



The Jack Brockhoff
**Child Health
and Wellbeing
Program**

Research partnerships
working for every child



**ANNUAL
REPORT
2015**



MELBOURNE SCHOOL OF
**POPULATION
& GLOBAL
HEALTH**

FULFILLING A LEGACY

The Jack Brockhoff Child Health and Wellbeing Program is the grateful recipient of the 2008 Jack Brockhoff Centenary Gift. This gift has made a significant contribution to building long term human resource investment in our program and enabled substantial developments to novel and important ways of working. The gift also included the appointment of Professor Elizabeth Waters to The Jack Brockhoff Chair of Child Public Health.

The Jack Brockhoff Child Health and Wellbeing Program provides a wonderful legacy to Sir Jack Brockhoff, who through his generosity established The Jack Brockhoff Foundation. The Foundation's purpose is to provide philanthropic support to organisations whose activities are designed to have a positive and enduring impact on the health and wellbeing of communities.

CONTENTS

5	FROM OUR DIRECTOR	6	PROFESSOR ELIZABETH WATERS
8	ABOUT THE PROGRAM	9	LOGIC MODEL
10	WHAT WE DO	12	VISION & MISSION
13	THE SPAN OF OUR RESEARCH	14	GOAL 1: ADVANCING KNOWLEDGE
16	GOAL 2: BUILDING CAPACITY	18	GOAL 3: INFORMING DECISION MAKING
20	GOAL 4: INFORMING PRACTICE	22	GOAL 5: IMPROVING HEALTH
24	GOVERNANCE	25	OUR PEOPLE
30	PHD TOPICS	31	PARTNERS & SUPPORTERS
32	CURRENT GRANTS	34	PUBLICATIONS & PRESENTATIONS



FROM OUR DIRECTOR



It is not surprising that reflecting on the past year for this Annual Report was done with mixed feelings, primarily deep sadness due to the illness and subsequent passing away of our dearly loved and inspiring Director, Professor Elizabeth Waters. We have dedicated a section of this report to remembering her amazing achievements and contribution to child public health and public health evidence internationally. It was a joy to work with her and to learn from her and so that balances the sadness in reviewing the experiences of the past year.

The commitment and professionalism of the team continues unabated and it is wonderful to see that Liz's legacy will continue. The staffing profiles included in this report provide a glimpse of the talent in our team and the strong leadership support being provided by Dr Elise Davis and Dr Rebecca Armstrong. We have been recognised in different forums and mediums this year for our contributions to the fields of disability, obesity, oral health, evidence and knowledge translation, refugee social inclusion, same-sex parented families and disaster recovery. The Jack Brockhoff Child Health and Wellbeing Program continues to build on these strengths and even in this past month of mourning we have had 9 new publications and \$975,000 in new grants reflecting the high level of our research activity as we strive to have an impact on children's lives.

Our delightful Young Insights film initiative ensured that we heard directly from children about their everyday life experiences to keep us connected with what is relevant to Australian children. We aim to continue these collaborative arts-based projects to keep children's voices and interests at the centre of our research activities. We also engage regularly with parents and children through our advisory groups.

The commitment and professionalism of the team continues unabated and it is wonderful to see that Liz's legacy will continue.

For this report we have prepared a series of infographics to clearly convey the ongoing impact of the Program and its relevance across multiple levels of influence on child public health – individual, family, school, community, service provider and government. Reviewing the results, in the context of the challenging political and economic environment of 2015, gives us reason to feel proud of our achievements and to look forward with a sense of optimism and creative curiosity for where we can take things next.

A handwritten signature in black ink, appearing to read 'Lisa Gibbs', positioned above a horizontal line.

Associate Professor Lisa Gibbs

Acting Director, Jack Brockhoff Child Health and Wellbeing Program

FACULTY OF
MEDICINE
DENTISTRY
& HEALTH
SCIENCES



PROFESSOR ELIZABETH WATERS

1966-2015

When people had the duty of introducing Professor Elizabeth Waters, they sometimes referred to her as a ‘force of nature.’ Her passion was public health, and she worked very effectively on both global and very local scales. She once said she was fuelled by ‘justice, equality, vulnerability and rights’ and had a talent for creating programs with lasting value.

She was the lead author of one of the most highly cited Cochrane reviews, Interventions for preventing obesity in children, and a co-author on approximately ten others.

Liz’s extraordinary energy and passion drove her from registered nurse to a professor in public health in the first 15 years of her career. During these years, as well as working full time, she completed three degrees and had two children. The DPhil she did at Oxford University in 18 months. She was extremely dedicated to her family, despite her busy work.

One of her early achievements was The Cerebral Palsy Quality of Life Questionnaires for Children, developed with colleague Professor Dinah Reddihough and the research support of Dr Elise Davis. These are used around the world in many different languages to assess quality of life for children and adolescents with cerebral palsy.

More recently, as the inaugural Jack Brockhoff Chair of Child Public Health at the University of Melbourne, and Director of the Jack Brockhoff Child Health and Wellbeing Program, she was able to work towards her goal of a healthy life for every child – recruiting, developing and mentoring a team of researchers who shared her strong vision of public health. Her close relationship with the Board of The Jack Brockhoff Foundation continued throughout her time as Chair, a tangible expression of their shared goal of healthy childhoods and her gratitude for their faith in her. Liz’s inclusive style and talent for making people feel valued were integral to her successful leadership, collaboration and influence on public policy.

In 1996 she attended the Adelaide Colloquium of Cochrane, the international collaboration dedicated to informing health decision making with the best evidence from across the world, and so began a 20 year journey as an influential leader within the Cochrane Collaboration. Determined that evidence should have an impact on the health of populations, Liz was instrumental in creating Cochrane Public Health. She was the lead author of one of the most highly cited Cochrane reviews, Interventions for preventing obesity in children, and a co-author on approximately ten others.

At the 2014 Cochrane Colloquium in Hyderabad, Liz was awarded the Anne Anderson award in recognition of her mentorship of other women in Cochrane and her value as a role model for women aspiring to leadership.

Liz was on scientific advisory committees for NHMRC, ESRC, MRC, ARC, Department of Veterans Affairs, Victorian Government, UNICEF, and CDC and was a regular advisor to WHO. She was also on the editorial board of three international health journals, had acted as a regular reviewer for 16 other journals and was an author on over 250 publications. She had honorary positions at several universities in the United Kingdom and had remarkable success in attracting research funding, contributing to research supported by over \$45 million over the course of her career.

Inseparable from her work, Liz took ‘study’ leave only two weeks before and made a funding submission only one week before she died.

She died after a long battle with illness in September 2015, her death mourned by family, colleagues and friends across the world. The health and wellbeing of countless children internationally has been, and will be, improved as a consequence of her passion for health equity and evidence-based public health interventions.

ABOUT THE PROGRAM

Within The Jack Brockhoff Child Health and Wellbeing Program is a multi and interdisciplinary team of leading public health researchers, working to address gaps in knowledge about child health and wellbeing, and answer key questions that will inform decisions in policy and practice at the community, national and international levels.

Our research projects are driven by a passion for justice, equity and human rights. We are concerned with the key drivers of child health; the influence of culture and social contexts on a child's early years that impact health, educational, social and employment prospects later in life.

Our research shows that the best solutions for tackling big issues in child health are rarely found solely within the health system. We believe it is essential to look at child health issues in a broader cross-sectoral context – how they relate to areas such as the economy, education and urban planning for example.

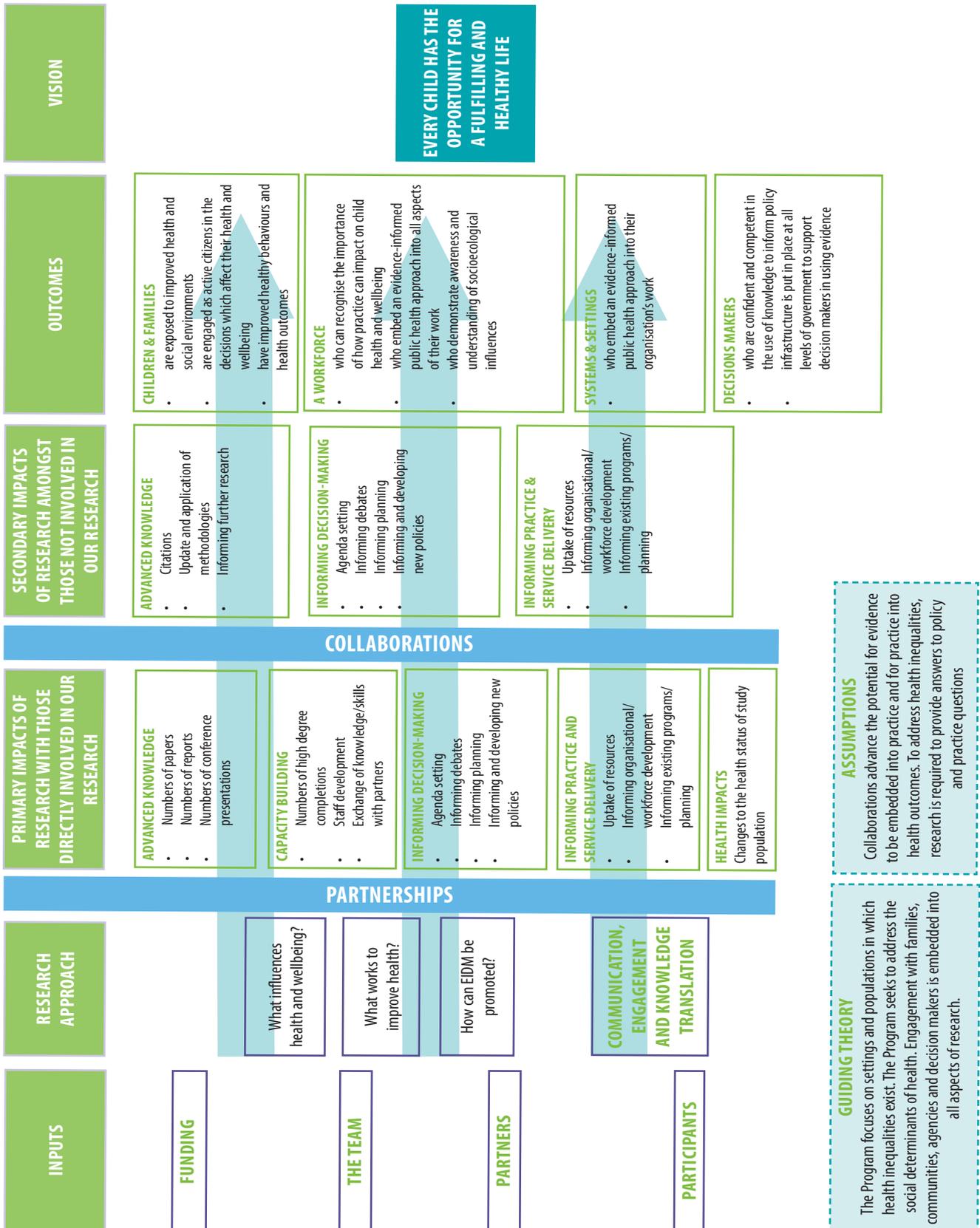
The foundation of the Program commenced in 1995, and has been based on the principle of collaboration in Australia and internationally. We have formed strong practice-research partnerships across a wide variety of sectors and disciplines, including government, education, community health, dental health, disability, emergency management, social welfare and childcare.

We engage members of the public, including children and their families, in decision making because research must be inclusive and broadly relevant if it is to contribute to community wellbeing. Through our partnerships we build the capacity of organisations to use research and evidence more effectively to improve child health and wellbeing.

Funding for this work requires great ideas, wonderful people, significant and important findings. We wouldn't be able to achieve this without our philanthropic contributors, who share this vision for prevention, and recognition of the need for research in solving 'the wicked problems'.

LOGIC MODEL

The Jack Brockhoff Child Health and Wellbeing Program logic model outlines the mechanisms by which we aim to make a difference to child health inequalities



WHAT WE DO

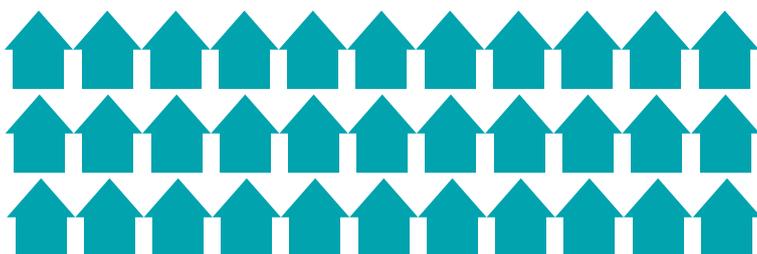
Outputs over the lifetime of projects that are active in 2015



TYPES OF RESEARCH



SETTINGS



158 COMMUNITY SETTINGS
20 CHILDCARE, 71 EDUCATION,
43 LOCAL GOV & 11 OTHER

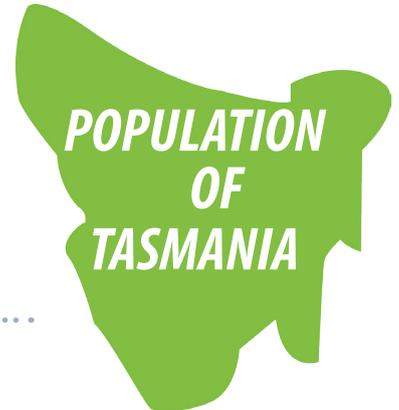
PARTICIPANTS



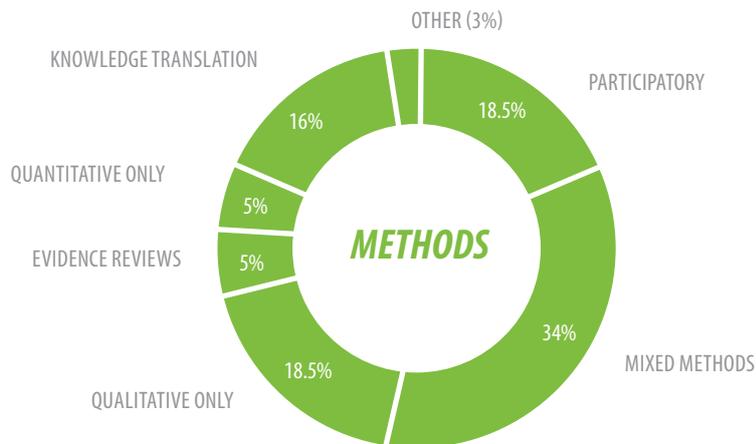
533,913 INDIVIDUALS INVOLVED IN PROGRAMS

950 FAMILIES, 1963 PARENTS & 670 SERVICE PROVIDER STAFF

WHICH IS EQUIVALENT TO THE



METHODS



SOCIAL MEDIA

WE HAVE INCREASED OUR USE OF NON-TRADITIONAL MEDIA INCLUDING TWITTER AND FACEBOOK TO ENGAGE WITH A WIDER SECTOR OF SOCIETY INTERESTED IN CHILD HEALTH.

THIS HAS RESULTED IN ...



VISION & MISSION



GOALS

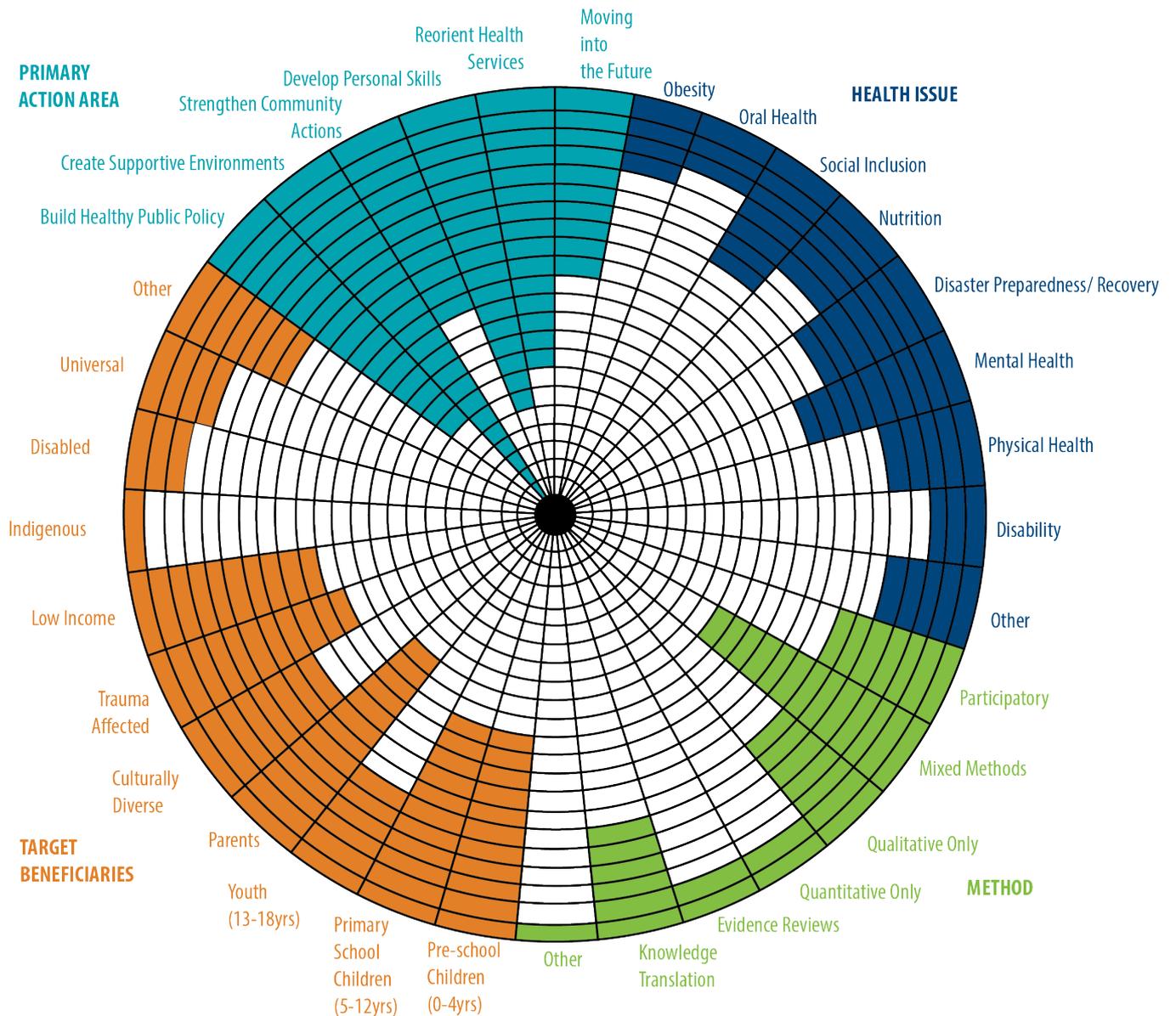
1. *Advancing Knowledge*
2. *Building Capacity*
3. *Informing Decision Making*
4. *Informing Practice*
5. *Improving Health*

Our work is influenced by each of these goals but for the purposes of this Annual Report we have positioned particular project reports under the goal where it has made the greatest impact.

The Jack Brockhoff Child Health and Wellbeing Program works towards a vision of every child having the opportunity for a fulfilling and healthy life.

Our research, through partnerships and an evidence-informed approach, aims to improve child health and reduce gaps in health inequalities.

THE SPAN OF OUR RESEARCH

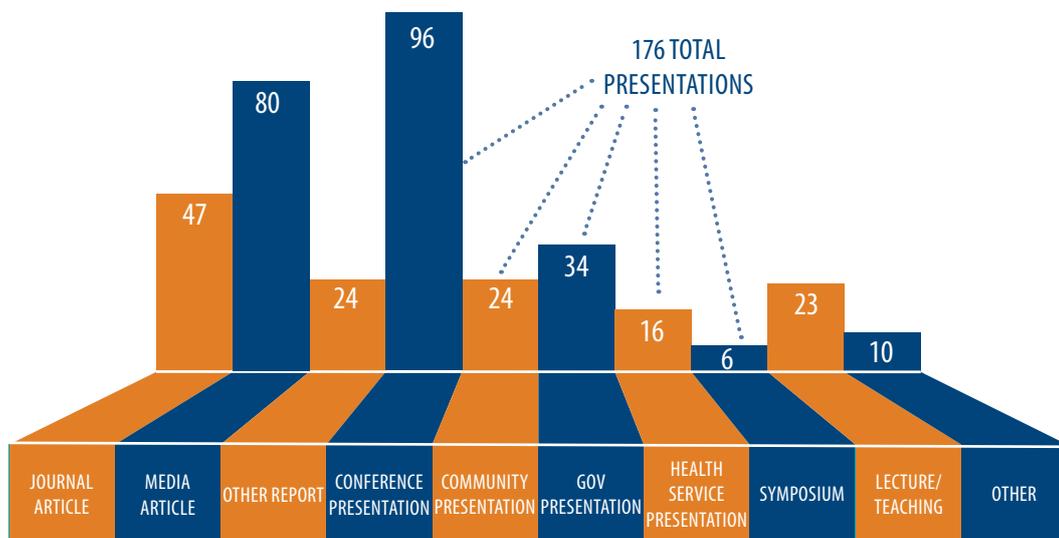


Primary action areas reflect the key action areas for health promotion as outlined in the Ottawa Charter (1986)

GOAL 1: ADVANCING KNOWLEDGE

Our research aims to address important gaps in our knowledge of child health and wellbeing. Through a social determinants lens we seek to understand the factors which influence health and wellbeing and also what works to improve health.

Importantly, we continue to make sure that our findings are disseminated through a variety of methods so they can have the most impact on the evidence base, policy, services and public understanding of the issues.



Outputs over the lifetime of projects that are active in 2015

PRESENTATION HIGHLIGHTS

Lisa Gibbs was invited to speak in June 2015 at the International Collaboration for Participatory Health Research (ICPHR) Scientific Meeting in Germany, on the use of a participatory health research approach in mixed method studies. She was invited to have an ongoing ICPHR Leadership role with responsibility for contributing to knowledge about how to conduct participatory health research with 1) children, and 2) within mixed methods research. The collaborations have also led to the adoption of her school health intervention monitoring methods to be adopted in Sweden and her model for child participatory approaches to be adopted by the National University of Galway, Ireland.

Elise Davis was invited to present at the NHMRC CRE on Cerebral Palsy annual research symposium on the engagement of parents and to report on the research program she is leading that aims to recognize and support the mental health of parents with children with a disability.

Lisa Gibbs was invited to New Orleans this November 2015 for the 10-year anniversary of Hurricane Katrina to present the Jan L. Tucker Memorial Lecture on the topic 'Growing up with disaster risk or reality'. The Lecture was a keynote presentation at the Annual Meeting of the International Assembly of the National Council for the Social Studies, to advance knowledge about issues and programs for children and young people in disaster contexts.

PUBLICATION HIGHLIGHTS

The VicGen birth cohort study is producing findings that will impact on dental and maternal health support of young families. Using detailed health data regularly collected from 0-5 year olds and their parents, we have produced findings that are unique internationally. The natural pattern of caries that arises in the mouth for children up to age 3 years is described and some of the drivers and determinants that contribute to poorer oral health outcomes:

Gussy M, Ashbolt A, Carpenter L, Virgo-Milton M, Calache H, Dashper S, Leong P, de Silva A, de Livera A, Simpson J and Waters E. Natural history of dental caries in very young Australian children. *International Journal of Paediatric Dentistry*. 2015; doi:10.1111/ipd.12169

In addition, our VicGen research shows that when children are transitioning from milk to solids, the introduction of foods classified as 'discretionary' is occurring much earlier than national nutrition guidelines would recommend and this closely aligns with signs of dental caries.

Amezdroz, E, Carpenter, L, O'Callaghan, E, Johnson, S, Waters, E. Transition from milks to the introduction of solid foods across the first 2 years of life: findings from an Australian birth cohort study. *Journal of Human Nutrition and Dietetics*. 2015; doi:10.1111/jhn.12313

Both of these papers make an important contribution as they provide a guide to the timing of oral health interventions by identifying at what age and stage dental treatment is required, and what changes parents can make to the first foods they are providing their children. This new information will provide guidance in the prevention of caries to reduce child pain and parent distress, and help to minimise health care expenditure.

There is limited research available about the ongoing impact of natural disasters on the lives of children and young people. This paper from the Beyond Bushfires study advances knowledge by highlighting the impacts 3-4 years after the Black Saturday bushfires on all aspects of children's lives and the strategies used by families to restore a sense of safety and stability. The interplay of child, parent and grandparent mutual support and protection was evident, with friends, schools and communities also providing important support in creating safe environments for children. This research highlighted a gap in the focus of services and programs for children and youth after the Black Saturday fires.

Gibbs L, Block K, Harms L, MacDougall C, Snowdon E, Ireton G, Forbes D, Richardson J, Waters E. Children and young people's wellbeing post-disaster: Safety and stability are critical. *International Journal of Disaster Risk Reduction*. 2015; doi:10.1016/j.ijdrr.2015.06.006

COCHRANE PUBLIC HEALTH

Cochrane Public Health is able to make a powerful contribution to advancing knowledge through supporting the development and publication of systematic reviews on the effects of population-level public health interventions. These reviews aim to guide policy and practice across many public health areas.

A recent review of food portion sizes provided the most conclusive evidence to date that people consistently consume more food or non-alcoholic drinks when offered larger sized portions. The review highlights important policy implications and suggests that reducing exposure to larger-sized portions, packaging and tableware has the potential to bring about meaningful reductions in the quantities of food people select and consume. The contribution of the review to public debate in Australia was hampered by the same day ousting of Mr Abbott as Prime Minister. However, the release of the review, supported by a knowledge translation plan, was picked up by BBC news, The Guardian, Daily Mail, The Telegraph, Independent, BBC Radio stations, US News and featured in Australia on Channel Nine news and also received extensive online international media coverage.

The efforts of Cochrane Public Health to make a global impact on advancing knowledge has recently increased through the establishment of two global satellites in India and Europe with discussions underway for a third in the UK. Rebecca Armstrong has also been invited to participate in the Cochrane Equity Taskforce. This group will be given the responsibility of reviewing the challenges to equitable involvement in production of Cochrane systematic reviews, and proposing specific strategies to improve it.

Our team from Cochrane Public Health also played a significant role in the Cochrane Colloquium this October, held in Vienna, hosting an open meeting and Plenary on re-shaping the future of public health evidence.

GOAL 2: BUILDING CAPACITY

Through a commitment to genuine exchange with research users, we build the capacity of community services, government departments and non-government agencies to use evidence in their decision making for child health.

RESEARCH COLLABORATION HIGHLIGHTS

Strong research collaborations have been formed with several research groups in the United Kingdom who are conducting high impact public health research. Regular contact provides a means of sharing knowledge and approaches to build the capacity of our respective academic teams.

Elizabeth Waters and Lisa Gibbs were invited to four universities across the UK to present on the Jack Brockhoff Child Health and Wellbeing Program (Cardiff University, University of Bristol, University of Exeter and University College London) in March 2015. Resulting research collaborations include: two-year scientific methods meeting with DECIPHer (MRC Centre of Research Excellence for Development and Evaluation of Complex Interventions for Public Health Improvement), planned adoption of the Teeth Tales study in Bristol, a shared research program on school health research, increased use of social network analysis in understanding relationships and drivers of outcomes, shared obesity prevention intervention publications, joint funding submissions, and methods to improve partnership focused research to improve the impact of research. Lisa Gibbs was appointed an Honorary Professor in the School of Social Sciences at Cardiff University in recognition of these ongoing collaborations.

We have also hosted a series of international guests in 2015, to facilitate mutual learning and collaboration: International guest, Professor Junko Otani, from the Graduate School of Human Sciences at Osaka University joined the team for the month of August 2015, to enhance learning and collaboration on disaster preparedness and resilience research. Professor Otani has worked for the World Bank as a health specialist and for the World Health Organization as a medical officer. Her areas of specialization include international health and population, social development studies, area studies, and research methodology.

Dr Hilary Thomson joined us from the University of Glasgow through February 2015 as a first step towards setting up a satellite of the Cochrane Public Health Group in the UK; Two visiting Scholars from Cardiff University, Dr Graham Moore and Hannah Littlecott spent time with us in April 2015 and enabled us to continue collaborative work initiated with Liz and Lisa's visit to the UK (see previous column).

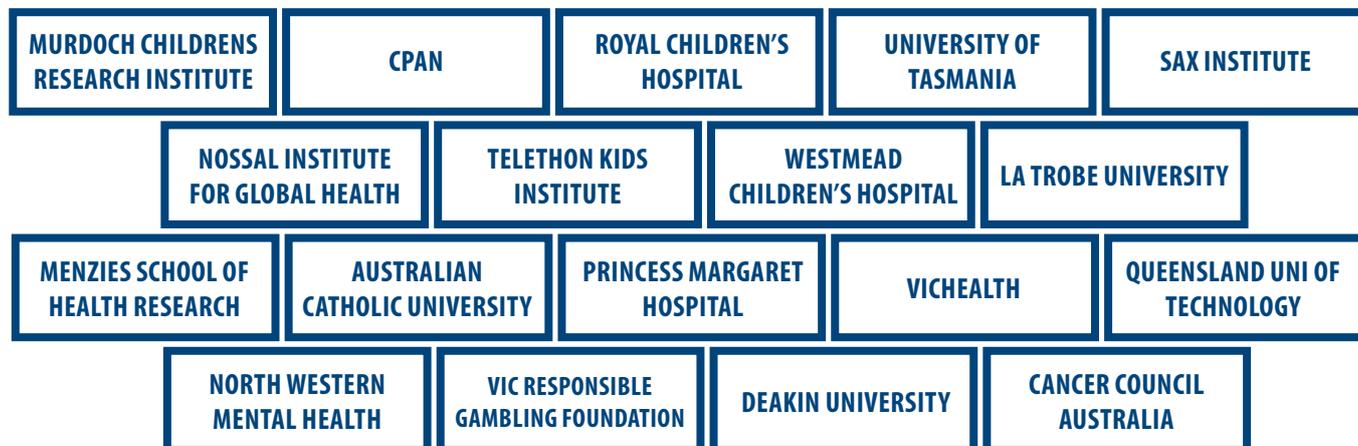
Our four year partnership with the Department of Education and Training (DET) increased our data linkage capacity and their capacity to conduct research and to use the evidence. The linking and analysing of the DET datasets provided important findings relating to disadvantage and health and education outcomes. These included:

- Successfully constructing a model that shows the most powerful predictive variables for literacy and numeracy at Grade 3. This was used to improve the school funding model.
- Identifying children on a Health Care Card as the strongest predictor (OR 2.7) for social and behavioural difficulties and therefore providing an important new way to identify where resources are likely to be needed.

The Department changed their organisational structure to embed research practices and employed our analyst, Emily Steele, into the position of Principal Analyst, thus ensuring the continued high quality analysis of government data for use in evidence-based policy making within DET.

Steele E, Wong E, Karahalios A, Johnson S, Weston K, Kremer P, de Silva A, Davis E, Nolan T, Waters E, The influence of social disadvantage on children's emotional and behavioural difficulties at age 4-7 years. The Journal of Pediatrics. 2015. doi:10.1016/j.jpeds.2015.04.054

A SNAPSHOT OF ORGANISATIONS WE HAVE TRAINED



PUBLIC HEALTH INSIGHT

One of the pathways to impacting on public health is to increase the capacity of decision makers, practitioners and researchers to find and use research evidence and more effectively apply research in a policy or practice setting. It is also important to recognize the complexity of implementing public health interventions in real world settings. Public Health Insight has worked to build this capacity through various means:

- A new short course on Knowledge Translation for Researchers delivered three times this year, attracting over 70 researchers and students. The course is the first of its kind in Australia, has been well received and rated highly by participants for relevance, quality and usefulness.
- The Developing and Evaluating Complex Public Health Interventions course this November was adapted from an existing course developed by the DECIPHer group in the UK. The course presenters included our DECIPHer collaborators from Cardiff University, Dr Graham Moore and Ruth Turley, and Australian researchers from the Jack Brockhoff Child Health and Wellbeing Program, La Trobe University and others.
- The popular Evidence-Informed Public Health course continues to be delivered regularly.
- This year the team ran two tailored training workshops, one for Dairy Australia and one for Mildura Rural City Council to support staff use of evidence in their decision making.
- The Movember Foundation commissioned the team to develop a Knowledge Translation (KT) plan for their Global Men's Health Survey. The plan outlines comprehensive strategies to raise awareness of the findings and implications of the survey amongst decision makers and men's health programs internationally. In describing her experience with working with the Public Health Insight Team, Anna Flego, the project manager for the global men's health survey said:

"From the outset, Rebecca and Kirsty conveyed their expert knowledge of KT, guided our thinking and worked collaboratively with us to ensure that the final product reflected a plan that would be practical, user friendly and implementable by the Movember Foundation. The KT plan has certainly been a valuable addition to the project and we have already begun working towards implementing elements of the plan. It has also provided a wonderful case study for the development of KT plans for other Movember funded programs and by doing so improved understanding of the potential of KT within a range of vastly different project areas."

GOAL 3: INFORMING DECISION MAKING

As research knowledge in child health increases, we work to ensure that our research is part of the decision making process at all levels of government. Through dissemination and dialogue with decision makers we aim for our research to help set policy agendas, inform debates, planning and the development of new policies and programs.

HIGHLIGHTS

Important contributions were provided to the Productivity Commission undertaken by the Australian Government on Education and Early Childhood. The Commission looked into the future options for childcare and early childhood learning, with a focus on developing a system that supports workforce participation and addresses children's learning and development needs.

Elizabeth Waters was invited to sit on the Victorian Government Ministerial Expert Panel for Early Childhood Development and contributed to high-level, independent advice and guidance in the development of strategies and evidence-based reforms aimed at improving outcomes for children.

Dr Bradley Christian was invited to be a part of the Fluoride Reference Group at the Department of Health and Human Services, to advise them on the research and evidence aspects of community water fluoridation.

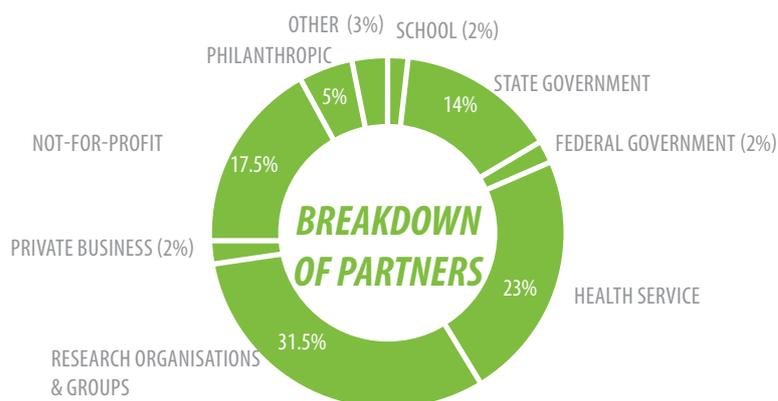
Dr Rebecca Armstrong has been invited to sit on NHMRC's Mental Health and Parenting Working Committee.

For over four years our team has had significant involvement in the knowledge translation process and evaluation of the Collaboration of Community-based Obesity Prevention Sites (CO-OPS) platform. The CO-OPS Collaboration was a unique national platform that assisted communities in best practice for obesity prevention by bringing together research, policy and practice. CO-OPS had over 2,000 members, trained over 600 professionals and provided an array of resources for best practice. In June 2015 a final evaluation was completed and submitted to Department of Education, Employment and Workplace Relations. The evaluation showed that participants at Professional Development sessions gaining broadened thinking and increased networks and confidence. A key finding from the interviews conducted was that CO-OPS provided a 'one stop shop' where all needs for members were catered for. That CO-OPS was independent, national and university backed was seen as vital elements to its quality. This evaluation will inform the Australian Government on effective ways to best support local community prevention programs through a national platform.

Outcomes from the Australian Study of Child Health in Same-Sex Families enabled expert input into the Victorian Government GLBTI Health Plan and to develop inclusive practice for forms and surveys within DHHS, in particular the School Entrant Health Survey. The project findings have played an important role in same-sex adoption campaigns in Victoria, Tasmania and South Australia, ultimately improving stability and social wellbeing for children in care.

Findings from the project have been incorporated into professional training and education for service providers to inform clinical practice and enable appropriate care and engagement with same-sex parent families (Royal Women's Hospital, The Bouverie Centre). The project findings are also supporting marriage equality internationally, including recent legal proceedings in Michigan, US, and the United States supreme court debates on marriage equality, and a review of marriage equality and discrimination in Mexico, ensuring decisions are based on evidence rather than speculation about the health and wellbeing of children with same-sex attracted parents.

63 PARTNERS



PUBLICATION HIGHLIGHTS

A recent publication on the Community Fireguard (CFG) Program showed that over ten years, the cost per Fireguard Group for the program is \$10,884 and in the event of a major bushfire the predicted savings from reduced property loss is \$732,747 and from reduced fatality \$1.4M. This article is being promoted by the Country Fire Authority and is being used by their management to inform decision making about community safety programs.

Gibbs L, Sia K-L, Block K, Baker E, Nelsson C, Gilbert J, Cook A, MacDougall C. Cost and outcomes associated with participating in the Community Fireguard Program: experiences from Black Saturday bushfires in Victoria, Australia. *International Journal of Disaster Risk Reduction*. 2015;13; 375-380; doi:10.1016/j.ijdr.2015.07.016

Two publications highlight the importance of a continued focus on obesity prevention. Mapping the extent of activity is important particularly in the context of increasing incidence and prevalence of overweight and obesity. The knowledge translation strategy evaluated provides promise in supporting the prevention workforce.

Pettman, T, Bolton, K, Love, P, Waters, E, Gill, T, Whelan, J, Boylan, S, Armstrong, R, Coveney, J, Booth, S, Swinburn, B, Allender, S. A snapshot of the scope of obesity prevention practice in Australia. *Health Promotion International*. 2015; doi: 10.1093/heapro/dav024

Pettman, T, Armstrong, R, Waters, E, Allender, S, Love, P, Gill, T, Coveney, J, Boylan, S, Booth, S, Bolton, K, Swinburn, B. Evaluation of a knowledge translation and exchange platform to advance noncommunicable disease prevention. *Evidence and Policy*. 2015; doi: 10.1332/204674315X14297901956276

CHILDREN FROM REFUGEE BACKGROUND

The treatment of asylum seekers and refugees is a constant source of public debate. It is an extremely challenging policy issue and a major concern in relation to the health and welfare of those involved. Karen Block was invited as an expert contributor to the roundtable discussion on the Human Rights Commission National Inquiry into Children in Immigration Detention 2014 by the Human Rights Commissioner, Professor Gillian Triggs, and to a Vice Chancellors lunch to extend discussions and planning for future collaborations. Karen Block leads a program of research which focuses on strategies for including children and young people from a refugee background in everyday life in Australia, including playgroups for young children, school activities, sporting clubs, and university public lectures. These settings and opportunities are critical for developing English language skills, shared cultural understanding, social networks, and opportunities to thrive and contribute to society. Karen's research has demonstrated the difference setting and system level interventions can make to individual mental health, social connection, and wellbeing.

GOAL 4: INFORMING PRACTICE

We aim for the resources we produce to be utilised by practitioners, for our research to inform workforce and organisational development and to inform how services are delivered.

Collaborations with community partners provide important opportunities for us to be involved with innovative child-focused programs and to use theory and evidence to inform practice.



HIGHLIGHTS

The introduction of the National Disability Insurance Scheme (NDIS) has changed the disability service delivery landscape. We have NHMRC funding with partner organisation Yooralla to develop a new model of care to support the health and wellbeing of children with a disability and their families. This model will be designed to enable disability service providers to provide family-centred care within the parameters of the NDIS. During 2015, we have conducted qualitative interviews with parents to gain insight into their experiences in accessing services and their preferences for services. The data are key for future planning with the rollout of the NDIS.

Dr Kim-Michelle Gilson, Joan Gains, Dr Elise Davis and Shae Johnson have also conducted a study on the mental health needs of parents of children with a disability. This is the first Australian study in this area and has highlighted that mental health problems are highly prevalent with a significant proportion of mothers perceiving a need for support but not accessing it. The study also highlights the key barriers and preferences for support within health services. It is expected that these findings will inform the development of an intervention to promote parents' mental health. This will be in partnership with a health or disability service provider.

The success of the quality of life measure developed by Professor Elizabeth Waters and Dr Elise Davis for children with cerebral palsy (translated into 24 languages) has led to a shortened version being developed by a new PhD student, Elena Swift, specifically for use in clinical practice. It will be used by service providers, health professionals, clinicians and disability workers and will have a direct impact on practice.

The quality of life measure for children with cerebral palsy has been translated into 24 languages.



Staff from 12 special schools enjoyed a performance at Glenallen School in Glen Waverley about being the parent of a child with a disability.

Picture: VALERIU CAMPAN

Life raising disabled kids in spotlight

➤ HUNDREDS of teachers, therapists and educational support staff descended on Glenallen School last week, for a performance about living with a child with disability.

Researchers from the University of Melbourne and the Melbourne Playback Theatre Company worked with parents to develop the theatrical performance.

Glenallen principal Michael Cole was blown away when he first saw the show at the National Disability Insurance Scheme launch in 2013.

"I thought it was a fabulous play that we needed to share within our sector," Mr Cole said.

"It will give staff the opportunity to get greater insight as to the struggles families go through and how our schools can support them even further."

Mr Cole said the show last Thursday was attended by about 300 staff from 12 special schools across Melbourne's east.

Waverley Leader, Melbourne Australia, Published Tuesday 28th July 2015, page 11.

THEATRE PERFORMANCE AT GLENALLEN SCHOOL

'Hearing the Voices of Parents' theatre piece was performed at Glenallen School, July 23rd 2015, to an audience of around 300 staff from 12 special schools across Victoria. Elise Davis, Kirsty Jones and Kim-Michelle Gilson from the Jack Brockhoff Child Health and Wellbeing Program, and Melbourne Playback Theatre Company, worked in partnership with parents including Joan Gains, to develop a theatrical performance that tells the stories and lived experiences of parents of children with a disability. The project aimed to attract greater attention to the issue of parent and carer mental wellbeing across the disability sector. The performance was also adapted into an 8-minute short film, which will be promoted as a training tool for disability service providers. Innovative and emotive, this new research method has received incredibly positive feedback. Evaluation of the theatre performance was conducted.

"Brilliant way to illustrate the frustration, grief, joy of parents with a child living with a disability - I gained so much from the drama experience, thank you."

"It was a powerful performance. Even though I have many years' experience of contact with parents of children with a disability which has given me a very good understanding of their lives, the performance emphasised to me that their issues are relentless."

GOAL 5: IMPROVING HEALTH

We utilise a range of research approaches including advancing knowledge, building capacity, informing decision making, and implementing and evaluating interventions in order to improve child health (see logic model page 9). We target priority health issues and work with various target groups to identify and address the interplay of factors influencing health knowledge, behaviours and environments. The benefit of longevity in research and partnerships is shown in the case studies below.



BEYOND BUSHFIRES

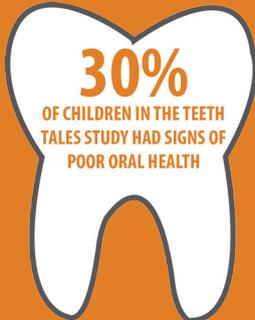
The findings from the Beyond Bushfires study about the individual and social impacts of the bushfires on mental health and wellbeing are being widely adopted to improve community recovery and resilience. These findings are feeding into industry debates: Lisa was invited to attend the National Disaster Resilience Roundtable, a forum for traditional and emerging thought leaders, practitioners and policy-makers to collaborate on shared visions for disaster resilience in September 2015. Findings are influencing policy and practice, as evidenced by the commitment of Emergency Management Victoria, Department of Health and Human Services, Department of Education and Training, Australian Red Cross, and the Teachers Health Federation to be partners in the next phase of Beyond Bushfires research, demonstrating translation into decision making tools for policy and practice. They are attracting interest internationally, as evidenced through invitations to speak in local, national and international forums.

Most importantly, the research findings are also being used to directly impact on the health and wellbeing of community members. Lisa Gibbs and Elyse Baker (nee Snowdon) from the Beyond Bushfires team supported the Yarra Ranges Bushfire Recovery Network in the organisation of the 'Social Impacts of Disasters Forum', held in June 2015. Lisa Gibbs and Dr Rob Gordon, trauma psychologist were the invited speakers at the forum which was very well attended and has continued to generate positive feedback and debate.

Community member and former local and State government worker, Anne Leadbeater was asked about her experience of the study and the various forums to present findings. She reported that

"The Beyond Bushfires study provides a unique window into recovery from an individual and community perspective. It has helped us to understand what we are seeing in ourselves and others, to know what is to be expected, and conversely, what is not. Most importantly, it has provided a safe, supportive environment for us to explore the lived experience of bushfire recovery. The breadth of research provides important insights into the complexity of recovery, as well as the way so many aspects are interrelated. The Beyond Bushfires project and linked research has helped to make sense of the way recovery evolves over time. It has added significantly to our understanding and validated our perceptions and insights. The Beyond Bushfires team have been outstanding in their approach to this emotionally-charged work. They were respectful, kind and compassionate and they made it so easy to tell our stories. Participating in the research was both empowering and cathartic. Sincerest thanks to everyone

TEETH TALES AND ITS IMPACT ON THE SECTOR

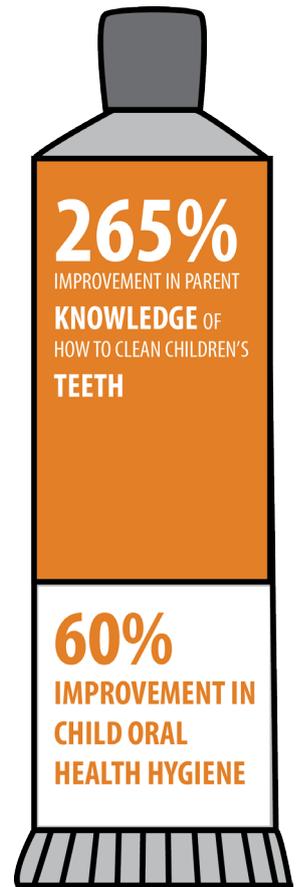


The 9 year Teeth Tales study provides a classic example of how a participatory approach can result in outcomes for all of the stakeholders and can continue to evolve. The recently published findings show that the community-based oral health intervention resulted in intervention parents being 2.65 times more likely to have been shown how to clean their children's teeth and more likely to understand the role of fluoride in drinking water. This was reflected in significant improvements in their children's oral hygiene compared to children in the comparison group. The partnership study

has also led to changes in policy and practice across state and local government, community health, and in ethno-specific and national cultural organisations.

Gibbs L, Waters E, Christian B, Gold L, Young D, de Silva A, Calache H, Gussy M, Watt R, Riggs E, Tadic M, Pradel V, Hall M, Gondal I, Moore L. Teeth Tales: A community based child oral health promotion trial with migrant families in Australia. BMJ Open. 2015; 5(6)

As one of the outcomes of the Teeth Tales study, the program for cultural competence organizational review (COrE) was published as a resource on the Centre for Culture, Ethnicity and Health training course website. It is now being developed as an online interactive tool and being promoted for use by State funded organisations required to report on their cultural competence.



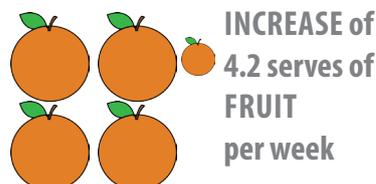
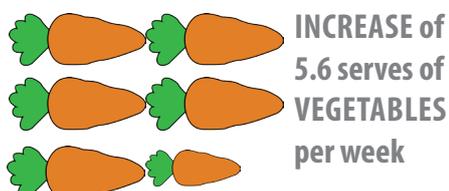
STEPHANIE ALEXANDER KITCHEN GARDEN PROGRAM

An emergent finding, recently published from the evaluation of the Stephanie Alexander Kitchen Garden Program, was its particular value in culturally diverse schools in terms of engaging children and families from refugee and migrant backgrounds in supporting the school-based program.

Block K, Gibbs L, Macfarlane S and Townsend M. Promoting appreciation of cultural diversity and inclusion with the Stephanie Alexander Kitchen Garden Program. Journal for Multicultural Education. 2015; 9(1); 2-9

JAMIE OLIVER MINISTRY OF FOOD

Our earlier success with the evaluation of the Stephanie Alexander Kitchen Garden Program, led to an invitation several years ago to support Deakin University in their evaluation of the Jamie Oliver Ministry of Food (JMOF) program in Queensland and then subsequently in Victoria. The final report on the Victorian evaluation this year demonstrated that the participants experienced positive and sustained impacts on cooking confidence, healthy eating behaviours and improved self-efficacy in their ability to prepare a healthy meal quickly and cheaply, compared to a comparison group.



Results seen 6 months post JMOF course

GOVERNANCE

The inaugural Director of the Jack Brockhoff Child Health and Wellbeing Program and Public Health Insight was Professor Elizabeth Waters from 2008-2015. The Program is now led by Acting Director, Associate Professor Lisa Gibbs, supported by Associate Directors Dr Elise Davis and Dr Rebecca Armstrong. Dr Armstrong is also Acting Director of Public Health Insight.

The senior leadership team are responsible for the management of research projects, research strategy, research income, staff development and operational issues.

They are supported by Professor Brian Oldenburg and the finance and administration team within the Centre for Health Equity, which is situated within Melbourne School of Population and Global Health under the leadership of Professor Terry Nolan.

The Jack Brockhoff Child Health and Wellbeing Program is grateful for the ongoing advice and expertise of our advisory panel:

- **Professor David Hill AO** The Jack Brockhoff Foundation
- **Professor Glenn Bowes** The University of Melbourne
- **Professor Terry Nolan** The University of Melbourne
- **Professor Paul Monagle** Royal Children's Hospital
- **Professor Christine Kilpatrick** Royal Children's Hospital
- **Mr Bernie Geary** Commission for Children and Young People
- **Dr Robert Grenfell** BUPA



OUR PEOPLE

DIRECTORS

Associate Professor Lisa Gibbs
Dr Rebecca Armstrong
Dr Elise Davis

ACADEMIC STAFF

Emily Amezdroz
Dayana Andrenacci
Elyse Baker (nee Snowdon)
Dr Karen Block
Lauren Carpenter
Dr Bradley Christian
Jodie Doyle
Joan Gains
Dr Colin Gallagher
Thomas Gibbs
Tessa Hillgrove
Dr Kim-Michelle Gilson
Shae Johnson
Dr Kirsty Jones
Linh Ngo
Elise O'Callaghan
Dr Tahna Pettman
Jessie Porter
Tahnee Saunders
Dr Emily Stelle
Dr Evelyn Wong
Dana Young

PROFESSIONAL STAFF

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Alana Pirrone

HIGHER DEGREE

Rachel Boak
Kate Brady
Lauren Carpenter
Dr Bradley Christian
Donna Goldsmith
Shuaijun Guo
Jess Herbert
Connie Kellett
Lauren Kosta
Marian Lok
Elena Swift
Mandy Truong

HONORARY STAFF

Dr Christine Armit, Menzies School of Health Research
Dr Simon Crouch, University of Melbourne
Professor Mark Gussy, LaTrobe University
Dr Martin Hall, North Richmond Community Health
Greg Ireton, University of Melbourne
Professor Colin MacDougall, Flinders University
Professor Laurence Moore, University of Glasgow
Dr Bjorn Nansen, University of Melbourne
John Richardson, Australian Red Cross



OUR PEOPLE



DR REBECCA ARMSTRONG

Dr Rebecca Armstrong is an Associate Director at the Jack Brockhoff Child Health and Wellbeing Program and Acting Director of Public Health Insight.

Rebecca began her career in public health research by undertaking a double degree in Nursing and Applied Science (Health Promotion). Rebecca quickly realised that health promotion was where she wanted to be and went on to do an Honours in Applied Science, which led to her first job as a Research Assistant at La Trobe University in 2000.

Rebecca is motivated by supporting evidence-informed decision making, which impacts on public health outcomes.

‘Policy is a complex and often political process. A range of sources of evidence influence the policy process. Ideally this includes research evidence. However there are a range of barriers that exist that prevent the use and influence of evidence. I believe that knowledge translation strategies hold great promise to ensuring that research better informs policy and that policy better informs research,’ says Rebecca.

The reviews published by Cochrane Public Health address many of the social determinants of health. ‘We acknowledge that health is created outside of the health sector and seek to produce reviews that answer priority policy questions,’ says Rebecca.

The programs delivered by Public Health Insight build capacity for evidence-informed decision making amongst those working in public health and in other sectors that influence public health outcomes.

‘We are also generating methods for evaluating the effectiveness of knowledge translation strategies. Being at the forefront of methods development of knowledge translation is important to supporting the evidence base for these strategies,’ says Rebecca.

Rebecca hopes that the reviews produced by Cochrane Public Health are becoming increasingly useful to decision makers. Rebecca and her team

The programs delivered by Public Health Insight build capacity for evidence-informed decision making amongst those working in public health and in other sectors.

have been working hard with their authors to ensure that evidence that is important to decision makers (e.g. implementation, equity and costs data) is included in the reviews published. Rebecca also hopes that Public Health Insight continues to be recognised as world leaders in knowledge translation.

Identifying methods and tools to support evidence-informed decision making is why Rebecca comes to work. In turn, she hopes they are able to support the building of organisational cultures that support evidence-informed decision making.

‘We have a wonderful team so my goal is to build a program of research that supports the team to continue doing the work we know makes a difference,’ says Rebecca.

Rebecca recently participated in the Mentored Training in Dissemination and Implementation Research in St Louis in June. This is a highly coveted two year fellowship to build expertise in implementation researchers.

Rebecca hopes that she and her team can expand the work of Cochrane Public Health, build capacity in current satellites and identify new satellite opportunities for growth and development.

Public Health Insight has a wonderful reputation for delivering high quality training programs and knowledge translation products. Rebecca wants to build on their experience and continue to expand the work outside the health sector. She is also keen to continue to explore the effectiveness of knowledge translation strategies in a range of organisational structures.

DR ELISE DAVIS



Dr Elise Davis is an Associate Director of the Jack Brockhoff Child Health and Wellbeing Program.

With a background in Psychology, Elise set out on her research career with a PhD focused on the quality of life of adults. During that time she became interested in thinking about what quality of life is and how it can be measured, and so in 2003, Elise Davis joined Professor Waters' team at the Royal Children's Hospital to develop a questionnaire to measure the quality of life of children with cerebral palsy.

'I was introduced to some amazing clinicians at the Royal Children's Hospital, who I continue to work with in childhood disability research 13 years later,' says Elise.

After having the opportunity to meet many children with cerebral palsy and their families, Elise and Professor Waters' team designed the first quality of life questionnaire for children with cerebral palsy. The questionnaire has since received a lot of international recognition, having been translated into 24 different languages and used to evaluate the effectiveness of a number of interventions for children.

Elise is passionate about reducing child health inequalities, particularly in the area of mental health and wellbeing. In 2007 Elise received a VicHealth Public Health Fellowship to develop a program to build the capacity of child care educators to support the social and emotional wellbeing of children.

Elise is motivated by hearing children's and parents' voices as the basis of her research and the new Initiative on Improving Children's Lives is focused on listening to children and involving children respectfully across all ages. For the last 10 years Elise has been interviewing parents of children with a disability and has subsequently heard about the problems they face with services and how much impact services have on their lives. After hearing the same problems year after year, Elise was motivated to advocate for system level changes, which has resulted in the partnership with Yooralla to develop a service model that supports the health and wellbeing of children and their families.

'All children have the right to have good physical, social and emotional health and wellbeing. I feel privileged to be able to talk to children and their parents, as they share their life experiences with me,' says Elise.

Elise believes that mental health and quality of life are critically important to a child, their siblings and their family.

'It is so important to promote children's mental health early in life because all children have the right to achieve good health, and mental health in childhood lays the foundation for mental health in adolescence and adulthood. Supporting carers, be they child care educators or parents is so important, because we know that their health is inextricably linked to children's health and wellbeing,' says Elise.

Elise believes that the measurement of quality of life is of utmost importance, given that most, if not all interventions, have the ultimate goal of increasing quality of life. She thinks there is still a lack of understanding about what quality of life is, and that it is different to functioning. Children with a disability can report good quality of life and questionnaires should be designed to capture this.

Elise hopes that through her work, she will be able to develop, implement and evaluate sustainable cost-effective system level changes that are effective in supporting children's and families' mental health wellbeing. Her focus is on reducing health inequalities for children who are disadvantaged.

Elise would like to develop a program of research that is focused on developing, implementing and evaluating a range of system level strategies to support the mental health and wellbeing of children, their siblings and their parents. Currently, 1 in 2 children with disabilities experience mental health problems and early mental health promotion and mental illness prevention is essential. In the future, in addition to supporting parents of children with a disability, Elise would like to focus on supporting the mental health of children with disabilities.

OUR PEOPLE



DR BRADLEY CHRISTIAN

Dr Bradley Christian is a PhD candidate, and Research Fellow at the Jack Brockhoff Child Health and Wellbeing Program. Brad started his dentist career working in private practice. After three years of treating patients, he had more questions than answers about the current dental practice.

What motivates Brad is equity and social justice.

'Were we as dentists treating disease or just fixing cavities? In addition, we were only seeing patients in the surgery with advanced stages of disease. Why were they not coming in earlier?' asked Brad. Brad realised that he needed additional training to be able to answer these questions, which led him to pursue the Master of Dental Science in Community Oral Health and Epidemiology at the University of Sydney.

Through his experiences with this program, he knew that he had a passion for dental public health, both academic and practice-related.

What motivates Brad is equity and social justice. He hopes that his work has the potential to positively impact the most marginalised and disadvantaged groups in the community.

Through Brad's continued academic work in the field of dental public health, it has become apparent that there is a major shortage of dentists with good research skills, particularly in Australia. Without this capacity the science required to progress a field will not be generated and the field stagnates. Brad believes that his work helps address this issue. In addition, his interest and work to improve the oral health of socially disadvantaged communities will have direct positive impacts on those communities.

'In the long run I hope my work changes the way dentistry is practised,' says Brad.

Brad aims to establish an oral health research centre – epidemiology, policy and practice: that has at its core evidence-based practice and health equity.

Brad anticipates that his future research will continue in two main areas of interest that include dental caries among disadvantaged communities and health services.

DR KAREN BLOCK



Dr Karen Block is a Research Fellow at the Jack Brockhoff Child Health and Wellbeing Program.

Karen came to work in public health research after many years as a Veterinary Surgeon in both equine and small animal practice, which was also coupled with an Arts Degree majoring in History and Russian on the side (just for fun!). In addition to looking after the health of animals, Karen has always been particularly motivated by understanding the role that pets play in promoting the wellbeing of their people, and kept this as the focus of her work. Eventually Karen decided to pursue her 'people passion' through a career change and undertook a Master of Public Health which deepened her understanding of upstream social determinants of health and wellbeing and the lifelong impacts of social and economic disadvantage.

'At the end of my MPH degree, I was lucky enough to be introduced to Professor Liz Waters and be inspired by hearing about her enthusiasm for tackling child health inequalities,' says Karen.

Soon afterwards, in early 2008, Karen jumped at the opportunity to join the team, working with Dr Lisa Gibbs initially as a Research Assistant, and then took up a further opportunity to complete a PhD focused on promoting social inclusion for refugee-background young people.

Karen is driven by a desire to take a social justice and social determinants approach to promoting health and wellbeing.

'This means trying to create social conditions which will prevent people from 'falling off the cliff' in the first place – rather than focusing on clinical work, which is more akin to manning an ambulance at the bottom to patch them up when they do. A primary focus of my work is promoting social inclusion and participation for refugee-background and recently-arrived migrant children and families. These are some of the groups most at risk of marginalisation in our community, with consequent poor health and social outcomes,' says Karen.

Karen feels that her work is important not only for the evidence it generates, but also for the way in which it is conducted.

'We always aim take a participatory approach that both empowers participants and intended beneficiaries of the research and also engages the agencies, government departments and community organisations with which we partner in ways that will inform and strengthen their practice,' says Karen.

Karen hopes that the evidence her work generates will improve understanding and inform policy when it comes to improving conditions in which people are born, grow, live, work and play – the social determinants that underpin social and health inequalities. Karen believes that when researching health inequalities, advocacy is also important.

'We need to help everyone to understand that reducing inequalities and inequity is not only just, but benefits us all by contributing to social cohesion and community resilience,' says Karen.

In the future, Karen wants to continue working in the same field, to build her research profile and influence to extend the reach of her work as far as she can.

PHD TOPICS

RACHEL BOAK

Public Health Nutrition Policy: Potential to equitably influence parental food and drink choices for 0-2 year old children, NHMRC Postgraduate Scholarship (2010-2015).

KATE BRADY

What supports recovery from emergency events (in high income, developed countries) from the perspective of people affected by emergencies, APA Scholarship (2013-2016).

LAUREN CARPENTER

Nutrition in the early years: trends and influences in children 0-5 years of age, NHMRC Postgraduate Scholarship (2015-2017).

DR BRADLEY CHRISTIAN

Caries Risk Assessment Tools: The Evidence, APA Scholarship (2014-2017).

DONNA GOLDSMITH

Developing a quality of life instrument for parents of children with a disability, NHMRC Centre of Excellence in Cerebral Palsy Scholarship, (2015-2018).

SHUAIJUN GUO

Understanding and measuring adolescent health literacy from a cross-cultural perspective, University of Melbourne International Engagement Award (2014-2017).

CONNIE KELLETT

Anger, and anger support, for individuals and communities affected by the 2009 Black Saturday bushfires, ARC APAI Scholarship (2011-2016).

LAUREN KOSTA

What are parental experiences of parenting following a natural disaster? STRAPA Scholarship (2014 - 2016).

MANDY TRUONG

Examining the impact of an organisational cultural competence intervention on a community health service: from individual and organisational perspectives, APA Scholarship (2011-2015).

ELENA SWIFT

Developing the Cerebral Palsy Quality of Life Questionnaire for Children (CP QOL-Child) for use in clinical settings, NHMRC Centre of Excellence in Cerebral Palsy Scholarship, (2015-2018).

We are very pleased to announce the following PhD milestone achievements:

LARA CORR - GRADUATED

Mental Health of Family Day Care Workers – understanding relationship between work stress, carer mental health and child health, NHMRC Postgraduate Scholarship.

DR SIMON CROUCH - GRADUATED

The Australian Study of Child Health in Same-Sex Families (ACHESS), NHMRC Postgraduate Scholarship

JESSICA HERBERT - SUCCESSFULLY COMPLETED

What is the value of community-based cooking interventions? APA Scholarship

MARIAN LOK - SUBMITTED

A Network Society: The study of the use of Information and Communication Technology in long-term disaster recovery, May Stewart Bursary and IBES Top-up Scholarship (2011-2014).

PARTNERS & SUPPORTERS

We are immensely grateful for the current and previous support from our partners and supporters.

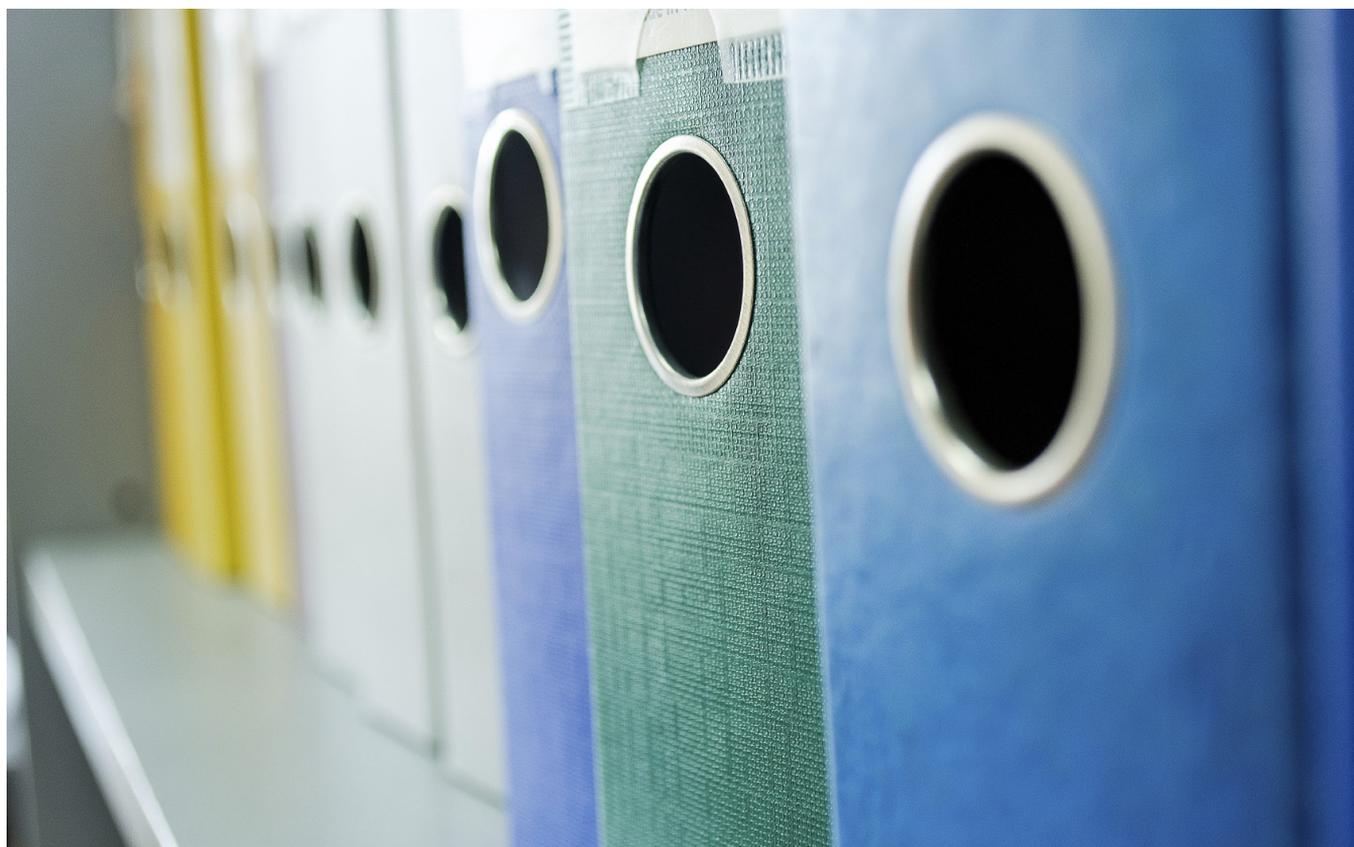
- Alpine Shire Council
- Anglesea Primary School
- ANZ Trustees
- Arabic Welfare
- Australian Centre for Posttraumatic Mental Health
- Australian Red Cross
- Australian Research Council
- Australian Rotary Health
- Barwon Health
- Centre for Culture, Ethnicity and Health
- Centrelink
- City of Greater Bendigo
- Country Fire Authority
- Dental Health Services Victoria
- Emergency Management Victoria
- Family Day Care Australia
- Fawkner Primary School
- Foundation for Children
- Good Foundation
- Hunter Institute of Mental Health
- Ian Potter Foundation
- Inner North West Primary Care Partnership
- Kids Thrive
- Latrobe City Council
- Macedon Ranges Shire
- Marie Kinsella and David Connolly
- Melbourne Playback Theatre Company
- Mental Health Parent and Carer Engagement Group
- Merri Community Health Services
- Middle Kinglake Primary School
- Moreland City Council
- Moreland Primary School
- Murrindindi Shire Council
- National Health & Medical Research Council
- Nichola Lefroy and Sam Wiggall
- North Richmond Community Health Limited
- North Yarra Community Health
- Pakistan Australia Association Australia
- Primary Care Partnerships: Central Hume, Bendigo, Loddon, North East, Outer East, Central West Gippsland and Lower Hume
- Royal Children’s Hospital
- Sidney Myer Foundation
- St Vincent de Paul Primary School
- Stephanie Alexander Kitchen Garden Foundation
- Surf Coast Shire
- Teachers Health Federation
- The Jack Brockhoff Foundation
- VicHealth
- Victorian Arabic Social Services
- Victorian Department of Education and Training
- Victorian Department of Health and Human Services
- Victorian Department of Sport and Recreation
- Victorian Foundation for Survivors of Torture (Foundation House)
- William Buckland Foundation
- Windermere Family Day Care
- World Health Organisation
- Yarra City Council
- Yooralla



CURRENT GRANTS

1. The Jack Brockhoff Child Health and Wellbeing Program, The Jack Brockhoff Foundation, 2008-2018.
2. A Centre for Research Excellence in Cerebral Palsy (CRE-CP). Reddihough D, Graham K, Imms C, Badawi N, Coory M, Waters E, Blaire E, Carter R. CRE in Clinical Research Funding APP1057997, 2014-2019, \$2,497,005.
3. Assessing risk of bias in non-randomized studies of interventions. Higgins J (PI), Reeves B, Sterne J, Savović J, Deeks J, Shepperd S, Waters E, Armstrong R, Waddington H, Golder S. Medical Research Council (code M025209), 2015-2017, £367,999.
4. Building teacher and school capacity to cope with trauma impacts on children. Gibbs L, Waters E, Forbes D, Gallagher C, Nurse J, Snowdon E. Teachers Health Foundation, 2015-2019, \$250,000.
5. Bushfires, Social Connectedness and Mental Health. Waters E, Bryant R, Pattison P, Gibbs L, Creamer M, Harms L, Lusher D, MacDougall C. Partner organisations: Outer East Health and Community Support Alliance, Bendigo Loddon Primary Care Partnership, Lower Hume Primary Care Partnership, Central West Gippsland Primary Care Partnership, Banyule Nillumbik Primary Care Alliance, Central Hume Primary Care Partnership, Australian Red Cross, Australian Rotary Health, Victorian Departments of Health, Centrelink. LP100200164, ARC, 2009, \$1,285,047.
6. Characterising quality of life and its determinants for children with intellectual disability and their families. Downs J, Leonard H, Williams K, Davis E, Reddihough D, Whitehouse A, Jacoby P. NHMRC Project Grant, 2016-2018, \$520,874.
7. CO-OPS Mark II – A National Prevention Network. Allender S, Swinburn B, Waters E, Gill T, Armstrong R, Pettman T. ITA 112/1112 DoHa Chronic Disease Prevention and Service Improvement Fund, 2012-2015, \$3,447,647.
8. Cochrane Public Health Group. Waters E, Armstrong R, Doyle J. Victorian Health Promotion Foundation, 2014-2015, \$216,000.
9. Cochrane Public Health Group. Waters E. National Health and Medical Research Council, 2012-2015, \$360,000.
10. Collaborative evaluation. Jordan H & Gibbs L. Inner North West Primary Care Partnership, 2014-2015, \$50,000.
11. Creating a digital platform for capturing children's and adolescent's views of contemporary Australian childhood from the ground up: Seed project. Wise S, Smith K, Humphreys C, Wyn J, Sanson A, Connolly M, Tobin J, Gibbs L, Finch S, McCarthy G, Hamley M, Graham A. Melbourne Social Equity Institute, The University of Melbourne, 2015. \$28,690.
12. Developing and evaluating a new cost-effective health and wellbeing model of care for disability service providers. Waters E, Davis E, Chan J, Reddihough D, Carter R, Williams K, Gibbs L, Reynolds J, Tracy J & McDonald R. NHMRC Partnership Project Third Call, 2014-2017, \$578,308.
13. Hallmark Research Initiative – Collaboration for Improving Children's Lives in the 21st Century: Rights Focused, evidence based, impact driven. Waters E, Hattie J, Tobin J, Strong G, Barnett T, Gibbs L, Harms L, Tayler C, Cobb-Clark D. The University of Melbourne, 2015-2017, \$630,000.
14. Interventions to improve Community Food Security in developed countries: What works and why/ Amrstrong R. Canadian Institutes of Health Research grant outcome, 2014-2015, CAN, \$99,800.
15. Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia. Vaughan C, Warr D, Block K, Kavanagh A, Murdolo A, Quiazon R, Murray L. Australian National Research Organisation for Women's Safety, 2014-2016, \$350,488.
16. Promoting Participation in Sport for Migrant and Refugee Children and Youth. Block K. University of Melbourne, Early Career Researcher Grant 2016. \$38,457.

17. Translating disaster research evidence into disaster resilience and recovery decision-making tools to guide policy and practice, APP1111675. Gibbs L. NHMRC TRIP Fellowship 2016-2017, \$175,303.
18. Victorian Government Department of Education and Early Childhood. Research Partnership, 2014-2015, \$400,725.



PUBLICATIONS & PRESENTATIONS

PUBLISHED

1. Amezdroz E, Carpenter L, O'Callaghan E, Johnson S, Waters E. Transition from milks to the introduction of solid foods across the first two years of life: findings from an Australian birth cohort study. *Journal of Human Nutrition and Dietetics*. 2015. doi: 10.1111/jhn.12313
2. Bhaumik S, Rana S, Karimkhani C, Welch V, Armstrong R, Pottie K, Dellavalle R, Dhakal P, Oliver S, Francis DK, Nasser M, Crowe S, Aksut B, Amico RD. Ethics and equity in research priority-setting: stakeholder engagement and the needs of disadvantaged groups. *Indian Journal of Medical Ethics*, 2015; 12 (2): 110-3
3. Block K, Gibbs L, Macfarlane S, Townsend M. Promoting appreciation of cultural diversity and inclusion with the Stephanie Alexander Kitchen Garden Program. *Journal for Multicultural Education*. 2015; 9 (1). doi: 10.1108/JME-01-2014-0007
4. Bolton K A, Kremer P, Gibbs L, Swinburn B, Waters E, de Silva A. Expanding a successful community-based obesity prevention approach into new communities: Challenges and achievements. *Obesity Research and Clinical Practice*. 2015. doi: 10.1016/j.orcp.2015.05.017
5. Brady K. The words we use and the stories we tell: the impacts language has on the actions and perceptions of emergency managers. *Australian Journal of Emergency Management*. 2015; 30 (4): 55
6. Christian B, Hall M, Martin R. A paradigm shift in models of oral health care: an example and a call to action. *Family Medicine and Community Health*. 2015; doi: 10.15212/FMCH.2015.0131
7. Christian B, Young D, Gibbs L, de Silva A, Gold L, Riggs E, Calache H, Tadic M, Hall M, Moore L and Waters E. Exploring child dental service use among migrant families in metropolitan Melbourne, Australia. *Australian Dental Journal*. 2015; 60: 200-204. doi: 10.1111/adj.12321
8. Corr L, LaMontagne AD, Cook K, Davis E, Waters E. Associations between Australian early childhood educators' mental health and working conditions: a cross-sectional study. *Australasian Journal of Early Childhood*. 2015; 40 (3)
9. Davis E., Corr L., Cook K., Sims M., Ting C., Gilson K-M., Ummer-Christian R. Organisational capacity building: Readiness for change in Australian child care. *Australasian Journal of Early Childhood*. 2015; 40 (1): 47-54
10. Davis E, Mackinnon A, Corr L, Sims M, Harrison L, Cook K, Herrman H, Mihalopoulos C, Gilson K-M, Flego A, Ummer-Christian R, Marshall B, Waters E. Building the capacity of family day care educators to promote children's social and emotional wellbeing: results of an exploratory cluster randomised controlled trial. *Australasian Journal of Early Childhood*. 2015; 40 (2): 57-67.
11. Forbes D, Alkemade N, Waters E, Gibbs L, Gallagher C, Pattison P, Lusher D, MacDougall C, Harms L, Block K, Snowdon E, Kellet C, Sinnot V, Ireton G, Richardson J, Bryant R. The role of anger and ongoing stressors in mental health following a natural disaster. *Australian and New Zealand Journal of Psychiatry*. 2015. doi: 10.1177/0004867414565478
12. Gibbs L, Block K, Harms L, MacDougall C, Snowdon E, Ireton G, Forbes D, Richardson J, Waters E. Children and young people's wellbeing post-disaster: Safety and stability are critical. *International Journal of Disaster Risk Reduction*. 2015. doi: 10.1016/j.ijdr.2015.06.006
13. Gibbs L, Harms L, Howell-Meurs S, Block K, Lusher D, Richardson J, MacDougall C, Waters E. Measuring community wellbeing: Applications for a disaster context. *Australian Journal of Emergency Management*. 2015; 30 (3): 20-24

14. Gibbs L, Sia K L, Block K, Baker E, Nelsson C, Gilber J, Cook A, MacDougall C. Cost and outcomes associated with participating in the Community Fireguard Program: experiences from Black Saturday bushfires in Victoria, Australia. *International Journal of Disaster Risk Reduction*. 2015; 13: 375-380
15. Gibbs L, Waters E, Christian B, Gold L, Young D, de Silva A, Calache H, Gussy M, Watt R, Riggs E, Tadic M, Pradel V, Hall M, Gondal I, Moore L. Teeth Tales: A community based child oral health promotion trial with migrant families in Australia. *BMJ Open*. 2015; 5 (6). doi: 10.1136/bmjopen-2014-007321
16. Gussy M, Ashbolt R, Carpenter L, Virgo-Milton M, Calache H, Dashper S, Leong P, de Silva A, de Livera A, Simpson J, Waters E. Natural History of dental caries in very young Australian children. *International Journal of Paediatric Dentistry*. 2015. doi: 10.1111/ipd.12169
17. Heilbrunn-Lang A, Carpenter L, Powell S, Kearney S, Cole D, de Silva A. Reviewing public policy for promoting population oral health in Victoria, Australia (2007–12). *Australian Health Review*. 2015. doi: 10.1071/AH15013.
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1. Block, K. (2015). Marginalised Populations. In H. Keleher & C. MacDougall (Eds.), *Understanding Health*, Fourth Edition. Oxford: Oxford University Press.

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2. Block, K. Beyond Bushfires: Community, Resilience and Recovery – Key Findings, Australian Rotary Health Conference, Melbourne, May 2015
3. Block K, Gibbs L, Baker E (nee Snowdon). Uncovering diverse experiences following disaster using participant-guided mobile methods. Qualitative Methods Conference, Melbourne, April 2015
4. Block, K. Research with refugees and asylum seekers: Vulnerability vs autonomy, Victorian Ethics Network, Melbourne, August 2015
5. Block, K., and Vaughan, C. ASPIRE: Analysing safety and place in immigrant and refugee experience, Refuge(e)s in the Cities: Post-conflict Trauma, Gendered Violence and Social Inclusion Symposium, Melbourne, 26-27th November 2015
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