



# Evaluation of Lambeth Health and Wellbeing Hubs



**An Evaluation Report on  
services at Christ Church,  
Gipsy Hill and Emmanuel  
Church, West Dulwich**



**Lambeth**

**NIHR**

Health Determinants  
Research Collaboration  
Lambeth

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## Abstract

This research investigates the Health and Wellbeing Hubs in Lambeth, with a focus on Christ Church Hub and Emmanuel Food Hub. The primary aim is to evaluate the demographic diversity of attendees, assess the impact of the services on physical and mental wellbeing and identify strengths and areas for improvement in the services provided. The study seeks to enhance understanding of how these hubs meet the needs of Lambeth's varied population and to offer recommendations for their future development.

Data was collected using a mixed-methods approach, integrating quantitative surveys and qualitative interviews. Surveys captured demographic information, service utilisation and satisfaction levels, while interviews provided detailed personal accounts of experiences with the hubs. Analysis of the data revealed that the services offered at the hubs have a significant positive impact on both physical and mental health. Participants reported notable improvements in their wellbeing, attributing these to the structured routines and supportive social environment provided by the hubs.

The study found that the hubs are highly valued for their inclusivity and community spirit. However, it also highlighted several barriers to participation, including issues with centralised information and language barriers. Recommendations for enhancing the hubs include introducing additional activities such as sports and cultural events and improving communication strategies to better address these barriers.

In summary, the research confirms that the Health and Wellbeing Hubs play a crucial role in fostering community engagement and personal fulfilment. It also provides a basis for refining the services to better cater to the needs of Lambeth's diverse communities.

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## I. Introduction

### a. Background Information

#### i) Lambeth HEART

Lambeth HEART (Health Determinants Research and Evaluation Network) is an innovative initiative launched in 2023 as part of the National Institute for Health and Care Research (NIHR) Health Determinants Research Collaborations (HDRCs) programme. As one of 30 HDRCs established across England, Lambeth HEART represents a significant investment in local authority-led research to address health inequalities. By embedding research capabilities within the local authority, Lambeth HEART aims to bridge the gap between academic knowledge and practical application in public health and social care. This initiative represents a significant step towards more responsive, effective and equitable local governance in addressing the complex health challenges faced by Lambeth's diverse communities.

#### ii) Health and Wellbeing Hubs in Lambeth

As part of Lambeth's commitment to addressing health inequalities and improving community wellbeing, several Health and Wellbeing Hubs have been established across the borough. These hubs play a crucial role in delivering localised, community-centered health and social care services. This report focuses on two key hubs within the Thriving Norwood initiative: Christ Church Hub and Emmanuel Food Hub. Both hubs exemplify the community-centric approach of Lambeth's health and wellbeing initiatives by offering a mix of practical support, health promotion activities and social engagement opportunities. These hubs play a vital role in addressing the diverse needs of Lambeth's residents and contributing to the borough's efforts to reduce health inequalities.

**Christ Church Hub** operates as an open-door community drop-in service, providing a warm and welcoming space for local residents. The hub offers a range of engaging activities designed to promote both physical and mental wellbeing. These include an organised weekly lunch and refreshments service, a 'Moving into Wellbeing' activity class, as well as welfare and benefits advice services. By maintaining an open-door policy, Christ Church Hub ensures accessibility and inclusivity for all community members, fostering a sense of belonging and support within the local area.

**Emmanuel Food Hub's** journey began as a response to community needs during the COVID-19 pandemic, initially focusing on addressing food insecurity. Since then, it has evolved into a comprehensive wellbeing hub, demonstrating remarkable adaptability to changing community

needs. Whilst not initially funded by the council for setup, Emmanuel Food Hub now receives ongoing support from Lambeth Council for its development and various wellbeing initiatives. The hub has expanded its services significantly, now offering a wide range of essential support including welfare and benefits advice, mental health support, food hub services, and lunch and refreshments.

#### b. Research Objectives and Questions

The establishment of Lambeth HEART and the development of Health and Wellbeing Hubs like Christ Church Hub and Emmanuel Food Hub represent significant steps towards addressing health inequalities and improving community wellbeing in Lambeth. These initiatives embody a community-centric approach to health and social care, aiming to provide accessible, inclusive and responsive services to the diverse population of the borough.

As these hubs continue to evolve and adapt to community needs, it is crucial to evaluate their effectiveness, understand their impact and identify areas for potential improvement. This research aims to delve deeper into the operations and outcomes of Christ Church Hub and Emmanuel Food Hub, focusing on three key areas: the demographic reach of these hubs, their impact on attendees' wellbeing and the perceived quality and relevance of their services.

As such, four research questions are explored in this study:

- a. What is the demographic diversity of individuals attending the wellbeing hubs at Christ Church and Emmanuel food hub, and how do these demographics influence their engagement with the services offered?
- b. How have the services provided by Christ Church and Emmanuel food hub impacted the physical and mental wellbeing of their attendees, and what role do social connections and community engagement play in these outcomes?
- c. What are the perceived strengths and areas for improvement in the services offered at Christ Church and Emmanuel food hub, particularly in terms of accessibility, inclusivity and the specific needs of diverse demographic groups?
- d. How do community services at Christ Church and Emmanuel food hub influence participants' personal satisfaction and sense of belonging



## **II. Methodology**

### **a) Research Design**

We have chosen a mixed- methods design, combining quantitative and qualitative data collection methods. At its core, qualitative research is concerned with non-numerical data, often involving words in the context of social science research (Punch, 2014). Quantitative data refers to numerical information that can be measured and analysed statistically. This mixed-methods approach allows us to leverage the strengths of both qualitative and quantitative research. The qualitative component provides rich, contextual insights into the experiences and perspectives of service users and staff, while the quantitative data offers a broader view of trends and patterns across the hubs.

### **b) Data Collection**

Our data collection process involved two primary methods (surveys and interviews). This dual approach to data collection enabled us to capture both the nuanced, individual-level experiences of hub users and staff, as well as broader patterns of service usage and impact across the hubs.

#### **1) Surveys (see Appendix a)**

Following attendance to Christ Church and Emmanuel, we began to develop our questionnaire that aimed to record and investigate the diversity of individuals attending wellbeing hubs at Emmanuel and Christ Church and their situation. Specific data was requested to be collected in order to more accurately tailor services to better serve attendees, including:

- Age
- Gender
- Sexual Orientation
- Living Situation
- Ethnic Group
- Current Employment Status
- Health (ease of access to GP appointments, disabilities)
- Faith (church attendance, use of other services)
- Family
- Services Utilised

With this request in mind, we produced a survey (Appendix a) covering all identified areas.

Questionnaires were made available digitally via Google Forms, accessible at [bit.ly/ChristChurchSurvey](https://bit.ly/ChristChurchSurvey) and [bit.ly/EmmanuelChurchSurvey](https://bit.ly/EmmanuelChurchSurvey). We chose Google Forms due to its free availability, user-friendly interface and accessibility from any device with an internet connection. To facilitate easy access, we included QR codes in our recruitment posters (see Appendix b and c) that directed users straight to the survey, along with basic information about the research purpose and aims. Despite the digital access options, we found that most participants preferred physical copies of the survey, which we provided during lunch services.

After speaking to staff and volunteers, we learned that a large percentage of the Christ Church community were Iranian, and so it was important for us to provide a version of our survey in Farsi (Appendix d) in order to best represent service users in the most accessible way. A native Farsi speaker external to the hubs provided these translated surveys for us, and we delivered them to the hubs for distribution. As a result, we were able to gather a total of 5 Farsi survey responses.

## **2) Interviews (see Appendix e)**

We conducted a total of 3 semi-structured interviews, two with service users and one with a staff member. These interviews allowed us to gather detailed, personal accounts of individuals' experiences with the hubs. For service users, interview questions delved deeper into their background, general experience with the services, social impacts, physical and mental wellbeing and reflections on their progress. We also sought their opinions on potential service improvements and overall inclusivity of the hubs. For our staff member, the interview focused on their roles, responsibilities, perceptions of user engagement and their views on the most effective aspects of the services and potential areas for improvement.

### **c) Data Analysis**

To address our aims, we chose thematic analysis, a method that combines accessibility with systematic rigour and flexibility. Following Braun and Clarke's (2006) six-step framework, we began by familiarising ourselves with the data, reading and re-reading the interview transcripts and survey responses. We then generated initial codes, identifying interesting features across the entire dataset. The next steps involved searching for themes, reviewing these themes and defining and naming them. This process allowed us to identify overarching patterns and significant insights from both our qualitative and quantitative data.

For the quantitative survey data, we employed descriptive statistical analysis to identify trends and patterns within the dataset. The survey collected a range of information, including

demographic details, service usage frequency, satisfaction levels and health-related factors. To further explore the data, we created visual representations, including histograms, bar charts and pie charts, which helped us to further identify patterns and trends. This analysis complemented our thematic analysis of the qualitative data, providing a comprehensive view of the impact of the Health and Wellbeing Hubs.

#### d) Ethical Considerations

Ethical considerations were paramount throughout our research process, particularly due to the sensitivity of the information collected. We adhered to strict ethical guidelines to ensure participant protection and respect.

To build rapport and establish trust, we introduced ourselves and clearly explained our research to participants before attending meals at both services. This approach allowed us to engage in meaningful conversations with attendees, which helped us understand their overwhelmingly positive experiences with the services and their willingness to share insights.

Informed consent was a critical component of our process. All participants were required to read an introductory section detailing the study's purpose, ethics and our contact details (see Appendix f). We ensured participants understood that their participation was voluntary and that they could withdraw at any time. We also made it clear that answering questions was not mandatory, and all responses were anonymised to protect participant privacy.

For interviews, additional consent was sought for audio recording, with participants informed about its purpose for accurate transcription and their right to stop the recording or withdraw their responses at any time. Confidentiality and anonymity were strictly maintained, ensuring that participants' answers would not be identifiable by any party at any point.

#### e) Reflexivity

As researchers, we practiced self-reflexivity throughout our study, conscious of how our biases could influence the validity of our claims (Bourdieu and Wacquant, 1992). We acknowledged that our backgrounds, experiences and perspectives could shape the research process. As recent graduates in Global Health from King's College London, we recognised that our understanding of health inequalities and community-based interventions might introduce biases, particularly in framing interview questions and interpreting responses.

Aware of our position as outsiders to the community we studied, we approached our interactions with participants with cultural sensitivity and a willingness to learn from their experiences.



Despite efforts to maintain objectivity, it is crucial to acknowledge that our pre-existing views may impact the way we perceive and interpret the themes identified. Indeed, coding is a subjective process and the collection of codes, and the subsequent identification of themes was not intended to be definitive.

We invite readers to approach our findings with a critical lens, considering the potential influence of our subjectivity on the outcomes. By maintaining a reflexive stance, we aimed to enhance the credibility and trustworthiness of our research, acknowledging that knowledge in qualitative research is co-constructed and shaped by the perspectives of both researchers and participants.

## IV. Quantitative Findings

In line with the research objectives, this study utilised targeted research questions to explore the impact and characteristics of the services offered at the wellbeing hubs. This chapter details the findings from the quantitative data collection, which address the demographic diversity of individuals attending the wellbeing hubs at Christ Church and Emmanuel food hub and examines how these demographic factors influence their engagement with the services provided.

In the following descriptive analysis, trends in survey results will be focused across structured sections corresponding to age, gender, employment, living situation, ethnicity, health, faith and family. Analysis will also be split between Christ Church and Emmanuel, however compared throughout.

### a) Existing Hub Usage Data

To aid us in our independent research, we were provided with preliminary data that outlined general usage of hub services over a 3-month period from March to June 2024 (Figure 1).

Open door	Meals served		Foodhub	Advice given
3/19/24	45		3/21/24	30
3/26/24	39		3/28/24	27
4/2/24	65		4/4/24	28
4/9/24	41		4/11/24	28
4/16/24	34		4/18/24	25
4/23/24	47		4/25/24	18
4/30/24	36		5/2/24	33
5/7/24	32		5/9/24	33
5/14/24	41		5/16/24	30
5/21/24	48		5/23/24	33
5/28/24	45		5/30/24	30
6/4/24	38		6/6/24	29
6/11/24	53		6/13/24	13
6/18/24	38		6/20/24	12

Figure 1 – Previous data collected on attendee numbers to Emmanuel and Christ Church

Over the period, an average of 43 meals were served during the lunch service at Christ Church, offered as part of Open Door. Additionally, an average of 20 individuals attended Moving Into Wellbeing chair Pilates classes. At Emmanuel, an average of 26 attendees were given citizens

advice on-site, be that from Centre or Brixton Advice Centre. On top of this, an average of 45 meals were served at the Emmanuel free lunch service and 4 emergency Foodhub parcels provided by Norwood and Brixton Foodbank were given to those experiencing food insecurity.

This data, alongside our own, highlights the direct impact and popularity of these services. Services are diverse in aim and nature, yet each still maintains a consistent flow of participants who attend and benefit from them, reflecting the need for such services in the community.

## b) Survey Responses

### i) Christ Church ([bit.ly/ChristChurchSurvey](https://bit.ly/ChristChurchSurvey))

#### *Age, Gender, Sexual Orientation, and Marriage*

The Christ Church survey was completed by 10 individuals with almost all participants answering all 17 questions. Respondent age was diversely split, with 1/3rd being 75+ and another 1/3<sup>rd</sup> aged between 45 and 54. No participants were aged between 55 and 74, and 40% were under 44 (Figure 2).

What is your age?

10 responses

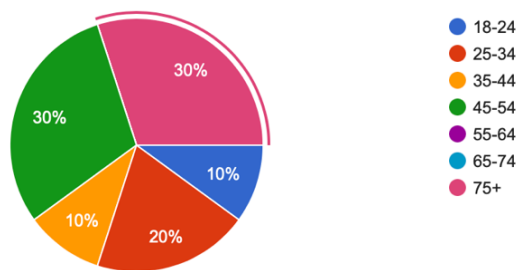


Figure 2 - Christ Church Age Breakdown

Respondent gender was evenly split, with 50% identifying as Male and 50% identifying as Female. No participants identified as non-binary (Figure 3).

What is your gender?

10 responses

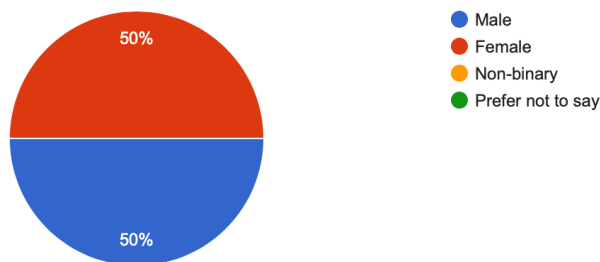


Figure 3 - Christ Church Gender Breakdown

Respondents mainly identified as heterosexual, with a small percentage opting out of answering or identifying as bisexual (Figure 4).

What is your sexual orientation?

10 responses

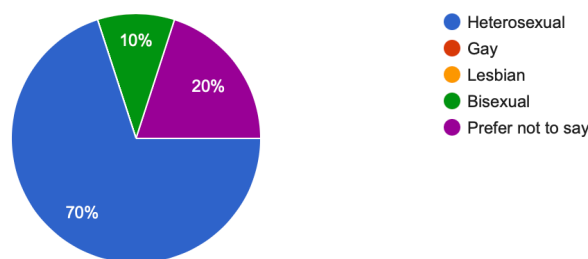


Figure 4 - Christ Church Sexual Orientation Breakdown

Marital status among participants was extremely varied. An equally large (30%) proportion of respondents were either married or divorced. 2 participants were single, and 2 were widowed. 80% of respondents had children. All participants who were married had children, and most of this sample were under 54.

### *Faith*

Christ Church is a Church of England Parish church, however not all those who attend wellbeing hub services are religious. While faith, God, and evangelical worship entrench the mission of Christ Church to serve the local community in and around Gipsy Hill, it is not necessary for service users to be of a certain faith to benefit from wellbeing hub services such as Open Door or Moving into Wellness classes. We learned from speaking to certain service users that it is, in fact, this warm welcome without barriers that made Christ Church positively stand out from other services that may enforce restrictions based upon faith, age, or location. Out of our 10 respondents, 8 were Christian, and the remaining 20% had no religion. Additionally, 1/3<sup>rd</sup> of respondents rarely attended church or other religious services, with 10% stating that they have never attended religious services – an equal amount to those respondents who attended services every week (very frequently).

## Health, Home, and Employment

Out of all respondents, none reported having poor health. The majority of respondents reported their self-perceived health status to be either good or fair, and 2 reported their health to be overall excellent. 11% of respondents self-reported having a disability (Figure 5), but 36% of respondents detailed having one of the categories of disability detailed in the Equality Act.

If you answered yes to the above question, please select the type(s) of disability you have:



4 responses

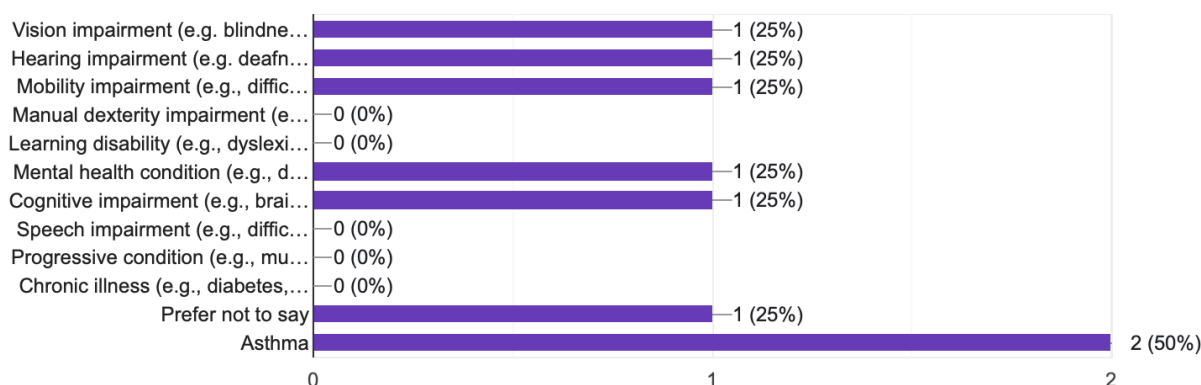


Figure 5 - Christ Church Disability Survey Response

The most prevalent disability reported was chronic illness (we pooled chronic illness and Asthma together, post-collection). Others included visual, hearing, mobility, and cognitive impairments as well as mental health conditions. 20% of participants found it difficult to book a GP appointment, while 40% were impartial (neither easy nor difficult), potentially as they may not require GP appointments so often – for example, all individuals who rated their health to be good or excellent were impartial to the difficulty of booking a GP appointment. All participants who found it easy to book a GP appointment reported not having a disability, and all participants who rated their health as ‘Fair’ found it difficult to be seen by a GP.

Out of all participants, 1 respondent was self-employed (Figure 6). The remaining participants were either retired, unemployed, and one was a student. Half of respondents were unemployed, and those who were unemployed were 75% more likely to have rated their health as ‘Fair’, as compared to the rest of the sample. Living situation among participants was split equally, with 50% living with dependents and 50% living alone. No participants lived in shared accommodation. Of those who lived alone, most were unemployed and rated their health below ‘good’. Those who lived alone all reported to access Open Door services most frequently,



entrenching the importance of community space access. 90% of those living alone were divorced, widowed, or single.

What is your current employment status?

10 responses

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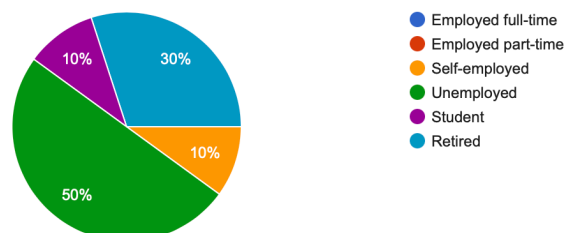


Figure 6 - Christ Church Employment Status Survey Response

## Ethnicity

Ethnic group categories were taken from the ethnicity classifications under the ‘List of ethnic groups’ taken from the 2021 Census published by the Government Statistical Service via gov.uk. Almost 2/3rds of participants were Asian or Asian British – this is representative of the Iranian community at Christ Church who regularly attend Christian Ministries provided in Farsi, as well as Open Door services. Of the remaining 40%, 30% were White, and 10% were Black, African, Caribbean or Black British. While only a small snapshot, this sample still represents the diversity of individuals attending the services on offer at Christ Church. A visualisation of these results can be seen below in Figure 7:

What is your ethnic group?

10 responses

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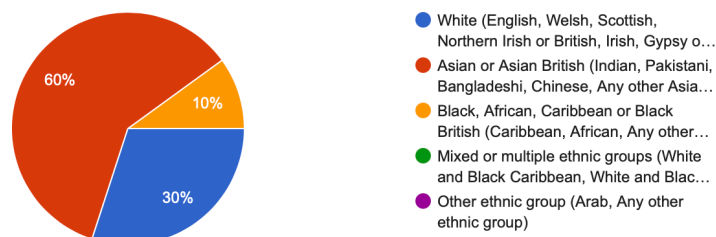


Figure 7 – Christ Church Ethnic Group Breakdown

## Access and Satisfaction with Christ Church Services

All participants attended the lunch and refreshment services. 30% of respondents attended the Moving into Wellbeing chair Pilates classes, and 70% simply accessed a warm, community space. The most common combination of services was Lunch and Refreshments attendance coupled with accessing a warm, community space. Just one participant attended just one service, that being lunch and refreshments (Open Door).

Overall response to the quality of services offered by Christ Church was overwhelmingly positive. 88.9% of respondents were very satisfied, and the remaining were satisfied. This was measured using a Likert scale ranked from 1 (Very Dissatisfied) to 5 (Very Satisfied) (Figure 8).

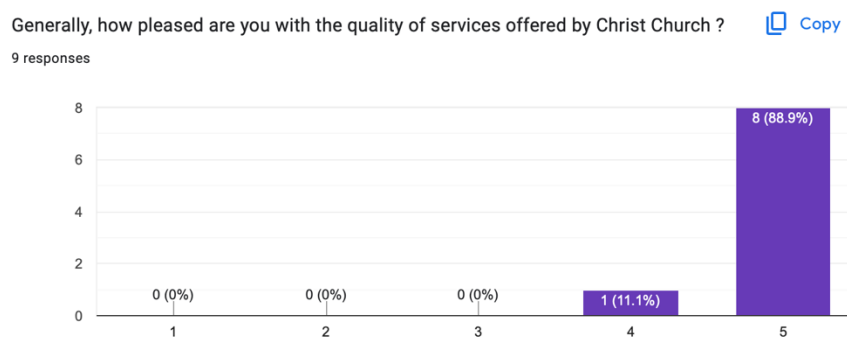


Figure 8 – Christ Church Quality Satisfaction

### ii) Emmanuel Hub ([bit.ly/EmmanuelChurchSurvey](https://bit.ly/EmmanuelChurchSurvey))

The Emmanuel Survey was completed by just 4 individuals. As previously mentioned, our visits to Emmanuel were somewhat hindered by circumstances outside of our control that limited the number of attendees to the hub drastically. While we ourselves were not able to visually compare numbers, we had been told by volunteers of the Brixton and Norwood Foodbank, as well as our own Lambeth Public Health colleagues, that the number of attendees to the Thursday lunch service is often ‘out the door’. The volume of attendees is reflected in existing hub usage data from March-June 2024 (Figure 1). In our visits to Emmanuel post disruption, most attendees were accessing the still ongoing citizens advice services from Centre70 and Brixton Advice Centre. During Thursday lunch services at Emmanuel Hub, staff from Centre70 and Brixton Advice Centre offer free, independent legal advice and citizen support within the venue, behind private screens. Advice offered is diverse, but can include issues with housing, benefits, debt, finances, utilities, discrimination, immigration, domestic violence, family, and work.

On top of this, Trussell Trust FoodHub representatives at Emmanuel Church offer food bank vouchers and make referrals, as well as provide emergency food packages to combat food insecurity. Additionally, in our first visit, the Community Shop on Vale Street – a short walk from Emmanuel – was hosting a celebration that we were able to attend. The Community Shop, for 10 years, has combatted food insecurity in Lambeth by selling surplus food from leading supermarkets at 70% cheaper than usual prices ([love.lambeth.gov.uk](http://love.lambeth.gov.uk)) and providing hot meals for just £1.50. While we were not able to see the size of the impact of Emmanuel Hub in full operation while we were there, we were able to infer from the depletion of numbers just how valued the food services are, and were able to speak to a number of volunteers who make this important work happen. In our second visit, we were able to speak to some attendees who were accessing the free community space and donated refreshments provided, and it is those individuals who make up our survey responses. For the above reasons, we were unfortunately unable to interview anybody from Emmanuel Hub, however, are confident that this project can provide a springboard for future conversations as well as an insight into how the value of services is highlighted when they are disrupted.

### *Age, Gender, Sexual Orientation, and Marriage*

Out of the 4 respondents to the Emmanuel Hub survey, 88% answered all 17 questions. The modal respondent age was 65-74, and on average the age of respondents was higher than that of Christ Church – however this comparison is limited due to the low sample size of Emmanuel Hub survey. No participants were below the age of 55 (Figure 9).

What is your age?

4 responses

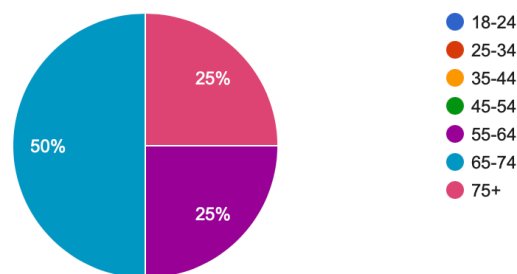


Figure 9 - Emmanuel Age Breakdown

All respondents were female, and  $\frac{3}{4}$ 's were heterosexual, with the remaining opting to not share their sexual orientation (Figure 10). Marital status was evenly split between single and divorced. In contrast to Christ Church, no respondents were married.

All respondents were female, and  $\frac{3}{4}$ 's were heterosexual, with the remaining opting to not share their sexual orientation.

### *Faith*

Like Christ Church, Emmanuel Church is a Church of England Parish Church, providing Sunday worship services alongside using the community centre space next door to welcome individuals of all faiths in order to foster friendship and conversation. Out of those who responded to our survey, 50% were Christian, while the remaining 50% were equally split between Roman Catholic and having no religion. Just one respondent frequently attended religious services held at Emmanuel Church, while the remaining either rarely attended, never attended, or used to attend but no longer do (Figure 10). Based on our findings, those attending Christ Church seem to be more affiliated with the faith-aspect of the services in comparison to those attending Emmanuel, this may be purely due to the number of individuals attending Emmanuel.

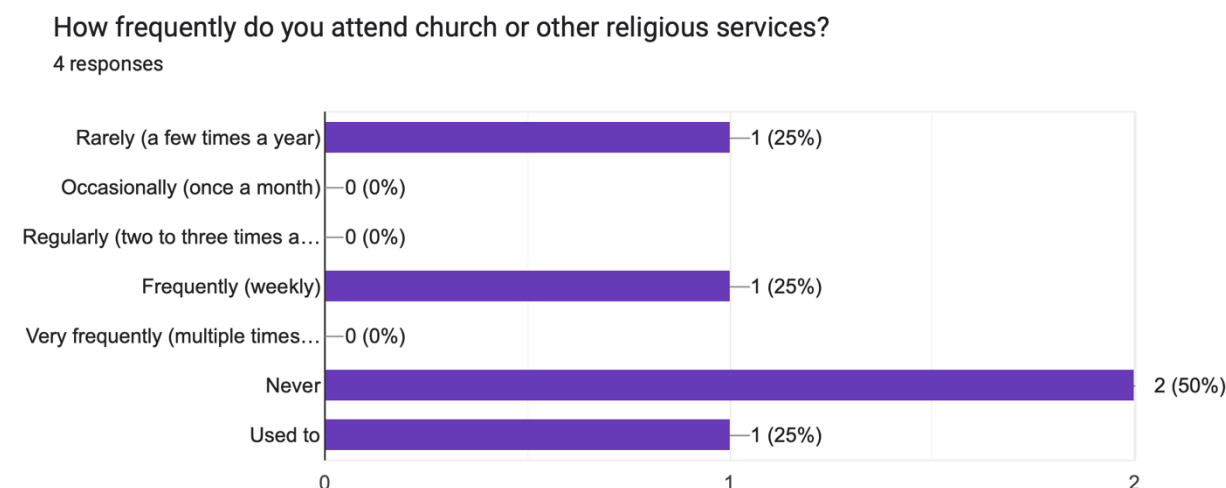


Figure 10 – Emmanuel Church Religious Service Attendance breakdown

## Health, Home, and Employment

In comparison to self-reported health status as observed within our Christ Church sample, overall health of those attending Emmanuel Hub was poorer. Out of all of our participants, nobody rated their health to be ‘good’ or ‘excellent’. The most common response was ‘fair’, with some participants rating their health to be ‘poor’ (Figure 11), results that were not seen in our Christ Church sample. 33% of our sample self-reported having a disability, however 100% reported themselves to fall within one of the disability categories outlined in the Equality Act.

Some participants reported themselves to have multiple disabilities, these included vision, hearing, mobility, and manual dexterity impairments as well as cognitive impairments, chronic illnesses, and progressive conditions. The most common disability reported was a mental health condition, which was reported by half of respondents (Figure 12).

How would you rate your overall health?

3 responses

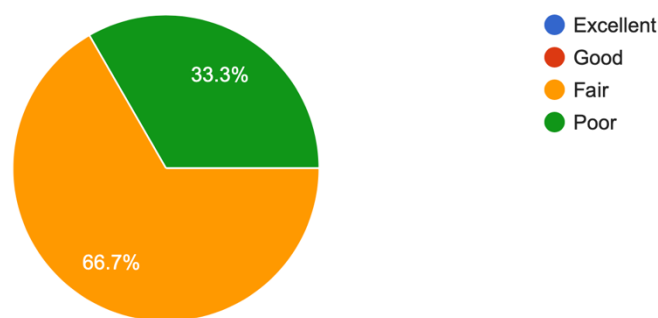


Figure 11 – Emmanuel Church Health Rating

If you answered yes to the above question, please select the type(s) of disability you have:

4 responses

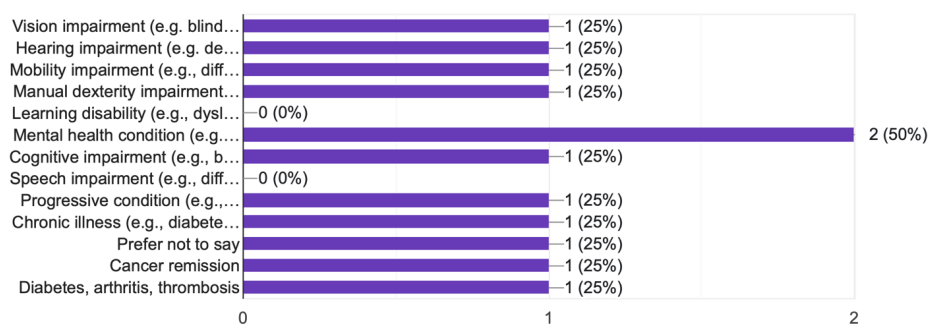


Figure 12 – Emmanuel Church Disability Breakdown

One participant found it very difficult to schedule a GP appointment, while another reported it to be very easy. The most common answer was, like Christ Church, indifference in reporting it to be ‘neither easy nor difficult’. Individuals who reported booking GP appointments to be very easy identified as having a disability, while those who reported booking GP appointments to be neither easy nor difficult did not, potentially suggesting this may not be something they require. At the same time, those who reported booking a GP appointment to be very difficult reported to have a chronic condition, potentially revealing other factors underlying health insecurity that could have been elaborated on in interview.

75% of respondents lived alone, and the remaining lived with dependents. Similarly, 75% of respondents were retired, while one respondent worked part-time. Those who were retired were more likely to attend Emmanuel more frequently and reported accessing more services. Half of respondents had children, and half did not. 100% of those who lived with dependents had children.

### *Ethnicity*

Like within our Christ Church survey, ethnic group categories were taken from the ethnicity classifications under the ‘List of ethnic groups’ taken from the 2021 Census published by the Government Statistical Service via gov.uk. In our Emmanuel Hub sample, 75% of participants were White, and 25% of participants were Black (Figure 13). Unlike Christ Church, we were unable to grasp the true diversity of those attending Emmanuel due to limitations in attendee numbers. It would therefore be interesting, in future, to elaborate on this research.

What is your ethnic group?  
4 responses

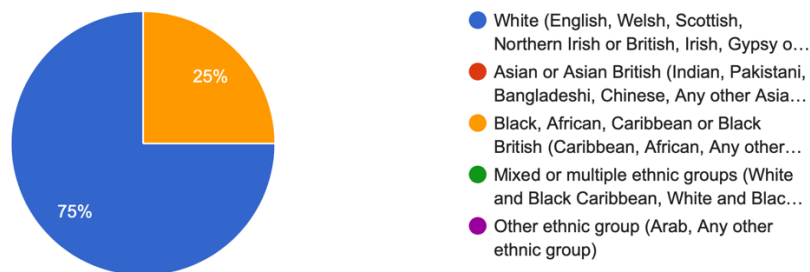


Figure 13 – Emmanuel Church Ethnic Group Breakdown



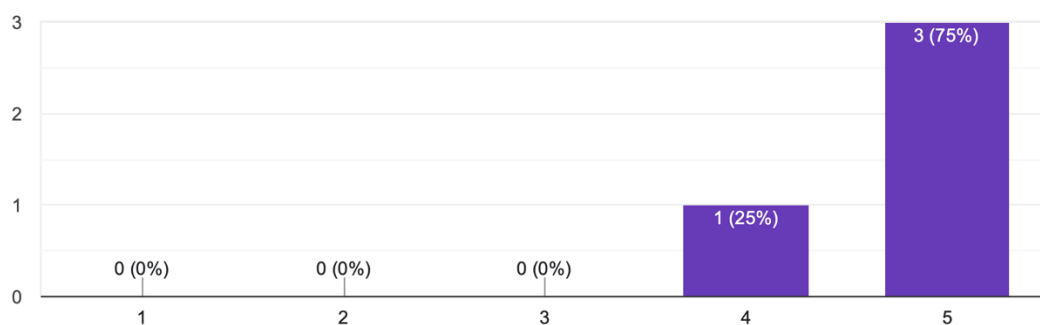
### *Access and Satisfaction with Emmanuel Hub Services*

Like Christ Church, satisfaction and feedback from Emmanuel Hub service users was overwhelmingly positive. All participants utilised more than one service offered, with the most common combination of services being FoodHub and Centre 70/Brixton Advice services. The most common singular service was access to a warm, community space. Only half of individuals reported accessing lunch and refreshment services, however this could potentially reflect the lack of said services at our time of research. No participants attended just one service. One participant reported that it was their first time attending Emmanuel Hub services and shared in feedback that Emmanuel was “Very good” and that the “people are lovely!”. The other participants reported that they attended Emmanuel services either very frequently or frequently. 3 participants were so pleased with the services at Emmanuel that they left feedback comments on our survey, including: “Very friendly, great community and advice”.

Overall satisfaction with services had the same outcome as seen in our Christ Church Survey, with 75% being very satisfied and 25% being satisfied (Figure 14). Interestingly, those who reported slightly lower satisfaction were those who were attending for the first time as compared to those who attended frequently who rated their satisfaction 5/5. This may be due to aforementioned service limitations at the time.

Generally, how pleased are you with the quality of services offered by Emmanuel?

4 responses



*Figure 14 – Emmanuel Church Service Satisfaction*

## V. Qualitative Findings

This section presents the findings from interviews conducted with participants involved in community services. As per the aim of this research, the study used research questions to investigate the impact and characteristics of the services offered at the wellbeing hubs. This chapter is sectioned into three parts to discuss the findings from the qualitative data collection. Section a examines the impact of the services on the physical and mental wellbeing of attendees, focusing on the role of social connections and community engagement in these outcomes. Section b identifies perceived strengths and areas for improvement in the services, with particular attention to accessibility, inclusivity and the specific needs of diverse demographic groups. To ensure anonymity, participants are referred to using codes (e.g., Participant 1, Participant 2).

### a. Impact on Physical and Mental Well-being

#### i) Role of Social Interaction

Participants consistently highlighted the importance of social interaction within the services. P1 noted that the community services offer a space for meeting diverse individuals, emphasising the inclusivity of the environment:

*“It's a place to meet up. It's a really nice group of people. It's a real cross-section of people with different needs, different nationalities, different things” (P1).*

P3 further explained how the social aspect of the services, such as wellness classes and meals, is crucial for forming meaningful relationships:

*“It's very much the food but also very much the company and the conversations and that sort of thing” (P3).*

#### ii) Improved Mental and Physical Well-being

Participants described significant improvements in their mental health due to the structured routine and social support provided. P2 reflected on how the wellness classes and interactions at Christ Church acted as a form of therapy:

*“I think when I came to Christ Church, it was kind of therapy” (P2).*

P1 highlighted that the services provided a sense of purpose and routine, contributing positively to their mental well-being:

*“It gives you a purpose to walk. It gives you a reason” (P1).*

P3 also noted the significant physical improvements and broader impacts on mental health:

*“The level of mobility acquired over two years has been phenomenal” (P3).*

*“The movement class is very good for your well-being. Physical or mental” (P3).*

*“He said I’d changed his life” (P3).*

## **b. Strengths and Areas for Improvement**

### **i) Strengths in Service Delivery**

Participants appreciated the diversity and inclusivity of the services, noting that they cater to a broad range of needs. P1 emphasised the welcoming nature of the services:

*“It’s a real cross-section of people... Everybody’s welcome” (P1).*

*“I really appreciate the community [...] I didn’t expect that. Because I saw many people around the table, sharing food, chatting etc” (P2).*

### **ii) Barriers and Areas for Improvement**

Despite the positive feedback, several barriers to participation were identified. P1 pointed out challenges related to lack of centralised information and accessibility issues:

#### **1. Accessibility and Communication Challenges**

P1 pointed out challenges related to lack of centralised information and accessibility issues:

*“There should be much more cross-referral between people who provide nice group things” (P1).*

P2 also discussed their initial difficulties due to language barriers and the need for better communication:

*“When I came here [...] it was very hard, difficult for me. Because everything was difficult. I didn’t understand anything because I didn’t speak English” (P2).*

Language barriers and newness to the country also presented challenges, which were partially addressed through the church’s support:

*“When I came here [...] it was very hard, difficult for me. Because everything was difficult. I didn’t understand anything because I didn’t speak English” (P2).*

Some participants spoke to specifically to transport and outreach limitations when speaking to accessibility to Christ Church, specifically – wishing they’d known about the services sooner but also that more services were available elsewhere to encourage those who live far from Gipsy Hill or have limited mobility. Participant 1 spoke to this:

“If only (we’d) known sooner, we could have become involved. I wish we’d known sooner” (P1)

Participant 1 also spoke to how they’d gotten multiple individuals involved in Christ Church after wishing they’d known about the services sooner, suggesting the strength of word of mouth communication about the hub:

“It’s me that’s got a lot of people that are not coming here because I told them from other groups that we go to. It’s a pity it didn’t come up sooner” (P1)

When asked about how we might imagine getting those who would benefit from Christ Church involved sooner, P1 suggested many outreach options:

“People are a bit savvier than you think, even in their 70s and 80s (...) but there are people you might really like to reach (...) and it needs to be other people reaching out to them to try (...) maybe leaflets through the doors (...)” (P1)

However, P1 also appreciated the challenges of extended service communication outreach:

“How do you make it accessible for the type of people that really need it, who are the ones that are really lonely and elderly and who’s going to help them?”

P1 suggested these accessibility issues may be facilitated with “buses going to pick people up for free and dropping them off at [services]”, however appreciated this would be reliant on funds.

Alternatively, P1 suggested a rota system of car-sharing between services, not just limited to Christ Church.

## **2. Psychological Barriers**

P3 discussed psychological barriers, particularly for men who may feel uncomfortable joining group classes:

*“A lot of men don’t want to join a group class either because they worry there’s going to be just a bunch of women, or they feel that it’s not for them” (P3).*

## **3. Suggestions for improvement**

P2 suggested incorporating additional activities, such as sports and cultural events, to enhance the offerings:

*“Maybe they can add some activities. For example, like a sport. And some cultural events. Maybe once a week or once a year. [...] add more activities” (P2).*

B proposed specific ideas for sports activities and cultural events to further engage participants:

*“For example, if I like swimming or football. Maybe you like volleyball, basketball, badminton” (P2).*

P2 also suggested organising cultural events to promote diversity and understanding:

*“We can also organise with different cultures. Like one we can choose. Maybe like a festival. But something like that. We mix different cultures” (P2).*

### **c) Personal Satisfaction and Sense of Belonging**

#### **i) Sense of Community**

Participants expressed a strong sense of belonging and personal satisfaction derived from being part of the community services. P1 highlighted the inclusive nature of the services and the importance of being noticed and valued:

*“It’s very inclusive. People know what’s going on. They notice if you’re not there” (P1).*

P3 described the services as a highlight of their week, emphasising the personal satisfaction they derive from participating:

*“It’s the highlight of my week. So, I really cling on to those Tuesdays, that lunchtime slot” (P3).*

## ii) Volunteering and Personal Fulfilment

P2 reflected on the mutual benefits of volunteering, noting that their involvement in the church added to their sense of purpose and community:

*“Sometimes I help the church as a volunteer because it’s my own church, my church” (P2).*

## VI. Key Findings

### a) Key Quantitative Findings

#### *Demographic Diversity*

Both hubs demonstrated a wide range of attendees, though Christ Church had a younger demographic compared to Emmanuel. Christ Church’s survey showed a significant proportion of attendees aged under 44, while Emmanuel’s respondents were primarily 55 and above. The diversity in age shows that both hubs serve individuals from varying life stages, reflecting the broader reach of the services offered.

#### *Health and Disability*

Self-reported health status varied between the hubs. Christ Church participants generally reported good to excellent health, with minimal difficulty accessing GP services. In contrast, Emmanuel respondents mostly reported “fair” to “poor” health, with a higher prevalence of disabilities. The Emmanuel’s Hub focus on more critical services such as citizen advice and food insecurity assistance may indicate that it serves more vulnerable individuals, however positive health outcomes may be a direct result of Christ Church’s work, so Emmanuel may potentially benefit from more health-specific service offerings such as the Moving into Wellbeing services at Christ Church.



### *Employment and Living Situation*

Employment rates were generally low across both hubs, with many respondents being unemployed or retired. This was particularly true for Emmanuel, where 75% of respondents were retired. Retirement at Emmanuel and Christ Church correlates of course with age, however at Christ Church many under retirement age were unemployed – potentially indicating Christ Church may benefit from the same citizens advice services offered at Emmanuel in order to combat this and its knock-on social impacts. Additionally, there was a notable correlation between those living alone and poorer health, reinforcing the hubs' role in supporting isolated individuals.

### *Ethnic Representation*

Christ Church displayed greater ethnic diversity, with nearly 2/3rds of respondents being Asian or Asian British, reflecting the significant Iranian community served by the Church. Emmanuel's respondents were predominantly white, with a small percentage being Black – however a true 'snapshot' into Emmanuel's diversity was limited. Despite the small sample size, data across both highlights the importance of culturally sensitive services, which were also mentioned by some participants in interview.

### *Faith Engagement*

While both hubs are connected to Church of England parish churches, Christ Church's respondents demonstrated higher levels of religious engagement, with 80% identifying as Christian and 30% attending church regularly. Emmanuel participants were more varied in their faith engagement. This contrast may be attributed to the different community dynamics and services offered by each hub.

### *Service Usage Patterns and Service Satisfaction*

Both hubs showed high levels of satisfaction with the services provided, but patterns of service usage differed. At Christ Church, the most popular service were the lunch and refreshment offerings alongside the warm community space. At Emmanuel, citizens advice and the food hub were the most accessed services. This reflects the distinct needs of each hub's attendees and highlights the importance of tailored service provision based on community demographics.

The high satisfaction rate across both hubs underscored the essential role these hubs play in their communities, particularly as places of support and connection for individuals facing social and economic challenges.

### *Barriers to Participation and Impact of Hub Disruption*

Both hubs faced challenges in survey participation, particularly Emmanuel, where service disruptions and early closures limited sample size. Despite providing digital surveys, most respondents preferred physical copies, highlighting a potential access barrier. This may indicate a need for more targeted engagement efforts to include a broader cross-section of hub users in future research.

The disruption of services, especially at Emmanuel, significantly impacted both attendance and research participation. The decrease in numbers following disruption of lunch services suggests that regular meal provisions are a key draw for hub attendees. This highlights the critical importance of continuity in service offerings to maintain community engagement, trust, and support. This was also brought up in interviews with some participants.

### *Inclusive Services*

Both hubs successfully create an inclusive environment where attendees do not need to adhere to any faith-based, geographic-based, economic-based, or health-based restriction to access. This open-door policy, especially at Christ Church, has fostered a diverse and welcoming space where individuals from different backgrounds, including those of no religious affiliation, have felt comfortable attending. Participants were open to praising this aspect in interviews, especially as some had experienced similar services previously that were gatekept in attendance based on postcode, health status, or faith – leaving some individuals at the margins of access. It was this removal of barriers that individuals praised both Christ Church and Emmanuel on, and only criticised how services could improve outreach to engage attendees sooner, or how similar hubs could be replicated elsewhere to improve accessibility.

## b) Key Qualitative Findings

### *Impact on Well-Being*

The services offered at the wellbeing hubs have a significant positive impact on both physical and mental well-being. Participants appreciate the therapeutic benefits of wellness classes and community activities, which contribute to notable improvements in their overall health. Regular

engagement in these services is linked to increased physical fitness and enhanced mental health, driven by the supportive environment and structured routines.

### *Role of Social Interaction*

Social interactions are a crucial aspect of the wellbeing hubs. Participants value the opportunity to connect with individuals from diverse backgrounds, which fosters a sense of community and belonging. The inclusive nature of the hubs facilitates meaningful relationships and provides a supportive network that helps in reducing feelings of isolation and loneliness.

### *Strengths of the Services*

The wellbeing hubs are commended for their welcoming and inclusive atmosphere. The diversity of the participants and the supportive environment contribute to a strong sense of community. The ability of the services to cater to a wide range of needs and preferences is seen as a key strength, enhancing the overall participant experience.

### *Barriers to Participation*

Several barriers to participation were identified. Issues with centralised information and communication, particularly language barriers, were noted as significant challenges. Some participants also experienced psychological barriers, such as discomfort with group dynamics, which affected their engagement with certain activities.

### *Suggestions for Enhancement*

There is a call for the introduction of additional activities, such as sports and cultural events, to further engage participants and enrich the service offerings. The idea of organising events that celebrate diverse cultures and promote community cohesion is seen as a way to enhance the overall experience at the wellbeing hubs.

### *Sense of Belonging and Personal Fulfilment*

Participants report a strong sense of belonging and personal satisfaction from their involvement in the services. The community atmosphere and personal recognition contribute positively to their experience. Volunteering within the church adds to their sense of purpose and fulfilment, further enriching their engagement with the wellbeing hubs.

## VII. Future Recommendations

Based on our key quantitative and qualitative findings, the following section will focus on making some short recommendations in improving services at both Christ Church and Emmanuel, focused mainly on inclusivity, accessibility, and effectiveness. We will make 29 recommendations, some coming from a mix of quantitative and qualitative research, and some coming from solely interviews. Additionally, we would like to include a specific recommendation we were suggested by one of our interviewees, post-interview.

Participant 3 expressed to us that it would be important for other areas to develop exercise classes like the Moving into Wellbeing classes offered at Christ Church in order to combat the issues some participants face in accessing the hubs due to mobility or transport. P3 suggested potential locations for council-led future projects in studios currently unused in the daytime, or even within leisure centres in order to focus on improving health and leisure.

1. Enhance Communication: implement a more centralised system to provide clear and accessible information on services and events.
2. Promote cross-referrals: strengthen partnerships with other local organisations to improve cross-referral systems, ensuring participants have access to a wide variety of support.
3. Improve Outreach: develop communications plans within the area that increase awareness of the work of hubs, specifically focusing on their ‘open-door’ policies in order to make individuals aware that support and community is available.
4. Incorporate more cultural events: organise cultural festivals or themes events that celebrate and empower diversity and promote understanding among participants.
5. Expand sports activities: introduce regular physical activities or promote similar events that attract a broader demographic and cater to various interests.
6. Address language barriers: offer language support, such as translation services or bilingual volunteers to help non-English-speaking participants better engage with services, similar to that already offered at Christ Church in Farsi.
7. Focus on Men’s Engagement: Develop tailored programs or activities specifically for men to reduce psychological barriers and increase participation, specifically in Wellbeing/health classes.
8. Create Social Hubs: Establish more opportunities for informal socialising outside structured programs to foster deeper connections among participants
9. Improve Accessibility: Ensure all services are easily accessible for individuals with physical disabilities, including accessible venues and transportation options.

10. Decrease ‘clashing’: Many participants attend multiple services outside of Christ Church and may have to miss certain services, by offering services on multiple days or increasing hours, this may be reduced – however would of course require increased volunteering.
11. Offer Mental Health Workshops: Expand mental health support by offering workshops or one-on-one counselling sessions for participants in need of emotional assistance, this may be done in the style in which citizens advice is offered at Emmanuel, or similar to the Wellbeing bus at Christ Church.
12. Expand Emmanuel work to Christ Church and vice versa: offering citizens advice at Christ Church and moving into wellbeing classes at Emmanuel may improve the scope of impact at both venues.
13. Regular Participant Feedback: Implement a system for gathering regular feedback from participants to adapt services based on evolving needs and preferences.
14. Increase Inclusivity in Activities: ensure that all activities cater to the needs of diverse demographic groups, including older adults, people with disabilities, and minority communities.
15. Strengthen Volunteer Recruitment: encourage participants to volunteer and expand the volunteer base by promoting the mutual benefits of community engagement.
16. Develop an online platform: Create a user-friendly website or app to centralise information and allow participants to sign up for events and services easily, this may even include external services.
17. Promote community-led initiatives: encourage participants to suggest and lead their own initiatives, fostering a sense of ownership and engagement.
18. Increase social media presence: use social media to raise awareness of the services and activities available at the wellbeing hubs.
19. Offer nutritional support: provide workshops or informational sessions on health eating, cooking, and nutrition to complement lunch services and wellbeing activities.
20. Organise outdoor events: plan outdoor group activities alongside indoor activities such as picnics, walking clubs, or gardening projects to promote mental and physical health (where able).
21. Provide childcare during events: offering childcare services at the hub or mutually during some activities to encourage greater participation from parents and caregivers.
22. Create peer support networks: facilitate peer-to-peer support networks where participants can mentor and support each other.
23. Expand wellness programmes: add new wellness programs, such as meditation, mindfulness, or yoga, to further enhance mental and physical wellbeing.

24. Improve outreach to marginalised groups: conduct targeted outreach to engage marginalised or isolated groups who may benefit from services but are currently underrepresented.
25. Introduce intergenerational programs: organise programs that encourage interactions between different age groups, fostering mutual support and understanding.
26. Develop lifelong learning opportunities: introduce educational workshops or skill-building sessions for participants interested in new skills or hobbies.
27. Expand hours/days of operation: consider offering services at varied times to accommodate participants with different schedules, such as evenings or multiple weekdays.
28. Create spaces for reflection: set up quiet spaces within hubs for individuals who prefer solitude or personal reflection as part of wellbeing.
29. Offer transportation assistance: provide transportation options, such as shuttles or travel vouchers, or encourage a mutual transport system between regular participants to improve engagement of those who have difficulty accessing the hubs.



## **VIII. Limitations**

Despite our work, we were unable to recruit a substantial number of participants for our research project and, as a result, it is possible that this study doesn't fully represent all the diverse perspectives from hub attendees. Specifically, in the case of Emmanuel Hub, our first visit was hindered by limitations in staffing for the hot meals. Both hubs have planned summer closures for the last 2 weeks of August, however this year had to close to attendees 2-weeks earlier than planned due to an unexpected lack of kitchen staff that meant no hot meals were able to be served at both Christ Church and Emmanuel. Due to this, we were only able to attend the lunch service at Christ Church a limited number of times and were never able to attend the similar service at Emmanuel hub. It was therefore difficult to truly see the hubs in full attendance and get to know attendees as the lunch services importance meant numbers significantly depleted following its disruption. Despite these limitations, we attempted to gather as many survey responses and diverse perspectives in interview as possible. Future research could use our project as a springboard to conduct a more representative study that followed the hubs over a longer period of time in order to gather as many responses as possible, making the study more valid overall. Additionally, in future, sub-studies could have been conducted specifically on users who utilise the citizens advice services, lunch services, or the moving into wellbeing classes in order to compare satisfaction and improve accuracy of recommendations.

## **VIV. Conclusion**

This report set out to evaluate the impact of two wellbeing hubs in Lambeth: Christ Church and Emmanuel. Two community initiatives operating under Lambeth HEART, part of Lambeth's broader strategy to address health inequalities. Using both quantitative and qualitative methods, we aim to capture a snapshot of the impact these hubs have on physical and mental wellbeing of attendees, while also identifying areas for potential improvement and future recommendations.

The data gathered through surveys and interviews paints a clear picture of the demographic diversity, health needs, and service usage at both hubs. Christ Church serves a younger and more ethnically diverse population, with a notable presence of Iranian attendees. Its primary services, such as 'Moving into Wellbeing' chair Pilates classes, focus on improving physical health and promoting social interaction, and Open Door provides a warm, community space as well as a free cooked meal. Similarly, Emmanuel Food Hub, a short walk from Christ Church, provides a hot cooked meal service, and a warm space for community gathering with refreshments. Dissimilar to Christ Church, Emmanuel offers Citizens advice from external advice services. Emmanuel, from our research, has a broader service-user demographic, with many being older

and reporting poorer health with a high prevalence of disabilities. Emmanuel's focus on essential support services, including welfare advice and food provision, highlights its focus on the needs of more vulnerable members and more complex social issues.

Both hubs play an essential role in fostering social cohesion and providing a welcoming, inclusive space for attendees. Survey data shows high levels of satisfaction with both hubs, and qualitative feedback spoke to the life-changing impact of the hubs work. However, the needs of attendees vary significantly, even being seen within our small research population. At Christ Church, lunch and refreshment services are most utilised, while at Emmanuel, welfare advice and food services are in greater demand, reflecting the importance of tailoring service to the specific needs of each hub's demographic, ensuring support is relevant and impactful.

Qualitative insights highlight a moving positive impact of the hubs on attendees physical and mental health. Regular engagement with wellness activities and social events is linked to improved physical fitness, better mental health, and reduced social isolation. Participants expressed a strong sense of belonging, finding personal satisfaction and fulfilment through their involvement in the hubs. Volunteering and community participation contributed to this sense of purpose, particularly at Christ Church. Many participants were deeply personally invested in the hubs and felt a passion to attend and expand engagement and hub outreach so more individuals could feel the impact of the hubs.

Unfortunately, the research faces several challenges. Service disruptions impacted attendance and reduced the opportunity to observe full hub operations, especially at Emmanuel Hub. The inability to recruit a larger number of participants limited the scope of the findings and as a result, the study is unlikely to reflect the diverse experiences of all attendees, especially those who attend less frequently or solely attend for the lunch service. However, we believe our research provides a significant springboard for further research, which should consider a longer study period and targeted outreach efforts to capture a broader cross-section of users.

Additionally, sub-studies focusing on specific services, or the comparative experiences of specific demographics would allow for deeper understanding of the stratified impact of individual services and enable more precise, personalised recommendations for improvement.

Based on our findings, we have developed 29 policy recommendations aimed at improving the effectiveness and reach of both hubs. These recommendations are born from conversations with service users about existing limitations and focus on enhancing outreach and communication efforts to engage more community members, addressing barriers to participation, and expanding services in future to even better serve the physical, mental, and social wellbeing of attendees.

In conclusion, the Christ Church and Emmanuel Hubs are not just centres of service provision, nor are they just Churches or meeting places; but lifelines for many who seek connection, support, and a sense of belonging. The stories, information, and conversations gathered during this research - published and unpublished - reflect how profound the work done at these hubs is, offering not only food or advice, but a place where users are seen, valued, and supported. We hope that our evaluation and report of Christ Church and Emmanuel truly reflects this and provides a backbone of research that accurately depicts user voices and underscores the importance of continuing to invest in the future of this work.

## Appendix a – Survey Questions

1. Which Christ Church Services do you attend/ have you attended?

*Tick all that apply.*

- ☐ 'Moving into Wellbeing' activity class  
☐ Lunch and refreshments  
☐ Accessing a warm, community space  
☐ Other: \_\_\_\_\_

2. How frequently do you attend services offered by Christ's Church?

*Mark only one oval.*

- ☐ Rarely (a few times a year)  
☐ Occasionally (once a month)  
☐ Regularly (two to three times a month)  
☐ Frequently (weekly)  
☐ Very frequently (multiple times a week)  
☐ Other: \_\_\_\_\_

3. How frequently do you attend church or other religious services?

*Mark only one oval.*

- ☐ Rarely (a few times a year)  
☐ Occasionally (once a month)  
☐ Regularly (two to three times a month)  
☐ Frequently (weekly)  
☐ Very frequently (multiple times a week)  
☐ Other: \_\_\_\_\_

4. Generally, how pleased are you with the quality of services offered by Christ Church ?

*Mark only one oval.*

- 1   2   3   4   5  
Very ☐ ☐ ☐ ☐ ☐ Very satisfied

5. What is your age?

*Mark only one oval.*

- ☐ 18-24  
☐ 25-34  
☐ 35-44  
☐ 45-54  
☐ 55-64  
☐ 65-74  
☐ 75+

6. What is your gender?

Mark only one oval.

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Other: \_\_\_\_\_

7. What is your sexual orientation?

Mark only one oval.

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Prefer not to say
- ☐ Other: \_\_\_\_\_

8. What is your religious affiliation?

Mark only one oval.

- ☐ Christianity
- ☐ Islam
- ☐ Hinduism
- ☐ Buddhism
- ☐ Judaism
- ☐ Sikhism
- ☐ No religion
- ☐ Prefer not to say
- ☐ Other: \_\_\_\_\_

9. What is your living situation?

Mark only one oval.

- ☐ Living alone
- ☐ Living with dependents
- ☐ Shared accommodation
- ☐ Other: \_\_\_\_\_

10. What is your ethnic group?

Mark only one oval.

- ☐ White (English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)
- ☐ Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)
- ☐ Black, African, Caribbean or Black British (Caribbean, African, Any other Black, Black British, or Caribbean background)
- ☐ Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background)
- ☐ Other ethnic group (Arab, Any other ethnic group)

11. What is your marital status?

*Mark only one oval.*

- ☐ Single  
☐ Married  
☐ Partnered  
☐ Divorced  
☐ Widowed

12. Do you have children?

*Mark only one oval.*

- ☐ Yes  
☐ No

13. What is your current employment status?

*Mark only one oval.*

- ☐ Employed full-time  
☐ Employed part-time  
☐ Self-employed  
☐ Unemployed  
☐ Student  
☐ Retired  
☐ Other: \_\_\_\_\_

14. How would you rate your overall health?

*Mark only one oval.*

- ☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor  
☐ Other: \_\_\_\_\_

15. Do you have any disabilities?

*Mark only one oval.*

- ☐ Yes  
☐ No

16. If you answered yes to the above question, please select the type(s) of disability you have:

*Tick all that apply.*

- ☐ Vision impairment (e.g. blindness, partial sight)  
☐ Hearing impairment (e.g. deafness, hard of hearing)  
☐ Mobility impairment (e.g., difficulty walking, use of a wheelchair)  
☐ Manual dexterity impairment (e.g., difficulty using hands or fingers)  
☐ Learning disability (e.g., dyslexia, Down's syndrome)  
☐ Mental health condition (e.g., depression, anxiety, bipolar disorder)  
☐ Cognitive impairment (e.g., brain injury, memory loss)  
☐ Speech impairment (e.g., difficulty speaking, stuttering)  
☐ Progressive condition (e.g., multiple sclerosis, cancer, HIV)  
☐ Chronic illness (e.g., diabetes, epilepsy)  
☐ Prefer not to say

17. How would you rate your ability to schedule GP appointments?

*Mark only one oval.*

- ☐ Very easy  
☐ Somewhat easy  
☐ Neither easy nor difficult  
☐ Somewhat difficult  
☐ Very difficult

18. Is there anything else you'd like to share about your experience with the services you've received?

---

**End of survey**

Thank you for taking the time to complete the Christ Church Service User form, we value your feedback!

19. Following this survey, we hope to recruit 4 service users who would like to take part in short **one-on-one conversational interviews** about their experiences using the services offered at Emmanuel/Christ Church. If you would like to get involved, please **leave your email below**. All interviewees will be **compensated £25** for participation and will greatly inform the future of services. Participants will be selected on a first-come, first-served basis. This is optional.

If you would like to be interviewed but would prefer to not be emailed, please speak to one of us or one of the Christ Church/Emmanuel team.

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Appendix b – Emmanuel Hub recruitment poster



The poster features a background image of a church building. At the top, there are logos for King's College London, the Department of Global Health & Social Medicine, NIHR Health Determinants Research Collaboration, and Lambeth. The main headline is in large, bold, blue letters on an orange background. Below this, a sub-headline in blue text explains the purpose of the survey. Two orange boxes provide details about who is eligible and why information is being collected. At the bottom, there are instructions on how to complete the survey, including a QR code and a URL. The QR code has the 'billy' logo in the bottom right corner.

**KING'S**  
*College*  
**LONDON**

Department of  
Global Health &  
Social Medicine  
King's College  
London

**NIHR** | Health Determinants  
Research Collaboration  
Lambeth

**Lambeth**

## Do you use the services offered at Emmanuel Church?

Help improve services by sharing your feedback and  
experiences with Mia and Leo; researchers from King's  
College London and Lambeth Public Health!

**Open to all individuals who use  
services offered at Emmanuel  
Church, including:**

- Brixton and Norwood FoodHub services
- Centre 70 & Brixton Advice Centre services
- Lunch, warm space, and refreshment services
- & more!

**Why are we collecting this  
information?**

We want to evaluate the impact of Emmanuel Church's services on the wellbeing of those who use them. To do so, we want to gather demographic information and identify community needs to inform the future and funding for existing projects.

**Scan the QR code to complete  
the survey**

**or visit: [bit.ly/EmmanuelChurchSurvey](https://bit.ly/EmmanuelChurchSurvey)**

**Prefer a physical copy or  
need assistance?**

**Please speak to a member of the  
Emmanuel team who can assist you**



EMMANUEL CHURCH

billy



## Appendix c – Christ Church recruitment poster



The poster features a background image of a street scene with a brick wall and a building. At the top left is the King's College London logo. To its right is the text 'Department of Global Health & Social Medicine King's College London'. Further right is the NIHR Health Determinants Research Collaboration Lambeth logo. At the top right is the Lambeth logo. The main title is 'Do you use the services offered at Christ Church?' in large, bold, blue letters on an orange background. Below the title is the text 'Help improve services by sharing your feedback and experiences with Mia and Leo; researchers from King's College London and Lambeth Public Health!' in blue.

**KING'S College LONDON**

Department of  
Global Health &  
Social Medicine  
King's College  
London

**NIHR** | Health Determinants  
Research Collaboration  
Lambeth

**Lambeth**

# Do you use the services offered at Christ Church?

Help improve services by sharing your feedback and  
experiences with Mia and Leo; researchers from King's  
College London and Lambeth Public Health!

**Open to all individuals who use  
services offered at Christ Church,  
including:**

- Tuesday Open Door drop-in
- Moving into Wellbeing classes
- Toddler groups and children's activities
- Lunch, tea and coffee
- & more!

**Why are we collecting this  
information?**

We want to evaluate the impact of Christ Church's services on the wellbeing of those who use them. To do so, we want to gather demographic information and identify community needs to inform the future and funding for existing projects.

**Scan the QR code to complete  
the survey**

**or visit: [bit.ly/ChristChurchSurvey](https://bit.ly/ChristChurchSurvey)**

**Prefer a physical copy or  
need assistance?**

**Please speak to a member of the  
Christ Church team who can assist  
you**



### فرم کاربر خدمات کلیسای مسیح

از علاقه مندی شما به ارائه اطلاعات، تجربیات و بازخورد خود درباره خدمات ارائه شده توسط کلیسای مسیح سپاسگزاریم! پیش از شروع، لطفاً زمانی را برای مطالعه درباره این نظرسنجی اختصاص دهید.

### ما که هستیم؟

ما میا و لئو هستیم، دو فارغ التحصیل اخیر رشته بهداشت جهانی از کینگز کالج لندن، که توسط مؤسسه پژوهش مشارکتی بهداشت لمبث (HDRC) استخدام شده ایم که توسط مؤسسه ملی تحقیقات سلامت و مراقبت (NIHR) تأمین مالی شده است. این فرم جهت ارزیابی تأثیر خدمات مختلف ارائه شده در کلیسای مسیح، گپسی هیل و کلیسای امانوئل، غرب دالویچ میباشد. با جمع آوری این اطلاعات از کاربران این خدمات، هدف ما تهیه گزارشی برای مراکز است که به اعضای تیم کلیما امکان می دهد درباره آینده این پروژه ها تصمیمات آگاهانه ای بگیرند، خواه با تطبیق بیشتر آنها با نیازهای کاربران و یا دسترسی به بودجه بیشتر برای گسترش دامنه این پروژه ها.

### چرا این اطلاعات را جمع آوری می کنیم؟

ما می خواهیم تأثیر خدمات سه شنبه کلیسای مسیح را بر رفاه افرادی که از آنها استفاده می کنند، ارزیابی کنیم. برای این کار می خواهیم اطلاعات دموگرافیک را جمع آوری کرده و نیازهای جامعه را شناسایی کنیم تا آینده و بودجه پروژه های موجود را مشخص کنیم. برای به دست آوردن نمای کلی از تأثیر این خدمات، ما به بازخورد و اطلاعات واقعی کاربران نیاز داریم.

### پاسخ من تا چه حد محرمانه است؟

تمام پاسخ ها هم در زمان تحقیق و هم در انتشار گزارش نهایی کاملاً بی نام خواهند بود. شما و پاسخ هایتان در هیچ مرحله ای توسط هیچ طرفی قابل شناسایی نخواهید بود.

### چرا در این نظر سنجی شرکت کنم؟

مشارکت شما در این نظرسنجی برای ما و جامعه بسیار ارزشمند است. با شرکت در این نظرسنجی، شما به بهبود و شکل دهی خدمات در کلیسای امانوئل کمک خواهید کرد. بازخورد شما در اطلاع رسانی درباره تصمیمات مربوط به پروژه های موجود و ابتکارات احتمالی جدید بسیار مهم است. برای کسانی که موافقت می کنند در مصاحبه های پیش رو شرکت کنند، ما 25 پوند به عنوان نشانه قدردانی از وقت

و بینش شما ارائه می دهیم. با به اشتراک گذاشتن تجربیات خود، شما به درک بهتر نیازهای جامعه کمک می کنید، که برای برنامه ریزی آینده کلیسا ضروری است. نظر شما همچنین می تواند به کلیسا در دسترسی به بودجه بیشتر برای گسترش و بهبود خدماتش کمک کند. در نهایت، مشارکت فرصتی است تا صدای شما شنیده شود و تأثیری مثبت در جامعه خود بگذارید. دیدگاه شما مهم است و ما از تمایل شما به اشتراک گذاری آن با ما بسیار سپاسگزاریم.

### مشارکت چه چیزی را شامل می شود؟

مشارکت در این نظرسنجی تنها به 5 دقیقه (یا کمتر) از وقت شما نیاز دارد. این نظرسنجی درباره خدماتی که استفاده می کنید و پیشنهاد جمعی شما سوال خواهد کرد. این اطلاعات برای تطبیق خدمات با نیازهای خاص و همچنین تغییر خدمات در آینده از طریق بودجه و حمایت اضافی برای کلیسا مفید است.

### بعد از این چه می شود؟

پس از این نظرسنجی، ما مایلیم درباره داستان ها و تجربیات برخی افراد در استفاده از خدمات بیشتر بدانیم. ما می خواهیم مستقیماً از کسانی که از خدمات کلیسای مسیح/امانوئل استفاده میکنند بشنویم و بدانیم عملکردشان چگونه است! در پایان نظرسنجی، از شما پرسیده خواهد شد که آیا مایل به شرکت در یک مصاحبه کوتاه هستید. این مصاحبه ها به ما کمک می کنند تا دید گسترده تری ایجاد کنیم که به ظرفیت تجربه ی کاربر می پردازد تا آگاهی از نیازهای جامعه و تأثیر خدمات بر زندگی ها را بهبود بخشد.

مصاحبه ها کاملاً اختیاری هستند. اگر فقط می خواهید در نظرسنجی شرکت کنید هم مشکلی نیست فقط برای سوال نهایی مشارکت در مصاحبه 'خیر' را انتخاب کنید.

### هرگونه سوال یا نیاز به کمک بیشتر دارید؟

اگر نمی توانید این فرم را به صورت آنلاین تکمیل کنید، لطفاً با یکی از کارکنان کلیسای مسیح یا امانوئل صحبت کنید که می توانند با ارائه ی نسخه های فیزیکی به شما کمک کنند.

اگر سوالات بیشتری دارید، ما طی دو ماه آینده در برخی از مراکز کلیسای مسیح و امانوئل حضور خواهیم داشت، پس اگر ما را دیدید، لطفاً با ما صحبت کنید! اگر فرصت دیدار با ما را از دست دادید، بسیاری از اعضای کلیسا می توانند اطلاعاتی درباره کار ما ارائه دهند. مثل همیشه، لطفاً اگر سوالات بیشتری دارید، از طریق ایمیل با ما تماس بگیرید.

## Appendix e – Interview Questions

### **Interview Questions**

#### **Background Questions:**

Please tell me your name

Where are you from originally, and where do you currently live?

#### **Background and Motivation**

What services at Christ Church/Emmanuel do you use?

Could you tell me about what motivated you to get involved with Christ Church services?

What were the main challenges or issues you were facing before you started using Church services?

#### **Engagement**

How long have you been using the services?

What is your main reason for returning to/choosing Christ Church/Emmanuel services over others?

#### **Experience**

How would you describe your experience with the services you've used?

Looking back, how would you describe your journey through the services offered at Christ Church/Emmanuel? Do you feel as though you or your health has changed since using these services?

Are there any aspects of the service that you found particularly helpful or unhelpful?

#### **Physical and Mental Wellbeing**

How have the services you've used impacted your physical health or wellbeing?

Have you noticed any changes in your mental, emotional, or physical health since using services offered at Christ Church/Emmanuel?

Are there specific outcomes or improvements that you've experienced as a result of using these services?

### **Community Support**

How has the community aspect of the service (i.e. open door) affected your experience – do you feel more engaged with a community, or as though you are part of a community, when using the services offered at Christ Church/Emmanuel?

Have you found community support to be beneficial? If so, in what ways?

### **Identifying Barriers**

Have you faced any challenges or difficulties in accessing or using any of the services?

Are there any barriers that have prevented you from using services fully? What would make it easier to break down these barriers/use services more effectively?

If there are any specific areas of Christ Church/Emmanuel that you don't engage with, could you share why?

What improvements would you suggest for services you've used?

Are there any additional services or support that you feel would be beneficial to you or others in similar situations/how do you think the service could better support people in your position?

### **Reflective Qs**

Looking back, how do you feel about the progress you've made since you started using the services at Christ Church/Emmanuel? Have your expectations been met?

### **Other**

Is there anything else about your experience that you would like to share?



## Appendix f – Informed Consent page

### Christ Church Service User Form

Thank you for your interest in providing your information, experience, and feedback for the services offered by Christ Church! Before we start, please take some time to read about the survey.

#### **Who are we?**

We are Mia and Leo, two recent graduates in Global Health from Kings College London, employed by Lambeth Health Determinants Research Collaboration (HDRC) funded by the [National Institute for Health and Care Research \(NIHR\)](#) to evaluate the impact of the various services offered at Christ Church, Gipsy Hill, and Emmanuel Church, West Dulwich. By collecting this information from service users, we aim to produce a report for the hubs that can enable members of the Church team to make informed decisions about the future of these projects, whether that be suiting them more to user needs and/or accessing more funding to expand the scope of these projects.

#### **Why are we collecting this information?**

We want to evaluate the impact of Christ Church's Tuesday services on the well-being of those who use them. To do so, we want to gather demographic information and identify community needs to inform the future and funding for existing projects. To get a real picture of the services, we need real user feedback and information!

#### **How confidential is my response?**

All responses will be fully anonymised both at point of research and in final report publishing. You and your answers will not be identifiable by any party at any point.

#### **Why take part?**

Your participation in this survey is invaluable to us and the community. By taking part, you will help improve and shape the future of services at Emmanuel Church. Your feedback is crucial in informing decisions about existing projects and potential new initiatives. For those who agree to participate in follow-up interviews, we are offering £25 as a token of appreciation for your time and insights. By sharing your experiences, you contribute to a better understanding of community needs, which is essential for the church's future planning. Your input can also help the church access more funding to expand and enhance its services. Ultimately, participating is an opportunity to have your voice heard and make a positive impact in your community. Your perspective matters, and we greatly appreciate your willingness to share it with us.

#### **What does participation require?**

Participation in this survey requires just 5 minutes (or less) of your dedicated time. The survey will ask about the services you use, and your demographic background. This information is useful for tailoring services to fit specific needs, as well as transforming the future of services through extra funding and support for the Church.

#### **What next?**

Following this survey, we would like to know more about some people's stories and experiences using the services - we want to just how great the work of Christ Church/Emmanuel is, right from those who use their services! At the end of the survey, you will be asked whether you would like to take part in a short interview. These interviews will be conversational and will help us to create a broad picture that addresses the nuances of user experience to improve awareness of community needs and the impact of services on lives.

Interviews are entirely optional. If you would only like to participate in the survey, please do so, and select 'no' for the final interview participation question.

#### **Any questions, or require further assistance?**

If you're unable to complete this form online, please speak to a member of staff at Christ Church or Emmanuel who will be able to assist you with physical copies.

If you have any more questions, we will be attending some Christ Church and Emmanuel hubs over the next 2 months, so please do speak to us if you see us! If you miss us, many members of the church will be able to provide some information about our work. As always, please feel free to contact us by email if you have any more queries:

emiliopatts@gmail.com (Leo), 14miahoney@gmail.com (Mia).

**Thank you for your interest and participation. Please scroll down to begin the survey.**

