

Bright Beginnings

Project evaluation



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The Bright Beginnings project

Following the identification of data from Camden's Joint Strategic Needs Assessment (2014/15), the British Journal of Obstetrics and Gynaecology, and 21 qualitative interviews with women from refugee or migrant backgrounds who had had a baby while living in London, the Manor Gardens Welfare Trust secured a Big Lottery Reaching Communities grant for three years (2016 to 2019) to deliver the Bright Beginnings project. The project had the following objectives:

- ▶ **Improve the physical health and mental wellbeing** of refugee and migrant women and their children in North East London from the beginning of their pregnancy up until their child's first birthday.
- ▶ **Tackle the three key issues** identified as having a detrimental impact on refugee and migrant women during pregnancy and early parenthood: lack of knowledge and understanding of maternity services in the UK; language and cultural barriers; lack of social support and social networks.
- ▶ **Develop links with women** in these communities by: providing accessible and culturally appropriate workshops and information in partnership with specialist agencies, identifying women who require additional assistance, providing bilingual support to these women (provide advocacy in healthcare and other relevant appointments, inform clients about their entitlements and options and refer to relevant specialist services) whilst participating in the Bright Beginnings Steering Group.
- ▶ **Train five bilingual Maternity Mentors** to equip them with the knowledge and skills required to fulfil the role, including: understanding the role and responsibilities of the Maternity Mentor, maternity services and support in the UK, key messages on maternal and child health (early access, healthy eating, smoking cessation and immunisations), understanding maternal mental wellbeing, safeguarding and child protection, gender-based violence and harmful traditional practices, and group facilitation skills.
- ▶ **Deliver bilingual community workshops** tailored to the needs of each group and including the following topics, identified by potential beneficiaries: understanding the maternity health system in the UK, healthy eating and staying well during and after pregnancy, coping with postnatal depression, looking after a new baby (including breast feeding and immunisations).
- ▶ **Develop and run peer support** groups for women within these communities, with the intention of breaking down social isolation, allowing women to share knowledge, build confidence and develop long-term support networks.

Healthwatch Islington was commissioned by Manor Gardens Welfare Trust to provide an independent evaluation of the project.

Introduction and methodology

The evaluation has been compiled by Healthwatch Islington to provide evidence on how well the project team at Manor Gardens Welfare Trust has met the overall objectives and outcomes for the Bright Beginnings project, and consider the impact and recommendations through project learning.

It includes data gathered during quarterly and interim evaluations of the project; as well as data collected until the end of November 2018, as the project was nearing its conclusion. Data is presented both qualitatively and quantitatively and seeks to identify the project's successes, lessons for any future delivery, and recommendations to support any planned next steps.

A number of methods were used for the evaluation.

Evaluation of the workshops:

- ▶ Gathering of numbers of attendees at workshops
- ▶ Gathering of satisfaction questionnaires by attendees on the nature and quality of the workshops
- ▶ Gathering of numbers of workshops split between well-being and physical health related themes
- ▶ Observations of workshops by the evaluation team

Evaluation of the one to one support:

- ▶ Gathering of well-being questionnaires from beneficiaries and identification of the impact of the support on their well-being and physical health
- ▶ Interviews with individual beneficiaries
- ▶ Interviews with mentors

Evaluation of the peer support:

- ▶ Gathering of well-being questionnaires from beneficiaries and identification of the impact of the support on their well-being and physical health
- ▶ Interviews with individual beneficiaries
- ▶ Interviews with mentors

Evaluation of project impact and sustainability:

- ▶ Interviews with project stakeholders
- ▶ Interviews with mentors and the wider project team

Feedback from Maternity Mentors

Data for this section of the report was gathered using three questions:

1. In your view what has worked well for your community and why?
2. What has not worked so well and why?
3. What have you learnt?

Mentors provided written information in response to these questions. They went on to discuss their responses in a focus group setting, where key learning points were also identified. The evaluators identified a number of general themes, as well as some culturally specific themes:

► High levels of depression and anxiety amongst many of the beneficiaries.

Securing support for women with depression and anxiety has been problematic for communities where stigma about these conditions exists. The Somali community provides an example of this stigma and of how positive intervention by Bright Beginnings has improved not only the life of beneficiaries but also established a local partnership with a therapeutic organisation:

A beneficiary had three miscarriages and her fourth baby died. Due to this, she developed depression and became extremely low. As a mentor I felt very upset about her situation and a little helpless as the death of her children was due to natural causes. Due to the severity of her circumstances I felt the best action was to refer her to the Women's Therapy Centre. At first, she was very hesitant to attend, as 'depression' was viewed by her family as a myth and a taboo subject. However I persuaded her to attend and assisted her during her initial assessment so she didn't have to have an interpreter who she was unfamiliar with. She also didn't want anyone to know she was attending these sessions in case her family found out. My client was eventually able to conceive. She has now recovered and is slowly getting her life back together. By working intensively with the beneficiary, this has allowed me to work with her closely and find the best solution for her as an individual.

[Somali mentor]

► Lack of trust in and understanding of local services.

Women reported being frightened that if they asked for help that their children would be taken away. This lack of trust in external services impacted on mentors' ability to signpost and refer effectively and this was particularly difficult amongst newer communities; and in localities where there are a more limited number of services available. This is demonstrated most acutely amongst the Bulgarian and Russian speaking communities, and the newly arrived Syrian refugee community.

For the Bulgarian and Russian speaking community the mentor reported beneficiaries as not trusting people in authority, and in fact fearing them and questioning their knowledge and professionalism.

Various 'Chinese Whispers' go around the community and women believe them. These 'whispers' lead to a number of situations, which are again driven by stigma and lack of knowledge, in particular concerning domestic violence and child protection. If they are offered support from the Family Information Service or a social worker, they withdraw from the project. Roma communities are particularly vulnerable and often find themselves in these types of situation when sending their children to school for the first time. Many are unaware that children start school in the UK earlier than in Bulgaria, where they start at 7. This stigma and lack of knowledge, coupled with language barriers, low levels of education and lack of aspirations for themselves and their children have made it very challenging to engage beneficiaries in group activities.

The Bulgarian and Russian speaking mentor also noted the extreme pressure she felt in not being able to signpost to other support organisations in the community.

For my linguistic communities, signposting clients to relevant community organisations is not possible because the support network for these communities is non-existent. This has affected my one to one individual support load. At times I have been overwhelmed by the number of clients I have been supporting but found it difficult to turn anyone down.

This lack of a support network meant that organising and running peer support groups and workshops had added stresses and pressures for the mentor. For the first couple of meetings of the peer support group, clients would come with their individual issues and hijack the session which would turn into a drop in advice/advocacy session. However changing the format to topic based discussions helped to break this dynamic and ensure individual issues were addressed during the one to one support sessions instead. This gave space to the peer support sessions, meaning that positive experiences were then heard in the group.

► **One to one support attracted high numbers of women to the project and built trust within the community.**

This was noted by all the mentors. However, this intensive level of support was not sustainable for the duration of the project. It was felt that this had particular impact on women who were isolated and illiterate; and who had complex needs and caring responsibilities. The Arabic speaking mentor provided an excellent example:

Integration has been very difficult for my group. The first struggle is convincing people they should go out and meet others, take part in social activities, learn a language and build a career. The Arabic community tend to have culturally different attitudes to women, who are meant to be indoors and follow men's lead. The women who don't attend services refuse to leave the home. This is compounded by the fact that many prefer to meet with other Arabic women. Illiterate women are extremely shy and refuse to be in any group where writing is involved.

This lack of literacy and refusal to leave the home led to a call for home based ESOL (English for Speakers of Other Languages) provision.

► **Additional ESOL provision would improve the integration of many of the beneficiaries.**

Additional provision, both accredited and non-accredited and delivered in a flexible way, was reported by the mentors as a means to improve the integration and life chances of many of the women worked with during the project. Apart from the call for home-based learning from illiterate and isolated women there were examples of women using English in social settings which aided integration amongst communities and worked to break down long held attitudes.

Mentors worked together to organise social gatherings and an example from the mentor working with the Turkish community illustrates the benefits of sharing a common language.

Different events and mixed peer groups meant that mums gained an opportunity to meet and socialise with different communities, and build friendships with mums from other communities. They were able to speak English rather than their own/first language (as they do with their own community) as this was the only way to communicate. It was a familiar, safe environment, so mums who often avoided speaking English in public or in different environments felt confident to speak with these mums in a non-educational setting. They also realised through a relaxed environment, having a cup of tea and a chat, that actually there were a lot of similarities. They discussed their cultures, different food. They struggled at times, but they really tried and enjoyed themselves.

► **The burden of administration reduced the time available to mentors for face to face client work.**

This was a theme running through all the mentor responses. The burden has been increased by changes to client recording, and by the choice of external evaluation methods. An example of the administration is reported here:

High volumes of admin, meetings and training sessions meant time was taken away from the one to one support that beneficiaries desperately needed. Some weeks we only had time to go to meetings and other weeks we only had time to make sure all our admin was completed.

It was also reported that the well-being questionnaire utilised for the external evaluation was burdensome. The key reasons for this were the number of times it was administered, and the amount of translation/interpreting required during its administration. Key concepts such as social isolation were hard to translate.

► **The training and external supervision was extremely beneficial to mentors' professional development and to their improved levels of confidence and self-esteem.**

Mentors reported learning useful techniques for their practice reflection and for setting boundaries around levels of support. They also felt they benefited from information based learning. This included: Safeguarding, Domestic Violence, FGM (Female Genital Mutilation) and Honour based violence.

► **Domestic violence and the prevention of domestic violence were common issues.**

This was reported by all the mentors and there were many good examples of how mentors utilised culturally sensitive workshops to increase beneficiary understanding and self-esteem, whilst contributing to a decrease in isolation. Examples are included here from the Arabic and Somali speaking mentors who utilised conversations on parenting and the Quran to broach the subject of domestic violence.

Conversations concerning parenting styles provided a way to support me to build strength and confidence to talk to some of my clients about broaching their husbands' decisions that they don't agree with. These conversations provided evidence that the women need to gain knowledge of the law and introduce positive parenting, whilst having the right to go to college and learn new skills.

[Arabic speaking mentor]

When hosting a workshop on domestic violence, myself and the speaker explained to the group that we were there to support them regarding any past or current experience and that this group was non-judgmental. We encouraged them to speak freely about their thoughts on our discussion about domestic violence in the UK or their homeland. For example, in the UK having sexual relations with your husband/partner without your consent is considered as rape. However, many of the group had an opposing view and claimed that it was not. This was something that was culturally accepted in their homeland and religion. To support their view evidence was used from the Quran. Although we are Muslims ourselves, the speaker and I did not agree with what they said. We arranged a follow up workshop where verses in the Quran were quoted and shown to be against their view. This opened a healthy discussion. Tailoring the workshop to their culture and religion meant they could speak and be more involved.
[Somali mentor]

▶ **Working with the whole family and with fathers was a positive step forward for a number of the beneficiaries.**

This work was seen as particularly beneficial for the Somali, Arabic and Turkish speaking communities. An example from the Somali speaking mentor highlights this:

I have learnt that working with the whole family is important; and in particular finding a way of working with fathers, which can provide a powerful outcome. This is evident from the work with the daddies group. The group took place every Saturday and was a chance for fathers to meet each other as well as coaching them on how to build a connection with their child. The daddies group challenged the feminine/masculine binary and encouraged dads to play with their child without it affecting who they are. In the Somali community men are seen as the breadwinners/providers and the role of looking after the child socially is placed solely on the mother. The daddies group challenged this notion.

One woman I worked with had nine children and was extremely depressed and isolated. By working with the father, I can report that the beneficiary is now using contraception, wearing make-up, has lost weight and is attending ESOL four days a week. The last time I saw her she was having a coffee in Costa with her friend and had removed her veil!

▶ **The use of Information Technology was particularly successful with the Latin American community.**

It led to the development of a WhatsApp group where the mentor for this community could post up to date information relating to issues of motherhood, post a weekly newsletter, celebrate new born birthdays and welcome new mums to the project.

▶ **The Latin American mentor had worked effectively to disseminate information within the Latin American community by developing relationships with a number of partner organisations.**

Examples of training workshops arising from these partnerships were provided as:

Benefits and work rights for mothers in the UK, delivered by LAWRS (Latin American Women's Rights Service) and CLAUK (Coalition of Latin Americans in the UK).

Emotional Wellbeing - The building of the Mother-Child emotional relationship: From pregnancy to toddlerhood, delivered by two prominent psychologists for the Latin American community in London,

Dr Floralba Haghe and Gloria Jaramillo.

Pregnancy and Post-natal Healthy Eating, and Shopping and Buying Healthy workshops, delivered by Gloria Ruiz, health coach and culinary nutrition expert who works for the Colombian Consulate delivering health programs for the Colombian community in the UK.

Benefits and Work Rights during Pregnancy, by IRMO (Iberoamerican Refugee Migrants Organisation)

HIV Campaign by NAZ Latina Health. They provided free HIV tests and condoms and a safe and healthy sexual relationships workshop.

Building Better Relationships, By LAWA (Latin American Women's Aid).

Building Self-Esteem and Positive Thinking workshops, by Una Voz de Ayuda UK, a wellbeing organisation based in London.

Maximizing your Employability, including one free coaching session, By Mums Talent Organisation (Catherine Boutet)

► **The strength of community ties within the Latin American community was also harnessed through the use of a more educated cohort of new mums to support those who were less well educated.**

The mentor felt that this peer-based method worked to empower mums whilst providing a platform to build compassion. This form of support was also witnessed during workshop observations.

Evidence from beneficiaries

'I have received support as a refugee from the project with clothes for the baby, GP appointments and access to interpreters for health appointments and services. I have received lots of advice about vaccinations, the dentist, and today we are hearing from a midwife about healthy eating for mothers and babies. I have also had information on contraception. I am very happy with [my mentor] and I am happy to come here, she is very helpful.'

Feedback from Bright Beginnings participant.

A total of ten qualitative interviews were undertaken with individual beneficiaries, as part of the project's interim evaluation. The evaluator sought to identify their experience of the project. The interviews provided a positive picture. One example of how one woman felt she had benefitted, particularly in terms of her physical health, is included above.

Another example shows how a participant felt she had benefitted in terms of her mental well-being:

Yes, they have helped me a lot with my mental health. Getting together with other women with similar issues is very helpful. Everybody is sharing the burden of their individual problem - because when you tell your friend about the problems you are facing, about your experiences in the past, what has happened to you or what is happening to you, and your friend listens and then also tells you about her, then you fully exchange and share - and you are relieved!

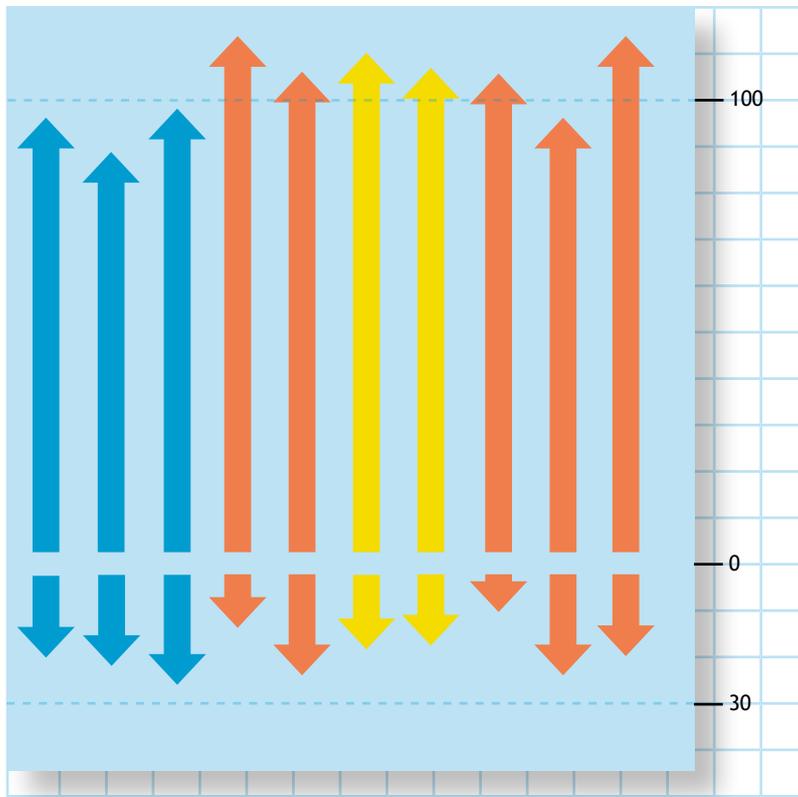
A final example demonstrates how participation had relieved feelings of social isolation:

I have made a lot of friends. As I said before I was alone before, I was in a dispute with my family and had no friends at all. Because I have been coming to the workshops and the support groups, I have met other women. When we come together we exchange contact numbers, we get to know each other and then we call each other and meet at other times - I don't feel I am alone any more.

Project indicators for well-being and individual client journeys

213 beneficiaries (or clients) completed well-being questionnaires on joining the project. 173 beneficiaries completed the questionnaire again at the end of their participation. Many of those 173 beneficiaries provided additional data at other points along their journey but for the purposes of this evaluation we compared the responses provided at the start and end points only. This data is presented in summary on the following page. Then a series of individual beneficiary journeys are presented, expressed in terms of the ten well-being indicators used in the questionnaire. Clients working with each mentor are included, with a wide range of levels of need. All the clients included received one to one support and many also participated in peer support and workshops. Additional case notes are used to provide some context.

Project indicators for well-being



Key

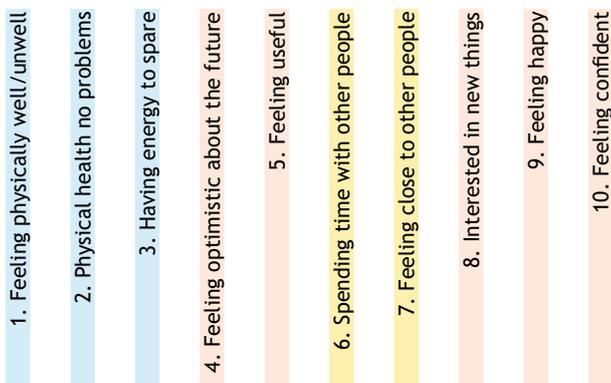
Indicator mainly associated with:

- Physical health
- Mental health
- Feeling connected to other people



Number of participants giving an improved response to this question by the end of the project.

Number of participants giving a worse response to this question by the end of the project.



Number of participants reporting no change for each of the ten questions. The blue dotted line shows where women reporting no change equals one third of the total number of respondents.



The graph above shows the number of beneficiaries giving either improved (upwards arrow) or poorer (downwards arrow) responses to each question in the well-being questionnaire at the end of their participation. The graph to the right shows the number of beneficiaries reporting no change for each question.

- ▶ Large numbers of women gave improved answers to all ten questions
- ▶ At the end of their participation 113 women said that they felt more optimistic about the future, and 113 women said that they felt more confident. These were the two indicators where the impact of the project was most strongly felt.

The baseline well-being questionnaire was completed by 213 women taking part in one to one support and/or the peer support groups. Of these, 173 respondents completed the questionnaire a second time, allowing changes to be measured.

Client journeys

Key

Indicator mainly associated with:

- Physical health
- Mental health
- Feeling connected to other people

This indicator associated with physical health is at the most positive point possible when the client joins the project. When they leave, the indicator is slightly less positive. So the arrow goes down one step, starting from the highest position.

This indicator associated with mental health is positive when the client joins and remains positive when they leave. An indicator that doesn't change is represented as a dash.

This indicator associated with feeling connected with other people has improved by two steps. It starts from the lowest position possible.

Most positive response possible

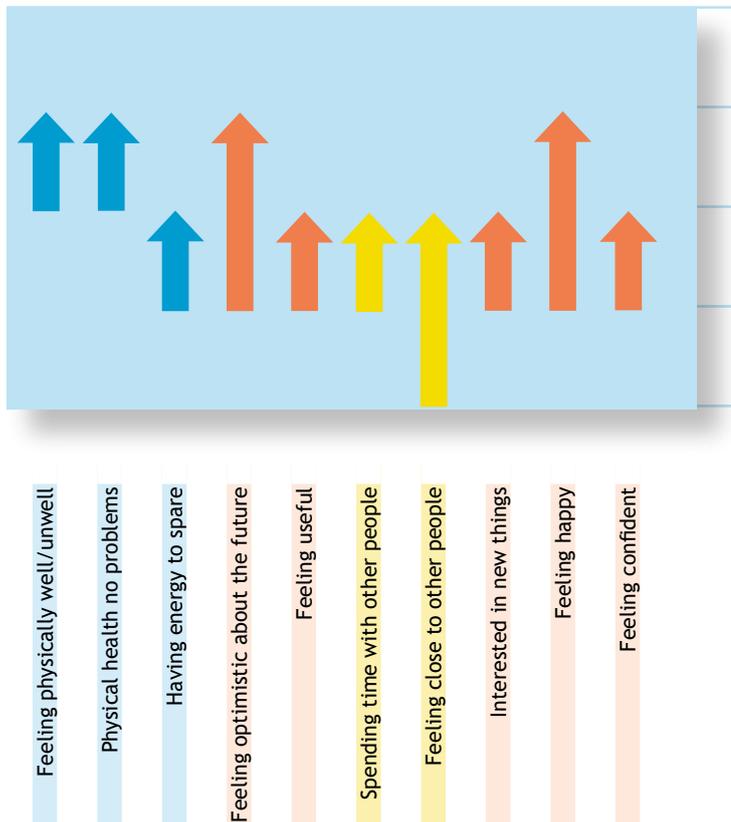
Positive response

Middling response

Less positive response

Least positive response possible

Client Journey 1 - Latin American

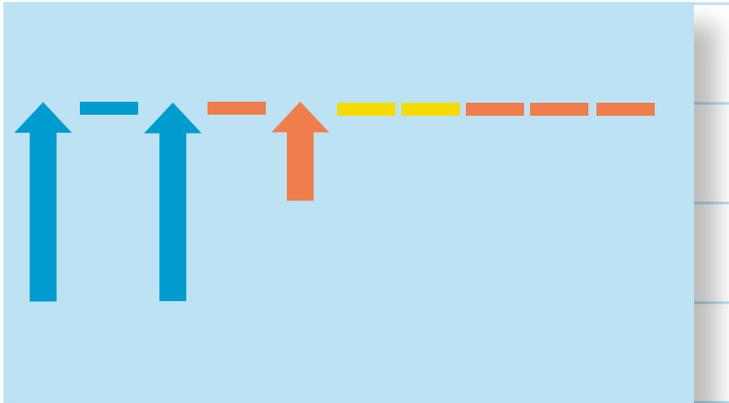


The client was referred to the project by her midwife. Her baby was due in a month and she was a single parent experiencing financial hardship. She was suffering from panic attacks (perinatal onset) and was anaemic. She had no support networks in the UK and felt isolated. She had a low level of English.

- ▶ Client was helped to apply for a maternity grant and Healthy Start Vouchers, and information was provided on other financial support options.
- ▶ Client accompanied on hospital visit when the baby was having sleeping difficulties.
- ▶ Client has become more knowledgeable about mindfulness and breathing techniques to manage anxiety.
- ▶ Added to Whatsapp group for Spanish speaking mothers.

- Physical health
- Mental health
- Feeling connected to other people

Client Journey 2 - Latin American



The client was referred by her college. Her baby was due in a month and she was a single parent at risk of homelessness due to a breakdown in her relationship with her mother. She was not receiving any financial support or benefits, had a low level of English, and was suffering from anxiety.

- ▶ Client was helped to access child benefit, child tax credit, and a maternity grant.
- ▶ Information was provided on local maternity offer, birthing options and breastfeeding.
- ▶ Client accessed workshops and peer support groups, and was supported to engage with ESOL (English for Speakers of Other Languages) classes.

Client Journey 3 - Turkish



The client was referred by her Health Visitor. She did not speak English. She was feeling isolated and tired. As well as a baby daughter, she had a five year old son and was worried about his health. Her own health deteriorated during the project and she was experiencing difficulty walking. She was also having difficulty accessing healthcare.

- ▶ She was supported in GP consultations regarding her son's health.
- ▶ She was referred to a specialist health service. Her mentor advocated on her behalf, attended the initial appointment with surgeon and ensured access to interpreting for further appointments.
- ▶ She has made connections with other Turkish women through attending information workshops and peer support groups.
- ▶ She is now attending college for ESOL classes.

- Feeling physically well/unwell
- Physical health no problems
- Having energy to spare
- Feeling optimistic about the future
- Feeling useful
- Spending time with other people
- Feeling close to other people
- Interested in new things
- Feeling happy
- Feeling confident

- Physical health
- Mental health
- Feeling connected to other people

Client Journey 4 - Latin American



The client self-referred when she was 16 weeks pregnant. She was newly arrived in the UK, living in overcrowded conditions, with no social network other than her partner. She was not receiving benefits and had a low level of English. Lack of family support, and lack of knowledge of the NHS was causing anxiety.

- ▶ Client was supported to register with a GP and information was given on NHS services and how to access them.
- ▶ Advocacy and guidance given around NHS fee payment and child care entitlement.
- ▶ Client accessed NHS maternity care at hospital.
- ▶ Client participated fully in workshops, peer support groups and one to one support. She developed friendships and a social network of support.

Client Journey 5 - Turkish



The client was having complex trauma treatment from adult mental health services when she was referred to Bright Beginnings. She had three children, including a six month old girl, who were subject to a Child in Need Plan. She needed housing and benefits support, support to access items for her children, and support for her emotional health and wellbeing.

- ▶ Client supported to complain to London Ambulance Service regarding the delay in attending birth.
- ▶ Mentor intervened with Job Centre when they issued instruction that client return to work when she remained clinically unwell.
- ▶ Signposted to Housing Services for support.
- ▶ As well as receiving one to one support, client participated in workshops and peer support groups which allowed her to connect to a Turkish speaking community.

- Feeling physically well/unwell
- Physical health no problems
- Having energy to spare
- Feeling optimistic about the future
- Feeling useful
- Spending time with other people
- Feeling close to other people
- Interested in new things
- Feeling happy
- Feeling confident

- Physical health
- Mental health
- Feeling connected to other people

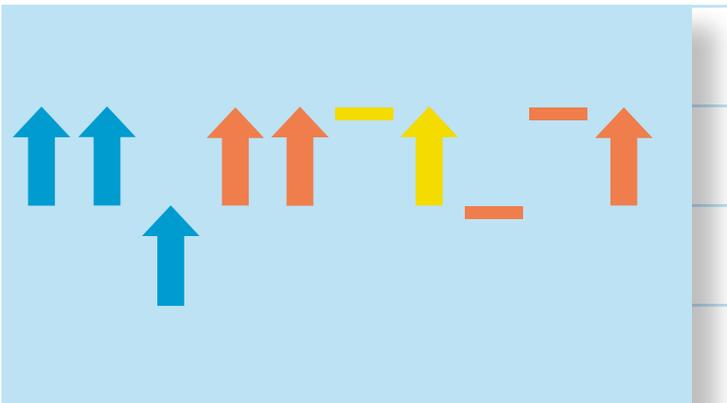
Client Journey 6 - Somali



The client was referred as a result of outreach activity by the project mentor. She was seven months pregnant with her fourth child. She was a lone parent since her husband had left the UK. She was feeling isolated and her health was being impacted by financial problems and debt. She was experiencing problems with behaviour and schooling of her oldest two children. She had very limited English.

- ▶ Supported with various applications for debt assistance. Finances more ordered now and client was not evicted.
- ▶ Interpreting provided for conversations with Pupil Referral Unit for oldest son.
- ▶ Urgent nursery place found for three year old as client suffered extreme back pain post birth.
- ▶ Access to Somali speaking community via workshops and peer support groups.

Client Journey 7 - Turkish



The client self-referred, having heard about the project via word of mouth. She was pregnant with her first child and was feeling isolated. She had a low level of English. Her husband was working, but on a low income.

- ▶ Client participated in one to one support, peer support groups and workshops.
- ▶ Received cot bed, furniture and an Argos Voucher from the Eat Sleep Learn Play project.
- ▶ Referred to infant feeding support when baby was not feeding properly. Engagement with project fell away for a period at this point.
- ▶ Client made connections with other Turkish speaking women.
- ▶ Still requires support to access services, but not showing desire to do this at present. Client is not yet engaged with ESOL classes.

- Feeling physically well/unwell
- Physical health no problems
- Having energy to spare
- Feeling optimistic about the future
- Feeling useful
- Spending time with other people
- Feeling close to other people
- Interested in new things
- Feeling happy
- Feeling confident

- Physical health
- Mental health
- Feeling connected to other people

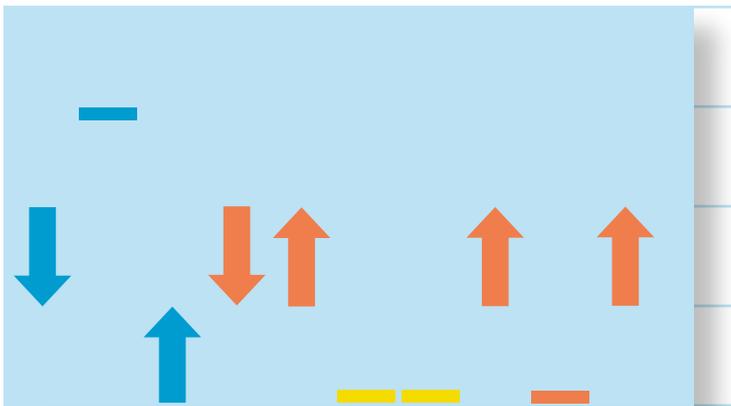
Client Journey 8 - Arab



The client self-referred. Her baby was due in four weeks. She had gestational diabetes and her husband was under the care of a psychologist and unable to support her. Her seven year old son is autistic and suffering from war shock. The client was worried about family in Syria and felt very isolated. She had limited English.

- ▶ Referred to Eat Sleep Learn Play for baby items, cot bed, clothing, wardrobe and safety gate.
- ▶ Client accompanied for emergency hospital appointment for baby jaundice and tongue tie.
- ▶ Healthy diet information given, and reinforced, as client has continued to have diabetes post pregnancy.
- ▶ Continues to attend workshops and peer support groups. Has made friends and is learning English.
- ▶ Started working one day a week as an Arabic teacher.

Client Journey 9 - Arab



The client was referred by her Health Visitor. She has no contact with her own family or her older children as she has been disowned. She fled domestic abuse from her first husband in Saudi Arabia. Her current husband is depressed with Post Traumatic Stress Disorder. Her financial and psychological situation is impacting on her health.

- ▶ Received toys for her baby and is on waiting list for support from Women's Therapy Centre.
- ▶ Supported to attend course on working in a nursery, and ESOL classes - missed some classes, and cancelled sessions with mentor.
- ▶ Baby is registered for and attending nursery.
- ▶ Contact with social care services re-established and support routes for husband's deteriorating mental health also discussed. She declined opportunity to leave family home with child.
- ▶ Has attended some peer support groups and said she felt 'welcomed and among friends'.

- Feeling physically well/unwell
- Physical health no problems
- Having energy to spare
- Feeling optimistic about the future
- Feeling useful
- Spending time with other people
- Feeling close to other people
- Interested in new things
- Feeling happy
- Feeling confident

- Physical health
- Mental health
- Feeling connected to other people

Client Journey 10 - Black African



The client self-referred at 25 weeks pregnant, having learned about the project at her son's nursery. She is an asylum seeker who felt isolated from other mothers and women, and found it difficult to care for an active toddler alone. She had limited English.

- ▶ Client has learning difficulty, a hearing impairment, and challenges around her own speech and language. Mentor requested support for the whole family accordingly.
- ▶ Toddler diagnosed with autism but the client was struggling to understand and communicate with the nursery and later the school. Mentor advocated on her behalf so that extra support and related benefits were put in place.
- ▶ Client has engaged with peer support groups. Although she does not spend an increased amount of time with other people, she feels less alone and unheard.

Client Journey 11 - Somali



The client was referred as a result of outreach activity by the project mentor. She was eight months pregnant with her fifth child. Her husband was disabled. Her physical health was affected by financial problems. She had limited English.

- ▶ Dining table and chairs, high chair, clothing, baby toys, nappies, pushchair and sling provided by Little Village and Eat Sleep Learn Play.
- ▶ Foodbank vouchers provided.
- ▶ Given financial guidance and referral to support services
- ▶ Mentor worked with client's husband also, as there was some interparental conflict and little engagement from the father with the children.
- ▶ Client accessed Somali speaking community via workshops and peer support groups.
- ▶ Client feels better able to deal with future problems with minimal assistance.

- Feeling physically well/unwell
- Physical health no problems
- Having energy to spare
- Feeling optimistic about the future
- Feeling useful
- Spending time with other people
- Feeling close to other people
- Interested in new things
- Feeling happy
- Feeling confident

- Physical health
- Mental health
- Feeling connected to other people

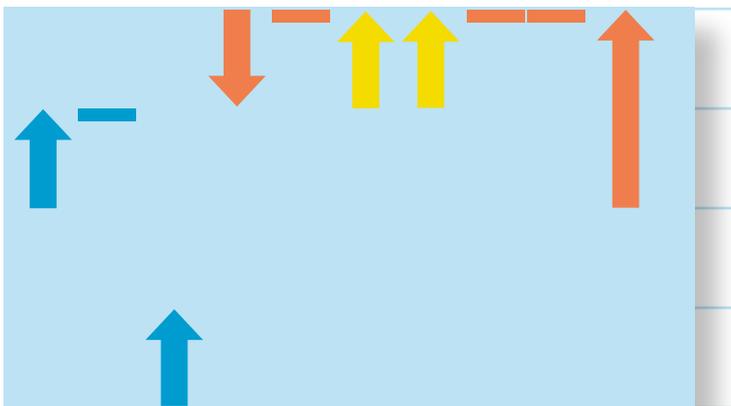
Client Journey 12 - Bulgarian



The client was referred by her midwife. She was 16 weeks pregnant with no other children and she lived with her husband. She was unsure of maternity rights and pay and had a low level of English.

- ▶ In the months following the birth of her baby client disclosed domestic abuse and was referred to a support organisation.
- ▶ Mentor accompanied client to GP following further incident when client had visible injury.
- ▶ Client fled UK as she was fearful social care professionals would remove child from her care. From outside the UK client has made telephone contact with mentor for support and guidance.
- ▶ Family would like to reunite. Mentor has encouraged both parents to engage in domestic abuse workshops, in preparation for mother and baby's return to the UK.

Client Journey 13 - Bulgarian



The client was referred by her midwife. She was seven months pregnant with her first child. She had a diagnosis of pre-eclampsia and felt emotionally unstable and unable to deal with health issues. She had a low level of English.

- ▶ Information was provided on pregnancy and health.
- ▶ Mentor accompanied client to most ante-natal midwifery and specialist appointments.
- ▶ Mentor supported family with testing and investigation of genetic condition baby was born with, and chased up paediatrics and physiotherapy referrals.
- ▶ Provided information about Disabled Living Allowance for a child and signposted for specialist advice.
- ▶ Client's mood has improved significantly after giving birth and she has embraced motherhood.

- Feeling physically well/unwell
- Physical health no problems
- Having energy to spare
- Feeling optimistic about the future
- Feeling useful
- Spending time with other people
- Feeling close to other people
- Interested in new things
- Feeling happy
- Feeling confident

Outcomes

Outcome* One: The physical health of pregnant women from refugee and migrant backgrounds and their children will be improved

Indicator	Target	Outcome
Women attending workshops have increased their knowledge of services and interventions available to support physical health during and after pregnancy.	192 in year one 384 in year two 384 in year three 960 overall attendances	A total of 338 individual attendees were reported by the project, of whom all said they had increased their knowledge of services and interventions 'a lot' apart from 42 who said 'a little' and one who said 'no'.
Women accessing workshops and individual support (one to one) will have increased take up of health services and interventions during and after pregnancy.	280 in year one 528 in year two 528 in year three 1,336 overall attendances	A total of 313 individual workshop attendees reported 'yes' to taking up health services and interventions during and after pregnancy with 25 reporting 'maybe'. Although women accessing individual support did have increased take up of health services, as evidenced by the client journeys that begin on page 13, comparable data was not collected for this cohort.
Women accessing individual support self-report improved physical health.	170	148 women accessing individual support self-reported at the end of their participation. Of these 81 reported feeling physically unwell less often, 75 said they had problems with their physical health less often, and 80 said they had energy to spare more often.

* Two outcomes were included in the original Lottery application which set out what the project planned to achieve. These outcome tables show how and to what extent those outcomes were met.

Outcome Two: The mental well-being of pregnant women from refugee and migrant backgrounds and those with children under one will be improved

Indicator	Target	Outcome
<p>Women attending well-being workshops have increased their knowledge of mental health support available to them during and after pregnancy.</p>	<p>48 in year one 96 in year two 96 in year three 240 overall</p>	<p>A total of 409 attendees were reported by the project, of whom all said they had increased their knowledge of services and interventions 'a lot' apart from 57 who said 'a little'.</p>
<p>Women accessing individual support (one to one) and peer support groups report decreased feelings of social isolation.</p>	<p>40 in year one 80 in year two 80 in year three 200 overall</p>	<p>170 women accessing individual support and peer support groups self-reported at the end of their participation. Of these 110 reported spending time with other people more often, and 107 said they felt close to other people more often.</p>
<p>Women accessing individual support and peer support groups self-report improved mental well-being.</p>	<p>200</p>	<p>170 women accessing individual support and peer support groups self-reported at the end of their participation. Of these 113 reported feeling confident or optimistic about the future more frequently. 106 said they felt useful or interested in new things more often, and 96 said they felt happy more often.</p>

Lasting impact

In addressing the main aims and identified key issues, it was understood that partnership and stakeholder engagement was critical to lasting change. Bright Beginnings Steering Group, established at the start of the project, has been a mechanism for engagement of stakeholders and reviewing impact during the project, alongside the development of delivery partnerships to provide improved access and services.

In understanding lasting impact we have considered the following:

- a. How the project's work has been adopted across a wide range of other relevant activity.
- b. Its ability to encourage other organisations to respond to the project's achievements through organisational change.
- c. Provision for the project's continuation, and how beneficiaries can continue to get the support they need.

The adoption of the project's work across a wide range of other relevant activity

To demonstrate the project's impact across a wide range of relevant activity, two case studies have been forwarded to the evaluators, which are supported by a number of stakeholder interviews.

Case study 1 - The Breastfeeding Network

Perinatal Mental Health Competency Framework for Professionals and Volunteers who support Infant Feeding

The Mental Health Competency Framework was developed through the partnership Mums and Babies in Mind. The partnership included the Breastfeeding Network, Association of Breastfeeding Mothers, Central and North West London NHS Foundation Trust, National Childbirth Trust, Lactation Consultants of Great Britain, Swansea University, and Manor Gardens Welfare Trust.

The partnership, through the competency framework, sets out to provide professionals and volunteers with competencies in working with women during the perinatal period, whatever their primary role, and to understand the risks of perinatal mental health problems; including how to identify symptoms or risk factors and respond appropriately. The competencies focus on:

- ▶ Understanding perinatal and infant mental health and its relationship with infant feeding.
- ▶ Understanding how to empower individual women to make and achieve the feeding choices that are best for them.
- ▶ Providing a framework that has the ability to support women, wherever they are in the feeding journey, in a way that protects and promotes their babies' mental health.

Bright Beginnings provided crucial support to the development of the competency framework by providing awareness that different cultures, communities and faith groups have different attitudes and approaches to mental health and infant feeding that can impact on how a woman feels about disclosing or discussing her feelings and experiences with professionals, services or during treatments. The project also provided awareness to the network that women from different cultures and faith groups may respond differently to peer support if they have a mental health need.

Case Study 2 - Maternity Action

'Mothers Voices'

The project was funded by Public Health England through the VCSE Health and Wellbeing Alliance, a strategic partnership between the Department of Health, NHS England, Public Health England and 21 Voluntary and Community and Social Enterprise (VCSE) organisations, including Manor Gardens Welfare Trust, selected for their reach into communities experiencing health inequalities. Its core purpose was to:

- ▶ Explore experiences of maternity and health in low income women and children from diverse ethnic backgrounds,
- ▶ Amplify the voice of the sector and those with lived experience to inform national policy,
- ▶ Facilitate integration between sectors and enable co-production of solutions.

'Mothers Voices' intends to increase understanding of the difficulties faced by Black and Minority Ethnic (BME) women on low incomes to manage their health and the health of their children, before, during and after pregnancy. It also intends to explore the potential of the VCSE sector to contribute to more good work and new strategies underpinning better health for this group.

Bright Beginnings worked with Maternity Action to support these objectives by providing evidence drawn from their experiences of working with BME women on low incomes and were quoted in the report as highlighting a number of factors:

- ▶ A lack of appropriate language support during maternity care, even when this need was recorded in their notes; which frequently leads to stress and anxiety for pregnant women,
- ▶ How prejudice and discriminatory treatment towards women who spoke little or no English effectively discouraged many from attending appointments related to their care,
- ▶ The need for awareness raising about how the maternity system works to support women to gain access and remove barriers such as a lack of knowledge and a fear that they will be charged for maternity and other related health services.

The report led to a number of useful recommendations, advocating for an increase in 'asset based' commissioning through the acknowledgement of, and building of, local community capacity to improve services for BME women on low incomes.

In addition to case study evidence on the adoption of the project's work, the evaluators also interviewed relevant stakeholders. Here are some examples of evidence provided by other agencies and projects:

The establishment of a network of women from the **Health Visiting team at Whittington Health** that Bright Beginnings visits and keeps in touch with regularly. Bright Beginnings were evidenced as *'liaising on talks on vaccines, introducing solids, keeping appointments and development checks.'* These were all viewed as critical by the Health Visiting team, who felt that engagement for Bulgarian and Russian speaking women would not have been realised without the support of the project.

Before the mentor started to bring communities together, they weren't attending services, especially those who were isolated at home because of language and cultural barriers.
[Health Visiting team at Whittington Health]

Evidence for the support provided by the project for this group of women was also available from **Citizens Advice Haringey** who reported accessing support they were unable to provide due to linguistic and cultural barriers, and lack of resources:

Bright Beginnings is doing really well. We need to access one to one support, which we can't do. The most vulnerable group we are working with are the Romanian and Bulgarian mothers with low levels of education.

At the **Adult Learning Service in Haringey (HALS)** there was strong evidence of how improved access increased diversification for the service:

Bright Beginnings has enabled us to make our courses more flexible, and for us to provide alternative type provision such as financial literacy workshops.

There is also evidence of this diversification continuing:

We are putting on a new course Working in Childcare, and anyone from the Bright Beginnings group of women will be given priority and we also have a new project funded by Communities and Local Government (CLG) for people seeking asylum and who have been in the country for less than six months.

The **Race Equality Foundation (REF)** also provided evidence:

The project has provided us with some valuable information for promotion through the Maternity Transformation Programme and through University College Hospital in Croydon. On both occasions the REF presented the work of the project as a means to campaign for more resources for migrant women.

The ability to encourage other organisations to respond to the project's achievements through organisational change.

Identification of organisational change can be evidenced from the following stakeholder responses:

The Breastfeeding Network and Whittington Health's **Islington Breastfeeding and Weaning Peer Support Service** provided the following response:

We changed the focus of elements of our service groups to an appointment based system. We discovered through the work of Bright Beginnings that an appointment based system was understood by many of the Bright Beginnings clients as an acceptable form of intervention as it was viewed as medical. For those from cultures where a confinement period of 40 days following pregnancy is expected, a medical appointment helped women struggling with breast feeding to leave the house and access support; and for this group of women without breastfeeding support they can become isolated.

The Female Genital Mutilation (FGM) Project, also delivered by Manor Gardens Welfare Trust, provided evidence of organisational change. They reported previously struggling to engage Somali women in therapy, due to the 'alien' nature of therapy amongst this group. However, by working closely with Bright Beginnings they established a form of practice that provided excellent outcomes:

We established a six week empowerment group for Somali women who had experienced trauma and psychological problems from FGM. 14 women attended and from this we secured the agreement from 10 women to be assessed for therapeutic support. This would not have happened without Bright Beginnings supporting the process – Bright Beginnings brought them together, in a safe place, at an appropriate time and in a familiar environment with no pressure.

The FGM project reported planning to continue with this change in their practice, and hoping to broaden its scope to a wider group of women in the future.

Whittington Health's Operational Lead for Children and Young People's Services reported their focus on ante-natal and breast feeding services and the excellent support provided by Bright Beginnings through a range of collaboration. This has included attendance at the Bright Beginnings Steering Group by the Locality Manager and involvement from Bright Beginnings on Whittington Health's Strategy and Task and Finish Group. This has led to women gaining support in 48 hours from Bright Beginnings, which would not have been possible through Whittington Health.

With the development of **Bright Start Islington**, Bright Beginnings have considered the benefit of working in partnership with the organisations and professionals working under this umbrella of services. Manor Gardens Welfare Trust has recently (November 2018) taken on the management of Hornsey Road Children's Centre, presenting greater opportunity to host and integrate the Bright Beginnings service offer into mainstream provision. This remains, however, separately funded, and therefore integration is focused on the opportunity to bring staff and teams together, generate learning, and adapt existing provision to be accessible and culturally relevant, rather than additional or new funding for the Bright Beginnings activity. There are on-going discussions between the two organisations on who and what each project will provide.

Provision for the project's continuation, and how beneficiaries can continue to get the support they need.

The collaboration evidenced by the project alongside its impact on the client group cannot, on the basis of evidence presented, be disputed. It is evident that individual mentors alongside the project managers for the project have campaigned and worked tirelessly to raise awareness of client need and to establish positive working relationships with a range of services.

Many of the beneficiaries who have accessed the project have either progressed toward more independence as a result of the support they received or are benefitting and engaging in peer support and the established networks. A 'me time' project has been developed, funded by Cloudesley, to support the development of the peer support and taking an asset-based approach with the women to improve physical health and wellbeing.

Future beneficiaries and further demand and need continues to be identified though. There is still need among the communities in which Bright Beginnings currently work, and newly identified communities, particularly the Roma and Albanian communities, that would benefit from the approach and offer from Bright Beginnings.

The client group can be transient and the service response and resource is varied between boroughs. This can mean that families struggle to navigate services and systems again when moved or taking decisions to move to a different area.

Stakeholders in Haringey have reported that despite being keen to continue with the work, and evidence that isolated families are making contact with services, it is hard to identify resources. A representative from the Health Visiting Team at the Stuart Crescent Health Centre, reported *'there being no money in the health service'*, and Noel Park Primary School reported relying heavily on the mentor to support parent engagement and pupil retention.

We rely a lot...more than we probably should do - we don't know anyone else who can provide the service.

Citizens Advice Haringey also evidenced how critical the provision was:

We need more support, but cuts have prevented us from providing this.

People are sharing houses which are inadequate, they are sharing facilities provided by 'mean' landlords who don't carry out repairs. Many lose their social networks which leads to separation and divorce. To achieve a 'Right to Reside' they have to work for five years and with little or no education and dependents, this is almost impossible.

There was evidence of space provided by the borough to run the services. Haringey Adult Learning Service and Noel Park were two such organisations. However, revenue to provide the mentoring service was harder to identify.

Manor Gardens Welfare Trust are seeking to identify future funding to continue to build upon the project, and in recognition of what has had impact and how this could be further developed with the learning of the evaluation and delivery to date.

The Bright Beginnings model is a proven intervention that is a crucial (first) step in ensuring women have access to services and support, both due to the in-house services it provides, as well as the broader partnership and collaborative work.

Themes

An identified need and opportunities for integration:

- ▶ **A lack of intercultural maternity support** for migrant and refugee women. This is felt most acutely in Haringey amongst Bulgarian and Russian speaking communities and other newly arrived communities, such as arrivals from Syria.
- ▶ **Well-being support** provided the highest level of intervention by the project overall. However, amongst more newly arrived communities or for communities in Haringey, higher levels of practical support were provided.
- ▶ **A lack of informal/home based ESOL provision** for mothers with low levels of English and mother tongue literacy, impacting on access and take-up.

An identified need to support the wider family beyond the woman and her baby:

- ▶ **The frequency and level of wider family support and intervention required** from the Maternity Mentors, as women had older children but had only through the most recent pregnancy come to the attention of Bright Beginnings, and often other services.
- ▶ **A need to work with fathers/whole family approach** as a way of breaking down forms of patriarchy within the family, such as choices of parenting styles and domestic violence.
- ▶ **A great sense of gratitude and value** was placed on the work of the project not only amongst mothers, but also amongst partners who have worked directly with the project team. For many the project was their only source of support.

The required consideration of cultural sensitivities and difference when addressing complex needs:

- ▶ **Significant levels of reported (and possible unreported) domestic violence** amongst the beneficiary cohort, coupled with a lack of awareness amongst women that this is not an acceptable form of behaviour within particular households.
- ▶ **A stigma against therapeutic and other mental health interventions.** In particular amongst the Somali and the Arabic speaking communities.

The value of co-production and innovation to have impact and instigate change:

- ▶ **Opportunities to develop the peer based activity** established amongst the Latin American community to other communities, between more educated and less educated mothers.
- ▶ **Opportunities to develop social media networking groups** established amongst mothers to continue to share information and develop peer support, including social gatherings.
- ▶ **Opportunities to maximise a number of partnerships** established during the project, made both within the statutory and public sectors and also within the voluntary sector. These can be identified as both cross borough and also regionally, nationally and internationally.

Learning

A number of learning points can be identified.

Partnership is critical to sustaining access and provision of support through review and consideration of service design:

- ▶ **Joint working across sectors and across projects has yielded excellent outcomes** for the project. The work in Haringey between schools and adult learning is an example, alongside the work achieved amongst the Somali community with both the Women's Therapy Centre and the Female Genital Mutilation Project of Manor Gardens Welfare Trust. The joint working achieved amongst the Latin American community is also an area of consideration.
- ▶ **There are high levels of willingness amongst partners** to work alongside the mentors and to support their activity.
- ▶ **There is an undisputed need for the work of the project** not only identified locally but also regionally and nationally. There is however a disparity between the level of complementary services provided in Camden and Islington and in Haringey.

Co-production is an effective method of project engagement and delivery:

- ▶ **Community engagement and development methods** amongst these examples of joint working also represents learning for the project and are methods that can be harnessed for future activity. The work with the Female Genital Mutilation Project, Haringey Adult Learning Service, and Citizens Advice Haringey are examples.
- ▶ **Bringing women together** in social environments has been shown to not only break isolation, but has impacted on English language learning, especially for those who have lower levels of literacy.

Evaluation methods need to be proportionate to project resource:

- ▶ **There is a need for a reduction in the administration** placed on the mentors during the lifetime of the project.
- ▶ **There is a need to review the evaluation methodology** adopted to measure the impact of the project on the women's well-being, physical health and social isolation.

Recommendations

It is recommended that:

1	Revenue resources are sourced for continuation of the project, whilst also considering specific gaps, such as in Haringey to provide mentoring and community development support to Bulgarian and Russian speaking mothers. This resource could also be extended to other mothers from Eastern Europe such as Romanian and Albanian speakers.
2	The opportunities to adapt and change existing services based on understanding and learning from the project are maximised. This would include for example the planned delivery of services from Hornsey Road Children's Centre by Manor Gardens Welfare Trust as a key vehicle for sustaining and extending much of the good practice established by Bright Beginnings for migrant and refugee mothers into a mainstream venue and offer to all families in a borough.
3	Peer support and networks continue to be developed to engage and support community development and strengthen knowledge and integration within communities.
4	Further develop a family offer which recognises that this may not be a first pregnancy, and therefore greater support is required to the mother and whole family. This potentially requires a longer period of support beyond the child's first birthday, and support related to ESOL, entry into work, and childcare options.
5	The evaluation method adopted for measuring impact is reviewed and simplified for any future evaluation; and that this review and simplification is considered in line with other administrative responsibilities placed on the community mentors in any future project to maximise frontline resource to meet demand.

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