

Shropshire Telford and Wrekin MLU Review

Pre-consultation engagement with Seldom Heard Groups

Introduction

Building on the previous general engagement work in 2017 and 2018, a pre-consultation engagement exercise took place with seldom heard groups in May/June 2019. The purpose of this engagement was to obtain and listen to the views of people who don't normally engage with the NHS to ensure that we were aware of any particular impacts on any particular groups of people that might alter the proposed service model for midwifery-led maternity services.

There was a particular focus on engaging with people who are most likely to be impacted on by the proposed changes and those groups belonging to one or more of the nine protected characteristics as identified through the development of an equality impact assessment. As we are discussing a proposed new service model for midwifery-led maternity services, our main target audience was women who had recently had a baby or those who were likely to have a baby in the near future. These groups were further sub-divided to include:

Age

- Teenage women
- Older women (age 35+)

Gender

- Women

Sexual orientation

- Lesbian and bisexual women of childbearing age

Disability

- Women of childbearing age with a physical disability
- Women of child-bearing age with a learning disability
- Women of child-bearing age with a mental illness
- Women of childbearing age with a sensory impairment
- Women of childbearing age with a long term condition

Race

- BAME women of childbearing age (particularly those born outside the UK and African, African Caribbean, Indian, Bangladeshi and Pakistani)
- Gypsy and traveller women of childbearing age
- New migrants/asylum seekers of child-bearing age
- Non-native speakers of English e.g. Polish women of childbearing age

Religion

- Amish/Mennonite women of childbearing age

In total we spoke to over 170 women of childbearing age as well as some partners and families. These women live in different areas of Shropshire and Telford and Wrekin, including rural areas and areas of deprivation. For example: Shrewsbury, Telford, Oswestry, Newport, Whitchurch, Craven Arms, Ludlow, Bridgnorth, Wellington, Shifnal, Broseley, Wem, Pontesbury, Uffington and Hodnet and their surrounding areas and villages. We also spoke to a small number of women from Powys who were receiving maternity services in Shropshire.

Our approach

Our approach to the seldom heard group engagement work was to first of all identify key groups across Shropshire, Telford and Wrekin ensuring that we groups were identified in different parts of the county including North and South Shropshire as well as more central areas. We also aimed to engage with a mixture of people living in rural and urban areas, as well as people living in more and less affluent parts of the county.

In addition to a focus on the nine protected characteristic groups, we also agreed to try and engage with:

- Women of childbearing age living in a rural area
- Women of childbearing age living in an area of deprivation
- Women working in the military or whose partner works in the military
- Homeless women of childbearing age

After identifying any relevant groups, we made contact with them by telephone and/or email (depending on which contact method was available and publicised.) In many cases, we were obliged to chase on a number of occasions.

When we received a positive response, we explained the purpose of this engagement work and what involvement would entail and wherever possible, we organised to attend any existing meetings that were running during our timescales. If there were no formal meetings to attend within our timescales, we carried out one-to-one meetings, had telephone conversations or circulated information by email.

Due to the challenges we had in organising to attend meetings within the timescales given, we sometimes had to be less targeted in our approach and to attend more general meetings and locations with the hope of meeting some of our target audience.

We produced a form for women to complete, which included some equalities monitoring questions so that we could ensure that we are engaging with as many of the nine protected characteristics (and our other target groups) as possible. We asked for views about maternity services (particularly midwife-led care) and including antenatal and postnatal care as well as the birth. In some cases, where the women's first language wasn't English or they couldn't write in English or we spoke to them on the telephone, we assisted by completing the form for them based on our conversation.

The feedback on the forms was then themed and analysed in relation to the different protected characteristic groups to find out if there were any particular concerns from or impacts on particular groups. The outcomes from this process are summarised in this report below.

Risks and challenges

The main challenge with this piece of work was the short timescale to research groups, make contact and then to attend meetings. This was because the outcomes from the piece of work had to feed into other key documents such as the pre-consultation engagement report, the equalities impact assessment and the pre-consultation business case, which needed to be finalised and approved before the consultation could start. Many groups only meet monthly and sometimes they don't meet during school holidays (particularly mothers with young children); and the most popular groups often have speakers booked some months in advance. The short timescale was further exacerbated by the Whitsun holiday at the end of May; and Ramadan, which made it difficult to meet local Muslim women. We extended our pre-consultation phase slightly in order to enable us to speak to local Muslim women after the Eid celebrations.

In Shropshire (excluding Telford and Wrekin), there is limited diversity in the local population and there has also been limited engagement with seldom heard groups in the past, which makes it very difficult to engage with them quickly. Engagement with these groups is generally a challenge as they are often not motivated to give their views and this can only be overcome by developing long term relationships and by building trust.

Summary of engagement meetings

We contacted all groups listed above that we could identify but some were unable to meet within our timescales, others didn't feel that what we wanted to talk about was relevant to their members and others weren't interested in engaging at all.

The following groups were contacted but we were unable to engage with them within our timescales:

- Women of childbearing age with a sensory impairment
- Gypsy and traveller women

We contacted a number of groups for people with a visual or hearing impairment but unfortunately, the group organisers didn't feel it was relevant for us to attend as all of their members are elderly.

We also attended the gypsy and traveller site in Donnington twice during the pre-consultation period but unfortunately, no women came forward to talk to us.

Some of the other groups we engaged with only included a small number of individuals and therefore the views in this report cannot be regarded as representative of particular groups. It simply gives a general picture of the views of women with different characteristics. Furthermore, the views of people with the same protected characteristic are not always the same as different individuals have different experiences and backgrounds, and they live in different locations, which can impact on the feedback they give us.

The groups that we engaged with and their protected characteristic or characteristics are listed below:

Date/Time	Location	Group	Protected characteristic
Tues 14 May	Telephone conversation	Military women/families	Age – Women of child-bearing age
Fri 17 May	Brookside, Telford	Brookside Central Community Centre	Age - Women of child-bearing age, area of deprivation
Mon 20 May	Princess Royal Hospital, Telford	Women attending the Women's and Children's Centre	Age – Women of child-bearing age
Tues 21 May	Telephone conversation	Christian/Mennonite, South Shropshire	Age – Women of child-bearing age Religion – Christian/Mennonite
Wed 22 May	PRH, Telford	Diabetes clinic	Age - Women of child-bearing age with a LTC
Thurs 23 May	Harlescott, Shrewsbury	Emanuel Church	Age - Women of child-bearing age, Religion – Christian, area of deprivation
Thurs 23 May	Harlescott, Shrewsbury	Bounce and Rhyme Class	Age - Women of child-bearing age, area of deprivation
Wed 29 May	Harlescott, Shrewsbury	Severnfields Medical Centre	Age - Women of child-bearing age, area of deprivation
Wed 29 May	RSH, Shrewsbury	Diabetes clinic	Age - Women of child-bearing age with a LTC
Wed 29 May	Shrewsbury	Shrewsbury Ark	Age - Women of child-bearing age, homeless
Wed 29 May	Shrewsbury	Women with a mental illness	Age - Women of child-bearing age, disability – mental illness
Thurs 30 May	Bridgnorth	Ludlow Baby Sensory	Age - Women of child-bearing age
Fri 31 May	Ludlow	Breastfeeding group	Age - Women of child-bearing age
Sat 1 June	Monkmoor, Shrewsbury	Polish community event	Race - Polish
Mon 3 June	Bridgnorth	Rhyme Times	Age - Women of child-bearing age

Mon 3 June	Shifnal	Rhyme Times	Age - Women of child-bearing age
Mon 3 June	Woodside, Telford	Park Lane Centre	Age - Women of child-bearing age Area of deprivation
Tues 4 June	Sutton Hill, Telford	Hub on the Hill	Age - Women of child-bearing age Area of deprivation
Tues 4 June	Telford	Telford Translate	Age - Women of child-bearing age Race - Polish
Wed 5 June	Brookside, Telford	Re-charge	Age – young women, Race – BAME, area of deprivation
Wed 5 June	Bridgnorth	NCT Bridgnorth bumps and babies	Age – Women of child-bearing age, Religion - Baptist
Wed 5 June	Bridgnorth	Jiggy Wrigglers	Age – Women of child-bearing age
Thurs 6 June	Hodnet, Market Drayton	Hodnet Pre-School Playgroup	Age - Women of child-bearing age, rural area
Thurs 6 June	Snailbeach	Snailbeach playgroup	Age – Women of child-bearing age, rural area
Thurs 6 June	Telford	Telephone conversation with teenage mums	Age – Women of child-bearing age, teenage mums
Fri 7 June	Oswestry	Coffee and Chaos	Age – Women of childbearing age, Religion - Christian
Fri 7 June	Shifnal	Ladybird Tots and Toddlers	Age – Women of childbearing age
Fri 7 June	Telford	Feedback form emailed to One World UK members	Race/Religion – women from different countries
Mon 10 June	Craven Arms	Craven Arms Islamic Centre	Age - Women of child-bearing age, rural area Race/Religion - Islam
Monday 10 June	Shrewsbury	Shropshire Supports Refugees	Age – Women of childbearing age, Race/Religion – Syrian refugees
Mon 10 June	Oswestry	Jools Payne Partnership	Age – Women of childbearing age, Race/Religion – Syrian refugees

Summary of feedback by group

Age

The majority of the women we spoke to were aged 25-39, although we did speak to a small number of women who were younger and older, including a small number of teenage mothers and women over the age of 40. We also spoke to some grandparents who were attending some parent and toddler groups with their grandchildren.

- Younger women

We spoke to a number of younger women during this engagement exercise from the age of 16-24. These women lived in different areas and came from different ethnic backgrounds, to told us that they had a disability. Feedback included that clinicians shouldn't always refer to "partners" as some women are single and that women's views should be respected if they don't want to have a particular treatment. Clear information and consistent advice are valued and it was suggested that more information targeted at teenage mums would be helpful. A few younger women would have liked their partner to have been able to stay longer after the birth and others mentioned a difficulty in getting an initial appointment because they didn't know how to book one. One woman suggested more availability of water births and another commented on a lack of support during labour.

- Older women

We spoke to a number of older women (age 35+) as part of this engagement work, including older women who had recently given birth or who had young children as well as some grandparents and other family members. This age group gave us very similar feedback to women from other age groups and told us that they liked to be seen by the same midwife and that clear and consistent information and advice are important to them. They also value good antenatal and postnatal care, which is available close to where they live. They like to be able to choose where they receive maternity care and want midwives to be friendly and sensitive as well as having the availability to support and advise them. One woman suggested that partners should be involved throughout the maternity process.

Gender

The majority of the people we spoke to as part of this engagement exercise were female. This is because we particularly targeted women of child-bearing age as they are most likely to be impacted on by any changes to maternity services. However, we also spoke to a small number of men who were partners, fathers or other family members.

Sexual orientation

- Lesbian and bisexual women of childbearing age

The majority of the women we spoke to were heterosexual. The small number of lesbian women we spoke to had very similar views to other women. They value continuity of care and good communication and would like care to be available in their local area. One lesbian woman told us that she would like home visits during and after the birth and suggested that a visit to the birth

centre/delivery room before the birth would be useful. Another lesbian woman commented that that she would like midwives to be friendly, sensitive and reassuring and to have time to talk. She also commented about having to travel to see a consultant and to clinics and appointment issues, but this might be more in relation to her being diabetic as opposed to her sexual orientation.

Disability

- Women of child-bearing age with a learning disability

Women with a learning disability told us that they wanted more postnatal support including support with feeding. They also value online and telephone advice and the use of email. One woman with a learning disability living in a rural area expressed a need for local antenatal classes.

- Women of child-bearing age with a mental illness

Women who have a mental illness value many of the same things as other pregnant women and new mothers. They regularly state a need for better mental health support, particularly for postnatal depression. We were also told that maternity and mental health services should be more co-ordinated. Women with a mental illness also value a relaxing and calm environment, with a preference for their own room in a maternity unit. One teenage woman with a mental illness commented on a lack of support during labour.

- Women of childbearing age with a physical disability

We spoke to one teenage woman with a physical disability who told us that she felt judged and that individual views should be respected and treatment not given without approval.

- Women of childbearing age with a long term condition

We spoke to a number of women at diabetes and endocrine clinics in both Telford and Shrewsbury. In addition to comments made by women belonging to other groups, these women also frequently mentioned issues with appointments including availability, cancellations and waiting times. They also told us that access to a diabetes nurse and good support is important to them.

Race

The majority of the women we spoke to were White British, which reflects the demographics of Shropshire. However, we did manage to engage with a small number of women from over 20 different races, including Black, Asian and Minority Ethnic (BAME) women, new migrants and non-native speakers of English. These women were Syrian, Sicilian, Polish, Romanian, Turkish, American, Bangladeshi, African, White and Black Caribbean, Indian, Pakistani, Latvian, Chinese, German, Dutch, Spanish, Welsh, Irish, Arab and Japanese.

The views of these women were broadly similar to other groups. However, a few women mentioned the need for antenatal classes and appointments at different times of the day and the need to encourage more rural/home births. A few women also commented on feeling judged and said that the mother should be listened to and her views respected. One Asian British woman commented on a lack of confidentiality and health matters being discussed in a public area.

The Polish women we spoke to mentioned the importance of continuity of care/carer and of clear information and consistent advice. They also value postnatal care and feel that it's important for clinicians to listen to women and their views. One Polish woman commented on the importance of privacy. The maternity pathway seems to have been slightly different to what women were expecting in England, and to what they are used to in Poland with some women telling us that they wanted an epidural or a caesarean section but they weren't available and that they were expecting a gynaecological examination during their pregnancy as in Poland.

The Syrian refugee women we spoke to tend to have a preference for seeing a consultant rather than a midwife and for a hospital environment as this is what they are used to in their home countries.

Although some of the Syrian women don't speak English, they also told us that health services shouldn't assume that they always need an interpreter, although one would be particularly useful for the first appointment when lots of details need to be given for those who don't speak English well and at scans. It was suggested that it might be helpful if they could take a friend with them to appointments instead of using a hospital interpreter they don't know, particularly a man.

Contrary to the views of many other groups, the Syrian women we spoke to seemed keen to get back home after the birth and to be supported by other women within their community.

Some Syrian women told us that they felt isolated when they were pregnant and had had a baby due to them being a long way away from their families and in some cases, this had led to mental health issues and postnatal depression. Postnatal care for the mother and baby, including mental health support and peer support was seen as very important. They would also appreciate advice and support on what they need to buy for the baby, on the medicines and supplements they can take and on lifestyle management and healthy eating.

As hip fracture in babies is a common hereditary condition in some Syrian families, early diagnosis would be found beneficial.

Religion

The majority of the women we spoke to were Christian, which reflects the demographics of Shropshire. A number of women stated that they have no religion.

In the South of Shropshire, in Lydbury North, there is a small Christian Mennonite community. We spoke to a female representative from this community who told us that the freedom to refuse some services, such as injections or scans is important to them.

We did, however, also speak to women from five other religions: Islam, Sikhism, Buddhism, Hinduism and Judaism. Most of the women from different religious backgrounds gave similar feedback to women from other groups.

The Muslim Syrian refugees we spoke to had some particular feedback relating to their background and religion. Please see the Race section above. In addition, the women we spoke to mentioned that the availability of Halal food was important to them when they were in hospital and that they were used to eating soup only in their home countries just before they gave birth.

The Muslim women we spoke to in Oswestry, Shrewsbury and Craven Arms were all keen to see a female clinician for any planned appointments (but understood that they might have to be looked after by a male clinician in unplanned circumstances.)

Muslim women also told us that privacy is very important to them in the antenatal ward (bay) during the birth and also when breastfeeding. Prayer facilities would also be appreciated in the antenatal area.

Women of childbearing age living in a rural area

Women living in a rural area gave very similar feedback to women living in other areas and to women belonging to groups with different characteristics. They frequently mentioned the importance of having local services as well as continuity of care/carer. Antenatal and postnatal care (including support with feeding) in rural areas were also regarded as very important. They agreed that clear and consistent information/advice and good communication was essential. Peer support and a choice of where to give birth, including encouraging women to give birth at home more and in rural areas, were also highlighted. A few women who live in a rural area said that a visit to the birth centre/delivery room before the birth and home visits during pregnancy and after the birth would be helpful.

Women of childbearing age living in an area of deprivation

Women living in an area of deprivation gave very similar feedback to women living in other areas and to women belonging to groups with different characteristics. Continuity of care/carer is very important as well as friendly and sensitive midwives who have time to talk to pregnant women and new mums. As many other women told us, clear and consistent information and advice and peer support are also valued. Some women also commented on feeling judged and said there's a need to listen to women and to respect their views.

Women working in the military or whose partner works in the military

Feedback from the military wife we spoke to from Donnington in Telford was consistent with feedback from other groups. However, she also mentioned that patient records should be available to clinicians working in different locations.

Homeless women of childbearing age

Feedback from the homeless woman we spoke to who had recently had a baby suggests that the system doesn't work for people with chaotic lives and that there needs to be more flexibility and more joined-up working between health and social care. The woman also felt that her emotional needs had been neglected, she felt judged and hadn't always felt supported.

Conclusion

Most of the women and families we spoke to as part of this pre-consultation engagement exercise belonging to different groups and living in different areas shared similar views about maternity services and in particular about midwife-led services. The majority of the women we spoke to told us that they were very happy with the maternity care they had received.

The key things that women told us are important to them are:

- Continuity of care/carer
- Provision of information/good support and advice/consistent messages/clear communication
- Friendly midwives who reassure and are sensitive; and who have time to talk
- More appointment availability, shorter waiting times and fewer cancellations
- Postnatal care including support with feeding and better mental health support
- Local care and available in more locations, for example consultant clinics and scans
- Choice of where to give birth
- Availability of online and telephone advice; email communication
- Home visits during pregnancy and after birth
- Antenatal care, especially in rural areas
- Peer support

Travel and transport and the associated costs weren't mentioned as often as we would have expected in this engagement exercise. This may be a reflection on the number of maternity services that are already available locally.

However, some groups also have their own specific needs as highlighted above. Notably, for example, the preference of Muslim women to receive care from a female consultant due to their religious beliefs and the way maternity care is delivered in their home countries.

Women living in certain areas also tended to have some similar views regardless of their protected characteristic(s), for example, women living in Oswestry, Bridgnorth and Ludlow liked to be able to access a midwifery-led service locally.

Most of the feedback received during this engagement exercise was very similar to the feedback given during the general engagement work in 2017.

Outcomes from this pre-consultation engagement work with seldom heard groups will feed into the development of the proposed model and the consultation.

When the proposed model is approved, further engagement will take place with our seldom heard groups in Shropshire and Telford and Wrekin as part of a formal public consultation to ensure that there is no disproportionate or differential impact on people belonging to one or more of the nine protected characteristic groups.