healthwatch
Islington

Community Research and Support 2024-5

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

May 2025

Contents

Executive Summary

We hosted 27 health Information workshops for residents from communities experiencing health inequalities. These events took place in community settings, were delivered by clinicians and health professionals, and emphasised prevention and empowering participants to take charge of their own health.

- 431 residents attended the workshops. Each workshop covered a specific topic. These included cancer awareness, diabetes, hypertension, the menopause, mental health, and winter wellness.

- 136 of the 142 participants of cancer awareness workshops said they were more confident about checking for signs of cancer, and 103 said they had changed their attitude towards screening, or were making changes to their diet and lifestyle, as a result of attending.

- 89 of 91 participants of winter wellness workshops felt more confident about accessing support. All 92 participants of the menopause and mental health workshops said the same.

- 42 of 43 diabetes workshop participants and all 26 who attended the hypertension workshops said they were making lifestyle changes as a result of what they'd learned.

The overriding message from our partners was that this model of engagement was both more popular with residents and more impactful than previous survey-based research. Building on the educational element of this approach and its reach will be of great benefit, not only for communities (workshop participants and, through word of mouth, indirect beneficiaries) and voluntary and community sector professionals, but also for statutory organisations providing and commissioning health and care services. Additional topics requested by partners and residents for future workshops of this type included:

- Bowel cancer screening
- Neurodiversity, autism and ADHD (particularly how families with children with these conditions can be supported.
- Mental health support around managing stress. This was identified as a particular problem for minicab drivers.

Added Value

When providers and service users are together in the same room, the process of giving feedback to drive service improvement becomes more immediate, and more straightforward. Change can happen faster. We have already seen improvements to interpreting provision at local breast screening centres as a direct result of these workshops (see case study on page 8).

Another of the strengths of this model is that relationships between NHS and voluntary sector organisations are strengthened. This improves access to services. For example, iCOPE (the NHS service which offers assessment and treatment for a range of psychological problems, including anxiety, depression and stress) are now actively referring Turkish speakers to IMECE's community language counselling service as a result of learning more about IMECE's work during their collaboration.

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.

The partners who delivered this piece of work:

- Arachne Women's Support
- Community Language Support Services
- Disability Action in Islington (DAII)
- Eritrean Community in the UK
- Healthwatch Islington
- Imece Women's Centre
- Islington Bangladesh Association
- Jannaty
- Kurdish and Middle Eastern Women's Organisation
- Latin American Women's Rights Service

An increased emphasis on prevention

In previous years our community research has focused on a) identifying the barriers that make it harder for residents from communities experiencing health inequalities to access services and b) clearly articulating these issues to commissioners and other decision-makers. Now, with many of these barriers already understood, it is reasonable to expect diminishing returns from repeated survey-based engagement. There is also the danger of consultation fatigue[1]. The 2024-5 programme adopted a model that was solutions-focused, recognising and more fully exploiting the potential of assets already present in the community and within this partnership. A greater emphasis was placed on early intervention and prevention.

We delivered 27 health information workshops in trusted community settings with interpreting support available. We had three objectives: firstly, to give residents the information they needed to take charge of their health; secondly, enabling them to understand their rights and become more assertive to influence the system to improve; and finally, building capacity in our DCHV partners to champion findings with commissioners.

This year's programme has also been characterised by the active participation of partners from the statutory sector. We've worked in collaboration with Public Health, local clinical leads, the NCL Cancer Alliance, local NHS Trusts and Foundation Trusts, and the Integrated Care Board (ICB) team.

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[1] Consultation fatigue refers to the weariness and disinterest that can arise from being over-consulted or having poor consultation experiences. It can be triggered by excessive requests for participation, ineffective consultations that lack meaningful dialogue, or a failure to see the impact of one's input.

Thematic workshops

27 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. Some partners selected specific topics in order to engage with more men than they usually reached. Each partner hosted three workshops. Clinicians and other expert partners were invited to present.

Workshop themes

- 9 workshops on Cancer Awareness (5 breast screening, 3 prostate, 1 general)
- 6 workshops on Winter Wellness
- 4 workshops on Mental Health
- 3 workshops on the Menopause
- 3 workshops on Diabetes
- 2 workshops on Hypertension

Reach and methodology

- 431 residents attended the workshops (see pages 16-17 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. For example, a Bengali/Sylheti-speaking urologist from the Homerton delivered the prostate cancer awareness workshop hosted by Islington Bangladesh Association. 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. We are working with NHS colleagues to **develop learning resources from this material**. 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 partner.

> **"It was enjoyable and less isolating [than survey-based engagement]. People felt less vulnerable asking and answering questions (safety in numbers). It was easier to gain feedback immediately after the workshops for the DAII practitioners. It was also good for the disabled community to meet with other practitioners from different departments of the NHS and from other community-led organisations. The speakers also enjoyed their time with the disabled participants as it supported their own learning. It empowered the disabled people who participated and they shared that they felt they 'were being heard' and that the 'information they shared was going to be used to make things better' for them."**

Participant feedback

401 of the 431 residents who participated in a health information workshop completed an evaluation form. Evaluations forms and comments were very positive.

- 98% of participants found the workshop information helpful (384) or partially helpful (9)
- 97% of participants felt they could act on the information (375) or partially could (12)

> **"I knew a lot of the information already but seeing it reiterated by health professionals legitimised it for me and made me want to act on it."**

Workshop-specific impacts

Of those that completed an evaluation form:

- 136 of the 142 participants of cancer awareness workshops said they were more confident about checking for signs of cancer - 103 said they had changed their attitude towards breast screening, or were making changes to their diet and lifestyle as a result of attending

> **"Mortality rates and the level of black deaths was more shocking than anything. Poor diet and lack of exercise led to development of illnesses that caused those deaths - this encouraged me to alter my diet and exercise."**

- 89 of the 91 winter wellness participants felt more confident to access services
- All 43 diabetes workshop participants felt more confident about checking for signs of diabetes and 42 said they were making lifestyle changes
- All 26 hypertension workshop participants said they were more aware of hypertension, and they all said they were making lifestyle changes
- Everyone attending menopause (27 evalutions) and mental health workshops (65 evaluations) felt more confident about accessing the support that is available

> **"You helped us understand what to do in stressful situations, how to recognise the signs and symptoms of mental health issues, and where to turn for help."**

> **"Today I learned about HRT (Hormone Replacement Therapy)."**

Case studies

Eritrean Community in the UK

Diabetes Workshop February 2025

A participant in her sixties had found out through a health check that she was a borderline diabetic. She had been complaining of regular headaches, which the doctor said could be linked to her prediabetes. He suggested she start taking medication. She was already on medication for her high cholesterol and wasn't keen on taking more, so she opted not to. She then attended the workshop at ECUK and followed the advice around increasing her activity levels. She became much more physically active. She ensured she went out of the house both in the morning and the afternoon and she started Zumba lessons at Holloway Neighbourhood Group, which she enjoyed. She also made changes to her diet, following the guidelines given at the workshop. She was now more aware of the value of food labels, and had learned the particular foods to avoid for diabetes, "I have been given a lesson on how to check the labels to see if they contain foods which are not good for diabetes."

When she was invited for a follow-up check on her prediabetes, her results came back showing she was no longer borderline. The GP was surprised and asked her what she had done to achieve this, as they were aware that she was not on medication. She explained the lifestyle changes she had made and her doctor encouraged her to continue as they were clearly working!

Arachne Women's Support

Winter Wellness Workshop November 2024

A forty-year-old client found it difficult to afford essential healthcare due to the rising cost of living, particularly for prescription medications and dental treatments. During the Winter Wellness event, she learned that recipients of Income-related Employment and Support Allowance (ESA) are entitled to free prescriptions and dental care, something she had not known before.

With guidance from Healthwatch Islington and support from her advice worker, she contacted the relevant helpline to confirm her entitlements. She was informed that to access these benefits, she simply needed to present her letter of entitlement at the pharmacy or dental surgery. With the help of her mother, she provided the necessary proof. This has significantly reduced her financial strain and improved her access to healthcare, positively impacting her overall well-being.

"Thank you, Arachne, for offering this very helpful event for us."

Community Language Support Services

Prostate Cancer Awareness Workshop February 2025

An older, male participant expressed concern over seeing blood in his urine. He was very worried about this. He thought it was prostate cancer and was refusing to see a doctor because he wanted to deny the reality. However, the open forum provided at the workshop gave him the confidence to speak out on his issue. He expressed his worries for his health with a medical professional with years of experience, in a place where he felt no judgement. He was advised by the speaker to seek medical attention immediately as this was likely not prostate cancer but it could be indicative of a serious issue with his kidney or bladder, and it was better to be safe than sorry. The participant agreed to do so.

We followed up with the participant after the Prostate Cancer workshop and booked him an appointment to see his doctor. He attended the appointment and he is currently undergoing further investigation with a specialist about what the cause may be. He praised the workshop presenter once again during our follow-up chat. He was really glad that he was urged to go to the doctor as this helped him gain the confidence to seek help and reduced the shame around the topic for him.

Disability Action in Islington

Winter Wellness Workshop January 2025

The participant is a disabled woman in her seventies. At the winter wellness event, she shared that she has her vaccines every year and thinks it is so important to help people to understand how important it is to keep safe and to avoid getting very ill, particularly if you are elderly. She felt she needed to spread the word. She goes to the local food bank regularly. She has a hot meal there and chats to other people in the community centre living on the same estate. She finds it hard to walk but she has her walking frame, and she knows it’s good for her to get out. Its a good excuse to get out and meet people. A bit like it was coming to this workshop and the meeting at DAII. She said it would be good to take some leaflets and hand these out at the food banks. She wants to share the information she has learned about in the workshop, and encourage people to ask their GP about the winter vaccinations especially the ones for flu and shingles.

“I used to do a lots of campaigning in my younger days, its nice to be more involved again.”

The Health Promotion Team at the Royal Free

Breast Cancer Awareness Workshops

Going out into the community to meet residents in places where they feel comfortable, and where interpreting support is available, enables providers to get health information to communities that aren't being reached by other means.

This year, the Health Promotion Team at the Royal Free delivered breast cancer awareness sessions for many of our community partners and have really valued the experience. The Health Promotion Team Lead said "The conversational approach, breaking down formality so that presenters can be themselves, as well as working for the NHS, allows for better conversations, building rapport and allowing women to have the confidence to raise issues that matter to them. Going forward this is the style we will be using when we go into the community – we want to have a conversation."

The workshops give providers the opportunity to hear directly about people's experiences of their services. And because providers and service users are together in the same room, that process of giving feedback to drive service improvement becomes more dynamic. Change can happen faster.

During the breast cancer awareness workshops, participants revealed that their language support needs were not being met at breast screening appointments. They were even being turned away when they arrived for their screening. The Health Promotion Team did some investigating and discovered that what the women reported was true. Radiographers were not offering interpreting because it delayed appointments. Radiographers have strict targets for the number of screenings they carry out and have only 8 minutes for each patient. But there were often long waiting times to access interpreters on Language Line at the screening cabins, and there were issues with the iPads used to support communication. So they were turning away the women, and recording the appointments in the system as DNAs (Did Not Attends).

As a result of our participants sharing their experiences, changes have been made. Now radiographers can use their mobile phones to enable communication via Google Translate. A copy of the questions and answers are logged in the system (and in the patient record) so language needs are recorded. This new approach was introduced on 1 April 2025, so it's still early days, but feedback from radiographers has been overwhelmingly positive.

Mental health

Four of the health information workshops were about mental health. Of these, one was specifically about managing better sleep and was delivered by iCope. For the sessions about mental health more broadly, participants were struggling with various mental health concerns. They might have experienced the loss of a loved one, or be dealing with family conflicts or the emotional impact of medical diagnoses. Most didn't know who to approach for support apart from the GP (and some were unwilling to approach the GP 'as it is only five minutes to talk, prefer not to talk at all') Many didn't know about the additional support available.

Philippa Russell works for Healthwatch Islington and for the NHS. She is the Lead Mental Health Partnerships Co-ordinator for the Islington Core Team. She talked about the impact of these sessions.

> **"The session builds up trust, particularly if people have had a difficult experience with the NHS accessing a GP or further support. They see a much more personable side of the NHS. At the session with Jannaty, participants said 'seeing you with your smiling faces makes us feel that you're approachable'. People might have had barriers but after the session they have a more positive view of the NHS.**
>
> **Because the session is held at a venue where participants feel comfortable, it's easier to have conversations that might be difficult. Mental health can be a taboo topic, but participants are able discuss it and be more open to the information that we have to share. They have a trusted community leader providing interpreting in a way that keeps the flow of the conversation going, and we can explain how to access mental health support."**

The value of group work

The relaxed, conversational style of the engagement encouraged greater levels of participation and the breaking down of taboos. The workshops provided an effective opportunity for people to get the tools and skills they needed to manage their own mental health, building capacity at an individual level, but via a group setting.

Partners were very keen that information workshops on this theme should continue. 'If the elderly men's group open up about mental health, then the younger generations can deal with these issues as well.'

Cancer screening

Nine of the workshops were about cancer awareness and partners have also researched barriers to screening in previous research projects. In the end of project interviews we asked them what could be done to support residents' decision making around taking up screening offered by the NHS.

- Give people information in a way that reduces fear since many are scared of these tests
- More purposeful targeting of misinformation – one of the biggest barriers about attending screening and carrying out treatment are some of the ideas and misconceptions people have about the procedures, about what actually happens during the screening itself
- It would be better if the screening invitation came directly from the GP. When the invitation comes in a letter 'they don't relate it to them – they don't think it applies to them'. The invitation to screening appointment also needs to be supported by community education to be more effective.
- Access to information on screening in community languages that is more visual, as some people are illiterate or have learning disabilities
- Peer support - use residents who've had screening to share their experiences
- Offer transportation, childcare, or vouchers to reduce practical barriers
- More workshops like these - where experts explain screenings and answer questions directly
- Send personalised reminders via text, email, or phone about upcoming screenings
- One partner shared the story of a woman was unable to get her smear test done because she was two minutes late for the appointment. Because they hadn't done it, she thought that maybe screening was not such an important thing after all. (This would also be a natural conclusion for the women in the breast screening case study on page 7 to draw)
- Latin American Women's Rights Service reported that the diagram of the lump had been very effective at their breast screening workshop. This diagram shows how much can be picked up by a mammogram that you can't find for yourself through self-checking at home. This made a big difference for the women attending and really encouraged them to attend screening. Feedback was that the diagram should be used more widely when inviting people to attend.

Strengths of the model

In their end of project interviews, DCHV partners all agreed that residents had got more out of the community research this year. Much of the focus of the project evaluations was on the delivery model itself. Participating statutory organisations also shared their thoughts as to why the model was effective. We share the strengths identified here.

A good conversation

Men don't tend to engage much with diabetes programmes, according to the statistics available to colleagues in the Public Health team. However, during this project the team found that men were very engaged in the conversations they had about diabetes in their trusted community settings. They found that this model worked well.

> **"It's really good to have this conversational style approach, as opposed to going into communities with an intervention."**

Participating organisations felt that the conversational style of the workshops was more effective than previous types of engagement. The sharing of experiences, sometimes introduced through questions from participants, or from staff and volunteers in the partner organisation, generated culturally relevant examples to illustrate key points of information. Through being open to this process, the presentation of standard information could be transformed into something more meaningful and bespoke.

A resident-led model of support

The year's programme was for residents, rather than being about them. Participants felt like they had been given a platform to ask their own questions about the health issues that they wanted to discuss. In previous years the topics were preselected by commissioners and the questions to be explored were predefined. This time, 'participants felt a lot more listened to'.

> **"This year was much better because it allowed people to participate. People felt they were benefitting from something - people thought this whole project was for them."**

> **"With this approach it was easier to capture the larger picture and see themes occurring. It seems that participants get more out of it, when they are happy in the room together and feeding into one conversation and sharing experiences, it is great. This approach was a more interesting way to see a group tackle topics together and the conversations developing, following people's individual experiences/concerns and the group dynamic. More of a focus group approach."**

Partners said that they really appreciated having the freedom to choose the topics for the information sessions based on feedback and consultations with residents and staff, meaning they could better meet the needs of the people they supported in their community.

Power dynamics can be healthier in group settings

Much of our survey-based engagement takes place one-to-one, whether in person or over the phone. Although useful information is collected, and privacy might be appropriate to the topic of the survey, these interactions can be problematic. Survey participants depend on the services and support that our partners provide. For that reason, they may not feel in a position to refuse to answer certain questions even if they are not comfortable sharing that information. In a group session this problem tends to go away.

The project lead at Eritrean Community in the UK gives an example:

> **"I think most of [the participants] said they didn't like the interrogation that came with doing a survey with a set of questions. Before, we were asking for more intrusive information, like when we were asking for details of the GP practice where they were registered. They felt they didn't have the power to decide whether they would share information or not. But in this model, when the conversation takes place within a group setting, they can decide whether they want to share or not."**

Another issue is that some people find surveys difficult, particularly one-to-one. It can feel like a test that you are failing. And if you are sharing a difficult experience there is no one there to say 'I felt the same way too'. The experience can be negative and isolating. The project lead at IMECE touched on this point:

> **"They actually feel slightly embarrassed when they can't put into words how they are feeling. Many of the women are illiterate and victims of domestic violence so having simplified questions was so much better. It's better to be in a group setting rather than having a long questionnaire they get overwhelmed by."**

The workshops encourage socialisation

The most important aspect of this project for participating women from some communities was that it gave them a 'guilt-free way of being out of the home'. This helps support residents who are lonely or isolated. The group setting can also be motivational. In the case of diabetes for example, participants were given belief that 'you can claw your way out of it' by members of their own community sharing stories of changes they had successfully made to diet and lifestyle. The workshops support the empowerment of individuals. The intention of our community partners is to get families confident to advocate for themselves. Community support organisations can then come in towards the end of that process if they need to.

Relationship building

Speakers from statutory organisations presenting at workshops have gained greater insight into the needs of these communities. Direct relationships between statutory and voluntary sector organisations have been strengthened. For example, iCope delivered a workshop on managing better sleep at IMECE Women's Centre (service users are Turkish and Kurdish speaking women primarily). The iCOPE staff were unfamiliar with IMECE and the range of services they provided but were happy to discover that IMECE offered counselling in community languages. Since the workshop iCOPE have started referring Turkish speakers to IMECE's counselling service.

DCHV partners have established partnerships with other organisations, clinicians, and professionals. Staff have gained new knowledge and improved their skills, which has helped them feel more confident when discussing sensitive topics with residents. They now have access to useful materials, presentations, and contacts, empowering them to better support their clients to make informed decisions about their health.

Active participation of clinicians and providers

In previous years, clinicians and other health professionals have supported our community research by running training sessions for the DCHV staff and volunteers who would be carrying out the engagement. However, this year clinicians have led workshops themselves. This clinical input in workshops has helped build the credibility of partners and made residents feel empowered. It has helped build trust.

> **"The relationship with the members has become more strong because now we have the trust of the people because of the clinicians. When they started the workshops they mentioned that they worked for the NHS. [When members have medical questions] I don't have the answer, I can't help them, but the clinicians were able to provide the answers. Everyone came prepared for the session - they already came with written questions to ask the clinicians."**

Also, and as demonstrated in the case study featuring the Health Promotion Team from the North London and Central and East London Breast Screening Service on page 8, when providers and service users are together in the same room, the process of giving feedback to drive service improvement becomes more immediate, and more straightforward. Change can happen faster.

Community partners were able to reach more men

Another pleasing outcome of the 2004-5 Community Research and Support programme was the well attended men-only workshop sessions. Topics such as prostate cancer, bowel screening, and men's mental health were very popular (though the bowel screening sessions had to be changed at short notice due to the departure of the clinician who was booked to deliver them).

DCHV partners (those that don't exclusively support female residents) typically find it more difficult to reach men. Because partners had freedom to chose the topics for their own workshops, those that were keen to reach more men could select themes that would interest them. ECUK hosted a well attended mental health workshop specifically aimed at men.

Prostate cancer awareness

> **"The speaker was really excellent, really engaging and really patient. Men are normally quite quiet in sessions but in this one, they were empowered by other men opening up and sharing. The session was great. It really tackled a lot of misinformation around the topic. There was a misconception in their minds as to how the testing happened. There was a misunderstanding as to how preventable prostate cancer is within our community. The clinician was very experienced and knowledgeable. He was able, in a gentle and authoritative way, to encourage them to take action. I saw something spark during that workshop! In my view it was the most successful."**

The prostate cancer awareness workshops were well attended by black men, the most at-risk demographic. Partners noted that men were very engaged and much misinformation was broken down. Many left the sessions with an understanding of the importance of prostate health and staying on top of their testing.

- Community Language Support Services reported that after their prostate cancer awareness session, three asymptomatic participants requested to be tested by their GP. The results came back positive for prostate cancer but at early stages. They are currently discussing treatment and were extremely grateful for the speaker's timely information.
- Mr Ashoke Roy, Consultant Urologist and NCL Cancer Alliance Clinical Network Director for Urology pathways, delivered the majority of the prostate cancer awareness sessions. He found them really worthwhile. Involvement in the project has prompted Mr Roy to consider what could be done more broadly to increase uptake of PSA[2] testing in highest risk groups.

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[2] A PSA or Prostate-Specific Antigen test is a blood test that measures the amount of PSA protein in the blood. PSA is a protein produced by the prostate gland and can indicate potential problems with the prostate. PSA tests can help detect prostate cancer early, potentially when treatment is more effective.

Recommendations

- We recommend that this approach to engagement be the model for community research going forward. Health information workshops build capacity both at an individual level and within the voluntary and community sector more broadly. This helps to ensure that their impact is more enduring than other health interventions. Partners were also confident that, if the funding were longer term, this work could have even more impact.

- Screening invitations for residents from underrepresented communities should be supported by a programme of community education (this kind of group engagement) rather than just sending an invitation by letter. This would help increase uptake.

- There is a need for wider education and more explicit information (for example, making effective use of diagrams and visual information) about the procedures for each type of screening, including the PSA test.

- There is a need for more information in community languages on local services to support women's health more broadly, and the menopause in particular.

- Women with language support needs should be given longer breast screening appointments. We understand that this reasonable adjustment is already made for women with learning disabilities and we would like the same adjustment made to accommodate the need for interpreting.

Table 1: Age and Gender

Workshop Theme, Date and Hosting Organisation	Total number of participants	18 to 24 years	25 to 49 years	50 to 64 years	65 to 79 years	80 + years	Not known	Male	Female	Non-binary	Self-describe	Not Known
Breast screening: 17/12/2024, CLSS	20		8	12					20			
Breast screening: 11/02/2025, DAII	10		3	5	2				10			
Breast screening: 10/12/2024, IBA	33	1	6	12	5		9		29			4
Breast screening: 11/12/2024, KMEWO	10		8	2					10			
Breast screening: 29/01/2025, LAWRS	4		3	1					4			
Diabetes: 20/02/2025, ECUK	29		2	9	14		4	19	6			4
Diabetes: 10/02/2025, Jannaty	10		4	6					10			
Diabetes: 24/02/2025, KMEWO	8		3	5					8			
Hypertension: 21/01/2025, Arachne	15		3	3	7	2			15			
Hypertension: 29/01/2025, IMECE	18		3	3	4		8		11			7
Menopause: 09/12/2024, Jannaty	10		6	4					10			
Menopause: 15/01/2025, KMEWO	11		6	5					11			
Menopause: 05/02/2025, LAWRS	7		4	2			1		5			2
Mental Health: 17/12/2024, Arachne	16	1	1	4	8	1	1		16			
Mental Health: 15/01/2025, ECUK	20			4	13	3		20				
Mental Health: 22/01/2025, IMECE	24		6	6	4		8		17			7
Mental Health: 13/01/2025, Jannaty	12		6	6					12			
Prostate: 10/02/2025, CLSS	19		9	10				19				
Prostate: 13/11/2024, DAII	11	1	2	6	2			4	7			
Prostate: 06/03/2025, ECUK	24			7	12	5		24				
Prostate: 17/02/2025, IBA	21		2	10	1	2	6	15				6
Winter Wellness: 05/11/2024, Arachne	19		2	3	12	2			19			
Winter Wellness: 22/10/2024, CLSS	21		8	13					21			
Winter Wellness: 08/01/2025, DAII	10		2	6	2			3	7			
Winter Wellness: 21/01/2025, IBA	23	1	6	7	3	2	4		19			4
Winter Wellness: 04/01/2025, IMECE	19		6	4	4		5		14			5
Winter Wellness: 26/02/2025, LAWRS	7		4	3					7			
Total	**431**	**4**	**113**	**158**	**93**	**17**	**46**	**104**	**288**	**0**	**0**	**39**

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
Breast screening: 17/12/2024, CLSS	20				1		4	7		7		1									
Breast screening: 11/02/2025, DAII	10				1	1			1				1	5		1					
Breast screening: 10/12/2024, IBA	33		22					2	1			1	1			1					5
Breast screening: 11/12/2024, KMEWO	10						2			5							3				
Breast screening: 29/01/2025, LAWRS	4										2		1	1							
Diabetes: 20/02/2025, ECUK	29			2			23														4
Diabetes: 10/02/2025, Jannaty	10							3		7											
Diabetes: 24/02/2025, KMEWO	8									3							5				
Hypertension: 21/01/2025, Arachne	15			1					1					1	12						
Hypertension: 29/01/2025, IMECE	18											1					8	2			7
Menopause: 09/12/2024, Jannaty	10							2		4				2					2		
Menopause: 15/01/2025, KMEWO	11	2					1			5							3				
Menopause: 05/02/2025, LAWRS	7										4		2								1
Mental Health: 17/12/2024, Arachne	16					1			1					5	9						
Mental Health: 15/01/2025, ECUK	20			20																	
Mental Health: 22/01/2025, IMECE	24											1					14	2			7
Mental Health: 13/01/2025, Jannaty	12		1					4	2	4		1									
Prostate: 10/02/2025, CLSS	19				1		3	8		6		1									
Prostate: 13/11/2024, DAII	11			1	1	2			1			1		2	1	1				1	
Prostate: 06/03/2025, ECUK	24						24														
Prostate: 17/02/2025, IBA	21		15																		6
Winter Wellness: 05/11/2024, Arachne	19					1			1				2	13	2						
Winter Wellness: 22/10/2024, CLSS	21						10	2		6		1					1	1			
Winter Wellness: 01/08/2025, DAII	10				1	2			2					2	1	1				1	
Winter Wellness: 21/01/2025, IBA	23		17	1															1		4
Winter Wellness: 04/01/2025, IMECE	19																6	7			6
Winter Wellness: 26/02/2025, LAWRS	7										3		3	1							
Total	**431**	**2**	**55**	**25**	**5**	**7**	**67**	**28**	**10**	**47**	**9**	**8**	**10**	**32**	**25**	**4**	**40**	**12**	**3**	**2**	**40**

Healthwatch Islington
Claremont Building
24 - 27 White Lion Street
London N1 9PD

www.healthwatchislington.co.uk
info@healthwatchislington.co.uk