sussex interpreting services

REPORT ON SOCIAL PRESCRIBING WITHIN SIS HEALTH PROMOTION PROJECT

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Summary

Social prescribing is one of the key recommendations for improving health and care.

This report gives an overview of Social Prescribing (SP) undertaken by Sussex Interpreting Services (SIS) as part of its Health Promotion Project (HPP) over a three year period 2014 – 2017. SP in HPP developed organically over the first two years of this period but has been a strategic priority in 2016-17. Further development is required for SP in HPP to become a fully "holistic" service.

HPP delivers a unique service to a specific group of service users whose common need is for language support. They have frequently experienced social isolation and have anxieties about their social needs in particular housing, immigration status and financial situation, which are effecting their wellbeing. HPP is making an important contribution to Better Care by helping to prevent, postpone and minimise people`s need for formal intervention whilst promoting independence, resilience and increased choice.

A robust, joint approach to evaluation is being developed through the Brighton and Hove Social Prescribing Network to align with Better Care outcomes. HPP will design a bespoke evaluation tool by adapting the Empowerment Web resources already used in the SIS Bilingual Advocacy Project.

Key outputs have been measured over the past 9 months – 122 people have been supported and 97 onward referrals to groups, services and activities. This has enabled benchmarking and target setting for the first 6 months of 2017-18.

Learning and reflections include

1. Further development is required to become a fully holistic service in particular links with health practitioners.
2. Acute needs for support with housing, immigration and finance need to be addressed before health promotion can be undertaken.
3. SP needs to be delivered flexibly in order to build trust and meet needs.
4. Many people have complex needs which require more intensive advocacy support.
5. Continued or renewed funding of both public and VCS services is needed so they can be signposted to.
7. HPP must maintain the robust infrastructure which it has built over the past three years.
8. HPP has the advantage of SIS strategic resources, position and networks

What is Social Prescribing?

There is no single, agreed, understanding of what constitutes social prescribing and various definitions and models have been developed.

Social prescribing provides a pathway to refer clients to non-clinical services, linking clients to support from within the community to promote their wellbeing, to encourage social inclusion, to promote self-care where appropriate and to build resilience within the community and for the individual (Social Prescribing in Bristol Working Group, 2012).

The driver for most social prescribing projects is the limited time that GPs have to explore with patients the underlying psycho-social issues affecting their health (Grayer et al 2008). So, at a general level, SP has emerged as a mechanism for linking people using primary care with support in the community (Brown et al., 2004) and involves the creation of referral pathways from the GP.

"*Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector.* " (Friedli & Watson, 2004)

It is acknowledged that the links between primary health care services and the third sector still remain underdeveloped, but they actually require considerable time and patience to develop and evolve (South, 2008:310).

Why Social Prescribing?

Simon Stevens, Chief Executive of NHS England, commissioned a report 'A new relationship with people and communities - Actions for delivering Chapter 2 of the NHS Five Year Forward View' published in February 2017. High Impact Action 4 (of 7) is making social-prescribing systematic and equitable.

In The General Practice Development Programme, High Impact Action 8 (of 10) is Social Prescribing – to use referral and signposting to non-medical services in the community that increase wellbeing and independence.

The Place-Based Health Commission Report 2016, restates the well-recognised understanding that 20% of an individual's health outcomes result from clinical treatment, with the remaining 80% determined by wider factors such as lifestyle choices, the physical environment and social networks.

Potential benefits of social prescribing include:

- Time saving for GPs and other health professionals
- Cost savings in addressing long term conditions
- Increased patient and community wellbeing
- Reduction social isolation
- Promote resilience and independence
- Improving mental health outcomes
- Provide access to the right service at the right time

Background of Social Prescribing at SIS

Kimberley (2013) describes a number of different Social Prescribing models

Social Prescribing as Signposting
In this model little more is done than signposting service users onto networks, groups and organisations who may help address their needs. Service users are left to their own devices to access and follow through and there is little or no follow-up or feedback.

Staff must have a good knowledge of local services, groups and communities and usually have some training in signposting.

SIS has been delivering this model of SR through Community Interpreting for over 20 years. The Accredited training for Community Interpreters includes a research element to equip workers with information and understanding of health and social care systems and services. Community Interpreters routinely respond to the information and cultural "gap" via signposting but their role boundaries prevent further intervention.

Social Prescribing Light

This is considered the most common model of SP. Usually community and/or primary-care
based projects make referrals to the SP project to address a specific need. These projects would not necessarily have evolved through a partnership with primary care services and may have developed out of a particular community need.

The Health Promotion Project was initially proposed as a way of meeting needs identified by SIS Service Users at two consultation days in 2012 and 2013. Service Users self-refer to HPP and SR is delivered by Volunteer Linguists as one element of the wider aims of HPP.

Social Prescribing Holistic
These SP projects tend to evolve organically over time as developments of projects that had previously delivered at a lower level of SP. They are innovative, and address wide ranging health and social care needs creatively, within an empowering approach. They frequently emerge to meet an acknowledged local need. Partnerships with GP practice develop over time and become an essential part of the SP loop.

SP interventions in this category often share some or all of these features:

1. There is a direct primary care **referral**, usually from a GP practice.
2. The SP provider has a clear **local** remit and uses local knowledge to connect service users with appropriate support.
3. The SP intervention has been developed and sustained in **partnership** work between the primary care provider and the SP provider.
4. The SP provider addresses the beneficiary's needs in a **holistic** way. A service user may be referred for one issue but the project will look at all needs and may support any issue discovered.
5. There are **no limits** to the number of times a beneficiary is seen on a SP project.
6. SP projects seek to improve beneficiary's **well-being**.

The Health Promotions Project already delivers elements 2, 4, 5 and 6. We are currently working with GP practices and other health providers to develop partnership work elements 1 and 3 in order to deliver all of the benefits associated with Social Prescribing.

Evolution of Social Prescribing in Heath Promotions Project

SIS has been gradually developing the SP element of HPP. From ad-hoc SP whilst undertaking health promotion activities and via the dedicated phone line (pilot/year 1 2015-16), to *SP Light* by way of self-referral through the dedicated phone line, Facebook pages and Drop In (year 2 2016-17). SIS is now developing the service further towards *SP Holistic* with the involvement of GP surgeries and other community based

health professionals such as Health Visitors, Community Midwifes and Community Nurses (year 3 2017-18). SIS hopes to develop HPP as an essential equalities mechanism in social prescribing.

2014-15 (Pilot)

HPP was not originally proposed as an SR mechanism; the focus in the original proposal was on health promotion, community development and consultation to be delivered by Volunteer Linguists (originally chosen from the pool of Community Interpreters). However, it was clear from the pilot period that there was need greater need for link work and intervention than originally proposed. There were 2 clear recommendations in **HPP Pilot Report 1 (Nov 2014)** relating to SP which were then incorporated into the HPP Development Model.

- *"Case Work Advocacy" to support individuals with complex social or health needs which were impacting negatively on their health and wellbeing. This was seen as a resulting from poor knowledge of services, inability to access services and problems navigating public service systems.*
- *"A Drop-In Service" as a central point for Volunteer Linguists to deliver link work; support with reading letters, helping fill in forms, signposting and assisting with making appointments and facilitated referrals. It was suggested that the drop in should support empowerment and self-advocacy by demonstrating "how to" thereby bridging a gap between singposting in interpreting provision and bilingual advocacy case work.*

2015-16 (Year 1)

The aims and objectives of HPP were refined into three main areas to aid delivery of the 12 recommendations from the pilot.

Working with people who have language needs

- *Distribute and promote information about public and community services*
- *Facilitate access and referrals to public and community services*
- *Promote key health messages*
- *Provide additional support e.g. letter reading, form filling, making appointments*
- *Offer opportunities to meet with other service users and reduce isolation*

Working with public and community services

- *Consult on the development of appropriate translated information*

- *Partner with local organisations to work with people who have language needs*
- *Give people with language needs a voice within public service consultations*

Working with volunteers

- *Recruit community members as Volunteer Linguists*
- *Train Volunteer Linguists in Health Promotion*
- *Support Volunteer Linguists to develop new skills and increase confidence*

Progress in all areas was reported at the SIS AGM in Nov 2015 and in **HPP Report 2 (January 2016)**. The future plans proposed in Report 2 were expanded and developed for **HPP Report 3 (April 2016)**. The focus of year 1 remained on health promotion with a community development approach, drawing inspiration from the 9 social value principles published in the Brighton and Hove Social Value Framework.

The SP element of HPP continued to be regarded as "link work" and "facilitated referrals" and was not yet termed "social prescribing". SP tended to be delivered on an ad-hoc basis resulting from community development activities undertaken to meet the Health Promotion remit. The impact of this community outreach was demonstrated by the increasing numbers of Service User self-referrals received via the dedicated phone line that had been advertised exclusively on HPP promotional materials (all in 16 languages).

The development of promotional materials closely mirrors that of social prescribing within HPP.

- *Information Poster* – first published February 2015, detailed the three strands of the service user offer and included the first public advertising of the dedicated phone line.
- *Pledge cards* – published in time for "Many Cultures, One City" event in April 2016, gave a shorter summary of the three strands of service user offer, advertised the languages specific facebook pages alongside the dedicated phone line, provided details of the healthy living and specialist information SIS could provide and gave an opportunity to complete and return an information request and/ or health pledge.
- *Drop In Posters* – first published May 2016, provided details of what help, support and information was on offer as well as details of how to access SIS face to face at the Drop In; venue, dates, times etc

HPP report 2 (January 2016) outlined some case studies of Social Prescribing delivery to build the case for a more formal SP mechanism – the Drop In Service.

2016-17 (Year 2)
SIS worked hard during year 1 and the first six months of year 2 to build a sustainable infrastructure for HPP. **HPP report 4 (October 2016)** gave a comprehensive review of this, focussing on the role of the Project Co-ordinator, Volunteers (recruitment, training, impact) and Forging Partnerships (referral protocols, health campaigning and representation and networks).

The SIS Annual Review (2015-16) published in October 2016 focused on work the Volunteer Linguists had been doing to give people with language needs a voice within public service consultations. At the SIS AGM (2015-16) which took place in December 2016, a Volunteer Linguist gave a moving presentation about their involvement with SIS and HPP.

SIS launched its primary Social Prescribing Mechanism - The Drop In Service on 17th May 2017 and have continued to offer this service twice a month since then.

Methodology

Referrals

SIS has a 23 year record of providing a self-referral service to people with a language need. It is a cornerstone of SIS operation and delivery, illustrating SIS's values by providing an almost unique opportunity for people to exercise their rights and make referrals with confidence. Within public services, there are frequently barriers of language, culture, knowledge and power for our service users to overcome and SIS is well known to offer a safe place for people to exert independence and feel empowered by using their mother tongue to talk about their needs. When designing and developing HPP and the tools for SP, the opportunities for self-referral were prioritised over and above encouraging referrals from other sources.

Service Users can self-refer in their own language by phone, in writing, in person, via social media and (from May 2017) via the SIS website. The majority have used phone and the Drop-In to make contact.

SIS also accepts referrals from other sources

- **SIS workers;**
    - the three strands of our Service User offer work in a symbiotic triangle, Community Interpreters referring to Volunteer Linguist referring to Bilingual Advocate and vice versa.
    - The SIS core team pass on information regarding Service User needs that they have picked up in the course of meeting interpreting needs
- **Formal partnerships**;
    - *Healthwatch* – SIS works as a Community Spoke for Healthwatch. In Feb 2016, SIS delivered a workshop to 18 individuals representing 15 VCO organisations connected to Healthwatch on "Engaging and Including People with Language Needs and how SIS can support this work"
    - *Doctors of the World* – Referral pathways were set up in January 2016 between DoTW and all/any areas of SIS Services. VLs are particularly involved in helping with GP and dental registrations.
    - *ICAS* – SIS was a specialist bilingual advocacy partner in ICAS until April 2016 when the partnership moved to a different model with HPP promoting ICAS and making referrals, there is a referral protocol in place and ICAS reciprocate by referring back to HPP any SR needs that are identified.
    - *Third Sector Community Partnership*
        - SIS has been a supporting partner to TDC and HKP, since 2014, in a partnership which is focussed on BME Community Engagement Work and involves collaboration on consultations and an annual event through which needs are identified for communities and individuals.
        - SIS is starting work on a new partnership led by Impetus and including TDC, LGBT switchboard and Somerset Day Centre focussing on widening the reach of Befriending Services (both for befrienders and befriendees)
    - *BME Needs Assessment Group*
    - *Migrant Needs Assessment Steering Group* – engagement with this group has provided essential data and information to MNASG and has also given SIS access to a group of trained Community Researchers many of whom are already SIS Community Interpreters and Volunteer Linguists
- **Informal partnerships, networks and forums** - specific presentations, engagement opportunities and referral protocols listed in monitoring information;

- *Community Health Network*
- *Volunteer Co-ordinators Forum*
- *Food Bank Networks*
- *InterFaith Contact Group*
- *Social Prescribing Network*
- *Health Promotion Network*
- *ESOL Providers Network*
- *Advice Network*
- *Advocacy Partnership*
- *B&H Refugee and Migrant Forum*

- **Health Practitioners** – SIS has already started work on closer links with GP practices; discussions with representative practices from clusters 1 and 4 have generated innovative and creative ideas
  - *Practitioners will be briefed on HPP and the SIS Drop-In*
  - *Practitioners provided with Drop In fliers to go on/around their desk for ease of referral*
  - *Practitioners will be signposted to the translation banks on the SIS website*
  - *SIS will provide*
    - *Hardcopy materials for an information board in GP waiting room*
    - *digital promotional material for waiting room TV screen*
    - *e mail versions for staff access*
    - *links to the Bilingual Appointment Letters*
    - *language packs for each practice service user which staff will either send or give to relevant SUs*
  - *SIS and practice staff to look at developing bilingual proforma "recall" letters for common conditions*
  - *Community Navigators have a simple form in EMIS/SystmOne for use by GP surgeries to make referals and HPP would like to explore the possibility of using the same/similar referal methods.*

Future Plans for 2017-18

- Continue work with representatives of GP practices in other clusters then roll out via cluster model
- Gain a greater understanding into the work of Care Coaches and develop referral protocols
- Use data collected in current surveys of Maternity staff and Health Visitors to work with them to make referrals
- Closer connections with enhanced Community Navigator to provide a consistent approach to SR

- Closer connections with other members of the Social Prescribing Network especially those making home visits to the frail/housebound
- Use of the new partnership with Impetus Befriending Service
- Develop a partnership with Money Advice Plus to increase their Drop In capacity by training Volunteer Linguists to deliver triage services

Delivery

Volunteer Linguists work with service users to look at their social, emotional and health support needs and helps them access local services by facilitated referral. The relationship should be short term intervention which empowers the service user and encourages to look for and take up the services they need. However, a VL may need to meet with and/or discuss the issues a number of times with the service user in order to provide adequate support.

Whether by phone or in person at the Drop In, a VL undertakes a needs assessment using a SIS registration form. The form helps the VL to get sufficient information to work with the person and generate options that could help meet their needs.

SIS has chosen to keep form filling and the sharing of personal data to a minimum asking for essential information only. This approach came out of attendance at a workshop provided by a Community Works / CUPP partnership into *VCO experiences or data gathering and evidencing one off encounters.* Their research findings highlighted “the challenge of measuring those one off short encounters (e.g. at the SIS Drop In) whilst safeguarding the encounter and building the trust crucial to the intervention having the best outcome for the client” and they recommended a shared approach which minimised the collection of superfluous or repeated data. SUs are not therefore asked clients to complete an EO form at this stage although the nature of their needs often points towards age/gender/ disability etc.

The needs assessment identifies the main issues that the service user would like help or support with. The VLs use a variety of tools to explore the best way to meet the social prescription need and coaches the service user into how to find information themselves in future.

- *Health Promotion Directory* supplied at Health Promotion Training
- *Web tools*

- http://www.thefedonline.org.uk/services/out-and-about/its-local-actually
    - http://www.mylifebh.org.uk/#
    - http://www.advicebrighton-hove.org.uk/
    - http://www.brighton-hove.gov.uk/content/health-and-social-care/health-and- wellbeing/directory-health-and-wellbeing-services
    - http://www.activeforlife.org.uk/
    - http://www.wheretogofor.co.uk/
- *SIS referral protocols* developed through experience of SP and partnership agreements (detailed in HPP report 4)

The VL will often need to support the service user to read correspondence, fill in forms, make appointments and liaise with staff at other agencies. This is done collaboratively so that service users feel they have ownership over the work undertaken.

The VL goes on to explore any further needs using techniques from "Making Every Contact Count". These techniques have been further explored and progressed in training provided at the VL Peer Support Session. This training used role plays to look at how additional needs could be revealed by careful, sensitive, open-ended interviewing. Further facilitated referral may be necessary.

Complex or specialist cases are usually referred on to an advocacy services; most commonly the SIS Bilingual Advocacy Project but also MIND and ICAS.

VLs will advise local services on how to book an interpreter and how interpreting can be funded either through contracts between SIS and local public services or, voluntary and community orgnanisations, through the CCG discretionary allocation (up to 16 sessions per month for voluntary and community sector organisations). Organisations are informed (in writing) that SIS can offer some free sessions but this is not indefinite and organisations should be seeking funding for interpreting as part of their funding/grant bids.

VLs are expected to keep basic records of the issues, referrals and outcomes.

Outputs

SIS monitors the outputs of HPP in various ways and, as with SR, the monitoring tools and developed over time to accommodate the changing delivery mechanisms.

Pilot 2014-15

HPP report 1 gave provided information about 32 organisations SUs had been referred or signposted. In light of the emphasis on Health Promotion, the majority of referrals were to health related agencies in particular *Health Trainers* and *Health Checks for over 40s.* However, theme regarding *Housing*, *Education, ESOL* and *Advice Services* were also emerging.

Year 1 2015-16 and beginning of Year 2 2016-17

HPP report 4 collated all (estimated) outputs for 2 years of HPP (pilot – October 2016) for all SP – ad hoc, telephone and Drop In. The nature of informal and mixed methods of SR delivery meant that records had not been kept with particular accuracy and are difficult to use for benchmarking.

How many individuals have been supported with…	
GP registration	18
Dentist registration	18
Making appointments	11
Reading correspondence	32
Filling in forms	37
Making referrals to specialist services	41

How many individuals have been supported with information about	
Urgent care	18
Healthy Living	76
Housing	30

Finances	39
Disabilities	10
Community Safety	1
ESOL	57
Immigration / Citizenship	19
Employment	3

<u>To which specialist services have facilitated referrals been made</u>

Bilingual Advocacy Project	7
Various ESOL providers	9
Moneyworks	5
Brighton Voices in Exile	6
Possability People (The Fed)	2
EMAS	3
ICAS	2
Age UK	2
BHCC	2
BHT	2
Carers Centre	1

Drop In and telephone service outputs May 2016 – March 2017

As a more formalised method of delivering SP, the Drop In has enabled better, more accurate monitoring which enables benchmarking and target setting for the first 6 months of 2017-18.

<u>3 months May 2016 – July 2016</u>

- flier translated into 15 languages, distributed
    - via SIS mailing list direct to SUs

- via Community Interpreters at sessions
- via Volunteer Linguists at promotional visits and at community venues

- 6 drop in sessions
- 44 individual SUs (average 13 per month)
- 12 languages
- 3 SUs who attended more than once
- 29 onward referrals made (average 10 per month)

Languages	**Referral Source**	**Main Issues**	**Onward Referrals**
Arabic – 11	34 Self referral (inc DI)	Housing – 9	Bilingual Advocacy Project – 6
Bengali – 4	9 SIS referral	ESOL – 10	Moneyworks – 5
Cantonese – 3	1 External (2%)	Immigration/Citizenship – 5	Brighton Voices in Exile(BVIE) – 4
Farsi – 4		Living with a disability – 4	Doctors of the World(DoTW) – 1
Hungarian – 3		Employment – 3	Access Point(ASC) – 1
Lithuanian - 1		Health (inc GP/dental registration) – 9	BHCC - 1
Mandarin - 2		Education - 2	GP – 3
Polish – 2		Benefits/Debts/Finance – 16	BHT – 1
Portuguese – 4		Letter reading – 1	Age UK – 1
Russian – 4			ESOL providers - 4
Slovak – 1			EMAS - 2
Spanish - 4			
Thai – 1			
Turkish – 1			

7 months September 2016 – March 2017

- Additional promotion with updated fliers
    - Second mailing via SIS mailing list direct to SUs
    - Continued via Community Interpreters at sessions
    - New venues for Volunteer Linguists
        - Pre schools and schools (through intelligence provided by EMAS)
        - Libraries
        - Known employers of large numbers of migrants e.g. hospitality and cleaning companies
        - Hostels
- 15 drop in sessions
- 78 individual SUs (average 11 per month)
- 15 languages
- 7 SUs who attended more than once
- 68 onward referrals (average 10 per month)

Languages	**Referral Source**	**Main Issues**	**Onward Referrals**
Amharic - 1	61 self-referrals (in Drop In)	Health inc GP / dental registration - 22	Bilingual Advocacy Project – 6
Arabic – 19	13 SIS	Housing – 13	Possability People – 7
Bengali – 3	4 External (5%)	ESOL – 11	ESOL providers - 9
Bulgarian - 1		Immigration/Citizenship – 12	Moneyworks – 5
Cantonese – 2		Living with a disability – 14	BHCC - 3
Farsi – 9		Employment – 11	Brighton Voices in Exile(BVIE) –7
Hungarian – 10		Benefits/Debts/Finance – 33	GP – 11
Italian - 2		Utilities – 9	BHT – 1
Lithuanian - 3		Police – 1	Age UK – 1
Mandarin - 3		Education - 8	Job Centre Plus – 4
Polish – 6			CAB – 2
Portuguese – 9			ICAS – 3

Russian – 2 Slovak – 1 Spanish - 7			EMAS – 2 MIND - 1 St Luke's Advice Service – 1 B Unemployed Families Centre – 1 Shape Up – 2 Food Partnership - 2

Target outputs

6 months April 2017 – September 2017

- 12 drop in sessions
- 92 individual SUs (average 15 per month)
- 18 languages
- 10% external referrals
- 66 onward referrals (11 per month)

Outcomes

In 2017-18, SIS will start to use the common approach to evaluating Social Prescribing developed by Community Works, Impetus and Possability People which has been informed and agreed by both the Keeping People Well group and the Social Prescribing Network. It includes learning from SP evaluations around the country and has been aligned with the Better Care prevention and personalisation outcomes. Report of outcomes will be against indicators developed specifically for HPP, adapting Empowerment Web resources already used in the SIS Bilingual Advocacy Project, and linked to the specific scales of operation and client group so it won't be possible to directly compare data.

Better Care prevention and personalisation outcomes

I am enabled to remain independent for as long as possible

I am supported to have social connections and feel happy

I feel that my quality of life is enhanced by the care and support I receive
I am able to access a range of community support to help me maintain my resilience and wellbeing
The service I've received is tailored around my specific needs
I receive the best possible person- centred care and support
I have access to appropriate information and support to enable me to manage my long term health condition/s
I have access to timely and appropriate information when I need it
I have access to appropriate advice and support to help me to avoid harm or injury
I know what choices are available to me and who to contact when I need help

Case Studies

In the absence of an outcomes/impact measure for SP activity to date, HPP has adopted the case study methodology shared by the Social Prescribing Network and used by Community Navigators and Link Back. The case studies serve to illustrate and give real examples of the impact of HPP Social Prescribing.

[They 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 social prescribing 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. The four case studies below present a range of situations.]

Learning and Reflections

1. SP within HPP is still in the early stages and **requires more development to truly follow a "holistic" model**. In particular, secure connections with health care practitioners particularly GPs and other community health practitioners.

2. The people HPP work with have specific social support needs, especially **housing, immigration and financial** (including benefits) issues which it is essential to tackle before health promotion work can be effectively undertaken.

3. HPP needs to maintain it’s flexible offer of support. People need differing amounts of support for different lengths of time. In order to fully explore the holistic needs of service users it takes time to engage, build trust and for the person’s situation to stabilise. Then with a step by step approach further needs can be identified.

4. Like Community Navigation, HPP has noted a large number of people with complex needs. This may be a result of the reduction of funding in adult social care. Currently VLs are able to make onward referrals to SIS Bilingual Advocacy Project but funding for this service is reduced in 2017-18 and the future of the service is uncertain.

5. Funding for interpreting continues to be a potential barrier to access for people with a language need. There is a distinct lack of interpreting provision in Housing and for Job Centre Plus and most voluntary and community organisations are only able to provide interpreting via the CCG discretionary fund.

6. It is difficult for VLs to make effective referrals for service users with Housing issues. This is due to a lack funding for interpreting support in BHCC Housing department. Other community and voluntary sector housing support services are overstretched and have strict criteria for making referrals.

7. VLs have been making frequent referrals to BViE immigration advisors. However, we have recently been informed that “the drop in service BViE has traditionally provided on Tuesdays, has been suspended for the time being”. This leaves a vacuum locally for free immigration advice. In addition, BViE did not offer advice or support to EU nationals and VLs have noted an increase need for information and support in this area.

8. Money Advice Plus have approached SIS to look at partnership working to increase their Drop In service offer. This will be welcomed by Service Users who frequently present with financial issues and by VLs who will benefit from additional training.

9. SIS has developed a strong infrastructure to support SP with a team of dedicated and well trained volunteers (at least 2 in each of 14 community languages) led by a paid Project Coordinator. It is essential that adequate resourcing is maintained to ensure quality VLs can be retained and new VLs recruited and trained. It is the use of VLs that enables HPP to be cost effective.

10. HPP benefits from being part of SIS and can take advantages of its strategic resources and position within Brighton and Hove especially the joined up work between complementary partnerships and networks that are essential to maiximising the value of SP and building a strong sustainable service.

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