

Evaluation of the Bi-Lingual Advocacy Service



Stockwell and Larkhall Sure Start Local Programme Evaluation 2005

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* All pictures are not of real people but are fictitious illustrations

1. What is the Bi-Lingual Advocacy Service?

- The service is made up of four advocates, who between them speak Somali, French, Lingala, Spanish, Portuguese, Amharic, Arabic and Tigrinya.
- The remit of the service is to provide generic advocacy and support to Sure Start parents with children aged under four and parents-to-be, who are refugees or asylum seekers. The service can also be used to support families where English is not their first language who may have difficulties accessing services because of their lack of fluency. However, when a need is identified the service can be provided for those who are not asylum seekers or refugees. For example, economic migrants and other settler groups who have lived in the UK for many years.
- The main countries which families who use the service originate from include: Somalia, Republic of the Congo, Democratic Republic of the Congo, Ivory Coast, Angola, France, Algeria, Madeira, Portugal, Ecuador, Bolivia, Peru, Brazil, Columbia, Spain, Eritrea, Ethiopia, Somalia, Afghanistan, Morocco, Kosovo, Lebanon, Yemen, Sudan and Iraq.

2. Why was it evaluated?

- The objective of the evaluation was to establish whether the service's value is such that it should be mainstreamed. The definition of mainstreaming in this report means the continued funding and delivery of the Bi-Lingual Advocacy service across the borough of Lambeth and to a wider client group, by an organisation with the capacity to sustain the continued funding of this service.
- This was measured by examining the frequency of use of the service by parents; Outcomes for families as a result of using the service; Parents' satisfaction with the quality of service provided and the value of this service to Sure Start Stockwell and Larkhall practitioners who work with the Bi-Lingual Advocates.

3. What methods were used?

- A reflective exercise which reviewed the advocates' role.
- Desk research: collecting monitoring information.
- Case Studies.
- A User Satisfaction Survey was carried out with parents. 32 parents completed the survey.
- A questionnaire was distributed to 23 Sure Start practitioners to find out about how frequently they refer to the Bi-Lingual Advocacy Service and how valuable they think the service is. 10 practitioners completed a questionnaire.
- A reflective exercise which reviewed the impact of the service on the organisations that work in partnership to deliver the service.
- Interviews were carried out with clients to gather more in-depth, contextual information. 4 parents took part in the interviews.

4. What were the findings?

- **Frequency of use of the service**

31% of parents surveyed said they use the service on a weekly basis. The average number of times that parents accessed the service during the period of September 2003 to March 2005 was 53 times. The maximum number of times that the service was accessed by a parent was 68 times. It needs to be noted how many hours per week that the service is provided as it is not full-time. Bi-Lingual Advocacy in Somali: 14 hours per week;

Bi-Lingual Advocacy in French and Lingala: 14 hours per week; Bi-Lingual Advocacy in Spanish and Portuguese: 7 hours per week; Bi-Lingual Advocacy in Amharic, Arabic and Tigrinya: 35 hours per week. This information is needed to contextualise the monitoring information.

- **Outcomes for families**

The case studies illustrate the nature of the work that advocates do with families in order to support them and improve their situation. They also demonstrate the tangible and dramatic outcomes that the advocates have achieved for these families.

- **Parents' satisfaction with the quality of service provided**

All parents surveyed are either very satisfied (62%) or satisfied (38%) with the quality of service provided. In addition to this all parents found the service either very useful (75%) or useful (22%), (3% incomplete answers).

- **The value of this service for Sure Start Stockwell and Larkhall practitioners**

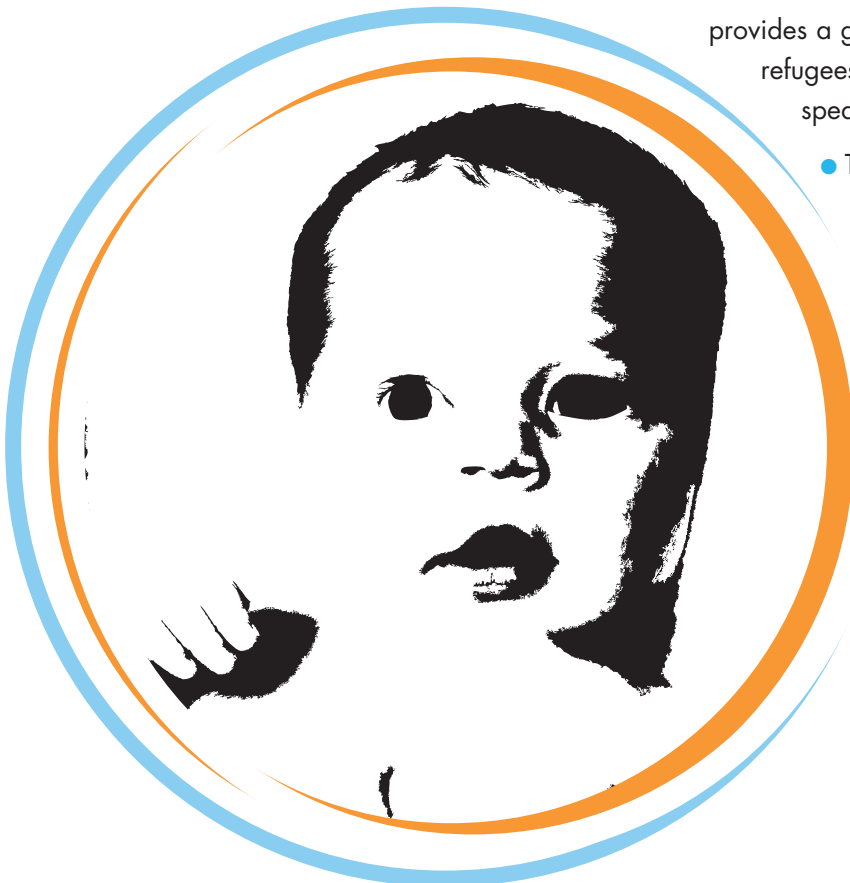
- 80% of staff surveyed found it very useful to work with practitioners who speak community languages. The reasons that were given for this are as follows:
 - The service works to break down the language barrier for families.
 - The service establishes a cultural affinity between families and Sure Start Stockwell and Larkhall.
 - Having the service enables a good working relationship to develop between practitioners and families.
 - 80% of staff surveyed thought that it was extremely useful for families to have access to practitioners who speak community languages. The reasons that were given for this are as follows:
 - It reduces the isolation of parents.
 - The service provides a community link.
 - The service provides added depth and expertise to the team.
 - It increases the accessibility of other Sure Start Stockwell and Larkhall services and encourages families to access these.

5. What were the conclusions?

- There is a high level of sustained and continued support and care that is provided by the Bi-Lingual Advocacy Service to families who have multiple problems, which require holistic solutions.
- However, as a result of this, families become highly dependent on the service and use it intensely. Strategies are used in order to increase parents' self-sustainability through providing access to ESOL classes and other services but this is a long-term process.
- There is a high level of parental satisfaction with the service.
- The results of the questionnaire for Sure Start Stockwell and Larkhall staff demonstrate that the service is highly valued.
- One of the strengths of the service is that it has been delivered and developed by the voluntary sector and has succeeded in reaching 'hard to reach' refugee and settler groups in the community which statutory agencies have traditionally found difficult to engage.

6. What were the recommendations?

- **The service should be mainstreamed across Lambeth because it provides a high quality, beneficial service for families who have multiple needs. It has succeeded in attracting 'hard to reach' refugee and settler groups in the community which statutory agencies have traditionally found difficult to engage and it provides a valuable service to the practitioners who work in conjunction with the Bi-Lingual Advocacy team.**
- **Further evaluation that could be undertaken to support the mainstreaming of the service:**
 - To examine how frequently the Bi-Lingual Advocates refer families to Sure Start Stockwell and Larkhall services and voluntary and mainstream services. It would be useful to examine if the Bi-Lingual Advocacy Service provides a gateway for these services to access refugees, asylum seekers and non-English speakers.



- To investigate all of the language groups that are provided for by the service in order to ascertain if there are differing levels of satisfaction and to make the sample more statistically representative.
- It may also be useful to explore the frequency and number of clients that are referred to the service by external organisations and individuals, and to examine their experience of the service in order to gain wider views of the service.

- A further evaluation of the service would benefit from an analysis of the current cost of the service and the financial implications of mainstreaming the service. In this case a value for money analysis of the different aspects of service delivery would be useful.
- The Bi-Lingual Advocacy Service is successful and provides a good model for service delivery because it is led by the voluntary sector and is specific to the needs of the communities that live in Stockwell and Larkhall. Any organisation that mainstreams the service borough wide needs to identify the key community and language groups in other areas of Lambeth. For example, additional languages that are spoken by other Sure Start parents include Chinese, Polish and Albanian. Any organisation that mainstreams the service needs to undertake a needs assessment of other language speakers' demand for a similar service to ensure the service remains demand led.
- Further service development that could be undertaken to support the mainstreaming of the service:
 - There is a need to deliver additional FGM (Female Genital Mutilation) workshops in Somali and Arabic.
 - There needs to be improved information sharing between the Bi-Lingual Advocates and Sure Start Stockwell and Larkhall practitioners if they are co-working with the same client.
 - To build on the strengths of the Bi-Lingual Advocacy team and provide further specialist training in relevant fields of interest such as benefit/immigration rights, child protection or counselling skills.



Acknowledgements

Special thanks are due to:

- The Bi-lingual Advocates for producing and assisting with collecting the evaluation evidence and for liaising extensively with their clients to arrange the interviews.
- The parents who took part in the interviews.
- Lambeth Somali Community Association for the use of Stockwell Refugee Women's Centre to carry out the interviews.
- The Bi-lingual Advocacy steering group for their input and advice in carrying out the evaluation.

Introduction to the Bi-lingual Advocacy Service

The starting point: September 2003

Stockwell and Clapham in the borough of Lambeth, which are areas that are covered by both Sure Start areas, have been identified as areas that are populated by a significant number of refugees and asylum seekers.¹ Sure Start Stockwell and Larkhall recognised that a support service needed to be delivered to a significant and growing refugee and asylum seeker population in the Stockwell area. In addition to this a needs assessment was carried out by Lambeth PCT Refugee Health Team which identified six priority languages. These were French, Portuguese, Spanish, Arabic, Tigrinya, Somali and Amharic. This trend has continued with all these languages (except Portuguese), being in the top ten languages spoken by asylum seekers dispersed by the National Asylum Support Service in Lambeth during the period April 2003 to March 2004.² Portuguese was recognised as an important additional language due to a sizeable and established Portuguese community who live in Stockwell. Stockwell Partnership, a local voluntary organisation, were engaged by Sure Start Stockwell and Larkhall to act as the lead agency to manage the Bi-lingual Advocacy Service. Stockwell Partnership then recruited an Amharic, Arabic and Tigrinya speaking advocate in September 2003 (35 hours per week), and a French and Lingala speaking advocate in October 2004 (14 hours per week). Stockwell Partnership sub-contracted to Lambeth Somali Community Association (LAMSOM), to provide a Somali speaking advocate in September 2003 (14 hours per week). To complete the compliment of languages required, Sure Start Stockwell and Larkhall agreed to provide an existing in-house practitioner in September 2003 to deliver Bi-lingual Advocacy for Spanish and Portuguese speakers (7 hours per week).³

Remit of the service

The remit of the service is to provide generic advocacy and support to Sure Start Stockwell and Larkhall parents with children aged under four and parents-to-be, who are refugees or asylum seekers. The service can also be used to support families where English is not their first language who may have difficulties accessing services because of their lack of fluency. However, when a need is identified, the service can be provided for those who are not asylum seekers or refugees. For example, economic migrants and other settler groups who have lived in the UK for many years. Table 1.1 details the countries from which the clients of the service originate.

¹ Briefing Paper No.4, (2003) Statistical Information on Refugee Populations with Focus on Asylum Seekers in Lambeth, Southwark and Lewisham: Refugee Health Team, Lambeth PCT

² Briefing Paper No. 6, (2006) Statistical Information on Refugee Populations with Focus on Asylum Seekers in Lambeth, Southwark and Lewisham: Refugee Health Team, Lambeth PCT

³ See Appendix 1 for more information about Stockwell Partnership, LAMSOM and Sure Start.

Table 1.1

Bi-Lingual Advocacy Service in 8 languages	Countries from which clients originate	Total number of countries
Somali	Somali	1
French and Lingala	Republic of the Congo, Democratic Republic of the Congo, Ivory Coast, Angola, France, Algeria.	6
Spanish and Portuguese	Madeira, Portugal, Angola, Ecuador, Bolivia, Peru, Brazil, Columbia, Spain.	9
Amharic, Arabic and Tigrinya	Eritrea, Ethiopia, Somalia, Afghanistan, Morocco, Kosovo, Algeria, Lebanon, Yemen, Sudan and Iraq.	11
		27

Source: Bi-Lingual Advocates

Key Service Provision

- Family members who are refugees and asylum seekers will have access to a Bi-Lingual Advocacy worker.
- Family members will receive an assessment of individual need.
- The Bi-Lingual Advocacy worker will seek to identify solutions to the problems being experienced by families and their children and offer appropriate support and advice.
- Family members will be given advice on health issues and supported to access health care services, generic advice services, day care and playgroup facilities, parenting classes and further education and employment.

Source: Service Level Agreement between Sure Start Stockwell and Larkhall and Stockwell Partnership.

Strategic Service Delivery Objectives

Strategic objectives were also identified in order to provide the key service provision for families.

- To use the established contacts of the existing voluntary sector agencies working with refugees and asylum seekers in the Stockwell and Larkhall Sure Start areas.
- To work with statutory and voluntary sector providers to encourage them to be more aware of, and more sensitive to, the needs of refugees and asylum seekers.
- To encourage parents and carers to participate in the Sure Start Stockwell and Larkhall Parents' Forum.
- To help parents to articulate their needs and desires, so as to inform the future development of services as part of Sure Start Stockwell and Larkhall and other regeneration programmes.

Source: Service Level Agreement between Sure Start Stockwell and Larkhall and Stockwell Partnership.

Aims and Objectives of the Evaluation

The aim of this evaluation is to provide a qualitative and quantitative analysis of the service provided by Bi-Lingual Advocacy. This is done with the overall objective of establishing whether the service's value is such that it should be mainstreamed by other organisations. The definition of mainstreaming in this report means the continued funding and delivery of the Bi-Lingual Advocacy service across the borough of Lambeth and to a wider client group, by an organisation with the capacity to sustain the continued funding of this service. The value of the service is primarily measured through examining:

- The frequency of use of the service by parents.
- The outcomes for families as a result of using the service.
- Parents' satisfaction with the quality of service provided.
- The value of this service to Sure Start Stockwell and Larkhall practitioners who work with the Bi-Lingual Advocates.

The following is a discussion of the methods that were used to gather the evidence for this report.

Method 1: Reflective exercise – a review of the advocates' role

All the Bi-Lingual Advocates were asked to reflect upon their progress against the key service delivery objectives, to consider the successes and challenges they had encountered in their role so far and to provide this in the format of a written statement. This evidence is presented in Chapter 3.

Method 2: Desk research – collecting monitoring information

Statistics were collected to illustrate the total number of clients who have accessed the service and the average number of times that each client did so. The purpose of presenting this information is to illustrate the reach of the service and how frequently parents use the service. The period that these statistics relate to is from September 2003 when the service started, to the point at which these statistics were collected which was in April 2005. The source for this information is the Connect system, the database used by Sure Start Stockwell and Larkhall to hold the details of families that are registered with Sure Start. The system is also used to record the number of families that access Sure Start services and the frequency of their contact. The organisations and individuals that have made referrals to the service are also presented in this chapter to illustrate the variety of organisations that are aware of and refer families to the service. This evidence is presented in Chapter 4.

Method 3: Case Studies

All the Bi-Lingual Advocates were asked to write a case study describing the support that they had provided to a particular client or family which clearly demonstrated the intervention that they made on behalf of the client, and what the outcome was for that client or family as a result of their intervention. The aim of presenting these case studies is to illustrate the nature of the advocates' work, how varied this is and how it results in positive outcomes for families. Consent was gained from all the clients involved in advance of writing the case study. The anonymity of the client has been preserved as much as possible and the names of all clients have been replaced with pseudonyms. This evidence is presented in Chapter 5.



Method 4: User Satisfaction Survey

A User Satisfaction Survey was devised, which was carried out by the Bi-lingual Advocates. A two-week period was set aside for the advocates to distribute the survey to as many of their clients as possible. This survey was a paper-based exercise conducted by the advocates. The surveys were completed by a combination of the advocates translating the questions for their clients and writing their answers on the survey for them, and self-completion by the clients. The results of this survey are presented in Chapter 6. (See Appendix 2, for a copy of the survey).

Method 5: Questionnaire for Sure Start Stockwell and Larkhall practitioners

A questionnaire was devised which was distributed to all the remaining Sure Start Stockwell and Larkhall practitioners for self-completion. The aim of this questionnaire was to gain an understanding of how frequently practitioners refer families to the service and how valuable they think the service is to families and themselves. The results of this questionnaire are presented in Chapter 7. (See Appendix 2, for a copy of the questionnaire).

Method 6: Reflective exercise – the impact of the service

The managers of Sure Start Stockwell and Larkhall, LAMSOM and Stockwell Partnership were asked to reflect upon the impact of the service on their organisation and to provide this in the format of a written statement. This is because it was felt that it would be useful to provide a strategic level overview of the impact of the service. The factors that were considered as part of this reflective process included the impact on service delivery, service users, the community as a whole and how the opportunity to deliver this service has worked to develop capacity within each organisation. This evidence is presented in Chapter 8.

Method 7: Interviews

Semi-structured individual interviews were also carried out with clients to gather more in-depth, contextual information. Each advocate was asked to nominate one client to be interviewed. All the clients that were interviewed were different from those that had been written about in the case studies. These parents were briefed about the purpose of the interview and their explicit consent was gained to record and transcribe the interview, and to use anonymised quotes in the evaluation report. Four interviews were carried out in the following languages: French, Spanish, Somali and Tigrinya. These languages chosen were based on the clients that were available and willing to take part in the interviews. An interpreter was present throughout all the interviews. Parents were given a twenty-pound Mothercare voucher as an incentive and gesture of thanks for taking part in the interview. Quotes from these interviews are evidenced in Chapter 3 to illustrate the points that are made.

(See Appendix 2, for a copy of the interview questions).



Reflective exercise - review of the advocates' role

Each review has had paragraph headings inserted to organise the text according to particular discussion points. It should also be noted that the following reviews are the opinions of the Bi-Lingual Advocates according to their experience.

Review of the Bi-Lingual Advocacy Service for Spanish and Portuguese speakers:

Natalia Goncalves is the Bi-Lingual Advocate for this service

The language barrier

Portuguese and Spanish speaking families do not tend to request health advice from the Bi-Lingual Advocacy Service although it has happened a few times. The issue for these families involves the difficulties they have accessing health services such as GPs, baby clinics and counselling services because of the language barrier.

"The difficulty is that I don't speak English right? I have Spanish nationality but of course everything here is in English. I didn't know what I was going to do, what procedures, formalities needed to be carried out. When I was pregnant I found out about it [the Bi-Lingual Advocacy Service] because I read about it on a poster at the GP that it [antenatal classes] was in Spanish and in Portuguese,"

Interviewee A. (Client of the Bi-Lingual Advocacy Service for Spanish and Portuguese speakers).

Interpretation and translation

Families are not aware that the NHS provides an interpretation service. This is compounded by the fact that this service does not seem to be promoted by health service staff. Families are usually encouraged to ask a friend or relative to accompany them to appointments. In general, Portuguese and Spanish speaking families are very health conscious and they get frustrated if they feel that the language barrier is stopping them from accessing appropriate care. As a result of this, some families visit their doctor when they go on holiday to Portugal or Madeira rather than going to their GP when they are in this country.



Supporting families to access health services

The Bi-lingual Advocacy Service has been very successful in giving parents the knowledge and confidence to access health services. They are becoming aware that they are entitled to interpretation support and that they do not need to rely on the availability of friends and relatives.

Supporting families to access benefits

The service attracts as many families that have just arrived in the UK as those that have lived here for many years. Many families that have lived in the UK for a long period of time still have very basic or non-existent language skills. This may be due to the nature of the jobs they have that require them to work long, unsociable hours and to have more than one job. All this makes it difficult to attend ESOL classes, (English for Speakers of Other Languages). Families who have just come to the UK usually use the service in order to apply for Child Benefit and Tax Credits and also to get an idea about how things work in the UK mainly in relation to accessing health services and schooling. In fact, the most requested service is advice and support with welfare benefits. Families are not clear about what they should be receiving and they often make comparisons with their friends and relatives. Any step that needs to be taken in order to apply for benefits is extremely difficult due to the language barrier.

"They told me to claim child benefit... and...maternity allowance... Many times I had to come here to housing for interviews...they say that there will be somebody to translate to Spanish but in reality there never is anybody. At times I had to wait for over two hours and I had to call her [the Bi-Lingual Advocate] and tell her that they didn't have anybody available so she has come with me,"

Interviewee A. (Client of the Bi-Lingual Advocacy Service for Spanish and Portuguese speakers)

The process is also getting increasingly difficult for non-English speakers as the Jobcentre now requires telephone contact in order to apply for benefits. Most families tend to rely heavily on the service and keep coming back each week. Although most families are now attending ESOL classes it takes a long time to develop the language skills and the confidence that they need to approach other services without the support from the Bi-lingual Advocacy Service.

Overall impact of the service

Before this service was created, families relied on friends and relatives or, if confidentiality was an issue, accessed professionals that work within the community. According to parents' experience the Bi-lingual Advocacy Service is highly valued because they receive a high quality service at no charge. Whereas before they were spending large sums of money on a service that would usually let them down.

"The truth is that it [the service] is very good, and...they [the Bi-Lingual Advocate] are very patient. They even try to guide you to as what you are going to do later, right? It has all been through Sure Start, even my daughter going to crèche... and she [the Bi-Lingual Advocate] helped me get a place on a course to study English twice a week. Well, my daughter is more outgoing, she plays with other children and ... well I now have time, right? And my daughter is growing and... well I need to learn English, understand? It [the service] has had quite a positive effect, because my life here has changed a lot,"

Interviewee A. (Client of the Bi-Lingual Advocacy Service for Spanish and Portuguese speakers)

Demand for this service is increasing as it establishes itself in the community. Families who access the service are usually referred by professionals or are told about it by friends and relatives. As a result of using the service parents are more aware of what they are entitled to and also of the services that they can access that will improve their lives in the UK. As their confidence grows they feel prepared to access services that they wouldn't consider accessing before and also feel encouraged to interact a lot more with other communities.

Review of the Bi-Lingual Advocacy Service for Somali speakers:

[Bushra Huseen is the Bi-Lingual Advocate for this service](#)

Demand for the service

The creation of this service has enabled us to offer a dedicated service of advice and ongoing outreach support. The number of clients we have supported has exceeded our expectations. There is a high demand for the service and we would like to expand this aspect of our work if resources allow us. The majority of our clients are single mothers with multiple needs and the majority, if not all of them, return to us with a different problem as their situation and circumstances change.

'I have been going to LAMSOM for seven years. I was sent a letter in the post about their organisation and then I went along. I first went to them for help with housing. They have helped me by phoning the housing office and going with me to the housing office. Filling in forms for housing benefit, loans for the house, getting a grant for decorating the house, and registering with GPs...schools. Buying safety equipment for the home, drop-in sessions for Sure Start, homework club. There's nothing they don't help me with,'
Interviewee B. (Client of the Bi-Lingual Advocacy Service for Somali speakers).

Service delivery in a community language

Prior to the creation of this service our clients found the UK health system difficult to understand and were often defeated by it. Therefore they failed to access the services they were entitled to. Our clients need a service they can trust that is delivered in their own language and which respects their culture. The cultural barriers that many statutory agencies face in terms of families accessing their services have been overcome by the support that we provide to families to access these services. As a result, our project has addressed these barriers and made a great deal of difference to the quality of the lives of our clients. The continuity of this service is vital to our clients who rely on the information we give in order that they can manage their lives and integrate with the wider community.

'It [the service] would be difficult to find somewhere else. I can't find it anywhere else. It is very good. There's no other organisation that could help me as much,' **Interviewee B. (Client of the Bi-Lingual Advocacy Service for Somali speakers).**

Identification of further needs

Through running this service and analysing our casework we have identified a further need of our client group. We have identified that the majority of our clients have school age children who need additional help with their homework because their parents are illiterate.

Overall impact of the service

Overall, the service has strengthened the capacity of our organisation and it has increased our ability to benefit the members of the Somali community living in the Sure Start Stockwell and Larkhall areas. Above all the service has empowered and encouraged our clients to take up other mainstream services.

Review of the Bi-Lingual Advocacy Service for French and Lingala speakers:

[Khuabi Nsasi is the Bi-Lingual Advocate for this service](#)

Initial work

Since October 2004 I have been working to advertise the service to French and Lingala speakers in the Stockwell and Larkhall Sure Start areas. However, as with any new service, it has taken time to establish this service with families. I have been working to establish the value of this support service because at present accessing cash rather than non-financial family support is a priority for some families. Therefore, it can take time for parents to understand and appreciate the service that is being offered.

Working with refugees and asylum seekers

However, my work so far, has involved supporting asylum seekers and refugees by liaising with the Home Office regarding their status. I have made appointments to meet their MPs and I also advise clients about the National Asylum Support Service that is available to them. I have also supported pregnant women. In these cases my role has been to facilitate communication between the Midwife and the client during their pre and postnatal appointments and to fill in application forms to enable these women to access maternity grants.

Supporting families to access childcare, schooling and benefits

I have worked with families to fill in application forms for schools and benefits agencies and supported families to try and find a nursery place for their children. I have made visits to nurseries with parents but have found that the fees are too expensive for families on a low income.

"I wanted to know a lot more about Sure Start and its services because I've got children and because I had problems with the children, for playgroup...I told him [the Bi-Lingual Advocate] I was new here and he told me there were crèches...He took us to the playgroup...I liked it a bit because I stayed there but the children really were delighted because there were toys, there were different things they do there,"

Interviewee C. (Client of the Bi-Lingual Advocacy Service for French and Lingala speakers).

In particular, I have supported a family with a child who has special needs in order to find an outdoor playground space. After researching the facilities that are available in the local area, I managed to secure a place for the family on the waiting list for an adventure playground in Kennington, which specifically caters for children with disabilities.

"I do know that I've been lucky...I felt reassured that he [the Bi-Lingual Advocate] understood how I'm feeling...Personally, I've benefited a lot...there are so many other people who don't know, they don't know anything about it [the service] but I have benefited...I would like other people like me who don't know English to benefit too."

Interviewee C. (Client of the Bi-Lingual Advocacy Service for French and Lingala speakers).

Review of the Bi-Lingual Advocacy Service for Amharic, Arabic and Tigrinya speakers:

Radia Ahmed is the Bi-Lingual Advocate for this service

Access to health services

I have been supporting women with health issues particularly in the area of sexually transmitted infections and circumcision. The issue that arose was mainly that these women were having difficulties in being able to talk to someone about this and as a result not accessing vital services such as smear tests or family planning clinics. My role has been to make them feel more comfortable by offering them support as well as explaining the importance of the services available to them that can treat or prevent such infections and other illnesses.

" My child was born twenty-nine weeks old and I was constantly going to the hospital and had many problems. Then my midwife brought her [the Bi-Lingual Advocate] to interpret for me...Again I had a problem at the hospital, a personal one. She went to the hospital and sorted it out...I had a blood test and the result proven clear," Interviewee D. (Client of the Bi-Lingual Advocacy Service for Amharic, Tigrinya and Arabic speakers).

Housing

Housing is still an issue for many clients despite having had some families moved to more appropriate accommodation. These housing issues include problems with disrepair, overcrowding, rent arrears and council tax payments. In this context my work has involved liaising with housing officers and local councillors to find solutions to these problems. I have supported clients to overcome the language barrier by filling in application forms for different benefits and translating correspondence from the housing office.

Immigration

I have been supporting asylum seekers including those who have been refused asylum and are involved in the appeal process. Some clients who have appealed and been told that they do not have a strong case, experience difficulties in finding a solicitor to represent them. When this situation occurs and their case is delayed their status results in them being unable to access accommodation or benefits. In these cases I support families to access legal aid from organisations such as Refugee Women's Aid.

Domestic Violence

Throughout the past year I have worked with nine domestic violence victims. Four of these were victims of serious abuse and two of them needed to be moved to safe accommodation. However, this is often outside London and women who don't speak English may lack the confidence they need to be able to move to an area which is completely unknown to them and away from their friends and family.



Stockwell Refugee Women's Centre (SRWC)

It was recognised that there was a need to deliver more intensive work to these women in a group setting. The space was initially used as a meeting place and through negotiation with LAMSOM who lease the building and Stockwell Partnership these women were assisted to establish a voluntary organisation. The Stockwell Refugee Women's Centre is now fully constituted and Stockwell Partnership and I continue to provide support in terms of securing further funding for the centre.

In terms of current services that are provided at the centre, a weekly drop-in is held which provides women with an opportunity to meet and socialise. FGM (Female Genital Mutilation) workshops are also held at the centre. These have been successful and we received positive responses for those who attended. However, there is still a need, for additional workshops to be provided in Somali and Arabic.

Some of the services that are offered at the centre are aimed at empowering women and giving them confidence. For example, complimentary therapy and user involvement feedback about NHS services. In terms of user involvement feedback SRWC participated in Lambeth PCT Refugee Health Team's User Involvement Project. This was a research project that was carried out by the Refugee Health Team with the aim of gathering information about refugees and asylum seekers' experiences of health care services, to discuss with them how to improve those services and to agree on actions to be taken which would enable refugees and asylum seekers to influence the commissioning of services.⁴ Participating in this research provided the women with the opportunity to feed back their experience of using health services and provided them with the opportunity to express themselves if they were not happy with the service they had received.

In addition to these services the centre also provides ESOL (English for Speakers of Other Languages) and sewing classes; Operates its own crèche for women attending these classes; Arranges family trips out of London and has been successful in raising its own funds to sustain these services.

Overall impact of the service

The activities that are provided at the centre are very popular and the numbers of women attending these are increasing. The service has achieved over and above the original service delivery aims and objectives and has been very successful.

"The help has achieved results. I am relaxed. Even now I go to her [the Bi-Lingual Advocate] for anything, even a letter to read out for me...Had I been able to know the language [English] I would be pleased. But being in touch with her is helping to get rid of the problem and I am delighted for it...Before I met her any paperwork was becoming overdue due to the lack of someone reading it out for me. Really I had a problem, because the majority of our community is educated, but I am the least. For this reason I am very happy that I have found her," Interviewee D. (Client of the Bi-Lingual Advocacy Service for Amharic, Tigrinya and Arabic speakers).

⁴Boldrini, G. P. Summary of LMR Involvement Project: Summary for participants who took part in the consultation: Refugee Health Team, Lambeth PCT

Monitoring Information and Source of Referrals

The statistics in the tables below relate to the period 1st September 2003 to 31st March 2005. Table 4.1 illustrates the total number of parents, and the average number of times that each parent accessed the service during this period. The table also illustrates the maximum number of times that the service was used. The aim of presenting this data is to highlight frequency of use. It needs to be noted how many hours per week that the service is provided as it is not full-time. This information is needed to contextualise the monitoring information that is presented in this chapter. This information is also presented in Table 4.1.

Table 4.1

Bi-lingual Advocacy in 8 languages	Total number of parents using the service See Fig. 1	Average number of times parents used the service See Fig. 2	Maximum number of times the service was used by an individual	Number of hours per week service is provided
Somali	18	29	50	14
French and Lingala	8	4	7	14
Spanish and Portuguese	30	9	51	7
Amharic, Arabic and Tigrinya	30	11	68	35
Totals	86	53	176	70

(Source: Connect system)

Figure1: Total number of parents using the service

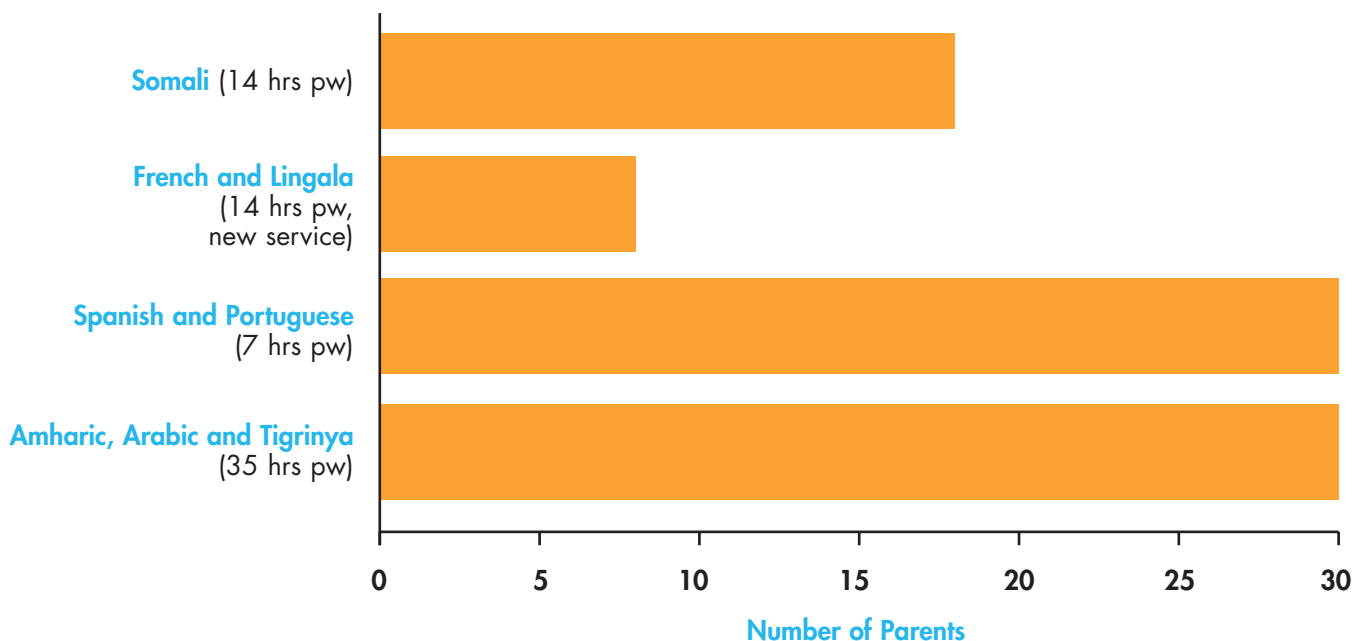


Figure 2: Average number of times parents used the service

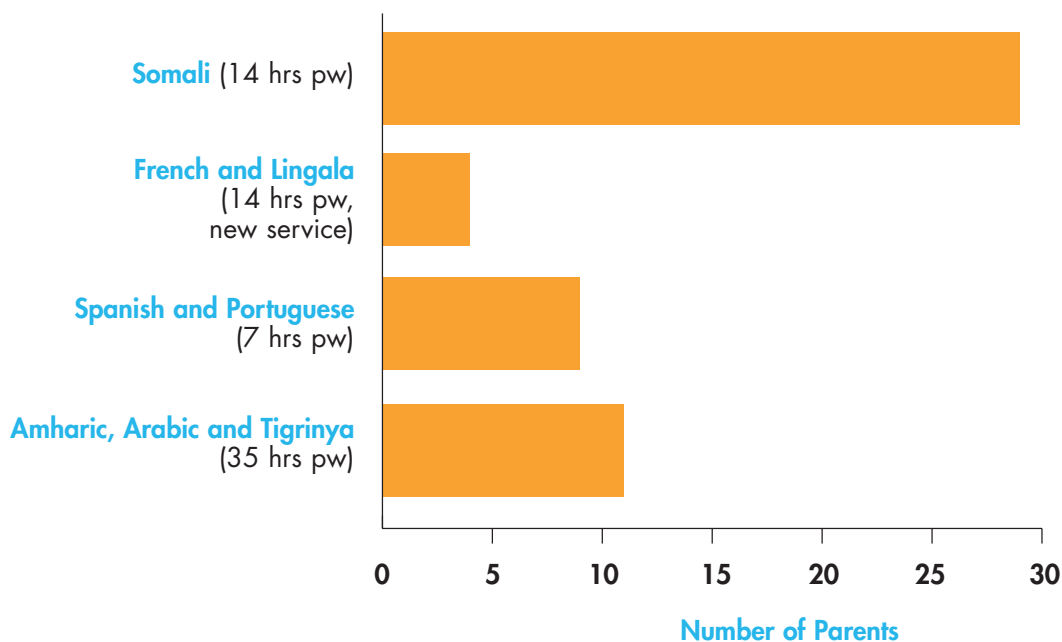


Table 4.2 illustrates the total number of children, and the average number of times these children were seen by the service during this period. The table also illustrates the maximum number of times that a child was seen by the service.

Bi-lingual Advocacy in 8 languages	Total number of children seen See Fig. 3	Average number of times children were seen See Fig. 4	Maximum number of times that a child was seen by the service
Somali	31	11	29
French and Lingala	11	1	4
Spanish and Portuguese	22	9	47
Amharic, Arabic and Tigrinya	37	11	65
Totals	101	32	145

(Source: Connect system)

Figure 3: Total number of children seen

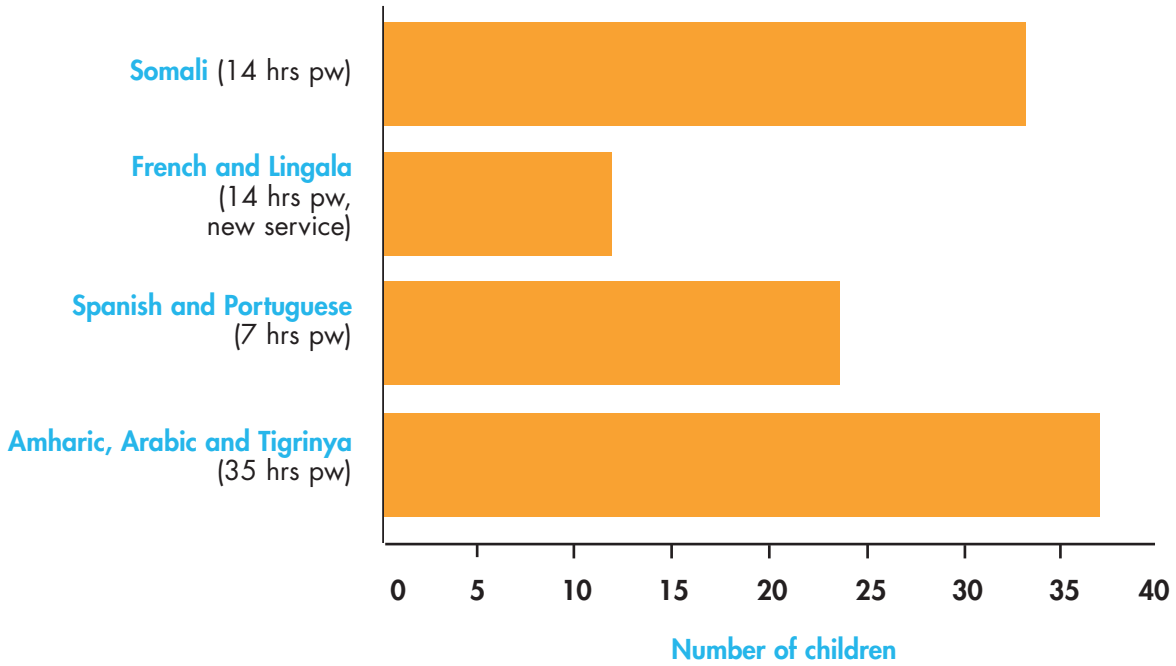
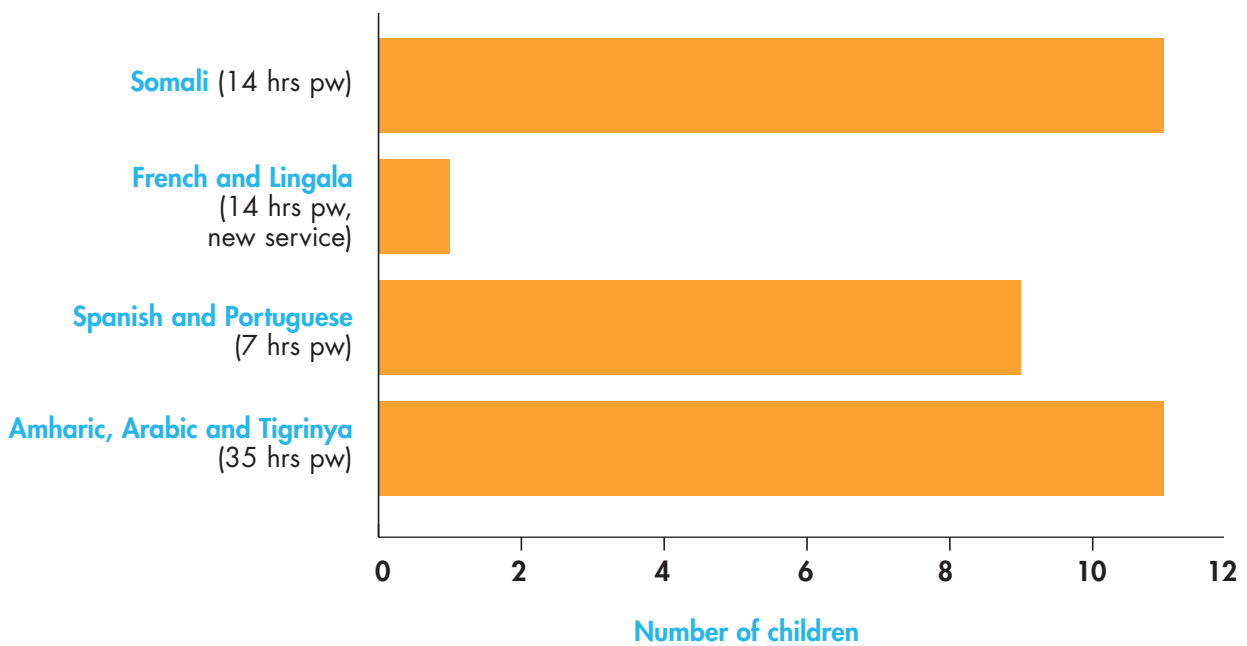


Figure 4: Average number of times children were seen



Source of Referrals

The Bi-Lingual Advocacy Service receives referrals from a wide variety of organisations and individuals.

Table 4.3 gives examples of the diversity of organisations and individuals that have made referrals and are thus aware of the service and what it offers.

Table 4.3

Referrals from external sources	Referrals from Sure Start Stockwell and Larkhall services
<ul style="list-style-type: none"> Lambeth and Southwark MPs Councillors Schools Solicitors Police Lambeth PCT Health Visitors French Charities Stockwell Partnership Angolan Relief Association Local Housing Offices GP surgeries 	<ul style="list-style-type: none"> Midwifery Young Parents' Support Back to Work Advice Speech and Language Therapy Child Psychology Family Support Co-ordinators Health Visiting
<p>Self-referrals are also made by parents who have found out about the service through word of mouth.</p>	

Source: Bi-Lingual Advocates.

Case Studies

The Bi-Lingual Advocates have written all of the following case studies. The names of all the clients have been replaced with pseudonyms.

Case Study 1: Bi-lingual Advocacy for Spanish and Portuguese speakers:

[Natalia Goncalves is the Bi-Lingual Advocate for this service](#)

Context

Ana is a full time mum and has seven children under the age of fifteen. They live in a three bedroom flat on a local council estate. Ana comes from a small and remote village in Portugal. At that time it was very difficult to access education particularly in a small village in the countryside. Her literacy skills in Portuguese are very limited. She can't read and can only write her name and address. I first met Ana and her baby, who has a learning disability, at a baby clinic at a Portuguese surgery. I informed Ana about our services and she was very responsive. She came to one of our groups soon afterwards. However, Ana's Health Visitor, told me that she was not coping with her child's disability and that she wasn't very eager to introduce the baby to her family and friends.

Intervention

The next time we met I filled in a housing benefit form and as a result Ana was awarded the full housing benefit entitlement. I also managed to secure for the family a backdated housing benefit payment of over a thousand pounds. I also supported the family in applying for Jobseeker's Allowance and Tax Credits. I referred Ana to ESOL classes and to a Family Learning Course. I also referred her baby to the Sure Start Special Needs service and they are now attending the crèche that this service provides three times a week.

I have been liaising with the local housing office to deal with the family's overcrowding issue. It has been a very slow process because Ana needs a five to six bedroom house to accommodate her family. The council has said that they do not have any suitable properties and have suggested that they keep their current house as well as having another house in the same area. This would split the family up and generate more bills for the family to pay. I have referred Ana to a solicitor who thinks they might have a good case in presenting the family as homeless to the Homeless Persons Unit in Brixton. If that happens they will be placed in temporary accommodation and then they would be housed permanently. I have recently referred Ana to sewing classes and to another Family Literacy course.

Outcome

Ana has been participating in Sure Start activities and courses for over two years. She appears to be a lot more confident and happy in her environment and she can't wait to learn English and IT. She has been to Portugal a couple of times since we met and she has now introduced her baby to her family and friends back home. She appears to be more accepting of her child's disability and consequently is enjoying her a lot more.

Case Study 2: Bi-Lingual Advocacy for Somali speakers:

Bushra Huseen is the Bi-Lingual Advocate for this service

Context

Rahewa is a single mother with two children under the age of five. Rahewa's teenage brother also lives with them. Rahewa's brother had recently been sleeping throughout the day and listening to loud music at night. This behaviour was of great concern to Rahewa. She was also worried that the loud music would disturb their neighbours and that they would make a complaint. However, each time that she spoke to her brother about this, he refused to listen to her, argued with her and intimidated her. She then contacted her housing officer to explain the issue. The housing officer noted the matter and told her that in the event of the other tenants complaining that they would now be aware of the case and the background to it, and advised Rahewa to make an appointment to see either themselves or a member of staff in Social Services. Rahewa made an appointment with the GP for her brother but he refused to attend. Not knowing what to do she contacted Social Services and they provided her with the telephone number for the Home and Away project.

The Home and Away project provides advice and assistance about housing and a mediation service for young people aged 13-21 and their parents/carers. They provide support for young people on a range of issues including: the breakdown of a family relationship; Living in overcrowded conditions and teenage pregnancy. The service offers advice on housing options and assistance to find young people a place to live; Help with benefit claims and counselling.

Source:http://www.lambeth.gov.uk/Services/HousingPlanning/HousingAdvice/PreventingHomelessness_EXTRA.htm

Rahewa contacted the Home and Away project who advised her to bring her brother to the centre as they do not do outreach work. Again the brother refused to attend. The situation came to a head one evening when the brother threatened her sister with violence. At that point he was also in possession of a knife. Rahewa contacted her neighbour who called the police. The police took the knife from him and cautioned both Rahewa and her brother. However, they were unconcerned with Rahewa and her children's safety.

Intervention

The following morning the neighbour brought the case to my attention. I contacted the family and we started a mediation process. Luckily, the brother agreed to attend the Home and Away project on condition that I attend with him, which I did.

Outcome

The Home and Away project then started a mediation process for the family but both Rahewa and her brother could not move forward and agreed to disagree. Finally, her brother was re-housed by the Home and Away project.

Case Study 3: Bi-lingual Advocacy for French and Lingala speakers:

[Khuabi Nsasi is the Bi-Lingual Advocate for this service](#)

Context

Marie arrived in the UK in 2000 from the Congo and applied for asylum. She has one child under four and is pregnant with her second child. Marie first found out about Sure Start when I approached her in the street and handed her a leaflet about the Bi-Lingual Advocacy Service. The next day she phoned me to find out more about Sure Start and to ask if she could get any help with her immigration case. Up until this point, in December 2004, she had not had any correspondence from the Home Office about her asylum claim, although her solicitor did contact the Home Office once to find out about the outcome of her claim. Since then, however, nothing has been done and her case has not moved forward. As a result of this, her immigration status has restricted her rights in this country and this has left her feeling worried and fearful, particularly about the outcome of her claim.

Intervention

I made an appointment to meet Marie and explained to her all the services that Sure Start is able to offer. In relation to her immigration status, I advised Marie to meet with her MP and that I would accompany her to this meeting. Marie does not speak English very well so during the meeting I explained Marie's case to the MP and acted as an interpreter. I also translated the correspondence from the MP following the meeting.

Outcome

Three months later, Marie was granted indefinite leave to remain after her MP intervened on her behalf and contacted the Home Office about her asylum claim. Marie told me that being able to speak to me in her own language allowed her to express herself clearly and in detail which made her feel understood and reassured her that I was able to understand the complexities of her case.

Case Study 4: Bi-lingual Advocacy for Amharic, Arabic and Tigrinya speakers:

[Radia Ahmed is the Bi-Lingual Advocate for this service](#)

Context

I first met Senay in 2003 when she came to the office after hearing about the service to discuss her housing problem. The family of five including Senay had been living in a cramped one bedroom flat. Senay told me that soon after moving into the flat it had started to fall into disrepair. The plaster on the ceiling had started to peel off and the walls were damp. Senay also told me that the house was so damp that the family had started to suffer from various ailments such as allergies and chest infections. As a result their GP advised the family to move out of the house and Senay then applied to the council for new accommodation. The council office requested a letter from their GP who immediately wrote a letter recommending them to be moved. However, Senay became frustrated and desperate, because the condition of the flat was causing her children to suffer from ill health. Despite medical reports as well as letters from the children's school she felt that the council were not doing anything to alleviate or improve the family's situation.

Intervention

I then made an appointment to go to the flat to assess the family's living situation. After visiting their flat I saw that it was in a very bad state. The walls were damp and what concerned me greatly was that the ceiling looked like it was ready to collapse. I then visited a second time to video record what I had seen as evidence. I also asked my manager to view the flat with me because I did not think it was safe for the family to continue staying there. I contacted the housing office who explained that there wasn't any suitable accommodation for the family and placed them on a waiting list. After pointing out that they had failed to carry out the necessary repairs to make the flat habitable, the housing office replied that Senay had refused for these works to be carried out. From the documents and correspondence I obtained from Senay I was able to refer them to the letters, which contradicted what they were telling me.

Outcome

After sending further emails to their MP the family were placed on a priority waiting list. Two months later the family were given a four bedroom flat where there is enough space for them to live comfortably. Since moving into their new house the health problems that the family had been suffering from have disappeared and they now rarely need to see their GP.



User Satisfaction Survey

In order to ascertain the quality and overall satisfaction with the service a User Satisfaction Survey was carried out with parents who use the service. In total, thirty-two surveys were completed and returned. This represents 37% of the total number of parents that have used the service since September 2003. All data and the trends illustrated in these results are confined to this sample of parents surveyed.

Table 6.1 How parents found out about the Bi-lingual Advocacy Service

Percentage of parents surveyed	How parents found out about the service: See Fig. 5
49%	Word of mouth
16%	Referred to the service
13%	Through publicity
13%	Self-referral
6%	Other: through LAMSOM
3%	Incomplete answers

Figure 5: How parents found out about the Bi-lingual Advocacy Service

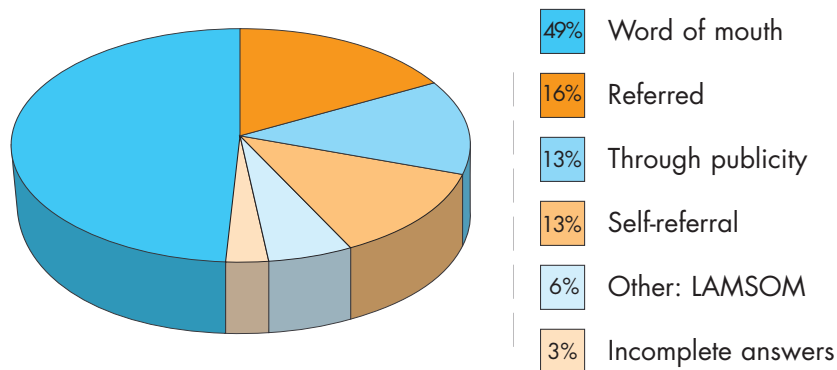


Table 6.2 How frequently parents use the service

Percentage of parents surveyed	How frequently parents use the service: See Fig.6
31%	Weekly
28%	More than once a week
16%	Monthly
22%	More than once a month
3%	Incomplete answers

Figure 6: How frequently parents use the service

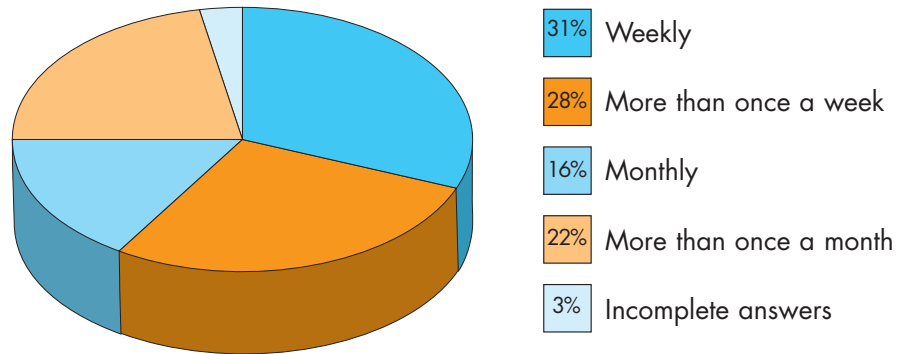


Table 6.3 How useful parents think the service is

Percentage of parents surveyed	Usefulness of service to parents See Fig. 7
75%	Very useful
22%	Useful
0%	Not useful
0%	Not useful at all
3%	Incomplete answers

Figure 7: How useful parents think the service is

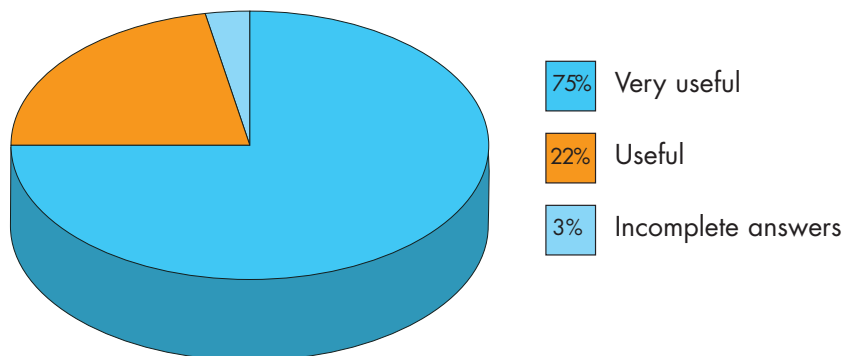


Table 6.4 Overall satisfaction with the service

Percentage of parents surveyed	Overall satisfaction with the service See Fig. 8
62%	Very satisfied
38%	Satisfied
0%	Dissatisfied
0%	Very dissatisfied

Figure 8: Overall satisfaction with the service

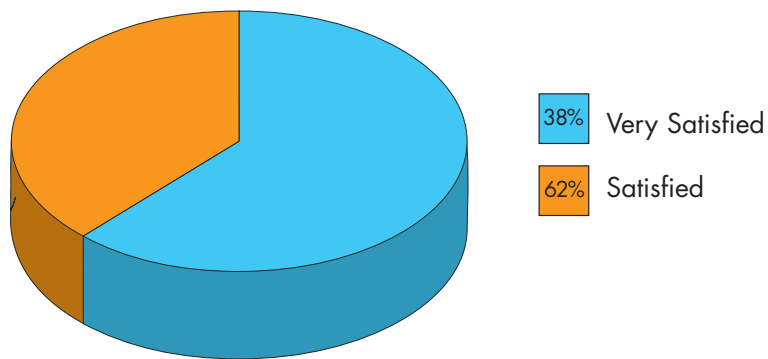
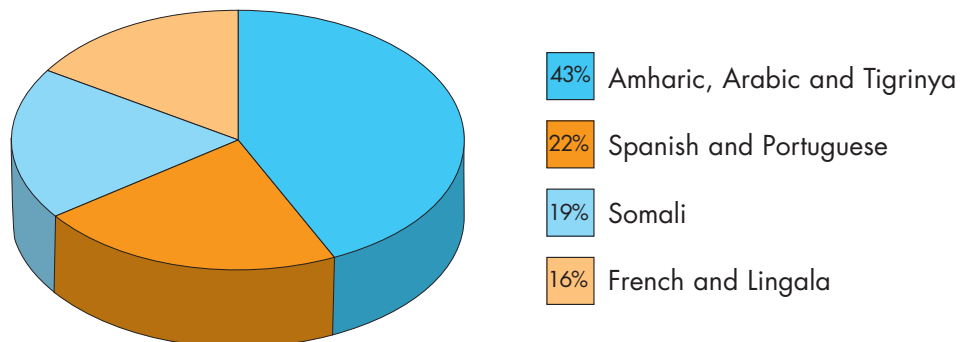


Table 6.5 Breakdown of parents surveyed according to which Bi-Lingual Advocacy Service they access

Percentage of parents surveyed	Breakdown of clients See Fig. 9
43%	Amharic, Arabic and Tigrinya
22%	Spanish and Portuguese
19%	Somali
16%	French and Lingala

Figure 9: Breakdown of parents surveyed according to which Bi-Lingual Advocacy Service they access



Questionnaire for Sure Start Stockwell and Larkhall practitioners

A questionnaire was devised and distributed to the remaining Sure Start Stockwell and Larkhall practitioners in order to ascertain how frequently they refer families to the service and how valuable they think the service is to themselves and families. The questionnaire was distributed to twenty-three practitioners. Ten completed questionnaires were returned which represents a 43% return rate. All data are confined to this sample of practitioners.

Table 7.1 Frequency of referrals to the service as a whole

Percentage of staff surveyed	Frequency of referrals made See Fig.10
60%	Less than one family per month
30%	One family per month
10%	At least one family per week
0%	One family every two weeks

Figure 10: Frequency of referrals to the service as a whole

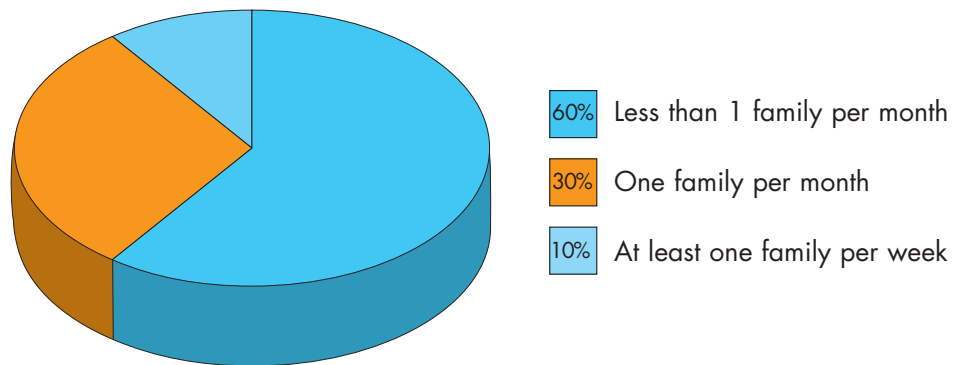


Table 7.2 Reasons for referring families to the Bi-lingual Advocacy Service (All respondents ticked more than one reason for making referrals which results in the percentages tabled below).

Percentage of staff surveyed	Reasons for referring See Fig. 11
21%	Benefits
17%	Housing
17%	Immigration
7%	Health advice
7%	Domestic violence
21%	Translation and interpretation
7%	Stockwell Refugee Women's Centre
3%	Other: antenatal education and support
0%	Childcare

Figure 11: Reasons for referring families to the Bi-lingual Advocacy Service

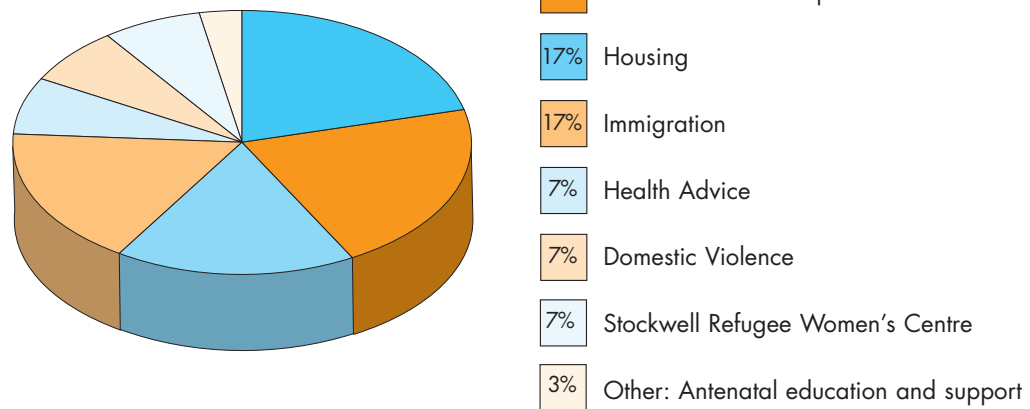
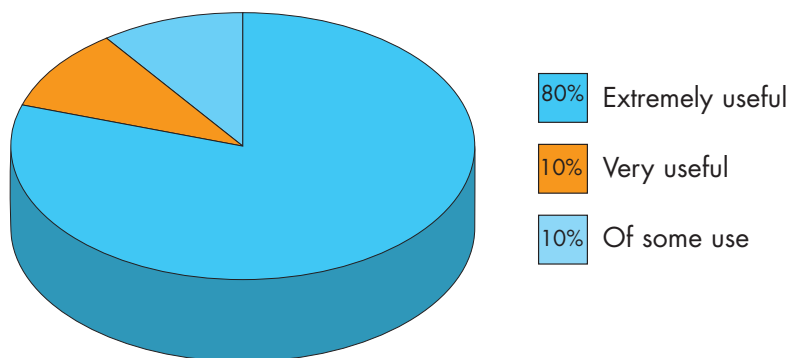


Table 7.3 How useful it is for staff to work with practitioners who speak community languages

Percentage of staff surveyed	Usefulness of service for practitioners See Fig. 12
80%	Extremely useful
10%	Very useful
10%	Of some use

Figure 12: Usefulness of service to staff



Reasons why Sure Start Stockwell and Larkhall staff find it useful to work with practitioners who speak community languages

All those surveyed were asked to comment on why they think it is useful to work with practitioners who speak community languages. The following comments have been re-organised to highlight common responses that were made.

Breaking down the language barrier

“Communication is much better in terms of ease and understanding of difficult issues,” **Respondent E.**
 “Enables communication with clients. The Bi-lingual Advocate can establish a relationship with clients which makes our work with them easier,” **Respondent I.**
 “I believe I manage to communicate well with most clients despite language problems, but where situations are complex it is sometimes necessary to have somebody to help explain and interpret the situation,” **Respondent B.**

Establishing a cultural affinity

"Because the clients feel more comfortable around a practitioner who comes from a similar culture from them it makes me as a practitioner feel at rest knowing I am sure that they have understood the advice given," **Respondent G.**

Enables a good working relationship between practitioners and families

"It provides better access to services and improved understanding. It provides a useful community link and way in to providing support," **Respondent A.**

"It helped to put parents at ease and enabled me to gain the correct information regarding their circumstances," **Respondent D.**

"Women value information given in their own language. It is easily understood, instructions are clear and the opportunity to ask questions is given," **Respondent E.**

"Makes it easier to access staff who can provide advice/information to clients where English is not their first language. Plus the benefit of calibrating service from practitioners in-house," **Respondent F.**

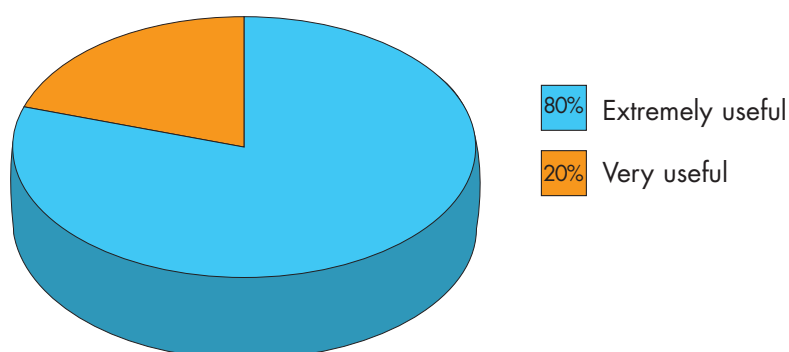
Reasons why Sure Start Stockwell and Larkhall staff think it is useful for families to have access to practitioners who speak community languages

All those surveyed were asked to comment on why they think it is useful for families to have access to practitioners who speak community languages. The following comments have been re-organised to highlight common responses that were made.

Table 7.4 How useful staff think it is for families to have access to practitioners who speak community languages

Percentage of staff surveyed	Usefulness of service for families See Fig. 13
80%	Extremely useful for families
20%	Very useful for families

Figure 13: Usefulness of service to families



Reduces isolation

"Reduces isolation and can increase access to services," **Respondent C.**

Community link

"Useful to have link person speaking own language," **Respondent A.**

"Good for trust/information," **Respondent F.**

"Families feel that they can relate to the professionals if they are able to communicate in their own language," **Respondent I.**

"Sometimes when a family's situation is overwhelming, language or rather a lack of tends to obscure the situation. Somebody who speaks a community language might give the family more confidence to explain the situation in hand," **Respondent B.**

Added depth and expertise to team

"Families are appreciative of a better service and are able to express themselves clearly," **Respondent E.**

Increases the accessibility of Sure Start services

"Because it encourages them to access Sure Start services as they feel more at ease with someone who speaks the same language," **Respondent G.**

"Makes our service more accessible if clients have the option to speak to a practitioner who speaks their language to ensure they clearly understand what is available to them," **Respondent H.**

Comments on how the service can be improved

All those surveyed were asked to provide comments on how they think the service could be improved. The following comments have been re-organised to highlight common responses that were made.

Information sharing

"As family support workers we have to keep case notes. It would be useful for other practitioners co-working with the same client to have a written record of their involvement with the family so that we can keep each other updated," **Respondent I.**

"It would be nice if the Somali advocate's involvement could be highlighted – when available, how long for etc. Would like to have regular meeting with all advocates to update client info and for them to refer to midwife as well as midwife to them," **Respondent A.**

Specialist training

"Just to keep on building on existing strengths and training or further training of advocates in suitable fields – benefit/immigration rights, child protection, counselling skills," **Respondent B.**

More languages

"Access to a wider range of languages. Other parents that I have had to arrange for interpretation have come from China, Poland and Albania," **Respondent J.**

Reflective Exercise – the impact of the service

The following statements are the opinions of the managers of Stockwell Partnership, LAMSOM (Lambeth Somali Community Association) and Sure Start Stockwell and Larkhall and are a reflection on the impact of the service from a managerial perspective.

Stockwell Partnership

The Bi-lingual Advocacy Service has enabled Stockwell Partnership to coordinate a range of support services to a very hard to reach group of refugee and settler women. Statutory agencies have traditionally found it difficult to engage with what are defined as these 'hard to reach' groups. We are proud of what has been achieved by the project and believe it has been successful for the following reasons. We have employed staff who originate from the countries that the service users come from. There has also been a strong emphasis on partnership working and the voluntary sector has taken the lead in delivering the project.

LamSom

Since starting this project in 2003 the service has benefited both our clients and the development of our organisation as a whole. Initially, the project did involve a lot of planning, setting up of workshops and assessing clients with multiple needs. All this required the time and attention of staff members and the coordinator of LAMSOM, because the Bi-lingual Advocacy worker was a part time post. However, having a female Bi-lingual Advocate, has enabled our clients to confide with our worker rather than feeling unable to discuss their problems and leaving them unresolved. This in turn has helped prevent future problems that were likely to occur and it gave them a way to solve their immediate problem. Through our advocate we were able to organise workshops that promoted health awareness issues such as FGM (Female Genital Mutilation). Organising this workshop would have been difficult without a female worker in post. The service has also enabled us to access external supervision support from the Refugee Support Team as well on going support from Stockwell partnership who provided us with advice on creating links with other local organisations. Before this project we were working in isolation but now we link up and refer our clients to Sure Start services. Above all, this project had led to the creation of Stockwell Refugee Women's Centre, which has brought together refugee women of different nationalities from Ethiopia, Eritrea and Somalia.

SureStart Stockwell and SureStart Larkwell

The Bi-Lingual Advocacy Service has enabled the Sure Start Stockwell and Larkhall programmes to respond to families' needs that we may have otherwise had to refer for translation and/or interpretation. Being able to provide translation and interpretation in-house through the Bi-lingual Advocates has resulted in an increased responsiveness, and a holistic and cheaper service for families especially as there are no translation fees. The service attracts practitioners with insight and very relevant experience, and from more varied backgrounds, which therefore enhances the culture of the programme. The Bi-lingual Advocates also raise awareness of the issues of particular communities because the advocates are drawn from these communities. The creation of the service has also increased the programmes' access into community organisations such as LAMSOM. Overall, we are very proud of what we have achieved together and regard this as one of our most innovative and successful services.

Conclusion

Should the service be mainstreamed?

- The evaluation report has highlighted the benefits of the service to both parents and Sure Start Stockwell and Larkhall practitioners. The following is a discussion of what these benefits are according to the main areas of investigation outlined in the aims and objectives of the evaluation.

Frequency of use of the service

- 31% of parents surveyed said that they use the service on a weekly basis. The monitoring information shows that the average number of times that parents accessed the service as a whole was 53 times. The maximum number of times that a parent did use the service was 68 times. This illustrates that these parents consistently return to use the service on a regular basis. However, it should be noted how many hours per week that the service is provided as it is not full-time (see Table 4.1 pg 24). The evidence in Chapter 3 also indicates that a high level of sustained and continued support and care is provided to families who have multiple problems, which require holistic solutions.

Outcomes for families

- The case studies illustrate the nature of the work that advocates do with families in order to support them and improve their situation. They also demonstrate the tangible and dramatic outcomes that the advocates have achieved for these families. However, this evidence and the reviews of the advocates' roles suggest, that as a result of the service achieving tangible and significant outcomes, parents become highly dependent on the service and use it intensely. Strategies are used in order to increase parents' self-sustainability through providing access to ESOL classes and other services but this is a long-term process.
- One of the strengths of the service is that it has been delivered and developed by the voluntary sector and has succeeded in reaching different refugee and settler groups in the community which statutory agencies have traditionally found difficult to engage.



Parents' satisfaction with the quality of service provided

- The results of the satisfaction survey show that all parents are either very satisfied (62%) or satisfied (38%) with the quality of service provided. There were no parents who expressed any level of dissatisfaction with the service. This represents a high level of satisfaction with the service. In addition to this all parents found the service either very useful (75%) or useful (22%), (3% incomplete answers). It should be noted that because the advocates carried out the survey this may have affected the responses that were given. In addition to this, the respondents were not randomly selected and the methods by which the surveys were completed may have introduced an element of bias into the results. However, the advocates are working with vulnerable members of the community. This necessarily affects the choice of method that is used to gather feedback about the service and the method of sampling that is used. A random sample, for example, would not be sensitive to the language issues and other multiple issues that families are experiencing. In this case, the advocates needed to be involved in carrying out the survey and facilitate this process.

The value of this service for Sure Start Stockwell and Larkhall practitioners

- The results of the questionnaire for Sure Start staff showed that 80% of staff found it very useful to work with practitioners who speak community languages. This indicates that the service is highly valued. Reasons were given as to why the service is highly valued and they are as follows:
 - The service works to break down the language barrier for families.
 - The service establishes a cultural affinity between Sure Start and families.
 - Having the service enables a good working relationship to develop between practitioners and families.
 - Similarly, 80% of staff thought that it was extremely useful for families to have access to practitioners who speak community languages. These are the reasons why that were cited by practitioners:
 - It reduces the isolation of parents.
 - The service provides a community link.
 - The service provides added depth and expertise to the team.
 - It increases the accessibility of other Sure Start services

Recommendations

- **The service should be mainstreamed across Lambeth because it provides a high quality, beneficial service for families who have multiple needs. It has succeeded in attracting 'hard to reach' refugee and settler groups in the community which statutory agencies have traditionally found difficult to engage and it provides a valuable service to the practitioners who work in conjunction with the Bi-Lingual Advocacy team.**

Further evaluation that could be undertaken to support the mainstreaming of the service

- The questionnaire for Sure Start Stockwell and Larkhall practitioners shows that 60% of staff refer less than one family per month to the Bi-Lingual Advocacy Service. This raises the question about why there is a lack of referrals to the service. A further evaluation of the service could benefit from an examination of families ongoing access to other Sure Start Stockwell and Larkhall services as a result of accessing the Bi-Lingual Advocacy Service first. It would be useful to explore the possibility that the staff that were surveyed are not the first point of contact for these families and that the Bi-Lingual Advocates provide a point of access for these families to access other Sure Start Stockwell and Larkhall services. However, it is worth noting that 49% of parents surveyed found out about the service through word of mouth. It may be that the Bi-Lingual Advocacy Service provides support to families with basic and immediate problems such as housing and immigration, but that through this they then access other Sure Start Stockwell and Larkhall services, even if English is not their first language or if they have ongoing immigration problems that are in the process of being resolved.
- There were limitations with the number of interviews that were carried out. A further evaluation could investigate all of the language groups that are provided for by the service to ascertain if there are differing levels of satisfaction and to make the sample of interviewees more statistically representative. Also, the fact that the interviewees were not randomly selected may have introduced an element of bias. The interviewees could have been selected more rigorously from a wider list of clients, however, this is still dependent on the availability of clients and their willingness to be interviewed. A further evaluation of the service could also benefit from a more detailed exploration of the impact of the service on the lives of families, rather than an analysis of the process of the work that the advocates do for families. This type of information is very powerful in terms of being able to look at the impact of a service in terms of the outcomes for families. The most effective way to obtain this information would be to employ researchers who are trained in carrying out in-depth interviews who speak the relevant community languages. However, this is dependent on the resources and time available to do this.
- It may also be useful to explore the frequency and number of clients that are referred to the service by external organisations and individuals and to examine their experience of the service in order to gain a wider view of the service.
- A further evaluation of the service would benefit from an analysis of the current cost of the service and the financial implications of mainstreaming the service. In this case a value for money analysis of the different aspects of service delivery would be useful.

- The Bi-Lingual Advocacy Service is successful and provides a good model for service delivery because it is led by the voluntary sector and is specific to the needs of the communities that live in Stockwell and Larkhall. Any organisation that mainstreams the service borough wide needs to identify the key community and language groups in other areas of Lambeth. For example, additional languages that are spoken by other Sure Start parents include Chinese, Polish and Albanian. Any organisation that mainstreams the service needs to undertake a needs assessment of other language speakers' demand for a similar service to ensure the service remains demand led.

Further service development that could be undertaken to support the mainstreaming of the service

The following points have been extracted from the evaluation report to highlight ways of further developing and improving the current service that may be useful in providing a mainstreamed service.

- There is a need to deliver additional FGM (Female Genital Mutilation) workshops in Somali and Arabic.
- There needs to be improved information sharing between the Bi-Lingual Advocates and Sure Start practitioners if they are co-working with the same client.
- To build on the strengths of the Bi-Lingual Advocacy team and provide further specialist training in relevant fields of interest such as benefit/immigration rights, child protection or counselling skills.
- The provision of a crèche for the Stockwell Refugee Women's Centre has contributed to the success of the service because it has enabled the parents to work with the advocate without interruption or distraction and it is recommended that a crèche be provided in a mainstreamed service.



Background information about Stockwell Partnership, LAMSOM and Sure Start Stockwell and Larkhall

Stockwell Partnership

Stockwell Partnership is a voluntary organisation that was established in 1996 to provide services for local residents and to co-ordinate community-led regeneration.

Main areas of work include:

- To act as the first point of contact for local residents who are seeking advice or information.
- To act as the first point of contact for organisations interested in applying for URBAN II funding.
- To support local community organisations in their applications to secure funding.
- To secure funding to make improvements to the local area.

LamSom

Lambeth Somali Community Association is a voluntary organisation that was established in 1990 to meet the needs of the local Somali community. The majority of service users are Somali asylum seekers and refugees who live in Lambeth and the surrounding boroughs.

Main areas of work include:

- A generic advice service on the range of problems Somalis face.
- 'Making Changes' which is a drug prevention and rehabilitation project for young people.
- A mother tongue and supplementary school.
- GCSE support classes.
- ESOL, Arabic, IT, sewing and fashion classes for adults.
- Recreational activities such as summer outings, Eid festival celebrations and other cultural events.

Sure Start Stockwell and Sure Start Larkwell

Sure Start Stockwell and Larkhall were established in 2003 as part of the government's programme to increase early intervention services for families with young children. Sure Start has a specific focus to support families from pregnancy through until children are age four.

Main areas of service provision include:

- Delivering a wide range of integrated health, family support and early education services to children under four, their families and to parents who are expecting a child. These services are delivered in various community locations including community centres, church halls, surgeries and health centres.
- Holding regular Parent Forums and Parent Committee meetings to ensure continued parental involvement in decision making and the running of the programme.

User Satisfaction Survey

Sure Start highly values your response to this questionnaire. It will give us vital information about how well our services are working for you. The information collected will be kept in the strictest confidence and no individual or household will be able to be identified in the results.

Q.1 How did you hear about the bi-lingual advocacy service? (Please tick one box)

Word of mouth Referred Self-Referral Through publicity

Other: please state:

Q.2 How often are you in contact with the service? (Please tick one box)

More than once a week Weekly More than once a month

Monthly Other: please state:

Q.3 How useful was the service in helping you with your case? (Please tick one box)

Very Useful Useful Not useful Not at all
useful

If you did not find the service useful why? Please state why?

Q.4 Overall how satisfied are you with the service provided? (Please tick one box)

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

If you were dissatisfied please state why?

Q.5 Do you have any further comments about the service or suggestions that may help us to improve the service? (Please write in)

Q.6 Which Sure Start area do you live in? (Please tick one box)

Stockwell Sure Start Larkhall Sure Start Neither

Thank you for completing this survey

For worker to complete:
which bi-lingual advocacy service was this form completed for? (Please tick one box)

Somali Spanish and Portuguese Tigrinya, Amharic, Arabic
French, Lingala

Questionnaire for Sure Start practitioners

Q.1 How often do you refer families to the bi-lingual advocacy service? (Please tick one)

- At least 1 family per week
- 1 family every 2 weeks
- 1 family per month
- Less than 1 family per month

Q.2 How often do you refer families to each of the bi-lingual advocacy services?
(Please use the rating scale below and enter the appropriate number in each box)

1 At least 1 family per week; **2** 1 family every 2 weeks; **3** 1 family per month;
4 Less than 1 family per month

- Bi-lingual advocacy Somali
- Bi-lingual advocacy French, Lingala
- Bi-lingual advocacy Spanish, Portuguese
- Bi-lingual advocacy Tigrinya, Arabic, Amharic

Q.3 What are some of your reasons for referring families to the bi-lingual advocacy service?

- Benefits
- Housing
- Immigration
- Health advice
- Domestic violence
- Translation and interpretation
- Childcare
- Stockwell Women's Refugee Centre for ESOL, IT, sewing, complimentary therapy

Other (please state)

.....

Q.4 Have you had any feedback from parents you've referred to the service?
(If the answer is yes, please state)

.....

.....

5) How useful is it for you to work with practitioners who speak community languages?
 (Please tick one)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Extremely useful | <input type="checkbox"/> Of some use |
| <input type="checkbox"/> Very useful | <input type="checkbox"/> Not useful |

Q.6 If you ticked the first two options for question 5, can you explain why? (Please write in)

.....

.....

.....

Q.7 How useful do you think it is for families to have access to practitioners who speak community languages? (Please tick one)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Extremely useful | <input type="checkbox"/> Of some use |
| <input type="checkbox"/> Very useful | <input type="checkbox"/> Not useful |

Q.8 If you ticked the first two options for question 7, can you explain why? (Please write in)

.....

.....

.....

Q.9 Is there anything you think that is particularly good about the service? (Please write in)

.....

.....

.....

Q.10 Any further comments/suggestions on how the service can be improved? (Please write in)

.....

.....

.....

Thank you for completing this questionnaire

Interview Questions Prompt Sheet

Overview of interviewee's use of the service:

- How did you first come into contact with the Bi-Lingual Advocate?
- When/how long ago?
- What happened?
- Why did you need their help?
- How did they help you? What did they do?
- Did they give you any support or advice?
- What effect did that have on you?
- Was the problem solved or is it ongoing?

Access to health services

- Have you been given any health advice?
- Did the advocate tell you about any health services that you could use?

Access to generic services

- Have you been given assistance to access any general advice services? If so, which ones?
- Have you been given any assistance to access other groups or services? E.g. daycare, parenting classes, parents' forum, playgroups, education or employment opportunities?

Speaking to someone in your own language

- What is it like being able to speak to someone in your own language about the issues you need resolving? What difference does that make?
- Overall, what difference did the advocate make in relation to the issues you were experiencing?

Other questions

- Is there anything you could describe that is particularly good about the service?
- Do you have any other comments about the Bi-lingual Advocacy Service?

Appendix 3

Contact details for Stockwell Partnership, LAMSOM and Sure Start Stockwell and Larkhall

Stockwell Partnership

157 South Lambeth Road
Stockwell
London SW8 1XN

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Fax: 020 7793 7730
Website: www.stockwell.org.uk

Lambeth Somali Community Association

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13-15 Stockwell Road
Stockwell
London SW9 9AU

Tel: 020 7738 6372
Fax: 020 7737 7807
Email: lamsom@lamsom.org.uk

Sure Start Stockwell and Larkhall

The Old Laundry
Crossford Street
Stockwell Gardens Estate
London SW9 9HQ

Tel: 020 7737 2197
Fax: 020 7737 3199

