

## Bilingual Advocacy Project (BAP) – December 2014 - December 2017

### Evaluation



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## Introduction

*“Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.”* The Advocacy Charter 2016

The symbol for advocacy (page 29) shows one person standing alongside another person and supporting them. Bilingual Advocates speak the same language as the Service User (SU), and have an understanding of the person’s culture and expectations. They can establish their wants and needs and give information about aspects of the culture in the UK and in public services relevant to the person’s situation.

There is strong evidence for the effectiveness of Bilingual Advocacy services. This comes from evaluation of the 2011-13 East Sussex Migrant Health Bilingual Advocacy Pilot<sup>1</sup> (available from SIS), interim evaluations of the Bilingual Advocacy Pilot and Project and this collated evaluation covering 3 Years of the BAP (Dec 2014-Dec 2017). It develops the well-regarded 2013 submissions to the BHCC/NHS Commissioning Grants Prospectus and to the Kent, Surrey & Sussex Communication Support Services Framework.

Bilingual Advocacy makes an important contribution to Better Care and Caring Together. Everything should be done to prevent, postpone and minimise people’s need for formal care and support. Services are built around promoting independence and well-being of Service Users. People should be in control of their own care. The BAP is designed to support delivery of high level outcomes for CCG, Public Health and Adult and Children’s Social Care. These include *enhancing quality of life of people managing long-term conditions, ensuring a positive experience of services, avoiding loneliness and isolation, helping people understand what choices are available to them locally, what they are entitled to and who to contact when they need help*. The BAP reduces inequalities in health, social care and housing and enhances an integrated response.

With thanks to our supportive funders Brighton & Hove City Council and CCG and with great appreciation to all the SIS Bilingual Advocates and to Ben Williams (SIS Project Co-ordinator) for their hard work and commitment - Arran Evans – Director - E: [arran@sussexinterpreting.org.uk](mailto:arran@sussexinterpreting.org.uk) /

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<sup>1</sup> Improving Migrant Health: A critical evaluation of the impacts of the East Sussex Bilingual Health Advocacy Service - October 2012 - Sara Geater

## Outcomes & Impact



## Empowerment (Appendix A – Empowerment Questionnaire)



Empowerment is central. SIS Bilingual Advocates have constructed the following definitions of empowerment:

*To make someone aware of their personal power and support them to get it back and use it by listening to service users, supporting by being with service users, validating the thoughts and ideas of the service users, informing, encouraging and building confidence, all with respect!*

*Empowerment means having the confidence and independence for one`s voice to be heard and to be able to access services. This leads to stability, security, improved overall well-being and a better quality of life.*

*Empowerment is boosting the service users` confidence, knowledge and skills through working together with local services to have his / her voice heard, to speak for themselves with informed choices and to access services.*

*Empowerment also involves sharing and promoting the service users` rights among their families and communities*

The Bilingual Advocacy Project (BAP) has eight objectives. Each is cross-referenced to an empowerment questionnaire. Impact is measured using a test and re-test methodology. Service users are asked to indicate their position on a scale at the beginning of the advocacy relationship and again at the end. The `distance travelled` is plotted on an outcome star we call an empowerment web. This is often given to the service user and is a powerful tool that validates their journey and visualises change (Empowerment Questionnaire Appendix A).

1) **Control**

Support to take informed action to address social or health issues negatively affecting health, wellbeing and overall quality of life

2) **Independence**

Maximise the independence of service users by empowering people to manage their own health and wellbeing

3) **Voice**

Support people to develop new skills and the confidence to speak for themselves, make appointments, book interpreters and consider ESOL classes where appropriate

4) **Information**

Support access to information to enable service users to navigate services more easily

5) **Access**

Support access to services to connect social care and health providers and improve the service user experience

6) **Sign-Post**

Signpost and support referral to specialist services where appropriate

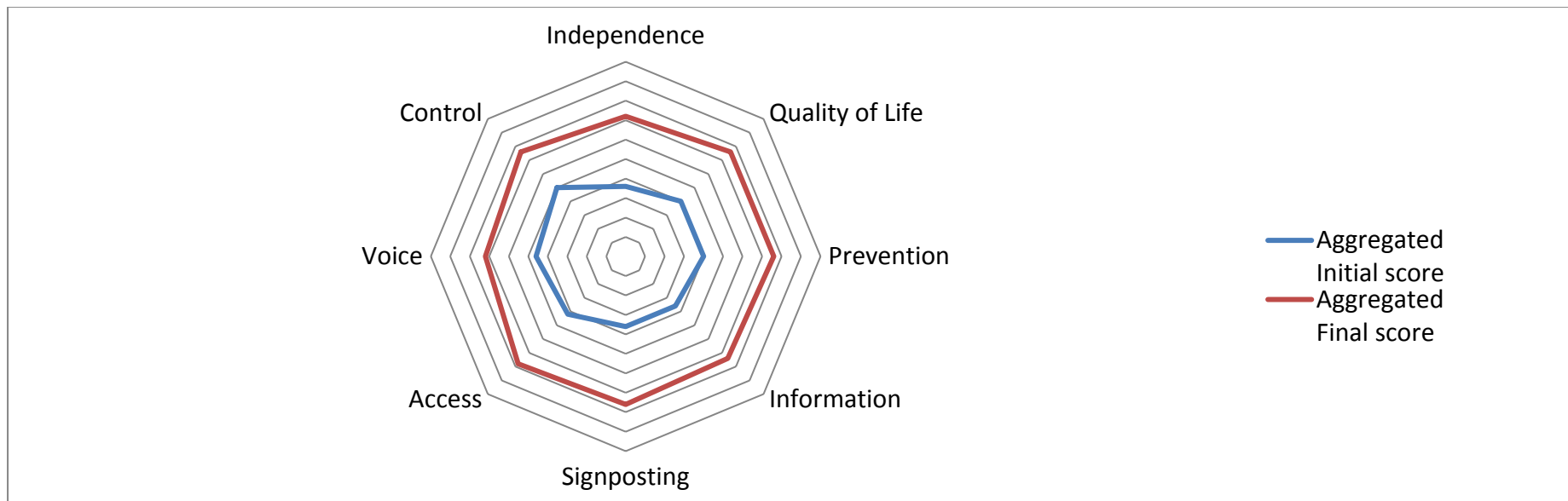
7) **Quality of Life**

Improve outcomes such as better management of long-term health conditions and quality of life

8) **Prevention**

Encourage more appropriate use of services in order to avoid unnecessary admissions to hospitals, and care homes.

**86% average improvement across all eight objectives for 97 out of 128 completed cases as defined by Service Users**  
 (31 Empowerment Questionnaires incomplete)



Area of Impact	Aggregated Initial score	Aggregated Final score	Total initial score	Total final score	Total Value Added	% Improvement
Independence	1.8	3.6	171	345	174	102%
Quality of Life	2	3.8	202	362	160	79%
Prevention	2	3.8	200	376	176	88%
Information	1.8	3.7	178	356	178	100%
Signposting	1.85	3.7	180	362	182	101%
Access	2.1	3.9	176	350	174	99%
Voice	2.3	3.6	219	356	137	63%
Control	2.5	3.8	242	367	125	52%



From service users indicating this ....





To this ....

**Prevention:**  
*"The service I'm using is preventing the situation getting worse"*

**Access**  
*"I have access to services but an advocate must help explain my needs"*

**Quality of Life:**  
*"I need support from services to overcome difficulties. I am developing new skills"*

**Independence:**  
*"I can now sort most things out; I just need a little support"*

**Voice:**  
*"I can explain and ask questions myself, but it's easier with an advocate"*

**Signposting:**  
*"I can go to the same service again but would need help with new services"*

**Information:**  
*"I can find information but I need some support to understand and use it"*

**Control:**  
*"People take notice of what I want and I make most of the decisions in my life"*



## Service User Voices

Direct quotes from service users are indicated by *green italics text* throughout this document

*"I didn't know about the advocacy services before. I was stressed and worried about my problems. Now my problems are solved, I feel more confident to use local services. I know where to get the bilingual advocacy services in the future".* (Cantonese speaking Service User)

*'I would like to express my gratitude to all SIS staff members. It is a very important organisation because many people are coming to the UK without full knowledge of the English language. As a result, they come across many difficulties in healthcare and welfare and talented Interpreters from SIS always offer great service to the people. The SIS Interpreters have never let me down; they have been always punctual, polite and professional. I cannot think of anything to improve. I just wish that the SIS Interpreters could be funded to interpret for other organisations too'.* (Russian speaking Service User)

*"SIS is essential as it provides the language support that friends cannot. I hope that the service will continue to exist, as it is essential for people who do not speak English. I could not fault it or was never let down and I am so impressed with the help I always got. I feel that SIS has fully covered my needs in the bilingual advocacy support and hope that other people from my community will benefit from it".* (Romanian speaking Service User)

*"I don't know how to thank you - without your services we wouldn't have been able to get linked and liaise properly with the housing department. You have been a great help."* (Arabic Speaking Service User)

*"I write to thank the service from SIS that brought such a BIG help to my life, especially the Bilingual Advocate X who is very responsible and cordial and thinks about client from every aspects. She gave me the most important help when I desperately needed it. She has also given me care and hope. I really hope SIS can provide more and even better services for a long time for the Chinese abroad who need help."* (Cantonese Speaking Service User)

*“I am no longer worried about my life. The service has helped me obtain all the available benefits for my situation. They gave me lots of information. The transfer from couple/family life to single motherhood was much smoother and it gave me the self-esteem to be able to handle like alone in the UK/Brighton.”* (Romanian speaking Service User)

*“I am 57 years old, disabled. For a long time I have been experiencing great difficulties which I was not able to solve without the help of SIS and personally without X, Bilingual Advocate and Interpreter. Given my disability (legs numbness ), and only knowing the English language on everyday level, cannot find the necessary addresses and phone numbers to solve vital issues, X resolves it quickly (excellent and very responsible worker). I want to thank your organization and personally X. Your work is very necessary and important, and I hope this service will always work and provide help to people. Thank you.”* (Russian speaking service user)

*“I am delighted with the service you are providing. I have been waiting to start the medication for Alzheimer's disease for approximately one year and in a space of days, you managed to book the appointment. God bless you.*  
(Portuguese Speaking Service User)

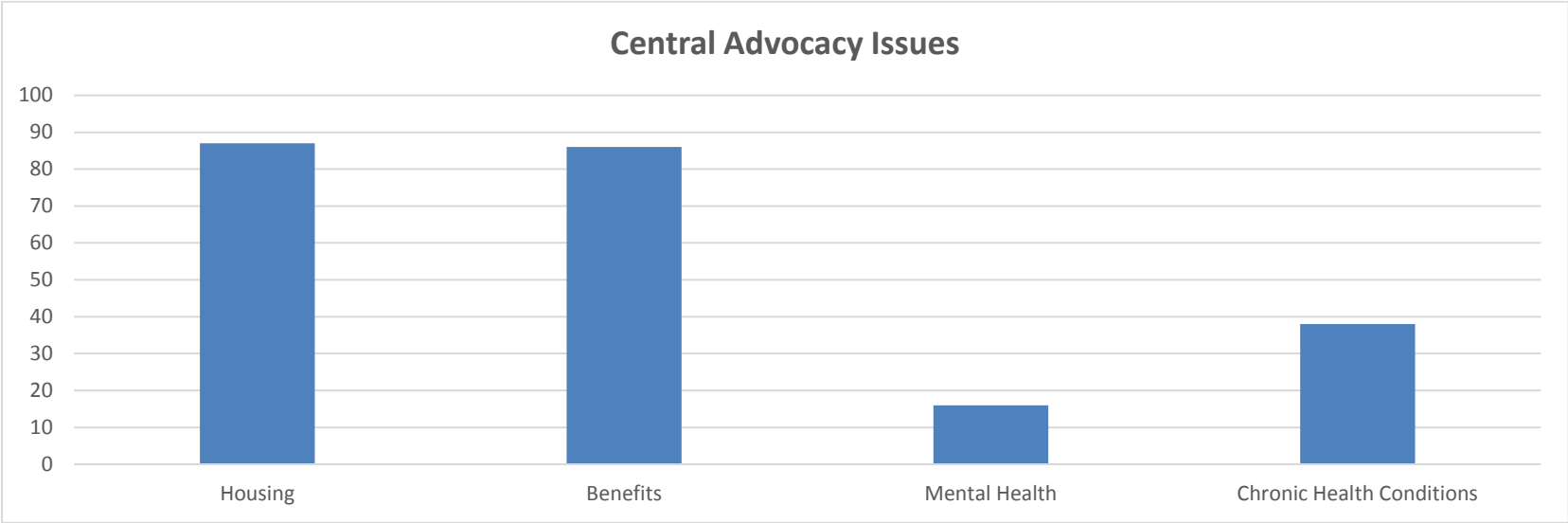
*“Although I was really worried and upset, I was lucky enough to register with a GP and I am now under care of endocrinologist. I possibly would have died if I did not have a GP, so I am really grateful to x who has worked as my Bilingual Advocate recently, and helped me and my son to register a dentist which made me feel I am less different to people around me. I get one more step closer to be included in the society. I am so pleased for this service. I just wish this service could be available for longer time; 8 hours is just way too short. Thank you”.* (Cantonese speaking Service User)

*“I experienced so much in such a short period of time, there are so many new windows opened in my life, I am so happy that there are always people helping me along and I am no longer alone.”* (Cantonese speaking Service User)

*“Advocacy has really helped me. I have avoided major surgery and with good medication, I am now well again and can work to support my family. I know that if I or my family are unwell I can ask my GP for proper treatment and I have options available to help me”.*



# Central Advocacy Issues



## Housing

- Housing Benefit – applications / challenging decisions - 21
- Homemove – registering / bidding - 18
- Council Tax - debt /managing payment plans – 8
- Housing Band Reviews: health / disability / family situation - 15
- Evictions/ Homelessness : applications for emergency accommodation - 15
- Adaptations and Repairs – 8
- Social Fund for furniture - 2

## **Benefits**

- Disability (Personal Independence Payments, Employment and Support Allowance, DLA, Attendance Allowance) - support with applications - liaising with specialist support services – 32
- Carers Allowance - 1
- No Recourse to Public Funds - support with securing a needs assessment -1
- Working Tax Credit / Child Tax Credit / Child Benefit - support with applications - 28
- Pension Credit - 3
- Job Seekers Allowance - 1
- Sure Start Maternity Grant/ Maternity Allowance application-4
- Blue Badge disabled parking/ free bus pass - 6
- Medical Exemption Certificate/HC1 certificate – 8
- Refugee Integration Loan application - 1
- Income support - 1

## **Mental Health**

- Post-Traumatic Stress Disorder – access to counselling - 1
- Depression /Anxiety/insomnia – support and referral to specialist services; Learning Disability, RISE / Domestic Violence, MIND, B&H Wellbeing, Housing, Occupational Therapy - 12
- Liaison with mental health practitioner to obtain supporting evidence for Housing application/ Free Legal Aid - 3

## Chronic Health Conditions & illness

- Dementia – including Alzheimer`s – support around diagnosis, benefits and isolation - 4
- Obesity – advocating for bariatric surgery -1
- Diabetes – support to obtain medication, prescription payment and appropriate blood glucose monitoring - 4
- ADHD and Autism – help to secure diagnosis, treatment and specialist childcare - 2
- Mobility & Spinal – housing and adaptations, benefit application, injury compensation, support to obtain medication - 13
- *Fibromyalgia* Syndrome / IBS / Bladder/Lupus – support for OT, housing and integrated support - 8
- Epilepsy -1
- Cardiac -2
- Pancreatitis-1
- Crohn`s disease-1
- Cancer -1

There is significant evidence that migrant communities experience inequality of health outcomes, the way in which services are organised and delivered is one of the factors that can impede good health.

*“Health services do, of course, have an impact on levels of health and illness, and there is evidence that migrants and members of ethnic minorities are often poorly served by existing services... The services offered may not be well-adapted to their particular needs by, for example, making too little allowance for linguistic, social and cultural differences.”<sup>2</sup>*

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<sup>2</sup> World Health Organisation (Europe) “How health systems can address health inequities links to migration and ethnicity”, Copenhagen, 2010, page 15



## Five Case Studies (Appendix B – 13 Additional Case Studies)

These studies are a representative sample. Many more case studies are available on request from SIS and there are a further 13 in Appendix B. Reference is made to the case study methodology shared by the Social Prescribing Network and used by Community Navigators, Link Back and the Health Promotion Project (SIS).

The case studies include a cost benefit analysis, estimated by noting commonly used services by patients in similar circumstances. The cost savings in Health and Social Care result from services not accessed because of Bilingual Advocacy support. These indicative figures have been calculated using Unit Costs of Health & Social Care 2016, PSSRU and sense checked with the Proactive Care Voluntary Sector Links Working Group, which includes a GP and Adult Social Care Manager. These are conservative estimates and other costs may be saved as timely prevention helps avoid crises in the long term.

Situation	Estimated cost saving per case per annum
Overcoming low mood and stress – building confidence	£2,009
Reducing risk of falls and resolving financial difficulties	£6,205
Overcoming social isolation and anxiety	£1,663
Supporting people to live well with a learning disability, vision loss & bereavement	£4,166

The costs do not reflect the improvement in quality of life for the people receiving bilingual advocacy services or the resilience they will have developed. The case studies give a flavour of the difference bilingual advocacy can make to someone's life.

The time savings are estimates based on the number of hours of primary, secondary care or adult social care time that was saved as a result of developing more resilience and independence as well as accessing a range of other services and groups in the community instead.

It will be important to take account of cost savings across the Bilingual Advocacy Project, which has excellent Impact evidence that can be used to benchmark across similar appropriate financial proxies.

## Case 141

The client stated that her landlord had found out that her 10-year old son was living in the bedsit with her and had asked her to leave the property. She had requested the notice in writing but he refused to do this. The landlord told the client that if he were to give her a formal notice the Council would close the building down as there were too many people living there now.

The client stated that she did not want to go through the homeless route as she could jeopardise one of her sisters' living arrangements as she also rented a bedsit in the building.

The client stated that she suffered from Attention Deficit Disorder (ADD), which was making her daily life difficult.

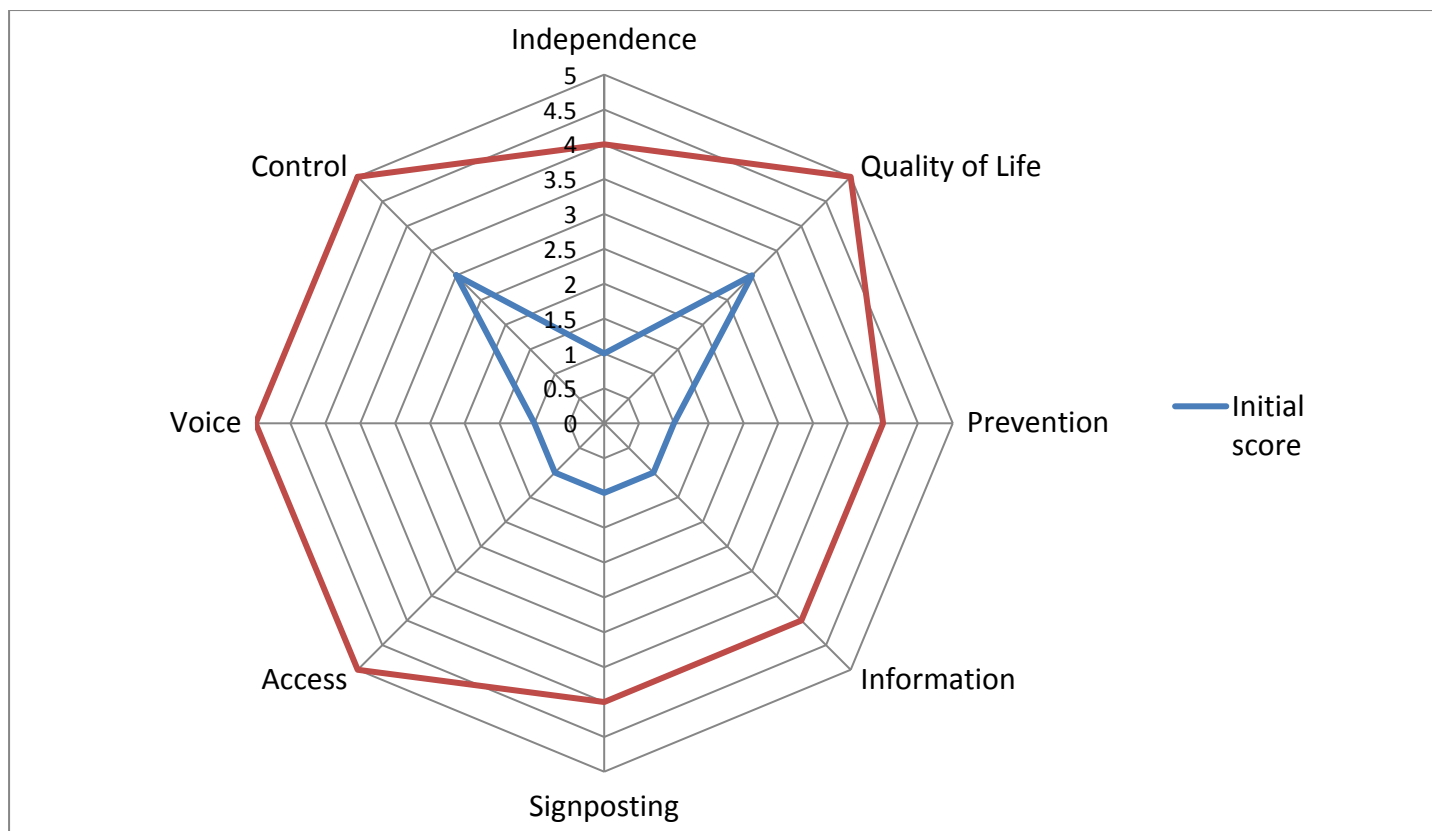
Her son also suffered from ADD and dyslexia. She had given his doctors' reports to the son's school in the UK but they had not contacted her.

The advocate helped

- To support a homeless application and to secure temporary accommodation following the eviction
- To register with Housing Options, ultimately resulting in the SU and her son moving to much more suitable accommodation
- To obtain vouchers from a Social Fund for buying furniture
- An application for Housing Benefit
- To explore the options available for having counselling due to the SU's depression and anxiety
- A referral to Amaze for support with living with a Learning disability
- To enrol on an ESOL course

*"I attended the viewing of this property with the client and I believe that having a bilingual advocate present was crucial in securing the tenancy. With my support, the client was able to speak with the landlords which were present at the viewing and I was able to give an insight in the client's life and her current difficulties." (Bilingual Advocate)*

*"I am forever grateful to the support my advocate has provided. Her work was outstanding, thoroughly professional and I am deeply grateful for her commitment." (Service User)*



Situation	Estimated cost saving per case per annum
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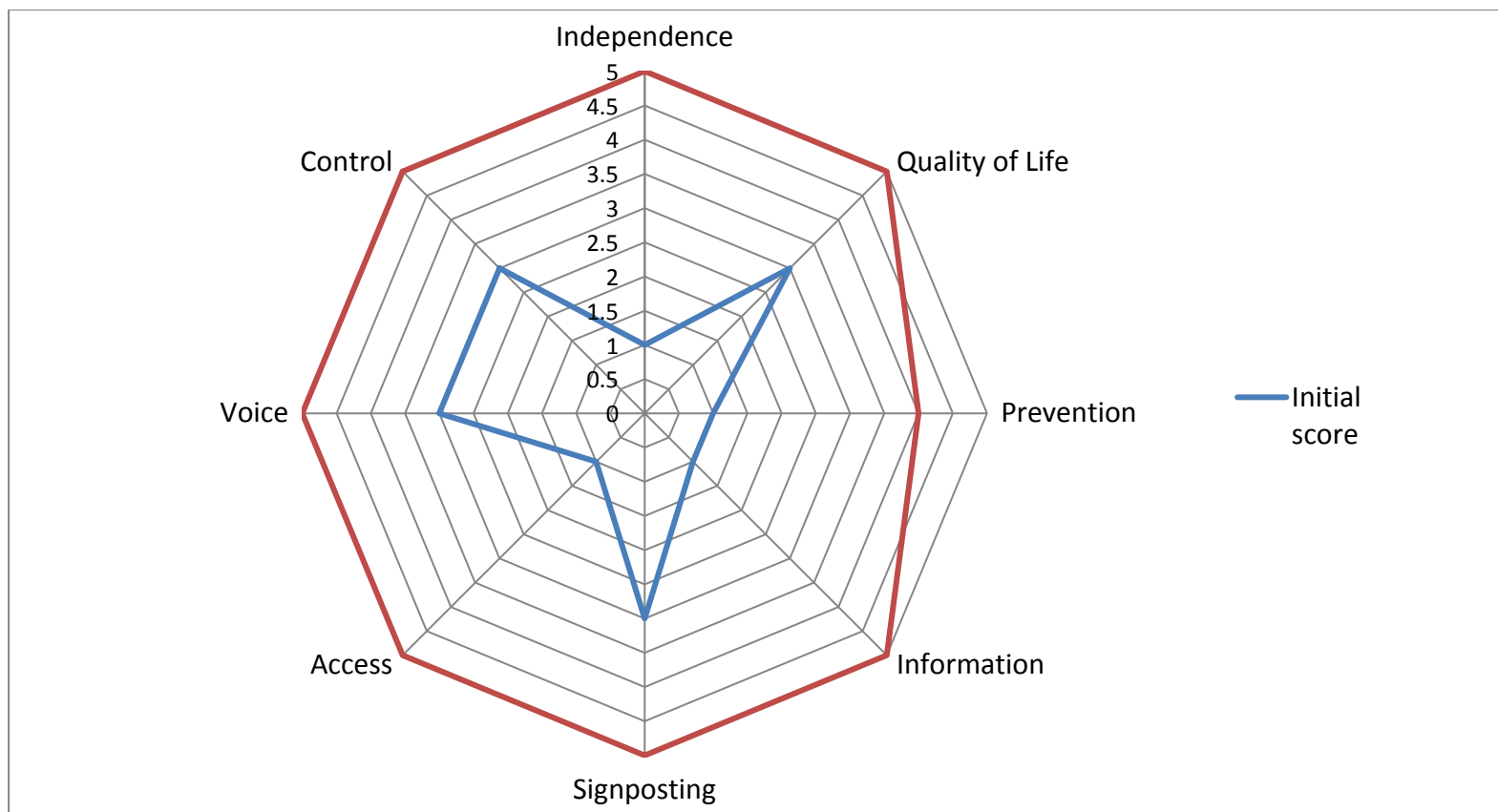
## Case 129

The SU was working as a live-in nanny – the SU’s employer terminated the SU’s employment at short notice due to the son moving abroad therefore leaving the SU with no job and nowhere to live. She was forced to live on the sofa in the living room with her belongings in bags – the rapidly worsening situation was causing the SU to suffer from depression and back pain.

The advocate helped the SU to:

- Move to emergency accommodation
- Register on Homemove and to bid on properties
- Apply for a Housing Band upgrade
- Apply for Job Seeker’s Allowance (JSA)
- Speak to her GP about her Mental Health, be referred for counselling and to ensure that any further appointments are booked with the doctor of her choice

*“Without the support of my advocate I would not have been able to survive. Losing my job and accommodation at the same time was the lowest point of my life. My advocate explained my rights and guaranteed that they were all met. Her knowledge, insight, guidance, and support during this process were invaluable to me. Thank you!” (Service User)*



Situation	Estimated cost saving per case per annum
Overcoming low mood and stress – building confidence	£2,009
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## Case 116

The client stated that she has suffered domestic violence whilst living in Portugal with her ex-husband and two sons. She had to flee to a safe house in Portugal. The ex-husband found out where she was staying and the situation worsened. Her best friend who lives in Brighton told her to move to the UK and promised to help her. Her youngest son stayed with her mother until shortly finishing school and moving to Brighton to be with the SU.

Her friend recently said that she could not house her any longer. The client was at risk of becoming homeless.

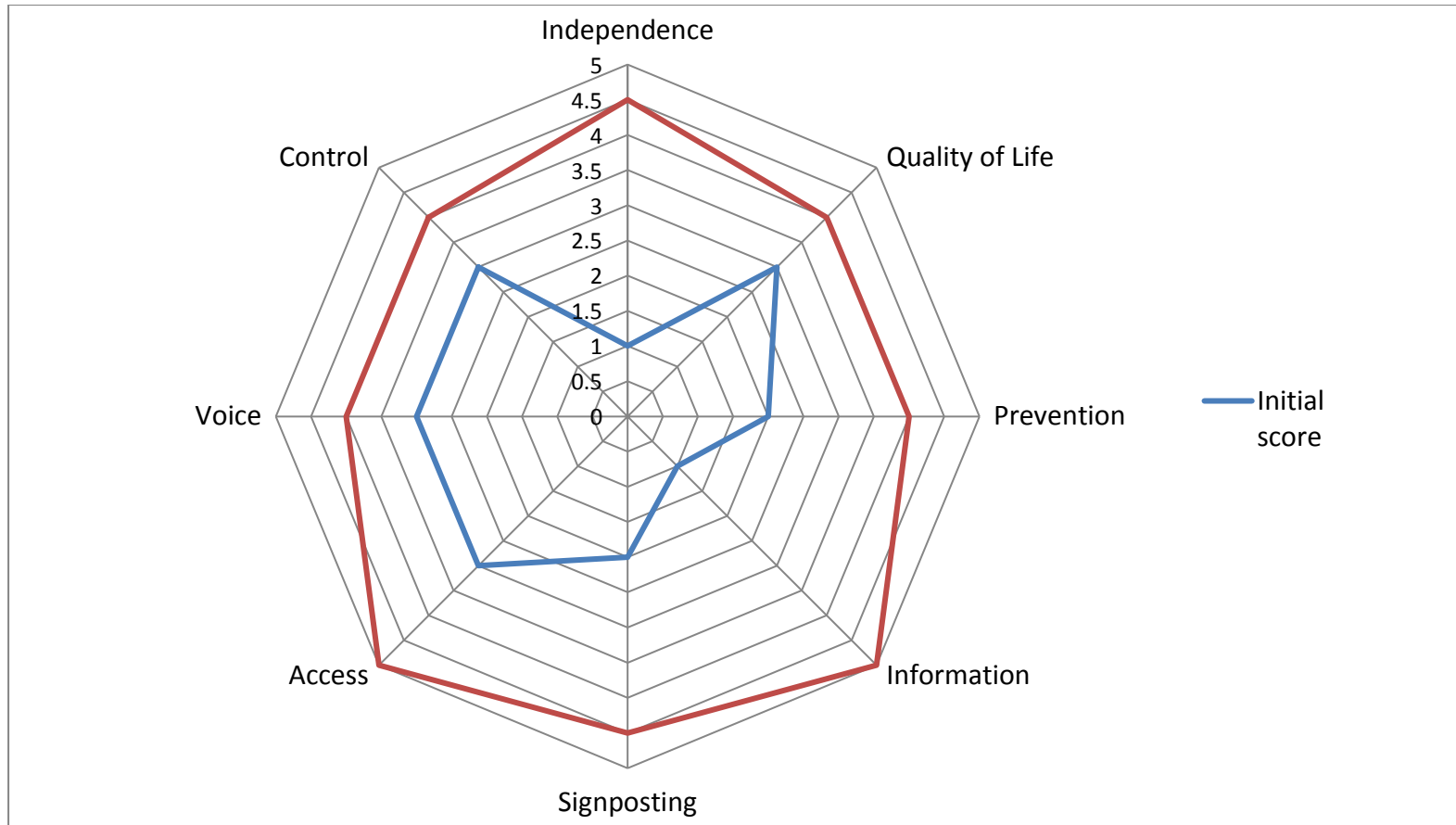
The client is suffering from depression and has fibromyalgia. She is finding work extremely difficult due to this.

The advocate helped the service user to

- Receive working tax credits and child tax credits. The Service User requested to work flexible hours and was granted this, which had an immediate and helpful effect on her health.
- Secure a room to rent whilst looking for longer term accommodation
- Apply for Child Benefit
- Register on HomeMove and bid on properties
- Secure a Housing Band upgrade to Band B
- Resolve issues with Housing Benefit underpayment and Council Tax reduction
- Obtain a referral to Possability People for help with a Personal Independence Payment application

*“Thank you so much for everything that you have done for my son and I, and for being there for us no matter what. It has been very stressful at times and an emotional rollercoaster but you have always been approachable, understanding and have stood by me through everything. Your professionalism and potential is admirable. I will never be able to thank you enough!”* (Service User)

*“In conclusion, the outcome of this case was very successful. This case was another example of the positive impact and effectiveness of advocacy work.”* (Bilingual Advocate)



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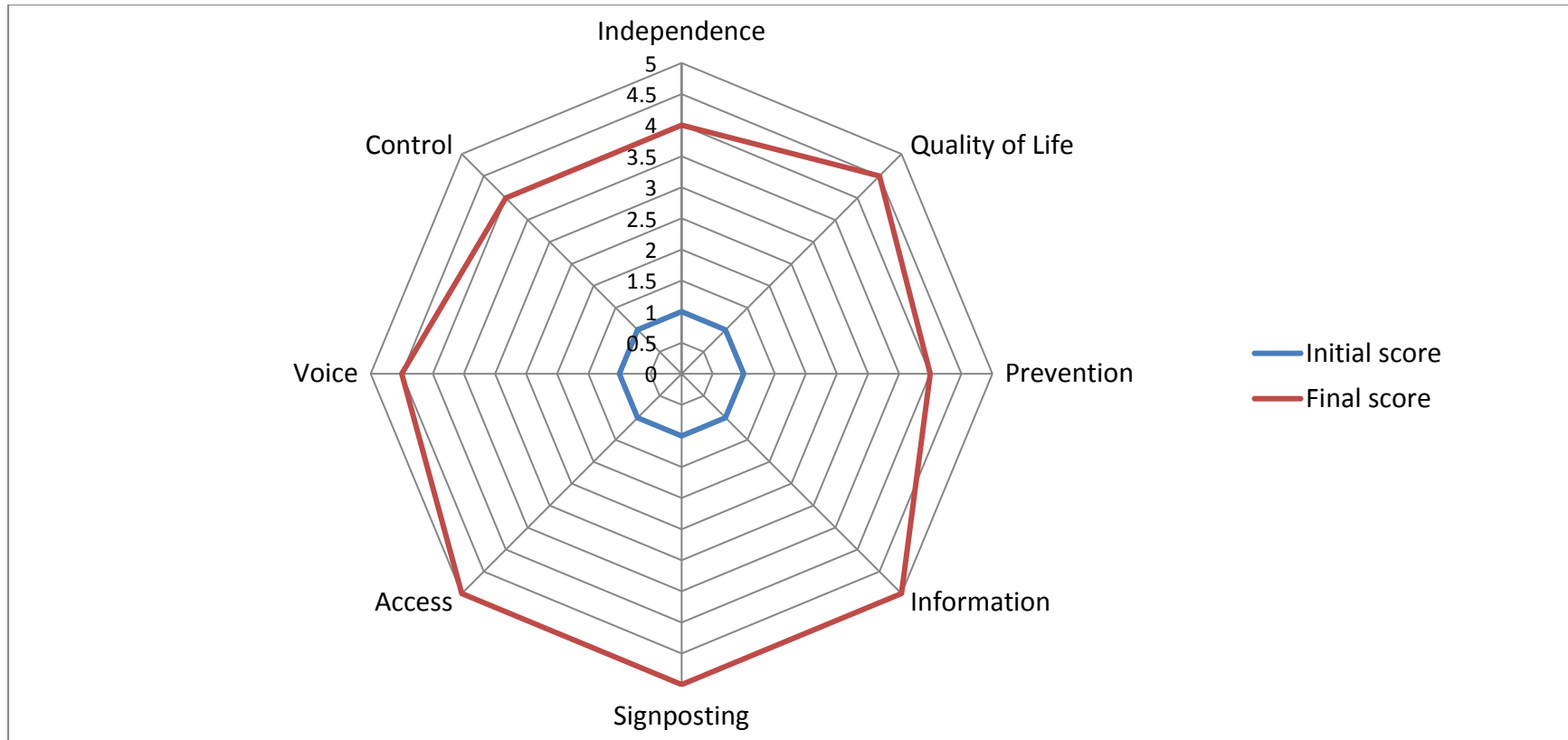
## Case 169

The Service User (SU) had been living in emergency accommodation in Eastbourne with her son and two young daughters( 2 months and 3 years old) for two months as they hadn't been able to keep up the rental payments on their flat in Brighton. The SU needed help with how to liaise with Brighton & Hove City Council (B&HCC) regarding the family's Housing situation and how to manage the serious debt situation which the family had found themselves in.

The advocate helped the SU to

- Liaise with B&HCC to help the SU to manage her Council tax debt repayments and to make a new application for Housing Benefit
- Reduce the stresses caused by fines, debts and miscellaneous financial issues by making contact with Step Change, explaining the procedures and ways of dealing with debt.
- Contact the DVLA to put a debt repayment plan into place
- Contact Southern Water to open an account in SU's name
- Contact the eldest daughter's nursery to inform them that the daughter would be moving to a nursery in Eastbourne and then register the daughter at her new nursery
- Open a bank account to assist with putting the family finances onto a more even footing.
- Consider how to budget and therefore avoid financial difficulties in the future.

*"I gave the family choices about how they proceed with their lives by presenting facts and offering alternatives which I believe empowered them from a state of despair to making informed decisions." (Bilingual Advocate)*



Situation	Estimated cost saving per case per annum
Overcoming low mood and stress – building confidence	£2,009
Reducing risk of falls and resolving financial difficulties	£6,205
Overcoming social isolation and anxiety	£1,663

## Case 168

Service User (SU) was looking for help with applying for Child Benefit and Child Tax Credits and managing the family's unpaid Utilities bills. She was also looking to apply for Employment Support Allowance (ESA) due to her depression and anxiety. The casework later took a new direction when the SU informed the Bilingual Advocate (BA) of the Domestic Violence which she had been suffering at the hands of her husband.

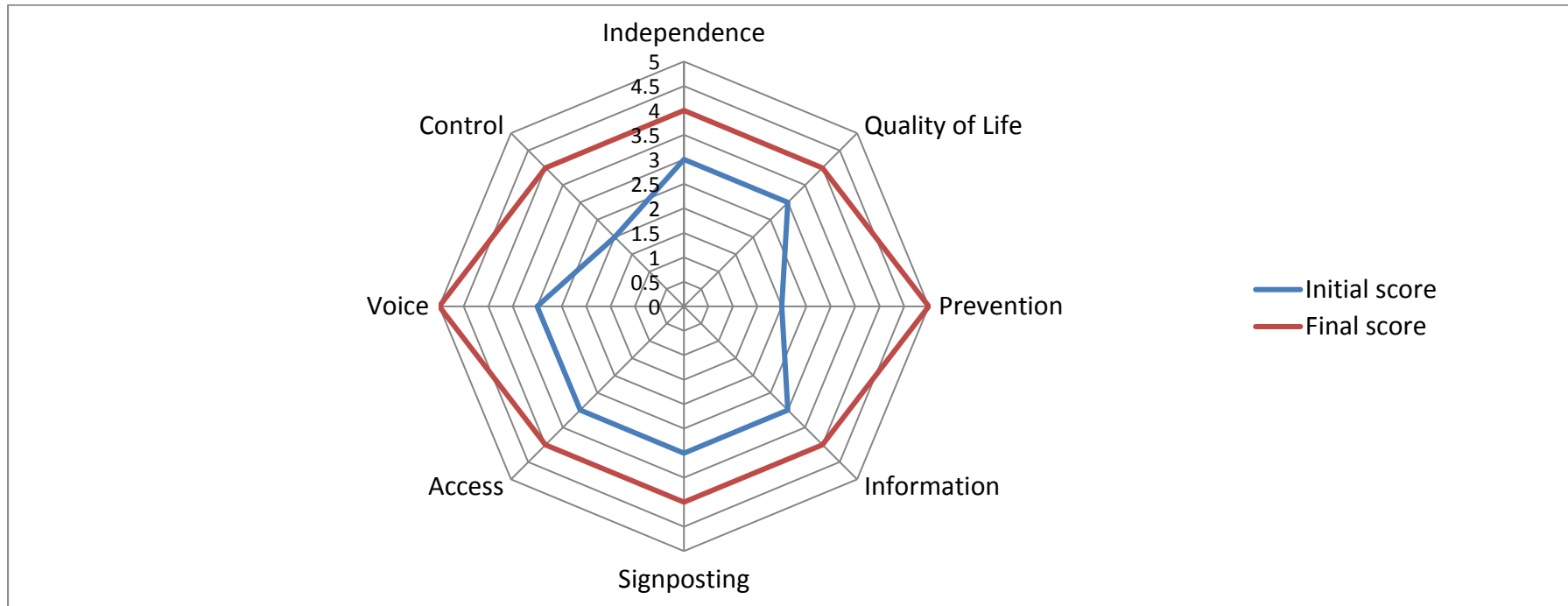
The BA initially helped the SU to

- Apply for child benefit and child tax credit.
- Liaise with Job Centre Plus to obtain ESA.
- Contact Money Advice Plus for advice on how to obtain a discount on their unpaid bill. Contact the electricity provider to set up a direct debit for the outstanding balance repayments
- Contact all relevant organisations to give them the new address when the SU and her family moved to the new permanent council house flat.

After the SU had first informed the BA of the Domestic Violence and reported this to the police, the BA helped her to

- Contact all relevant organizations to put all the bills and benefits in the SU's name
- Liaise with the police officer in charge of the case
- Liaise with the children's social workers
- Contact a Farsi speaking Legal Advisor
- Secure a referral for support from the organisation Rise and attend the meeting with her so that the SU could fully explain her situation
- Contact the children's school and explain the change in the family's circumstances
- Contacting Brighton & Hove City Council to inform them that SU is entitled to 25% single parent discount.

*“I have done my job. I am proud of the SU and proud of myself to be able to help her to regain her confidence in life.”* (Bilingual Advocate)



*“My advocate did a great job for me - she helped me and allowed me to be more independent and more better placed to stand up for my rights. I appreciate her and would like to say thank you.”* (Service User)

Situation	Estimated cost saving per case per annum
Overcoming low mood and stress – building confidence	£2,009
Reducing risk of falls and resolving financial difficulties	£6,205
Overcoming social isolation and anxiety	£1,663

## Comparative Surveys (Appendix C – 2011 / 2015 / 2016)

A Survey was sent to 51 people from organisations that have interacted in some way with the Bilingual Advocacy Project and returned by 9.

A similar Survey was sent to 16 SIS Bilingual Advocates and fully completed by 12.

Respondents were asked to what extent they agreed with a series of statements.

Both these 2016 Surveys were benchmarked against each other.

Responses were also compared to two Pilot Surveys from 2015 (SIS Bilingual Advocacy Pilot / Brighton & Hove) and 2011 (SIS Bilingual Migrant Health Advocacy Pilot / East Sussex).

The 4 Surveys give a clear value picture of the SIS Bilingual Advocacy Model of Delivery – consistent across both Pilots and the current Project. The addition of a Partner Survey for the Project Evaluation widens the perspective, despite a low rate of return.

- Average **77% disagreed/strongly disagreed** that Service Users (SUs) at the point of referral to the Bilingual Advocacy Project:
  - Knew their rights in relation to health and social care services
  - Knew how to access health and social care services
  - Knew what help they needed and set appropriate goals
- Average **96% agreed/strongly agreed** there is a need for bilingual advocacy and that the Bilingual Advocacy Project is an:
  - Effective way of helping people to understand and access health and social care services
  - Effective way of reducing health and social care inequalities
  - Helping to support Service Users and helping partners to work with vulnerable Service Users

*“Most of my clients were desperate for help and unsure where to go”. (Russian speaking Bilingual Advocate)*

- **Well-being and overall quality of life**
  - Average **85%** agreed/strongly agreed (across 3 Surveys – question not asked in 2011) this has improved for Service Users as a result of advocacy support
- **Mental Health**
  - Average **75%** agreed/strongly agreed this has improved for Service Users as a result of advocacy support
  - 90%** of Bilingual Advocates 2016 agree/strongly agree this has improved for Service Users as a result of advocacy support

- **Control**  
**100%** of Bilingual Advocates 2016 agree/strongly agree that SUs now have more control
  
- **Physical health**  
**70%** of Bilingual Advocates 2016 agree/strongly agree the physical health of SUs has improved  
This has significantly increased from 55% in the B&H Pilot (Evaluation page 29)

*“Not having to run everywhere and struggle to understand everything and being confident that there is a person that can speak both languages and knows how to support, is so reassuring and healthy for both the SU and the SP”. (Bilingual Advocate)*

*“The Service Users wellbeing and quality of life are improving as well as stress levels going down as finally someone is listening and supporting them, helps them to sort out their problems that they are stuck on, because of their language barrier and the lack of knowledge about different services”. (Bilingual Advocate)*

- **Independence**  
Average **87%** agreed/strongly agreed Service Users are now better able to manage their own health and well-being  
**100%** of Bilingual Advocates 2016 agree/strongly agree SUs feel less isolated and more encouraged and hopeful

*“From understanding the way to the GP, school, Post Office and being able to send a self-addressed letter, obtain repeat prescription at the chemist, to understanding the letters they receive and attend appointments in unknown locations all these are great achievements. The SU has the strength and confidence to manage life without speaking English well, has the motivation and understanding to integrate in the British community accordingly”. (Romanian speaking Bilingual Advocate)*

- **Voice**  
Average **90%** agreed/strongly agreed Service Users are now better able to interact with health and social care professionals  
Average **95%** agreed/strongly agreed Service Users are now fully involved in decisions about their own care and treatment

*“SU's finally feel like they getting somewhere, they are making informed decisions about their lives”. (Bilingual Advocate)*

- **Information**  
Average **86%** agreed/strongly agreed Service Users are now able to choose the right service to access when they need care  
Average **51%** agreed/strongly agreed (across 3 Surveys) Service Users have access to some useful translated information  
**90%** of Bilingual Advocates 2016 agree/strongly agree SUs now have more knowledge of how health & social care services work
- **Access**  
**100%** of Partners & Bilingual Advocates 2016 agree/strongly agree SUs have improved access to health and social services
- **Prevention**  
Average **82%** agreed/strongly agreed (across 3 Surveys) that SUs now access services more appropriately  
**80%** of Bilingual Advocates 2016 agree/strongly agree that SUs feel that support has prevented their situation getting worse
- **The SIS Bilingual Advocacy Delivery Model**  
**100%** of Bilingual Advocates 2016 agree/strongly agree that Peer Support Sessions have been valuable  
**100%** of Bilingual Advocates 2016 agree/strongly agree that Code of Practice helps to support their practice  
**90%** of Bilingual Advocates 2016 agree/strongly agree they receive enough support & training for the challenges of advocacy.
- **Continuing need for Bilingual Advocacy**  
**10%** of Bilingual Advocates 2016 agree SUs no longer need advocacy support to manage long-term health conditions  
**13%** of Partners 2016 agree SUs no longer need advocacy support to manage long-term health conditions  
**30%** of Bilingual Advocates 2016 agree 14 hours of Bilingual Advocacy is enough to help SUs  
**10%** of Bilingual Advocates 2015 strongly agreed 8 hours of Bilingual Advocacy is enough to help SUs

*“The causes of vulnerability cannot be fully addressed through advocacy as they are embedded in legislation and systems, for as long as this is the case vulnerable migrants with language barriers and care needs are likely to need advocacy as often as they face issues. Advocacy alone could never permanently address issues caused by fundamental and systematic under-resourcing of health and social care at a national level. However I have seen that as advocacy increases overall understanding of the systems and these issues, clients are better enabled to deal independently with new matters”. (BHCC – Adult Social Care)*



## Quality Assured Delivery Model

- Code of Practice

The SIS Code of Practice is based on the Advocacy Charter, and promotes 11 key advocacy principles in action.

<http://www.qualityadvocacy.org.uk/wp-content/uploads/2014/03/Code-of-Practice.pdf>

- Accredited Training

All 19 SIS Bilingual Advocates have completed the Open College Network 10 day accredited programme for Bilingual Advocacy. This involves 3 Units with 3 credits per Unit: *Purpose & Principles of Bilingual Advocacy / Application of Bilingual Advocacy Skills / Research Skills for Bilingual Advocates*. SIS offers the programme only to those who have completed accreditation in Community Interpreting at level 3.

SIS is very proud that of the maximum 171 credits available to the 19 accredited Bilingual Advocates 167 have been awarded. External trainers have commented that this makes the pool of SIS Bilingual Advocates one of the most accredited in the country.

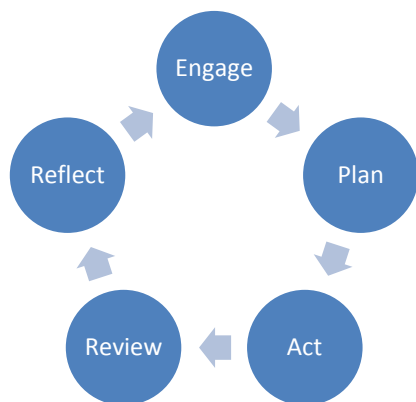
During the Pilot Bilingual Advocates also attended 2 Day Refresher Training delivered by an Action 4 Advocacy trainer. Training has also been provided around resilience, safeguarding, refreshing advocacy skills, Welfare Benefits, and the Care Act.

- Independence

The BAP is independent and follows an instructed advocacy casework model – advocates only operate where they can take instruction from the service user.

- Peer Support & Team Work

There have been 18 well attended and popular Peer Support Sessions. These have involved briefings from partners, sharing case management ideas and swapping useful contacts. They represent a commitment to co-design of advocacy services. They are important to sharing reflective practice as part of the Advocacy Cycle:



Bilingual Advocates receive a Reward & Recognition payment to attend as an acknowledgement for their commitment to professional development and their co-production role in evaluating the Project and Pilot. There is a clear acknowledgement that the Peer Support Sessions have made a significant contribution to improving the confidence and professional development of Bilingual Advcoates. They are integral to our Learning & Development Strategy and securing the SIS Investors in People Award.

There is enthusiasm for them to continue and recently they were used to make a useful contribution to recommendations to Healthwatch Brighton & Hove on how local social care and health services might be made more accessible **(Appendix D)**

*“I truly enjoyed this session and feel part of this great team”. (Bilingual Advocate)*

*“These peer support sessions have been very useful!” (Bilingual Advocate)*

*“A well-run peer support group. It stimulates my interest and we learn from each other”. (Bilingual Advocate)*

*“I am also pleased to have this supportive team. The SIS Projects Coordinator suggested that the husband can work with another BA, but as the couple have the same concern about immigration, the other BA and I can work out how to share the job. The Projects Coordinator phoned me and checked if I was happy to give out my telephone number and email to another BA. Of course, I agreed and I worked well with him. We shared information, which helped each other to gain and learn more. That proved your idea was good, thank you.” (Bilingual Advocate)*

- Quality  
 Quality Performance Mark (QPM - National Development Team for Inclusion) [www.ndti.org.uk](http://www.ndti.org.uk)  
 Customer Service Excellence <http://www.customerserviceexcellence.uk.com/>

**Bilingual Advocacy Service Users Meeting the Customer Service Excellence Assessor and (below) Bilingual Advocates Evaluating the BAP**



- Promotion

The BAP has involved promotional visits and information circulation to the following:



Trust for Developing Communities  
 Drs of The World  
 EPiC Navigators  
 Migrant English Project  
 Brighton Voices in Exile  
 Brighton Housing Trust  
 Carers Centre  
 BME Psychotherapeutic Counsellor  
 Survivors Network  
 MIND Brighton & Hove

Healthwatch Brighton & Hove  
 Brighton & Hove Wellbeing Service  
 Brighton & Hove Advocacy Providers Group  
 Money Advice & Community Support  
 City of Sanctuary Network  
 Migrant Solidarity Network  
 Independent Complaints Advocacy Service  
 Black & Minority Ethnic Community Partnership  
 MindOut - LGBTQ Mental Health Service  
 Ethnic Minority Achievement Service

The Hangleton & Knoll Project  
 Migrant & Refugee Forum  
 Jubilee Library Services  
 Age UK  
 BHCC Housing  
 BHCC Adult & Children`s Social Care  
 The Fed  
 Migrant Solidarity Network  
 SIS Health Promotion Project  
 Health Visitors

## Outputs

	Month	Casework Hours	Drs of The World	
<b>PILOT</b>	Dec-14	7	N/A	
	Jan-15	16		
	Feb-15	63		
	March-15	117		
	<b>Total Pilot casework hours</b>	<b>203</b>		
	<b>20 individuals received casework support</b>			
<b>PROJECT 2015-16</b>	April-15	91	N/A	
	May-15	42		
	June-15	85		
	July-15	83		
	August-15	67		
	Sept-15	55	0	
	Oct-15	64	0	
	Nov-15	48	0	
	Dev-15	46	0	
	Jan-16	50	0	
	February-16	40	7	
	March-16	74	15	
	<b>Total Year 1 Project casework hours</b>	<b>745</b>	<b>22</b>	
	<b>57 individuals received casework support</b>			
		April-16	117	10.5
		May -16	95	6
		June-16	70	2
		July-16	75	1

<b>PROJECT 2016-17</b>	August-16	87		0
	Sept-16	90		0
	Oct-16	78		0
	Nov-16	63		0
	Dec-16	72		0
	Jan-17	71		0
	Feb-17	45		0
	March-17	37		0
	<b>Total Year 2 Project casework hours</b>	<b>900</b>		<b>18.5</b>
	<b>62 individuals received casework support</b>			
<b>PROJECT 2017-18</b>	April-17	23 <sup>3</sup>		-
	May-17	45		-
	June-17	66		-
	July-17	65		-
	August-17	46		-
	Sept-17	55		-
	Oct-17	39		-
	Nov-17	4		-
	Dec-17	4		-
	<b>Total Year 3 Project casework hours</b>	<b>347</b>		-
	<b>32 individuals received casework support</b>			

<sup>3</sup> Drop as housing issues are no longer funded through BHCC and uncertainty around CCG contracts review

- **Average casework duration is 16 hours** for 128 completed cases

Range of advocacy hours for 128 completed cases	
0 - 9 hours	42 cases
10-19 hours	49 cases
20-29 hours	24 cases
30 - 39 hours	9 cases
40 - 49 hours	3 cases
60-69 hours	1 case

- **Average casework duration is 11 hours** for 19 re-referred cases

Range of advocacy hours for 19 re-referred cases	
0 - 9 hours	9 cases
10-19 hours	9 cases
20-29 hours	
30 - 39 hours	1 case
40 - 49 hours	
60-69 hours	



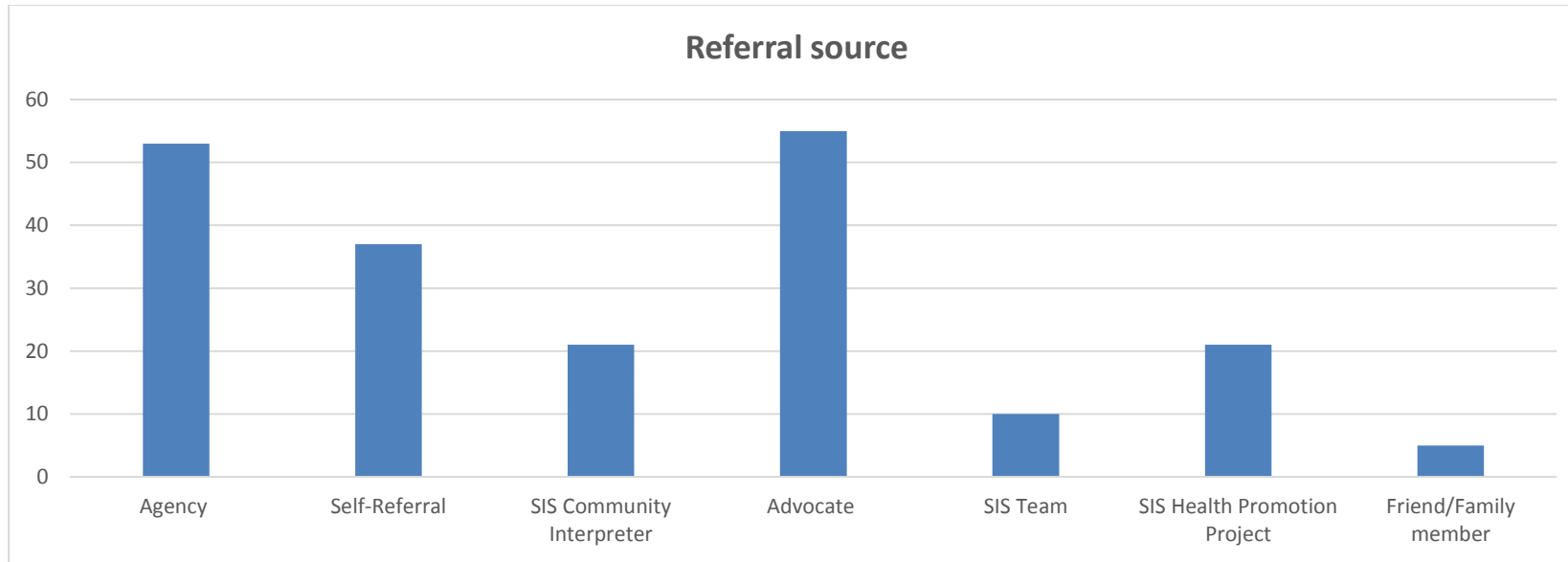
○ **REFERRALS - 182** (cumulative to end of Dec 2017)

- 128 completed cases - / 97 completed Empowerment Webs
- Of 128 cases, 19 cases closed after re - referral
- 19 referrals not wishing to take up service after having initial telephone consultation
- 9 cases not eligible - person living outside service area or housing referral post April 2017
- 8 referrals involved 6 languages not covered by BAP (Bulgarian, Dari, Hindi, Japanese, Thai, Hungarian)
- 7 referred for Volunteer Linguist support
- 9 referrals non-contactable
- 2 Unmet need – after we were unable to open any new cases due to project closure

**87 % engagement rate – Completed / Completed + languages not covered + Referrals non-contactable + Unmet need**

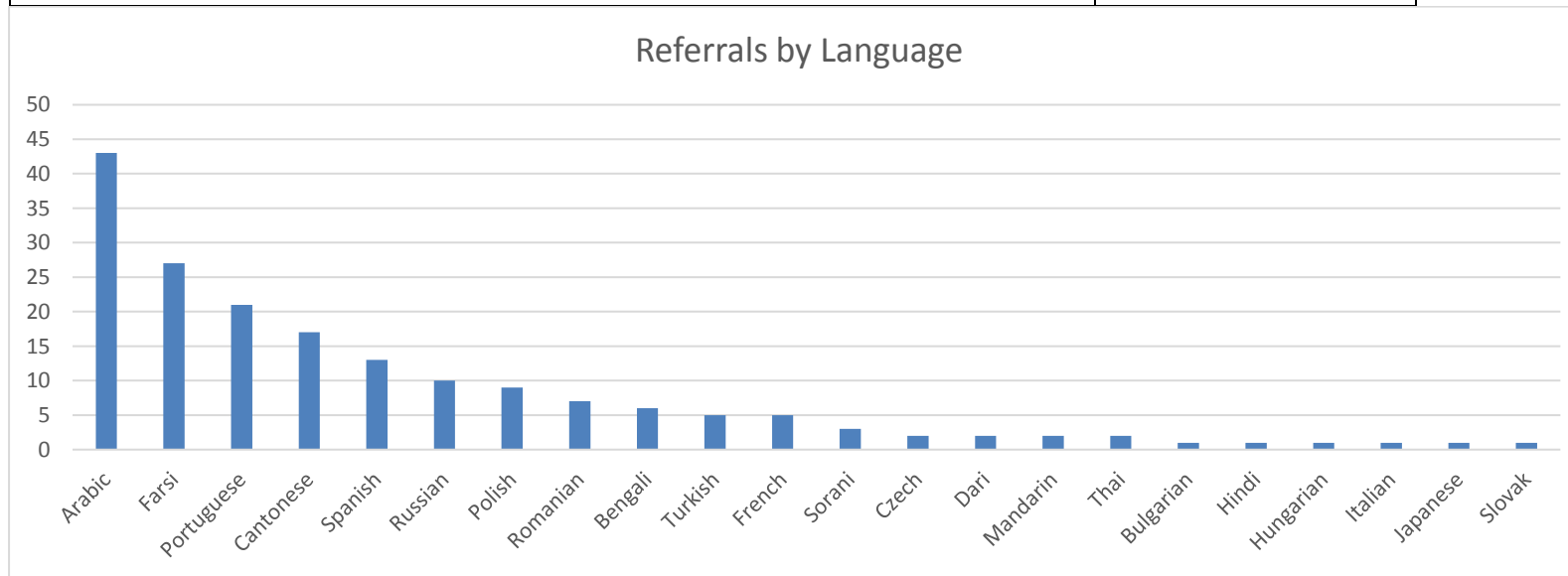
Referrals by Source (including multiple source and re-referrals)	
<b>Agency *</b>	<b>53</b>
Self-referral	37
SIS Community Interpreter	21
Advocate	55
SIS Team	10
SIS Health Promotion Project	21
Friend/family member	5
<b>Total</b>	<b>202</b>

Agency Detail *	No. of referrals	Case no
Healthwatch	2	20, 65
Community Navigator	3	25, 69, 120
MACS	1	25
MIND	2	28, 37
Brighton Voices In Exile	4	33, 34, 164, 165
Health Visitors	5	51, 99, 125, 126, 135
RISE	1	57
NHS Speech and Language Therapist	1	60
The Fed	1	70
B&H Wellbeing Service	6	6, 73, 78, 41, 133, 159
BHCC Housing Support Officer	2	83, 36
BHCC Adult Social Care	7	29, 46, 90, 25, 106, 179, 180
Ethnic Minority Achievement Service	1	89
BHCC Children's Social Care	4	60, 92, 100, 101
Doctors of the World	3	94, 77, 105
Migrant English Project	1	35
Family Information Service	1	118
BHT	2	131, 140
Just Life Keyworker	1	114
Brighton Integrated Care Service	1	16
Children's Centres	2	143, 149
Teen 2 Adult Personal Advisors Service	1	174
Young Carers Family Coach	1	182



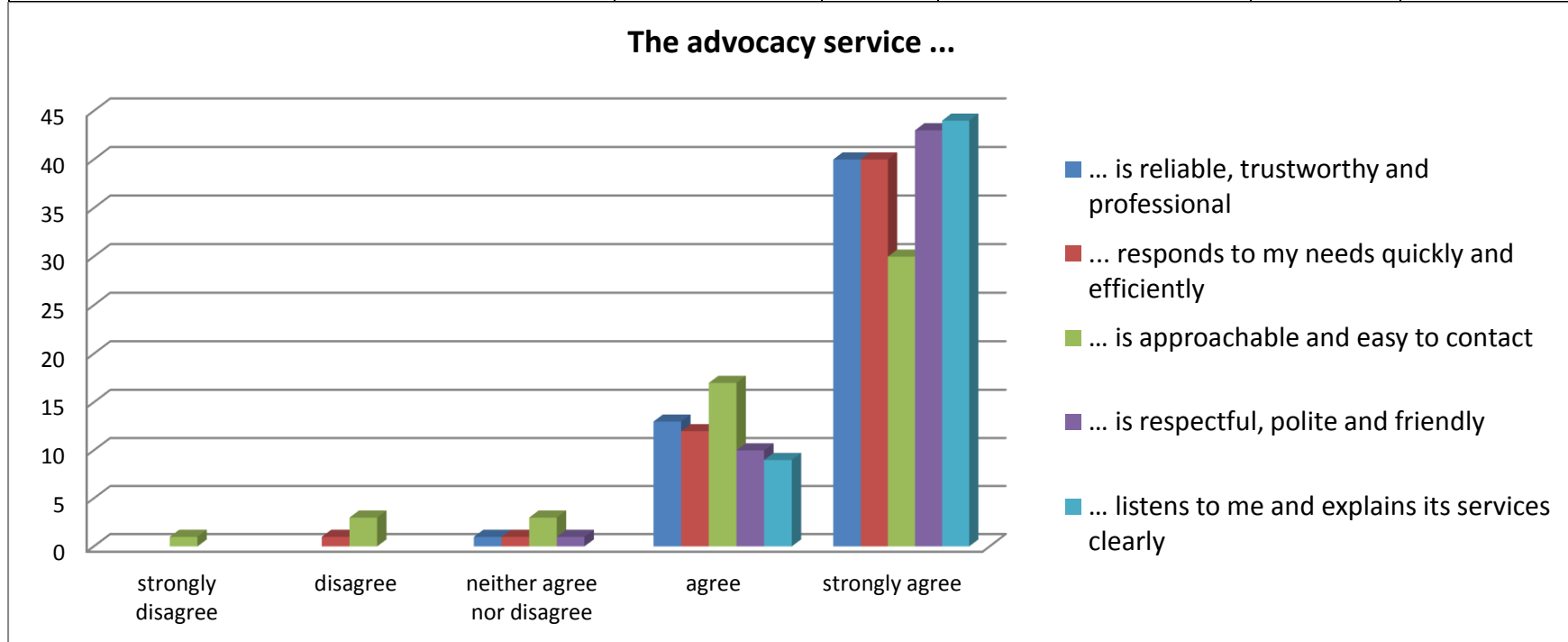
Referrals by Language	
Arabic	43
Farsi	27
Portuguese	21
Cantonese	18
Spanish	13
Russian	10
Polish	9
Romanian	7
Bengali	6
Turkish	5
French	6
Sorani	3

Czech	2
Italian	1
Slovak	1
Mandarin	2
<i>Referrals for languages not supported by the Bilingual Advocacy Project</i>	
Thai	2
Dari	2
Bulgarian	1
Hindi	1
Hungarian	1
Japanese	1
<b>Total</b>	<b>182</b>

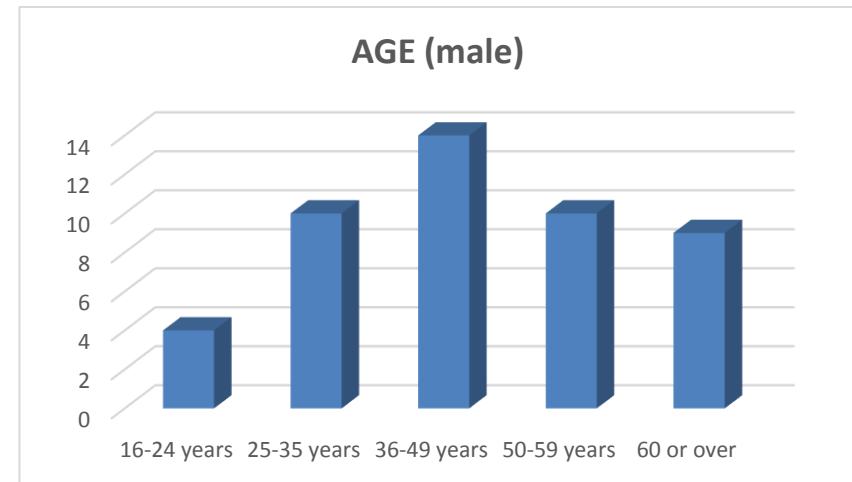
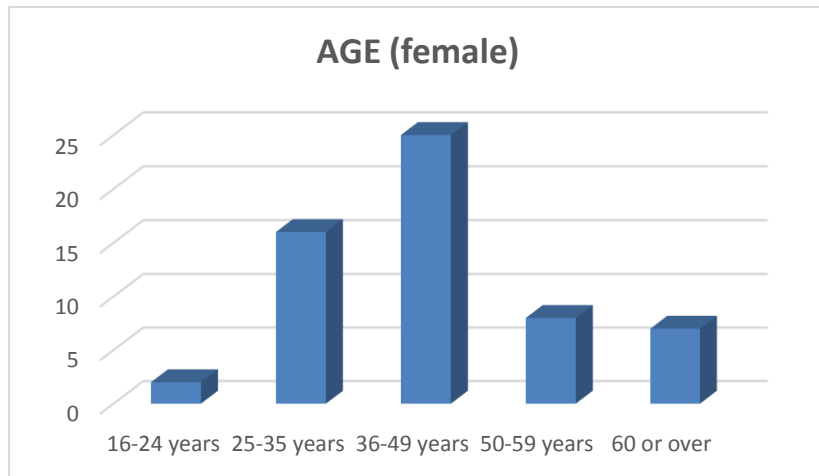
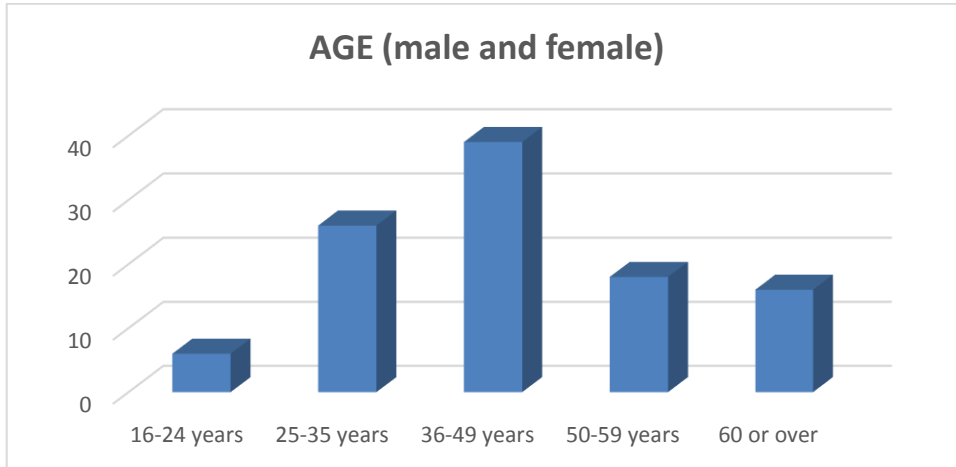


○ **SERVICE USER SATISFACTION** – 54 responses from 128 closed cases – 42% response rate

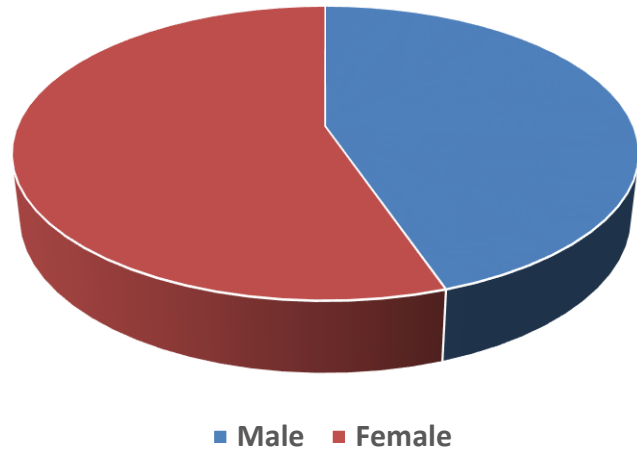
The advocacy service ...	strongly disagree	disagree	neither agree nor disagree	agree	strongly agree
... is reliable, trustworthy and professional			1	13	40
... responds to my needs quickly and efficiently		1	1	12	40
... is approachable and easy to contact	1	3	3	17	30
... is respectful, polite and friendly			1	10	43
... listens to me and explains its services clearly				9	44



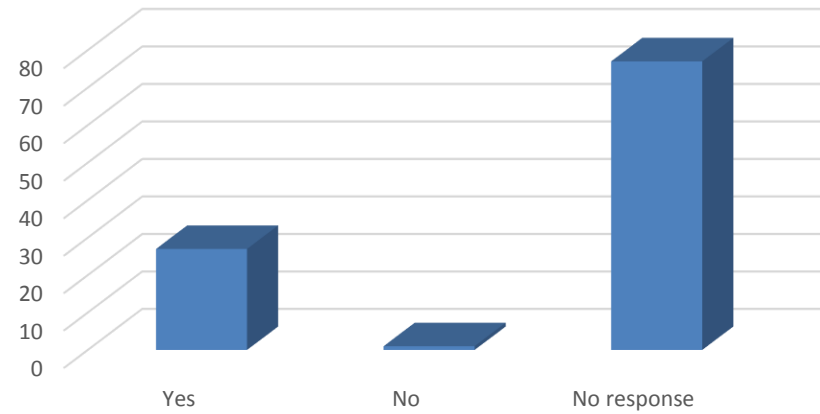
○ **EQUALITY & DIVERSITY MONITORING - based on 105 completed forms**



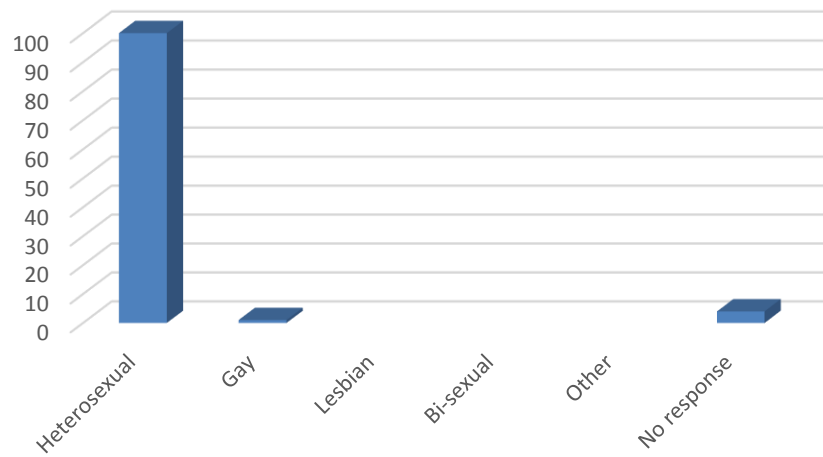
### Gender



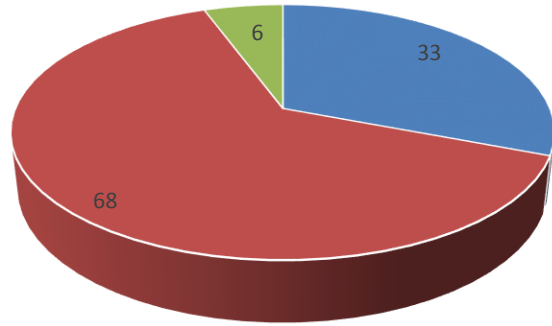
### Is your gender identity the same as the gender you were assigned at birth?



### Sexual Orientation

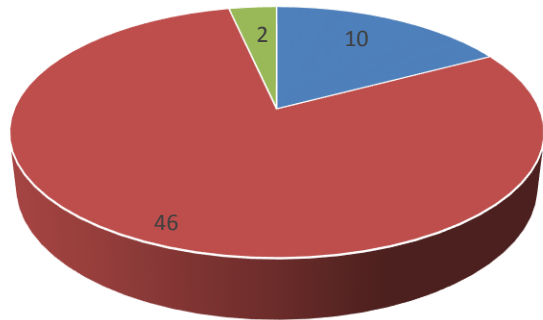


**Disability**



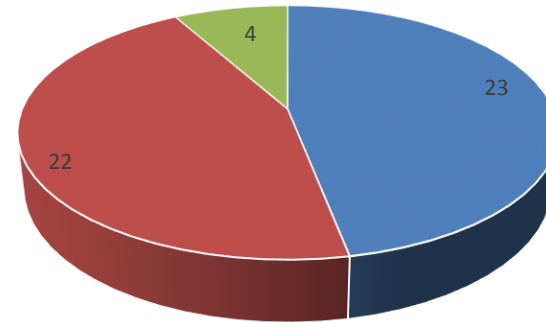
■ Yes ■ No ■ No response / Not sure / not yet

**Disability (female)**



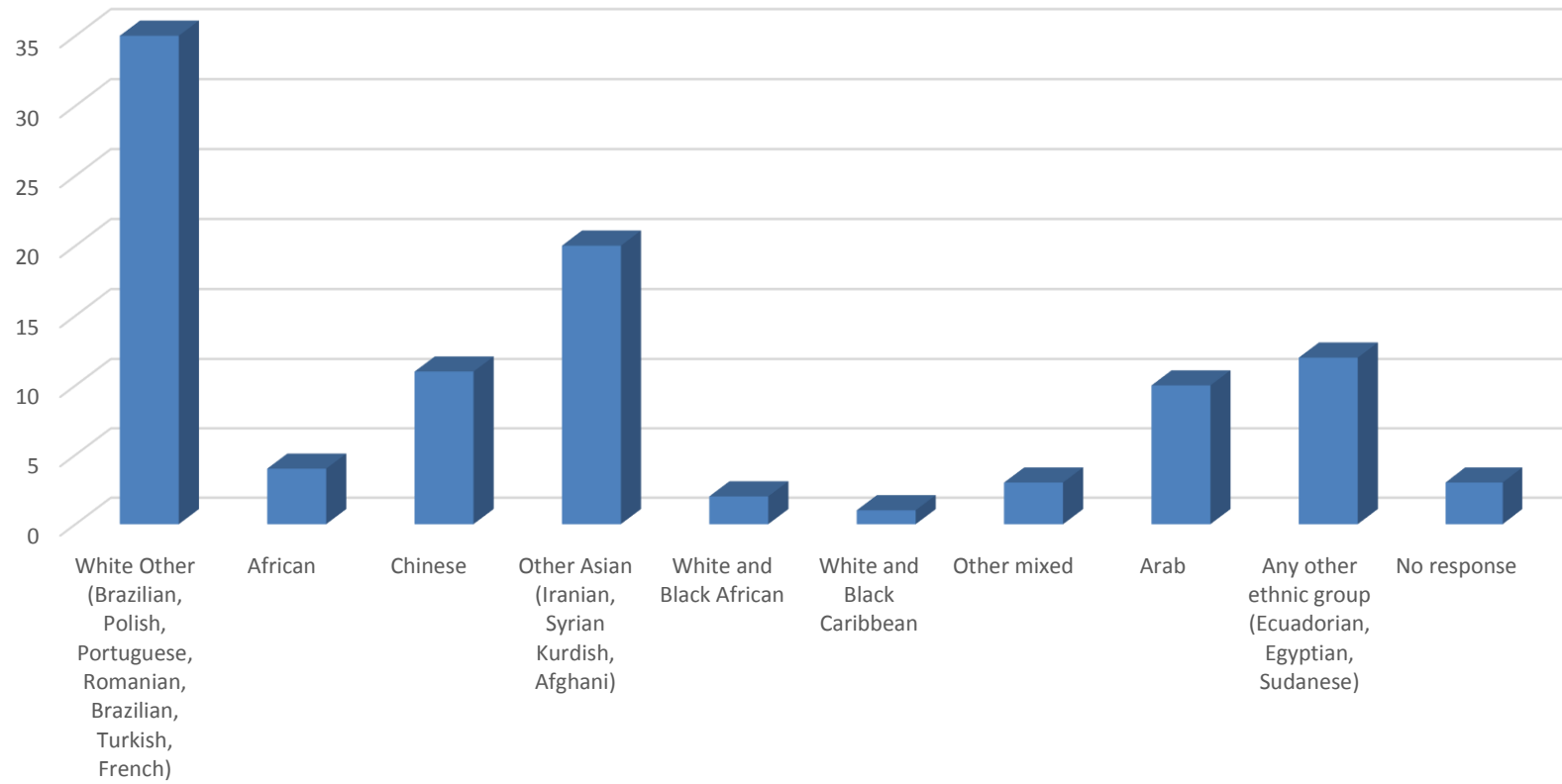
■ Yes ■ No ■ No response / Not sure / not yet

**Disability (male)**



■ Yes ■ No ■ No response / Not sure / not yet

## Ethnicity





## Conclusion

This evaluation provides clear and significant evidence that the Bilingual Advocacy Project (BAP) is effective in meeting need. There is a rich source of both qualitative and quantitative data. There are 18 case studies (5 in the body of the report and a further 13 in the Appendices) with Action Plans, quotes and completed Empowerment Webs. The Empowerment Questionnaire with its test and re-test methodology is a strength and enables change to be tracked. Our experience aligns with that of the Advocacy Needs Assessment.

*“Service users report that much current use relates to navigating increasingly complex access routes into health and social care systems, increasingly complex processes for receiving ... benefits and diminishing housing choices that are affordable, safe and secure”.<sup>4</sup>*

*“I disagree that service users are unlikely to need further bilingual advocacy support simply because of the nature and complexity of health and social care systems, and the specific difficulties faced by vulnerable migrants...these issues combined mean that the need for advocacy is likely to recur for as long as language and exclusion from mainstream benefits / housing; new obstacles to accessing entitlements etc continue or recur”. (BHCC – Adult Social Care)*

Our service users face additional access barriers involving language, knowledge and culture. Addressing these effectively is fundamental to our model of Bilingual Advocacy. Independent sources note that other advocacy services do not have a record in addressing these central needs.

*“It is also unclear whether people with additional language needs are able to access some advocacy services”<sup>5</sup>.*

*“Mainstream advocacy services were inaccessible and often inappropriate to the specific needs of black service users and carers.”*

*<sup>6</sup>“Evidence from the literature review and client feedback suggests that the language and, in many cases cultural background shared between advocates and service users is an essential characteristic of advocacy targeted at migrant communities”.<sup>7</sup>*

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<sup>4</sup> Adult Advocacy Needs Assessment 2017 Brighton & Hove City Council Public Health Intelligence Team page 6

<sup>5</sup> Adult Advocacy Needs Assessment 2017 Brighton & Hove City Council Public Health Intelligence Team page 5

<sup>6</sup> Mental Health advocacy for Black and Minority Ethnic users and carers, London, 2002, Joseph Rowntree Foundation page 1

<sup>7</sup> Improving Migrant Health: A critical evaluation of the impacts of the East Sussex Bilingual Health Advocacy Service - October 2012 - Sara Geater page 102

*“Cultural mediators can fulfil a very important role in reducing barriers to access and bridging the gap between migrant and minority communities and the health system... Cultural mediators, chosen for their familiarity with the culture and “life-world” of the service user, participate in health interventions to bridge the social and cultural gap between service providers and users.”<sup>8</sup>*

*“Second and third generation residents from different community groups may all have a different understanding of the health and social care systems... For recent arrivals into the UK, or families who have experienced other health care and education systems, their perceptions may be based on criteria and definitions that do not match those operating in the UK”.<sup>9</sup>*

We supported people with multiple and complex social care and health needs. Isolation pervades much of the case work. In 19 cases re-referral was necessary as maintenance strategies were ineffective and new issues arose. We met the challenges and successfully completed work with 128 people. It is a tremendous achievement for Bilingual Advocates to encourage and support a renewed sense of hope in these situations. Bilingual Advocates believe the mental health of Service Users improved following support from the Project. The Empowerment Web shows an 86% average improvement across all eight objectives. Service Users reported a 100% improvement in Independence, Information and Signposting. Such progress and success is corroborated by other studies involving advocacy similarly focussed on BME people.

*“Convincing evidence has been identified against all indicators of improved access to health. Increased registration with primary care services does appear to have led to some service users accessing services more appropriately (through managed care pathways rather than emergency access points). There is also evidence that, with the support of an advocate, migrants are more confident to seek medical attention from their GP for conditions which they may have been living with for some time. This has facilitated earlier detection of illnesses and better management of a variety of conditions. This learning could contribute to the overall demand management strategy of local health commissioners”.<sup>10</sup>*

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<sup>8</sup> World Health Organisation (Europe) “How health systems can address health inequities links to migration and ethnicity”, Copenhagen, 2010, WHO

<sup>9</sup> Supporting Voices Project, “Developing BME Advocacy”, London, 2009, Advocacy Resource Exchange pages 20-21

<sup>10</sup> Ibid pages 88-89

*“Bilingual Advocate X support was essential in my client deciding to leave an abusive relationship and stay separated as she joined up the services and advocated strongly if professionals were not following through with their work”. (RISE)*

*“Some clients we have referred have had long standing issues and the BAP has worked hard with them to progress their situation and help them learn to better manage, however, some people need longer term work than BAP was able to offer. I too work in a short term service and understand this is due to resource/project constraints not down to workers/project running itself”. (BH Wellbeing Service)*

There is evidence of value for money and efficiency, with suggested financial proxies used in case studies. 88% of Partners and 90% of Bilingual Advocates agree that SUs use services more appropriately. 76% of Partners and 90% of Bilingual Advocates agree that SUs are better able to choose the right service to access when they need care.

*“In some cases bilingual advocacy has a positive outcome for Service Providers as well as Service Users. If the SU is more clear about his/her choices and options it could mean saving time for the Service Provider”. (Bilingual Advocate)*

*“Advocacy shortens the process in dealing with people not speaking English for the Service Providers. It is efficient and professional and delivered by trained professionals. More than once such Service Providers have been very happy with the initiative and wished the project as a whole develops and the collaboration with the Bilingual Advocates to continue”. (Bilingual Advocate)*

*“To me the BA is the short and fast access to the support organisations that people living in the UK might be entitled to. The non-English speaker "gets" a voice and is listened to when their case is presented / referred to by the professional bilingual speaker; both parties are happy to start on clear grounds and know how to organise the potential support available. Time and efficiency are the key factors that both parties benefit from by using a BA”. (Romanian speaking Bilingual Advocate)*

## Recommendations

1. Support and promote the key findings and conclusions from the Evaluation of the 3 year Bilingual Advocacy Project (BAP)
2. 3 year funding to address the findings of the **Advocacy Needs Assessment** – *“Any reduction in advocacy is likely to result in more crisis management and deepening need”*.<sup>11</sup>
3. Support for Bilingual Advocacy in delivering the recommendations of the **International Migrant Needs Assessment**<sup>12</sup> – acknowledging the vulnerability of many migrants and the Immigration Act 2015, increases in hate crime and concerns around community safety.
4. Commitment from social care and health Commissioners to enable a strategic dialogue, alignment and response from local advocacy service providers that includes Bilingual Advocacy as part any partnership or single point of access to advocacy services.
5. Support for collaboration between Sussex Interpreting Services, BHCC and NHS Health providers to view Bilingual Advocacy services as an important strategic response to the integration vision of Caring Together
6. Joint exploration with social care and health Commissioners of the feasibility of a Sussex wide Bilingual Advocacy service
7. Funding at a level that better reflects established need and invests in developing and sustaining a wider pool of accredited Bilingual Advocates noting the unmet need in: Thai, Dari, Bulgarian, Hungarian, Hindi and Japanese.
8. Acknowledgement of growing complexity of cases that requires a flexible response from a Bilingual Advocacy Service
9. Commitment to the SIS Quality Assured Model of Bilingual Advocacy, which this evaluation demonstrates is efficient and effective.
10. Wider support to share the Empowerment Questionnaire & Web locally and nationally as an innovative outcomes measurement tool

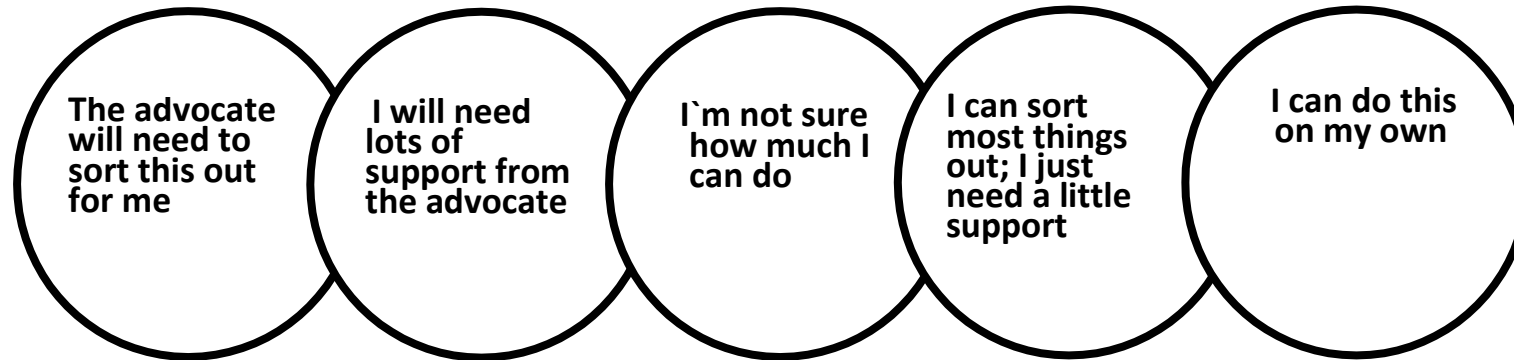
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<sup>11</sup> Adult Advocacy Needs Assessment 2017 Brighton & Hove City Council Public Health Intelligence Team page 6

<sup>12</sup> International Migrants In Brighton & Hove – January 2018 – Part of the Joint Strategic Needs Assessment programme - Brighton & Hove City Council

## Appendix A – Empowerment Questionnaire

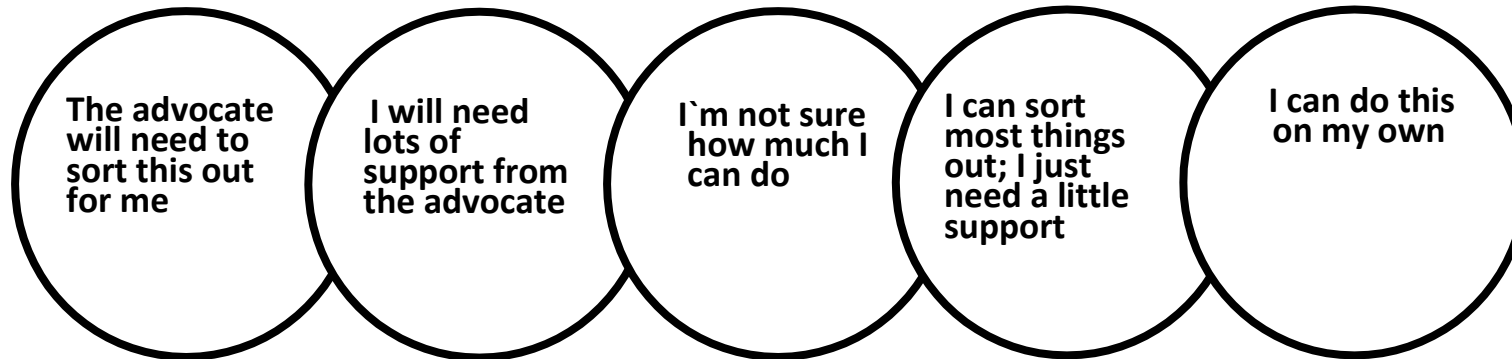
**INDEPENDENCE** - How able are you to deal with this on your own, at this moment?



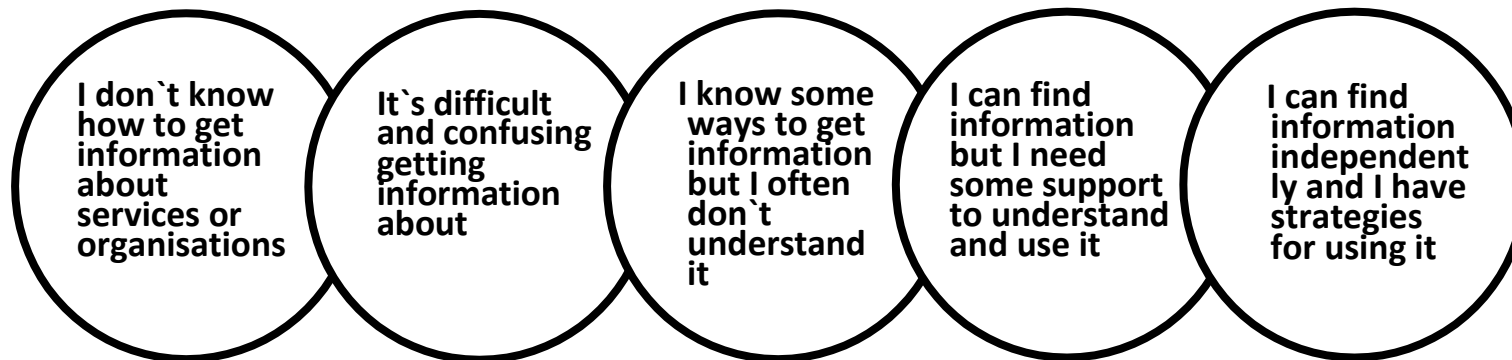
**QUALITY OF LIFE** - How do issues, like this, affect your quality of life?



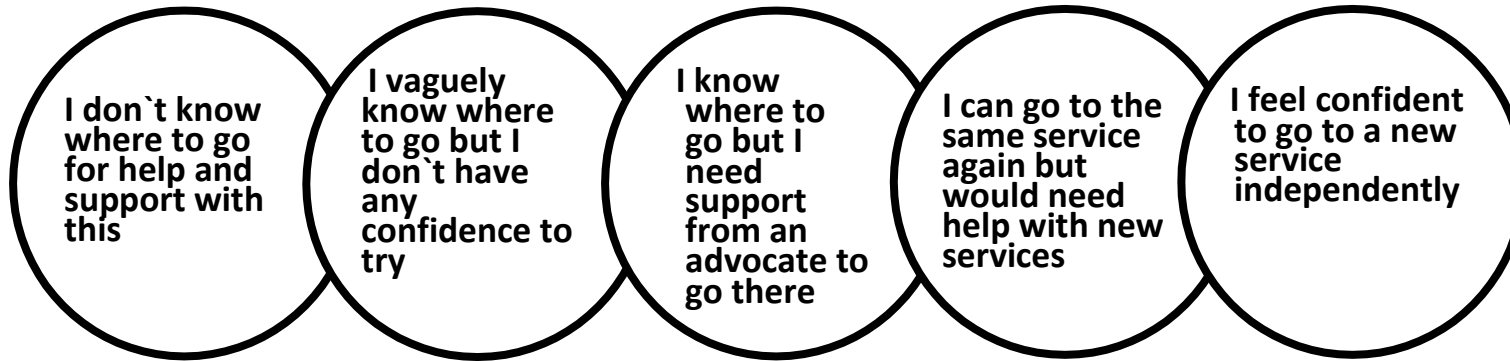
**PREVENTION** - Do you think you are using the right service(s) and this is/these are helping you to improve your quality of life?



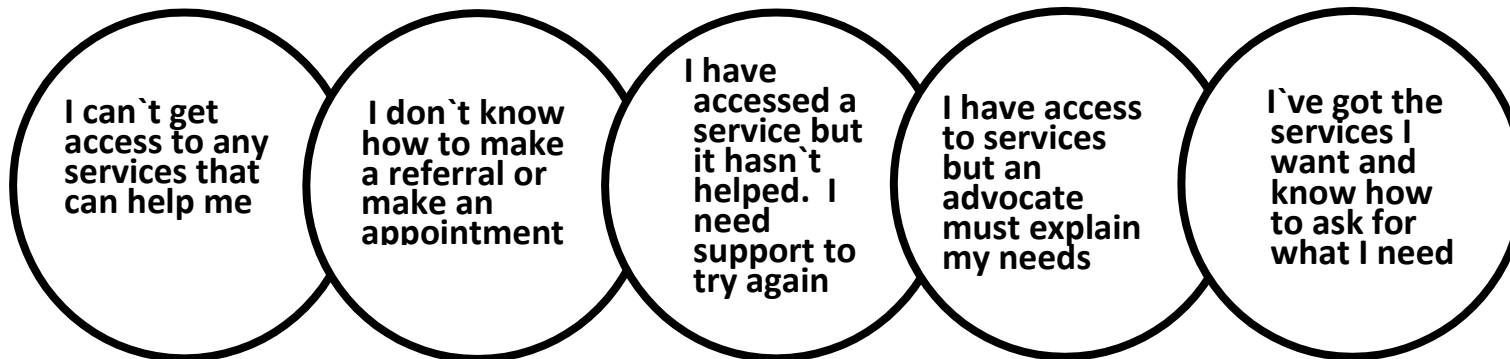
**INFORMATION** - Do you know where and how to get information about services or organisations that might be available to support you?



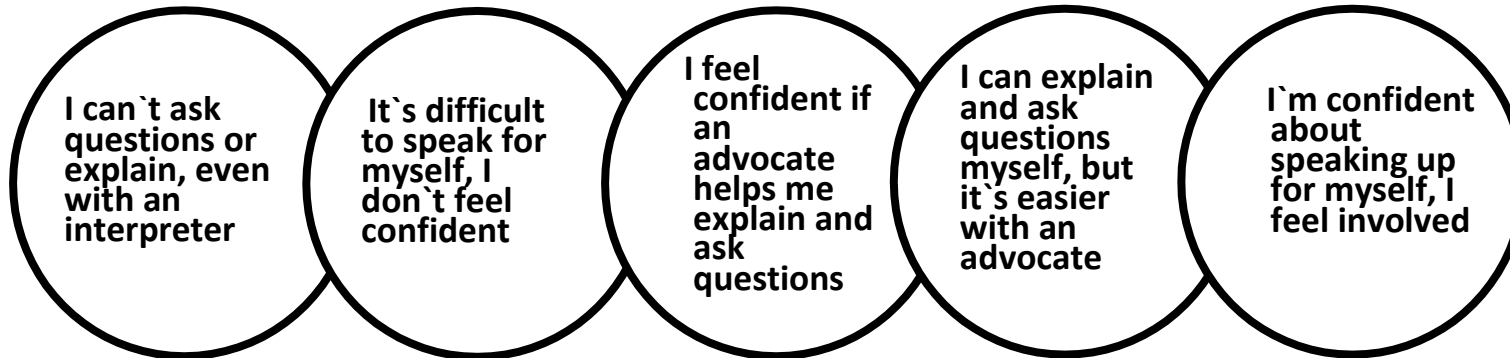
**SIGNPOSTING** – If you have information about a specialist service that could help you, how likely are you to go and ask for support?



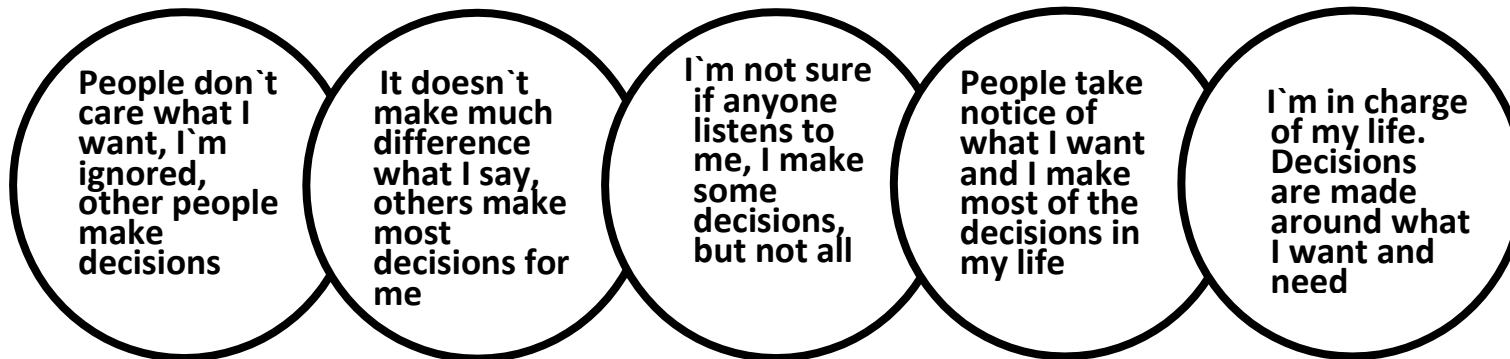
**ACCESS** – Are you able to get access to the services you want?



**VOICE** – Do you feel able to explain your issues, ask for information about your options and take action yourself?



**CONTROL** – Are your views listened to and respected when discussing life choices and making decisions about what action to take?



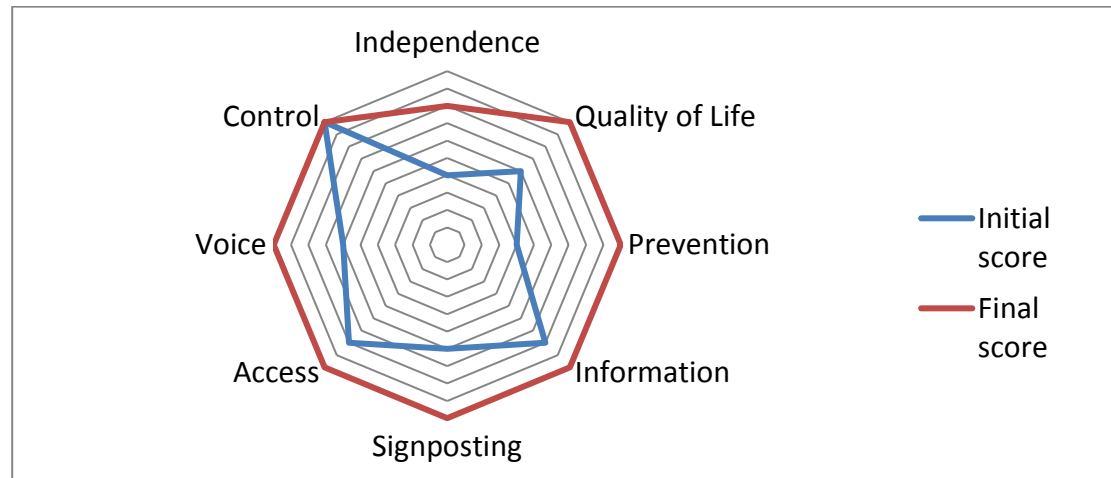


## Appendix B – 13 Additional Case Studies

**Case 67** - The Service User's goal is to settle into accommodation that is suitable for her young family and their needs. The Service User (SU) needed help to liaise with the council. Agreed action was to speak to a member of the Emergency Accommodation Team at Brighton & Hove City Council to understand their current housing situation; rights, options and whether she can refuse the offered property. The advocate liaised with the Emergency Accommodation Team and Housing Support Team to find out more information on the SU's eligibility to be allocated a Housing Support Worker and how long they would have to wait to be placed in temporary accommodation (they'd been in emergency accommodation for 14 months). The Bilingual Advocate (BA) also found out for the SU that the family would benefit from prioritised bidding due to the husband's employment and payslips he was able to provide as proof of this.

After liaising with Housing Support over the course of two months, the BA was able to assist the service user to achieve the goal outlined at the opening of the case - SU has been moved from emergency accommodation and placed in more suitable temporary accommodation.

*"I don't know how to thank you - without your services we wouldn't have been able to get linked and liaise properly with the housing department. You have been a great help."* (Arabic Speaking Service User)

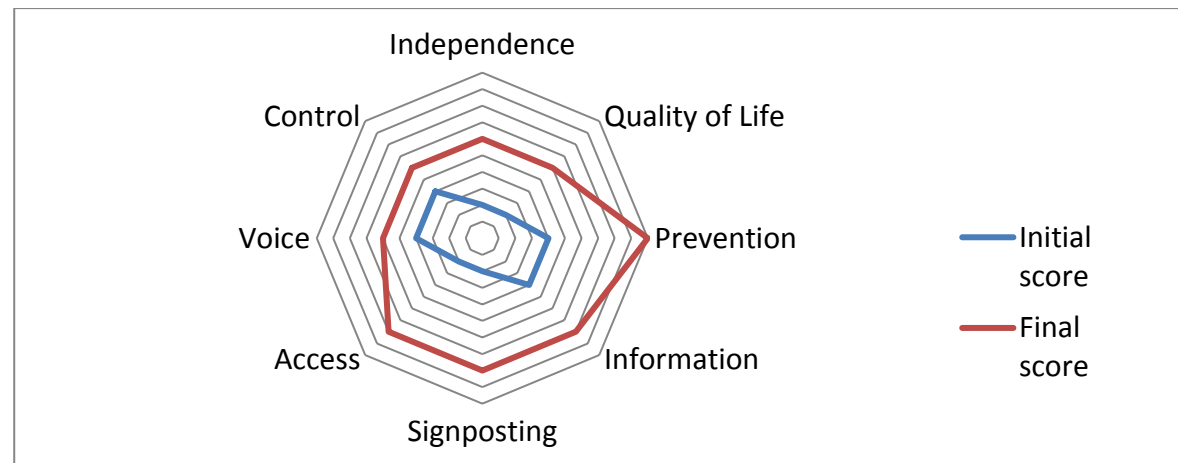


*"Working with this client has been rewarding - The appreciation I have felt when achieving their goals with them has been overwhelming. They as a family were open minded and happy to try to achieve their goals on their own with a little support from me, for example - signposting them to the right department."* (Bilingual Advocate)

**Case 84** - The Service User and her four-month-old baby have recently been moved to emergency accommodation in Eastbourne by Brighton and Hove Social Services following a break up from her husband due to emotional and financial abuse. The SU is awaiting confirmation of her Leave to Remain and wants to know if her immigration status affects her ability to secure a divorce and access welfare benefits. The BA successfully supported SU Action Plan:

- Liaison with legal adviser and caseworker at Brighton Voices In Exile (BViE).
- Support to secure letters to prove immigration status to the Home Office
- Contacted the SU’s solicitor to request the letters /proof that the solicitor had made an extended VISA for her in May 2015
- Completed divorce petition with assistance from caseworker at BVIE, again liaising with the SU’s solicitor to get marriage certificate certified.
- Social Worker agreed emergency financial support until benefits awarded – SU had no funds for living expenses for her and her child.
- Obtained proof of entitlement to benefits. Liaised with Social Worker to obtain confirmation of eligibility for Child Benefit, Income Support and Child Tax Credit. She has already received the first two benefits and now is waiting for the Child Tax Credit to proceed.

*“I write to thank the service from SIS that brought such a BIG help to my life, especially the Bilingual Advocate X who is very responsible and cordial and thinks about client from every aspects. She gave me the most important help when I desperately needed it. She has also given me care and hope. I really hope SIS can provide more and even better services for a long time for the Chinese abroad who need help.”*  
 (Cantonese Speaking Service User)



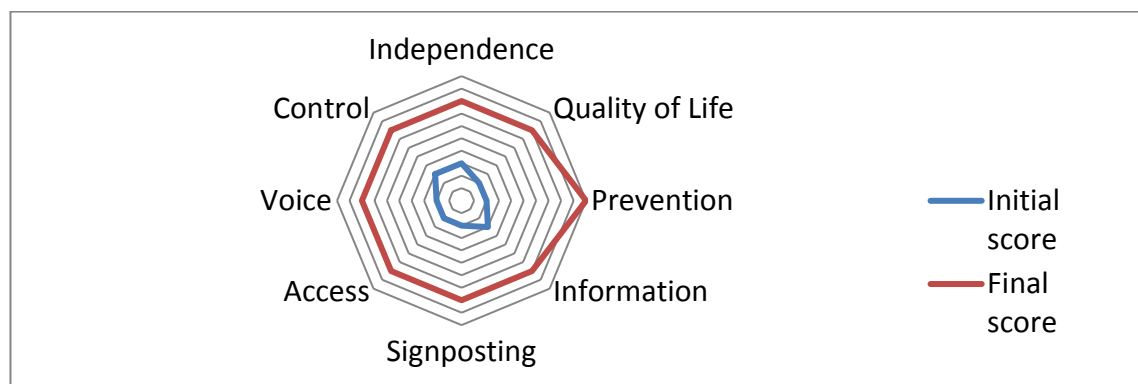
*“I am glad to work with this lady and feel great being able to help her to solve her problems.”* (Bilingual Advocate)

**Case 52** - The Service User (SU) was in a very isolated situation, looking after her 3yr old autistic son whilst having recently escaped domestic abuse at the hands of her drug addict partner. She was struggling to achieve financial independence and to find the necessary support to help meet her son's needs.

Following work with the Bilingual Advocate(BA) and St Luke`s Advice Service, the SU was given appropriate support in claiming and transferring the benefits (Child Benefit and Child Tax Credit) into her name as single mother. The BA also liaised with the family's Health Visitor and attended an appointment at which the SU's son was given an official diagnosis for his autism – the consultant provided evidence to support a claim for Disability Living Allowance (DLA), and a Housing application and a care plan was drafted.

SU now feels empowered to handle life independently in Brighton and is able to work, volunteer and look after her SEN Child. She has a good understanding of the letters, services available, and is able to use google translate whenever necessary. There are still issues with the Homemove application and if they persist, she knows how to contact SIS to voice her need for further bilingual support.

*“I am no longer worried about my life. The service has helped me obtain all the available benefits for my situation. They gave me lots of information. The transfer from couple/family life to single motherhood was much smoother and it gave me the self-esteem to be able to handle like alone in the UK/Brighton.”* (Romanian speaking Service User)



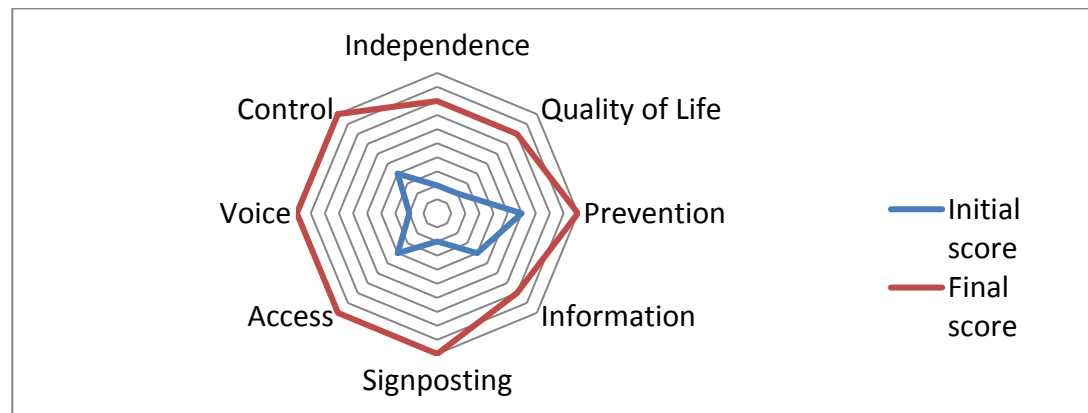
*“I'm happy to have managed to help the SU integrate in Brighton at a very difficult time in her life while her son was diagnosed as being on the Autism spectrum and whilst there was no one to support her, moreover she was recovering after domestic violence incidents. I believe the main target of achieving financial independence and self-esteem has been 85% achieved. Great support received from St Luke's and the other services involved in obtaining this great result.”* (Bilingual Advocate)

**Case 58** - The Arabic speaking Service User is a single mother looking after her 6 yr old daughter. She has a lot of health problems including fibromyalgia, incontinence, breathing problems and depression. She was recently moved to a Housing Association flat and she was told that this was her last chance otherwise she would be removed from the bidding system. She accepted the flat although it had stairs and needed a lot of decorating before moving in. Her main problems concerned adaptations for the bath (inserting a shower), toilet door and fitting an intercom system. Agreed Action Plan:

To support the SU in making a GP appointment and referral to the Occupational Therapy Team to make an assessment for the adaptations. To liaise with the Fed (centre for independent living) as the SU has an appointment with them and isn't sure what it is for.

The SU received the support she needed from Occupational Therapy and they will arrange for the necessary adaptations for her accommodation to help with her health condition. Subsequently, the BA helped the SU to chase up the Housing Association in charge of the bathroom adaptations to ensure that the work is carried out as quickly as possible. In the meantime, the Occupational Therapy Team have sorted out some additional equipment to help with use of the bath. They will also ask the Housing Association to put in a sliding door for the bathroom, fit a shower and put hand rails of both sides of the stairs.

The Fed will follow and support her application for Personal Independence Payment (PIP) and Employment support Allowance (ESA). The BA provided the SU with a collated folder of the relevant documents concerning the ESA claim for her to pass on to the advisor at the Fed. The SU is now more confident when making telephone calls to different services.

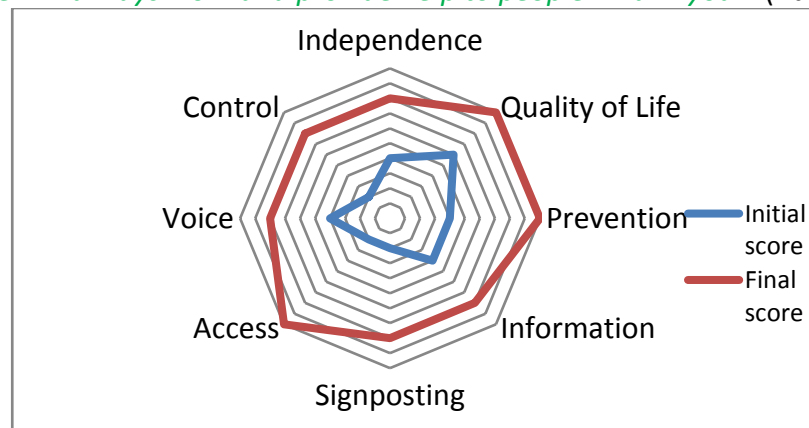


**Case 39** - The Service User had been suffering with his disability for some time, unable to work for a year due to his struggles with walking and was therefore experiencing financial difficulties. SU had considered applying for disability benefits but thought that the forms would be too complicated for him to understand. SU was living on the 3rd floor with no lift and finding it a struggle to get home. He had already approached BHCC about the Housing Register and received the forms, but was unable to fill the forms in himself. The agreed Action Plan:

The Bilingual Advocate will liaise with all relevant departments to find out about previous applications, obtain relevant forms to the SU's address and book an appointment with The Fed (centre for independent living) to obtain assistance from a specialist advisor to fill the forms. BA will also find out about discounted swimming for disabled people, help the SU to fill in Housing Application form and support SU to get his bus pass sorted. Outcomes achieved:

- SU received a bus pass & joined the Dolphin Swimming Club to help with his health condition
- Successful PIP application / ESA form completed and sent off
- Completed the registration for Homemove / received a supportive GP housing letter / started bidding for properties.

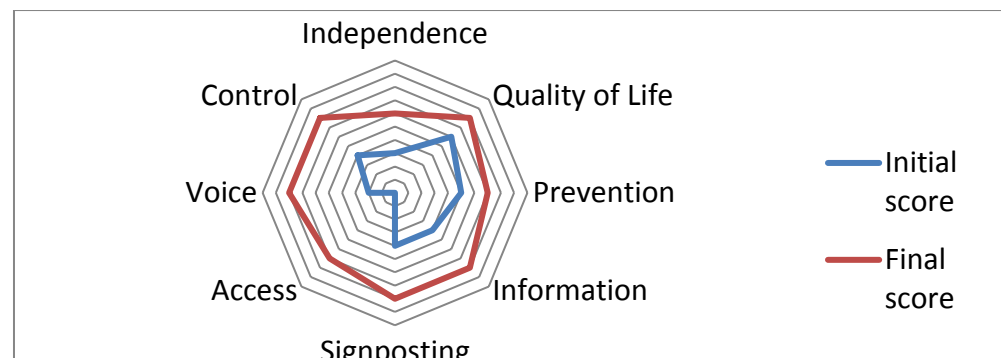
*"I am 57 years old, disabled. For a long time I have been experiencing great difficulties which I was not able to solve without the help of SIS and personally without X, Bilingual Advocate and Interpreter. Given my disability (legs numbness ), and only knowing the English language on everyday level, cannot find the necessary addresses and phone numbers to solve vital issues, X resolves it quickly (excellent and very responsible worker). I want to thank your organization and personally X. Your work is very necessary and important, and I hope this service will always work and provide help to people. Thank you."* (Russian speaking service user)



**Case 9** - Isolated elderly man living in a care home. Feels his needs are not being met and he isn't being treated with respect and dignity. He feels extremely vulnerable and often forgets details he needs to convey to health professionals because of a combination of memory issues and not being able to write. High support needs in all areas of his life. He is losing his independence and lacks confidence to ask health questions and access services. He feels that the care he receives is good when he is able to communicate with the health professionals. However, the Bladder and Bowel Service sometimes do not come on time and he has gone to A&E on several occasions with severe urine retention. His short term and primary goal is to start his Alzheimer medication. Long term, he hopes for effective communication and support from the range of health services he regularly uses. It would be desirable for Foot Health to set up regular appointments instead of asking him to contact them to book the appointment. He is very concerned about losing his memory and would like support from a specialist service such as Age Concern, Alzheimer's Society or Adult Social Care. The Bilingual Advocate successfully supported the SU Action Plan:

- Memory Assessment Service appointment to review Alzheimer's medication
- Foot Health aware of need to pre-book future appointments
- Bowel Service Community Nurses gave an appointment card rather than writing in notes as SU doesn't know where to look in notes.
- Care Link aware of need to provide a telephone interpreting service in case of an emergency
- Alzheimer's Society, Age Concern and Adult Social Care provided more information
- Services joined up in order to improve his quality of life and care needs
- Discussed new Otago Strength and Balance Exercise Programme in East Sussex and SU will discuss referral with his GP

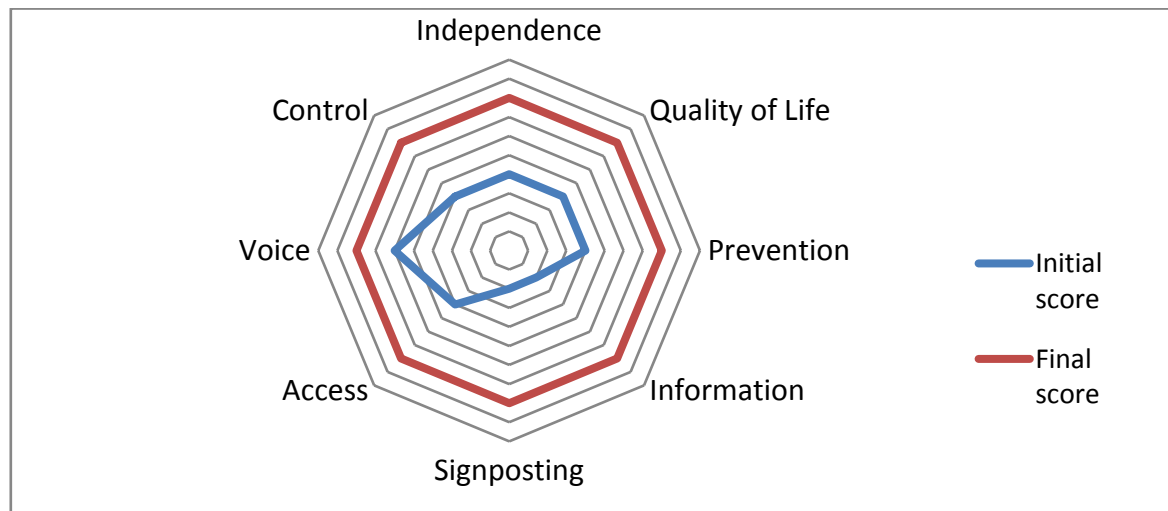
*"I am delighted with the service you are providing. I have been waiting to start the medication for Alzheimer's disease for approximately one year and in a space of days you managed to book the appointment. God bless you. (Portuguese Speaking SU)*



**Case 45** - Service User wants to apply for Housing Benefit to secure a privately rented flat for her and her young daughter. She has no current address; belongings are in storage, and staying temporarily with a friend. She has tried to apply for Housing Benefit but the claim was unsuccessful because she has been asked to show that she has no property in Estonia. She felt hopeless and did not understand what was happening. She stopped pursuing the HB claim and rented a room instead. We agreed advocate will speak to the Housing Department to find out what documents the SU needs to produce to apply for Housing Benefit or to make a homeless application and then accompany her to the Housing Department to help her resolve her homelessness. The Bilingual Advocate successfully supported the agreed Action Plan:

- Investigate documents needed to access some housing support from BHCC
- Liaised with Housing Options Team to ensure SU secured emergency accommodation as temporary living arrangements broke down.
- BA Convinced Housing Support Team that SU needed an interpreter
- Assisted the SU to register with Homemove (she became eligible for this after 2 years living in Brighton& Hove)
- Ensured that Housing Benefits Team had received all SU's payslips in order to confirm that Housing Benefits would not be stopped
- Liaised with Emergency Accommodation Team to ensure accelerated move from emergency housing due to deteriorating health
- Council acknowledged duty to help SU find suitable accommodation and a Housing Support Officer is now working with an interpreter

*"Send on the Service Provider survey, I will gladly complete it – excellent service."* (Debra O' Donovan, Housing Options Officer)



**Case 42** - The Service User (SU) is 8 months pregnant and has a four year old daughter. She is homeless and suffering domestic abuse. She is a Brazilian national married to a Portuguese national and waiting for a Home Office residency Visa - documents are with BHT Immigration Legal Service. She is struggling to make contact with the relevant support agencies. She contacted RISE in Brighton but was advised to contact the Helpline in Eastbourne. The SU is depressed and worried about giving birth whilst homeless. The SU's main goal is to have a safe place to live before giving birth. She wants to leave her abusive husband but needs to understand her rights as a non-EEA citizen. The SU would like further support from her ILS solicitor and an interpreter booked for appointments. She wants to be recognized in her own right and be valued and respected within society. The SU was initially feeling very vulnerable with many challenges and goals. The key to the successful outcomes has been to build and maintain a professional relationship based on trust and compassion and establish the SU's strengths and needs. Over time all of the SU's goals and requirements within the Action Plan were met:

- Reviewing and monitoring the range of services provided to ensure ongoing and consistent support to achieve all the desired outcomes
- Advocating around crisis prevention, support and intervention.
- The SU is now living in safe accommodation with her daughters.
- The Social Services Duty Team in Brighton are supporting the SU and providing a weekly allowance to the family
- The four year old daughter is now attending school.
- The family is registered with a GP practice.
- Delegation to RISE
- Contact has been made with the ILS solicitor and the immigration case is now moving forward.
- The SU feels empowered and safe. She feels that her voice is being heard and she is now well informed on issues that are relevant to her. She is able to access the necessary services, and will text both her Social Worker and case worker if and when necessary.
- The SU feels a lot happier and less emotionally unstable.

*"I have gained a vast amount of invaluable experience with this case and I am grateful to have been able to support a very vulnerable SU to a point where she is now independent, confident and a lot happier than she has been over last five years." (Bilingual Advocate)*

*"I work at Brighton Sussex County Hospital as a Domestic Violence (DV) advisor for staff and patients identified as at risk of DV. I have recently met one of your advocates and was amazed by the service your organisation and the Advocate provided to one of my clients who was assessed as high risk of DV and was even more vulnerable due to not being able to communicate in English."*



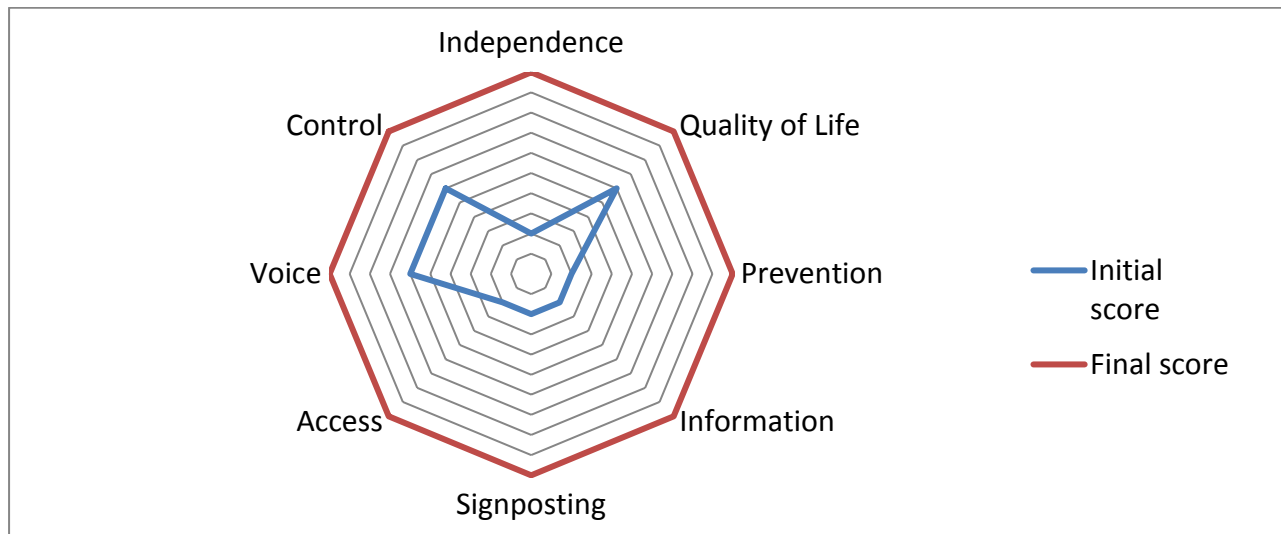
*It was a pleasure to work with the Advocate x, to be able to support/advice the patient accordingly and to know that the patient will have some continuous support from your organisation. I was also informed by a colleague that your organisation provided interpreting service to RISE for free last year. You have played an important role in helping the most vulnerable of our clients to get safer and access needed support. THANK YOU!"* (Ramune Murauskaite - Senior Officer - Health Independent Domestic Violence Advisor)



## Case 104

- The Service User stated that she felt that she was being bullied and discriminated in the workplace, because she was pregnant.
- Bilingual Advocate to support in contacting her manager and find out if he could postpone the disciplinary meeting which was going to be held on the 26 February, which was on the same day of our initial meeting.
- To arrange for an urgent meeting with the CAB to seek their advice and help with this matter
- Ensure that the service user is in receipt of all the benefits that she is entitled to.

*“This case was another example of the positive impact of advocacy work. The Service User was able to access all the necessary key agencies in order for her to be re-instated at her job. Over time, all of the Service User’s other goals and requirements within the action plan were met, of which she is extremely happy about it. I was also able to represent the Service User at the Brighton and Hove Council and successfully upgraded the client’s Homemove band to B.”* (Bilingual advocate)



*“I really appreciate your effort, professionalism dedication and empathy that you showed in helping me and my family. Thank you so much, I will never forget you.”* (Service User)

## Case 95

The Service User stated that she needed to find suitable accommodation before her baby is born. She is living in shared accommodation with 7 other people who smoke and take drugs in the house. She has previously been to the council with a friend who speaks English but was told that she was not entitled to council accommodation. The Service User also said that the baby's father was violent and she had to flee the relationship for hers and the baby's safety.

The Service User was subsequently given written notice to leave the property by the landlord.

The Bilingual Advocate supported the agreed action plan -

Although, the client is currently still living in emergency accommodation, she is on the council register for temporary private accommodation and on the Homemove register. This will allow the client to have a secure tenancy in the future.

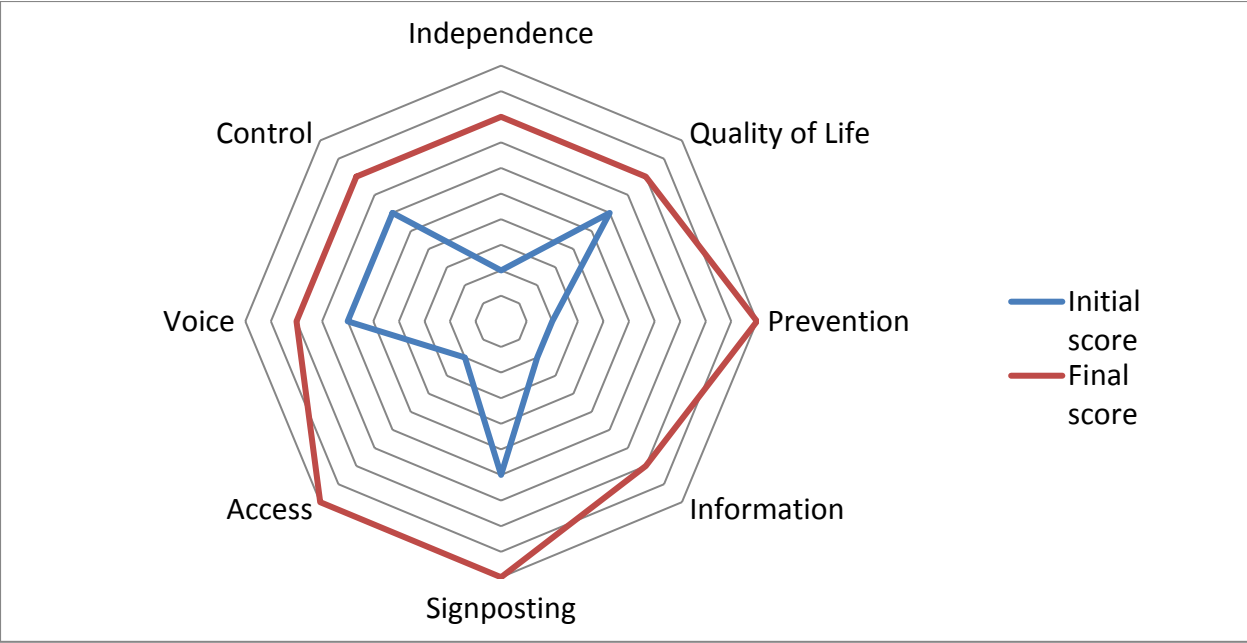
Supported with finding the right benefits when the Service User started her maternity leave, ie. Housing and Council Tax benefit as her earnings were quite low.

Support when the baby was born with filling in the forms for Child Benefit and Child Tax Credit.

Liaising with the local food bank to ensure that the Service User was receiving a food parcel when required

Informed the Service User about the local domestic abuse services who can help and support her as she is a victim of domestic violence. She did not want to be referred to RISE or for counselling for the time being. However, she is fully aware on how to access the services, if she changes her mind in the future.

*“In conclusion, the outcome of this case was very successful. The Service User was initially overwhelmed as she was pregnant and became homeless. Nevertheless, the positive impact and great value of advocacy work in this case saw the Service User housed in emergency accommodation in Brighton. Over time all of the Service User’s other goals and requirements within the action plan were met, of which she is extremely happy about it.” (Bilingual advocate)*

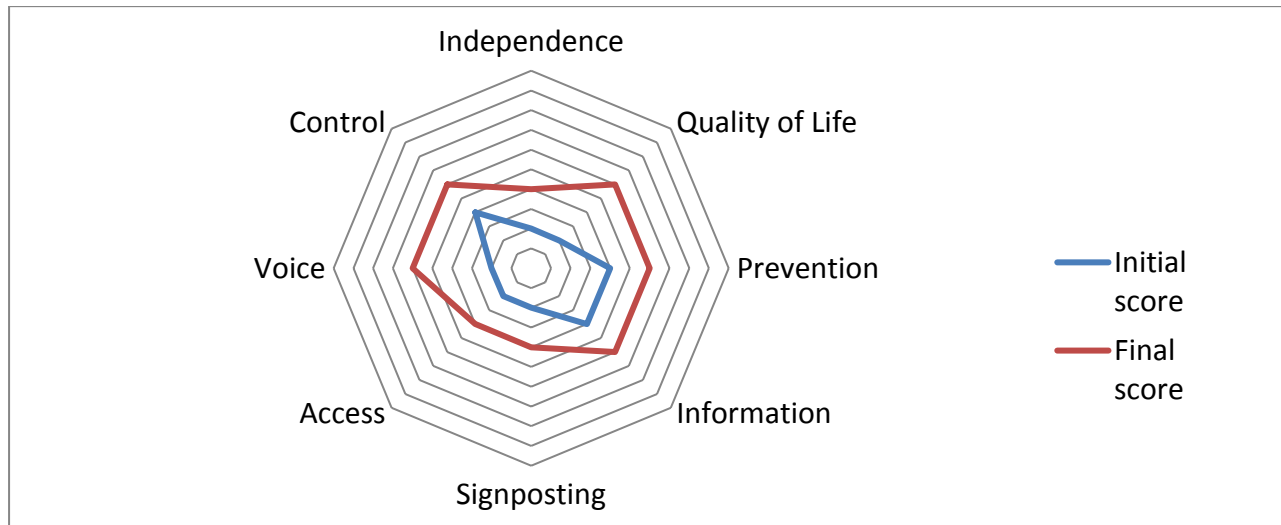


*“I want to thank you for dealing with my case so professionally; you have done an excellent job for me. Even when I lost faith, you persevered throughout, and managed to get the best outcome possible for my daughter and me. God bless you.” (Service User)*

## Case 91

This Service User (SU) had been recently diagnosed with Vascular Dementia. The Bilingual Advocate was able to successfully support the agreed Action Plan:

- Adult Social services have assessed the SU's needs.
- Pension credit and Blue Badge applications completed and submitted. The SU's attendance allowance claim has also been approved.
- An application for lower rate council tax B-Class claim has been completed and submitted to Brighton & Hove City Council.
- The SU has been supported with GP appointment in terms of his medications, diabetes, blood pressure and conducting a test in terms of his Vascular Dementia as well as asking to be referred for counselling to the wellbeing service
- The SU has subsequently been supported and empowered with his first counselling session with Brighton and Hove Wellbeing Services.
- The SU has been supported with Optician appointment for general eye test and a referral to the Eye Hospital for further investigation.



*“This case was very comprehensively completed. The SU had many needs and requests but after extensive advocacy support led to some very satisfying results” (Bilingual Advocate)*

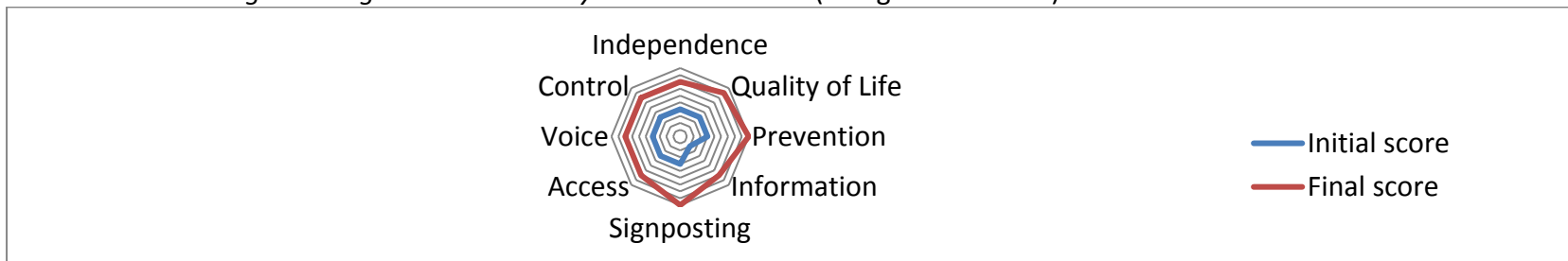
## Case 26

The SU and two-year-old son are very isolated and her UK legal status is unclear, restricting access to public services. She is registered with Morley Street Homeless Healthcare and able to obtain regular prescriptions to manage a chronic thyroid condition. Action Plan:

- Consider applying for a Medical Exemption Certificate or a Prescription Prepayment Certificate
- Research options around immigration status and liaise with Brighton Voices in Exile and the Immigration Legal Services
- Register at a Dental Surgery for herself and her son
- Contact a legal adviser about her husband’s immigration issue and consider separate referral to BAP for him

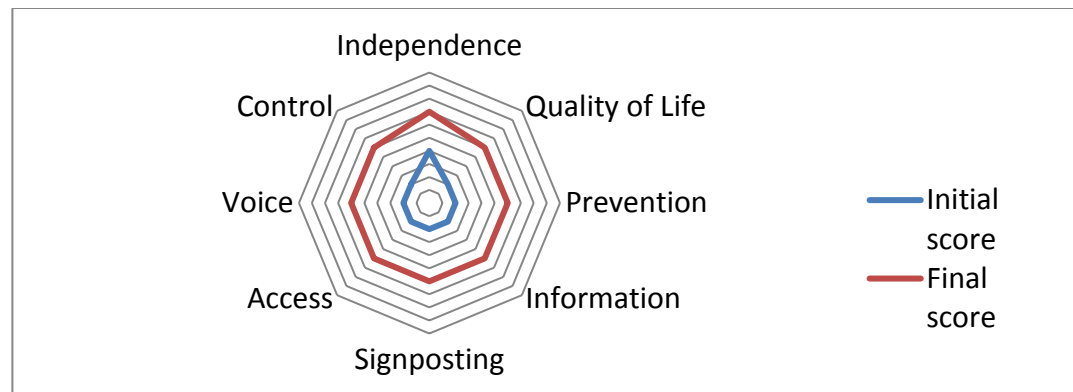
*“Although I was really worried and upset, I was lucky enough to register with a GP and I am now under care of endocrinologist. I possibly would have died if I did not have a GP, so I am really grateful to x who has worked as my Bilingual Advocate recently, and helped me and my son to register a dentist which made me feel I am less different to people around me. I get one more step closer to be included in the society. I am so pleased for this service. I just wish this service can be available for longer time; 8 hours is just way too short. Thank you”. (Cantonese speaking Service User)*

*“I knew we are only able to help her on a basic level as her legal circumstances cause some restriction. I tried to fulfil her other needs as much as I could. It looks quite straight forward to most people to find and register with a dentist, but to this SU it did take me a bit of time to search which surgery can take her and her family as a NHS patient. This SU is isolated so she needs someone not just to tell her but guide her where she can go. She likes the Children’s Library in Jubilee Library where we had our first meeting. She said that she will bring her son in again. She had heard there is a swimming pool near the library but she did not know where it is. She has been living in Brighton about 8 years. I showed her and said children can go for free. She said that she definitely will bring her son. I am really happy to see her being able to get into the society a bit more now.” (Bilingual Advocate)*



**Case 25** - The Service User (SU) is a young asylum seeker from Afghanistan. He has previously had an appeal for asylum refused and is awaiting an appeal against this decision. He is extremely isolated. He is being assessed for No Recourse to Public Funds with concerns over his mental health. He feels hopeless, sad, depressed, devastated, frustrated, and extremely unwell mentally and physically. He was not receiving any type of benefits and therefore could not afford to buy himself proper, warm clothes, shoes or even a bus ticket. The SU is currently living in a hostel, having been asked to leave his uncle's house on account of his erratic behaviour. He feels scared and worried about his forthcoming Immigration Tribunal Appeal hearing. Agreed Action Plan:

- Support to attend the Immigration Tribunal Appeal hearing
- Contact the solicitor and get a copy of the letter regarding the adjournment request for the hearing
- Help the SU to access drop-in mental health services and counselling with BME Psychotherapeutic Counsellor
- Contact hospital to collect medical certificates of physical and mental health assessment to support Immigration Tribunal Appeal hearing.
- Contact the local authorities and enquire about Income Support application and Housing Benefit
- The SU's welfare benefit has been approved and paid and warm clothes provided
- Solicitor agreed to support asylum seeking case - Immigration Tribunal postponed and time given to collect evidence and prepare for next hearing.
- Referred for hospital Neurology appointment & MRI scan - self-referred to Talking Therapy with Black and Minority Ethnic Counsellor
- Signposting the Service User for assessment by Adult Social Care, to consider his needs and disabilities both physically and mentally



*“The SU is satisfied with the achievements so far. Now he is hopeful about his future and has confidence about attending the Immigration Tribunal Hearing to sort out his immigration status. Obviously I as a Bilingual Advocate am so happy and satisfied with my BA intervention. I could have a little positive impact in the SU’s life and I share his satisfaction.” (Bilingual Advocate)*

**The SU was subsequently re-referred for further advocacy support by Adult Social Care** – With his Immigration Tribunal Appeal hearing approaching, the SU is extremely worried about this. The SU has also been missing various appointments with his solicitor and the other services which are supporting him. The results of the SU’s MRI scan have come back - there is no evidence of brain injuries.

Since re-referral the following outcomes have been achieved –

With the SU having missed two appointments, the solicitor was initially reluctant to give him another chance but has subsequently agreed to continue with the case

- The SU has completed his statement with his solicitor and submitted his evidences to support his appeal.
- The BA has liaised extensively with the SU and his solicitor to prepare for the hearing
- The BA has attended a meeting with the SU’s psychiatrist and GP in order to collect the relevant medical evidence
- The BA has liaised with Adult Social Care and other agencies in order to support the gathering of evidence for the hearing
- The SU’s uncle will accompany him to attend the hearing and their travel expenses have been paid.

The SU has been signposted to Clinical Lead Transition Team. The team will support him with finding an English course.



## Appendix C – Comparative Surveys

- Question 3 - The need for Bilingual Advocacy Services

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
There is a need for a Bilingual Advocacy service	<b>8%</b>	<b>84%</b>			
Bilingual Advocacy is an effective way of helping people to access health and social services	<b>8%</b>	<b>75%</b>			
Bilingual Advocacy is an effective way of reducing health & social care inequalities	<b>8%</b>	<b>75%</b>			
The Bilingual Advocacy Project is helping to support service users				<b>22%</b>	<b>78%</b>
Helping people to understand and access services				<b>33%</b>	<b>67%</b>
Helping me to work with vulnerable service users				<b>33%</b>	<b>56%</b>
Easy to access				<b>44%</b>	<b>44%</b>
Reliable and professionally delivered				<b>33%</b>	<b>44%</b>
Explained clearly				<b>44%</b>	<b>44%</b>

	Bilingual Advocates <b>2015 Pilot</b>			Bilingual Advocates <b>2011 Pilot</b>	
	Agree	Strongly Agree		Agree	Strongly Agree
There is a need for a Bilingual Advocacy service	7%	93%		19%	81%
Bilingual Advocacy is an effective way of helping people to access health (and social services)	13%	87%		24%	76%
Bilingual Advocacy is an effective way of reducing health (and social care) inequalities for migrants	7%	93%		38%	62%

*“Feedback required when referrals are made to confirm whether process has begun or been refused. Feedback/better communication to caseworkers also helping service users to access services to avoid duplication, clashing of appointments made”. (Drs of The World)*

*“We have not referred or worked with the project, but I think it's a really good idea” (MACSS)*

*“In some cases, advocacy is the only way to support client to access services, e.g. client has no knowledge of certain services or even if it is existing”. (Cantonese speaking Bilingual Advocate)*

*“Bilingual advocates have very vital role in bridging the huge gap between some service users and the Health services for example also other departments such as housing and so”. (Arabic speaking Bilingual Advocate)*

*“Unlike an interpreter a Bilingual advocate empowers the service users by making their views and voices heard. A Bilingual advocate is the middle link between services available and vulnerable service users”. (Arabic speaking Bilingual Advocate)*

- Question 4 – Service Users at the point of referral to Bilingual Advocacy Project

	Bilingual Advocates 2016			Partners 2016	
	Disagree	Strongly Disagree		Disagree	Strongly Disagree
Most Service Users knew their rights in relation to health & social care services	55%	18%		38%	25%
Most SUs knew how to access health and social care services	73%	9%		50%	25%
Most SUs are clear what help they need and set appropriate goals	30%	50%		50%	13%
Felt listened to and have a say in their care/treatment/service experience				25%	38%
Were confident and have control over their lives				50%	38%
Most service users had access to health and social care services but didn't use them	45%	18%			
Most service users were registered with a GP	20%	10%			
Most service users were registered with a Dentist	27%	9%			

	Bilingual Advocates <b>2015</b> Pilot			Bilingual Advocates <b>2011</b> Pilot	
	<i>Disagree</i>	<i>Strongly Disagree</i>		<i>Disagree</i>	<i>Strongly Disagree</i>
Most Service Users know their rights in relation to health (and social care) services	64%	36%		38%	48%
Most SUs know how to access health (and social care services)	54%	38%		43%	29%
Most SUs are clear what help they need and set appropriate goals	21%	57%		19%	43%
Most service users felt supported and engaged with society	<b>18%</b>	<b>27%</b>			

*“Usually the referral is made once we are clear what the client’s goals are and that the BAP can support and help with those goals. The Project workers are always very helpful with advice and discussion around someone’s situation prior to referral enabling clear goals to be agreed”. (Wellbeing Service)*

*“The language barriers and other factors prevented so many services users from accessing available services and engaging with the community especially newly arrived refugees”. (Arabic speaking Bilingual Advocate)*

*“None of these above apply to the non-English speaking communities even if they have friends or other relatives here. When it comes to registering with a GP, dentist, school etc such individuals are isolated and do not know what or where to access the information. Another important aspect is that it is not just one individual affected but a family!”* (Romanian speaking Bilingual Advocate)

*“A Service User might come with a certain issue at the point of referral but during the course of the work other issues might arise that would affect the appropriate goals set, or might even delay sorting out the first issue they have come for in the first place”.* (Bilingual Advocate)

- Question 5 – The Impact of Bilingual Advocacy – CONTROL (Objective One)

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
Their physical health has improved as a result of Bilingual Advocacy support	50%	20%		13%	25%
Their mental health has improved as a result of Bilingual Advocacy support	60%	30%		25%	25%
Their wellbeing and overall quality of life has improved as a result of Advocacy support	20%	80%		38%	38%
Service users have more control of their situation as a result of Bilingual Advocacy support	40%	60%			

	Bilingual Advocates <b>2015 Pilot</b>			Bilingual Advocates <b>2011 Pilot</b>	
	Agree	Strongly Agree		Agree	Strongly Agree
Their physical health has improved as a result of Bilingual Advocacy support	33%	22%		43%	52%
Their mental health has improved as a result of Bilingual Advocacy support	44%	33%		33%	48%
Their wellbeing & overall quality of life has improved as a result of Advocacy support	21%	57%			

*“I can't comment on the first two as the referrals haven't come back to me to measure this, however, I know the project has helped them with their aims and goals which has been useful to the clients and appreciated by them”. (Brighton & Hove Wellbeing Service)*

*“As a BA, my role is to empower the SU to manage on their own after brief support from the Bilingual Advocate ends; to achieve this, the SU and the BA are partners in achieving the agreed aims and the SU is in command. Therefore, SU gets the information not only the access. And, as part of the successful social cycle, the society benefits from an informed individual even if the English language is still not there initially”. (Romanian speaking Bilingual Advocate)*

- Question 6 – The Impact of Bilingual Advocacy – INDEPENDENCE (Objective Two)

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
BAP service users are better able to manage their own health and wellbeing	70%	30%		38%	38%
BAP service users feel less isolated and more connected to people and services	50%	50%			
BAP service users feel more encouraged and hopeful	11%	89%			
BAP service users are unlikely to need further bilingual advocacy support (access to community interpreting will continue where necessary)				13%	0%



	Bilingual Advocates <b>2015 Pilot</b>			Bilingual Advocates <b>2011 Pilot</b>	
	Agree	Strongly Agree		Agree	Strongly Agree
BAP service users are better able to manage their own health and wellbeing	44%	33%		38%	57%

*“The SU's know what to do in the same situation now, but the language barrier still there and they would find it difficult filling in the forms - unfortunately interpreters are not allowed to help with this”. (Bilingual Advocate)*

*“One of BA's key roles is to support in sorting things out and inform the SU so that they are empowered with knowledge and confidence to manage on their own after the case is closed. Providing feedback to the SP of what has been achieved during the support period reassures them of the progress and also of what aspects have remained yet to be solved.” (Bilingual Advocate)*

- Question 7 – The Impact of Bilingual Advocacy – VOICE (Objective Three)

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		2011 - Agree	2011 – Strongly Agree
BAP service users are better able to interact with health and social care professionals	80%	20%		57%	29%
BAP service users are fully involved in decisions about their own care and treatment	40%	60%		63%	25%
BAP services users feel that they have been listened to and understood	30%	60%			
BAP service users feel more confident after using the BAP	40%	60%			
BAP service users are able to make appointments with our services directly				29%	0%

	Bilingual Advocates <b>2015 Pilot</b>			Bilingual Advocates <b>2011 Pilot</b>	
	Agree	Strongly Agree		Agree	Strongly Agree
BAP service users are better able to interact with health and social care professionals	38%	50%		33%	52%
BAP service users are more involved in decisions about their own care and treatment	44%	56%		24%	66%

*“Statement 2 is tricky because to a certain extent as long as service provision decisions are based on Council funding and resource availability, ALL service users will continue to face challenges in this area. But I have certainly seen a marked improvement for service users in this area”. (BHCC – Adult Social Care)*

*“Client gained confidence to use interpreters in more situations and understand more about the English system”. (Bilingual Advocate)*

- Question 8 – The Impact of Bilingual Advocacy – INFORMATION (Objective Four)

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
Service users are better able to choose the right service to access when they need care	50%	40%		63%	13%
Service users have access to some useful translated information on line and in print	20%	40%		13%	25%
Service users have more knowledge of how health and social care services work	70%	20%			

	Bilingual Advocates 2015 Pilot			Bilingual Advocates 2011 Pilot	
	Agree	Strongly Agree		Agree	Strongly Agree
Service users are better able to choose the right service to access when they need care	44%	44%		52%	38%
Service users have access to some useful translated information	44%	11%			

*“I think I have achieved it by showing the clients where to go and what to do, supporting the SU's, giving them options and helping them to make informed decisions”. (Bilingual Advocate)*

*“Clients need support in understand the system. By using on line translation / mobile phone client can communicate better even when there are other issues such as Service Provider being less likely to book an interpreter for tricky sessions”. (Bilingual Advocate)*

- Question 9 – **The Impact of Bilingual Advocacy – ACCESS & SIGN-POSTING** (Objectives Five & Six)

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
Service users have improved access to health and social services	70%	30%		75%	25%
Sign-posting to specialist services has been successful	70%	20%		50%	38%
Service users have a better experience of using services	44%	56%		63%	25%
Service users can now make their own referrals to services	50%	0%			

	Bilingual Advocates <b>2015</b> Pilot			Bilingual Advocates <b>2011</b> Pilot	
	Agree	Strongly Agree		Agree	Strongly Agree
Service users have improved access to health (and social services)	56%	33%		33%	67%
Sign-posting to specialist services has been successful	56%	22%			
Service users have a better experience of using services	78%	22%			

*“Specialist services are always difficult to refer to, e.g. Mental Health - considering the understanding of the system by client is always incomplete and sometimes affected by their friends”. (Bilingual Advocate)*

*“This has been reported by clients I have met with post BAP intervention” (B&H Wellbeing Service)*

- Question 10 – **The Impact of Bilingual Advocacy – QUALITY of LIFE & PREVENTION** (Objectives Seven & Eight)

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
Service users no longer need advocacy support to manage long-term health conditions	10%	0%		13%	0%
Service users access services more appropriately	90%	0%		63%	25%
Service users feel that BAP support has prevented their situation getting worse	40%	40%			



	Bilingual Advocates <b>2015</b> Pilot			Bilingual Advocates <b>2011</b> Pilot	
	Agree	Strongly Agree		Agree	Strongly Agree
Service users no longer need advocacy support to manage long-term health conditions	44%	0%			
Service users access services more appropriately	67%	0%			
My clients no longer need support to access health services as a result of advocacy (except interpreting)				43%	10%

*“Client can be benefited by using interpreter in long term”. (Bilingual Advocate)*

*“Long term illnesses are always a "dark hole" in predicting whether they will manage without support. but I believe that occasional support might be needed”. (Bilingual Advocate)*

- Question 11 - The Bilingual Advocacy Model

	Bilingual Advocates 2016			Partners 2016	
	Agree	Strongly Agree		Agree	Strongly Agree
It is important for Advocates to speak the same language as service users	10%	90%			
It is important for Advocates to have the same cultural background as service users	30%	60%			
Some of the advocacy case work could have been done by a community interpreter	40%	10%			
14 hours of Bilingual Advocacy is enough to help service users	30%	0%			
The training I received allowed me to work effectively as an advocate	40%	50%			
I receive enough support to deal with the challenges the advocacy role brings	30%	60%			

The Peer Support Sessions have been valuable	<b>44%</b>	<b>56%</b>	
The Code of Practice helps to support my practice as a Bilingual Advocate	<b>40%</b>	<b>60%</b>	
My own personal health has improved as a result of working as a Bilingual Advocate	<b>20%</b>	<b>0%</b>	
My own mental / emotional health has improved as a result of working as a Bilingual Advocate	<b>30%</b>	<b>0%</b>	
It could be useful to refer some service users for help with form filling etc to the SIS Health Promotion Project	<b>20%</b>	<b>40%</b>	

*“Each advocacy case is different, so it is hard to say 14 hours is enough, but is definitely better”.* (Cantonese & Mandarin speaking Bilingual Advocate)

*“Being a trained professional is essential when working with vulnerable people, moreover being a BA. However, I believe that no matter how much initial training is offered developing as a BA is a process in which experience sharpens the quality of service provided. It is not a job for light-hearted professionals because you have to set clear boundaries with two parties involved (SU and SPs) at all times, so BA’s health and personal wellbeing can be often affected”.* (Romanian speaking Bilingual Advocate)

	Bilingual Advocates <b>2015</b> Pilot			Bilingual Advocates <b>2011</b> Pilot	
	Agree	Strongly Agree		Agree	Strongly Agree
It is important for Advocates to speak the same language as service users	0%	100%		38%	57%
It is important for Advocates to have the same cultural background as service users	20%	70%		52%	38%
Some of the advocacy case work could have been done by a community interpreter	0%	0%		24%	5%
8 hours (6 sessions) of Bilingual Advocacy is enough to help the service users	0%	10%		24%	10%
The training I received allowed me to work effectively as an advocate	60%	30%		43%	48%
I receive enough support to deal with the challenges the advocacy role brings	50%	40%		38%	24%
The Peer Support Sessions have been valuable	50%	50%			
The revised Code of Practice helps to support my practice as a Bilingual Advocate	60%	30%			

## Appendix D – Healthwatch Community Spokes Recommendations for improving local Health and Social Care Services

	What is the most common barrier / issue / challenge that disempowers the BAP service user?	How have you supported the service user to tackle this barrier?	What recommendations would you make for improving local health & social services
<b>Example 1</b>	Lack of understanding of housing options and service users rights to appeal	Approached the relevant service department and linked / made SU aware to them	When approaching `housing` service users should be informed of all their options and there should be clarity around the appeal process. Clear information from the beginning, preferably translated.
<b>Example2</b>	Services not offering appointments – this is a particular problem with new `call back` system in some GP Surgeries called Dr First	Calling and making appointments for service users	Open appointment system. Make services aware of resources available eg free translated appointment letters on SIS website. More training and promotion to GP Surgeries to make staff aware of this resource.
<b>Example 3</b>	Lack of accessible information about services		More translated information (leaflets) and promotion of available language and advocacy services

<p><b>Example 4</b></p>	<p>People are struggling to make appointments with GP Surgeries. There is real pressure when calling to make same day appointments and then a worry that an interpreter may not be available at such short notice. Sometimes the requirement is for the Dr to call back first before an appointment can be made – this is often unworkable for those with language needs. Even if telephone interpreting was available this is not popular, particularly amongst people with mental health needs.</p>	<p>Advocating to try to persuade GP Surgeries to book individual appointments in advance</p>	<p>Review how accessible the Dr First system is for those with language support needs – these can be well established needs and it is difficult to understand how these surgeries were thinking this would work for these patients.</p>
<p><b>Example 5</b></p>	<p>Cultural sensitivity in mental health services</p>	<p>Trying to obtain information about why certain questions are asked and the context for asking them – some questions seem very inappropriate and there is a risk of encouraging the risk behaviours associated with them e.g ‘How were you planning on committing suicide?’</p>	<p>Services should reflect on cultural issues and be more aware of the service user background before asking standard questions – there needs to be more careful explanations as to why certain questions are being asked – seemingly as standard – if they need to be asked.</p>
<p><b>Example6</b></p>	<p>People struggle to understand appointment letters that contain instructions around preparing for medical procedures e.g endoscopy and instructions around fasting and taking medication. It can and does lead to cancelled operations and procedures</p>	<p>We try to sight translate all the information but this can take time away from the advocacy issue and it is not within the role of community interpreters</p>	<p>It would be more efficient to translate appointment letters with simplified instructions when necessary – perhaps this could be completed in collaboration with SIS and the letters offered like the translated appointment letters on their website?</p>

<b>Example 7</b>	Form filling at CAB drop-ins where there is no budget for face to face interpreting and telephone interpreting is sometimes used	Encouraged and challenged CAB to find a more effective response and identify a community interpreting budget	Possible use of SIS volunteer linguists to accompany people to drop-ins and support the filling of forms.
<b>Example 8</b>	Not being able to book interpreters for individuals to attend drop-in services can make this method of service delivery inaccessible. It is not practical to expect service users to drop in and have access to an interpreter, although SIS does have a 24 hour emergency service.	Trying to obtain appointment slots for those who need and wish to access services at drop-ins. Sometimes working as a bilingual advocate to bridge this gap by accompanying the service user to the drop-in in the first instance. This helps the person access the group and can make follow up appointments possible if the service shows some flexibility and empathy. Accompanying the service user also helps if the group is not used to welcoming people with language support needs.	Drop in services to acknowledge and understand the barrier and to work flexibly with SIS to overcome the challenge. This might involve volunteer linguists from the SIS Health Promotion Project accompanying service users in the first instance and making appointment slots for follow up drop-in sessions that the service provider then books a SIS community interpreter for.
<b>Example 9</b>	Service users being reluctant to act on advice from Occupational Therapists e.g use of walking aids, `Helping Hand` bus travel pass scheme, home access adaptations	Bilingual Advocate has helped the situation by explaining the benefits of the Occupational therapist suggestions in a clearer and more culturally sensitive way.	Occupational Therapy services could extend their involvement with the BAP and consider using bilingual advocates to broker cultural information around sensitive areas of disability etc. There might also be a benefit in more targeted cultural awareness training / briefings, possibly involving bilingual advocates as a reference group

<b>Example 10</b>	Not easy to get an appointment with a G.P. People struggle to get either advanced appointments or same day appointments as needed. The situation is getting worse with Dr call back services which are pointless when there is a language barrier – it feels like there are so many hops to jump through and some people are giving up and going to A&E instead.	Have been helping people to explore their options, including: Walk-in Clinics, NHS Direct, Healthwatch and finding another G.P which operates more accessible systems.	Increase promotion of urgent care and out of hours services. Allow advanced G.P appointments –`Dr First` is not appropriate for people with language support needs. Some Surgeries, like St Peters in Oxford St are flexible and seem to understand. Think carefully about the probable impact before expanding services that rely on texting or on-line access.
<b>Example 11</b>	When I refer service users to appropriate specialist services most of the organisations tell me that they cannot afford to provide interpreters	I have to support the client by going with them as an advocate, though in some cases we reach a point where an interpreter would be enough.	Financial support for interpreting for and from major and important organisations like: Age UK / CAB / BHT Support4Housing, Welfare Rights Team
<b>Example 12</b>	New residents- esp. Asylum Seekers & Refugees – are facing increasing demands for identification documents to register with G.P Surgeries. These often come from Receptionists and Practice Managers	Shopped around G.G Surgeries and advised service users of BAP to register with less demanding services.	Standardise the registration process for G.P.s congruent with primary care guidelines
<b>Example 13</b>	Not knowing where to start / not knowing the system of health and social care	One to one support and explanation of how things work and where to go to access services	Housing: e.g. Homemove - `the choice based lettings system` - needs to better accommodate elderly disabled people who have communication support needs. People are not able to use the bidding system and some people have no access to a computer – there is a digital and communication divide which is a big barrier.