

It Takes A Village to *Raise A City*

IMOGEN MOORE

*Lessons for the UK from Neighbourhoods in the Americas
Taking Action to Improve Children's Health and
Education Outcomes*

*'What is the use of living, if it be not to strive for noble
causes and to make this muddled world a better place
for those who will live in it after we are gone?'*

- William Churchill. 1908



CITIZENS UK

Summary

This report shares the findings of Imogen Moore's Winston Churchill Fellowship trip to the US and Brazil, during which she investigated the lessons for the UK from neighbourhoods in the Americas taking action to improve children's health and education outcomes.

Imogen Moore works for Citizens UK, the biggest community organising alliance in the UK, bringing together hundreds of schools, faith and community groups, to work together to tackle shared issues of injustice. She leads Parents and Communities Together (PACT) a community organising project funded by Guys and St Thomas' Charity which aims to organise communities and services to ensure pregnant women and mums with babies get the support and care they need and to enable parents to become leaders in their communities to tackle the broader social determinants of health such as housing and access to services. Ultimately PACT aims to strengthen babies' futures by improving developmental outcomes.



The report argues that given the increasingly high levels of deprivation in the UK, and the failure of nationally led policies to tackle the disparity in children's health and education outcomes, we need to invest in the development of area based initiatives (ABIs) which build upon existing community assets. The report shares the key lessons for communities in the UK from the Children's Zone and Promise Neighbourhood model in the US and the Learning Neighbourhood (LN) model in Brazil.

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Preface

I work as a community organiser for Citizens UK. We are the biggest community organising alliance in the UK, bringing together hundreds of schools, faith and community groups, to work together to tackle shared issues of injustice. These issues range from the hyper local, such as securing a zebra crossing, to establishing the national living wage campaign that has put millions of pounds into the back pockets of minimum wage workers.

My first encounter with organised communities was when I was a child. After a family crisis struck a variety of adults from community institutions I was connected with stepped in. This included my head teacher at my primary school and a couple who ran social events for young people in their capacity as church leaders provided me with much needed pastoral support. Institutions like these are the pillars of our communities; they prevent people from slipping through the cracks in times of need.

In my role as a Community Organiser I support community institutions to explore how they can work with other institutions to change their communities for the better. It was in this capacity, working in the London Borough of Southwark that I became increasingly interested in how community institutions in urban settings can work together collaboratively to improve children's health and educational outcomes. I have spent the last few years working with researchers based at the Institute of Psychiatry and Southwark education and faith groups exploring how they can work together to provide better social support for pregnant women and women with small infants, resulting in better outcomes for babies.

While researching international examples of neighbourhoods that were working collaboratively to improve children's health and education outcomes for inspiration, I came across Harlem Children's Zone in the US and Learning Neighbourhoods in Brazil. I was amazed to read about their achievements. I applied for a Churchill Fellowship to be able to visit these projects and explore how we could learn from their example back in the UK. I embarked on a nine-week Fellowship to the USA and Brazil in July and August 2014.

This report documents my trip and my learning, it situates the projects I visited within the broader debate and theory about place based attempts to support the health and education of children from low-income backgrounds. It concludes with some observations about how we can apply these lessons in the UK.

*I am grateful for the opportunity I was given to explore and reflect during my Fellowship.
The inspiration and professional insight I gained has equipped me with the knowledge and
confidence to build on their success back in Southwark and to share my learning with others.*



Imogen Moore

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Introduction

Where we are born, the environment we are born into and many other variables dictate how healthy, educated and happy we become. In British society there is large disparity in these outcomes. Despite being a developed nation with free healthcare and education, British society is highly unequal. Almost a third of all children live in poverty.¹ A recent report by Sir Michael Marmot highlighted the 7-year gap in life expectancy and 17-year gap in disability-free life expectancy between those on the lowest incomes and those on the highest.² Poverty also has a severe impact on educational attainment, a recent report by the Sutton Trust documented that 22% of pupils who receive free school meals attain 5 GCSEs A*-C, compared with 52% of 'never FSM' pupils - an attainment gap of 30%.³

There is broad political consensus that inequality needs to be addressed. While the will and investment in ensuring targets are met has varied across governments, there is cross party support, and with every new party that arrives in power there is new rhetoric, new attempts and new policies that seek to address inequality and child poverty.

Arguably the biggest challenge is not a lack of political will, but that most initiatives are short lived, with little time to be tested under a fast moving democratic system and fluctuating resources. In light of the drawbacks of nationally led policies we need to develop locally led solutions to challenging child poverty and the resulting impact on children's health and education outcomes. As Save the Children have highlighted, the nature of the challenges that deprived communities face are often very different and specific communities. A one-size fit all approach to tackling deprivation is unlikely to be successful unless supplemented by hyper local approaches.

Acknowledgement of the importance of locality-based solutions is not new. These initiatives have been referred to in the UK as ABIs (Area Based Initiatives) and have been under discussion in the UK since rural communities were supported to develop village colleges in the 1920s, and later the emergence of Educational Priority Areas in the 1960s. More recently under the Labour government, Sure Start and the Extended Schools Initiative sought to involve the co-location of services on the school site or within children's centres. These initiatives were designed to respond to the needs of vulnerable children and children facing multiple disadvantages as a result of deprivation.

¹ http://www.barnardos.org.uk/what_we_do/our_work/child_poverty/child_poverty_what_is_poverty/child_poverty_statistics_facts.htm

² <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

³ http://www.suttontrust.com/wp-content/uploads/2014/05/1Attainment_deprived_schools_summary.pdf

Under the new Conservative-Liberal Democrat coalition government, despite the focus on the local with the Big Society and the Localism Act, they have generally applied a more laissez-faire approach⁴. This has resulted in reduced funding and political support for ABI programmes such as Sure Start and the Extended Schools Initiative. On the other hand there has been increased recognition of the importance of localised involvement in healthcare. The Marmot review (2011) commissioned by the Department for Health identified that to challenge health inequalities ‘action is required from central and local government, the NHS, the third and private sectors and community groups...effective local delivery requires effective participatory decision-making at local level...which can only happen by empowering individuals and local communities’. Recent reforms to the structure of the NHS such as the devolution of power from the national to the local, and the ability for local organisations to seek support from clinical commissioning groups (CCGs), provides scope for third sector organisations to explore health focused ABIs together with CCGs.

Alan Dyson and his team at Manchester University were commissioned to evaluate the Extended Schools Initiative and have worked closely with government departments on establishing ABIs in the UK. They think that despite shifts away in recent political and policy focus from ABIs, the legacy left by New Labour of area based working, and the current policy focus of greater local freedoms is conducive to the creation of innovative area based initiatives led from the bottom up.

Citizens UK the biggest Community Organising alliance in the UK is well placed to develop a bottom up approach to an ABI which would bring together community, faith, health and education leaders to focus their attention on how they tackle the multiple disadvantages children in their community face.

Members of Citizens UK based in the London borough of Southwark are exploring creating an ABI that would use community organising methodologies to work together to identify and find solutions to the barriers that prohibit children in their community from flourishing. They have begun exploring applying this methodology to early community intervention for baby and maternal health in collaboration with the Institute of Psychiatry, Kings College London with successful results.⁵

In the interest of learning more about ABIs that have been able to tackle the impact of deprivation on children’s health and education I focused my Fellowship on visiting interesting examples abroad. The two widely praised international examples of neighbourhood-based approaches to improving children’s health and education are Harlem Children’s Zone (HCZ) in the US and the Escola Aprendiz Learning Neighbourhoods in Brazil. Both have gained significant recognition in their

⁴ <http://www.savethechildren.org.uk/resources/online-library/developing-childrens-zones-england>

⁵ [jpubhealth.oxfordjournals.org/content/early/2015/02/26/pubmed.fdv017.full.pdf?keytype=ref&%2520jkey=ixMKXeC-Drzu0z4N](http://pubhealth.oxfordjournals.org/content/early/2015/02/26/pubmed.fdv017.full.pdf?keytype=ref&%2520jkey=ixMKXeC-Drzu0z4N)

respective countries as innovative local solutions that are tackling the debilitating impact of urban deprivation on children's outcomes.⁶ The US administration has invested millions of dollars in the PN Initiative which supports communities to build upon the learning of HCZ by implementing their own cradle to career five year plans to improve children's outcomes.

I spent four weeks in the US visiting HCZ and four other PNs. In Brazil I visited the projects of Escola Aprendiz in Rio de Janeiro and Sao Paulo and a health project called Monte Azul. The following sections describe my learning from these visits.

Harlem Children Zone

Harlem Children's Zone (HCZ) is aligned with the 'Broader, Bolder Approach to Education' advocacy position within US education policy that asserts that schools alone cannot offset the impact of low socio economic status on children's outcomes. They argue that only a holistic approach that addresses the social and economic factors that impede children's learning will challenge the relationships between deprivation, low education attainment and related negative outcomes.

HCZ is located in Harlem, a large neighbourhood at the northern end of the New York City borough of Manhattan. In the part of Harlem where HCZ is situated there is concentrated poverty and

concentrated areas of public housing. Many of the families are single parent families with mothers heading up households. Only 54% of children graduate from high school and drugs and gang crime are still prevalent.⁷ HCZ started in 1970 as the Rheedlen Center for Children and Families that focused on truancy prevention. In 1990 Geoffrey Canada became the president and with his leadership their focus shifted to address children's health and education in Harlem. They partnered with a local school to establish a 'Beacon Community Centre' offering extended services, and out of school activities. However they were concerned that not enough children were being supported, and that without sequential projects their benefits disappeared over time. This led to the development of the



Map of HCZ

children's zone model, which sought to improve children's outcomes in a specific geographical area by flooding the community with a pipeline of cradle to career services. They predicted that widespread participation in this pipeline would create a tipping point where the whole

⁶ http://mitsloanblog.typepad.com/business_of_education/2011/04/neighborhood-schools-the-wave-of-the-future.html

⁷ <http://www.agyp.org/about/our-communities>

neighbourhood fostered positive outcomes for children. HCZ focuses on 100 blocks of Harlem where they have created a pipeline of support for children by linking high quality schools and early years provision with personal, social and health support.

To address the multiple disadvantages that families face and to ensure that the benefits children experience from participating in programmes don't fade, they offer interlocking programmes over time and across the contexts of a child's development for cumulative impact⁸. Save the Children have suggested that what makes HCZ so distinctive is that 'it offers a template for action which is both simple in purpose and great in ambition'.⁹

Over 10,000 children and 10,000 adults access services offered by HCZ. A further 1300 children benefit from places at a HCZ Promise Academy charter school. For a closer look at the area in which they operate please see the map below.

A snapshot of the types of programmes they provide as part of their pipeline of support include:

Community Pride: *a resident and community driven neighbourhood revitalisation and community building program*

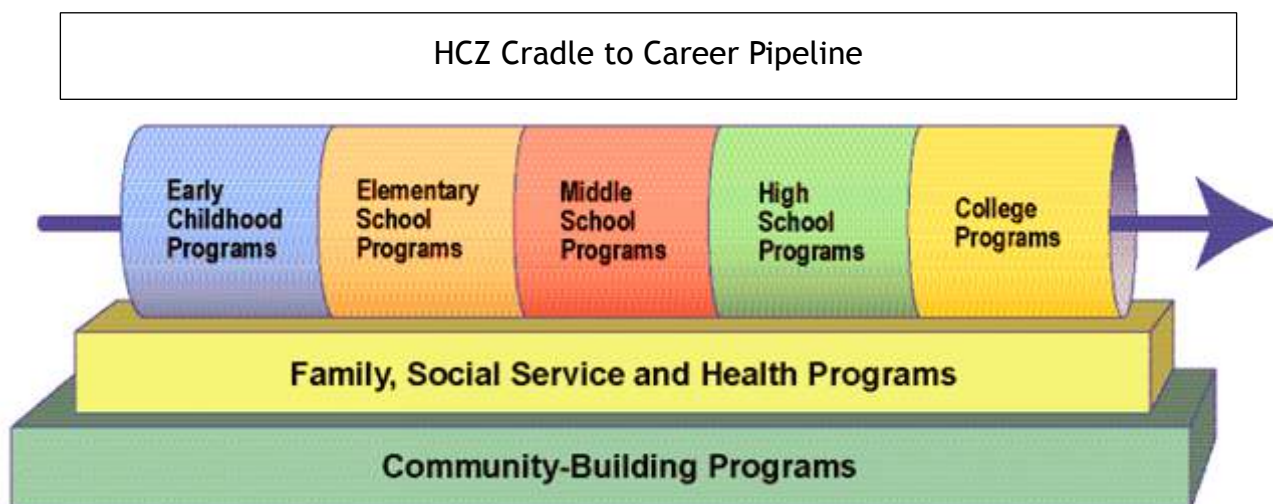
Baby College: *a nine-week Saturday workshop series for parents and caregivers of children ages 0-3. Workshops offer information and the support needed to be effective parents who raise happy and healthy children who enter school ready to learn.*

A Cut Above: *academic and leadership development support to middle youth who reside in HCZ but attend schools throughout New York City. They help prepare students and parents for the transition to high school.*

Truce Fitness and Nutrition Centre: *a free 8,000 square foot exercise facility offering academic activities that promote health awareness, physical fitness and nutrition.*

Learn to Earn: *a two year comprehensive employment program that provides academic enrichment, college and career awareness, youth development, job readiness training and summer employment opportunities for high school age youth.*

⁹ <http://www.savethechildren.org.uk/resources/online-library/developing-childrens-zones-england>



Governance and Funding

HCZ is a charitable foundation with strong leadership, accountable to its trustees. HCZ have lots of financial resources and do not rely on public funding. Unrestricted funding and an endowment afford them financial sustainability. They can employ their own staff, commission services and run their own schools.

Impact

Many of the HCZ programmes are evidence based. Children and families benefit from participating in multiple programmes, with improvements in one domain contributing to improvements in another. There have been two external evaluations of HCZ, one by Whitehurst and Croft (2010) that focused on the impact on children who attended one academy school run by HCZ. They found that Promise Academy students 'do impressively better than students from other backgrounds attending a typical public school in New York City' (2010).¹⁰ However HCZ criticised the Whitehurst and Croft report for failing to evaluate the impact of their wrap-around services which play an important role in the academic success of their students.¹¹

¹⁰ <http://www.brookings.edu/research/reports/2010/07/20-hcz-whitehurst>

¹¹ <http://equityblog.org/2010/07/22/hcz-responds-to-brookings/>

The other evaluation was by Dobbie and Fryer (2010) and it also looked mainly at the impact of Promise Academies on student attainment.¹² They found that student's gains were enough to reverse the black-white achievement gap in some subjects for some age groups. However neither of these evaluations captured the cumulative impact for individuals or the impact on the broader neighbourhood. This is largely because there is not yet data available to examine these wider effects. Other charter schools in New York City have performed to a similar level but their students did not receive the additional wrap around services that are provided by HCZ so it is difficult to prove that the positive effects identified in the two external evaluations are a result of the wrap around services provided through the HCZ pipeline, and not the Promise Academy schools alone. Advocates of the Broader, Bolder Approach to Education coalition argue that when evaluating a pipeline programme like HCZ you need to take into account the historical impact of early education programmes on later attainment and how they also impact additional life outcomes which also improved children's test scores.¹³ Only a longitudinal study would be able to capture this. HCZ does publish annual impact reports instead they focus on evaluating the short-term impact of individual programmes.¹⁴

Because no child has yet benefitted from the entire pipeline, its theory of change has yet to be proven. However, despite only the existence of individual level and family data and a lack of cumulative impact and area data over time, Save the Children have argued that the HCZ theory of change is plausible, based on what we understand to be the nature of disadvantage and effective interventions to tackle disadvantage.

During my visit to HCZ I met with staff from The Practitioners Institute, Community Pride and the Baby College. I also met with a parent, Million, whose two children were enrolled in one of the Promise Academies and another parent who had attended Baby College and whose daughter was now enrolled in one of the Promise Academies.

¹² Will Dobbie and Roland G. Fryer, "Are High-Quality Schools Enough to Close the Achievement Gap? Evidence from a Bold Social Experiment in Harlem," Harvard University, April 2009.

¹³ <http://harvardpolitics.com/united-states/promise-harlem-children-zone/>

¹⁴ <http://wac.adeef.edgecastcdn.net/80ADEF/hcz.org/wp-content/uploads/2014/11/HCZ-FY-14-Report-Final.pdf>

Community Pride

The main community organising achievements of HCZ are the organising and training of residents to establish tenant associations and to manage dilapidated homes abandoned by landlords. Community Pride has supported hundreds of residents to take advantage of a city tenants interim release programme, supporting tenants to establish tenant owned cooperatives and to purchase their homes cheaply. Subsequently tenant leaders have been involved in hundreds of neighbourhood beautification projects. Beyond this the majority of their community engagement involves bringing together residents to build relationships and communicating with the wider community to engage them in their services. Residents are engaged predominantly as users rather than as leaders in their community. However HCZ does communicate with local leaders and residents and some individuals might develop their leadership skills through their involvement, for example a central aspect of Community Pride is also maintaining two Community Advisory Boards.



Tower block near Community Pride

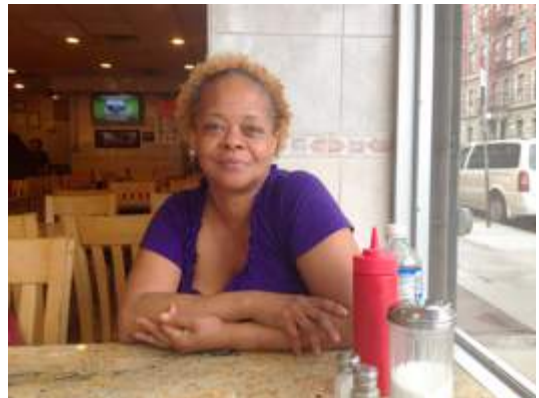
Community Pride is responsible for how HCZ engages with faith communities in Harlem. Their director Lureen explained that when HCZ first started working in the area they approached local churches. Some smaller churches provided space but bigger churches were not always interested. Churches invited them to events and they would promote their services. Once a month they attended a meeting to inform faith leaders about what they offered. However the challenge with churches was that if the pastor changed they would often lose the partnership. HCZ partners in a mutually beneficial way with existing community institutions but these institutions do not own or govern HCZ.

Potentially one of the limitations of the model is that they don't engage with community institutions in a way in which they feel ownership of the zone. For example Lureen shared an anecdote about how the Baby College program (the HCZ flagship pre and post natal parenting course) had struggled to recruit women of Muslim African backgrounds despite a large team of outreach workers. They had learnt that this was in large part down to cultural expectations that wives must have the permission of their spouse to engage in any programmes. If mosques and their leaders were involved and invested in the zone, recruitment of these women would perhaps be easier.

On the other hand, a crucial aspect of the success of HCZ has been the clarity of vision associated with being led by one organisation with one visionary leader. HCZ has been able to develop a specific organisational culture over many years, which has been its vehicle for success. Bringing together an alliance of diverse leaders from institutions with distinct cultures that are equal partners with a shared vision would be more complex. Although the advantage of involving multiple institutions is the increased ownership of responsibility across the community which would support their theory of change and the increased capacity to organise and challenge some of the structural issues that lead to the need for programmes in the first place.

Parenting for Promise

Million is a parent of three Promise Academy students. She is also a local community activist and Mount Zion Church member. Or as one local shop owner described it, “Million...that woman *IS* community”. Promise Academies are the HCZ charter schools. They are part of their million-dollar investment to create the tipping point necessary to reverse the educational and health odds for children in Harlem. I was interested to know about the level of parental involvement in Promise Academies because HCZ are committed to raising educational attainment and studies shows that parental involvement supports student achievement.



Million - HCZ Parent.

Million is originally from Belize but moved here as a child. Her eldest child enrolled in a Promise Academy after completing elementary public school. “He didn’t do so well” Million explained. He had behavioural issues and was diagnosed with a mental disability that was beyond the scope of the school to deal with. Million concedes that one of the downsides of the charter schools system is that they don’t cater for children with extra needs like her son.

It had been a very different story for her youngest children who went the whole way through promise academies for their education, starting in kindergarten. They loved school and the variety of activities on offer and they had thrived academically. For this reason and because Million was struck by Geoffrey Canada’s own story of hardship, which reflects a childhood similar to hers, she was motivated to volunteer for the school in the principal’s office. As she describes it “the school goes above and beyond for my kids so I want to give back”. The school encouraged her enthusiasm because they ask all parents to sign a contract when they enrol their children, which asks them to actively participate.

In her volunteering role she had a direct line to Geoffrey Canada who she would often share ideas with that were later adopted. On a number of occasions she had also been asked to speak publicly as a representative parent on the executive board. However she admitted, although she had been heavily involved many parents weren't. "The school is doing everything and doing it well so parents don't feel like they got to. Also so many parents are working long hours".

Million is not employed. She used to clean homes but managing as a single parent, the challenges of her eldest son and pursuing a court case to get their landlord to address serious issues with their flat (including six years without a functioning heating system) has made work difficult. I asked her if that was something HCZ had supported her with. Sometimes they hold job fairs she said but her situation was challenging without a high school diploma.

There was one area which Million felt had a lasting impact on students that the school had not yet managed to address and that was violence. "Our children need to feel protected" she implored. I asked her what she thought needed to happen. "Well my church needs to be involved for a start. I have so many ideas but no funding".

Million was well connected in her community with clear leadership skills and lots of ideas, but what she didn't have were resources. She had diligently participated in ways that were encouraged by HCZ for parents to participate but Million had more to give. She knew that while her kids still had to come home from Promise Academy after horse riding, golf and extra math tutoring and hear gunshots, then there was still work to be done. Support with developing her innovative ideas to tackle some of her communities ills could only but contribute towards the tipping point that HCZ strive to create.

Baby College

HCZ believe that 'the seeds of long term success are shown in early childhood'.¹⁵ They invest heavily in the beginning of their pipeline of support with a series of early childhood programmes that aim to ensure that children are immersed from birth in 'healthy and supportive environments that enable them to thrive and set them on a path to school and college readiness'.¹⁶ The first step of their early years support is the Baby College Program which provides expectant parents and parents of children aged 0-3 with a 9 week series of workshops and home visits, during which parents gain expertise in areas such as child behaviour and safety; communication and intellectual stimulation; linguistic and brain development; health and nutrition. Parents are also encouraged to

¹⁵ <http://hcz.org/our-programs/the-baby-college/>

¹⁶ *ibid*

form supportive relationships with one another and part of the workshop is dedicated to sharing and discussing personal experiences and peer-to-peer learning and support.

When I met with a staff member from Baby College I was interested in how they recruited families to participate and retained them. To date an impressive 5000 parents have graduated. She explained that Baby College has a large team of outreach workers that speak the languages spoken by parents in the community. From the very beginning of Baby College, outreach workers mapped the community and systematically knocked on every household's door, building relationships with families and recruiting them to the program. They continue to use this method that ensures that they are aware of any babies being born within the zone. This requires a lot of staff capacity but it pays dividends. A lot of referrals also come from word of mouth, but underpinning informal referrals is trust of their staff, which is sustained by their visibility in the streets and door-to-door knocking. She believes that the fundamental factors behind their strategy are the following:

- **They are adaptable** - they have a curriculum and a structure but they also work to meet the needs of individual families. These needs are met by running groups in different languages such as Spanish and through more personal relationship building.
- **Incentives** - they offer financial and gift incentives. These are particularly attractive for families from low-income backgrounds.
- **Informative** - the programme itself is informative and participation promises educational success for infants, which is attractive to parents, many of whom have a low level of education.
- **Support** - Participation provides families with a support network.
- **Achievement** - Participation offers a sense of personal achievement. This is reflected in the excitement around the Baby College graduation events where parents are congratulated for their participation and encouraged to keep in touch with other participants.

In order to get another perspective I also met with a woman who had participated in Baby College. Princess Jenkins is a local business owner whose daughter is now also enrolled in Promise Academy.

When Princess was pregnant she learnt about Baby College from an outreach worker. She remembers this lady explaining to her that Baby College was the start of a road and that when it was time for her daughter to come to school, there was this thing HCZ, which would follow them from Baby College to College. She not only bought into the program but also a vision of success for her baby. She bought into not just into a program but a vision of success for her baby. Baby College did not turn out to be quite what she expected.

“I thought it was the babies going to college! I went there thinking they were going to teach her cognisance skills and then they said ‘OK mom, we will take the baby and you can go to class. And I was thinking, what the hell do I need to go to class for. I need to go get some breakfast. That is what I need to do. I am thinking they are gonna show them videos. So then I had to go sit in class. I stayed, honestly cos I had the promise of a good school. So then I came every Saturday and I got the gist of it. They brought in the most proficient people in every category, whatever the topic was. Brilliant people. They spared no expense. Which is another thing for this community. Valuing them enough, to bring them the top whoever it was. I loved that. I mean if you are going to do it. Do it on that level”.

“There was a lot of sharing. They would speak to you and then of course you had the chance to speak back to them. So people took that as an opportunity to share whatever. For example they would give you all the theories and information about asthma. There were about 12-13 families. Some fathers came. They were pretty consistent. At the end there was a raffle. Each week they provided childcare and lunch. You really didn’t have any excuse not to show up!”

After Baby College her daughter moved along the pipeline. She is currently enrolled in one of the Promise Academies. Although she has been lucky enough to benefit from HCZ programmes and a place at a HCZ school this is not the case for all infants whose parents participate in Baby College because there are simply not enough places. However here are still additional wrap-around services for children living within the zone that are not enrolled in the school. As Princess explains, recruitment to Baby College does not just offer the chance to participate in a nine-week programme but offers your child the chance to be part of a plan that makes sense.



Princess and her daughter posing in Princess’s clothing boutique ‘Brownstone’ in Harlem.

Summary

The scale of HCZ's achievements and their commitment to creating innovative programmes are impressive. However while individual and family level data are positive, without the broader community wide change HCZ aim to engender, and improvements in the wider determinants of health and education such as low wages, there will always be more children in need of the HCZ cradle to career pipeline of support. While the HCZ theory of change, positive anecdotal evidence and quantitative data looks promising, for the time being, rather than regarding HCZ as a blue print which can be replicated elsewhere, it is better as Save the Children have suggested to think of it as a 'highly promising set of principles'.

HCZ has been developed across time in response to a specific context but many of the principles of their model are applicable to other environments, especially in the context of London where families face similar disadvantages. HCZ doesn't claim to be a community led effort; instead they have focused on becoming a state of the art agency that responds to the needs of the community. It is conceivable that reaching this objective, which has been central to their success, would have been more difficult to achieve with a more community inclusive structure. However there is now further scope to develop how the model involves communities at large and nurtures local leadership. They have also been able to operate in this way by virtue of financial backing, which has ensured that they have not needed to be reliant on community resources. This recipe for success; financial backing and the development of HCZ under the unique leadership talents of Geoffrey Canada are two areas which would be challenging to replicate.

Lessons from HCZ for London and further afield	
Outreach	<ul style="list-style-type: none"> - Connecting with local faith groups is important and there can be mutual benefits such as information sharing, but more can be done to develop the ownership and commitment of support from faith institutions. - Offering food at community meetings fosters a social atmosphere, which encourages people to return. - Listen and respond to the changing needs of communities
Universities and Volunteers	<ul style="list-style-type: none"> - Universities are centres of expertise and can provide useful resources. For example social work interns can offer their time for free but you need to have structures in place to train and supervise them. - Volunteer programmes can provide similar services. - University partnerships can offer research opportunities as part of an evaluation strategy.
Funding	<ul style="list-style-type: none"> - Inspire and recruit business leaders to lend their expertise and financial support. This enables more financial flexibility and stability.
Governance	<ul style="list-style-type: none"> - Recruit a board that has the right mix of expertise, financial resources and power.
Growth	<ul style="list-style-type: none"> - Grow slowly but sustainably, adapting systems as you go along. - Begin with a small geographical area. - Constantly evaluate impact and ensure the results inform future strategy.
Leadership	<ul style="list-style-type: none"> - Take risks and try out innovative and radical approaches. - Aim for consistent long-term leadership. - Recruit local people who are connected to the communities and have had similar experiences to the people that participate in programmes.
Programmes	<ul style="list-style-type: none"> - All programmes and interaction with external agencies should be driven by relationships. - Serve programmes beneficiaries well by building relationships with everybody involved in a their lives. - Tailor and adapt support to the specific needs of families

Promise Neighbourhoods

President Obama was so impressed with HCZ that he invested \$210 million in selected communities across the US to establish 'Promise Neighbourhoods' (PNs) based on the model of HCZ. His vision was that PNs would 'significantly improve the educational and developmental outcomes of children and youth in our most distressed communities, and transform those communities'¹⁷.

The five step process by which this will be achieved:

- 1. Identifying and increasing the capacity of eligible entities that are focused on achieving results for children and youth throughout an entire neighbourhood;*
- 2. Building a complete continuum of cradle-to-career solutions of both educational programs and family and community support, with great schools at the centre;*
- 3. Integrating programs and breaking down agency "silos" so that solutions are implemented effectively and efficiently across agencies;*
- 4. Developing the local infrastructure of systems and resources needed to sustain and scale up proven, effective solutions across the broader region beyond the initial neighbourhood; and*
- 5. Learning about the overall impact of the PN program and about the relationship between particular strategies in PNs and student outcomes, including through a rigorous evaluation of the program.*

In 2011 and 2012, 12 communities were awarded five-year PN implementation grants. It was anticipated that there would be further funding but this has yet to come to fruition. Some communities that received a planning grant, but did not receive implementation grants have developed their PNs independently.

HCZ is an impressive operation and it can seem daunting to consider how communities in the UK could initiate similar projects. I wanted to visit PNs because they were already meeting this challenge head on. All of the PNs were in the formative stage and I wanted to see how they were approaching the opportunity to develop a PN.

¹⁷ <http://www2.ed.gov/programs/promiseneighborhoods/index.html>

Despite the blueprint of the HCZ, the most important principles behind the success of HCZ remain unclear, so knowing where to focus resources will involve a process of trial and error. For example some evaluators of HCZ believe that their success in closing the achievement gap is because their schools are coupled together with wrap around services. It is not definite that it is even possible for PNs to be able to have a similar impact when their programs will be working with existing schools.¹⁸ Their experience will put to the test the HCZ theory of change and establish if it is a transferrable and scalable model when implemented together with community partners and existing schools. Another challenge for PNs is that they are operating in a different context to Harlem and with significantly less funding they are trying to fast track a process over five years when HCZ began small and grew slowly.

During my Fellowship I visited four PNs which all had very different approaches which we can learn from in the UK. Two of them in Boston and Washington DC were implementation grantees and another two, Baltimore and the Flatbush PN in Brooklyn, New York were planning grantees.

Flatbush Heights Promise Neighbourhood New York

CAMBA is a community based organisation founded in 1977 and located in Brooklyn, one of New York's largest boroughs. CAMBA started as a merchant block association because merchants were concerned about the violence and deprivation on their streets. Unusually for a merchant block association they started designing programmes, which met the needs of the community such as providing English classes for the many migrants that were arriving. From these beginnings they developed a multimillion dollar service agency that offers hundreds of programmes, ranging from business support, English classes, social housing and after school programmes.

The area in which their PN is located is a densely populated area with over 40,000 children living with their families in the tower blocks. Most children are African American and Latino but recently many families from Haiti have arrived. All of the children in the community live within the catchment area of the school. Reading levels are very low and families face competing priorities, making enrichment at home challenging. In the last decade the area has changed as rental prices have soared as demand for housing has risen as wealthier professionals have moved into the area.



Marjorie - the director of Flatbush Heights PN.

¹⁸ <http://harvardpolitics.com/united-states/promise-harlem-children-zone/>

I met with Marjorie, the director of the Flatbush Heights PN who explained that becoming a PN had enabled them to build upon their existing work by focusing on a particular neighbourhood and addressing the root causes behind the challenges that children face.

The school we met at was one of the Flatbush PN partner schools that their PN continuum would have been based around. CAMBA already works extensively in this school because they have federal funding to run a Beacon programme that includes recreational, cultural, sports and academic enrichment activities everyday after school for middle school children. In addition they also run courses for adults such as computer literacy and English classes. During the holidays they run summer programmes, not least because if they don't, some children will spend the holiday going without a meal. The principal allows them to use the building rent-free because she can see the value of the services on offer for the families in her school. The model she is describing is very similar to the Extended Schools programme in the UK. Had they received a PN implementation grant they would have expanded their after school and summer programme to benefit more children, measured individuals academic data, worked across developmental stages, not just middle and high school children and worked with their partners to ensure children's needs were met beyond the clubs on offer, such as addressing health care.

Marjorie has been responsible over the last ten years for developing CAMBA's maternal child health programming. Many new mothers in their community are very isolated and don't have networks of family and friends. There is nowhere for mother's to meet and she believes that the fifteen storey housing blocks where many of them live, prevent people getting to know their neighbours. In addition many mothers don't speak English, which prevents them accessing services and support. To combat isolation, they offer home visits and organise support groups for parents. In order to engage thousands of pregnant women and families with small infants they have a very comprehensive outreach strategy, which involves working collaboratively with the hospital and health visiting services. However they have had to get a lot more creative lately because the law recently changed and hospitals were no longer allowed to share information, even if families consented to their information being given away.

"Outreach then became standing on street corners, asking people to tell their neighbours. We would go to places of worship and get to know the pastors and ask them to promote it, but often it has to be someone who is already known to pastors, or is a member of the congregation. We did a lot of door knocking. Beauty salons, laundromats on the weekend. We were everywhere and we became a trusted organisation".

One trend, which Marjorie is saddened by, is the use of incentives to get families to participate in programmes. “We always provided transportation money, not an incentive, that is just breaking down a barrier.”

The relationships they had built with partners through promoting their maternal and child health programmes strengthened the PN planning process after they received a planning grant in 2012. Over one year they brought together their community partners and residents and developed their continuum of solutions. Like many other agencies that applied for the grant, delivering programmes was already part of their work, but designing their continuum of solutions, as required by the application, gave them the opportunity to adopt a different focus.

“It’s just wearing a different lens. The indicators mean that everyone has to focus on education, with a few health outcomes, regardless what type of organisation you are.”

Over the course of a year hundreds of meetings took place in the town hall and partners decided which working groups they wanted to be in. In between meetings researchers found examples of best practice, assessed their feasibility and then brought their findings back to the working group.

“We put together four or five choices for each solution and then we would present to the group. We would come up with something and then they would break it apart”

Alongside this process graduate students from New York University carried out research.

In addition to the working groups they had an executive committee that oversaw the development of their plan. On this committee there were people at every level, across school years, organisations and statutory services.

It was a drawn out design process, but being democratic in their decision making was important because of the values on which CAMBA was built and it resulted in more community support. CAMBA regards people who use their services as leaders and advocates. Their CEO inspires this, she has been in place for 35 of the 37 years they have been in operation and has a background in community organising.

Much to CAMBAS’s disappointment, the next round of federal implementation grants did not come through. They had been honest with people that engaged in the planning process that the money might not materialise, or that they might not win a grant, but nonetheless, with such wide community support there was also widespread disappointment. In the absence of an implementation grant they

have gone ahead and begun delivering aspects of their continuum and are looking for private funding. I asked Marjorie if she regrets that they applied and she responded by saying,

“No, we learnt so much and developed our relationships. We now see the value of being focused on a particular place and looking so deeply at all of the root causes of the struggles of families that live here”.

Summary

CAMBA is an impressive entity with an extraordinary history. Their wide range of existing expertise and relationships provided strong foundations for the development of their PN. Their method of engaging hundreds of people in the designing process ownership is a blueprint that could be successfully replicated.

It is testament to their leadership that they regard their participants as advocates and leaders and not just as clients and this highlights how the approach of an organisation or PN is shaped by the values and approach of their leadership. However, because most of their funding is public funding, embracing an advocacy position is problematic. Public funding cannot be used for lobbying so they refer to their advocacy work as educating and not lobbying. This serves as a reminder that you can't bite the hand that feeds you, and relying on public funding can limit the capacity to challenge the underlying structural injustices.

Lessons from CAMBA for London and Further Afield	
Planning and Designing	<ul style="list-style-type: none"> - Focus continuum solutions around transition points in a child's life because this is when you can have the most impact. - Engage clients as leaders and advocates. - Employing a democratic engagement process, which involves lots of partners, promotes wide community buy in. - Use the expert resources on offer from universities.
Outreach	<ul style="list-style-type: none"> - Work together with statutory services to reach vulnerable families. - Employ a comprehensive outreach strategy that includes door knocking, street outreach, word of mouth, faith groups and shops.

<p>Partners</p>	<ul style="list-style-type: none"> - Build enough trust to ensure an ongoing relationship regardless of funding. - Be clear from the start about what your partners are expected to deliver. - Identify the self-interest of your partners and ensure programmes meet it. This will lead to increased commitment of resources.
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Boston Promise Neighbourhood

The PN I had come to visit in Boston was called Boston Promise Initiative and the lead agency was the Dudley Street Neighbourhood Initiative. They were situated in the South of the city in a suburb called Roxbury. Roxbury, like many London suburbs was very different to the sprawling metropolis of central Boston and it is difficult to reach from central Boston.

The Dudley Street Neighbourhood Initiative is a nonprofit community-based planning and organising entity in the Roxbury/North Dorchester neighbourhoods of Boston. They formed in 1984 when residents of the Dudley Street area came together out of fear and anger to revive their neighbourhood (that had been devastated by arson, disinvestment, neglect and redlining practices) to protect it from outside speculators.



Dilapidated buildings in Roxbury.

The Dudley Street Neighbourhood Initiative has grown into a collaborative effort of over 3,000 residents, businesses, non-profits and religious institutional members committed



Social housing built by DSNI.

to revitalising this culturally diverse neighbourhood of 24,000 people and maintaining its character and affordability. In 2012 DSNI was awarded funding by the US Department of Education to implement their plan to organise their community to become a PN, building on the model of the HCZ. Boston Promise Initiative refers to the area in which they are operating as 'The Dudley Village Campus'. They are concentrating on five target areas, within each area there are specific indicators they want to change and clear next steps for each indicator:

1. Children enter school ready to succeed.
Indicator: More children are enrolled in the Dudley Children Thrive Programme.
2. Successful students/successful schools
Indicator: Reduce the number of high school dropouts.
3. Post secondary completion and career readiness
Indicator: Decrease youth unemployment rate
4. Strong and Healthy Families
Indicator: Increase labor force participation
5. Vibrant and Thriving Community
Indicator: Decrease percentage of people under the poverty line



A display board at DSNI demonstrating the connection between their programmes and their

They plan to measure the impact of their actions against baseline data they have collected from 466 randomly selected households by conducting another survey in 2016.

They also have comprehensive demographic data for the community living within the boundaries of the Dudley Village Campus and use this data to inform their programmes. I met with the BPI director Sheena Collier and development director Joceline Fidalgo to find out more about how they have grown and progressed over the last few years.

For the last ten months, Sheena Collier has been the Director of the Boston Promise Neighbourhood, she is a Harvard educated New Yorker who until adopting her current position had worked as a school administrator. Before Sheena came to DSNI she had been employed as an administrator by one of the elementary schools that works in partnership with DSNI as part of their PN. She has a useful insider perspective of the value of a being a partner in a PN. An emerging body of evidence that suggests that schools that embrace wraparound services that support children and their families in addition to



Left: Sheena Collier Director of BPI

teaching find that student academic success is enhanced. Informed by this evidence, in Sheena's previous role she chose to engage her school because she believes that if they wanted to meet the

needs of their families they needed to be connected to their local community in order to understand what the priority needs were, what already existed in terms of extra support and how they could fill the gaps. Partnership with DSNI as part of the Boston PN provided the relationships and a structured way to achieve this. Principals of DSNI partner schools have co-designed how a cradle to career approach can support the aims of their schools. One challenge is getting partners to see the importance to working to support children who are not yet their responsibility. For example high school principals will not see the impact of investing in early years and elementary children until those children enter into their schools in years to come. For the approach to work it requires partners to be invested in the long-term vision.

Sheena had just got back from the national PN conference and she explained the distinct approaches the different PNs were taking. PNs led by universities tended to have a very heavy data focus while service based organisations focused on case management and delivered their pipeline of support internally. In contrast DSNI were recruiting existing organisations to create and develop programmes. Different organisations usually built upon their existing area of expertise. The PNs were also choosing to focus their energy on different stages of the birth to twenty-four, continuum (cradle to career). “Depending on where your strong point is, that is that is where you start the work, so some people may start on the higher end of the continuum while others work their ways back”.

DSNI’s unique take on developing a PN is characterised by resident engagement. Unlike other PN’s that began after they received the funding, DSNI was an existing strong organisation, it already had a rich history and plenty of trust and relationships with the community. However despite resident engagement being their edge, communicating externally the importance of their approach has not been without challenges.

For DSNI resident engagement is not just about how many people attend programmes but also about people being involved in decision making. Not everyone places the same importance on the engagement of people as decision makers. Therefore one of their biggest challenges in implementing their PN has been implementing it in the way the department of education thought it should be implemented.

There is a balance they have to strike between respecting the way DSNI operates, and then meeting federal reporting requirements. The additional challenge for them is how they measure and demonstrate not just their progress on the indicators for the department of education but also the stories of the people engaged in planning and implementing their PN and how it has motivated DSNI to change the way they work.

“DSNI always had this vision of creating an urban village and of residents being supportive of each other. What becoming a PN provided was an explicit education focus”.

In addition what they brought to the table was a unique community organising lens with expertise in housing and workforce development.

“We know that all of these things contribute to how well kids are doing at school. It is not isolated. You can’t just work with schools. It is really about how this expertise that we already have in these areas is going to help stabilise families and support schools”.



Wall murals painted by DNSI youth members.

DSNI started designing their vision in 2010 at hundreds of community meetings. Now they have the funding to begin implementing. Sheena arrived 10 months ago and she has spent a lot of that time working with community leaders to boil down all the ideas into concrete achievable work plans that meet the PN indicators over the next five years (this is how long the funding lasts for). DSNI always stated that they would focus on the 0 to grade 8 part of the continuum. They have collected a lot of their baseline data, which is essential, if they are to measure and demonstrate that their work has made a difference to children’s

health and education outcomes. For example collecting school readiness data from childhood centres. They have also established multiple work groups to establish which targeted interventions need to happen for each stage of the continuum; these groups are made up of professionals and residents in the community. The larger implementation teams will be agreeing proposals for programmes and interventions over the next few months. They have already begun to implement strategies which are less about developing new programmes but drawing on existing infrastructures and building upon existing practices or resources and aligning them more effectively. For example creating a network of existing day care providers including private providers to help them to understand what is required for a child to be school ready and offering them additional training.



DSNI community garden

Summary

DSNI already had extensive community relationships; this is reflected in their board of 30 local residents with a new cohort elected every few years. DSNI are the people of Roxbury. This enables them to involve hundreds of people in shaping and implementing their PN strategy. One of the major concerns about the feasibility of replicating HCZ is that it would be too expensive, their methodology offers a cost saving innovative approach that harness existing community resources. Their methodology would be transferrable in another setting even with another organisation that did not have the same level of community relationships and history of bringing the community together to improve local problems but it would require a commitment to building them.

Lessons from DSNI for London and further afield	
Resident & Community Engagement	<ul style="list-style-type: none"> - Involve residents as leaders who can support the designing and implementing of the BPI strategy. - High community support lends itself to increased long-term engagement and commitments of time, resources and expertise from residents and community institutions. - Prioritise the development of local leaders. This ensures that people have the right skills to work together to tackle the barriers to positive outcomes for their community.
Focus and Growth	<ul style="list-style-type: none"> - Set realistic goals for implementing parts of the cradle to career continuum as opposed to the whole pipeline. This helps manage limited resources and increases the likelihood of impact. - Build upon what the lead agency is already accomplished at. For example BPI have put resident engagement at the centre of their approach. - Alongside federal/national funding, continue to explore additional potential funding streams. - Involve federal/national and city agencies in planning and implementation of the BPI strategy to ensure ongoing support.

Data and Evaluation	<ul style="list-style-type: none"> - Collect comprehensive baseline data, it is essential for measuring impact. - Strike a balance between capturing numerical data and capturing stories that reflect the central approach of the agency. - Collect lots of participation data.
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Promise Heights Baltimore

In Baltimore I visited Promise Heights the Baltimore PN initiative. Maryland University School of Social Work had received the planning grant to be the lead agency of Promise Heights in 2012. When Promise Heights had come to apply for the implementation grant, they found that congress had voted to not release the funding for the next round of implementation grants. The team at Promise Heights had decided to go ahead with implementing their PN anyway without the financial support of the implementation grant. I had arranged to meet with Bronwyn Madden, the Assistant Dean at the school leading the initiative.



Central to the Promise Heights approach is leveraging the talents and resources of the University of Maryland for the benefit of people living within Promise Heights. For example university students spend part of their courses completing placements with the programmes offered by Promise Heights. Professionals and academics give workshops on topics such as dental health. Drawing on the expertise of academics they design their programmes around evidence-based research and used the research capacity of the university to measure their impact. However Bronwyn explained, in order to get support from the university, participation needed to deliver on the aims of the university, otherwise involvement in the initiative remains tokenistic with limited participation and assigned resources. Promise Heights on the other hand delivers on the objectives of numerous university departments by providing professional experience, funding and research opportunities. Bronwyn offered to give me a tour around the neighbourhood and to organise visits to their early



Bronwyn Madden, doctors, pharmacists and researchers at University of Maryland meet to discuss

years programmes; Bmore for Healthy Babies and Parent University.

Bronwyn was born in Baltimore and her family is from the neighbourhood Druid Upton Heights where Promise Heights is located. This neighbourhood is known by many across the globe if not by name but as the setting for the first series of the TV show The Wire. Upton Druid Heights was the first African American influential upper class and middle class neighbourhood of Baltimore during the time when the city was racially segregated. This neighbourhood was the centre of the local Civil Rights Movement and was a renowned entertainment district. Today Upton Druid Heights is in distress: 58% of children live in poverty compared to 28% in Baltimore City and 10% in Maryland overall. 53% of households have an income less than \$15k compared to 20% for Baltimore City. 39% of adults have attained less than a high school diploma compared to 23% in Baltimore City. So what changed? - Bronwyn explained that after segregation came to end middle class African Americans moved out.



Bronwyn Madden giving me a tour around the neighbourhood.

“What you had now was that poorer black folks moved into old homes...this was originally a white community, old houses, white people moved out, poorer people moved in and couldn’t manage their upkeep. People said ‘black people are moving in and tearing them down’ but it was just that they couldn’t afford to maintain them and the housing stock was old and depleted”.

Although the picture Bronwyn describes is bleak, Upton Druid Heights is not without community assets, which is one of the reasons why Bronwyn selected this community to be the PN. Upton Druid Heights has 5 of the largest black churches in Baltimore and they are important partners in Promise Heights. Bronwyn believes in working with and harnessing the resources of existing community assets. It is not just an ideological choice, it makes sense she argues; “there has to be something there already for you to work with”. The churches in the community are very much invested in the mission of the PN. The co-chair of their board is a Union Baptist church reverend and many of the churches regularly pray for Promise Heights. They even have Promise Heights day in the churches and have a special donation for the programmes. One of their core programmes ‘Parent University’ is hosted at one of these partner churches.

Bronwyn together with her team at the University of Maryland began by mapping these assets. Once they had identified them she went and met the leadership of these institutions one by one and explained her mission: Promise Heights would bring together the main civic institutions in the

community to work together to identify the issues for children born and raised in Druid Upton Heights, and then collectively implement programmes and projects that would provide solutions. Bronwyn had a compelling case and if anyone recognised the value of her case, it was the principals of the schools that were trying to educate children and the faith leaders trying to deliver spiritual guidance against the backdrop of the chaos of poverty. One by one they came on board.

The agreed the focus from the start was education. There were four schools working as partners within the zone. As a university was leading Promise Heights, research guided their decisions, and the research showed that to have the impact they wanted they needed to start at the beginning of life. The self-interest of the school was the grades of their kids and the reality was that 34% of children were arriving in kindergarten and were not 'school-ready'. This data guided them to start Bmore for Healthy Babies, a pre and post-natal health literacy and support programme and Parent



University, a parenting course that covered topics such as how children grow and learn and provided a place for parents to form supportive relationships. Bronwyn says that she knew they needed to work with parents if they were to be successful. Many of the parents they were coming into contact with did not have a good experience of school. They needed parents to work with them to change their perception of education and to become partners with Promise Heights in tackling the earliest barriers to children's health and education. Part of achieving this was placing resources within schools to support parents with their challenges. For example law surgeries and signposting to services. Research continues to inform the additional programmes that Promise Heights is providing as they build up their continuum of solutions. For example as they begin to deliver summer programmes to combat the 'summer slide' (the decline in core skills

over the summer holidays such as literacy, prevalent amongst children from lower socio economic backgrounds) they draw on the evidence which suggests that to be effective the summer programme needs to provide kids with 44 hours of literacy instruction.

There are different degrees of involvement with the PN across the university. The overall Dean of the University of Maryland is a paediatrician and he is proud of the work they are doing in Promise Heights. He talks about it publicly and wants it to expand. Most of the involvement on the ground comes from the schools located on the same campus as the school of social work, which includes the school of medicine, the school of law and the school of dentistry. Every school has been asked to contribute in anyway they can without any cost. This has ranged from medical students offering medical advice, law students providing law clinics, dental student providing free dental care for kids and social work students spending their rotation supporting Promise Heights Programmes. The

school of social work continues to lead and evaluate the impact of Promise Heights. Everybody wins. The community wins because they are being provided with first class support from a diverse range of professionals. The university wins because it provides them with plenty of professional training and research opportunities, which is useful for a research institution that doesn't have the trust of communities to participate. Bronwyn explains that the vice president sees Promise Heights as the ideal model for how a research institution can relate to the communities around it; they are trying to build on this model to inform other initiatives across the university.

What struck me talking to Bronwyn about the Promise Heights Initiative is that it is not delivering additional (albeit useful) programmes as experts, but rather it is standing side by side as a civic institutional member of the city committing to working together with the existing civic institutions of Druid Upton Heights. As partners and not external researchers, they have committed to building structures for the long term and to finding and implementing solutions to tackle the impact of poverty on children's learning and health. Promise Heights is not a project; it is a community of institutions with a plan.

Bmore for Healthy Babies

Stacey Stephens directs one aspect of the early years part of the pipeline, a programme called B-more for Healthy Babies, which aims to reduce infant mortality. The programme was started through the University of Maryland School of Medicine. On average 230 babies are born in Promise Heights annually. Stacey explains that when they first came on board 17 babies were dying per 1000 live births. The average infant mortality rate in London is four babies per 1000 births. Stacey explained some of the reasons why the rate is so high in Baltimore.



Left: Stacey Stephens - director of B-more

“A lot of it has to do with poverty. When you look at what is happening in the city or in the country, when communities are impoverished, also there is something about racism, black infant mortality rates are higher than white infant mortality rates. But we have made great strides to bring this down”.

A targeted neighbourhood approach has been central to their success. All over the city babies are being born too early, weighing too little and dying due to sudden infant death syndrome, but the two neighbourhoods where Bmore for Healthy Babies operates were particularly bad. To challenge this

they have brought together health visitors, Early Head Start (similar to Sure Start in the UK), health practices and academic institutions. By working collaboratively over the last four years, they have brought the number of babies dying down to single digits. Last year there were 88 infant deaths across the city. Four years ago it was 114.

Stacey explains that they go from door to door visiting homes and businesses. To begin with they inform people about the issue of infant mortality, because people are aware of homicide rates, but not that babies are dying in Baltimore. They educate people about the risks of being pregnant in an impoverished neighbourhood, how they impact on a mother's stress levels and her ability to carry her baby full term.¹⁹ Bmore for healthy babies has a wide range of champions in the community such as barber shops, beauty salons and dollar stores. They work with churches, Early Head Start and schools to inform them about the services available for pregnant mothers and expecting fathers and what some of the risks are leading to babies being born early.

After a woman gets in touch they are connected to a 'resource mum'. They can see their resource mum at least once a month but sometimes it is a couple of times a week, especially if there is a crisis. Women who sign up also get access to a whole host of services including food and support with housing. Every family that participates gets a phone because for some parents, one of the first things that is cut off is a utility bill, providing a phone is a way to ensure communication.

The programme provides peer as well as professional support. Peer mums who have gone through the programme support on other prenatal programmes and volunteer at events. These alumni champions also help recruit other mums. Mums and babies can participate from pregnancy until the baby is 18 months of age. A mum can join at any time during her pregnancy up until 32 weeks, because they need enough time to show they have made an impact. When a mother first becomes involved they collect baseline data, again at delivery, and then every three months until the baby is 18 months of age. 96% of the babies born to mums who have been involved are born at term or near term. Three months post-partum 60% of their mums are in contact with services for depression and 70% for anxiety. This is a high number and it begs the question about how many others suffer

¹⁹ *It was interesting how candid they were about the negative impact of poverty on babies' outcomes. Within my own work we have often debated about how you inform people about the risks but also deliver the message sensitively, especially given often there is little families can do to change the circumstances associated with poverty in the short term. Could these messages for example cause people to feel a sense of powerlessness and despair, which is surely not helpful for people who are already struggling? On the other hand I recognise that people deserve to be given the facts in order to be able to change their situations and behaviour accordingly.*

from these conditions but do not receive help.

One of the risks of an intensive programme like this is that when a participant graduates they feel abandoned and the established trust goes to waste. However the beauty of the pipeline of support within a PN, is that after participants graduate they are then referred on to the next step of the pipeline. In this case Parent University, a programme ran in partnership between a local primary school and churches just a few blocks away.

Parent University

During my visit to Promise Heights, the Baltimore Promise Neighbourhood, I visited one of their flagship early years programmes, Parent University.

Parent University is held in a big church hall. The day I visited the place was buzzing with parents chatting and small children sitting around tables. All of the participants seemed to be African American. I was introduced to mothers, fathers and grandmas, staff and volunteers. One mother told me that Parent University provided a place for her to vent her frustration and share her worries. Another lady was a grandma and she explained that this was the third time she had participated because every time she learnt something new. I asked parents how they knew about Parent University, one had found out about it in the Judy centre attached to her school (similar to Sure Start centres), another had been told by a friend, someone else had heard about it from one of her neighbours.



Parents singing with their children at Parent

Soon after I arrived a hot breakfast was served. The hot breakfast I was later told was an important feature of Parent University. It was an incentive for parents to keep coming back and it created the right atmosphere. As breakfast drew to a close one lady started to rally us all to come and sit down ready for circle time. This woman I later found out had previously been a participant in Parent University and was now one of the parent leaders. This promotion had happened quite naturally because she had automatically slipped into the role of recruiting other parents to participate in the playground, the corridors of her child's school and even in the hairdressers.

Parents sat in a circle with their infants between their legs. They began with singing and then moved on to reading. Parents were encouraged to select a book with a child and to sit quietly and read it with them. One parent caught my eye. He was a big guy with a big beard surrounded by four

children as he read them a story. He smiled at me and we began chatting. Michael was delighted to hear that I was from the UK, and even better, that I had grown up near Brighton. It turned out that he had once been a professional basketball player and had played for the Brighton Bears. I was intrigued to find out about how he had become involved with Parent University. He explained that after he had moved back to Baltimore to his home neighbourhood and he had children, he'd struggled with adjusting to his new lifestyle. Sometimes he would find himself getting frustrated with his children and would lose his temper, just like his father had done with him. One day he was shouting at one of his children in the school corridor. One of the parent leaders from Parent University approached him and said "Honey, you know what you need.....to go along to Parent University".



Parents reading to their children at Parent University.



Michael and his children at Parent University

He thought he had nothing to lose, so had come along to one session and had immediately been hooked. He proudly shared with me that for the last cohort he had even helped lead the sessions. I asked him whether he had been offended at all at the suggestion that he needed to be taught how to look after his children. Michael was honest with me "Look ma'am no offence, but if it had been someone like you (the insinuation being my whiteness and the fact I was not from around these parts), I probably would not have received the information so well, but this lady, she's part of my community and was old enough to be my mother". I appreciated how frank he was with me and I thought it was an important story to consider when designing recruitment strategies.

After reading time, the parent leader announced that parents were going upstairs for the workshop and children would stay and play downstairs. Upstairs, parents sat around tables in a classroom. The speaker was a local paediatrician who started her presentation by asking her audience if they knew the old African proverb "If mama's not ok then nobodies ok". There was a chorus of agreement from everyone.

"We have a lot of mamas and daddies who are not ok. Their kids are marker kids. Kids out of

control. But then you look, and if mama is not ok and mama is so depressed and can't handle it. Where do you vent? When you're an adult you can smoke, you can drink but what do you do when you are a kid?"

Over the next hour she shared wisdom on topics as wide ranging as mental health, asthma, child development and parenting. Spirits were high and there was lots of laughter, parents seemed to be enjoying themselves.

She made observations, took questions and facilitated discussions from the parents in the room. There were a number of 'aha' moments when she explained about the importance of why children must drink water and why the mistreatment of asthma leads to frequent emergency visits to the hospital.

While the main focus of her presentation was health, she was also careful to keep making the links with education. For example explaining the importance of attending early vaccination visits because they were an opportunity for doctors to ensure that infants are meeting developmental milestones, which are essential in ensuring that children are ready for school. In one of the breaks I asked the woman next to me how she is finding it, "well, it's really good because you don't feel like you're on your own, i'm learning about all the people and places around me that can help us. And every time I leave, I learn so many new things which I never would of thought about, I wish I had known it all with my first baby, but I guess it's never too late to start".



A paediatrician presenting at a Parent University Workshop.

Summary

Promise Heights exemplifies the potential for collaboration between universities and communities to improve children's health and education at a neighbourhood level. The benefit of a university being heavily involved is that they are able to support with ensuring that all programmes are evidence based and they can use their research skills to measure impact.

Despite not receiving an implementation grant, Promise Heights have been able to implement their PN by creating new partnerships, building upon existing resources and leveraging funding from elsewhere. It will be interesting to see whether their initiative is more sustainable because they are not relying on federal investment but instead developing their pipeline more slowly and whether their programmes are of a higher quality as a result.

Lessons from Promise Heights for London and Further Afield	
University Partnerships	<ul style="list-style-type: none"> - Leverage resources from partner universities that provide time, talent and expertise, but ensure that partnerships deliver on their self-interest and contribute value to their academic courses. - Develop programmes and participation across different departments to create sustainable institutional support.
Communication	<ul style="list-style-type: none"> - Involve and inform local leaders about your strategy and plan and be explicit about how it fits with their mission. - Communicate and share your success with state agencies and politicians. - Share best practice and learn from other agencies attempting similar projects.
Focus and Growth	<ul style="list-style-type: none"> - Map and build upon existing community assets. - Have a clear focus and ensure that all programmes contribute towards it.
Recruitment and Programme Outreach	<ul style="list-style-type: none"> - Be candid with the community and potential participants about the problems the PN are trying to tackle. For example infant mortality and reading. - Build a wide range of community champions, such as barbers, beauty salons and dollar stores. - Train up local people as recruiters and leaders.
Programmes	<ul style="list-style-type: none"> - Provide food at workshops and events. - Encourage parents to make the most of existing resources and services. - Create the right balance of community, social support, information, education and fun for both children and parents.

Washington DC - DCPNI

DCPNI is situated on the fringes of the city in the Kenilworth and Parkside neighbourhood of wide streets, front yards and bungalows. Kenilworth Parkside is located on the fringes of the city isolated by a massive highway, a river and a power plant. While no longer the scene of rampant drug dealing and crime, the occasional gunshot can still be heard ringing out and deprivation is rife. A lack of shops and the distance residents have to pick up groceries make it a food desert.

DCPNI is based in the old building of Kenilworth Elementary school which was shut down a few years ago because just a quarter of the grade 8 students had able to read and write at the predicted level. Since DCPNI moved in, classrooms have been turned into offices, and filled with computers for after-school clubs.

DCPNI is the only PN I have visited whose lead agency has been established for the purpose of creating a vehicle organisation for leading a PN. It began as the brainchild of the founder of the Cesar Chavez Free Schools, who upon hearing about HCZ was convinced that the model was desperately required for the Kenilworth Parkside community. She set about building an impressive coalition of 25 partners who together formed DCPNI and applied for a grant. When I arrive for my meeting with the new director Mary Brown, she had only been in post a few weeks. I am struck by how different her rhetoric is compared to other PNs.

“Everyone wants to talk about education and indicators, but it’s about human relationships, how can you do human relationships without dealing with the funky stuff that everyone runs away from? Which is culture, race, privilege and the identities that make up our community. We are going to take that challenge head on. It is our job to support, to convene that dialogue”.

She believes that unless you address these factors you will struggle to achieve the outcomes that PNs are striving for.

“We all know what is needed for writing, reading and arithmetic. But we don’t all know what is needed for character education. It’s being in a place where you belong where your identity is valued”.

It would be easy to dismiss Mary’s Browns ideas as idealistic, but she has proved they work. Prior to this job she spent the last fifteen years building up ‘Life Pieces to Master Pieces’, an



Right: Mary Brown Director of DCPNI

internationally renowned non-profit that has improved the odds of thousands of young black men. Nonetheless, despite her credentials, Mary has a challenging job ahead. Not least because she is leading one of the most innovative social experiments of our time, but also because DCPNI has already had a few different directors in just two years. This is problematic if you consider what the PNs are trying to achieve in just a five-year period (funding comes to an end at the end of 2017). In addition, unlike other agencies that have existed for a while and can draw upon existing relationships, processes and structures, DCPNI are a new organisation with ambitious targets and a large grant to manage. On the other hand, they have the opportunity to develop new structures and processes that best fit the challenge in hand and they are not compromised by the conflicting priorities of an established organisation.

Their twenty-five partners have co-designed their strategy, they have identified what solutions and services already exist, which need extra capacity and which need to be created. DCPNI is the main commissioning and training agency. While DCPNI will deliver some of the programmes, they are mainly supporting and commissioning other organisations to deliver sections of the DCPNI continuum. The challenge with this Mary points out, is ensuring that they have the right partners doing the jobs as opposed to partners that just hold the right relationships. She intends to be very clear about the impact and results they expect. They will also support partners by providing expert training, which nurture awareness of their identity, culture, race and perceptions.

Summary

DCPNI has brought together an impressive array of partners, demonstrating that it is possible to create a vehicle organisation to deliver a PN. However the challenges they have faced in terms of managing the expectations of partners, managing a large grant, establishing organisational culture, developing operational processes and finding the right leadership, serve as a reminder of the disadvantages of growing too quickly.

Because they are free from the competing interests of an older organisation, they can foster innovation. Mary Brown in her attention to the intersection of race, culture, socioeconomic status and privilege is shifting the traditional focus of a PN. It will be interesting to see how they are able to integrate this focus while still ensuring they meet their desired educational outcomes. They are in a position to explore whether addressing the underlying causes wrapped up in the race and socioeconomic deprivation, enhances a PNs ability to tackle symptoms such as poor educational outcomes.

Lessons from DCPNI for London and Further Afield	
Focus & Growth	<ul style="list-style-type: none"> - Maintain an awareness of and challenge the intersection of race, culture, socioeconomic status and privilege. - Growing quickly and managing large amounts of capital without existing structures and processes presents challenges. - Creating a new agency to lead the initiative can foster innovation.
Leadership	<ul style="list-style-type: none"> - Consistent leadership supports the development of a children's zone/PN.
Partnerships	<ul style="list-style-type: none"> - Be selective about partnerships to ensure impact and quality is really important. - Offer the same training across the board for all partners to ensure shared values.

Learning Neighbourhoods in Brazil

For the second part of my trip I was in Brazil visiting Learning Neighbourhoods (LNs) and an innovative healthcare model delivered by a charity called Monte Azul. When I discovered LNs in Brazil (a model of neighbourhood education built on the principles of democratic education),²⁰ the similarities to Children's Zones were immediately evident to me. Both models aimed to improve children's wellbeing and education by addressing the local issues and focusing efforts within a specific locality. LNs also aimed to create new spaces for children to learn and for this learning to become the responsibility of the whole neighbourhood. This seemed like an attractive proposal but I did question whether interventions delivered by the community were sufficiently rigorous enough to lead to radical improvements in educational attainment and health. However, considering that one of the major concerns about replicating the Children's Zone model were costs, a model such as LNs that aimed to harness existing community resources was interesting.

Barrio Escola Aprendiz was started in the late 1990s by Gilberto Dimenstein, a Brazilian journalist and educator, he brought together psychologists, artists and journalists to explore how their neighbourhood, Villa Madelena in Sao Paulo could collaboratively educate children. They ran workshops in public places such as schools, the streets and public squares in order to reclaim areas colonised by drug dealers. They transformed the way the community looked and how it was used, supporting local people to reclaim public spaces where their children could feel safe²¹. During the workshops they mapped the communities resources: theatres, schools, cultural centres, companies and parks. They then created a network that could take advantage of these assets as spaces of learning for children. Their vision was that the whole neighbourhood would organise to support education and in doing so the whole neighbourhood would become a school. This was achieved by forming relationships and partnerships with people and places in the community that could provide learning opportunities for children who were currently enrolled in school just four hours a day.

After a decade of experimenting with this project, Villa Madelena had changed for the better. The walls were painted, there were more NGOs and the neighbourhood was playing a significant role in providing educational opportunities. The mayors of two other cities in Brazil, Nova Iguacu and Belo Horizonte came to visit and were interested in how the model could be translated into national public policy. These two cities piloted the adoption of the LN strategy in their cities. In 2004 UNICEF recognised Aprendiz as a best practice model that could be replicated across the world. Escola Aprendiz has continued to work with the Brazilian Ministry of Education and other partner organisations to develop programmes across Brazil that are based on the LN model

²⁰ <http://democraticeeducation.org/index.php/features/what-is-democratic-education/>

²¹ <https://hbr.org/2011/04/the-city-as-school>

Sao Paulo - Barrio Escola Aprendiz

When I arrived in Sao Paulo I was struck by how immense it was. It felt like the city had no limits, and unlike US cities or London there was not an abundance of green spaces to provide pockets of escape. The neighbourhood where Aprendiz had their main office was in an area called Villa Madelena where they had first started experimenting with the LN model. Today Villa Madelena is a very different place to when they began when the public spaces were the domain of drug dealers. Today it is a hip neighbourhood, full of boutiques, cocktail bars and restaurants.

I met with Helena Singer one of the directors of Aprendiz, who after becoming interested in democratic education as a student had dedicated her career to the democratic education movement. She jumped at the opportunity to lead an initiative underpinned by a democratic education model that had the capacity to add value to mainstream education. The school system has immense reach; even in Brazil where resources are minimal nearly all communities have schools that deliver the same information to millions of children with a direct line to millions of parents.



Left: Helena Singer - Director of Escola

The LN model was developed in the late nineties as a means to connect the school to the local community and to create increased learning opportunities. Aprendiz conceive this model as a 'social technology' because the application of this technology creates an environment conducive to community learning. There are four main components of the LN social technology:

1. The neighbourhood needs to design a local plan that lays out their vision for the community and connects health, education, clubs and faith groups. A forum is needed which includes children, to design and facilitate this plan.
2. Schools need to connect their pedagogical plan to this plan to ensure that learning is reinforced across the activities to maximise the quality and continuity and reinforce learning.
3. All services that relate to children should work together, for example, schools, social services and health.
4. Education opportunities are created throughout the neighbourhood and they extend the school day. For example the church and the nightclub becomes a place of education and

local people's skills and passions are harnessed.

Part of the reason that this social technology has been so appealing for the national government in Brazil is that it has provided a means for schools to be able to achieve extended school hours. In 1996 it was legislated that children should attend school throughout the day. However without sufficient resources the reality is that most schools in Brazil run on rotation, with some children attending in the morning and others attending in the afternoon for four hour periods. Because LNs presented a feasible plan for how schools would be able to achieve extended learning, the model was adopted in 500 cities across Brazil.

However rapid growth presents challenges to quality control. In an ideal scenario, a 'communitarian teacher' makes connections in the community and seeks out new sites of learning. For example, nightclubs - crowded on the weekends are empty during the week. The communitarian teacher also finds local people who can contribute to children's learning such as a local resident who can volunteer to teach capoeira. The challenge is then for the school to work with the capoeira teacher to connect it to the curriculum, for example, the history of capoeira can be related to Brazilian history.

Successful Application - Nova Iguaçu

After developing the LN social technology with four schools and their surrounding communities in Sao Paulo, the mayors from two other Brazilian cities, Nova Iguaçu and Belo Horizonte expressed interested in applying the technology across neighbourhoods to create 'educational cities'. The creation of Learning Neighbourhoods extended the hours children were in school and they benefitted from extracurricular activities such as volley ball, reading clubs in the library, digital inclusion projects, art classes, movies and dancing. Children received daily meals at school, which were nutritious and learnt how to prepare their own meals and were taught about hygiene.

Prior to the initiative it was not safe for children to walk to school because of crowded pavements and dangerous roads. Together with the community they created walking buses, persuading street vendors to move during certain hours and remodelling streets and beautifying communities by painting houses. Notably this approach increased the amount of children enrolled in school from 60,000 to 72,000 between 2004-2005. It also reduced truancy figures from 3.8% 0.8%.²²

Although the Nova Iguaçu LN was not state funded, without the political will and resources when the

²² http://www.cidadeescolaaprendiz.org.br/wp-content/uploads/2014/04/Tecnologias-do-bairro-escola_Vol2_trilhas-educativas.pdf

mayor who had driven it forward moved on it came to an end, but its legacy still continues. Aprendiz have also found that similarly projects often come to an end when there is a change of leadership within a school. To prevent this Aprendiz now always create a community forum to underpin LNs to ensure sustainability and ownership beyond one particular leader. This is now understood to be a fundamental component of the social technology. This has worked well in a city called Tingua where they have created a school council as part of their LN. Parents, students and associations meet on a monthly basis to discuss indicators and actions. The existence of this group is changing the relationship between the parents and the school.

A similar situation to Nova Iguacu prevailed with numerous projects they established in Sao Paulo and the only one that is now still running is in the South of Sao Paulo in a school in a favela called Heliópolis. Heliópolis put their ongoing sustainability down to their consistent leadership who see the value of collaborating with the community and the democratic model. While Aprendiz does still run a few projects, they have moved towards playing more of a consultancy role and they have been working to bring about reforms in national education policy. They have launched an online community and forum for schools to get resources and to share experiences from different cities that have adopted the LN model.

In Rio de Janeiro, Aprendiz has been commissioned to adapt their model to specifically improve truancy (the Foundation of Qatar is funding this work). They have developed a project called 'Aluno Presente' (present student) which will aim to get 25,000 children to return to school (3% of 6-14 year olds living in Rio) over the next few years.

During my visit I was able to visit the school that had successfully continued their LN in Heliopolis, a conference in a city outside of Sao Paulo called Guarulhos where the local state department had organised a conference to discuss the capacity of LNs to improve schools and the aluno presente project in Rio.

Heliópolis, an Educational Neighborhood

Heliópolis is São Paulo's most populated favela and the home of the Campo Salles LN which is led by a school and a community association called UNAS (The Centre for the Unity of Residents). The association began as a female led movement in the 1980s in response to the struggles of residents to secure quality housing and land tenure. They have gone on to tackle issues such as health, education, business, income generation



Female leaders from UNAS.

and violence on their streets.²³ They seek to break the invisible walls that separate peripheral neighbourhoods like theirs to the city. Today UNAS runs hundreds of projects that respond to the most pressing issues for people living within the favela. The organisation and their activities are funded by local businesses that pay annual payments, (similar to block organisations in the USA). Similar organisations to UNAS can be found in many other favelas. Many of them are highly organised and provide essential support services and activities for the communities they represent. However UNAS is unique in its size, female leadership and commitment to improving educational provision.

UNAS have worked with Campos Salles to involve the community in the educational process. In Heliópolis this means using every available space in the community as potential educational sites and reclaiming the streets that were too dangerous for children to walk in. On the day I visited two teachers showed me around and explained the links and projects they carry out with the community. One of the teachers was the LN 'communitarian teacher.' His role was to coordinate between the community and the school to create collaborative education, culture and sports projects. It



A rainy day at Heliópolis School.

struck me as he spoke that the collaboration between UNAS and Campo Salles demonstrates the huge potential of business, civil society and schools to jointly take responsibility for the education of children beyond the traditional learning provided within the four walls of a school.

Rio de Janeiro - Aluno Presente

As the plane approached Rio de Janeiro the famous landmarks of Sugar Loaf Mountain and Christ on the Hill came into focus, but after I landed and caught a taxi from the airport on the outskirts, the picture looked very different. As far as I could see there were sprawling favelas either side of the highway. Aluno Presente a project of Aprendiz, have been tasked by the foundation of Qatar to adapt their skills to work within these favela communities to get 25,000 children into school over the next three years. I started off my visit with a meeting with their director Andrea. Andrea is the right woman for the job having spent most of her career developing



Andrea - Director of Aluno Presente.

²³ <http://unas.org.br/>

the neighbourhood association of Mare, one of the biggest favelas in Rio.



A visit to the Favela association who are supporting Aluno Presente to gain access.

Aluno Presente tackles truancy, and while this is not a big social issue facing urban communities in the UK, there were still lessons about how they were tackling this problem which were transferrable. The main thing that stood out to me was the partnerships they had built between the health services, community associations, the school and their project. They had managed to organise these different partners to work collaboratively on an issue that is not within the immediate jurisdiction of each organisations responsibility in Brazil. By building relationships and partnerships with the favela associations they were

harnessing existing social capital. This is particularly important for Aluno Presente because they are operating in communities where territorial drug and gang activity is rife. Outreach workers are more able to walk around when they are with someone who is from the community and it helps Aluno Presente to become a trusted organisation within the community. A large team of outreach workers, each with their own patch, spend their days mapping communities, knocking on doors, finding children who are not currently attending schools and then establishing a team between the school, the family of the children and other community institutions present in a child's life in order to reintegrate them into school. One of the other key services they partner with is the health service. Similar issues faced by children growing up in deprivation could be tackled in the same way.



An Aluno Presente staff member in discussion with children not currently enrolled in school and their mother.

Another ingenious process I observed was how Aluno Presente recruited doctors to collect additional information about school attendance during their normal information collecting processes. This enabled Aluno Presente to form a much clearer picture about which children were enrolled in school and it saved them lots of time that otherwise would have been spent on data collection. In order for doctors to agree to this information collecting process it first required Aluno Presente to form partnerships with doctors and to persuade them to assist with their project. A partnership such as this between the different services involved in a child's life would be useful and applicable across contexts and issues.

Lessons from LNs and Aluno Presente for London and Further Afield	
Replication	<ul style="list-style-type: none"> - Developing the model as a social technology, which involves breaking it down into replicable steps, promotes replication in other communities.
Partnerships	<ul style="list-style-type: none"> - All services that relate to children should work together to tackle the issues, for example, schools, social services and health. - The neighbourhood needs to design a local plan that lays out their vision for the community and connects health, education, youth clubs and faith groups. A forum is needed which includes children, to design and facilitate this plan. - Build relationships and partnerships with existing institutions and use their reputation and connections as a route to building trust and recruiting people to participate in programmes.

Monte Azul Health Clinic

The Associação Comunitária Monte Azul (ACOMA) is active in three favelas in the southern part of Sao Paulo. The German Waldorf Teacher Ute Craemer together with the residents of the Favela Monte Azul founded the NGO in 1979. Today the main focus of their work is slum renovation, education, culture, health care and environmental conservation. Prior to my visit to one of their health clinics I met with one of the GPs based at the clinic that explained to me about their area based approach to delivering health care that relied heavily on local expertise and relationships as a means of preventative healthcare.

I arrived at 8am and like any British GP surgery at this time; the waiting room was filling up. One of the GPs Andre took me to look at a map that showed the area they covered divided into six sub areas, within each area about 1000 people resided he explained. Each sub area had a GP a nurse and 4-6 community health workers who are local people who lived in the area. The community health workers knocked on every single door in their area and aimed to know



Patients listening to a workshop on ⁴⁷ child dental health.

everyone. They collected comprehensive data for each household, including everything from asthma,



Andrew showing me the map of the sub-areas.

ma, to more serious diseases and housing facilities. No baby was born in the community without them knowing about it well before the actual event. Residents could book their own medical appointments, but the GPs also did home visits which were allocated by the health workers who checked up on patients and instructed doctors when they thought a household required a home visit. It struck me how transformative this relational model of healthcare would be in the UK were every GP surgery to map their community. Later I was able to join an area team meeting and to go on a tour with two of the community health workers

but firstly Andre continued to give me a tour around the surgery. Andre took me up to the staff room to meet Javi the in-house sports and exerciser trainer. Javi explained that his job was to work with medical professionals and patients to design personal training programmes and group exercise programmes either as patient treatment or as a means of preventative health care. For example later that day he had patients coming in who were overweight and later that day he had a gentle exercise group planned for patients with joint problems.

Another person Andre wanted me to meet was their in house social worker and counsellor. He explained that there were multiple advantages of having a social worker within their surgery, in the event that he was concerned about a patient, rather than making a referral to faceless social worker in the hope it would be followed up, he could walk out this office into hers, explain the situation and then discuss the best strategy for how they could collaboratively support the patient. The community health workers could also refer patients. Andre often didn't have the time to talk through issues with patients relating to their feelings and relationships, but he acknowledged that these factors were intrinsically connected to patient's physical wellbeing. Having a social worker on site ensured that these patients were able to talk for longer and this was possibly even preventative of future physical illness.

"It's much better, we can help the patient faster, we don't have to wait for months until they get a referral to the psychologist or psychiatrist. We can talk or discuss a case with them".

After the staffroom introductions I sat and observed Andre's sub area team meeting with six community health workers and a nurse. They went round and gave their updates, shared good news and concerns they had about specific residents and organised home visits. Next they reviewed the data for their



A sub-area team meeting.

patch. They compared it and discussed how they could work to improve health issues in the community. Andre then introduced me to two-community health workers who would be taking me on their morning rounds. Over the next two hours they took me through winding pathways, up hills, down hills, across open sewage pits, on concrete roads and up and down stairs. Every now and then they would stop and point to a house and then share a story about the person who lived in that house and how they had been able to support them. For example an elderly man in one house was house bound so they would bring him medicine and arrange for the doctor to visit. At another house they told us that the children there had not been going to school so they had discussed it with the parents and worked with the school to resolve the issue. Another home housed a woman who was about to give birth. As they walked the streets they nodded, waved and caught up with everyone that passed. They were also very familiar with the darker side of favela life. There was a nerve racking few minutes when we were walking past the head drug dealers house and we seemed to have arrived in the middle of a transaction. One of the health workers whispered to me that I should follow them and not make eye contact. After a few minutes we stopped and they discussed amongst themselves not the drug deal we had just witnessed but the arthritis of the drug dealer's mother and whether they needed to arrange for the GP to visit or not.



Monte Azul Favela Tour.

I asked them whether the police ever intervened; one of them explained that often the police were just as bad as the drug dealers. Despite their health worker uniforms they received as little respect from the police as they did from the drug dealers. In fact the police were worse and had been known to verbally abuse them. Soon after we started to head back to the surgery and I found out a bit more about their lives. Both of them had been born and had grown up in the area, one of their fathers and helped build the original favela houses forty years on green hillside. They both loved their work and were proud of their responsibilities despite their low level of education. Lots of people had applied for the jobs but they had been selected because they demonstrated an ability to communicate and form relationships easily. It was evident the difference they were making and it gave me lots of food for thought about how we create healthy communities in cities.

Lessons from Monte Azul for London and Further Afield

One would not usually associate favela healthcare as something for the NHS to aspire to, but it was clear that there was plenty that GP surgeries in the UK could learn from how Monte Azul were

meeting the health care needs of the residents living in the favela. Monte Azul's approach offers a template for how health services could work effectively with the community and schools. The model would be applicable in different settings because the principles remain the same. I anticipate that



Monte Azul Community Health Workers.

one criticism would be that it would cost too much to replicate in a developed country such as the UK. However the community health workers were not highly educated professionals, these were entry level jobs for people who possess a natural ability to communicate effectively and build caring relationships with other members of their community. In addition, the preventative capacity of a model such as this would lead to financial savings. For example, the UK has a huge problem with people using services inefficiently, for example taking children to the GP unnecessarily or going to A&E when it is not an emergency. If there was a person who you could call, someone who you trusted, who you saw around in your community, who could quell your fears and help you to use the right services when you needed them, this would definitely lead to cost savings.

My mother is a nurse practitioner and she often comments that people just book appointments because they are unhappy and just want to talk and be listened to, being listened to can be the difference between developing depression and not. A friendly chat with a community health worker regularly would be much cheaper. These are not the only sorts of problems that could be prevented before they escalate. In addition targeted localised data would help GP surgeries and councils, even schools to work together to address public health issues and even barriers to educational attainment.

Conclusions and Next Steps

The aim of my Churchill Fellowship was to learn from innovative examples of place-based initiatives working to tackle children's health and education, and to establish how useful and feasible it would be to replicate similar projects in the UK.

I have returned absolutely convinced that there is merit in the Children's Zone/Promise Neighbourhood model that we can learn from and that could inspire similar projects in the UK. Equally there is value in continuing to follow the progress of PNs because we can learn from their challenges and discoveries and avoid potentially similar pitfalls. I have selected some of the most important themes that emerged from my Fellowship.

A Continuum Approach to Intervention

While there is currently limited evaluation data about HCZ, their theory of change makes sense. We know that even the best interventions result in fade out effects, meaning that even a brilliant programme will have limited effects if it is not followed up with a subsequent programme that meets the follow on developmental needs of a child. A continuum approach from cradle to career prevents this, and while this might be expensive, it is arguably a much better investment of resources than a scattergun short-term intervention approach. In addition there are definitely savings to be made because of the preventative potential of ensuring there is a continuum of support for children.

University Partnerships

The advantage of working with university partners and experts to develop this continuum is that we can ensure that only evidence-based interventions are introduced during key transition points in a child's life to maximise the benefits. Despite a range of approaches across HCZ and the PN I visited there were consistent messages and lessons. For example, picking a manageable geographical area, taking the time to build slowly, and involving community partners in the design process to ensure sustainable support and putting evaluations at the centre of the programmes.

Successful Replication

Some of the biggest concerns around the feasibility of replicating the success of HCZ have been the costs and whether it can work in a different context with different leadership. HCZ has a huge budget, it would not be realistic to obtain their level of funding for every neighbourhood as part of a national solution. However their example presents an opportunity to explore whether there are corporate funders similar to those that fund HCZ, that would recognise the value in a place based, holistic approach and invest. We have seen investment from the private sector in the UK for academy schools, suggesting there is desire from the private sector to invest in initiatives that seek to address inequality. In addition while the HCZ model is expensive, their theory of change is applicable even if a leaner model was implemented and a commitment to working more with additional services and schools as opposed to setting up new ones would drastically reduce costs.

Another area, which has been regarded as prohibitive, is how PNs can replicate the leadership of HCZ. PNs are demonstrating that there is scope for different types of leadership. Geoffrey Canada is not the only charismatic, educated, visionary and driven leader and while the combination of

these attributes in one person is rare, such a winning combination can be found amongst a group of individuals that are committed to working together.

Harnessing Community Resources

The LNs I visited in Brazil and the relational approaches to healthcare employed by Monte Azul are models we can learn from and could integrate into an area-based approach in the UK. Although we don't experience the same challenges surrounding a lack of resources to educate children for a full day, Aprendiz's commitment to finding additional educational opportunities in the community, could serve as a blueprint for innovative solutions to providing after-school and summer programmes for children in the UK. These are both areas that could help to provide children from low-income backgrounds with additional programmes and support. Furthermore many low-income parents work long and unsociable hours and finding quality and affordable childcare after-school can be very problematic. In the US it was very normal that children attend a summer programme. In the UK this is uncommon and quite possibly this contributes to the well known phenomena of 'summer slide', whereby children who have not participated in stimulating activities over the summer period, return in September having regressed in terms of their academic capability.

The other important aspect of the LN model that we should seek to learn from is how they have enabled communities to take responsibility for educating children. Unlike the HCZ model which involves an expert agency delivering programmes, involving the community and harnessing existing resources in the way the LN have been able to would be a more cost effective approach. The Monte Azul model of relational health care, comprehensive in house services, and the Aluno Presente project both demonstrate clever ways in which the health services can collaborate with communities and third sector organisations within a locality to tackle health and education problems. This is a key lesson for ABIs in the UK.

Ironically many of these ideas surrounding bringing community leaders together to collectively take responsibility for the wellbeing of children within a locality are not new. Village elders have been handling such responsibilities since the human race began organising itself to meet the needs of the collective. What Children's Zones, Promise Neighbourhoods, Learning Neighbourhoods and the Monte Azul healthcare system demonstrate is that for urban children to be healthy, happy and well educated, we have to put the village back into the city.

Bringing Back the Lessons of my Fellowship to the UK

Community organising is well placed to create these villages because we bring diverse community leaders into relationship to work together to tackle common issues. However levelling the playing field for children growing up in poverty is a complex issue to tackle because actually it encompasses many issues. Human beings respond differently to different environments and interventions. Some of us despite adversity are more resilient than others and are protected by other factors such as love and affection.

Therefore I believe that in order to be effective, area based initiatives need to have a plan for what they aim to tackle and what the best types and timing of interventions are. They need to be committed to testing out new methods, reviewing, evaluating and adapting them. They need to be both an incubator and laboratory. They also need to be engaging with the factors that negatively impact on children's lives on both a local and societal level. Otherwise even the most fantastic continuum of interventions will only be a plaster to heal the ills of the much deeper wounds of an unequal society. For example Citizens UK adopts a community organising approach so that a local primary school can at any one point can be working with local leaders on building a parent group, securing a zebra crossing outside the school, attending meetings at a city level about housing policy and participating in national campaigns to introduce a living wage. All of these issues and campaigns should positively influence children's health and education.

It was evident from the PNs in the US that lead organisations usually build upon whatever their strengths are and the focus of the different initiatives vary as result. Not every organisation in the UK is going to have community organising expertise. Equally Citizens UK has little experience in delivering mentoring programmes or education interventions. This is why, in the same way that a culture of sharing and learning between different PNs is emerging in the US, it is important that different organisations and communities in the UK developing ABIs continue and begin to replicate this process of shared learning. I hope as a result of this Fellowship to contribute to this process and I intend achieve these by:

1. Incorporate the lessons from my Fellowship as the Intervention Project Lead for our area based approach to Early Intervention - Strengthening Babies' Futures, that we are developing in the London Borough of Southwark. This work is a partnership between Citizens UK and our community partners in Southwark, The Institute of Psychiatry, Kings College London and the statutory maternal health services. We are evaluating the health outcomes of the families that participate. We carried out a feasibility study in 2013, which is

publicly available to read²⁴. This project is being funded by Guy's and St Thomas' Charity.

2. Share my findings and learning with people who are interested in developing similar projects in the UK. Over the next two years work together with individuals with a similar focus to develop a forum to share our learning.
3. Incorporate the lessons from my Fellowship within my research as part of my Med in Psychology and Education at the University of Cambridge and share my findings with the community at the Faculty of Education.

Finally if you have read this report and are interested to find out more or if your objectives fits within my next steps, I would encourage you to make contact and send me an email. In the words of Margaret Mead – “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has”.

I am sure this starts with a conversation.

Imogen Moore

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