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# MUMS MATTER

Making maternity, health visiting and income maximisation services easily accessible to Gypsy/Traveller women in Fife

# Lessons Learned

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# Summary

Welcome to our report on Mums Matter<sup>1</sup>.

Mums Matter aimed to make maternity, health visiting and income maximisation services more easily accessible to Gypsy/Traveller women in Fife.

This report highlights the lessons learned from Mums Matter over the last twelve months, in summary we recommend that:

- 1** Qualitative data should be routinely collected and analysed – stories, case studies, experiential testimony. These are more important than quantitative data (numbers, statistics) in understanding how Gypsy/Traveller communities want to access health, care and income maximisation services.
- 2** Practitioners should be supported to understand and respect Gypsy/Traveller culture and traditions by providing formal and informal learning opportunities.
- 3** Practitioners should establish close working relationships between ‘trusted intermediaries’: respected senior people from the local Gypsy/Traveller community e.g. ‘Granny’ figures, or people they trust.
- 4** Services should work through mainstream universal pathways rather than establish specific ‘Gypsy/Traveller’ posts or approaches.
- 5** A strategic leadership focus on Gypsy/Traveller communities should be maintained rather than relying on time-limited and unsustainable projects.
- 6** Roles and responsibilities should be clarified, and Service Level Agreements with partner agencies defined before agreeing service developments.



<sup>1</sup> Originally called ‘Mothers Matter’

# Margaret's Story

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In 2020 a young woman – Margaret<sup>2</sup> – from the Gypsy/Traveller community engaged with a Family Nurse in Fife. The Family Nurse Partnership (FNP) is a voluntary early intervention programme offered to all eligible pregnant women under 20 years old across Fife. As with all young mothers who agree that their midwife can pass their contact details onto a Family Nurse, the Family Nurse – Kirsty<sup>3</sup> – phoned Margaret to provide more information about the FNP programme and to ask if she would like more details and a follow up phone call. Margaret agreed.

Initially Margaret was slightly hesitant with Kirsty, but as the early weekly visits<sup>4</sup> progressed it was clear that Margaret was beginning to trust Kirsty more. She disclosed that she was a Gypsy/Traveller and frequently visited family in other parts of the UK. Kirsty was initially concerned that Margaret would find it difficult to continue to engage with her but a few weeks before her due date, Margaret was back in Fife and ready for all of Kirsty's visits. To help facilitate a therapeutic relationship with Margaret, Kirsty recognised the importance of gaining the trust of both Margaret and her Mum and including her during home visits. Margaret appeared to be glad that her Mum *"is happy"* that she was being supported by Kirsty.

Margaret says that she feels reassured that:

*"Once baby's here it won't be just me and baby – [Kirsty] will be there for me until baby's two."* She also stressed that *"it's much better to have just one person visiting"*.

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## KIRSTY'S ADVICE TO OTHER PROFESSIONALS WORKING WITH GYPSY TRAVELLERS

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- **Treat Gypsy/Travellers the same as you would any other client.** That is: with respect, honesty, as an individual in their own right, and without making assumptions

→ Kirsty stressed that as well as being a proud Gypsy/Traveller Margaret is also a "millennial", and is determined that her child will finish school (unlike Margaret).

- **Gain and maintain the trust of the person** you are working with by:

→ Being reliable

→ Keeping the person you are working with informed about how you are working with them

The FNP programme is structured to enable Family Nurses to build a relationship with the young mother from an early stage. It sets out how frequent visits should be, and although the programme sets out what should be covered in each visit, the Family Nurse agrees with the young woman when each visit will be, for how long, and what they will talk about in advance of each visit.

- **Gain and maintain the trust of the family** you're working with:

*"Having her Mum on board really helped – I have a really good relationship with her."* (Kirsty)

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<sup>2</sup> Not her actual name

<sup>3</sup> Not her actual name

<sup>4</sup> The FNP programme provides weekly visits for the first 4 weeks following initial engagement; then fortnightly visits until the birth; then weekly visits for the first 6 weeks of baby's life, and then fortnightly visits until the baby is 2 years old.

# Mums Matter

## CONTEXT AND BACKGROUND

In October 2019 the Scottish Government in partnership with the Convention of Scottish Local Authorities (COSLA) published Improving the Lives of Scotland's Gypsy/Travellers (2019-2021) – a national action plan to address “the widespread exclusion, deprivation and social antipathy that Gypsy/Travellers face”<sup>5</sup>. The Action Plan aims to “make sure that Gypsy/Travellers:

- have safe and culturally appropriate places to live and travel
- understand their rights and have positive experiences of accessing services
- have support to maximise incomes, increase employment opportunities, and improve the standard of living
- feel safe, respected and valued members of Scotland's diverse population
- have a seat at the table, are listened to, and have a say in decisions that affect their lives.”



As part of the Action Plan, the Health and Social Care Directorates of the Scottish Government supported three new projects to test better ways of offering health and social care services to Gypsy/Travellers. One of those projects was Mums Matter, a Fife project designed to improve access to maternal and child health services and offer a dedicated income maximisation service. Mums Matter built on the learning of the most recent research available, commissioned by the Department of Health Policy Research Programme<sup>6</sup> which found that:

*“... some Gypsy, Roma and Traveller people have good experiences of health care but others have bad experiences... Some of the problems Gypsy, Roma and Traveller people face is because of discrimination, or because health professionals don't understand their lifestyle or needs. Everyone thought that trust was very important. However, it can be difficult for Gypsy, Roma and Traveller people to trust health services because of bad experiences they, or their families, or friends, have had.*

*We found these ways that health services can improve trust and engagement with Gypsy, Roma and Traveller people:*

- 1** *Make it easier to register with GP surgeries and dentists, and be less strict when people miss or are late for their appointments*
- 2** *Health services should treat everyone, no matter what their background, with respect and kindness*

<sup>5</sup> <https://www.gov.scot/publications/improving-lives-scotlands-gypsy-travellers-2019-2021/>

<sup>6</sup> McFadden et al (2018): Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision [http://qna.files.parliament.uk/qna-attachments/1038929/original/Report\\_on\\_GRT\\_health.pdf](http://qna.files.parliament.uk/qna-attachments/1038929/original/Report_on_GRT_health.pdf)

- 3 *Make it easier for people to see the same health professional each time they need care, so that they can get know and trust each other*
- 4 *Make it easier for people to get health care when they need it e.g. walk-in services, and to have several problems and several family members dealt with at the same time*
- 5 *Health services should work together with community organisations who understand Gypsy, Roma and Traveller people*
- 6 *Provide enough funding so that new ways of providing health care for Gypsy, Roma and Traveller people can be tried for several years to see if they work.*

Gypsy/Traveller communities in Fife had been engaged in this Research Programme and contributed to the overall report. Fife had also undertaken a Health Needs Assessment of Gypsy Travellers and had an established multi-agency, multi-disciplinary Gypsy/Traveller Steering Group tasked with improving health and reducing inequalities in health, and clear action planning in place. This Steering Group reports to the NHS Fife Equality and Human Rights Strategy Group, which follows structural reporting processes to NHS Fife Board and Fife Council. With this background and established infrastructure, Fife provided a good foundation for running a short-term (one year) project.

Mums Matter was launched in November 2019 at an event with 40 participants – including service providers and Gypsy/Travellers. The project established a Core Group, made up of key service providers, to oversee the development and delivery of Mums Matter which was designed to run until November 2020 but was significantly interrupted by Covid-19.

Nevertheless, babies continued to be born, and families with children continued to need support; and Fife Health and Social Partnership has continued to provide support to Gypsy/Traveller communities throughout the pandemic.

The initial project plan for Mums Matter set out the following aim:

*“Mums Matter will make maternity, health visiting and income maximisation services easily accessible to Gypsy/Traveller women. They will make these services more flexible and tailor the care to meet the women’s particular needs and the needs of her children. The proposal is to test Mums Matter in NHS Fife/Fife HSCP.”*

The Mums Matter project built in independent external evaluation<sup>7</sup> from the start. This was designed to support ongoing formative learning throughout the implementation of the project as well as summative final evaluation. Although the project was significantly interrupted and changed through the Covid-19 pandemic, in place of the evaluation, the evaluator has summarised lessons learned from Mums Matter through discussions with the Core Group and other key stakeholders.

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<sup>7</sup> By SMCI Associates



# Lessons Learned and Recommendations

## SUPPORT PRACTITIONERS IN BEING SENSITIVE TO AND RESPECTFUL OF GYPSY/TRAVELLER COMMUNITIES

### *Stories not numbers*

The Mums Matter project demonstrated that the challenge is **not** that Gypsy/ Traveller communities don't access services – they do. Pregnant women do engage with maternity services, health visitors, income maximisation and other services and professionals. **The challenge to service providers is that Gypsy/Traveller women generally don't identify as such because of their very real fear of stigma and discrimination. This means that quantitative demographic data are generally not helpful in understanding how and when Gypsy/Traveller women make use of health, care and income maximisation services.**



The lack of quantitative data about Gypsy/Traveller women's engagement with health, care and income maximisation services gives rise to 'rumours' about their lack of engagement, their late engagement etc. However, given the lack of quantitative data it is difficult to quantify these concerns. The key factor is that practitioners depend on Gypsy/Traveller women to disclose that they are Gypsy/Travellers – and they won't do this unless they trust the practitioner and feel safe enough to make this disclosure.

This means that **gathering and analysing qualitative data – stories, case studies, experiential testimony – are more important than using quantitative data (numbers, statistics) in understanding how Gypsy/Traveller communities would like to access health, care and income maximisation services.**

An early key achievement of the Mums Matters project was that it identified that Badgernet<sup>8</sup> – the national recording system for maternity care – did not include an identification code for Gypsy/Traveller ethnicity. The Public Health Practitioner (Health Inequalities) from the Scottish Public Health Network (ScotPHN) supporting the project raised this at a national level and it was immediately addressed to include an identification code for Gypsy/Traveller ethnicity. It is too early to consider whether and how this code is being used and whether it improves access to and experience of services for Gypsy/Traveller women – but this should be reviewed in the short to medium term.



*“If it wasn't for the Mums Matter project this issue would never have been identified.”*

Mums Matter Core Group member

<sup>8</sup> <https://www.pregnotes.net/>



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## *One size doesn't fit all*

The Mums Matter project also underlined the importance of using an **equalities approach** and focusing on **'what matters to you'** putting Gypsy/Traveller women and their families at the centre of decision making so creating a personalised approach to their care and support from midwives, health visitors and income maximisation services.



*"It's all about understanding that individual person and the community they live in – one size doesn't fit all."*

Mums Matter Core Group member

## *Continuity of Care*

At different times of the year Gypsy/Traveller families may move/shift throughout the UK for work, attend family celebrations or visit family and friends etc; this may affect the continuity of care for pregnant women and families with young children. A mother/child/family might be registered with a GP in NHS Fife, but then move to another NHS Board in Scotland or the UK.

Practitioners working with individual families often know whether a family is moving, and can make the link with a relevant practitioner (e.g. Health Visitor, Citizens Advice Bureau Money Advice Worker) in the area to which the family is moving/shifting. This means that – for Gypsy/Traveller families – **relationships with individual practitioners are especially important.**



*"We need to think about how we achieve continuity across [NHS Board and Local Authority areas] when families travel. There's room for improvement in Boards working together to support families who move across Boards – why should it be different for Gypsy/Traveller families?"*

*For example, if you know a family has moved on and are planning to come back e.g. to Fife, do you need to transfer the case? You could use other means of engagement e.g. Near Me<sup>9</sup>. If you're a Health Visitor, assessing a child's growth, for example, would be more difficult – but you could work with colleagues in other Boards – as happens with looked after children."*

Mums Matter Core Group member

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<sup>9</sup> This facility is not available outwith the NHS, so for engagement with income maximisation services across local authority areas, practitioner contacts are especially important.

## Trusted intermediaries

Mums Matter emphasised **the importance of working with the person within their own context**. Gypsy/Traveller communities have a strong cultural identity and traditions, and due to experiences, they may be wary or distrustful of people they don't know. However, the evidence<sup>10</sup> shows that working with and through trusted intermediaries enhances engagement with health, care, income maximisation and other services. The Mums Matter project demonstrated two key aspects:

- **Work with respected senior people from the local Gypsy/Traveller community** e.g. 'Granny' figures, or people trusted by them e.g. site managers. The evidence<sup>11</sup> strongly shows that income support and advice about a person's money worries and needs should be provided immediately during discussion with a trusted intermediary, rather than following a bureaucratic referral process.
- **For maternity and health visiting, in particular, work with and develop the trust of young mothers' own mothers.**



## Universal not specific provision



The Mums Matter project 'tested' two approaches to making health, care and income maximisation services more accessible to Gypsy/Traveller women and families:

- 1 Specific named practitioners** (e.g. midwife, health visitor, income maximisation worker). This approach hit challenges from the start: notably challenges in recruitment to 1-day weekly roles; but also in relation to the practice approaches of midwifery, health visiting and income maximisation services. Early in the project a specific midwife for this role was recruited, but then left due to unforeseen circumstances – leaving a vacuum on the Mums Matter team – and demonstrating **the vulnerability and unsustainability of services which are built around a single practitioner**.
- 2 Mainstream universal pathways.** Through the principles of Best Start<sup>12</sup>, Getting it Right for Every Child<sup>13</sup> and the Universal Health Visiting Pathway<sup>14</sup> families are allocated a named practitioner. So although the 'Mums Matter Midwife' was absent, Gypsy/Traveller women continued to receive maternity services from a named midwife. And whilst a specific 'Mums Matter Health Visitor' was not recruited, Gypsy/Traveller families in Fife, with children under 5, each had a named practitioner from the Fife Health Visitor team. Moreover, although the Family Nurse Partnership was not involved in the Mums Matter project initially, over the course of the year the work of a Family Nurse with a young Gypsy/Traveller woman further demonstrated the importance of working with the person in a culturally sensitive way within their own context. It also emphasised **the efficacy of universal pathways, delivered by professionals who understand the importance of adapting and developing what they offer to take into account individual women's preferences and needs, rather than specific 'Gypsy/Traveller' posts or approaches.**

<sup>10</sup> McFadden et al (2018): Enhancing Gypsy, Roma and Traveller peoples' trust: using maternity and early years' health services and dental health services as exemplars of mainstream service provision  
[http://qna.files.parliament.uk/qna-attachments/1038929/original/Report\\_on\\_GRT\\_health.pdf](http://qna.files.parliament.uk/qna-attachments/1038929/original/Report_on_GRT_health.pdf)

<sup>11</sup> <http://www.healthscotland.scot/population-groups/children/child-poverty/local-actions-to-reduce-child-poverty/financial-inclusion-referral-pathways/overview-and-benefits-of-referral-pathways>

<sup>12</sup> <https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/>

<sup>13</sup> <https://www.gov.scot/policies/girfec/>

<sup>14</sup> <https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/>

# Leadership, strategic positioning and project management

Although a 'project' can provide a focus and raise the profile of specific groups, the nature of projects is that they are specific, one-off, time-limited and funding dependent. **A more sustainable approach is to ensure that mainstream universal services respect and understand the culture and traditions of Gypsy/Traveller communities and ensuring that training and informal learning is available to all practitioners** who may not have worked with a Gypsy/Traveller family before.



It emphasises the importance of the **strategic positioning** of the focus on Gypsy/ Traveller communities. For example, in Fife, the lessons learned from the Mums Matter project are being reported through at least two strategic routes: equalities and children's services.

Being able to secure such strategic positioning requires effective **leadership and respect**. The Mums Matter project demonstrated that the focus on ensuring that universal child and family services are accessible to Gypsy/ Traveller communities needs to be led by a **practitioner who is in a position of sufficient authority to influence multi-disciplinary and multi-agency working** – and who also can provide clinical/practitioner input.



The Mums Matter project demonstrated the importance of having **sufficient time to identify, engage** and consult with key stakeholders across the relevant disciplines and agencies to **co-produce a shared understanding of the project purpose and focus**. This needed to be formally and strategically endorsed (e.g. through Service Level Agreements) to **clarify roles, responsibilities, funding and reporting arrangements**, so as to **empower stakeholders** to effectively engage with and implement the project.



The Mums Matter project achieved – despite the challenges of short-term project funding as well as the Covid-19 pandemic – a much greater awareness of the needs of Gypsy/Traveller women and families in key practitioners in health visiting, income maximisation, midwifery and family nursing. In large part this is due to the commitment of the individuals involved in the Mums Matter Core Group.

## Next Steps

In Fife, the report will be shared with Child Health Management Team, Children Services Partnership Group and NHS Fife Gypsy Traveller Steering Group and then subsequently reported through their governance structures.

In addition, the findings and learning from Mums Matter will be shared across Scotland with those who have responsibility for Maternity and Child Health, as well as local authority and third sector income maximisation service providers.



If you would like more information about Mums Matter, please contact:  
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