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Annette Hargreaves – Professional Profile

At the start of my career, I was a marketing executive for the British Tourist Authority for the Nordic and Southern European regions. I was responsible for project management of sales and marketing initiatives for travel agents, tour operators and travel journalists from these regions. I gathered information from these countries to provide creative marketing initiatives that would suit cultural differences and tastes.

Until 2015, I worked as a Nursery Teacher and an Early Years Leader. I was responsible for planning, co-ordinating, assessing and moderating co-workers’ practice. Since 2015, I have been employed as an associate lecturer in Early Years Childhood Studies and a Primary Partnership Tutor at Manchester Metropolitan University. I understand the importance of providing high quality, interactive and creative teaching that engages the student. Adopting this work ethic has enabled me to build and maintain positive relationships with my Winston Churchill Fellowship contacts.

I have been awarded the HEA Research Fellow and am engaged in a social science academic support network at Manchester University.

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Executive Summary

Introduction

The first three years of life have been identified as the key years in which to promote children’s wellbeing (First1000Days). Having worked as an early years practitioner (“EYP”) I became increasingly aware that children in their earliest years could be adversely affected by the environment in which they are brought up or are exposed to. These experiences can be from home or in their earliest experiences of childcare and education. The mental wellbeing of parents and carers can have an impact on the future development of the young mind and this can have a long-lasting effect on that person’s lifelong learning, emotional and cognitive experiences.

Background introduction to the project

The British government in 2015 identified the need for all families to access support should they need to. The simple message from the Impact Report 2015 was to provide security, comfort, a sense of belonging, space to nurture and the ability to share information and communicate ideas.

As part of the Life Chances Strategy, Rt Hon. David Cameron, asserted that families should be placed at the heart of the agenda, that “the family unit is a bulwark against poverty” assuring the nation that a proposed £70m would be used to bring about a revolution to child rearing. The emphasis being on more parents and young children having access to mental health services [January 2016]. His Government’s planned proposals included parenting classes to meet the need to develop a strong support network. Ideally, families would come together and attend social gatherings that ‘significantly expand parental provision’. A former parental pilot, known as CANParent, had not been successful, and reportedly only 2% took up offer of help as cited by Boffey (2013).

Information from the Mental Health Foundation (2015) shows the following:

- 20% of adolescents may experience a mental health problem in any given year
- 50% of mental health problems are established by age 14 and 75% by age 24
- 10% of children and young people (aged 5-16 years) have a clinically diagnosable mental problem
- 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age

The focus of The Mental Health Foundation in partnership with the Winston Churchill Memorial Trust was to build on Mental Health Community based approaches. The statistics show that there is a need for professionals and communities to work in collaboration. There is a need for communities to become part of, take ownership of such programmes, and try to find a solution that best suits their needs.
The ideal environment of an Early Years setting is to enable authentic parental involvement. Building a relationship with the community, the families and children requires the EYP to be sensitive in their approach to communication. The relationship must be authentic both from the professional and from the community. The EYP must have a sense of where the child and family come from in terms of their emotional, social and cultural background.

According to Davis (2014), EYPs have some knowledge but not are not fully confident in their working knowledge in dealing with or identifying possible mental health issues. The DfE is concentrating on how EYPs help young children with character building. The DfE aims to improve the quality of teaching and promoting good mental health through Personal, Social, Health and Emotional lessons and activities. This is aimed at primary aged children and lesson guidance and plans will be provided for Key Stage 1 to Key Stage 4 students DfE (2017).

The Ofsted Inspection framework according to Future in Mind (2014) will include a new judgement in forthcoming school inspections that will assess children’s personal development and behaviour and welfare. The debate is ongoing and there is a taskforce assigned to promote a genuine and authentic two-way conversation with children, young people, parents and family members.

“In the last year or two we have seen remarkable progress in reducing levels of stigma towards mental health conditions. It is now time we did the same for children and young people to create a climate where there is as much interested in their emotional and cognitive development as there is in their academic development.” Future in Mind (2014 4.19)

Wellbeing in children and in families starts much earlier than the statutory school years and in children, it exists beyond the physical confines of the institution or the school. Attending to children’s wellbeing is more than providing a carefully laid out curriculum or an assigned professional or a well-intentioned practitioner. The first three years of life have been identified as key to promoting children’s later wellbeing (First1000Days). How then can agencies, professionals, families and communities work collaboratively to maximise the life chances of all children?
Research Themes

My research was based on the following themes:

1. How Programmes can empower parents and children to build quality relationships
2. How professionals can deliver wellbeing programmes into daily practice
3. How programmes endeavour to reduce the taboo attached mental wellbeing and health

The outcome - discovering how these themes are addressed in the countries visited will enable me to inform current and future ethically informed EYPs and teachers of current successful practices that provides for mental and emotional wellbeing.

Key Recommendations

Local Level Action

1. To encourage professionals and practitioners to find a common language to working with families and children in improving the emotional wellbeing of families and children.
2. For families, children, and their communities to recognise and understand their worth of in deciding on a course of action that is suitable for their own needs.
Introduction – The Project

Background
Aims of the project

The aim of my research was discover how professionals work in collaboration with their community, families and children in providing a sense of wellbeing. I wanted to discuss the process of setting up such programmes and the viability of keeping them running. It was important to research how the success of these initiatives could be used in the United Kingdom.

Approach and Methods

My Interviewees or Respondents were allowed to talk freely. Taking this approach to research allowed me to get answers to my questions and it allowed them to inform me about things that I was unaware. After each interview, I typed up the recorded transcript.

At the beginning of each interview, the Respondent was made aware that information would be included in the report and submitted to the Winston Churchill Memorial Trust. All information contained within the report would be based on my opinion.

A Report Overview

I had three main contacts prior to my Churchill Fellowship:

- SKIP (Strategies for Kids | Information for Parents) - New Zealand, Wellington and Auckland
- KidsMatter – Australia, Melbourne and Sydney
- ARACY - Australian Research Alliance for Children and Youth – Australia, Canberra
- Center on the Developing Child Harvard University – Boston, America

During the Churchill Fellowship, I made other contacts and these will be mentioned throughout my findings and accredited at the end of the Report.
Main Contacts – an Introduction

SKIP – New Zealand

I visited the head office of SKIP, which is situated in the Ministry for Social Development in Wellington, New Zealand. SKIP consists of a team of five dedicated professionals from a background varying from social work to education.

The team at SKIP

SKIP began in 2004 to address issues around children and family wellbeing and development. Since 2004, it had become illegal to physically discipline your children. According to UNICEF (2006), New Zealand had unacceptably high levels of child abuse and that this was evident from early years. Damage to the developing brain by prolonged, severe and unpredictable stress has a considerable effect on a child’s emotional and cognitive development.

Elizabeth Goodwin, co-founder of SKIP, had a vision to create a society that respected children where all parents were supported, whatever their background. SKIP’s philosophy is to provide:

- Community development approaches where working with organisations and programmes until they are ready to take over the running of the initiative. There is no set time, i.e. 6-week programmes where issues are remedied
- a support mechanism where parents are encouraged to learn from their own experiences and teach other – experiential learning
- encouraging communities to talk and to appreciate that things unsaid are as important as things said
- support for Whānau (extended family) encouraging family to be the best carers they can be
- a full understanding that groups and communities have different visions, appreciating that those visions will work because they are relevant to the culture of that community
- the appointment of community champions – a group of individuals that are creative and pragmatic in providing solutions to social problems.
Although every project was unique, the overarching aims for SKIP were to enable families and communities in building programmes that were useful to them.

*SKIP have funded lots of community groups to support parents, families and communities some projects have been built over years and evolved into city-wide projects. Some are still small but nevertheless have an impact. Some groups exist without funding and are purely voluntary managed. The project leader explained, “When asked who do you turn to when in trouble – the families and parents that know us tell is not necessarily the services. Support given from external agencies tend not to be as effective as support given by a trusted family member. During training, the question is never asked ‘What do you want from services?’ What is more likely to happen is done via a conversation and how trainers listen”.*

SKIP Representative

**KidsMatter – Australia**

KidsMatter is an Australian mental health and wellbeing initiative set in primary schools and early childhood education and care services (preschools, nurseries and day care centres). It provides a framework that helps professionals plan and provide for children's mental health by:

- creating positive school and early childhood environments
- teaching children skills for good social and emotional development
- working together with families and communities
- recognising and getting help for children with mental health problems.

Mental health professionals, education and childcare staff in response to the high rates of school-age children with mental health difficulties developed KidsMatter. It is a partnership between education and health sectors and is funded by the Australian Government and *beyondblue* (KidsMatter 2017).

KidsMatter provide an online resources website and employ a workforce of facilitators that help childhood education and care services utilise these resources to full effect. The facilitators are particularly skilled at providing support in the following ways:

- Build and maintain supportive relationships between family and friends and early childhood staff so that they talk together about how best to support children in their care
- Help children understand and manage their feelings. Facilitators providing support so that family and early childhood staff help children in their care with coping skills
- Help children understand that stress, loss and grief can be a normal part of life
- Help children maintain routines, help families experiencing difficulties by providing information on relevant support and services
- Listening to the concerns of children, parents and carers (without preconceived ideas or judgements) and help them work out or work through their own problems
- To encourage positive mental health for parents and carers
ARACY – Australia

ARACY – Australian Research Alliance for Children and Youth, worked on the NEST Framework, an action agenda that has six main priorities in improving early childhood learning and development.

Priority 4 of the NEST Framework holds relevance to this report in the following ways:

- That Australia is ranked within the top 5 OECD countries for social and emotional wellbeing by 2025, Gonski Report (2012)
- To recognise that experiences in early life will impact significantly on childhood and development, on adult education, emotional wellbeing, physical and mental health outcomes
- That families, parents, carers and early years workers have influence in formal and informal caring roles
- That children have a strong sense of identity, resilience and self-esteem

The NEST Framework is being used:

- as a guide for wellbeing research for young children
- by community groups across Australia including Aboriginal and Torres Strait Islander agencies
- in teaching, research and scholarship programmes and university curriculum for health and education practitioners

Center on the Developing Child – Harvard University, America

The Center concentrates on the science of early years science and development. The Professionals at the Center recognise the importance of using ‘cutting-edge’ science in education and health that tackle some of the most challenging aspects of child development. The Professionals challenge themselves by saying whatever they are doing ‘right now’ in the field of early child development is “not enough” and that they should not be satisfied until they have tackled the debilitating effect that maltreatment can have on a young person Shonkoff (2016).

The Center want to provide a space where it is common practice for professionals to take risks in their approach to child development. Shonkoff (2016) urges professionals to try new things, techniques and appreciate that if these new approaches are not successful that it is acceptable to recognise failure. Once professionals “shine a bright light” and recognise failure in child development then this is where the understanding and growth occurs. The Center is keen to build on the research and development platforms so that likeminded professionals have a safe space to try new initiatives because “this is where the real breakthroughs occur” Shonkoff (2016). He argues that discrimination and maltreatment are simply not a result of poverty and that these issues are certainly not ‘unsolvable’. Shonkoff believes in collaboration and the bringing together of a broad spectrum of people to formulate ideas so that the scientist, the policy makers and practitioners become partners in preventing future problems from escalating.
Findings – Themes

Programmes that empower parents and children to build quality relationships

The UMMA Trust – New Zealand – Assisted by SKIP

The word Ummah refers to "the people" in Arabic, more specifically to Muslim people with a common ideology and culture. The UMMA Trust established in 2003 as a charity to provide social and community services for refugee and migrant communities. There was a specific focus on the wellbeing of Muslim women and children who are socially and economically disadvantaged. However, the Trust is open to all cultures regardless of their religious belief with the one overarching aim to include isolated women throughout the community. There is no requirement and certainly, no stigma attached to attending this setting. Services are fully inclusive; the main aim is to celebrate the individuality of the person. The Trust takes on the framework of the E Tū Whānau! philosophy of working with a good foundation, communication, the concept of listening and ultimately building a relationship.

I met one of the volunteers who had been involved with the project since it started in 2003 and her daughter, now studying for a degree in early childhood education. Her grandchildren now visit the centre. There have been many success stories of women arriving from adverse and diverse situations with no family or friends. They find the centre through direct referral or through word of mouth and attendance here has enabled many of those women build a life in New Zealand, their children now go to school and work in the area. Attending the centre allows children to embrace the New Zealand way of life whilst maintaining a respect and understanding of their cultural identity.

Upon my visit, I found that my original Interviewee was out of the country and that the meeting had been cancelled. Fortunately, Dr Hashem Slaimankhel noticed the look of dismay on my face as I had spent a couple of hours travelling to visit the centre. He offered me some curry and chaat bread and he included me in the general chitchat around the table. He made me feel relaxed and we held an impromptu meeting.

He opened to the forum to women sitting around the table and I was able to capture many deeply personal views of how the UMMA Trust had made a difference to their lives and that of their children. I am deeply honoured and grateful for this opportunity to have shared this information with him. Sadly, Dr Slaimankhel was killed on January 29th, 2018 in a bomb blast in Afghanistan while visiting family.

"Humanity must come first – if you do something with good heart then you’ll achieve it easily.”

Dr Slaimankhel introduced me to Jenny. She talked to me about the philosophy of the Trust and how it is built on the foundations of Te fa Whānau. Any woman, regardless of their belief, cultural or social background can come to the Trust, meet and build relationships with others. She explained how the Islamic principles, values, and those of E Tū Whānau values are closely aligned:
• Aroha – giving with no expectation of return
• Whanaungtanga – is about being connected
• Whakapapa – knowing who you are and where you belong
• Mana/manaaki – building the mana of others through nurturing, growing and challenging
• Korero Awhi – positive communication and actions
• Tikanga – doing things the right way according to our values.

The programme is unique in terms of programmes in the UK due to the simplicity and genuine support and appreciation of meeting cultural needs.

Innovate Change and SKIP – Connecting parents in Waitakere, New Zealand

I met with Kelly Ann, Social Innovation Designer, and she explained how SKIP came to Innovate Change 2012. “They were looking for a communication platform that was different from the usual, something that would enable more people to access the services of SKIP”. Kelly Ann wanted to add to the services they provided by keeping the ‘one-off’ experiences such as the toddlers day out as the mainstay. However, SKIP felt that some of the initiatives originally designed to reduce child maltreatment were not meeting the needs of those families or individuals that were exposed to social isolation. SKIP’s research showed that a new accessible approach was required.

Initially, Innovate Change carried out formative research. Parents were selected to carry out the interviews and were trained using the SKIP model of enquiry techniques. The rationale for this approach was that Innovate Change wanted to ensure that findings were authentic and true. They felt that using a local representative from the community would be the best approach. The aim was to use a Whānau-centred (family-centered) approach to design new ways to support families at risk in Waitakere area. Innovate Change used a key representative (an individual that had a good knowledge and relationship with the community) to provide feedback.

The ‘Peer to Peer parenting initiative’ has currently been running for 18 months, from the evaluation report, they made a documentary with eight of the parent leaders SKIP Waitakere (2016). The filmmaker used the interviews from the community to provide the backdrop to the film. Some of the leaders run a Waitakere Facebook page (2018) that is used as a reminder of events, news and general SKIP principals. Parent leaders also contribute to posts to encourage isolated parents and carers to participate and endeavour to connect likeminded individuals or people in their community.

The FIND Program, science and develop programmes to support kids and family - Center on the Developing Child at Harvard University

Dr. Melanie Berry, Research Associate at Fisher Stress Neurobiology and Prevention (SNAP) laboratory at the University of Oregon and the Oregon Social Learning Center is working on the FIND programme. FIND (Filming Interactions to Nurture Development), developed by Dr. Phil Fisher, is a video mentoring programme whose objective is to develop and improve positive social interactions between parents, caregivers and professionals. The adult and the child are filmed for a short period interacting together. This is usually in the form of a social activity or through play.
“The film clips are scrutinized and various clips are used to highlight the positive interactions the adult has with the children, otherwise known ‘serve and return’.”

Dr. Berry is part of the team that provides support for other countries and programmes around the world such as Mexico and Brazil. Other teams involved are the Frontiers of Innovation (“FOI”) which is an international network community of agencies, research programme developers and funding partners. There are Partners all over the US and in Canada.

Dr. Berry feels that the impact of this programme is important for early child development. Her team is interested in supporting caregivers whether it be the parent or the professional. The programme started at the research laboratory primarily to support foster parents and children in care. Due to success, it is now being used for birth parents. In the UK, Alister Cooper has used this programme in working with foster parents, care providers and EY practitioners. He uses it to highlight the importance of developing a certain set of skills in building a relationship with children. Dr. Berry has experienced how parents express their love for their children and “they want to do their best, but they are not always sure how to go about it.” FIND helps with this; it provides parents with a set of skills and strategies in how to demonstrate a loving, warm, caring approach. FIND seeks to address self-efficacy in child rearing. Dr. Berry and her team scrutinize the video of interaction frame by frame, moment by moment and they seek evidence of a caring interaction no matter how subtle. She will select the precise moment of positive interaction, for example, where the parent was being attentive. Dr. Berry will relay to parents the positives in their interactions with their children.

Dr. Berry, stressed that there were ethical considerations, “sometimes a vulnerable family or parent can become anxious or self-conscious if they are being filmed.” She explained how extra support is given in such circumstances and every measure is used to reassure the parent that the process is non-judgemental and positive. Dr. Berry found that teenage parents initially liked the idea of being filmed but did not stick with the programme. Through evaluation, the team found that teenage parents need a ‘buddy’ to join them during filming.

Each case thoroughly researched from cultural and social considerations and this allows the opportunity for the family and the researcher to build an authentic and caring relationship. Dr. Berry and I discussed Epigenomes and whether it is possible to redefine this once a child reaches a certain age. We talked about raising the status of the EYP, as they are encouraged to work with this programme and the children in their care. We discussed the current reactive nature of the US government policy makers and the education and medical care system where children only receive help when there is a problem. “It is very often the child that receives the help and not the child and parent,” mused Dr. Berry. We conclude that collaboration is key where childhood wellbeing is concerned.
I met with Penny Dakin, the National Program Director for ARACY (2016). Penny explained to me that the heart of this national project was to capture the voices of children. Researchers sought the opinions of children and young people and build up substantial data to present to government, policy makers and civil society.

The process itself started with qualitative researcher in BUPA and the following key discussions were asked of children and young people:

- What makes a good life? What things matter to you specifically?
- What do you feel is currently in place for you to help you with your life?
- It is not about being the best but having the best life.

From this, leading academics in child development, health, and wellbeing to ascertain the following assessed a consultation report:

- What are the key foundational principals that lead to a full life?
- What will improve trajectories for children?

From literature reviews, the Academics were able to identify correlations and themes. The things that the children were saying matched with the research conducted. The name NEST came from “the musings of the kids during the research and how they themselves articulated the process.” Penny explained, “The information gathering is something like a mother bird building a nest for its babies. The twigs intertwined for the nest and the nest is where you feel safe and where you do your growing and the baby bird grows safely to an adult”. NEST was introduced because Mental Health, child Mental Health and child Wellbeing Services were all funded through different sources.

Next steps for NEST –

- ARACY will implement an Indigenous specific NEST Programme
- ARACY will work with Youth Action in New South Wales, with an exploration on the impetuous for the youth to vote
- ARACY will continue to research on health and education and the ability of children and youth to participate in society.

We discussed community programs and Penny mentioned a large collective impact happening in Logan, Queensland. Logan is outer Metropolitan on the Northern fringe of Brisbane set around a key industry, Qantas Airline. The main source of employment in-between manufacturing and service industries was the company that sourced in-flight meals for the airline. Penny explained that a community was formed but it had been largely unplanned, “If there was an area that needed services building it would be Logan as there are high levels of migrant and pacific islander populations.” Although Logan receives government funding, there was no co-ordination of services to address the issues of wellbeing, childhood and family welfare.

Matthew Cox, along with colleagues had co-designed the project, ‘Logan Together’. The aim of the project was to ensure that 70% of Logan children arrived at school ready to reach their potential. Schools work in neighbourhood clusters and they work well as a community with a common purpose that suits their socio-economic and cultural needs. Alongside this, the Logan Together Roadmap is a commitment to community change by 2025. Queensland families and children will achieve a
happier, healthier start in life with 35,000 of children reaching developmental expectations Roadmap (2015).

Penny informed me of a study by Professor Edward Melhuish, in response to the Productivity Commission Inquiry Report (2014). The report highlighted the necessity of quality childcare for parents returning to work. ARACY’s review was that all families are entitled to this regardless of their social and economic status Melhuish 2015.

The Intergen Project – Families Disrupting the Cycle of Poverty: Coaching with an Intergenerational Lens, Boston, America

I met with Stephanie Brueck, Senior Coordinator to discuss the Intergen Project and the Intergenerational Mobility Project at EMPaTH. EMPaTH created the unique program, Intergenerational Mobility Project (“Intergen”) in 2014. The co-designers were Dr. Jack Shonkoff and Dr. Elizabeth Babcock. Intergen allows support practitioners to intentionally work in a whole-family approach where the family is the focus and the driving force for development.

Intergen primarily works in three ways:

- the parent(s) (the Bridge to Self-Sufficiency)
- the child or children (the Child Bridge to a Brighter Future)
- the whole family (the Family Carpool)

The three approaches or ‘tools’ (as Intergen refers to them) can be used on their own but there is greater success when they are used holistically.

There are specialists at EMPaTH that are experienced in getting the whole family involved in the process. Part of working with the entire family is new in this field. Current services provide support but on a singular age, specific needs basis. The idea of a family, sitting together and working together simultaneously is a new concept in America. Stephanie revealed that other professionals grappled with this concept and continued to work with traditional methods of support and consultation. We talked about the effectiveness of play therapy but that the translation of play-based therapies is difficult for family and parents to interpret if they themselves have not experienced it with their children. Stephanie explained that there is a new catchphrase in the US in child development is “2-Gen”- two generational programs, “on our project we work intentionally with the family, in a holistic sense.”

Stephanie explained that each caseworker assesses the family’s situation:

- Can families participate after we have had a session with them?
- Will families be motivated to change?
- Will the program be too taxing for these families?

Stephanie explained working with the whole family was a new concept in America and perhaps there was a potential of resistance from caseworkers to return to familiar working practices.
Stephanie informed me that in order to prepare families to use the program successfully there is a process that the caseworkers follow:

1. Talk with the family and ask what they are hoping to get out of Intergen and what goals they are working on as adults
2. Conduct assessments, in the home and how the family deals with this uncertainty or unexpected events
3. Use the framework of Rothbart to assess children’s self-regulation developmental skills. This is carried out every six months
4. We assess the child bridges (foundations within the family)
5. We assess the family car pool lane (help and support from family members).

EMPath (2016)

“The whole premise of working this way is that the caseworker, the parents and the children set a goal together” explained Stephanie.

Feedback from families

According to EMPat (2016), feedback has been positive. The Carpool Lane Tool particularly helped parents gain a greater understanding of giving their children space, setting realistic goals for themselves and for their children and having sufficient coping strategies and the resources to deal with setbacks. Parents and children using this approach formed a new perspective as each could understand and realise each other’s responsibilities and limitations.

West Heidelberg Child and Family Centre – Melbourne, Australia

Dr. Vicary has extensive clinical, policy, management, and research and evaluation experience in a range of sectors including government, resource, health, education and youth welfare. Dr. Vicary has significant experience working across both government and non-government organisations in executive management roles. We discussed the West Heidelberg Child and Family Centre. The Children’s Protection Society (“CPS”) is a new model early education and childcare services that has been set up to target vulnerable children aged 0-5 years of age.

Children receive 5 days of high-quality early education totalling 25 hours a week. The features of the programme are:

- High staff ratios for all children
- Qualified trauma informed teaching staff
- Enriched care giving
- High quality curriculum – National Early Years Learning Framework
- Integration with Family Support and Child Protection Workers
- Focus on building partnerships to assist with participation in the programme

The Programme lasts for approximately three years. The CPS is currently working with the Department of Economics at Melbourne University and the Murdock Children’s Research Institute the objective to test the impact of education and care on vulnerable children’s long-term social and educational outcomes.
We also discussed services for Dads, recognizing and strengthening the role of fathers. The purpose of the programme is to enhance the capacity and the positive involvement of fathers with their family with a focus on wellbeing. The features are:

- Accessible child focused on individual, couples and family relationship counselling
- Developmental work with local communities, creating community partnerships and initiatives
- Preventative and educational groups that cover the transition to parenthood
- Development of mentoring and coaching support networks for fathers and their families

Faculty, Brazelton Touchpoints Center – Boston Children’s Hospital, Boston, America

I worked alongside Dr. Jayne Singer, Assistant Professor of Paediatrics and Psychiatry, Harvard Medical School Clinical Director, Child and Parent Program, Division of Developmental Medicine, Boston Children’s Hospital for the morning. Dr. Singer has experience working with a diverse array of children and families in hospital and community-based settings working with families of children aged birth through early childhood with a wide variety of medical, developmental, emotional, behavioural, and familial challenges.

I was invited to join a team of medical students to observe two families who had been referred to the team. Initially, I was not formally introduced to the medical students who were given the responsibility of observing two families in preparation of a multi-disciplinary review to produce an action plan. The first family had self-referred because they were concerned about the development of their two-year-old child. The mother and the father were professionals in child education and they had noticed that their young child was not reaching the typical developmental milestones. The parents had been in constant contact with the early years setting and observations from the setting and home relayed with Dr. Singer. The social services department referred the second family. The mother was concerned that her son showed some traits of autism. The family history and present home learning environment was observed and noted.

At the end of the sessions a medical doctor and Dr. Singer joined me along with the medical students. At this point, everyone was formally introduced. Interestingly, the three medical professionals assumed I had a medical background because of my understanding of early childhood development. We set about collaborating and produced a set of targets for the child and their parents. Dr. Singer realised the worth of having an EYP present that could validate the targets in terms of child development and early years wellbeing.
How professionals can deliver wellbeing programmes into daily practice

Wanganui Central Baptist Church, New Zealand – Building Community Wellness

As well as building community ties with Dads and Grandads, the centre has initiated a transition forum between early childhood and new entrant teachers from primary schools. There has been many opportunities given for EYPs and teachers to meet up and hold conversations about transitions to school. Early childhood centre workers and EYPs find out about the new curriculum and likewise primary teachers gain a greater insight into the Te Whāriki curriculum. Working in this way results in good quality connections within the community and genuine relationships are forged with the children and the family because of these forums and, in turn, this makes referrals easier.

This programme has lots of funding partners within the community, the emphasis being on peer-to-peer initiatives. The focus is on Dads’ engagement in children’s development and wellbeing. The initiative is called ‘Dads together’ where Grandads, Uncles and cousins are invited to celebrate and become involved in child development. A recent programme, ‘Who let the Dads in’ closely aligned with the song by Baha Men, ‘Who Let the Dogs Out’ has proven to be a success. Ambassadors are appointed so that contacts can be made with a trusted and familiar representative of the community.

The aim of the play centre is to involve Dads in the care of their children through active adult participation to encourage children and parent wellbeing. Wanganui Central Baptist Church worked with The University of Canterbury and findings suggested that an early childhood centre that is embedded in this community develops ‘new connections, networks, and relationships that support community wellness and children’s learning outcomes.’

A large percentage of Dads within the community found that they did not get the quality time they needed with their children. The nature of the play centre is suited to the needs of male caregivers (although mums can go along to) and a space is provided so that fathers can get to know each other. One of the centre workers commented on how conversation was subdued at the beginning of the session, but that it took one father to mention sport and soon the conversation rattled along…”it was hard to get them to go home…it was 11pm and they were still chatting!” Staff at the centre try to meet the needs of Dads and carers in the community by identifying wishes through listening and asking questions and helping them to come to decisions in a nurturing environment. Some of the initiatives have gone to the father’s workplaces at lunchtime. This has had benefits in that one can build relationships within the workplace and employers can see the benefits too.

The playground at Wanganui Central Baptist Church and School.
Family Violence “It’s not OK” campaign – Ministry of Social Development, New Zealand

The then Prime Minister, Helen Clark, launched the campaign for Action on Family Violence, “It’s not OK” campaign in 2007. It was in response to changing community-based behaviour towards family violence. Their strapline is “It’s not OK – but it is OK to ask for help”.

In 2015, “It’s not OK” interviewed some existing community champions from Waikato and the Bay of Plenty. Here are some of the things they discovered:

“They had all had conversations and interactions with people they knew and people they didn’t know because of being a Champion.”

“We (the Community Champions) generally underestimated the impact we were having in our networks.”

The interviews revealed that the dedicated Champion co-ordinators support from national “It’s not OK” team in terms of resources, such as leaflets, banners, even some local advertising space made a difference. Consistent backing from the team enabled the Community Champions to raise awareness of family violence and lower the threshold of tolerating such behaviour. In essence, ‘the community was beginning to talk, recognise and to care for each other’.

The help of a Community Champion is supposed to be subtle. Many Champions had expected to have to deal with dramatic situations but found most of their interactions turned out to be low key.

Characteristics of a Community Champion

Discussions with a team member at the Ministry of Social Development revealed that the key to success is that Champions need to be able to build a sense of trust within the community. They should have a common goal and a sense of readiness to make the change and include members of the community at every level. Champions will be the ‘go to person’ and will be individuals’ and families’ connection with services and professionals.

A Champions support pack
Grant Rix recognised that there was a need for teachers to be aware of mindfulness wellbeing tool in New Zealand schools. Grant and his partner, Natascha, spent most of their time studying meditation in their twenties and working with a great many professionals in the field. They participated in a unique three-year residential meditation retreat. Grant is a dedicated professional with years of experience working as a mental health promoter with the Mental Health Foundation. One of his earliest pieces of work ‘mindfulness in education’ produced evidence that little was happening nationally in terms of mindfulness. From this, he made the following recommendations:

1. International programmes show promise but what is needed is an approach that is appropriate for our education curriculum and our multi-cultural society
2. A sustainable long-term programmes approach would be to train teachers and other education professionals to do this work
3. Programme should contain bi-cultural principals (Māori approaches) and models of holistic wellbeing

Grant carried out a thematic analysis from the teachers’ observations and his findings showed:

- Increased calmness
- Increased focus and attention
- Helped with forming positive relationships
- Conflict resolution skills

Grant explained that the characteristics and temperament of a trainer are specific. Grant used the UK guidelines in that each trainer needs to have their own mindfulness practice and have had some former educational experience. Potential trainers should be aware of the Vulnerable Children’s Act (2014). Every trainer should have the equivalent of a DBS screening and be willing to commit to continuing provisional development. Grant envisaged that an ideal target audience for their programme would consist of schoolteachers and professionals with an educational background so that they could deliver the programmes effectively in schools and early years settings.

Grant maintained that the EYP should work together with families and their children to model mindfulness. Grant and Natascha were keen to point out that mindfulness was often misinterpreted as a standalone technique. They expressed that the quality outcome was not the ‘technique’ itself, like going to the gym to get physically fit, it is the mindset in the preparation. Their programme enables children to experience kindness, curiosity and openness in an experiential way.

Grant explained that the ‘The Pause, Breathe, Smile Programme’ takes around eight weeks to complete. It has an element of working creatively together where the EYP, the children and the community ‘collaborate and drive the programme’. The community takes ownership and develops a sense of Kaupapa Māori experiences. For example, schoolchildren in Christchurch were experiencing PTSD (due to the earthquake) and the Pause, Breathe, Smile Programme usually designed for children in the classroom had been extended. Children and parents could share mindfulness strategies with their local community, helping children tune into their emotions in a fuller sense.

Grant maintained that one of the key aspects of the programmes is that participants have and hold a loving space where “children and teachers can start to feel safe and supported to explore what mindfulness is for themselves and they can tap into that wisdom that innate to all of us part of our
inheritance as humans.” From this programme, the teacher tries to capture emotional literacy skills where children feel that there is a safe space to become honest in their day-to-day interactions. Children are encouraged to express their emotions, where they are free to say, “I’m bored, I’m frustrated or I’m anxious.” It makes a difference to that child’s emotional landscape.

Grant and Natascha maintain, “We are social animals we need to relate well so there is a safety net. One of the unique things of Mindfulness in New Zealand is the sense of interconnectedness; here we use the Māori reference to the house with four walls or domains and a solid foundation of wellbeing. Therefore, from a Māori perspective when the domains are in balance this is good. If one of the walls is weak, it undermines the integrity of the whole family. This is not often commonly accepted as part of the model but still important with the connection with the land. “If you are going to practice mindfulness you are going to wake up to the reality of the interdependence the whole of live and relationships and community.”

NSW Gowrie Facilitator – KidsMatter Early Childhood
Australia, Sydney

I met with Rita Johnston, the NSW Gowrie Facilitator for KidsMatter. Rita explained to the four components of the KidsMatter Framework.

Facilitators assist settings in implementing the components and they do this in face-to-face meetings and training sessions. Website materials and facilitator time are sponsored by the government. The most effective form of implementing the Framework is if Early Years leads attend the training and disseminate information within their workforce. It is effective if all the EYPs work together as a team. It does not have to be one person that has all the answers. It is a very practical programme and based on the following principles:

- Learn
- Plan
- Do
- Review

Four components of KidsMatter Early Childhood Framework

The framework helps EYPs focus on children’s mental health:

1. **Component 1** – creating a sense of community; a sense of belonging and inclusion where practitioners build on a responsive and emotional caring environment. The staff promotes the wellbeing of the children and families where there is a positive ethos where children, families and practitioners are committed to connectedness and inclusivity.
2. **Component 2** – working on the social and emotional skills of the children in the setting. Practitioners are keen to develop the motivational values of each child so that they feel able to do the best that they can. Practitioners identify intentional teaching skills that enhance the social and emotional skills of every child in their setting.

3. **Component 3** – working with parents, carers and families. Creating a genuine collaborative partnerships where practitioners and families build a sense of trust to communicate openly. Practitioners feel confident to suggest supportive networks to families that need further support. To encourage staff to become reflective in their own practice and positively review their efforts and are supported by senior staff to make improvements.

4. **Component 4** – Helping children that experience mental health difficulties. Senior staff and practitioners gain an understanding that early childhood experiences of mental health issues can have a long and lasting impact on health. Encouraging communities to seek support and remove the stigma of mental of health so that issues can be dealt with. Having a policy and practice in place in settings so that children, families and staff can get help should they need to.

(KidsMatter 2017)

Therefore, for example if a setting wishes to concentrate on relationships, they can access the relevant information on the KidsMatter website. The KidsMatter facilitator at this point can assist the setting by asking questions or highlighting the following:

- How are current relationships with the children, parents, and staff?
- What is it that we currently do?
- Are relationships healthy now?
- What do we do well?
- What could we do better?
- Are relationships the same for all children and families or do they differ according to background, culture, status?

(KidsMatter 2017)

Rita expressed that the key message in component 1 was that EYPs provide the sense of safety and security to children in their setting. She relayed how one EYP felt that she was not adopting the framework in enough time. “It is not about how much you do it is about making a small change within your service. The point about KidsMatter is about changing practice for the better.” The settings that use the framework not only enrich the learning experiences for the children but also gain a greater sense of achievement. Rita referred to a recent survey where a large number of EYPs and teachers struggled with the demands of profession and planned to leave.

I referred to my meeting with Penny at ARACY, and highlighted that the mental wellbeing of staff was just as important as the wellbeing of the children in their care. Rita agreed that Component 1 of the KidsMatter Framework addresses this. If Early Years senior staff do not recognise the importance of Component 1, the framework will always work at a deficit, “sadly, cognitive development overshadows the importance of emotional development and ages and stages dictate the developmental milestones.” Rita mentioned that building an authentic relationship with the children and the parents was of crucial in adopting successful framework. She explained that there is a need for expert facilitators to help EYPs adopt the framework in their setting. Although resources are readily available online, a facilitator can unpack the underlying issues and identify potential opportunities for a setting, “human interface is needed to reassure and direct for the framework to be a success.”
Rita explained how one setting used the eight days of learning to self-assess current services with a focus on cultural diversity. The setting and practitioners used the Australian Early Developmental Index (“AEDI”) as a preventative assessment tool to work closely with families and tailor parts of the curriculum to suit a family’s needs. The facilitator suggested that the EYP, at the end of the session, evaluate and monitor feedback on how the setting recognised and understood core values and realises opportunities. Rita stresses that management need to provide time for staff to attend training and take time to implement changes required to accommodate the KidsMatter framework.

Here is a display that the children made when the local artist visited.

At Short Street Preschool and Occasional Care Centre, Kristina Lisica, Director of the Centre shows the positive impact of working with the local Indigenous Australian community. Local elders and artists make regular visits where physical, emotional and spiritual wellbeing are embodied into daily planning and practice.
Westside Infant-Family Network - Los Angeles, United States

I met with Anna Henderson, executive director, advocate, trainer and consultant at Westside Infant-Family Network

and Wendy Sun, Clinical Director of Westside Infant-Family Network.

Anna commented on how mental wellbeing is becoming increasingly important in the Early Head Start programs (“EHS”). Many children involved in EHS come from backgrounds of poverty and intergenerational trauma and so those early practitioners are seeing substantial challenges in families. Anna mentioned that EYPs are observing and noticing a trend in childhood behaviours in that children are overly aggressive or completely withdrawn. Anna maintained that President Obama’s government had a ‘mandated mental consultation piece because so much of mental health component is part of the holistic feature of the federal programme’. It seems that more preschools are becoming aware of mental health and social and emotional development in the early years. Wendy added that it is equally important to regard the mental wellbeing of the staff of early EHS programmes as it is for the families they work with. “In our experience, teacher training programmes do not really touch upon that component.” Part of the my research supports that higher education (“HE”) degrees should identify and define the notion of resilience and what it takes to work within early years child development.

Anna argued that working with the whole family in a holistic sense is very important but that that arises out of working for a healthy organisation, “one cannot have an organisation that is run in a way that truly supports those workers without an administration that there as well.” Anna argued that this is often not the case and the regulations, the policy and practice of an organisation work in such a way that position management against EYPs for the sake of achieving meeting cognitive targets. Anna commented on how EHS programs are reeling from the amount of turnover and
burnout and how these affect everybody working there. Anna claimed, “It is impossible to have a successful program with underlying issues such as this than can truly care for some of our most vulnerable children and families.”

Wendy commented on a survey that they had carried out with EYPs in the state. “In the last few years the participants of our trainings are our early HS home visitors”. She concluded that most EYPs grappled with the concept of implementing mental health theories into practice. “It is difficult to attend for an hour, absorb, process and implement that information into practice; it is not going to be as easy as someone with a background in mental health.” Originally, the training programme was designed for clinicians; the training package will be redesigned to suit EYPs.

Anna described how she had heard of the KidsMatter framework from Australia and how they had implemented a nation-wide mental health visitation programme. Anna pointed out that the partnering agencies were susceptible to fads and the adoption of new initiatives changes the curriculum. She had seen a number of initiatives from Strengthening families to the latest initiative, Building Resilience. The issue is that each new mandate on the curriculum comes with the stress of the EYP having to adopt each initiative and provide evidence of success. Anna maintains that in the early HS and preschools, there is a ‘manualisation’ of these approaches. We discussed that there was pressure on EYPs in getting overworked staff to ‘digest the information’ without the sufficient mentoring and ability to monitor the outcomes with families. I referred to my meetings in New Zealand and Australia where relationship building was important. Anna maintained that this was not the case in America and in some circumstances and she queried the expectations of relationships. She asserted that we should create healthy organisation on firm healthy foundations where staff are able to do the work, feel valued and be paid accordingly.

Anna commended, the work of Chris Blodgett, part of the trauma based movement in Washington State. Blodgett (2017) works on whole schools and whole communities to change the tenor of the organisations serving the families and he does not care which evidence-based practice (“EBD”) is used. Blodgett is interested in changing the system and the people who work at an organisation and how they are empowered to create the environment that fosters happier workers, happier administration that has a positive impact on families. According to Blodgett (2017), now a trend is moving away from resilience being the only solution. He states that resilience has the same definition of self-efficacy; moving towards truly trauma informed organisations can create that parallel process that improves family and community outcomes.

Anna explained that the success of Westside depends on their holistic approach. She maintained that whilst it is expensive and highly intensive, the programme starts when a child is at six months, or even before. The programme is as a preventative measure. Anna has introduced the intergenerational trauma health neighbourhood that brings together all the traditional partners involved in mental health and wellbeing. It could be someone that you know in your community, say, the paediatrician and they ask about your welfare and suggest the programme at Westside. Wendy, added, that a trusting relationship between the clinician and the parents is particularly important, “families with severe trauma histories have experienced services before and unfortunately their experience may have been quite negative, so when you have a clinician that walks in the family home, that family immediately senses a professional that cannot be trusted.” Anna maintained that at Westside they provide the ability for people to talk about trauma because they have used the Adverse Childhood Experiences Screenings (“ACES”). Westside develops a rapport with the family first and then try to normalise what is happening. Staff try to neutralise the situation in the home and help the family realise that it does not have to be this way and letting them know that we are not coming from a place of judgement.
Anna referred me to the documentary Paper Tigers by Redford (2015). The film portrays a school in Walla Walla, Washington where the dropout rates were 50%, and children and youth were living with hideous things going on in their homes and in their communities. A new principal was appointed and declared, “no more of this, we are going to study the ACEs and we are going make every classroom trauma informed so that all teachers are going to be given the resources to be able to truly nurture and teach children.”

Anna explained that in Los Angeles, parents are reluctant to attend and are unresponsive to the programmes because they query the motives of professionals:

- My child has an issue what are you talking about?
- My child has been kicked out of three schools but my child does not have an issue.
- I am the parent – My child has a problem you had better fix them, as this has nothing to do with me.

Creative Play Early Learning Centre - Australia, Melbourne

Creative Play is a Long Day Care centre located in Bulleen, Victoria. They offer care to children aged 3 months to 5 years. There are 120 children and 45 early years practitioners. Management and practitioners appreciate that the best start in a child’s life is through social and emotional development with the focus being on promoting good mental health. This, they say, has a lasting impact on a child’s development and transition into formal education. There is also a strong sense of family and community involvement to support good mental health.

Creative Play Early Learning Centre has worked with KidsMatter for over five years to develop good mental health practices.

There are 45 permanent fully qualified practitioners within the setting. No agency staff are used and this ensures consistency of care and relationships with parents and carers. Every member of staff receives training on the KidsMatter framework and a KidsMatter facilitator who helps the setting building on strategies that are appropriate for the community’s needs further supports this. There is a full appreciation that ‘one size does not fit all.’

The setting has good connections and relationships across all local services and this has been borne through leadership’s determination to keep the community involved. A steering committee now exists where all services make decisions on child development.

There are many opportunities for local community services to become involved in the holistic development of children and their families. An example of this was when a local resident brought their Caucasian shepherd dog to the centre to talk to the children about pet safety.

The leaders told me that all staff receive KidsMatter training for mental wellbeing. They informed me how the KidsMatter Framework sits well with the EYFL - Early Years Learning Framework. The
principal of Creative Play pioneered the centre 10 years ago and became involved with KidsMatter 5 years ago. Georgina saw the value of working with services throughout the community and decided to hold a steering committee meeting. Originally, only three people turned up to that meeting, now her centre is the hub of the community. Creative Play has very good contacts with external services and the transition process to primary school is outstanding. The Principal acknowledges that children and family appreciate that the journey from early years to primary is not always easy, there is a resident musician/drama teacher on site to help children with emotional development through PALS. There is also a programme of visiting schools so that children become fully prepared for the next step of their educational journey. The importance of working in this way is to build on the strengths and not focus on the negatives. It is important to help the child build a sense of self-worth from an early age and this works from a top down perspective.

We talk about the mental wellbeing of children and families and I asked about the wellbeing of the practitioners within the setting. The Principal has become increasingly aware of this over the years and working with KidsMatter has come to the realisation that mental wellbeing is not compartmentalised into one subject area it is a holistic approach. It not only involves the child, but also the family, the community and the early years setting personnel. If the practitioner’s health is good, then this will filter through to a healthy nursery environment.

The Principal recently received adult mental health training. “We have first aid representatives in early years settings and in schools to maintain our health but we do not have anything to help us look after our mental health.” She recently took a first aid course for adult mental health and realised that she had to change her practice as a setting manager. The Principal was candid in her approach to mental health. She now has those ‘tricky’ conversations with staff and has made herself more accessible to staff and the community. This inspiring approach changed significantly the way the community and parents communicate with her, channels of communication are much more fluid and honest.

The Principal, senior management and community leaders developed a Mental Wellbeing contact sheet for parents and carers. This poster is to direct parents and carers to the various services and contacts within the community.

The Principal uses The Mental Health First Aid Manual (Kitchener et al. 2010). The Programme was created in Canberra in 2001. By 2003, it was international and was adopted by the Scottish Government. By 2009, Northern Ireland and England had adopted the programme. Research has shown that training from these programmes improves knowledge, reduces stigmatising attitudes and increases first aid actions towards people with mental health problems (Kitchener et al 2010:iii).

The Principal said she had used this manual on occasions when she had had concerns over certain members of staff. The training that she had received had enabled her approach members of staff she was concerned about. From the training, she was starting to understand a range of suitable interventions for mental health issues in the workplace reaching a critical point. The Principal was very aware that the training that she had undertaken helped her recognise the wellbeing of parent, carer and community health and had organised a range of mental health drop-in sessions with professionals and community advocates. Community interest was slow but, as families began to see the benefits not only for adults but for children also, the sessions became a success. The Principal underpinned the words of (Hocking 2003) by stating that her setting and the community was a better place to live, work and develop – ‘this is my business but mental health is everyone’s business.’
How programmes endeavour to reduce the taboo attached mental wellbeing and health

Ministry of Social Development - The Māori Reference Group – New Zealand

Looking through a cultural perspective

The Service Development Manager of Community Relations, Ann Dysart, discussed community projects. In 2008, family violence in New Zealand was at an alarming high. The situation for Māori Whānau and communities was of concern. Statistics show:

- half of all children killed by caregivers were Māori
- seven young Māori women and four Māori children were hospitalised from an assault for every 1 Pakeha woman and child hospitalised from an assault
- 49% of Māori women experienced partner abuse at some time in their life compared with 24% Pakeha women and 32% Pacific women

Ministry of Social Development (2008)

Issues for the Whānau community were complex and intergenerational and they were escalating to a scale where Iwi, hapū and Whānau in New Zealand were concerned about what they were witnessing. Ann told me, “There is a particular wave trend of grandfathers, saying that they do not want their grandchildren to experience or live the life that they have lead.” Men, grandfathers, fathers are prepared for the sea change of attitude towards family life. Men are beginning to help around the home, “wash the pots, begin to talk over a cup of coffee…” I discovered that positions of power and control may have contributed to the statistics of 2008. According to the Et tu Whānau! (2013) the indigenous people of New Zealand, the Māori population, have lost their cultural and social identity. The rise of popular western culture over traditional culture has impacted on the language and values, these contextual and environmental factors may have influenced supporting the whānau wellbeing and whānau strength. A Key statistic, the life expectancy of a non-Māori is 8.2 years greater than the life expectancy of the Māori population Et tu Whānau! (2013).

Ann expressed the need to have a Māori representative for a successful programme. I spoke to one of Ann’s colleagues (a former professional rugby player) who expressed the importance of a culturally relevant initiative. He expressed that the design and delivery of programmes are of importance particularly where young people were involved. He has noticed that adolescents were becoming increasingly involved in the programmes, “there seems to be an interest from this part of the community.” Here are some key messages from the Et tu Whānau! (2013:41):

- Becoming a father is easy: Being a Dad is not – set a good example. You children may not listen to you but they will imitate what you do. Show your children that you lover their mother, children are safe and secure when you are happy and respect each other.
- Your Ancestors sit your shoulders to keep your feet on the ground - share your stories about your elders and about your history with your children.
- Leave Big Footprints for your children to follow – do what you say you are going to do and promised only what you can deliver. Live your values 100% each day.
The World and all things in it are treasures; but the most treasured of all is your Mother – seek her counsel and chat about life. Learn all her recipes and be the best Mother you can be, give your children love a quality time and they will forgive your mistakes.

Plunket Nurses

Clare Rumble, Plunket Community Development Manager. Clare has worked with the Plunket team with a vision of building communities to support and reconnect families and help them to sustain a caring environment for babies and young children.

The Plunket Society was founded in 1907 in Dunedin by a child health care visionary, Sir Frederic Truby King; a charismatic man who was devoted to the welfare of children’s development. His vision was to help mothers and save babies who were dying from malnutrition and disease.

Sir Truby King believed that nutrition and infancy care were the key to reducing infant death and increase the life expectancy of infants. The first baby taken into Sir Truby King’s care was a Māori baby boy, Tomas Mutu Ellison from Puketeraki Hill. Sir Truby King offered to care for the young boy and ‘build him up a bit.’ Sir Truby King was determined to seek success and called a meeting with the rich and influential families of Dunedin, particularly women in seeking financial support to aid his course.

Plunket supports the local community; here are some of the initiatives:

Baby Buddies – Community Initiatives

Baby Buddies is a special playgroup where Plunket parent volunteers and their babies visit the Everill Orr Village Rest Home in Mount Albert, Wellington. The residents have benefitted greatly from the visits from the babies bringing smiles to the residents and it seems to ease their symptoms and helps isolated mothers connect with others. Staff noticed that after the visits there is a sense of calm around the place.

Plunket volunteers enhanced their antenatal provision by pooling resources, researching possibilities and presenting findings to the Wellington Wairarapa Area Board. Organising the course in this way has ensured that the courses provide noticeable benefits to the parents and the community Plunket (2014)

Taking stock of the cultural developmental preferences in a community is of key importance. Two mothers who had recently moved from China wanted a more structured playtime than that currently on offer. They organised structured play in their settings for families in Botany, Auckland. Botany has a high population of Chinese families and some parents said that they needed more of a focus on structure as opposed to free play as is usually from a typical New Zealand playgroup. The structure is run along slots for music, playing and learning. According to Plunket’s National Advisor – Asian Peoples, Vivian Cheung, “most Chinese mothers want to come to a playgroup for three purposes – social interactions for their children, connecting their children to the roots (Chinese cultures and languages); and exposing their babies to collective learning environments.”
Jacqui Arnold, Project Manager, Plunket is researching the experiences of parents living in Inner City Auckland. When Jacqui started her research, she noticed that families appeared to have concerns and difficulties with their general wellbeing. Issues such as immigration, housing, finances, personal relationships, transport and studying were adding to the pressure of raising a family Arnold (2015). Jacquie worked with a group of low socio-economic families across Auckland city centre. Her priority in working with families was primarily making a genuine connection with the parents and building a relationship. Jacqui noted that her approach to interviewing was to seek the truth, “one thing that Auckland is considered for is that it is incredibly safe place were freedom of speech is encouraged and this is evident from local media.” The outcome of the report was to provide a solution that provided a sense of mental wellbeing when raising a family.

On discussing the interview rationale on the research Jacqui explained, “the first thing that you do is that you ‘accept them as they’ are and if they do not know something then you say, “OK, well let’s learn from each other” and you say “hey” what can I do to help you help you in this situation.” Traditionally Plunket has a good relationship with families but the level of diversity is rapidly changing. If you have a migrant mum from Saudi and their level of English is 10% you do not have a relationship. Jacqui expressed a need to build a relationship with families involved in the study, “a relationship trusts the other person to talk to the other person that is highly personal and in your heart and what is really going on. Do we really understand what it is about relationships? We need more than newsletters, making a difference takes human contact.”

Jacqui wanted to discover more about the parents of Auckland, initially she thought that she would get a good socio-economic mix but most parents in the city centre were migrant, either solo or student parents. The parents had to work and grandparents were left to care for their grandchildren for a year. After this, the grandparents would return to their home country. Most grandparents were of Chinese origin and they stay home all day in a small apartment, isolated from any social interaction.

Knowing that the first 1000 days are important in a child’s development, Jacqui found that the antenatal emotional care was lacking (First1000days). Auckland needed emotional support groups. Mothers worry that they are not in the best situation to bring up a baby or become a mum not to mention their father’s feelings. Jacqui worked closely with SKIP to build a programme that would reach out to migrant and indigenous families.

All parents have a strong sense of belonging and wellbeing and Jacqui knew she needed an attractive tag line. We went through a list of things that she wanted, e.g. confident and resilient parents. Interviewers were trained in empathy interview skills and wali communication.

One of the key challenges for Jacqui and her team was to work with the several findings from the interviews as there were many, ranging from struggling with breastfeeding to mental wellbeing of parents linked to parental encounters. Jacqui decided that from all the stories she had gathered from her interviews three main challenges emerged:

• Grab a Granny – inviting elderly people to organise multilingual mum and toddler groups
• Communal apartment space - improving apartment spaces and city centre playgrounds
• New parents – Tiki tour of the inner city
Jacqui and her team appreciate that the challenges have the potential to improve family living in Auckland from which these families and their children will be given some agency in the future planning of communal spaces.

**Australian Psychological Society – Dr. Lyn O’Grady, KidsMatter, National Project Manager**

Australia, Melbourne

During our meeting, we discussed promoting the mental health and wellbeing of children in early childhood development. Dr. O’Grady found through research that teachers felt unprepared to deal with parental engagement. We discussed that a successful learning environment encourages practitioners to build relationships with the community where intentional teaching forges a positive and fully inclusive learning environment where space is given to allow for cultural diversity.

Dr. O’Grady, directed me to the (Dobia & O’Rourke 2011) publication where there has been a recent focus on Indigenous mental health. Indigenous Australians face much higher levels health risks than the general Australian population in terms of physical and mental wellbeing. Although many schools indoctrinate the historical values of the Indigenous culture there is still evidence of racism expressed through negative language and stereotypes, according to Dobia & O’Rourke (2011).

We discussed the importance of appreciating cultural understanding of what represents a good life and how this can be approached in mainstream schooling. According to the National Aboriginal Health Strategy 1989 (cited Dobia & O’Rourke (2011) providing and sustaining a healthy learning environment is encompassing the whole of the person and the community environment, it is not just about the individual, an approach widely used accepted by Western early education approaches. “Health does not just mean physical wellbeing but refers to the social, emotional and cultural wellbeing of the whole community”.

The publication suggests developmental pointers for practitioners that moves beyond providing the normative and universal positive cultural identities seen in early years settings. The document suggests that there are many ways in which early years settings and schools can provide help to reduce risk factors for indigenous children and families. KidsMatter (2009) provide resources and Garvey (2008) provide a social-emotional wellbeing framework where all participants are equally involved in the welfare of the child.

**Myron Lowell Belfer, M.D. Professor of Psychiatry, Boston Children’s Hospital**

Dr. Belfer is a Professor of Psychiatry at the Harvard Medical School and a Senior Associate in Psychiatry at Boston’s Children Hospital, where he co-directs the International Child Mental Health programme. His research covers mental health provision in resource-limited and post-conflict areas. He has been involved in a needs assessments for school-based child mental health in Shanghai, China for the Harvard Center on the Developing Child. Dr. Belfer has written on global child mental health policy, the magnitude of global child mental health problems and the need for ethical principles in research in low and middle-income countries (Pfitzer 2016).
Dr. Belfer and I talked about the sustainability and the feasibility of a family support worker in school being suitability sufficient to help children with their wellbeing:

Dr. Belfer advised that there were challenges that a family support worker could face:

- Suspicion from other members of staff
- Selection of potential family workers
- The effectiveness and trust that people will provide to the family support worker

I suggested that the UK could benefit from having a universal model of a family support worker, however, Dr. Belfer argued that this would be hard to copy and replicate. We agreed that the key to success is the simplicity of the model that accounts for the wellbeing of children and families.

We discussed the feasibility of professionals collaborating, and Dr. Belfer recalled a piece of work that he had been involved in Singapore. “There was a training programme about Singapore education programmes and the use of CBT, professionals in attendance were mental health workers, practitioners, health workers – they were all in a room and all learned the same thing at the same time and they did not leave until they came to one shared common theme.” Daniel Wong was behind the success of this mental health cluster.

Dr. Belfer maintained that there are priorities to think about when implementing community programmes:

- Should have a broad base to the stakeholders
- Select a key person who can replicate the message or the programme

The Wheelock College appreciates that there is a growing demand for Mental Health Professionals as new discoveries in brain science have led to increased recognition of the important of life-long implications of early social and emotional development. Boston University and Wheelock College have identified that there is an insufficient number of professionals suitable for tackling this shift in demand. As of 2018, Wheelock will provide a specialised programme that will prepare students to provide mental health strategies in the following settings:

- Kindergarten and early elementary grades
- Early care and education programs
- Head Start and Early Head Start programs
- Early Intervention programs
- Home-visitation programs
- Child Protection Agencies

Wheelock (2018)

We discussed the power of collaborative work in childhood and preparing children for life-long learning. According to Tiessen’s Blog, research from scientists at Edinburgh and Glasgow universities and the people who have been a Scout or Guide during their childhood tend to have better mental health in later life. Dr. Belfer added, the worthiness of the strategies used in the Gerakan Pramuka
Indonesia (Indonesian Scout Movement) the International Scouting organization of Indonesia
https://ipfs.io

Dr. Belfer discussed the work of Panter-Brick (2014) who carried out a child mental health study in areas of conflict. Panter-Brick (2014) observed the mental wellbeing of children and areas of conflict and discovered that children responded worse to parents arguing and reactions to not doing homework over and above the systemic fighting in those regions. The highest concerns of these children were the children’s reaction to their parental relationships and of own self-worth and mental wellbeing.

Te Aroha Nao Community Services, Palmerston North, New Zealand

I visited Bruce Maden, Executive Officer at the Te Aroha Nao Community Services Centre in Palmerston North. The centre started as a small building now extends along most of Brentwood Avenue, a main street in the community and is now a thriving base where children and families are cared for.

Te Aroha Nao Community Services is not only recognised throughout New Zealand but throughout the world. Over the years, it has increased its services that include a multi-disciplinary, integrated early intervention service that helps young families and Whānau.

I was fortunate to be introduced to a long-standing member of staff who had worked with the centre for many years and who had recently portrayed her journey through life by describing her ‘essence’ through art. She began by sharing her journey of discovery by allowing the audience to see a glimpse of her traumatic and painful childhood. She described how she had grown up often hiding this vulnerability, protecting herself unconsciously by ‘becoming a strong, independent and in control personality’. She kept her control under a shroud of anger and hence hidden anxieties and vulnerabilities. However, working with other people in the community helped her to recognise and address the feelings that she had been suppressing. The journey she was beginning to share brought her into a new realm of feeling. She had begun to feel a deeper sense of vulnerability that she had never experienced before. One might avoid advising making one feel this way but facing newer levels of pain helped her discover her authentic-self. The message she sends is to dare to become ‘real to yourself’ and allow your wounds to become ‘sacred wounds’. The worst of wounds can be transformed into a gift. The essence is that she no longer allowed those wounds to distort the world in which she lived. She allowed those wounds to transform her so that she could truly help others.

I visited the centre and observed on some of the initiatives, one of them being Te Whare Atawhai a programme that provides the opportunity for young people to live and learn in a wrap-around environment. These young people are given coaching in opening their own bank account to paying bills in a safe and supportive environment where they can bring along their children. SKIP also runs Purposeful Parenting’, a forum for parents of all ages to discover their preferred parenting styles and how best to create positive developmental experiences for their children. One parent commented, “I thought an old dog like myself couldn’t learn new tricks, but I’ve been using this stuff with my kids and it’s been helping me with great support in parenting my two girls”.

The centre also provides fully trained counsellors that work with parents and families. The Family or Whānau Development team work with Whānau to ‘consolidate goals, realise strengths, and work
to minimise barriers to building a better life’. They understand and support the families informing Whānau that making changes is never easy but that they are there to support them in dealing with new situations and leading a healthier and more satisfying life.

The He Ngākau Noa and He Ngākau Toa, two programmes that help young men and women expelled and disenfranchised from mainstream education. The framework is principally based on five domains on wellness:

- Social connectedness
- Stability
- Safety
- Mastery
- Access to resources

These young people are afforded a natural and healing environment where they are cared for in a genuine sense through collaboration and negotiation where those involved feel that they are in control of their own decisions. The benefits of this programme are that the staff build authentic caring relationships; the staff empower these young people to start to make positive choices for their own future.

My blog articles can be viewed in full here:

Children and Family Wellbeing in the Community

http://childrenandfamilywellbeinguk.weebly.com/
Conclusion

I feel that I could develop my findings about mental wellbeing and building resilience in communities and schools. I will continue to base findings from the three original questions, continue with my blog and publish journal articles.

The common themes from interviews are that intervention is not sufficient on its own. Prevention is the key to success.

Building relationships is important, in terms of developing a sense of wellbeing and good mental health between children, families and the community. It is apparent from the Interviewees that they were aware of placing the child and the family at the centre of the decision-making process and have a process or project that fully includes the wishes of the family so that they feel in control and don’t feel that something is being done to them. The Respondents overall felt that this was beginning to be addressed but it is not anywhere near being dealt with effectively. SKIP in New Zealand had a grasp of identifying and empowering the child, the family and the community in building programmes because they could recognize the cause of issues through sensitive enquiry. Initiatives in Australia and America were interested in SKIPs approaches. I feel that the Māori Reference Group had a key role to play in Skip’s success in looking appropriately through a culturally diverse perspective and addressing needs accordingly.

Overall, I felt that most of the interviewees believed that although interventions were needed and most were successful it is now time to change policy and practice. Dr. Belfer expressed that we do not have enough child psychologists to support children and families, “we do not need any more interventions, and we need to change policy.”

From this report, I feel that I could continue to gather research from SKIP, KidsMatter and the Harvard Centre on the Developing Child to inform future practitioners and steering committee, both at University and local government level. I will continue with my blog and publish my findings through reports and book chapters.
Recommendations

Local Level Education and Dissemination

- Provide information in early years courses on children and family wellbeing

This could be in the form of implementation on FE and HE early education courses. Raising awareness of wellbeing and the importance of this in early childhood development and education. Since my Fellowship travels, I have seen an increase in student awareness. Evidence of this is from their research findings in essays and through increasing demands from student surveys.

- Provide opportunities for early years practitioners to develop their understanding of mental wellbeing in their current practice

To provide twilight sessions in local schools on the benefits of building self-efficacy with children and families and communities. The appreciation of having to work creatively with curriculum policy and practice and questioning the universal norm of early years education.

National Level Education and Dissemination

- Training in HE and in schools of the ethically informed early years practitioner

To continue to inform early years students on the benefits of becoming the ethically informed practitioner. To provide a mentoring framework or means of facilitation so early years practitioners can continue to support children and families within their community. To encourage early years practitioners to collaborate with children, families and local communities and to build a trusting relationship where all participants are free to air their view with child development at the heart of the matter.

An Ethically Informed Early Years Practitioner/Professional

From the interviews, I have had with the professionals in this document I would conclude that practitioners early in their profession could be overcome with an abundance of materials and information that must be read, digested, and applied. The Westernised culture is to work with the following documents such as teaching standards, educational frameworks, inspection and quality assurance requirements and local and national policies.

The assumption of Western society is that early years practitioners, especially female are naturally attuned to ‘caring’ (Hubbard & Datnow 2000). It seems that women are particularly suited to early years teaching and one would assume that all reference to the EYP throughout this report was
female. Early years practice and care be an ‘extension of mothering,’ ‘being naturally empathic’ and a ‘good teacher’ are largely identical Aspinwall & Drummond (1989).

According to Callan (2011), an ethically informed practitioner is supposed to have an expected sense of empathic duty towards their important role in early child development. The ethically aware early years practitioner will be successful in working and providing a positive emotional environment for children, the family and the community. In the UK, EYPs work with a curriculum that may not fit the current the diverse needs of the child and the family in terms of emotional wellbeing. It is it the responsibility of HE and ITT providers to enable early years practitioners to allow children and families to become co-constructors to develop their own sense of wellbeing. Communities, families and children will be empowered to become ‘experts’ in their own lives. I believe that SKIP rejects some of the current Western practiced philosophies to achieve this. Each project they undertake does this and they prove their success this way.

Future EYPs should be encouraged to become reflective practitioners in their approach to working with children and families. Communities, families and children should be allowed to engage in dialogue with EYPs, teachers and professionals. This is the vision of EMPaTh where families and their children recognise and identify the importance of their role in development. EYPs should be given an identity, a status of importance of their role and be rewarded accordingly as WIN and ARACY suggest. Only then will then will they become conscious of the significant role that they have in changing and shifting the meaning of policy and universal practice as Dr. Byron suggests. As SKIP currently recognise, the ethically informed practitioner will work effectively with and beyond the boundaries under which UK EYPs currently perform. EYPs in the UK would work with children, families and communities where they could negotiate and navigate the many expectations and multiple complexities of childhood development (Callan 2011).

National Initiatives

Wave Trust - Grass Roots Campaign 70/30
Being an Ambassador for the Grass Roots Campaign 70/30 has given me the opportunity to meet many people dedicated to implementing mental health prevention for children and families in the UK. It is a target of the Wave Trust to reduce child maltreatment by 70% by the year 2030. As a team of Ambassadors, it is our aim to contact our local politicians and policy makes to make them aware of the impact child maltreatment can have on lifelong adverse health, social and economic circumstances. The Wave Trust is currently working on a framework that they are working with many local authorities to develop plans in areas of child maltreatment and perinatal mental health; recommendations will be included in the report. Information from this report will help local government meet requirements of the Healthy Child Programme but will improve families’ lives in the short term Wave (2018).

B.A.S.E. Babywatching

Being involved in BASE ® Babywatching a highly effective, schools-based programme currently available in some schools in Southern England, Germany and New Zealand is a programme where a parent, and their baby, visit a class of children, once a week, for half an hour. Children watch the
interactions between mother and baby, and their developing relationship. The Group Leader (often their teacher) guides the session and this simple act of detailed observation reduces children’s anxiety and aggression by increasing understanding and empathy.

Improving understanding of the healthy emotional development of babies has been proven to help children become less fearful and more social and impact positively on the ability to learn.

BASE ® Babywatching has been running in the UK since 2012, with workshops currently based in London. It is hoped that a North-West programme will be developed in 2018/19.

The Babywatching sessions are easy to prepare for and fit well into the curriculum. School communities have universally welcomed the sessions. Although there is a small charge for the training, we are hoping many schools will get involved.
## Appendix

### Itinerary

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<tr>
<th>Meeting</th>
<th>Contact details</th>
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<tr>
<td><strong>Carmel Irwin</strong>, Senior Advisor – Social Action Team</td>
<td>New Zealand, Wellington</td>
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<tr>
<td>Community Investment, Ministry of Social Development</td>
<td><strong><a href="http://www.SKIP.org.nz">www.SKIP.org.nz</a></strong></td>
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<tr>
<td><strong>Elizabeth Goodwin and Alison Eckford</strong></td>
<td>Wellington, Local Address</td>
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<tr>
<td>Clare Rumble</td>
<td>Plunkett Offices, Wellington</td>
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<tr>
<td><strong>Moana Everton Te Aroha Noa</strong></td>
<td><strong>Te Aroha Noa – Palmerston North - contact Moana Everton</strong></td>
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<tr>
<td>Te Aroha Noa – Palmerston North - contact Moana Everton. SKIP in context of a wraparound service – parent leaders</td>
<td><strong><a href="http://www.tearohanoa.org.nz">www.tearohanoa.org.nz</a></strong></td>
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<tr>
<td>Liza Illiffe Central Baptist Kindergarten and Crèche Trust/ SKIP Whanganui collaboration</td>
<td>SKIP Whanganui collaboration – contact Liza Illiffe</td>
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<td>Bruce Maden, Chief Executive Officer. Te Aroha Noa Community Trust</td>
<td>Te Aroha Noa Community Trust, Palmerston North</td>
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<tr>
<td><strong>Grant Rix</strong> Mindfulness Group Education</td>
<td><strong>Bay of Plenty</strong> <em>(Māori: Te Moana-a-Toi)</em></td>
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<tr>
<td><strong>Jacqui Arnold</strong> - Plunket Led inner city Auckland parent co-design project – Jacqui Arnold</td>
<td>Main office - Waitakere - parent centred co-design project with inner city isolated parents</td>
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<tr>
<td><strong>Lyn Doherty</strong> Ohomairangi</td>
<td>Kaupapa Māori organization</td>
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<td><strong>Rochelle Carr</strong> - Auckland Womens Centre</td>
<td>Auckland Womens - Auckland Centre</td>
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<tr>
<td><strong>Meeting with Penny Dakin ARACY</strong> -</td>
<td>Australia, Canberra</td>
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<tr>
<td><strong>Meeting with Lyn O’Grady, KidsMatter, National Project Manager</strong></td>
<td>APS Australian Psychological Society, Melbourne</td>
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<th>Name</th>
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<tr>
<td>Georgina Dimitrakis</td>
<td>Director - Creative Play</td>
<td>Bulleen VIC 3105, Australia</td>
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<tr>
<td>Director of Operations</td>
<td>Dr. Dave Vicary</td>
<td>Children’s Protection Society - CPS</td>
<td>Thomastown VIC</td>
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<tr>
<td>Judy Kynaston</td>
<td>General Manager – KidsMatter Early Childhood</td>
<td>Early Childhood Australia – KidsMatter</td>
<td>3/16 Mildura Street, Fyshwick, ACT 2609</td>
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<td><a href="http://www.kidsmatter.edu.au">www.kidsmatter.edu.au</a></td>
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<td>Westside Children’s Centre</td>
<td>Anna Henderson, Executive Direction and Wendy Sun, Clinical Director</td>
<td>Developmental Medicine Centre at Children’s Hospital</td>
<td>Westside Infant-Family Network</td>
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<tr>
<td>Sally Phitzer</td>
<td>Project Coordinator</td>
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<td><a href="http://developingchild.harvard.edu">http://developingchild.harvard.edu</a></td>
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<td></td>
<td>Center on the Developing Child at Harvard University</td>
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<td>Dr Myron Lowell Belfer, M.D.</td>
<td>Professor of Psychiatry</td>
<td>Professor of Psychiatry, Harvard Medical School and Boston Children’s Hospital</td>
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<td>Boston Children’s Hospital</td>
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<tr>
<td>Dr Jayne Singer</td>
<td>Clinical Psychologist, Clinical Director, Child and Parent Program,</td>
<td>Developmental Medicine Centre at Children’s Hospital</td>
<td>Boston</td>
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<td>Dr Erin C Dunn, ScD MPH</td>
<td>Assistant Professor of Psychiatry, Harvard Medical School,</td>
<td>Assistant Professor of Psychiatry, Harvard Medical School, Psychiatric and</td>
<td>Massachusetts General Hospital</td>
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<td>Psychiatric and Neurodevelopmental Genetics Unit, Center for Human</td>
<td>Neurodevelopmental Genetics Unit, Center for Human Genetic Research,</td>
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<td></td>
<td>Genetic Research, Massachusetts General Hospital</td>
<td>Massachusetts General Hospital</td>
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<tr>
<td>Melanie Berry</td>
<td>Research Associate</td>
<td>Melanie R. Berry, Psy.D.</td>
<td>University of Oregon</td>
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<td></td>
<td>Stress Neurobiology and Prevention Lab</td>
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<td></td>
<td>PSI Center for Translational Neuroscience</td>
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<td>Harvard Centre</td>
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