

# **Access to Health and Social Care Services for the Latin American Community in Haringey**

March 2026



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# Executive summary

This report is the outcome of a deep exploration led by Healthwatch Haringey, discussing and delving into the experiences that the Latin American (LATAM) community faces in Haringey regarding accessing health and social care services. Engaging several times with local Latin American community through our local services, combined with the growing national research around the subject, motivated us to investigate this area as a fully independent project as part of our core work at Healthwatch Haringey, delivered by Public Voice CIC.

This research listens to the experiences of Latin American residents in Haringey, putting their testimonies of health, social care and UK life in context with significant policy changes, research and analysis of the role of data disaggregation for several communities. As part of this, we have reached out to academics in the field, local Latin American community groups and data analysts at Haringey Public Health to understand the issues within the wider context. The most important part of this project however was listening to local residents through our multilingual survey and interviews.

The aim of this research was to understand more about the barriers that Latin Americans face to accessing health and social care services. It is our intention that the findings of this research will bring an abundance of knowledge to commissioners of health and social care services in Haringey and the UK more broadly about the key challenges faced by the Latin American community so that equitable changes can be made.

## **The key insights of this project are:**

- The Prominence of the Latin American Community in Haringey.
- The Barriers that Latin Americans in Haringey face to accessing health and social care services.
- Latin Americans in Haringey, Note Key Differences Between Services in the UK, and Other Countries They Have Lived in.
- Exploring the Health Inequalities that Latin Americans in Haringey Face.
- The Hidden Mental Health Struggles of Latin Americans in Haringey, and the Holistic Support that is Needed.
- Significant Improvements Are Required to Make Services Inclusive and Accessible to the Latin American community in Haringey.

**Recommendations:**

- Addressing Language Barriers
- Addressing Racism, Hostile Environment and Discrimination
- Chagas Disease Screenings within Haringey
- Utilising Appropriate Data Disaggregation for LATAM Communities in Haringey for Health and Social Care Data
- Holistic Support for LATAM Communities in Haringey
- Community Groups as Delivery Partners for Health Interventions

# Background and Context

Latin Americans have lived in London, and particularly within Haringey for several generations. This community has brought a vibrant culture to the fabric of Tottenham, shaped by community, music and a rich food culture. However, this has not been without its struggles. There has been a widespread invisibility of the identities, spaces and placemaking of Latin American communities within the UK which is currently being challenged by grassroots organisations, academics and members of the community. The lack of representation of these communities within the health and social care context has led to a lack of awareness around the barriers and health inequalities that Latin Americans of various racial backgrounds face in the UK.

With the Health and Care Act 2022 (which amended the NHS Act 2006) extending the NHS's legal responsibilities to actively reduce and tackle health inequalities, and the visibility of all ethnicities within the National Census has never been more important. It affects the abilities of NHS commissioners (NHS England and ICBs) to undertake their legal duties to account for the varied health inequalities affecting their local communities<sup>1</sup>. For many communities who are not represented in Census data, this can affect health inequalities and struggles being acted on due to it not being seen, or even available in datasets.

In terms of the Latin American community, it is a growing population in Haringey. It is through the works of Professor Cathy McIlwaine that the much-needed demographic research of the Latin American population in Haringey has been conducted. Without it, we would not have known that Haringey went from having a Latin American population of 4,379 people in 2011<sup>2</sup> to 10,012 people in 2021<sup>3</sup>. Nor would we have been able to access vital information about Latin Americans in London, including employment rates, levels of deprivation, English language proficiency and much more.

<sup>1</sup> <https://www.england.nhs.uk/long-read/health-inequalities-equality-legal-duties/> accessed October 2025.

<sup>2</sup> C., McIlwaine & D., Bundge., 'Towards Visibility: the Latin American Community in London', delivered by LAWRS, King's College London & Queen Mary UOL for Trust for London (2016), 71.

<sup>3</sup> C., McIlwaine, 'Cartographies of Emergence of Latin American Communities and British Latinx Imaginaries in London', Bulletin of Latin American Research (2024), 5

However, when looking at the experiences of health and social care for Latin American communities in London, we can see that there have been many barriers to access at a national level. As noted in an article published in The Guardian in 2021, research produced by IRMO (Indoamerican Refugee and Migrant Organisation) brought to light the lack of GP access rates among Latin Americans in the UK which substantiates valid concerns around vaccine uptake within the community<sup>4</sup>. Additionally, when delving into the research that IRMO conducted into the impact of Covid-19 on Latin American Migrants<sup>5</sup>, the intersected struggles that Latin Americans face in relation to finances, employment, food insecurity, housing and GP registration, are brought to the surface. We can see that all these factors have contributed to the overall wellbeing of Latin American people in the UK, with many struggling with mental health, language barriers and immense pressure to work beyond their limits.

As an independent watchdog of health and social care, the role of Healthwatch to investigate this contested issue for the Latin American community is needed. We can see this in the research project that Healthwatch Southwark ran in 2023<sup>6</sup>, which provided us with a powerful example of methodology, and key insights into the barriers to access faced in Southwark that we could compare with Haringey. Whilst we expected many of these barriers to be similar, there were distinguishing features of Haringey which contrasted to South London, with regards to levels of investment by local authorities and commissioning bodies into the wellbeing of the Latin American community.

Therefore, we decided to undertake this project independently as part of our core work at Healthwatch Haringey with the aim to improve the access that Latin Americans in Haringey have to health and social care services.

<sup>4</sup> <https://www.theguardian.com/society/2021/feb/15/low-gp-access-rates-among-latin-americans-in-uk-raise-vaccine-concerns>, accessed September 2025.

<sup>5</sup> IRMO, 'The Impact of Covid-19 on the Lives of Latin American Migrants', (2021), 1-11

<sup>6</sup> Healthwatch Southwark, 'Access to Health and Social Care Services for Latin American Communities in Southwark Report', (2023), 1- 37

# The History and Dynamics of Haringey's Latin American Community

It is within this context that we explore the livelihoods of the Latin American communities in Haringey, as their histories and the dynamics within the borough are needed to understand them as people, not just statistics.

While there had been migration of Latin Americans in the past, it was clear from the 1970s and 1980s that a higher number of Latin Americans arrived in the UK. Most of the migrants that came at this time were Colombians who had arrived with work permits to work in hospitality, hospitals, cleaning and catering jobs. There were also political refugees fleeing from Chile, Uruguay and Argentina, with further Latin American communities also claiming asylum through family reunion. This continued in the 1990s and 2000s, as more Latin Americans from a range of countries settled as 'students, refugees and as economic migrants'<sup>7</sup>, many of whom worked in low-paid sectors of the labour market yet made daily contributions to UK society. It was this time that beckoned the beginning of the current Seven Sisters Market in Haringey, as well as the emergence of Latin American newspapers and online magazines.

For many people in Haringey, Tottenham, and more specifically Seven Sisters, has become home to Latin Americans of different ethnicities, races and experiences. It has become a space where anyone from anywhere can find belonging. The Seven Sisters Market, also known colloquially as London's 'Latin Market', has not only survived but thrived as a prominent cornerstone of Haringey's culture. As a space of community, culture and people, the Latin Village has been 'described by the actual United Nations as a "dynamic cultural space" that is "inclusive of people from a diversity of places and different generations"'<sup>8</sup>.

<sup>7</sup> C., McIlwaine & D., Bundge., 'Towards Visibility', 7

<sup>8</sup> <https://london.eater.com>, accessed September 2025

This space provides around 120 jobs and over 40 BME businesses have been listed as an 'Asset of Community Value' by Haringey Council since 2014<sup>9</sup>.

However, as noted by Wards Corner Community Plan (CBS), the struggle to save Seven Sisters Indoor Market from demolition has been a long battle for over 15 years. Beginning in 2007 when a 'controversial' regeneration programme for Tottenham instilled fear in the local population and especially the 'Latin American community centred on the Pueblito Paisa indoor market in the old department building known as Wards Corner'<sup>10</sup>. This affected job security, mental health and the community bonds that had been sustained for many years in the space. Fortunately, through the persistence and resilience of the 'Save the Latin Village' Campaign<sup>11</sup>, this community in the heart of Tottenham showed how to 'fight the developers – and win'<sup>12</sup>. As noted by Professor McIlwaine, this area within Haringey, in a similar case to Elephant and Castle in Southwark, was part of 'a wider process of "Latin urbanism"' which included the "'reshaping, claiming and resisting"' of gentrification in the inner-city neighbourhoods of London<sup>13</sup>.

The current dynamics of Latin Americans in Tottenham is deeply shaped by this history of a unified community, who fought to stay together in this place they called home. There are many businesses and restaurants celebrating the heritages of people from Colombia, the Dominican Republic, Ecuador, Brazil, Peru and elsewhere. While it can be hard for many Latin Americans to access the foods, clothes and even music that they grew up with – this area in Haringey brings a wholesome nostalgia to many. For those who are not Latin American themselves, they are part of the culture – everybody is welcomed.

There are many community groups that support the Latin American community in Haringey. Some of which now include: Wards Corner Community Plan (CBS), Pueblito Paisa Community Centre, Aymara Social Enterprise, Bridge Renewal Trust, CLAUK (Coalition of Latin Americans UK), LAWA (Latin American Women's Rights Organisation), Fortaleza Latina, Oldalone UK, IRMO (Indoamerican Refugee and Migrant Organisation) and Latin American House.

<sup>9</sup> <https://wardscorner.org/ourhistory>, accessed September 2025

<sup>10</sup> <https://guayaba.live/2018/05/05/the-latin-american-community-fighting-their-corner-in-seven-sisters/>, accessed September 2025

<sup>11</sup> <https://savelatinvillage.org.uk>, accessed September 2025

<sup>12</sup> <https://www.theguardian.com/commentisfree/2021/aug/19/tottenham-community-latin-village-new-way-to-regenerate>, accessed September 2025

<sup>13</sup> C., McIlwaine, 'Cartographies of Emergence', 4

# Literature Review

Much of the literature around this topic reveals that emerging research is seeking to understand the experiences that Latin American migrants have faced in terms of their health, but also their wellbeing holistically.

In 2024, Cabieses et al. conducted a scoping review that explored the impact of stigma and discrimination-based narratives in the health of migrants in Latin America and the Caribbean (LAC)<sup>14</sup>. They explored how although human mobility is a normal part of human history, migrants still face a higher risk of stigma and discrimination. Looking at levels of stigma and discrimination in LAC itself, the sociopolitical crisis in Venezuela has pushed millions of people out of their country in what has been considered ‘the largest’ exodus ‘in Latin America in the last 50 years’. In this case, while some countries in LAC have received migrants and tried to adapt their systems to address migrants’ health and wellbeing; there has simultaneously been a rise in discrimination and xenophobia against Venezuelan and Haitian refugees. For migrants, this has led to both discrimination in healthcare contexts, and/or the development of physical and mental health conditions resulting from traumatic events linked to migratory experiences.

In the United States, anti-migrant language has been increasingly amplified in recent years. With a rise of mass deportations by the US Immigration and Customs Enforcement (ICE) that have torn families apart, many Latin American refugees have been forced to go back to what are unsafe and unliveable conditions. A civic response to this has involved several campaigns across 17 states against the manner of these deportations. However, while the United States has been widely depicted by John F. Kennedy’s famous description of the country as a ‘Nation of Immigrants’, the very existence and enactment of this policy demonstrates the entrenched core of xenophobia that threatens the lives of immigrants in the United States.

<sup>14</sup>B, Cabieses et al. (2024). “The impact of stigma and discrimination-based narratives in the health of migrants in Latin America and the Caribbean: a scoping review.” *Lancet Regional Health: Americas*. 40, 1-18.

Deportations of Latin Americans have also been seen in the UK where it was reported that in 2022, the UK Home Office deported more than 600 Brazilians (the UK's largest Latin American population), including 109 children on three secret flights to Brazil<sup>15</sup>. The Coalition of Latin Americans UK (CLAUK) raised concerns about this sharp increase in deportation, noting that the Home Office had never removed any nationality to this scale on individual deportation charter flights. Additionally Latin American Women's Aid UK (LAWA), described how a client that they were supporting was fleeing violence with her two sons (including a disabled child, and one with special educational needs) who had to move between hotels to be safe. Ultimately the mother was refused the Migrant Victim of Domestic Abuse Concession, which ordinarily allows migrant domestic violence victims to stay in the UK, and she had no choice but to return to Brazil. In these cases, we see that there has been a rise in the discrimination of Latin American migrants, fostering a hostile environment.

In terms of health and social care, the Covid-19 pandemic was particularly hard on the Latin American community to manage. In London, the cuts in income and redundancies, especially for those in low-paid and insecure jobs, meant a drop in salary for many Latin Americans. The closure of the non-essential sectors such as caring, cleaning and hospitality had a detrimental effect on the financial wellbeing of this community<sup>16</sup>. Research conducted by IRMO (Indoamerican Refugee and Migrant Organisation) demonstrated this further, finding that half of low paid Latin Americans in London were out of work due to the pandemic, and experiencing financial hardship. This in turn led to food insecurity, inadequate housing conditions, evictions and a lack of GP registration<sup>17</sup>. In addition, the rise of healthcare services being accessed online during the pandemic created a digital divide for Latin Americans who had limited English as they were unable to speak with someone in-person<sup>18</sup>.

<sup>15</sup> <https://www.theguardian.com/world/2024/dec/01/brazilians-deported-home-office-secret-flights-uk>, accessed March 2025

<sup>16</sup> D., Turcatti, & J., Rostron (2024). Migrants' Agency and Mobilisation in Times of Crisis: London's Latin American Community Navigating the Impact of Covid-19, NIESR Discussion Paper no. 559, 12.

<sup>17</sup> IRMO, 'The Impact of Covid-19 on the Lives of Latin American Migrants', (2021), 1-11

<sup>18</sup> Turcatti, D. and Rostron, J. Migrants, 13

When it comes to the long-term health conditions that have been affecting Latin Americans in London, the research conducted by Dr Scuffell et al. showed that Latin Americans were at a markedly higher risk of developing HIV/AIDs with a higher incidence than the Black ethnic group. In comparison with the White ethnic group, Latin Americans were found to have increased obesity, diabetes, hypercholesterolaemia rates and were more likely to be diagnosed with musculoskeletal conditions. In addition, the lower rates of anxiety and depression indicated to the researchers that this may represent an underreporting of mental health issues<sup>19</sup>. Indeed, the case for better sexual health services for Latin Americans in the UK is being recognised by multiple stakeholders. The 'Let's stop HIV' campaign ran by Naz Project London and CLAUk (Coalition of Latin Americans UK) highlighted that a high number of Latin Americans had poor sexual health knowledge and struggled with accessing these services<sup>20</sup>. In February 2025, when investigating HIV in Latin American migrants in the UK, Dr Elkheir et al. brought attention to the 'significant underdiagnosis in Latin American migrant women in the UK'<sup>21</sup>. With Latin American women experiencing multiple barriers to accessing HIV testing in the UK, it is important that service providers are taking active steps towards prevention and testing, especially in antenatal care.

On the ground in Haringey, the Central and North West London (CNWL) NHS Foundation Trust has been taking proactive steps towards addressing HIV and AIDs Prevention in partnership with Aymara Social Enterprise from 2024. Launched as the 'PrEP for Migrants' project in North Central London<sup>22</sup>. The commissioning of Aymara to offer HIV testing, consultation and advice to local Latin Americans in community settings has been a positive step towards improving health inequalities for Latin Americans in Haringey.

<sup>19</sup> Scuffell, J., et al. (2024). "Incidence of long-term conditions in the Latin American community of London: A validation and retrospective cohort study of 890,922 primary care records, 2005-2022." *PloS One*, 19, 8.

<sup>20</sup> L., Granada & I., Paccoud, 'Latin Americans: a case for better access to sexual health services', delivered by CLAUk, NAz Project London for Trust for London, (2014), 4-6

<sup>21</sup> N., Elkheir et al. (2025). "HIV in Latin American migrants in the UK: A neglected population in the 95-95-95 targets." *HIV medicine*, 26, 754.

<sup>22</sup> <https://www.sexualhealth.cnwl.nhs.uk/news/prep-for-migrants-project-new-hiv-prevention-partnership-project-between-cnwl-and-aymara-social-enterprise/>, accessed March 2025

# The Role of Data Disaggregation for Latin American Communities

Within Haringey and the UK, there has been a historic lack of representation and recognition of the growing Latin American population leading to increasing disparities in relation to health, social care, employment, housing, education and more.

When we look to Census data, while the 'Latin American' ethnicity category was used recently in the 2021 census<sup>23</sup>, there remains several discrepancies. Whilst many Latin American people have a rich diverse racial and ethnic heritage, this is simply not applicable in current data monitoring. In some forms, the 'Latin American' category appears under the 'White', 'Other', or as a separate category where only a select number of Latin American countries are included. There is no 'Latin American' selection available for Latin Americans of Black, Asian, Arabic or Indigenous racial heritage. Instead, like many other ethnic groups in the UK, the conflation of race and ethnicity in the current data monitoring has led to a lack of accurate representation.

Attempts to estimate the Latin American identity by the main language (Spanish or Portuguese) and proficiency in English<sup>24</sup> has also led to inaccurate data on the Latin American community. There are many Spanish and Portuguese speakers in the UK that are not Latin American, do not have to have Spanish or Portuguese as their main language, or need to have a poor proficiency in English to be Latin American.

<sup>23</sup> <https://www.ons.gov.uk/datasets/TS022/editions/2021/versions/2>, accessed November 2024

<sup>24</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/language/adhocs/1421ct210132census2021>, accessed January 2025

The issue of data disaggregation for the Latin American community is a longstanding national issue that several organisations including: CLAUUK, LatinXcluded and LetsTalkLatinx have been working to address. CLAUUK first deputised Haringey Council for the formal recognition of the Latin American community in 2014<sup>25</sup>, as the local Latin American community needed support from the local Council in issues related to employment, abuse, lack of access, discrimination and healthcare. However, this was largely unaddressed.

Upon starting this project, we coordinated community engagement with local Latin American groups, and Professor McIlwaine to get a more accurate understanding of the Latin American population in Haringey. From this, we corresponded with the Haringey Public Health Team and more specifically, with Haringey Council's Data and Business Intelligence Team (DBT) to share our project and inform on what we were doing.

At first, when we informed the DBT that the population of Latin Americans in Haringey had reached over 10,000 people based on Professor McIlwaine's most recent data analysis of the ONS Census<sup>26</sup>, they told us that we were mistaken. Instead, they sent us the census data tables previously mentioned related to ethnicity, main language spoken and proficiency in English. Luckily though, Professor McIlwaine was very helpful in clarifying that she had used country of birth data, wherein she diligently tracked the number of people in each borough that had been born in a Latin American country. After this, the DBT accepted the correction.

We are pleased to now report that when Haringey Council made the major decision to recognise the Latin American community in July 2025 within census data, they used the corrected figure which we had brought to their attention. However, it is important to note that even the figure of 10,012 is a conservative estimate as there are still many Haringey Latin Americans that were not necessarily born in a Latin American country.

Finally, while the Health and Care Act 2022 brought into legislation the duty for the NHS to address health inequalities affecting different communities, this has been somewhat curtailed for the Latin American community in the UK, with the lack of representation leading to a lack of information surrounding the health inequalities that they face.

<sup>25</sup> <https://clauk.org.uk/our-campaigns/deputation-to-haringey-council/>, accessed February 2024

<sup>26</sup> <https://lab.org.uk/an-emergent-latin-x-london/>, accessed February 2024

# Research Methods

For this project, the research methods were as follows:

- A review of the current literature on the experiences of health and social care for Latin American communities in the UK.
- Surveys available in Spanish, Portuguese and English distributed in key community locations and outreach networks.
- Semi-structured interviews conducted in Spanish with eight local Latin American people.
- Semi-structured interviews with two lead academics in the field of health and social care for Latin American communities in the UK.

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# Project Design

The lead researcher for this project was Emily Arama Sánchez (Healthwatch Haringey Information, Policy and Research Officer). She was supported by Paul Addae (Healthwatch Haringey Manager) and Haneet Sagoo (Healthwatch Haringey volunteer). Having Latin American representation within the team was beneficial in terms of both positioning and understanding. Additionally, this meant that we could apply the relevant language skills to increasing the accessibility of the surveys and interviews conducted.

Prior to designing the surveys and interviews, we reached out to Haringey's Latin American communities and related stakeholders to understand the key issues faced, and where our research could be useful. We tried to incorporate open-ended questions to give participants the chance to speak freely and in more detail. We also used this engagement as an opportunity to find out more from the community about the health inequalities that they were experiencing due to the lack of quantitative data available on the subject.

Our survey consisted of 22 questions, and participants were compensated with gift vouchers of £5 and for the time spent in our one-on-one interviews they were compensated with £25 gift vouchers. All the surveys had an explanation at the beginning that broke down the purpose of the project, who we are, how the information was going to be used and how participants could receive their gift voucher. This description was available in Spanish, Portuguese and English. For the survey we received 55 responses (41 in Spanish, 10 in Portuguese, and 4 in English).

We reached out to local organisations supporting Latin Americans in Haringey including Wards Corner Community Plan (CBS), Oldalone UK, CLAUUK, Bridge Renewal Trust, LAWRS, LAWA, Fortaleza Latina, the Latin Stay & Play at the Triangle Centre, Pueblito Paisa Community Centre, Aymara Social Enterprise and Latin American House. These organisations, along with local Latin American businesses and GP practices, helped us recruit people to take part in our project.

We contacted interviewees through email and phone, and the lead researcher kept in close communication with the eight participants and answered initial questions prior to the interviews taking place.

During the interviews there were two academic leads. The questions we asked them were based on their area of expertise that is linked to this work in Haringey. When interviewing Latin Americans, we asked questions related to their lived experiences of health and social care in the borough.

Prior to all interviews, the lead researcher explained the project to each participant, along with their rights regarding data protection, GDPR and that the interview could be stopped/omitted at any time. All participants confirmed that they understood this and gave verbal consent for their insights to be included in this project.

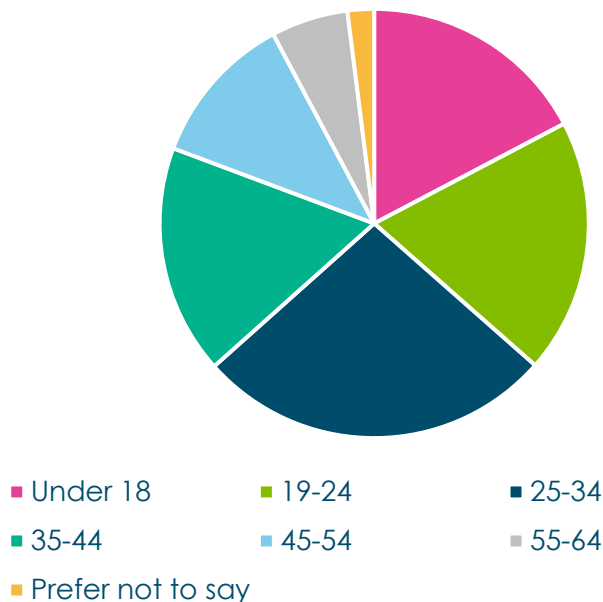
# Demographics of Participants

The following section will go through the demographic data of our survey and interview participants for this project.

## Survey

As can be seen in the pie chart below, the survey participants ranged in age, with the highest number of respondents being between 25–34 years old. It does seem however that in terms age, we can see that the survey reached a younger demographic since 63.4% of the survey respondents were between ages under 18 and 34.

### What is your age group?



Then, in terms of employment status we can see that there is a majority at 51.9% of survey respondents who are employed, with 32.7% them working part time. For this, 34.6% of respondents were not employed, with 5.8% of them being disabled and unable to work.

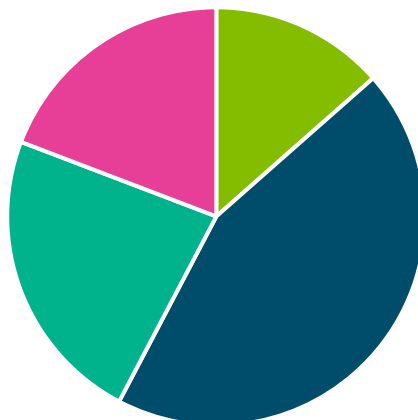
## Which of the following categories best describes your employment status?



- Employed, FT
- Employed, PT
- Not employed, looking for work
- Not employed, not looking for work
- Disabled, not able to work
- Prefer not to say

In relation to financial status, as can be expected due to the nature of the question, we had a higher number of participants preferring not to say at 19.2%. However, the largest response was for the 'Just getting by' category at 44.2% followed by the 'Really struggling' category at 23.1%. This indicates that there was a large majority of survey respondents who were struggling financially in Haringey. The 'Quite comfortable' category was answered by 13.5%, and zero participants described their financial status as 'Very comfortable'.

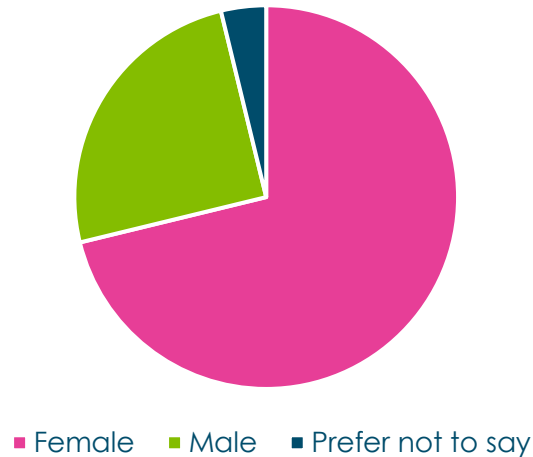
## How would you describe your financial status?



- Quite comfortable
- Just getting by
- Really struggling
- Prefer not to say

As we can see below, most participants described their gender as 'Female' at 71.2%, followed by 'Male' at 25%. For this question, only 3.8% participants preferred not to say..

### What is your gender?

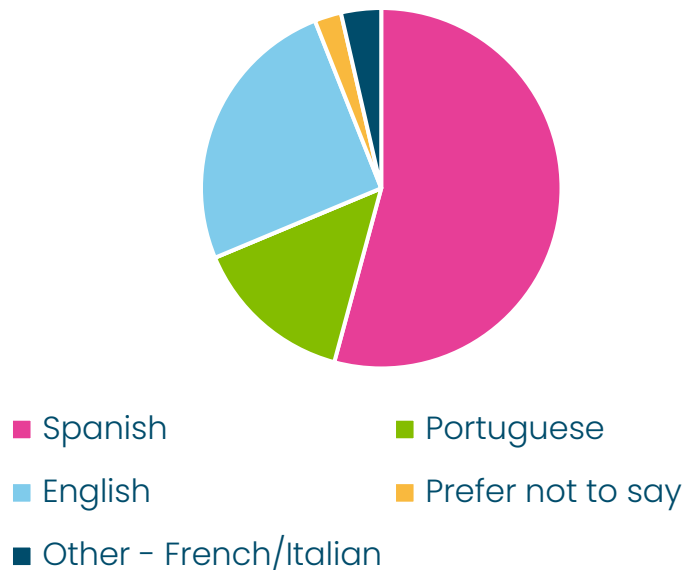


When asked about which Latin American country and/or countries that the participants were from, most participants indicated their heritage as being from one Latin American country each. There were no dual Latin American backgrounds from our survey respondents recorded. As can be seen below, we reached people from a range of different Latin American countries in South America, Central America and the Caribbean. Here, most respondents were from Brazil, Colombia, the Dominican Republic and Ecuador all totalling at 69%. With the largest numbers being from Brazil and Colombia.

Name of Country	Number of survey respondents
Bolivia	3
Brazil	10
Colombia	10
Cuba	1
Dominican Republic	9
Ecuador	9
Panama	1
Peru	3
Venezuela	4
Prefer not to say	5

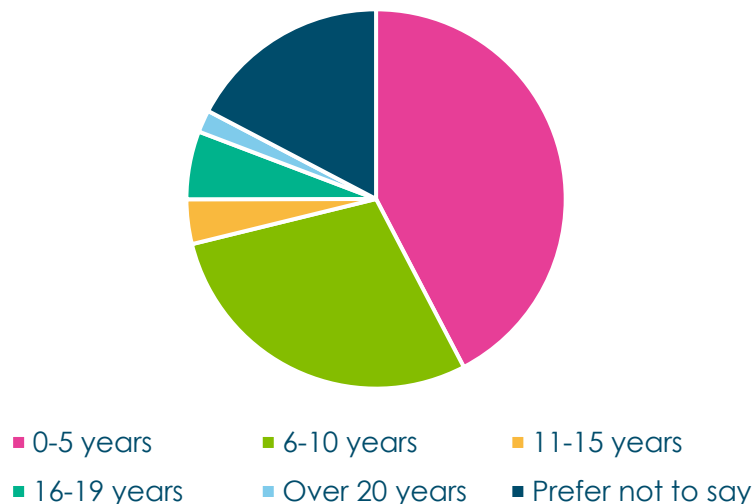
When asking about which language/s that the participants spoke, we wanted to be as inclusive as possible. For this question, we had many survey respondents select multiple languages that they had spoken as well as their main language. Most respondents spoke Spanish at 54.2%, followed by English at 25.3% and Portuguese at 14.5%. Here, 3.6% of respondents selected 'Other' and wrote in that they additionally spoke French and Italian.

### What language/s do you speak?



Then as we look to how long the respondents had lived in Haringey, we can see that most respondents had been in Haringey between 0-10 years at 71.1%. We can also see that 11.5% of respondents had lived in Haringey from 11 to over 20 years.

### How long have you lived in Haringey?



## Interviews

In terms of the eight Latin American interviewees, their demographics were as follows:

- Ages ranged from 35 and 78 years old. Interviewing in Spanish enabled us to reach an older demographic compared to the online survey.
- In terms of employment status, most participants were working full time, with one participant working part-time. Three of the participants did not work due to health conditions and/or age.
- Most of the interview participants identified as women, with one male interviewee.
- When we looked at how long the participants had lived, worked and/or used health and social care services in Haringey, this ranged from 2 to 13 years. The majority had lived in Haringey for at least 8-10 years.

In terms of Latin American heritage, the following table show that most of the participants were from Colombia or the Dominican Republic, followed by one Chilean, and one Cuban interviewee respectively.

Name of Country	Number of interviewees
Chile	1
Colombia	3
Cuba	1
Dominican Republic	3
Prefer not to say	0

## Race, Ethnicity and the Latin American Identity

The Latin American identity is one that has been widely misunderstood in the UK. For countless generations, the global mixing of Indigenous, African, European, Asian and Arabic communities in the region has led to very diverse people, with many proud of this heritage. Looking at the UK Census data on race and ethnicity, we can see that the amalgamation where only certain options can be selected has led to many ethnic groups in the UK being misrepresented, or otherwise invisible.

This is why when designing our methodology for the surveys, we asked people specifically about which Latin American country/countries that their heritage was from (applicable for the 1st, 2nd and ongoing Latin American generations). We also opened a conversation with our interview respondents about how they would describe their race to get a more accurate representation of who we were speaking to.

From asking the eight interviewees: 'How would you describe your race?':

- 75% of the interviewees described themselves as mixed. With some describing themselves as 'Black and White', 'Moreno/a', 'Mestizo/a', and 'Afrodescendiente'.
- None of the interviewees described themselves as 'White'.
- One of the interviewees described themselves as 'Black', not mixed.
- And one interviewee described their race by the character of the Latin American people:

"A thriving race. A powerful, supportive and empathetic race."

More of our interviewees told us about some of the issues that they face when trying to select their race on UK data monitoring forms:

"Normally, I put Caribbean... but on the Latin side it's kind of complicated to put it there... I always put Caribbean but ... perhaps I fall into what is considered Jamaican and those Caribbean islands that are not Latino and speak another language... I'm Morena, but that data isn't there. I also put mixed Caribbean because before, Latin American was never an option on any form, and now I've seen that it's on some, but not all forms have it. Latin American isn't there, they don't put more. So then you have to select 'Other'." *Interview with R, dated 24th July 2025*

"Another problem. We have to be critical. We are not recognised as Latinos. And that happens to me when I fill in forms, and we want to campaign about that. We are not even recognised as having a Latin American identity. It is not even well understood within the demographics that are used. For me, if you ask me, I am a Latin American woman with everything that goes with it, and I am Latin American through and through." *Interview with A, dated 3rd July 2025*

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# Discussion of Findings

In this section, the findings from the multilingual survey and the interviews will be presented.

## Key Insights and Themes

After the surveys and interviews with participants the themes identified were:

1. The Prominence of the Latin American Community in Haringey.
2. The Barriers that Latin Americans in Haringey Face to Accessing Health and Social Care Services.
3. Latin Americans in Haringey Note Key Differences Between Services in the UK, and Other Countries They Have Lived in.
4. Exploring the Health Inequalities that Latin Americans in Haringey Face.
5. The Hidden Mental Health Struggles of Latin Americans in Haringey, and the Holistic Support that is Needed.
6. Significant Improvements Are Required to Make Services Inclusive and Accessible to the Latin American community in Haringey.

## Theme 1:

### **The Prominence of the Latin American Community in Haringey**

The prominence that the Latin American community has within Haringey is evident. As seen in the demographic data above, Haringey consists of a diverse Latin American population from several different countries, each with their own unique cultural characteristics. Additionally, we can see from the demographic data that while Latin Americans have lived in Haringey for a long time, there has been an increase in the population of this community, particularly within the last 5 years.

In our interviews, we asked members of the Latin American community about their lived experiences in the borough.

One participant told us about when they moved to Haringey:

"I arrived here in 2017 from Spain, where I wanted to look for new job opportunities to be able to raise my daughter. Fortunately, she has now finished her studies and, as I am a single mother, I was looking for better financial resources than I had at that time in Spain. So, I came here and have been in the borough of Haringey ever since. Well, I found a job, and although it's not in the field I studied, in these uncertain times, it has helped me a lot because it has allowed me to support myself for almost eight years. This is a borough that I see has a high Latino population. I have found people from almost everywhere in South America here."

Interview with U, dated 7th August 2025

Another participant told us about their experience when they started working at the Triangle Centre:

"I arrived there in 2024 to fill in as a facilitator for the group. And being in this group, which was initially just for activities, the value of this group itself for the Latin community was, apart from sharing a space where children and mothers could share, I was surprised to find that the group of people who ran the Play Group were also dedicated to providing extra value in relation to learning, parenting, giving advice and sharing amongst everyone. I say everyone because most of them are women, mothers who visit this group, and it created a very nice supportive community... many of them [are] newcomers to London on their first or second emigration. So, something very nice..."

Interview with A, dated 3rd July 2025

This participant told us about their motivation to form 'Fortaleza Latina' to break through some of the barriers Latin Americans face in the UK:

"We found ourselves facing the barrier that many of these mothers are completely isolated and unaware of how the English education system and many other systems here work. And we also realised, of course, that there was a need, so we formed a second group, which is now called 'Fortaleza Latina'. And this group is totally supportive of the mothers who participate in it. In addition, the project has grown enormously because, from this project, [issues] have been raised in relation to the needs of these mothers in terms of housing, health, mental health, etc., and this has continued to grow. This is also due to the current crisis, the housing crisis, the misinformation that is always in the media and how this information ultimately reaches the Latino community, which, due to their lack of knowledge of the language and because they always have a fixation on going to informal [sources]. We often find that many people spend money they don't have on paperwork because they don't know how to simply apply for Child Benefit or Universal Credit, for example, which are often designed to be filled in by the person themselves. And of course, many of these mothers realised that they were trapped by informal agents who charged them a lot of money to simply complete a form... We will soon have a space in the new market that is going to open in Seven Sisters, Latin Village. We're going to have a space there and our idea is to continue growing this project because the more you want to have a space where you can help in just one way, you find that there are layers and layers ... of ignorance, lack of information, fear of using the services that are currently available in Haringey." *Interview with A, dated 3rd July 2025*

Another participant told us about the activities that they do at Oldalone UK:

"I do my activities, for example, I'm in a group of older people where we do English, guitar, some dancing, computing, and that's a lot of fun for me."

When asked if they had connected with other Latin Americans as part of this group, the participants said:

“Yes, yes, of course, there are people from Colombia, Ecuador, Peru, Argentina, from all Latin American countries. And there are some who teach guitar, they’re English, Jamaican, all that.”

*Interview with O, dated 14th August 2025*

When asked if they had connected with other Latin Americans as part of this group, the participants said:

“When I came here, I worked at the Royal Mail for 16 years. I knew a few Latin Americans, I worked with managers who were English, and I was always with people so that I could learn the language better. But there are people who are embarrassed even though they speak it poorly. My accent is noticeable when I speak English, but I don’t care, you know what I mean? Then there are Latinos who, because of their accent, say, ‘Oh, I’m not going to speak it well, they’re going to laugh at me.’ No, no, no, try it. I think that’s the first obstacle for a Latino here, the language.”

*Interview with D, dated 12th June 2025*

## **Theme 2:**

### **The Barriers that Latin Americans in Haringey Face to Accessing Health and Social Care Services**

The second theme addresses the barriers that Latin Americans in Haringey told us that they have faced when trying to access health and social care services.

Beginning with the survey results, the participants were asked the following question related to any challenges/barriers that they had experienced when accessing these services. The table below shows the challenges/barriers that the participants mentioned, and the frequency in which they were mentioned.

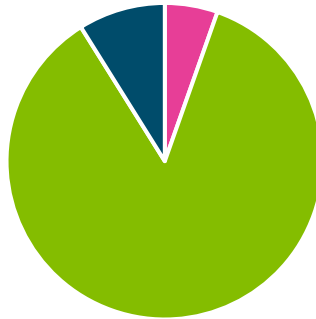
Did you experience any challenges/barriers when accessing any of these services? Examples: translation issues, discrimination, inability to get a timely appointment, staff behaviour.

Challenge/Barrier to Accessing Services	No. of times mentioned in survey responses
NHS Wait Times/ability to book appointment in person (including for Talking Therapies)	4
Poor treatment of patient	3
Language (including interpreters/translation)	3
Issues with digital booking (mention of NHS App closing too quickly for LATAM patients to self-translate)	1
Inability to Receive Treatment due to Delayed GP Registration Application	1
Lack of Understanding of the UK Health and Social Care System	1

As can be seen in the table, the biggest challenge/barrier for the participants was the NHS wait times/their ability to book an appointment in person. This was followed by the poor treatment that they had received as a patient that had made them not want to go back, and the language barriers around the use of interpreters/translation services. Other challenges included issues with digital booking services, an inability of a participant to receive treatment due to a delayed GP registration application, and a lack of understanding of the UK health and social care system.

When asked if they had been able to use any local community groups to help them access health and social care services, we can see a high majority of participants answered 'No' at 85.7%. This indicates that many Latin Americans in Haringey have not yet been supported by a local community group to access these services. For the participants who provided names of the organisations that they had used, this included a religious group and the Latin Stay and Play at the Triangle Centre in Haringey.

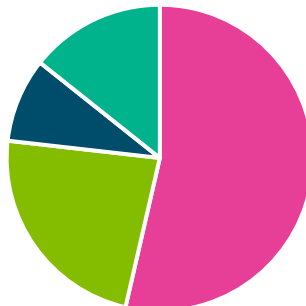
## Have you used any local community group that has helped you to access health and social care services?



■ Yes ■ No ■ If yes, then please provide the name of the organisation

When asked if they had been offered an interpreter when trying to access health and social care services, we can see from below that 53.6% of participants answered 'Yes', with 32.1% of respondents answering 'No' or 'Not sure', and 14.3% answering 'Not required'. While it seems that many respondents were offered an interpreter, our qualitative data from the interviews questions the quality of interpretation/translation services offered to make this accessible and effective for the Latin American community.

## Have you been offered an interpreter when trying to access health and social care services?



■ Yes ■ No ■ Not sure ■ Not required

We will now explore the responses we had from our interviewees regarding some of the barriers/challenges that they had faced when trying to access health and social care services.

Through the experiences of participants N and U below, one of the barriers Latin Americans faced was a lack of empathy from health and social care staff:

"Sometimes when it comes to how to deal with receptionists, some aren't very patient and aren't very nice, but others are."

Interview with N, dated 23rd June 2025

"The first GP I went to was in Manor House, and I was seen by a lady, a doctor from here. I told that doctor that I didn't speak English and she turned red with rage, shouted at me, didn't see me and I left in tears. Well, then when I left Manor House, ... I came here and I've been in this borough for six years. Here I also met a doctor who was quite arrogant with me. I asked him to listen to me and he said 'no', that he couldn't give me any more time because they only have 10 minutes to see each patient and if I wanted to say more, I should make more appointments, but right now he had to leave and I was holding him up..."

But it would be good if, when they think about hiring people to interact with older people, not just older people, but everyone, because young people go to a GP, children go, old people go, everyone goes, but at least they should have that empathy, that respect, or that ability to make you feel warm by looking you in the eye and saying good morning. Not staring at a machine or a computer without looking at you while you're talking to them, just to give you an example."

Interview with U, dated 7th August 2025

Several participants also noted the role that language, migration status and knowledge of the UK health system had in being able to access health and social care services:

"Let's see, first of all, there's the language barrier, because they don't know English. Secondly, some people don't have the right documentation, so they're afraid to go to the GP. If they're ill, they're afraid because they don't have the right papers to be here, so even though they might be ill, they don't dare go because they're afraid..."

Interview with N, dated 23rd June 2025

"Well, as a Latina, normally when you go somewhere, I don't know if it's because of the workload each department has, but suddenly they don't give you as much information as a Latino would like, but that's what social media and the internet are for. So for a Latino, if they have a little bit of education and intelligence, I don't think it's necessary to go anywhere, because everything is on the internet."

Interview with D, dated 12th June 2025

"Barriers to accessing healthcare services. Perhaps their immigration status, if they are not legal residents. The truth is that I don't know if they can access services, which is why I mention it. So I would think that their immigration status, also their level of English, access to... being able to communicate clearly with a doctor directly. What else? The issue of missed appointments. Often when you need an emergency appointment, you can't get one because you have to call between one hour and another, and generally the waiting time is long and you can't get an appointment for the same day."

Interview with I, dated 17th June 2025

"The language. I've been here a long time and yes, I have diplomas from the different classes I've taken, but I don't feel confident, completely confident, because I don't understand it. However, I can speak it because I can write. I went to university in Cuba and I can speak it. But no, no, no, when people talk to me, I don't understand. So that's why the language is an obstacle...

Sometimes, sometimes, I concentrate, but I don't understand the words and they try to find me an interpreter. So that I can understand what they want, right? Because I can speak English, but it's very difficult for me because I hear it and it gets mixed up, so sometimes they give me an interpreter..."

Interview with O, dated 14th August 2025

"Well, one could be the language, which is the main one, and another could be that they (the Latin community) often do not understand the importance of, for example, screening services, follow-ups, appointments, and check-ins. Often, because they do not understand how important it is, they ignore it, do not access it, or do not know what services they could obtain from their GP. That could be one of the barriers: they do not know what services they can obtain from their GP or their medical centre.

For me, it's one thing, because I speak English, I can communicate, I can express myself, but in the case of this girl, she felt she had to go back to Spain to treat her health problem, she doesn't speak English and that's one way she can't express herself, she can't make herself understood. Even though they have translation services, they're not always available and she didn't have one, she couldn't communicate well or express herself well, so her experience wasn't good and she didn't have an interpreter at the GP. Or rather, she sometimes had interpreters, but not always, and sometimes you don't feel the same with interpreters, or often the interpreters don't express exactly what you want to express to the doctor."

Interview with R, dated 24th July 2025

Participant R raised some of the key issues that Latin Americans have faced when trying to book an appointment using E-Consult and Swift Queue:

“And now, with E-Consult, you have to put everything in writing and select why you are requesting an appointment. Also, E-Consult is easy for me because I understand English, but for those who don't, it's impossible. They can't do it because they don't understand. And the translator doesn't always give you the exact answer... those who try to make an appointment using Google Translate often make mistakes and don't get it exactly .... they can't express exactly why they want that appointment with the doctor...

There was even a lady who didn't know how to do it, so I helped her make the booking for a blood test, which she didn't know how to do. All you have to do is log in and click on the link in the Swift Queue, and you can do it quickly. She didn't know or have any idea how to do it or anything, until she found herself in need of a blood test and didn't know how to request it or how to do it. And in the GP obviously, they didn't tell her, 'Look, you have to make an appointment for your blood test and that's it,' but she didn't understand the appointment and all that. Because even if they tried to explain it to her, she wouldn't understand. Because at GP appointments, translators are not always available; they are almost never available. For hospital appointments, yes. But for a GP appointment with the doctor, no.”

Interview with R, dated 24th July 2025

When asked about their experiences interpreting services in Haringey, many participants separately raised the issue of a poor quality of interpretation and translation for Latin American communities, meaning that many haven't been able to fully express themselves in health and social care settings:

"But there is also another problem, yes. They give you an interpreter, who should be a qualified interpreter, an interpreter who you don't have to keep repeating the same things to two or three times, and when they translate things for you, you ask, 'What is that what the doctor is saying?' [and the interpreter says] 'No, one moment, one moment. What did you say, doctor?' Then there is a crossover between three people, a triangle there. The doctor who is talking to you, the interpreter who conveys the information to you, but conveys it wrongly because they don't understand, because they're not a native speaker, because they might be Italian [or] from somewhere else that isn't understood like a Colombian or a Latin American, you know?"

**Interviewer: Yes, and how did this affect you?**

"A lot, a lot, because you arrive with your self-esteem at rock bottom. First, because you feel discriminated against, you feel disrespected, you feel that they are not putting themselves in your shoes. So, there, well, very bad, very bad."

Interview with U, dated 7th August 2025

"Yes, some GPs offer it [interpretation], others don't. Some do offer it, but the thing is that sometimes the interpreters don't know how to interpret what you want to say properly. Because they say it differently, as it's not what you want to express, so sometimes the interpreters don't understand me, they don't help much. For example, they provide an interpreter from Spain or somewhere like that, who speaks Spanish, yes, but it's not the same, it's not the same dialect, it's not the same way of expressing what you want to say, and she says it differently, so things are a little bit different. ... sometimes you feel some pain, [or there's] something that you really want to know about, and they speak differently. So at first I didn't know how to express myself in English, so it was very, very frustrating, yes."

Interview with N, dated 23rd June 2025

"...the interpreter, no, sometimes they bring in interpreters from other countries who speak Spanish but don't translate well. But anyway, I don't know... I can tell you that sometimes I feel like you need to have a little more... knowledge to be able to interpret from Spanish to English, you know what I mean? And sometimes I get confused. A lot of times I say, 'well, why don't they take me off this medicine if I already feel better?' And then they [the interpreter] says, no, she says this and that, but I don't know, but well, it's better than in Cuba, you know?"

Interview with O, dated 14th August 2025

One participant below mentioned their experience as a Latin American who speaks both Spanish and English, attending an appointment with a Latin American friend who had been provided an interpreter:

"And I myself have had to say how sorry I am, but that's not what this person is saying, they're not expressing it correctly, the translator isn't saying the right thing.... This is due to the health crisis in the NHS, which does not have sufficient resources or professionals. So it's everything as a whole. But that whole situation in the NHS is harmful, it's like a rebound effect, it's an effect that at the same time harms all the communities that use the services in some way, because if the NHS system itself is already malfunctioning, this has an impact on a person who doesn't speak, who doesn't have English as their first language and who has social and mental health problems, it potentially has the effect of making situations worse rather than helping."

Interview with A, dated 3rd July 2025

Finally, the length of appointments and waiting times was also mentioned as key barriers for Latin Americans to access health and social care services:

"If I'm honest, the waiting times are very long. Sometimes it takes a long time to get on the list, to wait. It's better to get an appointment quicker, even if it's only for a short time, rather than waiting so long. You have to wait a long time." *Interview with S, dated 12th June 2025*

"The only thing is that, for example, I have a lot of issues to discuss and normally I only have 15 minutes. Yes, 15 minutes, and when you make the appointment, they tell you that it's only for one thing ...The only thing I don't like is that before, you had a regular doctor who followed up with you, and now you go and it's a different doctor every time you have an appointment. However, of course they have each person's medical records and they open the computer and know what you have, but you don't feel as confident."

*Interview with D, dated 12th June 2025*

### **Theme 3:**

#### **Latin Americans in Haringey Note Key Differences Between Services in the UK, and Other Countries They Have Lived in**

Many Latin American communities experience the complex and difficult nature of migration. Our third theme explores the differences that Latin Americans in Haringey had in their experiences of health and social care services within the borough, in compared to other countries they have lived in.

In our interviews, there were a range of perspectives from some participants finding the experience in the UK better in some aspects, and others finding services in countries such as Spain more accessible and holistically driven:

“Actually, access here is faster, appointments are quicker, especially with specialists. In my country [Colombia], normally to be referred to a specialist, you have to wait up to six months for an appointment, even longer if you are referred. Here, in some cases, I have had to wait up to a year for a test, but when it has been urgent, I have had it at the right time, more like for check-ups and things, it has taken a little longer.”

Interview with I, dated 17th June 2025

“Different because of the language, more than anything else, but also because... What else can I say? And [the] people... some doctors are really good and pay a lot of attention to you, but there are other doctors who try to get out of there really quickly, if you know what I mean. And in other countries, well, it's always pretty much the same, but since the language is very different there, you can express yourself better and say what you feel, so they understand you better.”

Interview with N, dated 23rd June 2025

“I don't understand why the wait is so long, sometimes a little too long, but after that, it's fine.”

**Interviewer: And how has it been compared to other countries you've lived in?**

“Well, I've lived in my country, where I was born, which is the Dominican Republic. Your own country is always the best, always the best, but in the end, sometimes it doesn't work out. You're born and raised there, you have your family, your friends... Yes, but I don't think things are bad [here], I feel good.” Interview with S, dated 12th June 2025

“Well, I can't complain either. I came from Spain and, to be honest, things went very well for me too. The only thing is that in 2009, due to the crisis in Spain, many Spaniards had to come and immigrate to the UK, which was the best opportunity at the time and still is.”

Interview with D, dated 12th June 2025

“Many who may have a health condition and who have had a lot of trouble accessing GP or doctor services. Many of them even need to leave, they have gone to Spain to treat their health problems because they say that things have not gone well for them here. I know a girl who had intestinal problems, I don't know exactly what the condition is, but she had problems with her stomach and intestines, and that was one of the reasons why she went back to Spain to get treatment there, and she's still there. Yes. Because she didn't have a good experience here.”

Interview with R, dated 24th July 2025

“In Spain, they treat you differently; in Colombia, they treat you differently; and here, they have treated me differently. The difference is the warmth and empathy of a health service that is committed to welcoming you, treating you well, and not making you feel worse than when you arrived.”

Interview with U, dated 7th August 2025

When speaking with participant U, they described to us in detail about a life-threatening situation that had affected their relative to the extent that they needed to receive treatment in Spain due delays and poor quality of services within Haringey:

“Well, I’ll tell you. That turned into an ordeal for me, because I said to X, ‘X do me a favour and file a complaint against that lady’. X did, because that’s no way to treat a patient. So, well, I really got angry, and X filed the complaint. This started in 2019, during my ordeal. From there, we went on and on and on, then the pandemic hit. 2020 arrived. I was very afraid and when they told me about the operation here, I started to tremble inside.

So when we arrived at 7am at a hospital called Whittington... When I got to that hospital, oh no, they sent us back because there were no beds. ‘We’ll call you’ [they said], oh yes, and they sent us away ... to go home again. Well, a year went by, two years went by, and in 2022, X called that hospital to see why they hadn’t been called for surgery. ‘Oh, no, I think the doctor forgot and didn’t put that you had surgery in your records. It doesn’t say anything here.’ In 2022, X became seriously ill,. Seriously, seriously ill. But fortunately, I was in Spain because a nephew of mine had become very ill, and I said to X, “Let’s go, you never know,” and we went to Spain because I already have family there. On Sunday, when we were sleeping, X and we slept in one bed, and ... I felt something burning deeply in my body, and I woke up... It was X who was burning up with fever. So I said to X, ‘Wake up, wake up, let’s go to the hospital, hurry, hurry, you’re burning up with fever.’ So we went to the hospital in Spain. (I had lived in the Balearic Islands for 17 years.) So we went out and a friend came, picked X up and took them to the hospital. At the hospital, they admitted X immediately and kept them there for almost 20 days, day and night, giving them the latest antibiotics and performing two procedures on their liver. X almost lost their life there, until they managed to stabilise X and until their liver had fully recovered.... Do you know when they were able to remove their gallbladder? On 16 May this year, because X was well enough... But all of that was done through the Spanish Assembly, because they never called X back here. And as I said, when it was discovered, they told X that the doctor had forgotten to put in her medical records that she needed surgery.”

Interview with U, dated 7th August 2025

Participant U continued by describing their frustration with this situation, and the experiences of other Latin Americans they knew who had experienced issues with the healthcare system in the UK:

“You see? If I had had money, I would have sued that hospital. But you know, I’m an immigrant without resources, and I still don’t speak English. It’s not fair. Even though we’re immigrants, I’m here, I’m working, I’m paying taxes, and ... I wasn’t living off the State... So I had the right to complain and do something because I’ve met many colleagues from Latin America and Central America who have told me horror stories about the doctors here. Not just doctors, but everyone in general. One woman went in for her right eye, and they operated on her left eye. Yes. Just like that. Another friend was told, ‘There’s nothing wrong with you, I don’t know what’s wrong with you,’ and I can confirm this because she told me. A friend from Colombia was told, ‘There’s nothing wrong with you,’ and ta, ta, ta, she went to Colombia. And what was wrong with her? She had thyroid cancer. She had all that transcribed in Colombia and rushed back here with the transcript and the certificate. As soon as she arrived, she went to the doctor and showed them that there was something seriously wrong, and two days later, or the next day, there was an ambulance at her door and she was undergoing treatment for her thyroid. You see? So no, it’s not right, it’s not right that so many things happen to you. Some people have told me that they have been treated well and have had a good experience. It’s not that everything has been perfect, but personally, I don’t have fond memories of healthcare here.”

Interview with U, dated 7th August 2025

We also heard from participant O, whose experience differed having emigrated from Cuba:

“Well, I’ve only lived here because I came here from Cuba. And in Cuba, yes, the health situation, although there are good doctors, the doctors there are sent abroad for economic reasons, right? For example, they are sent to Angola to earn money for the government... and all that stuff. Here it’s different, this country is different from... as you know, what it’s like there.”

In this case, participant O knew that the lead researcher was also Cuban so knew they would also be more aware of the current crisis affecting Cuba at the moment. In terms of healthcare, a rising lack of doctors/nurses, hospital beds, equipment, medicine, food and basic needs has led to the deterioration of many health conditions. Access to health and social care services in the UK is a well-known privilege in comparison to Cuba's current situation.

When speaking with participant A, they said that some people who have moved to the UK from Spain have somewhat idealised their experience due to it being more holistically driven:

"People who have immigrated a second time have idealised Spain. It's like those who pass through Spain are returning to the same thing, that when they feel overwhelmed by a physical or mental health problem, at some point they want to return to Spain and pick up that model again. Because everyone tells you no, no, no, because here the consultation lasts 10 minutes and I need to express that apart from the fact that my head hurts or that it takes me longer with my limited English or that I need to get to a friend, it's like, 'Ok, sorry, make another appointment.' It's 10 minutes, not two hours to talk about you. So at some point you get frustrated. And in Spain it's like, you know, the same language is like, in a way, in Spain healthcare is more holistic in a way, it's more like, ok, the professional is prepared to understand within their experience ... they'll help you."

They then went on to describe the immigrant experience of moving to England, and how the treatment of racialised migrants has had an impact on the quality of care and service received:

"In my personal case, in relation to England, and in relation to the countries I have lived in. Initially as an immigrant, I believe, speaking as an immigrant, that it [England] is a country that initially offers many, many possibilities. That would be the first thing I would say as an immigrant, and immigrants I know would say that England is the place where you come because you are initially looking for an opportunity, and you can find it in relation to developing your career and earning more income... I can see that, talking to people who have lived here for a long time, with many people who have visited the services, if you don't speak the language, if you are a woman of colour, if you have more struggles, you have more barriers... Nowadays it's much more noticeable when a foreigner who doesn't speak the language comes in, versus someone who does. It's more noticeable, and people show their displeasure, whether they're nurses, receptionists, or doctors, because they don't speak the language... You can tell, because, as I said, I've been there, I've seen it, and it's like when you go to reception, it happened to me when I didn't speak the language.... If you are a racialised migrant, it does make a difference in the care you receive, and I can give you some very specific examples. We have a mother, for example, who went to a health service, she doesn't speak the language, and this particular doctor said to her, 'no, no, no, no, no', he told her, 'next time bring someone with you who speaks Spanish because I don't use translation services, it takes too long, it takes up too much of my time'..." *Interview with A, dated 3rd July 2025*

## Theme 4:

### Exploring the Health Inequalities that Latin Americans in Haringey Face

Our fourth theme is one drawn out from the lack of disaggregated data on Latin American communities in Haringey. When looking at the health inequalities experienced by Latin American communities in Haringey, whilst we are still pushing for greater statistical data to be available, we asked people directly about the health inequalities that they or their Latin American friends and family had experienced. As part of our collaboration with Dr Natalie Elkheir from the UK Chagas Hub, we also asked participants about their awareness of Chagas disease to see if this was an area that service providers needed to be paying greater attention to in Haringey.

When looking at the survey results, the participants were asked the following question related to the health conditions that were affecting Latin Americans the most. The table below shows the types of conditions raised, and the frequency in which they were mentioned.

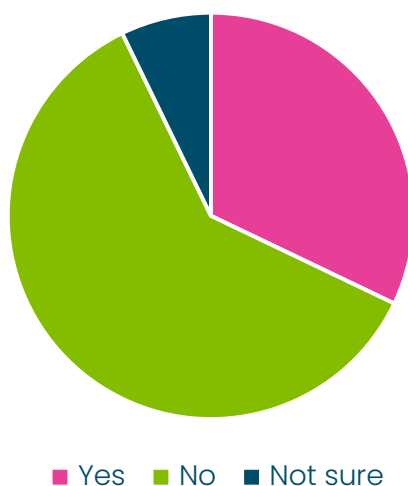
What health conditions are affecting the Latin American community the most?

Type of Condition	No. of times mentioned in survey responses
Infections/Illnesses (including Dengue)	9
Cardiovascular Health (including High Blood Pressure)	7
Musculoskeletal Illness (mention of 'wear and tear on the body from overexertion to complete excessive manual labour')	6
Diabetes and Nutrition	5
Sexual, Reproductive or Menstrual Health (Gonorrhoea, Gynaecological, HIV/AIDS)	4
Mental Health	3
Allergens	3
Thyroid-based Conditions	3
Cancer	3
Dental Health	2
Respiratory Issues	2
X-Ray/Fracture	1
Pneumonia	1
Arthritis	1
Bowel Health	1

The table on the previous page shows that 'Infections/Illnesses' was the most frequently mentioned health condition affecting Latin Americans with some mentioning having Dengue and long-term flu-like symptoms. This was followed by Cardiovascular health and Musculoskeletal Illness with some saying the role that manual labour had on overexerting the body to wear and tear. The latter was something that had also been said by colleagues at the North Central London ICB and Dr Jamie Scuffell. As shown, there was a vast range of health conditions that we were told about that affect their own community the most.

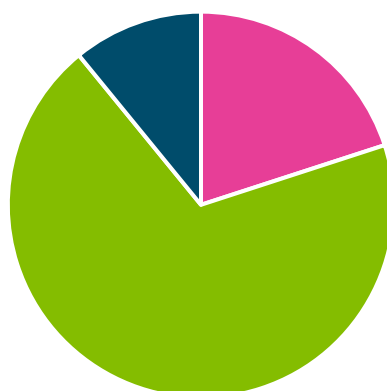
When asked if the participants had heard of Chagas disease, we can see from the pie chart below that the majority answered 'No' or 'Not sure' at 67.9%. With only 32.1% answering 'Yes', more information about Chagas disease in Spanish, Portuguese and English is clearly needed for the Latin American community in Haringey.

### Have you heard of Chagas disease?



With Chagas disease primarily affecting people from countries in Central and South America, we asked the participants if they were aware that Chagas disease mostly affects Latin Americans. As seen in the below pie chart, far less people knew that Chagas disease mostly affected Latin Americans, with 80% of participants answering 'No' or 'Not sure' to this question. The number of participants who answered 'Yes' reduced further to just 20%.

## Did you know that Chagas disease mostly affects Latin Americans?



■ Yes ■ No ■ Not sure

From our interviews, six out of the eight participants had not heard of Chagas disease at 75%. The other two participants had heard about it via community groups. For the six participants who did not know about it in the interview, the lead researcher sent them informative materials made available through the UK Chagas Hub in multiple languages.

In the interviews we also heard from participants about the other key health inequalities that they said were most affecting the Latin American community.

In terms of physical health conditions, we can see participants mentioning conditions including stomach problems, flus, cancers, diabetes, high blood pressure, cardiovascular and musculoskeletal health:

“Latin Americans are having a lot of stomach problems, and women are also having problems, because we’ve always had polycystic ovaries and a tendency to develop ovarian cancer, and now everyone else is having it too, because there’s a lot of diabetes and high blood pressure. And cancer, because cancer doesn’t identify whether you’re Latino, where you’re from, it’s affecting everyone in general. Right now, there are all kinds of cancer because I have known several families with, for example, I know a man ... he has cancer in his, a malignant tumour in his mouth, ... then another man also with stomach cancer. Another with colon cancer. I know another woman who had her entire intestine removed and they put a bag in. Mostly it’s ... in the intestine, in the stomach, and hypertension. I also know several Latina women who suffered from that.”

Interview with R, dated 24th July 2025

"I don't know exactly... but I know that at the time... I was affected by the flu, which is [usually] typical of the climate. But these [flus] were not temporary. No, they don't go away right away either. And that's how it is with some remedies. Some you have to take repeatedly. For me in particular, once they've figured out the right vaccine, when the time comes, they give it to me." *Interview with S, dated 12th June 2025*

"Health conditions, I think it's the heart. I have a sister-in-law who had heart surgery, they put in a new pacemaker... I have that problem in my heart as well, that I have protein around my heart that doesn't let the heart pump properly, that is, it doesn't pump blood properly. So they gave me some medicine that made me dizzy at first, but I'm coping with it now, and I think that's the most there is in the heart. The other issue would be allergies/flu. I've had it for three years now, or rather, it's going to be two years, with a cough that won't go away and they haven't found anything wrong with me. They've tested my lungs, they've tested everything and they haven't found anything, and I don't know, I don't think they've done anything for me. They've given me inhalers, they say my lungs are fine, I don't know if it's the pills because I take 12 pills a day. There's one that I have to take in the morning before I get up and then with my coffee, I mean, with my coffee at 3 or 4 in the afternoon. And another one for blood clotting, which was bad, and they give me those pills too. But I've been taking those pills to thin the blood for ... 4 years." *Interview with O, dated 14th August 2025*

"At the moment, I am in constant contact with my GP because my blood pressure is up and down, and they do a blood test every three weeks to see if it is affecting my liver and the medication I am taking. They keep a record of my blood pressure readings throughout the week." *Interview with D, dated 12th June 2025*

"Well, I can tell you about my own health condition.... The work I do is monotonous, routine and mechanical, which is cleaning. So, I think my health has deteriorated in terms of my bones and I have osteoarthritis, which started in my knees and which I have been struggling with, because the first barrier you encounter here is the language for an older adult like me. Although I have tried very hard to learn English, I haven't been able to. I have difficulty when people speak to me, and I freeze up and don't understand. But yes, that is the strongest barrier that a Latino faces when dealing with health services."

Interview with U, dated 7th August 2025

We then heard from several Latin American participants who noted that one of the most overlooked health inequalities affecting the community is mental health which, we know can have a significant knock-on effect:

"The issue, especially depression, is quite important because of family issues and the frequent lack of a support network. I also think that stomach problems can be caused by the type of food that is consumed here."

Interview with I, dated 17th June 2025

"Well, in my opinion and based on my personal experience, it's stress. Why? Stress, because sometimes at work you feel very discriminated against, very stressed by your own managers. And you take that stress home with you. Sometimes the benefits aren't enough, because rents here are exorbitantly expensive, bills are expensive, and that starts to affect you." Interview with D, dated 12th June 2025

"Look, right now I've found that the most noticeable condition among Latinos is their mental health. Why Emily? Good question. People come here to this country just to work, because it's a pretty expensive country. So, you can imagine... I, for example, live here in 4 square metres, and I have to pay £1,100 in rent. I have to pay a tax that I don't know why you pay in this country, on a house. Fortunately, I found a job, I don't know if it's well paid, but it's enough to pay for it. As I said, they are giving me a little help as I continue to work, because at my age, 67, I would be entitled to have my entire rent paid, but they only give me £360 because I work and it's enough. ... And then came severe depression and diabetes. All that stuff with means you live under constant stress, because you know that stress is the biggest poison for the body. So yes, it's stress, it's mental health."

Interview with U, dated 7th August 2025

"The health of the mothers, who participate in our group, 90% or more have some kind of mental health problem, whether due to motherhood itself, the isolation they find themselves in, or the problems caused by the impact of new immigration or second immigration. When it comes to mental health among mothers, we usually encounter the barrier I mentioned at the beginning. When we see a crisis situation or one in which we detect or they tell us they need support, our first assessment and recommendation is that they go to their GP. Or second, somehow, we refer them to some kind of counselling, which for the same reasons we always try to get in Spanish, because we have realised that this way their situation will be more sustainable in terms of their treatment versus if they go to the NHS. That's why I've referred them, because at some point they will give up or that help will fall through, either because the constant change of primary care doctors, the change that will depend a lot on who does the translation, on whether the person doing the translation is also qualified... Right now it's disastrous, because I've often been in the middle of these conversations, whether for mental health or other procedures... as an advocate... and I myself have had to say, 'I'm very sorry, but that's not what this person is saying, they're not expressing themselves correctly, the translator is not saying the right thing'."

Interview with A, dated 3rd July 2025

## Theme 5:

### The Hidden Mental Health Struggles of Latin Americans in Haringey, and the Holistic Support that is Needed

This fifth theme is based on the insights that we received from the Latin American service users around the holistic approach needed to support this community in an empathetic and understanding way.

In terms of the survey results, the participants were asked the question below around what was stopping them from going to the doctor about a health problem. The table below shows the restriction that the participant mentioned, and how often it was raised by different participants of the survey.

What stops you from going to the doctor about a health problem?

Restriction from going to a doctor	No. of times mentioned in survey responses
Language	10
The NHS System (difficulty in getting appointment/doctor not taking you seriously or listening to you)	7
No need to (belief that only need to go when in physical pain)	3
Discrimination	3
Distance	1
Registration Application Not Accepted	1

The table shows that most Latin American participants were put off going to the doctor about a health problem because of language. While this has been seen previously as a logistical barrier, it seems to be one that affects whether Latin Americans feel comfortable to be able to see their doctor without fear of being judged. Alongside language, other restrictions in the NHS system included difficulties in getting an appointment, being taken seriously by your doctor and being listened to by your doctor. In these responses, some indicated that there was 'No need to' due to a belief that they would only need to see the doctor when they were in physical pain. This shows that Latin Americans need holistic support to get mental health and physical support.

The interviews that we had with the participants demonstrated how severe the Latin American community in Haringey has been struggling with their mental health. Many of these testimonies were difficult to hear, and were linked to how many members of the community do not have access to holistic support, or even time to take care of themselves and their loved ones:

"Stress, stress because, of course, people are very stressed, people who get up early, of course, the cold, always catching colds, and yes, I think that more than anything else, it's the stress of life here, because people have to have many jobs, they can't find a single job, so they have to leave one, rush to another, and that means rushing to pay one so they can make it to the end of the month with enough money to pay the rent, for example, which is so expensive. Man, people have to pay rent, on top of that they have debts, they have to pay debts in their countries, imagine, and on top of that here, well, the expenses, the telephone, the Oyster card, food and rent and taxes, sometimes people have to pay for [advice and signposting] consultations, which I don't think should be the case, but anyway. Yes. That stress, yes."

Interview with N, dated 23rd June 2025

"It means for me emotionally to have to think like my colleagues think, I have to work, I have to work, and I have to work. And they go back to work and don't sleep. For example, the lady I told you about with the thyroid problem, when she arrived in this country she didn't sleep, except for two hours, two hours sitting on a chair so she wouldn't fall asleep, because you know that here the distances are very long, the transport system. The train doesn't start until half past five in the morning, and she had to start work at about four in the morning. So, imagine sleeping two hours a night for the almost twenty-odd years she's been here. And her bone structure deteriorated. And so did her mental health. I see so many people here who don't live, who don't live because they can't afford it, they can't spare a little bit to go to the cinema or a little bit to go to a restaurant because 'no, I can't spend that because my children are waiting for me at home in Colombia, and I am their breadwinner, so they don't live'. They just work and sleep and eat, and it becomes a cycle. So how am I not going to get sick if I don't even get any sun? It's very sad, yes."

Interview with U, dated 7th August 2025

"There are also sleep problems, because people work too hard to pay their rent and meet their daily needs, such as food, and so on. So, because they work so hard, this causes problems and wears down their health... Well, as with depression, anxiety disorders and mental illness, I know some people."

Interview with I, dated 17th June 2025

"The first thing you do when you don't clearly understand what your mental health problem is or how to help yourself is, first of all, take this pill. I think 90% of women with mental health issues, depression, take Sertraline. Sertraline is like the popular thing, it's like someone comes in [to the Latin mothers group] and says, 'Did you go to the doctor? What did he say?' [that] 'I have to start taking Sertraline, [responded with] 'Oh, me too!' It's like, wow. What causes this mental health issue for me is because I live in a room with nine other people, I don't have a terrace, I don't have a patio, I'm locked up all day, I don't have anywhere to go, I don't know how to communicate in this language, I don't know where to start, I don't know where. So, of course, this grows and grows and grows, and my mental health, which was already poor to begin with, gets worse. And as I said, when these mothers get help, they encounter all these barriers that obviously lead to them being poorly medicated, or self-medicating, or always seeking help within the community, or wanting to go to Spain just for a medical appointment. And that affects people a lot."

Interview with A, dated 3rd July 2025

Some participants discussed in detail the relationship between their physical health conditions and their mindset to work. For these participants, the physical manual labour they have been doing had directly contributed to their health outcomes. This emphasises the need for holistic community care that supports the Latin American community to be looked after:

“Well, as soon as I get up, my head hurts because I have to stand up so I don't spend the whole day in bed... Vertigo, stress, depression, back pain. And well, that's my day-to-day life. I try to do some exercise, but I give up because I can't do it... My company has told me that, due to Health and Safety regulations, I can no longer work. Health and Safety agreed and gave me a doctor. I need a lot more information to know what I can do in the future because I can no longer work due to my vertigo... The government gives me all the support and assistance I need if I ask for it. But I don't know what to do if I can't work anymore. I would like to work, but if my condition prevents me from doing so, I don't know what to do. My husband has cancer. Yes, it was especially difficult for me, and managing everything was very, very hard, and it's still hard because I still have to go with him to the hospital because he has a stutter in his mouth and it's a bit difficult for everything.”

Interview with D, dated 12th June 2025

“I have a doctor who has been treating me for osteoarthritis for three months. My job involves cleaning toilets, and I clean around 100 toilets in seven hours across two jobs. I have to bend down, I have to handle liquids, and my condition has deteriorated due to osteoarthritis. So, this doctor, my GP, has been good. Just as I have found people who have treated me badly, I have found people who have treated me very well. And this doctor has been very concerned because part of my knee is swollen. I've been here for a couple of months now, unable to work, and she's very concerned, so I asked her. Now, one thing I see here is that if you don't ask for a referral to a specialist, all you get is paracetamol and ibuprofen. So that's not treatment. Because, let's see, what am I doing here? Missing work for a couple of months and just me, look, do this exercise at home, because there's no physiotherapy that you can go to and do with a physiotherapist who is supervising you. Well, I think it's been a month now and I still haven't received that referral to see a specialist, because I want them to investigate why my knees are hurting so much and why I have this sharp pain.”

Interview with U, dated 7th August 2025

“Those who have families—at least for me, it’s just me and my husband, since my children have left home—also have to deal with back pain. Why? Because we don’t use the correct positions, even though we are given training. But because we are always rushing around, doing things in a hurry, we damage our spines.... I talk to people and they say, oh yes, but I have this, the doctor told me it’s because of my posture. ... At my job, when I was working, I saw people picking up the boxes, in the wrong position... In the type of work where you lift heavy things.”

*Interview with D, dated 12th June 2025*

## **Theme 6:**

### **Significant Improvements Are Required to Make Services Inclusive and Accessible to the Latin American community in Haringey**

Our final theme considers the significant improvements that are required to make health and social care services inclusive and accessible for Haringey’s Latin American community. The approach is towards coproduction where the insights we have heard from members of the Latin American community will be the basis for the recommendations we make to service providers.

In terms of the survey, participants were invited to propose improvements that they would like to see to make their experience of health and/or social care better. The participants made a series of valuable suggestions to improve service delivery, and we can see in the next table how often these were mentioned.

## What improvements would you like to see to make your health and/or social care experience better?

Suggested Improvements	No. of times mentioned in survey responses
Better treatment of patient (empathy, attention, listening and quality of service)	9
Improved NHS wait times/ability to book an appointment	7
Better Access to your GP (including longer appointments in-person)	5
Access to interpreters in emergencies	3
A Spanish-speaking doctor	2
More NHS staff	1
That Haringey includes the Latin American groups more	1
Better Regulation of Dental Appointments for Children	1
Quicker Acceptance of GP Registration Applications	1

The most frequently improvement mentioned was better treatment of Latin American patients through greater empathy, attention, listening and quality of service, followed by improving access for this community to book appointments in-person, to have longer appointments and to reduce the current NHS wait times. Other important improvements suggested for the Latin American community included having interpreters available in emergency situations and being able to access a Spanish-speaking doctor to speak to in more detail about their health symptoms.

When hearing from participants during the interviews, we were able to understand why these improvements are important, and the role that they would play for Haringey's Latin American communities:

"I think they should always offer an interpreter in whatever language the person needs, so there should always be access to an interpreter. In addition, as I said, I don't know if they offer the service to people who are not illegal immigrants, but the service should be accessible to everyone, and it should even be free. For example, I have a visa situation and every time I have to apply for my visa, I have to pay a lot of money to have access to healthcare. In addition, my employer also deducts taxi fares and national insurance from my pay, so it's like I'm paying twice for healthcare."

Interview with I, dated 17th June 2025

"Well, let's see, how can you improve? For example, there should be more receptionists who are, how can I put it? Empathetic, right? Sometimes they treat people badly... [For example] ...there's a very sick man who [was] walking very slowly and [needed] to get [to the GP's room] and couldn't. [The GP] should have at least provided a wheelchair to help him get to the GP [room]. [From] one corner you see the poor man walking slowly ... and I thought, my God, they don't have a wheelchair at a GP. I think that's crazy. Things like that. And sometimes they discriminate against people because of their language, right? And because they don't speak Spanish, they get angry, like they're going to hit the patient. Some receptionists are like that, others are more formal."

Interview with N, dated 23rd June 2025

“Well, the first thing in healthcare here are the changes of doctor for a sick patient. I don't think it's the best situation ... the constant change of doctors in the GPs... that's the worst thing about healthcare here, and the waiting list, the very long waiting list, because, for example, I have a very, very bad back, because I went to Santo Domingo and they did all the tests in less than a week, of course, in a private clinic, but they did it in less than a week. And I brought it to the GP, they accepted it because I brought it translated, but even so, my doctor told me that they were going to do the tests again to confirm, reconfirm, to know that everything is true and everything is as it should be, and I'm still waiting.”

Interview with D, dated 12th June 2025

“Well, improvements, more budget, more resources, more doctors, because the truth is that I have seen many doctors protesting because they are given 20 or 30 patients and told to get on with it. Because the doctor told me, 'I have 10 minutes to see you, I have 10 minutes', he told me. So how can there be good care when a doctor is overwhelmed because he has 30 patients and has to rush because he can only give them 10 minutes? That also needs to be improved, and there needs to be a good budget. Right now, there's a budget for war, but there's no budget for health care.”

Interview with U, dated 7th August 2025

One of the most significant improvements that participants mentioned included the increased role of community delivery partners in improving access and bridging the gap between services and the local Latin American community:

“Well, I think there should be more information available, like finding a way to get it to them, because maybe it's not that the information isn't there, it is there, but it's not reaching people, the Latino community, like the information isn't getting through. It would be more like working with communities, the Latin community, and providing that information directly to them from the GPs... And phone calls don't work because most of them see a private number and don't answer... because nowadays there have been a lot of scams... And also because of the language, if they receive a call, they won't understand what they're being told. So, if they don't know about everything they're missing out on, all the benefits they can get from their GP... There's a disconnect between the Latino community and the health service in Haringey... because ... there hasn't been a focus on reaching that community. I have seen that there is outreach to the Somali community, the Black community, but for the Latin community, I haven't seen any kind of campaign or anything where they can receive that information... what would be necessary would be to find a way to work with groups in the community because many Latinos go to seek information within the community, or you know with your own, with people who speak your own language, you feel like you're part of a community... you feel more identified, more confident, and you can open up a little more.”

Interview with R, dated 24th July 2025

"First of all, we need to realise that regardless of whether we embrace a culture, we have our own individual culture, our own way of expressing ourselves and seeing things, and I think there should be much more community, much more support for organisations and foundations, but not institutionalised .... because values are always lost within institutions, communication is lost in some way. So, I see the efforts of some places, especially in the South [of London], which is very well organised in terms of Latino power in this case, but I see that deficiency when institutions themselves have wanted to create services for Latino or African communities, or whatever. In itself, it's wonderful, it's very positive, that they want to give support from their own strength, but they end up losing out because of the weight of the institution, because of the weight of the norm, of the rule, of not going beyond that and not treating you as a person, but as a client. So I think the key is to give more strength and more value and more support to the community itself and to how the organisation is organised and how to create that bridge between the institution and the community, but also from the community's perspective. From the institution to the community. It's clear in my head, ... that's how I see it and feel it as an immigrant."

*Interview with A, dated 3rd July 2025*

We asked a participant about their experiences of being involved in Oldalone UK, and how it has impacted them:

"So, for me, that experience keeps me connected to the people and the land. So, every Saturday I look forward to arriving to greet my people, give them a hug, smile, play music. And we also have other activities such as learning English, which I am part of today. They give us hours of English for free and also computer classes. And so, we already have a little visibility here in the borough of Haringey, because they have organised many activities in which we participate, but the main thing is still missing, which is the financial support and backing from organisations that want to help move this project forward, the home for the elderly here."

*Interview with U, dated 7th August 2025*

# Academic Voices in the Field

## **Dr Natalie Elkheir, UK Chagas Hub<sup>27</sup>**

We met with Dr Natalie Elkheir and discussed her expertise on disease among Latin Americans in London. Of those conditions, about which little is known, is Chagas Disease. Dr Elkheir specialises in public health and the epidemiology of infectious diseases, and of late has been exploring Chagas Disease and Latin American migrant health. It was while travelling in Peru that Dr Elkheir first came across Chagas, and unlike other infectious diseases such as HIV, TB and malaria, very little has been known about Chagas outside of South America. Dr Elkheir was fascinated by this parasitic condition which affects over seven million worldwide among populations in South America but also migrants from this region.

Chagas is a tropical disease caused by a parasite called *Trypanosoma cruzi* and that parasite is mainly spread by bugs in Latin America that live in rural areas but it can be spread through blood transfusions and organ transplants.

If left untreated, it will remain in the blood and the body, penetrating the vectoral organs for one's entire life. And most people are fine, so 2 out of 3 people will be fine, but 1 out of 3 people will have damage caused by that parasite to their heart or to their intestines. Furthermore, it can cause heart disease, leading to palpitations and shortness of breath. In some extreme cases it can cause heart failure and even sudden death. Therefore, it is a very serious form of heart disease for the 1 in 3 people that get it. For about 1 in 10 people with the parasite, it will also cause damage to the intestines, causing things like difficulty swallowing, bloating after eating and constipation. The other main risk is for women and for mothers because the parasite can pass from mothers to babies during pregnancy.

<sup>27</sup> <https://www.uclh.nhs.uk/our-services/find-service/tropical-and-infectious-diseases/uk-chagas-hub>  
Accessed February 2025

It is important for the Latin American community to know about Chagas disease because it's completely asymptomatic, so people are walking around with no symptoms and feel fine. So, if a person is not aware of it, they would never know that they had it.

Being unaware of having it can cause health problems later. It also poses the risk of transmission to children. There are two different types of treatment available that are very effective at killing the parasites and at stopping the parasite from passing from mothers to future babies they may have. The treatments may also reduce the risk of developing heart or gut disease.

### **Dr Jamie Scuffell, King's College London<sup>28</sup>**

We also spoke with Dr Jamie Scuffell, who is a GP working in Lambeth who also conducts research for King's College London around making Latin American communities in Lambeth more visible to healthcare services via using Lambeth GP data. He noted that he had to acquaint himself with the dynamics of Lambeth's LATAM communities when conducting research on the incidence of long-term conditions for this community in London<sup>29</sup>.

Dr Scuffell has indicated that Latin American residents often present with musculoskeletal conditions such as joint pains in shoulders and knees. This indicates that the type of work Latin American residents are overrepresented within, such as cleaning and manual work, may be taking its toll. Further to this, Latin Americans are emerging as having higher rates of rheumatoid arthritis.

<sup>28</sup> <https://www.kcl.ac.uk/people/jamie-scuffell>, accessed February 2025

<sup>29</sup> J., Scuffell, J. et al., 'Incidence of long-term conditions in the Latin American community of London: A validation and retrospective cohort study of 890,922 primary care records, 2005-2022', PloS one, 19 (2024), 1-13.

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With many osteoarthritis and rheumatoid arthritis is higher among Latin American women.

Dr Scuffell emphasised conditions such as shoulder arthritis, tendinopathies and tears, all may be due to work such as cleaning. However, when it comes to managing conditions at home or with a physiotherapist, there can be difficulties with trying to conduct physiotherapy via an interpreter. Even within the Latin American population, Dr Scuffell noted that there still must be disaggregation as a result of Spanish, Portuguese, West African Portuguese, West African Spanish languages etc.

Dr Scuffell also mentioned that the presence of LATAM communities in London is quite an underdeveloped research area, let alone recognised within census and demographic data recording. Making such populations more visible to healthcare services and local public health teams is important and hence this approach, of mapping communities and populations, is key for public health. This is especially true for communities which may not necessarily be significant on a national level but definitely are on a hyper-local level. From the quantitative data available in primary care, he noted that it is hard to know how different ethnic groups are interacting with the health system overall. Especially since people are getting assorted into multiple ethnicity boxes.

Dr Scuffell also raised the fact that he had noticed Latin American patients often seeking treatment in Spain, linking this to the fact that in the UK, the NHS has historically been and acted as a gatekeeper to scans and secondary care. He noted that nationally, we are low users of blood tests, investigations, antibiotics and certain types of treatment that migrants may have experienced in other countries that they lived in. This is linked to how the role of the GP in the UK differs greatly.

Dr Scuffell had also been following Dr Natalie Elkheir's work on Chagas disease and emphasised that policymakers do need to be thinking about how to stop mother to child transmission of Chagas as a priority. Additionally, based on his experience, he noted that in terms of other health screenings, the Latin American community have not been attending breast, bowel or cervical screenings comparative to other communities. A larger campaign across London would tackle this issue.

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# Recommendations

- Addressing Language Barriers
- Addressing Racism, Hostile Environment and Discrimination
- Chagas Disease Screenings Within Haringey
- Utilising Appropriate Data Disaggregation for LATAM Communities in Haringey for Health and Social Care Data
- Holistic Support for LATAM Communities in Haringey
- Community Groups as Delivery Partners for Health Interventions

## Addressing Language Barriers

The Latin American community specifically finds difficulty navigating healthcare services and language barriers are a big issue. Even though interpreters should be available for people that have language barriers, awareness is low and in practice it is often difficult to arrange. While professional interpreters should be available, in practice there seems to be gaps in knowledge and quality and as a result many people struggle to access healthcare services.

Service users have a right to have a professional interpreter help them at every stage of their healthcare journey. It is the responsibility of the healthcare provider to arrange an interpreter for them, as has been made clear by the NHS' [legal responsibility](#) and [guidance](#).

## Addressing Racism, Hostile Environment and Discrimination

Training for healthcare professionals and NHS staff should be developed which cover:

- Cultural competence related to LATAM communities
- Anti-racism, microaggression

Service users should be able to give feedback on how they have been treated by NHS staff. Such feedback should be available in multiple languages.

## Chagas Disease Screenings Within Haringey

One of the challenges of the Chagas Disease is that it is underdiagnosed, and hence the need for systematic screening. To add to this, in Haringey there is no screening occurring in the borough.

Chagas Disease screening in Haringey therefore should be openly offered to everyone that is at risk. It should come with:

- Community-based education.
- Awareness raising.
- Reminders.
- Accessible system with appointments available at different times of the day.

Currently, none of the above is happening, so the onus is really on people to request to test themselves.

As part of her research studies, Dr Elkheir and her team have been offering screening tests, blood tests, at both community and healthcare settings. In terms of the screening process: the first step will be a referral into a specialist infectious diseases clinic in the hospital for a confirmatory blood test and providing that is positive there is also a clinic appointment, a consultation in the clinic and also some screening tests for the heart are routinely offered. A heart scan and ECG are conducted looking at the electrical activity of the heart. Treatment is a course of tablets which is offered for free by the World Health Organisation, yet it is not widely available and is only available in specialist clinics where it is prescribed. There are some side effects with that medication, and these are explained to people who are also monitored throughout the course of treatment. The treatment length varies and can be up to 60 days. Moreover, there have been some supply chain issues with the two drugs currently available to treat Chagas. The importation of one of the drugs was temporarily blocked in the UK.

Through Dr Elkheir's initiative about 500 people have been screened predominantly in South London, with 100 newly diagnosed cases of Chagas accounting for 20% of those screened in total. This was a significant number of cases. Dr Elkheir therefore regards this as being a health inequality for Latin Americans due to the low awareness of the disease among healthcare professionals coupled with minimal access to testing.

While pregnant women are offered a suite of screenings for a range of infectious diseases such as HIV, syphilis etc., currently there is no antenatal screening program for Chagas. This means that women from Latin American backgrounds in maternity care in the UK are not being offered a test despite them being at a high risk of Chagas and testing and treatments being available in London.

Awareness is key to getting a test and a key step to receiving treatment and getting help and support for this chronic disease. It is also important for healthcare professionals and for the whole health and public health community to know about Chagas disease so that populations that are at risk can be served. In this way, these health inequalities will be reduced and an accessible health service can be provided which is equitable for large migrant communities within London.

## **Utilising Appropriate Data Disaggregation for LATAM Communities in Haringey for Health and Social Care Data**

Ensure healthcare services and NHS systems adequately capture:

- Multiracial Heritage
- Primary spoken language
- Interpretation needs
- Appointment preferences (i.e. in-person, phone or video)

Also:

- Regularly analyse interpreter usage by ethnicity and language to identify gaps in provision and target improvements.

As mentioned earlier in this report, at the time of writing we are pleased to inform that Haringey Council have now taken the decision to officially recognise Latin Americans as a group.

Based on his expertise, Dr Jamie Scuffell is keen to collaborate with Haringey commissioners in health and social care to help them incorporate the data disaggregation into the health and social care context – essentially creating quantitative data on Latin American communities in Haringey.

## **Holistic Support for LATAM Communities in Haringey**

A wraparound support programme delivered in partnership with community groups should be developed which includes:

### **Employment and Financial Stability**

- Forming partnerships with local employers with high numbers of LATAM staff to raise health and wellbeing awareness.
- Advice sessions on employment rights, benefits, debt management and career progression.

### Leisure and Social Connection:

- Low-cost or free access to local leisure centres and cultural activities.
- Initiatives which support family cohesion and reducing isolation.

### Mental Health:

- Fast-track referral pathways to NHS talking therapies, preferably facilitated in Spanish and Portuguese.
- Culturally competent accessible counselling, peer-support groups and trauma-informed workshops available for Latin Americans in Haringey.

## Community Groups as Delivery Partners for Health Interventions

Latin American community groups should be commissioned as formal partners with meaningful collaboration. In this way, LATAM community organisations in Haringey should be:

- Paid for outreach and community engagement.
- Involved in programme delivery.
- Involved in co-design and co-evaluation.
- Involved in building capacity through training, safeguarding, support and multi-year funding.
- Facilitated to use community venues to increase trust in, and accessibility to, healthcare services.

Latin American community groups should be supported and funded to:

- Upskill and train community health advocates to support Haringey LATAM residents in navigating access to appropriate translation and interpreting access.
- Provide feedback on healthcare service gaps.
- Identify gaps in translation and interpretation needs.
- Educate LATAM residents on interpreter rights.

## Addressing Health Inequalities

LATAM health inequalities in Haringey can be tackled via:

- Developing a borough-wide LATAM Health Inequalities Plan with clear aims; indicators of success and multi-agency collaboration.
- Evaluation of outcomes yearly and modifying interventions based on community feedback and data insights.
- Focus on: mental health, access to primary care; screening (particular for Chagas Disease); maternal health support, healthy living, chronic disease prevention and other key conditions raised by Latin American service users in Theme 4 of this report.

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# Strengths and Limitations

One of the key strengths of this project has been that we have been able to engage with the Latin American community in ways that were accessible to them through language and cultural understanding. We believe that this led to participants being able to express themselves fully. Another key strength is that we were able to reach both the younger and older generation through the different research methods we used, which led to a more varied set of findings. Reaching out to academic leads in the field and combining their expertise with the lived experiences heard from local Latin Americans also has been a great strength. This has allowed us to present a more comprehensive picture of the health and social care experiences of Latin Americans in Haringey. Finally, a key strength has been that we have been able to find and scope tangible and effective recommendations for service providers to undertake that will benefit Latin American community in Haringey.

In regard to limitations, a key limitation was that we would have liked to receive more representation from the LGBTQ+ Latin American community. This would have been useful to understand how their experiences of health and social care could be made more accessible. Another limitation would be that we were not able to fund Latin American community groups to coproduce the research with us. We believe that this would have expanded the research and would have helped us in terms of conducting and transcribing interviews, in particular in Portuguese. A final limitation would be that some of the issues raised are national issues affecting the Latin American community. While our project offers an insight of this in Haringey, there is scope for this to be fully explored across the UK.

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# Conclusion

To conclude, Latin American communities in Haringey have faced a variety of challenges when accessing health and social care services.

The lack of national representation of this population has often meant that the barriers, maltreatment and health inequalities that they have experienced have not been equitably addressed. A holistic approach is needed to ensure that the Latin American community in Haringey is getting the support that they need to not just be able to work, but to live.

The insights heard from both the survey and the interviews are incredibly valuable. They offer service providers the voices of Latin American service users, and the challenges that they have been facing in Haringey. As an independent Healthwatch that champions the voices of seldom-heard groups, our aim in producing this research has been to ensure that the concerns of the Latin American community, one that has often been deemed as 'invisible', is made both visible and accessible to key stakeholders.

These valuable insights have the potential to make positive tangible changes for the Latin American community in Haringey. Latin American patients in Haringey should not have to go to Spain to receive adequate treatment, nor should they receive racist and/or xenophobic treatment from healthcare staff. Rather, healthcare staff should be treating all patients with cultural competency, empathy, understanding to help those whose first language is not English to be able to access services.

As a result of this project, we now have more information about the health and social care issues that Latin Americans are facing in Haringey and also the UK more widely. It has brought attention to both the physical and mental health conditions that need to be addressed. With the government recently announcing its 10 Year Health Plan which alongside the abolition of Healthwatch also introduces a new Neighbourhood Health Model. We believe that this model could serve as an opportunity for Integrated Care Boards (ICBs), Public Health Teams and GP Federations to work in tandem with the local communities that they serve. For the Latin American community in Haringey, bringing health and social care services to the community in local spaces would be an excellent way to bridge the gap.

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**healthwatch**  
Haringey

Healthwatch Haringey  
Tottenham Town Hall  
Town Hall Approach Road  
London  
N15 4RX

[www.healthwatchharingey.org.uk](http://www.healthwatchharingey.org.uk)

Tel: 020 8888 0579

Email: [info@healthwatchharingey.org.uk](mailto:info@healthwatchharingey.org.uk)

 [@HWHaringey](https://twitter.com/HWHaringey)

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