

Equalities End of Project Report March 2023

Executive summary

Manor Gardens Welfare Trust was commissioned by Islington Public Health to employ an Equalities Link Worker to develop the learning of its Bright Beginnings project with refugee and migrant women during maternity and the first 1,001 days and to work with professionals to spread best practice.

The project lasted for 18 months and involved surveys, focus groups, attendance at key Early Years and Bright Start professional forums, liaison with individual professionals and ongoing casework with a wide range of clients.

There was an initial expectation that there would be concrete examples of cultural awareness that could be passed on to professionals to help them work with certain groups. However, it became clear early on that this would perpetuate stereotypes and not enhance understanding of the very diverse backgrounds of the women presenting to Islington services.

What emerged were some general principles for working with families who haven't grown up in the country understanding the way services work, as well as some useful reminders about why refugee and migrant families might find accessing universal services difficult or intimidating.

Trust proved to be a big factor when working with refugee and migrants. In many countries the 'authorities' are to be feared and many clients also have unresolved or precarious immigration status. Bright Beginnings built up trust and acted as a bridge with professionals.

Confusion is evident about the large number of different professionals families are expected to interact with. They don't understand what role each plays and this may lead to them going to A&E as it is simpler. Many roles don't exist in other countries (eg Health Visitor).

Engagement with mothers and families is crucial. Once people understand what is on offer and where they can go they are usually happy to engage. However, a major success of the Bright Beginnings model was our ability to spend time with clients to build trust and explain what is available in a way they could understand, either in their own language or a clear overview. Word of mouth and language-specific What's App groups enabled us to reach pregnant women and families more easily than universal services, particularly since many of our clients are illiterate, even in their own languages. Translated leaflets are useful but can't reach the majority of the people who need support to access services.

Language is a considerable barrier to accessing services successfully. The use of interpreters is spasmodic and much more care needs to be taken to get the right dialect, sometimes even the right language. Clients and professionals may not be used to working with interpreters and interpreters can also inject their own biases or misunderstand. This can lead the client to feel not heard. Services should not be denied just because a mother doesn't speak English. Everyone should be offered services (eg Stay and Play) regardless to help them reduce their isolation and meet other parents.

Gender of a professional can cause issues with some clients. More awareness should be raised of their right to request a female or male professional.

Opportunities to share experience have been taken up by a wide range of professionals. Our access to diverse communities is acknowledged and has been used to put on many workshops with professionals. However, the time taken to find people to attend, and staff time to attend to interpret/translate and liaise with professionals has not been recognised. Going forward, this would need to be part of a funded service. There is no doubt that it is a very useful way of sharing learning with new staff on an ongoing basis.

Summary of learning from MGWT Family Mentors

Factors affecting clients' level of knowledge and understanding of maternity and under 5s services in Islington:

- Considerable differences in the systems in the UK and in the home country. Maternity and under 5s services in Islington are very well developed and many of them are non-existent in our clients' countries of origin.
- The language barrier, level of literacy, being new in the borough, being isolated (not knowing where to turn for help and information) all add to the difficulties while understanding and finding one's way around these services.
- There are major misunderstandings of the roles of many maternity and BS professionals and the services one can expect to receive from them. Examples: Health Visitors' home visits are associated with being 'checked on, the state of the home being inspected and judged'. Family Support Workers and Family Engagement Officers are associated with Social Services hence the reluctance to engage with them as they would be 'reporting back to Social Services'.
- Lack of understanding about key roles: 'What is the role of an obstetrician and why can't I see one during my ante-natal appointments if s/he is a doctor?'
- The lack of knowledge how maternity and Bright Start services operate leads to unrealistic expectations – the expectation to be seen/helped instantly; to be offered ante-natal scans as many times as one wishes; to be supported by a Family Support Worker for an unlimited period of time; reluctance to visit Baby Clinics or contact GP surgeries in order to seek advice and information about under 5s development and wellbeing from Health Visitors/GPs as 'this is too complicated and it is easier to go to A&E'.
- Lack of trust in the free health services back home is linked directly to the lack of trust in the NHS. This often leads to resorting to private health care or travelling back home in order to be seen by a private health professional instantly.
- Covid-19 pandemic has made it more difficult for clients to understand better how maternity and BS services work and has put extra pressure on professionals.
- Families may be aware that there is NHS/LA support for parents with babies and children but often don't know what form this takes, the remits of different agencies or how and when to access them.
- Never discourage a young mother not to attend a clinic because she can not speak English.

Factors affecting the trust in maternity and under 5s services in Islington:

- Although BAMER clients generally trust maternity and Bright Start professionals, the lack of trust in the free health services back home (for some communities) is linked directly to the lack of trust in the NHS.
- Many of the private health and allied health professionals operating in the different communities across the UK are often not fully licensed to practise and their credentials are unknown.
- Inconsistent use of interpreters creates mistrust between professionals and clients as messages are not understood and clients are often left with the impression they are not taken seriously, not listened to and not given appropriate attention/consideration. Interpreters must be booked for every booking ante-natal appointment and other significant appointments.
- Clients expect professionals to be more patient, friendly, and not to rush through appointments.
- For some of the communities we work with the professionals' gender is an issue. Clients do not know they have the right to request to be seen by a male/female professional.

Factors which affect the easy access to maternity and under 5s services in Islington:

- Inconsistent use of interpreters, lack of translated publicity materials
- For people for whom English is not their first language, form filling, registration, confirming attendance (by text, email or phone call) prior to being able to actually access the maternity and under 5s services in Islington are all obstacles to easy access.
- Not being aware of the existence of certain services.
- Not knowing they are free to use.
- Publicity materials need to be displayed in places that are visited by many clients eg hospitals, GP surgeries, schools, nurseries, places of worship, community centres/hubs.
- Engaging young parents as much as possible even if they do not speak English. Often, a midwife or the health visitor told the family, 'I would have invited you to attend, either the breastfeeding clinic or parenting class, etc, but because you can't speak English I am not giving you the information'. Even if they do not speak English, attending those clinics will help young parents to engage and understand and learn more of their new life as parents. They will have a chance of meeting other parents and improve their language.

Family feedback

Poor experience

Midwife in hospital on my due date – I had very bad experience, she did not listen to my wish, I had to spend 20 hours in painful labour. I knew and felt my baby was not coming naturally, I had a few pregnancy problems. I ended up having emergency C-section while the midwife was refusing that I needed to be seen by doctors to decide the delivery.

I had bad experience when trying to access dental services for my child.

I have negative experience with maternity services. I have very positive experience from my MGWT support worker.

Children with special needs, very stressful experience, very long time waiting and feeling left alone with a child in need, my child now over 3 but no money to have 1-2-1 support at the nursery and a long waiting time for every kind of support.

Maternity period- zero help, no information.

Good experience

I used so many times library, stay and play groups services. It was always positive.

Very positive experience with my health visitor and her overall support and availability.

The main issues raised by the **Turkish** community as an outcome of Equalities workshops and activities:

- Language Barrier: most of the clients are non-English speakers or have basic English. They can not understand or get involved to any activities, health services or public events without an interpreter or translated leaflets.
- Lack of knowledge about the health services especially maternity / antenatal –postnatal services.
- Having issues to access GP services: The clients want to be seen by their GP and complain about not getting an appointment when they want to. They find A&E waiting hours very long.
- They usually compare the health and education system with their own country. They avoid attending the appointments and most of them prefer to go back home country to be checked there. They find the school half term holidays too much and they believe that the education system doesn't allow parents to work. They find the childcare cost very expensive and most of them prefer to stay at home to be able to look after their children.
- They only want to socialize with their own community.
- Religious beliefs sometimes cause some issues like preferring female doctor, avoiding school meals for their children because its not Halal.

- Due to their visa status, most of them are NCPF and are not eligible for welfare benefits which cause financial issues.
- They believe that 3 year old child is very young to start a nursery and keep them at home till reception age .

The main issues raised by the **Roma** community as an outcome of Equalities workshops and activities:

- The two main barriers for them are the language barrier and the lack of knowledge of the UK system.
- Many of the clients, even where there is an interpreter provided, are hesitant if they have to communicate with schools, hospitals, councils, etc.
- Clients would benefit if there is a method for identifying those particular groups by the services/ better understanding to this client group by the service providers.
- Clients need a support worker for a limited time to help them to familiarise with life in the UK.
- Clients need an interpreter provided.

The main issues raised by the **Somali** community as an outcome of Equalities workshops and activities:

- Lack of awareness by hospital about how to handle client conversations with FGM. Staff are aware about FGM but not how to talk about it in a sensitive way or seek early intervention.
- Hospital staff need more training about FGM so early intervention can take place and counselling training so they know how to talk about sensitive topics with clients.
- Clients face postpartum depression due to lack of family support and friends. Professionals should set up informal sessions regarding postpartum depression led by someone from the Somali culture and in their language, taking place in a community setting. The language barrier between health care professionals and Somali clients contributes to the cause of postpartum depression as they are unable to clearly express the help and support they need.
- Some clients struggle with feelings of shame because of the judgemental care they receive due to racism and incorrect cultural assumptions. For example, one client felt like she received odd looks from her midwife since she was having her fifth child.

Additional approaches tested to improve support and access

The project made recommendations as to other ways of improving understand amongst professionals and clients.

- Create a selection of **case study videos**, based on the survey responses and our own clients' experiences, to be shared across Islington.
Work was begun on this, but it was found to be time-consuming and clients were not so keen. It was overtaken by our new partnership with London Met, who undertook ten in-depth case histories, the report on which will be delivered in June 2023.
- Run a weekly or fortnightly **hotline for frontline professionals** to speak to a member of the Manor Gardens team for confidential advice on particular cases, or more general advice on their own individual practice.
The hotline was set up and advertised in June with a launch to professionals in September. However, take-up was low leading us to conclude that this is not the sort of support required by professionals at this time.
- Develop and distribute a selection of **posters and leaflets** based on the models outlined above, to support ongoing reflection and impact of the work.
The posters were developed and distributed to professionals and displayed at Manor Gardens and on its website.
- Continue to develop a set of ongoing **workshops** for frontline professionals to improve their practice, which would be modular based on the different elements outlined above in the models.
From September 2022 we collaborated on a number of workshops with partners, totalling 18

over the project involving 223 clients (see Appendix for details.) Professionals used our access to BAMER women to get messages across, ask opinions and test approaches. Whilst these were well received, the staff time taken in finding clients available and willing to attend, plus the time to attend and translate, were a significant burden on an overstretched team. This method should certainly be continued but will require financial support for staff time.

- **More Stay and Play activities** focused on particular groups, working with Manor Gardens to ensure activities are culturally appropriate
Discussions were started with Bright Start around this and continue, but no progress has been made to date.
- **Shadowing opportunities** between Manor Gardens and frontline professionals, in both directions
No interest has been shown to date but this continues to be an option.
- **Mapping of cultural practices** that affect service delivery
Considerable work was done on this important aspect of the work. There are many differences in cultural backgrounds in the local communities but on further analysis we drew the conclusion that the six tenets shown at the top of this report underpin all cultures and are vital for working with women from any background. To highlight specific aspects of some people within a culture was perceived to perpetuate stereotypes and in the end to be unhelpful.

Recommendations

The high-level outcome of our work with refugee and migrant families is an understanding that investing time with mothers and families to enable them to understand and navigate the excellent services provided by the borough, and improving staff awareness of the barriers to engagement because of mistrust, mental health/trauma, language and isolation, can significantly improve the quality of experience of this cohort, improve outcomes for them and their children and smooth the way to full engagement with universal services.

We recommend that there is an ongoing need for a worker who acts as a bridge between refugee and migrant communities and universal services, to build trust and break down the language barrier. Professionals do not have time nor the mandate to carry out the ground work to build trust and understanding with each person. A group of Link Workers would provide that support to get people 'ready' to access universal services. Ideally they would be drawn from local communities and preferably have lived experience of being migrants.

VCS organisations allow staff considerable flexibility to respond to need and adapt to provide the best support for each individual. If the Link Workers were based within the VCS the workers would have flexibility to respond to individual and emerging needs. The time invested for a relatively modest outlay would prevent families falling between services or not reaching them at all and give them the opportunity to access everything that will support their family.

Appendix 1

Research methodology

In the initial stages of the project, Manor Gardens conducted initial research and interviews with 42 people from which to structure the ongoing work. This included mothers, staff and partners.

Total responses:	42						
	Number						
# of children		1	2	3	4		
	42	18	10	7	1		
First year of service		<2010	2010-2014	2015-2019	2020-		
	32	3	2	16	11		
Last year of service		<2010	2010-2015	2015-2020	2020-		
	32	1	4	18	21		
Household long term health condition?		Yes	No				
	41	14	25				
First language		Bulgarian	English	French	Hungarian	Turkish	Arabic
	42	4	4	3	1	2	10
English spoken in household?		Yes	No				
	42	12	27				
Age		<18	18-24	25-34	35-44	45+	
	42	0	4	19	19	0	

Survey responses

The responses to the survey enabled Manor Gardens to identify challenges and barriers and work further with professionals to improve cultural awareness and look at practical changes to improve services.

Black, Asian, Minority Ethnic and Refugee (BAMER) women and families have a good level of knowledge and understanding of maternity and under 5s services in Islington.

They have some awareness such as the services which are mandatory or they come into contact with via their doctor. However, other services such as library services or "fun" times not so much since these services are not advertised in Somali for them.

I think that it has been very difficult for women to access services over the past two years, especially in relation to perinatal mental health. I think it really depends on so many things, if you have friends and family who have used services and trust them. Some women and families are less likely to feel that they can access services due to issues around language. I think that we can always put more effort into offering services that meet the needs of Black, Asian, Minority Ethnic and Refugee families and ensuring a multifaceted approach to publicity and promotion.

As English is often their second language, these materials are not accessible to them.

Support and language barriers prevent some families missing out on what services are available to them

Women from BAMER communities are unable to understand the maternity services for various reasons; Cultural barrier is a huge obstacle for those women (For example: one of many traditions is: a new mum is not allowed to leave home for the first 40 days after giving birth), religious reasons (not being seen by a make doctor), also a huge number of BAMER women have low

education where they don't know or feel the importance of accessing to maternity and healthcare services. Language barrier is alongside the mentioned reasons. Unfortunately, several cases of unhealthy relationships where women are unable to cope with daily life not to mention access to maternity services and find better support for themselves and their babies. Women from BAMER communities are not used to the healthcare and maternity system in the UK which is very different and difficult to understand. The role of midwife and health visitor is not existing in many countries and without a good explanation, women won't accept their support. There are different levels of understanding in the different subgroups of BAMER women and families and they should be address separately in more details.

Due to the language and culture barriers, most of the families do not understand that in UK the maternity service is there to help and its free. The health Visiting team comes for visits to help and support the young mothers and not to see if she is doing something wrong.

They don't have good level of knowledge

To enable BAMER women and families to have a good level of knowledge and understanding of services, they have to be able to communicate efficiently and also have the confidence to seek help when needed. Some of them struggle in silence unaware there is plenty of support out there.

Some women are more knowledgeable than others

Mentors:

Women in my community do not know English that well. However, my clients know the services we offer very well.

Most of the clients in Islington don't have a understanding of our service, however, after our first contact and providing them with all what we do, every one engage very happy, even some times they ask if all that is for free. After the explanation of the service they are very happy to engage and they appreciate that all the service is free and so well designed, and appropriate even in their own language.

Most BAMER women have no knowledge or understanding of the maternity services due to different barriers such as culture, language and/ or have different systems back home.

Most of the Islington clients know about Manor Gardens activities.

BAMER women and families have a good level of trust in maternity and under 5s services in Islington.

Depends who the services are ran by. They have more trust when the services are presented by other ethnic people or people from their culture.

We know that women experience racism and are more likely to die in the perinatal period and more likely to have a still birth.

Often, service providers in within this sector do not reflect the backgrounds of these women, hence the lack of trust and relatability.

Some are very nervous.

There is not enough trust between maternity service providers and BAMER parents due to the same reasons mentioned before, also because there is no further effort made by maternity services to make sure those women and their partners understand what are those services for and how to access them. Also building trust with unknown professionals who don't share the same language, culture, believes could be very difficult and again further support is needed by professional to fill the gap of trust between both service providers and parents.

Recently the level of trust has improved, compared to previous years. However, there is still a misunderstanding that the maternity services and under 5s do get engage to see if the parent is making mistakes.

First time mothers don't have good level of trust.

Patient Communication has got better in recent years creating a bond between the patient and the client.

Most women trust the Health Visitors service

Mentors:

Scared that social workers may get involved and their children could be taken away from them if they ask for too much support as it seems they cannot look after their children.

Once the clients understand the service, and I had build the trust with them. They have a very good level of trust.

Lack of communication does not help to build trust (very short time meeting, no interpreter, stigma and shyness to ask questions and find out more information).

Although it takes time build up a trust, most of the clients trust our services.

Maternity and under 5s services in Islington are easily accessible for BAMER women and families.

Yes, when these services have translators. If not, then no as there is a huge language barrier.

Baby Feeding Team are on the postnatal wards 7 days a week at the Whittington and UCH and tell new mums about the support with feeding that is on offer and how to access it. We call and text every mum in Islington to offer information and support, Women to have visits from midwives and health visitors but recruitment and retention of MW and HV and Covid has impacted on the delivery of these services to women. I think that it can be very hard to access these services if you are feeling down and overwhelmed with looking after a new baby. I think that we should personally invite and offer small social support groups in a mums local area with facilitators who speak a range of languages and can do home visits too.

The level of English used on the materials advertising these services are often full of too much Jargon and advanced level of English which is inaccessible to women from these backgrounds. Moreover, there is also a digital divide.

it would be if people are able to have the knowledge explained to them clearly.

Not easy for new parent to find all information needed, unless they seek help from local charities and communities centres. In some cases parents were able to access to maternity services by seeing flyers in GP surgeries, Hospitals (A&E, Maternity triage units) but it is extremely difficult for migrant and asylum seekers to navigate online and find the needed services. Most of BAMER communities struggle financially and have no access to internet or have a modern device. Of course not to mention the language barrier, in some cases we have illiterate women where we only have to support them in person or voice calls. Access to the maternity services in most cases is depend on our full support to the clients such as register the baby, access to maternity benefits, vitamins, stay and play, appointments and explanation of the HV roles.

They are easy reachable, there are leaflets translated in different languages that do help and do give instruction where to turn to.

It is getting easier due to the different support services provided in the area.

The services are accessible to all who know how to access them. There is no specific discrimination to any mother or child.

Mentors:

Easy to access since we have lots of interpreters and specific mentors for specific BAME communities.

Specially designed for them.

It depends on the level of the education and knowledge of English. Most women and families I work with are unable to access to the services due to the language barrier or low level of education.

Our trust work with lots of different communities and welcome everyone without any eligibility. Although some projects have some criteria ,we can always find a suitable activity or support for most of the clients.

Maternity and under 5s services in Islington have appropriate systems in place to be able to communicate with BAMER women and families.

Most of the time there are interpreters which is good. Other times, a telephone interpreter is provided but this is not the same as face to face contact.

I think it can always be improved and refreshed too. Parent Champions are one way as they can reach new mums in a different way.

Islington has a rich community of organisations/charities which provide advocacy of different cultures and interpreting services.

I think they have but reaching the people and families who need their services can be missed.

No appropriate system that is available to BAMER women in Islington, there are several volunteering support and local charities working to support both maternity and statutory services and the women with their families such as bilingual family mentor in MG.

Not all BAMER women and families are aware of the systems in place that will help them to communicate more effectively with the service providers. For example: many women and families are not aware they are entitled to free interpreting services or do not know how to request one.

Provide interpreters or leaflets in different languages. Most of them do.

Language is main barrier but there are interpreting services provided when required.

Mentors:

Yes, because the families and women are given a mentor from their specific background who are in tune with their culture.

We have and follow all the policies of EDI, we are specialised about working with BAMER families.

Bilingual advocacy and well-being support.

We always use consent forms, do a needs assessment and ladder outcomes to find out their needs and support them in terms of our policies.

Maternity and under 5s services in Islington have a good understanding of the different cultures and cultural contexts of BAMER women and families.

Yes, however, culture differences may sometimes be overlooked.

I feel that an understanding of the cultures of BAMER woman are not included in the education system/training undertaken by these services. They have professionals staff that can use their skills and knowledge to help.

It is very hard to say that the maternity services in Islington have a good understanding of the different cultures, there is a huge effort and work in process to help BAMER communities access services and attend integration programmes. When it comes to access to children centres activities, appointments, register children and access to vitamins, mental health, having a Engagement family worker and other services; they are very limited, only in English, published online or a few flyers in libraries and the children centres themselves. Therefore it is very hard to say that maternity services in Islington have a good understanding of the different cultures.

The understanding of some cultures could be improved. For example: the Roma community.

Some BAMER communities have recently arrived to the UK and will take some time to get familiar with what is going on with the different cultures.

We could all do with knowing more. However, the range of nationalities is vast and understanding so many cultures is never ending. I visited a woman from Congo, Turkey, Syria, Afghanistan, Colombia, all have their own needs, their own lifestyles so we will not always understand the differences. I just accept the differences.

Mentors:

Yes, we have many different mentors from different backgrounds, and do lots of events and activities for different cultural days.

Having dedicated staff with so many different backgrounds and experience makes our service specialised.

Understanding the women's needs, mental health support, similar background and provide same language explanation to be able to access to the services.

Family mentors are coming from different backgrounds and knows the culture and cultural context very well which helps clients a lot.

Maternity and under 5s services in Islington meet the needs of BAMER women and families.

Not all these services are accessible due to the language barrier.

They are satisfactory however could be more inclusive of the variety of needs present.

Some if awareness is known to the people who need support.

No, Services providers are unable to meet BAMER women and families needs due to different reasons such as lack of interpreting during appointments, not able to understand the cultural differences, lack of sympathy and trust. BAMER women don't not able to ask questions regarding their concerns because of those barriers as well because the misunderstanding of the nature of maternity services (For example: most women we support think having a family support worker is bad for the family and might lead to take their children away). BAMER women and their families still unable to understand the difference between family support worker and social worker, how and when to seek help. The maternity services need to be explained and introduced in a friendly and easy way to understand.

Most of them do.

Depends on what the needs are. The services are great but still need more.

Mentors:

Yes we try our best to meet their needs and often ask for their suggestions. If we cannot meet their needs, we will signpost/refer them to the relevant agency.

Language, advocacy, activities, drop in, inclusion, hybrid delivery service.

Provide full physical and mental well being support to the hall families, access to health, welfare benefit and education systems, reduce isolation and give better chances to brighter future to women and children.

What do you think are some of the key barriers/challenges in how BAMER women and families experience maternity and under 5s services? Why do you think these exist? How could these barriers be overcome?

Language barrier / financial barriers - travel expenses and equipment etc. This financial barrier may exist due to the Child-Tax credit cap and could be overcome with more funding. More interpreters are needed to overcome the language barrier.

A more diverse team in all areas of maternity care.

People not representing their cultural/religious background. Employing more people from diverse backgrounds will overcome this.

Communication, clear information, who can help, families who are running away from DV/conflict trust Filling in lots of forms.

Cultural, religious, financial, language, low education and domestic violence. There several reasons behind those barrier; war, poverty, human traffic, culture. Overcome these barrier need long term programmes that help families understand the new life in the UK, introduce them to the health and welfare systems, educational programmes and other mental health and wellbeing support.

Language and cultural barriers are the key obstacles between BAMER women and families and improved maternity and under 5s services. Those barriers could be overcome by giving additional training to staff and partners, so they could better understand the cultural differences in minority communities and providing more information to certain BAMER women and families about the local services and the life in the UK as general.

Language, cultural background. These barriers can be overcome by translating leaflets in different languages. Trying to engaging young families more, by inviting them to attend baby clinic, breastfeeding clinic, children's centre in regular bases even if they do not speak the language.

Language barrier/ previous experiences.

Language barrier, low self-esteem barrier, financial support barrier. Motivation might play a key part. BAMER communities must be motivated to believe they can achieve their goals regardless where they come from.

Mentors:

The main barrier I believe is a language one, mainly because my clients migrate to the UK knowing very little/to no English.

Language, isolation, wrong information in their communities, DA, emotional needs.

Culture and tradition, language, isolation and religious barrier. All barriers are exist because the diversity of their background, and the differences in cultures, most of our cases have escaped a war or other kind of violence where it has further impact on the women and families, therefore the existence of the barriers are variable depending on the individual circumstances and causes of immigration. Talking in a friendly way, create a good relationships and building trust is one of the key way to overcome those barriers.

Further emotional support and work more with specialists in order to provide better support and find out more ways to break those barriers or reduce them.

The main thing is language barrier and lack of confidence.

They are sceptical since they think their personal information will be leaked.

Some times the client take long to submit things.

Mental health problems, physical problems, stigma and lack of confidence. Isolation and lack of education. Not knowing or realizing the importance of engaging with others and talking part of integration programs.

Attendance at activities. Most of them are very busy with children and house work and they don't want to join the activities. They just contact when they need anything.

I have seen improvements in the ways maternity services in Islington engage with BAMER women and families in the past three years.

Yes, as I can see the improvements being made in my line of work.

Covid seemed stop everything and I'm not sure it needed to.

Difficult to be clear about this question because of Covid 19.

The improvement we have seen is based on the encouragement of local community centres, charities that advocate on the BAMER women's behalf to get better services.

Yes I have seen improvement, they understand more that cultural and language barriers tend to get in the way of supporting young families.

More trainings workshops and information are provided.

I disagree as we are still in the process of seeing some improvements due to Covid-19 era which I believed it slow the services down.

As a professional, what are some of the challenges you face when engaging with maternity and under 5s services in Islington?

Their lack of trust when dealing with other people who are not from their culture.

Digital divide and people not being aware of how to fill in online forms.

Having to put other on forms, language misunderstanding messages.

Accept the services because lack of knowledge and information, engage women with maternity services because they are not familiar to those supports.

The staff is not always well informed about the cultural differences of BAMER women and families. For example- the Roma community.

Overall I did have good experience engaging with maternity and under 5s services in Islington. I should mention that never discourage young mother not to attend a clinic because she can not speak English.

Trust and lack of information provided to clients.

Perhaps getting GP Appointments due to them being limited and offered over the phone.

I don't know where to start. Staff are exhausted and overwhelmed and generally do their utmost for their clients.

If you work with particular BAMER communities in Islington, are there any specific needs you think are not being met by maternity and under 5s services?

Explanations of procedures.

Once families are aware of services available to them things work well, support with mother tongue housing help with money, food.

Invite BAMER women to children centres, and preschools nurseries to attend sessions, or general visits to introduce their services, making these women feel that they are welcomed, There is more need to engage BAMER communities in activities such as cultural events, summer wellbeing, festive seasons and other occasions, to help them feel that they are very welcomed and support them reducing their isolation and making new friends.

Yes. The Roma community have specific cultural characteristics which need to be addressed in more detail.

Understanding what happens to the woman's body during pregnancy, understanding what to expect if you have a baby. Also, reassure young parents that the service is there to help and support. Provide interpreters and not use family members to interpret.

More information provided in their own language.

Have you previously received or seen useful training, resources or good practice around equality, diversity and inclusion, in particular for maternity and under 5s services?

Racism 101. Whittington Health, Unicef and the Breastfeeding Network has provided some good training in the past two years

What other ideas do you have on how we can reduce barriers to access and improve the experiences of BAMER women and families?

Yes, provide more education around cultural sensitivities to staff.

Employing more people from BAMER backgrounds.

Clear knowledge of projects and information sharing.

Outreach, find ways to meet BAMER communities and encourage them to engage more within the community and support them improving their mental and physical wellbeing.

More bilingual/multilingual employees and volunteers from different communities, more translated materials, staff to be additionally trained for better cultural understanding of the BAMER women and families.

Engaging young parents as much as possible even if they do not speak English. Often, I have come across where the midwife or the health visitor told the family, ('I would have invite you to attend, either the breastfeeding clinic or parenting, etc, but because you can't speak English I am not giving you the information'). I think that even if they do not speak English, attending those clinics will help young parents to engage and understand and learn more of their new life as parents. They will have a chance of meeting other parents and improve their language.

Subsequent workshops

Total activities and workshops 18
Number of clients who attended workshops and activities 223

Whittington Maternity Voices Partnership workshop	18 clients
British Library Workshop	21 clients, 22 children
Filming Session for Free early years nursery places with Bright Start	4 clients
Young parents(18-24) Coffee Morning	6 clients, 6 children
Metropolitan University Maternity Research programme interview	10 clients
Whittington Health Vaccination workshop	14 clients
Whittington Health /Health visitor q&a session	7 clients
Islington Health services survey	48 clients
Barriers to access to health care for women in Islington	10 clients
Survey for infant feeding with different ethnic groups	8 clients
Childhood Immunisation workshop	9 clients
Autism in Woman Workshop	4 clients
Winter vaccinations workshop	13 clients
Infant feeding focus group/ Turkish	7 clients
Infant feeding focus group/ Somali	6 clients
Introducing solids	14 clients
Family Kitchen group sessions with 4 different languages	17 clients
NCL Perinatal Pelvic Health Services Focus group	7 clients

Support for Health Messages

We supported local services with translated messaging, largely through voice notes on What's App. This included a recording made in 14 different languages on the following information prepared by Whittington Health and Bright Start:

- Bright start is working along with families with babies and toddlers as well as health visitors and nurseries. It provides the necessary information about physical and mental development of the children and support the families .
- Who are health visitors? What do they do and how do they support families with babies and young children?
- Which services do the Health Visitors provide? When and why do they come to visit newborns?
- Whittington Health services and Health visitors provides parenting courses, breast feeding training, vaccination workshops, mental health workshops and supports.
- Who is a community nurse?
- How and when to contact with a health visitor or a community nurse?
- What kind of activities does the Bright Start have?
- How to join the activities and workshops?
- Bright start website and contact details

This was well received by clients and the wider communities who felt that it improved their understanding of services on offer.

Appendix 2: Interim report

Bright Start Equalities Project – Research Findings & Next Steps **June 2022**

This is an overview of the initial research findings from the Bright Start Equalities Project led by Manor Gardens Welfare Trust. The aim of this pilot project is to develop the skills and understanding of health and early years practitioners and management to the needs and concerns of excluded populations, in order to reduce barriers to access and improve their experiences.

A. Research methodology

Manor Gardens conducted surveys for families, staff members and partner organisations and professionals during the first quarter of 2022. We received 51 responses from families, 21 responses from staff members, and 10 responses from partner organisations.

Manor Gardens has also conducted a wide variety of other research activities, including individual interviews, focus groups and workshops across each of the above groups. The overall findings and recommendations are from a combination of all these research activities.

It is worth noting that the majority of families that responded to the survey and engaged in activities were already engaged in Manor Gardens' Bright Beginnings work, which has been shown to have a significant positive impact on their experiences of maternity and under 5s services in Islington.

B. Ongoing learning and development activities

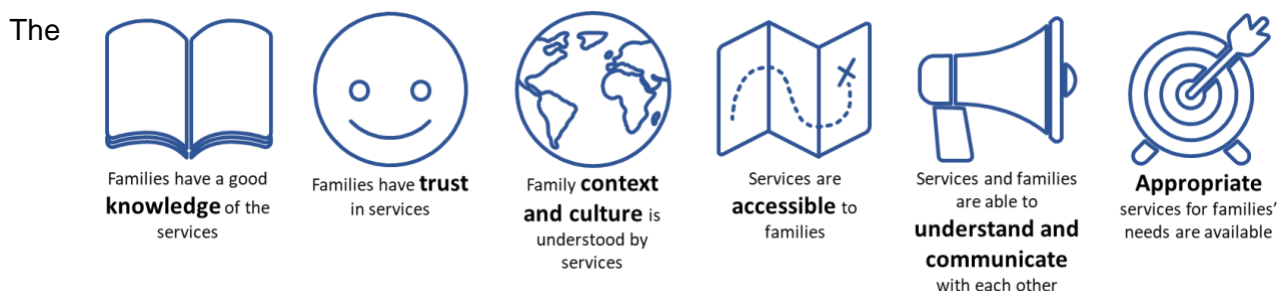
Throughout the delivery of this project, Manor Gardens, through the work of their Starting Well team, has piloted a number of test and learn approaches whilst collecting research findings. These have included:

- Starting Well Team completed the Whittington Health Promotional Guide training
- Starting Well Team members have been attending and participating in Whittington Health Promotional Guide Forums
- Starting Well Team and some of our bilingual volunteers recorded the voiceovers for the Whittington Health Quick Guide to Health Visiting video which is available on the Whittington health NHS Trust website.
- Starting Well Team translated into community languages the title and message about Bright Start services and activities timetable
- Starting Well Family Mentors have been attending and participating in Lunchtime Learning sessions. Topics include: How to support clients to access wellbeing practices that can support mental and physical health; How can we use ideas from Attachment Theory in our practice; Emotional Wellbeing Sessions; Working with the Specialist Perinatal Mental Health Service; The Specialist Perinatal Mental Health Service; Supporting babies and parents with sleep - evidence based practice update; etc.
- A group of our clients participated in the Equality Project Focus Groups facilitated by Race Equality Foundation.
- MGWT staff attended Bright Start North Early Childhood Area Partnership (ECAP) meeting on 7th June 2022.
- Focus Groups whose aim is to raise awareness of local Maternity and Bright Start Services.
 - Focus Group for Albanian Women with the support of Psychotherapist
 - Focus Groups in collaboration with Islington Family Information Service, Bright Start Islington and local maternity services - 2 Year Old Free Early Learning for Turkish

- and Somali Families; Follow-up in July – recording short videos with client participation in different community languages about Free Learning for 2 year olds.
- Organising and facilitating Focus Groups with Bright Start – 1st of series of Focus Groups on 13th June 2022 – The role of Family Engagement Workers and Bright Start services and activities.
- 12th July 2022 – The Voice of Parents Information Session – Focus Group to be facilitated by Bright Start North (Renata Moriconi and Jessica Bull) at MGC – exploring barriers to access to Bright Start services and activities and ideas about how to make these services and activities more welcoming for families.
- The Whittington Hospital will be having an Ockenden Assurance Visit at the end of this month and as part of this the Whittington MVP would like to hold a feedback session to understand women, and birthing people's experiences of the Whittington's maternity services. Our clients will be participating in the feedback session facilitated by Whittington Maternity Voices Partnership on 23rd June 2022.
- Planning information sessions with local Community Midwifery Teams and Heath Visiting Teams about the role of Community Midwives and Health Visitors.

C. Research findings

In the initial stages of the project, Manor Gardens conducted some initial research and interviews from which to structure the ongoing work. Through this, we built the following model, which contains the six essential elements required for a family to have a good experience with services. These apply to any family from any background, and can also be used in a broader range of contexts than just family services.



following research findings are therefore structured according to this model.

i. Quantitative findings

Each survey asked participants to rank their experience in each category from 1-10. The quantitative survey responses across the three groups were as follows:

	Families			Staff			Partners		
	<i>Rank</i>	<i>Average</i>	<i>Median</i>	<i>Rank</i>	<i>Average</i>	<i>Median</i>	<i>Rank</i>	<i>Average</i>	<i>Median</i>
Knowledge	6	6.54	7	6	6.13	6	6	4.60	4.5
Trust	4	6.88	8	4	6.69	7	5	5.00	4.5
Context and culture	3	7.10	8	2	6.88	7	4	5.10	5
Accessible	5	6.80	7	1	7.25	7	2	5.30	5

Understand and communicate	1	7.66	9	3	6.81	7	2	5.30	5
Appropriate	2	7.43	8	5	6.63	7	1	5.60	5.5

Overall, the average scores were relatively high, showing Islington does operate good practice in many areas. Across each of the surveys, families having a good knowledge of the services ranked lowest. We can also see that whilst staff and partners tended to see Islington services as accessible for families, families themselves ranked this relatively much lower. Overall, partner organisations tended to score Islington services much lower than staff members or families themselves.

ii. Qualitative findings

The following highlights the key qualitative findings from our research activities across the six elements of a good family experience with services. These are split into three categories – key perspectives, variations identified across different communities and experiences, and feedback for practical improvements to services

A. Families have a good knowledge of the services available to them

Key perspectives

- Services in the UK are often very different to in other countries, and we have services that do not exist in other places – for example the roles of midwife and health visitors.
- Services are complex and difficult to navigate
- Families do not always know that services are free
- Families may have an expectation that services are there to check up on you and find things you are doing wrong, rather than there to help. This makes them less likely to ask questions and engage.
- Many families will assume services are not accessible to them in their language

Across different communities

- The importance of accessing different services can vary across different individuals and communities
- Knowledge can significantly vary across different individuals and communities
- More likely to be aware of mandatory services, others such as library services and activities are not often well known
- More likely if others in your network have already used services

Practical improvements

- Materials and publications are usually not available in multiple languages
- Knowledge is best increased by holding events and activities where families are already engaging, for example community organisations and groups
- Many families are not aware they are entitled to free interpreting services, or do not know how to request one
- Make sure to display publicity materials in all places that are visited by many clients e.g. hospitals, GP surgeries, schools, nurseries, places of worship, community centres/hubs.

“Most of the clients in Islington don’t have an understanding of our service, however, after our first contact and providing them with all what we do, every one engage very happy, even some times they ask if all that is for free. After the explanation of the service they are very happy to engage and they appreciate that all the service is free and so well designed, and appropriate even in their own language.”

Staff member

“There are many maternity and under 5s services around my house and in the Islington area. There are quite a lot of transport and alternatives.”

British Turkish mother

B. Families have trust in services

Key perspectives

- Families have reported that they can sometimes frontline professionals do not trust them in their approach to parenting and broader life
- We know that families experience racism within services and are more likely to die in the perinatal period and more likely to have a still birth
- Families can be very nervous to engage and trust, especially if they have insecure immigration statuses, or other concerns that they are scared the state will intervene in
- First time mothers can be the least trusting, having not experienced the services before
- BAMER communities must be motivated to believe they can achieve their goals regardless where they come from
- Lack of trust in services is directly related to many communities not trusting health systems in their home countries. Often families will prefer to see a private doctor, or fly home to see a private doctor there. There can be an expectation to be seen immediately by the NHS, be offered as many scans as you wish, be supported for an unlimited amount of time, etc.
- There is a fear of health professionals / interpreters being known by people in their communities, not knowing whether they respect confidentiality in their work
- Many families reported feeling judged during some interactions with professionals
- Many families said they were overall very happy with the maternity services provided during the perinatal period in Islington
- Many partners reported that trust is one of the most difficult barriers they face in supporting BAMER families
- Some professional respondents reported they think their services are wholly inclusive and non-judgemental, which doesn't reflect the experiences of families, and isn't a realistic actual scenario. This assumption may prevent people from doing more work and reflection.

Across different communities

- Trust is hugely dependent on your networks and community, and whether others have previously used services and trust them

Practical improvements

- Families will have a much greater trust when the services are run by other ethnic people or people from their culture
- Services are sometimes not seen to be making the effort to make sure they are inclusive, which reduces trust
- Individual frontline staff need additional time with families in order to build trust and understanding
- Most professionals reported wanting to find out as much about family circumstances as possible on first engagement, including housing, financial issues, health concerns etc. This is felt by some families as intrusive before a good relationship has been built up. This practice is essentially built on an assumption of trust, which doesn't initially exist for a lot of BAMER families.
- Recently the level of trust has improved compared to previous years

“Once my English has been better, I started to build a better relationship with my midwife and felt confident enough to ask questions. The trust with maternity services unfortunately does not come without knowing the language as the midwife and Health Visitor did has no time to build this kind of relationship and there was no interpreter or very limited English to make the communication easier.”

Arab mother

C. Services are accessible to families

Key perspectives

- The digital divide disproportionately affects BAMER families, both in access to equipment and also the ability to navigate English websites
- The most successful approach has been for families to seek help from local charities and community centres
- For some of the communities we work with the professionals' gender is an issue. Clients do not know they have the right to request to be seen by a male/female professional.
- Timekeeping can be a significant factor and cause issues for services
- Illiteracy is often not disclosed
- Many families will often choose to go to A&E as a first port of call as it is more accessible than booking a GP appointment or contacting other professionals

Across different communities

- Services need to be structured in order to support women who are experiencing domestic abuse
- Many families from BAMER backgrounds may have one or more person who is illiterate and therefore needs an entirely different approach to their service offer
- Services need to be structured in order to support women and families who are struggling with their mental health, and take a trauma informed approach
- Services are often not structured around cultural understanding, for example in some cultural traditions across different communities mothers are expected to have a period of time not leaving home after birth

Practical improvements

- Services must have translators in order to be accessible
- Materials must be published in multiple languages to be accessible
- The English on advertising materials can often be too advanced or full of jargon
- Services need to limit the amount of forms and administration involved in engaging
- Services need to try and prevent "Other" boxes on forms and instead encourage more open engagement
- It can be very hard to engage with services if you are struggling with your mental health or being a new parent – services should do as much targeted outreach as possible, e.g. offer small social support groups in local areas with facilitators who speak a range of languages and can do home visits too
- Financial limitations can make it hard for families to engage – travel, equipment etc. This may exist due to the Child Tax credit cap and could be overcome with more funding
- Services need to invite families even when they do not speak English
- Many professionals reported having difficulty with booking interpreters and the system needs to be simpler

“As a first time mother again, it is not easy to know what is available unless the midwife provide us the list of services and activities. Now I can ask for it if I need it. Before I was shy to ask. In some situations I had met a very nice health visitors who handled me a list of Bright Start centre and south activities where I started going and meeting people with my little ones. Working with parents from different culture maybe need to have more patient support. I feel this could be done better for us who have different life experience. Maternity services, need to know about trauma and mental health where it took long time for my midwife and even my GP to refer me to mental health support.”

Arab mother

“My main problem is that I do not know any English. This fact affected negatively the level of services I have received. After I have registered my daughter with a GP I have never received any written communication translated to my language, or spoken communication with the help of interpreter. I have never received any

invitation for my daughter to attend a check-up, although I know other mums from the neighbourhood have been invited."

Bulgarian mother

D. Family context and culture is understood by services

Key perspectives

- Sometimes services can have a general awareness of cultural differences but not give them as much importance as they should, especially when thinking about differences at a deeper level, and within communities themselves
- Some partners commented that they can see the huge effort and work in progress going into supporting BAMER communities in Islington

Across different communities

- Some particular context and cultures are less understood than others, for example the Roma community – there is a need for focused work to happen with specific groups, led by staff from those communities
- We know that it is impossible to understand the vast range of different contexts and cultures across communities, this does not fall on each individual professional to know everything, but rather for all services to be representative of our populations, and individuals to be open to learning and listening to families

Practical improvements

- Some partners commented that it feels that services have not been given appropriate training to supported BAMER families and understand their context and culture
- Reading services leaflets and materials can show that family context and culture is not understood
- There is a need for ongoing reflection and understanding in order to improve individual practice. For example, in some cultures making eye contact can be seen as combative and rude, in others not making eye contact can have the same meaning. Is it only through having a diverse workforce and time for them to reflect together that the intricacies of different contexts and cultures can be appropriately met by services
- FGM practice is significant issue to be understood and embedded within the delivery of all services. There is good general practice in Islington.

"My family support worker was very understanding and helped me to cope with situations."

Somali mother

E. Services and families are able to understand and communicate with each other

Key perspectives

- Most of the time face to face interpreters are provided which is good
- Parent champions are extremely useful, as they can reach new mums in a different way
- Islington has a rich community of organisations and charities which provide good quality advocacy and interpreting services
- However these services should be as integrated as possible, and statutory services themselves should be provided as inclusive a service as third sector organisations
- Clients expect professionals to be more patient, friendly, not rush through appointments

Practical improvements

- Face to face interpreters are much better than telephone interpreting
- However it was also mentioned that telephone interpreting can have some advantages, e.g. anonymity and privacy, it can appear that some women are more willing to speak openly with a telephone interpreter

- Inconsistent use of interpreters creates mistrust between professionals and clients as messages are not understood and clients are often left with the impression they are not taken seriously, not listened to and not given appropriate attention/consideration
- Sometimes interpreters and family's dialects do not match, and this needs to be checked as standard practice
- Google Translate is often used, the use of this needs to be reviewed and addressed in policy and practice

"It was never easy to speak up about my mental problems, parenting struggles especially because the questions I have been asked were very general and I don't know the people well to feel comfortable answering them. Building trust and finding friendly ways to approach the parents and filling the questionnaires in a way that meets individuals needs is very important. Listening to parents, focus on things that trigger them and help them step by step to start recovering is as well a very crucial start."

French Arab mother

"I have had a very good support system."

Albanian mother

F. Appropriate services for families' needs are available

Key perspectives

- The services on offer in Islington are generally well regarded, it is more about ensuring families access the services that are already on offer, and that they are made more inclusive for them
- Mothers may be in unhealthy relationships and unable to cope with daily life, therefore proactively accessing services is not something they are able to do

"I had all the services I needed after my birth experience, sadly the help felt non-existent for my maternity period."

Hungarian mother

"I think that it has been very difficult for women to access services over the past two years, especially in relation to perinatal mental health. I think it really depends on so many things, if you have friends and family who have used services and trust them. Some women and families are less likely to feel that they can access services due to issues around language. I think that we can always put more effort into offering services that meet the needs of Black, Asian, Minority Ethnic and Refugee families and ensuring a multifaceted approach to publicity and promotion."

Partner organisation

G. Reflection on whether improvements have been seen in services over the past 3 years

- Most partners stated they could see an improvement
- Many mentioned Covid 19 has made it harder to understand whether improvements have been made
- Some mentioned that the improvements have often been based on the encouragement of local charities and community centres that advocate on families' behalf

H. Perceptions across different services

We asked families what their expectations are of different services, and which services they had particularly positive or negative experiences with. The results were as follows.

69% of respondents felt they knew what the next steps were when they found out they were pregnant, 31% did not.

When asked how they think Bright Start can best help you and your family, people responded:

- Language support – 20%
- Providing activities – 20%
- Providing peer relationships – 16%
- Providing food – 4%
- Providing advice – 4%
- Providing new skills – 4%
- Increasing confidence – 4%
- I don't know – 32%

When asked what they think Health Visitors are there to do, people responded:

- Ensure good health – 40%
- Provide support – 33%
- Monitor child's development – 15%
- Help with concerns – 4%
- I don't know – 22%

When asked how Family Support Workers can help you, people responded:

- Provide support – 71%
- Connect us with services – 4%
- To support with health – 4%
- I don't know – 21%

When asked what services they had had particularly positive or negative experiences with, a wide variety of different services and individuals were mentioned as particularly positive, including Family Support Workers, Health Visitors, activity facilitators and mental health professionals. Three respondents mentioned having a bad experience with their midwife.

When asked what particular family needs they felt had the most impact on their lives and the experience of services, the most mentioned were mental health issues, disability or special needs within the household (either a child or adult), and domestic abuse. 66% of respondents felt that they had got the support they needed with these issues from their services, 15% felt they had sometimes got the support they needed, and 15% felt they hadn't got the support they needed.

D. Good practice models

From the research findings, Manor Gardens Welfare Trust has developed two further good practice models, below. The first relates to the elements of good professional practice for any individual practitioner, and the second to leadership and systems change.

a. Elements of good professional practice

- 1) The practitioner acts with open-minded **curiosity** about families and wishes to understand more about their thoughts and circumstances
- 2) The practitioner display **respect** towards families, truly listens, empathises and treats their opinions and wishes as valid
- 3) The practitioner takes time for individual **reflection** on families' experiences and their own practice
- 4) The practitioner takes time for **learning** to improve their knowledge and understanding
- 5) The practitioner is committed to **introspection** to question their own biases and assumptions
- 6) The practitioner uses and continually improves inclusive **tools and approaches** in their work

Overall, the survey answers across staff showed a prevailing view that Western approaches to care and services are objectively right. In our experience, this underlying assumption should be reflected on by all practitioners in order for families to truly be respected and have an equitable experience.

In this model, we make a distinction between a practitioner having time for individual reflection, and a practitioner having space for learning and improving knowledge. For example, we had discussions with practitioners around interpreting, and the fact that interpreters can bring their own biases and assumptions into family interactions. This was something that many had not thought about before. We also had discussions around particular community practices, for example that many Latin American families expect a mother to spend 40 days inside the house after giving birth. This is information that cannot be gleaned from reflection, but needs to be shared through specific learning spaces.

b. Elements of equitable leadership practices and systems change

- 1) Leadership makes authentic and tangible **public commitments** to ensuring equitable practices all at levels, recognising this as inherent to success in everyone's work
- 2) Leadership ensures all staff have time and space for **reflection and learning**, and proactively organises opportunities for learning, dialogue and reflection
- 3) Leadership ensures **community outreach and partnership work** is a core element of work at all levels
- 4) Leadership ensures equitable **recruitment, selection and training** approaches that recognise the value of a workforce with diverse experiences and values

- 5) Leadership allows power and decision making to be held by a diverse range of **representatives and working groups** focused on equitable practices
- 6) Leadership continually **tests, monitors and reviews** services and the impact of improvements being made

We recognise that for any practitioner to be able to offer a truly inclusive and equitable service, there are essential leadership practices and systems approaches that need to be in place.

Many staff members reported wanting more training and development in all the areas we have discussed in this research, potentially through a dedicated specialist staff member.

E. Recommendations for ongoing work

Based on our ongoing research and engagement activities, we have outlined the below recommendations, for discussion and prioritisation between Manor Gardens Welfare Trust and the Equalities Steering Group and commissioners, as not all of these will be possible within the capacity we have available.

These suggestions follow our integrated approach model, wherever possible building learning and development opportunities into existing activities, to ensure engagement whilst also supporting with day-to-day practice. All activities will be evaluated and findings will be presented at the end of the project for recommended ongoing work.

- Manor Gardens to have **individual interviews with steering group members** to talk through research findings in more detail and outline further potential test and learn approaches
- Continue to attend Islington Bright Start **Multi Agency Meetings (MAMs)** to share resources and recommendations related to specific ongoing cases.
- Continue to hold **community and service focus groups**, bringing families and frontline professionals together, and providing opportunities for cross-learning and development.
- Run monthly **cultural cafes** at different Children's Centres and Health Centres across Islington. The aim would be to give staff the opportunity to reflect on their practice and present them with the opportunity to skill up while working with BAMER families. The themes of the drop-ins will be different each month, and link in with the case study email described below.
- Share a **monthly cultural case study** via email, similar to the example below. This would be a very short email, initially sent two weeks before the monthly cultural café, asking people to take a coffee break to reflect on how they would approach the situation. This case study would form the initial discussion at each cultural café, and Manor Gardens would collate a short summary of the discussions, adding in our own reflections, and then share this as a follow up email for those who weren't able to make the café.

Case study email example

You are visiting a Latin American mother and her 4 week old baby in order to provide breastfeeding support. Both baby and mother are doing well. The mother is really happy to see you. At the end of the visit, you encourage her to take the baby to the nearest baby clinic or drop-in for further support/advice. She thanks you and mentions that this will definitely not be happening in the next couple of months.

Follow up email example of discussion points

Possible ideas: In many communities babies and mothers stay indoors for a period of 40 days after the birth. This confinement for the first 40 days after birth is considered to be the right amount of time needed for the mother to recover from the delivery and for 'strengthening baby's potential and protect form the outside world'.

- Create a selection of **case study videos**, based on the survey responses and our own clients' experiences, to be shared across Islington.
- Run a weekly or fortnightly **hotline for frontline professionals** to speak to a member of the Manor Gardens team for confidential advice on particular cases, or more general advice on their own individual practice.
- Develop and distribute a selection of **posters and leaflets** based on the models outlined above, to support ongoing reflection and impact of the work.
- Continue to develop a set of ongoing **workshops** for frontline professionals to improve their practice, which would be modular based on the different elements outlined above in the models.
- More **Stay and Play activities** focused on particular groups, working with Manor Gardens to ensure activities are culturally appropriate
- **Shadowing opportunities** between Manor Gardens and frontline professionals, in both directions
- **Mapping of cultural practices** that affect service delivery

Systems change recommendations

These recommendations are developed from our survey findings but are outside the scope of what Manor Gardens can directly deliver in this project.

- Introduction of a **Maternity Support Worker role** – non-clinical role that is able to improve understanding of services across the system
- Developing out these models into a **framework and assessment tool** that can measure progress against targets
- Offering **cultural supervision** through a dedicated staff member