiple studies, the overall evidence supports the benefit of the program
- Clear baseline and post-measurement of outcomes for both conditions
- At least one study using some form of contemporary comparison group demonstrated some improvement outcomes for the intervention but not the comparison group

Emerging

- No evidence of risk or harm
- There is insufficient evidence demonstrating the program's effect on outcomes because:
  - the designs are not sufficiently rigorous (i.e. they do not meet the criteria of the above programs) OR
  - the results of rigorous studies are not yet available

Failed to demonstrate effect

- No evidence of risk or harm
- Two or more RCTs have found no effect compared to usual care OR the overall weight of the evidence does not support the benefit of the program

Concerning practice

- There is evidence of harm or risk to participants OR the overall weight of the evidence suggests a negative effect on participants

SOURCE: PARENTING RESEARCH CENTRE, 2012, P.17

[14] There were no programs that were classified as 'failed to demonstrate effect' or 'concerning practice'. This is unsurprising, given that the original search source collations comprised programs that were supported by evidence.

Stage 4

Summary information about each of the 162 selected programs was entered onto an excel spreadsheet using the parameters detailed in Box 2 below.

Box 2: The program review parameters

Program name (column A)

Endorsement (column B) (the databases/publications where program is listed)

Program type (column C) (primary/secondary/tertiary intervention)

Program focus (column D) (key words relating to the principle program focus)

Target audience (column E) (who is the program intended to benefit)

Program aims (column F)

Program delivery (column G) (what does the program comprise)

Priority Direction impacts (column H) (*Nest* priority direction impacts that the program will impact on)

KRA impacts (column I) (*Nest* Key Result Areas (KRAs) that the program will impact on)

Indicator impacts (column J) (KRA indicators that the program will impact on)

Evaluation details (column K) (brief details of the program evaluation and findings)

Evidence standard (column L) (programs are assessed as being either "well-supported", "supported" or "promising" using the rating scheme for REA of evaluation of programs that was adopted by the Parenting Research Centre in its recent evaluation of evidence-based parenting programs (attachment A).

Replication (column M) (has the program been independently replicated).[15]

Cost-benefits (column N) (findings of any cost-benefit analysis on the program).[16]

SOURCE: MATRIX HEADINGS DEVELOPED BY ARACY

Further details of the ARACY review methodology, including i) the evidence rating systems used by each of the source databases and publications and ii) the criteria used for initial selection of "higher standard of evidence" programs, are included in Appendix 5.

[15] Information relating to program replication was not always available.

[16] ARACY sought to include cost-benefit information about programs where available, drawing particularly on information provided by the Washington State Institute for Public Policy (WSIPP) (Lee, et al., 2012).

A framework for evidence-based action

Building on the assumptions and theoretical framework outlined above, and informed by the evidence review, *The Nest* action agenda sets out **six priority directions** that will enable coordinated action towards achieving *The Nest* outcomes.

1. **Improving early childhood learning and development**
2. **Improving the educational performance of young Australians**
3. **Improving the physical health of young Australians**
4. **Improving the social and emotional wellbeing of young Australians**
5. **Promoting the participation of young Australians**
6. **Addressing income disparity and its impacts**

These priority directions were discussed and formulated at *The Nest* National Summit as the key interconnected and inter-dependent 'game-changers' that would 'turn the curve' on the wellbeing of children and young people in Australia. As *The Nest* action agenda (p.4) describes:

> It is these priority cross-cutting directions that will enable coordinated action across the outcomes and thus in achieving the ultimate vision and targets for child and youth wellbeing.

The detailed supporting evidence for each of these priority directions and their associated strategies is outlined below. We begin by summarising some key overarching themes and messages that underpin *The Nest* action agenda to improve child and youth wellbeing outcomes.

Key overarching themes and messages: *The Nest* action agenda

2 Supporting evidence for the directions and strategies

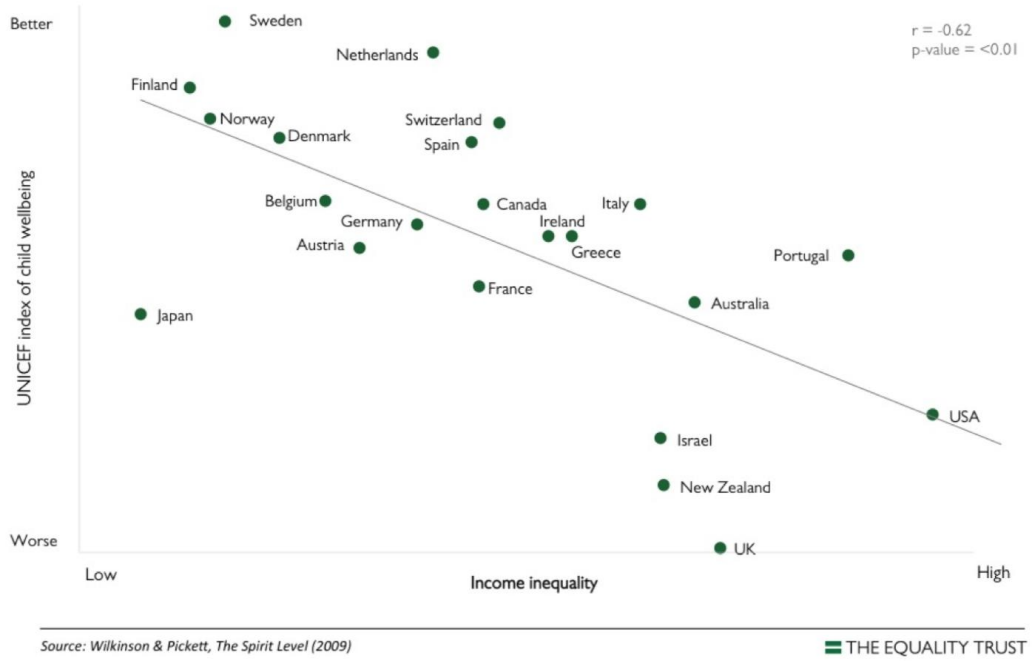
2.1 Introduction

Income inequality is linked in Australia to poorer child and youth wellbeing

In their recent study of income inequality Wilkinson and Pickett highlight how, contrary to what might be expected, child and youth wellbeing in rich countries, bears no clear relationship to average income (Wilkinson & Pickett, 2009).[17]

The authors go on to demonstrate how it is income inequality and not average income which bears a clear and direct relationship to child and youth wellbeing (as measured through the UNICEF Index of child wellbeing)[18] across the world's richest countries. As Figure 6 below shows, countries with the highest levels of income inequality demonstrate the poorest levels of child wellbeing, while child wellbeing is markedly better in countries with greater levels of income equality.

Figure 6: Child wellbeing and income inequality in rich countries[19]



[17] A similar finding has been recently reported by UNICEF, in comparative research, where no strong relationship was identified between per capita GDP and child well-being in rich countries (UNICEF Office of Research, 2013).

[18] The UNICEF Index of Child Wellbeing, as reported in the Spirit Level, is based on measures of teenage births, juvenile homicides, infant mortality, educational performance, early school leaving, overweight and mental health problems.

[19] Equality Trust slide from: http://www.equalitytrust.org.uk/modules/file/icons/application-pdf.png

These findings are of serious concern for Australia where the income gap between the richest and the poorest is among the highest in the developed world. Australia ranks near the bottom (26 out of 34) in comparison to other OECD countries on the OECD measure of income inequality, as measured by the gap between low-income households and households in the middle income distribution. Of particular and fundamental concern is the ARACY Report Card finding that levels of income inequality and joblessness are showing an increasing trend (data reported in ARACY, 2013).

Joblessness among households with children is a major driver of both income inequality and poverty in Australia

Fifteen per cent of 0-14 year-olds were living in jobless families in 2010, with Australia also ranking poorly on this measure (22 out of 25) compared with other OECD countries. The unemployment rate for young Australians (aged 15-24 years) has also increased (between 2007 and 2012) and Australia is ranked 21 out of 31 on this measure, compared with other OECD countries (data reported in ARACY, 2013).[20] Recent changes in an increasingly precarious labour market have also seen a large increase in part-time, casual work among young people, with fewer opportunities for full-time employment (Foundation for Young Australians, 2012).

Australia differs from many other OECD countries in that child poverty is more strongly linked to joblessness: more than 60 per cent of child poverty in Australia is in households where people are jobless, in contrast to other OECD countries where 2/3 of children in poverty are living in households where someone is working (data cited in Scott, 2012, p.48). Lone parents in Australia are also more vulnerable to joblessness, with joblessness among lone parents a major cause of child poverty (Scott, 2012, p.60).

Recent analysis, based on ABS Income and Expenditure Surveys for 2009-10 and previous years, and published in the Australian Council of Social Service (ACOSS) report "Poverty in Australia" (ACOSS, 2012) finds that 12.8 per cent of all Australians are living in poverty (less than 50 per cent of median disposable income) (p.6) and that 17.3 per cent of those living in poverty are children and young people (aged under 15 years) (p.7). Poverty rates in Australia are notably higher among lone parent (25 per cent) (p.8) and CALD households (15.8 per cent compared with those born in Australia (10.6 per cent) or in an English speaking country (11.7 per cent) (p.11). Those from a refugee background are also more likely to be living in poverty (Department of Education and Early Childhood Development, 2011a).

Particular population groups are more likely to be affected by poverty-related inequalities in outcomes

Income inequalities, joblessness and poverty and poorer child wellbeing outcomes are more likely to affect particular populations; and are linked to clear patterns of health, wellbeing, learning and developmental inequalities across a range of child and youth wellbeing measures for children and youth from these populations.

[20] Participation in education and work among young Australians is discussed in more detail under Part 2.4 "Improving the educational performance of young Australians".

Table 3 illustrates, for example, how marked inequalities in child wellbeing outcomes are manifested for Indigenous, compared with non-Indigenous children; and for children living in more remote areas compared with those in major cities. Other cohorts that are disproportionately affected by income-related inequalities include children and young people who are homeless or at risk of homelessness; children and young people from a refugee background; and children in care.

Table 3: Child wellbeing outcomes and key population groups

Indigenous children, compared with non-Indigenous children	**Children living in more remote areas, compared to those in major cities, were:**	**Children living in the lowest socio-economic status areas, compared to those in the highest socio-economic status areas**
• 2–3 times more likely to die as infants or due to injury, be born with low birth weight or to be developmentally vulnerable at school entry • 5 times more likely to be born to a teenage mother • 8 times more likely to be the subject of a child protection substantiation • Between 20–30 per cent less likely to meet national minimum standards for reading and numeracy.	• 2–3 times more likely to die as infants or due to injury (other areas compared with major cities) • 30 per cent more likely to be of low birth weight • 30 per cent more likely to be overweight or obese (other areas compared with major cities) • More likely to be developmentally vulnerable at school entry (very remote compared with major cities) and around 40–50 per cent less likely to meet national minimum standards for reading and numeracy (very remote areas compared with metropolitan areas) • 5 times as likely to be born to a teenage mother.	• Almost twice as likely to die as infants and nearly 3 times as likely to die due to injury • 30 per cent more likely to be born with low birth weight • 60 per cent more likely to have dental decay • 70 per cent more likely to be overweight or obese • More likely to be developmentally vulnerable at school entry.

SOURCE: AIHW, 2011 DATA, INCLUDED IN ARACY, 2012C, P.8 (AS TABLE 2: COMPARISON OF COHORTS).

Overarching approaches for addressing income inequality and improving child wellbeing

Given the strong relationship between income inequality and child and youth wellbeing outcomes in Australia, the most effective policy and program strategies for improving child and youth wellbeing will be those that target underlying inequality (ARACY, 2012c).

Importantly, strategies that target income inequality and promote equality will not only benefit the children and young people who are in poverty and the most socio-economically disadvantaged, but will **be beneficial for all children and young people**.[21]

Because of the complex and systemic nature of income disparity and poverty, a multi-dimensional approach is required that both **reduces the underlying income disparities and inequities** and **addresses the barriers and life outcomes that are associated with poverty and social exclusion** (such as access to housing, education, jobs, health and child care; and to the broader social and digital community) (Box 3).[22]

Box 3: Poverty and social exclusion

Income-based measures of poverty provide an important 'snapshot' of poverty at one time, but they do not provide an indication of the depth or severity of poverty. In measuring and conceptualising poverty it is important as well to consider other dimensions including deprivation (in relation to goods and services) and social exclusion (a lack of access to resources, goods and services resulting in an inability to participate fully in society) (Saunders, et al., 2007).

This concept of social exclusion is much broader than is implied by a lack of material resources and is focused essentially on **what people can or cannot do**, rather than **what they can or cannot afford** (Saunders, 2011, cited in Skattebol, et al., 2012, p.7).

Social exclusion hasn't been commonly researched in relation to children and young people. However, as Skattebol et al note (p.8), the concept 'resonates well' with the perspectives of children and young people, whose accounts of experiencing economic disadvantage are associated with being excluded from participation in school and neighbourhood activities, rather than being materially deprived.

SOURCE: INFORMATION COMPILED BY ARACY

Education has a vital role to play in redressing barriers of income inequality and improving life outcomes (income and employment) and **strategies to broaden participation in early education and reduce early childhood vulnerability** will be critical to this process.

[21] As Wilkinson and Pickett show, in countries with higher levels of income inequality, children of parents with low formal education and children of parents with high formal education have lower literacy scores when compared with their peers in countries with higher levels of equality (Wilkinson and Pickett, cited in Scott, 2012, p.19).

[22] Towards a National Action Plan (ARACY 2012c).

Strategies to promote employment and tackle joblessness, as key drivers of income inequality in Australia, will also be important.

Evidence from Nordic countries[23] demonstrates that **an integrated approach to tackling poverty and inequality in the early years** will have especially broad reaching benefits for child and youth wellbeing and development, and is key to preventing and reducing inequality (Scott, 2012). These integrated approaches recognise and support the role of families and of parents in promoting and ensuring the wellbeing of children while also providing universal and seamless system early education and child care services, upholding a clear understanding of **the child as a holder, in their own right, of a service entitlement** (Scott, 2012).[24]

The experience of Nordic countries also demonstrates that if we are committed to reducing inequality and to improving child and youth wellbeing in Australia, our interventions will need to be shaped and governed by **an approach of proportionate universalism**. Proportionate universalism combines the concept of universal access to support or benefits with that of taking action which is proportionate to the degree of individual disadvantage;[25] and is fundamentally concerned with **equitable, not necessarily equal**, distribution of service delivery (Scott, 2012).

In the sections to follow, the review begins with a focus on two key action agenda priority directions; i) addressing income disparity and its impacts and ii) improving early childhood learning and development. It considers first a range of strategies **to address income disparity and its impacts** in Australia; and second a range of strategies **to improve early childhood learning and development**, as part of a broader, integrated approach to tackling poverty and income inequality in the early years. While these strategies are considered in separate sections, they are closely inter-related and underpinned by similar themes.

As the evidence will demonstrate, **policies which promote the dual capacity of parents to earn and to care** are integral to effectively addressing income disparity and its impacts as well as to improving early childhood learning and development. Intervention in the early years to improve early childhood development will play an important role in reducing income inequality and will have important benefits for the wellbeing of Australia's children and young people and for national wealth and productivity.

Evidence-based actions undertaken in both of these key priority directions will be **fundamental to the goal of achieving *The Nest* outcomes**; and will provide an important foundation for actions included under the other priority directions.

The Nest commitment to the principles of prevention and early intervention (over tertiary intervention) governs the approaches and strategies that are recommended under each of the priority directions, and this commitment

[23] The term 'Nordic' includes Sweden, Norway and Denmark and Finland.

[24] As discussed in Scott et al (2012, p.34) this understanding of the child (and not the parent) as the principal holder of entitlement to services, is more common to the Nordic countries.

[25] Targeted interventions can support the most disadvantaged, but cannot address the factors causing disadvantage, nor support those towards the middle of the spectrum. Universal interventions cannot provide the level of support needed by the most disadvantaged without using resources inefficiently, and may fail to address the factors causing disadvantage and exclusion (Lewis, 2005, cited in ARACY 2012c).

also provides an overarching framework for ordering or prioritising of the priority directions themselves. Addressing income disparity and its impacts and improving early childhood learning and development are at 'the prevention end' of *The Nest* priority directions continuum. **The majority of effort and investment should be focused on these preventive directions**, based on the understanding that it makes **sound economic, as well as ethical, sense** to do this.

2.2 Reducing disadvantage arising from income disparity

The aim here is that Australia ranks as one of the top five OECD countries on the percentage of children (0-15 years) in relative poverty by 2025 (Australia currently ranks 16 out of 29 countries on this OECD measure, according to the 2013 ARACY Report Card on the wellbeing of young Australians).

A national investment in building strong parenting skills and parental engagement

Parents are the most significant influence on the wellbeing of children and they play a fundamental role in shaping early childhood and child and adolescent outcomes. Indeed, a child's home learning environment and the quality of their parenting and care are the most important influences on their intellectual and social development (Harrison, et al., 2009; Belsky, et al., 2007, cited in ARACY, 2012b, p.41).

Policy initiatives that address income inequality and poverty alone, without addressing parenting are unlikely to succeed in producing equitable outcomes as the quality of parenting has a greater impact on healthy developmental outcomes than the experience of poverty (Kiernan & Mensah, 2011). What is required are policies that address both. Parenting is a pivotal issue for government, business and the community; and, as Demos, the UK Think Tank, observes, parenting should be understood as an issue of public health (Lexmond, et al., 2011, p.14).

While it is recognised that there is a significant body of relevant work already underway in Australia, *The Nest* action agenda calls for an increased national investment in building strong parenting skills and parental engagement, both in the early years and beyond. This investment is needed to provide further support to parents in their critical role in shaping child outcomes, and most notably in a context where the environment of parenting is increasingly complex and difficult.

Many of the issues which Demos raises as presenting challenges to UK parents are largely relevant in Australia as well. These include the atomisation and isolation of families who lack the support that may once have been provided from wider family and neighbourhood networks; and issues with balancing work and care that are associated with causal contracts, long working hours and changes in the division of labour in the home (Lexmond, et al., 2011).

Poverty, joblessness and income inequality are major additional compounding stressors for parenting in the context of these wider environmental factors (Lexmond, et al., 2011) but policies to support parents can mediate the impacts of disadvantage (see, for example, Kiernan & Mensah, 2011). As parents learn most of their parenting practices from their own parenting experiences, a policy investment in stronger support mechanisms for parents will also benefit future, as well as current, generations. When combined with additional strategies to address income inequality and early childhood vulnerability (detailed below), an added investment in parenting is likely to have long-term positive impacts on national productivity.

Promoting employment and tackling joblessness

As joblessness among households with children is a major driver of income inequality and poverty in Australia, strategies to promote employment and tackle joblessness will be critical to addressing income disparity and its impacts. These strategies broadly include initiatives to support parents to work, while also fulfilling their parental roles and obligations, as well as interventions to expand opportunities for work and to tackle entrenched and long-term unemployment. Strategies should seek, in particular to support the capacity of lone parents to work, in response to the high rates and joblessness and poverty among lone parents.

Expansion of parental leave

Australia presently has only a minimal entitlement to parental leave, when compared with Nordic countries (for example, both Sweden and Norway have more than 12 months paid parental leave, while in Australia the entitlement is up to 18 weeks).[26]

Recent evidence reported by the Productivity Commission (2009), cited in Scott et al (2012, p.39) shows that the workforce participation rates of Australian women of child-bearing age are also significantly lower than in many other OECD countries which have more generous parental leave schemes, including Sweden, Denmark and Finland. Based on analysis of data from Norway and Sweden, this Productivity Commission report highlights that parental leave in these countries promotes higher rates of return to work and improved productivity.

In both Sweden and Norway more than 12 months paid parental leave is now available and a minimum of two months of the substantial paid parental leave provided must be taken by fathers (cited in Scott, 2012, p.40).

UNICEF uses the example of Sweden to discuss how this country has developed a policy approach that successfully "reconciles economic efficiency, equity for women and the best interests of the child" (Bennett, 2008, p.16). This is achieved through a combination of approaches including a family leave period that can be shared by parents and linked to employment status, together with the financing of a national universal preschool system and initiatives to ensure gender equality and the access of as many women as possible to full-time employment.

Expansion of maternity/parental leave in Australia, together with the development of more flexible work practices would increase Australia's workforce participation rate, and increase national productivity, while at the same time, promoting women's equality and children's interests and wellbeing.

As Scott observes, greater regulation of working hours would be likely to achieve more family-friendliness, or work/life balance, in employment arrangements and would assist in addressing the problems caused by the prevalence of casual jobs and underemployment (Scott, 2012, p.60).

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[26] Australia's first national paid parental leave scheme was introduced in January 2011. Parental Leave Pay provides up to 18 weeks pay at the rate of the national minimum wage to eligible primary carers. Dad and Partner Pay provides up to two weeks pay at the rate of the national minimum wage to eligible dads or partners caring for a child born or adopted from 1 January 2013. http://www.fahcsia.gov.au/our-responsibilities/families-and-children/benefits-payments/review-of-the-paid-parental-leave-scheme (viewed 28 August 2013).

If enhanced support was also provided to fathers, as well as to mothers, through the expansion of parental leave, it is likely that this would have additional benefits for child wellbeing through increasing the time available to Australian fathers in their parenting role. In Sweden nearly a quarter of parental leave is taken by fathers and this is reported as having significant impact on fathers' capacity to parent and develop their relationships with their children (cited in Scott, 2012, p.41).

Additional important measures to promote employment and tackle joblessness include:

- investigating and addressing disincentives to work within the tax and welfare systems
- expansion of accessible and appropriate child care, including models to assist lower paid workers who work outside of standard office hours.

Tackling locational and generational joblessness and unemployment

As the work of Vinson details, patterns of disadvantage and joblessness in Australia are often entrenched in disadvantaged communities:

> When social disadvantage becomes entrenched within a limited number of localities, a disabling social climate can develop that is more than the sum of individual and household disadvantages and the prospect is increased disadvantage being passed from one generation to the next (Vinson 2007, cited in Department of Families, Housing, Community Services and Indigenous Affairs, 2012, p.9).

A significant minority of children and young people in Australia are growing up in families and communities experiencing intergenerational poverty excluded from access to employment, adequate housing and income security, and appropriate forms of education and health care. The effects of long-term and inter-generational household poverty on children are much more marked than a shorter experience of poverty (Duncan, et al., 1998).[27]

It will be important, therefore, that strategies are developed to tackle locational and generational joblessness and employment, as part of a broader set of strategies to address income disparity and its impacts.

Specific strategies to address locational and generational joblessness and employment include:

- Expansion of accessible employment service and training pathways, including a focus on long-term unemployed people, with more investment in wage subsidies and training for people who are long term unemployed.
- Tackling place-based clusters of (intergenerational) disadvantage to provide new industries, employment and job opportunities, with more extensive place-based initiatives for job pathways, skills development and support services for families in places of high joblessness, to overcome obstacles to those families' take-up and retention of paid work.

[27] For example, children who experience poverty in their preschool and early school years have lower rates of school completion than children and young people who experience poverty only in later years (Kiernan et al. 2011, in ARACY 2012b).

Tackling poverty through improvements to social security

The 2012 ACOSS report on poverty in Australia highlights that households whose main income is social security have a much greater risk of being in poverty (36.5 per cent of households in social security are in poverty compared with 12.8 per cent overall, across the Australian population) (ACOSS, 2012, p.8). Lone parents are much more likely to be unemployed and to be on social security and living in poverty (ACOSS, 2012).

Fifty-two per cent of the recipients of Newstart Allowance are living below the poverty line, reflecting the low proportion (around one in five of these) receiving earnings from employment and an above-average proportion living in rented accommodation with high housing costs. Forty-five per cent of those on Parenting Payment (mostly lone parents) are living below the poverty line – with around one in three receiving earnings from employment and an above-average proportion in rented housing (ACOSS, 2012, p.43).

Recent Australian Government changes to income support have cut Parenting Payment so that it is no longer available to parents with a child over six years; or, to lone parents, with a child over the age of eight. While some parents will move off income support into employment, others, who remain on income support, have a high risk of poverty.

Improvements are needed to income support welfare benefit for families to ensure reductions in the number of children who are living in poverty. Measures to achieve this should focus on groups that are most affected by poverty including lone parent families, and should include raising the Newstart Allowance, and revoking the recent cuts to Parenting Payments.

Addressing housing affordability and homelessness

Housing affordability

Housing affordability is one of the biggest social issues facing Australia and is a major factor in the number of families and children who are homeless or living in poverty. Recent research in the UK, exploring the links between housing and poverty, confirms that poverty and low income are key factors in preventing people from accessing potential housing options (Tunstall, et al., 2013).

Although there is limited Australian research literature that considers the specific impacts of housing affordability on child wellbeing, research by the Australian Housing and Urban Research Institute (AHURI) finds that factors associated with affordability including housing disrepair, parental stress, overcrowding and frequent moves can have negative impacts on children (Dockery, et al., 2010 in (AHURI, 2013); and that children's educational outcomes improved markedly "when families moved out of unaffordable or crowded housing" (Phibbs & Young, 2005, in AHURI, 2013). Research also suggests that secure housing can be important, together with positive family, school and peer relationships, in supporting young people's engagement with schooling and their communities (Rowe & Savelsberg, 2010).

More than a million Australians on low incomes are experiencing housing stress (spending more than 30 per cent of their income on housing costs); and there is shortage of affordable rental properties.[28] In 2011 the Census found that more than 160,000 Australian families with children were experiencing housing stress while renting (2011 Census data cited in AHURI, 2013).

Despite significant investment, a 2010-11 Council of Australian Governments (COAG) report indicates that housing affordability has not improved (COAG Reform Council, 2012, in ARACY, 2012c). The National Housing Supply Council estimates there is a shortage of 539,000 rental properties that are affordable and accessible for low income Australians (National Housing Supply Council, 2012, in ARACY, 2012c).

Further investment to increase access to affordable housing is urgently needed, including:

Initiatives to ease the high cost of private rental housing for low income households; and development of innovative housing models.

While government across Australia have introduced a range of funding, policy and regulatory strategies to enable not-for-profit providers to develop affordable housing, further growth and innovation is needed. As noted by AHURI there are a range of models of affordable housing that are well established internationally (AHURI, 2008).

Homelessness and overcrowding

Children and young people who are homeless experience significant negative social and health consequences including disrupted schooling, high rates of mental health problems, and engagement in risk-taking behaviours and have a significantly increased risk of long-term homelessness (AHURI , 2009, in ARACY 2012c).

Living in overcrowded housing conditions has been associated with higher levels of infectious disease in children and young people, higher levels of stress for parents and children and increased levels of family conflict. It is also considered a risk factor for child abuse and neglect (Australian Institute of Family Studies, 2011, in ARACY, 2012c).

Indigenous children and young people are known to be over-represented in homelessness counts and in overcrowded households.

ABS Census data, reported in the 2013 ARACY Report Card (ARACY 2013), shows that the rate of homeless children and young people (aged 0-24 years) has increased from 57 (per 10,000 population) to 63 (per 10,000 population) between 2006 and 2011. The rate of children and young people in crowded/marginal dwellings has also increased between the two Census periods.

These rates of homelessness and overcrowding will continue to grow unless the key drivers of housing affordability and financial deprivation are addressed.

[28] Data cited in ARACY 2012c.

Also additional measures are required to provide support and assistance for children, young people and their families who are homeless, or at risk of homelessness, including tenancy support programs and interventions for women escaping domestic violence.

The Family Homelessness Prevention Pilot, operated through the HOME Advice Program and delivered by FaHCSIA through partnerships with Centrelink and with community agencies, provides an example of an initiative which has been effective in helping families who are experiencing problems with home ownership or maintaining tenancies.

An evaluation has identified specific factors that accounted for its success including: identifying and reaching families at high risk of homelessness but not actually homeless; providing intensive support over a longer period; providing coordinated support by a number of agencies (in relation to improvements in labour-force participation); using brokerage funds to stabilise circumstances; and engaging families in multiple ways to help build connections to other families, community and services (RPR Consulting, 2005 in ARACY, 2012b).

Early interventions which address homelessness risk factors (family conflict, mental health issues, unemployment, poverty, alcohol and other drug issues) and build protective factors (community connections and health family relationships) have been identified as important in preventing or reducing youth homelessness (ARACY, 2012b, p.21).

A recent Institute of Child Protection Studies review identifies a range of effective intervention strategies for homeless youth, including family interventions; practical support/stability of accommodation; one-to-one therapeutic interventions; outreach sessions; collaboration between young people, their families and services and agencies who are involved; group work and case management. A set of practice principles are identified by the Institute as central to effective responses: relationship-based, strength-based; client-centred, flexible, holistic and solutions-oriented (Institute of Child Protection Studies, 2013).

Evaluations of the *Reconnect program* (which aims to reduce youth homelessness), using a longitudinal survey of program users, finds that Reconnect has contributed to "improving stability in young people's living situations" and has increased the family capacity to manage conflict and to improve communication (Australian Government Department of Family and Community Services, 2003, in ARACY 2012b).

Promoting the participation of young Australians in the social and digital community

The social community

The community environment in which children and young people live has a major influence on the quality of childhood experience and a young person's development. For example living in a safe, socially inclusive and cohesive neighbourhood, with access to community, recreational, arts, cultural, and sporting facilities and the opportunity to participate in community life whether through arts and cultural, sporting, social support or civic activities are all important factors contributing to positive growth and development (ARACY, 2008, in ARACY, 2012c).

Financial constraints are a significant barrier to children and young people, from low income families, engaging in social and school-based activities. For example, the ability to attend school camps and extra-curricular activities or participate in organised sport is curtailed for low income families (Hardy, et al., 2010, in ARACY, 2012c; Skattebol,

et al., 2012). There are particular reported barriers to participation for children in regional Australia (ARACY, 2012c).

The digital community

Access to the internet is an important indicator of material basics and social inclusion, as the ability to engage in the digital world is critical to accessing information, engaging with government, social services, employment and social networks.

In 2012, the vast majority (93 per cent) of children aged 0-14 years had access to the internet at home (data reported in ARACY 2013). However, evidence suggests that households on average weekly earnings have higher levels of internet connectivity than lower income households (Infoxchange Australia, in ARACY 2012c).

In order to address these income-related inequities, we need to develop a national approach to enabling all Australian children and young people to participate in the broader social and digital community.

This includes:

- developing a national program to improve access to organised sports and out-of-school activities for all children and young people by encouraging community groups and schools to provide free activities and sports;
- developing a mechanism to directly fund children and young people's attendance in activities and sports as increased family payments generally get absorbed into household expenditure rather than being directed towards children's activities;
- improving the variety of options in rural Australia; and
- ensuring that activities are accessible and inclusive of children with a disability.

2.3 Improving early childhood learning and development

The aim here is to reduce the percentage of children identified as developmentally vulnerable on the Australian Early Development Index to 15 per cent by 2020 (22 per cent of Australian children are developmentally vulnerable on one or more domains of the Australian Early Development Index according to the 2013 ARACY Report Card on the wellbeing of young Australians).

Intervention in the early years to reduce inequalities and improve child and youth wellbeing

It is well-recognised that experiences early in life can have a profound impact on educational outcomes, emotional wellbeing and physical and mental health into childhood and adulthood (Center on the Developing Child, 2010, in ARACY, 2012c).

In a child's first three years of life their brain grows from approximately 25 per cent to 90 per cent of adult size, important connections between the brain's nerve cells are developed and there is rapid growth in cognitive, language and social and emotional development (Royal Australasian College of Physicians, 2006, p.2). Brain development during these early years is strongly subject to environmental experiences and influences; and while the early years provide a significant opportunity for development, negative experiences during this critical period can impact upon outcomes throughout life (Center on the Developing Child, 2010, in ARACY, 2012c).

The process of biological embedding is at its most influential as the brain grows and develops from gestation and into the first years of life:

- Brain development commences in the prenatal stage with a period of **neural proliferation**. Long-lasting impacts to the structure and formation of the brain can be influenced at this stage by maternal health.
- During infancy the brain undergoes a process of 'wiring', where neural pathways are formed (synapses). These pathways are shown to be shaped by the child's experiences and environments. Research also shows these pathways typically form in a hierarchical manner (from sensory pathways to language development and higher cognitive function) and thus represent 'windows of opportunity' for development.
- During early childhood (and, less so, into the rest of life), these brain connections undergo a process of '**hard-wiring**' and '**pruning**'. This is where connections in the brain are bedded down through repeated use – a 'use it or lose it' process which is again shaped by experience (Silburn, et al., 2011; McCain, et al., 2007; Center on the Developing Child, 2007).

There is a significant body of work already underway in Australia to improve the response to children and families in these foundational years; underpinned by a clear recognition of the critical importance of environmental influences during the early period of brain growth.

However, the evidence suggests that we need to refocus our efforts and strengthen our interventions, in recognition of the critical importance of the early years in creating and sustaining lifelong inequalities of opportunities and outcomes.

We also need to build our frameworks for intervention on the understanding that the early years provide a window of opportunity for the most cost-effective interventions and that the returns on our investment will diminish quickly across the span of the life course. There are strong social justice arguments for intervening early in the life course to reduce inequalities and improve lifelong opportunities and outcomes; but there are also strong economic arguments for doing so. As Heckman observes:

> Investing in disadvantaged young children is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and society at large (Heckman, 2006, p.1902).

In their recent research in Canada, Kershaw et al analyse longitudinal education datasets to highlight the relationships between early childhood vulnerability (as measured on the Canadian Early Development Index, the EDI), and high school graduation and/or entry into the criminal justice system.[29] Their findings point clearly to the importance of early childhood vulnerability as a predictor of longer-term educational and labour market entry outcomes.

Based on their analysis of population-level data, Kershaw et al estimate that the cost of early childhood vulnerability to the Canadian economy is between $2.2 and $3.4 trillion (Canadian dollars), and that reducing the current and projected rate (from 29 per cent to 10 per cent), would result in an increase in Gross Domestic Product (GDP) of more than 20 per cent over 60 years (Kershaw, et al., 2010, p.1). The authors note that the benefits to society associated with this reduction would outweigh the costs that were needed to bring it about by a ratio of more than 6:1 (Kershaw, et al., 2009).

In 2012, 22 per cent of Australian children were developmentally vulnerable on one or more domains of the Australian Early Development Index (AEDI)[30] (data reported in ARACY 2013) (for details of the AEDI see Box 4 below).

Extrapolated to Australia, it is estimated that reducing Australia's child vulnerability from 22 per cent to 15 per cent (as proposed in *The Nest* action agenda) would lead to an increase in Australian GDP of 7.35 per cent over 60 years (for details of estimates see Appendix 6). The potential economic gains in addressing our "early childhood vulnerability debt" are considerable.

[29] Anonymised, person-specific data from kindergarten to grade four are linked with population-level education attainment data for children in grade four and grade seven. These trajectories are then connected to population-level information about children who have worked their way from grade seven through to high school graduation and/or the criminal justice system.

[30] Since the time of writing the AEDI has changed its name to the Australian Early Development Census (AEDC).

Box 4: The Australian Early Development Index

The AEDI (Australian Early Development Index) collects national data every three years relating to children in their first year of school. The first collection of data occurred in 2009. Data were collected across the following five domains of early childhood development:

- physical health and wellbeing
- social competence
- emotional maturity
- language and cognitive skills (school-based)
- communication skills and general knowledge.

Children are defined in the AEDI as "on track", "developmentally at risk" or "developmentally vulnerable". Children are developmentally vulnerable if they score below the tenth percentile for a domain.

In 2012, 22 per cent of Australian children were developmentally vulnerable on one or more domains of the Australian Early Development Index (AEDI) and 11 per cent of children were developmentally vulnerable on two or more domains – a slight improvement since 2009. Indigenous children are markedly more likely to be vulnerable on the AEDI.

The AEDI is endorsed by the Council of Australian Governments (COAG) as the national progress measure of early childhood development in Australia. The AEDI provided data on 97.5 per cent of the estimated 5-year-old population in 2009 and 96.5 per cent of children enrolled to start school in 2012.

SOURCE: INFORMATION COMPILED BY ARACY AND FROM (THE FORMER) AEDI WEBSITE

International evidence also shows that countries which invest most heavily in early years, such as the Nordic countries, have relatively low rates of income inequality and early childhood vulnerability. For example, analysis of cumulative social spending in Sweden for children from birth to 17 years (including income support for families, education and health expenditure) shows very high levels of spending in the early years, with levels gradually falling as children enter the school system (data citted in Kershaw, et al., 2009, p38-39).

In their 2008 Report Card "The child care transition: A league table of early childhood education and care in economically advanced countries", UNICEF finds that Sweden is the only country of 25 OECD countries, that meets all 10 benchmarks of early childhood education and care (UNICEF, 2008).

Iceland (9 benchmarks), Denmark, Finland, France and Norway (8 benchmarks) also rate highly, but Australia meets just 2 benchmarks and is ranked 23 out of the 25 countries, followed only by Canada and Ireland (both meeting 1). All of the countries that meet 8 or more benchmarks have a child poverty level of less than 10 per cent and spend 1 per cent of their GDP on early childhood services. All of the countries that meet fewer than 8 benchmarks have lower levels of spending and the majority of these have levels of child poverty that are greater than 10 per cent. The six countries meeting the least number of benchmarks (including Australia) are the only countries that do not have a national plan with priority given to disadvantaged children (UNICEF, 2008, p.3).

Critically, the Nordic countries, and most notably Sweden have developed a seamless system of early years support and services, in which a national, universal system of pre-school services is available to parents and their children after the entitlement to parental leave finishes.

Addressing income disparity and improving early childhood learning and development

This international evidence provides us with some clear indications of the kinds of inter-related policy interventions that will act to reduce income inequalities and early childhood vulnerability in Australia, as well as increasing our national GDP.

These are broadly:

- policies that promote the dual capacity of families and parents to earn and to care for their children (including measures to enhance family and parental support); and
- policies that promote the development of universal early childhood health, learning and development services for children and their parents (enhanced provision for children and their parents).

The first type of policy works to improve child outcomes through recognising and supporting the key role of families and parents in determining these outcomes; and the second provides services directly to children to promote their wellbeing, while also providing support to parents.

These policies should be provided within a framework of proportionate universalism, with increased levels of support provided to those who are most vulnerable. They should also be developed and delivered in a way that ensures a seamless system of streamlined, coordinated and easily accessible support for children and their parents, throughout the early years and prior to entry to school.

Supporting parenting capacity in the early years

As discussed in the previous section, parents play a key role in promoting and ensuring the wellbeing and development of their children. Other family members and carers also have an important influence in their formal and informal caring roles.

Given the particular importance of the early years to future child and adult outcomes, interventions should focus on strengthening the capacity of parents to provide the best possible parenting during this critical 'window of opportunity'.

Recommended evidence-based strategies to support parents in the early years **include the expansion of the Australian parental leave scheme** (discussed above) and delivery of **a national campaign to empower parents with options to provide the very best start to life for their children, facilitate greater philanthropic efforts, and ultimately improve social mobility**.

There is evidence, from the public health field, to support the use of comprehensive, national communication campaigns to influence and change the norms, perspectives and behaviour of targeted population groups. This includes evidence from Australia (Commonwealth of Australia, 2000)[31] and internationally (Hornik, 2008).

This national campaign would harness the input of key national stakeholders to develop a set of clear communication messages relating to:

- the critical role of the early years in determining future life outcomes;
- the importance of parents in this; and
- options to provide the best start (including information, programs and services) (Lexmond, et al., 2011).

Evaluations of previous national and international campaigns provides important information about key elements of effective campaigning, together with information about approaches that work less well.

The campaign could build on this evidence and on work that is occurring internationally, including the *Brain Building in Progress Initiative* in Massachusetts, USA. This initiative has similar objectives to the proposed Australian work and is using a range of methods, including media and a website, to raise public awareness of the importance of the early years to the development of children.[32]

A national universal platform of services for all infants and toddlers (aged 0-3 years)

Evidence from a range of sources (discussed below) suggests that the early years provides the best possible opportunity to influence child wellbeing inequalities, through the provision of appropriate evidence-based interventions to young children and their parents.

As Robinson (2011) describes in a recent paper on the value of investment in the early years:

> Research regarding the efficacy and effectiveness of evidence-based early childhood interventions shows that high quality programs can yield significant short and long-term benefits that far exceed their costs. These programs include approaches to enriched early learning in childcare centres and preschool settings; parenting interventions from early infancy onwards delivered at home or in health or community centres; as well as a range of behavioural programs for parents and/or children that target child behaviour, mental health and social emotional learning (Robinson, et al., 2011, p.v).

In response to this, and as a key element of the action agenda, *The Nest* proposes that a platform of universal early years services is established across Australia. This platform of services should be embedded in legislation as it is in many Scandinavian countries. The platform would operate at the health/education interface, in recognition of the important linkages between health and education inequalities and outcomes; and would offer a range of

[31] See also "SIDS Australia Rates 1989 to 2007 Infant Safe Sleeping.pdf" at: http://www.sidsandkids.org/research/ (viewed 28 August 2013).

[32] For further details, see http://www.mass.gov/edu/docs/eec/news/2011822brainbuildinginprogress.pdf (viewed 28 August 2013).

easily accessible services, including child and maternal health services, playgroups, sustained nurse home visiting and quality early childhood education and care. As part of the platform, targeted and more intensive services would be provided to those with greater identified disadvantage, vulnerability and needs.

Further evidence relating to early years health, education and care services is set out below.

Early childhood health services

Research shows that the foundations of adult physical health are laid in the pre-natal period as well as in early childhood; and that poor circumstances in pregnancy can contribute to childhood disabilities and medical conditions and to an increased likelihood of ill health in adulthood (Wilkinson & Marmot, 2003, cited in Department of Education and Early Childhood Development, 2009, p.29).

The pre-natal period and the early years after birth are also one of the most vulnerable times emotionally for parents as they are faced with the practical, psychological and physical demands associated with parenthood (Lexmond, et al., 2011, p.126).

High-quality pre-natal and maternal and child health services can play a key role in ensuring that parents are provided with the practical, emotional and educational support and health guidance they need in order to ensure a healthy pregnancy and positive parenting in the early years. These services will be particularly important for disadvantaged and vulnerable parents and children.

Nurse-home visiting has demonstrated and long-lasting benefits for a wide range of health, wellbeing and educational outcomes. Nurse-Family Partnership visiting begins early in pregnancy and continue till the infant is 2-years-old. Nurses visit low-income first-time pregnant mothers at home. Visits last around 60-90 minutes.

The home visitors work to develop a trusted relationship with the families, based on shared respect; and offer information and advice on child care, development and parenting, as well as early referral to other services, including health and social services (Communities that Care, 2012, p.12).

Evaluations of the program, including long-term follow up studies from randomised control trial research, show positive impacts of the program on alcohol use, child abuse, criminal behaviour, early cognitive development, healthy gestation/birth, illicit drug use, tobacco use, mental health, physical health, post-secondary education and employment, teen pregnancy.[33]

Further reference to nurse home visiting is included in this report under Improving the physical health of young Australians.

Early childhood education and care (ECEC) services

Participation in high quality early learning programs is known to have a significant influence on children's future life outcomes, including their cognitive and social outcomes and their adjustment to school (Burchinal, et al.,

[33] Evidence summarised on Blueprints for Healthy Youth Development website www.blueprintsforhealthyyouthdevelopment.com

1996; Sammons, et al., 2003, in Elliott, 2006, p.23). The impacts of high quality early learning on future life outcomes are known to be most marked for children who are socio-economically disadvantaged, although there is evidence of benefits for all children (Shonkoff & Phillips, 2000).

While the percentage of Australian 3-5 year-olds in early learning or pre-school has increased from 72 per cent to 85 per cent from 2008-2011, Australia is ranked near the bottom (30/34) of OECD countries on this measure (data reported in ARACY 2013).

The Australian Government has committed to the introduction of universal early childhood education for all children, delivered by a degree qualified early childhood teacher, for 600 hours a year, in the year before full-time schooling. Although this is an important step in the right direction, this still falls far short of the level of early education provision that is available in many OECD countries:

> In Europe, the concept of universal access to education for 3-6 year-olds is generally accepted. Most countries in this region provide all children with at least two years of free, publicly-funded pre-primary education in schools before they begin primary education. With the exception of Ireland and the Netherlands, such access is generally a statutory right from the age of 3, and in some countries, even before that and for at least two years (Organisation for Economic Co-operation and Development, 2013, p.281).

In a recently published (2013) report the OECD finds that in Belgium, France, Iceland, Italy, Norway, Spain and Sweden, more than 90 per cent of 3-year-olds are enrolled in early childhood education, compared with just 13 per cent in Australia (Organisation for Economic Co-operation and Development, 2013 p.276).

This OECD report also notes that as a percentage of GDP, expenditure on pre-primary education in Australia accounts for 0.1 per cent or less, compared to 0.8 per cent or more in Denmark, Iceland, Israel, Luxembourg, the Russian Federation and Spain (Organisation for Economic Co-operation and Development, 2013 p.277).

While many other OECD countries provide largely state funded early childhood education and care, Australia is also unusual in its reliance on government-dependant privately run arrangements for the majority of its services (75.5 per cent of Australian early childhood education programs are government-dependent private, compared for example, with 16.7 per cent in Sweden and 8.7 per cent in Finland (Organisation for Economic Co-operation and Development, 2013, p.287).

As Early Childhood Australia observes, this reliance on the market means that services have to operate as viable commercial enterprises but there can be challenges in operating high-quality services in low socio-economic areas as the increased fees that are a consequence of high-quality services can flow on to parents in the form of an increased gap fee, creating a disincentive to participation and affecting service viability (Early Childhood Australia, 2011, p.14).

Although ECEC services have the most marked benefits for vulnerable children, children with disabilities, children from a non-English-speaking background and Aboriginal and Torres Strait Islander children currently access these services at a rate that is lower than their representation in the community[34] (Early Childhood Australia, p.16). And

[34] Aggregate data for the birth to twelve years group.

while children aged 0-5 years from low socio-economic groups participate in ECEC services at a higher rate (than their community representation) this does not take account of the quality of those services (Early Childhood Australia, p.15).

The provision of an extended universal system of quality early childhood education and care in Australia, based on a principal of equity, would be likely to lead to significant savings in the long-term, through a substantial reduction in early childhood vulnerability over time, and with positive impacts that extend even beyond the most disadvantaged children. Ideally, this universal system should be available from the point at which parental leave entitlement finishes to allow for a seamless and coordinated transition.

If operated within an integrated system of services, an extended universal system would provide an important point of entry to other services, provided as part of the service platform, including child and maternal health services and sustained nurse home visiting.

> ECEC services are important in integrated service systems. As universal services, they have the potential to provide an 'un-stigmatised' and safe entry to the service system. Apart from the significance of ECEC services for children and their convenience for families, they can support the 'connectedness' of families to services, which is a key factor in integrated service delivery. ECEC services can play a key role in this because relationships developed between families and ECEC providers can be regular, long term and provide a strong platform for building connections to other services (Early Childhood Australia, p.35)

There is an extensive body of research that highlights the key elements of program effectiveness in early childhood interventions, which should inform the delivery and implementation of ECEC and other services, provided as part of an extended universal system. The findings from this are clearly summarised by Robinson (2011), as detailed in Box 5.

Box 5: Key elements of program effectiveness in early childhood interventions

Key elements of program effectiveness include:

- **Individualisation of service delivery** – Programs should be able to respond to the individual needs of children and families. They need to be developed and implemented in a way that recognises the developmental needs of individual children, as well as the socio-economic and cultural backgrounds of children and their families.
- **Quality of program implementation –** Quality of implementation and delivery of high quality services and interventions are key to positive outcomes.
- **Timing, intensity and duration of intervention –** Programs should be of sufficient intensity and duration in order to achieve the best outcomes. Programs of variable quality and intensity and insufficient duration are the least likely to be effective.
- **Provider knowledge, skills and relationship with the family –** Effective programs require staff with suitable qualifications, training and professional development, and they need to use models of practice that promote continuity and quality of engagement with parents and children.
- **A family-centred community-based coordinated orientation –** Effective programs are commonly centre-based or involve a mix of centre and home-based approaches within a framework of community engagement and participation. These approaches require explicit arrangements for the integration and coordination of services and practitioners.
- **Combining universal and targeted early childhood services for implementation at scale –** New investment should aim to provide universal services for all children as well as developing targeted services for populations with higher levels of need.

SOURCE: ROBINSON, ET AL., 2011, P.VI

Parenting and family support services

In addition to this, there is a need for enhanced provision of parenting support and education services to build parenting capacity, confidence and skills in the early years; together with enhanced family support services to promote family cohesion and positive family relationships.

Services will need to seek broadly to reduce identified early childhood risk factors (such as perinatal stress; difficult temperament; poor attachment; harsh parenting; abuse or neglect; parental mental illness or substance abuse; family disharmony; conflict or violence; as well as low socio-economic status and poor links with the community) while increasing protective factors (such as secure attachment and easy temperament; family harmony; supportive relationships with other adults; and community involvement) (Centre for Community Child Health, 2000).

These services should have a focus on the populations that are most vulnerable, and who would benefit from them the most, particularly those living in remote areas, those living in socio-economically disadvantaged communities and Indigenous families. As Moore and Fry describe,

> The families that are most disadvantaged by the fragmentation of the service system are those that are most vulnerable – whether because they lack the skills and confidence to negotiate the system, or because they are unfamiliar with the culture and language, or because they are isolated and lack the social networks that would help them find and use the services that are available, or because they have multiple problems and need help from many sources (Moore & Fry, 2011, p.38-39).

Which approaches and programs are likely to work?

As discussed earlier, people's experiences are mediated by the neighbourhoods or communities in which they live and these neighbourhoods and communities are affected, in turn, by the people that live in them. Evidence-based parenting and family support approaches to improve the outcomes of young children include approaches that are broadly more place-based, such as the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs' (FaCHSIA) *Communities for Children* program (below) and more broadly 'people-based' (such as evidence-supported parenting interventions).

One of the challenges for the development of place-based approaches which aim to reduce early vulnerability through focusing on identified areas of disadvantage is that vulnerability (as measured by the AEDI)[35] is not limited to socio-economically disadvantaged communities. For example, there are 17,000 children who are vulnerable in the lowest socio-economic quintile communities and 36,000 children who are vulnerable across the remaining quintile communities (AEDI data reported in ARACY, 2012c).

It is likely that a combination of services, delivered in a targeted way to the most vulnerable families, through a universal platform of 0-3 services, will provide an optimum approach.

The Communities for Children program

The FaCHSIA Communities for Children program is provided as part of the Family Support Program (FSP). Evaluation has found evidence of positive impacts from the program including:

- fewer children living in jobless households;
- parents reporting less hostile or harsh parenting practices; and
- parents considering themselves to be more effective in their parenting role (Edwards et al 2011, in Communities that Care , 2012, p.35).

Parenting programs

In their recent review of parenting interventions the Parenting Research Centre (PRC) defines parenting programs as:

> parent or parenting interventions, programs or services in which parents, caregivers or guardians receive direct/targeted education, training or support. The overall objective of the program is to improve child outcomes either by increasing the parent's knowledge, skills or capacity as a caregiver, or

[35] The name of the AEDI was changed to the Australian Early Development Census (AEDC) in 2014.

> by improving parent-child interactions, parent outcomes such as parent wellbeing, or family outcomes such as family relationships (Parenting Research Centre , 2012, p.8).

The PRC review aimed to build knowledge about parenting programs that are effective and show promise of achieving change in FSP target families. (FSP providers are funded to deliver early intervention services to families, particularly those who are vulnerable and risk poorer outcomes owing to complex needs or resource limitations) (Parenting Research Centre, 2012, p.6).

The analysis found 34 international and 25 Australian programs with strong evidence. A large proportion of the programs with good evidence targeted child behaviour in children with identified behavioural problems (Parenting Research Centre, 2012, p.5). These findings also reflect findings of an earlier overview that found considerable evidence that programs using 'behavioural' approaches are effective in modifying parental attitudes and behaviours (Department of Community Services, NSW, 2000, p.9).[36]

PRC found little evidence, however, for programs targeting specific groups of vulnerable parents, (e.g. parents with intellectual disabilities or mental illnesses and teen parents) (Parenting Research Centre, 2012, p.5).

The two parenting programs that are best supported by the evidence (as identified through PRC) are the *Triple P Parenting Program* and the *Stepping Stones Triple P* for parents of children with a disability.

Other parenting programs with good supporting evidence, as identified through the ARACY review of evidence-based programs, include *Parent Effectiveness Training (PET)* (it should be noted that this program is for parents of children of all ages); *Early Head Start* and *Interpersonal Therapy for Depression*, a program aiming to reduce depressive symptoms in disadvantaged mothers of children aged 0-3 years) and *Nurse Family Partnerships* (discussed under "Improving the health of young Australians").

Expansion of programs to support the development of basic literacy skills in the early years

Basic literacy skills are essential to support educational attainment and future life outcomes (Organisation for Economic Co-operation and Development, 2002). Literacy skills lay the foundations for future educational achievement, success in employment, and effective economic and social participation in the community (Australian Government Department of Education, Science and Training, 2005, in ARACY, 2012c).

The importance of literacy is reflected in research findings that a child's vocabulary at 5-years of age is the single best predictor of later social mobility for children from lower-income backgrounds (Paterson, 2011 in ARACY, 2012c).

Parents' engagement with their children's reading life has a positive impact on their children's reading performance. Recent research, based on follow up of a cohort of 4,000 4-5 year-olds, from the Longitudinal Study

[36] The NSW Department of Community Services review notes that 'programs that teach emotional communication, positive interaction, discipline consistency and have opportunity for in-session practice appear to have the best effects' (Department of Community Services, NSW, 2000, p.9).

of Australian Children, found that reading to young children has a direct causal effect on their future education outcomes (language and literacy, numeracy and cognition) regardless of their family background and home environment. The positive effects of reading to children were found to increase with the frequency of reading. Children read to more frequently at age 4-5 years achieved higher scores on the National Assessment Program – Literacy and Numeracy (NAPLAN) tests in reading and numeracy (at age 8-9 years) (Department of Education and Early Childhood Development and The University of Melbourne Faculty of Business and Economics, 2012).

Programme for International Student Assessment (PISA) data highlight that the positive effects of reading to young children are evident at age 15 years. Students whose parents reported that they had read a book with their child '"every day or almost every day" or "once or twice a week" during the first year of primary school performed higher in PISA 2009 than students whose parents reported that they had done this "never or almost never" or "once or twice a month" (Organisation for Economic Co-operation and Development, 2010).

2011 data reported in the 2013 ARACY Report Card identifies that 52 per cent of parents often engage their pre-school children in early literacy activities. Australia ranks highly against comparable OECD countries on this measure (2/22) (ARACY, 2013).

However, there are marked inequities in levels of language and cognition developmental vulnerability between Indigenous and non-Indigenous children, with 22 per cent of Indigenous children with developmental vulnerability, compared with just 7 per cent of non-Indigenous children (AEDI[37] 2012 data reported in ARACY, 2013)

Early childhood professionals and literacy

In the recent publication on building good practice in early childhood literacy and numeracy, the Australian Government notes that early understandings of literacy and numeracy are best supported when early childhood professionals:

- have a deeper knowledge of literacy and numeracy;
- plan for activities which support beginning development in literacy and numeracy;
- have programmes which go beyond number and the spoken word;
- have systems for looking at their own professional practices; and
- seek to improve their own understandings of literacy and numeracy (Australian Government Department of Education, Employment and Workplace Relations, 2007, p.3).

As Hopkins et al note, recent developments in digital learning also raise important questions about the new kinds of literacy skills that may be needed to ensure future wellbeing. The authors observe that we will need to look to recent advances in neuroscience for important information about the best pathways for developing these new kinds of literacy skills (Hopkins, et al., 2013).

[37] Now known as the AEDC.

Effective literacy programs

The ARACY review of evidence-based programs identifies a range of home and centre-based literacy programs that involve parents of children in the early years. None of the listed programs are rated as having the highest level of support from evidence (well-supported). Supported programs are the *Early Literacy and Learning Model (ELLM)* and *Let's Begin with the Letter People* (both American programs).

There are several programs that are rated as promising, including the *Home-Instruction Program for pre-school youngsters (HIPPY)*. HIPPY focuses on pres-school children at risk of developmental delay and has been evaluated using a longitudinal quasi-experimental and shown to improve literacy development and orientation to learning.

Promising programs that have shown some impacts on literacy for Indigenous pre-school children include *Aboriginal Best Start* in Western Australia and *Bridging the Gap*, a home-shared reading program.

2.4 Improving the educational performance of young Australians

The aim here is to make Australia rank within the top 5 OECD countries for educational performance by 2025 (Australia ranks 19, 12 and 18 out of the 25 OECD countries respectively for Year 4 reading, maths and science according to the 2013 ARACY Report Card on the wellbeing of young Australians).

While Australian young people aged 15 years are performing moderately well, when compared to their peers in OECD countries, the performance of Australian children in Year 4 in reading, writing and numeracy is ranked in the bottom third of OECD countries (data reported in ARACY 2013).

There are large discrepancies in educational outcomes between Indigenous and non-Indigenous children, between children from high and low socio-economic backgrounds and between children who are in care, homeless or at risk of homelessness and those who are not (data reported in ARACY 2013).

Analysis of 2009 PISA data shows that the average gap in performance between students from different socio-economic backgrounds is higher than average in Australia when compared with other OECD countries. In many high-performing countries (Canada, Finland, Japan, Korea and the partner economies Hong Kong-China and Shanghai-China) students perform well regardless of their own background or the school they attend (Organisation for Economic Co-operation and Development, 2010).[38]

Education has a vital role to play in redressing barriers of income inequality and improving life outcomes (income and employment) both in the early years (as discussed previously) and in later years of schooling. While intervention during the 'window of opportunity' of the early years will be critical to redressing income inequalities and improving long-term educational and labour market outcomes in Australia, evidence to be presented in this section highlights the importance of additional measures to be taken during the schooling years to improve educational outcomes, and promote equity, for children and young people.

The discussion is focused broadly on two inter-related and broad directions or themes:

1. Supporting and promoting the engagement of parents with children's learning and schools.
2. Supporting and promoting the engagement of children and young people with learning and schools.

Evidence suggests that interventions to support and promote i) the engagement of parents, and ii) the engagement of children and young people will have a range of important benefits, and will be the best over-arching strategies for improving the educational performance of young Australians.

These strategies will align with and complement the directions included in the *National Plan for School Improvement* (Box 6 below).

[38] In Finland, Japan, Turkey, Canada and Portugal and the partner country Singapore, between 39 per cent and 48 per cent of disadvantaged students are resilient and perform well at school. In Korea and the partner economy Macao-China, 50 per cent and 56per cent of disadvantaged students are resilient, with 72 per cent and 76 per cent in partner economies Hong Kong-China and Shanghai-China respectively (Organisation for Economic Co-operation and Development, 2010, p.9).

Box 6: The National Plan for School Improvement

The Australian Government's response to the Gonski report, the *National Plan for School Improvement*, was announced in September 2012. The goal of the National Plan is for Australia to be in the top five schooling systems in the world by 2025.

The National Plan proposes a new funding structure that will provide a basic grant to all students, with additional funding to be allocated to those who require extra support to address barriers to educational achievement that may arise. These groups include students from low socio-economic backgrounds, students with a disability, and Indigenous students. Extra funding will also be provided for schools in regional, rural and remote areas.

SOURCE: ARACY, 2012c

Supporting and promoting the engagement of parents with schools and learning

Although parental occupation, education and income all impact on learning and development, a child's home learning environment and the quality of their parenting and care are the most important influences on their intellectual and social development (Paterson, 2011, in ARACY, 2012c).

Children and young people learn and develop through a range of different experiences and contexts (Department of Education and Early Childhood Development, 2009, p.86) beginning from birth, and parents are central to this learning process.

The delivery of **parent and carer support and education programs that build strong and constructive parenting styles across the population** will make an important contribution to enhancing the engagement of children and young people in learning, through building parental capacity to support their children's learning and development.

The Nest action agenda calls for a national campaign to empower parents with options to provide the best start to life for their children (see also Improving early childhood learning and development).

This campaign should emphasise the key role of parents in promoting learning outcomes, and, linked to this, education policy and programs should give enhanced emphasis to the critical role of parents in children's education, from birth.

Research confirms that **family background and non-school factors are more important than school factors in determining academic outcomes**; and there is strong evidence that parental engagement in both learning and schools contributes positively to student attainment, with **parental engagement in learning** (as opposed to schools) having the greatest impact (Emerson, et al., 2012) .

In relation to educational attainment, an ARACY evidence review finds that parental engagement is associated with:

- higher grades and test scores;
- enrolment in higher level programs and advanced classes;

- higher successful completion of classes;
- higher graduation rates; and
- a greater likelihood of commencing post-secondary education.

Parental engagement is also associated with:

- more regular school attendance;
- improved social skills;
- improved behaviour;
- better adaptation to school;
- increased social capital; and
- a greater sense of personal competence and efficacy for learning (Emerson, et al., 2012).

Although parental involvement in the school environment is most likely to have a positive impact in the early years of schooling, links between parenting engagement and educational outcomes are evidenced throughout the school years (Berthelsen & Walker, 2008, in ARACY, 2012c). When parents have an understanding of how their child is performing at school, are involved in the school community, and have knowledge of school rules, activities and curriculum, they are better positioned to reinforce learning and messages from school within the home environment.

Teachers and schools are pivotal in supporting parents in their role as their child's first educator. To support the best outcomes for children and young people, they need to ensure that school communities are welcoming and inclusive of parents from a variety of backgrounds. However, research demonstrates that there are social, economic and cultural barriers to effective parental engagement in the school environment (Berthelsen & Walker, 2008, in ARACY, 2012c).

In recognition of the role of parental engagement in improving school attainment and other wellbeing outcomes, work should be undertaken to further enhance parent/carer engagement in Australian education.

This work should seek to enhance parental/carer engagement broadly, but should also include the use of targeted strategies to increase the engagement of parents whom services may find difficult to engage and retain,[39] including parents from diverse cultural and language backgrounds.

[39] Services, including schools, have traditionally identified these parents as 'hard-to-reach'. However, as the Murdoch Children's Research Unit identifies, it is more useful to view them as people whom the services find difficult to engage and retain. This way of framing the issue acknowledges that the problems in engagement may lie with the services, rather than with the parents (Murdoch Children's Research Unit , 2010, in Emerson, et al., 2012) .

What are the characteristics of effective parental engagement interventions?

Evidence reviewed by ARACY suggests that parental engagement interventions have the greatest impact when they focus on linking the behaviours of families, teachers and students to learning outcomes. This work requires:

- strong support from the principal and teachers;
- consistent, positive and trusting relations between the school and parents;
- a clear and shared understanding of the roles of parents and teachers in the process;
- strategies focused on local needs and contexts; and
- a variety of communication channels between parents and teachers.

Parental engagement strategies need to reflect the learning trajectories and age of the child/young person, and to recognise the importance of academic socialisation,[40] parental role construction,[41] and positive parenting style.

Strategies to engage parents who may be difficult to engage and retain (such as CALD groups) include school staff getting to know the barriers to engagement, inviting parents to participate in school-parent workshops and talking about the barriers to engagement (Kendall, et al., 2008, in Emerson, et al., 2012). This work is enhanced through the use of dedicated school staff who can liaise with identified parents, including those with limited literacy skills or those from diverse cultural backgrounds.

Bending Like a River: the Parenting between Cultures Program is an example of a specific program that has worked to engage CALD parents and families with education. .

The engagement of Indigenous families and communities in education is vital to ensuring improved educational outcomes for Indigenous students.

Examples of projects and programs working with Indigenous families and parents, and included in the ARACY program evidence review include: *Aboriginal Family Education Centres*; *Parental and Community Engagement Program (PaCE)*; *Wendy Bueng (mother/father) Project*; *Indigenous Parents Factor Program: Successful Early Learning at Home and School (IPF)*.

Parents and families from a refugee background commonly face challenges associated with managing the effects of trauma, separation and disrupted schooling while also negotiating housing, financial demands and a new education system (Foundation House, 2011, in Emerson, et al., 2012; see also (Department of Education and Early Childhood Development, 2011a). These families may experience particular issues in engaging with Australian

[40] Academic socialisation involves parent/child communication about expectations for education and the value of education; and parents discussing learning strategies and educational aspirations with their children and linking school work to other events and topics (Hill & Tyson, 2009, in Emerson, et al., 2012)

[41] It is important to recognise that parents decide to engage "when they understand that collaboration is part of their role as parents, when they believe they can positively influence their child's education and when they perceive that the child and the school wish them to be involved" (Hoover-Dempsey & Sandler, 2005, in Emerson, et al., 2012).

schools and education. There are a range of strategies in Australian schools to work with these families, including community gardens, English classes, multicultural women's groups, workshops and information sessions.

Supporting and promoting the engagement of children and young people with learning and schools

The completion of Year 12 or an equivalent qualification, such as an apprenticeship or traineeship, provides an important basis for young Australians to participate in further education, training or employment. However, while 85 per cent of Australian 20-24 year-olds had completed Year 12 or an equivalent qualification in 2011 (Australian Bureau of Statistics, 2013), and school retention rates have increased over recent years, there are marked inequities between different student groups in retention and Year 12 attainment. Achievement is strongly correlated to staying on at school and there is a 20-percentage point gap between the highest and lowest socio-economic status (SES) quartiles in attainment of Year 12 (Foundation for Young Australians, 2012, p.14).

About 10 per cent of 15-24 year-old Australians are not in education, training or work (NEET) and this group largely comprises disadvantaged groups, with analysis of Longitudinal Survey of Australian Youth (LSAY) data showing an over-representation of Indigenous young people, young people with a disability and low SES students (Foundation for Young Australians, 2012, p.16). For young people who are the most disadvantaged, being in NEET persists, with only 1.3 per cent of those from the highest SES quartile being in NEET in both 2009 and 2010, compared with 7.3 per cent of those in the lowest SES quartile.

Lack of engagement with school is a likely predictor of NEET status in Australia. Young people who left school early (at Year 9) were much more likely than Year 12 completers to be in the LSAY NEET group, and those who were NEET had less positive views about their schools and their teachers when they were teenagers (Foundation for Young Australians, 2012).

Young people's disengagement with school has considerable social costs to society.[42]

> As a society we are all worse off when young people fail to realise their potential and do not make a meaningful transition to a rewarding adult life. The implications for the individual and society are long lasting and costly in both human and financial terms (Down & Choules, 2011, p.3).

What are the characteristics of effective strategies to promote engagement?

An extensive review on school completion and early leaving, by the Victorian Government Department of Education and Early Childhood Development, found that the following elements of school culture were central to maximising engagement and retention:

- a shared vision across the school community;
- high expectations of staff and students;

[42] Young people aged 18-24 who were NEET in 2010 were more likely to be homeless, and had lower levels of wellbeing and civic engagement when compared with those who were engaged in employment, education or training (Foundation for Young Australians, 2012, p.17).

- flexibility and responsiveness to individual student needs;
- a commitment to success for all students; and
- a drive for continuous improvement.

Schools with the greatest success in improving student retention used a combination of strategies and promoted a whole-of-staff commitment to student engagement, changing their approaches regularly in response to student and parent needs. Early intervention was critical to success, as were sustained and multi-faceted approaches (Department of Education and Early Childhood Development, 2008b).

The Nest action agenda proposes that major reform is needed in Australian education to promote the engagement of children and young people in learning, in order to address the marked inequities in patterns of engagement, attainment and post-school transitions to education and work.

As discussed in more detail below, this reform should focus on realising the potential of individual students, and should adopt approaches to learning which recognise that a standardised curriculum and 'one-size fits all' approach will not work for all students (Down & Choules, 2011, p.9).

Major reform is needed – to focus more on promoting student engagement in learning, through greater use of, for example personalised learning approaches IT and social media.

Personalised learning approaches and Big Picture schools

The 'Big Picture' schools initiative in America, the Netherlands and here in Australia, (via the Big Picture Education Australia (BPEA) initiative) adopts a philosophy which is grounded in educating "one student at a time", creating personalised and unique programs of education for each student. This model of learning combines academic studies with 'real world learning' and places the student and their individual interests at the core of the learning process.

The integrated learning framework adopted by Big Picture schools in America has resulted in a range of positive impacts on student engagement and learning, including very high student attendance rates and low-drop-out rates and very high proportions of Big Picture school graduates being accepted into college (http://www.bigpicture.org.au/about-us/big-picture-education-australia). Big Schools are at an earlier stage of development in Australia, but early results from a survey in 15 Big Picture Schools (with 862 students) are suggesting that there are noticeable improvements in student engagement in learning and in the life of the schools (http://www.bigpicture.org.au/research-amp-evaluation).

Positive shifts in student engagement and academic performance are also documented through case studies of one small metropolitan high school and two large high schools in Western Australia, where BPEA personalised learning approaches were introduced (Down & Choules, 2011). Some key policy and practice messages for arising from the use of personalised learning in these schools were:

- Student disengagement from schooling is about a failure to promote the right kinds of pedagogical settings for engagement in learning.
- Deficit concepts of students' academic abilities should be actively challenged.

- Student engagement in learning is a relational activity.
- Schools need to create a spirit of trust respect and care towards all students.
- Students should have a say in what and how they learn.
- The curriculum should connect to students' passions and interests.
- Non-cognitive learning outcomes are also of value (Down & Choules, 2011, p.53-54).

The use of Information and Communications Technology (ICT) and social media

Technological proficiency is an essential skill for young people growing up in the 21st century, and the use of ICT and social media can provide alternative and innovative ways for engaging young people in learning. As Walsh et al note, ICT has the potential to promote the engagement of those who have a preference for particular learning approaches such as collaborative work, or the use of alternate learning media (e.g. video for visual learners).

It can also be helpful for students who do not respond well to having to perform or ask questions in front of others, and it can allow young people to extend their learning outside the curriculum by pursuing their own interests. Through the use of ICT students can "take an active and confident role in a changing social climate" (Walsh, et al., 2011, p.8).

Peter de Vries et al (2012) report on an interesting example of an international project to re-motivate disengaged young people in education and learning, through the use of social media. The authors document the early results from a pilot project in which young disengaged people were brought together to create their own projects in a self-organised way using Facebook, Google Docs, YouTube and other social media. The concept of self-organised learning was key to the approach that was used, together with other principles, including trust of peers and leaders, challenge, collaboration and ownership of the projects by the young people. The early findings from this pilot study suggest that it was successful in creating a more positive attitude to learning among the young participants (de Vries & Hennis, 2012).

However, while the use of ICT and social media are promising approaches for promoting the engagement of young people, this area is still relatively under-developed and under-researched. Walsh et al are writing about the use of technology in VET settings, however, their comments are of greater relevance to this issue more broadly:

> In too many instances, however, young VET learners experience an environment in which technology is used in limited ways. They are unable to rely upon the provision of appropriate technology by their educational organisations. They also describe a significant gap between their own digital literacy and technological proficiency and that of their teachers and trainers. There is a clear need for strategies that can address these gaps and barriers. At the same time, technology in itself is not sufficient to ensure the engagement of young learners. Too much emphasis on technological approaches can take attention away from the need to provide quality teaching, quality content and positive, trusting relationships between young learners and their teachers and trainers (Walsh, et al., 2011, p.2).

Evidence included in the KPMG review conducted for ARACY suggests that school-based or affiliated psychological, educational, or behavioural intervention programs, and community based programs, are generally effective in preventing early school leaving (or increasing school completion) (Wilson, et al., 2011, in ARACY, 2012b).

There is also evidence to suggest that mentoring and cross-age peer tutoring are effective strategies for promoting the engagement of children and young people in education and learning.

Expansion of targeted and individualised learning strategies, such as mentoring programs and peer/cross-age tutoring, particularly for those at risk of disengagement from learning

In mentoring relationships students are provided with individual support that can encompass a range of tailored assistance, including guidance on school and homework, and career options, as well as emotional and social support. Through mentoring young people are given the opportunity to develop a relationship with a trusted and caring adult; and research identifies a range of benefits for participating students, including more positive attitude towards school, improved attendance, and improved achievement (Department of Education and Early Childhood Development, 2008, p.25).

Two specifc examples of effective mentoring programs included in the ARACY review of evidence-based programs are the *Big Brother, Big Sister program* (ranked as promising) and the *Check and Connect program* (ranked as well-supported).

A meta-analysis of findings from 65 independent evaluations of school tutoring programs showed that these programs have positive effects on academic performance and attitudes to learning (Cohen & Kulik, 1982, cited in Department of Education and Early Childhood Development, 2008).

Peer tutoring can have benefits for both the tutor and the tutee and cross-age tutoring, where the tutor is older than the tutee, has been linked to benefits for tutor and tutee in academic performance, attendance and sel-esteem (Barnhart, 2010).

Flexible school-based learning strategies for children and young people with a disability and their families

Children with special needs require additional support to learn and achieve. In particular, children with a disability have the right to receive the additional assistance they may require to participate in school and other learning environments. *The National Disability Standards for Education 2005* outline the obligations of schools and training service providers, and the rights of people with disabilities.

> The recently published review of these Standards found that while the Standards provided a good framework for ensuring that students with disability were able to access and participate in education on the same basis as other students, there were examples where the "intent of the standards was not being implemented in practice" and that "a lack of accountability for compliance with the Standards was 'a significant impediment to their overall effectiveness'" (Australian Government Department of Education, Employment and Workplace Relations, 2012, p.vii-viii).

Research also highlights that children with a disability face barriers to participation in schools. For example, a recent Victorian study found that half of the students and parents surveyed had experienced discrimination at school; and more than half of the parents reported that their child was unable to fully participate in education. Barriers identified by parents included a lack of teacher training, teacher time and specialist supports. Reponses from teachers and principals were similar, with 62 per cent of teachers and 53 per cent of principals reporting that

they did not have adequate support, training and resources to enable them to teach students with a disability well (Victorian Equal Opportunity and Human Rights Commission, 2011, in ARACY, 2012c).

In some circumstances, early intervention for children with disabilities can improve long-term outcomes. State government strategies, including the New South Wales Government's *Stronger Together: a New Direction for Disability Services in NSW 2006-2016* and the Queensland Government's *Growing Stronger: Investing in a Better Disability Service System 2007-2011*, have recognised the importance of flexible *and* innovative support strategies for children and young people with a disability and their families (Australian Government Productivity Commission, 2011, p.605-606, in ARACY, 2012c).

The National Plan for School Improvement includes additional student funding for children and young people with disabilities to pay for extra support, such as teachers' aides or special equipment. However, additional strategies and investment are required to ensure that children and young people with a disability are able to fully participate in their school environment and to reduce barriers to effective learning.

2.5 Improving the physical health of young Australians

The aim here is to make Australia rank within the top 5 OECD countries for physical health outcomes by 2025. Currently, there is no agreed aggregate measure of children and young people's physical health. Therefore, the average of all comparative OECD 'health' measures in the 2013 ARACY Report Card on the wellbeing of young Australians is used. Australia is currently ranked 17 out of 30 OECD countries.

Whilst Australia's children and young people are faring moderately well on health overall, relative to other OECD countries, the evidence highlights a pattern of persistent and marked health inequalities between child populations. Children from lower socio-economic and Indigenous backgrounds, as well as those from rural and remote communities, have significantly poorer health outcomes across all measures. Infant mortality, which is directly linked to income inequality and a key measure of child wellbeing, is relatively high in Australia (data reported in ARACY, 2013). Further, these general trends are masking some very critical areas of concern, such as rising rates of obesity and social, emotional and mental health problems.[43]

Strategies described previously that are directed towards addressing income inequality and early childhood vulnerability and improving educational outcomes will contribute to addressing these health inequalities. To effectively tackle health inequalities, our resources and intervention must also be directed towards preventing poor health and intervening early as well as treating ill health.

We need to be guided by proportionate universalism, ensuring a coordinated continuum of provision from universal preventive services to targeted approaches for those that are at particular risk of poorer health outcomes or who require specialist treatment. We also need to focus our attention on the interface between health and education outcomes for children and young people with special health care needs.

Children's health and wellbeing is affected by the quality of their local neighbourhoods and the built environment; and fear of crime, or lack of green spaces and recreational facilities can have significant negative impacts on social and emotional, as well as physical health.

Climate change is the biggest global health threat of the 21st century and children are particularly vulnerable to this threat (88 per cent of the disease burden of climate change falls on children) (Sheffield & Landrigan, 2011). We need also to recognise and address the impacts of the local (built environment) and the global environment (climate change) on children and young people.

In this section below we focus on some of the key health issues that are identified through research evidence, *The Nest* consultation and the ARACY 2013 Report Card data as areas that require particular attention. For each identified area we provide a brief overview of the data that highlights this as an area of concern, together with an overview of the supporting evidence for the identified strategies.

[43] Social, emotional and mental health problems are addressed in the next report section, "Improving the social and emotional wellbeing of young Australians", Part 2.6.

The section ends with a focus on the built environment and on climate change as wider, cross-cutting issues that impact on the health and wellbeing of young Australians.

Low birthweight

Low birthweight (defined as a birth weight of less than 2,500 grams)[44] is associated with an increased risk of death in the first year of life and with the development of long-term disability and diseases in later life (Barker, 1994 in DEECD, 2009, p.29).

Babies born in remote and very remote areas, Indigenous babies, and those babies born in the lowest socio-economic status areas, have high incidence of low birth weight. Of particular concern are the significantly higher rates of low birth weight of Indigenous infants compared to the total Australian population (AIHW, 2011, in ARACY, 2012c). There is a strong correlation between rates of smoking during pregnancy and rates of low birthweight (McCormick, 1985, in DEECD, 2009, p.29).

Alcohol consumption in pregnancy is also associated with low birthweight, as well as being linked to an increased risk of premature birth, cognitive defects and congenital abnormalities, including fetal alcohol spectrum disorder (O' Leary 2002; Single et al 1999 in DEECD 2009, p.121).

In 2010, 6 per cent of Australian live born babies were of low birthweight, with double the incidence (12 per cent) in Indigenous babies. Australia is ranked not far from the middle (13 out of 34) against comparable OECD countries for low birthweight (data reported in ARACY, 2013).

As described earlier, a key element of *The Nest* action agenda is the proposal that a universal platform of early year services is established across Australia. This platform would operate at the health/education interface, in recognition of the important linkages between health and education inequalities and outcomes; and would include a range of services including maternal and child health services and nurse-home visiting.

Easy access to quality pre-natal services; and to sustained nurse-home visiting services (as part of a national universal platform of services for 0-3s)

Nurse-home visiting has been demonstrated to have positive impacts on birthweight as well as on a range of other health, education and wellbeing outcomes (see the earlier report section, Improving early childhood learning and development). The supporting evidence for the impact of nurse home-visiting on low birthweight is summarised in the Victorian Government Department of Education and Early Childhood Development's online Catalogue of Evidence:

> Trial results found that during pregnancy program mothers smoked less, had better nutrition, attended more classes and had more support (Olds, et al., 2004; Olds, et al., 2007). Improved birth outcomes were also reported for women who had participated in the program, including reductions in preterm and low birth weight newborns. Olds et al (2004) found that, two years after the program, women who were visited, compared with control subjects were less likely to have had subsequent miscarriages (6.6

[44] Definition includes both premature and full-term babies.

per vs 12.3 per cent) and fewer low birth weight newborns (2.2 per cent vs 7.7 per cent) (Department of Education and Early Childhood Development, 2013a).

Better access in pregnancy to smoking cessation programs, alcohol programs (to reduce fetal alcohol spectrum disorder) and telephone support services

Evidence reported in the DEECD Catalogue of Evidence suggests that smoking cessation programs in pregnancy can reduce the proportion of women who smoke in pregnancy and can reduce the incidence of low birthweight (Lumley et al 2004, in Department of Education and Early Childhood Development, 2013b).

Telephone support services for women in pregnancy and after birth (in the early postpartum period) can also assist in preventing smoking relapse as well as preventing low birthweight and increasing breastfeeding (Dennis and Kingston 2008 in Department of Education and Early Childhood Development, 2013a).

Evidence presented in the recent House of Representatives Committees Inquiry into Fetal Alcohol Spectrum Disorder (House of Representatives Committees, 2012), highlights a broad range of initiatives that will be required to prevent alcohol use in pregnancy and the incidence of Fetal Alcohol Spectrum Disorder. Relevant strategies and programs include:

- raising public health awareness about the risks of FASD and national guidelines on drinking during pregnancy;
- education and support provided by health professionals to those who are pregnant or planning pregnancy;
- educating men, as well as women, about the risks that are associated with drinking in pregnancy;
- the use of health advisory labels;
- specialised intervention and support services for those at greatest risk; and
- promoting community-led initiatives to reduce high-risk consumption patterns in Indigenous communities.

Improving oral health

Evidence cited in the Australian Government's *National Oral Health Plan* (Healthy Mouths, Healthy Lives) confirms the importance of fluoridation as a population level public health measure to improve oral health.

> Fluoridation of public water supplies is the single most effective public health measure for reducing dental caries across the population, with its most pronounced effects among those who are disadvantaged and most at risk (Australian Government Department of Health , 2004, p.16).

While fluoridation across many parts of the country has resulted in marked improvements to the oral health status of Australians, oral health remains an area of considerable concern. Around one third of the Australian 12-year-old child population has dental decay, and almost half (52 per cent) of Indigenous 12-year-olds. At 12 years of age, the oral health of Australian children is ranked 12 out of 31 OECD countries (data reported in ARACY, 2013).

Australians' oral health status deteriorates rapidly in later adolescence and early adulthood, and the oral health status of Australian adults ranks second worst in the OECD. There is a four-fold increase in dental caries between 12 and 21 years of age, and almost half of all teenagers have some signs of periodontal disease (Australian Government Department of Health, 2004, cited in ARACY, 2012c).

Poor dental health is associated with low socio-economic status, lone parent families, younger or less-educated mothers, ethnicity and living in rural/remote areas. This association is likely to be due to low education levels, lack of access to services and poorer food choice and availability (AIHW, 2011, p.45, cited in ARACY, 2012c). Dental caries is the second most costly diet-related disease in Australia, with an economic impact that is similar to that of heart disease and diabetes (AHMAC 2001, in Australian Government Department of Health, 2004, p.v).

Oral diseases and tooth decay can be largely prevented through good nutrition and oral health care, regular dental visits and the use of fluoride (in toothpaste as well as in public water supplies).

In order to address oral health inequities among Australian children and young people, it will be important to address the cost-related barriers to dental care and treatment.

As is discussed in the Government's *National Oral Health Plan*, dental services are one of the least subsidised areas of health. There are considerable barriers to accessing oral health care for those on low incomes, with long waiting lists for public care and private care costs that are considerable. Cost barriers are commonly cited as a reason for delaying dental care and treatment (Australian Government Department of Health, 2004, p.18).

The Australian Government's announcement of a dental package to give children and adults on low incomes access to subsidised dental care is an important measure. However, this measure would be strengthened considerably if it was accompanied by **the implementation of national targets for oral health for disadvantaged groups.**

Population-based strategies to address oral health inequities should be accompanied by the use of evidence-based oral health promotion and education strategies, although it should be noted that the supporting evidence for these is limited and requires further development.

Oral health promotion/education provided to parents of newborns as part of accessible universal services

As beliefs, behaviours and attitudes towards health are shaped during the formative years, oral health promotion/education can be most effective when it is targeted very early in the life course, to parents of babies. One example of this kind of initiative is the inclusion of oral health promotion information and guidance in *Child Personal Health Record Books* in New South Wales (cited in Department of Education and Early Childhood Development, 2013c).

Programs of tooth brushing instruction and oral hygiene education in schools with families

The DEECD Catalogue of Evidence reports that there is significant evidence that regular tooth brushing (at least twice a day) with fluoride toothpaste has the potential to reduce inequalities in dental health (Curnow, 2002).

However, children under the age of 10 years may lack the motivation and the manual dexterity that is required to maintain this effectively (Leal 2002) (Department of Education and Early Childhood Development, 2013c).

The DEECD Catalogue also notes that there is some evidence to suggest that school and kindergarten based dental programs to promote regular and effective tooth brushing can be effective for reaching children at high risk of poor dental health. Evaluation using a quasi-experimental trial has shown that while supervised instruction alone shows significant reduced caries increment in intervention compared with non-intervention children, these effects are not sustained at one-year follow-up (Wind 2005). Interventions that combine supervised tooth brushing, education and a family focus have the greatest impact on caries incidence (NSW Oral Health Promotion 2003, in Department of Education and Early Childhood Development, 2013c).

More recently a Cochrane review to assess the clinical effects of school-based interventions aimed at changing tooth brushing behaviour and the frequency of consumption of cariogenic[45] food and drink in children (4-12 year-olds) found that, while three of the four included studies found a statistically significant reduction in plaque in the intervention groups, there was insufficient evidence for the efficacy of primary school-based behavioural interventions for reducing caries (Cooper, et al., 2013).

The ARACY review of evidence-based programs includes details of two oral health programs, cited by DEECD, for pre-school children (*Smiles for Miles*) and pre-school and primary Aboriginal children (*Top Tips for Teeth*) (Department of Education and Early Childhood Development, 2013c). It should be noted that both of these are rated by ARACY as emerging programs.

Preventing injuries and injury deaths

Injury is one of the most common forms of avoidable morbidity and mortality; and the vast majority of injuries occur as a result of controllable hazards in the child or young person's environment (AIHW, 2011, cited in ARACY, 2012c).

Indigenous children are over-represented in injury mortality statistics, as well as children living in outer regional, remote and very remote areas; and those from lower socio-economic status groups. In 2010, in Australia, there were 5 injury deaths (per 100,000 population aged 0-14 years) and among Indigenous young people this rate was tripled (15 per 100,000 population). Australia is ranked 22 out of 34 OECD countries on the measure of child injury deaths (data reported in ARACY, 2013).

The injury death rate is strongly associated with age, with injury death rates of children aged 0-4 years being around three times the rate for children aged 5-9 years and more than twice the rate for those aged 10-14 years (AIHW, 2011, in ARACY, 2012c) . Injury deaths are also much more common in boys than in girls, as boys are more likely to engage in risk taking and impulsive behaviour (AIHW, 2011, in ARACY, 2012c).

[45] Causing tooth decay.

Most child injury deaths are the result of transport accidents, drowning and falls, while most injury hospitalisations are due to falls, cutting, choking, dog bites, transport accidents, poisoning and burns or scalds (Centre for Community Child Health, 2006, p.18).

Strategies to prevent child injury can be understood to broadly comprise "engineering", "enforcement" and "education" approaches, with engineering and enforcement strategies operating at the community/societal (or population) level and education approaches at the school/family/individual child level (Centre for Community Child Health, 2006) (Box 7).

Box 7: Strategies to prevent child injury

Engineering – this refers to the design and environmental modifications that 'introduce' a passive change to reduce or eliminate a hazard (such as safety surfacing on playgrounds; or flame-resistant sleepwear)

Enforcement – this refers to regulations/legislation /standards that can 'enforce' compliance (such as child seatbelt laws; traffic speed limits)

Education – this refers to parent/child/family education to modify behaviours in order to reduce or eliminate unintentional injuries (e.g. teaching a parent about child safety seat use).

SOURCE: CENTRE FOR COMMUNITY CHILD HEALTH, 2006, P.11;
SEE ALSO CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL, 2012, P.27)

There is considerable evidence to support the use of a range of engineering and enforcement measures for preventing child injury, including:

- bicycle helmets;
- child-resistant closures on medicines and other poisons;
- child restraints in vehicles;
- pool fencing (assuming fence and gate meet approved standards, are installed correctly and are regularly maintained);
- safe tap water temperatures (less than 50 degrees Celsius);
- smoke alarms (regularly cleaned, checked and batteries replaced annually); and
- traffic calming measures including speed humps and reduced speed limits (Centre for Community Child Health, 2006, p.11).

Few studies have been able to identify significant reductions in child injury rates (as opposed to changes in safety attitudes and behaviour) as a result of educational interventions.

However, as the Centre for Community Child Health notes, this does not mean that education interventions are ineffective; and "the ability to detect changes in injury rates has been limited by factors such as the design of the

studies and poor uptake of recommendations in the community" (Centre for Community Child Health, 2006, p.13). There are also clear exceptions to this.

Access to sustained nurse home visiting services (under a national universal platform for 0-3s) to reduce injuries in the home

Evidence suggests that sustained nurse home visiting services (provided under a national universal platform of services) will assist in reducing the incidence of injury in the home for young children.

Systematic reviews of controlled trials support the use of home visiting by professionals as a well-evidenced strategy for reducing child injuries in the home environment, particularly for families from disadvantaged populations (Department of Education and Early Childhood Development, 2013d).

A recent Cochrane review of parenting interventions for the prevention of unintentional injuries in childhood, including 22 studies,[46] 15 of which were home-visiting programs, found that parenting interventions, most commonly provided within the home, were effective in reducing child injury. The review found fairly consistent evidence that these interventions also improved home safety. The evidence included in the review related principally to interventions provided to disadvantaged families, who were at risk of poorer child health outcomes or who were likely to benefit from extra support (Kendrick, et al., 2013).

Combining family/school-based education interventions with community interventions (such as traffic calming measures) to reduce inequalities in road traffic injury rates

A study of neighbourhood effects on child injury rates in Nottingham UK, reported in the DEECD Catalogue of Evidence, highlights that injury risks are related to both community and family factors.

This study found that neighbourhood-level differences in medically attended injury rates were attributed to differences in family characteristics, whereas very serious injuries requiring hospital admission were associated with living in severely deprived neighbourhoods (Kendrick, Mulvaney, Burton and Watson, 2005 in Department of Education and Early Childhood Development, 2013d).

Findings from this research point to the importance of using interventions at family and neighbourhood or community levels in order to reduce childhood injury inequalities. For example, family or school-based education interventions to promote child pedestrian safety can be combined with evidence-supported enforcement measures within the community (noted above) such as traffic calming measures.

Family/school-based education interventions

The Early Childhood Pedestrian Injury Prevention Project (ECPIPP) in Perth provides an interesting example of a family and school based education intervention to modify parental and child road safety behaviour (Waters, 2004-06).

[46] 16 of the studies were Randomised Controlled Trial studies.

This three-year intervention aimed to increase the number of children who use and cross the road safely with their parents. A three-year parent and classroom intervention was applied which systematically targeted identified protective factors:

> Specifically, the family intervention provided parents with strategies to enhance parent-child communication, parent modelling, parent road safety attitudes and beliefs, normative family standards about road safety, family management techniques and parenting style. The intervention also addressed parents' road safety related knowledge, skills and behaviours needed to teach young children how to cross roads safely. Unlike typical school/home based interventions, where parents reinforce children's learning from school, this intervention targeted parents as the primary 'implementers' of the program messages, complemented by activities provided by teachers in the classroom which reinforced the messages delivered by parents at home (Waters, 2004-06).

Evaluation (using comparison of data collected from parents in an intervention and comparison groups) at baseline and post-test found that intervention significantly impacted on parents' behaviour (hand-holding), children's road crossing behaviour and parents' knowledge. The intervention effects on whether parents always held their child's hand and their knowledge of young children's road safety limitations, appeared to be sustained one year after the intervention (when the students were in Year 1) (Waters, 2004-06).

The WHO Safe Communities model

As is noted by DEECD, home visiting and child road safety training interventions can be implemented in isolation, but have often been used as part of broader community development programs that employ a variety of safety-promoting strategies (Department of Education and Early Childhood Development, 2013d).

The international World Health Organisation (WHO) Safe Communities model, cited by DEECD, has been adopted by around 150 countries across the world, including in Australia.

Programmes target high-risk groups or environments and promote safety for vulnerable groups, based on an approach which emphasises collaboration, partnership and community capacity-building. Child injuries are often targeted in WHO Safe Communities, along with other injury reduction goals that are relevant to children, such as traffic accidents.

Research across many of the WHO Safe Communities, including in Australia and New Zealand, has cited reductions in injuries (including in child injuries) that are linked to the intervention. While there is certainly a substantial and growing body of evidence to suggest that Safe Communities may be effective in reducing child injuries, a recent Cochrane review notes that only 21 of the WHO Safe Communities have been subject to controlled injury outcome evaluations (Spinks, et al., 2009). This same review identified some methodological limitations in those studies that were included, together with marked variation among the communities in the observed effect on injury outcomes. It concludes that:

> While the frequency of injury in some study communities did reduce following the designation as a WHO Safe Community, there remains insufficient evidence from which to draw definitive conclusions regarding the effectiveness of the Safe Community model (Spinks, et al., 2009, p.18).

Asthma management and hospitalisations

The International Study of Asthma and Allergies in Childhood (ISAAC) identifies that Australia, along with the UK, New Zealand and the Republic of Ireland, has a high prevalence of asthma in children, by international comparison.[47] In the 2013 ARACY Report Card Australia is ranked 14 out of 16 comparable OECD countries for the incidence of asthma in children (data reported in ARACY 2013).

Evidence suggests that **self-management education programs are effective** in improving outcomes for children with asthma. A Cochrane review of 45 randomised and controlled clinical trials of asthma self-management education programs in children and young people (2-18 years) finds that these self-management education programs in children improve a wide range of measures of outcome. The review recommends that "self-management education directed to prevention and management of attacks should be incorporated into routine asthma care" (Wolf, et al., 2008).

A systematic review of the literature[48] on school-based asthma education programs found some inconsistency regarding the effects of school-based asthma education programs on quality of life, school absences, and days and nights with symptoms, but concluded that school-based asthma education improves knowledge of asthma, self-efficacy, and self-management behaviours (Coffman, et al., 2009).

Asthma hospitalisation rates may be a reflection of changes in asthma prevalence or severity, or they may also reflect different hospital admission and management practices (DEECD, 2009, p.42). They pose a considerable economic burden; and, as DEECD notes "identifying effective and practical strategies for decreasing the rate of asthma hospitalisations will be important in minimising the impact of asthma and improving the health and wellbeing of Australian children" (Department of Education and Early Childhood Development, 2013e).

Trials of school-based programs aimed at reducing asthma hospitalisations have included an RCT, involving 243 children aged 6-10 years. In this program, a nurse case manager provided information about asthma symptoms and treatment to children on a weekly basis. The nurse also monitored the children's health status and coordinated care when required. At 12 months follow up, the children's asthma knowledge had increased significantly and there were 14.5 per cent fewer Emergency Department presentations and 60 per cent fewer hospitalisations in the intervention compared to the control group (Levy et al 2006, in Department of Education and Early Childhood Development, 2013e).

It is likely that a combination of home, clinical and school-based interventions will be required to address the wide variety of physical, medical, psycho-emotional, educational and self-management outcomes that may be required, and the efficacy of particular interventions for particular outcomes will vary by the age of the children (Chrisler, 2012).

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[47] Data from the International Study of Asthma and Allergies in Children, cited in Australian Centre for Asthma Monitoring , 2009, p.1.

[48] 25 articles were reviewed, relating to children aged 4 to 17 years with a clinical diagnosis of asthma or symptoms consistent with asthma.

However, there is sufficient evidence at this stage, to suggest that an expansion of **school-based education interventions** would be likely to improve the capacity of children and young people to manage their asthma symptoms. These interventions have also been shown to be effective in a wide range of populations, including CALD and socio-economically disadvantaged children (Department of Education and Early Childhood Development, 2013e).

In order to have the widest reach an expansion of school-based education interventions could be modelled around and /or integrated with the *Asthma Friendly Schools Program*, cited by DEECD (Department of Education and Early Childhood Development, 2013e).

This program adopts a range of whole-of-school strategies to support the whole school community in understanding and managing asthma. A recent evaluation of the program in Gippsland[49] suggested that children with asthma attending an Asthma Friendly school reported fewer asthma attacks and unscheduled doctor visits, and better life satisfaction than children with asthma attending a non-Asthma Friendly school (Al Motlaq, M, 2010).

Nutrition, physical activity and obesity

Breastfeeding

Breastfeeding is known to promote the healthy growth and development of infants and is the best early form of nutrition. Breastfeeding protects infants from infectious diseases, is protective against wheezing in infancy and may also contribute to reducing the risks of Sudden Infant Death Syndrome (SIDS), Type 1 diabetes and some childhood cancers (Australian Institute of Health and Welfare , 2012, p.30).

The National Health and Medical Research Council recommends that infants are exclusively breastfed up to 6 months of age (NHMRC 2003, in Australian Institute of Health and Welfare, 2012). However, while the majority of women initiate breastfeeding, many do not continue until this point.

Data from the 2010 Australian National Infant Feeding Survey, show that while exclusive breastfeeding is initiated for 90 per cent of babies at birth, 39 per cent are exclusively breastfed to around 4 months of age and 15 per cent to around 6 months. Younger mothers (aged 24 and under) are less likely than mothers aged 25 and over to maintain exclusive breastfeeding; and mothers who smoke are also less likely to do so, than those who do not smoke. Indigenous babies are less likely than non-Indigenous babies, to be exclusively breasfted at around 4 months. Higher levels of maternal education are associated with higher rates of breastfeeding to around 4 months (data reported in Australian Institute of Health and Welfare, 2012, p.31).

In the light of this evidence, there is a clear need for an expansion of strategies to promote and increase breastfeeding.

[49] Sixteen schools were included in the evaluation: 8 Asthma Friendly schools (AFS), 4 AFS registered schools and 4 non AFS schools.

The ARACY review of evidence-based programs includes a range of initiatives, cited in DEECD's Catalogue of Evidence, to promote and increase breastfeeding (Department of Education and Early Childhood Development, 2013f). Strong evidence exists, for example, for the use of community outreach programs by health professionals and for the World Health Organisation (WHO) Baby-Friendly Hospital Initiative.

Physical activity and obesity

Overweight and obesity has a considerable negative impact on children and young people's health, not only during childhood but also in adult life as it is a risk factor for adulthood morbidity and mortality. Children and young people who are overweight or obese may also experience bullying and discrimination from peers (Australian Institute of Health and Welfare, 2012).

While most Australian children and young people are of a healthy weight, a significant proportion is overweight or obese. In 2011, 30 per cent of Australian children and young people aged between 5-24 years were overweight or obese; only 5 per cent of 5-24 year-olds met recommended consumption levels for vegetables and 57 per cent of 15-24 year-olds were inactive (with sedentary or low levels of activity). Australian children and young people fare moderately to poorly on OECD rankings of obesity, ranking 13 out of 28 for boys and 17 out of 28 for girls (data reported in ARACY 2013).

Evidence from the Longitudinal Study of Australian Children (LSAC) suggests that obesity becomes more firmly entrenched in early childhood and may be more challenging to reverse in the middle school years. Persistent overweight/obesity is also more common in children living in the most socio-economically disadvantaged areas (Wake & Maguire, 2012 in Australian Institute of Health and Welfare, 2012).

Known risk factors for childhood overweight and obesity include over-nutrition (particularly of foods that are high in energy and sweetened drinks), low levels of physical activity and an increase in sedentary and screen-based activities. However, modifying these risk factors is complex as they are influenced by a range of individual, family and broader community/ societal factors (Department of Education and Early Childhood Development, 2010).

Family and parenting practices play a major role, for example, in influencing children's meal habits and physical activity (Reilly, 2005, in Department of Education and Early Childhood Development, 2010). Physical activity levels are also influenced by other environmental and societal factors, such as changes in mode of transport, increasing urbanisation, access to recreational facilities and green spaces, perceived neighbourhood safety and increasing concerns about child safety and injury risk (evidence cited in Department of Education and Early Childhood Development, 2010).

There is a large and growing international evidence base on effective strategies for preventing obesity. However, evidence in many areas remains unclear. For example, the knowledge-base relating to effective interventions for very young children and adolescents is less strong than for children in the middle years, and more research is needed on how to ensure the successful and sustainable implementation of evidence-based interventions in health, care and education systems (Waters, et al., 2011).

In the light of the multiple factors that contribute to overweight and obesity, and in the light of current evidence, *The Nest* action agenda proposes that the best approach to prevent overweight and obesity will be through the combination of a range of evidence-based interventions at parent/family, school and community levels.

Most of the strategies that are included in this section derive from a recent systematic review of childhood obesity prevention studies aiming to improve nutrition or physical activity (or both), published by the Cochrane Collaboration (Waters, et al., 2011). This review aimed to determine the effectiveness of evaluated educational, behavioural and health promotion interventions, assessed by changes in Body Mass Index (BMI). Controlled studies (with or without randomisation) were included if they evaluated interventions, policies and practices that were in place for 12 weeks or longer. A total of 55 studies was included relating to children and young people aged 0-18 years, with the majority of these focusing on children aged 6-12 years.

The authors found that the evaluated interventions reduced the children's BMI by an average of 0.15 kg/m2. While this effect size appears to be small, it represents a significant reduction at a population level if sustained over several years.

A broad range of different program components were used in the evaluated studies. While it was not possible to determine the specific contribution of these components to the positive program impacts, the author's synthesis highlighted a number of broad policies and strategies that represented promising interventions. These form the basis for the recommended *Nest* evidence-informed strategies:

- Inclusion of healthy eating, physical activity and body image on the school curriculum, with increased support for schools to implement health promotion strategies and activities.
- Increase and make compulsory school curriculum focused on physical activity.
- Improvements in nutritional quality and food supplies, particularly targeted to those in need (e.g. in remote areas).
- Environmental and cultural practices that support children eating healthier foods and being active throughout each day.
- Parent support and home activities that encourage children to be more active, eat more nutritious foods and spend less time on television, video games and screen-based activities.

Junk food advertising

There is significant parental concern about food advertising in Australia and strong parental support for tighter restrictions on advertising (Morley, et al., 2008, in Australian Institute of Health and Welfare, 2012).

Despite the introduction of voluntary initiatives by industry groups to commit to responsible marketing of foods to children,[50] recent Australian research reports that there are between 0.7 and 6.5 unhealthy food advertisements per hour at times when children watch television (Smithers, et al., 2012, in Smithers, et al., 2013, p.148). Given that children watch television for an average of two hours per day this amounts to an overall exposure of between 511 and 4,700 unhealthy food advertisements every year from television (Brindal, et al., 2011, in Smithers, et al., 2013, p.148).

[50] These initiatives are the Responsible Children's Marketing Initiative (RCMI) and the Quick Service Restaurant Industry Initiative for Responsible Advertising and Marketing to Children (Smithers, et al., 2012).

Research suggests that signatories to the recent initiatives advertise at a higher rate than non-signatories at times when many children are watching television; and that these initiatives are having little notable impact on children's exposure to unhealthy food advertising. Another concerning finding is that researchers have found a number of breaches of the industry initiatives and of the law governing advertising to children (Roberts, et al., 2012, in Smithers, et al., 2013, p.149).

These findings suggest that current voluntary initiatives are insufficient and that further measures need to be taken to minimise children's exposure to junk-food advertising. In particular **a ban on junk-food advertising should be instituted during children's television viewing hours and at sporting events**.

Alcohol, tobacco and other drugs

Data shows us that:

- The age at which Australians are having their first drink is continuing to decrease.
- Approximately 90 per cent of people have tried alcohol by the age of 14, and most Australians have consumed a full serve of alcohol before the age of 16.
- Eighty per cent of alcohol consumed by people aged 14-24 is consumed in ways that put the drinker's (and others) health at risk.
- Teenagers and young adults aged 20-29 are more likely to consume alcohol at levels associated with short-term harm and long-term risk.
- By the age of 18, about half of both males and females are drinking at risky levels, but the majority of these drinkers classify themselves as 'social drinkers' and do not perceive their consumption patterns to be a problem (Australian Medical Association, 2009, in ARACY, 2012c).
- Community attitudes are in general fairly tolerant towards young people using alcohol (Beyers, et al., 2004, in Communities that Care, 2012, p.39) and supply of alcohol by parents to children is a considerable risk factor for increased levels of adolescent binge drinking.

Tobacco smoking is the risk factor that is associated with the largest disease burden in Australia (Australian Institute of Health and Welfare, 2012, p.65) and early cigarette smoking in young people is an important predictor of adulthood smoking. The prevalence of cigarette smoking has shown a notable decline among young people over recent decades,[51] and Australia is ranked 4 out of 28 comparable OECD countries on youth smoking. However, smoking rates remain higher in Indigenous young people and among young people in socio-economically disadvantaged areas (Australian Institute of Health and Welfare, 2012, p.65), and these population inequalities require continued attention.

[51] Findings from the Australian Secondary Schools Student Alcohol and Drug Survey, reported by the Australian Institute of Health and Welfare, show a decline in smoking among 12-14 year-olds from 17 per cent in 1984 to 4 per cent in 2008 (Australian Institute of Health and Welfare, 2012, p.65).

There has also been a decline in the proportions of young people who report using an illicit substance (from 30 per cent of 12-15 year-olds in 1996 to 11 per cent in 2008), although a significant proportion of young people had used inhalants in their lifetime (20 per cent) (Australian Institute of Health and Welfare, 2012, p.20).

The Nest action agenda proposes a range of interventions to reduce substance use in Australian young people. The majority of these are regulatory and legal interventions. However, program interventions with families, young people and children will also be required to address norms and attitudes around substance use.

Implementation of more multi-component programs addressing norms and attitudes around substance use

Universal family-based prevention programs have been demonstrated to be effective in preventing alcohol misuse in school-aged children up to 18 years of age. These interventions generally include supporting the development of parenting skills (e.g. parental support, nurturing behaviours, clear boundaries and monitoring). However social and peer resistance skills, and the development of behavioural norms and positive peer affiliations, have also been addressed in these programs (Foxcroft & Tsertsyadze, 2011, in ARACY, 2012b).

Health promotion programs, such as the *Aussies Optimism Program* (AOP), which focus on general life skills can also target health risk behaviours such as alcohol and tobacco use in young adolescents (Roberts, et al., 2011, in ARACY, 2012b).

Peers, family and social context are strongly implicated in early drug use in young people. Schools offer an important site for interventions to prevent drug use. Skills based programs delivered in schools appear to be effective in deterring early-stage drug use, and increasing drug knowledge, decision-making skills, self esteem, resistance to peer pressure and drug use including marijuana and hard drugs (Faggiano, et al., 2005, in ARACY, 2012b).

Primary prevention programs that improve the emotional well-being of secondary students by building the capacity of school communities can also be effective at reducing substance abuse, as demonstrated by the Victorian-based *Gatehouse Project* (Toumbourou, et al., 2007, in ARACY, 2012b).

The School Health and Alcohol Harm Reduction Project (SHAHRP) provides a further example of an effective school-based program which reduces alcohol related harm among secondary school students, through knowledge development and the development of specific strategies and skills.

Compliance checks and greater enforcement of legislation regarding sale of alcohol and of tobacco to young people

Evidence reported by Communities that Care suggests that enforcement of liquor laws can increase compliance with minimum age laws. Findings from an American study using compliance checks (see Box 8) and media advocacy included substantial gains in compliance (51 per cent) among retailers who were issued with citations for failing compliance checks, as well as increased compliance among those who had not been cited (35 per cent) (Scribner & Cohen, 2001, in Communities that Care, 2012, p.38).

A Cochrane review finds that it is also possible to reduce access to tobacco in young people by combining regulatory, early intervention and harm-reduction approaches (Stead & Lancaster, 2005, in Communities that Care, 2012, p.37).

Box 8: Compliance checks

In compliance checks, young people who appear to be under the legal age seek to purchase alcohol or tobacco from a retailer. Retailers that comply with current legislation by refusing to sell to the young person receive a letter advising of the monitoring program and its outcome. Retailers that do not comply can receive a warning letter or a penalty. Penalties are usually increased for second and subsequent offences.

SOURCE: COMMUNITIES THAT CARE, 2012, P.37

Evidence also suggests that the deregulation of liquor control laws is associated with an increased availability of alcohol; and that a reduction in trading hours can contribute to a reduction in alcohol-related problems (Kypri, et al., 2010, in National Alliance for Action on Alcohol, 2011, p.5).

Decreasing use of alcohol and of tobacco through price increases

Increasing the price of alcohol through taxation has been demonstrated to be an effective intervention to reduce the level of alcohol consumption and associated problems including mortality rates, crime and traffic accidents (Babor, 2010, in National Alliance for Action on Alcohol, 2011, p.2).

However, the current system of taxation on alcohol is not consistent and is not linked to alcohol content level or potential for harm (National Alliance for Action on Alcohol, 2011, p.2).

Reduce children and young people's exposure to alcohol advertising

Research shows a clear association between exposure to alcohol advertising and young people's early initiation to alcohol use and/or increased alcohol consumption.

Evidence cited in the recently published Alcohol Advertising Review Board (AARB) Annual Report highlights the strong evidence, including evidence from systematic review, that supports this association (Snyder, et al., 2006; Anderson, et al., 2009, in McCusker Centre for Action on Alcohol and Youth, 2013).

The AARB report also provides evidence to show that half of all alcohol advertising is in children's popular viewing times (Pettigrew, et al., 2012) and that Australian teenagers aged 13-17 are exposed to alcohol advertising on television at approximately the same level as young adults 18-24 years (Winter, et al., 2008).

As the report notes, alcohol advertising contributes to the normalisation of alcohol use; and the current self-regulating system is failing to ensure the responsible promotion of alcohol and the minimisation of young people's exposure to advertising.

In line with the proposals recommended by the National Alliance for Action on Alcohol (National Alliance for Action on Alcohol, 2011) *The Nest* action agenda advocates for the introduction of a range of measures to reduce the exposure of children and young people to alcohol advertising, for example through legislative enforcement during children's popular viewing times, at sporting events and on/around public transport.

Raising the minimum drinking age to 21 years (which will also impact on road traffic injuries/fatalities)

There is strong evidence to suggest that raising the minimum legal drinking age (MLDA) in Australia would result in reductions in the consumption of alcohol among young people, as well as having positive impacts on alcohol related deaths and injuries. As the recent report by the Dalgarno Institute notes, this is a well-researched area, with more than 70 studies investigating the links between changes to the MLDA and outcomes for young people (Toumbourou & Varcoe, 2013).

The evidence indicates that a higher MLDA is effective in reducing youth alcohol consumption and in preventing alcohol-related deaths and injuries in young people. When the MLDA has been lowered, road crashes, injury and deaths have increased and when the MLDA has been raised road crashes, injury and injury deaths have declined (Wagenaar, 1993, in Toumbourou & Varcoe, 2013, p.3). This finding holds independently of other road safety initiatives (such as random breath testing) (Kypri, et al., 2006 in Toumbourou & Varcoe, 2013, p.4).

Research also suggests that the positive impacts on alcohol consumption in young people of raising the MLDA are maintained. When the MLDA is increased to 21, people under the age of 21 drink less alcohol and maintain this throughout their early 20s (Wagenaar, 1993, in Toumbourou & Varcoe, 2013, p.4).

There are several policy options for raising the MLDA in Australia, including making federal road funding conditional on the States increasing the MLDA, or unilateral amendments in individual States and Territories to State Liquor Licensing Regulations introducing specific restrictions from age 18-21 years (Toumbourou & Varcoe, 2013, p.2).

Teenage pregnancy

Early motherhood increases the risk of poorer social, economic and health outcomes for young mothers and is also associated with poorer outcomes for the child (UNICEF, 2001); although not all teenage conceptions are unplanned or unwanted (Department of Education and Early Childhood Development, 2009, p.56).

Research which investigates the links between disadvantage and teenage pregnancy identifies dislike of school, unhappiness in childhood, limited access to jobs and education and low expectations of the future as key explanatory factors for teenage pregnancy (evidence cited in Harden, et al., 2009).

As the KPMG review for ARACY notes, policy approaches to reducing teenage pregnancy appear to vary widely across the Western world, often reflecting predominant value systems (ARACY, 2012b).

A recent systematic review by Harden et al. uses an innovative method to integrate the findings from controlled trials and qualitative research; and provides a comprehensive overview of interventions that seek to address the social disadvantage associated with early parenthood (Harden, et al., 2009).

Based on their review of 10 controlled trials and five qualitative studies, the authors conclude that both early childhood interventions and youth development programs are effective and appropriate strategies to address teenage pregnancy. Both of these intervention types target the social determinants of early parenthood. Early childhood interventions that will be effective in reducing the risk of teenage pregnancy include early childhood

education and care; and youth development programs should comprise a mix of social support, educational support and skills training, so assisting young people to develop career aspirations.

The authors also note that additional strategies that directly tackle the societal, community and family level factors that influence young people's route to early parenthood should also be considered in parallel; and traditional approaches to addressing teenage pregnancy, including sex education and improved sexual health services, are unlikely to be effective if used on their own (Harden, et al., 2009).

Broad-based multi-component programs that address the social determinants of teenage pregnancy along with other risk and protective factors

The Children's Aid Society Carrera program in the USA provides an example of a broad-based multi-component youth program that has reduced the likelihood of pregnancy among participants.

School-based sex education programs

As the DEECD Catalogue of Evidence describes, a 'whole-school approach' to sexuality education has been advocated in Australia. This approach goes beyond the formal curriculum and includes consultation and interaction with parents and the school community, access to community resources, student involvement and changes to school policy and guidelines. DEECD notes that there is evidence that this approach has been implemented internationally, although there appear to be no formal evaluations (Dyson et al., 2008, in Department of Education and Early Childhood Development, 2013g).

This kind of whole-school approach fits well with elements of successful prevention programs identified in the literature, including:

- acknowledging young people as sexual beings;
- addressing and catering for diversity;
- using developmentally based curricula that are appropriate and inclusive;
- identifying and addressing educators' training needs; and
- involving parents and communities (Dyson et al 2003, in Department of Education and Early Childhood Development, 2013g).

The Growing and Developing Healthy Relationships Curriculum Support materials, in the ARACY review of evidence-based programs, provides an interesting and relevant example of a school-based sex education program that takes a preventative approach to sexual health, de-normalising sexual activity for school age children. It should be noted, however, that this program is classified as an emerging program that is supported by qualitative research only and has not been replicated.

The built environment

There is a growing body of research which documents how the health and wellbeing of children and young people is affected by the quality of their local neighbourhoods and by the built environment in which they live (including their 'human-made' surroundings of roads, parks, shops, schools, transport networks and community buildings).

Fundamental factors supporting children to feel loved and safe are the presence of safe and supportive family, community and physical environments within which children and young people can explore, test boundaries and experience new opportunities (ARACY, 2012b).

The quality and nature of the built environment also has a direct impact on children and young people's health, through its impact on their capacity to engage in recreational and physical activity.

As the Commissioner for Children and Young People in Western Australia notes: "Our physical environments shape how children and young people make active lifestyle choices, interact with their community and view the world" (Commissioner for Children and Young People, Western Australia, 2010).

Children are more active when there are footpaths, when they can walk to destinations, if public transport is available, when there are fewer controlled intersections to cross and when traffic density is low. Higher physical activity is associated with the presence of play facilities in neighbourhoods and at schools (Krahnstoever et al 2006, in ARACY, 2012b). A lack of sufficient community infrastructure, including the availability of youth friendly spaces, access to transport, and access to technology, can also present significant barriers to children and young people's participation in services, community, and civics (evidence cited in ARACY, 2012b and further discussed in Promoting the participation of young Australians).

Leading action to promote the development of child-friendly communities, including through the framework of the UNICEF Child-Friendly Cities Initiative.

Established within the framework of the United Nations Convention on the Rights of the Child (United Nations, 1989) the Child-Friendly Cities Initiative provides a comprehensive and coherent structure for sustainable urban development and for ensuring that the environments of children and young people promote their overall health and wellbeing.

Children and young people's rights to participate in decision-making about their environments are promoted in the child-friendly cities framework, along with the other key UNCRC principles of non-discrimination (so ensuring that inequalities in access to quality environments are addressed), children's best interests and every child's right to life and maximum development. The key characteristics of child-friendly cities are described in Box 9 below.

Box 9: Child-Friendly Cities

A Child-Friendly City guarantees the right of every young citizen to:

- influence decisions about their city;
- express their opinion on the city they want;
- participate in family, community and social life;
- receive basic services such as health care, education and shelter;
- drink safe water and have access to proper sanitation;
- be protected from exploitation, violence and abuse;
- walk safely in the streets on their own;
- meet friends and play;
- have green spaces for plants and animals;
- live in an unpolluted environment;
- participate in cultural and social events; and
- be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability.

SOURCE: UNICEF, 2009, P.1-2

There have been a number of important developments in Australia relating to the promotion of the Child-Friendly Cities Initiative. For example, in 2007 the city of Bendigo in central Victoria was recognised by UNICEF as the first Australian child-friendly city. The New South Wales Commission for Children and Young People has been working to support the development of built environments that reflect the needs of children and young people[52] and the built environment is a priority area of work for the Commissioner for Children and Young People in Western Australia.[53] Children and young people are being engaged as participants in these initiatives to create more child-friendly environments. More recently, UNICEF Australia has entered into partnership with the South Australian Department for Education and Child Development (DECD) to pilot the best model for implementation of Child Friendly Cities in Australia (UNICEF Australia, 2013).[54]

[52] For details see: http://www.kids.nsw.gov.au/What-we-do-for-children/Promote-children-s-wellbeing/Children-and-the-Built-Environment/What-the-Commission-is-doing

[53] For details see: http://www.ccyp.wa.gov.au/content/Built-Environment.aspx

[54] The pilot will provide the opportunity for UNICEF Australia to develop: evidence that a Child-Friendly City initiative improves outcomes for children and the broader community; resources and support councils and community organisation required to develop a child-friendly city; indicators and measurements that measure a child-friendly community and are accessible to councils; best practice child

The concept of child-friendly cities has also broadened in recognition of the applicability of the model to non-urban environments and hence the term "child-friendly cities and communities" is also being used (UNICEF, 2009, p.2).

The Nest action agenda proposes that these Australian developments should be built on through a strengthened and national policy focus on improving the environments of Australia's children and young people. This will provide an efficient, effective and sustainable approach to ensuring wide-ranging improvements to the health, and social and emotional wellbeing of all young Australians.

In line with the UNCRC principles that inform the child-friendly cities framework, children and young people should be active participants in this national work; and action to promote the development of child-friendly communitiesshould have a particular focus on ensuring that inequities in children and young people's access to the built environment (for example for children with a disability, children in socio-economically disdvantaged neighbourhoods) are addressed.

Climate change

The recently released Intergovernmental Panel on Climate Change (IPCC) report,[55] which brings together the work of around 10,000 peer-reviewed studies, confirms that there are clear indications that the world is still warming and that humans are largely responsible for climate change.

Climate change poses the most significant global health threat to human health; and vulnerable populations, including the elderly, children and socio-economically disadvantaged people will be disproportionately affected by the effects of climate change (Sheffield & Landrigan, 2011).

A recent review of the literature relating to the future impacts of climate change on children's health found that climate change was repsonsible for 150,000 deaths worldwide in 2000, with 88 per cent of this disease burden falling upon children under the age of 5 years. Health impacts that were documented in the literature included malaria and dengue; respiratory and diarrheal disease; increased mortality and morbidity from extreme weather; changes in exposure to toxic chemicals; increased poverty; food and physical insecurity and threats to habitation (Sheffield & Landrigan, 2011).

Children are particularly vulnerable to the impacts of climate change because of their particular metabolism, behaviour, physiology and development characteristics. When compared with adults, they drink more water, eat more, and breathe more air, in relation to their body weight. They also have a longer life expectancy than adults, so will be at greater risk of being exposed to future environmental hazards (evidence cited in Xu, et al., 2012).

Xu et al note that there are major research gaps relating to the risks that are posed by climate change to children and effective measures to protect children against these risks. They note that mitgation measures (such as

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participation in local Australian councils with the inclusion of Australia's most vulnerable children in our communities (UNICEF Australia, 2013).

[55] Available at www.ipcc.ch.

reducing carbon pollution emissions) and adaptation measures (such as early warning systems and post-disaster counselling) are urgently required.

They also recommend that children's health should be a key focus in future climate change strategy planning, and that future research should focus on: the role of age, gender and socio-economic status in modifying impacts of climate change; the development of appropriate outcome measures of children's vulnerability to climate change; projecting children's disease burden under different scenarios (including in low income counties); and investigating the most cost-effective mitigation and adaptation measures from a child health perspective (Xu, et al., 2012, p.8).

Leading action to protect children from the threat of climate change, including through support of the ARACY "Statement of Commitment on Climate Change"

The Nest action agenda proposes that action is urgently needed to develop measures to address the threat of climate change for our children, including steep reductions in our carbon footprint.

The ARACY Statement of Commitment on Climate Change sets out a series of commitments that can be taken by individuals, businesses, community organisations, child advocates and research institutes to protect children from the threat of climate change. A copy of the statement, detailing how to pledge a commitment is available at http://www.aracy.org.au/projects/statement-of-commitment-on-climate-change.

2.6 Improving the social and emotional wellbeing of young Australians

The aim here is to make Australia rank within the top 5 OECD countries for social and emotional wellbeing by 2025. Currently, there is no agreed aggregate measure of children and young people's social and emotional wellbeing. Therefore, the average of all comparative OECD "Loved and Safe" measures in the 2013 ARACY Report Card on the wellbeing of young Australians is used. Australia is currently ranked 17 out of 27 OCED countries.

Social and emotional wellbeing is fundamental, along with good physical health, to children and young people's current and future quality of life. Children with high levels of social and emotional wellbeing are loved and safe, with positive family relationships, connections and support networks, they have a strong sense of identity and self-esteem and are resilient to setbacks (ARACY, 2012b).

Evidence tells us that most children and young people in Australia are loved and safe. However, 23 per cent of 11-24 year-olds are very, or extremely, concerned about family conflict, and 16 per cent are concerned with bullying or emotional abuse. Australia ranks in the middle among OECD countries on ratings of community safety (13 out of 25); and in the bottom third on child abuse deaths (21 out of 29).[56] The number of children in out-of-home care in Australia has increased (from 2008-2011). Indigenous children and young people are more likely, than their non-Indigenous peers, to be (very or extremely) concerned about family conflict and they are much more likely to be in care, and in detention or prison than non-Indigenous children (data reported in ARACY 2013).

The mental health of young Australians is also a cause for increasing concern, with 12 per cent of 18-24 year-olds reporting high or very high levels of psychological distress; and rates of psychological distress and suicide in Indigenous young people that are close to three times higher than for non-Indigenous young people (data reported in ARACY 2013). Mental health disorders are the largest contributor to the burden of disease and suffering in young people and have broad ranging life impacts affecting health and safety, participation in education and employment and interaction with peers (ARACY, 2008b, cited in ARACY, 2012c). Evidence suggests that sound early investment in childhood and adolescence can prevent up to a half of mental health problems in adulthood.[57]

Overarching strategies for promoting social and emotional wellbeing

Research evidence confirms that building individual capabilities, resilience and self-regulation; being socially connected; and having strong parental engagement and support are all critical to building social and emotional wellbeing in children and young people. As UNICEF notes, children's subjective well-being is "intimately bound up with relationships, and particularly with parents and peers." (UNICEF Office of Research, 2013, p.41).

[56] These measures are used to calculate the average of comparative OECD measures (17 out of 27) as described above.

[57] http://www.mentalhealth.wa.gov.ay/ournewapproach/infant_child_copy1.aspx

Research has also shown that programs which build individual self regulation, resilience and capability have been successful in assisting children and young people, including the most disadvantaged, to overcome adverse circumstances by building social and emotional wellbeing, ultimately leading to successful life outcomes.

This is important in light of the consensus (spanning criminology, education, medicine, psychology, public health, social work and sociology) that no single pathway leads to poor outcomes such as school failure, drug use, delinquency, self harm, suicide, and violence towards others. Rather, it is the accumulation of risk factors, or the accumulation of adversities and traumas experienced by children and families, that seem to disrupt normal developmental trajectories (Jenson & Fraser, 2011, p.8, cited in ARACY, 2012c).

In response to this evidence, we need to develop a range of preventive and early intervention strategies to increase resilience in children and young people, recognising the important role that is played by families and communities in resilience building.

These strategies should include increased investment in parental support and development of parenting skills tailored to key life stages and transition points and targeted to families under stress.

We need to provide increased resources to detect, manage and support mothers with perinatal depression and other mental health challenges relating to pregnancy, and increased support to address parental mental health issues more broadly.

We also need to make greater investment in placement prevention and intensive family and parent support services to strengthen parental capacity to provide a safe home environment. In responding to youth offending, we should be guided by the evidence that restorative justice processes are more effective than detention in preventing offending.

A national universal platform of services for all children aged 0-3 years, providing an important foundation for the development of resilience

The early years are the foundational years for building social and emotional wellbeing, giving children the capacity to self regulate and manage emotions and behaviours. Self regulation, a key task in the early years, develops one's ability to manage energy states, emotions, behaviours and attention in ways that are socially acceptable and help achieve positive goals, such as maintaining good relationships, learning and maintaining wellbeing. It provides the cornerstone for healthy social and emotional development including the ability to deal effectively and efficiently with life stressors (evidence cited in ARACY, 2012c).

A key element of *The Nest* action agenda is the proposal that a universal platform of services for all children aged 0-3 years is established across Australia. This platform of services would provide an important foundation for the development of resilience in young children, through the provision of a range of coordinated health, education and parental support services, including nurse-home visiting services (for further details relating to this proposal and to nurse home visiting services, please refer to Improving early childhood learning and development and Improving the physical health of young Australians).

National implementation of evidence-based whole-of-school interventions to promote resilience in every Australian school

The late primary school and early adolescent or 'middle years' offer an important opportunity to further build capacity and resilience to improve outcomes in later years. Support to children and young people in the middle years assists them to transition from childhood to adolescence, helps them to remain engaged with their schools, stay connected to friends and family and equips them with skills and capabilities to manage challenges constructively.

Early intervention during these years can be particularly effective, supporting children and young people to resolve emerging issues such as peer violence or alcohol abuse before they become long- term problems (evidence cited in ARACY, 2012c).

In particular, community and school-based mental health promotion initiatives promoting social connectedness and providing children from low socio-economic backgrounds with access to social activities they may otherwise be excluded from, have the potential to provide children with the protective factors that may safeguard against the development of mental health problems (Davies, et al., 2007, cited in ARACY, 2012b).

Examples of school-based mental health promotion projects, already noted under Improving the physical health of young Australians, include the *Aussie Optimism Program*, and the Victorian-based *Gatehouse Project* and *Skills for Growing*. Other school-based examples, also identified in the ARACY review of evidence-based programs are: *Friends for Life* and *Promoting Alternate Thinking Strategies (PATHS)*.

In addition to whole-of-school and universal or primary prevention programs the review also includes some examples of programs which have a particular focus on working with identified children and young people who may be at risk of or are experiencing anxiety and/or depression, including *ACE (Adolescents Coping with Emotions)*; the *Resourceful Adolescents Program* and the *Penn Resiliency Program*.

Expansion of initiatives to target bullying, and mentoring programs for vulnerable children and young people to build resilience and capacity

Mentoring programs

A mentoring relationship can provide children and young people with important protective factors to support their social and emotional wellbeing, including a relationship with a caring adult, connectedness with peers and others, and individual competencies (Beltman & MacCallum, 2006).

Evidence has shown that mentoring can be particularly effective for vulnerable young people, operating as a form of early intervention that can build resilience and capacity (Costello & Thomson, 2011, in ARACY, 2012c). For example, young people involved in mentoring programs are less likely to leave school early, less likely to become involved in criminal activity, and more likely to have better relationships with their teachers and family compared to their peers who are not mentored (Tierney, et al., 2000, in ARACY, 2012c).

However, as Susan Beltman and Judith MacCallum note, mentoring problems are not necessarily a panacea and successful programs have particular characteristics:

> Despite providing an opportunity for successful intervention and prevention, mentoring) programs do not offer a 'quick fix', and require careful consideration of a range of issues. Successful programs have mentors with caring qualities, provide opportunities for network development, and implement strategies for developing individual competencies according to individual needs and interests (Beltman & MacCallum, 2006, p.21).

A meta-analysis of 55 studies evaluating mentor programs confirms that young people from "backgrounds of environmental risk and disadvantage" are the most likely to benefit from mentoring programs and that program effects are significantly increased when there is a strong mentoring relationship and when the program design is well supported by theory and empirically-based practice (DuBois, et al., 2002).

A more recent review by Child Trends, based on 19 experimental evaluations of mentoring programs, finds that programs that were focused on helping children and young people with their education, social skills and relationships were generally more effective than those that focused on specific issues (such as bullying; or teenage pregnancy). Programs that targeted at-risk young people, community-based programs and programs that lasted at least one year were found to be more effective. (Lawner, et al., 2013).

Evaluated mentoring programs included in the ARACY review of evidence-based programs, and noted previously under Improving the educational performance of young Australians, include *Big Brothers/Big Sisters* and *Check and Connect* (although the latter is more closely focused on improving academic outcomes).

Fast Track (including PATHS) is a well-supported program to prevent conduct problems and promote academic, behavioural and social improvements. The program includes a mentoring component.

Initiatives to target bullying

Children and young people who are bullied often suffer immediate harm and distress as well as longer term impacts on their social, physical and mental health (Pearce, et al., 2011, in (ARACY, 2012b). Bullying can be manifested in different forms including verbal, physical, or social threats that are intended to harm an individual or group. More recently cyberbullying, or bullying using technology such as the Internet or mobile devices has also become a cause for concern.

Children with a disability may be particularly prone to bullying. In a recent Victorian report, six out of 10 children and young people with a disability reported that they had been bullied because of their disability (Victorian Equal Opportunity and Human Rights Commission, 2012, in ARACY 2012c). This is significantly higher than the estimated rate for the general population of students.

The evidence suggests that universal systematic whole-school approaches, targeting schools, classrooms and individuals, appear to be the most effective at preventing and managing all forms of bullying behaviour (Pearce, et al., 2011; United States Department of Health and Human Services, 2012, in ARACY, 2012b).

Implementation of programs to prevent or manage bullying also need to be accompanied by efforts to build each school's capacity, enabling them to put evidence into informed practice. Specific interventions which have been associated with a decrease in bullying include parent training/meetings, teacher training, improved playground supervision, disciplinary methods, cooperative group work between professionals, school assemblies, information

for parents, classroom rules and management and whole-school anti-bullying policies (Pearce, et al., 2011, in ARACY, 2012b).

The Friendly Schools Family Friendly Project is a well-supported whole-school bullying prevention program that uses evidence-based strategies to manage and prevent bullying in primary schools. The program provides resources to allow schools to build their capacity to respond to bullying; and offers strategies to parents, teachers and students (Communities that Care, 2012, p.30).

Evaluation of this program using a Randomised Controlled Trial found that it was effective in reducing bullying in intervention students. The program has been widely adopted in Australia and is included in the ARACY review of evidence-based programs.[58]

The Lions Quest Skills for Adolescence is an example of a well-supported comprehensive life skills and drug prevention curriculum (for children aged 8-14) which also has a component that addresses bullying.

Expansion of parental support programs tailored to particular skills and capabilities at key life stages and transition points and targeted for families under stress

The social and emotional wellbeing of children and young people can be adversely affected by growing up in environments where there is family violence, mental illness, financial pressure, parental hostility, or other stressors; and it is critical, therefore, that parental support strategies are also targeted to families under stress, such as those living with mental health or drug and alcohol issues, financial pressures, or family violence (evidence cited in ARACY, 2012c).[59]

The recent review of effective parenting interventions by the Parenting Research Centre found that the majority of parenting programs with good Australian supporting evidence were directed at pre-school (rather than older) children (Parenting Research Centre, 2012) and that there was little evidence relating to programs that targeted specific groups of vulnerable parents:

> Programs for parents from diverse backgrounds, including Indigenous parents, parents with learning difficulties, mental health concerns or substance abuse problems as well as teen parents were not well catered for among the Well Supported or Supported Australian programs identified in the REA (Parenting Research Centre , 2012, p.27).

However, as the NSW Department of Community Services notes, we do not know enough at present about the effectiveness of standard programs versus those that are modified or developed specially for families with a particular vulnerability. There is also some evidence to suggest that standard parenting programs can be effective for vulnerable groups of parents (Department of Community Services, NSW, 2009, p.6). The authors conclude

[58] For further details of this program and the program evaluation, see also: http://www.chprc.ecu.edu.au/projects/past-projects/chprc/the-friendly-schools-friendly-families-project-maximising-parental-involvement-in-school-based-bullying-prevention-interventions

[59] Children and young people who are living with domestic violence are at increased risk of emotional, physical and sexual abuse; and witnessing or being exposed to family violence is increasingly recognized as constituting child abuse.

that, regardless of whether parenting programs are a standard, adapted or specifically developed program, there is evidence that they are effective for children and parents with the following vulnerabilities:

- children with behavioural/emotional problems including oppositional behaviour, conduct disorder, attention-deficit hyperactivity disorder and anxiety disorders;
- children with developmental delays or disabilities (e.g., autism or Aspergers);
- children with low birthweight or prematurity;
- parents who are separated or divorced;
- teenage parents;
- parents with an intellectual disability;
- parents who are misusing substances; and
- parents with mental health issues such as depression (Department of Community Services, NSW, 2009, p.6).

Examples of supported programs, that target particular parent populations, included in the ARACY review of evidence-based programs are:

Parents under Pressure is a parent support program for parents who are on methadone (with children aged from 2-8 years). Evaluation of this program found that parents receiving the program showed significant reduction in parental stress, child abuse potential, methadone dose, and child behaviour problems, as well as improvements in material wellbeing, parent-child functioining and child behaviour (Dawe and Harnett, 2007; Frye and Dawe 2008, in Parenting Research Centre, 2012).

Early Head Start plus Interpersonal Therapy for Depression is a program delivered by nurses through home visits with disadvantaged mothers of children aged 0-3 years. Evaluation of this program has identied improvements in measures of depression symptom severity and maternal interactions in participating mothers (Beeber et al 1994, in Department of Education and Early Childhood Development, 2013h).

The review also identified two further programs (rated as emerging) where there have been some positive evaluation findings but there is limited supporting evidence:

Parent Education and Behaviour Management is a program that aims to improve the mental health and adjustment of parents of children aged 2-5 years who have recently being diagnosed with autism.

Champs for Children provides services directly to children who have a parent with a mental illness. Champs services including camps and holiday programs and after-school programs that provide children/young people with age-appropriate information about mental illness and provide opportunities to meet with others in similar situation; and assist with coping strategies. Support workers also have meetings with parents, children and other family members.

Responses to family violence

Some of the key policy responses to family violence are outlined in a recent research review from the Social Policy Section of the Australian Parliament, Parliamentary Library (Mitchell, 2011).

The review notes that community and government efforts to address family violence emphasise the importance of prevention and of integrated and coordinated multi-agency approaches. Policy responses include perpetrator programs, programs to engage men and boys, violence prevention education programs for children and young people and safe at home programs.

The following elements are described by the Australian Attorney-General's Department as essential for the effectiveness of **perpetrator programs**:

- systemic, integrated responses which are co-ordinated, appropriate and consistent and aimed at victim safety, reducing secondary victimisation and holding abusers accountable;
- therapeutic alliances between client and therapist that are collaborative and have agreement on goals;
- trust, respect and confidentiality;
- acceptance of responsibility and accountability to the needs of victims;
- adequate measurement of outcomes; and
- acknowledgment of diversity and individuality of participants and cross cultural competency and ability to work with interpreters (Australian Government, Attorney General's Department, n.d, p.9 in Mitchell, 2011).

The Australian Government is funding the *Respectful Relationships program* nationally. This violence prevention education program aims to help young people (aged 12-24) to develop the skills they need to treat their partners with respect (Mitchell, 2011). It is currently being evaluated by the Institute for Social Sciences Research, University of Queensland.[60]

The review concludes that while the move towards integrated, multi-agency and coordinated responses to family violence is positive, there is a need for an improved evidence base, in terms of what works in violence prevention (Mitchell, 2011).

Greater investment in placement prevention and intensive family support services, including services with a specific focus on children and young people with disabilities and their families

While the majority of Australian children and young people are loved and safe in their families and communities, some children and young people need to be placed in out-of-home care to protect them from harm. Although the rate of children and young people entering out-of-home care in Australia has declined over the past five years, the

[60] For details, see http://www.issr.uq.edu.au/content/respectful-relationships-program-evaluation

rate of children and young people in out-of-home care has increased slightly over this time, and the length of time children spend in care is increasing (Australian Institute of Health and Welfare, 2012b, in ARACY, 2012c). The increased complexity of families who come into contact with the statutory system may have contributed to this (Australian Institute of Health and Welfare, 2012b, in ARACY, 2012c).

In 2010-11, Indigenous children and young people were 10 times as likely to be in care as non-Indigenous children and young people. Children with a disability are also over-represented in out-of home care. A recent Victorian report estimated that 50 or more families relinquish their children into state care in Victoria each year (Victorian Equal Opportunity and Human Rights Commission, 2012, in ARACY, 2012c). The primary reason for relinquishment is a lack of adequate support and difficulty in accessing services.[61]

The Australian Government's *National Framework for Protecting Australia's Children 2009-2020* sets out a range of long-term strategies to achieve a substantial reduction in the levels of child abuse and neglect in Australia (see Box 10). This Framework is to be welcomed, but further preventive and early intervention approaches are urgently needed.

In 2010-11, approximately $2.8 billion was spent on child protection and out-of-home care services in Australia ($1.8 billion on out-of-home care), compared with $274.4 million on intensive family support services (Australian Institute of Family Studies, 2012, in ARACY, 2012c).

The Nest action agenda proposes that this pattern of spending is much too heavily skewed towards tertiary responses and that there needs to be a much greater investment in evidence-based placement prevention and family support services, thereby reducing the need for spending on tertiary responses (Centre for Excellence in Child and Family Welfare, 2011, in ARACY, 2012c).

The ARACY review of evidence-based programs includes information about the following programs that have been effective in improving parenting style and reducing hostile parenting; and preventing child abuse and maltreatment; and placement in out-of-home care.

A major American evaluation of *Universal Triple P* across 18 countries found that this program was effective in reducing substantiated child maltreatment, out-of-home-care placements and child maltreatment injuries, when compared to usual service provision (Prinz, et al., 2009 in Department of Community Services, NSW, 2009).

Evaluation of *Stepping Stones Triple P*, for parents of children with Autism Spectrum Disorders, found that this program was associated with significant improvements in parental reports of child behaviour and parenting styles (Whittingham, et al., 2008, in Parenting Research Centre, 2012).

Evaluations of the *Nurse Family Partnership program* have demonstrated that the program is effective in reducing child abuse (Olds, et al., 1997).

[61] One in three families surveyed stated that behavioural support services were unavailable or inadequate. Eighty seven per cent of the organisations surveyed reported that facility-based respite was unavailable or inadequate, and 73 per cent reported that in-home support was unavailable or inadequate (Victorian Equal Opportunity and Human Rights Commission, 2012, in ARACY, 2012c).

Evaluation of the Australian Government's *Communities for Children program* has found evidence of preliminary impacts including parents reporting less hostile or harsh parenting practices (Edwards, et al., 2011, in Communities that Care, 2012).

Parent-child Interaction Therapy has been demonstrated to reduce the likelihood of child abuse re-reports in families where child abuse has already been substantiated (Chaffin, et al., 2004, in Department of Community Services, NSW, 2009).

Effective responses will also be needed to assist children and young people who have been abused in dealing with the effects of their abusive experience.

Trauma-focused cognitive therapy has been demonstrated to be an effective form of cognitive behaviour therapy that assists in reducing the symptoms of Post Traumatic Stress Disorder (PTSD) in children and young people who have PTSD, often as a result of physical/sexual abuse (Cohen, et al., 2004; Cohen, et al., 2005, cited on Child Trends website).[62]

Box 10: The National Framework for Protecting Australia's Children

The National Framework for Protecting Australia's Children 2009-2020 was endorsed by COAG in 2009 and sets out long-term strategies to achieve a substantial reduction in the levels of child abuse and neglect in Australia. Progress is monitored through trends in key national indicators of children's health, development and wellbeing; trends in hospital admissions and emergency department visits for neglect and injuries to children under three years; trends in substantiated child protection cases; and trends in the number of children in out-of-home care.

SOURCE: INFORMATION CITED IN ARACY, 2012C

Leading action to reduce child smacking, including through strategies to empower parents to manage their children's behaviour and ensure their overall wellbeing

In Australia parents are permitted, in law, to physically punish their children, and this right is stated explicitly in some jurisdictions where the term 'reasonable' is used to describe the kind of punishment that is acceptable.

The Royal Australasian College of Physicians (RACP) has issued a position statement recommending that there should be an end to the lawful physical punishment of children in Australia, and presenting the evidence to support this recommendation (Royal Australasian College of Physicians Paediatric and Child Health Division, 2013).

In summary RACP outlines four key arguments against the use of physical punishment for children.

Physical punishment:

- is not the most effective form of discipline
- it has long-term negative impacts

[62] www.childtrends.com

- there are challenges, in law, in distinguishing between physical punishment (such as smacking) and abuse
- physical punishment of children contravenes their human rights (Royal Australasian College of Physicians, Paediatric and Child Health Division, 2013, p.4).

The evidence supporting each of these arguments is set out below.

Physical punishment is not the most effective form of discipline

Research, including systematic review evidence, suggests that while physical punishment may stop the undesired behaviour in the short term, it is ineffective in causing long-term learning and behavioural change (Gershoff, 2002, in Royal Australasian College of Physicians Paediatric and Child Health Division, 2013).

Physical punishment has long-term negative impacts

Research demonstrates that children who are physically punished are at increased risk for adverse outcomes in childhood and as adults. For example, a 2002 meta-analysis showed links between physical punishment of children and risk of aggressive and/or antisocial behaviour, mental health problems and physical maltreatment in childhood as well as mental health problems, aggression, criminal or antisocial behaviour, and abuse of own children or spouse in adulthood (Gershoff, 2002, in Royal Australasian College of Physicians Paediatric and Child Health Division, 2013).

Challenges in distinguishing between physical punishment and abuse

The acceptance of physical punishment, in law, requires a distinction to be drawn between physical punishment and abuse. However, this is challenging, as there is a continuum between the two and specification of the difference varies across Australian jurisdictions (Royal Australasian College of Physicians, Paediatric and Child Health Division, 2013).

Importantly, physical punishment carries a risk of escalation; and because it is ineffective in the long-term, the only way to maintain its initial effect may be to gradually increase its intensity (American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health, 1998, in Elliman & Lynch, 2000).

Human rights

Children's rights to be protected from physical punishment are set out in the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989), to which Australia is a signatory. The UNCRC specifies that children should be protected from all forms of violence, including physical violence (Royal Australasian College of Physicians, Paediatric and Child Health Division, 2013).

Evidence from other countries that have prohibited the physical punishment of children suggests that this prohibition has had a range of beneficial outcomes.

For example, Sweden banned physical punishment of children in 1979. Evaluation of the impacts of this found that support for corporal punishment declined, identification of at risk children has increased and social service intervention has become more preventive and supportive (Durrant, 1999).

In New Zealand, the defence of 'reasonable force' for parents who were being prosecuted for assault of their children was removed in 2007. Surveys undertaken by the New Zealand Children's Commissioner, suggest that this has resulted in lower levels of public acceptance of physical punishment as a form of discipline (Office of the Children's Commissioner, New Zealand, 2008, in Royal Australasian College of Physicians, Paediatric and Child Health Division, 2013).

In recognition of this and of the additional evidence outlined above, *The Nest* action agenda supports leading further action to reduce the physical punishment (and smacking) of children, including through strategies to enable parents to manage their children's behaviour.

Increased coverage of restorative justice and other diversionary programs across Australia, with strategies tailored to male and Indigenous offenders.

Research demonstrates that traditional and 'tough' approaches to addressing juvenile crime, including incarceration, are ineffective. There are several reasons for this, including reinforcement of criminal behaviour within the criminal justice system and failure to address the underlying issues that have led to and are linked to the offending behaviour (Murphy, et al., 2010, in ARACY, 2012c).

Effective approaches focus on addressing these underlying factors (for example through reducing 'risk' factors such as family dysfunction, substance abuse; and increasing protective factors such as having a positive adult role model) and they also emphasise the diversion of young people away from the juvenile justice system (Murphy, et al., 2010, in ARACY, 2012c).

While the evidence demonstrates that restorative justice approaches are more effective than detention in addressing youth offending,[63] Australian restorative justice programs vary in their operation and scope. For example, across Australia, the proportion of youth offenders referred to restorative justice conferences varies considerably (Murphy, et al., 2010, in ARACY, 2012c).

The majority of young people aged 10-17 years under juvenile justice in Australia are under community-based provision. However, detention is still used, and the significantly higher rates of detention for males and Indigenous children and young people are extremely concerning. Indigenous children and young people are up to 24 times more likely to be in detention or prison than non-Indigenous children (Australian Institute of Health and Welfare, 2012, in ARACY, 2012c).

Increased coverage of restorative justice and other diversionary programs across Australia will be crucial to reducing the contact that children and young people have with the criminal justice system. In particular, there is an urgent need for strategies tailored to Indigenous and male offenders.

[63] See, e.g., *Review of Effective Practice in Juvenile Justice: Report for the Minister for Juvenile Justice.* Noetic Solutions, January 2010, cited in ARACY, 2012b; 2012c).

The development of national datasets to monitor and measure i) family functioning, and ii) children and young people's perceptions of their neighbourhoods

Our knowledge and understanding of the social and emotional wellbeing of children and young people in Australia is limited, at present, because of some gaps in our national, and internationally comparative, data.

Australia does not participate in the Health Behaviours in School Aged Children Survey (HBSC)[64], which is the internationally recognised data collection for comparative measures of social and emotional wellbeing. Results from the HSBC contribute to UNICEF's report on child wellbeing on developed countries (UNICEF Office of Research, 2013); and we are unable to judge how we compare internationally on this measure.[65] Comparative data on social and emotional wellbeing is important to monitoring how Australian children and young people are faring, and we need to take measures to address this gap in understanding.

Other data gaps that should be addressed include data relating to family functioning and children and young people's perceptions of their neighbourhoods.

Family functioning bears a strong relationship to social and emotional wellbeing. In families with high levels of cohesion, there are positive role models for relationship building, and children and young people are more likely to be able to develop high self-esteem and to cope with stressful events; whereas high levels of family discord can have adverse effects on social and emotional wellbeing (Australian Institute of Health and Welfare, 2007 in Department of Education and Early Childhood Development, 2009, p.119).

Improving our understanding of family functioning is fundamental to the provision of more effective support for families, in particular the most vulnerable families. However, Australia currently lacks a national dataset for family functioning.

Perceptions of neighbourhood safety indicate how children and young people feel about their neighbourhoods, and the extent to which they (and their families) may look to local communities for social support (Department of Education and Early Childhood Development, 2011, in ARACY 2012c). We do know that most children live in neighbourhoods that are considered by their parents to be safe and clean (Australian Institute of Family Studies, 2005, in ARACY 2012c). However, there is currently no national data on children and young people's perceptions of their neighbourhoods.

A national dataset of children and young people's perceptions of their neighbourhood, encompassing safety, access to recreation, employment and other services, would provide valuable information for creating child and young people friendly communities.

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[64] http://www.hbsc.org/

[65] It is recognised that work currently being undertaken to measure social and emotional wellbeing in the middle years through an ARC linkage project titled "Are the Kids Alright? Understanding the Wellbeing of Children in their Middle Years".

2.7 Promoting the participation of young Australians

The aim here initially is to develop and formalise national structures and frameworks for implementing and evaluating children and young people's participation by 2015.

Under the United Nations Convention on the Rights of the Child, children and young people have the right to express their views and to participate in decision-making about matters that affect them, and their views should be given due weight in accordance with their age and maturity (United Nations, 1989).[66]

Governments are obliged to fulfil, protect and respect the right of children to express their views, as individuals and as a constituency (Lansdown, 2011, in ARACY 2012c).

For children and young people, participatory decision making may occur at three levels: the individual level (for example, by voicing opinions and preferences, providing feedback, or exercising the right to vote), as a group or collective action (for example, lobbying government through involvement in interest groups or volunteer organisations), or via formal governance processes (for example, via youth advisory committees or boards) (Bell, Vromen & Collin 2008, in ARACY 2012c).

This right to participate in decision-making can also be understood as broadly relating to two kinds of decision-making, although there will be some overlap between the two:

- decisions that affect children and young people individually (for example, in relation to family decision-making and matters concerning their individual care and treatment)
- decisions that affect children and young people collectively (for example, decisions that relate to service and policy development and public decision-making processes) (Greater London Authority, 2004, p.157).

While children and young people's participation should principally be recognised by virtue of it being a fundamental right, evidence suggests that children and young people's participation may also have a range of important benefits for the individual, for organisations and for the broader community.

Benefits of participation in service planning and public decision-making for the individual child or young person include, for example: increased confidence and self-esteem; an increased capacity to protect themselves and challenge violence and abuse; and opportunities to learn the skills of responsible and active citizenship (Lansdown, 2011, in ARACY 2012c).

Programs and services are more likely to be effective and to achieve their intended outcomes when young people have been engaged in decision making (Collin, 2008, in ARACY, 2012b). Benefits for the organisation include improved capacity to achieve outcomes and effectively target funds; and benefits for the community include enhanced processes and institutions of governance (Welsh Assembly, 2013; Ackerman, et al., 2003 in ARACY 2012c).

[66] UNCRC Article 12, together with Articles 5 and 13-17.

There are many participation initiatives that are being implemented across Australian jurisdictions. For example, government and non-government bodies (at local, state and federal level) are seeking input from children and young people through roundtables, advisory groups,[67] inquiry submissions and on-line consultative activities. The National Out of Home Care Standards, and the Charter for Children in Out of Home Care (in NSW and Victoria respectively) and the role of children's guardians have incorporated the views of children and young people. Young people sit on a range of state government boards and committees[68] to ensure the concerns of children and young people are heard and responded to in policy and practice. Some state-based Children's Commissioners include Young People's Reference Groups and are developing resources to support and promote participation more broadly; and the newly appointed National Children's Commissioner is consulting with children and young people to help develop an agenda (information cited in ARACY 2012c).[69]

In general, government approaches can be classed as largely consultative participation (see Box 11), while the community sector has led the way in inviting children and young people into governance roles and in supporting them to help influence good planning and practice within the organisation. For example, CanTeen supports the participation of its members (young people living with cancer) in the governance of the organisation at all levels (including Division Committees, Member Advisory Council and Board). The CREATE foundation has established a National Youth Advisory Council (NYAC) to inform their work for children and young people in out-of-home care and an increasing number of other organisations are establishing children and young people's advisory groups (ARACY 2012c).[70]

Box 11: Levels of participation

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

1. consultative participation, where adults seek children's views in order to build knowledge and understanding of their lives and experience;
2. collaborative participation, which provides a greater degree of partnership between adults and children with the opportunity for active engagement of children at any stage of decision, initiative, project or service; and
3. child-led participation, where children are afforded the space and opportunity to identify issues of concern, initiate activities and advocate for themselves.

SOURCE: LANSDOWN, 2010, IN ARACY, 2012B

[67] For example, in New South Wales (NSW), a Youth Advisory Council (YAC), advises the NSW State Government with the aim of helping ensure young people participate in the development of Government policies and programs.

[68] For example, in NSW, the TAFE NSW Board, The Children's Court Advisory Committee and the Premier's Council for Women.

[69] For details, see: http://nswchildrensweek.org.au/wp-content/uploads/2013/07/National-Childrens-Commissioner-Big-Banter.pdf

[70] For example, Headspace and Uniting Care Burnside.

Despite these promising practice developments, children and young people's participation is not well advanced in Australia. The majority of Australian participation initiatives remain largely unrecognised, ad hoc, small-scale and unevaluated; and children and young people's participation has received only limited public discussion or policy attention.

This contrasts notably with the international picture, where there are important initiatives underway to advance the understanding of children and young people's participation and its impacts; and to develop reliable and relevant indicators to monitor and measure progress.

For example, a global partnership project between international and national non-government organisations and UNICEF piloting 12 initiatives in different regions of the world is being implemented. Two ground breaking projects in Wales and Scotland are developing participation frameworks, standards, principles and resource tools for practice. The project in Wales will also monitor and evaluate the impact of children and young people's participation in decision making across governance, public policies, services and community provision (information cited in ARACY 2012c).

These international developments can provide a rich resource and important learning points to guide a national approach to support and advance child and youth participation in Australia.

To uphold our *Nest* commitment to the child at the centre, and to realize the potential broad-ranging benefits, *The Nest* action agenda proposes that current Australian practice needs to be harnessed and developed within a national framework that supports and advances child and youth participation in service, program and policy development across all domains of their lives. This will be facilitated through:

A national project to advance and support the development of a voice for children and young people in family, civic and community life, through the development of: an agreed participation framework; standards, principles indicators and measures; resource tools for practice and practice sites; implementation program; and a monitoring and evaluating framework.

This national project will take forward important work to evaluate children and young people's participation through the establishment of appropriate indicators that measure both the level of child and youth engagement in decision-making, and the quality and impact of this participation (Lansdown, 2010).

The research literature identifies a range of barriers to participation and approaches to overcoming these (Box 12). The national project will also seek to build on this work to develop an improved understanding of how children and young people can be meaningfully engaged in decision-making, including through the use of social media and online communication.

In order to ensure that Australian children and young people's rights to participation are upheld, **jurisdictions should review relevant legislative and regulatory frameworks to embed the voice of the child and young person in policy, program and service design**.

Increased opportunities for young Australians to volunteer and assist in efforts to improve the wellbeing of Australia's children and young people

In *The Nest* consultations young people told us that they are very interested in participating in discussions, decisions and actions regarding their wellbeing as well as broader social issues. While children and young people expressed many similar ideas to adults, greater emphasis was placed on aspects of participation by children and young people. This included having a say in decisions and feeling part of a community. Solutions for children and young people often focused on a local and community (as well as a national) level, and children and young people wanted to be part of these solutions on an ongoing basis (ARACY, 2012a).

The active participation of children and young people in *The Nest* project demonstrates the value and importance of their involvement at a range of levels, from understanding and conceptualising wellbeing, to contributing to the shaping of the priority directions and actions of *The Nest* action agenda.

Children and young people are experts on their own lives. If we wish to ensure that our policies, services and programs are responsive to their unique knowledge and experience, it will be essential that they continue to be involved as active participants in the development of approaches to improve their wellbeing, including the implementation of *The Nest*.

Box 12: Barriers to participation and measures to overcome these

Barriers to children and young people's participation include distance and travel; being unaware of opportunities or pathways to participation; experiencing disadvantage (diverse cultures, economic status); perceived apathy; adult-centric messaging; and a perception that civic activity is 'uncool' (Ohlin, et al., 2010).

While it is important that children and young people from disadvantaged or marginalised groups are included in participation initiatives, it is important that tokenism is avoided. For example, the concept of involving 'representative young people' can be tokenistic and "young people from diverse backgrounds should be encouraged to speak from their own experience and not "on behalf of others" Bell, et al., 2008). Tokenism can also arise if there are no clear outcomes or actions arising from children and young people's participation (Nairn, et al., 2006).

Approaches that facilitate the meaningful engagement children and young people in decision making include:

- providing clear pathways for children and young people's engagement;
- being mindful and responsive to children and young people's time horizons;
- establishing relevant and meaningful roles for children and young people, including clear expectations regarding the nature and scope of involvement in decision making;
- engaging children and young people in appropriate places and spaces, at a location that meets their needs;
- considering training and support needs; and

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

The internet and Web 2.0 technologies can also overcome barriers to participation by: providing information in a youth friendly, accessible format; removing geographical boundaries; providing access to a cyber community; reaching broad audiences; re-branding civic engagement as 'cool'; and creating youth-focused, culturally relevant spaces (Ohlin, et al., 2010).

SOURCE: EVIDENCE CITED IN ARACY, 2012B AND ARACY 2012C

Appendices

Appendix 1: Face-to-face activities undertaken by *The Nest* consultation partners

(source:ARACY, 2012a)

Who	Where	Details	Approx. no of participants
Churchill Central Pre-school	La Trobe, VIC	Group discussion and creative activities with children aged 5 and under	45
Deaf Children Australia	Melbourne, VIC	Group discussions and creative activities with children who are deaf or hearing impaired aged 12-17 years	10
Good Beginnings	Katherine, NT	Creative activities for children aged 4-12 years	20
Good Beginnings	Palmerston, NT	Creative activities for children aged 9-11 years	9
Good Beginnings	Ryde, NSW	Creative activities for children aged 5 and under	3
Good Beginnings	Western Sydney, NSW	Creative activities for children aged 6 and under	17
Good Beginnings	Townsville, QLD	Creative activities for children aged 5 and under (assisted by three parents)	6
Good Beginnings	Brighton, TAS	Creative activities for children aged 5-6 years	2
Good Beginnings	Hobart, TAS	Creative activities for children aged 5 and under	8
Good Beginnings	La Trobe, VIC	Creative activities for children aged 3-5 years (assisted by nine parents)	9
Good Beginnings	Hakea, WA	Creative activities for children aged 11 and under	10
Lifestart	Eastwood, NSW	Group discussion with persons aged 25 and over who are parents of children with special needs	8
Lifestart	Pennant Hills, NSW	Group discussion with persons aged 25 and over who are parents of children with disability	14
Murray Road Pre-school	La Trobe, VIC	Group discussion, role play, creative activities and storytelling with children aged 5 and under	41
Sensational Kids	Melbourne, VIC	Creative activities with child with disability aged 6-11 years	1
Southside Education	Brisbane, QLD	Group discussions and creative activities over an eight week period with young people aged 12-17 years	9
Yallourn North Kindergarten	La Trobe, VIC	Creative activity with children aged 5 and under	9

Appendix 2: Face-to-face activities undertaken by ARACY

(source:ARACY, 2012a)

When	Where	Details	Approx. no of participants
Dec 2011	National	Three day online forum with young people 18-24 years	12
Feb 2012	Canberra ACT	90 minute discussion with local students 18-21 years	8
Jun 2012	Brisbane QLD	One hour discussion with young women (including 1-2 young parents) at Southside Education	6
Jul 2012	Melbourne VIC	Engagement with young people (16-24 years) at UN Youth Social Justice Fair	160
Jul 2012	Wynyard TAS	One hour forum with young people from three towns at Waratah-Wynyard Council	30
Jul 2012	Hobart TAS	Five 20-30 minute sessions, each with four to five Year 9 and 10 students at Geilston Bay High School	20
Jul 2012	Hobart TAS	One hour discussion with young people aged 13-19 years at Glenorchy Youth Taskforce meeting	8
Aug 2012	Sydney NSW	Two 90 minute discussions each with NSW Student Representative Council leaders (Year 10/11) from across the state	40
Aug 2012	Shellharbour NSW	Three 30 minute discussions with high school students at Lake Illawarra High School	30
Aug 2012	Shellharbour NSW	Short discussions and feedback from young people at local skate parks and community centres	15
Aug 2012	Shellharbour NSW	Short discussions and feedback from young people at local shopping mall	20
Aug 2012	Shellharbour NSW	Drawing activities with children at preschool and local park and play activity	15

Appendix 3: *The Nest* survey statistics

(source: ARACY, 2012a)

	The Nest website (n)	Student Edge (n)	Australian Attitudes to Young People (n)	TOTAL (n)	TOTAL (%)
TOTAL	963	1,159	1,000	3,122	**100%**
Male	158	478	479	1,115	**36%**
Female	805	681	521	2,007	**64%**
0 – 24 years	271	1,086	88	1,445	**46%**
25 years +	692	73	912	1,677	**54%**
NSW	286	425	325	1,036	**33%**
VIC	230	394	263	887	**28%**
QLD	171	92	210	473	**15%**
SA	63	84	76	223	**7%**
WA	83	136	81	300	**10%**
TAS	30	14	22	66	**2%**
NT	21	2	5	28	**1%**
ACT	79	12	18	109	**3%**
Metro	718	730	607	2,055	**66%**
Non-metro	245	429	393	1,067	**34%**

Appendix 4: Refining the Key Result Areas

(Source: KPMG evidence review: ARACY, 2012b)

KRA 1: Children and young people are loved and safe

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

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

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

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

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

Children and young people who are loved and safe:

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

KRA 2: Children and young people have access to material basics

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

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

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

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

Children and young people have material basics when they:

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

KRA3: Children and young people are healthy

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

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

Prevention and early intervention is important. In order to ensure optimal growth and development, children and young people require access to preventative health measures, including vaccinations and screening. It also is

important that positive health behaviours are encouraged and negative behaviours addressed in an age appropriate way (including safe practices regarding drinking, smoking, sexual activity, drug taking, and mental health awareness, including a positive body image).

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

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

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

Children and young people who are healthy:

- have a healthy life expectancy at birth
- receive evidence based preventative health measures (i.e. vaccinations and screening)
- have a healthy diet and participate in regular physical activity
- are able to cope with stress
- have low rates of physical and mental illness
- have access to health services that meet their needs
- live in a community with infrastructure that supports healthy living.

KRA4: Children and young people are learning

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

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

At the family level, children and young people are able to learn when their parents are aware and understand their full learning potential. Parents understand their child's development across the key ages and stages. They engage their children in age-appropriate home based learning, ensure their children attend school, and encourage their

children to progress to further education, employment and training pathways. At the community level, children and young people learn when education is valued. There is sufficient provision of early childhood education and care services and schools. Schools recognise the individual needs of children, and respond accordingly. There are strategies to support engagement, and to address risks of disengagement early.

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

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

Children and young people who are learning would:

- participate in quality early childhood education and child care services
- be able to access one year of kindergarten in the year prior to school entry
- have access to a high quality primary and secondary education system
- participate in, and attend, school on a regular basis
- achieve national literacy and numeracy benchmarks
- achieve year 12 or equivalent completion
- identify education as important to their present and future lives
- progress to further education, employment, or training pathways.

KRA 5: Children and young people are contributing and participating

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

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

Children and young people who are participating are also actively involved and informed citizens: their views are sought, and opinions are respected, both as individuals and collectively. They are involved in decision making across a broad range issues, not just those issues that pertain to young people. For children and young people, participatory decision making may occur at three levels: the individual level (for example, by voicing opinions and preferences, providing feedback, or exercising the right to vote), as a group or collective action (for example,

lobbying government through involvement in interest groups or volunteer organisations), or via formal governance processes (for example, via youth advisory committees or boards) (Bell, Vromen & Collin 2008).

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

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

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

Children and young people who are contributing and participating would:

- be engaged in age appropriate social, sporting, arts, cultural, community development and/or volunteer activities
- have places in the community where they can 'hang out' with their friends
- have a sense of connection with the community in which they live
- have access to the internet as a means for contributing and participating
- be engaged in education, training, or employment pathways
- have the opportunity to obtain full time employment
- have their say in matters that affect them.

Appendix 5: Detailed supporting information for selection of *The Nest* evidence-based programs

Stage 1: An initial long list of 461 programs was identified, as follows, from the nine sources as detailed below:

Source 1

Communities that Care Guide to Australian Prevention Strategies (Communities that Care 2012)

Criteria used by Communities that Care for selection of these programs, as cited in the report:

1. Evidence from good quality evaluation studies that they have been effective in preventing adolescent and/or youth health and social problems by reducing developmental risk factors, while also enhancing protective factors.
2. Feasibility for implementation and monitoring by Communities that Care coalitions in Australia.
3. Availability of support and advice to assist Australian implementations.

(Communities that Care, 2012, p.7).

Stage 1 selection: all programs were included (N=20)

Source 2

Parenting programs identified by the Parenting Research Group Rapid Evidence Assessment (REA) of Australian evaluations (Parenting Research Group, 2013)

Rating scheme used by PRC for selection of programs:

Well Supported

- No evidence of risk or harm
- If there have been multiple studies, the overall evidence supports the benefit of the program
- Clear baseline and post-measurement of outcomes for both conditions
- At least two RCTs have found the program to be significantly more effective than comparison group. Effect was maintained for at least one study at one-year follow-up

Supported

- No evidence of risk or harm
- If there have been multiple studies, the overall evidence supports the benefit of the program

- Clear baseline and post-measurement of outcomes for both conditions
- At least one RCT has found the program to be significantly more effective than comparison group. Effect was maintained at 6-month follow-up.

Promising

- No evidence of risk or harm
- If there have been multiple studies, the overall evidence supports the benefit of the program
- Clear baseline and post-measurement of outcomes for both conditions
- At least one study using some form of contemporary comparison group demonstrated some improvement outcomes for the intervention but not the comparison group.

Emerging

- No evidence of risk or harm
- There is insufficient evidence demonstrating the program's effect on outcomes because:
    - the designs are not sufficiently rigorous (i.e. they do not meet the criteria of the above programs) OR
    - the results of rigorous studies are not yet available.

Failed to demonstrate effect

- No evidence of risk or harm
- Two or more RCTs have found no effect compared to usual care OR the overall weight of the evidence does not support the benefit of the program.

Concerning practice

- There is evidence of harm or risk to participants OR the overall weight of the evidence suggests a negative effect on participants.

(Parenting Research Group, 2013, p.17)

Stage 1 selection: all well supported, supported and promising programs were included (N= 52)

Source 3

Programs listed in the Northern Territory Government Early Childhood Paper: The value of investment in the early years (Robinson, G., Silburn, S. & Arney, F., 2011)

These are cited by the authors as examples of programs with strong evidence of efficacy and effectiveness.

Stage 1 selection: all of these programs were included (N=6)

Source 4

Programs included in the Western Australian Children's Commissioner Building Blocks document (Commissioner for Children and Young People, Western Australia, 2012)

Outline summary of methodology, as described in the Building Blocks report:

'The aim of this project was to develop a showcase of evidence-based programs from across Australia that were considered to demonstrate best or most promising practice in addressing wellbeing issues for children and young people (i.e. infants to 18 year-olds). Achieving this aim involved a number of steps:

- conducting an extensive literature search for publicly available program evaluations, leading to the development of an initial 'long list' of programs
- developing an evaluation tool that could assess the scope and quality of the evaluations and programs identified in the 'long list'
- applying the evaluation tool, leading to a final 'short list' of programs to be included in the current report
- obtaining input from a range of expert advisors through the Best Practice Advisory Group.

(Commissioner for Children and Young People, Western Australia, 2012, p.104)

Further details, including details of the evaluation tool, are provided in Appendices 2 and 3 of the Building Blocks report.

Stage 1 selection: all best practice and promising programs were included (N=82)

Source 5

Strategies listed in the DEECD online Catalogue of Evidence
http://www.education.vic.gov.au/about/research/Pages/catalogue.aspx

Methodology notes, as cited on the DEECD evaluation framework:

The evaluation framework included in the catalogue is based on the following criteria for the strength of supporting evidence:

- **well-supported practice** — evaluated with a prospective randomised controlled trial

- **supported practice** — evaluated with a comparison group and reported in a peer-reviewed publication
- **promising practice** — evaluated with a comparison group
- **acceptable practice** — evaluated with an independent assessment of outcomes, but no comparison group (such as pre and post-testing, post-testing only, or qualitative methods) or historical comparison group (such as normative data from standardised tests)
- **emerging practice** — evaluated without an independent assessment of outcomes (such as formative evaluation, service evaluation conducted by host organisation).

DEECD notes that "[t]hese categories were based on several classification systems, most notably the one used by the California Evidence- Based Clearinghouse for Child Welfare (www.cachildwelfareclearinghouse.org, downloaded 7/9/06). Where interventions could potentially fall into two different categories (such as a rigorous but non-independent study), they were assigned to the highest relevant level of evidence."

(http://www.education.vic.gov.au/about/research/Pages/catalogue.aspx)

Stage 1 selection: all DEECD recommended programs classified, by DEECD, as well supported/supported /promising (NB examples of acceptable and emerging also included in local Indigenous studies) (N=105)

Source 6

Programs included on the Kids Matter website

Kids Matter rate programs according to the following scheme:

> Evidence of effectiveness ratings (strong, promising, limited, not evident)
>
> ○ – not evident
>
> Program effectiveness not empirically supported. There were no evaluations submitted that met the inclusion criteria, *OR* the preponderance of evidence does not show positive program impacts on behavioural measures.
>
> ◔ – limited
>
> Single study documents positive behavioural outcomes at post-test.
>
> ◑ – promising
>
> Multiple studies* document positive behavioural outcomes at post-test, *OR* a single study finds positive behavioural impacts at a follow-up at least one year after the intervention ended.

- – strong

Multiple studies* document positive behavioural outcomes at post-test, with at least one study indicating positive behavioural impacts at follow-up at least one year after the intervention ended.

(http://www.kidsmatter.edu.au/sites/default/files/public/Static_Components_Guide3Aug2012_1.pdf)

Stage 1 selection: all strong or promising programs (N=20)

Source 7

Early Intervention: the Next Steps: an Independent Report to Her Majesty's Government, Graham Allen MP, Jan 2011 (Allen, G., 2011)

Programs are rated as Level 1, 2 and 3, with Level 1 denoting the highest standard of supporting evidence. As the report describes, the standards are based on four dimensions:

- Evaluation quality – favouring those Early Interventions that have been evaluated to a very high standard using the most robust evaluation methods, such as randomised controlled trials or quasi-experimental techniques, and ideally summarised in systematic reviews.
- Impact – favouring those Early Interventions that have a positive impact on children's health and development and particularly their social and emotional competences.
- Intervention specificity – favouring those Early Interventions that are clear about what they are intending to achieve, for whom, why, how and where. Much of the evaluation literature has shown clarity on this dimension to be a key characteristic of successful interventions. It is also an essential ingredient to the economic appraisal of programmes.
- System readiness – favouring those Early Interventions that can be effectively integrated in the wider public service infrastructure and are supported by a strategy for ensuring that potential economic benefits can be realised.

(Allen, G., 2011, p.69)

The three levels of evidence are defined in the report as follows:

Level 1

All of the Level 2 criteria must apply plus:

- programme gets a 'best' on evaluation quality and/or impact criteria. In the case of evaluation quality this means that any of the 'best' criteria must apply, while in the case of impact criteria both of the 'best' criteria must apply.

Level 2

All of the Level 3 criteria must apply plus:

- programme meets all evaluation quality criteria.

Level 3

All of the following must apply:

- programme has one randomised controlled trial (RCT) or two quasi-experimental designs (QEDs);
- programme has a positive impact on an Allen Review outcome;
- programme has no iatrogenic effect; and
- there are no obvious concerns about intervention specificity or system readiness.

(Allen, G., 2011, p.120)

Stage 1 selection: all Level 1, 2 and 3 programs (N=72)

Source 8

Programs listed on the Blueprints for Healthy Youth Development website

Programs are rated as either "promising" or "model".

Promising programs are described as meeting the following standards:

- Intervention specificity: The program description clearly identifies the outcome the program is designed to change, the specific risk and/or protective factors targeted to produce this change in outcome, the population for which it is intended, and how the components of the intervention work to produce this change.
- Evaluation quality: The evaluation trials produce valid and reliable findings. This requires a minimum of (a) one high quality randomised control trial or (b) two high quality quasi-experimental evaluations.
- Intervention impact: The preponderance of evidence from the high quality evaluations indicates significant positive change in intended outcomes that can be attributed to the program and there is no evidence of harmful effects.
- Dissemination readiness: The program is currently available for dissemination and has the necessary organisational capability, manuals, training, technical assistance and other support required for implementation with fidelity in communities and public service systems.

Model programs are described as meeting these additional standards:

- Evaluation Quality: A minimum of (a) two high quality randomised control trials or (b) one high quality randomised control trial plus one high quality quasi-experimental evaluation.

- Positive intervention impact is sustained for a minimum of 12 months after the program intervention ends.

(http://www.blueprintsprograms.com/programCriteria.php)

Stage 1 selection: all model and promising programs (N=35)

Source 9

From Child Trends website

Programs included on a Child Trends matrix of life course interventions (for children, adolescents and young adults) that have been identified as "proven," "model," or "exemplary" by the following organisations and evidence-based registries and resources:

- Center for the Study and Prevention of Violence, Blueprints for Violence Prevention
- Coalition for Evidence-Based Policy, Social Programs that Work
- Child Trends, LINKS Effectiveness Charts
- Penn State Prevention Research Center's EPIS Center – Evidence-Based Programs
- FindYouthinfo.gov
- National Institute on Drug Abuse, Preventing Drug Abuse among Children and Adolescents
- United States Department of Health and Human Services, Office of Adolescent Health, Pregnancy Prevention Research Evidence Review
- Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice, Model Programs Guide
- Partnership for Results
- Promising Practices Network
- Substance Use and Mental Health Services Administration, National Registry of Evidence-based Programs and Practices (NREPP)
- Social Development Research Group, The University of Washington, Communities that Care-Strengthening America's Families
- United States Department of Education, Exemplary and Promising Safe, Disciplined and Drug-Free Schools Programs

(http://www.childtrends.org/wp-content/uploads/2013/02/Child_Trends-Lifecourse_Interventions.pdf)

Further details of the evaluation criteria used by these registries are included on pages 15-17 of the matrix.

Stage 1 selection: programs on the matrix with 2 or more citations (N=69)

Stage 2: Programs were selected from these sources as follows:

- Communities that Care programs: all programs (N=20)
- Parenting Research Centre: well-supported programs (N=2)
- NT govt cited programs: all programs (N=6)
- Building Blocks programs: all best practice programs (N=66)
- DEECD programs: all relevant recommended programs (N=96)
- Kids Matter programs: all strong programs (N=18)
- UK Govt programs: all Level 1 programs (N=19)
- Child Trends lifecourse matrix programs: all programs with 2 or more citations (N=69)

(Note: Blueprint programs were removed as these were all included in the Child Trends collation)

Total programs: 296

Stage 3

Removal of 79 duplications: leaving 217 programs.

Removal (in completing matrix) of programs where:

- There appeared to be little evidence of impact on outcomes – e.g. failure to demonstrate effect (regardless of strength of methodology) (Adolescent Transitions Program)
- The supporting studies were very dated (and there were other more recent evaluation of similar program types (e.g. parent support)
- Some Child Trends programs that were not included in general program list (although cited in collated document)
- Programs where evaluation evidence was based on populations with little relationship/relevance to Australian context (e.g. where urban Black American/African youth made up main part of population sampled)
- Programs that, on initial review, appeared not relevant/less relevant to *Nest* KRAs/indicators.

Addition of 6 supported PRC programs, to ensure adequate reflection of parenting programs:

Total = 162 programs

Appendix 6: ARACY early childhood vulnerability cost estimates

Based on their analysis of population-level data, Kershaw et al estimate that reducing the current rate of early childhood vulnerability from 29% to 10%, would result in an increase in Gross Domestic Product (GDP) of more than 20% over 60 years (Kershaw, et al., 2010).

Extrapolated to Australia, it is estimated that reducing Australia's child vulnerability from 22% to 15% (as proposed in *The Nest* action agenda) would lead to an increase in Australian GDP of 7.35% over 60 years.

For every 1% reduction in Early Childhood Vulnerability, GDP increases by a factor of 1.05263 (=20%/19%).

So a 19% reduction leads to an increase in GDP of 20% (1.05263 X 19% = 20%)

So applying the same factor to Australia, a 7% reduction in early childhood vulnerability would be (1.05263 X 7% = 7.35%), which means an increase in Australian GDP of 7.35%.

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The Nest action agenda and technical document is available to download at the ARACY website (www.aracy.org.au).

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