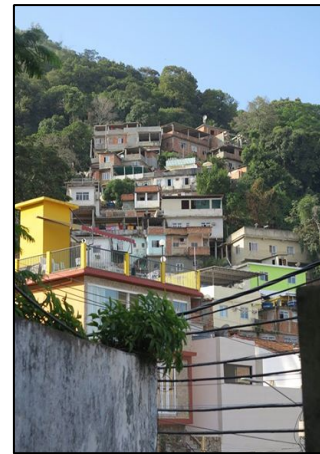
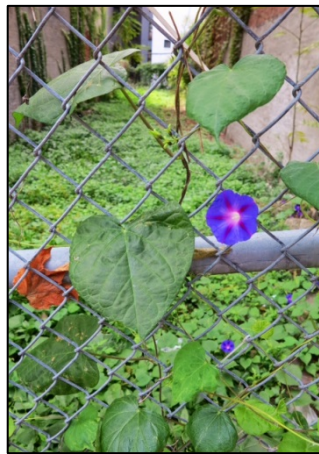


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**LESSONS LEARNT FROM  
THE USA AND BRAZIL:  
ENABLING PARENTAL ENGAGEMENT IN  
URBAN AREAS OF SOCIAL  
DEPRIVATION**



**A RESEARCH REPORT BY  
LUCY POTTER**

**THE WINSTON CHURCHILL FELLOWSHIP  
AND IN COLLABORATION WITH  
THE RANK FOUNDATION**

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## 1. EXECUTIVE SUMMARY

In autumn 2013 and spring 2014 I had the opportunity through the Winston Churchill Fellowship to travel to the United States and Brazil. In September I visited New York City and North Carolina for four weeks and then in March 2014 travelled to Rio de Janeiro and Porto Alegre in Brazil for three weeks. Here I visited a combination of community based organisations, universities and NGO's working with and engaging families in early childhood programs. Both the States and Brazil have effective early intervention programs that rely on the successful partnership of parental engagement. I wanted to learn what makes a family engage in a service which promotes health, wellbeing and early education.

For years the UK has operated family welfare support including childcare through mainstream services. However, no matter how universal our holistic services are, there are an increasing number of families living in poverty and more families accessing food banks. Social deprivation and isolation compound the impacts of poverty creating barriers to accessing the right type of support. There are children centres throughout the UK that help to promote the benefits of services to vulnerable families. However, with more time and resources being targeted towards crisis intervention, less time is spent on preventative methods which could in fact help to reduce poverty in the long term.

This report will briefly describe the background of family's services and early intervention programs in the UK. It will describe how Head Start in the USA relies on parents to help run the service and how this compares to Sure Start in the UK. In Brazil I wanted to witness how the government responds to in the inequality between rich and poor in the favelas of Brazil, and what human resources are implemented at grassroots level to help improve life chances.

The methodology undertaken in my research was through interviews, observations, conversations and photographs. I referred to a daily blog which I wrote and published after each visit as an interpretation of my research. This was used as a reflective tool to keep my research on an even ground and balance my findings.

Due to data protection around children's photographs I was unable to photograph or take part in all groups and participatory activities. However, where I could I drew upon the strengths from each setting. I gained a unique insight into either the managerial or service delivery to gain an overall perspective beneficial to my research.

This report has helped me conclude that the success of effective partnerships with families is not based solely upon one application of intervention. It is based on sharing the resources and skills of grass roots community organisations in which the families live. I will deliver a range of suggestions for good practice in the UK which I hope to roll out in my daily work.

## 2. THE FELLOWSHIP

I am extremely grateful to The Winston Churchill Memorial Trust. This has been an incredible adventure. It has enabled me to embark on global travel and experience best practice from my chosen field of work. Along with other candidates our aim is to apply knowledge gained from our experience and implement it back into our community. This has been an enriching experience for me personally and professionally, one which I will be constantly learning from. Not only has the fellowship supported me financially, more importantly it has given me the confidence to venture out of my comfort zone; to believe in myself in that I could accomplish something truly lasting and worthwhile.

## 3. PROJECT BACKGROUND

My research is taken from my own personal working experience as a frontline worker and infant massage instructor in Holbeck and Beeston in South Leeds. Both areas are culturally diverse and notoriously transient. Many of the houses are used as emergency accommodation and there is a lack of immediate public facilities. There are a lot of isolated families in Holbeck and some on child protection plans. The challenges that outreach workers face is trying to get families to trust you at first and then believe in the services you are promoting.

I have found it increasingly challenging to establish solid relationships with impoverished families who are entrenched in a 'benefits culture'. The problems I faced being an outreach worker, were trying to offer holistic services to families without them feeling judged or stigmatised. Also, the demands of the 'outcomes driven' nature of my work were overstretched and unrealistic in the time that I had. How could I be expected to achieve the goals and meet standards when I didn't have the parent's trust in hard-to-reach areas? If I didn't receive a substantial amount of families attending groups, how could I fully promote groups with genuine enthusiasm?

Working in outreach has highlighted a simple yet important thing; parental engagement is key to succeeding. If you have the parent you have the child. This is something that I have learnt myself in my work which has been increasingly clear and has underpinned my working philosophy. If you have the parent on board with you, the problem is halved.

*'Preventive services usually rely on parents actively seeking help or voluntarily accepting help offered to them. In addition engaging parents in services can benefit the quality of the service'*

*(Katz, I., Placa V,L.,Hunter, S., 2007)*

I believe if we have the parent's trust they will be more open to support. They would feel less singled out and there would be a more genuine exchange. They would be more likely to identify their own needs and work towards their own goals more naturally. This would help us recognise the needs of the family and the community, better informing policy from a grassroots level, rather from the top down.

1. **Barriers to inclusion and successful engagement of parents in mainstream services**  
Prof Ilan Katz, Vincent La Placa, Sarah Hunter Joseph Rowntree Foundation  
(2007)

#### **4. AIMS AND OBJECTIVES**

The aim of this report is to draw upon the USA and Brazil's strengths in practices towards family support and how their group and family work compares with ours in the UK. Also, how they can be adapted and applied to the UK service delivery. This report will aim to highlight the differences between these countries and the UK and suggest ways to help improve engagement within isolated families in urban communities of deprivation in the UK.

1. Differences in early intervention strategies between Head-Start and Sure Start
2. Helping families overcome barriers in accessing support services.
3. Communication between multi-agencies, sharing knowledge and data.

#### **5. ACKNOWLEDGEMENTS**

This has been an epic journey which has lasted nearly two years. Thank you to everyone at the Winston Churchill memorial trust for all your support.

I am truly grateful for the support of Khari Garvin (Director of Head-Start State Collaboration Office North Carolina) and Susana Delgado Director of Speech and Language at ULBRA University in Brazil, who both provided me with enriching experiences and focused itineraries.

Thank you to Bee Rowlett for helping me with my application and coming in at the 11<sup>th</sup> hour to proof read my report, you're an angel.

Thanks to all the workers in New York, North Carolina and Brazil who gave time out of their busy schedules to support my research. (Full list of names at the back of the report)  
Thank you to Deise Carr for helping me translate interviews, lectures and presentations, and convey the essence my research on both visits to Brazil.

Thanks to Nick Frost, Maggie Hartley, Joanna Smith, Bernard McMahon and Narinder Gill for their professional guidance. Nas Draxler at Little London Children Centre, who has supported me since returning with my ongoing projects.

Finally thank you Lucy Riches who has supported me in everything. To all my family and friends who stopped asking 'Is your report done yet?' Thank you, Mum for being there. Barney for taking over childcare duties.

Stanley and Iona you are a constant source of my inspiration.

And Dad this is for you. I believe you have been with me on this journey. I hope you enjoyed it just as much as I did.

## 6. HISTORICAL BACKDROP USA vs UK HEAD-START AND SURE START

Head-Start was established in 1964 in response to the 'War on Poverty' Act (1965) in the Kennedy and Johnson Administrations and is still in place today. Concerns shaped perceptions of the development of children specifically affected by their environment and conditions at home. This was imperative on a child's development and to be able to thrive educationally.

*Head-Start aims to improve the learning skills, social skills, and health status of poor children so that they can begin schooling on equal footing with their more advantaged peers. (Currie, J. & Thomas, D. 1993)*

Head-Start is for children and families aged between 3-5 years. Early Head-Start is for pregnant women, children and families aged from birth to 3 years. The local programs are situated within socially deprived areas of New York City and the rest of the States. From the fact sheet of 2013 Head-Start and Early Head-Start served 37% Latino and Hispanic families, 42% White 29% Black or African American 0.6% Native Hawaiian American/ Pacific Islander, 4% Alaska Native/American Native 2% Asian.

In 1997 the UK took the Early Head Start model and created Sure Start Learning Program (SSLP). They operated from 1997 until they merged into Children Centres around 2006. Sure Start was originally located in communities of socio-economic deprivation with an aim to help improve the quality of childcare. This introduced teachers as well as nursery nurses providing early years learning, and soon after a team of children and family professionals under one roof. There were Centre's of Excellence around the country including one in East Leeds in the UK. The aim of the program was to help empower families in target areas of disadvantage, providing holistic support and voluntary opportunities for parents, which included managing budgets and organising trips.

Around 2006 due to differences with measuring successful outcomes of Sure Start, the Local Authorities took control of delivering a more universal service introducing the 'Core Offer'. This reflected the Every Child Matters Outcomes Department of Education (2003) Be Safe, Be Healthy, Enjoy and Achieve, Make a Positive Contribution and Achieve an Economic Wellbeing. The core offer is in effect an umbrella service. Its ethos has remained the same; to offer preventative methods and effective protection through engagement working within a multiagency approach to engage all services under one roof. Family Outreach Workers in children centres continue to help promote these services to vulnerable families.

### **The Early Start initiative**

A health visitor is the first professional that meets a family when they have a new born, and identifies any needs which may arise. The family's information is then passed onto the outreach workers at weekly allocation meetings at the children centres. If the needs highlighted require referring to other specialist services in order for families to receive support, the family outreach worker will also pay a visit to the family to do this and introduce the services generally as well.

### **Eligible Two's**

This is an extension of the National Education Grant of 15 hours free childcare per week from 3-5 year olds to 2-3 year olds. (In the UK there is free universal childcare for all families from the age of 3 to 5 years old term time only). The eligible twos initiative is for vulnerable families to engage with the children centres and access the holistic support offered a year earlier than other families.

## 7. TRAVEL ITINERARY

### NEW YORK and NORTH CAROLINA

Sunday 15 <sup>th</sup> September 2013	Transit	Leeds to Brooklyn
Monday 16 <sup>th</sup> September 2013	Interviews	ACS Willie Mat Manhattan
Wednesday 18 <sup>th</sup> September 2013	Interviews and Observations	Episcopal Children's Services The Bronx
Thursday 19 <sup>th</sup> September 2013	Interview with Bela Rex Kiss	Centre for Family Life Sunset Park Brooklyn
Friday 20 <sup>th</sup> September 2013	Interview with Tracy Carter and Rosa	Bridge Builders the Bronx
Monday 23 <sup>rd</sup> September	Interview with Thomas Meyers	Child Centre for New York Brooklyn and Queens
Tuesday 24 <sup>th</sup> September	Interview with Adam Chaiken	Child Centre for New York
Wednesday 25 <sup>th</sup> September 2013	Interview and Observations with Lori Spector	Kingsbridge Community Heights The Bronx
Friday 27 <sup>th</sup> September 2013	Interview with Nina Valmonte	Catholic Charities
Monday 30 <sup>th</sup> September 2013	Transit Meeting with Khari Garvin Director	Brooklyn to Raleigh North Carolina of Head - Start Collaboration Office - Raleigh NC
Tuesday 1 <sup>st</sup> October 2013	Virtual Roundtable Conference Call with (FIPP) ECIDS Meeting NC Division of Child Development & Early Education Home visit with Mary Ford Round table discussion with family support workers	Telamon Agency
Wednesday 2 <sup>nd</sup> October 2013	Site Visits	Durham Early Head-Start Chapel Hill Training Outreach Project Inc.
Thursday 3 <sup>rd</sup> October 2013	Site Visits	Pender County Harnett County Migrant Workers Topsail Elementary School
Tuesday 8 <sup>th</sup> October 2013	Interview with Carmen Rodriguez	Columbia University
Wednesday 9 <sup>th</sup> October 2013	Parent Support Group and Interview with Sandra Killett	Child Welfare Organization Project East Harlem
Thursday 10 <sup>th</sup> October 2013	Interview with Nora Carthy Interview with Moira Cappio and James Langford	Rise Magazine Children Aid Society
Tuesday 15 <sup>th</sup> October 2013	Interview with Nathalia Sabatino and Leslie Ruiz	Catholic Charities

## 8. THE STATES FAMILY SUPPORT SERVICES

### Administration for Children Services – Willie Mae Jr.

I began my research with a visit to the Administration Children's Services situated in downtown Manhattan. ACS is responsible for the cities child welfare, juvenile justice, early care and education. This is an umbrella agency which is funded by the State. This covers all social services, quality management and family support services. They provide intervention services also including fostering and adoption. ACS is our 'social services'.

I enter the grand marble hallway and am issued with a numbered ticket by security staff. I take the elevator to the 6th Floor, and make my way to the Human Resources Department services.

Willie Mae Jr. is a LCSW (Licensed Clinical Social Worker). He has been an employee at ACS for the last 25 years and has seen lots of changes in this time. He noted how things had greatly improved in family intervention services and remembers the 'crack cocaine' epidemic in the early 1990s. This was a turning point in helping families tackle drug and alcohol addiction which laid the network of family intervention support services throughout the city.

Willie Mae was surprised to hear that for each registered birth in the UK there was a health visitor in the UK and compared it with the States, laughing saying 'You definitely don't get that here, you just have to get on with it'. He was also surprised to hear that every mother gives birth without having to pay for treatment in hospital. There is no statutory maternity benefit in the States but is offered 12 weeks full pay and if the mother is in employment. I started to get a picture of what the pressures facing first time families are in the states. It's all about survival.

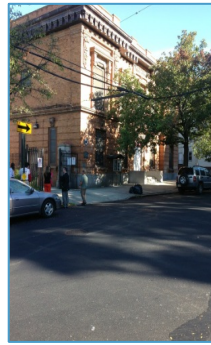
Willie stressed the company's responsibility of protecting children at risk in the city, and how he felt very passionate about not overlooking any family. He told me about their partnerships with other charity advocacy groups. These help provide extra support for families involved in the child welfare system attending Child Safety conferences with ACS. I will be meeting some of these charities whilst I am in New York to look at the effectiveness of this service.

I ended the interview learning this:

The States has a decentralised service delivery for family services to ours in the UK. In the States, the responsibility for families is broken down into individual charitable organisations but regulated by a state body. In the UK it is the responsibility of the local authorities and the children centres. Each children centre in the UK has the same regulations to follow in a one size fits all package. Whilst the States still has to follow regulations, each setting is reflective of its locality and community. I will continue to demonstrate these differences throughout the next half of this paper.



## Episcopal Head-Start Centre in South Bronx and Kingsbridge Heights



Episcopal Kingsbridge Heights

I am invited into a socialisation at Episcopal. Episcopal are mainly a Head Start and Early Head Start run centre. I have arranged this visit with Helen Davis Director of Early Childhood. I walk into this adapted office block with light airy rooms. There are mainly mums of Hispanic and sub Saharan backgrounds coming into the centre for the first time. The aim is for them to be introduced into the Head-Start program. There is also a nursery provision setting with rooms for babies, toddlers and pre-school children which lead off the corridors. These rooms are part of the centre based element of the program. Today the building is lent to the families and food is the main draw.

Parents don't just drop their children off at the centre. There are different programs of provision which involve parent participation. Centre based; child care provision at the centre. Home based: support worker visits parents at home, or a combination of the two. The centres will try and adapt around a family who is working, but this is a service for parents who are on minimum wages so the child care is not full time. It is expected that a family needs to engage with the Head-Start program.

Being a Head-Start parent is about being part of the centre and helping to run the activities. Mums and Dads are encouraged to meet once a month by sharing experiences of parenting and learning with their children. It is all about understanding the developmental stages of their child's learning. The centre offers the holistic resources and support to help build life skills and empowerment through support and guidance; health, immigration status, housing, etc. This support is embedded in the program. The parents here today are meeting and joining for the first time.

The parents gather round to listen to Joanny Ruiz (Early Head-Start / Early learn director). She talks through the 'handbook' with them and in this is an agreement they are going to sign. This is a binding contract which says the families will actively engage in the service. Joanny speaks fluent English and Spanish so she translates to the Hispanic families. The paper agreement is translated into Spanish also.

In comparison with the UK this is a collective process of starting at a centre. In the UK there is one sheet for families to sign and it is done individually between the health visitor and outreach worker either in their own home or at the centre. Here at Episcopal this is more formal but friendly process designed for the families to understand the program and what they are agreeing to.

Smells beckon as we walk into the eating area. A set of three hotplates contain pasta and vegetables and are ready for parents to serve themselves. Joanny turns to me and says;

***'Feed them, and they will come'.***

This is definitely a motivational factor. I know as a parent myself, if someone was offering me and my children a free hot meal I would be more inclined to turn up. I then experience a wonderful exchange of sharing between strangers. We are instantly unified by food. It's a universal language. This is a great start to introducing the services to the families. It has taken the edge of awkwardness of meeting new people. In the UK the only places that serve food are of promoting a healthy balance diet is with offering biscuits and fruit, sometimes with a donation.



The socialisation has been planned well. They have hired Fran Roseanne from 'Sign, Say and Play'. She is a musician and usually attends parent groups performing baby signs and action songs in the more affluent areas of upper west side Manhattan. I chat to her afterwards and she tells me;

***"I always like to come to these places the best, because you see the friendships develop over the weeks"***

I can see how something like this could attract the multicultural communities in Leeds. Providing food would help attract families into the local neighbourhood. It would also serve as a good introduction to the children services and help break down language barriers.

### **Kingsbridge Heights Community Centre**

Kingsbridge Heights is in north Bronx and incorporates a Head-Start and early Head-Start program into their established community centre. This is an adapted institutional building of the old 50th police precinct with a ramp and a lift for accessibility, and has been around since the 1960's. They offer food like Episcopal and provide programs for preschool, youth clubs families and older generations. They invite me in to spend a day with the children, the parents and the child-minders.

I visit an activity based group called the 'baby school', incorporating home and centre based programs. Parents attend either a morning or afternoon session. They take part in structured learning activities, designed to better understand their role in their children's learning. The picture below shows the parents engaging in the activities. It is an opportunity to share one to one creative time with their children. Lunch is provided here too, either at the end or beginning of a session.



I feel both these centres serve not only the children but the parents and carers too. There is the space. Already differences between the States and the UK are jumping out at me. First it's the food and second the environment in which parents are welcomed in to. The food welcomes them in, but then also rests on an engaging day of activities. As this happens every week it is an embedded date for families to structure their week around, making spending time with their children an important event.

The children centres in the UK offer Stay and Play (a version of this) within the nursery settings. Usually parents are invited in to spend time with learning their child using the resources in the same space as the day care children. Or, some have a separate room with facilities once a week. Here, in New York there is fully equipped provisional room dedicated all week long for families to engage in creative learning.

Sure Start and Children Centres promote the children's learning. However it was here in New York City I witnessed the interaction of families within a structured environment.

## Empowering

Understanding and celebrating diverse cultures is at the heart of the centres philosophy. Joanny at Episcopal shows me decorated wall displays presenting past celebrations of cultures. The parents took part in a poetry course which enabled them to express their experiences through poems, and then presented a catwalk show of their native regale. In the UK we have displays in our centre promoting and celebrating achievement, however the message behind these displays signifies transformation of some of the women's lives. Joanny tells me the poetry classes are very powerful in helping families recognise their position in the community and the feeling of being welcomed. Joanny says the poems are always emotional and she can't help from fighting the tears back at times.

Each place has testimonies from the parents. For instance Giselle, executive director at Kingsbridge hands me the book 'Sayings from the Heart'. This is a published paperback book by parents for parents in sharing how they've overcome struggles in life. There are also testimonies from their support workers too. Publishing a book with parent's stories shows the commitment the centre has with the families by embracing challenges and having the right to feel proud of their experiences.



Already I am forming a picture on the practice that the centres offer. It feels like the community is reflected at the centres. The parents are active and are listening. The parents who are engaging have the time to take part in the activities. This is a big difference to where parents drop off their children at the beginning of the day and collect at the end in the UK. It makes me think that it's not just the food that is offered but what they do around it that counts. Through the program the parents see the benefits of what learning with their child means.

## **Volunteering**

Head Start guidelines state that 'parents, staff and community representatives have an important role in helping make Head Start a success'. The reason for this is because if parents are representing the learning they are influencing other parents in benefiting from this also. Joanny at Episcopal spends a lot of her time getting Head-Start parents to take part in organising events and being a volunteer. She expresses it has to be meaningful. Parents have to want to do it. The Head-Start regulations show step by step ways in which centres can involve parents who want to be volunteers. Her job is to make sure she tells the parents all that is involved in being a parent representative. The time and effort of the work she puts in is reflective of the rewards this part of her job gives her.

In 2013 Head-Start had 818,000 Head-Start parents volunteering on their local program. In the socialisation earlier at Episcopal two of the family support workers had been Head-Start mums. This offers a surety of the success of the program to new parents that they are partaking in something worthwhile for them and their children. (Head-Start 2013)

## **Multiagency working**

There are hundreds of charities that operate family support centres in New York. This means they have their own network of support from other professionals. For example, Kingsbridge facilitates a 'Room to Grow' service. This is a space specifically designed for childminders although they use the word 'childcare providers' they liked our word 'childminder'. It is a soft play area for children and child minders to play in. The room can be seen through a window which looks onto an office of a team of psychologists, social workers and educationalists all working with the families of the children. The office is designed with glass separating the rooms for professionals to casually observe the interactions between child-minder and children. This is so if there are any raising issues with a child, they can be first monitored through the child's social skills and behaviours which may manifest through play.

There is a sense that everything is shared and contained under one roof. I can see how this could be beneficial, not only for families but for the workers too. I imagined being able to share thoughts and get advice on families from a professional who shares the same office. In the UK different professionals are situated in different locations. For instance, family outreach workers work within a particular locality and share family information with a number of different health visitors. These same health visitors work within a larger remit with different outreach workers so their work is spread over changing localities. This part of my research highlights the benefits of staying in one area with everyone working with the same families. Not only would this improve the sharing of data and communication between professionals it gives the sense of familiarity and context of where the families live.

## Columbia University

I visit Columbia University Head-Start in North Manhattan in the Washington heights district. It looks like any other street lined office block, and it's here where they run parent groups and nursery provision with the Early Start program. Carmen Rodriguez (PhD) comments on their shared practice and says that it is the inter-connectivity between sharing skills with other services that cause what she describes the '*ripple effect*'. She explains this is when the 'good work' is done throughout the community, spreading the word of success between services and the services they offer. They have been in this area since 1993 when she and some other health peers realised that families were suffering because of the lack of information to health and nutrition. Their lasting presence in the community has naturally gathered families and other local services and resources for parents to use. In one morning I witness family support staff facilitating a baby massage session, children in nursery provision and medical research students piloting a healthy eating program with a family.

### Macro service

Head-Start programs are also offered through the larger charity organisations too. These charities aim to deliver exactly the same service but from a higher ground of authority and reputation. I wondered how they did this in terms of engaging families. Both The Catholic Charities and Children Aid Society have both been in existence for over 100 years.

I visited the office the Catholic Charities in downtown Brooklyn and Manhattan. They are a macro service; a machine of delivering family support services to the people from the top down. However, there is a heart to the delivery. I walk into the 12 floor office in Brooklyn (it reminded me of the Merrion House the local authority building in Leeds). Nina Valamonte (Director of Parish and Community Outreach) explains they mainly receive their families through crisis intervention and, they don't have to be Catholic! She says they offer a '*womb to tomb*' service. They are known for emergency aid and food banks. They were the one of the six emergency aid charities when hurricane Sandy hit New York, not even a year ago whilst I am there. Once they have engaged with a family initially they continue to identify and address needs.

Similar to this Children Aid in downtown Manhattan also offer intervention but as a charity can stay with a family throughout their life. Moria Cappio (Deputy Director for Early Childhood Programs) at Children's Aid says the importance of that consistency of growing with the family offering children guidance and advocacy. There is no age allocation and changing of services like there is in the UK.

Nina tells me they have outreach workers but they work at reaching out to the community groups already active in the neighbourhoods. She says groups work much more efficiently in this way. Catholic Charities still use these to promote their work, groups, childhood programs which help engage families with the service. This helps Catholic Charities to stay in tune with what's happening locally.

I am struck by how engaged these charities are with the communities they serve. They seem to understand the importance of retaining roots to the service they provide. In contrast it made me question how the UK looks at how policies are translated down to children centres in terms of engaging with other voluntary networks on the ground. This could be one way in which local authorities could respond better in the reach areas. Having a link between local grassroots services including charities could help better understand and use resources more effectively.

## Child Centre of New York

The child centre of New York offers Head-Start programs and sits somewhere in between a small community based and larger serving charities. The associate executives work with families through health clinics. They have provided this service since the 1960's and strive on the success of rehabilitation. I speak to Thomas Meyers (associative executive director). His job it is to lead the job shop and youth program, helping to prevent juvenile incarceration. He works directly with the families and even though he has to help sustain the charity he also works frontline. There is a shared understanding and appreciation of the different roles each worker faces when dealing with challenging families. Executive directors in the UK have less face to face work with the families. This illustrates the difference in service delivery between the States and the UK, in that executives have working knowledge of both sides of the spectrum; challenging families and an understanding of service delivery.

## 9. DIFFERENCES IN SERVICE DELIVERY IN NEW YORK

Throughout this time in New York I have witnessed family support being delivered through charities and community based centres. There really was a sense that they had a grasp of the needs of the community in which they serve. Food was definitely a motivational factor. I also got the feeling that the attitudes were different towards family support. There was no mention of being rated or having Ofsted say you were 'good' to prove you were doing your job correctly. There was a true sense of pride in their work and understanding that made the delivery of family service much more authentic.

US - Devolved charities offering family support direct to the community

UK –Centralised government following one policy of family support through children centres

US – Multiagency professionals working under the same roof with the same families

UK – Multiagency professionals working in different locations.

US – Provides designated provision for 'stay and play' every day. Closely monitored by educated workers trained in working with both adults and children.

UK – Provides 'stay and play' provision with supervision once or twice week

US – Provide hot free meals

UK – Offer snacks

There was of course competition for bids and funding. As they are charity's they have to prove they can sustain themselves (similar to children's centres). However, Natalia Sabatino Project Director (a Head-Start mum) at Catholic Charities confirmed that they also had the autonomy to assist undocumented migrants. I said 'if they're undocumented there's no data on them, which means there's nothing to show you have helped them'. To which she answered.

### ***'But we know we have helped them'***

The difference between the States and the UK was illustrated that short concise response. The outcomes were not measured on what was expected from anyone but what mattered was the effect it had on an individuals' life directly. I thought that was really powerful on how the system allows family support workers feel empowered about their job.

I then went to North Carolina for extra guidance on how the approach to Head-Start is miles away from Sure Start.

## 10. NORTH CAROLINA

### Head-Start State Collaboration office in Raleigh

On Monday 30th September I travel from La Guardia airport at 6.30am. It's an early flight so I drink a coffee. Just under two hours flying and I land in Raleigh, North Carolina. I finally meet Khari Garvin. After numerous Skype conversations he collects me and takes me to the Head-Start state collaboration office in Raleigh. It's plush, light and airy. The sounds of the relentless traffic beeping horns are replaced with birdsong and crickets. It is a much more peaceful place.

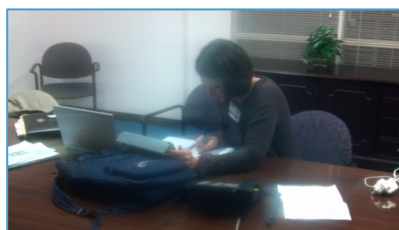
Already the geographical landscape changes the view on the research. North Carolina is totally different than New York City. I am used to pounding the pavements of the concrete jungle and taking subway rides to visit community centres. This already suggests parents either have to travel distances for childcare either by a car, or by public transport. The organisations here are all spaced out for miles along endless roads, passing expanses of green land and trees. Thankfully for me, Khari is driving me everywhere and has arranged all the visits. He has spaced out the itinerary with stops for cups of tea so I won't miss home too much. I feel like I'm being spoilt.

### FIPP Family Infant and Pre School Program

I sit down, and immediately I'm on a conference video call to his colleges in Morganton 300 miles away. Here there are a number of professionals including educationalists, child psychologists and therapy workers staring at me around a big table. They have reached a point which has led to a program being designed to help train family support workers in coaching parents.



This is a new evidence based initiative run by FIPP. They are using research from family support workers on their experience of engagement with families. They are exploring the stages of offering support to families with challenging issues. They explain how they are deconstructing the process of one to one family support. They are looking at exploring innovative ways of providing support through offering life coaching for parents. I look forward to staying in touch with FIPP and following development with this program.



This has confirmed my original question that parent partnership is important. I feel hopeful to learn that professionals are taking engagement seriously. This has been taken from 50 years of working in a family service and evidenced based practice to get to this point.

## **Telamon Corporation NGO**

*'Brings Human Services to People and Communities' (serves 12 states)*

I meet a team of family coordinators and support workers at Telamon. It delivers the Head-Start program including the seasonal migrant workers which I am due to visit the next day. I meet Arvelis Byrd who is director and Kareema Whitfield family services coordinator. They are passionate about their families and are keen to know what programs Sure Start offers in the UK. Naturally they assume that we offer centre based and home based options. I try and explain the 'core offer' whereby we provide childcare provision and offer family support services around this.

I explained the contrast between the two;

### **Sure Start - Children Centres in the UK do this;**

**Provide** paying nursery provision for all families including pregnant women.

Offers and promotes a wide range of holistic free services, for families with children under the age of five years.

Offers and promotes groups and courses for families to engage in.

### **Head-Start does this;**

Provides free nursery provision (centre based) to some pregnant mothers and families with children under 5 years, including holistic family support.

Provides free 90 minute home visits per week (home based).

Provides a combination of the first two including socialisation's once a month.

After I had explained this I had in fact helped to decipher the fundamental difference between the UK model and the States. Because parents in the UK use the children centres primarily for day care and usually it is paying parents are only buying a service they can see.

Kareema clarified that if the family support package was not embedded in the childcare element it would be difficult for families to learn how to engage. Head-Start and Early Head-Start is free and includes the childcare, family support and socialisation. It's the whole package of family support and parent participation the parents signs up for.

This was a revelation to me and was something that truly separated the meaning of engagement between Sure Start and Head-Start. The application that parents make (in Head-Start) when they sign up for the program was laying the foundations for building a relationship with the centre. They are committing to the program. They were making new friends and benefiting theirs and their children's lives. I remembered all the mums at the Episcopal; the parents being welcomed in and asked to sign and agree to engage in the program.

After we came to that conclusion the workers were interested to know how we enticed parents into the service. What were our motivational factors? I told them about how our outreach workers, leafleted at schools and groups. How we conduct home visits with health visitors and proactively encourage isolated families into the groups. Through this work we do get some families, but it's under representative of the amount of families in the reach area.

Then Kareema asked me a significant question;

***'Do they want to come out of poverty? Have you asked them'***

I paused and reflected on this question for a moment. We assume if families are living in poverty then they must need to use the service to help prevent any future need of intervention.



We have to therefore try and sell the service that will be of benefit to them. This preconception must shine through when meeting families for the first time.

From my experience I have witnessed resistance or hostility due to them feeling judged. Head-Start programs don't have that worry, the families come to them. They are more open to the getting the support they need and thereby addressing their own needs and opening up to working towards their own goals.

They were interested to hear about health visitors as this service was unfamiliar to the States - as Willie from ACS said 'you just have to get on with it'. They thought the free health system was fantastic and wondered why I was coming to the States to learn good practice? I said we still had problems with enough parents accessing services and that the NHS is fulfilling a basic need.

I described our registration form we use when meeting new families. I explained getting those families to sign meant they had registered at the centre, and that meant they were now accessing the services. Any outreach worker reading this already knows how frustrating it is to have a family sign and never be seen again. However, once they've signed the form, there on the system and they're 'seen' to be engaging by the authorities.

Kareema then said;

***'I wouldn't sign a registration form unless I knew that you cared I was going to turn up to a group'***

I agreed with her, and said we would have to look at ways of changing how the registration form would read.

The UK has to realise the gap which exists in order for a family to engage. Even at the point when a family is met by a health visitor it is how they sell that service that counts. Local authorities have to realise by having the services within the core offer does not guarantee they will get taken up by the ones who need it the most. It is that crucial point at initial introduction of services and a clear communication of what is expected from the parent in order for that relationship to evolve. This is certainly the case in the States.

Arvelis hands me a 'Parent Training Interest Survey' it's a checklist of needs. I have a read of the generic breakdown of needs under the categories;

It runs from basic needs such as obtaining a car seat or further education to housing issues and domestic violence. This checklist is acceptable in the States because the families may already have these needs identified. A similar list could be adapted for use in the UK.

I have since given this checklist to two different children centres when I returned earlier this year. One colleague has already implemented it as an assessment tool. The family worker felt it would be a good way to track the support they offered. The outcome will be used as an evaluation of the service they promoted and the impact it made in the families lives. Communication will be kept open between Telamon and me in Leeds.

## Telamon and the Seasonal Migrant Program.



This is one of the innovative programs Head-Start began with in 1965. It responded to the Mexican immigrants moving up through Florida and into North Carolina. Generations of families have supported the agricultural economy in the States by picking; sweet potatoes, strawberries, cucumbers and tobacco. Originally the families used to bring the children to the fields with them opening them to dangers of harmful pesticides and being attacked by animals. (This reminded me of learning about rural families pre-industrial revolution). Head-Start responded to this by providing the childcare and it is a successful program. Family workers support families with on-going health issues, education and helping them move onto the next location. Providing the nursery provision is paramount to supporting the families carry out their work.

It was a really exciting day to see that Head-Start supports these families and made me relate to the Gypsy Roma Traveler community in Leeds. It's the small things which are the big things that help these families – see blog post <http://lucylines.wordpress.com/2013/10/06/575/>



Martha Lucy Arvelis Brenda Rosemarie and Jennifer next picture and Nicolas

I am interested in how the children are tracked and followed as they move up through the country. They say the data base in which they input the child's developmental progress, needs etc. is accessed and shared by other head start centres in the country that the children are referred to. I wondered what the potential the children had to thrive as they move into Elementary, Junior High and High School. They say that they look out for the names of past children through the schools results printed online, and recognise some who have excelled and feel proud for them. That said, most of the children grow up and work in construction or like their families in the fields.

The nursery is warm and friendly offering a bilingual teaching day Spanish in the morning and English in the afternoon. The children are happy, confident as they play within a small world environment; a mini house made from wood with stairs and rooms. Space is provided for parents who come to visit the workers, access to the internet and photocopying is available.

## Home Visits

Khari has a home visit planned with Mary Ford. I see her prepare her boot full of provisions. Her role is to provide 90 minutes of engaging activities with the families. I attend a visit with her meet a family with a young boy. The boy is two years old and is excited to see us. Mary is equipped with knowledge on stage development linked with the learning him and his parents are engaging in. There is a healthy link between the worker and the parents. Mum chats about the work she is looking for. There is no sense of judgment and Mary adapts to the needs of the child making him the centre of the experience.



Mary later tells me the families have to be fully engaged in this activity. If they are suffering from mental health issues, she says 'she does not force activities. There is no point, in just playing with the child, the parent has to be following instructions too. This makes me think about the times I have had to carry out home visits with referred families, families suffering from domestic violence or mental health issues. Mary says if a Mum or Dad cannot get off the sofa, I am not going to make them play with play dough. Mary said she would take those 90 minutes to talk to the parent until they feel ready. This made me think of parents in the UK being required to engage in 'play in the home activities' as part of a child protection plan. If a parent feels like they 'have to' but doesn't understand why then it becomes as a pointless exercise, the devalues the parents engagement, and the meaning of play itself.

## Reflections on North Carolina

As I leave North Carolina I am reminded of my revelation in engaging families in a free service. I relate this to the 'Eligible Two's program in the UK. Eligible Two's is a government initiative for family early intervention and is an extension of the national education grant which is available to every child between the ages 3-5 years. This offers 15 hours free childcare to every child term time only.

This is a chance to look at how you engage families from the start. I think it's a valid to ask if parents should be able to sign up to a program they are getting for free. There used to be a contract for parents to sign (when it was called 'Vulnerable Two's - the name has been changed since). The Head Start handbook could be referred to as a direct step by step guide in the engaging element of the program. This way you could use the new registration form with a checklist of needs beforehand with a clear and structured plan to continue the support.

In its defence, the 'core offer' in the UK is designed to reach everyone. Head-Start directly affects only the families it reaches due to waiting lists. If a family is not accepted onto a program it doesn't receive the support. Before I leave Khari takes me to the North Carolina sands before flying back to New York City to find the families that fell through the net.

## 11. FAMILIES AND CRISIS INTERVENTION

### Bridge Builders Community Partnerships

Bridge Builders and The Child Welfare Organisation Project (CWOP) provide advocacy and mediation for families in the child welfare system. This is a different kind of parental partnership and one which I was keen to explore. The families who benefit from this service are seeking help with being reunited with their children who have been removed from their care.

I get out of the subway on a warm September morning in South Bronx. The neighbourhood is similar to the Episcopal, yet streets are laid out in hills. I follow my maps app and walk the 20 minutes distance passing the looming shadow of the Yankee stadium. I can't comprehend the size of the structure because the scale of everything here is three times bigger than at home.

Tracey Carter is the first face I see. She beams a smile at me, she's been expecting me. I learnt about Tracey through the book *Pariah's to Partners* (David Tobis 2010) Tracey's story is one of overcoming struggle and experiencing all of her 11 children being removed from her care due to her addiction of crack cocaine. She has since been reunited with two of her children and now provides support to people going through the same thing. I was really looking forward to meeting the team.

Rosa is a licensed social worker who used to work for the foster and adoption agencies. Carlos is a visiting host. This means he supervises contact visits - this is when children meet their birth parents at different settings. Carlos helps to improve these contact visits by arranging them closer to the parent and in pleasant settings, such as gardens, parks or allotments. There is a beautiful allotment just over the road from the centre.



Carlos, Rosa Lucy Tracey



South Bronx



South Bronx



Bridge Builders shop front (parent)

All the support workers have at some point been caught up in the child welfare system. They get trained and some volunteer their time at the centre. It is empowering to see people making transformations in their life and using it to help others. The office doors are open and individuals come in to meet Tracey. They say because the service is run by people who've been affected by ACS (social services) they are more likely to engage with what is being asked of them. There is also a common ground and mutual understanding between the parents and the workers. Barriers are broken down by being open to accepting help and listening.

They continue to outreach in the area of the Bronx (which is the size of Leeds) There are 100 blocks of flats. It makes me think of the size of Holbeck which is one tiny area, compared to the four block radius in the Bronx.

They originally received 3 years funding and are now into their tenth year. Not only do they provide support and advocacy for families they offer other services too. For instance; behaviour management courses, further education and a one stop for all other services including, further education, debt management, and housing. By helping rebuild people's lives they have also widen the net and helping to prevent others from falling through it.

Rosa tells me that there is a parent forum every Thursday morning at CWOP. I go along to East Harlem and ring the buzzer into an adapted office on the ground floor of a block of flats. I enter the building and meet Sharon. She invites me into the forum but I am early, I have to return at 10.30am. I decide to walk a short distance to the local deli. I buy a cinnamon bagel and coffee and sit in the top north east corner of Central Park and mentally prepare for the forum.

When I return I meet a group of parents, men and women who have been separated from their children, or have respite from them. We begin the group by standing together in a circle holding hands and saying a prayer. What a warm ice-breaker. They share stories of walking into the courts with a baby in the stroller (buggy) and leaving with it empty. There is a strong sense of solidarity. It is very emotional. I get the feeling this is the only place where these parents can go to seek emotional support and understanding. Where else can you go where the facilitators of the group are parents that have been affected by the system? There is a choice of refreshments including coffee ice tea, and sandwiches (as if you didn't need any more encouragement to attend).



Sandra Killet

I speak to Sandra Killet who is executive director of CWOP. She says they are still working on accessing pockets of ACS to raise awareness around family breakdown. In that, every family is complex in its own way. CWOP are now funded by ACS to help them assess families who they are borderline cases. They conduct their own assessment on the family and inform ACS which route to take. This will be to either have their children temporarily removed or provide on-going support. As I leave another parent turned worker is organising a transcendental meditation course. It was a powerful place to be.

I was pleased to see such a radical movement of proactive family support. The crisis intervention groups in the UK are supportive for families needed intense family support yet, there was none like this one in New York City which helps inform policy.

I think this was really insightful meeting. It helped me see how crisis intervention is handled within a family network. It said to me that it helped families break free from pattern of having more children to have them removed and to relive the same pain over and over again. CWOP and Bridge Builders did more than practically help they provided space and support to help people face their struggles and rebuild their lives.

## Nora at Rise

Towards the end of my last full week in New York, and I am due to meet Nora McCarthy of Rise magazine. She suggests we meet in the Ace hotel lobby on Broadway and 29th. It takes my eyes 10 minutes to adjust and discover that I'm sat on plush leather sofas with huge animal fur thrown over. The whole place is a taxidermy heaven with an art décor black and white photo booth stood to the side of the room. She's hands me three of the publications. Nora is a writer and editor of the Rise Magazine printed and online magazine for parents by parents. This compliments the work carried out at CWOP and advocates for families who are involved in the welfare system. Since 2005 they have published a quarterly magazine. Starting out with 5000 copies, it quickly increased to 12,000 and now reaches 15,000 parents and practitioners around the city.

There is a power dynamic here, correcting the mainstream perceptions. Writing true stories about true people instead of sensationalist headlines. It validates parents' lives and stories. Not only is this a therapeutic exercise for families it also helps professionals to understand peoples' experiences. This is a brilliant medium to help both the public understand families' situations and an outlet for expression. This could easily be implemented as an adult creative writing course through the city colleges and brought into children centres and schools for the parents.

Rise magazine is written by and for parents involved in the child welfare system. Its mission is to help parents advocate for themselves and their children.

**Rise**  
ISSUE NUMBER 18, SPRING 2011

BY AND FOR PARENTS IN THE CHILD WELFARE SYSTEM

**Raising Children with Emotional and Behavioral Problems**  
Children who come to the attention of the child welfare system have very high rates of emotional and behavioral problems. Many families, especially those in isolated or poor communities, have trouble accessing effective supports. Above all, families need service providers to listen and become their partner in caring for the child. In this issue, parents write about caring for their children and themselves.

**IN THIS ISSUE**  
1. STRESSED CHILDREN, STRESSED FAMILIES  
When children act out, the whole family needs support.  
2. ALL THE DIFFERENCE  
My son's mental illness has put him on the right path.  
3. LISTENING TO THE FAMILY  
My husband's taking part families in charge.  
4. STRINGS ATTACHED  
We needed help but child welfare did more harm than good.  
5. PART OF THE TEAM  
You have to make decisions about your child's mental health treatment in these days.  
6. TOUGH LOVE  
How could my boyfriend and I help his angry daughter?  
7. RAINFALL IN MY HEAD  
I love my parents and my group home so cope.  
8. APART BUT NOT ALONE  
My grandson has made progress in a facility that works closely with family.

**Sick and Tired**  
*I needed respite and support but instead I lost my son.*  
BY CARLA BURKS

Three years ago I lost my son to foster care because I got too exhausted and overwhelmed to care for him. It became hard to take my son anywhere or find childcare for him. He was kicked out of several daycare centers because of his behavior. I had to stay in the house with him a lot. I gained a lot of weight. I felt depressed and cried often. At times I was unable to work due to exhaustion. I lost jobs and found it very hard to maintain a normal life. Even going to church was a struggle. I used all of the resources I could find to stabilize my son. Through the Virginia Department of Social Services, we had case management, mentoring and in-home counseling. Those services helped, but not enough. I still needed someone capable of keeping him for a weekend, just so I could rest. I looked for respite services, but the only one I could find was to help foster parents. I also wanted about a therapeutic summer program and enrolled my son, but his behaviors got to be too much for them and they put him out. As my son went from hospital to hospital, I felt alone, sad and overwhelmed. People would criticize me when they saw my son's behavior. They would say, "He needs a spanking" or "Let him come home with me for a while. Then he wouldn't act like that."

**Destructive Behaviors**  
My son was in preschool when he began showing very strong negative behaviors. If told "no", he would throw things, break things, scream at me and get so mad he would run out of the house. I tried to deal with my son's behavior by punishing him, taking the Playstation away and even spanking him on his bottom. Nothing worked.

**Looking for Help**  
My son was hospitalized for the first time at 5 years old. One day at an after-school class for children with emotional or physical challenges, he attacked a girl and had to be restrained. At the hospital, the doctors told me he had ADHD and bipolar disorder. They gave me information to read and the descriptions sounded just like him.

**Alone and Overwhelmed**  
As my son went from hospital to hospital, I felt alone, sad and overwhelmed. People would criticize me when they saw my son's behavior. They would say, "He needs a spanking" or "Let him come home with me for a while. Then he wouldn't act like that."

## 12. REVIEW ON THE STATES

In this first part of my research I have learnt that the States have a successful family support system which is delivered through a series of independent charities. The way in which this happens is due to local communities responding to the needs of the neighbourhood. They involve experienced professionals which work within a multiagency team with the same families under one roof. This makes the service run more coherently to the response of family's needs. The Head-Start and Early Head-Start are the only federal programs accepted on to these charities which form part of their delivery. The initial plan of engagement is embedded in the program of free childcare, health and education.

This model cannot be directly applied to the UK. The UK has a centralised policy and needs to be able to measure outcomes collectively. However, this information has help highlight the gap which exists in enabling parental engagement in the UK. I learnt that in order to make an effective partnership with a family you had to begin with good communication and a clear structure of the service from the very beginning. Head-start obtains their families through a waiting list from those who want to attend. They provide socialisations as initial introductions with families together and share food. This then helps to break down barriers and allow parents to open up to support. More importantly, they offered free hot food.

However, where these services were not available to families it did present much harsher struggles and challenges for them due to the fact that health care was so expensive. For the families caught up in the child welfare system they were welcomed in by proactive groups of family support. Organisations such as CWOP and Bridge Builders in New York City provided guidance and advocacy families needed to rebuild their lives. This was the most empowering thing that I witnessed. They also continued to offer outreach services to the community. Their behavior management courses and parenting classes also served as a preventative method too.

I realised the hard if not impossible task that family outreach workers actually do in helping isolated families attend groups and children centres in the UK. Without any prior knowledge on the range of benefits available through services how can families begin to engage?

There were two things that could possibly be adapted;

1. Arranging a socialisation at community centres in the UK. Everyone likes food and some people like to meet away from their home environment. Instead of introducing services inside the home bring them out into their community once a month.
2. Head-Start noted the importance of valuing play as an engagement and effective learning tool. Having family workers spend concentrated time in one area such as home visits will help bring out the strengths of a family and provide consistent support.

UK is in an advantageous position of being able to naturally combine family support with free health services and preschool education. Utilising local groups could reflect the community's needs and attract families in.

### 13. ITINERARY BRAZIL RIO GRANDE DO SUL AND RIO DE JANEIRO MARCH 2014



Sunday March 01 2014	Leeds - Rio de Janeiro - Brazil
Wednesday March 05 2014	Rio de Janeiro - Rio Grande du Sol - Porte Alegre
Thursday March 06 2014	ULBRA University Canoas    Susana Delgado Daiana Maribela AM tour of the Campus PM visit a Unidade Basica de Saude Uniao (Health Centre) Meet the Health Agents - Mathias Velho
Friday March 07 2014	AM Speech & Language Parent Group PM Home visits - Mathias Velho
Monday March 10 2014	AM Program Primeira Infancia Melhor (PIM) Visit to Esteio PM Seminar on Domestic Violence
Tuesday March 11 2014	AM Group Visit to Pedirea (favela) in Esteio PM Talk on University collaboration with Family Law Firms, social workers and researchers on DV
Wednesday March 12 2014	AM My lecture PM Carmen Nudelmann - Semana do Bebe
Friday March 14 <sup>th</sup> 2014	Porto Alegre – Rio de Janeiro
Tuesday March 18 2014	AM & PM Favela Mangueirinha (Rio de Janeiro) NGO Terra dos Homens
Sunday March 23 <sup>rd</sup> 2014	Rio de Janeiro to Leeds (via Paris)



Irene Mazer my contact at the Kingsbridge Heights Community Centre in the Bronx, gave me a contact of name her close friend Susana Delgado. Susana is the director of the Speech and Language department at ULBRA University (Lutheran University). Susana kindly organised my itinerary for Porto Alegre in South Brazil. The itinerary includes home visits with the health agents, medical students and observing parent groups. I was also invited to present my own lecture to 150 students. My itinerary covered two days at the end of the week and three days over the second week. I had a translator for only three days, Deise Carr. To help with translation the students of the university rose to the challenge too, a huge thanks to Daiana and Maryann. My main objective of visiting Brazil was because both Brazil and UK have a National Health Service and income based benefit package. I wanted to see what comparisons existed between this in a developed nation and a developing one.

#### **14. PORTO ALEGRE and ULBRA UNIVERSITY**

Porto Alegre is a city on the banks of the Guarbi Lake. The built up residential area spreads a four mile radius and the favelas (slum areas) are further outside in commuter belt areas another 10 miles out. The people and neoclassical architecture of Porto Alegre reflects its Italian and Germanic influences. In the centre of the city is the Mercado which was once the main hub at the centre of the town. It has a beautiful indoor market which smells just like Kirkgate Market in Leeds. You get the feeling it is a real ‘people city’. Lots of families are out enjoying green spaces and shopping in the town, supporting their local economy.



Lucy, Susana and ULBRA Campus

Universidade Luterana do Brasil is situated in the city of Canoas which is just outside of Porto Alegre. I travel out of the city on the train through neighbouring cities, they are called cities but they all look like towns to me. I travel out to Canoas which is 20 minutes on the train and then a bus to ULBRA university. This is a teaching university known for its proactive engagement with the community. In particular the Speech & Language department works with medical teams through the department of health.

Brazil has a National Health Service and the Ministry of Health partners with the University to train their students out into the field of work, working with the most vulnerable families. Doctors work alongside trainee Social Workers, Speech and Language students, Dentists, Pharmacists at the Health Centre I am to visit. The group work they do with the families is exemplary of family engagement with regards to health and something that can be highlighted as strength in their National Health System.

There is a laid-back pace here, but it's also efficient with structured courses. My itinerary is clearly mapped out including meeting a journalist from the university. She asks me what my expectations are. I say that's it's a qualitative research study, looking at how students and professionals interact with each other and the families.

## 15. ULBRA AND HEALTH AGENTS

I am to visit the Health Centre of Mathias Velhor. This is another 20 minute bus journey from the university. The unit is situated in the centre of this neighbourhood serving as a lifeline in the way of general medical advice and vaccinations. The particular neighbourhood of Mathias Velhor is called 'Equip 26-RIS'. Approximately 4900 people live there. The detached bungalows stretch out across the flat urban outskirts alongside dusty roads in a grid system. The main roads have more well-tended houses and gardens, shops, and local bars. However, further out on the perimeter of the grid it gets more crowded.

Many babies are rocked in hammocks 10 feet away from the stagnant river beds and rubbish tips burning waste in the hot day.

These communities are called favelas which are densely populated areas. Most families who live here are hardworking citizens with manual jobs. There is a small percentage of the economy taken up with drug trafficking. If police are present in favelas this means they are pacified. In un-pacified areas the drug dealing is done more openly. Drug dealing still takes place in pacified areas but it is done covertly. There is a tension in the pacified favelas between the young people and the police. Young people are often the ones who get caught up in gang crime and are targeted by the police.



Approximately 25% of the population of the neighbourhood of 'Equip 26-RIS' are the most vulnerable families who live on these shack like houses. The houses are poorly maintained due the fact that 20 years ago they were built on unofficial land and because of this the government has no part in the upkeep and maintenance of them. Houses continue to be worn down with the impact of daily life, and remain un-insulated during the freezing winters and badly ventilated in the high temperatures of summer.

Environmental hazards include burning of plastics, and throwing of public and household rubbish to the wildlife causing general conservation issues. The University alongside the Department of Health are working together to tackle this by sending environmentalist groups to help educate the families in waste management.

I meet 25 Health Agents, dressed in casual clothes and flip flops. The only formal identity is their yellow bibs and job title clearly marked on the back and breast of the bibs. They remind me of outreach workers. They are actually a cross between Health Visitors and Outreach Workers. The vocational qualifications for being a health agent are passing a basic skills test. Then, their training consists of basic medical training over a four month period. Afterwards, they shadow practice for another 3 months, and then it's out on their own to work with families. One other requirement of the role which is important, is their local knowledge. All health agents live in the same community as the families they support.



We spent two hours talking. Daiana a student social worker helps to translate. I listen to each of the health agents, they introduce themselves and the number of caseloads. Some have worked here for 3 months, some for 5 years. They are allocated up to 125 families each, rising to 225 families for the more experienced agent. They work with families around five blocks with 25 houses in each block. They spend all day meeting 10-12 families. They visit all families at least once every 3 weeks. They carry clip boards and update family files for a running record on health and wellbeing. Their priority is to work with the most vulnerable cases first.

I was amazed at the number of families these workers see between them. In the UK outreach workers usually deal with around 25 families each altogether. So this is a big difference. I was interested to know what kind of work they did with the families.

The health agents are like an army of outreach workers. They are equipped with information and basic health training. They move through the community like an immune system almost. They cover everyone with basic visits to families in a preventative manner highlight issues. On their visits they may identify concerns which are referred to other social service teams or health establishments. However, mostly it covers making sure families are up to date with immunisations, identifying additional needs and offering groups.

After this, a relationship is built up over the period of time. The workers then slowly build trust opening the families up to parenting skills and other groups. Also, the families know who the workers are and because it is a basic health visit there were no other judgmental factors. The families also know that they are not the only ones being visited, so there is openness to the service the agents are delivering. This is an ideal way to build up positive relationships with families.

Health agents are in effect a diluted version of a health visitor, and there are more of them. The way in which all the agents blanket the community with health visits, cements the fact that families' needs are being met in the most basic sense. When other health needs are highlighted the trainee families are referred to the trainee health students. In this case Maribel; Speech and language student and Daiana; Social Worker student, assist on the visits.

I am invited out on a home visit with Maribel and a health agent. Both of them did not speak any English. The fact I couldn't understand what they were saying did not matter. I wanted to witness the essence of the exchange between families and workers. To me this was a really important observation, because it showed how open the families were to support from the workers. We also didn't have that delay in time that happens when translating, not to mention listening to someone speak in a different language every 5 minutes. In any case I took my Dictaphone with me and let it record throughout the time.



We walk through the favela. It is flat and the dusty roads carry young lads and babies on horse and carts. Cats and dogs roam around the edges of the road and children play and ride bikes. This image is very similar to the streets of Beeston and Holbeck in Leeds. The only difference is the heat, the language and the living conditions.

A young girl happily walks towards us whilst holding and breastfeeding her baby. She is fourteen years old. The sun is beating down and I try to find shade in between slats of the canopy above me. I hear the opening soundtrack from Alvin and the Chipmunks playing from inside the house through an open door. A strange sense of familiarity in a foreign place unifies the experience. Then I see an image that I can't shake. I look towards the fence in between children's toys and see what I think is a child's costume. Upon closer inspection I realise it is an empty turtle shell, ribbed patterns of tissue in the empty squares. Then I remember Maribel telling me about this family who were so hungry they caught a turtle from the polluted river and ate it. Alvin and the Chipmunks and Mutant Ninja Turtles are going to hold a different meaning for me from now on.

The health agent has brought Maribel here to hand over the information on health issues surrounding the family. The family is happy to be asked questions on updates with the issues. We then visit a mum who wants to transfer from breastfeeding to bottle feeding. Maribel gives more information on the milk vouchers she is entitled to and the vitamins. The health agent then has to leave to go on to other families. Maribel and I continue to on more visits she is working with. There is something so incredibly normal about this experience.



I have travelled the other side of the world, and it is still the same. Women have babies. Families work together. The basic needs will remain the same, and the laundry always needs doing.

However, here the poverty is more extreme and living conditions compound these issues. Later I have translated for me that one woman is suffering from domestic violence and another child has reflux problems. Maribel has assisted with these families offering health advice. She will then go back to the doctors at the clinics, who are working closely with the students and the families and inform them on the family's circumstances.

In Brazil the difference is in the level of skilled workers and clearly defined roles. A basic skilled local health worker covers the families in the community, obtaining basic needs and information. A trained specialist student covers the most vulnerable families and concentrates on individual or group work. More specialised health needs are referred to the doctors and consultants a few minutes away at the clinic. This feels like the delivery of this service is broken down through clear roles and status. There was support amongst all workers and I felt work moral was high.

Because Brazil has a national health service, I was able to compare this directly to the UK better than I could with the States. It highlighted the difference of the hierarchy of professionals at the frontline level in the UK. It was opposite of how we deliver meeting with families in the UK.

In the UK the health visitors are the first people to visit the new born. They place this data on the main health system called 'system one'. Health visitors have a medical background and are trained to degree standard. A family outreach worker is not medically trained but has a degree equivalent in the relevant subject area. Health visitors give specific medical information but are also trained to offer parenting skills, speech and language, providing support on postnatal depression and complex cases. Outreach workers are also trained in this too and offer guidance and signposting to relevant agencies. In some cases because both professions are specialised there is a duplication of work and blurring of roles. Here in Brazil there are more basically trained workers highlighting needs quicker.

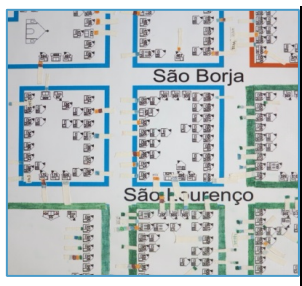
Similar to the States, Brazil has responded to the families from the ground up. In the way that they have covered all the families within one neighbourhood, with the same professionals, working with the same families falling under one roof. This highlights the efficiency of multi-agency working.

## Talking Maps

Daiana shows me the 'Talking Maps'. They are called the talking maps because they communicate a message with the professionals at the health centre. The map shows the grid plan of the neighbourhood. Around each block there is a specific colour. This colour signifies which worker looks after each block. Within each block there are small lined illustrations of houses. Off each house there is a small thin post-it sticker with hand drawn coloured markings on it.

There is a key to the right hand side with reference to;

1. The name of the Health Agent
2. Health Condition
3. Number more or less than 2 to 5 children
4. Date that shows the last visit



This is a visual way of working. Illustrating each house and pinpointing a family and singling them out in a personal way. This is an example of their grass roots approach to working with families. I instantly compared this to our Ordnance Survey maps in the UK. I am accustomed to squinting at the densely populated areas. There is only space to drop a pin in the maps to identify that 'a' family lives in a house in a particular street. In some cases densely populated areas have no street names at all. This would be so much easier to have these areas enlarged and broken into areas and the houses numbered. It would be a so much easier to have a detailed visual map to share between social workers, outreach workers and health visitors in the UK.

I visualise my own google virtual multiagency map shared between professionals. This could inform each professional when and who last visited a family, what services they are accessing, if they have been referred to other intense family support service or extra childcare. This would greatly increase efficiency in communication between services and help share data.

Like any information system these maps work when they are updated with the correct information. Daiana was quite proud of the maps, and said they reflected exactly the work they did.

## Specialised group work

I am due back at the community clinic in Mathias Velho the next day and Maribel invites me into one of her groups. Her role is to engage families with children who have been identified from the health agents visits. This is for either speech or other developmental delays. There are four members of the group each child with their parent or grandparent; they take a seat in the group room on student desks.



Maribel brings out child sized rolls of paper and the children lay down. Then, a wonderful interaction between child and mother takes place. Mum bends over their child and begins to draw outline around their perfectly motionless frames. The children find this exciting as it's a physical activity which involves both of them reaffirming trust and keeping their attention. Once this is done they fill in the body parts

and get the children to name them; thus practicing pronouncing words. One child is very animated and talkative, I am later told he doesn't speak Brazilian Portuguese but his own language, I wouldn't have known. It is not uncommon to see the workers kiss and hug the children. This is something you would never see in the UK, yet here it reaffirms that they really love working with them.



The group lasts no more than 30-40 minutes Maribel's energy and enthusiasm has kept their attention this long and she says that she never goes over this time because the parents and children tend to lose focus in the activity. The parents seem happy and leave with the rolled up pieces of paper back home under their arms. Maribel also says that she creates make-shift libraries with parents and gets them to bring popular children's magazines to fill them. She gets her ideas from online resources and the groups are always popular.

The way in which this works in Brazil is because of the clearly defined roles between professionals. This provides clear coordination and consistency in communication. Moreover, the prevalence of high levels of drug crime and poverty in the area makes this approach crucial to the livelihoods of families. The definition between professional's roles also makes the talking maps work.

The creative group brings together different levels of learning, for instance this is something I could take directly to any of the groups in Leeds, especially an ESOL group it would be a great way for EAL children and parents to learn English in a fun, interactive and creative way.



Daiana and Maribella Students Doctors and medical staff Medical Trainees (Social work student and Speech Student)

## 16. ULBRA AND PRIMEIRA INFANCIA MELHOR (PIMS best early childhood)

On the Monday I meet another team of specialists employed by the federal government called Primeira Infancia Melhor (PIMS) based in a town called Esteiou. The team support families living in the favela Pedirea. This is an early intervention initiative sharing the offices in a local GP's. They are in effect working to an interagency model, who work specifically with pregnant mothers and families with children under 4 years old. I meet Marcia; teacher Christine, psychologist, Elaine; Social Worker and Carin another teacher. They have 60 years of work experience respectively between them. They have all worked with families in different contexts over the years and are employed by the department of health as 'technical staff'. They oversee the running of the frontline workers called 'visitors'. Visitors are student family support workers offering holistic family support. They have fresh coffee and cake for me in the office.



Technical Staff overseeing visitors planning for the week. Christine, Carin, Thiane Marcia Eliane

Monday mornings are set aside for planning. They are preparing for the different activities they will be doing with their families in the home during the week. Each visitor has 10 -12 families they work with every week. Every visit is recorded and valued on the merit of how well the parent engages with the visits. They use this time to work together and offer peer support. They are also closely monitored by the technical staff to achieve learning outcomes; educational, cognitive and social skills. Each one of the technical staff is experienced in these areas and supports the visitors. There is an overlap in working here but it's in regards to a particular purpose. This purpose is for helping parents learn with their children. The visitors are guided by the experienced staff in making sure they hit their targets. We meet three families at the group the next day.



## Inside Pedirea

The next day we dress in the turquoise PIMS T-Shirts to blend in as we are strangers in the favela. As Marcia informs me that a small percentage of local economy is made up of drug trafficking, so we need to be recognisable. Like Mathias Velhor the rest are hardworking manual staff making up for the work force in Esteiou and surrounding areas. Here we meet the local community leader and ambassador of Pedirea, a lady called Donna Maria. She has brought her grandson to the session.

The group is working with pre-school children and they are learning their colours and helping them identify and choose items of clothing. The purpose of the exercise is to teach the parents how to teach their child their colours. The visitors' job is to create an educational activity with the help of the children and the adults. The parents are then given clear instructions on how to do this with their children and are monitored based how well the children learn.

When the visitors are ready they divide the group in half. One visitor takes the children to a makeshift den area they have got ready and reads the children books. The other visitor takes the parents to one side and explains what they want them to do. The idea is that the parents have to get the child to put a correct bean bag on the corresponding tile.

One boy struggles with green and says 'well it's not blue!'



After this the same technique is applied but this time the activity is choosing items of clothes. The purpose of this is engaging the children in making decisions and becoming independent. I don't know whether it was because we were, there but at one point a boy chooses a dress and the workers and parents chorus 'oh no you don't choose that that's a girls dress!' (I wonder if the reaction would be the same if we weren't there).

Like the States and Brazil there is no universal early year's foundation stage like there is in the UK. Brazil and the States is very similar in this way as it utilises the skills of family support workers similar to Head-Start to combine in an engaged group in family support and learning.

This was a simple exercise but it showed 100% engagement with the parents and the children together. Marcia explains this serves as a positive outcome base where a parent attends and says they are implementing what they learnt throughout the week. It is based upon attendance from the families which measures its outcomes. So the structure of the group is closely monitored and led by the visitors where the parents are being closely observed. Marcia tells me they spent a year penetrating the community; it took them a long time to be accepted by the community leaders and for them to build trust.



The workers also get weekly supervision with the experienced technical staff. This is to support with potential risk factors the families might be facing. In addition to this the workers also have access to a counsellor to provide emotional support. This is to help with any traumatic issues they might face with families circumstances. I think this is respectful to the workers. There have been a few times I would have happily welcomed a professional to talk to about processing unsettling experiences.

Pedirea is a closed off community, which is accessed by a bridge over the rail track. It is a notorious favela and not one you would just happen upon. Due to the dangers of this working environment the visitors have access to emergency points at various houses within the favela. The workers say because they are known to the members of the neighbourhood and are welcomed in by community leaders they feel safer than they would if they were not there.

I asked Marcia, 'if she is spending time monitoring the workers when does she have time to get her work done? She replies ***'this is my work'***.

### **ULBRA tackling domestic violence**

I learnt a great deal in the last two weeks of travelling around the outlying cities of Porto Alegre. The university has links with establishments around the area it works in and is very active in these communities. One seminar I went to gives me a breakdown of how the university is working with family lawyers, jurisdiction and families in the context of domestic violence. NAVIV is the name of the program. Their ethos is challenging the motivational factors perpetrators of domestic violence. In this time the University has helped solve domestic conflicts without judicial intervention. There are no actual statistics but the improvement of families lives however it is based solely on the qualitative outcomes and contacts made with several families who were under the university.

### **Semana du Bébé**

In my itinerary I am due to meet Carmen Nuddelman. She is a paediatrician working for the University. She is the university's representative for organising 'baby week'. It takes place every year in a town called Canela (a tourist town) in the mountains of south Brazil. Founded 15 years ago by a group of educational psychologists it aims to celebrate everything about the development of babies and highlights what it means to have a baby in a societal sense. It has managed to mobilise the town of Canela and has been further replicated in different states of Brazil and in Portugal. I am invited to attend the week in May to deliver a presentation in infant massage. UNICEF will fund me to return and see the full breakdown of my visits on my Blog <http://lucylines.wordpress.com/2014/05/19/baby-massage-whats-that-to-get-out-of-bed-for/>



Student, Lucy, Carmen, Aline and student

Part of my time at the University was to prepare and give a talk on my research experiences so far. Susana had promoted the lecture to all students in her department for 9am on Wednesday 13th March 2013 in front of 150 students.



I thanked them for their hospitality and drew upon the positive practices I had witnessed so far in Brazil.

- How proactive the university is at working with students and professionals in working environments
- How recognising local knowledge is key to communicating with families
- The importance of creativity and play when engaging parents and their toddlers

One thing I've definitely noticed probably more of a cultural difference is the warmth they share. I said we'd never get away with kissing and hugging the children and parents in the UK. We're so wrapped up Health and Safety we fear just picking up a child when they've fallen over, never mind hugging! Then one man at the end came up to me hugged me and said - 'Take this back with you to the UK'. Okay thanks!

## 17. TERRA DOS HOMENS (NGO)

My last visit was with Terra dos Homens. This was the only international charity I visited that worked with families. I set out with Fernanda Villa and Charli Livingstone my translator, 14km north of Rio de Janeiro to a favela called Mangueirinha. It is un-pacified, so no police presence. The guy that heads up the local roots project is called Luciano Ramos. Fernando hands me a brochure and it explains the different Axis's the charity works from:

**Axis 1** Direct intervention and support with adolescents and their families to help improve life chances, through involving families in a variety of local projects.

**Axis 2** Help to promote and replicate the programs throughout the country to social workers, educators and members of the judiciary system.

**Axis 3** Help to raise awareness of the project on an international level for the promotion of child and adolescent rights.

I learn that it is due to family breakdown that force children to live on the streets in Brazil. I also learn that living on the streets is a lifestyle choice. This illustrates how children and families are affected by the extremities of inequality between rich and poor in Brazil.

Terra dos Homens looks at the context of family when bringing these children back with their families. There are shelves and cabinets full of arts and crafts made by parents to sell. There is an outdoor space above the centre lent for drama and Capoeira (traditional Brazilian martial arts). The centre has programs for toddlers with a part time nursery provision for children with additional needs. There are also family support groups that also operate from the centre.

I am invited for lunch. The kitchen is the hub of the centre bringing the workers who are local in the community together to eat. Luciano tells me that this project is not designed to be sustainable. The work that the roots project does should only be temporary. He wants the government to see that they have addressed these problems, they do exist and that they are complex situations.



Fernanda, Lucy and Luciano

We walk around the neighbourhood and there are lots of people. I notice many more young people too. Luciano says that with school only being 3 hours a day the local children have more time on their hands. As there is less police presence I feel more vulnerable. I am getting lots of stares from inquisitive eyes. Luciano is also very cautious whilst walking around and doesn't want me to take photos. As we pass a junction I see an image of huge tangled mess of telegraph wires behind a blue backdrop of graffiti. It reminds me of the scene in the film Brazil (1985 Terry Gilliam) which portrays the wires escaping from behind panels as chaotic situations. I link the two together and see this charity trying to help connect family wires together. This reminds me of the work that Bridge Builders and CWOP did in New York. For those people who for whatever reason did not receive the support they needed originally or were overlooked by the government.

## 18. REVIEW ON BRAZIL

Brazil is a country full of warmth and hospitality. I felt accepted and welcomed visiting the groups. In comparison to the States where I visited a charity every day, I spent longer with one organisation in Brazil. This was in part due to the lack of language, but it helped me obtain better qualitative research into an application of witnessing family support and measuring outcomes based qualitative interactions.

Even though there is a National Health Service the standard of health care and education in some places was poor. The families in the favelas are left to their own devices. Lack of education opportunities compounded these issues. The prevalence of drug and gang crime is an easier route to take for young people. This made it increasingly difficult for the government and charities to engage with the families due to these barriers.

Given these circumstances the family support workers were committed to providing a holistic family support program through the health agents. They utilised resources and created engaging groups, breaking down the process of family support in educational groups like Pediera. The brown paper figure drawing is something that can immediately be implemented into ESOL groups. Providing the blanket service from the Health Agents made the families open to accessing support which illustrated the grass roots delivery. Health agents worked with student specialists who worked with doctors. This overlapping of professionals provided a coherent framework to delivery in the favelas that I visited.

ULBRA also worked closely and proactively with the department of health making it possible for local residents to access job opportunities. This made the contact with families more tangible.

## **19. REVIEW ON THE STATES AND BRAZIL**

Both the States and Brazil operate from a local 'bottom up' approach to family support. Brazil has a department of health but still utilises local support, by employing local human resources of people who live in the area. This is an example of how the NHS can work with local communities in the UK. In effect Brazil has combined the States model of working both with local organisations and the health service. There is also sense of 'being left to get on with it'. And that's the impression I got from both countries. Both understand the importance of bringing people together with serving food and also value the importance of play in engaging a child's learning with adults. This has also been used as an effective method of engagement and measuring outcomes.

In my conclusion I would like to open up discussion on combining elements of the two together to get the services targeting the families that matter in the UK.

## **20. CONCLUSION AND RECOMMENDATIONS**

Throughout my research I have discovered there is no easy answer to offering successful family intervention for everyone. However, looking at ways to help understand our families and improving the service delivery is a good place to start. Even though the States and Brazil are different in policies their effective working at ground level is conducive to the success of their family engagement. This highlights the issues around multiagency working in the UK today. I have learnt from both countries the more skilled professionals working under one roof with the same families keeps the running of the centre more efficient in better communication and the sharing of data. There are highly trained staff in Leeds offering some fantastic family support including free health. The key is forming a coherent line of communication which realistically reflects the family's needs and the good impact of the work carried out.

Having highlighted the differences in initial engagement between Head and Sure Start the gap which exists in helping parents get on board the children centre can be filled with more time spent with families. There is space in that gap which could involve one to one work with families especially on the Eligible Two's program. There should be more groups with clearer guidance and instruction on understanding learning the benefits of play with their child.

My suggestions and recommendations for practical intervention are;

- Invite new parents to a socialisation each month, but call it something different like; '*The Family Corner*'. This could be held in a community centre close to parents. It would offer a free hot meal and promote the services in an environment equipped with resources for play and services information.
- Change the language of registration form to membership form. This makes the parent feel like they have joined into something and they can get something from this.
- The form would be carbon copy so an exact copy of the membership form would be handed back to the parent. Both now have the same piece of information.
- Include on the membership form a list of general needs. This can be used to track the service and measure the evaluation of outcomes and impact it made. This also reminds the family what help they are expecting.

Future suggestions for multiagency working could be;

- Offer training and volunteering opportunities for parents wanting to become outreach workers in their own community.
- Create representatives from each community to feed back to the local authorities. This would reflect the needs of each reach area and what is happening on the ground.
- Provide a family support worker to work solely with families in the home, which measure outcomes based on interaction on learning and engagement.
- Create enlarged maps of houses in reach areas illustrating the need and level of intervention.
- Clearly defined roles between health visitor and outreach worker

The first is the most important and I believe if we offer food this is halfway to bringing the families in. If we incorporate all the above over time it will help provide a longevity of family participation because they will see the benefits of the service it is having on them. More needs would be identified helping create more groups for bringing families together.

Providing a socialisation will take time. It took a colleague two years to get a successful parent and toddler group going to a point where there is no need to advertise it. By utilising local resources like the food banks we can provide a warm environment which welcomes people from different ethnic backgrounds at a reasonable cost. A long term vision would be a health and wellbeing centre, bringing together families to cook and share their own cuisine. It would be a place to share stories, support each other have access to other resources. It would also be useful for the two years checks that the health visitors conduct.

The UK has the capability to deliver effective family services which reflects its diverse culture. Breaking the engagement down into more local community based groups and sharing resources will open up better outcomes into helping improve families lives.

## 21. DISSEMINATION AND APPLICATION OF FINDINGS

I have delivered this report at a number of children centres in Leeds by PowerPoint presentation. I have also presented my findings to the recent 'Five Nation Family Con' in Leeds.

In May (2014) I returned to Brazil in Canela during Baby Week funded by UNICEF to deliver a key note presentation in the benefits of infant massage. I conducted the workshop at Little London children's centre in Leeds focusing on the multicultural aspect of baby massage. How as a facilitator, you can observe and encourage verbal and nonverbal cues between parents and babies from different ethnic backgrounds. Through my links with UNICEF I am looking at the feasibility of running the first English speaking 'baby week' in the world.

Having returned from the States and Brazil I have been more actively involved with the community. I have enabled two charities to join skills and resources by facilitating an adult IT class every week. This has helped attract more funding to roll out an ongoing program in digital inclusion. This has also increased service users at the particular charity from isolated pockets of the community.

I have also become an active member in the regeneration program of Holbeck which incorporates preserving heritage buildings including the Victorian viaduct and industrial mills.

I am chair on the advisory board for Little London children's centre where I proactively seek the parent's voice in the group.

I am also a community correspondent reporting on local positive issues on South Leeds Life, which hopefully brings all of the above together.



## 22. SPECIAL THANKS LIST;

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Bela Rex Kiss

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Teresa Bachiller

Wanda Rodriguez

### **Children's Aid Society**

Moira Cappio

James Langford

### **RISE Magazine**

Nora Carthy

### **BRAZIL**

Susana Delgado

Maryann

Carmen Nuddelman

Aline Groff Vivian

Deise Carr

Milena Correia

### **Primeria Infancia Melhor**

Marcia

Christine

Carin

Eliane

### **Terra Dos Hommens**

Fernanda Villa

Luciano Ramos

Charli Livingstone

### **And to all the families**



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