

# **Southwark Health & Adult Social Care Scrutiny sub-Committee**

**[DRAFT REPORT]**

## **Access to Maternal Health and Early Years Services for the Gypsy and Traveller Communities in Southwark**

**January 2013**

### **Section 1: Background to the report**

This scrutiny report forms part of a wider review in Public Health that the committee is undertaking this year. This piece of work has been separated out as we are taking part in a programme run by the Centre for Public Scrutiny. The programme includes supports from the CfPS and includes HASC committees from across the country looking into health inequalities suffered by marginalised communities (other strands include sex workers and the homeless).

#### **Why the focus on Maternal Health and Early Years (under 3)?**

The committee has chosen this focus for two reasons: to link the initiative with priorities identified by the Marmot review and the evidence that this is a significant maternal and early years health inequality experienced by Travellers and Gypsies.

#### **The Marmot Review: Fair Society, Healthy Lives**

The Marmot Review's findings and main policy recommendations are summarised below.

The first policy objective the Marmot Review identifies is to "give every child the best start in life". The report states that giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being—from obesity, heart disease and mental health, to educational achievement and economic status.

The report goes on to argue that to have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.

The report advocates reducing inequalities in early child development by continuing and sustained commitment to the Sure Start and the Healthy Child Programme. It is vital that this is sustained over the long term and the report recommends even greater priority must be given to ensuring expenditure early in the developmental life cycle (that is, on children below the age of 5) and that more is invested in interventions that have been proved to be effective. They call for a 'second revolution in the early years', to increase the proportion of overall expenditure allocated there. This expenditure should be focused proportionately across the social gradient to ensure effective support to parents (starting in pregnancy and continuing through the transition of the child into primary school), including quality early education and childcare

### Priority objectives

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early year's education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.

### Policy recommendations

- 1) Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early year's development is focused progressively across the social gradient.
- 2) Support families to achieve progressive improvements in early child development, including:
  - Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy
  - Providing paid parental leave in the first year of life with a minimum income for healthy living
  - Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
  - developing programmes for the transition to school.
- 3) Provide good quality early years education and childcare proportionately across the gradient. This provision should be:
  - Combined with outreach to increase the take-up by children from disadvantaged families
  - Provided on the basis of evaluated models and to meet quality standards.

## Section 2: What we discovered

### Access to Children's Centre activities & Nursery Schools

The Leyton Square 1 'o' clock club used to hold a weekly session, specifically for Traveller women, on a weekday morning at 10:30 am. This initiative was well regarded and used. The session provided a space for Gypsy and Traveller women and children to meet and access early years services and activities. There were crèche facilities so that the women could attend the anti-natal clinic and attend parenting classes. Supplementary activities were also held, such as talks on obesity and dentistry, the toy library also visited. Leyton Square has been taken over by Nell Gwyn Nursery School and East Peckham Children's Centre. It should be explored whether they have the resources to restart this activity.

There are good links with Nell Gwyn Children's centre to build on and better links could be forged with Pilgrims Way children's centre. Data and anecdotal reports are that very few families access other Children's Centres, and only a few children access the Early Years offer/ nursery schools.

#### Recommendation 1:

*Nell Gwyn Nursery School and East Peckham Children's Centre to work, with the support of STAG, to restart a dedicated session for Traveller parents and children. This will focus on improving access to Children's Centres activities, Nursery school (Early Years offer), anti natal care, health and social care (such as weaning, parenting skills, immunisation etc)*

#### Recommendation 2:

*Pilgrims Way Children's centre to nominate a dedicated officer to build outreach links with the Gypsy and Traveller community to improve access to Children's Centre activities and Nursery schools.*

### Domestic Violence

Domestic Violence was raised as an issue during the course of our evidence gathering. Contact was made with Community Safety (who are the lead commissioner for domestic abuse services within the council) and Solace Women's Aid who are the council's commissioned domestic abuse service provider. They provided information on current practice.

Southwark Traveller Action Group (STAG) and Community Safety explained that a Safer Southwark Partnership funded programme is already running with one of its aims being to reach out to young men with the aim of preventing domestic violence, including addressing perpetrator behaviour. STAG explained that they do not want to be put in a difficult position and deal with domestic violence incidents directly, as they need to work across the community. They explained how in the past, the lack of an adequate service response had led to a family seeking shelter in their office for some time whilst a Refuge space was allocated, which compromised their position. Community Safety informed us that in April 2012 SOLACE Women's Aid was appointed the council's domestic abuse service provider, offering a wide range of services, and although access to a particular shelter might not always be possible or appropriate, now that Solace is the lead agency in our borough, responses to situations like the one mentioned above have improved. It was explained that SOLACE has a dedicated London-wide worker for Travellers.

Referrals concerning members of the Traveller community to MARAC for serious incidents will also be looked into. Community Safety agreed to work with STAG and provide a briefing note for members.

**Recommendation 3:**

Community Safety & SOLACE to work with STAG to improve access and referrals to the domestic abuse service (including MARAC referrals where appropriate) and to minimise STAG involvement in the handling of domestic abuse cases

**Access to Primary Care Services**

Access to primary care was raised as an area of concern. STAG consulted with Travellers about their experiences of accessing this service. The experience of travellers at GP practices were very variable, some are experiencing a poor service and feel they are prejudiced against by health staff, for example GPs receptionists. However others are receiving a good level of service and treatment.

Members of the community who are not accessing primary care are more likely to use A&E and receive treatment for health conditions late. This has obvious repercussions for their health and wellbeing.

The Ilderton Road practice was identified as offering a good service to Travellers, but East Street Practice and Acorn Practice on Meeting House Lane less so. Public Health are advising STAG on doctor's practices and have put STAG in touch with PALS to advise on alternative GP surgeries that may suit people better where they are dissatisfied with the service or making frequent use of SELDOC and A&E. This is welcome, but is only a short term solution. Staff of all NHS organisations, in particular at GP's surgeries, must treat all patients with respect.

**Recommendation 4:**

*Public Health to work with STAG to improve access to doctor's practice by providing information and support*

**Recommendation 5:**

*Southwark Clinical Commissioning / Public Health / STAG to develop a training programme for health professionals to understand the needs of the Gypsy and Traveller communities in Southwark.*

**Safeguarding and Social Services**

Safeguarding and relationships with Social Services arose as an issue of concern for the community during the course of our evidence gathering. There had been incidences where the consequences of liaising with Social Services had raised concern. STAG reported that on an occasion there had been a breach of confidentiality by a social worker in a personal social setting which had resulted in local gossip which eroded trust between social services and the family concerned, as well as the wider community.

We also heard that the consequences of reporting domestic violence could also inhibit a report to the police. This is an issue which stretches beyond the Gypsy and Traveller Community.

There was concern about health incidents leading to a Social Service referral. People in the community had fears of their children being unjustly removed, and that had led to a breakdown in at least one relationship between a family and Social Services. STAG also reported that child and health professionals sometimes did not understand that space on site was viewed differently by Travellers: for example a child playing in the yard outside the family's accommodation was not unsupervised as they would be looked after by the whole community.

**Recommendation 6**

*Social Services and Community Safety to organise and hold a session for the Traveller community in Southwark on their safeguarding role and explain how referrals work, ensuring that accurate information is given and myths dealt with.*

**Recommendation 7**

*Social Services and Community Safety to identify lead officers to work with the Traveller community in Southwark. These officers should be appropriately trained and understand issues such as Health and Safety on site. This will enable relationships to be established and promote better understanding between all parties.*

**Recommendation 8**

*That the importance of confidentiality in child protection is emphasised with all Social Workers on all occasions.*

**Miscarriages and stillbirths**

The national data for child deaths, stillbirths and miscarriages amongst Gypsies and Travellers is very high. Local anecdotal evidence does not indicate that child deaths are a problem (and this might be partly because the sites are of an above average standard), however there is some evidence, though not conclusive, that miscarriages and stillbirths could be high locally. The level of smoking is high for men and women and this can raise the risk of miscarriage.

**Recommendation 9**

*Smoking cessation courses are offered to Travellers*

**Sexual health.**

This was an issue of concern and was felt that due to cultural differences this was best discussed in same sex groups. One possible route would be via starting the parent and child group at Nell Gwyn.

**Recommendation 10**

The proposed parent and child group at Nell Gwyn to include sexual health sessions for parents.

**Breast-feeding , weaning and obesity**

Breast feeding rates are low in Traveller communities and weaning can start earlier than recommended – through taster foods being introduced at two and a half to three months. These are practices, alongside healthy eating and exercise, that it was thought could be best addressed by health visitors and other practitioners through the proposed parent and child group at Nell Gwyn

**Recommendation 11:**

Breast-feeding, weaning and obesity are raised at the proposed parent and child group at Nell Gwyn.

**Enterprise and Employment**

Enterprise and Employment was raised by STAG as an issue of concern that could affect family wellbeing. STAG has provided a number of recommendations on how to improve the situation, including increasing access to apprenticeship for young people.

**Recommendation 12:**

*STAG proposals on improving employment support are implemented ; where feasible. (See STAG consultation submission for details)*

### **Housing strategy and site provision**

STAG fed back that site provision in Southwark is very good. Overcrowding is an issue that has been identified at previous events. The Council will shortly be consulting on the future of housing provision within the borough, this follows the publication of the Independent Housing Commission's report. Any consultation on the future of housing provision in the borough must include reference to future need and pitch provision for the Gypsy and Traveller communities in Southwark. As part of the consultation the council must engage with the Gypsy and Traveller communities.

#### **Recommendation 13:**

The consultation that is due to be launched into the future of housing provision in the borough should include future provision for Gypsy and Traveller sites and these groups should be consulted.

#### **Over-arching Framework**

During our evidence gathering it became clear that the council needs to develop and implement a framework for engagement with, and providing services for, the Gypsy and Traveller communities in Southwark. This should be developed in partnership with groups like STAG and individuals from these communities.

#### **Recommendation 14:**

The council develops an over-arching framework for engagement with, and providing services for, the Gypsy and Traveller communities in Southwark.

## **Section 3: Draft Recommendations**

### **Recommendation 1:**

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## **Section 5: Next Steps**

This draft report will be considered by the Health and Adult Social Care scrutiny committee on Thursday 31<sup>st</sup> January 2013. If it is agreed upon it will be submitted to the next available meeting of the Overview and Scrutiny Committee, if agreed upon by OSC it will be presented to the Cabinet and other relevant public bodies. They will have to formerly respond and then implement any recommendations that are agreed upon.