

EARLY YEARS TRANSITIONS

Supporting Children and Families at Risk of
Experiencing Vulnerability: Rapid Literature
Review



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EXECUTIVE SUMMARY

This rapid literature review on support for children and families at risk of experiencing vulnerability in early years transitions sought to understand how Early Childhood Education and Care (ECEC) services, professionals and teachers could better support children at risk of vulnerability, and their families, during transitions.

The transitions included are from home, out-of-home care (OOHC) and other programs/services to ECEC services and to school. In particular, this review focuses on the support needs of children who have experienced trauma, children living in out-of-home care, refugee children, and children who experience intergenerational poverty.

Research questions

The review addresses the following key research questions:

- What strategies, programs and practices are effective in ECEC services and schools to support children and families at risk of experiencing vulnerability during key transitions (including transitions from home, out of home care and/or other programs/services to ECEC services and to school)?
- How can ECEC professionals and prep teachers be best supported and resourced to assist children and families at risk of experiencing vulnerability to transition as successfully as possible?
- How can transdisciplinary networks or teams involving ECEC and school professionals, family services, child protection etc. support children and families at risk of experiencing vulnerability in transitions? What is required to enable this to happen?
- What are the gaps highlighted in the research in terms of service quality, professional capability, professional learning and networks/coordination mechanisms for supporting positive early years transitions for children and families at risk of experiencing vulnerability?
- What are the conclusions and the future directions for improving support for ECEC professionals and teachers assisting children and families at risk of experiencing vulnerability in early years transitions?

Methodology

The scope of the review is international with a focus on Australian literature, with 2008 as the starting date of publication. Both academic research literature and grey literature published in English across psychology, social work, social policy, public health and education disciplines is included. The age range for early childhood is 0-8 years of age and this review focuses on the 4-6 year old age range.

The review begins with consideration of key concepts inherent in the research questions, and is informed by the Victorian Early Years Learning and Development Framework (VEYLDF) and its eight Practice Principles (Department of Education and Training [DET] 2016c). Terms such as early childhood education and care, vulnerability, strength-based approach, school 'readiness', transdisciplinary teams and transition are discussed.

The main section of the review describes and discusses the different ways that children and families may be at risk of experiencing vulnerability. The focus is on identifying programs, practices and strategies identified in the literature as effective in supporting early years transitions. There are four key groups discussed in detail.

- children who have experienced trauma
- children living in out-of-home care
- refugee children and families
- children affected by intergenerational poverty

Findings

Despite the research evidence that demonstrates the positive effects of engagement in quality ECEC programs, children at risk of experiencing vulnerability tend to attend formal ECEC at lower rates than their more affluent peers (Gilley et al. 2015). Children at risk of experiencing vulnerability also tend to have more complex support needs when experiencing early years transitions.

While the support needs of these children and families are recognised as varying greatly from other children, this review found that there is minimal recent literature about programs specific to early years transitions programs and strategies that have been shown as effective in supporting children and families at risk of vulnerability. In particular,

there is a lack of recent literature regarding early years transition support for children who have experienced trauma, children living in OOHC, children from refugee backgrounds, or children experiencing intergenerational poverty.

The role of transdisciplinary networks in supporting children and their families as they transition into school is acknowledged in the VEYLDF. These transdisciplinary networks often include a range of services, such as health and welfare services, ECEC institutions and schools working collaboratively. Such networks not only help with early years transitions, but also have a significant impact on longer-term schooling outcomes for children and families at risk of experiencing vulnerability.

Supporting children in early years transitions who have experienced trauma

The review highlights the work of the Australian Childhood Foundation, the Australian Centre for Post-traumatic Mental Health, the National Child Traumatic Stress Network (United States) and the Zero to Six Collaborative Group (United States).

Practices that may be effective in supporting these children during early years transition include resilience programs, trauma healing activities, providing clear routine and structure, providing safe spaces for children and their families, and developing strong interpersonal relationships based on trust and mutual respect.

Programs and strategies that foster resilience and enable a child to heal from trauma are particularly important interventions that can assist children affected by trauma transition to school. Strategies identified as effective in supporting children who have experienced trauma include:

- Cognitive-behavioural therapy (CBT)
- Attachment, Self-Regulation and Competency (ARC)
- Play-based therapies
- Mindfulness
- Trauma-informed approaches

The Supportive Trauma Interventions for Educators (STRIVE) Pilot Intervention (McConnico et al. 2016) is discussed in detail. It has been trialled in Boston public schools and focuses on student-teacher interactions, skill building and improving student social and emotional skills.

Supporting children in early years transitions who are living in out-of-home care

The reasons why more than 8 000 Victorian children reside in OOHC range from family violence, abuse, neglect, voluntary relinquishment of care duties by parents and parental mental health and/or substance use issues (Tucker & Mares 2013). Children in OOHC experience twice as many school transitions compared to their peers, due to multiple placement breakdowns (Child Safety Commissioner 2007). As well as having to adapt to new settings, this often leads to children missing elements of the curriculum, and having strained relationships with teachers and peers (Harvey and Testro 2006).

Evaluated programs identified that may assist children in OOHC include the Kids in Transition to School (KITS) Program (Pears et al. 2013) and KidsMatter Early Childhood (KMEC) (Slee et al. 2012a). It is important to note however, that the KMEC program is not specific to early years transitions.

Supporting refugee children and families in early years transitions

The lives of many refugee children and families are plagued by trauma, uncertainty, instability, change, cultural dislocation, violence, and possible loss of family members. Some refugee children may have experienced education before arriving in Australia; however, it is possible that this context was dissimilar to a Western schooling experience (Szente, Hoot & Taylor 2006).

In addition to possible traumatic experiences and educational disruption, refugee children and families are typically from culturally and linguistically diverse (CALD) backgrounds. This means that refugee children and families experience additional challenges related to cultural and language differences. The literature noted that ECEC institutions and schools are sometimes ill-prepared for working with children and families from refugee backgrounds due to the complexity of trauma experience and educational disruption, coupled with cultural linguistic diversity.

Interventions for refugee children include group interpersonal psychotherapy, creative play, school-based cognitive behavioural therapy, dance and movement therapy, mind-body techniques (such as meditation and mindfulness based therapies), narrative therapies, art therapy and, teacher-led trauma psychotherapy (Betancourt et al. 2013).

Programs used with refugee children and families include The Victorian Foundation for Survivors of Torture (2016c) Early Childhood Access and Participation (ECAP) and The Pyramid Model for supporting preschool refugees (Hurley et al. 2013).

Supporting children in early years transitions affected by intergenerational poverty

Data from the Longitudinal Study of Australian Children (LSAC) (AIFS 2016) which measured family financial disadvantage, children's school readiness, and children's later school progress and engagement, emphasises the negative influence that persistent poverty or intergenerational poverty can have on educational achievement and adjustment (Smart et al. 2008, p. vi).

In addition to a wide range of home visiting and parent education programs, such as and the Home Instruction Program for Parents and Youngsters (HIPPY) (Liddell et al. 2011; Yak 2016), there are examples throughout Australia of school hubs being established to integrate resources and services from the community to strengthen school programs, family practices and student learning.

Summary of evidence-based programs and strategies

A selection of programs and strategies were identified and these are described through the review to highlight the patterns and trends in evidence of what works to support children and families at risk of experiencing vulnerability in early years transitions. These programs are also collated against major themes and findings from the review in Appendix A. The programs include:

- Best Start (DET 2016a)
- Early Childhood Access and Participation Project (ECAP) (VFST 2016b)
- Early Childhood Effective Mentoring Program (Flack, Raymond & Burrows 2016)
- Foundation House Schools Support Program (Cross et al. 2011)
- Home Instruction Program for Parents and Youngsters (HIPPY) (Dean & Leung 2010)
- Inquiry to Implementation project (IIP) (Duhn, Fleer & Harrison 2014)
- Kids in Transition to School (KITS) (Pears et al. 2013)
- KidsMatter Early Childhood (KMEC) (Slee et al. 2012b)
- Partnerships in Early Childhood Program (Thomson et al. 2007)
- Pathways to Prevention project and Circles of Care program (Freiberg, Homel & Branch 2010)
- Pyramid Model for supporting preschool refugees (Hurley et al. 2013)
- Ready Together (Inala - Ipswich, QLD) (Binstadt 2010)
- SchoolPLUS (Regnier 2012)
- Supportive Trauma Interventions for Educators (STRIVE) Pilot Intervention (McConnico et al. 2016)

Strategies reviewed include:

- access strategies
- care teams
- fully integrated services
- professional learning
- reflective practice
- trauma training

Conclusions

The focus on a transdisciplinary approach to transition comes through strongly across the programs reviewed. There are four key issues and priorities identified through the review, namely

1. a focus on partnerships
2. transdisciplinary and holistic approaches to transition
3. professional learning for ECEC professionals and school teachers
4. gaps and further research

These priorities link back to the VEYLDF Practice Principles (DET 2016c) and inform a set of recommendations.

Summary of recommendations

In short, the recommendations arising from the review include strategies and practices intended to:

Identify and attend to children and families at risk of experiencing vulnerability

- Ensure accurate identification of the needs of children and families at risk of experiencing vulnerability
- Add questions regarding areas of vulnerability to existing transition assessment tools
- Undertake ongoing analysis and reporting of attendance as well as enrolment for these children in both ECEC programs and school

Facilitate partnerships and transdisciplinary networks

- Identify effective leaders in existing local transdisciplinary networks and use them as champions
- Commission and publish a set of case studies showing a range of models of transdisciplinary networks
- Develop a set of protocols and templates to assist local networks
- Facilitate inclusion of good practice guides for transdisciplinary networks in teacher education courses

Build professional knowledge, skills and attitudes

- Resource appropriate professional development, training and information
- Facilitate the establishment of reflective practice learning communities specific to these areas of vulnerability
- Promote the adoption of rapid action-reflection processes amongst ECEC professionals, educators, leaders and agencies
- Enhance universal teacher professional learning programs to include successful transition experiences for children at risk of experiencing vulnerability
- Facilitate input to initial teacher education courses from specialists in early years transitions for children at risk of experiencing vulnerability

Foster genuine communication

- Work to ensure that all those involved in ECEC transitions recognise that genuine communication with children and families requires more than information dissemination
- Provide accessible alternatives when using online communication channels
- Provide opportunities for ECEC professionals and educators to engage in dialogue with other professionals, parents and communities

Curate and commission resources

- Curate a clear, structured roadmap of existing resources, programs and referral information relevant to children and families at risk of experiencing vulnerability, on a regional basis, and commission resources where gaps are identified
- Develop a register of research in progress, programs, data and resources related to particular areas of vulnerability

Support future research

- Facilitate evidence-based program development and evaluation specific to children and families at risk of experiencing vulnerability in early years transitions
- Prioritise investigation of enablers and barriers to the development of transdisciplinary networks, including effective practices and benefits, and costs of operation
- Develop a detailed profile of the 5 per cent of Victorian children who are not enrolled in ECEC, including the reasons for non-enrolment and the impact of non-enrolment in ECEC
- Commission research on trauma-informed practice in ECEC settings

INTRODUCTION

Starting school is a major life event for all children. It is a time of significant change whereby a child has to adapt to a new environment, one that involves new rules and expectations, with less familiar classroom structures and routines. Transition involves forming new relationships, such as children making new friends, teachers getting to know new students, and parents becoming acquainted with other parents. Transition to school can be exciting, challenging or anxiety-provoking, with some children and families experiencing a raft of different emotions at once. The transition to school is not experienced in the same manner for all children. Some children will take longer to settle into a new school environment than others, and other children will find the transition to school much more difficult than their peers. Additionally, some children will transition from formal early childhood education and care (ECEC) into school, while other children will transition from home straight into school. Consequently, children can experience a range of different transitions. Many of the children who do not transition into formal ECEC prior to school entry are at risk of experiencing vulnerability. From the outset, it is important to acknowledge that many vulnerable children and families at risk of experiencing vulnerability are essentially 'missing out' on quality ECEC.

In 2015, the Australian Early Development Census (AEDC) found that 19.9 per cent of Victorian children, and 22 per cent of all Australian children were 'developmentally vulnerable on one or more domains', meaning that they were commencing school already behind their same-aged peers (AEDC, 2015). Children from low socio-economic or underprivileged backgrounds were more likely to be developmentally vulnerable across one or more of the AEDC domains (p. 16). This disadvantage can stem from children being affected by intergenerational poverty or trauma, or who are members of a marginalised community.

In the Australian context, Gilley, Tayler, Niklas and Cloney (2015) found that children from underprivileged backgrounds generally attend formal ECEC at lower rates than their more privileged peers. Consequently, one of the challenges for any transition program supporting children at risk of experiencing vulnerability is engaging children and families who are detached from the mainstream ECEC system. Attendance at a formal ECEC service prior to the first year of school environment can improve a child's ability to cope with some of the changes encountered upon entering school. For example, formal ECEC can help children with the development of cognitive skills (such as early literacy skills), and social skills (such as the ability to form relationships with same-aged peers), that assist them to adjust during the transition to school. When children do not attend formal ECEC prior to school entry, they may require additional support to adapt to schooling expectations, structure and demands.

Children at risk of experiencing vulnerability also tend to have more complex support needs during early years transitions. For example, children who have experienced intergenerational poverty may come from literacy-poor environments, children living in foster care arrangements may have experienced significant trauma which impacts their ability to self-regulate, and refugee children may enter school not being able to speak a word of English. Consequently, the support needs of children and families at risk of experiencing vulnerability can vary greatly from the support needs of other children.

The Victorian Early Years Learning and Development Framework (VEYLDF) (DET 2016c) acknowledges the holistic nature of ECEC and the role of transdisciplinary networks in supporting children and their families during early years transitions. These networks often include health and welfare services, ECEC institutions and schools that work collaboratively with one another, not only to help with early transitions, but also to significantly impact longer term schooling outcomes for children and families at risk of experiencing vulnerability.

This review sought to understand how ECEC services, professionals and teachers could better support early years transitions for children and their families at risk of experiencing vulnerability. Early years transitions include from home, out-of-home care (OOHC) and other programs or services to ECEC and to school. In particular, the review focuses on the transition support needs of children affected by specific 'adverse childhood experiences' (Anda et al. 2010, p. 93), namely those who have experienced trauma, children living in OOHC, refugee children, and children who experience intergenerational poverty. These are children whose fundamental rights are at risk, and who require particular attention to ensure their rights to non-discrimination, survival and development, parental guidance, education, health services, protection from violence, respect for their views and feelings, and best interest are realised (United Nations Convention on the Rights of the Child 1989). While there are a range of different population groups at risk of experiencing vulnerability, these specific target groups were listed as the priority focus and other population groups were considered as secondary categories. These secondary categories included cultural and linguistic diversity (CALD), Indigenous Australian background, disability and developmental delay.

The review addresses the following key research questions:

- What strategies, programs and practices are effective in ECEC services and schools to support children and families at risk of experiencing vulnerability during key transitions (including transitions from home, out-of-home care and/or other programs/services to ECEC services and to school)?
- How can ECEC professionals and prep teachers be best supported and resourced to assist children and families at risk of experiencing vulnerability to transition as successfully as possible?
- How can transdisciplinary networks or teams involving ECEC and school professionals, family services, child protection etc. support children and families at risk of experiencing vulnerability in transitions? What is required to enable this to happen?
- What are the gaps highlighted in the research in terms of service quality, professional capability, professional learning and networks/coordination mechanisms for supporting positive early years transitions for children and families at risk of experiencing vulnerability?
- What are the conclusions and the future directions for improving support for ECEC professionals and teachers assisting children and families at risk of experiencing vulnerability in early years transitions?

METHODOLOGY

The full research team commenced the rapid literature review by consulting on the research questions and methodology. We decided to conduct the rapid literature review using methodology based on that taught by the University of Sheffield (Grant & Booth, 2009) and informed by Giustini (2016). This methodology adapts the rigour of systematic reviewing methodology to meet an accelerated timeframe, thus providing an opportunity to ensure that a range of literature was analysed in a limited amount of time. Particular attention was paid to the documentation and transparency of search methodology in order to minimise the potential of introducing bias as a result of reducing the scope.

The scope of the review was international with a focus on Australian literature. Literature was identified from New Zealand, the United Kingdom, the United States, Canada, Europe and other Organisation for Economic Co-operation and Development (OECD) countries. Academic research literature and grey literature published in English was considered. The age range for early childhood is accepted as 0-8 years of age, however for this review there was a particular interest in the 4-6 year old age range. This is because this age range represents the almost universal transition of Australian children to preschool and school. Literature searches went back to 2008 which was when the literature review for Transition: a Positive Start to School Resource Kit was published (Centre for Equity & Innovation in Early Childhood 2008; DEECD 2008). However, literature published prior to 2008 was also included in this review at the discretion of the research team.

The topic of children at risk of experiencing vulnerability in the early years is transdisciplinary in nature (Katz & Valentine 2009) and this review required identification of literature from the areas of psychology, social work, social policy, public health and education disciplines. The following databases were searched systematically.

- A+ Education
- ERIC
- Family: Australian Family & Society Abstracts Database
- PsycINFO

As it became clear that there was minimal literature sufficiently specific to meet the needs of this project, other search strategies were used to compensate for possible deficiencies in indexing or searching. Keyword searches were performed within evaluations of general early years transition programs looking for any references to poverty, refugees, trauma, vulnerability, child abuse and neglect, or out-of-home care or foster care. For the small number of key reports and reviews of particular relevance to this review, the researchers harvested citations from their bibliographies, and also undertook hand searching of specific journal titles, namely the European Early Childhood Education Research Journal (2014-2016) and the International Journal of Transitions in Childhood (2009-2015). Searchable registers of programs and evaluations proved useful, such as the:

- Australian Institute of Family Studies Communities for Children Facilitating Partners Evidence-based program profiles <https://apps.aifs.gov.au/cfca/guidebook/programs>
- Australian Institute of Family Studies Protecting Australia's Children: Research and Evaluation Register, 2011–2015 <https://aifs.gov.au/cfca/pacra/discover>
- KidsMatter Early Childhood Program Guide <http://www.kidsmatter.edu.au/early-childhood/resources-educators-and-families/programs>

TERMINOLOGY

The challenge of terminology in this rapid literature review requires discussion up front. Key concepts are expressed in different ways across the discipline-based sources consulted, and across geographical boundaries. This section discusses the variation in terms related to this topic discovered during the search process. In discussing the literature, the review uses the language of the VEYLDF wherever possible.

Early childhood education and care

Early childhood covers children from birth to eight years of age. International and Australian policy uses the term early childhood education and care (ECEC) to describe prior-to-school services including long day care, family day care, preschool, kindergarten, and outside school hours care (OECD 2006; ACECQA 2013). This is distinct from the first years of 'formal' schooling, described in the literature variously as school, lower primary, elementary, prep and 'foundation' (ACARA 2014). There are also integrated services where prior-to-school education and care may be co-located or delivered by schools.

Vulnerability

Defining vulnerability is less clear-cut. The former Victorian Government's *Vulnerable Children Action Plan* focussed on factors such as parental mental illness, drug and alcohol misuse, family violence, homelessness and intellectual disability, and concluded that,

Children and young people are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long term development and wellbeing is limited (Department of Education and Early Childhood Development [DEECD] 2014, p. 3).

This review focuses on indicators of vulnerability that include child abuse and neglect, exclusion, trauma, intergenerational poverty, refugees, and children residing in OOHC. These environmentally caused factors are referred to in some United States literature as 'adverse childhood experiences' (Anda et al. 2010, p. 93) and are distinct from natural characteristics such as cultural and linguistic diversity, Indigenous background, disability and developmental delay. This particular set of factors is not dealt with as a distinct group in the literature, and thus a complex set of concepts was required in order to identify relevant research. It was important to identify whether databases and authors used terms other than vulnerability.

'Children with additional needs' is one term that covers a range of circumstances. Harrison et al. (2011) used the term 'hard-to-reach' families to describe a similar group. Katz, Spooner and Valentine (2007, p. 4) discuss the distinction between labelling and targeting, ensuring that a balance is achieved between efficient, effective use of resources by those who will benefit most (targeting), and 'stigmatising' those who may need services or programs. They use the phrase 'children of families with multiple and complex problems' who may include those

experiencing multiple challenges related to children, parents or the whole family. These could encompass poverty, unemployment, ill health, substance abuse, experiences of violence or trauma, poor educational outcomes, truancy, behavioural problems, isolation and/or responding to family members with disabilities or special education needs.

Dockett et al. (2011, p. 9) suggest that the phrase 'complex support needs' is preferable to the terms 'vulnerable', 'disadvantaged', or 'at risk' as a means to avoid any stigma associated with those terms. 'At risk' is used more frequently than 'vulnerability' in the literature, which in turn, is used significantly more than 'complex support needs'. Material returned from these searches covered broader 'special needs' categories that involved issues of health, mental health, low socio-economic status, disability, or developmental delay, and in some cases, also involved Indigenous and culturally and linguistically diverse (CALD) children.

Strength-based approach

Despite the use of the term 'complex multi-problem families' in the title of their report, Katz, Spooner and Valentine (2007, p. 4) state that it is important that services and programs do not focus on problems, and that the abilities, capacities and strengths of families are central. The approach known as 'strength-based' or 'strengths-based' appeared in international education literature in the mid-1990s (Powell et al. 1997) and in Australia the following decade (Jewell & Blackmore 2004; McCashen 2005)

In the Victorian context, the strength-based approach is evident in the VEYLDF (DET 2016c) in both the Practice Principles and the use of Bronfenbrenner's (1979) ecological model. Within the ecological model, the child is

positioned in the context of their environment, with families, communities and even broader social policies acknowledged as having an influence on children's development trajectories and early learning experiences. In the guide 'Strength-based approach', DEECD (2012, pp. 6-7) described the underlying principles of the strength-based approach as follows:

- all children have strengths and abilities
- children grow and develop from their strengths and abilities
- the problem is the problem — the child is not the problem
- when children and those around them (including educators) appreciate and understand the child's strengths, then the child is better able to learn and develop.

In keeping with a strength-based approach, Dockett, Perry and Kearney (2010) emphasise that times of transition are opportunities for building meaningful relationships. These are times when families seek and are responsive to input, and can benefit from high quality, coordinated support.

School 'readiness'

School readiness is an evolving concept that has multiple meanings. In the past, school readiness was understood to be a biological construct in which a child would – through maturation and normal development – gradually come to possess the physical, social, emotional and cognitive skills necessary to successfully commence school (McTurk et al. 2008). However, contemporary understandings highlight the holistic nature of school readiness and focus on the family, community, educators, schools and other institutions and their role in being ready for the child. Using this perspective, school readiness encompasses more than the biological capacity of a child to uptake new information; it is a concept that fuses the ability of the child to learn – across the VEYLDF's five learning and development outcomes (DET 2016c) – with the ability of the school to teach the child, and the ability of the parent and family to adequately prepare the child for school (Dockett, Perry & Kearney 2010, McTurk et al. 2008, Petriwskyj 2013).

Dockett, Perry and Kearney (2010, p. 1) define school readiness as 'a multidimensional construct [that] recognis[es] the interplay of children's individual characteristics and the contexts in which they live, and have lived, as they grow and develop'. There are three dimensions of school readiness that are frequently identified in the school readiness literature:

- children's readiness for school
- schools' readiness for children
- the capacity of families and communities to provide the necessary opportunities, conditions and supports to optimise children's development and learning (Dockett, Perry & Kearney 2010, p. 2).

Transdisciplinary networks

The VEYLDF (DET 2016c) includes a focus on partnerships between early childhood professionals from different backgrounds using multidisciplinary approaches to provide better support to families and draw on the skills and expertise of other professional colleagues. These colleagues may include:

maternal and child health nurses, early childhood practitioners in early childhood settings, school teachers, family support workers, preschool field officers, inclusion support facilitators, student support service officers, primary school nurses, primary welfare officers, early childhood intervention workers, play therapists, health professionals and teachers working in hospitals and education officers in cultural organisations (p. 5)

Other terms relevant to transdisciplinary networks are used in the literature, including, inter-professional, agency cooperation, educational cooperation and multidisciplinary or interdisciplinary teams. A related concept is that of extended service schools, also called extended school hubs or full service schools. These are described as schools co-located or working with a range of partners to provide services beyond formal education that 'wrap around' and meet the needs of children, their families and the wider community, typically in an area of socio-economic disadvantage (Black, Lemon & Walsh 2010, p. 5).

Transition

Transition is defined as a process whereby a person has to adapt to a new environment (Secretariat of National Aboriginal and Islander Child Care (SNAICC) 2014). Essentially, transition is about change, relationships and adaptation to foreign contexts. It is a holistic process that takes place over a period of time, rather than as a single point in time (DEECD, 2008).

Individuals and communities face many transitions and the term is used in many different contexts. This review was interested in the transitions described by the National Quality Standard (ACECQA 2013, p. 198) as:

the process of moving between home and the education and care setting, between a range of different education and care services or from the education and care service to full-time school.

Transition is considered to be holistic because it requires the collaborative effort of multiple people - such as parents, ECEC professionals, teachers, schools and communities - to support children during early years transitions. The term 'transition' is sometimes used interchangeably with related concepts such as 'school readiness' or 'orientation to school' (Astbury 2008), however other researchers differentiate between orientation programs which are largely about familiarity with practicalities, and transition programs that promote continuity and facilitate children's adjustment (Dockett & Perry 2007; Hirst et al. 2011).

The metaphor of a 'bridge' is common in the literature around transition (Huser, Dockett & Perry 2016; OECD 2006), with an obstacle or gap assumed to be the 'leap' that has to be made to successfully 'cross over' into a new environment. Transitions are experienced throughout a person's life, such as the transition from home to school, from school to the workforce, or even a transition from living with a parent to a carer. In relation to school transitions, Dockett and Perry (2014, p. 7) state that:

Starting school is one of the major transitions individuals make throughout their lives. While the transition to school can be a time of excitement and eagerness, it can also be tinged with anxiety and concern. Many children revel in the changes and challenges brought about by their move to school; others find the changes demands and expectations overwhelming.

This finding is supported by Hirst et al. (2011, p. 6) who state that transition to school can be a stressful time for young children because it involves significant change, such as adjusting to new routines, new rules, new people, new environments and forming new relationships with adults and peers.

There are a range of strategies and programs designed to support young children in transitioning to primary school, including programs designed to improve the child's school readiness, or programs designed to enable parents to support their children in adapting to school. These will be discussed in relation to children and families at risk of experiencing vulnerability, with a focus on effective practice in ECEC transitions for these population groups.

EFFECTIVE PRACTICES

This section describes and discusses the different ways that children and families may be at risk of experiencing vulnerability. The focus is on supporting children who have experienced trauma, children who reside in out of home care (OOHC), children from refugee backgrounds, and children who experience intergenerational poverty. It presents a sample of programs, practices and strategies identified in the literature as effective in supporting these groups during early years transitions.

SUPPORTING CHILDREN WHO HAVE EXPERIENCED TRAUMA

Exposure to a traumatic experience has short- and long-term consequences in a child's life and can contribute to physical and mental health problems as well as educational impairments (Berson & Baggerly 2009, p. 375).

Trauma refers to the experience of a threatening event that psychologically and/or physically overwhelms the body's ability to cope (Zero to Six Collaborative Group & National Child Traumatic Stress Network 2010). Trauma can result from a variety of experiences that induce feelings of terror, horror, fear and/or helplessness (Atkinson 2013). The literature generally places trauma in two categories – Type I (or simple trauma) and Type II (or complex trauma) traumatic events (Wright 2014; Australian Childhood Foundation 2010). Type I traumatic events occur once, and are generally sudden and unexpected, for example, experiencing a natural disaster or car accident, while Type II traumatic events occur over a prolonged period of time and involve repeated and chronic exposure to the traumatic stimuli, such as child abuse, neglect and family violence (Wright, 2014). Nikulina, Widom and Czaja (2011) also refer to the experience of intergenerational poverty as a chronic stressor that can result in the experience of trauma symptoms.

The National Child Traumatic Stress Network (2016), a United States based trauma specialist group, refers to a range of different types of traumatic stress that can affect children in the early years, including (but not limited to): complex trauma, family violence and refugee trauma. Other types of trauma include intergenerational trauma, which Atkinson (2013) has researched extensively with Indigenous Australian communities. The Australian Childhood Foundation (2010) refers to three types of childhood trauma: simple, complex and developmental trauma. Regardless of the type of trauma experienced, the signs and symptoms of trauma in young children – such as dissociation or agitated and disorganised behaviour – are generally universal. The problem is that different children display different signs and symptoms of trauma, making it difficult to identify trauma as the cause of cognitive, social, emotional or behavioural difficulties (Zero to Six Collaborative Group & National Child Traumatic Stress Network, 2010). Consequently, the symptoms of childhood trauma are often confused with mental health diagnoses – such as Autism Spectrum Disorder (ASD), Oppositional Defiant Disorder, or Attention Deficit Hyperactivity Disorder (ADHD) – which means that children who have experienced trauma may be labelled with an incorrect mental health diagnosis, or worse, labelled as simply experiencing 'behavioural' problems (Downey, 2007).

Table 1 provides an overview of the signs and symptoms of traumatic stress in children aged 0-6 years, which was adapted from the National Child Traumatic Stress Network by Wright (2014, p. 90).

Table 1 SIGNS AND SYMPTOMS OF TRAUMATIC STRESS IN CHILDREN 0-6 YEARS

Children aged 0-2 may ...	Children aged 3-6 may ...	
<ul style="list-style-type: none"> • Act withdrawn • Demand attention through both positive and negative behaviours • Demonstrate poor verbal skills • Display temper tantrums • Exhibit aggressive behaviours • Exhibit memory problems • Exhibit regressive behaviours • Experience nightmares or sleep difficulties • Fear adults who remind them of the traumatic event • Have a poor appetite, low weight and/or digestive problems • Have poor sleep habits • Scream or cry excessively • Show irritability, sadness and anxiety • Startle easily 	<ul style="list-style-type: none"> • Act out in social situations • Act withdrawn • Demand attention through both positive and negative behaviours • Display an excessive temper • Be anxious and fearful and avoidant • Be unable to trust others or make friends • Be verbally abusive • Believe they are to blame for the traumatic experience • Develop learning disabilities • Exhibit aggressive behaviours • Experience nightmares or sleep difficulties • Experience stomach aches and headaches • Fear adults who remind them of the traumatic event 	<ul style="list-style-type: none"> • Fear being separated from parent or caregiver • Have difficulties focusing or learning in school • Have poor sleep habits • Imitate the abusive or traumatic event • Lack self-confidence • Show irritability, sadness and anxiety • Show poor skill development • Startle easily • Wet the bed or self after being toilet trained or exhibit other regressive behaviours <p>Wright, T 2014, 'Too scared to learn: teaching your children who have experienced trauma', <i>YC: Young Children</i>, vol. 69, no. 5, pp. 88-93. Adapted from the National Child Traumatic Stress Network (2014)</p>

As shown in Table 1, young children can experience many different traumatic symptoms. However, regardless of the combination of symptoms a young child experiences, the effects of trauma will generally be profound in early childhood. Zero to Six Collaborative Group and National Child Traumatic Stress Network (2010, p. 3) argue that this is due to the immaturity of a young child's developing brain and the fact that early adverse experiences have the potential to influence the brain's development from a neurological standpoint.

There is a wealth of literature that points to the neurological impact that trauma has on a child's developing brain (Tobin 2016; Downey 2007; Perry 2009; van der Kolk 2003). Trauma expert, Perry (2005), states that when a child is exposed to a traumatic threat, it triggers a 'survival' response in the brain which places the child in a state of 'hyperarousal' or 'dissociation', commonly known as the fight-flight-freeze response. In the face of a traumatic stimulus, our body is geared to fight to protect ourselves, flee the situation, or freeze to hide from the threatening stimulus (Downey 2007). All of these responses are normal and have developed through evolution to protect ourselves from environmental threats. When the threat has passed, the body returns to its normal state (Perry, 2009).

Unfortunately, when a child is exposed to a traumatic stimulus over a long period of time, the body does not return to its normal state (Perry, 2009). This is because the child who is experiencing Type II trauma is constantly receiving stimuli that communicate the need for the child to be alert and prepared to deal with a potential threat (Downey 2007). In effect, a child who experiences a Type II traumatic event – one that is prolonged, repetitive and chronic – is in a constant state of hyperarousal (or dissociation) because their brain and body are trying to protect them from harm (Perry 2005).

This enduring state of arousal does not give the child the opportunity to 'wind down', or revert to a lower arousal state (Perry 2009). Therefore, the child who experiences chronic trauma is living in an environment whereby their senses are heightened in order to deal with ongoing threats. Essentially, this is akin to the child being in a constant 'fight-flight-freeze state', a higher state of arousal that evolution only ever intended to be active for brief periods of time (Van der Kolk 2003; Downey 2007). Therefore, the brain remains alert and active, meaning that heart rate is elevated, arousal is increased and complex cognitive abilities become secondary to the brain's 'survival' mode. In a classroom setting, this means that children who have (or are) experiencing trauma are not able to focus on educational tasks because their brain is otherwise preoccupied with 'protecting' the child from harm.

Perry (2005) argues that repeated exposure to a traumatic stimulus can not only impact upon a child's brain development, but can also interfere with child's ability to take in new information. This is because children who

experience prolonged trauma develop a baseline level of arousal that is much higher than the baseline arousal state of a child who experiences normal levels of stress (Perry, 2005). Over time, this higher state of arousal becomes the 'norm' and consequently, any new incoming stimulus is received at a higher state of arousal. This means that a small, seemingly non-threatening environmental stimulus – such as a teacher raising their voice – could provoke a fear or terror response in the child exposed to Type II trauma (Wright, 2014). Van der Kolk (2005, cited in Wright 2014, p. 89) states that children who have experienced prolonged, chronic trauma 'anticipate that the classroom environment will be threatening, and spend their days scanning for warnings of danger'. Consequently, the experience of prolonged, chronic trauma in early childhood has significant implications for a child's receptiveness to educational activities in the classroom.

Effective trauma-informed strategies, programs and practice

Because children who have experienced trauma often thrive on predictability and routine, transitions can be a particularly difficult (Statman-Weil, 2015). A new environment, people and routines can trigger feelings of being unsafe and as a consequence, children who have experienced trauma need to learn that the ECEC or classroom is a safe place where they will be supported by a caring, stable adult who will protect them from any danger or harm. However, this can take time and in all likelihood, children who have experienced trauma will take longer to settle into their new environment (Berson & Baggerley 2009; Wright 2014). This means that transition for children who have experienced trauma is prolonged and possibly more difficult compared to a child who has not experienced trauma. Programs that foster resilience and enable a child to heal from trauma are identified as particularly important interventions that can assist transitions for children affected by trauma.

Although there is knowledge regarding interventions designed to treat childhood trauma, trauma interventions designed for early childhood educational contexts are limited. Research notes that play-based therapies, mindfulness practices, sensorimotor psychotherapies, and trauma-focused cognitive-behavioural therapies can be used to heal childhood trauma (Australian Centre for Posttraumatic Mental Health and Parenting Research Centre 2013; Australian Childhood Foundation 2016). Psychological interventions and approaches to fostering resilience, such as the Attachment, Self-Regulation and Competency (ARC) approach, are mentioned (Arvidson et al. 2011), as well as interventions to better support children and families affected by trauma (Zero to Six Collaborative Group and National Child Traumatic Stress Network 2010). In their Integrated Trauma Recovery Service Model, the Victorian Foundation for Survivors of Torture (2016a) indicate there is much work still to do in this area.

Most reviews indicate that a range of approaches will lead to improvements in PTSD symptoms; however, there is not sufficient evidence of one therapeutic method being superior to any other. The effectiveness of holistic, culturally-adapted approaches for clients with multiple needs requires considerably more research (p. 9).

One strategy to deal with the impact of trauma in the classroom is to upskill ECEC professionals and teachers so that they are able to identify children who are exhibiting symptoms of childhood trauma, and integrate a trauma-informed approach into their practice. Tobin (2016) found that while ECEC professionals and schools are not expected to provide clinical therapies and treatments, they can support children who have experienced trauma by fostering children's attachment with adults and helping children to improve their ability to self-regulate. This can be achieved through the provision of predictable routines and nurturing behaviours in educational settings.

One pilot trauma intervention, the Supportive Trauma Interventions for Educators (STRIVE) intervention, teaches ECEC professionals and teachers how to use a trauma-informed approach in the classroom. This intervention is both cost-effective and replicable in the Victorian context. The STRIVE intervention has a number of principles that are compatible with the Practice Principles stated in the VEYLDF. These include the importance of reflective practice, a commitment to social justice, integrating trauma-informed approaches with existing teaching approaches, and, relationship building premised on respect, trust and safety (McConnico et al. 2016).

Supportive Trauma Interventions for Educators (STRIVE) Pilot Intervention

McConnico, N, Roynton-Jarrett, R, Bailey, C & Nandi, M 2016, 'A Framework for trauma-sensitive schools: infusing trauma-informed practices into early childhood education systems', *Zero to Three*, vol. 36, no. 5, pp. 36-44.

The STRIVE pilot intervention is a trauma-sensitive intervention which focuses on student-teacher interactions, skill building and improving student social and emotional skills. It was trialled in Boston public schools in the United States at the kindergarten, first and second grade levels. The STRIVE intervention has not been subject to evaluation, however, it is important to consider the usefulness of pilot interventions such as STRIVE because they may be able to inform future practice directions.

The STRIVE program is a universal intervention program designed to be infused into the existing ECEC curriculum. It is delivered at the classroom level to all children and provides teachers with resources, activities and classroom-based strategies to support children's social and emotional learning. The STRIVE intervention takes into account that children who have experienced trauma often experience difficulties with self-regulation, which can manifest into challenging classroom behaviours, such as aggression, withdrawal or extreme emotional outbursts (Wright 2014; McConnico et al. 2016).

The STRIVE intervention has three key steps. Firstly, it raises teacher awareness about the prevalence of childhood trauma in a particular locality. Secondly, it provides psycho-education to teachers regarding the impact of trauma on health and educational outcomes, with a particular focus on the neurobiological effects of trauma on children's development and ability to self-regulate. Thirdly, and finally, it provides teachers with advice and tools that can be used to address trauma-related behaviours in the classroom. As part of the STRIVE pilot intervention, ECEC teachers, professionals and school staff were provided with 10 hours of training, ongoing consultation and coaching, as well as a 'toolkit' for use in the classroom.

While teachers were encouraged to implement their own trauma-sensitive interventions in the classroom, they were also provided with a toolkit of resources. During the pilot of STRIVE in Boston public schools, some of the resources provided to teachers included sensorimotor 'coping tools' (such as noise-cancelling headphones, weighted lap blankets, kinetic sand and theraputty) that children could use in the classroom when feeling overwhelmed or vulnerable. Other resources provided to teachers included emotion cards and reflection journals so that teachers could assist students with identifying and expressing emotions. These tools were designed to make children feel safe in their environment, thereby enhancing children's sense of safety at school.

Intervening at the child, teacher and school levels, STRIVE introduces trauma-sensitive approaches into the education system by building the capacity of educators to work effectively with trauma-related behaviours in the classroom.

STRIVE aims to ensure that the child has coping skills, self-regulation, problem-solving, sense of control and positive self-esteem, while teachers and school staff practice reflectively, feel empowered and have knowledge and skill-building capacities (p. 37).

The other core features of trauma-informed schools according to the STRIVE framework include fostering resilience in the child, improving child-adult attachment relationships, ensuring that children and families have power and control over decisions affecting their lives, and that children develop feelings of safety and trust through predictability and routine.

Strategies to support early years transitions for children who have experienced trauma

It is important for ECEC professionals and teachers to understand that for many children who have experienced trauma, the centre or school environment can be their only refuge from the daily trauma they may be experiencing in their home environment (Wright, 2014). Research conducted by Bergin and Bergin (2009, cited in Wright 2014) also suggests that children who have experienced trauma tend to enjoy school, even when they may appear to be struggling academically. Downey (2007) states that when teachers understand how trauma affects children's brain development - and subsequently, children's education - they are better equipped to implement strategies that can foster resilience, advocate for the needs of these children, and assist children to recover from trauma.

Wright (2014) suggests that ECEC professionals and teachers should take a strength-based approach towards supporting children who have experienced trauma, by recognising that the behaviours that may appear to be 'challenging' in the classroom serve as protective mechanisms that keep children safe in other circumstances. Wright (2014, p. 90) argues that when teachers do not respond appropriately to children who have experienced trauma, it

can make them feel alienated and make them feel as though school is not a safe place. Ultimately, teachers play a very important role in the lives of children who have experienced trauma, as articulated by Berson and Baggerly (2009, p. 377).

Teachers are ongoing sources of calm, compassion, and hope in the lives of young children. In particular, teachers can help frame children's perceptions of the world and events they encounter. They may guide young children as they confront overwhelming situations, foster their understanding, respond to their questions, and even articulate their questions. Amid all the discussion, the most important words are those messages that convey a sense of hope for the future.

There are several strategies that ECEC professionals and teachers can adopt to support children in the classroom. Making rules transparent and clear and establishing a predictable routine, fosters resilience and creates a supportive and caring classroom environment (Statman-Weil 2015; Wright 2014; Berson & Baggerly 2009). These strategies are promoted in whole-site initiatives such as KidsMatter (Slee et al. 2012a).

Stress and Trauma in Young Children workshops

Australian Childhood Foundation on behalf of DET

In recognition of the increasing numbers of children who are presenting in early childhood services having experienced trauma, DET subsidised the provision of 25 half-day workshops in regional and metropolitan Victoria in 2016, entitled 'Stress and Trauma in Young Children'. Run by the Australian Childhood Foundation, these workshops aimed to build understanding and skills of early childhood professionals on the impact of stress and trauma in young children and the implications for practice. A total of 676 professionals attended across the state. Eighty-three percent of respondents (514) identified all three learning outcomes of the workshop as relevant to their needs (DET 2016d).

Three main themes emerged in terms of the most valuable content of the training session. These were the knowledge of brain development/neuroscience; the ideas for what individuals could do in their practice based on the session content and the reflective opportunity—for self and with others—that the workshop presented (DET 2016d).

This training provided a foundation for supporting trauma-affected children and families. Further resources and ongoing support will be required to bring about sustained and effective practice change.

SUPPORTING CHILDREN LIVING IN OUT-OF-HOME CARE

In 2015, it is estimated that there were 43,399 children living in out-of-home care (OOHC) in Australia, with 8,567 of these children residing in Victoria (AIHW 2016, p. 54). Victoria had the lowest proportion of children residing in OOHC in 2015 (6.6 per 1000 children) compared to all other Australian states and territories (AIHW 2016, p. 50).

Tucker and Mares (2013) state that the early years are a period of extreme vulnerability because children under the age of five years are dependent on another to provide for their basic needs, such as food, shelter and love. This vulnerability is reflected in the statistics reported by the Australian Institute of Health and Welfare (AIHW). The AIHW (2016) found that during 2014-2015, children under the age of five years comprised 45.8 per cent of the population admitted to OOHC in Australia, while 70.5 per cent admitted into OOHC were under 10 years of age. Similar statistics are noted in Victoria, with 42.7 per cent of all Victorian children admitted to OOHC from 2014-2015 under the age of five, and 68.1 per cent under the age of 10 years. Consequently, in early childhood, children are more likely to be the victims of abuse, neglect or maltreatment by their primary caregivers.

In Victoria, when a child has been subject to a child protection notification, their circumstances and safety in their current environment (usually their parental home) are assessed by the Department of Health and Human Services (DHHS). Following assessment, it is decided whether the child should remain in their current environment (usually, with their parents), or be removed in order to protect them from harm (Fernandez & Atwool 2013). This may or may not result in a legal application being made to the Children's Court for an order (such as a custody to Secretary or Guardianship Order) that enables the state to intervene and place the child with another carer (Child Safety Commissioner 2007). If a child is removed from their parents (or their current environment) for protective reasons, the protective allegation becomes substantiated and the child is typically placed into OOHC. There are a range of different OOHC arrangements - including home-based care (HBC) and residential care - which may be short, medium or long-term in length (Child Safety Commissioner 2007).

In Australia, home-based care is the most common OOHC arrangement, with 93.4 per cent of children in OOHC at 30 June 2015 residing in home-based care (AIHW 2016). In Victoria, 94.3 per cent of children in OOHC at 30 June 2015 resided in home-based care (AIHW 2016, p. 101). Home-based care is typically divided into foster care, whereby the child lives with an unrelated carer that has been approved by the Department of Human Services, or kinship care, where the child lives with a family member, such as an aunt or uncle, who has been approved by the DHHS (Child Safety Commissioner, 2007). Kinship care is the preferred care arrangement for children living in OOHC because they are remain with family.

In 2007, kinship care overtook foster care as the most common form of care arrangement for children living in OOHC (Child Safety Commissioner 2007). In Victoria, at 30 June 2015, 54.9 per cent of children living in home-based care resided in kinship care, 17.2 per cent resided in foster care, and 22.1 per cent resided in another form of home-based care (AIHW 2016, p. 101). Nationally, 40.4 per cent of children living in home-based care in Australia at 30 June 2015 resided in foster care, 47.3 per cent resided in kinship care, and 5.8 per cent resided in another form of home-based care (AIHW 2016, p. 101).

The reasons for removing a child from their biological parents are various and complex, but can include exposure to family violence, abuse, neglect, voluntary relinquishment of care duties by parents (abandonment), and parental mental health and/or substance use issues (Tucker & Mares 2013). Fernandez and Atwool (2013, p. 176) found that throughout Australia, the most common reasons for children entering OOHC were 'emotional abuse (36 per cent), neglect (31 per cent) and physical abuse (21 per cent)'. They found that the incidence of sexual abuse ranged from state to territory with an average substantiation rate of 12 per cent, ranging from 3 per cent in the Northern Territory to 22 per cent in Western Australia (Fernandez & Atwool 2013, p. 176). Indigenous Australian children are over-represented in the OOHC system, with data suggesting that Indigenous Australian children enter OOHC at a rate of 55.1 per 1000 children compared to just 7.7 per 1000 for non-Indigenous children (Fernandez & Atwool 2013). The reasons for the overrepresentation of Indigenous children in the OOHC system are well documented and include factors relating to colonisation and historical child removal policy, such as the policies of the Stolen Generations (Tilbury 2009; Valerie & Gray 2006; Higgins et al. 2006).

Regardless of the reason for removing a child from their biological parents, children living in OOHC are more likely to have experienced some degree of trauma, whether stemming from abuse or neglect, or from being separated from their parents (Child Safety Commissioner 2007). Added to the trauma of parental separation, Tucker and Mares (2013) state that children in OOHC also have to form new relationships with carers, adapt to new environments, deal with sibling separation, and adjust to changes concerning parental contact. Research has indicated that children in OOHC are often exposed to further abuse in care and frequently experience multiple placement breakdowns, which exacerbates feelings about rejection, lack of trust, relationship disruption and loss (Barth et al. 2007; Nathanson & Tzioumi 2007; Tucker & Mares 2013). In fact, multiple placement breakdowns are quite common. Australian research suggests that one in five of all children in OOHC have experienced six to nine placements, while one in four have lived in more than ten placements (Delfabbro, Barber & Cooper 2000).

Many of the strategies for supporting traumatised children also apply to children living in OOHC. However, children living in OOHC have often experienced traumas of an interpersonal and ongoing nature, meaning that their trauma is more likely to be complex. This means that their sense of trust and safety is often shattered, and their ability to form healthy attachment relationships with adults and peers is severely impaired (McConnico et al. 2016). Children living in OOHC are more likely to be diagnosed with a mental health condition or other disability, such as Autism Spectrum Disorder (ASD), compared to children not living in OOHC (Tucker & Mares 2013). Arguably, mental health and disability diagnoses in children living in OOHC stem from trauma and other environmental factors, as argued by McLintock (2011, p. 65).

The educational outcomes of children living in out-of-home care

Children living in OOHC have often experienced trauma which impacts on their educational outcomes. Research on the educational outcomes of children living in OOHC in Australia notes that students in OOHC tend to:

- have lower educational attainment, especially in the areas of literacy and numeracy
- be behind their same-aged peers across all educational tasks
- struggle with developmental stages during schooling
- experience challenging behaviours that impact on learning and classroom routines (Child Safety Commissioner 2007).

Cashmore and Paxman (1996, cited in Harvey & Testro 2006) state that children in OOHC experience twice as many school transitions compared to their peers. The experience of multiple placement breakdowns by children living in OOHC frequently results in disrupted ECEC or schooling arrangements (Child Safety Commissioner 2007). In highlighting the issues relating to multiple placement breakdowns and schooling outcomes for children living in OOHC, Harvey and Testro (2006) identified three key themes:

1. Relocation - Children in care experience significant placement instability. This often results in children in OOHC attending new schools and having to adapt to a classroom setting with new teachers and peers
2. Lack of continuity - Placement instability can result in disrupted schooling, meaning that some children will miss elements of the curriculum, or have to repeat topics they've previously covered at another school
3. Relationships - Children in OOHC experience strained relationships with teachers and peers as a result of placement instability

In the absence of a stable caregiver - or even a stable Child Protection caseworker - Harvey and Testro (2006) further argue the onus is placed on the education system and teachers to provide for the educational needs of children in OOHC, which can be problematic when accountability lines need to be negotiated with other government departments or actors.

Strategies to support early years transitions for children living in out-of-home care

The school system, ECEC professionals and teachers play a large role in supporting transitions to school for young children in OOHC, particularly when young children in OOHC experience disruption in their home environment. Although not specific to ECEC, the CREATE Foundation states that there are five key strategies required to support children living in OOHC to achieve better educational outcomes (Harvey & Testro 2006, pp. 57-60). These strategies are to ensure:

- Greater stability so that children and young people in care do not have to move home or school so often
- Help with schoolwork and more individual support tailored to the child or young person backed by more training for teachers and social workers
- Less time out of school - longer in education [such as] help with school admissions, better access to education with more support to help young children and young people attend school more regularly and stay on after school leaving age
- More help from home to support school work [by] giving carers better training in children's education
- Improved children's health and well-being, with a team of 'teachers, staff from across government departments, non-government service providers and carers all working together in the interests of the child'

Evaluated programs that support this area include the *Kids in Transition to School (KITS) Program* and *KidsMatter Early Childhood (KMEC)*.

Pears et al (2013) used a randomised controlled trial (RCT) design to evaluate the effectiveness of the KITS program with two cohorts of children from two counties in the Northwest region of the United States. A total of 192 children and their caregivers participated in the study. In their evaluation of the KITS intervention, Pears et al. (2013) found that the intervention had positive effects on children's early literacy skills and their ability to self-regulate. Pears et al (2013) emphasised the importance of self-regulatory skills in aiding school readiness, stating that past research had noted that interventions were more effective when they targeted self-regulation and social skills together in ECEC and school settings. This finding is supported by previous research, such as the longitudinal Dunedin Multidisciplinary Health and Development Study (the Dunedin Study) undertaken in New Zealand over the past 40 years (Poulton, Moffitt & Silva 2015). The Dunedin Study has found that better self-regulatory skills in early childhood correlated with better health status, higher socio-economic status and lower crime rates in adulthood.

Kids in Transition to School (KITS)

Summarised from: Pears, KC, Fisher, PA., Kim, HK., Bruce, J, Healey, CV & Yoerger, K 2013, 'Immediate effects of a school readiness intervention for children in foster care', *Early Education and Development*, vol. 24, no. 6, pp. 771-791. doi:10.1080/10409289.2013.736037

The KITS program is a short-term, scalable school readiness intervention designed to improve the school functioning of children in foster care. The intervention has been specifically designed for use with preschool aged children in foster care prior to kindergarten entry. To date, it has been operating in the United States. Facilitators of the KITS program complete a 40 hour standardised training program in order to prepare them for their role.

The KITS program is designed to be implemented in the two months before the commencement of kindergarten and works directly with preschool children and their caregivers (which may or may not be family). Children are either living in home-based foster care or kinship care arrangements. One of the features of the KITS program is that it intervenes prior to formal kindergarten entry. Consequently, children are assisted with the transition from home to kindergarten (or ECEC), rather than the transition from ECEC to school.

The KITS program focuses on the development of early literacy skills, social skills and self-regulation skills in foster children. These are important areas of intervention since research has demonstrated that children who have experienced abuse and neglect struggle with self-regulation and positive social interactions with peers and adults (Child Safety Commissioner, 2007).

The KITS program has two phases:

1. The school readiness phase occurs approximately two months prior to kindergarten entry.

This component of the KITS program includes 16 x school readiness group sessions for children, run in 2-hour blocks twice per week; and, 4 x caregiver group sessions, run in 2-hour blocks every two weeks. The program runs in either centre- or school-based classrooms. It requires caregivers and children to interact with other caregivers and children.

During the school readiness phase, children are taught early literacy, prosocial and self-regulation skills, as well as about general classroom expectations, such as how to focus their attention, wait for their turn to speak and sit still. The children's group classes are structured and run according to a consistent, scheduled routine similar to that of a typical kindergarten schedule. Usually, a graduate teacher and two teacher assistants run the school readiness group sessions with between 12-15 preschool aged children.

While children are engaged in group sessions, caregivers also participate in group sessions where they are taught about kindergarten transitions. Specifically, caregivers are shown how to promote early literacy skills in the home, develop home-based routines that can assist with transition, and how to prepare children for kindergarten. Additionally, caregivers are taught techniques for positive behavioural management that can be implemented in the home to assist the child with developing self-regulation skills. One facilitator and one assistant are engaged to work with caregivers during the group sessions. Skill acquisition is taught via information sharing, group discussions, and role play.

2. The transition/maintenance phase provides support in the first few months of kindergarten.

This component of the program includes: eight group sessions for children, run in 2-hour blocks once per week; and, 4 caregiver group sessions, run in 2-hour blocks every two weeks.

During the second phase, the children's group sessions focus on further developing early literacy, prosocial and self-regulation skills. Again, the program runs in either centre- or school-based classrooms, and follows a structured schedule similar to that already encountered during the first phase. The aim during the transition/maintenance phase is to reinforce the skills children have previously learnt and to monitor children's transition to kindergarten.

Caregiver group sessions coincide with children's group sessions. During the second phase, caregivers are given the opportunity to express any concerns regarding the child's transition, share information with other carers, and to further develop skills they have previously been taught.

Research has shown that children in OOHC are at higher risk of developing mental health issues compared to the general population and that adverse experiences in early childhood can lead to emotional, cognitive and behavioural problems (Tucker & Mares 2013, p. 205). Although not specific to children living in OOHC, a holistic intervention such that aims to improve early childhood mental health can benefit all children, but is particularly important for children in OOHC and those experiencing adversity (Dix, Jarvis & Slee 2013; Slee et al. 2012b).

Kids Matter Early Childhood

Summarised from: Slee PT, Murray-Harvey R, Dix KL, Skrzypiec G, Askell-Williams H, Lawson M & Krieg S, 2012a, *KidsMatter early childhood evaluation report*, Shannon Research Press, Adelaide.

Hirst, M, Jervis, N, Visagie, K, Sojo, V & Cavanagh, S 2011, Transition to primary school: a review of the literature, Commonwealth of Australia, Canberra, <https://www.kidsmatter.edu.au/sites/default/files/public/Transition-to-Primary-School-A-literature-review.pdf>

Kids Matters Early Childhood is a population-level early childhood mental health promotion, prevention and early intervention initiative, funded by the Australian government. It is designed to improve child wellbeing and mental health outcomes. The KMEC initiative is implemented at the service delivery level by ECEC services through the development of a local action plan, which is informed by the professional development of staff, and supported by external expert support.

KMEC facilitators use a combination of face-to-face and online delivery for professional learning sessions for all staff in a participating ECEC centre. Planning and implementation guides and survey tools for staff and families are provided, with many of the professional learning resources available online for self-paced learning. A local leadership team takes responsibility for developing and implementing the action plan based on these materials and structured around the four components of the KidsMatter framework, namely, 1) Creating a sense of community, 2) Developing children's social and emotional skills, 3) Working with parents and carers, and 4) Helping children who are experiencing mental health difficulties.

The KMEC initiative provides a framework to enable preschool and long day care services to plan and implement evidence - based mental health promotion, prevention and early intervention strategies. KMEC uses a risk and protective factors framework to focus on four components where early childhood services can strengthen the protective factors for children's mental health and minimise the risk factors. Risk and protective factors may be identified within the four components in relation to factors such as: individual skills, needs and temperament; familial circumstances and relationships; early childhood settings; specific life events; and the social environment.

KMEC materials categorise as 'life events' the risk factors of physical, sexual or emotional abuse, emotional trauma, death of a family member and socio-economic disadvantage. Corresponding protective factors include community and/or professional support at critically important times, ongoing connections and routines such as those at ECEC services, and continued involvement with significant others.

KMEC was trialled in over 100 early childhood education and care services across Australia during 2010 and 2011, with additional investigations into communities with high proportions of Australian Indigenous children (Slee et al. 2012b) and children with disability (Dix, Jarvis & Slee 2013).

Evaluation of the effectiveness of the KMEC program used a longitudinal, mixed-methods design involving multiple participant groups (i.e., educators, parents, services) and a cohort comparison group selected from the Longitudinal Study of Australian Children. Evaluators found that, through participation in KMEC, ECEC staff improved their ability to recognise when children were experiencing difficulties and subsequently, were able to make links and referrals to other professionals who could assist children struggling with mental health issues. They also found that participation in KMEC had improved relationships between staff and children, resulted in fewer mental health difficulties for children and positively changed child temperament styles. The conclusion was that KMEC has positive effects on young children's mental health and that the program's success was in line with past research that demonstrated the importance of social and emotional interventions in the early years, particularly for children at risk of experiencing vulnerability, and at greater risk of mental health difficulties.

SUPPORTING REFUGEE CHILDREN AND FAMILIES

Refugees are people fleeing conflict or persecution. They are defined and protected in international law, and must not be expelled or returned to situations where their life and freedom are at risk (UNHCR 2016a).

The United Nations High Commissioner for Refugees (UNHCR) defines a refugee as 'a person who has fled his/her country of nationality (or habitual residence) and who is unable or unwilling to return to that country because of a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group. In 2014, there were 14.4 million refugees worldwide (UNHCR 2016b). The Asylum Seeker Resource Centre (ASRC) estimates that out of the millions of refugees throughout the world, 34,503 refugees live in Australia (ASRC 2016). Recently, a high proportion of refugees arriving in Australia have fled from Afghanistan and Myanmar (UNHCR 2016b), however Australia is also home to refugees from South Sudan, Somalia, Ukraine, Vietnam, Syria, Iraq, Iran, Pakistan and Sri Lanka (Settlement Services International 2016; Waniganayake 2001).

Many refugees have been exposed to unspeakable trauma, including witnessing acts of catastrophic violence and seeing human nature at its worst (George 2010). Some of the traumas refugees may have encountered include extreme violence, war, acts of terrorism, natural disasters, rape and murder (Waniganayake 2001; George 2010). Chimento et al. (2011 p. 165) state that the trauma experiences of refugees can be categorised into three stages:

1. Pre-flight exposure to violence, often for prolonged periods of time and accompanied by loss of family members;
2. Flight to safety encompassing an uncertain journey, often experiencing more violence and separation from family members; and,
3. Resettlement, when although a place of safety has been found, uncertainty persists in undecided asylum claims and the often difficult process of acculturation (the process of adopting the cultural patterns and traits of another group).

The lives of many refugee children and families are plagued by trauma, uncertainty, instability and change. While some refugee children may have attended ECEC or school before arriving in a new country, it is possible that this schooling experience was dissimilar to a Western schooling approach (Szente, Hoot & Taylor 2006). For example, some refugee children might have experienced education in a temporary learning space at a refugee camp, however, this would most likely have been disrupted or not taught in their first language. Other refugee children may never have been to school before arriving in their new country (Szente, Hoot & Taylor 2006).

Consequently, the unique needs of refugee children and families can be very difficult for ECEC professionals and teachers to respond to in an appropriate and culturally-sensitive manner (Md-Yunus 2009). While some of the strategies and practices discussed earlier in this review regarding trauma-sensitive practice may be effective in supporting refugee children and families, the cultural and linguistic diversity of refugees means that we cannot assume that Western trauma-sensitive practices will always be culturally-appropriate for all refugee students. For example, in speaking to refugee families about their perspectives of how teachers can assist their children in ECEC settings, Szente, Hoot and Taylor (2006, p. 17) reported how one parent did not want teachers to speak to their child about traumatic experiences.

I don't believe teachers need to know the reasons why we left our country. It is not necessary. What matters is that my child gets the same education as the other, non-refugee children. I want teachers to talk to my child about his experiences only when he brings it up.

Cultural differences may be part of the reason why refugee families are not engaged in the mainstream ECEC system at the same rate as non-refugee families. The Productivity Commission inquiry report on *Childcare and Early Childhood Learning* (2014) reveals that children of a linguistically diverse background tend to be under represented in preschool relative to their share in the general population. They found that 10 per cent of children aged three to five years identified in preschool as NESB, while in the entire population of this age, the rate was around 20 per cent. Respondents to the inquiry described several factors that contribute to this reluctance or failure to enrol their children in early childhood services, including a desire to keep young children close by, a lack of awareness of preschool and the Australian education system, and cultural differences around daily routines and food (p. 522).

Unfortunately, when refugee children are engaged in ECEC or school, research suggests that teachers tend to be ill-prepared to work with these children in an effective and culturally-appropriate way (Sims et al. 2000; Waniganayake, 2001). Szente, Hoot and Taylor (2006) offer a list of strategies and suggestions for ECEC professionals and teachers working with refugee children. Their strategies include teaching refugee children about basic emotions (i.e. happy,

sad) through drawings and pictures, learning basic words in the refugee child's natural language (such as hi, thank you, good), and using children's literature to teach other non-refugee children about refugee issues.

At the school level, Betancourt et al. (2013) reported on a range of peer-reviewed, international school-based interventions for children affected by conflict. Some school-based interventions were universal, while others were targeted. Furthermore, some interventions were delivered by trained mental health professionals in school settings, while others were delivered by teachers. School-based interventions for refugee children included: group interpersonal psychotherapy, creative play, school-based cognitive behavioural therapy, dance and movement therapy, mind-body techniques (such as meditation and mindfulness based therapies), narrative therapies, art therapy and, teacher-led trauma psychotherapy. The range of different therapies discussed by Betancourt et al (2013) all spoke to the manner in which the school system could enable refugee children to deal with trauma systems through the provision of psychosocial support integrated with education. Some of the features of effective trauma interventions for children affected by conflict included building self-confidence, resilience, emotional regulation skills and relationships based on trust with others.

Strategies and programs to support early years transitions for refugee children and families

Refugee children face multiple transitions, in many cases including a transition from an English Language School or Centre to mainstream school. Strengthening support structures for each transition, over time, is important, as studies tracking refugee children over several years indicate that they may be at heightened risk of experiencing vulnerability after the early resettlement period, compared to the arrival period (Paxton et al. 2011 p. 69).

Early Childhood Access and Participation Project (ECAP)

Summarised from: Victorian Foundation for Survivors of Torture 2016c, *The early childhood access and participation project: talking with Chin families from Burma about early childhood services*, http://www.foundationhouse.org.au/wp-content/uploads/2016/07/ECAP_PROJECT_GUIDE_2016.pdf

The Victorian Foundation for Survivors of Torture (2016c) developed a strength-based model through its Early Childhood Access and Participation (ECAP) project, which it believes has useful outcomes that can be applied to all communities from refugee backgrounds. The project was a significant undertaking involving 15 community members plus service providers from Foundation House, the DET regional office, preschools and maternal and child health services in Brimbank.

Conducted from 2010 to 2011, the project featured a strong local advisory group in Brimbank, Victoria and focused on one ethnic and cultural group, the Chin from Burma, who were under-represented in preschools in the area. In face-to-face dialogue with staff from local ECEC services community members shared the barriers they had faced in accessing early childhood services and suggested constructive strategies to make services more accessible to their community. Staff listened to the suggestions, acknowledged ways in which services could improve and then introduced changes. The importance of well-skilled and good-humoured interpreters was recognised in enabling this dialogue.

A detailed description of the project's protocols is provided (p. 8). The project spanned a year, and the network of ECEC service providers and Chin community members met nine times, using a familiar and comfortable venue. Advisers ensured that meetings focused solely on a small number of core objectives, rather than expanding into broader issues. Trusted, well-respected community members were invited to be part of the advisory group, and were paid a small fee to cover their costs of attending meetings. Childcare was provided by a qualified Chin childcare worker. The project compensated Kindergartens to backfill teachers attending, and the Maternal and Child Health nurse was also compensated.

The dialogue generated by the ECAP project highlighted coordination between services as a priority. The barriers identified were not surprising: transport, information and communication difficulties, child-rearing practices, transient accommodation and time management. It was surprising to find that the kindergartens were described as the most isolated service of those involved in this ECAP project, having the least knowledge about the Chin community, and the services available (p. 18). As a result of participation in the project, kindergarten staff filled in several gaps in their knowledge, such as using interpreters, refugee entitlements, connections with other services, where to locate multicultural teaching aids and knowledge of Chin families and ways of addressing their needs.

A related VFST (2015) resource entitled *Schools and families in partnership: a desktop guide to engaging families from refugee backgrounds in their children's learning* provides recommendations and practices for schools in the use of interpreters, translating materials for parents, and effective use of multicultural education aides. It has a section on transitions and makes the point that refugee children and their families are more likely to miss out on orientation programs, and require individual arrangements. Tours and learning walks are strategies suggested. The resource was produced in consultation with parents from refugee backgrounds, school principals, teachers, and multicultural education aides from Victoria, as part of the Refugee Education Support Program (RESP). Language and communication support including interpreters or bilingual staff are key, as well as material translated for parents. Without language, practical assistance with completing forms, and preparing applications for assistance and funds to ensure children have basic requirements is a challenge. Cultural support is equally important in understanding a family's background, and experience in order to support the child's development.

Foundation House Schools Support Program

Summarised from: Victorian Foundation for Survivors of Torture 2016b, *School's in for refugees: a whole-school approach to supporting students and families of refugee backgrounds* 2nd edition, <http://www.foundationhouse.org.au/schools-in-for-refugees>

The Victorian Foundation for Survivors of Torture Schools Support Program is a professional development initiative. VFST works with clusters of schools over the course of 18 months and takes a whole of school approach to professional development with full-day workshops for a school's Refugee Action Team, and 2-hour workshops for all school staff, including strategies to support parent engagement and referral assistance.

A refugee readiness audit is conducted and then a school action plan is developed, implemented and reviewed. Much of the programme content is supported by an online resource, *School's in for refugees*.

A mixed methods evaluation of the Schools Support Program by Block et al. (2014) used data from schools' action plan reviews, and interviews to measure progress made during participation in the programme in each of the five areas targeted by the program. The evaluation concluded that this program provides participants with 'a deeper empathy for refugee-background students and their families. An often-repeated comment was 'we didn't know what we didn't know' (p. 1346). While this is not specifically a transition program, the reviewers found evidence of changes made to schools' enrolment procedures, transition processes, increased use of interpreters and a new understanding of the impacts of trauma and disrupted education on learning. The importance of leadership support in terms of successful implementation and sustainability was recognised but not always realised, with staff changes and time constraints also raised as barriers to increased parental engagement and agency collaboration (p. 1348). The needs of refugee children and families may differ widely between families and part of the professional learning program involves helping teachers recognise that a homogenous approach is inappropriate.

Pyramid Model for supporting preschool refugees

Summarised from: Hurley, J, Saini, S, Warren, R & Carberry, A 2013, 'Use of the Pyramid Model for supporting preschool refugees', *Early Child Development and Care*, vol. 183, no. 1, pp. 75-91, doi:10.1080/03004430.2012.655242

The Pyramid Model is designed to support the development of positive social, behavioural and emotional development in preschool refugees. It is based on providing intervention across three tiers (universal promotion, secondary prevention and tertiary intervention), as detailed below:

1. Tier 1, Universal Promotion, ensures that 'nurturing and responsive care-giving relationships' and 'high-quality supportive environments' are provided to all children;
2. Tier 2, Secondary Prevention, provides targeted social and emotional supports for children who require assistance with developing social skills and emotional regulation skills; and,
3. Tier 3, Intensive Intervention, is provided when the child requires more assistance after having received tier 1 and 2 supports. Intensive intervention ensures the development of an individualised behavioural support plan whereby 'a number of individualised strategies that address the prevention of problem behaviour and the development of new skills and improved patterns of social interaction' are provided.

Hurley et al. (2013) investigated how the Pyramid Model was used to support refugee children in classroom settings through in-depth interviews with teachers who were using the model. They found that teachers gave limited information about how they used the Pyramid Model at tier 3, yet effective practices at tier 1 enabled better

collaboration with the child's family. They also found that teachers struggled to implement practices at tier 2 due to language barriers. Consequently, Hurley et al (2013) argue that while the Pyramid Model is a promising program for supporting preschool refugees, teachers lack the capabilities and training to effectively support children who have experienced trauma. Consistent with the findings of Md-Yunus (2009), teachers stated that they needed outside support (Hurley et al, 2013), which points to the need to establish transdisciplinary networks to best support refugee children and their families.

SUPPORTING CHILDREN AFFECTED BY INTERGENERATIONAL POVERTY

The circumstances that see poverty persist across generations of a particular family are usually complex and involve more than just individual characteristics. Often there are environmental factors that make it difficult for families to overcome poverty, such as lacking community resources, punitive or discriminatory public policies, and poor education systems. These complexities are best understood through an ecological theory (Bronfenbrenner, 1979). In addition, more comprehensive Developmental Systems Theory (Lerner & Overton, 2008) can be applied to the study of children's development to explain negative trends in developmental outcomes. In this context, social change can be seen to have created a range of conditions like chronic stress, overstimulation and frenetic lifestyle, family breakdown and disharmony, time poverty and reduced parental participation in children's care. When it comes to providing for one's children, Freiberg, Homel and Branch (2010) explain that

when families are alienated by hardship and overwhelmed by the strain of conditions—such as poverty, work pressures, relationship problems, mental illness, domestic violence, or substance abuse—they may not have the skill, will, support or access to the kind of external resources that enable them to provide for their children's basic physical and emotional needs or to keep them safe from harm, let alone to provide the kind of experiences that will foster the physical, cognitive, linguistic, social and emotional skills their children need in order to succeed in relationships with others, at school and in adult life (p. 29).

Discovering that their pre-service teachers held a naive belief about the extent to which issues such as poverty or, trauma were an issue for the children they work with, Cuthrell, Stapleton and Ledford (2010) developed a set of 'promising practices' for working with students and families living in poverty (shown in Table 2). First amongst these is for schools to employ only those teachers who believe in their students, and who focus on achievement. While these practices are set within a school context, there are many areas in which they resonate with the VEYLDF Practice Principles, in particular, with the Practice Principle, High Expectations for Every Child. This framework does not appear to emphasise the important role of social and emotional development, for which there is growing support (Ashdown & Bernard 2012).

Table 2 KEY STRATEGIES FOR WORKING WITH STUDENTS AND FAMILIES

School	Classroom	Family
<ul style="list-style-type: none"> Hire and retain teachers who believe in their students. Focus on achievement. On a daily basis using common grade assessments, assess achievement through collaboration with faculty. Increase collaboration throughout the school. Use creative scheduling. Spend money on things that work. 	<ul style="list-style-type: none"> Create a positive environment. Focus on assets, not deficits Create ongoing relationships with families and communities. Believe in all students. Plan lessons and activities that are appropriate and meaningful. Set high expectations. Use simple, positive reinforcement strategies. Create a classroom that is high in challenge and low in threat. 	<ul style="list-style-type: none"> Design effective forms of communication: School to home and home to school. Provide information and ideas to families on how to help with homework and curriculum-related activities. Identify and integrate resources and services from the community.

Type of environment Cuthrell et al 2010

Strategies to support early years transitions for children affected by intergenerational poverty

Research shows clearly that financial inequality affects children from an early age, with lasting personal and societal consequences, and that ECEC is effective in tackling this. Evaluation of various types of ECEC suggests the following program features have the most impact: duration of five days per week for a year or more, high-quality curricula, and qualified, well-resourced and effective educators (Fordham 2016; Guerin 2014; Ramey & Ramey 2004). Research showing that the quality of ECEC programs in low socio-economic neighbourhoods is lower on average than those in mid to high socio-economic areas is thus particularly concerning as families in poverty are highly geographically constrained in their choices of ECEC programs (Hatfield et al. 2015; Cloney et al. 2016).

Studies find school readiness to be an accurate predictor of school achievement and adjustment in later years, and that children from financially disadvantaged families are at greater risk of poor school readiness. For example, data from the Longitudinal Study of Australian Children (LSAC) measured family financial disadvantage and children's school readiness when children were aged 4-5 years of age, and then measured those children's school progress and engagement at 6-7 years of age (Smart et al. 2008, p. vi). The study showed that, especially when financial disadvantage was experienced at both 4-5 and 6-7 years of age, the probability of poor school progress was compounded. These findings emphasise the negative influence that persistent poverty or intergenerational poverty can have on educational achievement and adjustment. Maurin's (2002) findings suggest that an increase in income made directly to poor families has a potentially large impact on children's early transitions and performance at school. Haushofer and Fehr (2014) reinforce this finding, and add that

helping children exposed to more severe forms of poverty requires more than just income transfers. The key research/policy question is therefore how to differentiate between those families for whom income alone can be effective from those who need more comprehensive interventions.

Parent involvement in the form of 'at home good parenting' has a significant impact on student achievement (Bull, Brooking & Campbell 2008, p.13), while other forms of parental involvement do not appear to contribute to the same degree. Parenting affects students' achievement by 'shaping the child's identity as a learner and through setting higher expectations for the child' (Desforges & Abouchaar 2003). Given this, it is not surprising that there has been a high level of interest in interventions aimed at involving parents at risk of experiencing vulnerability in the education of their children (Slee et al. 2012a).

Home Instruction Program for Parents and Youngsters (HIPPY)

Summarised from: Dean, S & Leung, C 2010, 'Nine years of early intervention research: the effectiveness of the Home Interaction Program for Parents and Youngsters (HIPPY) in Australia', *Learning Difficulties Australia Bulletin*, vol. 42, no. 1, pp. 14-18.

Liddell, M, Barnett, T, Roost, FD, & McEachran, J 2011, Investing in our future: an evaluation of the national rollout of the Home Interaction Program for Parents and Youngsters (HIPPY), 2nd edn, Final report to the Department of Education Employment and Workplace Relations, Brotherhood of St Laurence, Fitzroy.

HIPPY is an international home-based education intervention targeted at families at risk of experiencing vulnerability with preschool age children. In Australia, HIPPY is offered in consultation with local service providers and the community in order to make sure that it meets the particular needs of that community. One feature of the program that achieves this goal is the requirement of having the home visitors, called tutors or mentors, be members of the community who have already participated in HIPPY. For refugee families this program feature supports them very well because in most cases, the tutors, who reflect the demographics of the community, have similar cultural and ethnic backgrounds to that of the program participants. In addition, the intensiveness of HIPPY - the length of the program is 2 years and home visits occur either weekly or fortnightly - provide a sustained support in the acculturation process of newly arrived refugees.

Specifically, through its curriculum content, HIPPY exposes families to early learning themes and strategies consistent with their new country's values while respecting and incorporating families' home culture; and through the support of the home tutor and program coordinator, HIPPY helps families navigate the education system of their new country by providing school transition support.

Dockett et al. (2011) present evidence that families at risk of experiencing vulnerability are less likely than others to have positive relationships and engagement with schools (Smart et al. 2008) and suggest there are very real practical barriers to participation by parents and families, such as transport, work commitments, child care and language. The legacy of parents' own experience of school, positive or negative, was found to influence their attitudes to their child going to school (Dockett, Perry & Kearney 2010).

Early Years Education Program EYEP:Q

Summarised from: Fordham, L 2016, *Extending the reach of the Early Years Education Program: EYEP:Q: Research Report*, Children's Protection Society, https://www.csu.edu.au/__data/assets/pdf_file/0011/2362844/EYEP_Research-Report.pdf

The Early Years Education Program (EYEP), as described by Fordham (2016), is targeted at children and families who experience significant family stress and social disadvantage. It is located in a child and family centre in a low-socioeconomic, high-need area in North East Melbourne. Children are aged under three when they enter the program, having been assessed as having two or more risk factors such as parental mental health difficulties, parental substance abuse, family violence or having teenage parents. The structural features of the program are above the National Quality Framework and regulatory requirements (ACECQA 2013) and include high staff to child ratios, qualified staff, attachment-focused and trauma-informed care, a child-centred curriculum based on the EYLF, integration with family support services, support from infant mental health professionals, and partnerships between educators and parents.

Promoting parental involvement requires high levels of creativity and commitment by ECEC program providers and a range of approaches. Epstein and Sheldon (2006, p. 20) suggest an organising framework that outlines six areas of shared responsibility.

1. parenting – establishing home environment to support children as students
2. communicating – design effective forms of home to school communications about school programs and children's progress
3. volunteering – recruit and organise parent help and support
4. learning at home – provide information and ideas to families about how to help students at home with homework and other tasks and decisions
5. decision-making – include parents and other family members in school decisions, developing parent leaders and representatives
6. collaborating with community – integrate resources and services from the community to strengthen school programs, family practices and student learning and development.

A significant proportion of the literature on transition to school centres on parent and family programs aimed at building parents' knowledge, confidence or connectedness with school (Giallo et al. 2010, Hirst et al. 2011; Slee et al. 2012a). In contrast to the philosophy stating that parents are the experts on their children, a number of these programs take an 'intervention' approach that involves educators telling or teaching parents and families about school, rather than listening, or engaging in a dialogue about their child (Wade et al. 2012). Fathers in particular can feel excluded or miss out on involvement in their child's ECEC transitions. While there is research on the involvement of fathers in early years learning outcomes for children there is a call for further research to 'inform the efforts of early childhood practitioners and family engagement programming decisions' (Palm & Fagan 2008; McWayne et al. 2013; Fletcher 2013).

School hubs

Throughout Australia, school hubs have become one model for achieving Epstein and Sheldon's sixth approach listed above. A literature review of school hubs conducted in 2008 as part of the evaluation of Victorian DEECD children's centres (Moore 2008) has been updated in a literature review of primary schools that function as community hubs. In this 2012 review, Sanjeevan, McDonald and Moore gleaned the following evidence-based list for what works for engaging families at risk of experiencing vulnerability, in school hubs.

1. providing practical help: For parents at risk of experiencing vulnerability, the first priority is to ensure access to basic necessities including housing, food, health care, transport and recreation options.
2. providing crisis intervention: Responsiveness to family needs and circumstances, beginning with the provision of crisis help prior to other intervention aims.
3. a non-judgmental environment and approach: A non-judgmental, non-threatening, non-expert approach '(i.e. avoid the 'I know what's best for you' stance) acknowledges that parents are the experts of their own life and children and have coped to their best ability.'
4. convenient, accessible location: Often it is difficult for families at risk of experiencing vulnerability to engage in services because of lack of private transport and poor public transport.

5. a non-stigmatising venue: Families are sensitive to the stigma associated with 'charity' or 'welfare' programs. Transition supports through a universal venue, such as a health clinic or a school, may reduce the potential for stigma.
6. empowering families: Family members want to feel capable, competent and empowered. They want to learn new ways of managing difficulties, and to be treated with dignity.
7. strength-based approach: Focus on the existing strengths of both child and family, and on deliberate efforts to build upon these to increase child and family competencies.
8. empathy, respect and honesty: Professional who can provide guidance and advice, and who would listen to families and show empathy for their situation.
9. continuity of care: Parents value the sense of security that comes from having a long-term relationship with the same service provider.
10. cultural awareness, sensitivity and competence: service providers seeking to engage families at risk of experiencing vulnerability are culturally aware and culturally sensitive.
11. strong links with other services: Strong reciprocal links with other relevant services (both universal and specialist) have been identified as important to engaging families in services. Services working in isolation may not be able to meet the needs of families as effectively as services that have relationships with other agencies, this is especially the case where a family is at risk of experiencing vulnerability
12. family centred: Based on a mutual respect between professionals and families, in which family members are empowered; both the format and focus of services are based on family preferences and priorities, and consider the needs of the whole family.
13. relationship-based: Primarily concerned with fostering growth producing parent-practitioner and parent-child relationships.
14. physical environment: Factors such as a welcoming entry and availability of outdoor space are important for creating services that are comfortable, safe, friendly and attractive for people who find it uncomfortable to attend (pp. 30-32).

Pathways to Prevention project and Circles of Care program

Summarised from: Freiberg, K, Homel, R & Branch, S 2010, 'Circles of care: the struggle to strengthen child developmental systems through the pathways to prevention project', *Family Matters*, vol. 83, pp. 28-34.

The Pathways to Prevention project is an example of a program attempting to develop a model for integrated support for children at risk of experiencing vulnerability, and their families. The Circles of Care program was set up within the Pathways project to focus on the ways in which families, schools and community agencies work together. It operates as a comprehensive family support service and prevention project within a cluster of socially and economically disadvantaged suburbs in Brisbane. A partnership between Mission Australia, Education Queensland, local schools, and Griffith University, the aim is to gain greater insight into how to reverse the commonly experienced service provision scenario where independently operating professionals (including teachers and principals) make separate decisions (often also independent of parents) about what a child needs. Circles of Care seeks to create conditions that actively engage the child, their parents and wider family, and a key group of professionals in a joint process of appraisal and decision-making.

The Circle of Care is a small network of caring adults created for each participating child. The Circle coordinator is a social worker from the Pathways family support program, who initiates the process by bringing together the child (and siblings), their parents, their teachers, and a member of the Pathways support team. The key task of the Circle is for members to work together to identify goals for the child's positive development. This group starts by 'sharing information from their different perspectives in order to create a much fuller appreciation and shared understanding of the situation. This allowed them to begin setting short-term goals and to work together to take steps towards achieving them. The Circle met at least twice a year, although feedback from participants including a school Principal, revealed difficulty in introducing new practices into established systems such as schools. Freiberg, Homel and Branch (2010) indicate that the program cost approximately \$3,000 per child.

A TRANSDISCIPLINARY APPROACH TO TRANSITION

Transdisciplinary approaches are considered an important strategy for intervening with families otherwise trapped in intergenerational poverty because they have the potential to contribute to improved access to early childhood education for children, to provide tailored support for families, and to promote community cohesion and reduce the impact of the social isolation typically experienced by people living in persistent poverty (Moore 2008).

Forbes and Watson (2012) provide in-depth analysis of government policies from the United Kingdom and the United States in the area of redesign and reform of children's services between 2001 and 2010. They note that inter/professional collaboration was a central element of each of these policies, and that practitioners found this challenging. In overcoming barriers such as control, communication and complexity, they recommend that particular attention be paid to the preparation of professionals and to improvement in the leadership and management of integrated children's services (p. 4).

White and Winkworth (2012) outline the levels of collaboration required in a transdisciplinary approach to supporting children and families.

- Networking: establish an understanding of the service systems and issues involved and develop a trusting collaborative foundation
- Co-ordination: strong relationships between players, with 'champions' leading the action to make information and services more accessible for vulnerable children and families
- Service integration; the ultimate form of high-level collaboration, bringing together service systems and involving families and community leaders in system design (p. 5).

Inquiry to implementation project (IIP)

Summarised from: Duhn, I, Fleer, M & Harrison, L 2014, *Review and Evaluation of the Inquiry to Implementation Project. Final Report*, Victorian Curriculum and Assessment Authority, Melbourne, <http://www.vcaa.vic.edu.au/Documents/earlyyears/IIPReportMonash.pdf>

The *Inquiry to implementation Project* (IIP) was developed by the Victorian Curriculum and Assessment Authority (VCAA) and DEECD to support the implementation of the VEYLDF. It used a Relational Agency Framework to support the maintenance and growth in early years professional learning at the level of multidisciplinary networks. The framework was based on the following phases of network engagement and cohesion:

- building a sense of belonging to a network
- finding out about each other's services
- building a common focus for the group
- building a common language
- aligning one's own interpretation with that of others
- thinking about one's own professional expertise and contribution in relation to what others with different disciplinary/community knowledge and practice bring
- enhanced professional practice where one's own contributions are viewed as part of the collectively identified professional inquiry or need

The phases progress over time, but are not hierarchical and are meant to reflect how networks form and change over time.

An evaluation of IIP by Duhn, Fleer and Harrison (2014) based on nine Victorian case studies, demonstrated a demand by professionals for strategies to engage families with complex needs in their services (many professional inquiry questions were related to this). It also pointed to the need to address existing gaps such as including Child Protection Services and the perspectives of Koorie and CALD groups in the networks.

Transition to school: Supporting reciprocal visits project (Koorie focus)

Summarised from: Semann & Slattery 2016, *Supporting reciprocal visits for transition to school (Koorie focus)*, <http://www.education.vic.gov.au/Documents/childhood/professionals/learning/Transition%20to%20School%20%20Supporting%20Reciprocal%20Visits%20Koorie%20focus.pdf>

Between October 2015 and June 2016, DET commissioned a series of localised professional learning sessions and reciprocal visits to strengthen transition to school processes for children and families. The aim of the visits was to strengthen existing relationships between early childhood and school educators in each of the six sites, two of the sites specifically aimed at supporting Koorie children and families.

The 'Transition to school: Supporting reciprocal visits' project, built on previous reciprocal visits projects undertaken in 2014 and 2015 in Puckapunyal, Banyan Fields, Tarneit and Bendigo. In 2015-2016, the Reciprocal Visits projects took place in Morwell and Mildura in response to the high numbers of Koorie children and families in these areas. Teachers and educators from neighbouring schools and early childhood programs along with Koorie Engagement Support Officers (KESOs), Koorie Preschool Assistants (KPSAs) and key local stakeholders worked together to build a better understanding of transition processes within and across their contexts.

Some of the key findings included:

- Local networking, cross-sector meetings, facilitation of reciprocal visits, and joint sector professional development opportunities have proven to be effective in raising awareness of issues arising for Koorie children and their families as well as for staff working to support them in transition to school.
- The critical role of leadership was highlighted in many forms and contexts. This was evident in the local transition to school initiatives driven by those in leadership positions, as well as by KESOs and participating teachers and educators who demonstrated leadership qualities within the project.
- Opportunities to come together over a period of time helped to break down silos and raise site-specific concerns. This contributed to a positive shift in the understanding of the roles of teachers and educators during the reciprocal visits.
- Public joint professional development sessions strengthened relationships both within the Reciprocal Visits project and local community networks.

Vulnerable and disadvantaged client access strategies

Robinson et al. (2012) outline analysis of access strategies undertaken by the Australian Institute of Family Studies (AIFS). This was to summarise current good practice used by organisations to support families at risk of experiencing vulnerability, as part of a new Family Support Program. Shared practices that provide outreach to children and families and actively link them to services, included:

- Addressing local barriers to information sharing
- Providing early intervention services through local services such as clinics, schools, and child care
- Using core services such as Centrelink, state housing departments, and schools as venues of information sharing and connection to services
- Warm referrals, where a three-way conversation happens in which the family member is introduced and given relevant information
- Working with local community organisations and the business sector to increase social inclusion by providing social support, resources and opportunities to network (p. 5)

Robinson et al. (2012) found that

there was a great deal of willingness among providers to meet families where they were most comfortable via outreach services. These services took many forms, including actively attending places where vulnerable families and children would be, such as home visits, government services, public housing estates, parks and shopping centres (p. 1).

Care teams

Transdisciplinary teams have been referred to as 'care teams', particularly in the literature concerning children living in OOHC. Care teams typically involve multiple stakeholders and link up several services in a family-centred approach. The inclusion of all those who are part of the child's support and learning team is central to an effective care team, which serves families in a more ecological and holistic way. Meetings between the family, school, health professionals and child protection take place, for example, to map out an individualised support plan for the child.

Taking on a strength-based perspective, the family is empowered to participate in the decision-making regarding what is best for themselves and their child. There is also care that there is a continuity of support for seamless transitions between any referral services needed. The practice of care teams is common in OOHC, with regular meetings taking place to discuss the child's needs and their best interests, with health, wellbeing and educational needs considered together.

Fully integrated service delivery

Press, Sumsion and Wong (2010) evaluated 10 case studies of fully integrated service delivery in six Australian states and territories. This report provided many valuable recommendations, recognising that action was required on several levels: government policy, program governance, leadership, organisational culture and values, and specific professional practices and teamwork. Recommendations that are most relevant for supporting transitions, particularly when families are at risk of experiencing vulnerability, are detailed below.

The policy-relevant recommendations that are most useful for the context of integrated services for transitions during early childhood include:

- The clear articulation of purpose and vision for the integrated service/community network to emphasise that it is directed to improving outcomes for children and families in comprehensive and sustainable ways.
- Acknowledge in funding and accountability requirements the time needed to establish a service or network that is responsive to local needs and conditions.
- Allocate funds for in-service training specifically targeted to the governance of the integrated service or network.
- Develop and support structures for professional exchange and alliances among partners and services through seminars, network meetings and conferences, all which would focus on the importance of support during transitions in particular.
- Model language that eliminates the barriers between childcare and early education, by encompassing both when referring to the environments in which children spend time (e.g. early learning centres).
- Prioritise more research on understanding to what extent community networks/interdisciplinary approaches increase communication between staff and families and collaborative practice between service providers (Moore 2008).

Press, Sumsion and Wong (2010) spelt out the important leadership factors that contribute to the effectiveness of integrated services, and which would apply to assisting early childhood transitions through networks.

- Promote leadership structures in which ECEC expertise is represented.
- Address issues such as planning and implementation, team building which includes embedded effective communication structures, conflict resolution and mentoring.
- Provide professional development about the development of networks, collaboration, organisational change and problem solving.
- Showcase flexible and creative staffing arrangements that provide time for partner collaboration, professional development, and other elements of effective community and service collaboration.
- Establish a network for the directors of ECEC programs and school principals within integrated hubs so they have a forum for information exchange and support (i.e., national virtual network for EC directors who are working in hubs or integrated services).

With regard to supporting the early childhood educator, Press, Sumsion and Wong (2010) provide many detailed recommendations, a few of which are highlighted here.

- Support to develop vision, purpose and goals for the interdisciplinary approach, and with children at risk of experiencing vulnerability in particular
- Support with effective documentation for use in direct service with families or for wider distribution in the network
- Taking a child- and family-centred approach that incorporates strategies for listening to the voices of children and others who are often marginalised.

Partnerships in early childhood program

Summarised from: Thomson, C, Valentine, K & Longden, T 2010, *Partnerships in early childhood program. Final evaluation report*, Social Policy Research Centre, University of New South Wales, retrieved 27 August 2016, https://www.sprc.unsw.edu.au/media/SPRCFile/2010_7_Report7_10_PIEC.pdf

The *Partnerships in early childhood program* (PIEC) was an intervention delivered in ECEC settings in communities on the New South Wales Central Coast and in Sydney's southeastern and southwestern suburbs between 2005 and 2008. It was funded under the Commonwealth Department of Family and Community Services Stronger Families and Communities Strategy (SFCS) Invest to Grow program. Based on the ecological model of development, and emphasising children, families and communities, its aim was to contribute to improved outcomes for young children through prevention and early intervention (p. 196).

PIEC was designed to improve the quality of ECEC by training and supporting staff. It was an attachment-based intervention that focused on staff-child and on parent-child relationships, in addition to connections to community. In order to develop secure attachment relationships between carers and children, PIEC adopted training, resources and staff supervision from the Circle of Security intervention (Marvin et al. 2002, p. 201).

PIEC offered a suite of activities that responded to the needs of the local community and the needs of the children, families and staff in each childcare centre. Strategies included:

- placing a family worker or psychologist at the child care centre, who worked with staff, children and families to identify and support high-need children and families
- providing staff with hands-on training and supervision to increase their understanding of children's behaviours and relationship needs
- maintaining a focus on the important daily transition moments for children, parents and staff (the children's arrival at and departure from the centre)
- sponsoring supported playgroups and Parents Connect groups in the local community, open to families from the centre and also to families living locally whose children were not enrolled at the centre
- providing individual support and counselling for parents
- offering parenting mornings, focusing on the needs and strengths of parents
- creating links with other local services providers, connecting families to services and to other community supports

SchoolPLUS policy (Saskatchewan, Canada)

SchoolPLUS is an example of a transdisciplinary policy initiative establishing school-linked services and interprofessional collaboration in Saskatchewan, Canada. Developed in 2001, it proposed changes to organisational structures, budgets, and cultural change to put schools at the centre of community-based collaboration, hosting integrated social service, justice, and health services. The move to joined up services was described by Regnier (2012, p. 71) as the 'offer of a holistic perspective on transformative change promised progressive rather than frustrated responses to the needs of children and youth fragmented by separated delivery agencies.' An evaluation of SchoolPLUS (Salm 2015, p. 23) notes that it is no longer government policy, and suggests three reasons for its decline. Salm believes that SchoolPLUS 'became edu-centric and marginalised other professions in blatant and subtle ways', that the time required to develop the competencies required for collaboration was underestimated, and that the project was too complex. These competencies are identified as: collaborative leadership, conflict resolution, team functioning, role clarification, effective communication, and family/student centred care that promote effective interprofessional working relationships (Canadian Interprofessional Health Collaborative (CIHC) 2010). Nonetheless Salm notes that the philosophy of SchoolPLUS has continued to inform practices in some communities beyond the life of the policy (p. 36), indicating that it may require more than ten years to embed cultural change of this kind.

Ready Together (Inala - Ipswich, QLD)

Summarised from: Binstadt, M 2010, 'Ready Together - transition to school program effecting positive outcomes for children and their families in the Inala to Ipswich area', *International Journal of Transitions in Childhood*, vol. 4, pp. 37-44.

Ready Together is one example of what is found in many regions where local programs develop, involving organisations and people from across services in a coordinated approach. This is often in order to meet the conditions for funding, in this case from the Australian Government's Family Support Program. A local coordinator is employed and the program has a focus on children's early learning and literacy through engagement and education of parents and professionals. In conjunction with public libraries, HIPPY program sites, and a TAFE parenting course, this program facilitates a range of information sessions, workshops and professional development, and convenes meetings and forums on transition to school.

Resources were produced as part of the program, including a parent guide and children's activity book. These were 'delivered not disseminated' by community services organisations in the partnership, based on a program memorandum of understanding and delivery plan. This program also had an overt advocacy aim as part of a campaign for a universal state-wide transition program. While no independent evaluation of *Ready Together* was located, the program's activities, delivery of resources, local focus, partnerships and funding models are typical of many current and recent transition programs targeting low income and families and children at risk of experiencing vulnerability.

Thrive in five

Summarised from: Thrive in 5 2015, *Every child given every opportunity to thrive: Advancing early childhood and school readiness in Boston*, United Way of Massachusetts Bay and Merrimack Valley, http://thrivein5boston.org/wp-content/uploads/2016/08/T5_Impact-Report_082516.pdf

From 2008-2015 Boston hosted a city-wide transdisciplinary program to advance early childhood and school readiness in Boston. It demonstrated successes in engaging parents, improving quality of preschool education, and enhancing the availability of citywide child development data. Screen to Succeed was a citywide early childhood developmental screening model with technology infrastructure to support data collection, using the Ages and Stages Questionnaire (ASQ). The program also included a 'Parents are a child's first teacher' campaign; a pilot assessment tool to measure school readiness; a 0-5 years data and research team, and culturally appropriate tools to communicate child development information to parents and supporting organizations.

As well as being a useful case study on the collection of data relevant to the early years, the post-program evaluation of *Thrive in five* provides several lessons learned related to transdisciplinary teams.

- 'Sustain the gains' through capacity building for individuals, organisations and communities
- Stay patient — creating sustainable change takes time and will require multi-year commitments
- Ensure your contributing partners are equipped with the knowledge and capacity to effectively collect and use data
- Carefully build credibility with parents to establish their trust
- Recognise, celebrate and build upon successes

DISCUSSION

The overriding finding of this review is that there is a paucity of literature on early years transition programs designed for, or that measure the specific impact on, children at risk of experiencing vulnerability, including children affected by child abuse and neglect, trauma, poverty, refugee experience or those living in OOHC. While one can hypothesise that a program that benefits children in transition could also benefit children who fall into these target groups, there simply is not the research to verify this. This discussion therefore, draws on themes from the general transition literature produced since 2008, as well as from the VEYLDF Practice Principles, and considers how these could be applied to children at risk of experiencing vulnerability. It is hoped that this will inform the upcoming practice review and future research in this area. The eight interrelated Practice Principles (DET 2016c, p. 7) are:

- Reflective practice
- Partnerships with families
- High expectations for every child
- Respectful relationships and responsive engagement
- Equity and diversity
- Assessment for learning and development
- Integrated teaching and learning approaches
- Partnerships with professionals

THEMES IN PROGRAMS FOR SUPPORTING TRANSITIONS

There is no 'one size fits all' transition program, and particularly not for the diverse range of circumstances from which children and families come. Predominantly, interventions take the form of services to improve family relationships, to improve parenting skills (Wade et al. 2012) or to meet the social and emotional needs of children. When mapping the key elements of the programs reviewed, there are some patterns and trends in the programs for supporting transitions. These are shown in more detail in Appendix A.

- Accessibility of programs: including issues of transportation, time and availability, flexibility of work and caring duties
- Agency for all participants: the extent to which those affected by a program or service are included in decision-making
- Cultural and social sensitivity: ensuring that all communication is respectful, and occurs within an equitable manner catering for cultural and linguistic diversity, including provision of interpreting and translation services
- Data collection: identification and collection of data on vulnerability is required to support knowledge and practice, which may involve audits, survey instruments, census data, readiness or other measures
- Leadership: ensuring appropriate planning, prioritising, resourcing, governance and policy support for programs
- Long-term planning: programs that take a long-term view for the child, sustained programs that operate over years not months and provide personalised, intense, long-term solutions according to the needs of participants
- Monitoring progress beyond transition: follow up programs and opportunities to assess the efficacy of programs and strategies beyond the immediate event
- Parenting education and support for families and carers: programs providing knowledge, skills and strategies for those caring for children at risk of vulnerability, including supported playgroups
- Partnerships between ECEC and school and families, children and communities
- Peer support: which may involve families supporting other families, or previous program participants acting as mentors, and ECEC educators and leaders working with experienced colleagues
- Professional learning: for ECEC professionals, educators, leaders and initial teacher education students which may take the form of workshops, training, consultation, and resources for guided reading
- Reflective practice: on an individual, professional and team level, as well as communities of practice, coaching or mentoring
- Self-regulation: programs focussed on resilience and behaviour
- Social and emotional developmental focus: mental health programs that prioritise attachment; explicit teaching about emotions
- Specialists working with ECEC and schools: inclusion of mental health and other professionals working with and often in early years settings directly with participants

- Stability: prioritising predictability and continuity of routines, rules, consistent carers and staff, minimising change of school or ECEC setting, and creating a low threat environment
- Strength-based: approaching all participants from a strengths perspective
- Support with cognitive skills: programs focussed on addressing literacy, numeracy, school work, homework
- Support with transition to care and education: programs and services often provide assistance with administrative tasks related to applying, referring and dealing with agencies, ECEC and education organisations and specialist services
- Therapy: programs that included therapies such as mindfulness, narrative therapies, play-based therapies, psychotherapy, some of which are delivered by specialists, others by specially trained ECEC staff
- Transdisciplinary teams: programs planned and delivered by teams including agency personnel, parents, ECEC professionals and educators
- Trauma-informed systems: approaches that shape organisations to be more trauma-sensitive in their work
- Trauma-informed treatments: interventions, healing activities, sensory materials used in home, ECEC and school settings

In answering the research questions for this review there are four key issues and priorities to be discussed in detail, namely 1) partnerships; 2) transdisciplinary and holistic approach; 3) professional development; and 4) research.

A FOCUS ON PARTNERSHIPS

The first research question for this review asks what strategies, programs and practices are effective in ECEC services and schools to support children and families at risk of experiencing vulnerability during key transitions (including transitions from home, OOH and other programs or services to ECEC services and to school). Partnerships with families and the importance of building trust are reflected prominently in the VEYLDF Practice Principles: Partnerships with Families, Respectful Relationships and Responsive Engagement, and Equity and Diversity.

Engaging children and families in transition programs

Families at risk of experiencing vulnerability tend to be the least likely to seek the services and supports that might help overcome their vulnerable circumstances. Despite the research supporting the positive impact of formal ECEC on children's learning outcomes and their ability to transition smoothly into school, children from families with complex and/or multiple needs, are the least likely to be participating in these types of programs (Gilley et al. 2015; Baxter & Hand 2013; Harrison et al. 2010). In their examination of attendance trends in ECEC, Gilley et al (2015) found that 'the overall usage of programs was predicted by family advantage factors (principally high income) and family disadvantage factors (principally having a Health Care Card and lower Home Learning Environment (HLE) Scores).'

Likewise, the challenges and limitations of programs that are raised in the literature may in fact be amplified for those at risk of experiencing vulnerability. These have been identified as time and workload commitments for families, professionals and agencies, and coordination across services (Astbury 2009), and practicalities including costs and transport (Astbury 2009; Dockett et al. 2011). In keeping with a strength-based approach it is important to regard this not as a recruitment challenge, but as a process of community engagement and capacity building that is based on 'dialogue rather than didactic provision of information' (VFST 2016a, p. 9).

While enrolment of children in preschool programs and services is an important indicator, it is their attendance, engagement and the quality of the experience when in attendance that is the ultimate goal.

Supporting transitions through partnerships with families and professionals

In light of the above challenges in reaching families who most need support during times of transition for their children, a special focus is needed on effective recruitment and retention strategies (Hadley 2014). One important starting point for retaining families in support activities or interventions for transitions is to integrate any crisis intervention that might be needed as the first point of concern (Robinson et al. 2012). Managing an acute crisis is the only way a family can then be more available to tend to their children's developmental needs. Families experiencing disadvantage and vulnerability tend to be distrusting of service professionals or social programs; therefore, any efforts ECEC services and schools take to be more connected with these families need to be based on respect and honesty so that a trusting relationship can be built. Partnerships with families and the importance of building trust are

reflected in several VEYLDF Practice Principles - the principles of Equity and Diversity; Respectful Relationships and Responsive Engagement, and Partnerships with Families (Sanjeevan, McDonald & Moore 2012). A focus on maintaining a continuity of care between any referral services offered is a critical component to building that trust and keeping families in vulnerable situations engaged with services and their children attending early education settings.

Research on effective strategies for improving partnerships identifies three main success components:

1. having the school principal and ECEC leaders as key players in the partnership strategy and out building relationships in the community
2. positive attitudes of teachers and ECEC professionals, and a shared understanding of the purpose of partnerships, and their roles
3. sharing power and decision making with families (Bull, Brooking & Campbell 2008, p. 25)

In addition, this research validates the importance of the three aforementioned VEYLDF Practice Principles by showing successful partnerships must be collaborative and mutually respectful, with shared power and decision making.

Partnerships require being responsive to community needs and planning well in advance such that activities and values are embedded within whole school development strategies. These plans need to be well resourced and regularly reviewed to ensure engagement and sustainable success. Aligned with proper planning, successful partnerships are goal-oriented and focused on learning. There is timely two-way communication between school or ECEC service and parents, and recognition that effective parental engagement happens largely at home. This requires that ECEC professionals and teachers are in tune with what young children need and discuss with families ideas on how to support their children. In a two-way approach, a teacher would follow-up with the family on how the recommended strategies worked out, and change strategies accordingly (Sanjeevan, McDonald and Moore 2012).

Features of effective child interventions

Research on the variety of ECEC and early intervention program types that have existed over the years highlights particular features that are required to be effective with children who are living with challenges associated with disadvantage. Interventions seem to be most effective when children are engaged prior to commencing school (ideally between 0-4 years of age). Higher program intensity with regard to frequency (5 days per week) and program duration (over a year) are necessary for children to catch-up to their more typically developing peers when it comes to academic outcomes in particular. Programs with a child-centred approach can be effective for children at risk for vulnerability (Astbury 2008, p.17). Other effective intervention strategies include fostering resilience, providing detailed structure and routine, as well as consistency in activities as well as relationships. Within the centre or school setting staff-child ratios are an important consideration when children with complex needs are present in the classroom (O'Connell et al. 2016).

A TRANSDISCIPLINARY AND HOLISTIC APPROACH

Research question three asks how transdisciplinary networks or teams involving ECEC and school professionals, family services and child protection agencies can support children and families at risk of experiencing vulnerability in transitions. This section discusses what is required to enable this to happen.

As discussed above, collaborative practice across transdisciplinary networks is aligned with the VEYLDF Practice Principle Partnerships with Professionals. Transdisciplinary approaches extend the link between home and ECEC settings and school into the community context. This creates multiple entry points for communities to serve families at risk of experiencing vulnerability, and for these families to discover resources that may ameliorate the life circumstances they are dealing with. One such example is the KMEC Initiative, which supports ECEC service leadership to develop referral pathways and links with health and community services (Slee et al. 2012a). Transdisciplinary networks typically include a multitude of agencies that serve young children and their families in a variety of ways - such as social services, health services, housing and education (Astbury 2009). Compared to independent agencies or service types operating as a member of a network does require an additional administrative load such as clear agreements and Memorandums of Understanding (MoUs). These are part of important planning documentation designed to ensure accountability and sustainability of local networks beyond the term of a funding grant, or the contract of charismatic chairperson. To be effective, network members take on additional tasks and strategies, for example, actively attending places where families and children at risk of experiencing vulnerability would be, such as public housing estates, parks, libraries and shopping centres.

Communication is critical in a transdisciplinary approach to supporting transition. While face-to-face communication is ideal, there are many situations where communication between services, early childhood educators and families will by necessity be in writing. This raises the obvious need to communicate in the languages and literacies that families understand. As ECEC services, schools, agencies and governments increasingly use online communication channels such as websites, social media and email it is also important to keep in mind that '40% of Australia's most disadvantaged households do not have Internet access' (Australian Bureau of Statistics 2014). Roberts, Moar and Scott (2011) studied how well special education teachers in South Australia regarded interdisciplinary reports on children. While teachers appreciated and understood the Children's Assessment Team reports provided by the interdisciplinary team, they expressed a strong preference for more specific, concrete recommendations that they could implement. The researchers also indicate that further work is required to investigate the usefulness of interdisciplinary reports to parents. Effective collaboration to meet the unique needs of children transitioning into primary school does take time and faces many barriers along the way. This intense nature of the work makes professional development of all collaboration partners critical when it comes to specific needs of families and children at risk of experiencing vulnerability. Barriers include lack of clarity about who the families deal with, misunderstandings due to language differences across disciplines, concern about the increase in workload, and lack of support for innovative practices (Nolan, Cartmel & Macfarlane 2014, p 10).

Best Start

Best Start is a Victorian Government early years, place-based initiative that is funded and administered by DET to support families, caregivers and communities in providing the best possible environment, experiences and care for children from birth to age eight. It is an example of innovation in collaboration and integration of services for children at risk of experiencing vulnerability, and includes active local community involvement in the design.

Best Start was evaluated in 2006 and the evaluation described it as having essential elements of a comprehensive, inclusive, accessible and effective early years system. It also highlighted the need for 'clearer, more measurable and more evidence-based strategies and actions' (Raban et al., 2006). In response, Best Start partnerships now use rapid action-reflection 'Plan, Do, Study, Act' cycles. The cycle tests an idea by temporarily trialling a change and assessing its immediate impact (DET 2016a). Similar rapid action-reflection processes could serve other collaborative efforts for example monitoring the effectiveness of aspects of partnerships for transitions, and for tracking progress toward child outcomes.

PROFESSIONAL LEARNING FOR ECEC PROFESSIONALS AND TEACHERS

In considering the research question regarding how ECEC professionals and prep teachers can be best supported and resourced to assist children and families at risk of experiencing vulnerability to transition as successfully as possible, a key strategy is effective provision of professional learning. Based on the program evaluations reviewed it is clear that knowledge, skills and attitudes of ECEC professionals and teachers are key factors in successful transition for children (Peeters & Sharmahd 2014; Piasta et al. 2012; Urban et al 2012). In an evaluation of Victorian pilot transition programs Astbury (2009) identified availability of professional development opportunities as a pre-condition to success in implementation, and specifically joint professional development activity as it 'helps to build trust, understanding and mutual respect between early childhood services and teachers.'

While no single, universal program covers the transition of each of these groups of children and families at risk of experiencing vulnerability, there are existing professional learning resources that could be implemented or adapted to support ECEC professionals and teachers. The area of social and emotional development is well-catered for, and these programs could be contextualised for cohorts at risk of experiencing vulnerability. *Social Promoting Alternative THinking Strategies* (PATHS) curriculum is already popular in Australian schools (Jones & Bouffard 2012). *KidsMatter Early Childhood* has online professional development modules including video and group activities in this area as well as a program guide to effective external programs. Of the twenty-one external programs that KidsMatter reviewed at <http://www.kidsmatter.edu.au/early-childhood/resources-support-childrens-mental-health/programs/programs-guide-search>, there were none for delivery specifically to early childhood educators and staff. However, there are information sheets linking to resources in the areas of family relationships, mental health, cultural diversity, additional needs, trauma, starting school, working together, and partnerships.

Trauma training

A key area of need identified is provision of trauma training to ECEC professionals and teachers to help them identify the effects of trauma and deal with challenging behaviours in the classroom. Training that extends beyond introductory sessions to understanding trauma is the challenge. ECEC professionals and prep teachers require assistance in identifying trauma symptoms (and making relevant referrals if needed), fostering resilience, responding to trauma behaviours appropriately, and working effectively with challenging behaviours. The integration of additional play-based activities have been proven to assist trauma-affected children. In particular, training needs to ensure that ECEC professionals and teachers appropriately build their confidence and skills to be able to work effectively with children who have experienced trauma. The provision of trauma training for ECEC professionals and teachers is growing around the world, with more schools now being trauma-informed. The Stress and Trauma in Young Children workshops (Australian Childhood Foundation 2016) and the Foundation House Schools Support Program, <http://www.foundationhouse.org.au/schools-support> are two examples of promising programs for trauma training for Victorian ECEC professionals, teachers and leaders.

Reflective practice

Early childhood professionals and teachers working in an area as complex as transition for children at risk of experiencing vulnerability, will benefit particularly from the VEYLDF Practice Principle, Reflective Practice. When professionals experience new situations it is important that they critically reflect on what they do, identify and challenge preconceived ideas and are open to ongoing learning. Where existing knowledge, programs or support are not readily available, reflective practice within a professional learning community is powerful, particularly if professionals come together from across agencies and thus encourage diverse responses (Marbina, Church & Tayler 2010, p. 5). As part of the *STRIVE pilot intervention*, ECEC teachers, professionals and school staff were provided with 10 hours of training, ongoing consultation and coaching, and McConnico et al. (2016, p. 36) point out that reflective practice also helps practitioners avoid 'burnout and vicarious trauma'.

Communities of practice and coaching are strategies adopted by reflective practitioners, and are readily applicable to learning about transition. Peeters and Sharmahd (2014) outline three such programs with those caring for children at-risk of experiencing vulnerability. *When Wanda meets Issa* is a European initiative using Appreciative Inquiry in facilitated group activities to develop early childhood and care professionals as reflective practitioners. It is a coaching model where participants share their experiences in a structured community of practice. Mentoring is another professional learning model that provides the flexibility to address needs across the area of vulnerability and transition. Resources such as the *Early Childhood Effective Mentoring Program* (Flack, Raymond & Burrows 2016) form the basis of mentoring within a specific area of interest.

FURTHER RESEARCH

Research question four looks to identify the gaps highlighted in the research in terms of service quality, professional capability, professional learning and networks/coordination mechanisms for supporting positive early years transitions for children and families at risk of experiencing vulnerability.

Program development and evaluation

While there were few cohort-specific transition programs identified as part of this review, there is no reason to expect that the positive aspects of general transition programs identified in the literature should not also be beneficial to these children. It would be helpful however if program evaluations looked specifically at the outcomes for children at risk of experiencing vulnerability, and at the effectiveness of programs for their carers and educators. Research on trauma-informed practice for ECEC settings is one area of immediate need.

In 2007 Katz, Spooner and Valentine summed up the available research in the area of children and families at risk of experiencing vulnerability, as dealing predominantly with 'services to improve family relationships, parenting skills or meet the needs of children.' While their review is not specific to transition, the gaps they identified have relevance to this review. These gaps include the need for further research identifying:

- effective practice in delivering services that address macro issues families face, such as housing and health services
- outcomes of community development approaches to building services and supports for families with multiple and complex problems
- effective practice in case managing and coordinating care for families with multiple and complex problems
- effective parenting programs for parents with mental illness

- effective programs to improve outcomes for children exposed to inter-parental violence (p. 23)

Access to evidence

Keeping abreast of the research and evaluation programs underway by a number of organisations is a challenging, but important task to ensure policy makers and educators have access to up-to-date evidence. For instance the Victorian Foundation for Survivors of Torture has projects underway that include the development of measures suitable for use in research with people of refugee backgrounds, a computer assisted interview for assessing the wellbeing of refugee children and documenting the experience of newly arrived families having children in a new country (VFST 2016a). Another landmark research project currently underway is the New South Wales Child Development Study, which is designed to identify childhood profiles of developmental vulnerability and resilience, and to identify the determinants of these profiles (Carr et al. 2016). In addition to the evidence base published by the Australian Research Alliance for Children and Youth (ARACY 2016), a registry and current awareness alerting service of programs and research relevant to the ECEC sector would be a valuable tool for systems, agencies and ECEC professionals.

Accurate data

It is important that children affected by trauma are quickly and correctly identified. As previously mentioned, children who have experienced trauma are often misdiagnosed. In order to measure how the needs of these groups of children differ from, or are similar to, the general early years cohort, standardised and accessible screening and assessment data are required. There are many measures of readiness, adjustment and wellbeing available. In fact Fane et al. (2016) identified 87 measurement or survey instruments in recent or current use in their systematic review of health and wellbeing across transition to school (p. 130). Existing instruments could provide the data required if the demographic data collected about children included more detail regarding level and specifics of vulnerability.

In 2013 the Victorian Auditor General's report pointed out that the cohort of 'the most vulnerable children in the community' is not defined nor separately identified within the Victorian Child and Adolescent Monitoring System (VCAMS) Framework indicators or reported in the State of Victoria's Children reports (DET 2016b). Being at risk of experiencing vulnerability is less a static, identifiable point, than a multifaceted amalgam of factors. If the four factors reviewed (experience of trauma, being in OOHC, refugee and intergenerational poverty) contribute significantly to the probability of experiencing vulnerability, then systematically collecting and reporting on these factors is important.

The overlap between types of vulnerability that children are at risk of experiencing in the early years is another area for attention. The *Australian Childhood Wellbeing Project* (Redmond et al. 2016) found that for children aged 8-14 years, 20% of children in OOHC also identified as Indigenous, and 20% of culturally and linguistically diverse children were also materially disadvantaged. Identifying the extent of this overlap for Victorian children in the early childhood years would provide a richer, more nuanced picture of children and families in at risk of experiencing vulnerability. This could be achieved by actively pursuing appropriate data linkage opportunities and policies across government and other data collection agencies.

Successful transdisciplinary approaches

The discussion above, and the table of themes in Appendix A, shows that transdisciplinary approaches feature in many of the programs and strategies related to this topic. Further investigation of the enablers and barriers to the development of transdisciplinary networks involving ECEC professionals and educators is important to inform a change in practice. Press, Sumsion and Wong (2010) raise questions about the effectiveness, costs and language related to collaboration, and Moore (2008) advises that research is required into the extent that transdisciplinary approaches increase communication between staff, families and service providers.

Systemic leadership and resources

Educational institutions and systems have responsibility for identifying, evaluating and resourcing the provision of programs where these are required. Part of this responsibility relates to change management and workforce development. Effective ways of managing educational change is another area of research, and needs to consider how initial teacher graduates and early career professionals can be equipped to support children and families at risk of experiencing vulnerability. In terms of professional learning programs, rather than adding a generic professional development requirement to a list of professional standards, Urban et al. (2012) state that the system must take into account the specific child and family, the school and the community. Peeters and Sharmahd (2014, p. 422) conclude that:

being competent in working with children and families at risk is not an individual responsibility... we need competent systems, with governance level financing and expertise to take in charge important measures.

RECOMMENDATIONS

The following recommendations arise from the rapid review of the literature discussed above. In the main they speak to the Victorian Government's Department of Education and Training as the organisation commissioning this review.

Identify and attend to children and families at risk of experiencing vulnerability

- Ensure accurate identification of the needs of children and families at risk of experiencing vulnerability to ensure children are matched to appropriate transition strategies and programs.
- Add questions regarding areas of vulnerability to existing transition assessment tools to both raise awareness of the child's experience, and provide data to inform resourcing. Note that children and families may have multiple areas of vulnerability or disadvantage.
- To improve ongoing support for children at risk of experiencing vulnerability, undertake ongoing analysis and reporting of attendance as well as enrolment for these children in both ECEC programs and school. Note the findings that refugee children's engagement and attendance may decline after an initially positive transition, and ensure follow up support beyond the first year.

Facilitate partnerships and transdisciplinary networks

- Identify effective leaders in existing local transdisciplinary networks and work to document their practice, then use these champions to develop and deliver leadership programs with others in neighbouring areas.
- Commission and publish a set of case studies showing a range of different models of transdisciplinary networks in operation, and the benefits they realise for children and families at risk of experiencing vulnerability and their communities.
- Develop a set of protocols and templates to assist the establishment and smooth running of local networks.
- Facilitate inclusion of good practice guides for developing and maintaining transdisciplinary networks in teacher education and related allied professional courses to encourage adoption of these principles by early career professionals.

Build professional knowledge, skills and attitudes

- Resource appropriate professional development, training and information designed to upskill ECEC educators and school leaders regarding effective practice with children and families at risk of experiencing vulnerability, including trauma-informed practice, transdisciplinary engagement, skills to foster resilience in children, family engagement and empowerment.
- In particular, facilitate the establishment of reflective practice learning communities specific to these areas of vulnerability, and support these communities in sharing their learning across agencies and locations.
- Promote the adoption of rapid action-reflection processes amongst ECEC professionals, educators, leaders and agencies for monitoring the effectiveness of local initiatives and partnerships for transitions, and tracking progress toward child outcomes.
- Enhance universal teacher professional learning programs in the area of transitions to include knowledge, skills and most importantly attitudes required for successful transition experiences for children at risk of experiencing vulnerability.
- Facilitate input to initial teacher education courses from specialists in the area of early years transitions for children at risk of experiencing vulnerability.

Foster genuine communication

- Work to ensure that all those involved in ECEC transitions recognise that genuine communication with children and families requires more than information dissemination. Prioritise translation of information – not just in home languages, and in an accessible formats, but in a way that ensures understanding of the why and the how, and which opens the way for conversation.
- Provide accessible alternatives when using online communication channels such as websites, Facebook and email, noting that according to the ABS in 2014, 40% of Australia's most disadvantaged households did not have Internet access.

Curate and commission resources

- In conjunction with partner agencies, curate and maintain a clear, structured roadmap of resources, programs and referral information relevant to children and families at risk of experiencing vulnerability on a regional basis to be included in the Transition to School Resource kit. This list of resources, programs and referral information could include contact details for local hospitals, psychological and wellbeing services, local child protection agencies, refugee resource centres, as well as specific program providers.
- Commission resources relevant to transition of children and families at risk of experiencing vulnerability, where resourcing gaps are identified
- Develop a register of research in progress, programs, data and resources related to particular areas of vulnerability that can collect and make visible a growing body of work in this area.

Support future research

- Partner with key agencies to facilitate program development and evaluation specific to effective programs and practices children and families at risk of experiencing vulnerability in early years transitions.
- Prioritise investigation of enablers and barriers to the development, effective practices and benefits and costs of operation of transdisciplinary networks involving ECEC professionals and educators.
- Develop a detailed profile of the 5 per cent of Victorian children who are not enrolled in ECEC, including the reasons for non-enrolment and the impact of non-enrolment in ECEC.
- Commission research on trauma-informed practice for ECEC settings, and extend the local evidence-base. Work with organisations to apply this evidence to programs such as the Victorian Foundation for Survivors of Torture Integrated Trauma Recovery Service Model, and the DET and Australian Childhood Foundation Stress and Trauma in Young Children professional learning.

Informing the practice review

It is suggested that the practice review consider and further investigate the following questions.

- How do ECEC professionals and educators facilitate meaningful interactions with children and families at risk of experiencing vulnerability?
- What are the particular barriers ECEC professionals and educators face in building and sustaining relationships with each of these groups?
- How does an integrated and transdisciplinary model of service provision support and celebrate the diversity of children, families and staff while constructively addressing challenges and potential barriers?
- How do the different models of ECEC interact to support children's learning, development, health and wellbeing?
- Does the experience level of ECEC professionals and teacher affect their professional development and support needs in the area of children at risk of experiencing vulnerability?
- What do ECEC settings and schools need in order to facilitate successful transitions for children and families at risk of experiencing vulnerability?

CONCLUSION

There are many types of transitions that may occur in a child's life between the ages of 0-8 years. There are also many circumstances that can contribute to children being at risk of experiencing vulnerability. The transient and complex nature of life experiences for families at risk of experiencing vulnerability makes it difficult to research the underlying causes, as well as the effectiveness of potential interventions that might make a difference in improving children's development and wellbeing in a sustainable way. This review has attempted to bring forth the most recent research available to shed light on best practice with children and families at risk of experiencing vulnerability or disadvantage in times of transitions.

When it comes to the key transition in early childhood - the transition to primary school - the issue remains that some children who are at risk of experiencing vulnerability are less likely to experience any previous formal care or education type of setting before entering primary school. This reality makes their experience of transition into school much worse than that of their more advantaged peers. Sadly, these children who are lagging behind academically and behaviourally compared to their more prepared peers tend to stay behind for the remainder of their schooling. This is an unacceptable state of affairs which requires critical reflection and suitable evidence-based interventions tailored to the needs of individual children and families. Further evaluation and research of practice would be beneficial to guide and support the early childhood and school sector to maximise the impact of their efforts.

Successful early years transitions are critical to achieving the goal stated in the Education State policy (DET 2016b, p. xi).

An education system characterised by cohesion and consistent quality, with no weak spots or cracks to fall through... from birth, children and their families will be supported to thrive through their first thousand days, through their schooling years and onto their first career and subsequent careers.

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APPENDIX A: SUMMARY OF TRENDS

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Accessibility, transportation, time, availability, flexibility of work & caring duties	OOHC Poverty Refugees	Communities Families Leaders	<ul style="list-style-type: none"> Access strategies (Robinson et al. 2012) ECAP (VFST 2016b) Fully Integrated Services (Press et al. 2010) SchoolPLUS (Regnier 2012) 	High	Medium
Agency for all: involvement in decision-making	Refugees	Communities Educators Families	<ul style="list-style-type: none"> Care teams ECAP (VFST 2016b) 	High	Medium
Cultural and social sensitivity, communication, language speakers, interpreting and translation	Poverty Refugees	Agencies Children Communities Educators Families Leaders Professionals	<ul style="list-style-type: none"> Desktop guide (VFST 2015) ECAP (VFST 2016b) Fully Integrated Services (Press et al. 2010) Pyramid (Hurley et al. 2013) 	High	Medium-High
Data collection: identification, instruments, census, readiness measures	OOHC Poverty Refugees Trauma	Agencies Educators Leaders Professionals	<ul style="list-style-type: none"> Foundation House Schools Support (Cross et al. 2011) Thrive in 5 (2016) 	High	Low - Medium

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Leadership: ensuring appropriate planning, prioritising, policies	OOHC Poverty Refugees Trauma	Agencies Communities Educators Leaders	<ul style="list-style-type: none"> • Access strategies (Robinson et al. 2012) • ECAP (VFST 2016b) • Fully Integrated Services (Press et al. 2010) • KMEC (Slee et al. 2012b) • SchoolPLUS (Regnier 2012) 	High	Low - Medium
Long-term planning: sustained programs over years not months, personalised, intense, long-term therapy	Trauma-affected, Refugees Out of home care	Children Families Residential services	<ul style="list-style-type: none"> • Care teams • Economic Opportunity Agency (EOA) Children's House (McLintock 2011) • Fully Integrated Services (Press et al. 2010) • HIPPY (Dean & Leung 2010) • Pyramid (Hurley et al. 2013) • SchoolPLUS (Regnier 2012) 	High	Medium - High
Monitoring progress beyond transition: follow up programs	OOHC Poverty Refugees Trauma	Agencies Children Communities Educators Families Leaders	<ul style="list-style-type: none"> • Fully Integrated Services (Press et al. 2010) • KITS (Pears et al. 2013) • SchoolPLUS (Regnier 2012) 	High	Low
Parenting education and support for families and carers: supported playgroups	Poverty Trauma	Agencies Communities Families	<ul style="list-style-type: none"> • Fully Integrated Services (Press et al. 2010) • CREATE (Harvey & Testro 2006) • HIPPY (Dean & Leung 2010; Yak 2016) • KITS (Pears et al. 2013) • PIEC (Thomson et al. 2007) • Ready Together (Binstadt 2010) • SchoolPLUS (Regnier 2012) • Through the Looking Glass (Aylward et al. 2010) 	High	Medium

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Partnerships between families, ECEC, schools, children and communities	OOHC Poverty Refugees Trauma	Communities Educators Families	<ul style="list-style-type: none"> • Cuthrell et al. 2010 • ECAP (VFST 2016b) • Fully Integrated Services (Press et al. 2010) • KITS (Pears et al. 2013) • PIEC (Thomson et al. 2007) • Pyramid (Hurley et al. 2013) • SchoolPLUS (Regnier 2012) 	High	Medium
Peer support: families supporting other families, adult peer support/models	Poverty Refugees	Agencies Communities Families	<ul style="list-style-type: none"> • Family by family (Community Matters 2012) • HIPPY (Dean & Leung 2010; Yak 2016) 	High	Low
Professional learning: for ECEC professionals and Initial Teacher Education, training, consultation, resources, guided reading	OOHC Poverty Refugees Trauma	Educators Leaders	<ul style="list-style-type: none"> • Cuthrell et al. 2010 • EYEP:Q (Fordham 2016) • KITS (Pears et al. 2013) – 40 hours • KMEC (Slee et al. 2012b) • PATHS (Jones & Bouffard 2012) • PIEC (Thomson et al. 2007) • Pyramid (Hurley et al. 2013) • Ready Together (Binstadt 2010) • STRIVE pilot (McConnico et al. 2016) • Through the Looking Glass (Aylward et al. 2010) • Foundation House Schools Support (Cross et al. 2011) 	High	Medium - High

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Reflective practice: personal, Communities of Practice, coaching, mentoring	OOHC Poverty Refugees Trauma	Communities Educators Leaders	<ul style="list-style-type: none"> • Best Start (DET 2016a) • CoP (Peeters & Shamahd 2014) • ECAP (VFST 2016b) • Mentoring (Flack et al. 2016) • STRIVE pilot (McConnico et al. 2016) • Foundation House Schools Support (Cross et al. 2011) 	High	Low
Self-regulation: programs focussed on resilience and behaviour	OOHC Trauma	Children Families	<ul style="list-style-type: none"> • Betancourt et al. 2013 • Dunedin study (Poulton et al. 2015) • KITS (Pears et al. 2013) • PIEC (Thomson et al. 2007) • Through the Looking Glass (Aylward et al. 2010) 	High	Medium - High
Social and emotional focus: development, attachment programs, teaching about emotions	OOHC Poverty Refugees Trauma	Children Professionals	<ul style="list-style-type: none"> • EYEP:Q (Fordham 2016) • Fully Integrated Services (Press et al. 2010) • KMEC (Slee et al. 2012b) • Szente, Hoot & Taylor 2006 • Through the Looking Glass (Aylward et al. 2010) • You can do it (Ashdown & Bernard 2012) 	High	Medium
Specialists working with ECEC and schools: mental health professionals in ECEC/schools	OOHC Refugees Trauma	Children Families Professionals	<ul style="list-style-type: none"> • Betancourt et al. 2013 • EYEP:Q (Fordham 2016) • Fully Integrated Services (Press et al. 2010) • PIEC (Thomson et al. 2007) • TtLG (Aylward et al. 2010) 	High	Medium - High

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Stability: predictability, continuity, routines, same carers, school and ECEC, staff, rules, low threat	OOHC Trauma-affected Refugees	Agencies, esp OOHC Children Educators Families	<ul style="list-style-type: none"> • Berson & Baggerly 2009 • Care teams • Cuthrell et al. 2010 • EYEP:Q (Fordham 2016) • Fully Integrated Services (Press et al. 2010) • Harvey & Testro 2006 • PIEC (Thomson et al. 2007) • SchoolPLUS (Regnier 2012) • Statman-Weil 2015 • STRIVE pilot (McConnico et al. 2016) • Tobin 2016 • TtLG (Aylward et al. 2010) • Wright 2014 	High	Medium
Strength-based	Refugees	Communities Educators Families Professionals	<ul style="list-style-type: none"> • Care teams • ECAP (VFST 2016b) • Wright 2014, p. 90 	High	Low - Medium
Support with cognitive skills, literacy, numeracy, homework	OOHC Poverty Refugees	Children Families	<ul style="list-style-type: none"> • Cuthrell et al. 2010 • Harvey & Testro 2006 • HIPPY (Dean & Leung 2010; Yak 2016) • Let's Count (Smith Family 2015) 	High	Medium

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Support with transition: to care and education:, administration, agencies, referral services	OOHC Poverty Refugees Trauma	Communities Educators Families	<ul style="list-style-type: none"> • Access strategies (Robinson et al. 2012) • Desktop guide (VFST 2015) • ECAP (VFST 2016b) • EYEP:Q (Fordham 2016) • Fully Integrated Services (Press et al. 2010) • Harvey & Testro 2006 • HIPPY (Dean & Leung 2010; Lidell 2011; Yak 2016) • SchoolPLUS (Regnier 2012) 	High	Medium
Therapy: mindfulness, narrative therapies, play-based therapies	Refugees Trauma	Children	<ul style="list-style-type: none"> • Betancourt et al. 2013 • Through the Looking Glass (Aylward et al. 2010) 	High	Medium
Transdisciplinary teams	OOHC Poverty Refugees Trauma	Agencies Parents Professionals Educators	<ul style="list-style-type: none"> • Access strategies (Robinson et al. 2012) • Best Start (DET 2016a) • ECAP (VFST 2016b) • EYEP:Q (Fordham 2016) • Fully Integrated Services (Press et al. 2010) • Harvey & Testro 2006 • IIP (Duhn et al. 2014) • Pathways to Prevention (Freiberg et al. 2010) • PIEC (Thomson et al. 2007) • Pyramid (Hurley et al. 2013) • Ready Together (Binstadt, 2010) • SchoolPLUS (Regnier 2012) • Thrive in 5 (2016) • Through the Looking Glass (Aylward et al. 2010) • Foundation House Schools Support (Cross et al. 2011) 	High	Medium-High

Patterns and trends in the evidence for transitions	Target groups	Levels	Programs (references)	Applicability to Victoria	Cost / time / resourcing / change effort
Trauma-informed systems approaches that shape organisations to be more trauma-sensitive in their work with children	OOHC Refugees Trauma	Agencies Educators Leaders Professionals	<ul style="list-style-type: none"> • 9 trauma-informed principles (Tucci & Mitchell 2015) • Attachment, Self-Regulation and Competency (ARC) (Arvidson et al. 2011) • Head Start Trauma Smart (Holmes et al. 2014) • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Holmes et al. 2014) / Cognitive-behavioural therapy (CBT) • Foundation House Schools Support (Cross et al. 2011) 	High	Medium
Trauma-informed treatments, interventions, healing activities toolkit , e.g. sensory materials; noise cancelling headphones; blankets; kinetic sand; theraputty; emotion cards, bibliotherapy	Trauma	Children	<ul style="list-style-type: none"> • STRIVE pilot (McConnico et al. 2016) • Szente, Hoot & Taylor 2006 	High	Low