



Health Services in Brighton and Hove

The Perspective of Service Users with spoken language support needs.

A partnership between the Brighton & Hove Clinical Commissioning Group, Sussex Interpreting Services and the Black and Minority Ethnic Community Partnership

This report highlights the usage of NHS Services and ways to engage with communities and individuals, living in Brighton and Hove, who need spoken language support.

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Summary

Brighton and Hove Clinical Commissioning Group (CCG), Sussex Interpreting Service (SIS) and the Black and Minority Ethnic Community Partnership (BMECP) organised a half day event on 13th March 2013 for service users with spoken language support needs (SU).

The event was attended by 46 SUs speaking 9 different languages with the help of 12 SIS Community Interpreters.

The event provided information about where to get the right help and treatment for immediate health needs and asked Service Users about the best ways of providing and distributing this information to their communities.

The CCG also consulted on how they can gather feedback about local services and facilitate engagement and participation from this chronically excluded group.

The event highlighted a lack of knowledge about service options outside of GP surgeries and Accident and Emergency. Where other services had been used, interpreting services hadn't been offered or provided.

SUs were very keen to share their experiences and had interesting and innovative ideas for service improvements and developments but were unaware of mechanisms for providing feedback.

Key recommendations are

- **Provision of translated information**
- **Promotion of <http://www.ipbh.org.uk/> to SUs**
- **Improved distribution and promotion of information**
- **Promotional visits to community groups and events**
- **Wider access to interpreters**
- **Training for services regarding the use of interpreters**
- **Improved access to PPGs**
- **Setting up a SU reference group**
- **Expanding the role of Community Interpreters**



Background

The CCG has been carrying out an awareness campaign across the city, providing information about urgent care services and advising on the most appropriate access points depending on the health issue. Posters and leaflets have been widely distributed and displayed¹.

One of the main aims of the awareness campaign is to reduce the amount of trips people make to the Accident & Emergency department for non-emergency cases, when they can be using other services that are available to them.

Service Users with spoken language support needs are particularly hard to reach through standard promotional methods. The CCG wants to find out how people from this group have been using Health Services, and whether they are aware of all the different health services available to them in the city.

The CCG would like to know how to get information out about the available health services to the variety of diverse language communities situated in the city.

The CCG is keen to place patient voice and choice at the heart of their decision-making processes. To achieve this, GP surgeries are supporting and setting up Patient Participation Groups (PPGs) to encourage patients to get involved. A LINK report of November 2012 found there was insufficient diversity of members involved in PPGs resulting in the groups being unrepresentative².

SUs would have specific barriers to joining PPGs. The CCG wants to explore the best way to get feedback from these individuals and communities.

The CCG consulted SIS about how to reach this chronically excluded group. SIS recommended a Service User event following a successful event held in May 2012 at which SUs had expressed their desire to talk with service providers and be more involved in decision making.

SIS worked in partnership with the CCG and BMECP to organise, manage, facilitate and report on this event.

¹ Appendix A

² Appendix B

Highlights



Partnership between Sussex Interpreting Services and the Black and Minority Ethnic Community Partnership

Half day invitation only consultation event at Community Base

8 different language communities represented; Arabic, Bengali, Farsi, Oromifa, Polish, Portuguese, Russian and Turkish

Provide information about health services

Consult about ways of distributing this information

Provide information about involvement with CCG

Consult about appropriate involvement mechanisms for Service Users with spoken language support needs.

Methodology

Invitations and Attendance

Following a consultation meeting with CCG, SIS drafted invitations to the event which were translated into 9 languages³. SIS monitoring about the uptake of interpreting sessions and number of SIS SUs per language informed the decision about which language groups to target⁴. The invitations were distributed by SIS and BMECP with freepost reply envelopes.

BMECP used the invitations to make posters for display and left reply envelopes with staff at the display venue.

- SIS sent invitations to 130 named individuals
- SIS distributed invitations via their network of Community Interpreters
- BMECP sent invitations to Community groups.
- BMECP displayed posters in community centres, religious venues, shops etc

In the days prior to the event, SIS Community Interpreters called all positive respondents by phone to reconfirm their attendance.

Language	Positive Response	Attendees
Arabic	19	11
Bengali	6	4
Farsi	15	13
Oromifa	1	4
Polish	4	2
Portuguese	2	3
Russian	5	5
Spanish	0	0
Turkish	4	1
English speakers	5	3

Presentation and Discussion Questions

Jane Lodge (Patient Engagement and Experience Lead) and Anna McDevitt (Urgent Care Manager) of the CCG, worked on the presentation⁵ and discussion questions in consultation with SIS.

SIS used their experience from similar multi-lingual events to

³ Appendix C

⁴ Appendix D

⁵ Appendix E

Highlights



SIS and BMECP distributed invitations

48 attendees

Presentations by Anna McDevitt of CCG

Language specific discussion groups facilitated by English speakers with the help of SIS interpreters

Facilitators recorded all responses

Translated information about NHS services was distributed



provide guidance over the appropriate language, tone and register for the presentations and questions.

SIS produced record sheets for facilitators to systematically record responses to the questions posed⁶.

Preparation

Two pre-meetings were held for Community Interpreters and Facilitators to ensure a shared understanding and to make improvements and amendments to plans.

Translated information was prepared and provided for attendees⁷.

⁶ Appendix F

⁷ Appendix G



Pharmacy Services

Did you know about the *Pharmacy Service*?

Arabic: one person aware of this	Bengali: one person aware of this	Farsi: some of us know about it	Oromifa: no one knew of this service
Polish: 2 people out of 6 aware of this service	Portuguese: yes we knew about it	Russian: not aware of this service	Turkish: yes we are aware of this service

What was your experience of this service?

Language	Experience
<u>Arabic</u>	<ul style="list-style-type: none">One person had awareness of pharmacy showing them how to use inhaler – other than that no knowledgeKnew about it but didn't know you could get treatment from a pharmacist
Bengali	<ul style="list-style-type: none">One person said that if the doctor didn't give them medicine they would go to the pharmacist to ask for someHowever someone would need to take her as she has mental health problem
English	<ul style="list-style-type: none">Mixed knowledge. Found pharmacists very good impressed than can access interpreters.
Farsi	<ul style="list-style-type: none">We knew but did not know that we could have an interpreterIs boots included in the out of hour's pharmacies? I think they are open until 7pm. My GP sent me to boots once. I tried my best to understand the pharmacist. He was helpful but it was very hard to understand. I had a very bad dry coughOne time I went to the pharmacist and managed to say "rash – a word I had learnt from my English class. Another time I had to explain that I had diarrhoea

Highlights



Pharmacy services were not widely used and most SUs didn't know it could be a first point of call for advice

SUs who had used this service were generally impressed with the help they received

SUs had often visited pharmacists who were known to speak their first language

There had been communication difficulties for SUs visiting English speaking pharmacists

It was reassuring that telephone interpreters could be accessed

Concerns were raised about the cost of medicine if it wasn't on prescription



- When I received a prescription I was ok to read the dosage
 - *Just to fulfil prescriptions
 - The GP doesn't offer this e.g. sore throat (no prescription must buy)
 - Only for non-prescription. Prescriptions should be cheaper/free
 - Eye problem – pharmacy referred to GP, GP referred to hospital – took a very long time
 - Very helpful even though language problem – simple English was used
- Oromifa
- Members of this group just looked at me and did not seem to understand what was meant by the word pharmacy and did not recognise the equivalent service in own country
- Polish
- If you do go to there – nobody's proactive or offering cards or encouraging the use of interpreters in any way. I have never been told about it. If you are already on SIS books you won't assume you have a right to SIS
 - (I go to) Ashdowns because Polish pharmacist emergency number we got to Brighton Health Centre with my baby having fever. They give me a pile of papers to fill in whilst holding my baby with 40 degrees. So off we go to the hospital – doctors react straight away and say I should complain...in emergency, you are not in a state to manage going from pillar to post – fast help not happening – Name, National Insurance number, registration process is time wasting.
- Portuguese
- Local pharmacist coop oxford street excellent – verbal and written probs so take interpreter to speak to pharmacist
- Russian
- Good normal
- Turkish
- I used it when my son was coughing a lot and what medicine to use. Gave me good advice and told me what to do and not what to do.
 - I use it all the time now

What would help and enable you to use this service?

Arabic Speaking

- Can share information through church
- Need leaflets that can be distributed
- Leaflets will remove anxiousness about what to do
- could distribute at family gatherings
- mosques should be involved
- could go through groups – there is a health club set up by the Arabic women



Bengali Speaking

- knowing about it

English Speaking

- Biggest barrier is not knowing about it
- Leaflets in different languages
- Access group via BMECP

Farsi Speaking

- *free services for people who are receiving free prescription ID Medical Card with all their details

Oromifa Speaking

- They did not reply and assume they did not know

Polish Speaking

- No comments

Portuguese Speaking

- Need interpreter face to face not telephone as having problems – perhaps an NHS card to say ‘I don’t speak English’ – pharmacist have mixed up medicines and have made dangerous mistakes

Russian Speaking

- More visual information –someone to help find a private room for treatment & guide and talk

Turkish Speaking

- They were very interested in me and the problems. Last time I took my son and didn’t hesitate to take him there. They were very nice to me



Out of Hours Doctor

Did you know about the *Out of Hours Doctor service*?

Arabic: some knew about this service	Bengali: not aware of this service	Farsi: one person knew about it	Oromifa: only today found out
Polish: one out of six knew about this service	Portuguese: yes but...	Russian: not aware of this service	Turkish: not aware of this service

What was your experience of this service?

Language	Experience
Arabic	<ul style="list-style-type: none">Some used to call an ambulance but were advised not to and were given the Out of Hours telephone number.One woman thought that using the hospital out of hours was the only optionMostly a lack of awareness offeredWere aware of A&E not out of hour's services – used to be able to go to out-patients but now stopped.
Bengali	<ul style="list-style-type: none">Never used service
English	<ul style="list-style-type: none">Used service for bee sting.Pharmacies not very well promotedVisitors from overseas should be charged.No systems in place to charge people – misuse the service
Farsi	<ul style="list-style-type: none">We had a telephone number but did not know how to use it and how to get an interpreterGP advised me to go to the hospital. I went to A&E and waited an hour. Staff said they would ask for an interpreter but it doesn't know if they did as no interpreter turned up. I had stomach bleeding and I felt ignored. They asked us to try without an interpreter. After an hour I was quickly examined and they said they did not see a problem. I was sent home. I am not sure what was wrong with me.Ambulance service was called – the 999

Highlights



Out of Hours doctor is not being used by the majority of the people attending

There is a lack of knowledge in their communities about this service

There were reported problems in accessing the service because of the language barrier



operator tried to get an interpreter on the line but the ambulance arrived before and he had to use English to explain

- Oromifa ▪ ...Bureaucracy.
- Polish ▪ Same day appointments for kids not true. It doesn't happen. Impossible
- Portuguese ▪ Didn't make contact as didn't speak English so went to the hospital
- Russian ▪ Never used service
- Turkish ▪ Never used service

What would help and enable you to use this service?

Arabic Speaking

- Knowing about it
- Can share information through church
- Need leaflets that can be distributed
- Leaflets will remove anxiousness about what to do
- could distribute at family gatherings
- mosques should be involved
- could go through groups – there is a health club set up by the Arabic women

Bengali Speaking

- Never used service

English Speaking

- Leaflets in different languages
- Biggest barrier is not knowing about it
- Access group via BMECP

Farsi Speaking

- Pharmacist need to write the info about dose cast over the counter medicine could be high
- prescriptions could be free/cheap
- Worried pharmacist would suggest too many things

Oromifa Speaking

- Reassurance of being understood is more important than language, otherwise it feels like being fobbed off 'is ambulance on its way?'

Polish Speaking

- Getting to see GP on same day appointments for kids doesn't really happen. They say "call surgery between 8 and 8.30 – phone blocked. (If) parents can't get through? They will go to A+E for the kids, not themselves"

Portuguese Speaking

- Having an interpreter available or knowing

Russian Speaking

- Leaflets in GP, Pharmacies, on web
- Accessible info – why didn't GP mention it?

Turkish Speaking

- Never used service



Brighton Station Centre

Did you know about the *Brighton Station “Walk-In” Health Centre*?

Arabic: first time hearing of this service	Bengali: not aware of this service	Farsi: no did not know	Oromifa: no did not know
Polish: one out of six knew of this service	Portuguese: not aware of service	Russian: not aware of service	Turkish: yes I knew about this service

What was your experience of this service?

Language

Arabic

Experience

- Bad experience here for one – they were turned away at 6:30pm because a shortage of doctors and were told to go to A&E where they had to wait 6 hours
- Feels that it depends on which receptionist you get – first experience positive second experience negative.
- None of the 5 women on table two were aware of the walk in centre.
- One of the men did know of the service – I have used this service twice. Both times I had to wait a long time to be seen by a GP. No interpreter was provided. I did not ask for an interpreter as I did not know this was possible. Both times I was given advice but no treatment. The first time I had a virus and the second time I had problems with very cold feet and was given a leaflet in English with advice, only some of which I understood.
- Never used service
- Nothing recorded
- Don't know this doctor or how good they are (trust)
- Problem to wait a long time for an interpreter
- Face to face is preferable because if can see expression its more personal
- Never used service

Bengali

English

Farsi

Oromifa

Highlights



Very few SUs knew about this service

Those who had used the service hadn't had good experiences with long waiting times, no access to interpreters and one SU turned away due to staff shortages.

Trust and quality issues were raised about using an unknown GP.



- | | |
|------------|---|
| Polish | ▪ Never used service |
| Portuguese | ▪ Never used service |
| Russian | ▪ Never used service |
| Turkish | ▪ I've been there once – nothing unusual just like seeing a normal GP |

What would help and enable you to use this service?

Arabic Speaking

- Can share information through church
- Need leaflets that can be distributed
- Leaflets will remove anxiousness about what to do
- could distribute at family gatherings
- mosques should be involved
- could go through groups – there is a health club set up by the Arabic women

Bengali Speaking

- If they ring and were told where to go they would use it unless urgent.
- If it's not serious they may go but if its serious they would want to go to hospital

English Speaking

- Nothing recorded

Farsi Speaking

- Depends what problem you have

Oromifa Speaking

- Anxiety levels are raised if you don't know what is going on

Polish Speaking

- Nothing recorded

Portuguese Speaking

- Would use if sure interpreter would be there
- Community member write on piece of paper – what illness was and then go with interpreter

Russian Speaking

- More information – not known that service existed

Turkish Speaking

- No comments



NHS 111 / NHS direct

Did you know about the *NHS 111 (or NHS Direct) service?*

Arabic: some knowledge	Bengali: not aware of this service	Farsi: not used, only used by interpreter	Oromifa: not aware of this service
Polish: not aware of this service	Portuguese: nothing recorded	Russian: nothing recorded	Turkish: not aware of this service

What was your experience of this service?

Language	Experience
Arabic	<ul style="list-style-type: none"> would call the GP during out of hours rather than NHS Direct would then get redirected and spend ages on phone as did not know about NHS Direct.
Bengali	<ul style="list-style-type: none"> Never used service
English	<ul style="list-style-type: none"> Use NHS direct a lot. Access home visiting one night as difficult and parking is difficult.
Farsi	<ul style="list-style-type: none"> God forbid I have to use this service but at least it is there! Interpreter said – fantastic service
Oromifa	<ul style="list-style-type: none"> Food in tummy to get rid of , very big – misinformed that it was cancer – whole family shocked – even family from abroad called because consultant described it. Told my grandson in USA that she has 2 weeks to live – she stayed till she was getting well. He asked me them for proper treatment after the operation. He got my message to them. I was present when this happened – when confirmed it was not cancer – it was a nurse that told them – misinformation’s damaging. Cancelled his funeral. Shocked but not confirmed I went to see my grandson where he lives but they didn’t allow me in the country because the man trying to help me was misinterpreted so I returned from America.
Polish	<ul style="list-style-type: none"> Not Clear – 999? or 111? In England nobody

Highlights



There was a great deal of interest in the new 111 service

There was a lack of clarity about when to phone 999 and when to use this service

Concerns were raised about access to telephone interpreting and strong preferences expressed for face to face interpreting

It was felt this route would be difficult and time consuming

Translated info from the 111 website was welcomed and clarified many questions



knows what to do...

- Question about 999 – it's a serious problem, a serious problem because you don't get interpreting services, so it's more dangerous to call 999 – what happens is crucial, anxiety levels are raised if you don't know what to say

- | | |
|------------|----------------------|
| Portuguese | ▪ No comments |
| Russian | ▪ No comments |
| Turkish | ▪ Never used service |

What would help and enable you to use this service?

Arabic Speaking

- Can share information through church
- Need leaflets that can be distributed
- Leaflets will remove anxiousness about what to do
- could distribute at family gatherings
- mosques should be involved
- could go through groups – there is a health club set up by the Arabic women
- if we knew about this service we would have used it
- it needs to be publicised
- face to face interpreting would be much better than telephone interpreting

Bengali Speaking

- No comments

English Speaking

- Leaflets in different languages
- Biggest barrier is not knowing about it
- Access groups via BMECP

Farsi Speaking

- Knowing about it
- It would really help to have a face to face interpreter. Telephone interpreting does not work properly as the interpreter cannot experience my body language. It is much easier with a face to face interpreter.
- I am a little confused. I have the out of hour's telephone number for my GP surgery but should I be using the new 111 number instead? (translated

information given out at this point which clarified the process – SU said this was helpful)

Oromifa Speaking

- It's good to get help immediately – not waiting
- Proper interpreter instead of family members – they know the message – get information right.
- Instead of getting message before conclusion the right advice instead of guessing what's going on, making illness worse...

Polish Speaking

- Surgeries – leaflets in right language. Posters in Polish shops. It's about putting info into people's hands that's important
- ALL GPs must have ALL languages available ALL the time – will they take dissimilating the information because no one knows about it ... or a big stand in GP surgery with a stand to bring attention to it ... English words makes one assume info is not for you ... words in your own language interests you and draws you in to engage
- TV screens about local services – rolling info in various languages
- Polish / internet sites – publicise in these sources and community newspapers
- Have a stand with different language groups that you can take info from

Health Services in Brighton and Hove



- Surgery is a good source or hospitals – patient info map would be good
- Then people talk to each other ‘word of mouth’
- Don’t burden people with this 10 minute appointment slot because we have no choice to report how we feel or the doctor to make a measured decision

Portuguese Speaking

- No comments

Russian Speaking

- No comments

Turkish Speaking

- For me just knowing that they have a telephone interpreting service would help and feel comfortable to use it. If someone can help you, you will feel more confident



Emergency Dentist

Did you know about the *Emergency Dentist service*?

Arabic: 1 SU aware of this service	Bengali: not aware of this service	Farsi: yes knew but have not used	Oromifa: no not aware of this service
Polish: no not aware of this service	Portuguese: one person used it	Russian: no not used	Turkish: not aware of this service

What was your experience of this service?

Language	Experience
Arabic	<ul style="list-style-type: none">Only one person aware of this sent to Lewes to get dental treatmentI recently used a private emergency dentist because I didn't know about this NHS service. I had to pay £95
Bengali	<ul style="list-style-type: none">No comments
English	<ul style="list-style-type: none">Aware but haven't used it
Farsi	<ul style="list-style-type: none">No comments
Oromifa	<ul style="list-style-type: none">No idea this existed
Polish	<ul style="list-style-type: none">Had treatment that lasted 16 to 18 months made dentures wrong fit not able to eat properly for all this time on she too young for him – had enough...we went back to Poland with dentures – 3 half hour visits with expert sorted them out around then and fantastic and he can now even eat walnuts!
Portuguese	<ul style="list-style-type: none">Excellent dentist – receptionist helpfulSaw immediately
Russian	<ul style="list-style-type: none">Never used service
Turkish	<ul style="list-style-type: none">No comments

Highlights



There was a distinct lack of awareness about this service

Many SUs didn't know about the standard NHS dentist service



What would help and enable you to use this service?

Arabic Speaking

- Can share information through church
- Need leaflets that can be distributed
- Leaflets will remove anxiousness about what to do
- could distribute at family gatherings
- mosques should be involved
- could go through groups – there is a health club set up by the Arabic women

Bengali Speaking

- If I had severe tooth ache and normal dentist couldn't see me I would call this

English Speaking

- Leaflets in different languages
- Access groups via BMECP
- Biggest barrier is not knowing about it

Farsi Speaking

- No comments

Oromifa Speaking

- No comments

Polish Speaking

- No comments

Portuguese Speaking

- wouldn't call due to language problems
- Publicise! Did not know – visual posters – these services are available
- you can get this information in other languages (if poster in English)

Russian Speaking

- Publicise it

Turkish Speaking

- If they could give me an appointment in a short time that would be helpful so don't have to wait



GP service

Did you know about the GP service?

Arabic: all aware of this service	Bengali: Yes we use our GPs	Farsi: yes everyone registered with a GP	Oromifa: yes all aware of this service
Polish: yes all aware of this service	Portuguese: yes we use our GP	Russian: Yes we use our GP	Turkish: yes I use my GP

What was your experience of this service?

Language	Experience
Arabic	<ul style="list-style-type: none"> Having difficulty booking an appointment was told to wait for two weeks or call surgery first thing – would spend hours calling to find all appointments gone. Had to move house and was not able to keep doctor they are familiar with. All regularly made appointments
Bengali	<ul style="list-style-type: none"> The doctors get interpreters Behave well
Surgeries: Links rd. Hangleton manor Mile oak	<ul style="list-style-type: none"> Good service Really nice Even if they can't explain they seem to understand what they need If they want an interpreter they will get one Don't have fixed doctors – locums every time which is not very good
English	<ul style="list-style-type: none"> Saturday morning GP clinics stopped Regular appointment to see the same doctor when Saturday morning surgeries.
Farsi	<ul style="list-style-type: none"> Regularly made appointments I am very happy with my GP – Dr Deffly at Sackville Road Only see you for one issue at a time - lots of different appointments needed for different things
Oromifa	<ul style="list-style-type: none"> tummy ache, collapsed, unconscious for a while. We call ambulance, he needs breathing

Highlights



Most community members will have a GP surgery and all SUs were registered

ClIs were nearly always made available for GP appointments

There was a great deal of feedback about GP services which would be relevant to PPGs but they didn't know how to report their opinions

SUs reported difficulties getting urgent appointments even for children and being asked to wait for up to 18 days for an appointment

SUs often felt rushed by their GP who didn't have time to be thorough.

There was frustration that GPs were only able to deal with one issue per appointment necessitating frequent return visits



help. Did not know what was going on when arrived at hospital overnight discharged next day. Several times in emergency couple days. It was a good response but in pain for a long time.

- For example I complain about treatment when I am not getting well with medication when I still suffering
- 18 days appointment to get treatment – I can't wait with pain ... might get worse
- Immediate or might get worse – not happy
- What would improve? If someone is sick – immediate treatment before things get more complicated
- Problem solving – not often destination
- This is the first time hearing about emergency services
- Move to different area due to bad experience at other GP in other area – they pick one problem out of three and ignore the other one
- Previous GP did not want to know. He doesn't want to be near only hear from a distance – impersonal body language
- Living in residential house she needs – wants someone to show her
- Nobody speaks her language. Living there she can't ask for help

Polish

- Question, choosing GPs in Brighton, its related to where you live – Whitehawk GP has a Polish GP – they want her – problematic – other people not successful and have to go to local doctor – what choice does she get when it's appropriate GP?
- Doctor has ten minutes. In a hurry. Under pressure with cycle of appointments, so you have to keep on returning – endlessly, so it's not ever helping anyone financially
- In Poland it is decisive treatment, test the export! Not "(try this and) see how it goes" so pain drags on and on, waiting, constantly holding to "dragging on". It's like they are scared in a reluctant way – why?
- I have 3 illnesses. My doctor sees me every day. He keeps treating my ailments separately – my back, my heart, my legs. If he treats my back with drugs, he forgets my heart.
- People are given tablets that make no



difference so they give up – what's the point?
When my body's only giving side effects.

- We see it all the time – patients going in and out of GP room in quick succession. It can't be helpful in the long run.
- In some situations they are able to act quickly – they referred her to a London clinic – surgical decisions made well but in mine it's been dragging on
- Why is one GP bold and then other not so much? Perhaps if my wife went to my GP she'd have been there for years instead
- Being referred to a specialist is like pulling teeth if it's a serious health problem
- Fobbed off with pain killers for months on end – no preventative action
- Not cost effective
- Doctor has ten minutes. In a hurry. Under pressure with cycle of appointments, so you have to keep on returning – endlessly, so it's not ever helping anyone financially
- In Poland it is decisive treatment, test the export! Not "(try this and) see how it goes" so pain drags on and on, waiting, constantly holding to "dragging on". It's like they are scared in a reluctant way – why?
- I have 3 illnesses. My doctor sees me every day. He keeps treating my ailments separately – my back, my heart, my legs. If he treats my back with drugs, he forgets my heart. Treat illness rather than the person

- | | |
|---|---|
| Portuguese | <ul style="list-style-type: none">▪ Same GP – service is excellent, been a patient for 14 years▪ Daughter calls for appointment and requests interpreter |
| Russian | <ul style="list-style-type: none">▪ Mixed – more attention from doctor needed▪ More information about other services and other treatments▪ Doctor always late – delayed difficult if working▪ Doctor doesn't always examine right areas so patient has to ask for more |
| Turkish | <ul style="list-style-type: none">▪ I was in a different part of Brighton before where I had a better doctor. |
| Surgery:
Park
Crescent
Health Centre | <ul style="list-style-type: none">▪ I don't know my doctor over here yet. I feel much more comfortable seeing the same doctor every time. Now starting again to get to know these doctors and don't feel quite |



comfortable yet.

- I have had some trouble with them getting an interpreter – have been told not available when I know they are. This has happened a few times.

What would help and enable you to use this service?

Arabic Speaking

- Can share information through church
- Need leaflets that can be distributed
- Leaflets will remove anxiousness about what to do
- could distribute at family gatherings
- mosques should be involved
- could go through groups – there is a health club set up by the Arabic women

Bengali Speaking

- Most will know or have a GP

English Speaking

- Access group via BMECP
- Leaflets in different languages e.g. Arabic, Punjabi, Moroccan etc.

Farsi Speaking

- No comments

Oromifa Speaking

- Instead of getting message before conclusion the right advice instead of guessing what's going on, making illness worse...

Polish Speaking

- Non English people need proportionate information
- If commissioners knows about the census figures they should be able to budget...
- GPs to be bolder in decision making to refer them to appropriate service

- Situations when GP treating for 6 months without difference surely the GP will decide to try something else
- Women's issues, gynaecology, birth giving problems, 2 years untreated, I beg to see gynaecologist 5 times. On 5th visit yet another doctor asking "why have you come" ... never went back AGAIN...
- Blood pressure, no refer to basic test. I am a trained nurse, I see this "no looking for cause" just using drugs, tablets forever – problem not changing or resolved
- Supposed to be deciding about surgery instead she was sent home and nothing happened
- Compared with the time spent it was fantastic – dragging on with no bold specialist treatment...
- Now problem with legs and he's worried that no one will bother because the GP will give fake treatment but it's not proper treatment

Portuguese Speaking

- Most will know or have a GP

Russian Speaking

- Most will know or have a GP

Turkish Speaking

- Most will know or have a GP



Ambulance Service and A&E

Have you used an emergency Ambulance Service or Accident and Emergency?

Arabic: yes the majority of us have	Bengali: yes some of us have used it	Farsi: half have used and half not used service	Oromifa: yes most aware of this service
Polish: yes for non-emergency	Portuguese: adults never but for their children	Russian: yes A&E and ambulance 4times	Turkish: attendee left earlier

What health problem was this for and what was your experience like?

Language

Arabic

Experience

- A&E – pain in leg, severe pain - looked after knee pain quickly and felt much better - also went a second time and was admitted – no treatment received and discharged next day. Blood Pressure so high and was given no support at all or medication. Went then to a new GP who was supportive.
- Ambulance – called by 2 others – good experience
- Have care link – dialled this member of care link called 999 – much faster when care link call –
- Ambulance - good experience took service user straight to hospital
- Also called ambulance due to a fall/injury and worry about diabetes. Treatment given in home and followed up with GP. Good experience.
- A&E – 6 hours wait, asked throughout how long to wait, kept being advised to take pain killers which they did when eventually seen doctor pain had subsided and doctor spoke very harshly with them. Their friend asked if he should have stayed home till he died – was

Highlights



Several SUs had used the ambulance service and A&E

These services had been used appropriately – an assault (stabbing), falls, asthma attack, post-op complications, giving birth, head injury, allergic reaction

SUs had been impressed with the speed of the service and the care given by paramedics

There had been access issues with the ambulance service because of the language barrier. Communication had to be through family members, and no interpreters were made available making explanations difficult



told yes.

- Issue with mother of service user – mum speaks no English. Ambulance refused to let daughter in the ambulance – no space. Very stressful for the mother. In her 80s and no English.
 - I have called 999 twice for my children. The ambulance came straight away and on the first occasion child was given oxygen because of asthma. I was able to use my English to get the ambulance.
 - My GP said that my mum needed to go to the hospital. My husband speaks English and called the ambulance which was very good.
- Bengali
- Young daughter born – water broke and was in a lot of pain
 - 3 times when giving birth and once when son hurt his head so went to children’s hospital
 - One liked it – given lots of TLC and attention. Re assured that everything was ok.
 - Wasn’t a problem as ex-husband and brother were with her so could communicate through them. If it happened to her now she wouldn’t be able to communicate on her own.
 - When had first son they didn’t think she was legally in the country so they wanted her to pay. So husband had to go and get her passport from home to show and prove that she was from here now on spouse’s visa – he also showed his passport to prove he was British. This happened 13 years ago.
- English
- Yes have used it for an allergic reaction
 - Paramedics didn’t speak clearly, very medical.
 - Very impressed with ambulance service
 - Another went to hospital BSUH unable to access interpreters
 - Daughter had to return late at night to do interpreting.
 - Ambulance service is amazing, very quick. Paramedics lovely. Really grateful for telephone support whilst ambulance on the way.
- Farsi
- Bad back couldn’t move
 - Not good – a lot of pain, forced to walk to the ambulance despite back pain.
 - Severe digestive problems (post-op)
 - Diabetic and asthma
 - Able to express in English the problems but it



- was very difficult e.g. last food, medication – information would have been helpful
- Accident (high fall and head injury)
 - Very good – looked after him very well, no information to start but it came later
- Oromifa
- Food in tummy to get rid of , very big – misinformed that it was cancer – whole family shocked – even family from abroad called because consultant described it. Told my grandson in USA that she has 2 weeks to live – he stayed till she was getting well. He asked me them for proper treatment after the operation. He got my message to them. I was present when this happened – when confirmed it was not cancer – it was a nurse that told them – misinformation’s damaging. Cancelled his funeral. Shocked but not confirmed
- Polish
- A+E positive experience - we saw paediatrician immediately
 - People understand that they’ll be seen in A+E ‘cause generally good , immediate response
 - If you don’t want people going to A+E then you have to make drop in doctors more accessible then they will use it properly. Being fobbed off puts them off using services properly.
- Portuguese
- Serious blood problems – assaulted on seafront, police and ambulance called. Was stabbed
 - Both excellent
 - Hospital – yes used service a lot and good experience
 - Used several times and on average good – but left on bed 3 days without an interpreter and couldn’t explain problems.
- Russian
- High temperature on child – had abdominal problems.
 - A&E good – outpatients bad – misdiagnosed
 - Hospital – good, very friendly
- Turkish
- Attendee left half way through the event



Information Provision

What information do you think people need about different services and how to use them, and how can we get this information to those who don't speak English?

Language

Arabic

Experience

- Need leaflets
- Church or mosque distribution – huge community
- This is where huge numbers of people meet
- The translate hand out is helpful. We need more information like this. It is the best thing.
- It would be helpful to have some information in GP surgeries and for someone to come and attend our church on Sunday – St. Mary's Coptic. Over 500 people come to the service. You can ask the priest father Youhana Habib for an invitation.

Bengali

- Going to different groups spreading the word through word of mouth.
- Leaflet in both languages at GPs *differences in spoken and reading the language. Misconception that they can always read the language
- Distributing information through schools
- Would need to use interpreters to go to community events.
- Hangleton and knoll multicultural women's group
- Coffee mornings
- ESOL classes
- Using community workers to distribute information
- A few mosques would share information
- Medina
- Alqudes (Dyke Road will accept info to give out)
- Can't always read emails
- Maybe text messages
- Really important to spread the word about services by word of mouth
- Need an in between service e.g. a doctor who will visit at night to people with young children/carers.

English

Highlights



The translate hand out was helpful.

More translated information would be useful.

There were many suggestions about venues for translated information to be displayed and distributed

Verbal presentations, through interpreters, at community groups and events would be very welcome particularly within communities with literacy issues

Bilingual Community Outreach Workers could provide information or the CI role could be expanded to allow them to do more than merely signpost.



- Farsi
 - Emergency babysitters
 - Would like pharmacists to be able to do repeat prescriptions instead of going to the GP
 - Can they have over the counter medicine on prescription because it's free!
 - Have to see the GP to ask silly questions when pharmacy could help but don't want to wait for interpreters – wasting time
 - In an emergency you don't always think about what you need e.g. asking for an interpreter and 999 responded quickly but only in English
 - One man didn't know about SIS emergency numbers, would like to use this instead of 999
 - The written information was really helpful and useful
 - Send translated information to individuals
 - Through projects that work with non-English speakers
- Oromifa
- Polish
 - No comments
 - PPG - No one has heard of this – they have to know about them in Polish. A years' calendar of when / where the meetings are so I can go to them.
 - We need good warning of how to contribute with no English
 - Group/elder - Even twice a year
- Portuguese
 - Face to face
 - Internet
 - One telephone number to gain information on health services.
 - When called a service explained needed a translator and wasn't helpful – only spoke English. Sussex interpreting service not always able to call service – if client can't speak at all or has learning disabilities.
 - One service and one number to call – patient says which language and then they can assess how urgent it is.
- Russian
 - Posters in GP, Website, Leaflets
 - Text can be English and at bottom say available in Russian and other languages.
 - Community groups – if they had leaflets similar to ones handed out today about '111' service in another language then could distribute to networks in community groups
- Turkish
 - Attendee left half way through the event



Engagement & Participation

What is the best way to hear from you and your community?

Language	Experience
Arabic	<ul style="list-style-type: none">▪ Every 1st Thursday of month there is an elderly day at church – someone could come here and talk to the members church- 07717001333 (priest)▪ (No confidence now that the hospital is now going to provide an interpreter)▪ George Hakim: 07900604840 (priest) Coptic chairman
Bengali	<ul style="list-style-type: none">▪ St Marys – Orthodox Coptic church (priest) 07775782637 fathers Yohan and John)▪ For people who are illiterate but keeping SIS number would be good for other things any way.▪ Speak in the same language and translations.▪ Are not good too formal, not in the right language. Useless to the community▪ Newsletters, Bengali newspaper, leader – don't get it – seen thousands dumper before▪ Have known about them <but> busy with children▪ Interpreter there as don't speak English▪ Survey? Yes if couldn't go to meetings▪ 50/50▪ If in English and Bengali sent to them older children can help
English	<ul style="list-style-type: none">▪ H&Knoll multicultural women's group▪ Yes come to group▪ People from Europe accessing the NHS at expense of UK residents.▪ Attena Hangleton and Knoll Multi Women's Group.▪ Regularly – every 6 months▪ Have heard of PPGS▪ What is the selection process for PPGs.▪ One patient has experienced officially accessing PPG▪ Doctors not always present at PPG▪ People with language barriers find it difficult to access PPGS▪ Practices do not know how to engage with BME groups

Highlights



Community Groups
Further suggestions of community groups to be visited particularly for Arabic and Bengali speakers

PPGs

There was a lack of knowledge but positive interest. Concerns were raised about accessibility, language provision, timing of meetings, topics discussed, venues and schedules

Using SIS

SUs would happily provide feedback through trusted SIS staff by phone or in person. CI role should be expanded to do this.

SU Group

Enthusiasm about a "Community of Interest" group facilitated by SIS meeting regularly to discuss topics and get information



- People associate going to the survey with being ill.
- Need to make sure they happen at times that people can make.
- System needs to be simple to people to give feedback
- Ask community group how best to engage.
- Lots of different groups meet at St Richards Community centre and Hangleton
- Community centre.
- Farsi ▪ It is difficult because of the language barrier. Already a struggle. Digestive diseases asked me to remind them before my next appointment as to whether an interpreter had been booked or not. I have had a few sessions where they did not book an interpreter. This is frustrating. Also I am receiving specialist hand treatment from a nurse at Beaconsfield Surgery and they said that I have to ring them back and describe my symptoms and progress before they will book a follow up appointment. I am not able to do this. Can you help please?
- Oromifa ▪ No comments
- Polish ▪ Repeated their earlier observations
- Portuguese ▪ No comments
- Russian ▪ No comments
- Turkish ▪ Attendee left half way through the event so nothing recorded

What do you think of these options?

- PPGs, using a community group/community elder or using SIS and their staff

Language

Arabic

Experience

- PPG – what about the language barrier?
- On executive committee Sudanese Coptic Church 07789738707, 691949. Sudanese Coptic association – lots of social gatherings Sandra’s brother a pharmacist also spoke at one of these groups and got lots and lots off valuable information.
- SIS - Who to ask to speak to? What is the law re: GPs and moving?
- Appointment at hospital – receptionist would ask why she needed an interpreter as she spoke English she can’t understand the medical terms.
- Role of CI- how to expand?
- CI need to more informed and aware of



changes to help share this information.

- CI to be able to sign post users to other services.
- CI helped and encouraged users to attend today. She then phoned a friend to come.
- The time taken by the CI to encourage her to come paid off.
- The topic has to be of interest to community
- HOUSING is a real issue would like a meeting like this with the council.
- Service users asked about whether any service to provide transport to elderly to various places. Sign posted Age UK with phone number.
- PPG – language is the biggest barrier to getting involved. People would need to feel that we are being listened to and that things change. The timing of any meetings would be important. If all of this was easy then yes we would get involved.
- Elder/ Group - We are all active in the Sudanese Coptic Church and as we said earlier it would be best for someone to ask to come and address the congregation.
- SIS – a really good way would be for us to leave messages in Arabic after 5pm and for SIS to call us back with an interpreter on the line to hear what we have to say. This is like the SIS self-referral system, which works well. Maybe we could also telephone the interpreter to give our feedback.
- SIS - The idea of regular drop-in at SIS is a great idea. We should try it. We trust SIS.
- Use the interpreters who speak to them to translate the information in to something they understand mix up of hard and difficult language being used. Not in plain easy to read Language.
- She knows someone with arthritis the GP says 'drink lots of water and go for walks' and that is it? No...
- When I take my child to doctors for ear infection not always given antibiotics by all doctors so you try to see the doctor that does
- The doctors always says drink lots of water and take paracetamol
- Got problems with heel of feet. No medicine – asked for a scan. Been referred to

Bengali



physiotherapist. She used to go to zumba – want to get healthy and not stop from doctor as it hurts.

- As everything is changing there should be a health check for all people.
- Had a problem for 4 years in her head – then referred to neurologist after baby. Face bellpalsy – psychologist said not bellpalsy but depression
- English
 - Ladies on table speak English so unlikely to use SIS to provide feedback.
 - Unlikely that woman in the H and K women's group would call SIS to provide feedback.
 - Need to do a leaflet with main information communicated today
 - distributed via schools
 - surgeries
 - Business cards with NHS /// details would be really helpful.
- Farsi
 - Would like pharmacists to be able to do repeat prescriptions instead of going to the GP
 - Can they have over the counter medicine on prescription because it's free!
 - Have to see the GP to ask silly questions when pharmacy could help but don't want to wait for interpreters – wasting time
 - In an emergency you don't always think about what you need e.g. asking for an interpreter and 999 responded quickly but only in English
 - One man didn't know about SIS emergency numbers, would like to use this instead of 999
 - PPG - I would be prepared to be involved if an interpreter was provided. If there was no interpreter then maybe notes would have to be given in advance so that I could try to work out what is being talked about. I would need to know when meetings were. My kids are not interested – they say they have better things to do.
 - Group/Elder – there are about 20-25 individuals in our church who are Farsi speakers. The Pastor is Ariamon.
 - SIS – I would be willing to telephone Farsi interpreter to give feedback. I would prefer to call SIS and ask them to call me back so that I can give them feedback as I think that the NHS would listen to them more than to us and we trust SIS.



- SIS – I would like to have the telephone numbers for the Farsi interpreters at SIS so that I could call them directly.
- SIS – the idea of a SIS drop in is brilliant. I would prefer these to be before lunch time and maybe for 5-10 minutes to be used to give information please.
- Oromifa
 - PPG - Today everybody knew ahead of time
- Polish
 - PPG - No one has heard of this – they have to know about them in Polish. A years' calendar of when / where the meetings are so I can go to them.
 - We need good warning of how to contribute with no English
 - Group/elder - Even twice a year
 - Systematic involvement not arbitrary invitations
 - Need to be inform in advance to be effective in meetings
 - Today everybody knew ahead of time but you can't just Para troop into the role
 - SIS - PALs when baby ill they said she could complain on an English form
 - 50% heard of this
- Portuguese
 - One service and one number to call – patient says which language and then they can assess how urgent it is.
- Russian
 - Community groups – if they had leaflets similar to ones handed out today about '111' service in another language then could distribute to networks in community groups
- Turkish
 - Attendee left half way through



Event Feedback

How did you find out about this event?

Language	Experience
Arabic	<ul style="list-style-type: none"> ▪ Invitation received directly from SIS x 5 ▪ Invitation given by a community Interpreter x1
Bengali	<ul style="list-style-type: none"> ▪ Invitation given by a community interpreter x1 ▪ Invitation received directly from the BMECP x1 ▪ From a community group: Hangleton & Knoll received info from BMECP
English	<ul style="list-style-type: none"> ▪ Through BMECP and SIS
Farsi	<ul style="list-style-type: none"> ▪ Invitation received directly from SIS x4 ▪ Invitation given by a community interpreter x4
Oromifa	<ul style="list-style-type: none"> ▪ Through BMECP
Polish	<ul style="list-style-type: none"> ▪ Invitation received directly from SIS x2 ▪ Invitation given by a community interpreter x3
Portuguese	<ul style="list-style-type: none"> ▪ Invitation received directly from SIS
Russian	<ul style="list-style-type: none"> ▪ Invitation received directly from SIS
Turkish	<ul style="list-style-type: none"> ▪ Attendee left half way through the event so nothing recorded

What did you find most useful about the event?

Language	Experience
Arabic	<ul style="list-style-type: none"> ▪ I learnt new things about NHS Services
Bengali	<ul style="list-style-type: none"> ▪ 111 number ▪ Dentist number ▪ How to contact surgeries and others ▪ Friendly atmosphere
English	<ul style="list-style-type: none"> ▪ No comments
Farsi	<ul style="list-style-type: none"> ▪ Make an Iranian club / social club ▪ Would like food ▪ Would like more frequent meetings ▪ Less formal meetings for the 'friends of SIS' about NHS 111 and the printed info
	<p>Make it better?</p> <ul style="list-style-type: none"> ▪ Would like food ▪ Would like more frequent meetings ▪ Less formal meetings for the 'friends of SIS'
Oromifa	<ul style="list-style-type: none"> ▪ No comments
Polish	<ul style="list-style-type: none"> ▪ 111 important because it makes things easier as a mother ▪ Children don't oblige by getting ill between 8 and 8.30 it could be 2 in the morning – so it's

Highlights



Attendees found out about the event through a number of ways

The majority of SUs attended as a result of SIS invitations

Learning about the 111 number was useful

More information like the hand-outs today would be good

Leaflets with all the information about all the services available in a numbers of languages

Appreciated the opportunity to give their opinions

SUs would like to receive notes or a summary of the event and outcomes



good to know I can see a GP outside normal hours when we don't know what else to do, I am a nurse.

- | | |
|------------|---|
| Portuguese | ▪ relationship between facilitator and clients – right to say what you think about services |
| Russian | ▪ Finding out about different services very useful – even how much cost of NHS was! |
| Turkish | ▪ Attendee left half way through the event so nothing recorded |

What further information would you like to have?

- | Language | Experience |
|-----------------|--|
| Arabic | <ul style="list-style-type: none"> ▪ Housing (event) ▪ Very, very important to the community to have a Housing day like this so many changes around benefits etc. ▪ Even in collaboration with BMECP this would be amazing. ▪ BHT refused to provide an interpreter for me few times |
| Bengali | ▪ Nothing |
| English | ▪ No comments |
| Farsi | ▪ No comment |
| Oromifa | ▪ No comment |
| Polish | <ul style="list-style-type: none"> ▪ No assumptions – if you do go to there – nobody's proactive or offering cards or encouraging the use of interpreters in any way. I have never been told about it – if you are already on SIS books you won't assume you have a right to SIS |
| Portuguese | ▪ charges and guidelines – happy to get more info of other services in leaflets translation |
| Russian | <ul style="list-style-type: none"> ▪ how to use services and what entitled to in terms of check-ups – dental option – booklet / leaflet or info on prescription ▪ Services for on-going cancer patients |
| Turkish | ▪ Attendee left half way through the event so nothing recorded |

How would you like the CCG to let you know the outcomes of this meeting?

- | Language | Experience |
|-----------------|--|
| Arabic | <ul style="list-style-type: none"> ▪ Very bad experience of an interpreter at guys hospital (not SIS) would be giving her opinions rather than just interpreting could they not take their usual SIS interpreter to outside appointments. |



- Bengali
 - Letter to read in plain simple English and simple easy to read Bengali. E.g. some people use silly language so only highly educated people understand – but they wouldn't need to if they were educated would speak English anyway. So pointless producing it in this style / language
- English
 - Everything needs to be sent in English too
- Farsi
 - No comments
 - Confirmation of something being done, stop changing and cancelling appointments
- Oromifa
 - No comment
- Polish
 - A lot of Polish people don't know their entitlements re council / health service – don't get across info re. Services. I appreciate its costly but misunderstandings and wasted time will result otherwise – not cost effective
- Portuguese
 - letters translated about outcomes
- Russian
 - Face to face interpreted follow up meeting
 - Written notes – posted
- Turkish
 - Attendee left half way through the event so nothing recorded

Recommendations

Translated Information

Promotional information used by the CCG should be translated into key community languages.

The tone and register of the language used must be easily understood by the target audience.

The “Information Prescriptions” website <http://www.ipbh.org.uk/> should be promoted better to these communities as a source of information because it has a translation element built in.

Distribution/Promotion of Information

The translated information needs to be displayed in prominent places attended by the target audience. SUs suggested;

- GP surgeries and pharmacies
- Churches (there are congregations for Arabic, Polish, Farsi and Chinese speakers in the city)
- Mosques
- Community Centres (some are regularly attended by SUs)
- Schools
- ESOL providers
- Health and sports clubs/venues
- Shops who target particular ethnic and language groups
- Employers (such as hotels and restaurants) of migrants with language support needs
- Websites and internet networking sites (there are a number of sites in community languages)
- Community newspapers
- Community social/family events and gatherings

SUs suggested translated information could be sent directly to SUs via GP surgeries who should have information about which of their registered patients require language support.

Community Groups, BMECP and SIS could also send translated information to individual SUs and members

Visits to Community Groups and Events

Translated information may not be appropriate for all communities or community members. Promotional visits to Community Groups with members who have language support needs are essential both for information provision and to enable participation and engagement.



SUs suggested a number of community groups and BMECP and SIS have contacts with others.

Interpreting support is essential for these visits.

Wider Access to Interpreters

Pharmacists, Brighton Station Health Centre, Out of Hours GP service and the Ambulance Services are not offering interpreting services. This is the main barrier for SUs accessing these services.

These services need to be better informed (through training or written information) about the availability of interpreting services in the city, including

- how to book an interpreter
- why a professional trained interpreter is required
- how to effectively work with an interpreter

Improved Access to PPGs

SUs had valuable feedback about services (particularly GP services) and interesting/innovative ideas about how to improve or develop services.

SUs didn't know about the mechanisms for providing this feedback and virtually no-one, including the Community Interpreters, were aware of the PPGs.

PPGs need better promotion and to be accessible to SUs through interpreters.

Service User Group

SUs were enthusiastic about forming a "Community of Interest" group made up of SUs with language support needs from a variety of ethnic and language backgrounds⁸

This reference group could gather feedback which in turn would feed into the relevant individual GP surgery PPGs and other CCG engagement and participation initiatives and provide wider health and social care intelligence.

The group attendees could work as community champions and `neighbours with know-how` cascading information out to other community members.

Interpreting and translation support would be required for the group to function effectively.

⁸ SIS is actively considering how to develop, support and sustain such a reference group



The formation and funding of such a group would facilitate the CCG meeting some of its goals regarding equality, engaging with chronically excluded groups, community resilience, managing information, providing support and advice, improving health promotion and *“Bring clinicians, local people and NHS managers together”*

The group would need some funding for interpreting support.

Expanding the role of Community Interpreters

SUs expressed their high regard and trust for SIS Community Interpreters but also their disappointment that CIs were unable to do more than signpost.

Bilingual Community Advocates have a far greater remit which would enable them to work more closely with SUs.