

## SUSSEX ADVOCACY PARTNERSHIP ANNUAL REPORT 2024 - 2025

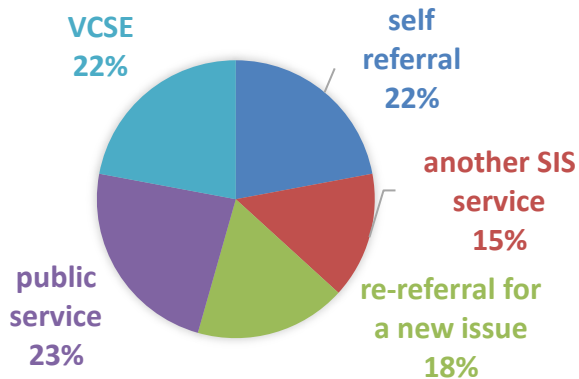
SIS delivers Bilingual Community Advocacy in Brighton and Hove as part of our tiered support for people with language needs.

- Volunteer Social Prescribers triage referrals and deliver immediate support
- Social Prescribing Link-workers provide more intensive, sustained social prescribing casework for a range of social, emotional and practical support
- Advocates give additional support for single social care and health issues

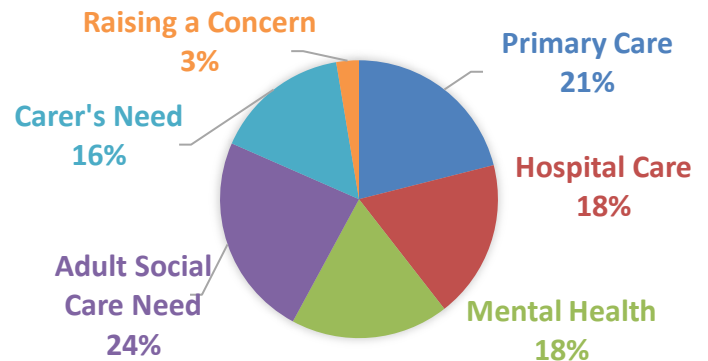
### Key Performance Indicators

- 46 cases for 32 people
- average case length of 5 hours
- 100% of referrals were acknowledged within 48 hours
- 89% were contacted by an advocate within 5 days (up from 75% in 2023-24)
- No new referrals had to wait over 3 weeks for the case to be opened
- 20 inappropriate referrals; out of remit, advocacy not wanted, no language match

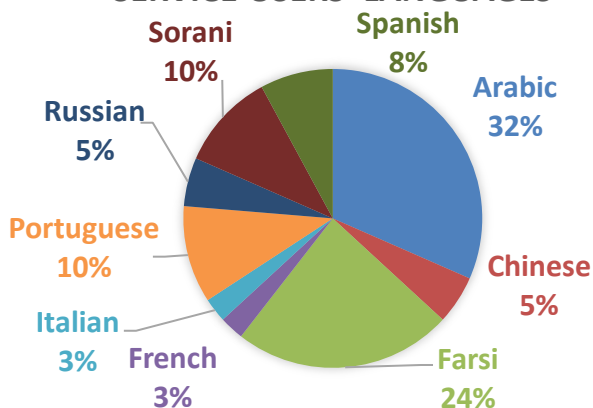
#### REFERRAL SOURCE



#### REFERRAL ISSUE



#### SERVICE USERS' LANGUAGES



## Challenges and concerns

- Identifying and enrolling additional trained and accredited Bilingual Advocates
- Meeting the 6 hour target for case length because overcoming the language and cultural barrier requires a lot of additional support and intervention
  - The Bilingual Advocate is frequently the only person that the Service User has been able to fully communicate with
  - Service Users with very limited English are reliant on the BA to do a lot of liaison work that an English speaker could do themselves e.g. making and chasing appointments
  - Documentation can be difficult to identify because the SU cannot read this themselves and often have a mountain of paperwork for BA to review.
- The narrow remit for SAP to work exclusively within Health and Social Care can erode trust and rapport when Service Users who have multiple complex needs
- Poor provision of trauma informed care for refugees and asylum seekers means that Service Users have reduced ability to cope and to feel well enough to attend booked appointments or engage effectively with the advocacy process and support that is put in place.
- Increasingly complex situations which resulted in a number of parallel cases being opened for the same person e.g. Farsi speaker
  - Access to appropriate primary care (housebound who'd never had F2F with GP)
  - Access to secondary NHS care (onward referrals resulting from the F2F GP app'ment)
  - ASC case review (case had been closed with many needs still unmet)
  - ASC care plan implementation (as a result of the case review)
  - ASC concern raised (about the practice and role of the carers provided)

## Service User Feedback:

*"It is so difficult to do things without your help. As usual, you take so much stress off my shoulders by offering me the language and knowledge support. Many thanks"*

BA 265 Arabic Speaker

*"Thank you to the advocate who helped me to make my complaint. There were many different professionals who acted completely incorrectly and unjustly. I wouldn't want anyone else to go through the dreadful experience that I went through. I was able to explain everything to PALS with the help of the advocate."*

BA259 Portuguese Speaker

*"The advocate helped me to register with a GP and then get an appointment to see the mental health nurse. I was able to tell them everything about my worries and stress about my asylum claim, what is happening in my home country. The nurse prescribed me anti-depression tablets to help me and I have a referral to the Wellbeing Service"*

BA270 Arabic Speaker

*"I was extremely pleased to receive assistance from the advocacy service. It helped to relieve my stress and pressure as carer for my husband."*

BA272 and 281 Cantonese Speaker

*"I was very sad when the Bilingual Advocate closed my case. There are still many things that I need to do and I find everything very confusing and tiring. I know I can call SIS when I need to"*

BA249, 260, 276, 276 and 277 Farsi Speaker

*"Thank you so much for the support – I was so happy to hear I could get more help as a Carer."*

Case 289 Arabic Speaker

*"the advocate was very helpful and knowledgeable. She told me to how to get my X-rays done more quickly without waiting for the appointment and has made sure I have all my appointments coming up. I'm still very frustrated that I have to wait so long and that appointments keep changing dates"*

Case 292 Arabic Speaker

*"Thank you so much for helping me so quickly, it is such a relief to get my dental treatment arranged finally after waiting so long"*

Case 302 Spanish Speaker

## **Professional Feedback:**

*"I have just completed a carer's review with the support of a bilingual advocate this morning and it really helps that the advocate is going to be the point of contact for an appointment with Crossroads who I'm referring to. She is also supporting to find a suitable Portuguese counsellor, plus also advocate on behalf of carer re housing adaptations. Your bilingual advocates are absolutely valued and pivotal to the support we are able to offer to the carers in the city."*

Cheryl Bansby of Brighton and Hove City Council re BA243

*"The GP was very supportive of 238 and spent a long time talking to her to understand her complicated health problems and how best to help her be able to live with reduced pain and a 'normal' life again."*

Portuguese Speaking Bilingual Advocate re BA238

*"That's incredible how much work you have been able to supported him with!"*

Anerley Cartilidge VIE case worker (referring practitioner) BA254

*"The case was a little difficult as the Service User was very stressed and depressed , He had quite a few untreated health problems and wasn't registered with a GP because he didn't think, as an asylum seeker, that he was entitled."*

Arabic Speaking BA for BA270

*"Having the bilingual advocate provided greater efficiency and is more cost effective because it reduced the need for multiple appointments with an interpreter for making onward referrals (to the GP, OT and*

*Crossroads )and then collecting required information for appointments. It also provided better outcomes the carer; reducing the risk of carer breakdown and the potential increase in care needs for the carer and cared for people. The advocate kept her own notes from our sessions so that she could remind the carer and check understanding.”*

Cheryl Bransby, Carers Assessment Worker BHCC re BA272

*“The advocate was very patient when responding to my questions and was very thorough in checking information with her client and interpreting what we were saying too. I felt that our client was very reassured by the presence of the advocate and more understanding of the services that we could offer.”*

Pauline Wood, Care Manager, Crossroads re BA281

*“As always, the support from the bilingual advocate was excellent. They were responsive and picked up on any needs identified e.g. passing on information about Youth Employability Service, going through the carer’s review document, which is all in English, with the client, and supporting an application through [Apply for Grants | Turn2us](#) for financial help. Without a Bilingual Advocate, all of this work would have required my attention and additional appointments with the client and an interpreter.”*

Cheryl Bransby, Carers Assessment Worker BHCC re BA265

*“I appreciate that I have asked a lot of the bilingual advocate in terms of sharing information. It’s been incredibly useful for me and I can bring it in to the wider context of everything that is going on for the whole family, so I’m really grateful”*

Katie Manning, Social Worker, BHCC re BA238

## NTDI Outcomes Framework and example work

Increased voice and personal control:	Total
has influenced the decision making processes	12
was supported to challenge decisions	10
achieved the outcome they were seeking	27
felt listened to by the professionals	27
was supported to make their own decisions	9
is supported to appeal, complain or raise concerns	12
accessed information to support decision making	12

### Case 243/273 Portuguese Speaker

This Service User (SU) had parallel cases to gain access to Mental Health support and to undertake a Carer’s Review.

She hadn't understood a letter from Wellbeing Service due to the language barrier. The advocate translated the letter revealing SU had been discharged from Wellbeing and had been referred on for private therapy. The SU asked the advocate for help appealing this decision because private therapy would be unaffordable. The appeal was unsuccessful on the grounds that Wellbeing is for short term intervention and not long term counselling.

However further advocacy during the Carer's Review secured a £400 grant to support access to low cost private therapy providing improved quality of life and economic wellbeing.

### **Case 277 Farsi Speaker**

277 had an inadequate care package in place with support needs still unmet. The BA supported 277 to challenge the previous decision to close the ASC case, helped collect evidence for a full case review and advocated for 277's additional needs. The BA had to be very tenacious and insistent, they didn't take no for an answer. 277 was allocated a new social worker and was therefore protected from the neglect of ASC and had improved quality of life and increased independence as a result of changes to the care plan.

<b>Improved opportunities:</b>	<b>Total</b>
has improved quality of life	17
has increased choice	11
achieved improved economic wellbeing	6
has improved health or treatment	22

### **Case 286 Farsi Speaker**

286 is socially isolated and inactive. She stays at home alone everyday while her husband is working, she doesn't go out for any social events or groups.

286 is also feeling very depressed and expressed some worrying mental health symptoms such as hearing voices and a belief she is being hurt by non-human entities.

The BA presented some options for mental health support and supported 286 to refer into the B&H Wellbeing Service and fully describe her symptoms. 286 was advised when she might hear from the Wellbeing Service and provided details of emergency mental health services.

286 has now been seen by the Wellbeing Service.

Challenging injustice:	Total
has been protected from abuse or neglect	4
has increased access to community services	8
was supported to challenge discriminatory practice	2

### **Case 259 Portuguese Speaker**

259 is a new mother who had consistently had interpreters present for midwifery and birth appointments but this had ceased post natal when health visitors made home visits alone.

A safeguarding concern was raised by a health visitor which resulted in police coming to 259's home and taking the baby into hospital for 24 hours. The hospital consultant, who discharged the baby the following day, said the situation had been escalated unnecessarily and advised 259 to consider making a complaint.

The advocate supported 259 to raise a concern about this traumatic situation with Sussex Community Trust enabling 259 to fully explain the impact of the unjust accusations and highlight the lack of language support prior to the incident.

### **Case 264 Farsi Speaker**

264 had struggled to secure repeat prescriptions for her complex health conditions. 264 had contacted her GP surgery herself but had felt ignored, not listened to and misunderstood to the extent that this felt like racist discrimination.

264 was particularly anxious and worried about running out of her medication and distraught about the idea of returning to the surgery without support.

The BA accompanied 264 and they spoke together with the receptionist, then GP and pharmacist who all listened to her needs and ensured the current and future prescriptions would be issued promptly.

### **Case 298 Spanish Speaker**

298 suffers from social isolation, he lives alone and has few close friends. 298 was due to have an operation in hospital and needed help to explain his circumstances and make suitable support arrangements; hospital transport and an overnight stay because there is no-one to look after or support him at home afterwards. 298 had felt embarrassed to explain why he needed help and felt the hospital staff assumed everyone had someone who could help them.

Increased independence:	Total
has increased personal dignity and respect	21
has reduced dependency on services	1
has increased independence	10
has increased confidence	12
has increased access to social and/or support networks	3

### Case 238 Portuguese Speaker

238 has multiple complex health needs. She has multiple appointments to manage with both primary and secondary NHS services, these frequently clash with each other or with other family commitments. In addition, health symptoms are often too severe to attend appointments.

The advocate has supported 238 to make her own decisions about how to prioritise the appointments and build confidence to express her needs to practitioners. This has resulted in an increased ability to manage her appointments; negotiate more convenient dates and times and also to change medication protocols to better suit her needs.

### Case 249 Farsi Speaker

249 lives alone and had severe mobility problems. The BA worked with the social worker and medical professionals to secure reports and evidence about the need for an electric wheelchair. This enabled 249 to have increased independence and confidence to go out and access opportunities in his community.

Had rights upheld:	Total
has had their rights protected	15
has increased knowledge (or use) of their rights	9

### Case 254 Arabic Speaker

254 is an asylum seeker who thought he was not able to register for a GP because of his immigration status. An advocate helped him understand his rights to primary care and to register with a GP.

The advocate also helped with making an initial appointment and tried to negotiate a suitable system for making future appointments when the language barrier prevents him calling at 8am and explaining his issues. The initial response of "we are really sorry but there is nothing we can do" was challenged but no suitable solution found except for 254 to contact SIS when he needs an appointment.

**Case 282 Arabic Speaker**

Prior to covid, 282 had been under the care of Cardiac services. She wanted a re-referral because of new symptom but had been turned down by her GP. The BA was able to support her to give further details and secure the referral as well as having pain medication reviewed and adjusted. 282 feels that her GP has a better understanding of her case now and is listening to her concerns.

**Case 301 Farsi Speaker**

referred to SIS exhibiting 301 self- signs of considerable paranoid delusion and had not slept or eaten much for 15 days. The BA went to great lengths to ensure 301 was seen by mental health professionals and liaised extensively with Adult Social Care, MHRRS, Early Intervention in Psychosis team to ensure that his rights were upheld and he received much needed treatment.