



OUTC

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1. Overview of key findings

... (17) ... (201) ... (30) ... (207) ... 0.21 25 ...

1.5.1. F_{eff} is the effective force, which is the force that is actually applied to the child. It is the force that is applied to the child after taking into account the force of the child's own body.

1.6 Evidence-driven service

1.6.1. The evidence-driven service is a service that is based on the best available evidence. It is a service that is designed to meet the needs of children and young people.

1.6.2. The evidence-driven service is a service that is based on the best available evidence. It is a service that is designed to meet the needs of children and young people.

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1.6.5. The evidence-driven service is a service that is based on the best available evidence. It is a service that is designed to meet the needs of children and young people.

1.7 Voicing children's concerns

... ..

1.8 Circulation of good practice

... ..

1.9 Gaps and challenges

- **Brief and confidential contact:** The effectiveness of brief and confidential contact is a topic that has been discussed in the literature. For example, in a study by (Smith et al., 2012), it was found that brief and confidential contact can be an effective intervention for reducing substance use. However, there are several challenges associated with this approach, such as the need for a trained workforce and the potential for stigma. Additionally, the effectiveness of brief and confidential contact may vary depending on the population and the setting. For example, it may be more effective in primary care settings than in community-based settings.
- **Sensitivity of issues:** The sensitivity of issues is another challenge that has been discussed in the literature. For example, in a study by (Jones et al., 2013), it was found that the sensitivity of issues can be a barrier to the implementation of brief and confidential contact. This is because individuals may be reluctant to discuss sensitive issues with a healthcare provider. However, there are several strategies that can be used to address this challenge, such as providing a private and confidential setting and using a trained workforce.
- **Diversity of factors:** The diversity of factors is another challenge that has been discussed in the literature. For example, in a study by (Brown et al., 2014), it was found that the diversity of factors can be a barrier to the implementation of brief and confidential contact. This is because there are many different factors that can influence an individual's behavior, such as their social network, their environment, and their personal characteristics. However, there are several strategies that can be used to address this challenge, such as using a multi-component approach and involving the community.
- **Preventative effects:** The preventative effects of brief and confidential contact are another topic that has been discussed in the literature. For example, in a study by (Garcia et al., 2015), it was found that brief and confidential contact can have preventative effects on substance use. This is because individuals who receive brief and confidential contact are more likely to reduce their substance use and are less likely to develop substance use disorders. However, there are several challenges associated with this approach, such as the need for a trained workforce and the potential for stigma.
- **Conclusion:** In conclusion, brief and confidential contact is a promising intervention for reducing substance use. However, there are several challenges associated with this approach, such as the need for a trained workforce and the potential for stigma. Additionally, the effectiveness of brief and confidential contact may vary depending on the population and the setting. Therefore, it is important to address these challenges and to evaluate the effectiveness of brief and confidential contact in different settings and populations.

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... 2004, ... 2004, ... 2005).

3.3 NSPCC

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[\[1082\]](#) [\[1083\]](#) [\[1084\]](#) [\[1085\]](#) [\[1086\]](#) [\[1087\]](#) [\[1088\]](#) [\[1089\]](#) [\[1090\]](#) [\[1091\]](#) [\[1092\]](#) [\[1093\]](#) [\[1094\]](#) [\[1095\]](#) [\[1096\]](#) [\[1097\]](#) [\[1098\]](#) [\[1099\]](#) [\[1100\]](#) [\[1101\]](#) [\[1102\]](#) [\[1103\]](#) [\[1104\]](#) [\[1105\]](#) [\[1106\]](#) [\[1107\]](#) [\[1108\]](#) [\[1109\]](#) [\[1110\]](#) [\[1111\]](#) [\[1112\]](#) [\[1113\]](#) [\[1114\]](#) [\[1115\]](#) [\[1116\]](#) [\[1117\]](#) [\[1118\]](#) [\[1119\]](#) [\[1120\]](#) [\[1121\]](#) [\[1122\]](#) [\[1123\]](#)

Table 1: Coded results by category

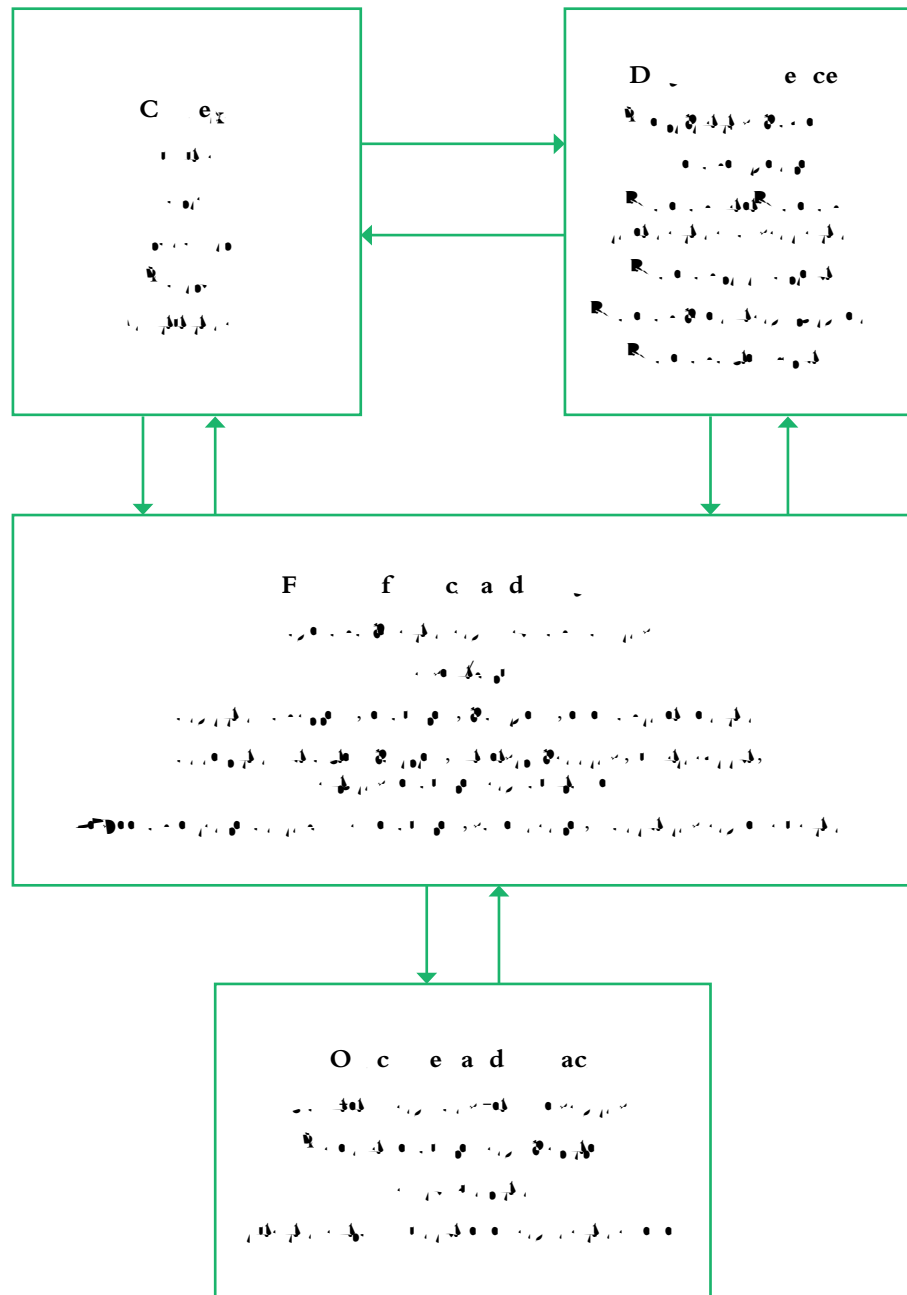
Category	Theme	Number of codes
Cognitive (73)	Knowledge	51
	Skills	11
	Attitudes	5
Emotional (51)	Self-esteem	1
	Empathy	17
	Resilience	15
Behavioral (51)	Pro-social behavior	1
	Aggression	24
	Academic achievement	5
	Delinquency	2
	Substance use	7
	Peer relationships	
	Parent-child relationships	

The results of the coding process are presented in Table 1. The most frequent theme was 'Knowledge' (51 codes), followed by 'Aggression' (24 codes) and 'Empathy' (17 codes). Other themes included 'Attitudes' (5 codes), 'Resilience' (15 codes), 'Academic achievement' (5 codes), 'Delinquency' (2 codes), 'Substance use' (7 codes), 'Peer relationships', and 'Parent-child relationships'. The total number of codes across all themes was 1421.

3.5 Structure of the review

The structure of the review is organized into several sections. The first section provides an overview of the research area and the purpose of the review. The second section discusses the methodology used for the search and selection of studies. The third section presents the results of the coding process, including the themes identified and the number of codes for each theme. The fourth section discusses the implications of the findings and the limitations of the review. The final section provides a conclusion and suggestions for future research.

Figure 1: A comprehensive framework for analysis of support



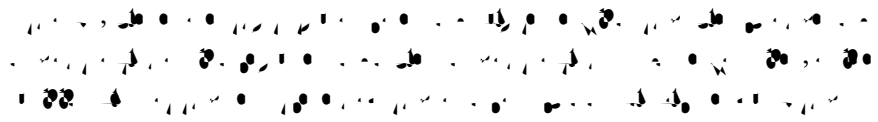
... (2015)



Le_e	T e f c e e	O c e de a c e a e/ e e e dec e a e/ ed c
<p>• •</p>	<p>• •</p>	<p>• •</p>
<p>• •</p>	<p>• •</p>	<p>• •</p>
<p>• •</p>	<p>• •</p>	<p>• •</p>

• • • • • (2003), • • • • • (200), • • • • • (2015), • • • • • (2015), • • • • • (201), • • • • • (201), • • • • • (2017), • • • • • (2017), • • • • • (2017), • • • • • (2017), & • • • • • (2017.)

4.1.4 Changes in awareness and knowledge



- **Combined approach**

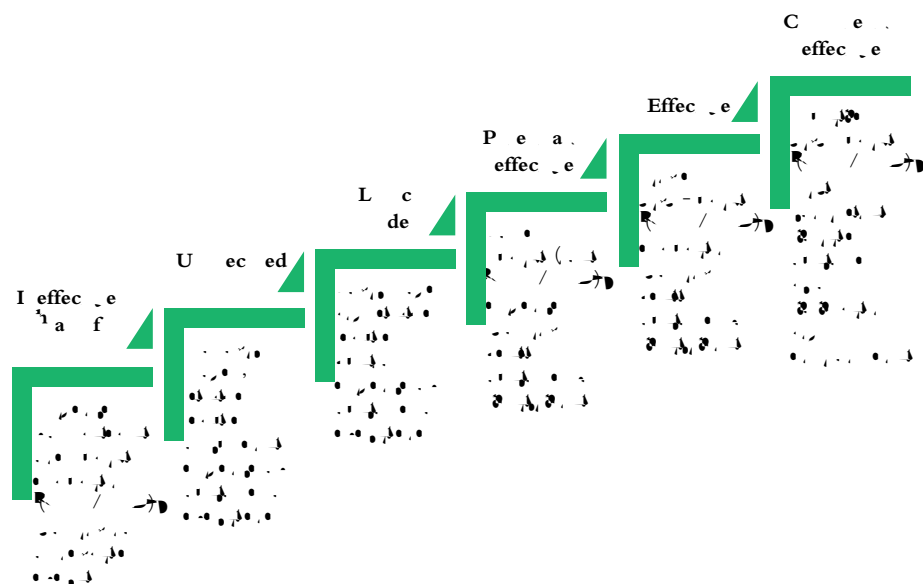
This approach combines the strengths of both the traditional and the combined approach. It involves a series of steps:

1. Identification of the intervention and the outcome.
2. Identification of the population and the intervention.
3. Identification of the comparison and the outcome.
4. Identification of the population and the intervention.
5. Identification of the comparison and the outcome.

(2017),

(2017) (2017).

Figure 2: Intervention effectiveness and outcome evidence



(2017)

(2017)

51 24

(2017) (2017).

(2013, 2014).
 (2014).

5.2.2 Service evaluation

1.2. 2

Case study: Children's Rights in Society (Barnens rätt i



Case study: National Sexual Assault Online Hotline (NSAOH), US

The National Sexual Assault Online Hotline (NSAOH) is a 24-hour, confidential, and free online service for survivors of sexual assault and sexual harassment. It was established in 2003 and is operated by the National Sexual Assault Resource Center (NSARC) at the University of North Carolina at Chapel Hill. The NSAOH provides a safe and secure environment for survivors to seek support, information, and referrals. It offers a variety of services, including crisis counseling, legal advocacy, and medical advocacy. The NSAOH is a leading example of an online helpline that has successfully provided support to survivors of sexual assault and sexual harassment.

5.2.7 Case reviews

... ..
... ..
... .. (2017).
... ..
... ..
... ..
... .. (2012).
... ..
... ..
... ..
... .. (2005).
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... .. (2005).
... .. (2012).
... ..
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... .. 5.0.

... .. (2017). 24 * (... ..) 0-2.1

... .. (2017). 5 * (... .. 1 H 17) -2

5.2.10 Community opinions, awareness and attitudes and help-seeking sampling

Community opinions, awareness and attitudes and help-seeking sampling are important factors in the development of a community-based mental health program. The purpose of this section is to explore the current state of community awareness and attitudes towards mental health, and to identify the barriers to help-seeking. The findings of this research will be used to inform the development of a community-based mental health program that is tailored to the needs and preferences of the community.

The research was conducted using a combination of qualitative and quantitative methods. Qualitative methods included focus group discussions and individual interviews with community members. Quantitative methods included a survey of community members. The survey was designed to measure community awareness and attitudes towards mental health, and to identify the barriers to help-seeking. The survey was distributed to a random sample of community members, and the results were analyzed using statistical methods.

The findings of the research indicate that there is a need for a community-based mental health program. Community awareness and attitudes towards mental health are generally poor, and there are many barriers to help-seeking. The most common barriers to help-seeking are a lack of knowledge about mental health, a lack of information about where to go for help, and a fear of stigma. The research also found that community members are more likely to seek help if they have a good relationship with a health professional, and if they are encouraged to do so by family and friends.

The research also found that community members are more likely to seek help if they have a good relationship with a health professional, and if they are encouraged to do so by family and friends. This suggests that a community-based mental health program should focus on building relationships between community members and health professionals, and on providing support and encouragement to those who are seeking help. The research also found that community members are more likely to seek help if they have a good understanding of mental health, and if they are aware of the services available in their community. This suggests that a community-based mental health program should also focus on providing education and information about mental health, and on promoting the services available in the community.

The research also found that community members are more likely to seek help if they have a good understanding of mental health, and if they are aware of the services available in their community. This suggests that a community-based mental health program should also focus on providing education and information about mental health, and on promoting the services available in the community. The research also found that community members are more likely to seek help if they have a good understanding of mental health, and if they are aware of the services available in their community. This suggests that a community-based mental health program should also focus on providing education and information about mental health, and on promoting the services available in the community.

2014). The authors argue that the use of multiple measures and indicators is essential for a comprehensive understanding of the effectiveness of an intervention. They emphasize that a single measure or indicator is often insufficient to capture the complexity of the intervention and its impact. The authors also discuss the importance of selecting measures and indicators that are valid, reliable, and sensitive to the changes being measured. They provide a list of potential measures and indicators for various types of interventions, including behavioral, cognitive, and organizational interventions.

The authors also discuss the importance of quality of evidence in determining the effectiveness of an intervention. They argue that high-quality evidence is essential for making informed decisions about the use of an intervention. They provide a list of factors that can affect the quality of evidence, including the quality of the studies, the consistency of the findings, and the size of the effect. They also discuss the importance of considering the quality of evidence when making decisions about the use of an intervention.

5.3 Overcoming barriers to effectiveness

- Multiple measures and indicators**

The authors argue that the use of multiple measures and indicators is essential for a comprehensive understanding of the effectiveness of an intervention. They emphasize that a single measure or indicator is often insufficient to capture the complexity of the intervention and its impact. The authors also discuss the importance of selecting measures and indicators that are valid, reliable, and sensitive to the changes being measured. They provide a list of potential measures and indicators for various types of interventions, including behavioral, cognitive, and organizational interventions.
- Quality of evidence**

The authors also discuss the importance of quality of evidence in determining the effectiveness of an intervention. They argue that high-quality evidence is essential for making informed decisions about the use of an intervention. They provide a list of factors that can affect the quality of evidence, including the quality of the studies, the consistency of the findings, and the size of the effect. They also discuss the importance of considering the quality of evidence when making decisions about the use of an intervention.

- ***Building strategic and inclusive child support alliances*** ..

Appendix 2:

Database	Search Protocol	Results
(1) *A D	(2) *	(3) G 3 (6)
1,1	24, 3	1, 2, 3

Table 5: Databases, search protocol and results

Da ab a e	Sea c ¹ d	Pe d	Sea c ¹ a ea	La a e e a ed	Re
...	... & 3 (...)	2000-13	...	...	2
...	... & 3 (...)	2000-13	...	...	7
...	... & 3 (...)	2000-13	...	...	4
...	... * & 3 (...)	2000-13	...	...
...	... *	2000-13	...	/	2
...	... * 1	2000-13	(...)	/	7 3
...	... 1 (...) ... *	/	...	/	5
...

Databases searched

General social sciences

- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.

Health databases

- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.
- ["The Role of the State in Economic Development" \(1951\)](#) by [W. W. Rostow](#). [1](#) 51.

UK government publications

- _____

- 1,421 ()
- 328 ()
- 1,07 ()
- 20 ()
- 137 ()
- 74 ()
- 73 ()
- 73 ()

Screening criteria

... () ... 2000 () ...

... () ... () ...

... ..

... ..

Appendix 3: Coding frame

Appendix 4: Coded sources

- ... (2001) *A* ... *H* ...
- ... & ... (2011) *E* ... *B I* ...
- ... & ... (2008) ... *C* ...
- ... & ... (2007) *E* ...
- ... (2014) *E* ...
- ... & ... (2014) ... *B* ...
- ... (2017) *E* ... *H* ... *E* ...
- ... (2017) *C* ... *A* ...
- ... (2017) *A* ... *C* ...
- ... (2012) ... 2012.
- ... (201) *I* ... *C* ... 2015-16.
- ... & ... (2013) *I* ... *D* ...
- ... (200) *E* ... *H* ...

... & ... (2012) ...
Child Development, 83, pp. 313-324.

... & ... (2017) ...
Child Development, 88, pp. 215-222.

... & ... (2017) *Does the quality of early child care predict school readiness?*
Child Development, 88, pp. 1-12.

... (2015) *Family structure and child development*
Child Development, 86, pp. 1-12.

... & ... (2012) *Family structure and child development*
Child Development, 83, pp. 23-35.

... & ... (2011) *Family structure and child development*
Child Development, 82, pp. 1-12.

... & ... (2017) *Family structure and child development*
Child Development, 88, pp. 1-12.

... (2008) *Family structure and child development*
Child Development, 79, pp. 1-12.

... (2001) *Family structure and child development*
Child Development, 72, pp. 1-12.

... & ... (2007) *Family structure and child development*
Child Development, 78, pp. 3-17.

... (2001) *Family structure and child development*
Child Development, 72, pp. 1-12.

... & ... (2008) *Family structure and child development*
Child Development, 79, pp. 203-222.

- ... & ... (2017) *B...* ... *E...*
- ... & ... (200) ... *C...* ... 50, 75-7
- ... (2013) *H...* ... *I...* ... *A...* ... 2011, 2012.
- ... (2014) ... *CC...* ... *A...* ... 2012, 2013.
- ... (2017) *A...* ... *I...* ... *H...* ...
- ... (2017) ... *I...* & ... 43, 15-18.
- ... & ... (2015) ... *C...* ... 48, 177-185.
- ... (2017) ... *C...* ... 82, 207-213.
- ... (200) ... *B...* ... *G...* & *C...* ... 37, 3, 257-2
- ... (2005) ... *I...* ... *C...* ... 18, 3, 253-274.
- ... (2005) ... *A...* ... 3, 513-527.
- ... (2012) *H...* ... *A...* ...
- ... & ... (2007) ... *C...* ... *E...* ... 25, 4, 12-1

- W. J. & H. (2005) *Journal of Business Ethics*, 54, 3, pp.333-344.
- W. J. & H. (2012) *Journal of Business Ethics*, 107, 2, pp.245-252.
- R. (2017) *Journal of Business Ethics*, 146, 2, pp.2016/17.
- R. & H. (200) *Journal of Business Ethics*, 10, 3, pp.215-222.
- R. & H. (2005) *Journal of Business Ethics*, 54, 3, pp.317-323.
- R. & H. (2007) *Journal of Business Ethics*, 74, 4, pp.50-55.
- R. (2008) *Journal of Business Ethics*, 78, 3, pp.30-35.
- R. (2011) *Journal of Business Ethics*, 98, 3, pp.30-35.
- R. & H. (2012) *Journal of Business Ethics*, 107, 4, pp.482-488.
- R. (2013) *Journal of Business Ethics*, 112, 4, pp.482-488.
- R. & H. (2012) *Journal of Business Ethics*, 107, 4, pp.482-488.
- R. & H. (2004) *Journal of Business Ethics*, 54, 3, pp.317-323.
- R. & H. (201) *Journal of Business Ethics*, 107, 3, pp.353-360.

- ... & ... (2011) ... (2011) *I ... : I ...* ...
- ... & ... (2017) *I ... : A ...* ...
- ... & ... (2017) *I ... : C ...* ...
- ... (2015) ... ! ... *I ... C ... A ...*, 24, pp. 353-372.
- ... (200) *C ...* ...
- ... & ... (2012) ... *K ...* ...
- ... & ... (201) ... *A ...* ... 2015/16.
- ... & ... (2005) ... *H ...*, 7, 2, pp. 75-87.

• ... (200) E ... A ... I ...

... & H ... (2008) ... H ... 2 ... 203 222.

... & ... (2017) B ... E ...

... & H ... (200) ... C ...

- ... & ... (2012) *E...*
- ... (2015) *E...*, 24, 405-41.
- ... & ... (2015) *C...*
- (2008) *A...* CC...
- (201) *C...* : 30...

... (2014) ...
... 30-35.

(2011) ... A ...
... E ...

(2013) ... A ...

(2012) ... A ...