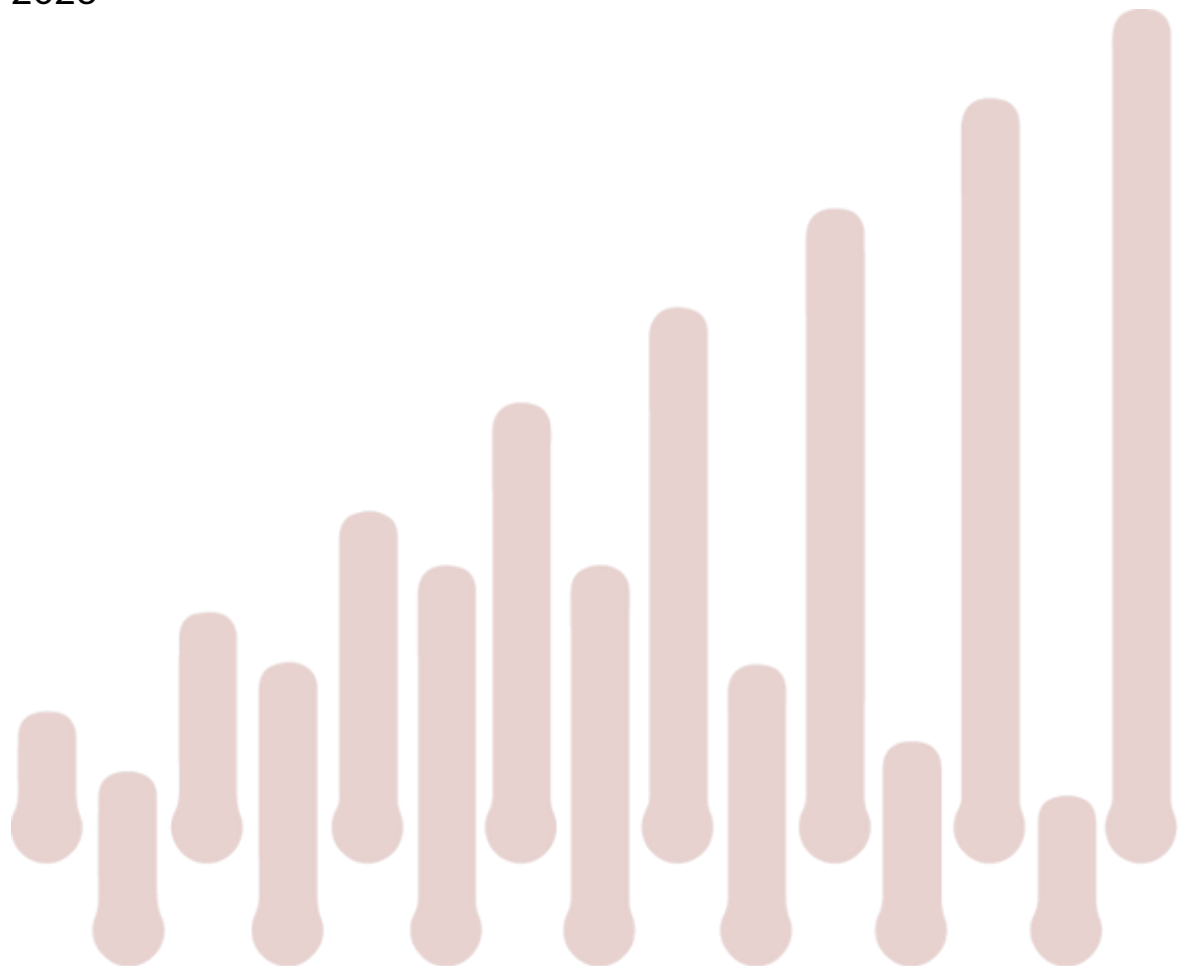


Evaluation of IRMO's Health and Wellbeing Initiative

Jasmin Rostron

11 December 2023



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Funding and competing interests

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About Indoamerican Refugee and Migration Organisation (IRMO)

IRMO is a led by and for community organisation that works to enable the development, agency, and participation of Latin Americans, and other Spanish and Portuguese speakers, in the UK by responding to immediate needs and structural inequalities. With 40 years of experience, IRMO offers high-quality information and advice services, opportunities for development and training, and a platform to seek social and systemic change.

To find out more visit IRMO's website at: <https://irmo.org.uk/>

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Executive Summary

Introduction and background

This study aims to explore the impacts of the support delivered by the Indoamerican Refugee and Migrant Organisation (IRMO), on overcoming barriers to accessing healthcare for Latin Americans living in London. As a response to the COVID-19 pandemic, IRMO collaborated with local authorities and wider charity networks to provide support to the Latin American community in London. Building on their previous work, IRMO created a Health and Wellbeing initiative aimed to incorporate a holistic approach to health, with a strong aspect of primary prevention. This included one-to-one support, disseminating information on social media, outreach events and workshops.

Objectives

This evaluation aims to explore the experiences of service users, and identify the impact (if any) of receiving the intervention. The primary research question aims to explore any effects of providing support in accessing healthcare to IRMO's service users. Secondary research questions explored are: the effect of one-to-one tailored support; community outreach; social media outputs; of outreach initiatives; other avenues of support; and any suggestions for improvements of the intervention by service users.

Design

This is a mixed-method evaluation including a survey of 48 participants and 5 semi-structured interviews aiming to capture the perspectives of IRMO's service users. The survey was sent on WhatsApp to service users who engaged with IRMO's Health and Wellbeing initiative. We collected a total of 48 responses, predominantly from women (32 of 48 responses), originating from 12 different Latin American countries, and living across 10 boroughs of London. Interviews were carried out by telephone or in person at

IRMO's centre and explored the experiences and perspectives of service users to assess how the intervention was experienced by them and any perceived outcomes.

The survey was available in English and Spanish. Interview participants were offered the option for a Spanish or English interview. Data collection occurred between May and June 2023.

Findings

The key findings are summarised as follows:

- The most frequent outcome from IRMO's Health and Wellbeing initiative was receiving support to register with a GP.
- Translation support, particularly regarding technical and medical language was a key need of IRMO service users. By receiving support through IRMO, service users were able to overcome language barriers to register with their GP, book appointments and access NHS interpreters.
- Service users found IRMO's knowledge of the NHS systems helpful to accessing healthcare services. Some interviewees reflected that they lacked awareness of how to navigate the NHS and wouldn't be able to access care without IRMO's support.
- Word of mouth and social media were the two most common avenues service users first heard of IRMO.

Conclusions and implications

Service users reported benefits from accessing the initiative. IRMO's support provides a bridge to overcome barriers to accessing NHS care by providing holistic and culturally sensitive support for Latin American's in their native languages.

Introduction

The Latin American¹ community is one of the fastest growing groups in the United Kingdom (UK), with an estimated population of around 450,000² (Turcatti & Vargas Silva, 2022). More than half are living in London, making this the city with the highest concentration of Latin Americans in the UK (McIlwaine & Bunge, 2016). Existing studies show that Latin Americans face considerable barriers when accessing healthcare services in the UK: in particular, they may experience language barriers, have a limited knowledge of NHS systems, have concerns about health-related stigmas within their communities and lack national recognition as an ethnic group. Given this context, the Indoamerican Refugee and Migrant Organisation (IRMO) introduced a Health and Wellbeing initiative to help Latin Americans overcome barriers to accessing healthcare services.

This report is a mixed-methods evaluation of IRMO's Health and Wellbeing Initiative. Firstly, the context is described, of the barriers Latin Americans face living in the UK, followed by a description of the intervention with a timeline of the various sub-projects. The methods follow, detailing research objectives and steps taken as part of this study (see Appendices [A](#) and [B](#) for the research materials). Next, the findings are presented from the primary and secondary data collected. The report concludes with a discussion of the findings, outlining the impact of the intervention on service users, and placing it within the wider literature.

Health Context for the Latin American Community in London

The literature identifies four key barriers Latin Americans face when seeking healthcare services: language, knowledge of NHS, social stigma and institutional recognition.

Language

First, almost 1 in 5 Latin Americans in the UK cannot speak English fluently (McIlwaine & Bunge, 2016). For those with limited fluency in English, navigating The National Health Service (NHS) becomes difficult as official health information and resources are not widely translated into Spanish or Portuguese (Hoong, 2014). During the COVID-19 pandemic, the lack of translated medical advice contributed to the spreading of misinformation on vaccines, and important information on hygiene measures, access to COVID testing, treatment and the

¹ In this report, the term 'Latin Americans' is used to describe a population who originate from Spanish or Portuguese-speaking countries in North, Central and South American geographical regions. We acknowledge that the term does not fully represent the diversity within this group; nor does it capture how all individuals self-identify. We use this term as it has been adopted by UK community action groups in research and in their campaigns for institutional recognition (Márquez Reiter & Patiño Santos, 2018).

² This number does not include undocumented migrants and is likely an underestimation of the total Latin American population in London

COVID-19 vaccine was not always accessible (Khoury, 2020; Turcatti & Vargas-Silva, 2021). Hoong (2014) undertook a study to explore health behaviours and challenges to access care for Latin Americans in London. They found that whilst the NHS offers interpreters, NHS staff are not always aware of this and hence do not always offer this service to their patients. When interpreters are provided, their limited availability can increase waiting time for appointments and lead to last minute cancellations. Additionally, the quality of interpreting has been criticised with Latin Americans reporting miscommunications with GPs, and the use of inaccessible medical language. Furthermore, instances of negative attitudes from NHS staff and perceived discrimination due to lack of English language discourages Latin American patients from re-attempting to access care (Hoong, 2014).

Knowledge of NHS systems and entitlements

Second, lack of knowledge of NHS systems can be barriers to accessing healthcare services (Hoong, 2014). 1 in 7 Latin Americans are not registered with a GP, this is believed to be because knowledge on how to register and the importance of registering to access care is not accessible (Lopez Zarzosa, 2021). Limited knowledge of NHS systems can also lead to unsatisfactory experiences of services. For example, patients have expressed disappointment at being prescribed over the counter pain-killers, rather than “intensive” treatment, such as antibiotics or prescribed pain-killers, that they would have offered in their countries of origin (McIlwaine, 2012; Berg et al., 2017). This can then lead to people turning to private provision and A&E services instead of primary care services within the NHS to access the care they believe they need (Granada & Paccoud, 2014). Whilst speaking English can help overcome certain barriers to accessing healthcare, this does not always mean patients are knowledgeable regarding what they are entitled to under the NHS or how to navigate NHS systems (Granada & Paccoud, 2014).

Social stigma

Third, social stigma can discourage Latin Americans from seeking healthcare, which can further exacerbate their condition (Granada & Paccoud, 2014; McIlwaine & Bunge, 2016). For example, studies have shown that stigma and shame prevent Latin American women from seeking help in situations of gender-based violence (McIlwaine and Evans, 2018). This is also tied to English language barriers, fear of deportation, fear of not being believed and lack of access to information on where to turn for support, all of which further discourage health seeking behaviours (McIlwaine, Granada and Valenzuela-Oblitas, 2019). Furthermore, when accessing sexual healthcare services, cultural norms among Latin Americans whereby a “good”

woman should not know about these topics have been shown to prevent open conversations around sexual and reproductive health needs. Additionally, lack of self-identification as LGBTQ+ and internalised homophobia, can influence how people react to campaigns aimed at LGBTQ+ communities, for example HIV/AIDs campaigns (Granada and Paccoud, 2014). Rates of HIV infection of Latin Americans have been rising, in particular in London and among men who have sex with men (MSM) (Rawson et al., 2019). Here, the barriers do not only limit access to healthcare, but can also contribute to the spread of HIV.

Lack of recognition

Despite being a growing population, only 4 boroughs and the Greater London Authority have recognised 'Latin American' as an ethnic group, and in these boroughs, recognition is not universal across health services (Lopez Zarzosa, 2021). Academics have called Latin Americans an '*invisible*' population, as they lack recognition from the Census and most local authorities as an ethnic group (McIlwaine & Bunge, 2016). Community interest groups and academics have been calling for wider recognition of Latin Americans as an ethnic group across all monitoring forms at a national and local level (Granada and Paccoud, 2014; Hoong, 2014; Khoury, 2020; Lopez- Zarzosa, 2021; Silva, Granada and Mordern 2019; Turcatti & Vargas-Silva, 2021). This lack of recognition exacerbates barriers to accessing healthcare, as there is no monitoring of health needs. As a result, there is no systematic NHS data available to justify introducing initiatives to reduce barriers for Latin Americans when accessing healthcare services.

All of these barriers are exacerbated for people without adequate immigration status who may fear being charged for medical treatments, as well as police intimidation and deportation if their data is shared with migration enforcement authorities (Khoury, 2020). Approximately half of Latin Americans work in low-paid occupations and 14% live in overcrowded housing, which can adversely impact health outcomes and add barriers to accessing healthcare (McIlwaine & Bunge, 2016; Lopez- Zarzosa, 2021). In addition, a lack of knowledge on workers' and renters' rights can lead to an increased risk of exploitation, which in turn negatively impacts health (Ishibashi, Modern and Jiménez-Yáñez, 2022; Silva, Granada and Mordern 2019; Turcatti & Vargas-Silva, 2021). This review includes the available literature, but the needs of this population are diverse, and should be further explored. It is in this context that IRMO's Health and Wellbeing Initiative started.

The Intervention: IRMO's Health and Wellbeing Initiative

For the last 40 years, the Indoamerican Refugee and Migrant Organisation (IRMO) has aimed to enable the development, agency and participation of Latin Americans in the UK by responding to both immediate needs and structural inequalities. IRMO provides a range of services including advice and casework on welfare benefits, housing and immigration; English for Speakers of Other Languages (ESOL) courses for adults, training opportunities and employment support for adults; ESOL courses for children, mentoring and creative workshops, as well as advice and advocacy on access to education for newly arrived children and young people and their families. IRMO are familiar with the challenges Latin Americans living in the UK face and aim to improve their quality of life. Since 2021, IRMO has added access to healthcare support to their remit. This was in response to observing the struggles Latin Americans faced during the COVID-19 pandemic. The aim was to improve access to healthcare for Latin Americans through working collaboratively with local authorities and wider charity networks. Building on their previous work, this new Health and Wellbeing Initiative aimed to include a holistic approach³ to health and to focus on preventive health measures. This project was funded by several sources: Lambeth Council, Southwark Council and Impact on Urban Health. The Health and Wellbeing Initiative involved a range of activities, including:

- **One-to-one support.** Service users could access tailored support in-person or remotely, depending on their needs. Walk-in appointments with a designated project worker were available Monday to Friday. Support includes registering with GP, booking medical appointments, obtaining medical records, referring service users to NHS mental health support and other NHS services, and organising interpreters for medical appointments.
- **Disseminating information on social media.** Facebook, WhatsApp, Instagram and YouTube were used to share translated official medical information and signpost to IRMO support provision.
- **Outreach events.** Project workers attended community events and visited spaces where the community gathers, such as churches and community centres to promote IRMO's services and encourage people to seek medical help. A designated IRMO project worker was also available at Lambeth Wellbeing bus, where medical professionals and project workers from other charities, provided walk-in support such

³ Service users who engaged with the Health and Wellbeing Initiative, and highlighted health needs outside the remit of the NHS were referred to other IRMO services (listed above) and services outside IRMO where relevant. For example, in situations of poor housing, exploitation at work and migration support.

as, blood-pressure checks, COVID-19 vaccines and medical information in various London locations.

- **Workshops** on health-related topics. This included access to preventative screening of breast, cervical and bowel cancer, sexual health, pathways to care for HIV/AIDS, mental health and wellbeing, women’s health and maternity care, information on how to register with a GP, and migrant’s rights to access healthcare

| Table 1: Timeline of IRMO’s Health and Wellbeing Initiatives | | |
|---|---|---|
| Dates | Activity | Funder |
| June 2021 – March 2023 | COVID Wellbeing Ambassadors Project (Coordinated by Age UK Lambeth) aimed at promoting the Covid-19 vaccine uptake in Lambeth | Lambeth Council |
| December 2021 – May 2022 | Southwark Vaccination Outreach Project (Collaboration between IRMO & LAWRS) aimed at promoting the Covid-19 vaccine uptake in Southwark | Southwark Council |
| April 2022 - July 2023 | Health and Wellbeing Initiative aimed at sustaining and expanding the support to access health and wellbeing services offered to Latin Americans who experience barriers to access. | Impact on Urban Health |
| April 2022 - December 2022 | Focus group about the barriers to access cervical screening (IRMO & LPWP) | South-East London Cancer Alliance via LPWP |
| March 2023 - November 2023 | Addressing health inequalities through increasing cancer screening uptake in Southwark | Southwark Council via South-East London Cancer Alliance |
| April 2023 - June 2023 | Commissioning of Health and Wellbeing evaluation | Impact on Urban Health |
| April 2023 - March 2024 | Health Promotion and Disease Prevention in Children | South-East London Integrated Care System Southwark Council |

Methods

Evaluation objectives and research questions

The main objective of the evaluation is to explore to what extent and how the Health and Wellbeing initiative achieved its key aim: increasing the COVID-19 vaccine uptake, increasing GP registration, improving access to healthcare services in general, increasing awareness about migrant rights to healthcare, and improving health literacy⁴.

The primary research question this evaluation is designed to answer is:

- What has been the effect of providing support to IRMO's service users to access healthcare?

Within this overall aim, this evaluation also explores the following additional research topics:

- What has been the effect of one-to-one tailored support for service users?
- What has been the effect of community outreach for service users?
- What has been the effect of social media outputs for service users?
- What has been the effect of health information workshops for service users?
- Are there any other avenues through which service users access support?
- Are there any ways service users would like the Health and Wellbeing Initiative to be improved or expanded?

Data Collection

To answer the research questions, a mixed-methods approach was adopted. The focus of this evaluation was to capture the experiences and perceptions of service users. Therefore, the data collection focused on service users by using a survey to capture perceived outcomes, and was complemented by 5 in-depth, semi-structured interviews to explore in greater detail how the Health and Wellbeing initiative was experienced. Additionally, a desk-review of existing literature and IRMO's monthly reports to funders with collected outcomes is included in the findings section.

⁴ The World Health Organisation's (WHO) definition of health literacy is used for this report and is "...the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health (WHO, 2014)." Although the report focuses on low- and middle- income countries, this definition is relevant to the English context, and is used within NHS England. It is also related directly to IRMO's goal of increasing knowledge of patient rights and knowledge of how to navigate NHS systems to access care (NHS England, n.d).

Survey of IRMO's service users

The survey was administered on the online platform SmartSurvey, (see appendix A the survey questionnaire). Potential participants were able to access the survey through four avenues. Firstly, the survey was sent on WhatsApp to service users who had shared their information when accessing IRMO's Health and Wellbeing Initiative. Secondly, at the reception in IRMO's centre, a QR code was made available so service users could scan to complete the survey online. Thirdly, the survey was available on paper at IRMO's centre, to ensure digital skills were not a barrier to completion. Finally, in one case, the Principal Investigator (PI) completed the survey orally with a participant due to their impaired vision. Survey data collection ran for 4 weeks between the 22nd May and 23rd June 2023.

No participants choose to complete the survey on paper. The survey was written in Spanish, and translated by the PI into English for analysis (See [Appendix A](#)). Due to the small sample, data was analysed descriptively through SmartSurvey. As the Health and Wellbeing Initiative evolved rapidly there was no baseline survey for comparison. Therefore, the aim of the survey was to capture retrospective reflections of the service users on the perceived impacts of the project, rather than to measure any changes to specific indicators resulting from the project. There was a range in their engagement of services, which is explored in the findings. We collected a total of 48 responses, predominantly from women (32 of 48), originating from 12 different Latin American countries, and living across 10 boroughs of London.

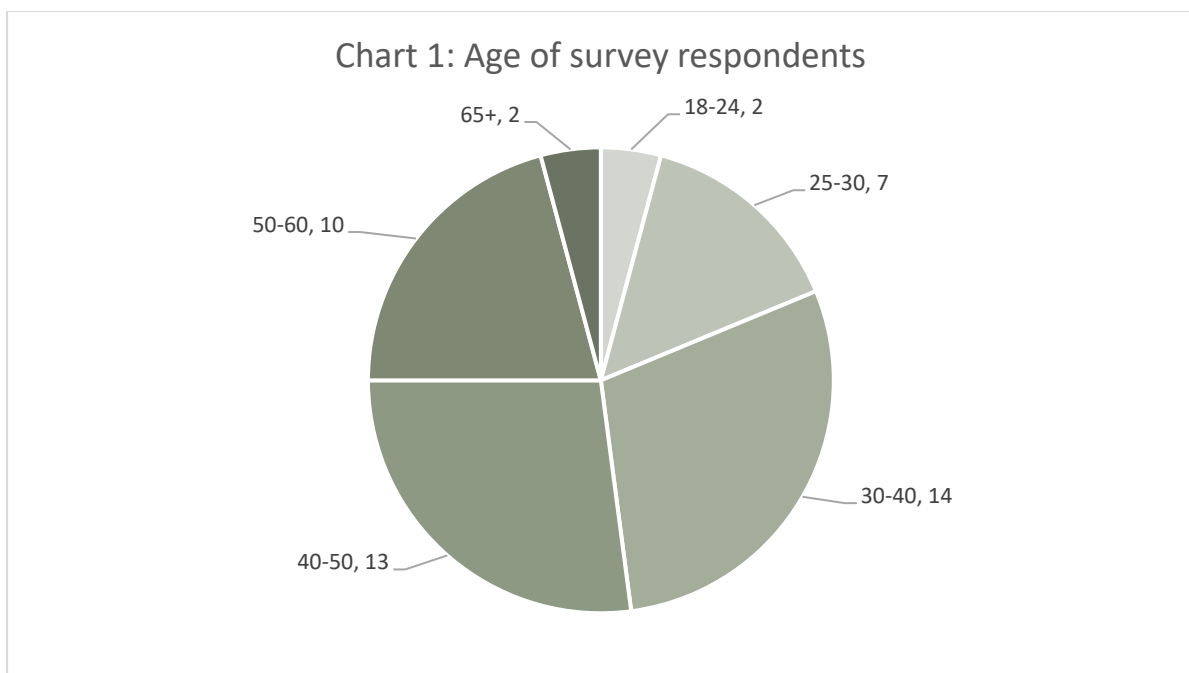
Characteristics of survey participants

Of the 48 survey participants, 32 were women, and 16 men. Most survey respondents were aged between 30 and 50, with a small number of respondents aged 18-24 or 65 and above (Chart 1). All survey participants had been born in Latin American countries, the largest population originated from Honduras (11), followed by El Salvador (9) (Chart 2). The survey provided the option to self-identify with various culturally significant identities from Latin Americans, such as Indigenous, and Afrolatinx, however not many responded that they identified with these terms (Table 2). One participant identified as LGBTQ+.

A significant number of survey participants had been living in the UK for 6 months to a year (17), followed by 4-5 years (13) (Chart 3). In terms of immigration status, 17 were asylum seekers, 14 did not disclose their migration status, 10 held EUSS pre-settled status⁵, 5 held

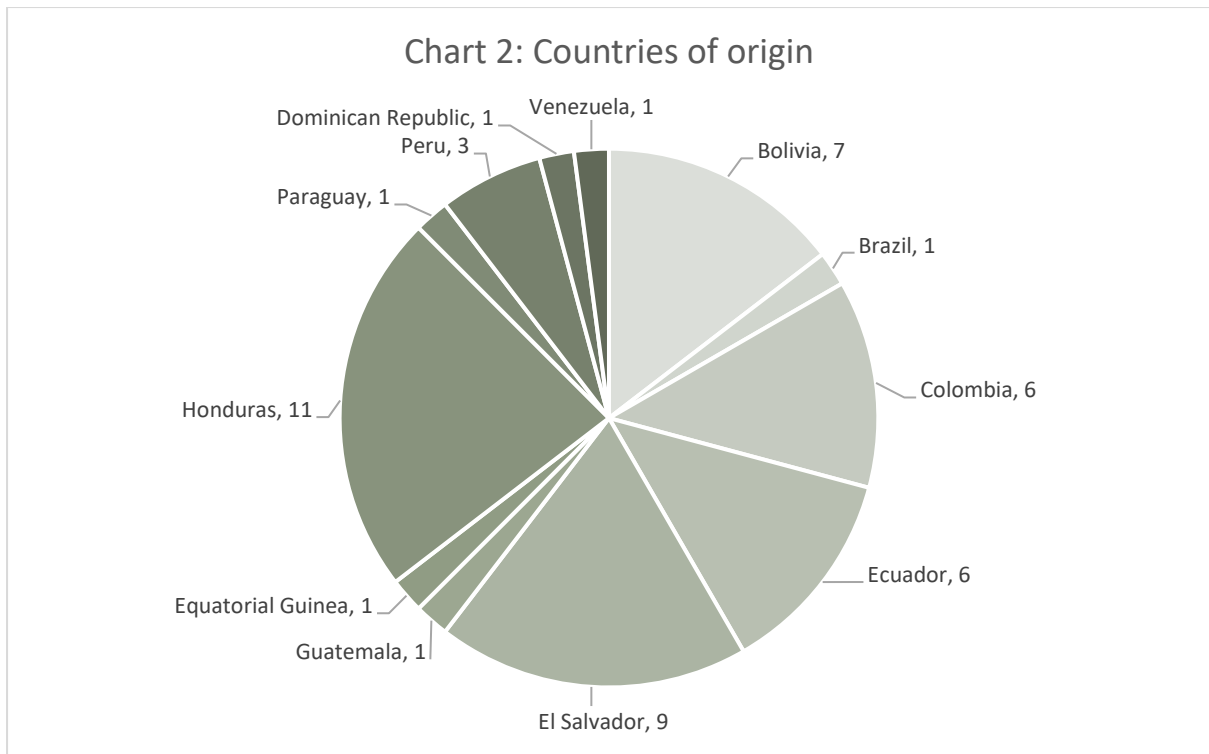
⁵ Legal status for EU nationals who had lived in the UK less than 5 years prior to 2021.

EUSS settled status⁶, 3 were British citizens, 1 held refugee status (Chart 4). There is a possibility that those who did not disclose their migration status are living in the UK with an irregular status. Although IRMO aims to support Londoners, 5 of the survey respondents lived outside London. IRMO works predominantly in Lambeth and Southwark, and this is seen in the survey, with the largest majority of survey respondents residing in these areas (Chart 5). When asked to describe their level of English, most respondent felt they understood information in English but found it difficult to communicate with others; no survey respondent felt confident in English, nor was English their mother tongue (Chart 6).



N = 48

⁶ Legal status for EU nationals who had lived in the UK 5 years or more prior to 2021.

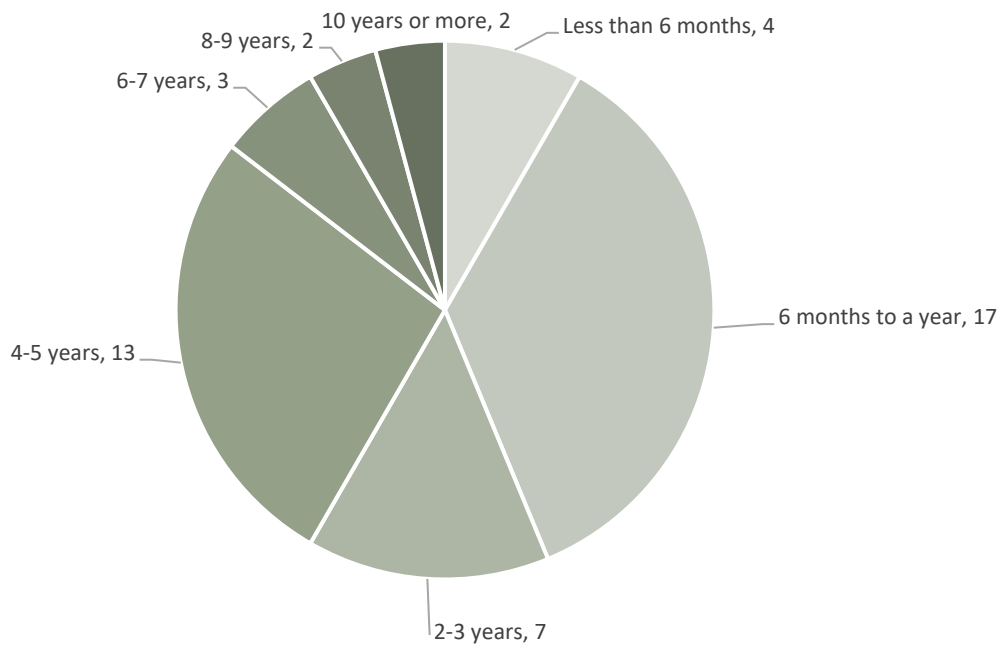


N = 48

| Answer Choice | | Total Responses ⁷ |
|---------------|---------------------------------------|------------------------------|
| 1 | Latin American | 44 |
| 2 | Indigenous | 2 |
| 3 | Afrolatinx, Black, Razial, Palenquerx | 2 |
| 4 | LGBTQ+ | 1 |
| 5 | No | 0 |
| 6 | Prefer not to answer | 0 |
| 7 | Other (Please indicate) Garifuna | 1 |

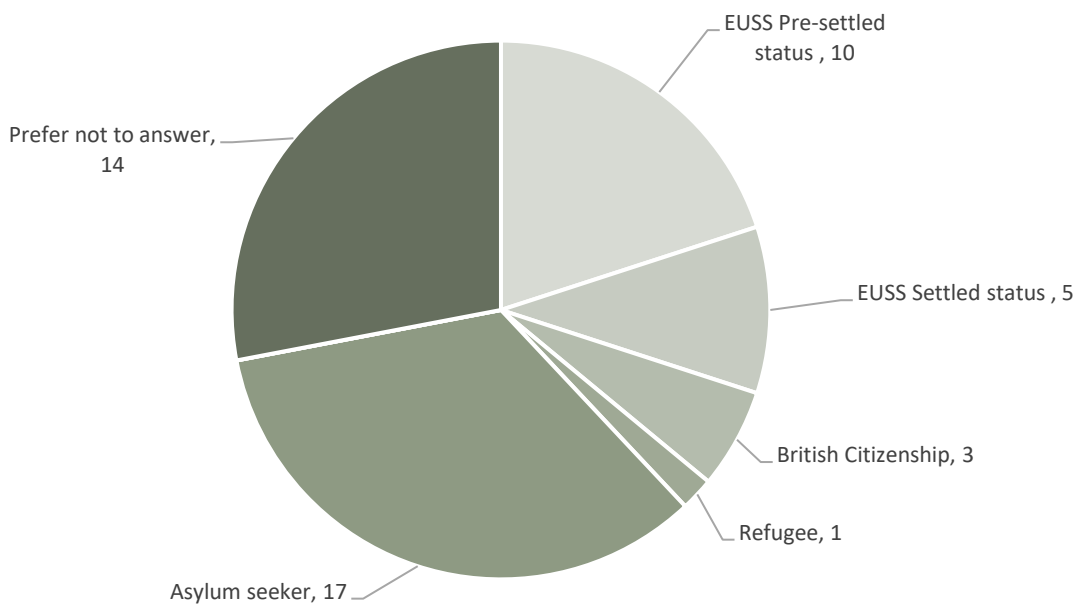
⁷ Participants could choose more than one identity.

Chart 3: Years living in the UK



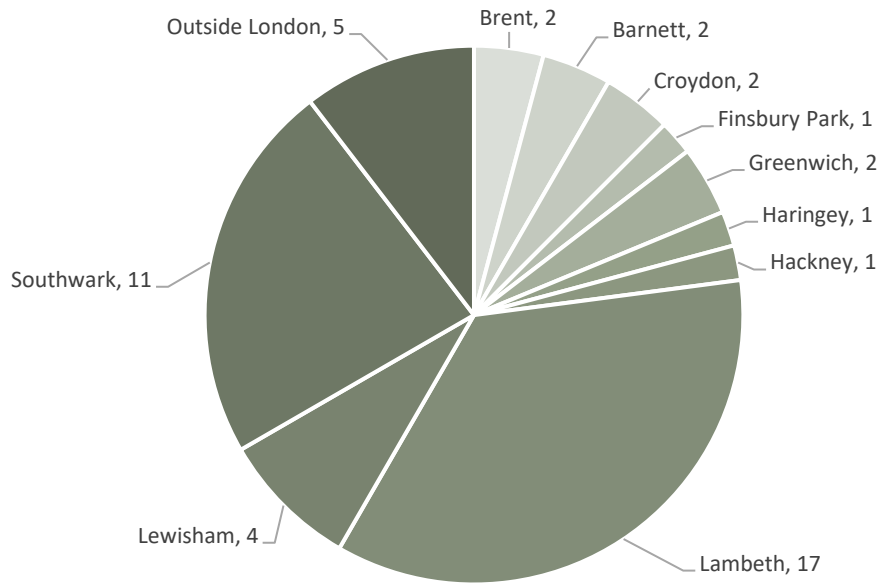
N = 48

Chart 4: Immigration status



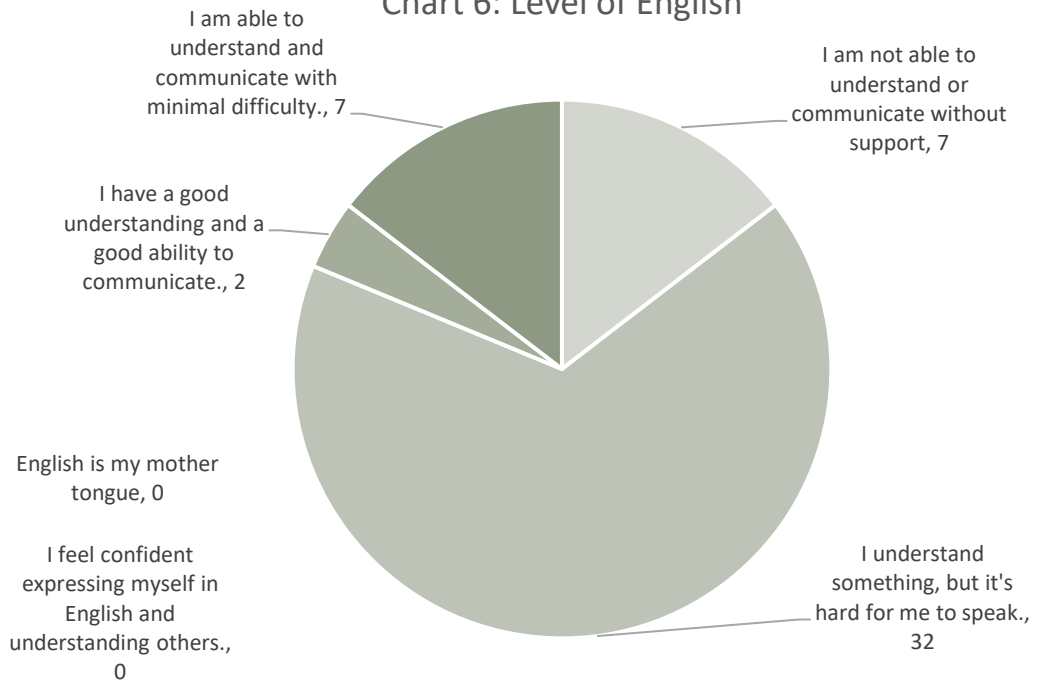
N = 48

Chart 5: Borough of residence



N = 48

Chart 6: Level of English



N = 48

Interviews with IRMO's service users

Alongside the survey, 5 in-depth, 45-minute interviews with service users were conducted in Spanish. Interviews were carried out by telephone or in person at IRMO's centre by the PI in a private space. These interviews were semi-structured, (see [Appendix B](#) for the topic guide) and explored the experiences and perspectives of service users to assess how the intervention was experienced by them and any perceived outcomes. Due to the budget constraints the interviews were not transcribed professionally, the PI audio recorded the interviews (with permission from the participants) and wrote detailed notes during the interviews which were later analysed using a framework approach.

Recruitment of interview participants was conducted firstly through the survey, where participants were asked to provide contact details if they would like to be interviewed. Secondly, as IRMO service providers are familiar with service users, IRMO provided recommendations as to who to invite for interview. The aim was to be purposive in sampling, so the selection considerations included diversity in countries of origin, years in the UK, age, gender and immigration status. With this in mind, 5 interviewees were asked to participate in an interview. Interviews were conducted between the 12th and 26th June 2023.

The aim of the sampling was not to be representative but instead, capture the diversity of the community IRMO serves, thus the experiences of service users we spoke to may not necessarily reflect the views of all IRMO service users. In creating this sample, participants were selected with a range of different migration statuses, job types, gender and ages. This sampling strategy aimed to explore service users' breadth of experiences. By conducting semi-structured qualitative interviews, detailed and textured data on the experiences and perceptions of service users was created. Semi-structured interviews also ensured that data collection is led by the participants' priorities and views, rather than by any prior assumptions of the interview. This has resulted in recommendations that could benefit many service users in similar situations to overcome barriers to accessing healthcare. However, it is probable that Latin Americans' experiences are significantly affected by intersecting identities, not all of which could be covered as part of this research. Furthermore, this research was conducted in 2023 on an ongoing and evolving initiative, therefore future research exploring effects of this initiative are welcome.

It was made clear to interviewees that their participation (or non-participation) would not impact their access to IRMO's or public services, and that their responses would not be

communicated directly to IRMO or government authorities. This was to ensure that they felt comfortable expressing their views openly and honestly.

Characteristics of interview participants

Of the 5 interview participants, 3 were women and 2 were men. They had come to IRMO for a variety of reasons including needing support with welfare, housing, language lessons, immigration advice and accessing healthcare. They were an older cohort with an age range from 45-70 years. One interviewee was retired, another looking for work, two were employed as cleaners and one was unemployed due to disability. Identifiable information has been changed to maintain the participants' anonymity.

| Table 3: Information on interview participants | |
|---|---|
| Ages | |
| 45-49 | 1 |
| 50-54 | 0 |
| 55-59 | 2 |
| 60-64 | 0 |
| 65+ | 2 |
| Gender | |
| Women | 3 |
| Men | 2 |
| Country of origin | |
| Colombia | 2 |
| Ecuador | 1 |
| Honduras | 1 |
| Peru | 1 |

| Immigration status | |
|-------------------------------|---|
| British Citizen | 1 |
| EUSS Pre-Settled | 3 |
| Irregular | 1 |
| Years living in the UK | |
| 1-3 | 1 |
| 4-6 | 3 |
| 7-19 | 0 |
| 20+ | 1 |

Ethics and data protection

Ethical approval was granted by the NIESR Research Ethics Committee in May 2023 prior to the start of data collection. This required the submission of an application form to the research ethics committee outlining the key features of the project and setting out the ethical issues involved and associated mitigations, i.e., ensuring informed consent, participant confidentiality and managing distress. Potential participants were informed, in writing and verbally, prior to the interview that their participation was voluntary, that they could withdraw at any stage, and their participation (or lack of) would not impact the provision of future support from IRMO. This information was provided in Spanish, the native language of all interview participants.

All NIESR research activities comply with the Data Protection Act 2018 and GDPR legislation. Due to the timescales, the evaluation included a small number of participants. To combat any risks of identification, personal details have been deleted or altered, including participant names. Data was stored in line with the principles set out in the NIESR Data Security Policy.

Findings

Individual support

Of the surveyed 48 service users, 33 (68%⁸) had received one-to-one support from IRMO. The most frequent outcomes of this support were support registering with a GP and translation support (Table 4). In addition, several of the interview participants received support registering with a GP, and most had come to IRMO directly knowing that this was the first step to receive medical care. However, by contrast, one interview participant, Victor⁹ came to IRMO unaware of how to begin accessing care. He arrived at IRMO for a one-to-one appointment, where it was explained that he would need to register with a GP and he was supported through this process. In our interview, he reflected that he was grateful for this support, as otherwise he would not have known that this was the first step in accessing healthcare, let alone how to register. This example, combined with the survey data, shows that the ability to tailor support to service users, and the knowledge of NHS systems and processes held by the IRMO support team, can enable positive outcomes, such as GP registration.

| | | |
|----|---|----|
| 1 | There was no outcome | 1 |
| 2 | IRMO provided translation support | 12 |
| 3 | Support to register with a GP | 16 |
| 4 | Support registering with a dentist / making appointments with a dentist | 4 |
| 5 | Support to get vaccinated against COVID-19 | 5 |
| 6 | Support to book a medical appointment | 6 |
| 7 | Greater understanding of how the NHS works and how to access healthcare in the future | 2 |
| 8 | Greater understanding of my rights to access the health system | 3 |
| 9 | Greater confidence in the NHS | 1 |
| 10 | Support to access mental health services | 2 |
| 11 | I received information about wider IRMO services | 7 |
| 12 | Other (Please indicate): | 5 |

⁸ Some findings are reported in terms of percentages. The reader should bear in mind that the survey is based on a small number of responses, seen in the corresponding table.

⁹ All names appearing in the findings are pseudonymous to ensure anonymity

Translation support was a key need of IRMO service users. Many were in the process of learning English, and were motivated to learn so they could reach their career goals. Miscommunication and language barriers affected patients at multiple points in their healthcare journeys. During her interview, Carmen shared that she had asked for eye drops during a GP visit but had not yet received her prescription. Yet after months of waiting, she turned to IRMO who called her GP. They explained that the prescription had been sent directly to the pharmacy. This had not been communicated to Carmen during her appointment. IRMO provided Carmen with the directions to the pharmacy and explained the process of requesting medication, which included stating her date of birth and name. IRMO also provided her with a written note explaining this information in English to hand to the pharmacist. Carmen reflected that she was pleased that IRMO had taken the time to explain to her how the prescription system works, had found directions to the pharmacy and had written her a letter in English. Without their support, Carmen thought that she would probably still be waiting, or would have booked another GP appointment. Carmen's story highlights how language barriers are complex as she was able to access healthcare, yet faced barriers accessing the treatment. IRMO's intervention ensured she was given the necessary information to access treatment and reduce unnecessary GP appointments.

Language barriers are not only an issue for those who cannot speak English confidently. Gloria, a retired woman who has lived in the UK for over 30 years, has been supported by IRMO to translate medical vocabulary. Gloria has a good understanding of how to navigate NHS systems and how to book appointments and speak to her GP. However, when faced with technical and medical terms, she turned to IRMO for support translating doctors' letters. She also requested support for pre-surgery, as she feared doctors would ask her difficult questions, and wanted to ensure there were no misunderstandings. IRMO booked an interpreter to accompany her pre-surgery. Carmen and Gloria's stories show how language barriers can impede patients from accessing medical support, and the role of IRMO in overcoming these.

Many service users found the service to be 'very useful' (88%) in resolving their concern (Table 5). One respondent found it 'somewhat not useful' (Table 5), and explained he was hoping to secure a laptop, but this is outside of IRMO's remit. Overall, a majority of respondents were very satisfied (76%) with the support of IRMO during their one-to-one session (Table 6). All of

¹⁰ Although 48 respondents completed the survey, questions were not compulsory, therefore response rates vary. See [appendix A](#) for full survey questions

those interviewed expressed feeling gratitude for IRMO’s support. In their interviews, service users highlighted four particular areas of satisfaction with IRMO’s support: their knowledge of NHS systems, language support, attention to detail, and feeling welcome.

“I was even surprised in moments where we stayed 2-3 hours talking.” - Ricardo

“[At IRMO] they don’t care about your social class, your race, everyone is equal, as it should be.” - Carmen

“Everyone from the reception all the way to the [one-to-one sessions], everyone is so welcoming.” - Victor

| Table 5: How helpful was the IRMO service in resolving your concern? | | |
|--|---|-----------------|
| Answer Choice | | Total Responses |
| 1 | Very useful | 27 |
| 2 | Useful | 5 |
| 3 | Not useful nor not useful | 0 |
| 4 | Somewhat not useful | 1 |
| 5 | Not useful, my problem was not resolved | 0 |
| Answered | | 33 |

| Table 6: How satisfied are you with the support of IRMO during your individual session? | | |
|---|------------------------------------|-----------------|
| Answer Choice | | Total Responses |
| 1 | Very satisfied | 25 |
| 2 | Somewhat satisfied | 6 |
| 3 | Neither satisfied nor dissatisfied | 2 |
| 4 | Not very satisfied | 0 |
| 5 | Not satisfied | 0 |
| Answered | | 33 |

Perceived discrimination by NHS staff can discourage patients from seeking help in the future. One interview participant, Maria, typically uses translation apps to communicate with English-

speakers, but this has not overcome the barrier to understanding NHS systems or accessing care. On one occasion, Maria sought medical help, by visiting a GP surgery in person. She was turned away and felt humiliated by the NHS staff for not speaking English. She tried to communicate through her phone, but the staff shouted at her “in English, English, English” and refused to help her. This soured her perception of the NHS, and she decided not to continue seeking medical care. Later she met IRMO and was re-motivated to seek help. Through hearing of the support that they provided from her social networks, she decided to book an individual session. She reflected in her interview that she felt humiliated during her interaction with the NHS, but that IRMO had cared about her and her concerns without judgement and helped her access a medical appointment. IRMO’s reputation encouraged Maria to try again to access a medical appointment. This is another example of how multiple barriers, such as discrimination and language, can prevent patients from accessing healthcare.

Support from social networks can help overcome barriers to accessing support, however these are sometimes limited. Ricardo receives support from his daughters, who speak English, to book medical appointments and interpret during those appointments. However, they do not have an in-depth understanding of NHS pathways or, know, for example, how to make and manage universal credit or disability benefit. For Ricardo, IRMO’s support is invaluable, as he does not know anyone else with such a detailed understanding of these systems and who can explain them in Spanish. These challenges are also reflected in Table 4, with several respondents replying they have a greater understanding of how NHS systems work, greater understanding of their rights or confidence in the NHS.

Most service users had experiences of seeking healthcare services prior to finding IRMO. Some did not stop seeking support until they found it, whilst others were discouraged from continuing. For those living with uncertain migration status, additional challenges arise when accessing healthcare. One of the interviewees described how a friend had attended pre-natal visits at a local hospital until a doctor told her and her husband to stop coming as they were undocumented. They felt they had no-one to turn to, and felt they had no other options, so they decided to stop seeking medical care. Due to being discriminated against because of her immigration status and fear of the potential, negative consequences of requesting support, she did not turn to anyone for help, not even her friend. The couple was not in contact with IRMO at the time, and did not realise they could request support. However, once they found IRMO they were able to register with a GP and access the COVID-19 vaccination. In this example, fear of negative repercussions, lack of awareness of NHS entitlements and a resigned acceptance of the situation inhibited health-care seeking. In the past, IRMO has supported

couples in similar situations, but as this friend feared asking for help, they were unaware of the situation and unable to provide any guidance. As highlighted in the previous story, fear of negative consequences was a barrier to accessing care.

A few service users expressed difficulties accessing IRMO's individual support because of their working hours and distance they needed to travel. For some, the opening hours clashed with their working hours. This made it difficult for them to access the services in-person, but most found ways around this by engaging with IRMO on WhatsApp or re-arranging their shifts where possible. Secondly, for some long travel journeys to IRMO's centre were a challenge to accessing support. This was an issue for a service user who lived in North London and had to take 2 buses to reach IRMO's offices. Whilst she did make the journey, in the interview, she reflected that she would seek support more often if she lived closer.

Overall, service users found the one-to-one support IRMO provided to be valuable in bridging the gap to reach NHS healthcare. When asked what they would have done without IRMO's support, many reflected they would have been unsure how to proceed. In sum, the key aspects which service users found helpful were tailored support in understanding communications in English and making calls.

Community Outreach

The Health and Wellbeing team at IRMO came into contact with 2,272 community members between June 2021 and March 2023 in their outreach work and through their workshops (IRMO monthly reports, 2023). Outreach activities included visiting local churches, NHS pharmacies, schools, community centres, and private Latin American business. IRMO staff were also present on several occasions at the Lambeth Wellbeing Bus. Workshops were also held which aimed at providing information on specific health related topics and how to access the NHS. Few survey respondents came in contact with the community outreach team (9 of 35 respondents) (Table 7). This is likely due to the lack of personal contact details collected from service users by IRMO. Therefore, it is difficult to calculate the effects of the community outreach.

There were positive outcomes for those who received this type of support, such as Victor. Through an online search, Victor learnt that IRMO's team were at Lambeth's Wellbeing Bus supporting Latin Americans to receive the COVID-19 vaccine. He was unsure if he was eligible for the vaccine, and about the process for booking an appointment. IRMO provided him with information on his rights and helped him get vaccinated and access his NHS COVID Pass. Although not many survey respondents accessed support through their community outreach,

those who it reached had positive experiences. By being present in community spaces, IRMO was able to boost access to health services by highlighting the service they provided and bridging barriers for new service users. IRMO also travelled across London for their outreach, furthering the visibility of their work and reducing potential travel barriers.

It is likely that the response rate is lowest for this branch of the Health and Wellbeing Initiative because outreach consisted of providing information in informal spaces. Therefore, personal details of those who had engaged were not recorded and we were not able to reach this population as part of this study.

| Table 7: Did you meet the IRMO team? Where was that? (Check all that apply) | | |
|--|---|------------------------|
| Answer Choice | | Total Responses |
| 1 | On the "Wellbeing Bus" | 1 |
| 2 | In a park | 2 |
| 3 | In a church or religious centre | 1 |
| 4 | In a community space (restaurant, library, cafeteria) | 0 |
| 5 | At St Thomas or Guy's Hospital | 2 |
| 6 | At St George's Pharmacy in Elephant and Castle | 2 |
| 7 | I did not meet the IRMO team in community spaces | 13 |
| 8 | At the IRMO office | 19 |
| 9 | Other (Please indicate) At my son's school. | 1 |
| Answered | | 41 |

In another interview, Gloria described how she came into contact with IRMO unexpectedly, and received medical support as a result. Gloria found the Wellbeing Bus in front of Brixton station. She was intrigued as she had been trying to figure out how to access information about her COVID-19 vaccines. IRMO staff on the Bus helped her find her NHS COVID Pass on her phone and invited her to a one-to-one appointment to show her how to find her medical history online. She was pleased with this outcome as she had been unsure who to turn to and needed this information for her upcoming travel abroad. Gloria and Victor's stories show how effective IRMO's wellbeing outreach can be, both of those with prior knowledge of IRMO, and for those without.

Most survey respondents had heard of IRMO through word of mouth (27) or social media (12), and a few through IRMO's community outreach (Table 8). Maria came across IRMO at a community event at her embassy. She expressed how important it was for IRMO to continue their outreach so more Latin Americans can know of their services and request support. When asked how useful the service had been in the part of the survey dedicated to community outreach, many found it 'very useful (15), and useful (9) (Table 9).

| Table 8: How did you find out about the support service to access the IRMO health services? | | |
|--|--|------------------------|
| Answer Choice | | Total Responses |
| 1 | Word of mouth | 27 |
| 2 | Social media | 12 |
| 3 | I was participating in another IRMO project | 3 |
| 4 | At a community event | 4 |
| 5 | In a medical centre (hospital or pharmacy) | 0 |
| 6 | Other (Please indicate) My lawyer Lawyer recommended | 2 |
| Answered | | 48 |

| Table 9: How helpful was the IRMO service in resolving your concern? | | |
|---|---|------------------------|
| Answer Choice | | Total Responses |
| 1 | Very useful | 15 |
| 2 | Useful | 9 |
| 3 | Neither useful nor not useful | 1 |
| 4 | Somewhat not useful | 0 |
| 5 | Not useful, my problem was not resolved | 0 |
| Answered | | 25 |

Social Media

IRMO reached 145,896 views on posts related to the Covid-19 vaccine and access to healthcare services through their social media channels, including Facebook, Instagram and YouTube (IRMO monthly reports, 2023). Additionally, over 2,000 community members were regularly informed about the Covid-19 vaccine and healthcare access via IRMO's WhatsApp broadcast lists (IRMO monthly reports, 2023). Starting as a way to communicate COVID-19 safety measures, IRMO's social media strategy has evolved into a wider health resource sharing platform, and a way to communicate IRMO's events and provide some support remotely.

The majority of service respondents use WhatsApp (30), followed by Facebook (10) (Table 10). They found the information easy to understand (77%, Table 11), and very informative (21, Table 12). This was echoed in interviews, with participants satisfied with the relevance and frequency of messages. For the interviewed participants, social media was a way to keep up to date with IRMO events and hear the latest health information in Spanish. Participants also highlighted how it was important to them to share IRMO's resources within their networks. They shared information, resources and advice they received from IRMO as they wanted to be able to help others and were pleased to share information which was trustworthy and accurate. IRMO's online support is seen as useful, as information is translated into Spanish and Portuguese and service users receive information which they would otherwise not access.

| Table 10: On which social networks do you follow IRMO? (Check all that apply) | | |
|--|-------------------------------------|------------------------|
| Answer Choice | | Total Responses |
| 1 | Twitter | 0 |
| 2 | Instagram | 1 |
| 3 | LinkedIn | 0 |
| 4 | Youtube | 0 |
| 5 | WhatsApp | 30 |
| 6 | Facebook | 10 |
| 7 | I don't follow IRMO on social media | 4 |
| 8 | Other (Please indicate) | 0 |
| Answered | | 45 |

| Table 11: How easy do you think it is to understand the information from IRMO on social networks regarding the health and wellness project? | | |
|--|--|------------------------|
| Answer Choice | | Total Responses |
| 1 | Easy to understand | 24 |
| 2 | Somewhat easy to understand | 6 |
| 3 | Neither easy nor difficult to understand | 1 |
| 4 | Somewhat hard to understand | 0 |
| 5 | Challenging to understand | 0 |
| Answered | | 31 |

| Table 12: How informative are the messages you receive from IRMO? | | |
|--|---|------------------------|
| Answer Choice | | Total Responses |
| 1 | Very informative | 21 |
| 2 | Informative | 10 |
| 3 | Neither informative nor not informative | 0 |
| 4 | Somewhat informative | 0 |
| 5 | Not informative | 0 |
| Answered | | 31 |

The interviews also highlighted barriers to engaging with IRMO's social media outputs, such as illiteracy and visual impediments. Ricardo is illiterate, therefore, NHS outputs and IRMO's social media outputs, even in Spanish, are not accessible to him. Despite this Ricardo has been able to access IRMO's support. Through his personal networks he has been able to find a contact number for IRMO and arranged telephone calls and in-person meetings. He expressed gratitude towards IRMO's support, who were able to provide him support by registering with a GP and booking an appointment with an interpreter. This showcases the benefits of having multiple branches of the Health and Wellbeing initiative, so that IRMO is able to be inclusive in assisting individuals with diverse circumstances.

Workshops

As previously stated, the Health and Wellbeing team at IRMO came into contact with 2,272 community members, in their outreach work and through workshops (IRMO monthly reports, 2023). Yet this engagement is not fully captured in the survey and interviews as most respondents did not attend the workshops (17, Table 13). However, those who attended workshops reported having had positive experiences. Of workshop attendees, a large majority (14 survey of 35) participated in-person. The most well-attended session was on accessing healthcare in the UK, followed by support registering with a GP (Table 13). Outcomes of the workshop show service users were supported to register with a GP, offered translation support, and supported to book medical appointments (Table 14). In terms of accessibility, service users expressed they fully understood the sessions (Table 15). Furthermore, they found workshops to be very useful in resolving their concern (12, Table 16), and were very satisfied with IRMO's support (14, Table 17). From the survey, positive outcomes were associated with service users who attended workshops.

| Table 13: Did you attend any IRMO workshop? (Check all that apply) | | Total Responses |
|---|--|------------------------|
| 1 | No | 17 |
| 2 | Yes: How to access healthcare in the UK | 7 |
| 3 | Yes: Sexual health and HIV prevention | 3 |
| 4 | Yes: How to register with a GP | 7 |
| 5 | Yes: Health and wellness event | 3 |
| 6 | Yes: Wellbeing events at IRMO with the Wellbeing bus | 3 |
| 7 | Yes: Maternity and women's health | 0 |
| 8 | Yes: Focus groups | 4 |
| Answered | | 44 |

| Table 14: What were the results of your visit to IRMO? (Check all that apply) | | Total Responses |
|--|-----------------------------------|------------------------|
| 1 | There was no outcome | 1 |
| 2 | IRMO provided translation support | 7 |
| 3 | Support to register with a GP | 8 |

| | | |
|-----------------|---|-----------|
| 4 | Support registering with a dentist / making appointments with a dentist | 2 |
| 5 | Support to get vaccinated against COVID-19 | 3 |
| 6 | Support to book a medical appointment | 4 |
| 7 | Greater understanding of how the NHS (health system) works and how to access healthcare in the future | 1 |
| 8 | Greater understanding of my rights to access the health system | 1 |
| 9 | Greater confidence in the NHS | 1 |
| 10 | Support to access mental health services | 1 |
| 11 | I received information about other IRMO services such as workshops or the "Wellbeing Bus" | 3 |
| Answered | | 32 |

Table 15: Was the information provided in the workshops clear?

| Answer Choice | | Total Responses |
|----------------------|--------------------------------------|------------------------|
| 1 | I understood everything | 11 |
| 2 | I understood most of the information | 5 |
| 3 | I understood part of the information | 2 |
| 4 | I did not understand the information | 0 |
| Answered | | 18 |

Table 16: How helpful was the IRMO service in resolving your concern?

| Answer Choice | | Total Responses |
|----------------------|---|------------------------|
| 1 | Very useful | 12 |
| 2 | Useful | 5 |
| 3 | Not useful nor not useful | 1 |
| 4 | Somewhat not useful | 0 |
| 5 | Not useful, my problem was not resolved | 0 |
| Answered | | 18 |

| Table 17: How satisfied are you with the support of IRMO during the workshop? | | |
|---|-----------------------------------|-----------------|
| Answer Choice | | Total Responses |
| 1 | Very satisfied | 14 |
| 2 | Somewhat satisfied | 4 |
| 3 | Neither satisfied nor unsatisfied | 0 |
| 4 | Not very satisfied | 0 |
| 5 | Not satisfied | 0 |
| Answered | | 18 |

Workshops can be helpful to provide information on topics which directly relate to specific health concerns, but for some it can also be a way to learn more about new health topics. Gloria attended a Sexual Health and HIV prevention workshop at IRMO out of curiosity. She is retired and enjoys keeping up with current affairs and reading about the latest health issues. She was not concerned about the effects of HIV for herself, nor is she caring for anyone affected by HIV. She found the workshop informative and useful. At the end of the session a test was offered to attendees and she reflected that she was one of the few to volunteer. She said she did not fear testing positive, but thought others may not be comfortable being tested. This might point to stigma faced by other service users, but is unclear as they were not interviewed. Her story suggests that workshops can provide an opportunity to learn new topics and keep informed. However, some interviewed service users were not able to attend sessions due to work commitments. They were unable to re-arrange work or take leave to attend the workshop. These participants expressed an interest in attending, but would only be available outside their working hours.

Overall, promotion of workshops and scheduling them outside of working hours could improve engagement. For those who attended workshops, positive outcomes included GP registration, and feeling the session had been useful and easy to understand.

Discussion

This study explores the effects of the Health and Wellbeing Initiative to IRMO's service users. This section summarises key findings, including outlining mechanisms for change, as well as discussing the limitations and implications of the research.

Primary research question

What has been the effects of providing support to IRMO's service users to access healthcare?

This was the primary research question of the evaluation. Conclusions are drawn from a small, unrepresentative sample, which means findings are not generalisable to all the beneficiaries of the IRMO health initiative. However, they do give detailed insights on service users to create implications and recommendations informed by the findings. Overall, service users had positive views in terms of their satisfaction with IRMO services and the outcomes of the support they had received. More detailed accounts can be found in the *Findings* section above. Across the four branches of the Health and Wellbeing Initiative, English support and knowledge of NHS systems were key for service users. Individual, tailored support is helpful for service users with specific health concerns. Social media and community outreach increase IRMO's reach and encourage patients to continue seeking help. Moreover, word of mouth appears to be the main way service users come to hear of IRMO, and service users interviewed also described the importance of sharing resources within their network. It is therefore possible that IRMO's support is having a larger impact on a wider number of people than just the participants in this research. Outcomes such as GP registration have come from IRMO's individual support and workshops. Service users express gratitude towards IRMO, and stress that they would not have been able to access healthcare without them, and would return to access IRMO's support in the future.

Mechanisms for change

The following section will describe the key drivers for the positive outcomes, outlined above, amongst service users. They are as follows:

1. Cultural awareness and sensitivity
2. Holistic approach to health
3. Validation and effective action from project worker
4. Knowledge of NHS systems and language skills

The findings have highlighted the importance of IRMO's work. This section will reflect on the potential mechanisms of change, to understand what key elements of IRMO's support are valuable to service users. Firstly, evidence suggests that IRMO is well-placed to support Latin American communities. Service users expressed gratitude at being understood and spoken to in their own language by Latin American project workers. IRMO staff are also culturally

sensitive and understand the experience of living in the UK as a Latin American migrant. This is valuable for service users, who can be supported effectively as they feel that their needs are well understood.

Secondly, IRMO's knowledge of community needs is translated into action by offering a holistic approach to health, which is valuable to service users. Approaching health needs from a holistic perspective which understands health to be affected by multiple areas of life is invaluable for service users who turn to IRMO for concrete actions to improve their quality of life. This includes providing support to improve knowledge of employment support and supporting service users living in poor housing conditions to access health provision. Importantly, having a 'one-stop-shop' for service users streamlines the process of requesting help and improves satisfaction for IRMO's service users. IRMO's support is also multi-faceted, so those who are illiterate or are visually impaired, and unable to engage with social media, are still able to access workshops and individual support.

Thirdly, participants expressed gratitude towards project workers. When describing interactions with IRMO, they said that they felt listened to, understood and validated. Especially, in comparison to their experience of interacting with the NHS, they found IRMO staff to be patient and reliable. In particular, they appreciated that their concerns were validated and that they were provided with avenues for receiving support. For those who didn't speak English fluently, being able to speak in their native language was important, as they could more easily express their needs and understand IRMO service providers recommendations.

Finally, IRMO's knowledge of NHS systems, opens numerous doors for Latin Americans living in the UK. For service users with limited English language skills, and limited networks to support them, IRMO's support is transformative. This is made more useful by their knowledge of navigating bureaucratic systems. Multiple interviewees reflected that IRMO provided support that they couldn't have begun to access without them. They especially appreciated being signposted to other organisations when requesting services IRMO did not provide or had no capacity to offer in the short-term (e.g., immigration advice, support contesting NHS charges).

Overall, IRMO is well-placed to provide support for the Latin American community based on their expertise, experience and interpersonal skills.

Limitations

In interpreting the findings from this evaluation, it is important to consider the limitations of the research. Due to the scale, resources and timelines for the study (2 months), the time for collecting survey data and interviewing participants was limited. This has affected the sample, as it is a relatively small sample of 48 survey respondents and 5 interviews. There is also a risk of self-selection bias, whereby those who participated in the evaluation may be the ones who are most engaged with and positive about the project, and therefore the data does not reflect all service users' experiences. Next, the sample is not representative of all Latin Americans in the UK as immigration status, time living in the UK, age and gender. This evaluation included a large number of responses from women, it is possible that the health seeking behaviours and health needs of Latin American women differ to men's, therefore future research is needed in this area.

Furthermore, due to budget constraints, incentives were not offered to participants. This would limit interview participation to those who are able to take time during the day for a phone call or to attend IRMO centre, without reimbursement. The interview sample was not meant to be representative, but demonstrate a variety of perspectives of IRMO service users. Furthermore, recruitment for survey and interview participants was done from the contact information collected as part of the one-to-one support. Therefore, data collection may be limited for service users who engaged in other aspects of the project.

The data collection was conducted in Spanish but not Portuguese. This was due to the language limitation by the PI, who does not speak Portuguese. IRMO's service users are predominantly Spanish-speaking, however, the lack of inclusion of Portuguese speakers could influence the findings. Despite this, there was one respondent who completed the survey in Portuguese, this is seen in the open questions where their responses were written in Portuguese. The responses were translated in English by Portuguese-speaking colleagues at NIESR. It is unclear if these respondents had some comprehension of Spanish, used an online translating app or a Spanish speaker to complete the survey questionnaire.

Implications

Based on the evaluation findings, this final section outlines some implications and recommendations for IRMO to consider for future service provision.

- **Consider expanding provision to increase service engagement**

- Some service users highlighted clashes between their working hours and IRMO services as a challenge to accessing one-to-one support and workshops.
- Increasing flexibility in the services could increase engagement for those unable to attend.
- IRMO could create a survey to map availability of service users and potential service users and adapt provision based on need.
- **Continue IRMO's outreach support**
 - Attending community events across London can widen the reach of IRMO's support and is welcomed by current service users.
 - Continue to engage with social prescribing, especially with pharmacies and GP clinics.
 - Expand online and telephone appointments for those unable to travel to IRMO offices.
- **Promote breadth of IRMO services to current service users**
 - Not all service users are aware of the services available as part of the Health and Wellbeing Initiative and IRMO's wider offering.
 - Creating a guide of IRMO services, within the Health and Wellbeing Initiative and across IRMO, could help reach service users in need of support
- **Consider ways in which IRMO can evaluate their services**
 - For example, this evaluation did not have a baseline survey, but future evaluations could benefit from having this data to better understand the impact of particular initiatives.
 - Considering ways to evaluate services, for example including service providers or a large sample could be of benefit for future evaluations.

Conclusion

Findings from this evaluation suggest that IRMO's Health and Wellbeing Initiative has been positively received by the community they serve. Its provision, as reported by service users, has been effective in overcoming barriers to accessing NHS services. From GP registration, COVID-19 vaccines to sexual health workshops, many who engaged with IRMO report positive impacts. Although a small charity with limited resources, workers have been able to provide culturally specific and holistic support during a period of uncertainty, COVID-19, Brexit and Cost of Living have put additional pressures on the Latin American community and in turn their health. The literature highlights four main barriers Latin Americans face; language, knowledge of NHS systems, stigma and lack of institutional recognition. IRMO has been a

bridge, aiding the community to overcome these barriers to accessing care. However, it is also important for future research and initiatives to focus on how institutions like the NHS can adapt their systems to eliminate barriers at the source.

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Appendices

Appendix A: Survey questionnaire, paper version [Original Spanish version]

Encuesta sobre tu experiencia accediendo la asistencia médica con apoyo de IRMO

Introducción

Desde 2021, IRMO ha estado brindando apoyo a la comunidad latinoamericana para acceder a los servicios de salud. Su trabajo se ha centrado en eliminar las barreras que impiden que las personas sean atendidas por un médico o accedan a otros servicios de salud como la vacunación.

Con el objetivo de medir el impacto de su trabajo, IRMO contrató a NIESR (El Instituto Nacional de Investigación Económica y Social) para hacer una evaluación. NIESR es un instituto no gubernamental e independiente que trabaja en temas relacionados con la economía y la investigación social.

Como parte de esta evaluación independiente, estamos pidiendo a las personas que hayan recibido apoyo de IRMO para acceder a los servicios de salud, que completen una breve encuesta. Esta encuesta es confidencial y toda su información se mantendrá de forma privada. No será posible identificarlo en el informe, ya que permanecerá en el anonimato.

Solo debería tomar alrededor de 10 minutos. Si tienes cualquier pregunta, puedes enviar un correo electrónico a la investigadora principal, Jasmin Rostron [Mail redacted].

Si necesitas ayuda relacionada con el acceso a la salud, comunícate con el HelpLine de IRMO al [07594505503](tel:07594505503) o mande un correo electrónico a info@irmo.org.uk.

Consentimiento:

1. Lee y marca las siguientes casillas según corresponda
 - He leído y comprendido la información anterior
 - Acepto voluntariamente participar en esta investigación

Acerca de ti:

2. ¿Cuántos años tienes?
 - 18-24
 - 25-30
 - 30-40
 - 40-50
 - 50-60
 - 65+
3. ¿Cuál es tu identidad de género?
 - Mujer
 - Hombre
 - No binarix
 - Otra (Por favor, indica)
 - Prefiero no responder
4. ¿En qué país naciste?

5. ¿Te identificas con alguna de estas poblaciones? (Marca todas las opciones que correspondan)
- Latinoamericanx
 - Indígena
 - Afrolatinx , Negrx , Razial , Palenquerx
 - Gitánx , Rom.
 - LGBTQ+
 - Otra (Por favor, indica)
 - Ninguna
 - Prefiero no responder
6. ¿Cuánto tiempo has estado viviendo en el Reino Unido?
- Menos de 6 meses
 - 6 meses a 1 año
 - 2-3 años
 - 4-5 años
 - 6-7 años
 - 8-9 años
 - 10 años o más
7. ¿Cuál es tu estatus migratorio?
- EUSS Pre-settled status (Permiso para europeos que llevan menos de 5 años en el país)
 - EUSS Settled status (Permiso para europeos que llevan más de 5 años en el país)
 - Ciudadanía británica
 - Refugiado
 - Solicitante de asilo
 - Permiso discrecional para permanecer
 - Talento mundial
 - Otro (Por favor, indica)
 - Prefiero no responder
8. ¿En qué municipalidad de Londres vives?
- Southwark
 - Lambeth
 - Otra (Por favor, indica)
9. ¿Cómo describirías tu nivel de inglés?
- No soy capaz de entender o comunicarme sin apoyo
 - Entiendo algo, pero me cuesta hablar.
 - Tengo una buena comprensión y una buena capacidad para comunicarme.
 - Soy capaz de entender y comunicarme con mínima dificultad.
 - Me siento seguro al expresarme en inglés y comprender a los demás.
 - El inglés es mi lengua materna

Preguntas generales de salud:

10. ¿Tienes alguna discapacidad y/o condición de salud crónica?
- Sí (Por favor, indica)

- No
- Prefiero no responder

11. ¿Estás registradx con un GP? (General Practitioner o Medico General)?

- Sí
- No
- Prefiero no responder

12. ¿Cómo te enteraste del servicio de apoyo para acceder al sistema de salud de IRMO?

- De boca en boca
- En las redes sociales
- Estaba participando en otro proyecto IRMO (Por favor explica)
- En un evento comunitario
- En un centro médico (hospital o farmacia)
- Otra (Por favor, indica)

13. ¿Ha accedido a alguno de los siguientes apoyos del proyecto de salud y bienestar de IRMO? (Marque todas las opciones que corresponda)

- Recibo información a través de las redes sociales. Incluyendo mensajes por whatsapp o correo electrónico
- He recibido apoyo 1 a 1 (individual)
- He visto IRMO en el "Wellbeing Bus", en el hospital o farmacia o en eventos comunitarios
- He asistido a un taller de información de salud.
- No recibí apoyo del proyecto de salud y bienestar de IRMO

Si respondiste '**No recibí apoyo del proyecto de salud y bienestar de IRMO**' por favor ve a la **página 4**

Si **recibiste** apoyo del proyecto de salud y bienestar de IRMO, ve a la **página 5**

Solo completa la página 4 si **no** recibiste apoyo del proyecto de salud y bienestar de IRMO:

14. ¿Conoces el proyecto de salud y bienestar de IRMO?

- Sí
- No
- No estoy seguro

15. **Optional:** *¿Podrías darnos más detalles sobre la pregunta anterior? Describe brevemente cómo se enteró de los servicios de IRMO*

16. ¿Cómo sueles relacionarte con IRMO? (Marca todas las opciones que correspondan)

- Por WhatsApp
- Por Facebook
- Por Instagram
- En YouTube
- Boca a boca
- Asistiendo a espacios comunitarios
- Asistiendo a una cita en una clínica de salud o farmacia
- Otra (Por favor, indica)
- No suelo relacionarme con IRMO

17. ¿Qué tan segurx te sientes para acceder a la asistencia médica por tu cuenta?

- Muy segurx
- Bastante segurx
- Ni segurx ni insegurx
- No muy segurx
- Para nada segurx

18. ¿Tienes alguna sugerencia sobre cómo apoyar a los latinoamericanos para que puedan acceder a la atención médica más fácilmente?

Gracias por tomarte el tiempo para completar esta encuesta. Si tienes algún inconveniente para acceder al sistema de salud en el futuro, comunícate IRMO en el [07594505503](tel:07594505503) o mande un correo electrónico a info@irmo.org.uk

Solo completa la página 5 y las siguientes si **recibiste** apoyo del proyecto de salud y bienestar de IRMO

1. Completa la siguiente parte, si te enteraste del servicio de IRMO en las redes sociales

1. ¿En qué redes sociales sigues a IRMO? (Marca todas las opciones que correspondan)
 - Twitter
 - Instagram
 - LinkedIn
 - YouTube
 - WhatsApp
 - Facebook
 - Otra (Por favor indica)

2. ¿Qué tan fácil crees que es entender la información de IRMO en las redes sociales con respecto al proyecto de salud y bienestar?
 - Fácil de comprender
 - Algo fácil de entender
 - Ni fácil ni difícil de entender
 - Algo difícil de entender
 - Difícil de entender

3. ¿Qué tan informativos son los mensajes que recibes de IRMO?
 - Muy informativo
 - Informativo
 - Ni informativo ni no informativo
 - Algo informativo
 - No informativo

4. ¿Qué tan útil fue el apoyo que recibiste?
 - Muy útil
 - Útil
 - Ni útil ni inútil
 - Algo no útil
 - No es útil

5. ¿Qué tan satisfechx estás con el apoyo que recibiste a través de los mensajes de las redes sociales de IRMO?
 - Muy satisfechx
 - De alguna manera satisfechx
 - Ni satisfechx ni insatisfechx
 - De alguna manera insatisfechx
 - Muy insatisfechx

2. Completa la siguiente parte, si recibiste apoyo individual de IRMO

1. ¿Recibiste apoyo individual de IRMO?
 - Sí
 - No

2. *Opcional: ¿Cuál fue el propósito por el que te acercaste a IRMO? ¿Qué apoyo recibiste?*

3. ¿Cuáles fueron los resultados de tu visita? (Marca todas las opciones que correspondan, puede ser el apoyo que recibiste para tí mismx o tu familia)
 - No hubo resultado
 - IRMO proporcionó soporte de traducción
 - Apoyo para registrarme con un GP
 - Apoyo para registrarme con un dentista/sacar citas con un dentista
 - Apoyo para vacunarme contra la COVID-19
 - Apoyo para reservar una cita médica
 - Mayor comprensión de cómo funciona el NHS (sistema de salud) y cómo acceder a la atención médica en el futuro
 - Mayor comprensión de mis derechos a acceder al sistema de salud
 - Mayor confianza en el NHS
 - Apoyo para acceder a servicios de salud mental
 - Recibí información sobre otros servicios de IRMO como los talleres o el “Wellbeing Bus”
 - Otra (Por favor, indica)

4. *Opcional: ¿Pudiste resolver tu inquietud durante la consulta individual? Por favor expande*

5. ¿Qué tan útil fue el servicio de IRMO para resolver su inquietud?
 - Muy útil
 - Útil
 - Ni útil ni no útil
 - Algo no útil
 - No es útil, mi problema no se resolvió

6. ¿Qué tan satisfechx estás con el apoyo de IRMO durante su sesión individual?
 - Muy satisfechx
 - De alguna manera satisfechx
 - Ni satisfechx ni insatisfechx
 - De alguna manera insatisfechx
 - Muy insatisfechx

3. Completa la siguiente parte si recibiste apoyo o información de IRMO en un evento comunitario, el autobús del bienestar o en un hospital o farmacia

1. ¿Dónde te encontraste con el equipo de IRMO? (Marca todas las opciones que correspondan)
 - En el “Wellbeing Bus” (Autobús del bienestar de Lambeth)
 - En un parque
 - En una iglesia o centro religioso
 - En un espacio comunitario (restaurante, biblioteca, cafetería)
 - En el Hospital de St Thomas o Guy’s
 - En la farmacia de St George’s en Elephant and Castle
 - En la oficina de IRMO
 - No me encontré con el equipo de IRMO en espacios comunitarios
 - Otra (Por favor, indica)

2. ¿Cuál de las siguientes describe mejor su interacción?
 - Busqué activamente a IRMO y fui al lugar sabiendo que estarían allí.
 - Me encontré con IRMO por accidente, no estaba buscando activamente su apoyo.
 - Otra (Por favor, indica)

3. *Opcional: ¿Cuál fue el propósito de su visita? ¿Qué apoyo te ofreció IRMO? ¿Pudiste resolver tu inquietud durante la consulta individual? Por favor expande*

4. ¿Cuáles fueron los resultados de tu visita? (Marca todas las opciones que correspondan)
 - No hubo resultado
 - IRMO proporcionó soporte de traducción
 - Apoyo para registrarme con un GP
 - Apoyo para registrarme con un dentista/sacar citas con un dentista
 - Apoyo para vacunarme contra la COVID-19
 - Apoyo para reservar una cita médica
 - Mayor comprensión de cómo funciona el NHS (sistema de salud) y cómo acceder a la atención médica en el futuro
 - Mayor comprensión de mis derechos a acceder al sistema de salud
 - Mayor confianza en el NHS
 - Apoyo para acceder a servicios de salud mental
 - Recibí información sobre otros servicios de IRMO como los talleres o el “Wellbeing Bus”
 - Otra (Por favor, indica)

5. ¿Qué tan útil fue IRMO para resolver su inquietud?
 - Muy útil
 - Útil

- Ni útil ni no útil
 - Algo no útil
 - No es útil, mi problema no se resolvió
 - No es útil, puedo acceder a apoyo similar en otro lugar (especifica)
6. ¿Qué tan satisfechx estás con el apoyo de IRMO durante tu sesión individual?
- Muy satisfechx
 - De alguna manera satisfechx
 - Ni satisfechx ni insatisfechx
 - De alguna manera insatisfechx
 - Muy insatisfechx

4. Completa la siguiente parte, si asististe a talleres sobre salud y bienestar en IRMO

1. ¿Asististe a algún taller de IRMO? (Marca todas las opciones que correspondan)
 - Cómo acceder a los servicios de salud en el Reino Unido
 - Salud sexual y prevención de VIH
 - Cómo registrarte con un GP
 - Evento de Salud y bienestar
 - Eventos de Bienestar en IRMO con el Wellbeing bus
 - Maternidad y salud femenina
 - Grupos focales
 - Otra (Por favor, indica)
 - No, me invitaron por no poder ir a una sesión

2. ¿Asististe a los talleres en línea o en persona? (Marca todas las opciones que correspondan)
 - En línea
 - En persona

3. Opcional: *¿Qué querías aprender o conseguir al asistir a los talleres?*

4. ¿Fue clara la información proporcionada en los talleres?
 - Yo entendí todo
 - Entendí la mayor parte de la información
 - Entendí parte de la información
 - No entendí la información

5. ¿Cuáles fueron los resultados de su visita a IRMO? (Marca todas las opciones que correspondan)
 - No hubo resultado
 - IRMO proporcionó soporte de traducción
 - Apoyo para registrarme con un GP
 - Apoyo para registrarme con un dentista/sacar citas con un dentista
 - Apoyo para vacunarme contra la COVID-19
 - Apoyo para reservar una cita médica
 - Mayor comprensión de cómo funciona el NHS (sistema de salud) y cómo acceder a la atención médica en el futuro
 - Mayor comprensión de mis derechos a acceder al sistema de salud
 - Mayor confianza en el NHS
 - Apoyo para acceder a servicios de salud mental
 - Recibí información sobre otros servicios de IRMO como los talleres o el “Wellbeing Bus”
 - Otra (Por favor, indica)

6. ¿Qué tan útil fue el apoyo recibido?
 - Muy útil
 - Útil
 - Ni útil ni inútil

- No muy útil
- Para nada útil

7. ¿Qué tan satisfechx estsá con el apoyo de IRMO?

- Muy satisfechx
- De alguna manera satisfechx
- Ni satisfechx ni insatisfechx
- De alguna manera insatisfechx
- Muy insatisfechx

5. Últimas Preguntas

1. *Opcional: ¿Qué otro servicio te gustaría recibir para acceder a la atención médica?*
2. ¿Has buscado apoyo para acceder a la salud en otras organizaciones o personas?
 - Sí (por favor, indica)
 - No
3. Si volvieras a recibir apoyo de IRMO el futuro ¿Qué tan segurx estás de que podrías acceder a la atención médica **con** el apoyo de IRMO?
 - Muy segurx
 - Bastante segurx
 - Ni segurx ni insegurx
 - No muy segurx
 - Para nada segurx
4. ¿Cómo te sientes acerca de buscar apoyo para acceder a la salud en el futuro **sin** el apoyo de IRMO?
 - Muy segurx
 - Bastante segurx
 - Ni segurx ni insegurx
 - No muy segurx
 - Para nada segurx
5. *Opcional: El apoyo recibido del proyecto de salud y bienestar de IRMO te ha traído otros beneficios? (acceder a otros servicios, o difundir información de IRMO a amigos/familiares u otros beneficios indirectos)*
6. *Opcional: Finalmente, escribe aquí si hay algo que desees agregar sobre tus experiencias con el sistema de salud con/sin IRMO y cualquier mejora que te gustaría ver.*
7. *Opcional: ¿Tienes alguna sugerencia sobre cómo apoyar a los latinoamericanos para que puedan acceder a la atención médica más fácilmente?*
8. *Opcional: Nos interesaría entrevistarlx para saber más sobre sus experiencias con los servicios de IRMO. Si está interesadx, proporcione su **nombre y número de teléfono**. Nos pondremos en contacto con más detalles, tu participación es completamente voluntaria*

Gracias por completar la encuesta.

Realmente apreciamos que te hayas tomado el tiempo para hacer esto. No dudes en ponerte en contacto con Jasmin Rostron al correo [\[mail redacted\]](#), si tienes alguna pregunta sobre la encuesta y la investigación.

Si tienes más preguntas relacionadas con el acceso a la salud o deseas recibir asistencia adicional, llama al [07594505503](tel:07594505503) o mande un correo electrónico a info@irmo.org.uk.

Guía de discusión

Estructura de la entrevista semiestructurada (45 mins en total)

- Presentaciones y consentimiento (3 minutos)
- Acerca de ti (5 minutos)
- Atención médica general y experiencias de acceso a la atención médica (10 minutos)
- Experiencias de acceso a la atención médica con IRMO (20 minutos)
- Recomendaciones y futuro (5 mins)
- Gracias y cierre (2 minutos)

Introducción y consentimiento (3 minutos)

Gracias por participar en esta entrevista. Mi nombre es Jasmin Rostron y soy una investigadora del Instituto Nacional de Investigaciones Económicas y Sociales (NIESR). Somos una organización de investigación independiente, que no forma parte del gobierno. IRMO nos ha pedido que analicemos su oferta de salud y bienestar para ver el impacto y los aprendizajes del proyecto. Para este proyecto, estamos entrevistando a personas, como usted, que han pedido apoyo a IRMO para acceder a la atención médica para obtener más información sobre sus experiencias. Realmente apreciamos su participación en este estudio, ya que ayudará a IRMO a mejorar el apoyo que pueden brindar a las personas en el futuro.

La entrevista tendrá una duración aproximada de 45 minutos.

Toda la información que proporcione será tratada con la más estricta confidencialidad y no será compartida con nadie. Todos los datos serán analizados e informados de forma anónima. Esto significa que su nombre y cualquier otra característica identificable, como su lugar de trabajo y cargo, se eliminarán o cambiarán en cualquier informe o publicación que resulte de la investigación, de modo que no pueda ser identificado de ninguna manera. Fundamentalmente, no revelaremos directamente a IRMO nada de lo que discutamos en la entrevista. Sin embargo, como te han identificado para participar, es posible que ellos te reconozcan en el informe.

Su participación es voluntaria, por lo que es libre de retirarse en cualquier momento sin dar una razón, y puede negarse a responder cualquiera de las preguntas. No hay respuestas correctas o incorrectas, responda lo más honestamente posible. La participación y las respuestas no afectarán su capacidad para reclamar apoyo de IRMO en el futuro.

Con su permiso, se grabarán las entrevistas para que pueda escucharlas y asegurarme de que no me he perdido nada de lo que ha dicho. Estas grabaciones se almacenarán en servidores seguros.

Por favor, ¿puede confirmar que está dispuesto a participar en esta investigación? [obtener consentimiento].

¿Puede confirmar que está de acuerdo con que se grabe esta entrevista? [obtener el consentimiento].

[iniciar la grabadora después de obtener el consentimiento]

¿Tienes alguna pregunta antes de que empecemos?

Acerca de ti (5 minutos)

1. ¿Puedes hablarme brevemente sobre ti?
 - Indague sobre: su edad, de dónde es, cuánto tiempo ha vivido en el Reino Unido, su situación de vida y su trabajo actual.

Salud general y experiencias de acceso a la atención médica (15 minutos)

2. Si no es algo muy sensible, podría preguntarle si ¿tiene alguna condición de salud crónica o discapacidad?
 - Indague: ¿cómo afecta esto a su vida diaria? ¿Has podido pedir apoyo?
 - ¿Tiene acceso a [tratamiento: medicamentos, fisio, etc.]
3. ¿Puede contarme brevemente sobre sus experiencias al acceder a la atención médica en el Reino Unido?
 - Indague sobre: registrarse con un GP/dentista, concertar citas, recibir un tratamiento adecuado, satisfacción con la calidad de la atención
4. ¿Tuviste alguna dificultad?
 - Indague sobre: barreras del idioma, conocimiento del sistema NHS, cómo reservar citas, registrarse con el GP, acceder a la información de COVID
5. ¿Ha experimentado alguna discriminación al intentar acceder a la atención médica?
 - ¿Podría decirme más sobre eso?

Experiencias de acceso a la atención médica con IRMO (15 minutos)

6. ¿Cómo se enteró por primera vez del apoyo a la salud y el bienestar de IRMO?
7. ¿Qué apoyo de salud ha recibido de IRMO?
 - Indague sobre: en las redes sociales, 1 a 1, talleres, 'outreach' (Wellbeing Bus, centros médicos, espacios comunitarios)
8. ¿Qué tan útil encontró el apoyo de IRMO? ¿Pudieron resolver su problema/asunto?
9. ¿Qué diferencia supuso para usted el apoyo de IRMO?
 - Indague sobre: traducciones de idiomas,
 - ¿Cómo hubiera sido eso si IRMO no hubiera estado allí para apoyarlo?
10. ¿Experimentó algún desafío para acceder al soporte de IRMO?
 - Indague sobre: Wi-Fi, problemas digitales, asistir a sesiones, costos de transporte público, ausentarse del trabajo, responsabilidades de cuidado
11. ¿Qué tan seguro se siente para acceder a los servicios de atención médica después de recibir el apoyo de IRMO?

12. ¿Recibe apoyo de traducción de IRMO? ¿Como fue eso?
13. ¿Hasta qué punto cree que tiene una mejor comprensión del sistema NHS?
 - ¿De cómo acceder a la atención en el futuro?
 - ¿A qué tiene derecho como paciente del NHS?
 - ¿Mayor confianza en el NHS?
14. ¿Apoya a otros para acceder a los servicios de salud? ¿Eres un cuidador?
 - Indague sobre: familiares y amigos
 - ¿Cuáles son sus experiencias apoyando a otros?
15. ¿Ha buscado apoyo relacionado con la salud de otras organizaciones o personas?
¿Cómo se comparan con la oferta de IRMO?

Recomendaciones y futuro

16. ¿Cómo podría IRMO mejorar su oferta para brindarle un mejor apoyo?
 - ¿Hay algo que se pueda cambiar? ¿Mejorado?
 - ¿Hay algo que no ofrecen actualmente que podría ser útil?
17. ¿Tiene alguna sugerencia sobre cómo facilitar que los latinoamericanos en Londres obtengan atención médica?
18. ¿Hay algo más que quieras contarme que no hayamos hablado hoy? ¿Sobre el acceso a la atención médica en el Reino Unido? ¿Sobre sus experiencias con IRMO?

Gracias y cierre (2 minutos)

Si tienes más preguntas relacionadas con el acceso a la salud o deseas recibir asistencia adicional, llama al **07594505503** o mande un correo electrónico a info@irmo.org.uk.

