

# **Community Research and Support 2025-6**

A resident-led model of health information provision  
supporting early intervention and prevention

March 2026

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# Executive Summary

We hosted 26 health information workshops for residents from communities experiencing health inequalities. These events took place in community settings, were delivered by clinicians, health professionals, and Healthwatch staff and emphasised prevention and empowering participants to take charge of their own health. Our project gives these residents information and support that it is difficult for them to access in other ways.

This was the second year of this model of community research and partners noticed that many residents were becoming more assertive and arriving at the workshops forearmed with a list of questions they wanted to put to the presenters.

- 493 residents attended the workshops. Each workshop covered a specific topic. These included cancer awareness (breast, lung, and bowel), diabetes, menopause, mental health, sickle cell disease, neurodiversity and learning disabilities, autism and immunisations, sexual health and contraception, and rights and entitlements to health services.
- 100% of participants found the workshop information helpful (462) or partially helpful (31)
- As a result of attending the cancer information workshops:
  - 53 of 59 participants changed their mind about attending breast screening appointments
  - 29 of 41 participants changed their mind about using the bowel cancer test kit
  - 41 of 77 participants said they would definitely take part in the lung cancer screening programme and another 30 were much more likely (13) or quite a lot more likely to do so (17)
- 107 of the 121 women who attended a menopause workshop said they had gained either a lot more (87) or quite a lot more (20) understanding of the support available when going through peri/menopause.
- Overall, participants gave very favourable feedback on the workshops. They particularly valued the opportunity to hear directly from clinicians.
- When we interviewed clinicians at the end of the project, many said that taking part had reenergised them in their work. Not only that, the conversations had given them greater insight into the needs of these communities and this was informing their ongoing practice.

## Added Value

- There was a lack of awareness of the health risks associated with shisha smoking. This raised a broader issue for the Lung Screening Service who felt there needed to be better understanding at a system level of how GPs are recording shisha use on patient records. As a result of taking part in our project, the service are now looking at the issue nationally.
- Staff and volunteers from our partner organisations are better equipped to support clients. They have gained new knowledge and skills, and the confidence to discuss sensitive topics and make informed decisions. They also have useful materials and professional contacts to draw on, meaning it is easier to make appropriate referrals when needed.

# Introduction

The Community Research and Support programme gathers vital insight into our most vulnerable residents' lives, and their experiences of accessing health, care and wellbeing services. The programme also supports communities through information provision and signposting. Led by Healthwatch Islington, the programme is delivered in partnership with a collective of small grass roots, minority-led and disabled-led organisations that form the Diverse Communities Health Voice (DCHV) partnership.

DCHV partners that delivered our 2025-6 programme:

- Arachne Women's Support
- Choices
- Community Language Support Services
- Eritrean Community in the UK
- Healthwatch Islington
- Imece Women's Centre
- Islington Bangladesh Association
- Islington Somali Community
- Jannaty
- Kurdish and Middle Eastern Women's Organisation

## Our approach

Last year, we moved away from survey-based research and adopted a model that emphasised early intervention and prevention. We developed a programme of culturally-tailored health information workshops, co-designed with clinical experts and our DCHV partners. Our aim was to build community power, promote active health management, and include marginalised voices in conversations about health services. The model proved successful and we have continued with it for this year's research.

This year, we have hosted 26 health information workshops. The workshops were delivered in trusted community spaces with language support. They were delivered with the understanding that lack of service awareness, and low health literacy, are significant impediments for many of the residents being supported. The topics selected by partners reflected lived experience and current barriers. We also selected topics addressing some of Islington's key health risks: cancer, heart and lung health, mental health, and immunisations.

We worked in collaboration with the following services: North Central London Breast Screening Service, Lung Screening Service, Bowel Screening Services, London Borough of Islington Public Health, North Central London NHS Foundation Trust Core Teams and Recovery College, Child and Adolescent Mental Health Services, Whittington Health and the Gynaecology Collaborative/ Women's Health Hub (Islington & Haringey), Rethink Advocacy Service, Breathe, and Elfrida.

We were also very happy to collaborate with Evidence Islington to refine and improve our data collection process.

# Thematic workshops

26 Health Information Workshops were delivered. Topic selection was informed by discussions with the residents the DCHV partners support, and knowledge of the health issues that residents tended to approach them with for advice and signposting support. Clinicians and other expert partners were invited to present.

## Workshop themes

- 9 workshops on cancer awareness (4 lung screening, 3 breast screening, 2 bowel)
- 6 on menopause
- 3 on mental health
- 2 on rights and entitlements to health services
- 1 on autism and immunisations
- 1 on coping with the festive season
- 1 on diabetes
- 1 on neurodiversity and learning disabilities
- 1 on sexual health and contraception
- 1 on sickle cell disease

## Reach and methodology

- 493 residents attended the workshops (see page 17 for equality monitoring information)
- Partners strove to include different participants in each workshop. The topics themselves naturally attracted different audiences.

It was intended that the workshops be conversational in style, rather than formal. They were hosted in settings where participants would feel comfortable and relaxed, and more likely to take in information and to ask questions. Where it was possible and practical, we sought to invite speakers with both clinical expertise and relevant language skills. Where a native speaker was not available, interpreting was provided by the hosting partner.

During each workshop notes were made of key themes, as well as questions, and answers. On the day, each participant was invited to complete an evaluation form. Signposting was provided to participants who needed additional support. The hosting partner completed a separate workshop evaluation and identified case study participants to contact after some time had passed to show the ongoing impact of the workshops. Healthwatch also conducted an end of project interview with each DCHV partner and with participating clinicians/specialists.

**“The numbers have been very good. In Dr Ezgi’s session on the menopause we had more than 25 women. It was fantastic. They loved the Turkish doctor. She was lovely and she knows all the cultural references and was very approachable. We included in the publicity that she was coming and we think that’s why there were so many women. They are very proud to know that they have a woman who is a Turkish speaking GP. They wanted to come and support her as well.”**

– end of project feedback from IMECE Women’s Centre

# Participant feedback

493 participants completed an evaluation form. Evaluations forms and comments were very positive. (see page 15 for more comprehensive data from participant evaluation forms)

- 100% of participants found the workshop information helpful (462) or partially helpful (31)

**“Thank you for today’s session, I just wanted to say that I had some wrong information about cancer before and we got the right information now.”**

## Workshop-specific impacts

As a result of attending the cancer information workshops:

- 53 of the 59 participants changed their mind about attending breast screening.
- 29 of the 41 participants changed their mind about using the bowel cancer test kit
- 41 of the 77 participants said they would definitely take part in the lung cancer screening programme and another 30 were either much more likely (13) or quite a lot more likely (17) to do so.

**“I smoke Shisha and didn’t realize it is more harmful than smoking cigarettes until I attended this workshop. I now have a greater understanding of the harmful effects, including nicotine addiction and the increased risk of cancer. I am 65 years old, and I’m committed to trying to quit before I cause further damage to my lungs and body. We need more health awareness workshops like this, as many people in our community are not aware of the long-term health implications.”**

- 87 of the 121 women who attended a menopause workshop said they had gained a lot more understanding of the support available when going through peri/menopause. Another 20 women said they had gained quite a lot more understanding.
- 51 of the 53 people who attended a mental health workshop said they felt more confident about accessing mental health services and support as a result. Of these, 45 were a lot more confident, 5 a fair bit more, and 1 maybe a bit more.
- 14 of the 18 people who attended the diabetes workshop said they would be making changes to their diet and/or exercise levels as a result of coming to the session. Of these, 9 planned to make a lot of changes.
- All 16 women participating in the sexual health and contraception workshop felt more confident about recognizing the signs and symptoms of sexually transmitted diseases.

**“Sexual health is very important today. I learned a lot of new stuff and information. Thank you.”**

# Case studies

## Arachne Women's Support Diabetes Workshop – January 2026

P is an 80 year old Islington resident with a family history of diabetes. Both her sisters and her son suffer from the condition. She came to the workshop to better understand the risks and preventive measures. During the session, P realised that, due to her family history, she might also be at risk of developing diabetes. She paid close attention to the information provided by the speaker about healthy eating, lifestyle choices, and practical measures to reduce risk. Attending the workshop motivated P to adopt a healthier lifestyle. She increased her awareness of personal risk factors, took proactive steps to reduce her risk, and felt empowered to manage her health effectively.

Since the workshop, she has started coming to keep fit sessions at Arachne on Tuesday afternoons. It is a specialist session for older women delivered in partnership with Healthy Generations. She is enjoying becoming active, meeting new people, and getting out of the house.

Reflecting on the diabetes workshop, P said, "Thank you to Arachne for organising this very informative session at the community centre. It gave me the opportunity to attend and learn so many useful things about my health."

## Imece Women's Centre Breast Screening Workshop – December 2025

The workshop was attended by a resident with a previous breast cancer diagnosis. She had recurring symptoms, but she had not gone to her GP as she was screened two years ago, and she was not due to be called back for another screening yet. There were many women with similar stories.

She and her friends learned that there are two routes to getting a screening. It is crucial to attend the regular check-ups. However, if you have any symptoms or discover anything in your own self-checks, you can proactively call your GP. The presenter gave the women personal feedback and reminded them that they were best placed to notice changes in their own bodies. She gave them confidence.

"After the session, as a previous breast cancer survivor, I felt confident enough to ask my GP for a screening appointment even though I previously thought that I had to wait to be invited for a screening. I was very surprised with how quickly I was able to get an appointment. Thank you very much for the valuable session."

## **Islington Bangladesh Association Bowel Cancer Screening Workshop – December 2025**

An awareness session on bowel cancer screening was organised for the local Bangladeshi community. It had to be moved online at short notice. During the session, clear guidance was provided on how to request a testing kit, including a direct contact number. An attendee gave feedback on how she benefitted.

“It was a bit difficult as many of us were not familiar with remote presentations, but I still managed to learn a lot. I am 51, my husband is 53. Neither of us had been sent a screening kit yet. But I requested one using the phone number shared in the talk.”

The information was especially meaningful for this participant because of a family history of bowel cancer.

“My aunt died from bowel cancer. I had been carrying this worry for a very long time. After the event, I called and received test kits for me and my husband. We used them as instructed and have already posted them back. I am glad I attended!”

As well as being proactive about getting hold of the testing kits for herself, she was also committed to spreading awareness within her community, “I will be telling all my friends over 50 to get a kit if they have not had one in two years.”

## **Kurdish and Middle Eastern Women’s Organisation Rights and Entitlements Workshop – January 2026**

A 50-year-old woman developed a frozen shoulder, which she attributed to the shock of her father’s passing. After attending A&E outside of GP hours, she was told nothing was seriously wrong and was prescribed anti-inflammatory medication and paracetamol. One month later, the pain was still severe, and she couldn’t move or use her hand. During the workshop, she learned about her rights to seek further medical assessment and the importance of following up with a GP when initial treatment is insufficient. She was advised to book an appointment immediately, and she committed to doing so after the session.

After the workshop, she booked an appointment with the GP and they have referred her for physiotherapy.

## Choices

### Coping with the Festive Season Workshop – December 2025

The session was delivered by a counsellor and a presenter from the Recovery College. As with all the workshops, the information provided was clear, relevant, and culturally appropriate. This made people more comfortable to share their personal experiences. The workshop encouraged open conversations about mental health.

One attendee shared that the festive season always increased her stress levels. She felt the increased expectations from her family, coupled with financial pressures. She described feeling obligated to join in activities and buy things that she could really couldn't afford. This made her feel anxious and overwhelmed. After attending the workshop, she clearly understood that it was important to set healthy boundaries and prioritise looking after herself – and this did not have to be done in an aggressive or confrontational way. She reflected that she had always put what her family wanted first, but was quietly resentful and this made her stressed.

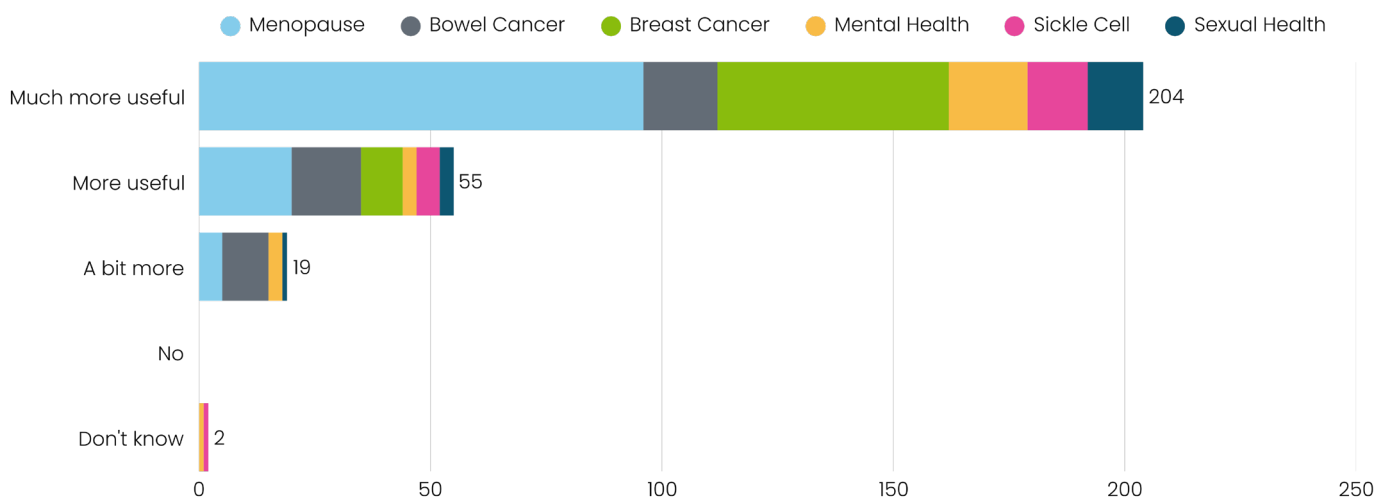
“It was interesting to hear that everyone else feels the pressure of Christmas. I do – and don't particularly enjoy the long drive to and from my son's house for Christmas Day. I would rather stay home which is what I would love to do. I am going to tell my son. I think he will be relieved.”

She decided she was going to practice saying no, especially to activities she did not want to do, and was definitely not going to spend more than she could comfortably afford. In addition, she was going to talk to her family about this more openly, and attend church more regularly for extra support and comfort over the Christmas period.

Choices followed up with the participant in February this year to find out what happened. She did pluck up the courage to say no. Her family was not happy at first and she felt very uncomfortable, but they slowly got over it. She stuck to her guns, especially as she saw how much better off she was financially. Her family could see that she was much less stressed and much happier. Even her church family noticed how happy she was.

# Clinical collaboration

Graph 1: Was the information more useful because it came from a clinician?



To test our assumption that workshop attendees placed more value on information delivered by clinicians, we included a question about this in the participant evaluation forms for all sessions where clinicians had presented. The results are shared in the graph above. It is clear that the assumption was correct. Of the 280 respondents, 204 felt the information was 'much more useful' because it came from a clinician. A smaller number (55) agreed, but slightly less emphatically. A much smaller number (19) felt the information was only 'a bit more useful'. No participants disagreed with the premise.

The same pattern of responses was seen when the data was broken down by workshop theme. The one exception was for the bowel cancer workshops. This can be put down to the fact that one of the two workshops was moved online at short notice and some of the participants found it harder to engage with the presenter remotely.

The high value that residents from these communities place on information coming directly from clinicians has also been evidenced in other research projects we've undertaken. For example, when [we asked residents managing long-term health conditions what would encourage them to become more active](#), advice from a health professional was by far the most frequent response.

## Benefits for residents

Many residents, particularly those from communities experiencing health inequalities, tell us it is more and more difficult to get face-to-face time with their GP. Given that context, it is easy to understand why having clinicians presenting at these workshops was such a draw. Partners also told us that, because this was the second year of this new delivery model, participants had a better idea of what to expect. Many arrived at workshops forearmed with a written list of the questions they wanted to ask.

**“There isn’t an element of hesitation when you are dealing with a professional. For example, during the Vitamin D conversation in the menopause session delivered by the doctor – when she had questions from residents asking her if they should attend a private clinic to have a Vitamin D injection (as opposed to having the capsules), she confidently said ‘No, you don’t need to go to a private clinic.’”**

– end of project feedback from Islington Somali Community

For participants, there is tremendous value in being able to ask a question and have it answered immediately. This enhances the authority of the presenter and was a positive feature of workshops led by clinicians. Conversely, presenters who didn’t have a clinical background could struggle in this regard. The question and answer sessions with clinicians provided a great opportunity to combat disinformation.

Imece Women’s Centre told us about the impact that the participation of clinicians had on the bowel cancer screening workshop they hosted in November 2025. The session was delivered by two specialist screening practitioners from the UCLH Bowel Cancer Screening Centre. 14 of the 15 participants changed their mind about using the bowel cancer testing kit as a direct result of attending.

“It was a very interactive session. They allowed some time for translations and clearly articulated the explanations. They supported knowledge with quantitative data, such as bowel cancer was the second cancer that cause most mortality in the UK as well as being the fourth-most-seen type. Women were particularly impressed by learning these kinds of data.”

## Benefits for clinicians

**“For the professionals it might be insightful for them to see what the reality of access is like in these communities.”**

– end of project feedback from Islington Somali Community

This model of engagement educates both ways. Residents learn from clinicians and clinicians learn from residents. In the words of a participating clinician from the Women’s Health Hub, the interaction “teaches us how to be sensitive and take on board cultural variations when speaking to individuals.”

The research model helps professionals meet their targets for reaching underserved communities. They can build ongoing relationships with the grassroots organisations that have that reach. And because the host organisation manages the workshop and facilitates the interaction, the presenters can focus on the content.

“Having an MC in the room, someone that takes ownership of the session, having that intermediary really helps.”

**“If I get a request from Healthwatch Islington I don’t think twice[...]I have also made recommendations to other colleagues that they take part in your events because they are so well attended. There is a lot of credibility and we know that our time will be well utilised. The session is well organised. The contact person at the event supports with everything. It is seamless and there are no glitches.**

**The women have been very engaged, very open about the issues that concern them. The women were talking to one another so much. It means that this is a safe space for them. The sessions have been very insightful in terms of [how the community feels] about breast screening and the questions and concerns they have.**

- Health Promotion Lead, North London and Central and East London Breast Screening Service

When we interviewed clinicians at the end of the project, many said that taking part had reenergised them in their work. Not only that, the conversations had given them greater insight into the needs of these communities. This was informing their ongoing practice.

“We came away buzzing! When someone is so interested and you’ve been able to answer their questions, it just makes you feel better about what you do.”

“I listened to concerns which highlighted both areas of misinformation and information gaps. This is something I have taken away to my own practice to trigger talking points with patients.”

“There were many areas of the menopause that were asked about that I will elaborate on with additional slides in subsequent sessions - particularly evidence based herbal remedies and example of resistance training to help muscle loss and osteoporosis.”

# Added value

**“It was a really friendly reception and a great informal engagement session with local Eritrean women. I very much enjoyed it and I have to say, I also learnt quite a few things. I’ve learned that the word menopause does not even exist in their language!**

**I have asked for feedback forms on their menopause journey and I have already received 18 feedback questionnaires back. I would like to attend or hold further sessions with the East African community going forward to enable us, and other healthcare professionals, to understand the differences in menopause understanding and care in this community.”**

- Clinical Lead, The Gynaecology Collaborative/ Women’s Health Hub

## Menopause research

One of the strengths of this model is that relationships between NHS and voluntary sector organisations are strengthened. This improves access to services. The Gynaecology Collaborative is an integrated community gynaecology service dedicated to women registered with a GP in Haringey or Islington. They helped us deliver our six menopause workshops and participation gave them the opportunity to reflect on how they provide information to the women using their service.

The workshop sessions introduced healthcare information that the participating women would not necessarily have encountered before. It is important to spend time educating and challenging perceptions and misinformation. To do this well it is necessary to understand the cultural context. The clinical lead prepared and distributed feedback forms to the East African women who participated in the workshops, in order to deepen the service’s insight into how menopause was currently understood in these communities. They have received a good number of responses and would like to deliver more workshops with this cohort.

The Women’s Health Hub will also be delivering an additional series of menstrual health sessions for Arachne Women’s Support. This has been organised independently as a result of relationships developed during this year’s community research project.

## Shisha smokers

A concern that came up in some of the groups is that younger people in the community are smoking more shisha. This was coupled with a lack of awareness of the health risks associated with shisha smoking.

This raised a broader issue for the Lung Screening Service who felt there needed to be better understanding at a system level of how GPs are recording shisha use on patient records. They are now taking steps to bring some clarity to that issue.

**“I have raised this with my manager who is looking at this as a national issue. We need to understand how GPs are coding Shisha. Are they coding Shisha users consistently as smokers? [...] Because if we are not, then we are potentially missing a group of vulnerable people that we are not inviting for lung cancer screening.”**

- Health Promotion Lead, Lung Cancer Screening Service, University College London Hospitals NHS Foundation Trust

## Building community power

**“The fact that we now have a route into CAMHS is amazing!”**

- end of project feedback from Islington Somali Community

As well as empowering residents, the workshop model also builds capacity within our partner organisations. As a result of taking part in the project, staff and volunteers are now better equipped to support clients. They have gained new knowledge and skills, and the confidence to discuss sensitive topics and make informed decisions. They also have useful materials and professional contacts to draw on, meaning they can make appropriate referrals when needed.

The project lead at Jannaty, explaining why the workshop model was preferable to questionnaire-based engagement, added that capacity building didn't only come about due to the participation of clinicians and other professionals. “When somebody talks and shares their knowledge everyone benefits. We learn as well from other people. A participant shared information about reduced water bills if there is someone disabled in the household.”

Islington Bangladesh Association shared that their successful track record of community research with Diverse Communities Health Voice has helped them access other opportunities. They now have a research partnership with the Biomedical Research Centre based at University College London Hospital. They are working with Health Innovation Oxford (based at Oxford University) to help test a health bot that has been adapted to work with Bangladeshi communities. The university resources Islington Bangladesh Association to do the outreach.

“Through this partnership, our members get to engage with health research and get confidence in the process. They are also contributing to knowledge and insight about the needs of our communities. It's given our members access to more information about preventative changes of lifestyle that can help them manage their conditions. At the end of April we're having a session on anemia with the blood transfusion research unit from Oxford University. This has been due to the success of Healthwatch Islington's projects and the community research.”

# Recommendations

## **1. Continue the current delivery model in 2026/27**

This year's project has shown the value of a delivery model that brings together clinicians, grassroots organisations and resident-led activity in community settings to address health inequalities. We recommend that this approach is continued in 2026/27 and that opportunities are explored to secure funding beyond this period.

## **2. Use the learning from this project to inform neighbourhood working**

The approach used in this project aligns well with the direction of neighbourhood working, particularly its focus on prevention, partnership working and community-based delivery. We recommend that learning from this model is used to inform how similar approaches are developed as neighbourhood working progresses.

## **3. Explore additional health areas for future community research activity**

The project identified additional health areas that residents would welcome more information and discussion on in future work. We recommend that these are reviewed and refined as part of planning for future delivery. Potential areas include dementia, cardiovascular health, neurological conditions, drug and alcohol awareness and women's menstrual health.

## **4. Develop more co-produced printed health information in community languages**

Partners highlighted the value of having more printed health information available in community languages. We recommend developing more co-produced materials to support workshop delivery, reinforce learning after sessions, and make information more accessible to residents. Consideration should also be given to how these materials can be shared more widely beyond those attending individual workshops.

## **5. Ensure cancer-related sessions include sensitive and balanced messaging**

Given the sensitivity of discussions around cancer, future sessions on this topic should include clear, balanced and reassuring messaging alongside factual information. This should support open discussion while also helping to reduce anxiety for residents encountering this information for the first time.

## Acknowledgements

We would like to thank all the clinicians and professionals who gave their time and expertise to support the health workshops. Their contributions were recognised and valued throughout the project.

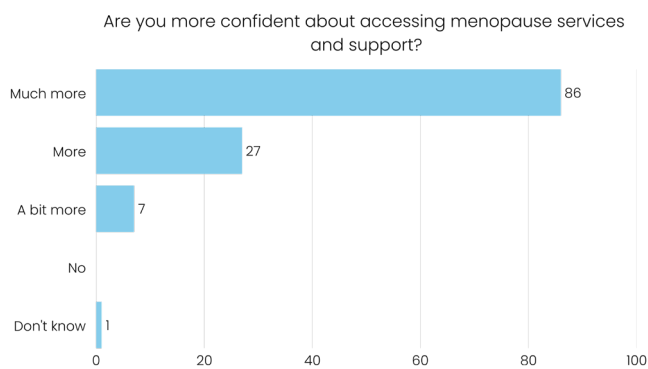
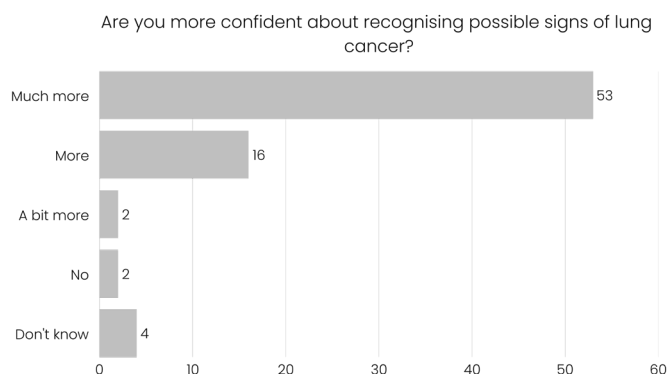
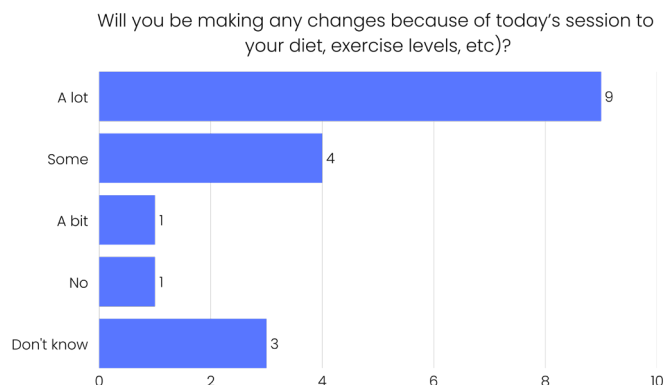
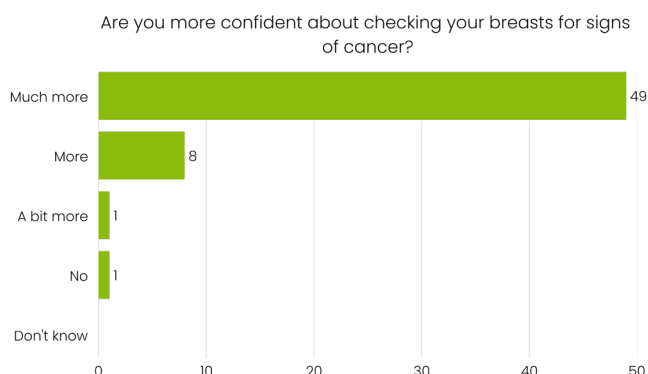
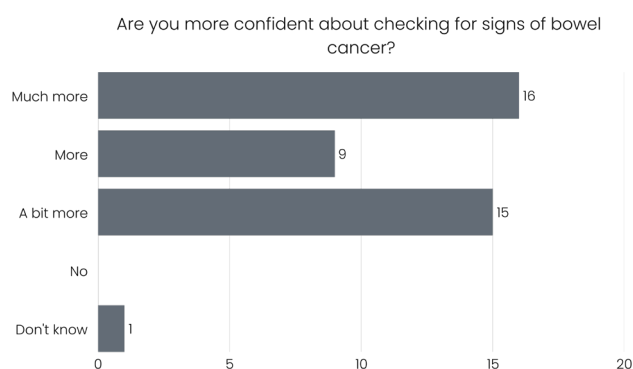
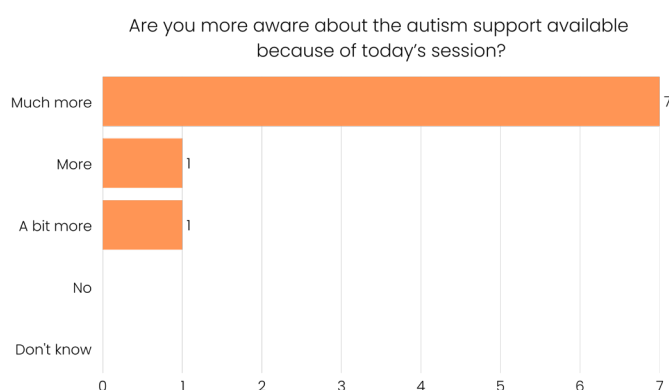
We also want to acknowledge some of the delivery challenges experienced during the project. These included late changes to workshops linked to clinicians' availability, as well as changes to topic areas where it was difficult to identify suitable clinical speakers.

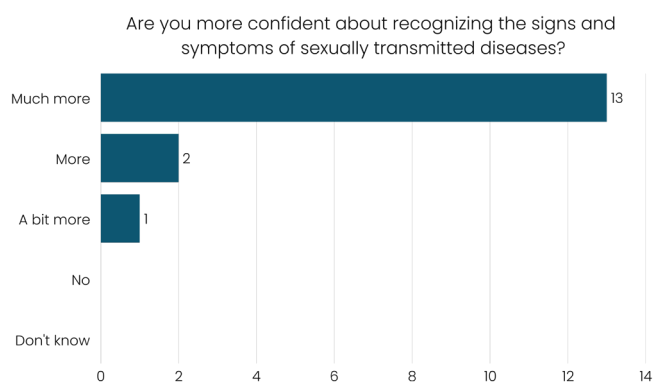
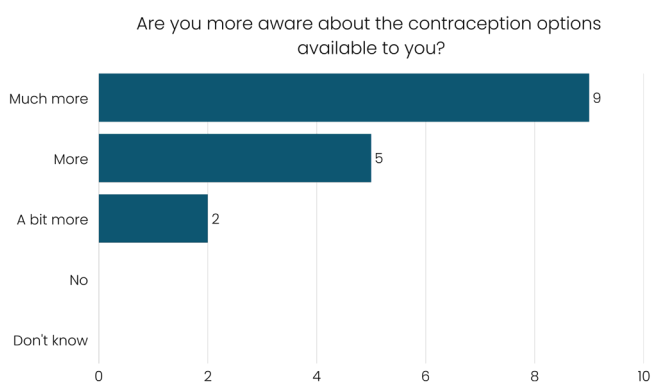
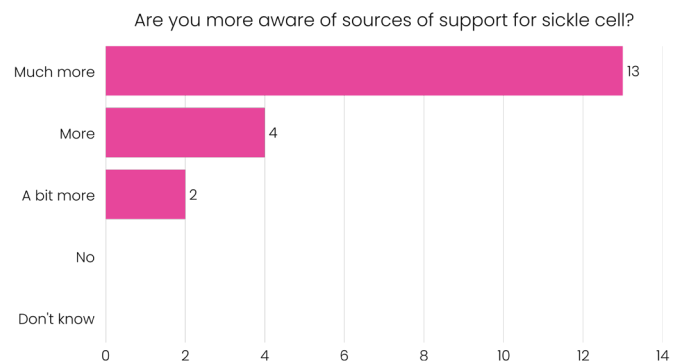
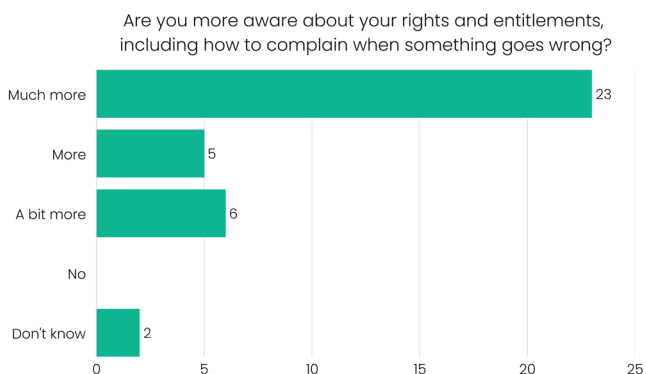
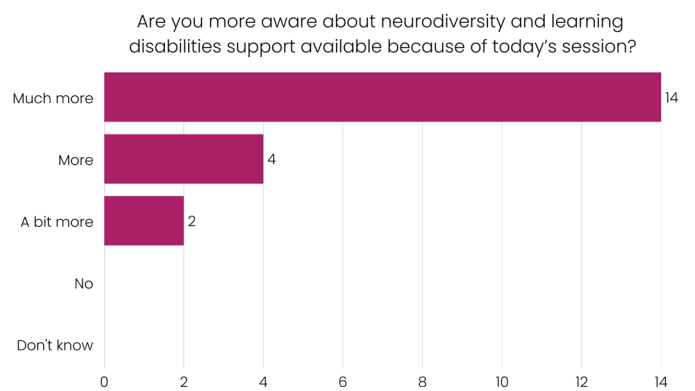
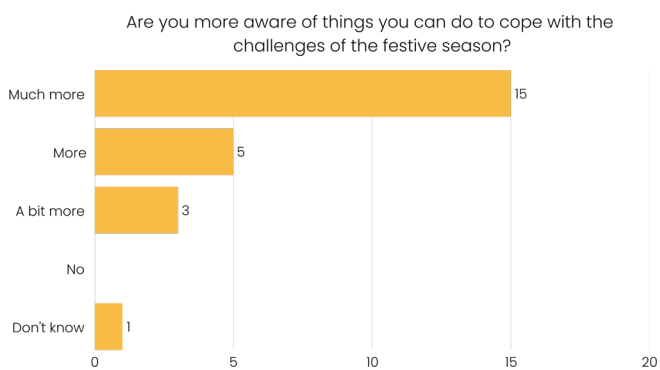
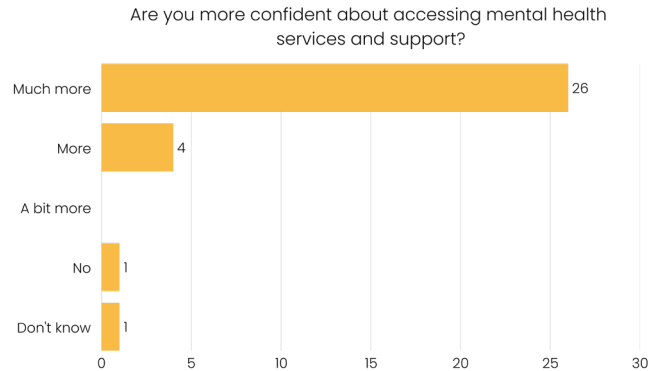
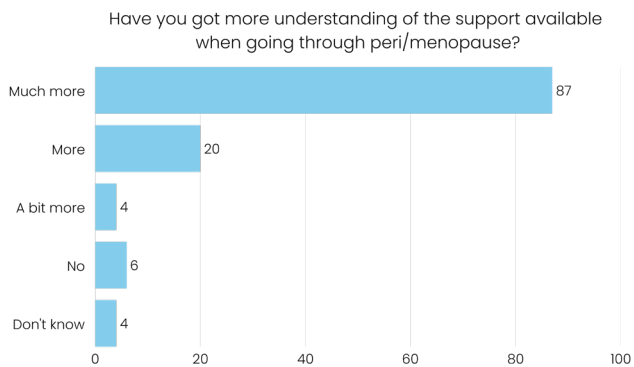
Looking ahead, earlier clarity on arrangements for future delivery should help support more effective planning and reduce the compressed timescales experienced during this project

# Impact data

## Graphs 2-15: Impact feedback from participant evaluation forms

- Menopause
- Bowel Cancer
- Breast Cancer
- Mental Health
- Sickle Cell
- Sexual Health
- Autism
- Lung Cancer
- Learning Disabilities
- Diabetes
- Rights and entitlements





<b>Table 1: Age and Gender</b>											
<b>Workshop Theme, Date and Hosting Organisation</b>	<b>Total number of participants</b>	<b>18 to 24 years</b>	<b>25 to 49 years</b>	<b>50 to 64 years</b>	<b>65 to 79 years</b>	<b>80 + years</b>	<b>Not known</b>	<b>Male</b>	<b>Female</b>	<b>Non-binary</b>	<b>Not Known</b>
Autism: 29/01/2026, ISC	9		7	2					6		3
Bowel screening: 16/12/2025, IBA	26		9	14	3				26		
Bowel screening: 19/11/2025, IMECE	15		3	11	1				15		
Breast screening: 3/12/2025, IMECE	18		6	7	5				18		
Breast screening: 10/02/2026, ISC	21		8	11	2				21		
Breast screening: 11/12/2025, KMEWO	20		17	3					20		
Diabetes: 19/01/2026, Arachne	18		1	3	8	6			18		
Festive season: 09/12/2025, Choices	24	1	3	9	10	1		3	21		
Learning Disabilities: 12/02/2026, ECUK	20	3	14	2			1	1	19		
Lung screening: 20/11/2025, CLSS	31		9	17	5			31			
Lung screening: 18/12/2025, ECUK	16		9	6	1			16			
Lung screening: 11/12/2025, IBA	10			7	3			10			
Lung screening: 24/11/2025, Jannaty	20	1	9	9	1				20		
Menopause: 01/12/2025, Arachne	15		8	5	2				15		
Menopause: 22/01/2026, CLSS	20		8	11	1				20		
Menopause: 22/01/2026, ECUK	20		7	11	2				20		
Menopause: 10/11/2025, IBA	24		14	10					24		
Menopause: 26/11/2025, IMECE	24		7	12	5				24		
Menopause: 02/03/2026, ISC	18		6	10	2				18		
Mental Health: 26/01/2026, Arachne	19		5	4	8	2			19		
Mental Health: 05/02/2026, CLSS	21		8	9	3		1		21		
Mental Health: 09/02/2026, Jannaty	13	1	7	4	1				13		
Rights: 19/01/2026, Jannaty	21	1	14	6					21		
Rights: 27/01/2026, KMEWO	15		13	2					15		
Sexual Health: 28/11/2025, KMEWO	16	1	12	3					16		
Sickle Cell: 17/02/2026, Choices	19		1	8	9	1		4	15		
<b>Total</b>	<b>493</b>	<b>8</b>	<b>205</b>	<b>196</b>	<b>72</b>	<b>10</b>	<b>2</b>	<b>65</b>	<b>425</b>	<b>0</b>	<b>3</b>

Table 2: Ethnicity Workshop Theme, Date and Hosting Organisation	Total number of participants	Asian Other	Bangladeshi	Black African	Black Other	Bl Caribbean	Black Eritrean	Black Somali	Mixed	Arab	Lat American	Middle Eastern	White Other	White British	Greek/Gr Cypriot	White Irish	Kurdish	Turkish/Trk Cypriot	Any Other	Prefer not say	Not known
Autism: 29/01/2026, ISC	9							9													
Bowel screening: 16/12/2025, IBA	26		24		1								1								
Bowel screening: 19/11/2025, IMECE	15																6	9			
Breast screening: 3/12/2025, IMECE	18																12	6			
Breast screening: 10/02/2026, ISC	21							20		1											
Breast screening: 11/12/2025, KMEWO	20	4							1	11		4									
Diabetes: 19/01/2026, Arachne	18					1									17						
Festive season: 09/12/2025, Choices	24			2		21															1
Learning Disabilities: 12/02/2026, ECUK	20						20														
Lung screening: 20/11/2025, CLSS	31						4	8		19											
Lung screening: 18/12/2025, ECUK	16						16														
Lung screening: 11/12/2025, IBA	10		10																		
Lung screening: 24/11/2025, Jannaty	20	3			1			9		7											
Menopause: 01/12/2025, Arachne	15	1			1	1									11				1		
Menopause: 22/01/2026, CLSS	20			5			11	3		1											
Menopause: 22/01/2026, ECUK	20						20														
Menopause: 10/11/2025, IBA	24		23					1													
Menopause: 26/11/2025, IMECE	24																13	11			
Menopause: 02/03/2026, ISC	18							18													
Mental Health: 26/01/2026, Arachne	19													3	16						
Mental Health: 05/02/2026, CLSS	21			2			3	7		9											
Mental Health: 09/02/2026, Jannaty	13							6		3			1							3	
Rights: 19/01/2026, Jannaty	21				3			4	1	10								1	2		
Rights: 27/01/2026, KMEWO	15	2					2			8							2		1		
Sexual Health: 28/11/2025, KMEWO	16	8				1				5		2									
Sickle Cell: 17/02/2026, Choices	19					19															
<b>Total</b>	<b>493</b>	<b>18</b>	<b>57</b>	<b>9</b>	<b>6</b>	<b>43</b>	<b>76</b>	<b>85</b>	<b>2</b>	<b>74</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>44</b>	<b>0</b>	<b>33</b>	<b>27</b>	<b>7</b>	<b>0</b>	<b>1</b>



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