Strengthening food work across ethnic minority communities: A focus on maternal and infant nutrition

BEMIS SCOTLAND in partnership with Community Food and Health (Scotland)

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1. Introduction

This mapping exercise was carried out by **BEMIS**, the national Ethnic Minorities[1] led umbrella organisation supporting the development of the Ethnic Minorities Voluntary Sector in Scotland and **Community Food and Health (Scotland).**

It was a small scale study designed to provide a snapshot of voluntary and community organisations' activity in relation to maternal and infant nutrition across ethnic minority (EM) communities in Scotland[2] .The study was designed to provide some basic information about levels of activity, services offered and resources used to support this work. It looked for the major constraints and barriers that organisations face in working in this area and also their future learning and development needs.

Alongside this, focus groups and interviews with women from different EM communities were carried out to explore their experiences of seeking and receiving support in relation to maternal and infant nutrition. Budgetary and time constraints meant that these were limited to four different communities and it was decided to concentrate on some of the new EM communities in Scotland (Polish and Roma, Czech and African). While the focus of interviews was with women of child bearing age, it is recognised that maternal and infant nutrition is an issue of concern to the wider community of parents/care givers.

The study was designed to investigate some of the general issues in relation to maternal and infant nutrition across EM communities and the role that voluntary and community organisations currently play in relation to this. Also it sought to consider how such support can best be extended to meet their needs.

1.1 Background information

Improving maternal and infant nutrition does not operate in isolation and it can be seen in a broader context of improving dietary health and wellbeing across the whole Scottish population. Although there has been a national and international focus on promoting and supporting breastfeeding for a number of years, there has not been the same focus on improving the nutrition of mothers during pregnancy, nor on the nutrition of young children beyond milk feeding. Key factors include: the diet and nutritional status of the mother before conception and during pregnancy, infant nutrition received in the first few months of life, the process of weaning onto solid foods and the diet and nutrition status of the growing infant. These all contribute significantly to the long-term health of the population in Scotland. Therefore, the

[1] "Ethnic Minority" is mainly used in relation to people who are in the minority within a population on the grounds of "race", colour, culture, language, religion or nationality. The term is used to capture all who were born in Scotland, or have arrived to live and/or work in Scotland including, for example, migrant workers, Gypsy Travelers, refugee and asylum seekers. This would include both EU and non EU citizens now living in Scotland, including English, Welsh and Irish people

[2] Although the research was carried out in Scotland, particular focus was on Glasgow and Edinburgh where most of the community organisations were located. See section 2.0

Scottish Government stresses the importance of concentrating effort on early years and targeting support to those most in need, all to ensure that positive health outcomes for children are maximised and health inequalities are reduced (Scottish Government 2011)

1.2 Policy context:

There has been national and international focus on improving dietary health and wellbeing across the whole Scottish population. For example, the National Performance Framework, stresses the importance of concentrating efforts on the early years. The Early Years Framework, based on Getting it Right for Every Child, reflects the joint commitment of local and national government to improve equalities in health, education and employment through prevention and early intervention that give every child the best start in life.

In addition, there have been several policies in Scotland focusing on healthy eating, including Healthy Eating, Active Living: An Action Plan to Improve Diet, Increase Physical Activity and Tackle Obesity and Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight. These policies aim to improve the nation's diet and encourage greater physical activity.

Finally, Improving Maternal and Infant Nutrition; A Framework for Action (Scottish Government 2011) also emphasises the need to increase effort on the early years[3] and targeting those in need, to ensure that health outcomes for children are improved and health inequalities reduced. The objectives of the framework are:

- Women entering pregnancy are a healthy weight, in good nutritional health and that this continues throughout their pregnancy and beyond.
- All parents receive full information they can understand on infant feeding to enable them to make an informed choice on how they will feed their infant.
- All women receive the support they need to initiate and continue breastfeeding for as long as they wish.
- Infants are given appropriate and timely complementary foods and continue to have a wide and varied healthy diet throughout early childhood (Improving Maternal and Infant Nutrition: 2011: 8)

1.3 What information is available on maternal and infant nutrition?

Despite the importance of maternal and infant nutrition in improving dietary health, there appears to be limited data available on maternal and infant nutrition among EM women in Scotland. There is no routinely collected data in Scotland on maternal nutrition before, during or after pregnancy among this group. In addition, some of the main sources on maternal and infant nutrition have limited Scottish samples and are

[3] The strategy includes children up to their third birthday – the strategy group acknowledged that the Scottish Government advice is for women to breastfeed for up to 2 years therefore concluded it was important for the scope to go beyond the recognised definition of an infant (which is 12 months).

conducted infrequently. For example, all three of the UK National Diet and Nutrition Surveys had small Scottish samples (Hoare et al 2005; Nelson et al. 2007). Information about nutrition status of women of childbearing age and their likely nutritional state at the start of the pregnancy can be obtained from the National Dietary Survey. Cited surveys suggest that most women do not follow current dietary guidelines. In addition, previous studies suggest that the poorest diets can be found among women from most deprived groups (Haggarty et al 2009) or in adolescent girls and young women (Scientific Advisory Committee on Nutrition 2008).

The data collected on infant nutrition include birth weigh of infant (published by the Information Service Division (ISD) Scotland), routinely collected data on breastfeeding (data published by the ISD and Infant Feeding Survey) and complementary feeding (Infant Feeding Survey). Those data show that breastfeeding is more common with first time mothers, with older mothers (aged 30 or over), and whether they have been educated to higher education level.

Different sources report their results in different ways, thus comparisons between sources, or over time, can be difficult. While there is some available information there is little data on ethnic differences in maternal and infant nutrition which would suggest a need for further research in this area.

1.4 Aims and objective of the study:

The aim of this study (mapping exercise) was to assess the mechanisms of support available from community and voluntary sector organisations to EM communities in relation to maternal and infant nutrition. In addition, the study explored experiences of the targeted client groups in seeking and receiving such support as well as identifying gaps and opportunities in enhancing suitable support mechanisms and engagement with the diverse EM communities in this regards. More specifically, the project addressed the following areas of work:

1. An information collection exercise to produce a snapshot of voluntary and community organisations working on maternal and infant nutrition across EM communities in Scotland. This built on the information gathered in the recent snapshot commissioned by CFHS and included details of the organisations, their areas of work, and the particular communities they support.

2. What are the main sources of information and resources that these organisations use to support their work on maternal and infant nutrition?

3. What are the learning and development needs of these organisaitons?

<u>And within the above</u>:

4. What is the main source of information/resources women are using to acquire knowledge about maternal and infant nutrition? Why do they rely on those resources? How/in what way does the information provided by NHS Health Scotland answer women from EM families needs? What should be done to make that information more accessible?

5. What are the needs/concerns/gaps in knowledge for women in relation to maternal and infant nutrition? And, how can these needs/concerns be met, and gaps be filled? What can be more responsive to their needs?

1.5 Methodology:

This research had two main objectives:

- To provide a snapshot of voluntary and community organisations that are working with EM communities in the area of maternal and infant nutrition; and
- to explore information seeking behaviour among EM women on maternal and infant nutrition and their needs/concerns in relation to maternal and infant nutrition.

Thus, this research use mixed method approach to collect data to answer research questions set out in section 1.4. These included an online survey questionnaire with organisations working with EM communities, focus groups, and telephone interviews with EM women.

1.6 The database of voluntary organisations:

To create a sample of organisations, a database of community and voluntary organisations was compiled, based on the results of an internet search and a list of organisations provided by CFHS. Finally, the BEMIS membership database, which combines contacts to EM communities, was used to ensure diversity within the sample. Utilising different sources ensured that those organisations, which are not online were not omitted in the research.

The types of group/organisations identified as relevant were:

- Voluntary and community organisations in general, and particularly those targeting or working with/for EM communities on food and health issues.

The search was expanded to include organisations whose remit focused on

- Pregnant women and parents of ethnic background and/or
- Families and young people of ethnic background

The sample for this study includes community organisations that provide services to EM communities. As a result, 65 community organisations were identified as potentially working on food and health across EM communities in Scotland (see Appendix 3: Sample of voluntary organisations)

1.7 Online survey questionnaire:

The online survey was distributed to 65 voluntary and community organisations to investigate what type of services are provided in relation to infant and maternal nutrition. The survey was uploaded on one of the web survey web pages, and a link to the web version was distributed through email mailing lists to potential organisations (see Appendix 1 for full questionnaire schedule). The online survey questionnaire was selected as the most appropriate and convenient form to reach these organisations, which were dispersed over wide geographical area. The questionnaire included a set of self-completion questions looking at organisations' diverse range of activities and services offered in the area of infant and maternal nutrition. In addition, the online survey investigated the types of information and

resources that organisations use in developing their activities in areas of support, and ongoing learning on maternal and infant nutrition.

In order to increase the response rate, the first email reminder was sent to selected organisations a week after initial email had been sent. A second follow-up reminder was sent and followed up with phone calls to organisations that did not reply to the survey.

1.8 Focus groups and telephone interviews with EM women

Focus groups and telephone interviews with EM women were chosen to understand their information-seeking behaviour and experiences, as well as their opinions on access to services in the area of infant and maternal nutrition. The questions during focus groups and telephone interviews were asked about sources of information they use in relation to infant and maternal nutrition, as well as their experiences in accessing the service and potential areas for improvement.

The majority of interviewees for focus groups and interviews were selected in response to request sent by BEMIS to community organisations. In addition, the snowball sampling technique was used to provide further contacts. As such, the respondent was contacted through the referrals among people who share the same networks (Atkinson and Flint 2001). In total, there were four focus groups conducted with mothers of Polish, Roma, Czech and African mothers. In addition, six telephone interviews were conducted with Polish mothers. We decided to focus on Polish mothers as the largest new ethnic group in Scotland, since 2004.

The interviews and focus groups were transcribed by the researcher. Pseudonyms were used to ensure anonymity for each respondent. Online survey results, transcripts from phone interviews' and focus groups' transcripts were analysed to provide answers to the research questions indicated in section 1.4.

1.9 Survey response rate

In total 65 organisations across Scotland that are working on food issues with EM communities were identified. In total, 37 organisations replied to the survey. From those organisations that provided their answers to the survey, 15 indicated that they are providing services in the area of maternal and infant nutrition. A further 12 organisations indicated that despite the fact that they are working with EM communities, they do not provide services in the area of maternal and infant nutrition or healthy eating in general. In addition, 10 voluntary sector organisations confirmed over the phone conversation that they were or had been working with EM women, but were unable to undertake the survey.

Twelve organisations did not provide any responses and six organisations refused to participate. Despite the fact that the length of questionnaire ensured that the time necessary for survey completion is convenient for voluntary and community organisations, the low response rate is possibly the result of the level of workload and demands on organisation's time or lack of interest in the issue this study is investigating.

2.0 Geographical location

The majority of the organisations were based in central Scotland, predominately in two cities, Glasgow (26 organisations) and Edinburgh (22 organisations). Other organisations were identified in Aberdeen (5 organisations), Stirling (3 organisations), Fife (5 organisation), Dundee (3 organisations) and Inverness (1 organisation).

2.1 Profiles of organisations working in maternal and infant nutrition.

In total, 15 organisations out of 65, replied that they are providing services in the area of maternal and infant nutrition. Table 2.1 provides a short description of their respective profiles and remit.

Table 2.1 Organisation profile

Profile of organisations	No
Voluntary and community based organisation with focus is on food, nutrition and healthy eating	2
Voluntary and community based organisations focusing on community development that includes some food based activities	4
Voluntary and community organisations with focus on families and young children	3
Voluntary and community organisations with remit to promote race equality and challenge exclusion among ethnic minority communities	6

The responses from the survey suggest the majority of organisations providing services in maternal and infant food and nutrition to EM communities have a wider and main remit to promote race equality. The members/usersof those organisations were predominately members of EM communities. Other community and voluntary organisations, which provide services in the areas of maternal and infant nutrition, predominately focus their services on community development (4 out of 15) or families and young children (3 out of 15). In addition, the survey shows there are few voluntary and community organisations whose main focus is on food and healthy eating in relation to EM communities. Finally, the evidence from the survey suggest that there is no community and voluntary organisation dedicated to healthy eating and nutrition in EM communities.

The majority of organisations that provideservices on maternal and infant nutrition to EM communities were in Central Scotland, predominately in Glasgow (6 out of 15) or Edinburgh (6 out of 15). This could suggest limited support for parents/ carers living in other parts of Scotland.

2.2 Types of services provided to EM women:

The survey suggests that voluntary and community organisations provide a range of services in food and nutrition. Table 2.2 describes and gives examples of the types of services provided.

Table 2.2: Services provided to EM women

Type of service	Number of organisations providing this service	Examples of activities
Early feeding	4	Infant nutrition requirements
Breastfeeding	2	Information, practical advise and support
Infant nutrition	6	Information about nutritional needs of the infant, complementary food and dietary guidance for women
Healthy eating	10	General information about healthy eating, provision of leaflets, information about health diet, cooking classes, taster sessions, fun food events, supporting people to get involved with food projects, information about balanced diet, portions, meaning of 'low fat, reduced fat, or ' bad fat good fat' etc.
Dietary guidance for pregnant women	4	Information sessions, information about nutrition of mothers during pregnancy.
Others	2	Promotion of ethnic food through events and training.

Responses to the online survey showed the majority of services in the area of infant and maternal nutrition related to healthy eating and diet. This included providing general information about healthy eating and diet, cooking classes, or 'fun food' events. Many of the organisations that participated in the study combined a range of activities. For example, interviewed organisations combined information about healthy diet with activities related to infant nutrition or early feeding. In addition, some of the survey respondents provided services in breastfeeding. These were not only offered to EM women, with many organisations assisting a diverse range of people.

2.3 Type of activities:

The majority of projects within surveyed organisations were concerned with providing information and education. These ranged from the dissemination of reports, leaflets and information about healthy eating in early years, or healthy eating classes and workshops. Again, organisations combine diverse activities to provide

comprehensive services for their clients. For example, organisations used group meetings with parents and toddlers to provide information, practical advice and support.

Table 2.3: Types of activities

Type of activity	Number of organisations	Examples
Information provision	10	Healthy start vitamins leaflets; provision of drop-in sessions; provision of leaflets, booklets; eating in early years; guidelines set by NHS; information of NHS initiatives and statistics.
Education - classes/workshops	6	Healthy eating classes and workshops; cooking workshops.
Group meetings	4	Parents and toddlers meetings; early years groups; healthy eating forums; cooking awards.
Practical advice	5	Cooking classes and demonstrations; 1-1 service with service users.

One service provider described in a phone interview how they sought to meet the needs of their clients through a range of activities:

> *"We did a quiz on what knowledge people are having about healthy eating, nutrition. After that we went through the result point by point to see what knowledge is missed. Then, we had session prepared for each month offered to parents."*

2.4 Sources of information

The majority of survey respondents use NHS resources for information for their services and activities in the area of maternal and infant nutrition. This could indicate that resources from the NHS were perceived by surveyed organisations as reliable and accessible sources of information. In addition, organisations utilised local health and care partnerships to obtain additional information about maternal and infant nutrition. It appears that survey participants rarely used other charities and food specialist website.

Table 2.4 Source of information

Source of information	Number of organisations
NHS resource	8
Government web site	4
Food specialist websites	2
Charity organisations	2
Local Community Health and Care Partnerships	6

2.5 Source of support:

To assess what support surveyed organisations used to maintain their services; we asked what kind of resources, other than funding bodies, were used to support their services. All but one of the organisations (12 out of 13) indicated they rely on their own networks to support, develop, and maintain their activities and services. In addition, partnership and collaborative work with other organisations, and training skills and development were equally important.

Table 2.5: Type of support

Type of support	Number of replies
Voluntary sectors networks	12
Training skills and development	8
Partnership work	8
Access to equipment or equipment purchased by partners	6

2.6 Main barriers and training needs

Survey respondents identified management, service provision, and issues around accessibility for EM women to health services, as key barriers.

In terms of barriers related to management and service provision, the majority of organisations said recent financial cuts and discontinuation of funding made it more difficult to maintain and continue their services. Therefore, organisations were

combining their activities in efforts to maintain services. In addition, interviewed organisations were trying to use alternative resources, for example partnership work or voluntary sector network, to maintain their service levels.
In addition, community and voluntary organisations indicated the complexity of needs that they were trying to address when serving EM women. Evidence from the survey suggests that a lack of financial resources, rather than training, was the main barrier to maintaining services.

Survey evidence also conveyed a need for greater understanding of the main principles of diverse ethnic diets. Therefore, a scoping exercise conducted in cooperation between NHS, healthcare staff, as well as EM communities, sought to identify such principles to improve the provision of services. As such, greater information and training sessions on specific dietary needs and habits among EM communities were identified as the main learning and development needs among surveyed organisations. In addition, organisations intimated a need for training on how to most efficiently provide accessible information about nutrition and dietary guidance to EM communities. Finally, some organisations mentioned the need for regular training on infant and maternal nutrition for their volunteers of EM background.

3.Sources of information indicated by ethnic minority women during interviews

The next section is based on narratives provided by EM women during the focus groups and phone interviews and it provides analysis of diverse sources of information that interviewees used about maternal and infant nutrition.

The type and source of information that interviewed women varied depending on their nationality, occupation, knowledge of English language, and age.

3.1 Experience from home country:

Interviewed EM women had different experience and knowledge on maternal and infant nutrition, which they gained prior to migration to Scotland. Half of the interviewed women already had children before they migrated to Scotland. Those who already had children tended to rely on their previous experiences and knowledge. This was expressed well by Beata:

> *"Jan is not my first child so basing from the previous experiences I knew what I need to do. Of course, the situation was different in terms of environment, but I knew what are the principles in terms of my child nutrition."*
> Beata, Polish mother

Experiences gained through first pregnancy, birth, and early feeding created good background knowledge for EM women in relation to infant and maternal nutrition. However, given the difference in the organisation and operatation of the NHS systems, the EM women pointed out that, despite being aware of the principles of infant nutrition they still required support and information. Differences in guidance, diet, and products being used in Scotland often led to confusion and disorientation:

"In Africa I was observing what my mothers were doing, what other woman are doing. I introduced solid food to my other kids when they were at 4 months. But here information is different. It is confusion because my mother in law or friends is telling one thing and a health visitor is telling other. The information is different, habits are different. They are telling you what you should do and not to do and those information are different, I was caught in between and I was thinking as a mother, you are thinking what you should do because you want the best to your child."
Maggie, African mother

Maggie indicated that while she was living in Africa, her knowledge about infant nutrition was mainly based on observation and guidance from her peers. Given the differences in advice and recommendations regarding infant nutrition between her home country and Scotland, Maggie felt disorientated and confused. Maggie's narrative could indicate that EM women often feel lost while trying to balance the information and guidance coming from their family members and the NHS guidance. This was also conveyed by Anna:

"Kids are getting confused because they have different diet at home and at nursery. They are confused, I observed it."
Anna, Czech mother

3.2 Co-ethnic networks[4]: friends and family

Co-ethnic networks were the predominant source of information on maternal and infant nutrition indicated by interviewed EM women. For example, Kasia indicated that because she does not know English language and the health system in Scotland, she tends to rely on her friends knowledge and expertise:

"My friend helped me a lot , I was new in this country so I didn't know how to access information. In addition, I didn't know how system operates here. Kuba was my first child, and I was not living in my country."
Kasia, Polish mother

Through providing initial information on accessing services or support, co-ethnic networks were facilitating access to health services for EM women. Indeed, co-ethnic networks including friends and family provide EM women with guidance as well as practical advice on infant nutrition. As indicated in Kasia's narrative, co-ethnic networks were useful sources of information in explaining how the health system works in Scotland. Co-ethnic ties are beneficial for EM women as they facilitate understanding and thus access to health system. In addition, other ethnic groups including Roma, Czech, and African mothers indicated the value of co-ethnic social networks in seeking information:

[4] The concept of co-ethnic networks is defined in this report as diverse strong and close relations like families, close friends or kinship among the same ethnic group.

"Usually it is through word of mouth. Roma community find information asking their friends and family."
Adriana, Roma mother

Interviewed EM women tend to use their social networks, friends and family to obtain information about infant and maternal nutrition, as they considered friends and family as the most reliable and trusted source of information. Despite this, interviewed women felt that whilst information obtained from their friend provided useful support, they also often felt confused because of discrepancies between this information and that in NHS literature or by health visitors. This was expressed by Mardi:

"It is confusing because sometimes information are different from health visitor and my friend. I didn't receive any leaflets. Some people say that I should give water to baby before 3 months some people are saying different things, this is confusing. I depend on my instinct because some resources are contradicting each other."
Mardi, African mother

Mardi's narrative illustrates differences in guidance on when to introduce solid food. Despite EM women were benefiting from advice coming from their co-ethnic ties, it appears the information they obtained was limited and may lead to confusion and disorientation.

Co-ethnic networks were a source of not only guidance or initial information, but also practical support and assistance. This was indicated by Kasia, whose mother moved from Poland to Scotland to help her to look after her first child.

"After I gave birth my mum come along, she helped me a lot."
Kasia, Polish mother

3.3 Diaspora networks:

Interviewed women indicated that they use regular phone conversations with their friends and family back home to seek information and advice on maternal and infant nutrition. In addition, Polish women indicated that they tend to exchange and compare their experiences with their friends back home:

"I spoke with my friends back home and some here. It was good because one of my best friends was pregnant as well so we exchange information and support each other."
Basia, Polish mother

The development of communication technologies makes it possible for women to access diverse sources of information in their native language, while residing in Scotland. This was an especially good source of information for those mothers not fluent in English:

"Many people are using internet as main source of information, so it was good for me. I'm not fluent in English language so I couldn't use English web sites or leaflets."
Hanna, Czech mother

Through the web sites and online forum for young mothers, EM women were able to share and exchange their experiences, knowledge, and provide some guidance to each other. This was indicated by Beata, who used different forums for young mothers to make more informed choices:

"I was looking on Polish web sites for opinion on each product. It was very helpful because other mothers were telling their experience so I could make more informed choice. I was using mainly Polish forums for young mums. I didn't look for information about nutrition because I already had 2 babies so I knew when, for example I should introduce a solid food to my child diet. I was more looking for information about equivalent products that I could use here in Scotland. For example, what kind of product can cause allergic reaction, what kind of nutrition the product contains, vitamins, proteins, calcium?"
Beata, Polish mother

Whereas Polish mothers reported extensive use of the internet and diasporas dedicated websites as sources of information on infant nutrition, access to these resources were more limited for Roma and African mothers due to lack of IT skills, knowledge and resources. However, this shows diversity in the needs and access to diverse sources of information on maternal and infant nutrition among EM mothers.

3.4 Role of midwife and health visitors

Finally, the women interviewed indicated the crucial role of midwifes in providing information and practical advice in infant nutrition. This was conveyed by one of the Polish mothers:

"When I was pregnant midwife visited me. She left me some leaflets, some of them where in Polish language so it was very helpful. It was very useful especially at this point where my language was not that good as it is at the moment. It was my first contact with NHS, I was registered with the GP, but I didn't need to use it."
Kasia, Polish mother

For interviewed EM mothers who arrived in Scotland within the last five years, contact with their midwife was often the first experience that they had with the NHS system. Similar to Kasia's narrative, Susanne, a Czech mother, expressed the positive experience she had with her midwife:

"I received information about depression that some women may have after having baby. This gives me some comfort that this may happen to all of us. It was important for me not to feel ashamed that I feel depressed and where I can get support. It was very useful for me."
Susanne, Czech mother

Despite the positive experiences expressed by Kasia and Susanne, some of the women interviewed reported little support from their midwife or health visitors:

> *"I didn't receive any information from health visitor. Maybe it was because it was my third child and they assumed that I already know everything. But I wasn't it was new environment for me, I was confused."*
> Dagmara, Polish mother

Those interviewed women who did not receive sufficient information and support from midwifes or health visitors felt even more isolated and confused. Positive and negative experiences are important in this respect and can have a longer term influences on women's future perception and attitudes:

> *"When you are arriving to country you don't know and you have bad experience with dealing with accessing health you have some hesitation. So, there is an issue of trust, which needs to be built in."*
> Adrianna, Roma mother

Despite differences in accessing services and support on infant nutrition and the health system in general, interviewed EM women provided several examples of good co-operative and collaborative work between local communities and health centres:

> *"My friend had a really good midwife; she gave her a lot of information about courses, workshops dedicated to mums and toddlers. She received a lot of information about nutrition."*
> Beata, Polish mother

Women also indicated that bilingual provision of information and guidance greatly improves their access and understanding of the organisation of services:

> *"At Govanhill there is bilingual health visitor which helps Roma people. It is very useful because you understand, you understand everything."*
> *Lena, Roma mother*

3.5 Language barrier and understanding

Those EM women, who had limited knowledge of English language, tended to rely on their co-ethnic ties as source of information on infant and maternal nutrition. Lack of proficiency in English limited access for EM women to resources provided in their native language.

> *"Because you understand them. Before I had Kuba I was living here for 2 years. Yes, I did know language but having a baby it is something different. It is new experience for you, and in addition it is different country so you start with things are familiar with you."*
> Basia, Polish mother

In addition, participants indicated that due to lack of familiarisation with culture and the NHS system they did not know where to get information or support.

"I needed a time to be more familiar with different health system. I didn't consider NHS as institution which could give me information. It was because I was looking at NHS from different perspective of Polish women and how the system operates in Poland."
Kasia, Polish mother

This was also indicated by Lena, Roma mother, who perceived relying on friends and family network as a 'natural thing':

"You are relying on word of mouth because it is natural thing to do, especially if you are coming from the foreign country. You are new to the surroundings so you are relying on other friends or family who you know. It is because they know how things are working here and in home country."
Lena, Roma mother

A lack of understanding and familiarisation of the NHS culture in turn limited access to NHS information. This made co-ethnic networks particularly important for EM mothers seeking quick access to support and guidance:

"Yes, understanding but as well it is easier. You just call and ask your friend. You can always call back if you don't understand and you do not feel bad asking."
Lena, Roma mother

3.6 Issue of trust

EM women interviewed indicated that they tend to rely on family and friends, considering them trusted sources of information:

"I think it is as well a matter of trust, if you don't know things you may be suspicious."
Adrianna, Roma mother

Lack of familiarisation with different cultural and social environment after migration, made Adrianna suspicious towards state institutions, thus co-ethnic networks appear as safe and reliable resources for information. Personal experiences of other mothers were regarded as particularly trustworthy sources of information:

"For me personal experiences of mothers were the main resource. For me information from mother based on their experience were the most valid one."
Agata, Polish mother

4. EM women needs, concern and gaps in knowledge in relations to maternal and infant nutrition

During the focus groups and phone interviews, women were asked about their needs, concerns and gaps in knowledge in relation to infant and maternal nutrition. The next section is an analysis of the responses.

4.1 Discrepancies of information between different resources lead to confusion and disorientation

Interviewed EM women indicated confusion due to discrepancies between information they received from different sources (see section 3.0), rather than gaps in their knowledge on infant nutrition. In this respect, they pointed out the need for recognition of the diversity in diets across cultural and ethnic communities so as to enable services that were better targeted at the needs of EM communities. For example, Mardi indicated that when she wanted to introduce solid food to her child, she was not able to find the product equivalent to meals in African diet:

> *"I started to introduce solid food to my child, however they only meal I could find were spaghetti, lasagne, nothing which would relate to African cuisine."*
> Mardi, African mother

Therefore, interviewed EM mothers indicated that the differences in habits and diet between EM communities and the native population are often perceived as a gap in their knowledge:

> *"I wouldn't say these are the gaps, but there may be different perception, different way of raising their kids. Those guidance are based in national context which may be a little bit different. Roma use a lot of old practices, for example giving milk to children, this has been done from generation to generation. Breastfeeding, this is natural thing in Roma community so they don't need to be encouraged."*
> Lena, Roma mother

The women interviewed indicated differences between their food habits or diet and the Scottish diet. This often stands in opposition to the NHS guidance and recommendations. This was indicated by Beata:

> *"I think that in Poland we, women spend a lot of time for preparing good balanced food. Most of the food are home made. I personally, always add vegetables to my children meals, plus I try to choose only organic products. However here, they advise us to introduced ready-made food for children, which I don't necessary agree. I know that they are good balanced food, but I think homemade food is as well highly valued."*
> Beata, Polish mother

Indeed, each of the women interviewed indicated differences in their daily food habits and diet. They conveyed a need for recognition of their ethnic diet that, in turn, may enable the provision of more helpful information and guidance in relation to maternal and infant nutrition.

5. Good practices – implication for service:

Finally, women interviewed were asked to provide examples of good practices or areas for improvement. This section provides list of these.

5.1 One–stop shop:

The women interviewed used different resources, which often provided different and not consistent information and guidance. The diversity of information provided often made them feel even more confused:

> *"In some way they [NHS] do provide a lot of information, there are a lot of them but you don't know where to start and you start with your friends."*
> Susanne, Czech mother

In addition, the complexity of the internal organisation of the NHS system often made interviewed EM women disorientated, as they were not familiar with the health system in Scotland. Therefore, interviewed women indicated the need for a 'one-stop-shop': a place to obtain all useful information, guidance, and practical support about maternal and infant nutrition:

> *"It would be good, if there would be this kind of one stop shop where you could get all information you need. It would help a lot."*
> Kasia, Polish mother

5.2 Bilingual and culture responsive service provision

Interviewed EM women indicated the need for, as well as the usefulness of, bilingual information provision

> *"You can find information in Polish language, they are available and very helpful. This is because despite my English is OK, some of the terminology used in health service, I was not familiar with. Therefore receiving leaflets in Polish language was very useful. But I think women needs a time to get more familiar with things."*
> Agata, Polish mother

Not only a bilingual service but also greater cultural responsive service provision, which takes into consideration different ethnic and cultural backgrounds, was indicated as needed by interviewed EM women:

> *"That your culture food as equally good as this one here. This is to give mother confident that they only good food is spaghetti bolognese from jar. It is to give mothers confidence that what they eat in their home country is good."*
> Mardi, African mother

5.3 Greater face–to-face interaction:

Women also expressed a great need for bilingual information provision including leaflets, reports or books. In addition, they considered face-to-face contact with

health visitors or midwifes as beneficial for their understanding and knowledge of infant nutrition:

> *"There are a lot of leaflets. My midwife was very supportive, she showed me everything. She was very kind person. I remember when I started breastfeeding she helped me as well. It was very encouraging. Then she was coming for visits."*
> Jola, Polish mother

Face-to-face meetings were of great use for Jola, as she was able to obtain not only guidance and information, but also practical support.

5.4 Greater collaboration with ethnic minority communities

EM women indicated there should be greater collaboration between different agencies including health visitors, community groups, and organisations, as well as local authorities and policy makers, so as to maintain and enhance support and advice in relation to infant and maternal nutrition.

> *"If NHS collaborate with established organisations or web sites which have those forums. I know that women from Poland, they are quite resistant therefore they need to be more encouraged."*
> Beata, Polish mother

Greater collaboration and outreach work could ensure that diverse needs of EM communities are answered. In addition, greater collaboration could ensure consistency between guidance and could avoid future confusion. Finally, despite improvement in the services provided, EM women indicated that further work is required to maintain a high quality of services

> *"Definitely, there is a lot of improvement. There is a lot of work going on in the community, a lot of collaboration work between schools, health services so after 7 years, there are some improvements, but still there are gaps."*
> Agata, Polish mother

6. General comment – summary

This small scale study (mapping exercise) was designed to look at the support available from community and voluntary organisations to parents/carers across EM communities in relation to maternal and infant nutrition. The study provides a snapshot of activities and services from voluntary and community organisations working with EM communities on maternal and infant nutrition in Scotland. In addition, this study explores experiences of women from four different communities (African, Czech, Polish and Roma) in seeking and receiving support in the area of infant and maternal nutrition, and it identifies both the gaps and opportunities to build suitable support mechanisms and engagement with EM women.

The study involved four ethnic groups and used a combination of focus groups and phone interviews to seek EM women's opinions, experiences and attitudes. The findings from the interviews and focus groups suggests that the women who were interviewed base their knowledge of maternal and infant nutrition on their previous experiences from their home country, or use their co-ethnic networks (friends and family) or other diasporas' networks to seek support and information. Further to this, the information they provided indicated real issues especially in terms of lack of culturally appropriate services and information, confusion and disorientation about information received and thus general difficulties in accessing services and information.

The extensive use of co-ethnic networks in search of information on infant and maternal nutrition was especially evidenced among women with little knowledge of English language. Relying on information from co-ethnic networks often caused confusion, as information provided by their peers was often different to the NHS guidance. This was related to different food and diet habits between native population and the women interviewed. Women described being left with feelings of disorientation and isolation by these discrepancies.

Given the differences in diet and eating habits between diverse ethnic and cultural communities in Scotland, interviewed women highlighted the need for bilingual and cultural responsive service provision, which would ensure that their dietary habits are acknowledged and respected. In addition, they suggested the need for a '*one-stop-shop*' type service where information and practical advice and support can be obtained in different languages. Finally, some women identified the importance of the support they received from health professionals and they indicated that further collaborative and outreach work with EM, by health professionals, statutory agencies, voluntary and community organisations, is required to further develop support and advice in relation to infant and maternal nutrition across EM communities.

In relation to the role played by voluntary and community organisations, diverse resources were used to create a sample, of 65 organisations potentially working in this area. Just 15 of these organisations indicated that they provide services in relation to maternal and infant nutrition. Organisations working in this area were voluntary and community organisations whose prime purpose was to promote race

equality, general community development or services to families and children. There was no evidence of any organisations for which work around maternal and infant nutrition with EM communities was their primary purpose. The majority of the organisations were based in Central Scotland (Glasgow or Edinburgh) which would also suggest that there are large parts of the country that are not covered by any voluntary or community activity in this area.

The findings from the survey show that the majority of surveyed organisations provide services in the area of food and healthy eating in general, and tend to combine their services with information on early feeding or infant nutrition to best answer their client's needs. As such, maternal and infant nutrition was not their primary purpose. Instead, the majority of activities identified by interviewed organisation were in the area of education/workshops and information provision. In addition, findings from the survey suggest that the majority of organisations that participated in the survey used the NHS/local community, and health and care partnership resources to support their services for EM mothers. It was because these sources of information were considered most reliable and accessible.

In terms of barriers to service provision in the area of maternal and infant nutrition, recent financial cuts and funding discontinuation were highlighted as major concerns and organisations described struggling to maintain their existing services.

To conclude, there is a clear policy commitment to focus on maternal and infant nutrition. The evidence from this small-scale study suggests that there may well be limitations on the support available to parents/carers from EM communities. Women from some of Scotland's newest communities appear to struggle to find information from official sources and rely rather on family, friends and contacts in their home country in searching information on infant and maternal nutrition. Where information has been forthcoming, this has not always been sufficiently culturally sensitive to avoid confusion and concern among EM women. In such a situation often voluntary and community organisations will be the place that parents/carers will turn to for information and they will look to fill the void. This study suggests that support from this source may also be limited and that there is a need to stimulate and build activities among voluntary and community based organisations to communities that may be receiving little support in these areas.

Appendix 1: Online Survey

Dear Colleague

We are contacting you as part of the project looking at **strengthening food work across minority ethnic communities,** which is coordinated by **Community Food and Health (Scotland) and Bemis**. The project aims is to produce a snapshot of voluntary and community organisations working on maternal and infant nutrition across ethnic minorities in Scotland. Therefore, we would like you to answer this short survey, which focus on range of activities in scope of maternal and infant nutrition that your organisation may provide to ethnic minority communities in Scotland.

www.surveymonkey.com/s/VMBVL7T

Please note:

The information which you provide will be treated in STRICT CONFIDENCE and will be used only for the purpose of this study. Your name will not be used in any reporting of results. It should take no more than 10 minutes to complete.

Your help is highly appreciated.

If you require any further questions, please do not hesitate to contact:

Tanveer Parnez
Director of National Development
Email: tanveer.parnez@bemis.org.uk

THANK YOU!

1. Please provide the name of your organisation (optional) :

……..

2. Does your organisation provide services to ethnic minority children and families related to healthy eating and nutrition?

Yes – Please go to the next question

No - Thank you for your cooperation

3. Please briefly (2 - 3 sentences) provide information about aims and objectives of your organisation

……..

……..

……..

4. What is the focus of services you provide in relation to healthy eating and nutrition? Chose all appropriate:

□ Breastfeeding (Information: practical advice and support)
□ Formula feeding (Information, practical advice and support)
□ Early feeding
□ Information about nutrition of mothers during pregnancy. Dietary guidance for pregnant women
□ Infant nutrition requirements
□ Healthy eating: info about necessary nutrition, diet
□ Other: please specify

5. What type of activities do you provide in relation to healthy eating and nutrition? Please provide examples, if appropriate

□ Education classes/ Workshops

□ Information provision about specific initiatives (leaflets/booklets/brochures/guidance)

□ Practical advice/sessions

□ Group meetings

□ Others

6. What other resources then funding do you use to support your activities? Please provide the examples, if appropriate:

□ Training skills and development

□ Information/guidance materials developed or received from others

□ Partnership forum

□ Voluntary sector networks

□ Access to equipment or equipment purchased or provided by partners

□ Others: please specify

7. What source of information (guidance materials) you use to provide services in relation to healthy eating and nutrition? Please provide examples, if appropriate

□ Government website

□ NHS resources

□ Food specialist bodies websites: The Food Standards Agency (FSA), The British Dietetic Association, Nutrition Society, British Nutrition Foundation

□ Charity organizations

□ Local Community Health and Care Partnerships

□ Sport Organisations

□ Other resources: (please specify)

9. Please identify three ongoing learning and development needs of your organisations in relation to healthy eating and nutrition

1. ……
2. ……
3. ……

10. Do you have any other comments/suggestions?

THANK YOU FOR YOUR CONTRIBUTION.

Appendix 2: Interview schedule

1. What is the main source of information/resources that women are using to acquire knowledge about maternal and infant nutrition?

2. Why do they rely on these resources?

3. How and in what way information provided by NHS Health Scotland answer women needs?

4. What should be done to make that information more accessible?

5. What are women needs/concerns/gaps in knowledge/ in relations to maternal and infant nutrition?

Appendix 3: Sample of voluntary organisations

Name of the organisation
(Sikh) San Jog Centre
Africa Centre
African & Caribbean Network Ltd
AMINA Muslim Women's Resource Centre
Black Community Development Project/ Community Organisations for Race Equality (CORE)
Bridging the Gap
Broomhouse Health Strategy Group
Children First, West Lothian Young People's Healthy Living (Chill Out Zone)
Community Food Initiative NE
Community Organisation for Race Equality
Cranhill Community Project
Crossroads Youth & Community Association
Darnley St Family Centre
Dixon Community Ethnic Minority Project
Dr. Bell's Family Centre
Dundee Healthy Living Initiative
Dundee International Women's Centre
Edinburgh Chinese Elderly Support Association
Edinburgh Community Food Initiative
Fife African Caribbean Association
FIFE ARABIC SOCIETY
Fife Chinese Older People Association
FRAE Fife
Girvan and District Food Co-op
Glasgow Association for Mental Health
Gorbals Healthy Living Network
Govan and Craigton Integration Network
Govan Youth Information Project
Govanhill Social Inclusion Project
Greater Pollok/Govan Integration Network
Hillfoots Family Centre
Home-Start Glasgow South

Kingsway Court Health and Wellbeing Centre
Maryhill Integration Networks
MECOPP Carers Centre
MILAN (SENIOR WELFARE COUNCIL)
Minority Ethnic Health Inclusion Project
Multi Ethnic Aberdeen Ltd
Multi-Cultural Family Base
Nari Kallyan Shangho
North Glasgow Community Food Initiative
Pilton Community Health Project/Barri Grubb
Pollokshields Community Centre
Pollokshields Development Agency
Powis Gardeners
Powis Gateway Community Centre
RAINBOW GROUP (Asian Women)
REACH Community Health Project
Renfrewshire Community Health Initiative
Royston Youth Action
Score Scotland (Strengthening Communities for Race Equality in Scotland)
Scottish Refugee Council
SEAL Community Health Project
SHAKTI WOMEN'S AID
Shanti Bhavan Day Centre
Stepping out Project
Stirling Multicultural Partnership
Strenghthening Communities for Race Equality Scotland
The Hidden Gardens
Transformation Team
Urban Roots
West of Scotland Regional Equality Council
Wester Hailes Health Agency
Wing Hong Elderly Group
YWCA Glasgow

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