

# **Access to Health and Social Care Services for Latin American Communities in Southwark Report**

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## 1. Executive Summary

This project explores the accessibility of health and social care services for Latin American communities in Southwark. It responds to feedback we have received that levels of Latin American engagement with health and social care services remain low.

The research was conducted through a written survey of people's experiences accessing health and social care services across Southwark, identifying challenges to accessibility for themselves and their communities. We also held a focus group to address questions around accessibility for this group. Finally, we undertook 1-1 interviews to gain in-depth personal accounts of accessing health and social care services. Overall, **we engaged with 67 Latin American residents in Southwark.**

Our findings demonstrate that **the majority of respondents have experienced barriers to accessing healthcare**, particularly primary care services such as GPs. We hope that these findings can contribute to further work on Latin American communities, to understand their wants and needs, as well as how best to support them.

**The foremost challenge identified by respondents is language barriers**, referring to difficulties accessing interpreters, and information and paperwork in Spanish. **A lack of information around migrants' entitlements** to health and social care in the UK, as well as services' overreliance on **online and telephone communications**, further prevents this group from accessing health and social care.

Our second key finding is that many Latin Americans have experienced **hostile behaviour from service providers**, particularly in GP surgeries. Respondents described feeling discriminated against because they are Latin American, especially if they do not have full English proficiency. This aligns with Trust for London's (2016) finding that 70% of Latin Americans in London perceive discrimination to be a major barrier to improving their quality of life. Respondents also explained that the needs of individual communities are not met because **diversity across the Latin American community, including dialects and countries of origin, is not captured by diversity monitoring**. As a result, many respondents expressed feelings of alienation and distrust towards healthcare providers.

Finally, we received feedback that service users are struggling to **navigate GP booking systems, referrals processes and charges for health documents**. These issues are exacerbated by additional challenges faced by Latin American communities including low-paid work and lack of access or ability to use digital technology, which negatively impacts their ability to access health and social care.

Based on these findings, we have developed a set of recommendations with respondents to address the key issues flagged. These include the provision of **translated informational materials**, increasing the **availability of interpreters and**

**Spanish-speaking staff, and providing diversity and inclusion training for service providers.** Our findings indicate that **liaising with Latin American community organisations** would be an effective strategy for health and social care providers to improve accessibility for Latin American communities in Southwark. The full list of recommendations is set out in section four.

## 2. Introduction

This project contributes to Healthwatch Southwark’s priority to identify and reduce health inequalities for underrepresented communities in Southwark. Health inequalities refer to “unfair and avoidable differences in health across the population and between different groups within society” (NHS England 2021). These include the health conditions they may experience and the care that is available to them. People living in areas of high deprivation, particularly those from Black, Asian and ethnic minority backgrounds, are most at risk of experiencing health inequalities (NHS England 2021).

Following the Covid-19 pandemic, efforts have been made at the national and local levels to address health inequalities. In our borough, Southwark Council has investigated systemic bias in health service commissioning, drafting a health inequalities framework and strategy to address social determinants of inequalities. In 2018, the Southwark Clinical Commissioning Group created an information pack containing data on several healthcare areas to highlight opportunities for tackling health inequalities (Southwark CCG 2018). However, this did not specifically explore inequalities for Latin American communities.

This report identifies barriers to health and social care access for Latin Americans in Southwark, as previous studies have underrepresented this group. It is our aim to increase the visibility of these issues and generate targeted recommendations to make the provision of health and care services more appropriate to the Latin American community in Southwark’s needs.

Southwark has one of the largest populations of Latin Americans in the United Kingdom (Trust for London 2011). In the 2021 Census, 9,200 people recorded their ethnicity as Latin American or Hispanic. We lack precise data on the size of Southwark’s Latin American population due to this grouping of ‘Hispanic’ (people who speak Spanish and/or are descended from Spanish-speaking populations) and ‘Latin American’ (people who are from or are descended from people from Latin America) (Southwark Council 2023). Each of these terms include diverse groups of people who are obscured from view in existing data.

## 2.1 Why We Did This Project

Healthwatch Southwark has been struggling to engage with Latin American communities in Southwark, who are largely absent from demographic datasets and studies on health inequalities. We have developed this project with the aim to:

- Develop relationships and partnerships with residents from Latin American communities in Southwark.
- Provide a platform for these groups to present their own perspectives.
- Find out the current key issues, needs and priorities of Latin American communities so we can share them with decision makers (services providers/ stakeholders/commissioners) to drive change.
- Help Latin American communities in Southwark develop direct links with key stakeholders, to directly influence health and social care services on their own terms.

## 2.2 Background Research

The Latin American population in London are often considered an “invisible community,” as they are missing from most demographic data (Trust for London 2011). For example, Latin Americans were not included in Southwark Council’s 2019 report on health inequalities (Southwark Council 2019) because they were not recognised as an ethnic group in diversity monitoring until 2021.

Whilst five London Boroughs, including Southwark, have officially recognised Latin Americans as an ethnic group; this recognition has not been fully rolled out in the form of monitoring across public services (IRMO 2021). As a result, there is minimal data on Latin American experiences of public services, meaning their “needs have largely been ignored” (Trust for London 2016).

Trust for London and the Latin American Women’s Rights Service (LAWRS) commissioned a comprehensive study into the economic and social features of Latin Americans titled, “No Longer Invisible,” from Queen Mary University of London. This study found that levels of access to health services for Latin Americans in London remain low, as around one in five are not registered with a GP and nearly seven in ten have not used a dentist (Trust for London 2011). A follow-up study conducted in 2016 found that one in six Latin Americans are not registered with a GP (Trust for London 2016).

## 2.3 Methodology

Between December 2022 and June 2023, we engaged with 67 Latin American residents by conducting a survey, 1-1 interviews and a focus group. Most participants were recruited by our Latin American Community Health Ambassadors and community partners, who appealed to their networks for respondents.

The survey asked a mixture of closed (yes or no) and open questions to allow people to share more detail about their personal experiences (see Appendix 2 for the full survey). We received a total of 38 survey responses, generating both quantitative and qualitative data. Whilst this project relies predominantly on qualitative analysis to capture stories and opinions, quantitative data is useful for identifying general patterns in service usage and users' feedback.

We also conducted 15 1-1 structured interviews to gain in-depth insight into specific experiences and views held by Latin American service users. These interviews were conducted by our Spanish-speaking Community Health Ambassadors and community partners from local Latin American organisations to accommodate the language barrier, enabling respondents to share more confidently. Our Community Health Ambassadors translated responses into English for analysis.

Finally, we held a focus group with 14 participants to gain more nuanced feedback by encouraging respondents to clarify and develop their stories and perspectives. This focus group was held in both English and Spanish, with our community partners translating during discussion.

## **2.4 Analysis**

We have used thematic analysis to process our qualitative data, focusing on how people described their experiences and what this revealed about health and care services. We took an inductive approach to this, allowing the data to determine our themes as we aim to keep community feedback at the core of our work.

We began our analysis by coding the data, assigning codes to describe the ideas expressed in sections of text. We then produced broader themes by grouping codes, providing an overview of key ideas and recurring issues. We reviewed our themes against our entire dataset to check for missing ideas, ensuring that our themes gave helpful and accurate representations of the data.

## **2.5 Challenges**

We experienced several challenges to community engagement that delayed the completion of this project. For example, we had not anticipated that respondents

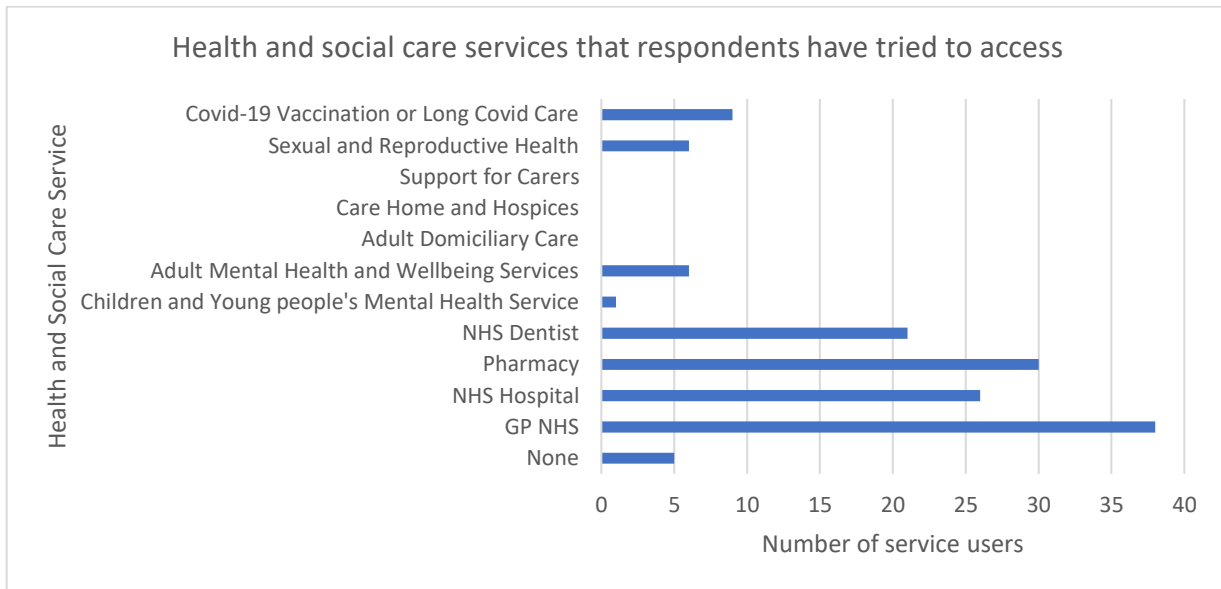
would speak different dialectics, which our Community Health Ambassadors struggled to translate. Support from our Latin American community partners was essential to resolving this; however, our inability to communicate directly with many participants can be identified as a limitation of this project.

Furthermore, the critical role of community groups to our engagement with Latin Americans posed further challenges due to the limited capacity of these groups. Some organisations were cautious to engage with us due to negative experiences in the past working on similar projects, where they did not see the results of their contributions. We have worked to avoid this by keeping reciprocity at the core of our engagement strategy, for example by facilitating networking opportunities for our community partners and co-producing the Latin American Health Event of September 2023. We will continue this relationship to support further work with Latin American communities in Southwark.

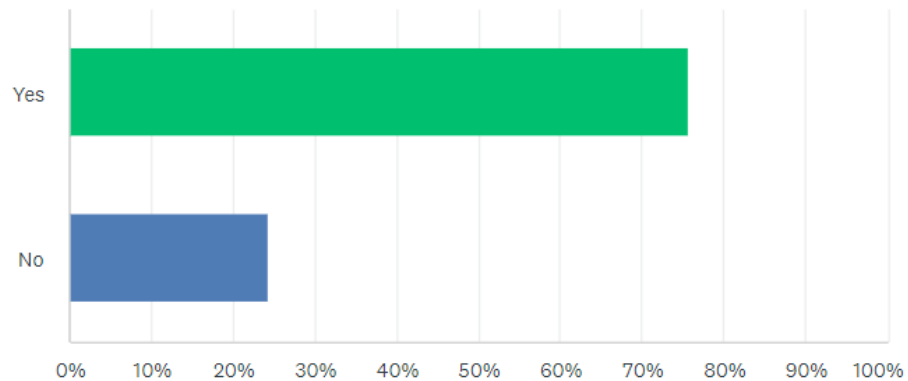


### 3. Findings

We asked our survey and interview respondents to list any health and social care services they had tried to access in the last 12 months. Of the 53 respondents, 38 had tried to access a GP, 30 had tried to access a pharmacy and 26 had tried to access a hospital. Nine respondents had tried to access Covid-19 vaccination or Long Covid care, five respondents had tried to access Sexual and Reproductive Health services, and another five respondents had tried to access Adult Mental Health services. Five respondents said they had not tried to access any health and social care services in the last 12 months. This demonstrates that 91% of respondents have tried to access at least one healthcare service in the last year. These findings show significant deviation from Trust for London’s 2016 finding that 1 in 6 Latin Americans in London have never been to a GP (Trust for London 2011).



We then asked respondents if they had experienced any challenges or barriers to accessing health and social care services, to which 76% responded YES.



The barriers described can be grouped into three core issues: communications, diversity and inclusion, and appointments and charges. Every interviewee who responded YES described experiencing at least one of these issues, though the majority of accounts referenced multiple. The discussion of our findings and recommendations will therefore be structured according to these three groups, supported by case studies to demonstrate how they interlink.

### 3.1 Communications

#### 3.1.1 Language Barriers



Language barriers were the most frequently identified challenge to accessing healthcare services for Latin Americans in Southwark, as many community members do not have full English proficiency. This inhibits people from making appointments, completing paperwork and communicating with healthcare staff. It also contributes to a lack of understanding about which services are available and how to navigate those services.

“The community needs a lot of help, to complete forms, to call the GP, and to get the services that they need. The big problem for the Latin American community is the language barrier.”

Firstly, language barriers prevent access to healthcare services because informational materials, booking forms, medical history forms etc. are not provided in Spanish and Portuguese. This creates a lack of knowledge across the community about available services and how to access them, and means that many Latin Americans are dependent upon interpreters to access healthcare.

The availability and quality of interpretation services were repeatedly flagged as additional challenges, causing extended waiting times for appointments and mistranslations during appointments where interpreters were unfamiliar with regional dialects.

“My son has to call the GP for me and ask for an appointment with a translator. He has sometimes been told there was no translator available. Therefore, my son has had to act as translator. When the translator is present, I am not 100% comfortable due to situations of wrong translation that my friends have experienced.”

“Translators are terrible, if no one is available, the appointment gets rescheduled. I once had a misdiagnosis because of the misinterpretation.”

As a result, many people are forced to rely on friends and family members to support their access to healthcare. This causes additional challenges for people who lack support networks and must navigate the healthcare system independently.

### Case Study:

*“Not being able to speak English and communicate our needs has been extremely frustrating and had a big impact on our children who have special needs. We don’t have relatives or friends in the UK to guide us through the system and pursuing support for our children has been challenging. Sometimes when we request appointments, there is no translator available. We have had to use Google translator when seeing the doctors, but this isn’t reliable. We have been sent home with advice that we are not happy with, resulting in my child having to go to A&E. I missed a dentist appointment because I misunderstood the date (due to language barrier), and I received a letter explaining that they will discharge my children if it happens again. I was very worried as I couldn’t explain because they don’t have a translator. Not understanding where to seek help and being isolated has caused my wife to have depression and anxiety. We met some people in church who helped us translate at the GP.”*

This case study demonstrates the impact that language barriers can have on people’s health and wellbeing. The sentiments expressed here have recurred throughout our data, with several others describing feelings of isolation and distress at being unable to access healthcare services due to language barriers.

As indicated in this example, community support is key to facilitating healthcare access for Latin Americans who do not have English proficiency.



*Carlos Corredor, Chairman of Aymara Social Enterprise, explained, “People come to us as a contact point to open everything for them. Many people have the need because they are alone here and cannot speak English. They are locked out of everything; they do not know (health services) exist or how to navigate them because there is no information in Spanish. Community groups are providing the service of directing people to healthcare for free. The community trusts Latin American speakers, so this is very important.”*



*“Where there are more Latinos in one area, they should tailor their services to the community that live around here. There are two GP practices (Nexus) in Southwark that have noticed the community need and employed Spanish staff including doctors, which has revolutionized the GP.”*

### 3.1.2 Entitlements

Respondents flagged that many Latin American migrants in the UK do not use healthcare services as they are unclear about their entitlements and cannot access information about them due to language barriers and fear surrounding their migrant status.

#### *Case Study:*

*“We arrived in the UK in 2021 after fleeing conflict in El Salvador. We were placed in temporary accommodation by the Home Office and moved to Southwark two months after arriving in the UK. We are in the process of applying for asylum and currently rely on the Home Office to get through every day. We’ve had very little information about health services, and we don’t know how the health and social care system works in the UK. Since arriving in the UK, we have not used the GP or visited the hospital as we have fears of being denied an appointment or being charged if we see the doctors due to our immigration status. I had an accident on the road whilst riding my bike in 2022. The police advised me to attend A&E, but I didn’t due to my fears of being charged. I have been left with permanent back pain following the accident and I still haven’t had an appropriate assessment or treatment for this. I have been treating my pain with painkillers, but I feel I need to be seen by a doctor. Dina (community organiser) has now explained how the health care system works and reassured us that we won’t be charged for accessing the doctors. She is going to help us register with a GP and a dentist.”*

This case study demonstrates how multiple barriers can interlink to prevent vulnerable people from accessing healthcare services. The critical role of community organisations in supporting accessibility for Latin Americans is also reiterated here and was affirmed by several respondents who have supported individuals with similar cases.

### **3.1.3 Online Communications**

Online communications such as e-letters, e-consult forms, telephone/video appointments and the use of apps to upload documents and images have become increasingly common in healthcare following the Covid-19 pandemic. This poses a further challenge to Latin Americans in Southwark, as four in ten Latin Americans in London have reported having no internet at home and 15% having no IT equipment at home (IRMO 2021).

Several elderly respondents and respondents who support elderly people flagged this as a barrier to accessing healthcare services,



*“Everything is online, they don’t send letters anymore. I’ve been missing appointments because I don’t have a letter and I struggle online.”*



## 3.2 Diversity and Inclusion

### 3.2.1 Staff Behaviour

Many respondents flagged hostile behaviour from service providers as a barrier to accessing healthcare services. Respondents expressed that they felt discriminated against because they are Latin American, especially if they do not have full English proficiency. They described feeling rushed and dismissed by staff who lacked compassion for their circumstances.

A recurring theme was that people felt they did not receive appropriate treatment from primary services because they were not taken seriously by staff, forcing them to attend A&E. This contributes to a common perception across the Latin American community that quality public healthcare is not available to them.



*“We face discrimination because of how we look and how we speak and sometimes receptionists lack empathy or understanding about our experiences, and they assume that we should all know how the healthcare*



*“My grandmother suffers from dementia, and she has been badly treated by receptionists and nurses during appointments.”*



*“I asked for a translator for my autistic son and that was a terrible experience, the attitude and tone of the lady who should be helping us was terrible.”*

### 3.2.2 Diversity Monitoring

Latin Americans have been absent from and misrepresented on diversity monitoring forms, meaning that the different needs of Latin American communities have not been accounted for. For example, where countries of origin and dialects spoken by Latin Americans have not been recorded, several respondents have experienced mistranslations by interpreters who could not accommodate regional dialects.

Where Latin Americans feel misrepresented or ignored by service providers, they become increasingly disenchanted with healthcare services as their needs go unmet.



*“When you register as a new patient, ethnicity is not recorded. You have to fill the box ‘other’. Latin American should be an option on the forms.”*



*“There is different terminology depending on the different regions and the different dialects. The system won't recognize that.”*



*“Latin Americans have different experience to Spanish people from Europe. But we are all grouped together, so our needs cannot be met.”*



## 3.3 Appointments and Charges

### 3.3.1 Making Appointments

In 2022, Healthwatch Southwark published a report examining people's experiences of accessing GP services after the lifting of lockdown restrictions in July 2021. Our findings flagged the following key issues: difficulty navigating appointment booking processes, lack of available appointments, long waiting times, being unable to speak directly to a GP, the impersonal nature of phone appointments and lack of information provided during appointments.

These issues were echoed by our Latin American respondents during research for this project; however, our findings indicate that they are exacerbated by additional barriers experienced by Latin Americans that we have outlined previously. For example, navigating booking processes is made increasingly difficult by language barriers, and waiting times for appointments are extended to facilitate interpreters.

Several respondents highlighted the 8am call-in system (where patients call their GP surgery at 8am to book same-day appointments) as particularly difficult to navigate. This is because many Latin Americans rely on their English-speaking relatives to make bookings and attend appointments with them to support interpretation. Additionally, many Latin Americans work in low-paying jobs, meaning they must combine several jobs with different employers and work unsociable and unpredictable hours, further complicating their ability to utilise this system (Latin American Women's Rights Service 2015).



*“Booking appointments is a struggle as it's very hard to understand the receptionist because of the language barrier. I'm unable to explain as English is not my first language. Receptionists lack compassion when speaking to you and get frustrated because they are unable to understand my little English. Appointments are only available on a daily basis and only 5-6 appointments are given out within an hour time frame. It puts me in a vulnerable position asking work for permission to leave early especially not speaking great English. It makes me feel embarrassed having to speak English to the management team and explain that the GP has given me an appointment that I have to rush to.”*



*“As elderly grandparents, we have to rely on our children to help us book appointments and attend appointments with us because of our lack of English. On many occasions, trying to get an appointment at a time that suits them proves very difficult, so they have to take time off work to accompany us.”*

As a result, several respondents explained that they felt forced to go to A&E for issues that should be treated by primary care services. Others feel forced to use private healthcare instead of NHS services to avoid these issues.

“The answer a lot of the time is to go to A&E. Receptionists dismiss us to A&E even when it is not an emergency, but we do not feel good to go to the hospital for this.”

“Because we can’t speak the language, we don’t know about the system, they try to make us pay. You have to go private to get an appointment.”

### 3.3.2 Referrals and Staff Continuity

Staff rotation during treatment can exacerbate the impact of language barriers for Latin American patients, as they may find it difficult to repeatedly explain their case to different staff. This also contributes to feelings of disenchantment towards service providers, as patients are unable to build relationships with staff.

Several respondents flagged a related issue with referrals between primary and secondary services, describing the process as complicated and stressful to navigate because of a lack of communication between services.

“After three years I received one appointment. The GP checked me and sent me to the hospital (King’s College London). When I went in for surgery, the doctor said, “I don’t know, what happened to you?” They had no knowledge of my case.”

### 3.3.3 Charges

Many GP surgeries charge for letters such as evidence of a medical issue, sometimes costing more than £50 per document. These letters can be requested by the Council, employers, schools and universities, and are often needed to support benefits and housing claims. This disproportionately impacts Latin American communities who are overrepresented in low-paid roles and can directly impact their earnings (LAWRS 2015).



“Letters for the Council cost £60 and take 2 weeks to be ready.”



## Recommendations

Our findings indicate that the majority of respondents have experienced barriers to accessing healthcare services. These barriers include:

- Language barriers i.e. communicating with healthcare staff, accessing healthcare information and completing/understanding paperwork.
- Lack of information about migrants’ entitlements.
- Online communication i.e. e-letters and e-consult forms, video/telephone appointments.
- Inhospitable behaviour from healthcare service providers, i.e. dismissive of patients’ concerns.
- Lack of representation in diversity monitoring.
- Complicated appointments systems, referrals and lack of staff continuity.
- GP charges for documents.

We asked respondents for suggestions on how to make healthcare services more accessible to Latin American communities in Southwark. Based on their responses, as well as our own analysis of the findings, we have compiled a summary of targeted recommendations set out below.

We recognise that these recommendations are ambitious, but important to accurately represent what Latin American communities in Southwark want to see change in health and social care services. We will share this with local stakeholders and partners, and work collaboratively to fulfil these recommendations.

## Communications



Spanish is the second most common language in Southwark after English and is spoken as a main language by over 13,000 residents (Southwark Council 2023). Portuguese is the fourth most common language in Southwark, spoken by 3,600 residents (Southwark Council 2023). We have therefore prioritised Spanish-speakers in our recommendations. For example, we have advised that GP surgeries should recruit more Spanish-speaking staff and provide translated written materials such as leaflets and forms in Spanish and Portuguese, as this should be easier to achieve.

Recommendation 1: Provide information about health and social care services in Spanish and Portuguese online, in community media and in hard copies disseminated in spaces that are frequented by Latin American communities.

Recommendation 2: Improve accessibility of interpreters. Recruit more Spanish-speaking staff where possible, as respondents specified they want to be able to communicate with healthcare providers directly. Primary care services should reflect local communities and Spanish-speaking staff should be available on site.

Recommendation 3: Provide information about migrants' entitlements to health and social care in Spanish and Portuguese. Co-ordinate with Latin American community organisations and the Home Office to disseminate this information.

Recommendation 4: Reintroduce offline communications such as postal letters.

Recommendation 5: Increase the availability of face-to-face appointments, particularly for patients with additional needs.

Recommendation 6: Liaise with Latin American community organisations to disseminate information to Latin Americans in Southwark and facilitate ongoing review of health and social care accessibility for this group.

## **Diversity and Inclusion**

Recommendation 7: Revise diversity monitoring forms to include Latin Americans and capture internal differences such as country of origin and dialects spoken.

Recommendation 8: Facilitate diversity and inclusion training for service providers, particularly patient-facing staff such as receptionists. This training should include a focus on cultural awareness and supporting people who do not have English proficiency. Latin American community organisations/members should be deliverers of this training where possible.

## Appointments and Charges

Recommendation 9: Implement a GP booking system which permits advance bookings throughout the day, providing patients with more flexibility for when they can make bookings via telephone, as well as for the date and time of appointments. Ideally, this could be delivered through existing work programmes.

Recommendation 10: Improve staff continuity and handovers to streamline referrals, particularly for patients with additional needs.

Recommendation 11: Scrap charges for letters and other documentation, particularly for low-income patients.

## 6. Next Steps

This report will be published on our website and monthly e-bulletin, and presented at the following:

- Healthwatch Southwark Latin American Health Event in September 2023.
- Partnership Southwark Strategic Board Meeting
- Partnership Southwark / Southwark Council Engagement Advisory Group
- Southwark Council Health and Wellbeing Board
- Southwark Council Health Scrutiny Committee
- Voluntary and Community Sector Lead, Southeast London Integrated Care System
- NHS Trust Liaison Meeting - King's College Hospital, Guy's & St Thomas' Trust and South London & Maudsley.
- POhWER Quarterly Meeting
- King's Community and Health Research Board
- King's College Hospital Patient Experience Committee Meeting
- Community Southwark's Latin American Network
- Southeast London Healthwatch Staff Network

Future research on health and social care access for Latin American communities in Southwark could expand on the number of people interviewed/surveyed, and explore the views of men, people with disabilities, and Black Latin Americans, as they remain underrepresented within this study.

## Acknowledgements

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Community organisations: IRMO/ Aymara/ BLAS/ Dominicanos en accion/ PACT/ Extra Media/ AGE UK.

Background research: Amy Cotter/ Kai Witter.

If you have any questions or comments on the report or any of the issues raised, please contact Ruman Kallar (Healthwatch Southwark Research & Projects Officer) at [ruman@healthwatchsouthwark.org](mailto:ruman@healthwatchsouthwark.org)

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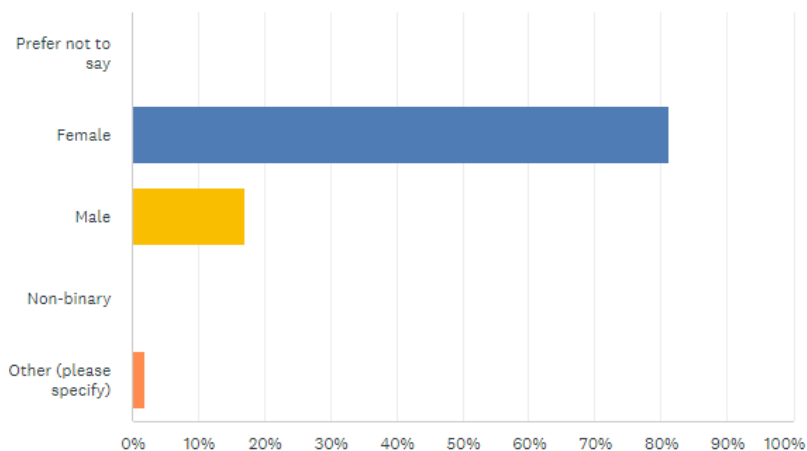
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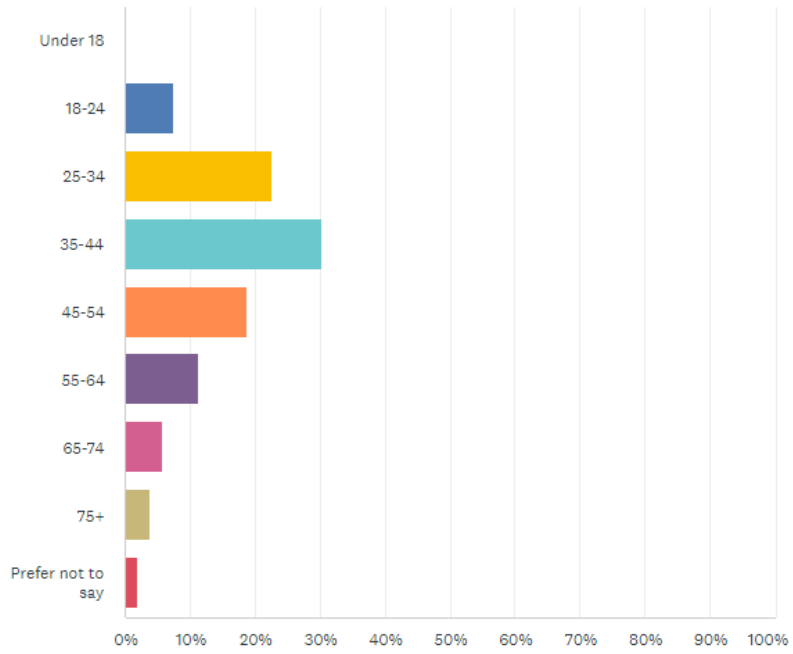
## Appendices

### Appendix 1- Equalities Data

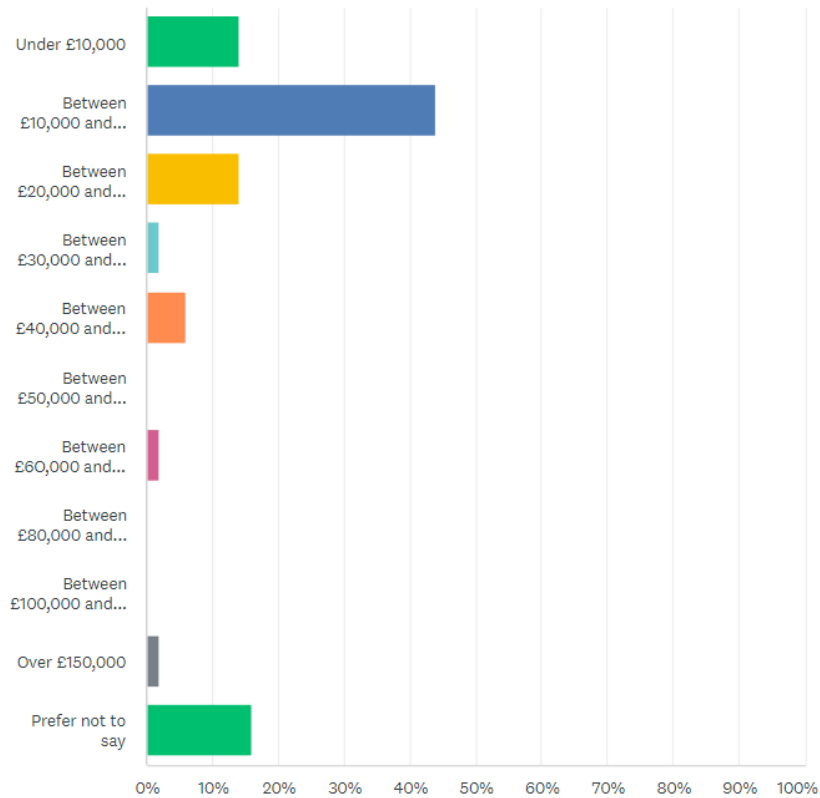
#### Gender



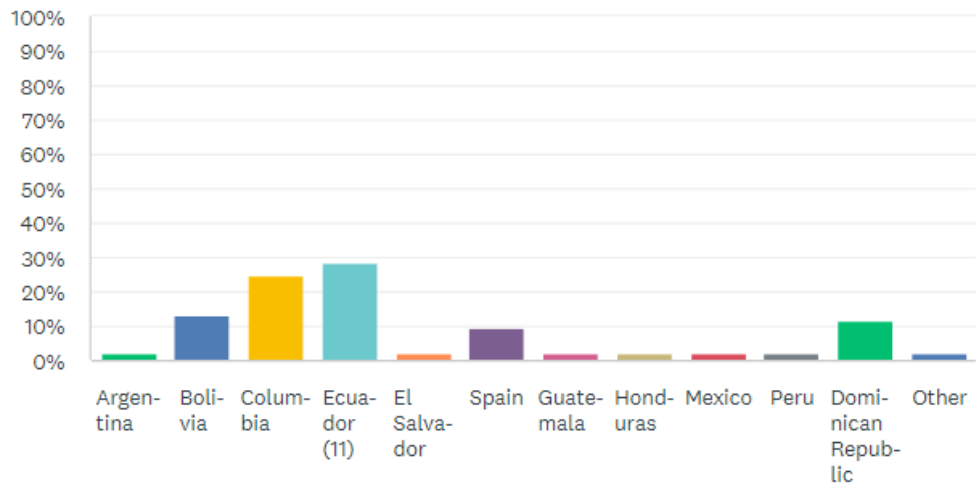
## Age Group



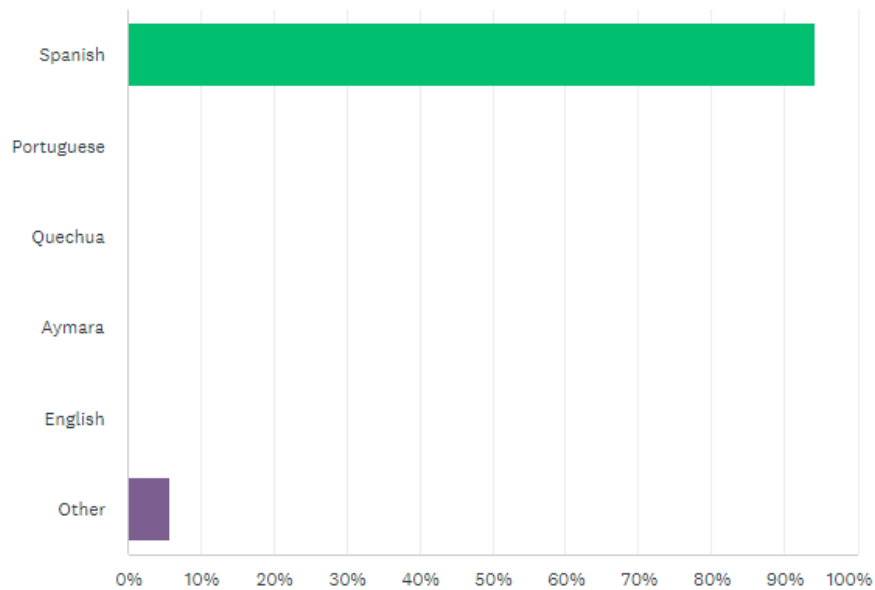
## Annual Household Income



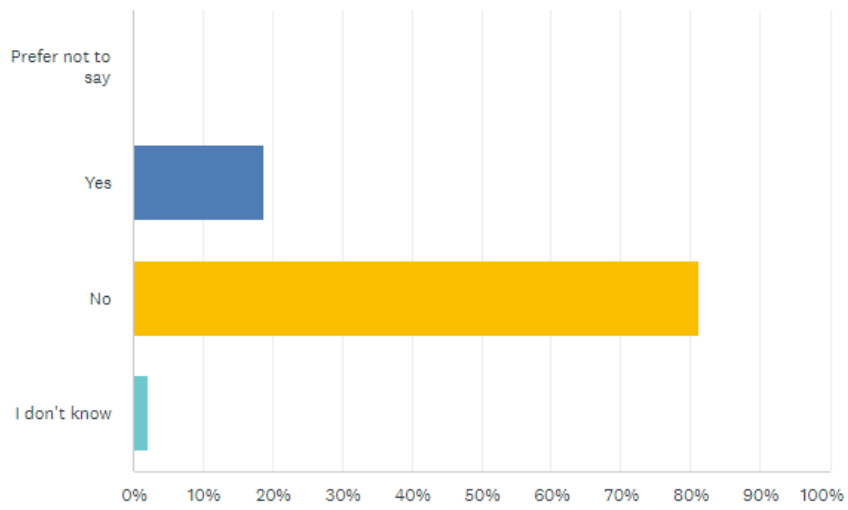
## Country of Origin



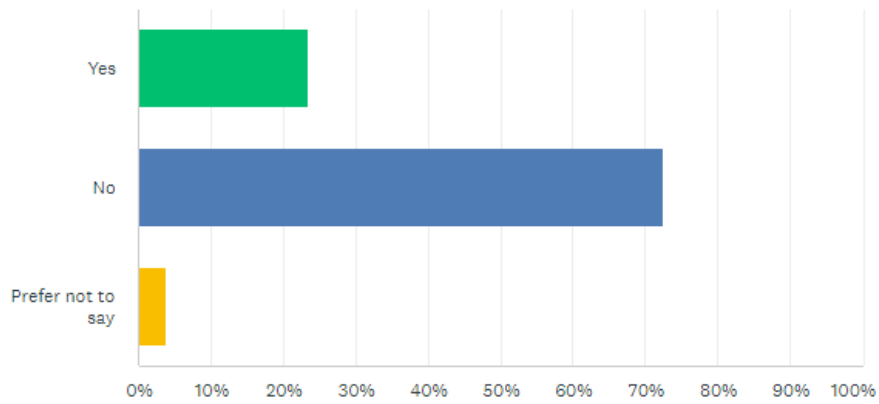
## Language(s) Spoken.



## Disabilities



## Unpaid Caring Responsibilities



## Appendix 2- Survey

**\* 1. Please list the health and social care services you have used or tried to access in the last 12 months.**

- GP
- NHS Hospital
- Pharmacy
- NHS Dentist
- Children and young people's mental health services
- Adult mental health and wellbeing services
- Adult domiciliary care
- Care homes, and hospices.
- Support for carers
- Sexual and reproductive health
- COVID-19 vaccination or Long Covid care
- Other
- I did not use any health and social care services in the last 12 months.

Please provide the names of the services used

**2. Did you experience any challenges/barriers when accessing any of these services?**  
Examples: translation issues, inability to get a timely appointment, staff behaviour etc.

- Yes
- No

If yes, please tell us below



3. Were there any aspects of the services you used that you were happy with? Example: interpreter was provided quickly, care was good. (If yes then please state what they were)

Yes

No

If yes then please state what these were

4. What improvements would you like to see to make your health or social care experience better?

5. Have you used any local community services that have helped you to access health and social care services or provided a health related service ?

Yes

No

If Yes then please provide the name of the organisation and how they helped you

6. Are there any barriers/challenges that people from your community (people from your country of origin) in Southwark might face when accessing health and social care services?  
(Optional)

7. What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

8. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Prefer not to say

9. What is your total household income:

- Under £10,00
- Between £10,000 and £19,999
- Between £20,000 and £29,999
- Between £30,000 and £39,999
- Between £40,000 and £49,999
- Between £50,000 and £59,999
- Between £60,000 and £79,999
- Between £80,000 and £99,999
- Between £100,000 and £149,999
- Over £150,000
- Prefer not to say

10. What is your gender/gender identity?

- Female
- Male
- Non-binary
- Other (please specify)

- Prefer not to say

\* 11. What is your country of birth?

- Argentina
- Aruba
- Bahama
- Belize
- Bolivia
- Brazil
- Columbia
- Costa Rica
- Cuba
- Chile
- Ecuador
- El Salvador
- Spain
- Guatemala
- Guyana
- French Guiana
- Haiti
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Portugal
- Puerto Rico
- Dominican Republic
- Dominica
- Suriname
- Trinidad and Tobago
- UK
- Uruguay
- Venezuela
- Other
- Prefer not to say

Other (please specify)

12. What language do you speak?

- Spanish
- Portuguese
- Quechua
- Aymara
- English
- Other

13. Do you consider yourself to have a disability?

- Yes
- No
- I don't know
- Prefer not to say

14. Do you have any unpaid caring responsibilities?

- Yes
- No
- Prefer not to say

15. Where do you live in Southwark?

- Peckham
- Camberwell Green
- East Walworth
- Bermondsey
- Rotherhithe
- East Dulwich
- Borough
- Nunhead
- Peckham Rye
- The Lane
- Dulwich Village
- College
- South Camberwell
- South Bermondsey
- Livesey
- Grange
- Riverside
- Cathedrals
- Newington
- Faraday
- Brunswick Park
- Other (please specify)

The survey is anonymous. However, if you would like to be involved in this project and support the work, we will discuss the community's issues when accessing mental health services in more depth in the Focus Group sessions. Please leave your contact details below if you wish to be contacted about this work.

16. Address

**Name**

**Email Address**

**Phone Number**

**Thank you for completing our survey! Your feedback will help drive improvements in health and social care services to ensure they meet your needs.**

\* 17. Please list the health and social care services you have used or tried to access in the last 12 months.

- GP
- NHS Hospital
- Pharmacy
- NHS Dentist
- Children and young people's mental health services
- Adult mental health and wellbeing services
- Adult domiciliary care
- Care homes, and hospices.
- Support for carers
- Sexual and reproductive health
- COVID-19 vaccination or Long Covid care
- Other
- I did not use any health and social care services in the last 12 months.

Please provide the names of the services used

18. Did you experience any challenges/barriers when accessing any of these services?  
Examples: translation issues, inability to get a timely appointment, staff behaviour etc.

- Yes
- No

If yes, please tell us below

19. Were there any aspects of the services you used that you were happy with? Example: interpreter was provided quickly, care was good. (If yes then please state what they were)

Yes

No

If yes then please state what these were

20. What improvements would you like to see to make your health or social care experience better?

21. Have you used any local community services that have helped you to access health and social care services or provided a health related service ?

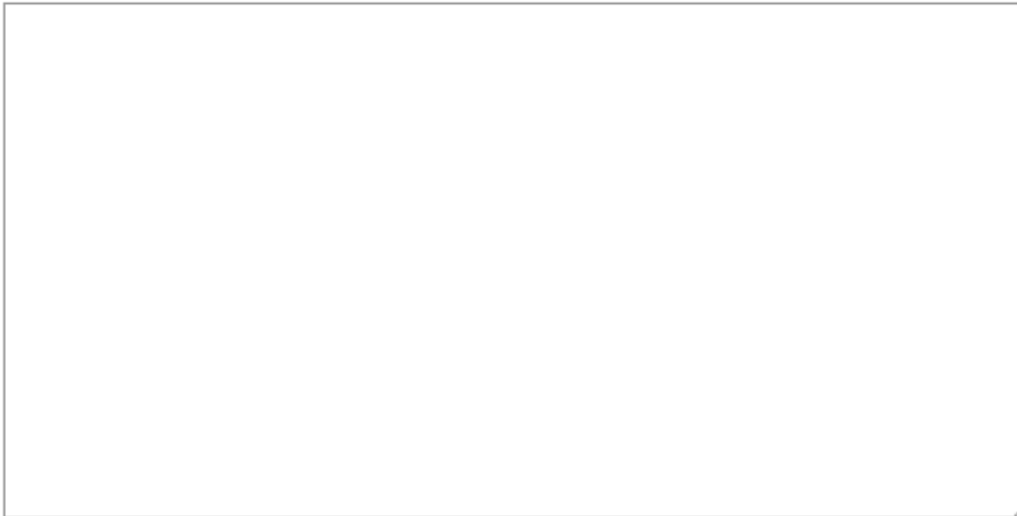
Yes

No

If Yes then please provide the name of the organisation and how they helped you



22. Are there any barriers/challenges that people from your community (people from your country of origin) in Southwark might face when accessing health and social care services?  
(Optional)



23. What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+
- Prefer not to say

24. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
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- Not employed, NOT looking for work
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- Under £10,00
- Between £10,000 and £19,999
- Between £20,000 and £29,999
- Between £30,000 and £39,999
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- Between £60,000 and £79,999
- Between £80,000 and £99,999
- Between £100,000 and £149,999
- Over £150,000
- Prefer not to say

26. What is your gender/gender identity?

- Female
- Male
- Non-binary
- Other (please specify)

- Prefer not to say

\* 27. What is your country of birth?

- Argentina
- Aruba
- Bahama
- Belize
- Bolivia
- Brazil
- Columbia
- Costa Rica
- Cuba
- Chile
- Ecuador
- El Salvador
- Spain
- Guatemala
- Guyana
- French Guiana
- Haiti
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Portugal
- Puerto Rico
- Dominican Republic
- Dominica
- Suriname
- Trinidad and Tobago
- UK
- Uruguay
- Venezuela
- Other
- Prefer not to say

Other (please specify)

28. What language do you speak?

- Spanish
- Portuguese
- Quechua
- Aymara
- English
- Other

29. Do you consider yourself to have a disability?

- Yes
- No
- I don't know
- Prefer not to say

30. Do you have any unpaid caring responsibilities?

- Yes
- No
- Prefer not to say

31. Where do you live in Southwark?

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- Bermondsey
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- East Dulwich
- Borough
- Nunhead
- Peckham Rye
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- Dulwich Village
- College
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- South Bermondsey
- Livesey
- Grange
- Riverside
- Cathedrals
- Newington
- Faraday
- Brunswick Park
- Other (please specify)

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32. Address

Name

Email Address

Phone Number

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