



# THE RIGHT TO HEALTHCARE

A community-led approach to better health outcomes  
for the Latin American community

Carolina Caicedo  
Latin American Women's Rights Service and IRMO  
July 2023



# ACKNOWLEDGEMENTS

## About LAWRS

The Latin American Women's Rights Service (LAWRS) is a feminist and human rights organisation led by and for Latin American migrant women in the UK. We support the multiple immediate and long-term needs of Latin American migrant women exposed to intersectional discrimination on the basis of gender, race and migration status, and to violations of their fundamental human rights. We work with women and girls facing violence, exploitation and trafficking, and those enduring difficult living and working conditions in low-paid jobs and facing barriers to social protection.

## About IRMO

Indoamerican Refugee and Migrant Organisation (IRMO) is a community-led organisation that provides Latin Americans with tools and information in an empowering process to build secure, independent, and integrated lives in the UK. With almost four decades of experience, we aim to build a stronger and more resilient community.

Written by: Carolina Caicedo

Edited by: Gisela Valle and Bruna Boscaini

This project was funded by Southwark Council and coordinated by Carolina Caicedo at LAWRS in collaboration with Bruna Boscaini at IRMO.

The incredible outreach work was carried out by Lucia Filinich, Paola Hildalgo and Luana Barbagelata at IRMO who were supported by a team of volunteers.

We would like to thank Andrea Fernandes and Manpreet Maycock and their team for facilitating our pop-up clinics across Guys & St Thomas Hospital and also to Atul Patel for supporting our pop-clinic at St George's Pharmacy.

We would also like to thank the following health professionals that supported our webinar series: Sona Barbosa - Clinical psychologist and manager at Harrow Mind and Harrow Talking Therapies, Elmedina Baptista-Mendes - specialist in public health and lead nurse for School Nursing, Dr Etheline Enoch - infectious diseases specialist, Dr Cristina Guallar - GP in Southwark, Nadia Enouli - GP receptionist in Southwark, Estphani Da Silva - Counsellor at LAWRS and Jose Rodríguez - Orthodontist at Guy's hospital.

We are also extremely grateful to the project beneficiaries\* that participated in the development of our case studies for trusting us with their experiences and for sharing their views with the hope of helping to improve access to healthcare for other migrants in London.

\*The names of the beneficiaries that appear in this report have been changed to protect their identities.

Cover photo by [Gustavo Fring](#).

# KEY FINDINGS

This report presents a community-led approach to improving access to healthcare services for the Latin American community in Southwark. It is informed by the lived experience of Latin Americans who, due to intersecting and structural inequalities, are often excluded from accessing healthcare. The evidence presented as part of this report comes from providing individualised and tailored support for over 140 Latin Americans, having conversations with over 500 members of the community and conducting seven in-depth interviews with beneficiaries.

1. Word of mouth remains the main way that the community finds out about our services. Out of the 179 people that responded to this question, 37% found out about our project through word of mouth, 32% received a WhatsApp flyer in their native language, and 25% saw a flyer on social media.
2. 67 people were supported to register with a GP through the project. In supporting people through this project we took the opportunity to ask at the point of engagement whether they were already registered with a GP. Out of the 181 people that responded to this question, 38%, or 1 in 3, were not registered with a GP. This reveals that the problem of access to healthcare for the Latin American community is much bigger than has previously been reported. Additionally, what our case studies also show is that being registered with a GP does not guarantee access to healthcare for our community.
3. 92 people were supported to get the Covid-19 vaccine or book an appointment to get vaccinated. We were able to ask 164 people at the point of engagement what their vaccine status was and 17%, almost 1 in 6, turned out to not have received any dose of the vaccine at the time.
4. Out of the 96 people that were asked, 84% said they did not understand English. Unsurprisingly therefore, the language barrier was identified by those we supported through this project as highly significant.
5. During 1:1 support with 89 people the language barrier and all information being in English emerged as the most common barrier people cited in the top 3 barriers to accessing GP care or healthcare. 73 people (82%) identified this as a barrier. Access to correct information or “not knowing how” emerged as the second most cited barrier. 33 people (37%) out of the 89 identified this as a barrier. The third most common barrier cited was translation not offered or refused. 5 people (6%) identified this as a barrier.
6. The language barrier was also mentioned in different contexts along the project. 48 people (72%) of the 67 supported to register with a GP reported language as a barrier.  
  
The project supported 80 people with access to other healthcare services and this included the booking of appointments. 53% of these people reported language as a barrier.
7. During 1:1 support with 32 people, being unable to book due to the language barrier and all information being in English emerged as the most cited barrier to accessing the Covid-19 vaccine. 20 people (63%) identified this as a barrier. Not being aware of how to access the vaccine was the second most cited barrier. 11 people (34%) identified this as a barrier. Not being offered an interpreter at the vaccination centre emerged as the third most cited barrier. 8 people (25%) identified this as a barrier.  
  
55 people (60%) of the 91 people supported to access the Covid-19 vaccine, reported not knowing how to access the vaccine as a barrier.

# INTRODUCTION

**T**his report will outline the process and outcomes of a project that was conceived to address the inequalities faced by the Latin American community in the London Borough of Southwark in relation to accessing healthcare services, and consequently services relating to Covid-19 prevention such as the Covid-19 vaccination programme. Our aim is to show how we work to improve access to healthcare for the Latin American community in Southwark and in tandem encourage take-up of the Covid-19 vaccine amongst the community. So this project has also served as an opportunity to evidence the value of our grassroots approach to delivering public health outcomes to marginalised communities in the borough.

This project was delivered as a partnership between two key organisations working with Latin American residents in London, the Latin American Women's Rights Service (LAWRS) and the Indoamerican Refugee and Migrant Organisation (IRMO). As trusted grassroots community organisations who are committed to improving the lives of our community members by recognising that our experiences sit at the intersection of many inequalities, we are best placed to work with our community to deliver better health outcomes.

This project, the first of its kind to be funded by Southwark Council, has also afforded us the opportunity to evidence the very specific barriers that the Latin American community faces when trying to access the healthcare they are entitled to. With this we hope to address the gap in evidence surrounding healthcare inequalities for migrants in London.

Between January and June 2022 the project's outreach team reached a total of 657 people. Out of this total, the team provided 144 people with in-depth individualised support and engaged in conversations with another 513 people. We have also drawn on data from the 153 people that registered for our informative webinars

and our conversations with the 71 people that actually participated in them. It is important to note that quantitative data was gathered as conversations were had and support was provided. The project operated at different levels of engagement depending on the need. As a result, we do not have the same level of information for all the people reached through the project.

Of those asked (193), 92% of people supported through the project specified their place of birth as Latin America. Those born in Latin America, that specified their country of birth (110), represented 16 different Latin American nationalities. The majority of these were Hondurans (23%), followed by Ecuadorians (19%), El Salvadorians (12%), Colombians (12%) and Bolivians (9%). 98% of those asked (97) did not have British citizenship.

The project supported a higher proportion of women (72%) compared to men (28%).

Most people supported through the project were aged between 25 and 44 years old (57%), 23% were under 25 years old, 11% were aged between 45 and 54 years old and 12% between 55 and 84 years old.

We also interviewed 7 Latin Americans supported through the project. These are the stories of people with lived experience of the intersecting forms of structural disadvantage and discrimination in the healthcare system. With them we were able to delve deeper into the realities of the many barriers they face and give voice to the experiences of trying to access healthcare. These snapshots of their experiences add great value to this report. In participating they are speaking up for others facing similar situations. Their names have been changed to protect their identities.

The data and cases presented in this report demonstrate that without an understanding of the intersectional inequalities the community faces, the question of how to address health inequity cannot be answered. We believe

‘by-and-for’ grassroots community organisations like LAWRS and IRMO are best placed to deliver culturally-specific health outreach initiatives.

## THE NEED FOR THE PROJECT – THE LATIN AMERICAN COMMUNITY & ACCESS TO HEALTHCARE

Latin Americans are a significant part of Southwark’s population. Studies analysing the 2011 census data estimate the number of Southwark residents born in Latin America at 8,006 (2.8%) and the number of Latin American-headed households at 3,229 (3%). Spanish also emerged as the second most spoken language after English in the borough.

However, it is important to note that ‘Latin American’ was not included as an ethnic group in the 2011 Census and so the actual number of Latin Americans living in Southwark is likely to be higher than the Census suggests. The estimates from the 2011 Census are also likely to exclude those with limited command of the English language, those who are undocumented, as well as migrants with secure status, yet living in precarious housing or employment situations. A proportion of the Latin American community comprises especially vulnerable groups, including trafficked women, women on spousal visas, and families with no recourse to public funds, including those seeking asylum. These unaccounted for members of the community constitute one of Southwark’s ‘hidden communities’ and are the ones most likely to be excluded from access to public services.

Despite official recognition of ‘Latin American’ as an ethnic group in Southwark since 2012, the category is still not included in all monitoring across the borough and local strategies designed to tackle issues specific to the Latin American community have yet to be implemented. Lack of official data makes it harder for the borough’s public services, including health, to assess and understand the community’s needs and so Latin Americans remain marginalised from mainstream services.

In light of the invisibility of the community, Latin American organisations like LAWRS and IRMO have, over the years, conducted research to evidence and better understand the barriers experienced by our

community. The 2011 research report, [No Longer Invisible](#), revealed that there is a high level of exclusion from public health services amongst the Latin American community. Latin Americans’ lack of access to health services is particularly worrisome. In 2011, at least 1 in 5 Latin Americans were not registered with a GP and only 4 out of 10 had been to a dentist in the UK.

The Covid-19 pandemic really made this health inequality very salient for our frontline workers. Latin Americans share with other minority ethnic communities risk factors that exacerbated the effects of the pandemic, such as precarious employment in low-paid elementary sectors, overcrowded housing, lack of savings and no access to the welfare safety net. Due to the sectors where Latin Americans concentrate, remote working and support measures such as the furlough scheme had very limited effect, forcing Latin Americans to continue working despite lack of access to PPE, or to find new employment when they had been dismissed from their previous one. This made our community highly vulnerable to Covid but with few mitigating options to protect our health.

However, as an invisible minority community, the impact of Covid-19 on Latin Americans is not captured in public health statistics. [IRMO’s 2021 Covid Impact report](#) corroborated our concerns by revealing that 1 in 7 are still not registered with a GP. By not being registered with a GP, some Latin Americans missed out on the first roll out of the Covid-19 vaccine as they did not receive the invitation letter from the NHS. Additionally, while doing the outreach work, we noted that several people with insecure immigration status believed they did not have the right to access healthcare and therefore, the Covid-19 vaccine.

The outcomes of IRMO’s report implies the situation has changed very little for the community in 10 years. These are concerning numbers as GPs are the gateway for access to other healthcare services. Although these reports provide strong evidence that healthcare access rates are low, there is still very little information on Latin Americans’ actual health care needs. It is with this context in mind that this project was conceived. It is the first project of its kind by Southwark Council to focus on healthcare access for the Latin American community. Through our outreach work, we have been able to gather data that we hope will contribute to making the

experiences and needs of our community more visible and salient for healthcare policymakers and service providers.

Like other racialised minorities, the extent to which Latin Americans have access to services to help them are all profoundly shaped by the intersection of different inequalities such as race, ethnicity, class, culture, nationality and immigration status. Although there is little official evidence on how these intersections affect access to healthcare for the community, evidence from our frontline work tells us that the cumulative impact of these intersecting barriers are very real. The difficulties our community faces are not specific to us because of our ethnicity, but are related to our status, identity and experiences as migrants at the intersection of several layers of inequalities. So by presenting our intersectional approach to healthcare provision for our community, we hope to map a route to improving healthcare access for all migrants.

### **HOW WE RAN THE PROJECT**

The 6-month project, which ran from January to June 2022, employed a project coordinator based at LAWRS and three outreach workers at IRMO who were supported by volunteers to deliver all the face-to-face and remote community outreach support. The project aimed to improve access to healthcare for Latin Americans by primarily supporting GP registration and by facilitating access to the Covid-19 vaccine in Southwark. It achieved this by running a health and wellbeing helpline in Spanish and Brazilian Portuguese, by providing outreach support in both community languages at vaccination centres and pop-up clinics in Southwark and carrying out visits to Latin American community spaces in the borough including businesses, nurseries and schools, unions, and churches. IRMO's outreach work was complemented by a series of webinars and information campaigns that addressed the informational gaps on vaccination, vaccine safety, requirements to access the vaccine and support to register with GPs as an entry point to the healthcare system.

Community members that accessed support through the project were also often supported with other healthcare needs such as booking appointments, translating letters from the GP or hospital or registering with a dentist. The holistic and intersectional approach to working with the community of both organisations enabled the outreach workers to link people in with further support in areas such as welfare benefits, housing, immigration, employment, ESOL and counselling.

**THE SUPPORT  
THAT WAS PROVIDED**

## **INFORMATION CAMPAIGN**

This project began in January 2022, when the Covid vaccine programme was at the booster phase. As many Latin Americans were still not vaccinated or could not access the booster for different reasons, our flyer campaign focussed on reminding people that the vaccine was still available to all regardless of immigration status, with an emphasis that we were offering 1:1 support in community languages with the Covid vaccine, GP registration and dentist registration via the helpline and in person at designated vaccination centres.

Throughout the project, the flyers and messaging were adapted to convey Covid updates, such as the encouragement of the spring booster for vulnerable people and the subsequent availability in April of the vaccine for teenagers and children aged five and up.

In the lead up to the Easter holidays we devised an infographic on how to get your Covid pass for those planning to travel as an incentive to get fully vaccinated.

As Covid restrictions lifted and the interest in the vaccine waned, the messaging of our weekly flyers shifted to emphasise that we were providing support with access to healthcare services.

The project flyers were mainly circulated via both LAWRS and IRMO social media channels and on the WhatsApp broadcast lists for both organisations. A general flyer, with details of the support we were providing and the health and wellbeing helpline contact details, was printed for distribution when the outreach team visited community spaces.

The project also devised flyers to promote four webinars in community languages with healthcare professionals on topics such as GP registration, GP services, NHS dentist services, updates on the Covid vaccine and women's health.

The flyers and posts shared on both LAWRS and IRMO Facebook pages had a combined reach of 140,683 people (views) over the 6-month period.

1,847 IRMO members and 1,527 LAWRS members received flyers direct to their phone via each organisation's weekly WhatsApp broadcasts.

Word of mouth remains the main way that the community finds out about our services. Out of 179 respondents, 37% found out about our project through word of mouth, 32% received a WhatsApp flyer in their native language, and 25% saw a flyer on social media.

## **WEBINARS**

In the delivery of this project, we liaised with healthcare professionals in the borough in an effort to bring the most up-to-date healthcare information to the community. Sarah Cofie, NHS project manager for Community Based Care - Southwark, was very helpful in using her network to find us Spanish-speaking healthcare professionals.

The project delivered four webinars, which were hosted with NHS healthcare professionals in Spanish and Portuguese. These webinars provided an opportunity for the community to receive information directly from healthcare professionals in their native language and for them to ask questions.

## **PATIENT RIGHTS & ACCESS TO HEALTHCARE SERVICES**

Previous research and our frontline work have shown that lack of knowledge of the healthcare system and lack of access to information about the healthcare system makes accessibility difficult for Latin Americans, but also hinders self-advocacy. Many are not familiar with the requirement to register with the GP, as the first point of contact with the system. It is not until the person is unwell, that they learn how to access the system. Latin Americans, like other recent migrant groups, are not fully aware of the full range of services offered by GPs, or know the difference between primary and secondary care providers.

The hostile environment messaging has worked to create confusion and lack of knowledge among both health providers and migrants around entitlement to some types of care, particularly for undocumented migrants and migrants with insecure immigration status, meaning that migrants are not always able to access the care they need.

Therefore, using resources provided by Doctors of the World, we focused these webinars on the universal right



to primary healthcare and the process of registering with a GP. Our NHS collaborators contributed by speaking on the different services available via your GP, referrals to specialists including mental health support, as well as patient rights such as entitlement to an interpreter and the option to change GP if facing discrimination.

The webinar in Portuguese was delivered in collaboration with Sona Barbosa - Clinical psychologist and manager at Harrow Mind and Harrow Talking Therapies, Elmedina Baptista-Mendes - specialist in public health and lead nurse for School Nursing, Dr Etheline Enoch - infectious diseases specialist.

The webinar in Spanish for this series was delivered in collaboration with Dr Cristina Guallar - GP in Southwark, Nadia Enouli - GP receptionist in Southwark, Estphani Da Silva - Counsellor at LAWRS and Jose Rodríguez - Orthodontist at Guy's hospital. We were extremely happy to be able to count on the participation of a Spanish-speaking orthodontist for one of our webinars. Previous research has revealed that only 4 out of 10 in the community had visited a dentist in the UK. Conversations during the webinar revealed a lack of knowledge around the difference between an NHS dentist and a private dentist and their respective costs.

62 people registered for our access to healthcare services webinars and 42 submitted questions for our panel of healthcare professionals and these guided our Q&A conversations. The questions revealed the following primary concerns:

- How to access dental care and the expense of dental care (31%)
- How to access mental health support (17%)
- Questions about what support and care a GP can provide (17%)
- Questions about access to specialists like paediatricians or a cardiologist (17%)
- Questions about how to access screening tests like a smear test or a mammogram, but also questions about preventative check-ups or blood tests (12%).
- Questions about how to access interpreting services or what to do if those services are denied or not available (12%).

## WOMEN'S HEALTH

The Latin American population in Southwark has a younger age profile than the local population on average, and even younger than the non-UK born population in total. Additionally, over the years the Latin American population in the UK has become more feminised. This tendency for new Latin American migrants to be female and of childbearing age has implications for the community's specific health needs.

From our work with Parents and Communities Together (PACT) in Espacio Mamá, we know that information about maternal health, and more broadly, women's health is not easily accessible in our community languages. To help address this, we worked with Monica Franklin, a Latin American senior midwife, and Paula Igualada-Martinez, a Spanish speaking pelvic floor physiotherapist, both from Guy's & St Thomas', to provide two webinars on pelvic floor health and prenatal care in the UK.

17 women participated in our webinar on pelvic floor health, and 13 of these women responded to our poll on their pelvic floor health experience.

- All the women that participated in the poll indicated that they had suffered from one or more pelvic floor health dysfunctions after giving birth.
- 10 (71%) of the 13 women polled were not able to access support with these problems.
- The reasons given for not receiving help were as follows - thinking these problems were normal after pregnancy and not knowing that there are treatments available (57%); being told by their GP that these problems are normal after pregnancy (21%); having difficulties in accessing help from the GP due to the language barrier (21%); not knowing where to turn to for help with these issues (21%); feeling embarrassed to talk about these issues (7%).

*"How can I access a specialist if all my GP does is give me a sheet of exercises to do?"*

Another 17 women participated in our webinar about prenatal care in the UK. The group included primarily women that were planning a pregnancy and some that were already pregnant.

## THE RIGHT TO HEALTHCARE

10 of the 17 women responded to our poll on their prenatal care experience. In response to a question about the barriers to accessing prenatal care:

- 1 pregnant woman had not known what to do when she found out she was pregnant.
- 3 women did not know about prenatal care
- 1 woman felt less empowered and with fewer choices as a consequence of not speaking English.

### WEBINAR REACH

Our webinars had a total of 71 participants - 2 people attended access to healthcare in Portuguese; 35 attended access to healthcare in Spanish; 17 women attended how to improve your pelvic floor health; 17 women attended understanding prenatal care in the UK.

All four webinars were recorded and uploaded to both LAWRS and IRMO YouTube channels and circulated on both our social media channels and via our WhatsApp broadcast lists.

153 people registered to participate in the webinars. Everyone who registered, regardless of their attendance, received a follow-up email with a recording of the webinar and a list of healthcare resources and a reminder of how to use Google Translate to translate websites into Spanish or Portuguese.

There have been 487 YouTube views of the webinar recordings. It is also worth mentioning that, although we only had 2 Brazilian participants in our access to healthcare services webinar in Portuguese, we have had 124 YouTube views of the respective webinar recording. This suggests that informative videos can be an effective way of engaging with the Brazilian community in Southwark.

### OUTREACH SUPPORT

From March 2022, the IRMO outreach team was present on a biweekly basis at two of three participating vaccination sites in Southwark, providing support in both Spanish and Brazilian Portuguese:

- St George's Pharmacy in Elephant & Castle - a community pharmacy at the epicentre of a Latin American hub in Southwark
- The vaccination centre at Guy's Hospital near London Bridge
- The vaccination centre number one at St Thomas' Hospital near Waterloo

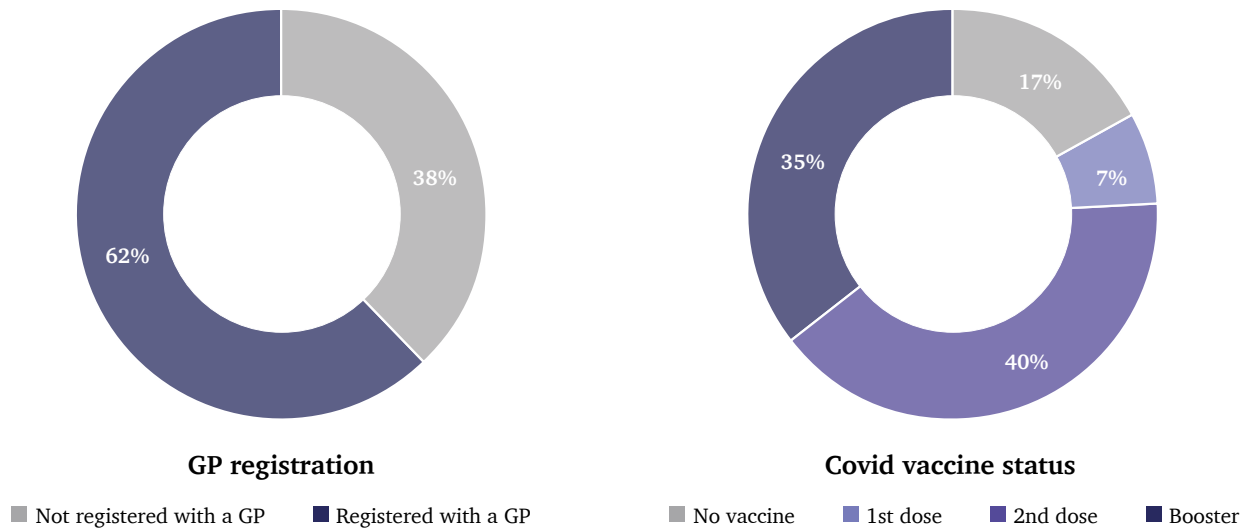
The team also managed a health and wellbeing helpline for the project receiving and responding to support and information requests in both community languages via phone calls, WhatsApp messages and emails.

This specialised outreach work aimed to improve access to healthcare for Latin Americans by primarily supporting GP registration and by facilitating access to the Covid-19 vaccine in Southwark, and providing support with other healthcare access needs.

The team also carried out visits to community spaces across the borough including visits to Latin American businesses in Elephant & Castle, Burgess Park, the Aylesbury Estate, churches, Espacio Mama and many more. During the visits, the outreach team spoke with community leaders and members of the public about access to the COVID-19 vaccine and healthcare, gathering relevant information about the barriers the community faces and promoting the project. As a result, people reached out to us through the helpline and attended the vaccination centres to receive support in their language. Moreover, we strengthened our links with Latin American business owners, community leaders, and service providers that continue to refer people to our services and promote our activities.

One fantastic outcome from the brilliant outreach work carried out at St George's pharmacy is that the pharmacist asked IRMO's outreach team for support in recruiting a permanent Spanish-speaking outreach worker for his pharmacy. St George's pharmacy has now employed one of IRMO's service users, which means this pharmacy has the potential to become a vital healthcare hub for the Latin American community in Southwark.

## THE RIGHT TO HEALTHCARE



### GP REGISTRATIONS

We have focused on GP registrations as a tangible measure of how many people in our community are not accessing the healthcare they are entitled to.

- 67 people were supported to register with a GP through the project.

In supporting people through this project we took the opportunity to ask at the point of engagement whether they were already registered with a GP. Out of 181 respondents, 38%, 1 in 3, were not registered with a GP. This reveals that the problem of access to healthcare for the Latin American community is much bigger than has previously been reported.<sup>1</sup>

Additionally, what our interviews with beneficiaries show is that being registered with a GP does not equate to access to healthcare for our community.

### COVID VACCINE

The high proportion of Latin Americans not registered with a GP raises questions about their potential exclusion from health programmes, such as the rollout of the Covid-19 vaccine. The ONS and Public Health England do not hold official data on Latin Americans in the UK and as a consequence there is no official information about how many Latin Americans were affected by Covid. It is this omission of official data that motivated IRMO's report on the impact of Covid on the community and consequently this project.

We found that most people wanted to get vaccinated but had previously been unable to.

Our frontline work indicates that access to the Covid-19 vaccine for the Latin American community is not just a matter of hesitancy due to beliefs but also primarily about the barriers to accessing services and information that they are unable to overcome without the support of specialist community organisations like IRMO and LAWRS.

<sup>1</sup>A report commissioned by LAWRS in 2011 called [No Longer Invisible: The Latin American Community in London](#) indicated that 1 in 5 Latin Americans had not been to a GP

Our organisations are able to identify the issue to be addressed efficiently due to our proximity to the community and our understanding of the many barriers they face.

- 92 people were supported to get the Covid-19 vaccine or book an appointment to get vaccinated.

We were able to ask 164 people at the point of engagement what their vaccine status was and 17%, almost 1 in 6, turned out to not have received any dose of the vaccine at the time.

- 28 people (17%) had not had any dose of the vaccine
- 12 people (7%) had only had dose 1 of the vaccine
- 66 people (40%) had only had 2 doses of the vaccine
- 58 people (35%) were fully vaccinated

27 people answered our question about hesitancy in taking the vaccine:

- 33% felt unsure due to lack of information
- 33% believed that the vaccine was harmful
- 19% were unsure due to both lack of information and the belief that the vaccine was harmful
- 15% had other reasons including that they had been advised to wait due to health issues; the vaccine not being widely available to children.

## **OTHER SUPPORT THAT WAS PROVIDED**

Both LAWRS and IRMO take a holistic approach to providing support. So beyond supporting with GP registration and access to the Covid-19 vaccine, we were also able to achieve the following:

- 24 people were supported to register with an NHS dentist
- 80 people were supported to access other healthcare needs, such as booking a medical or dental appointment, requesting medical history or accessing their NHS Covid pass
- 475 people received information about access to healthcare, such as information about the Covid-19 vaccine, how to get vaccinated, the right to register with a GP, how to register with a GP/dentist and how to access mental health support.
- Make referrals for other issues that came up such as social isolation, mental health, benefits, housing, and immigration.

# BARRIERS

## THE RIGHT TO HEALTHCARE

It is well documented that migrants face multiple barriers to accessing health care, including language barriers, restricted interpretation services, inhospitable and sometimes hostile GP surgery staff, and cultural insensitivity among some frontline service providers.

Confusion and lack of knowledge among both health providers and migrants around entitlement to some types of care particularly for undocumented migrants and migrants with insecure immigration status (including those who have been trafficked into the UK, and migrant women on spousal visa escaping domestic abuse), mean that migrants are not always able to access the care they need.

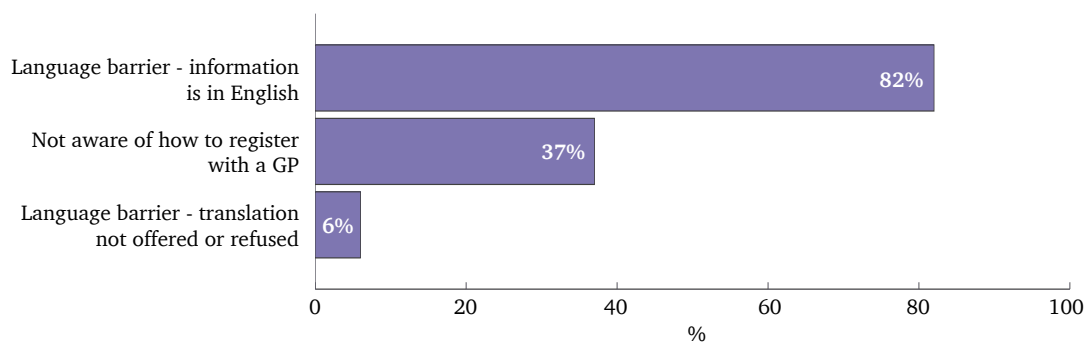
In providing support to access healthcare services we were able to ask people what barriers they had faced when trying to access these services themselves.

During 1:1 support with 89 people the language barrier

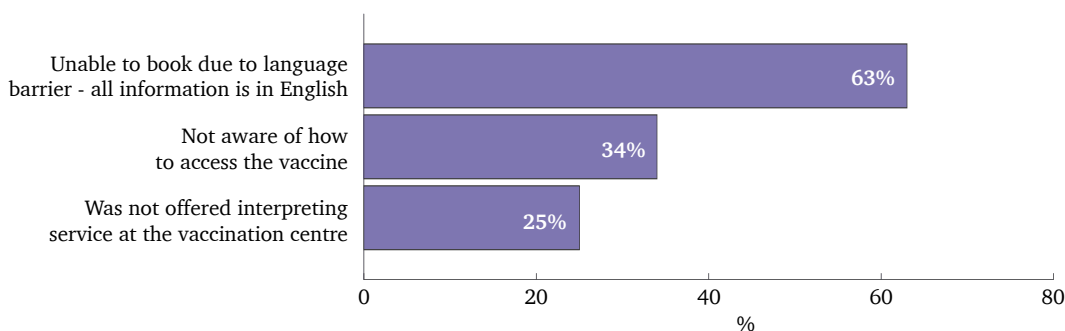
and all information being in English emerged as the most common barrier people cited in the top 3 barriers to accessing GP care or healthcare. 73 people (82%) identified this as a barrier. Access to correct information or “not knowing how” emerged as the second most cited barrier. 33 people (37%) out of the 89 identified this as a barrier. The third most common barrier cited was translation not offered or refused. 5 people (6%) identified this as a barrier.

During 1:1 support with 32 people, being unable to book due to the language barrier and all information being in English emerged as the most cited barrier to accessing the Covid-19 vaccine. 20 people (63%) identified this as a barrier. Not being aware of how to access the vaccine was the second most cited barrier. 11 people (34%) identified this as a barrier. Not being offered an interpreter at the vaccination centre emerged as the third most cited barrier. 8 people (25%) identified this as a barrier.

**Top 3 barriers to accessing a GP/healthcare**



**Top 3 barriers to accessing the Covid-19 vaccine**



## LANGUAGE

Not speaking English or not having a good command of it, puts Latin Americans at a distinct disadvantage for engaging with the council and other service providers.

Data from this project has corroborated previous research. Out of 96 respondents, 84% said they did not understand English. Unsurprisingly, the language barrier was identified by those we supported through this project as highly significant. Language continues to be a key barrier for Latin Americans trying to access NHS services.

As noted above, the language barrier and all information being in English was the most cited barrier to accessing a GP or healthcare, and not being offered translation or having it refused was the third most cited. Being unable to book due to the language barrier and all information being in English was the most cited barrier to accessing the Covid-19 vaccine.

Our case study interviews allowed us to delve a bit deeper into the different ways that language barriers present themselves when it comes to accessing healthcare services.

### – GP REGISTRATION

The GP registration process is often the first point of contact with the NHS for Latin Americans. New patients are given a registration form in English, but there are no mechanisms in place for support with completing the form if you do not speak English.

48 people (72%) of the 67 supported to register with a GP reported language as a barrier. Some of the people we spoke to described being ignored by reception staff as soon as it was clear that they could not speak English. In these situations Latin Americans are reliant on the kindness of other patients, staff that happen to speak their language, friends and family or organisations like LAWRS or IRMO for support with this crucial process. Without building this support into the system, the process of registering with a GP will remain difficult for migrants who arrive alone and have

no support network or become isolated. Even if help is obtained to complete and submit the registration form, the language barrier extends to not being able to confirm registration or understand why a registration application has been rejected. Besides, some practices still require proof of address or ID to new patients, despite not being a requirement from the NHS. In many of these cases, patients are unaware of their rights and cannot challenge these requirements.

Our outreach work was able to support people through this whole process. In the case of applications being rejected they were able to follow up with individual surgeries and advocate in cases of discrimination or support registration with another GP surgery if necessary.

*Alejandro (Venezuela, 40) recounts his experience of registering with a GP when he first moved to the UK on an EU passport. Like many migrants, Alejandro first encountered what a GP was when he became ill. It was then that someone at his rented accommodation told him that he needed to obtain proof of address from his landlord and use it to register at the nearest GP. Alejandro does not speak English, but he went to his nearest GP practice and using his phone and a translation app asked to register as a new patient. He was given a registration form in English but was offered no help to complete it. Alejandro explains that he spent one hour trying to fill out the registration form until another patient in the surgery at the time who spoke a little Spanish helped him fill it out. However, when he returned to book an appointment it turned out he hadn't been registered after all. After this, a friend took him to a surgery where the reception staff were Latin American. The friend provided her address for his registration as he did not live nearby. At this surgery he felt looked after as the staff always made sure he had an interpreter.*

*“If you are going to sit behind that desk you need to have had training in human relations and know how to treat people. You need to know how to listen, you need to know how to remain calm and you need to be well rested in order to have the patience to listen to the ills and concerns of patients.”*

**Laura (Ecuador, 28)** arrived in the UK in 2019 on an EU passport. Laura does not speak English so when she first arrived she went to her nearest GP in Peckham to register herself and her daughters. Laura explained that the surgery told her they could not provide her with an interpreter and she needed to come back with someone that could speak English. Laura does not have anyone to help her with this unless she pays someone £15 an hour to accompany her and provide translation. There was another Latin American patient in reception who could speak English and told the reception staff that they had a duty to provide Laura with an interpreter. The reception staff reiterated that they did not have interpreters and in the end Laura was only able to register because the other Latin American patient helped her to complete and submit the registration form.

## – BOOKING APPOINTMENTS

The project supported 80 people with access to other healthcare services and this included the booking of appointments. 53% of these people reported language as a barrier.

The wide ranging needs of the people we have supported through this project demonstrate that it is simply not enough to only provide support with GP registration. In fact, many of those with limited or no English expressed difficulties with booking appointments. The booking of appointments is not serviced by interpreters and once again, there are no mechanisms in place to support people who do not speak English in the stages before you even get to see a doctor. People describe being ignored by reception staff, or being forced to book appointments over the phone which makes communication much harder as those that do not speak English rely heavily on translation apps. Furthermore, some surgeries have a very limited time window when patients can book appointments, creating even more hardship for people with inflexible working schedules and precarious working conditions such as migrant workers.

*Laura explained to us that even once registered, due to the language barrier she continued to experience difficulties booking appointments. When she went into the surgery in person to try to book an appointment using her translation app, she was told she had to make the appointment by phone. When Laura explained that*

*she found it difficult to communicate by phone because she does not speak English, she was simply told to find someone who could speak English to make the call for her. Laura explained that the surgery has even started locking the doors to the surgery and you are only let in if you have an appointment booked, leaving her with few options - not go to the GP or pay someone £15 an hour to make the call for her.*

**Elena (Honduras, 26)** arrived in the UK in January 2019 with her husband, sister and 7-year old son. They were fleeing from Central America and are in the process of applying for asylum in the UK. Elena is currently 19 weeks pregnant.

*Elena sought help from our Outreach team for support with booking an appointment to see the GP to address health issues brought on by the stress of the asylum application process. The family were already registered with a GP, but they were having problems booking appointments. They had previously been able to do this themselves in person with the help of a translation app, but they were now being asked to book their appointments by phone, even though the surgery was aware that their English was very limited.*

*In the case of Ana (Honduras, 44), our outreach team had to re-book her appointment for a routine smear test 3 times. On arrival at her initial appointment Ana was told she was at the wrong place for her appointment. At the second appointment the receptionist could not understand why Ana was there and she was left to wait until her appointment had passed. It was only on the third booking and upon our outreach team asking what was going on that reception explained that their smear tests were being administered by another clinic and finally Ana was given the correct address for her appointment. Ana had to take time off work on three different days to attend just one smear test which jeopardised her work and income.*

*“It made me feel sad and upset. I only came to be seen for my test on my third visit and that was only thanks to the team at IRMO who were persistent with the GP surgery. The support from IRMO has been invaluable because I don’t speak English and that makes things very difficult for me. Without the help of IRMO I wouldn’t have been able to have my smear test.”*



## - INTERPRETERS

Those that do not speak English rely heavily on interpreters at medical appointments. Our case study interviews allowed us to find out a bit more about the experience of using interpreters or where interpretation is needed.

Some of the people experiencing language as a barrier described problems with the availability of interpreters and experiences of having to attend appointments at the GP, hospital, maternity services, and A&E with no interpreters. In these instances, people describe leaving their appointment not having understood anything or if they'd been prescribed medication, not having understood what it is or how to take it. They also expressed that these experiences not only made them feel humiliated and disempowered but also had the effect of making them feel like there was no point in going to see the GP or seeking medical help.

*Elena describes that even once they were able to book and attend GP appointments, the family continued to experience difficulties. Elena told us that only 1 of the 4 appointments she has attended at her GP have been with interpreters. On one occasion, a doctor asked her 7-year old son, who also does not speak English, to translate, which Elena found humiliating and inappropriate. The family have faced similar experiences at hospital appointments and at A&E. This makes Elena very reliant on using the translation app on her phone to translate her needs, but it is inadequate for translating the doctor's questions, responses and recommendations.*

*Elena has explained that in appointments without interpreters, the doctors continue speaking to her in English even though they know she cannot understand them. These have been disempowering and humiliating experiences for her. Elena has left those appointments not having understood anything and with the feeling that she might as well not have gone. On the occasions that she has been given medication, she has had to look them up herself on Google to find out what they are and how to take them.*

*Laura has been told by her GP surgery that they do not have interpreters and that she needs to bring someone that speaks English to her appointments. This meant that in an emergency situation with her daughter Laura had*

*to pay for an interpreter to come with her to translate. Laura went on to explain that an older Latin American woman waiting to be seen even asked her interpreter if she could stay and translate for her because she does not know anyone in this country. Laura explained to us that her experience with actual NHS interpreters has not been consistent. On occasions she has been given a Portuguese interpreter. Laura does not understand Portuguese, so for her that is no better than not having an interpreter. Phone interpreters are of great help, but the help is also limited. Laura explains that in her experience at the point that the GP needs to carry out an examination they hang up with the interpreter and then Laura is unable to respond to the doctor's questions.*

*"They gave me a telephone interpreter. The doctor asked what was wrong with my daughter, I explained, and when she went to examine her she hung up with the interpreter and didn't call back. From then on she just spoke to me in English as if I could understand and I felt all I could do was nod my head."*

*Alejandro is deaf in one ear and although he uses hearing aids, he relies on lip reading to fully understand what is being said. In an appointment that was booked by the IRMO Outreach team to check his hearing, Alejandro was provided with an interpreter by phone. Having to listen to an interpreter on the phone was extremely difficult for him, and given his condition he could not understand why he had been given telephone interpreting rather than an in person interpreter.*

*Alejandro can feel his hearing is deteriorating and this is affecting his ability to work. The fear that he is going deaf and that this would mean not being able to hear his son is also severely affecting his mental health. What he wanted from his GP appointment that day was a referral to an audiologist so he could receive an assessment to determine the extent of his hearing loss and if his hearing aids need to be adjusted accordingly. All he received was a prescription for ear drops he already had. Alejandro felt his request for a referral was not taken seriously, so he went back to our Outreach team for help. Hearing aids only help if there is some hearing left, so it is important that Alejandro can see an audiologist as soon as possible. To facilitate this, an Outreach worker from IRMO wrote him a letter in English to take to his GP explaining the condition of his hearing and how it is affecting him. Angel*

*has told us that with the support he has received through this project he has regained a sense of hope. He said that the team at IRMO have treated him with the dignity and respect that he has been denied when interacting with the health service for simply not being able to speak English.*

In the absence of interpreters people rely on translation apps to communicate and given this dependence on technology it would be useful for service providers to be more aware of this. Some people described doctors or reception staff refusing to look at their phones in instances where that was their only means of communication.

**Berta (27, Guatemala)** has recently arrived in the UK and does not speak English. She explained that she has found the use of phone interpreters at appointments awkward. Berta has been in situations where the doctor has not been able to connect with the interpreter or the call has been disconnected and when she has gone to use her phone to translate the doctor has indicated that there is no time to look at the phone or that they are not able to.

*“Doctor’s appointments are awkward because they don’t make the process of communicating easy”.*

But the level of digital exclusion amongst the community also needs to be recognised. Findings from IRMO’S Covid Impact report revealed that 4 out of 10 have no access to the internet, and 15% have no devices.

Some of the outreach work also included translating letters from the NHS and GPs. This is particularly significant support for the older population and without access to this kind of support many are missing out on preventative care such as smear tests, mammograms and bowel cancer screening tests.

Through the Outreach work organisations like IRMO and LAWRS are also able to help clients learn how to use Google translate to translate websites into community languages or how to set up their phones so that text messages from the GP or the NHS are automatically translated into their native language.

**Diana (Peru, 66)**, arrived in the UK in May 2022 to reunite her niece, who has been in the UK for 3 years, with her three children. IRMO had been supporting Diana to enrol the children in school and they were able to refer the whole family to our health outreach project to receive support for registering with the GP. Having been registered with a GP, Diana soon received a bowel cancer home test kit, which is available to everyone aged 60 - 74. Diana does not speak English and so could not understand the letter, but she was able to send a photo of the letter via whatsapp to the project health and wellbeing helpline. The project’s outreach team were able to translate the letter for Diana and explain how to carry out the test at home. Diana feels she could have missed the letter and the opportunity to be screened for cancer if she had not had access to the helpline.

Access issues due to a language barrier are particularly relevant to Southwark because, according to the 2011 Census, 19.6% of the population do not have English as their main language and 11.9% of the non-English speaking population speak Spanish. This makes Spanish the second language of the borough. There have been no policy or strategy implementations since the release of this data over 10 years ago and these figures are sure to grow with the release of the 2021 Census data.

## ACCESS TO INFORMATION - UNDERSTANDING HOW THE SYSTEM WORKS

Language barriers are also linked to lack of access to information and understanding how things work in the UK. In this project a lack of information was identified as another key barrier for Latin Americans trying to access NHS services.

32 people (48%) of the 67 people supported to register with a GP reported not knowing how to register as a barrier.

55 people (60%) of the 91 people supported to access the Covid-19 vaccine, reported not knowing how to access the vaccine as a barrier.

We had 32 responses to our feedback survey for the webinars. Respondents indicated that the most useful things about the webinars were the following:

- improving their knowledge about how the health system works and how to access different healthcare services (59%);
- learning about organisations like LAWRS and IRMO that offer specialised support to the Latin American community (50%);
- listening to healthcare professionals talk in their native language made people feel more confident in the information they were receiving (47%);
- learning about their rights as patients so they can ask for the medical care and attention they are entitled to (41%);
- receiving information that tends to be in English in their native language (28%);
- learning about how to access interpreting services to help them overcome the language barrier (13%).

## - THE KEY ROLE OF COMMUNITY ORGANISATIONS

26 out of the 32 respondents (81%) indicated that they did not know of any organisation other than LAWRS or IRMO where they could have accessed the information that was shared in the webinars.

Providing access to information is not just about translating information into community languages. It requires developing a relationship with the community and having a cultural understanding of how they access and share information. It is also about providing a welcoming and safe space to ask questions.

Word of mouth remains the main way that the community finds out about our services. Out of 179 respondents, 37% found out about our project through word of mouth, 32% received a whatsapp flyer in their native language, and 25% saw a flyer on social media.

Whatsapp is also a powerful medium for our outreach work. It takes information straight onto mobile phones of the community. During this project 1847 IRMO members and 1527 LAWRS members received flyers direct to their phone via each organisation's weekly whatsapp broadcasts.

Organisations like IRMO and LAWRS have become trusted sources of information for the community. The community shares our information with others that need it, but we are also a lifeline for people that have nowhere else to turn to.

*Berta had only been in the UK for 4 months when we spoke with her. She arrived with her husband, brother-in-law and three children aged 9, 6 and 1 years old. They are currently in the process of applying for asylum and are being housed in a hotel. Berta explains that when they arrived she searched online for organisations that could help her and this is how she came to access support from the project. One of the IRMO outreach workers helped to get the whole family registered with a GP. This was something she was keen to do as she has a 1-year old baby and wanted to make sure they could have access to medical help should they need it, and as a result her 1-year old now has all her immunisations up to date.*

*Berta feels that because they do not speak English, this is not something they would not have been able to do on their own. Although still getting to grips with how things work, Berta feels she now has a point of contact for information if she is ever in doubt. Berta believes organisations like IRMO and LAWRS are extremely important for new arrivals who struggle to receive support and information from other service providers because of the language barrier.*

*“You [IRMO & LAWRS] are well known in the Latin American circles and so you are best placed to provide us with information.”*

The outreach support that IRMO and LAWRS provide helps to prevent situations of exploitation of already vulnerable and marginalised people. New arrivals to the UK that do not speak English or have no support network are often forced to pay other Latin Americans to help them understand what they need to do to get set up or to help them carry out essential bureaucratic processes on their behalf because they do not speak English. This includes processes such as immigration applications, school applications, accompanying on school appointments, booking appointments with the GP etc. Not only does this put financial strain on people in precarious financial situations, but it also makes them vulnerable to being given incorrect information.

**Laura (Ecuador, 28)** arrived in the UK with her two young daughters in September 2019. They came from Spain on EU passports. Laura does not speak English and had no one who could help her with translation in the essential bureaucratic processes of settling in the UK. She was told about someone who could help her with these processes and charged £15 an hour. Laura paid this person to help her with the EUSS settlement applications, to accompany her to school meetings for her oldest daughter, to tell her where her nearest GP was so she could register and to also book GP appointments for her. But it was a huge financial strain. Laura had two small children to look after and so could only work 3 hours a day, she did not know about her entitlement to universal credit at this stage and £15 an hour is a lot for her to pay. In medical emergencies she has had to resort to paying for a translator as her GP surgery will not provide one and she feels she is not being listened to.

Laura has only recently found out that if you are on universal credit you do not pay for prescriptions or that children do not pay for prescriptions. Laura has been paying for over 2 years.

*“I’ve been paying for my prescriptions for two and half years because I was not aware that those of us on Universal Credit or that children do not pay. I have only just become aware that I should not be paying and that is only because recently a pharmacist that spoke Spanish asked me, as I was about to pay for a prescription, whether I was on Universal Credit. When I said that I was she explained that those on Universal Credit do not pay.*

*We lack crucial information because we do not speak English. We don’t know what we should be paying, what we shouldn’t be paying, what we have or don’t have access to. Language is a very big barrier for all of us Latin Americans that do not speak English. It means we do not have a voice. If that pharmacist had not mentioned anything, I would have paid, regardless of the cost, but I would rather use that money to buy food for my daughters.”*

### CULTURAL INSENSITIVITY

Our case study interviews revealed that for some, inhospitable and sometimes hostile GP surgery staff and cultural insensitivity among some frontline service providers is the reason they feel discouraged to access services.

GP reception staff that do not know how to deal with the vulnerabilities of migrants can become the gatekeepers to access to medical care.

**Elena (Honduran, 26 years old)** arrived in the UK in January 2019 with her husband, sister and 7-year old son. They were fleeing from Central America and are in the process of applying for asylum in the UK. Elena is currently 19 weeks pregnant. Elena sought help from our Outreach team for support with booking an appointment to see the GP to address health issues brought on by the stress of the asylum application process. The family were already registered with a GP, but they were having problems booking appointments. They had previously been able to do this in person, but they were now being asked to book their appointments by phone, even though the surgery was aware that their English was very limited, which made communicating over the phone very difficult.

*“There was nothing we could do in that situation. That’s why I sought help from IRMO, we had no other choice as we do not know anyone here. These situations make me feel terrible because we are not here out of choice. It has really impacted my mental health”.*

As a result of these hostile experiences some people actively seek GP practices or dentists with Latin American staff. This not only puts pressure on particular practices but a dependency on Spanish speaking staff means Latin American patients are left unsupported when these staff members are not at work or if they leave.

## IMMIGRATION STATUS

Immigration status is both a factor in the need for support in accessing healthcare and a barrier to access.

From the people we supported through the project:

- Out of 97 people asked, 98% did not have British citizenship.
- Out of 91 people asked, 60% were new arrivals and had only been in the country less than a year.
- Out of 74 people asked, 46% had No Recourse to Public Funds.

Of those that specified their country of origin (110), the majority, 23%, were Hondurans and most likely in the process of seeking asylum in the UK. All frontline services across LAWRS and IRMO are seeing a rise in people seeking asylum from Central America. The rise in the number of people arriving in the UK from Central America coincides with more than a decade of political instability in the region.

These conditions make migrants less likely to speak English and to know how the system in the UK works. We also found that when immigration status is not secure, people are reluctant to go to the doctor for fear of being reported or being charged. The status a person has, also influences the way people are treated at medical centres. Those in the asylum process that we met during the project expressed being discriminated against at GP practices.

*Elena had been told that care at A&E was different. Her husband suffers from facial paralysis brought on by the stress of their experiences and situation. On one occasion, when he felt that one side of his face was numb, he decided he would rather go to A&E, which was a 40-minute bus ride away, than call the GP. However, his experience at A&E was just as traumatising. He was seen by a doctor, without an interpreter, and rather than help, the doctor asked why he was here and if he had just come to receive benefits. He was able to understand this, because a nurse who spoke Portuguese translated it for him. As a consequence of these experiences, Elena and her family have decided never to return to the doctor or to the hospital. They feel it is pointless and humiliating. They prefer to treat their ailments at home with home remedies.*

Prior to Brexit, Latin Americans with EU citizenship were able to migrate to the UK as a result of the EU’s free movement of people and workers. Brexit has introduced complexities for these onward migrants such as the EUSS and the lack of clarity of what a ‘pre-settled’ status entitles them to, as they can still be subject to NRPF.

*Before Brexit, it had been easy for Alejandro to travel between the UK and Spain and remain connected to his family in both countries. Alejandro was in Spain when the pandemic hit and he was not able to get back to the UK to see his son until February 2022. As a result of the pandemic and getting stuck in Spain, Alejandro lost some of the jobs he had before leaving the UK and with pre-settled status he was having to wait 3 months to access any benefits. As a result of this precarious situation Alejandro was homeless and sleeping rough when he accessed support from the project to register with a GP as he does not speak English. Alejandro wanted help to register with his previous GP as they had his medical records and he felt they had provided good care. His registration was initially rejected for not providing an address. Our outreach worker had to call the surgery to explain that he was homeless and that it would be discriminatory to reject his registration on the basis of not having a fixed address.*

In most cases immigration is a barrier to healthcare, but through this project we also came across a situation where the difficulties in access to health services were presenting a barrier to securing settled immigration status for someone who was elderly and totally alone in this country.

*Valeria (Argentina, 74) had been receiving support from the LAWRS violence against women and girls (VAWG) team and the LAWRS counselling team. They invited her to a workshop to help her with the EU Settlement Scheme as they knew she had a European passport and the deadline for applications was coming up. It was then that she disclosed that she did not have access to her passports. Without her passport, LAWRS could not submit her application for settled status. The retention of Valeria's passports by the court and social services, both jeopardised Valeria's immigration status and kept her trapped in this country on her own and away from her family. It effectively left her undocumented and made her vulnerable to the UK's hostile environment.*

*Valeria received immigration advice and support both through LAWRS and IRMO. An IRMO immigration caseworker made a human rights appeal to the courts on Valeria's behalf, but her passports were not returned. The Home Office needed proof that she had been in the UK since 2014, and her GP's medical records could provide this. However, Valeria was struggling to get access to her own medical records. She explains that the Spanish-speaking receptionist that had previously helped her was no longer working at her GP and so her requests for her own medical records just went unanswered. The project's outreach team supported Valeria with this. An outreach worker had to call the surgery on her behalf, provide an authorisation letter from Valeria, follow up with the surgery to make sure the request had been received and then wait one month for the medical records to be sent. After waiting the indicated time, the records had still not been received. Our outreach team was able to follow up with the surgery on Valeria's behalf and chase the records after which they were sent digitally. The records were password protected and our outreach team was also able to help Valeria access and download the necessary documents. They were sent to the Home office, after which Valeria was finally granted settled status. Valeria had been in the process of applying for settled status for almost a year.*

*According to Valeria, it is only thanks to LAWRS and IRMO working together and fighting for her human rights that she now has her passports and settled status. Without our support she would still be in limbo. Having lost her job, she needed her passport and settled status to be able to apply for pension credit and benefits so she could feed herself and pay her rent.*

*"Honestly, if it hadn't been for LAWRS and IRMO I would still be trapped here. I would still be in the same situation. I am going to be forever grateful for all that they do to help Latin American women."*

The lack of language support at GP receptions makes routine requests difficult for those that do not speak English.

## **MATERNITY SERVICES/WOMEN'S HEALTH**

Despite Southwark's Latin American community being of a comparatively young age as well as predominantly female, we know very little about the experiences of Latin American women with maternity services in the UK. Given the barriers the community faces to access all other areas of medical care, community organisations are concerned that maternal care could be another area in which inequalities are experienced.

In April 2022, Doctors of the World published a new [report examining the provision of maternity care for migrant women in the UK](#). Their report adds to the limited data available highlighting the inequalities in access to maternity care experienced by migrant women. The evidence in its report highlights how inequalities in access to antenatal care experienced by migrant women are likely to lead to poorer outcomes for their pregnancy and the health of their children.

With our case study interviews we were able to speak to two Latin American women about their experiences with maternity services, giving us a glimpse into how the inequalities of immigration status and language intersect to put the health of pregnant women at risk.

*When Elena, who is in the process of applying for asylum, found out she was pregnant, she did not know what to do. She notified her GP only to be told that she had to find a midwife herself and was given no information about prenatal care in the UK. Even though she explained that without speaking English this would be very difficult for her, she received no further help. With nowhere else to turn to, Elena got in touch with our Outreach team again who were able to help her with the self-referral process for maternity services at her nearest hospital. Elena was very*

*grateful for this help as she had bled twice and was worried she was experiencing a miscarriage. Elena has not had an interpreter for any of her midwife appointments or her 12-week scan. She has come away from each appointment not understanding anything and with no certainty that everything was well. She has told her midwife that she needs an interpreter for her subsequent appointments and without an interpreter she will stop attending her appointments.*

*Elena is very lonely and feels that she has nowhere to turn to if she has questions about her pregnancy. She has one friend who has just had a baby in the UK who has been able to explain to her what care she should be expecting, but without speaking English she feels she is not able to advocate for this care. Elena suffers from ulcerative colitis, which has been made worse by the pregnancy and she is very concerned for the rest of her pregnancy and the birth.*

*Without the support from our project, Elena says she would be feeling even more alone than she does. She believes she would not have access to the mental health care that she is now receiving and feels that she would have probably been managing her pregnancy on her own at home.*

*Laura does not speak English. When she found out she was pregnant she was initially able to turn to a friend that had had a baby in the UK. Her friend helped her with the self-referral application for maternity services and also helped if Laura needed to call the midwife line. However, her friend moved to Spain during the pregnancy and Laura was left with no one to help her. So, in between midwife appointments Laura would go to A&E if she felt pain or was concerned about something because she never felt the confidence to call the midwife line because of her English. No one ever explained she could ask for an interpreter if she called.*

*At her first scan the hospital failed to provide her with an interpreter. She was not able to understand what the sonographer was saying and so left without the reassurance that everything was ok. Laura was invited to an antenatal class which she attended to prepare herself for the birth, but it was in English and she left not having understood anything. Although she was provided with an interpreter in the operating theatre for her c-section, the hospital failed to provide her with an interpreter on the postnatal ward and in not being able to speak English her*

*requests for help or her concerns were completely ignored. Following the caesarean, Laura could feel she was not producing milk and her requests for a bottle of formula for her baby were ignored for up to a day. Her baby was taken to be weighed and checked over but no one explained to her what they were doing or reassured her the baby was ok. Doctors came to check the baby but never explained what they were doing. They simply asked her if she spoke English and when she replied "No" they simply did not look at her again. Laura noticed that with the other mums that spoke English the doctors spent more time and had conversations with them. Laura was discharged with no information about how to take care of her caesarean scar or what to expect in terms of postpartum care. She was made to feel invisible. This was Laura's third child, but it had been five years since her last pregnancy and she was in a new country so she felt like a first time mum, with many worries and questions but no means of getting them answered.*

*"They would take my son from one place to another and simply ask me to follow, but never explained what they were doing, or how my baby was doing in his first hours of life because I was not provided with an interpreter. This made me feel very bad because those were my son's first hours of life and like any mother I felt a lot of worry that something could go wrong at this vulnerable time .... I went into a state of panic because no one said anything to me, no one helped me, no one eased my worries. At that moment I felt fear and I felt frustrated that I could not speak English. I told myself that if anything happened to my son it would be my fault for not knowing English, for not being able to make myself understood or for not paying for someone to be there with me to help with translation."*

The webinars on antenatal care and pelvic floor health were programmed in collaboration with a Latin American midwife from Guys & Thomas' Hospital. Her pelvic floor health outreach project emerged from the recognition that there are certain communities not seeking help with women's health issues like pelvic floor dysfunction. They recognise that women are experiencing issues with getting GPs to refer them to see a physiotherapist and are delivering their outreach project to take information out into communities.

With funding we could work closer with the Latin American midwives and the women at Espacio Mamá, the only Latin American mother's group in London, to delve deeper into the experiences of maternity services for Latin American migrant women.

## AGE

Most people supported through the project (176) were aged between 25 and 44 years old (57%), 23% were under 25 years old, 11% were aged between 45 and 54 years old and 12% between 55 and 84 years old.

These numbers follow similar patterns to data from the 2011 Census. The Latin American population in Southwark has a younger age profile than the local population on average, and even younger than the non-UK born population in total. It is a young population with two-thirds aged under 40, similar to other migrant populations in London.

This age pattern has certain implications for health. We already mentioned how the barriers in accessing health care have an impact on maternal health. Latin American children are directly affected by the type of care their parents receive, especially their mothers.

Laura's experience highlights how, as a mother that does not speak English, she had difficulties accessing information about the health of her baby during pregnancy, in the labour ward, postpartum with the health visitors and even at the point of booking appointments for her children at the GP. Three mothers with young children that we spoke with during our case study interviews expressed not feeling confident about what checks or immunisations their children are meant to have. Now, only with the resurgence of polio, outreach to mothers and parents about immunisations is being prioritised.

Although they make up a smaller percentage of the population, older Latin Americans also experience difficulties accessing healthcare, primarily due to language barriers. Access to routine screening tests for this age group is difficult. LAWRS Southwark Outreach coordinator receives requests from older Latin American women to host workshops on the timeline and processes for screening tests for older women. There is a lot of

confusion around this and due to the language barrier letters and text messages that are sent by GPs are often missed.

In fact 12% of the questions submitted (42) to our panel of health professionals for our access to healthcare webinar were in relation to how to access screening tests like smear tests and mammograms.

## DENTAL CARE

Previous research has revealed that only 4 out of 10 Latin Americans had visited a dentist in the UK. Although the project's main focus was about access to the COVID-19 vaccine and GP registrations, previous work with the community showed there is a need for information and support accessing dental care. Latin Americans expressed not understanding where to go for dental care and not feeling confident enough to book dental appointments on their own due to the language barrier.

Conversations during the webinar revealed a lack of knowledge around the difference between an NHS dentist and a private dentist and their respective costs. 62 people registered for our access to healthcare services webinars and 42 submitted questions for our panel of healthcare professionals which included an orthodontist. 31% of the questions were about how to access dental care and the expense of dental care.

*Maria (Bolivia, 37) attended our 'Access to Healthcare' webinar precisely to get more information about accessing dental care. She expressed that the community has difficulties in accessing accurate information about health because of the language barrier.*

*In her case, her family had told her that NHS dental clinics were more expensive than private clinics and as a result she had never looked to register as an NHS patient. After the webinar she realised this was not the case. Also, when Maria first arrived in the UK she was recommended a private dental clinic where the staff spoke Spanish and despite the cost this made it easier for her at the time to access dental care for her and her daughter.*

*Maria's pregnancy with her second child coincided with the Covid-19 pandemic and, due to the closure of dentists and the subsequent backlog they faced, she was never able to access the free dental care new and pregnant mums are entitled to.*



*At the webinar Maria learnt about the difference between a private dentist and an NHS dentist. She also learned about the three fixed price bands for NHS dental treatment and that, contrary to what she had been told by family members, it was much cheaper than what she was paying for in private care and therefore much more affordable for her and her family.*

*Since the webinar Maria has tried to register with several NHS dentists but it has not been possible as dentists are not taking on NHS patients. When we spoke with Maria she had a tooth infection and her face was swollen, but had been unable to register with an NHS dentist in her area. The private dentist she had been with before was also unable to give her an appointment until a month's time. When we spoke Maria felt she had very few options. She had been advised to go to A&E, but as a single mum, with a 2 year old and 11 year old, there was a limit to how long she could wait to be seen. Eventually Maria had to leave A&E and has been treating the pain with painkillers whilst she continues to look for a dentist that can take her on as a patient.*

### MENTAL HEALTH

17% of the questions submitted by members of the community (42) to our panel of healthcare professionals, including counsellors, for the access to healthcare webinars were related to access to mental health support. The options for Latin American migrants that do not speak English and are on low incomes are very limited.

Although in our webinar we focussed on explaining how referrals for mental health support are done through your GP, the reality is that Latin Americans face many barriers in accessing this support.

From the frontline work carried out by the LAWRS counselling team, we know that the cultural stigma related to feeling emotionally unwell means that by the time people get to the point of asking their GP for help they are already in a situation where they need urgent help. However, GPs currently have waiting lists of 6 months to a year for access to NHS counselling services.

Language is also a very big barrier to access counselling services. IRMO's outreach workers supported people in

booking appointments with their GP to request referrals to mental health services and in completing Improving Access to Psychological Therapies (IAPT) self referral forms. And although people are in fact contacted by IAPTS for an initial assessment, sometimes they miss out on appointments because of not being able to understand the emails and messages they received or because they were not able to rebook in the case they could not attend.

Furthermore, people that do not speak English need to have an interpreter during the sessions. This means that there is a third unknown person in the counselling process making it difficult for people to feel safe to speak about their situation. As a result, attendance can be a problem and symptoms can become worse.

There are also socio-economic factors at play, people from the Latin American community are often employed in low paid, precarious jobs or are working multiple jobs and struggle to find the time to attend counselling sessions without jeopardising their income.

LAWRS counsellors also work from the understanding that structural and socio-economic issues impact migrants' mental health. Unlike most counsellors, LAWRS counsellors become support workers, helping clients to fill out forms, make calls to their GPs, and acting as interpreters.

LAWRS is one of a handful of organisations in the UK that offers free counselling and psychotherapy for Latin American migrant women in Spanish and Portuguese. As a result, there is a high demand for the service and a waiting list of 6 months. In light of having very few alternatives to offer Latin American women, the LAWRS counselling team provides individual interim emotional support sessions for women on their waiting list. Even so, the limited options for immediate help make already vulnerable people feel abandoned and helpless.

### VAWG

The predominantly female Latin American population is one of the fastest growing migrant groups in London. However, migration exposes women to specific forms of violence at all stages of the migration journey. Latin American migrant women in the UK whose legal status

depends on husbands or employers and undocumented migrants are at heightened risks of violence but have the least access to protection and justice.

For that reason LAWRS has a specialist violence against women and girls (VAWG) team. The experience of this frontline team tells us that women who are victims of VAWG face the same barriers in accessing mainstream services, including healthcare, but they have an extra layer of vulnerability and often an urgent need of support that is not met.

Access to the GP for violence victims and survivors is very important. The GPs provide a safe space for disclosures and with disclosures GPs can make referrals to social workers and counselling services for example. Also, the trauma of violence manifests in symptoms such as not sleeping or stomach problems or feelings of anxiety and it is important that survivors feel they can go to the GP for help with these issues as this often opens up a discussion about the root cause and consequently possibilities for further support.

However, evidence from LAWRS VAWG caseworkers indicates that some of the survivors they work with struggle to get in front of the GP. For example, they've had to intervene in a situation where a client who does not speak English struggles to even access a GP registration form so her social worker can help her fill it in because the GP reception staff cannot understand what she is asking for.

*Laura, a VAWG survivor who was being supported by LAWRS, told us how she has been made to feel like a nuisance at her GP surgery for not speaking English. She is forced to call by phone to make an appointment, even though she has expressed that it is difficult for her to communicate on the phone.*

*On one occasion, when she needed to book an appointment for her daughter following a visit to A&E, she was told to call by phone to make the appointment. When she called and asked for an interpreter, she was told there were no interpreters and she had to find someone who spoke English to call. Laura was then forced to pay someone £15 an hour to call to book an appointment and that person was then told there were no appointments available for 2 months. Worried for her daughter, Laura had no other option but to get in touch with her VAWG caseworker and ask for help. Her LAWRS caseworker wrote a letter for her in English explaining that as her GP they had a duty of care to provide an appointment for Laura's daughter given the gravity of her situation. Laura explains that when she showed her GP surgery the letter she was given the first appointment the next day. Although glad to have found a way to get an appointment, Laura explains that the experience made her feel humiliated and insignificant for not speaking English.*

GPs are also a key route to safety for VAWG cases where evidence has to be submitted to social services, immigration courts or the Home Office. Access in these situations is not just about access to care, it is also about access to medical records. The case of Valeria, who was unable to gain access to her medical records on her own and in the past had also been supported by the LAWRS VAWG team, shows how violence, isolation, language barrier, older age and immigration status can all act to prevent a vulnerable person from securing safety and stability.

There are also potential consequences for survivors of violence who may be at risk, particularly when perpetrators could locate them easily. Safety for survivors with language and other barriers should also be considered by healthcare services to decrease risks.

# CONCLUSIONS AND WAY FORWARD

**A**ccess to healthcare is not just about assisting with GP registration or translating information into community languages. It is about understanding how the layers of inequalities the community faces act to create a succession of barriers to accessing mainstream services and how they manifest at different stages of engagement with services. The issues are also not one-off, they are recurring, and based on previous research, persistent.

What our project has shown, alongside our interviews, is that the layers of inequalities and barriers faced can lead to serious consequences for vulnerable Latin Americans and hamper engagement efforts, particularly on the prevention side for service providers.

Unaddressed barriers put the health of the most vulnerable and marginalised at risk by allowing cases to develop into more serious conditions that subsequently required more interventions, including through A&E. When unable to overcome them people choose not to go to their GP because they see it as a waste of time or because they find the experience is dehumanising.

They also put certain services under pressure. In our interviews we found people are choosing to go to A&E instead of their GP in the hope that the service is better. Or they seek GP surgeries which have Spanish speaking staff regardless of location, leading to saturation for certain providers.

Isolated people with little financial security and no support network feel forced to pay in emergencies for someone to help them book or attend GP appointments at huge cost to themselves. This in turn further erodes their financial situation creating a self-sustaining cycle that becomes harder to break down the line.

Language barriers and insecure immigration status make people vulnerable to discrimination and these same barriers give them no recourse for making complaints. Some of the people experiencing these problems expressed being made to feel like a nuisance and that staff seemed to have little patience, empathy or compassion for their situations. Reception staff that do not know how to deal with the vulnerabilities of migrants become the gatekeepers to healthcare.

With no in-built support systems for vulnerable people, the most marginalised are left to be reliant on the good will of other people to help. This is very difficult for migrants who arrive alone and have no support network. This also leads to wrong information being provided or paid-for services to be offered to people that can ill afford them.

The project supported a higher proportion of women (72%) compared to men (28%). This has allowed us to see that Latin American migrant women are in great need of support to access women's health services but there are few specialist services providing this help. It is also important to recognise that by supporting Latin American women to access healthcare we are also ensuring their children have access.

'By and for' specialist services such as LAWRS and IRMO provide what is most of the time the only avenue available to marginalised communities to navigate the system and access the healthcare they are entitled to. However, there is very little funding aimed at enabling such services to support their communities and very little opportunities for these services to partner with GPs, NHS and Public Health England in designing solutions that would enable more people to access the services they are entitled to, that preventative care reaches those communities more at risk and that wider initiatives such as Covid-19 vaccinations can offer targeted support to reach those communities which are marginalised or invisible.

*As a result of her experiences **Laura** has not returned to the GP. She cannot afford to keep paying for someone to go with her to translate and so she avoids going. Laura now prefers to take her daughters to A&E where she will be given an interpreter and she knows they will receive good care.*

*"Not being able to speak English has had a big impact on my life. If you do not speak English you are undervalued, you are humiliated and you have no way of defending yourself."*

*After all their difficult experiences Elena and her husband have made the decision that there is no point in them going to the GP and even to A&E. They prefer to treat themselves at home with home remedies. Elena is 19 weeks pregnant*

*and has not had an interpreter at any of her antenatal appointments. She has had to threaten to stop going to appointments if not provided with an interpreter.*

*“I believe people in our situation who are seeking asylum need to be listened to. We should not be discriminated against for not being able to speak [English]. We have the right to health, we have a right to information and this hasn’t been the case for us. I don’t want anyone to experience what we’ve been through as a family because it is very difficult. The experience of being rejected and discriminated against by those that live here, in terms of health and in terms of everything, has been really traumatising for us.*

*The people we’ve had to deal with at the hospital and the GPs have been terrible. Once they know you are seeking asylum you are not treated well. They don’t try to find a way to help you, instead they reject and exclude you.”*

*Alejandro was mugged in the street and police took him to A&E as he was bleeding. Police left him at the door and no one in A&E came to see if he was ok. Not speaking English he did not know how to ask for help and eventually he just left, preferring to tend to his wounds at home.*

Based on the success of our grassroots approach we make the following recommendations:

- Direct investment in and collaborations with grassroots organisations to deliver long term and sustainable culturally specific health outreach projects - access to healthcare is about building a relationship of trust.
- Health advocates/outreach workers from community organisations based at GP surgeries, community pharmacies and clinics who can help with GP registrations and other healthcare access support like booking appointments, translation, access to medical records, HC1 and HC2 applications etc. Our pop-up clinics at Guys & St Thomas’ Hospital and at St George’s pharmacy in Elephant & Castle proved to be very effective.
- Knowledge building amongst the community through informational and prevention webinars and workshops in partnership with community language speaking NHS health professionals.
- Human rights based training and culturally specific training for healthcare professionals, especially reception staff, including use of technology as a tool for communication. Commissioned training by ‘by and for’ organisations and from people with lived experience would be essential to bring the nuances and complexities of migrant and minoritised communities experiences to the understanding of health professionals. These trainings should include frontline staff as well as other professionals involved in the design and delivery of programmes and projects to ensure that migrant and minoritised communities’ needs are addressed early on and not in addition to (as is often the case). This would help programmes and projects to truly target those who need help the most and would also help build trust in communities that are less likely to approach health services. The Patients Not Passports Southwark campaign has recently announced that 37 out of 40 GP surgeries in the borough have signed up to become Safe Surgeries. There is an opportunity for the project to present these findings to these surgeries and discuss what a safe surgery actually means for the Latin American community.
- Community-led focus groups/projects to learn about areas of exclusion and barriers to access - i.e maternity services, women’s health, children’s health etc. delivered by trusted partners such as community-led or ‘by and for’ services from the same communities.
- Creation of rigorous audit processes to ensure medical centres respect the right of migrants to access the health system and are not discriminated against based on their language abilities, socio-economic status, country of origin or any other form of discrimination. As a counterpart of this, complaints processes need to be easier and simpler for those communities who are often disproportionately affected, including translation of forms and how-to guides into several languages and ensuring that support for people with barriers is provided at this stage as well.
- More research to understand the specific and distinct needs of the Brazilian community as previous research has shown that although they make up the largest nationality group, they have the lowest GP registration rates amongst the

Latin American community in London (No Longer Invisible, 2011). This may be due Brazilians being less likely to have settled status and therefore lack of awareness or misinformation about their right to access to healthcare services in the UK.

- Partnership with and investment in community-led or 'by and for' organisations to help design and deliver health programmes with healthcare authorities and services. These organisations have already developed high degrees of trust from communities that are often excluded or invisible and can bring this as well as community specific expertise to the table. However, these organisations are often consulted late or not at all, asked for information for free and generally underfunded making it more difficult to access the vital resources they already are. Initiatives, programmes and services can be more targeted and successful if these organisations are part of the conversation and are sustainable into the future.

# REFERENCES

McIlwaine, Cathy, and Diego Bunge. 2016. 'Towards Visibility: The Latin American Community in London'. Queen Mary, University of London, LAWRS, and Trust of London. [https://tfl.ams3.cdn.digitaloceanspaces.com/media/documents/Towards-Visibility-full-report\\_QqkSbgl.pdf](https://tfl.ams3.cdn.digitaloceanspaces.com/media/documents/Towards-Visibility-full-report_QqkSbgl.pdf).

IRMO (2021). The Impact of the COVID-19 Pandemic on the Lives of Latin American Migrants and IRMO's Response. February.

Anna Krausova (2017) Latin Americans in Southwark: A Quantitative (Census) Look. ESRC. COMPAS, University of Oxford.

Doctors of the World (2022). They Don't Count Us As Anything: Inequalities in Maternity Care Experienced by Migrant Pregnant Women and Babies. April.

## THE RIGHT TO HEALTHCARE

Latin American Women's Rights Service (LAWRS)  
Tindlemanor, 52-54 Featherstone Street, London, EC1Y 8RT  
[www.lawrs.org.uk](http://www.lawrs.org.uk)