

# Evaluation Report for Health Haven

A Community-Based Health and Wellbeing  
Programme for Camden Residents Living with  
Long-Term Health Conditions



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# Executive Summary

## Programme Context

Health Haven is a free, community-based health and wellbeing programme delivered by Castlehaven Community Association for Camden residents living with long-term health conditions or disabilities. Launched in April 2022, the programme offers diverse activities including Pilates, yoga, circuit training, social clubs, cooking classes, health talks, and cultural outings. Health Haven operates through strong partnerships with local GP practices and social prescribers, enabling both self-referral and clinical referral pathways. The programme addresses critical health challenges in Camden, where life expectancy varies by up to 13 years between the most and least deprived wards, mental health diagnoses are rising, and the borough experiences severe social isolation.

## Evaluation Approach

This mixed methods evaluation, conducted between June and September 2025, assessed Health Haven's reach, impact, and effectiveness through analysis of membership data for 281 registered members (April 2022–June 2025); pre- and post-programme surveys completed by 40 active members; and qualitative feedback from 18 stakeholders including 14 members, 2 social prescribers, and 2 tutors, gathered through interviews and a participatory arts-based session.

## Key Findings

Health Haven successfully reaches populations at heightened risk of health inequalities. Over a third of members are unemployed and a further third are retired – groups at particularly high risk of social isolation. Around 30% were referred through their GP practice, primarily via social prescribers, demonstrating successful integration between clinical and community-based care. Members report a wide range of health conditions, with mental health issues accounting for over a third of all reported conditions and nearly 80% living with multimorbidity. This profile reflects a growing crisis that NHS services struggle to adequately address, positioning Health Haven as an essential complement to clinical care.

Survey data demonstrates statistically significant improvements in members' wellbeing, including optimism about the future, feeling useful, thinking clearly, and overall mental wellbeing. Participation diversified substantially, with many members engaging in four or more different activities. Qualitative findings reveal the mechanisms driving this impact. Social prescribers consistently described Health Haven as unique in Camden's landscape and their "number one option" for clients with complex needs. Members and stakeholders

identified interconnected factors contributing to effectiveness: the programme's free, accessible nature removes critical financial barriers; diverse activities and flexible formats enable sustained engagement; empathetic tutors and welcoming staff create psychologically safe environments; and a co-produced, responsive approach ensures the programme meets evolving community needs.

Health Haven's holistic approach – addressing interconnected physical, mental, emotional, and social dimensions of wellbeing – emerged as central to its effectiveness. Members reported improvements spanning increased fitness and balance to reduced anxiety and enhanced self-regulation, alongside gains in confidence, agency, and sense of purpose. Regular attendance provided structure and routine, particularly important following significant life transitions. Perhaps most significantly, Health Haven fostered strong social connections and community cohesion, with relationships extending well beyond scheduled sessions. Members described building local networks, overcoming isolation, and engaging with diverse communities they might not otherwise encounter.

## Strategic Opportunities

The following opportunities for development emerged from the evaluation:

- **Working-age provision:** Limited evening and weekend activities could, if addressed, extend reach to those balancing health challenges with employment
- **Creative programming:** Clear appetite exists for expanded creative and cultural activities, including choir, singing groups, and continued access to cultural institutions
- **Targeted provision:** Need identified for specialist programming for neurodivergent individuals, and for continued engagement of males and Asian populations

## Conclusion

This evaluation demonstrates that Health Haven represents a vital community asset successfully addressing health inequalities, reducing social isolation, supporting self-management of long-term conditions, and fostering social connections fundamental to wellbeing. The programme's model – combining diverse, accessible activities with empathetic delivery, strong partnerships, and genuine co-production – offers valuable insights into how holistic, person-centred approaches can complement clinical services and strengthen community resilience. As demand for accessible, preventative, community-based health support continues to grow, Health Haven's approach demonstrates the critical role of community programmes in supporting population health and wellbeing.

## Introduction

This report presents findings from a mixed methods evaluation of Health Haven, Castlehaven Community Association’s health and wellbeing programme for Camden residents living with long-term health conditions or disabilities. Conducted between June and September 2025, the evaluation has sought to assess the extent to which the programme’s aims have been met – namely whether participation in Health Haven activities had a positive impact on members’ health and wellbeing, helped mitigate health inequalities, reduce social isolation, and encouraged individuals to manage their health more independently.

## Health & Wellbeing in Camden

Camden faces significant challenges where the health outcomes of its population are concerned. Life expectancy in the borough varies by up to 13 years between the most and least deprived wards ([State of the Borough, 2025](#)). Alongside widening health inequalities, the incidence of long-term conditions and multimorbidity is seen to be rising ([JSNA, 2025](#)). Over a third of residents who reported being unemployed in 2025 attributed this to long-term sickness or disability ([JSNA, 2025](#)). The prevalence of overweight and obesity in adults increased from 44% to 53% within the space of seven years, meaning that over half of Camden’s adult population is at higher risk of developing preventable chronic illnesses such as type 2 diabetes or heart disease ([State of the Borough, 2025](#)). New depression diagnoses in adults have also increased, and measures of loneliness and social isolation point to Camden being “the loneliest place in the country” ([CNJ, 2024](#)). These worsening health outcomes are not unique to Camden, but reflect the rising burden of mental and physical morbidity on national health services ([The Health Foundation, 2023](#)), with the need for health prevention and creation on a community level being greater than ever before ([Woolf, 2019](#)).

## Health Haven

Health Haven was developed to address these challenges by providing free, accessible, community-based health and wellbeing support to Camden residents. Since April 2022, the programme has offered access to a range of activities – from exercise and movement-based sessions such as Pilates, circuit training and yoga, to social clubs and cooking classes, to health talks and film screenings. Although accessible to residents on a self-referral basis, Health Haven also maintains strong partnerships with local GP practices and social prescribers, whereby individuals can also be referred to the programme.

The Health Haven initiative was significantly enhanced through its partnership with the Prince of Wales GP Surgery, the nearest medical practice to the community centre. This collaboration enabled general practitioners to identify gaps in existing local health services, guiding Health Haven to focus on preventative and complementary support. A key outcome of this partnership was the integration of a Social Prescriber from the Prince of Wales Surgery into the project, working one day per week from the Castlehaven Centre. This consistent presence allowed the Social Prescriber to build familiarity with Health Haven staff and activities, facilitating appropriate patient referrals based on individual health challenges.

The first year of the project was dedicated to establishing a consistent schedule of weekly and monthly group-based activities, including physical exercise, social engagement, and educational sessions. These were delivered by skilled and engaging facilitators and included initiatives such as *Yoga & Mindfulness for Women Experiencing Anxiety and Depression*, *LGBTQ+ Football Training*, and a *Menopause Café*. Regular participant feedback and survey data were used to pilot less conventional community activities, such as kayaking and Ayurvedic practices. This process of co-creation helped shape a stable, responsive programme by the end of the first year, setting the stage for expanded community engagement in year two.

Given limited resources and a rising demand for free wellbeing-focused activities – particularly in the wake of local service closures and funding reductions – Health Haven has prioritised building strong community partnerships. Collaborations have included educational institutions like the Working Men’s College, cultural partners such as the British Library and British Museum, and health-focused organisations including Islington Talking Therapies and Healthwatch. These partnerships have enabled the delivery of specialised programmes, such as *Mental Health First-Aid Training for Bengali Women*, a *Five-Week Diabetic Cooking Course*, and a *Local History Walk* led by the Men’s Social Club.

To address specific community needs, Health Haven has also pursued targeted funding for supplementary projects. These include social outings for older men and music therapy sessions for individuals experiencing mental health challenges. These initiatives, alongside the core programme, have served as effective entry points for new participants, many of whom have since integrated into the broader schedule of activities and services. Through strategic partnerships and responsive programme development, Health Haven continues to support the health and wellbeing of residents while adapting to emerging needs and resource constraints.



## Evaluation Aims

This evaluation seeks to assess the reach and impact of the Health Haven programme since its launch in April 2022, through to September 2025. It will examine the extent to which the programme has met its original aims, as outlined in the initial project bid, and explore its broader impact on members' health and wellbeing. The evaluation will also highlight key successes, challenges, and learnings, with the goal of informing the ongoing development and long-term vision of the programme.

More specifically, the evaluation will address the following aims:

- Capture the programme's reach, including total membership, member demographics and self-reported health status
- Assess the impact of Health Haven on members' physical, mental, social and emotional wellbeing
- Determine the programme's effectiveness in tackling health inequalities, reducing social isolation, and enabling members to manage their health more independently
- Identify the strengths and challenges of delivery, and make recommendations for future development and funding

# Methodology

## Research Design

This evaluation used a mixed methods approach to provide a comprehensive understanding of Health Haven's reach and impact, and the extent to which the programme has delivered on its aims.

## Health Haven Membership Data

Analysis was carried out on Health Haven's membership database to capture insights on members' demographics, health status and routes to accessing the programme. This data was collected upon registering members onto Health Haven via either a paper or online registration form, and is stored on the CRM platform Plinth. At the time of analysis, the database contained details for 281 unique members, who were registered over a period spanning just over three years (April 2022 – June 2025). The data was anonymised, handled and analysed by Renata Bittencourt, Health Haven Project Coordinator, and Carlos Tavares, a volunteer who supported the evaluation. All data analysis was carried out using Excel. Any gaps in the data are due to members choosing not to disclose personal information beyond their postcode and whether they have any long-term health conditions, challenges or disabilities. These gaps are accounted for in the analysis through the label 'Prefer not to say'.

## Survey Data

A pre- and post-intervention survey, loosely based on the Warwick-Edinburgh Mental Wellbeing Scale, was administered to assess participants' wellbeing, social engagement, and perceptions of the Camden community upon joining the Health Haven programme and at least 6 months afterwards. The survey aimed to evaluate whether participation in Health Haven activities was associated with changes in wellbeing, social participation, and community connectedness. Members were offered the chance to respond to the survey using either paper or online forms, with a total of 40 participants completing both pre and post surveys. Analysis was conducted using two different statistical tests (the Wilcoxon signed-rank test and the paired t-test) to ensure the findings were reliable. Using both tests allowed us to check for changes even when the survey responses did not follow the same patterns across all 24 Likert-scale items, giving a more complete picture of the programme's effects. All analysis was carried out by the Health Haven Project Coordinator.

The relatively small sample size, accounting for roughly 14% of the total membership, means that the findings may not fully reflect the experiences of all members. Notably, the sample consisted mostly of active members, so the findings may over-represent the experiences of those who are already highly engaged in programme activities. These features are common in comparable programme evaluations, often due to resource and time constraints, but do mean that the findings are strongest for active members and may not fully represent less-engaged members ([Daniel et. al 2024](#), [Ravaghi, H., et al., 2023](#)).

Moreover, the time between pre- and post-surveys varied widely – from six months to two years – and participants took part in different combinations and amounts of activities, making it more challenging to link any observed changes to specific parts of the programme. All survey answers were self-reported, reflecting participants' own perceptions rather than objective measures. Despite the above limitations, the survey provides useful quantitative evidence of changes in wellbeing and engagement among active Health Haven members, as well as offering qualitative learnings, which – albeit brief – are echoed later in the evaluation.

### Interviews & Participatory Feedback Session

A combination of more traditional and arts-based research method was used to explore Health Haven's impact on members' health and wellbeing, as well as to gauge its effectiveness in tackling health inequalities, reducing social isolation, and encouraging individuals to take ownership over their own health. A total of 18 stakeholders contributed qualitative feedback through two methods. Ten took part in one-to-one interviews, including: two social prescribers working in the Camden area who regularly refer clients to Health Haven, two Health Haven tutors, and six members, of whom two are also volunteers. These were conducted by Carlos Tavares, a volunteer brought in to support the evaluation.

A further eight members contributed their feedback through a participatory arts-based feedback session, which was facilitated by Maryam Hashemi, an independent arts tutor. During the session, individuals were prompted to capture their experiences of Health Haven and how they feel they have benefitted from the programme through the medium of collage, and later invited to share their collage and any accompanying reflections with the wider group.

All interviews and the participatory feedback session were audio-recorded and transcribed with the help of MS Office's transcription software, and anonymised. The resulting qualitative data was systematically analysed using Reflexive Thematic Analysis. All analysis was carried out by Renata Bittencourt, the Health Haven Project Coordinator. The

findings were organised into five overarching themes, which emerged across all stakeholder groups, demonstrating convergence between referrer perspectives, delivery experiences, and lived experience of participation.

## Evaluator Positionality

This evaluation was conducted by Renata Bittencourt, Health Haven Project Coordinator, who joined Castlehaven in November 2024 and has prior experience with primary and secondary research, including a study with Health Haven's Yoga & Mindfulness participants as part of a master's in Creative Health at UCL. Recognising the potential limitations of insider evaluation, including possible bias and social desirability in responses, several measures were implemented to mitigate biases. Interviews were conducted by Carlos Tavares, a volunteer with an undergraduate degree in anthropology from UCL who had no prior relationship with Health Haven members. The participatory session was facilitated by Maryam Hashemi, an independent arts tutor who delivers sessions at Castlehaven for a separate project and had minimal prior contact with Health Haven members. Surveys were anonymous, analysis followed systematic protocols, findings were triangulated across data sources, and drafts were reviewed by the Health Haven Project Manager, CEO, and an external consultant. These measures sought to balance the contextual understanding of an insider position with the critical distance necessary for credible evaluation.

# Findings

## 1. Health Haven Membership Data Analysis

### Demographics

#### Age Profile

Open to anyone over the age of 18, Health Haven is predominantly accessed by members aged between 30 and 74, who jointly account for 77% of the programme’s membership (Figure 1). However, people aged between 45 and 74 make up the bulk of the membership, accounting for nearly 2/3rds of all members. This likely reflects a higher prevalence of long-term health conditions within this age group, but also suggests community-based support is more relevant and accessible to older adults who may be transitioning out of full-time work or caregiving, and who may feel more comfortable engaging in community activities compared to younger cohorts.

Nonetheless, the wide range of age groups accessing Health Haven demonstrates its success in reaching and supporting people experiencing long-term health conditions irrespective of age, and creating opportunities for intergenerational mixing, which have been greatly diminished and are known to promote social cohesion and wellbeing among communities ([Hatton-Yeo & Batty, 2011](#); [Sixsmith et al., 2024](#)).

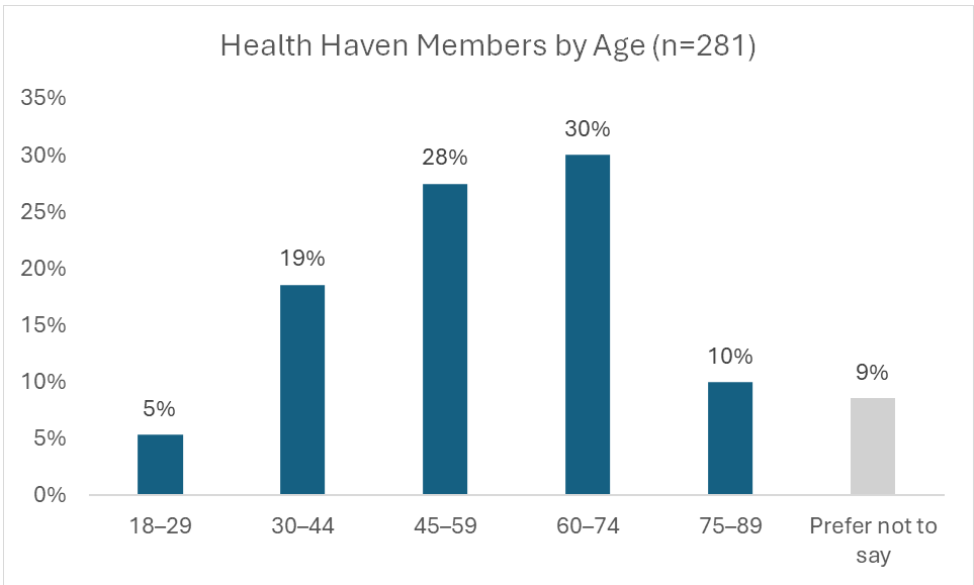


Figure 1: Age distribution of Health Haven members

### Gender Distribution

The Health Haven programme is predominantly accessed by women, who account for 68% of the membership (Figure 2). This is consistent with broader health service engagement patterns, as women are more likely than men to seek support for long-term conditions and mental health (NHS, 2020). By contrast, far fewer men than women access Health Haven (14%), which may reflect gendered differences in health-seeking behaviour, social norms, and stigma around accessing wellbeing services (Wang et al., 2013). This points to a potential area for targeted outreach and tailoring of activities to better engage male participants.

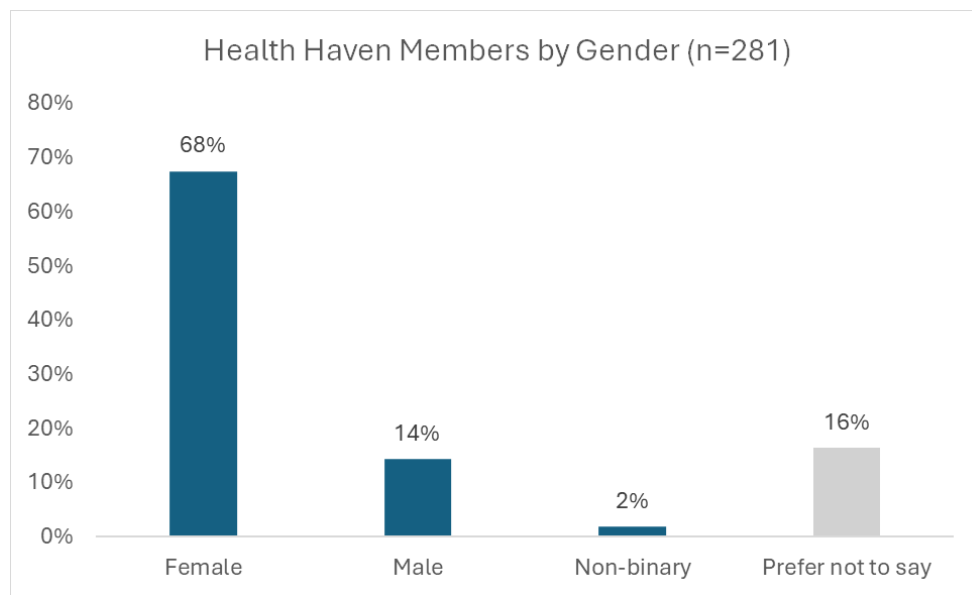


Figure 2: Gender distribution of Health Haven members

### Ethnic Background

Just over half of Health Haven’s members are White/White British (Figure 3), corresponding roughly with the wider Camden Borough’s majority white population (60%) (ONS, 2021). The proportion of Black individuals accessing the programme also corresponds with that of Camden residents (9%), as does that of people of Mixed or Multiple backgrounds (7%).

However, people of Asian backgrounds are slightly underrepresented among Health Haven’s membership, accounting for 12% of members, despite making up 20% of Camden’s population. Several factors may contribute towards lower engagement levels among Asian populations, such as language and communication barriers, and cultural norms and stigma, which can make it more difficult for people of Asian backgrounds to access voluntary or community health services (Raleigh, 2025).

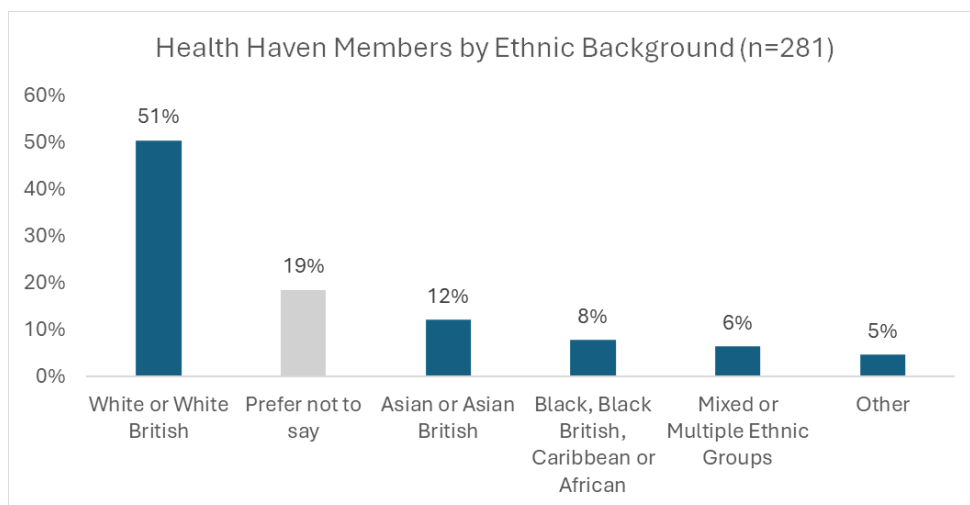


Figure 3: Ethnic background of Health Haven members

### Employment Status

Although over 50% of Health Haven’s members are of working age, only 13% are in either Part-time or Full-time Employment, with over 1/3rd of members reporting being Unemployed (Figure 4). This suggests the programme is delivering on its ambitions to support Camden residents living whose health challenges or disabilities make them more likely to be out of work and therefore unable to access paid activities that might support their health and wellbeing, such as gyms, exercise classes or cultural events. Making up a further 1/3rd of the membership are Retired individuals who, like Unemployed people of working age, are at greater risk of social isolation and loneliness – another issue that Health Haven aims to tackle.

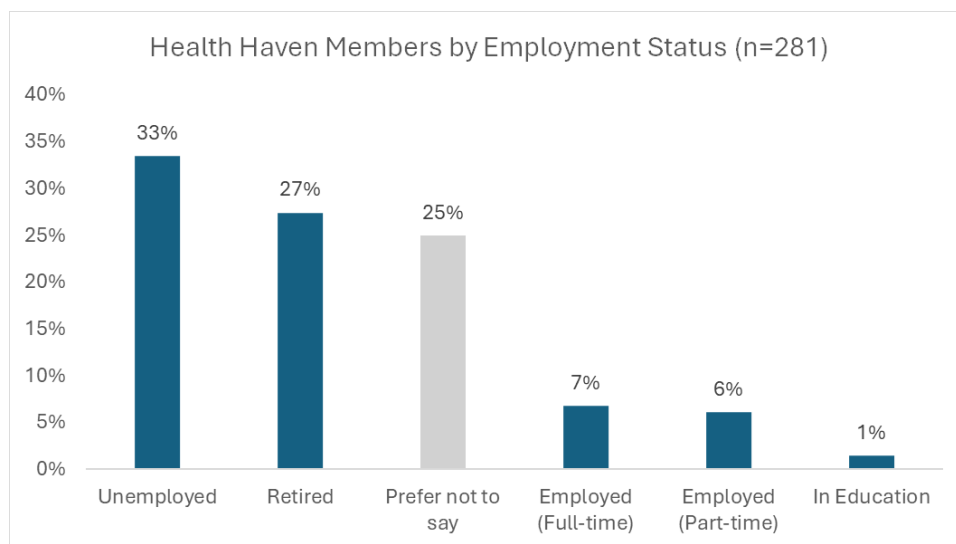


Figure 4: Employment status of Health Haven members

## Health Status Overview

*Prevalence of Health Conditions by Category – How common each category of health condition is among our membership (i.e., number of times each category features at least once)*

Mental Health, Musculoskeletal and Fatigue/Pain Syndromes jointly account for half of the categories of health conditions reported by Health Haven members (Figure 5). Mental Health conditions alone affect over 1/4 of members, with Depression and Anxiety being the most prevalent. This is consistent with an observed national rise in mental health issues, known to have been accelerated by the COVID-19 pandemic ([Daly et al., 2022](#)), and the higher incidence of mental health conditions among those experiencing socioeconomic challenges ([Morris et al., 2024](#)), such as unemployment – which, as noted above, affects over 1/3 of Health Haven members.

Other prevalent categories of health conditions include Endocrine/Metabolic (9%), Cardiovascular (8%) and Neurodevelopmental (7%) conditions, among which ADHD and Autism are most common.

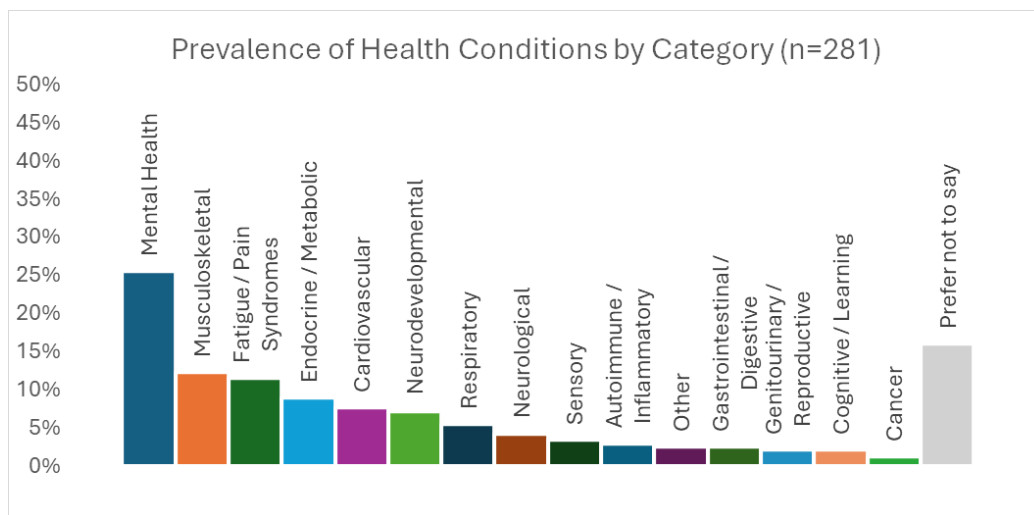


Figure 5: Prevalence of health conditions among Health Haven members by category

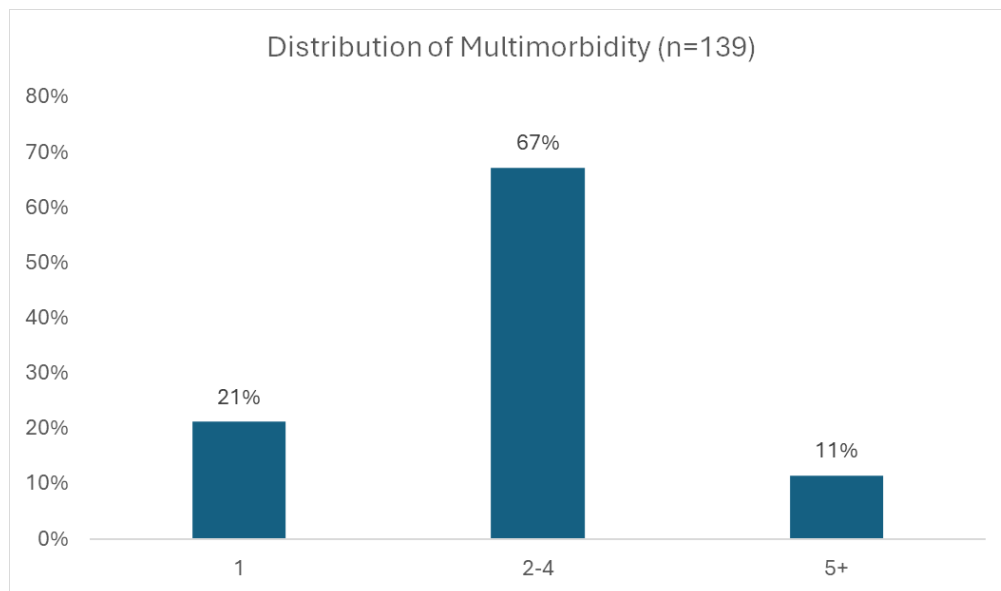
*Total Conditions Reported by Category – Which conditions affect our members most*

The gap between Mental Health conditions and other health conditions becomes even more pronounced when we look at the total number of conditions reported in each category (Figure 6), with Mental Health accounting for more than 1/3 of all reported health conditions (Figure 7). This suggests that the co-occurrence of multiple conditions is particularly high among those experiencing Mental Health conditions, with just under 50%



### *Multimorbidity Profile – Members living with multiple health conditions*

Multimorbidity more generally – or the co-occurrence of two or more health conditions – affects nearly 80% of members who've reported at least one health condition (Figure 8). This is in line with wider national trends, which show that 1 in 3 people who access the NHS have two or more chronic conditions ([Whitty et al., 2020](#)), with the incidence of multimorbidity being higher among poorer populations ([The Health Foundation, 2022](#)).



*Figure 8: Multimorbidity profile of Health Haven members*

## Health Conditions by Demographics

### *Health and Age*

Cardiovascular and Musculoskeletal conditions, namely osteoarthritis and high blood pressure, tend to be more prevalent among older members (Figure 9), with Endocrine/Metabolic conditions such as diabetes also featuring highly – all of which are known to be age-related diseases ([WHO, 2024](#)).

Fatigue/Pain Syndromes, which affect over 1/4 of adults in the UK ([IPSOS, 2022](#)), are most common among middle-aged members. While Neurodevelopmental conditions tend to be reported by predominantly younger members, particularly those under the age of 30, which corresponds to an observed rise in Autism and ADHD diagnoses as well as increased awareness of such conditions ([Nuffield Trust, 2024](#)).

Mental Health conditions broadly affect all age groups to similar degrees, with the exception of Health Haven's oldest cohort, aged 75 and over. It bears noting that Health

Haven’s data on its members’ health conditions is self-reported, and that people’s *perceived* health may be skewed by their awareness and understanding of certain conditions, as well as being influenced by factors such as stigma. Therefore, older members may well be less likely to report any depression- or anxiety-like symptoms as constituting a Mental Health condition ([Wetherell et al., 2009](#)).

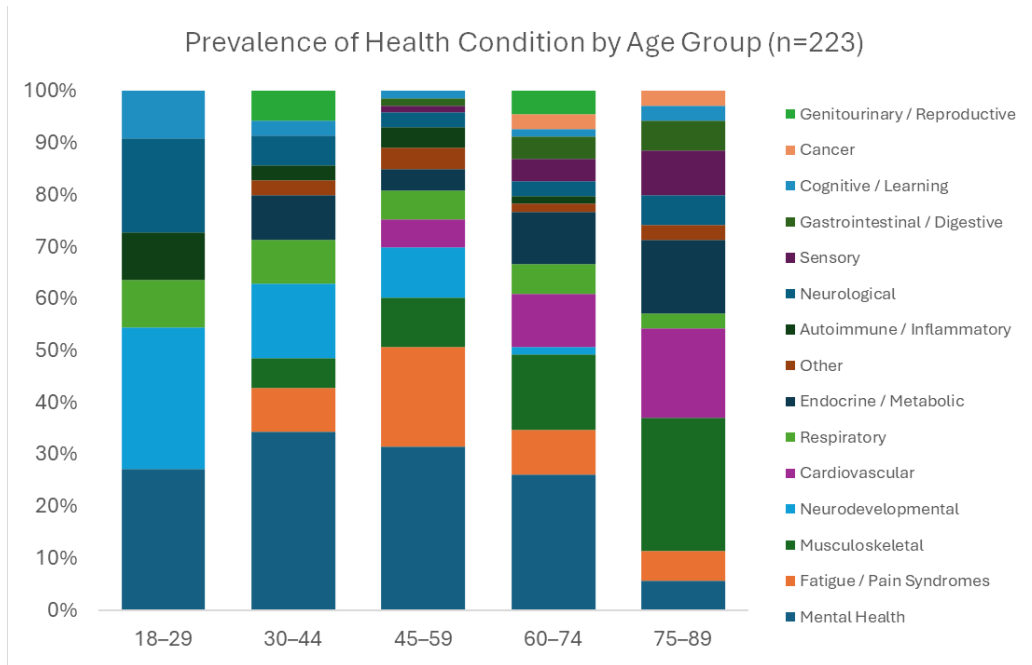


Figure 9: Distribution of health condition categories across age groups

### Health and Gender

Musculoskeletal, Cardiovascular, and Endocrine/Metabolic conditions tend to disproportionately affect female members (Figure 10), with Mental Health conditions also appearing slightly more prevalent among women than men. This is consistent with reports suggesting that women fare worse than men where disease prevalence, access to healthcare, and outcomes after treatment are concerned ([BMA, 2022](#)). It may also reflect greater health-seeking behaviours in women, which can lead to higher rates of diagnosis and condition awareness ([Wang et al., 2013](#)).

By contrast, Neurodevelopmental, Respiratory, and Autoimmune/Inflammatory conditions are more commonly reported among men. It is, however, important to note that the sample size for male members is significantly smaller than that for female members, meaning that any conclusions or comparisons should be interpreted cautiously, as they may be less robust or representative.

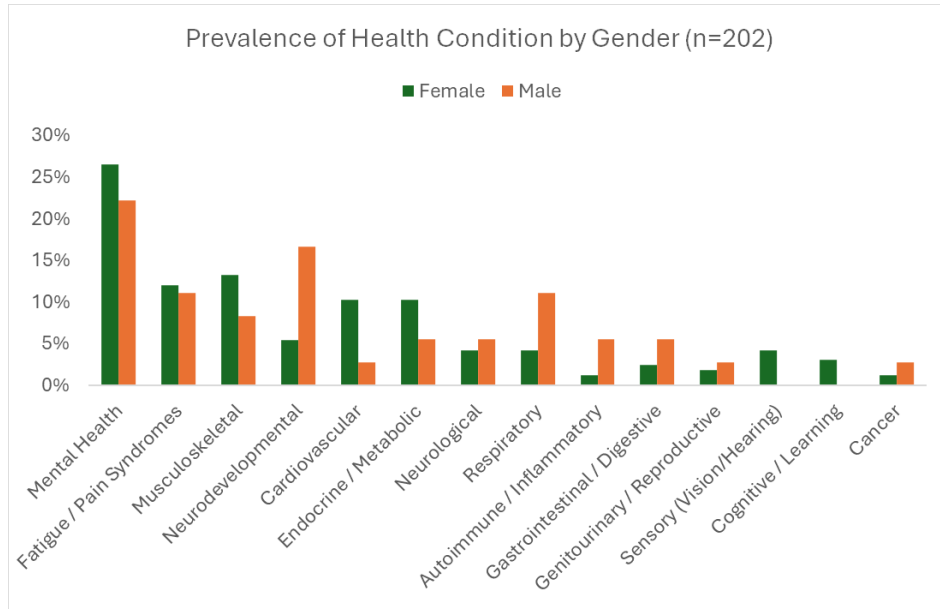


Figure 10: Distribution of health condition categories by gender

### Health and Ethnicity

Cardiovascular conditions appear to disproportionately affect Black and Mixed Race members (Figure 11), while Endocrine/Metabolic conditions, primarily diabetes, are notably more prevalent among non-White members, particularly Asian and Black members. This reflects broader health inequalities, which have been exacerbated and brought to the fore by the COVID-19 pandemic ([Raleigh, 2023](#)).

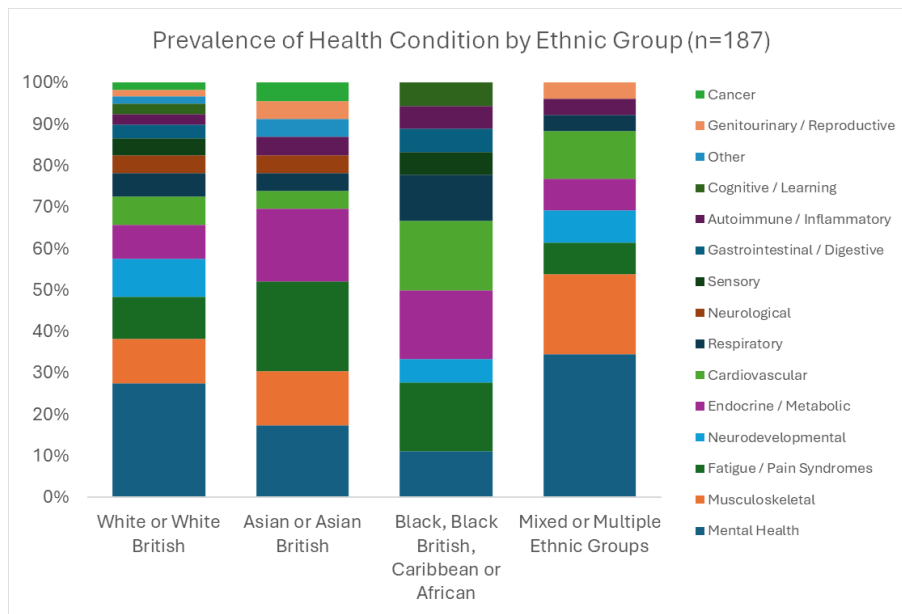


Figure 11: Distribution of health condition categories by ethnic background

It's worth noting that the sample size for this analysis is small, as relatively few members have reported both a specific health condition and their ethnicity, and it is particularly limited for ethnic minority members, who make up a smaller proportion of the Health Haven membership.

## Access & Referral Pathways

### Routes into Health Haven

Around 30% of Health Haven members were referred by their GP practice (Figure 12), with most of these referrals coming via social prescribers or link workers. This highlights the programme's role in supporting people with complex health needs and strengthening links between clinical and community-based care. Almost a third of members reported accessing the programme through recommendations or word of mouth, demonstrating the value of peer networks and community trust in spreading awareness. A further 17% first engaged with Health Haven through marketing materials, whether online and on social media, or via printed leaflets and posters. However, it is worth noting that nearly a third of members did not provide details about how they first heard about the programme, suggesting opportunities to strengthen data collection.

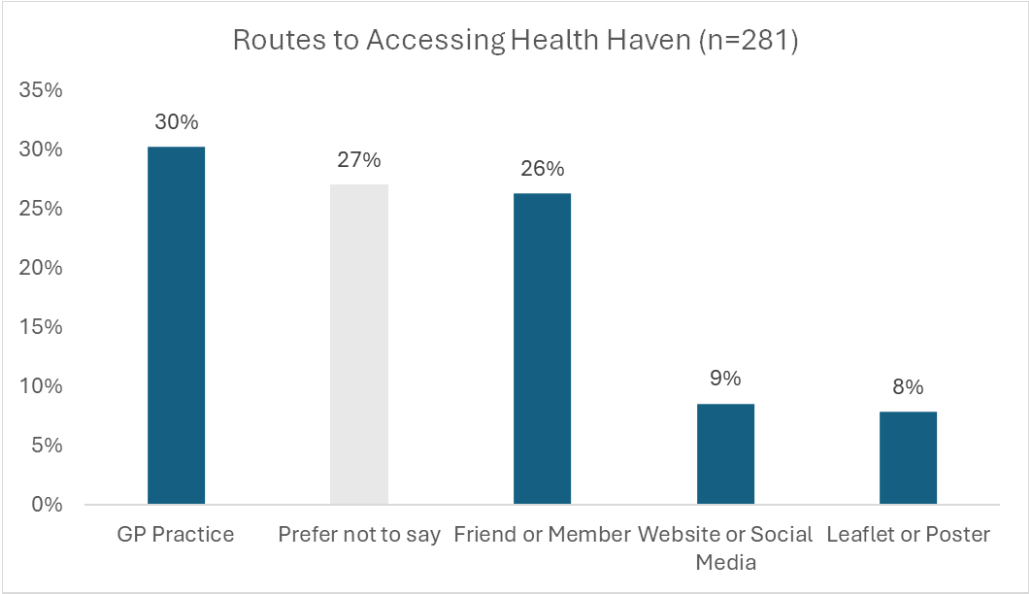


Figure 12: Access and referral pathways to Health Haven

## 2. Pre & Post Survey Data Analysis

### Wellbeing Outcomes

Participants reported significant improvements in several areas of wellbeing. Optimism about the future, feeling useful, and thinking clearly all increased significantly, as identified by both Wilcoxon and paired t-tests. Mental wellbeing also showed a statistically significant improvement. Positive trends were observed in relaxation and problem-solving ability, although these changes were not statistically significant.

### Social Engagement & Programme Participation

The survey indicates individuals who joined Health Haven went on to take part in a number of activities offered by the programme. Before the intervention, many members reported limited engagement, with several participants indicating they were not regularly taking part in any activities, while others attended one or two options such as Pilates, Tai Chi, or the Women's Club.

Post-intervention, participation increased substantially and diversified. Members reported engaging in multiple activities, including Pilates, Yoga & Mindfulness, Tai Chi, Circuit Training, Community Cinema Screenings, Women's and Men's Clubs, Health Talks, Healthy Cooking Classes, Sound Bath and Weight Management sessions. Several participants were involved in four or more activities, indicating a notable increase in engagement across the programme.

### Community Connectedness & Loneliness

Measures of community connectedness and experiences of loneliness showed limited change. Feeling part of the Camden area was borderline significant in the paired t-test but not in the Wilcoxon test. Other questions about trust in the community, friendliness of residents, and feelings of isolation did not show significant change. This suggests that while Health Haven encourages participation in its activities, broader community connections may require additional support.

### Interpretation

Overall, the findings suggest that Health Haven has had a positive impact on its members' mental wellbeing, optimism, sense of usefulness, and programme engagement. Taking part in Health Haven was also associated with a moderately positive effect on members' sense of belonging to the Camden area. However, areas such as broader community

connectedness and loneliness showed limited change, highlighting potential opportunities for further programme development.

### Suggestions for Future Activities

When asked what additional events or services might encourage greater community participation, several respondents highlighted the value of cultural and creative opportunities. Suggestions included museum and gallery visits, as well as broader cultural outings. Since the survey was conducted, Health Haven has expanded its programme in this area. For example, we introduced *Art in the Autumn* – a series of gallery and museum talks and tours led by a volunteer – and have provided community access to exhibitions at venues such as the British Library and the British Museum.

Participants also expressed interest in more learning-focused and creative activities, such as art lessons, filmmaking, and choir. While these were not a core part of Health Haven's offer at the time of the survey, provision has since been strengthened through activities like poetry and arts workshops.

These findings suggest that there is a demand for cultural engagement and creative learning alongside the existing exercise and social opportunities, and that broadening provision in these areas is likely to support continued participation.

### 3. Interviews & Participatory Feedback Session

The findings that follow draw on qualitative data collected through a combination of interviews and a participatory, arts-based group session, which a total of 18 stakeholders took part in. The findings were organised into five over-arching themes, which emerged across all stakeholder groups: Programme Structure & Delivery; Accessibility & Inclusivity; Mental & Physical Health Benefits, Community, Connection & Peer Support; Gaps & Areas for Development.

#### Programme Structure & Delivery

The structure and delivery of the Health Haven programme were widely acknowledged as being crucial to enabling people to both access and benefit from the programme. Both social prescribers remarked on how regularly they refer clients to Health Haven, emphasising how unique and comprehensive an option it provides them with, especially compared to other community-based services in Camden. The breadth of Health Haven's offer was perceived to be a particular asset. Social prescribers felt this made Health Haven a relevant and appropriate service for most of their clients, no matter their health needs, with one stating that it's their "number one option" and that "there's nothing like them in Camden at the moment". This was echoed by members, who praised the variety of activities available, remarking on how "there's something for everyone" and that they've "had a go at everything".

Health Haven's diverse range of sessions and formats were thought to increase the likelihood of sustained member engagement. Flexible formats (e.g., drop-in, online, monthly and weekly sessions) were perceived to give members more choice and offer different ways to engage with the programme, enabling individuals who might experience social anxiety, for instance, to grow in confidence and gradually increase their participation across different sessions. A specific case study referenced by one social prescriber illustrates this point:

*"...They [client] first engaged in Mindfulness on a Monday online... That initial contact then grew and as they felt comfortable doing the online stuff, they thought 'OK, I'm ready to engage with the organisation on a face-to-face basis', and then we did that via engaging them with the cooking programme...And then the next time I spoke to them, they were doing the canoeing!"*

Members also conveyed how flexible, drop-in sessions help foster a low-pressure environment, which in turn supports participation as well as encouraging members to try out different activities. One member expressed how reassuring it is to know that "if you

sign up for something, that you don't have to go every week or that you can leave half-way through if you need to, and that it won't upset other people", while another commented on how comfortable they feel to "have a go at most things, and if I find that I can't manage it, then I don't have to go back".

Engagement with Health Haven session was thought to be further supported by the empathetic, flexible and adaptive approach employed by many tutors. Both tutors who were interviewed highlighted how conscious they are of their members' varying needs and abilities, and that they do their best to support and accommodate members accordingly. This might take the form of offering greater or less hands-on support, or offering options, so that attendees are reassured that they won't be "asked to do something that makes them feel uncomfortable". This was strongly echoed by members, with particular reference to Yoga & Mindfulness, with interviewees noting how they are encouraged to engage in sessions at their own pace and offered "a safe space" where they can "let go and be there without judgement, without pressure".

Health Haven staff members were also remarked on for supporting engagement and ensuring the programme remains relevant and accessible to people in the community. Both social prescribers brought attention to how open, responsive and collaborative Health Haven staff have proven to be. The working relationship between both parties was described as 'warm and friendly', and staff were referred to as being "very open and receptive" to partnering with social prescribers on any ideas they may have on how to better engage and support the community. Specific examples were cited, such as the menopause café and a recent series of Mind-Body exercise sessions for neurodivergent people, which Health Haven collaborated with both social prescribers to run.

Another aspect of Health Haven that was deemed integral to its success was a sense of shared ownership, with staff actively welcoming members' input and partnering with volunteers to co-develop new initiatives. One member noted how interested staff were in obtaining feedback on a particular cover tutor, and how they worked to ensure a more suitable tutor was secured for future sessions. Co-production was particularly evident in one volunteer's account of having collaborated with a Health Haven staff member to set up a community cinema at Castlehaven, after they bonded over a shared love of contemporary world cinema. It's clear that members see themselves as central to Health Haven. As one member put it: "Health Haven is in our hands and...the people who actually use the community centre make the community" (Figure 13).



Figure 13: Member collage from participatory feedback session

## Accessibility & Inclusivity

Health Haven’s ability to reach and support people with varying needs and health conditions, enabling access to a range of wellbeing activities, was deemed one of its strongest features. Across stakeholder groups, affordability emerged as a key enabler. The free nature of sessions was perceived as critical to removing financial barriers to gyms, exercise and group-based activities such as Yoga or Pilates, which can be particularly unaffordable. This was widely perceived to be unique, with one social prescriber noting: “Because it's free...it’s rare. It’s rare in Camden...I don't know of anywhere else that offers that”.

As well as uniquely affordable, Health Haven was referred to as being inclusive and accessible to people with varying needs and abilities. One social prescriber noted that Health Haven is “one of the first places I think of when I see patients with lots of different conditions”. Tutors, in particular, spoke to being aware of the myriad health challenges attendees might present with, and how they aim to ensure sessions are physically and psychologically safe, such as through the use of trauma-informed language. Several member accounts illustrate how, despite dealing with chronic conditions, they have been able to either sustain their engagement with a particular exercise class or engage with

other less physically demanding, socially oriented sessions such as Women's Club or Book Club.

Furthermore, Health Haven was praised for helping remove some of the socioeconomic and psychological barriers to engaging with cultural venues and activities. One social prescriber remarked on how a client who suffered from dementia had "taken advantage of...the reduced membership to the London Zoo" offered to them via Health Haven, which had "expanded their ability to go to places that she feels she can engage and enjoy". This was echoed by several members, with one noting that, had it not been for Castlehaven, "I don't think...I would have gone to that exhibition, and I don't think I would have gone to Hampton Court". A number of interviewees highlighted how offering members the choice of travelling to and visiting venues as a group can be empowering and confidence-building, especially for those facing social isolation or anxiety:

*"I think by going to places they wouldn't necessarily go with others really gives them confidence and supports them in the sense to access stuff independently".*

*"It's something that they wouldn't do on their own. They wouldn't like the British Library ones or the British Museum ones. They wouldn't go necessarily on their own".*

The community setting in which Health Haven sessions are offered was seen to further promote accessibility, helping to foster an inclusive, familiar and welcoming environment for members. All stakeholder groups remarked on how rare this can be to encounter. Repeatedly, members noted that, while they have frequented other community centres, none have been found to have the "same warmth" or "energy" as Castlehaven. Staff and tutor interactions, as well as connections made with fellow members, were acknowledged to contribute to this. The Yoga & Mindfulness session, in particular, was remarked on for displaying a uniquely strong sense of community, as well as helping reduce barriers to access by doing away with the elitism often associated with yoga.

Staff members' approachability and warmth were specifically cited as factors in reducing barriers to access and fostering a welcoming environment, particularly for more socially anxious or isolated individuals. Social prescribers referred to several instances where they could recall staff members personally welcoming their patients to the centre, with one stating just how important that "warm handholding" can be "if you're in a difficult situation or a dark place". This was perceived to alleviate any initial anxieties or stigma associated with accessing community-based services such as Health Haven. Members also expressed their appreciation for how welcoming staff can be:

*“Everyone that runs the [women’s] group and all the staff are so approachable so you can be walking past and need to go to the toilet, and they are so welcoming! ‘Yes, come in. Make yourself a cup of tea’ or ‘let me make you a cup of tea’ and it’s just nice to have that friendly face.”*

*“All the staff...are very friendly. Very, very welcoming.”*

The cumulative effect of this staff approach was captured by one social prescriber, who described Health Haven as a “wonderful community that’s just so easy for people to access and be part of and be welcomed and understood”.

## Mental & Physical Health Benefits

Across all stakeholder groups, engagement with Health Haven was associated with improvements to both mental and physical health. Notably, these benefits were often perceived to be interlinked, with frequent references to how activities such as Pilates and Yoga in particular support members both physically and mentally. Social prescribers observed that “physical health ties in with mental health”, conveying how patients themselves don’t tend to distinguish between the two and will simply “come back and say how much they’ve enjoyed it, how good they’re feeling”. Health Haven’s holistic, well-rounded approach to supporting wellbeing was widely cited as a strength. Members appreciated how Health Haven ‘looks to improve all aspects of your mind, body and soul’, that “it’s really stimulating on every level”, and how “it’s not only about physical health”.

Both members and tutors reported specific health improvements spanning physical, mental, and emotional wellbeing. One tutor noted a visible progression in members’ fitness, mood and confidence over time, while another observed that attendees often comment on feeling less stressed at the end of sessions. Members reported noticeable improvements to their strength and balance, as well as describing how sessions promote relaxation and helped relieve anxiety (Figure 14). Yoga & Mindfulness, in particular, was referenced as equipping members with the tools to regulate themselves, with its focus on calming the nervous system and fostering a sense of emotional safety. As one member noted, what the tutor imparts “becomes part of your daily life...you can take it and use it”. Creative wellbeing sessions, such as Drama Workshops, were similarly observed to improve members’ confidence, while also offering them the chance to practice experiencing a range of emotions safely and in a social setting.

Engagement with Health Haven was seen to further support members’ wellbeing by promoting self-efficacy and agency. Members repeatedly observed that attending regular sessions provided them with structure and consistency, offering them a sense of purpose and something to look forward to. This in turn was seen to support individuals’ mental,



bonds between members being strengthened by shared experiences of motherhood and menopause. Peer support was also seen to promote accountability and motivation to attend sessions, with one member noting that “sometimes you get up and think I can’t be bothered, and you’re aching and stiff, but... you find that energy from somewhere... usually from one another” (Figure 15).

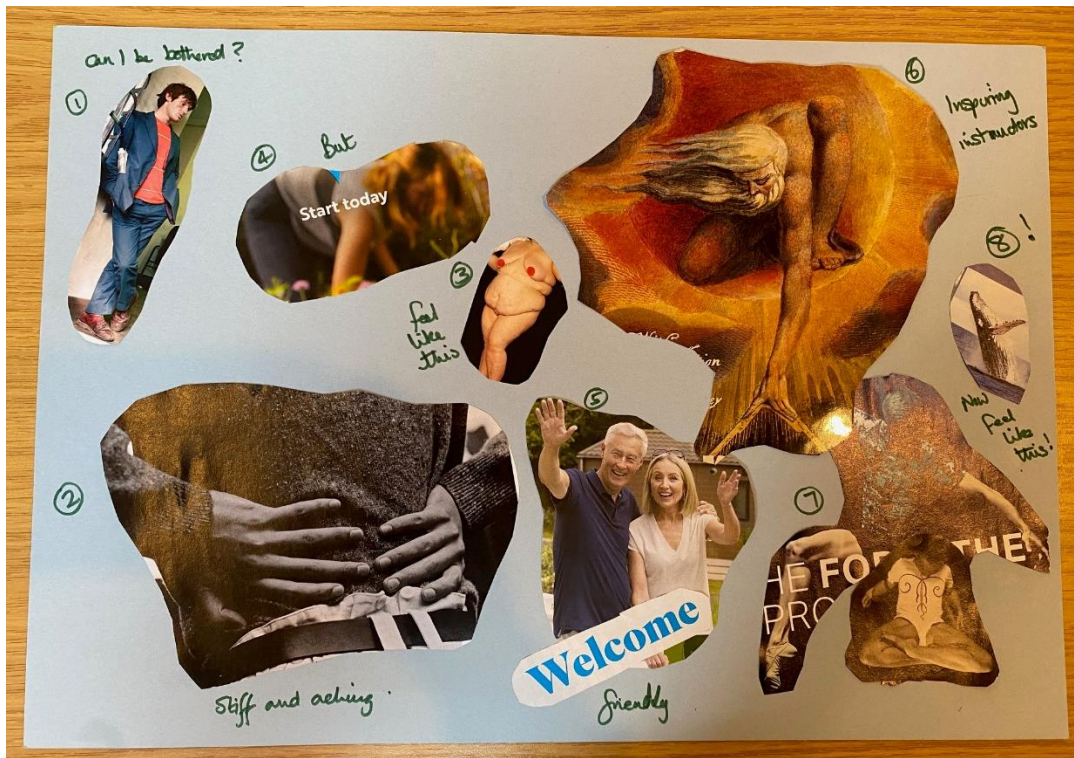


Figure 15: Member collage from participatory feedback session

In addition to promoting a sense of connection within sessions, Health Haven was seen to support a wider sense of social and community cohesion. Engaging with regular activities helped members expand their social networks beyond existing circles, as well as exposing them to diverse groups. Members observed how attending Health Haven sessions had helped them develop ties to people in their local area and overcome some of the barriers posed to socialising in a big city like London:

*“Castlehaven has helped me to make local connections... because my friends are all scattered everywhere. So now I’ve met people, I can go for coffee and things... which is really convenient... whereas with my other friends, you’ve got to make an appointment”.*

*“I met lots of new people here. It's been lovely actually. Because... your friends sometimes live across London or, it has to be an arrangement, it has to be in the future and it can't be spontaneous... whereas here, people go ‘Oh, you know, fancy a coffee?’”.*

These connections frequently extended beyond scheduled sessions. As well as coffee outings, members and tutors reported meeting for picnics, Christmas gatherings and – in the case of Yoga & Mindfulness attendees – staying connected via a WhatsApp group chat. One member explained that the group chat will often be used for practical purposes, such as to inform the tutor that they are late or unable to make a session, as well as to bolster each other's moods by sharing ‘glimmers’, which are small, fleeting moments of joy or delight. Similarly, connections formed through Health Haven's Men's Group led members to attend events elsewhere together, demonstrating how relationships fostered through the programme extended into members' broader lives.

Furthermore, members appreciated the ways Health Haven had enabled them to “meet a more diverse group of people... people from all walks of life”; people they otherwise “might not engage with in the community... of different ages... abilities [and] ethnicities”. Health Haven's Community Cinema events were noted for attracting a particularly diverse group of attendees, as well as for attracting non-members who might not have previously heard of Castlehaven, with one volunteer remarking: “every month we probably have about 30% of people who are coming for the first time... some of them are using the centre, some of them don't even know what the centre is, so it's a really good mix of people, all ages, all creeds... it's fantastic”. These connections – within sessions, beyond the centre, and across diverse communities – demonstrated how Health Haven fostered not just individual wellbeing but a broader sense of belonging and social cohesion.

## Gaps & Areas for Development

While Health Haven was widely praised for its impact and accessibility, stakeholders identified several areas where the programme could be strengthened to better serve the community. Most notably, both social prescribers and tutors observed lower engagement from men, particularly those under 60. One social prescriber noted “there's a bit of a gap for men, particularly in the 18 plus to 55 range”, explaining that existing activities may not appeal to this demographic and that “there isn't a lot on offer that's men only, or sort of directed towards men”. The Circuit Training tutor similarly observed that their mixed-gender class was “really weighted towards women”, with most weeks having no male participants. Social prescribers suggested that men might be better engaged through activities with a clear purpose or objective, such as woodwork, where participants “don't have to talk to anyone but you're working side by side... you've got something to talk about

that's not about you". One social prescriber also noted feedback suggesting that while the Men's Group was welcoming, it lacked ethnic and cultural diversity, which may have deterred some potential members.

Timing and accessibility also emerged as barriers for certain groups. Social prescribers and members alike noted that Health Haven's offering was "skewed a little bit towards older people, 55-60+ and... younger people sort of up to 18", with limited provision for working-age adults in the evenings or at weekends. One social prescriber explained that this gap was particularly significant for "people who have health issues, but they're trying to sustain employment", noting that "lots of people often say the weekend is the loneliest". A member and volunteer echoed this, expressing that more evening sessions "would be amazing" and that "there's hardly anything on the weekends". Additionally, social prescribers highlighted communication challenges, noting that programme information sometimes arrived at short notice and that printed booklets – described as "invaluable" for clients who lack internet access – were not always distributed in sufficient quantity or in a timely manner.

Members and social prescribers also identified opportunities to expand Health Haven's offer. Several members expressed interest in more creative activities, such as reinstating the choir or offering additional singing sessions, with one noting that "there's a lot of talk about... mindfulness and things like that, but I don't think there's enough that isn't physical". Cooking classes, which were previously offered through Health Haven, were also mentioned as a desired offering. Social prescribers additionally suggested the need for activities and peer support groups specifically designed for neurodivergent individuals, noting this as a gap in provision for both "high functioning and lower functioning people". Furthermore, social prescribers noted that some peer-led sessions, such as the Men's Group, might benefit from more structure, as sessions without clear objectives "can sometimes just amble along" and "people find that a bit difficult to coalesce around". Addressing these gaps might enable Health Haven to reach a broader cross-section of the community and deepen its impact among those already engaged.

## Conclusion

This evaluation of Health Haven – a community-based programme designed to support Camden residents living with long-term health conditions – demonstrates that the programme has succeeded in reaching a diverse group of people with varied and complex health needs, and has had a positive impact on its members' self-reported wellbeing. Findings illustrate Health Haven's effectiveness in tackling health inequalities by addressing social determinants of health and reaching populations at heightened risk.

Quantitative analysis of Health Haven's membership data show that over a third of members are unemployed and a further third are retired – groups at particularly high risk of both social isolation and health inequalities. Notably, around 30% of members were referred through their GP practice, primarily via social prescribers, demonstrating Health Haven's success in strengthening links between clinical and community-based care and reaching people with complex health needs. While Health Haven's demographic make-up is broadly representative of Camden, males and people of Asian backgrounds are notably underrepresented, though the programme has successfully engaged these groups through targeted initiatives such as its Men's Group and Bengali Women's Group.

The membership data also reveals the complexity of health needs Health Haven addresses. Members report experiencing a wide range of health conditions, with mental health issues accounting for more than a third of all reported conditions and nearly 80% of members living with multimorbidity. The high prevalence of mental health challenges and multimorbidity reflects a growing crisis that NHS services are struggling to adequately address, positioning community-based programmes like Health Haven as essential complements to clinical care.

Pre- and post-programme survey data provides further quantitative evidence of Health Haven's positive impact. Members reported statistically significant improvements in optimism about the future, feeling useful, and thinking clearly, as well as overall mental wellbeing. Survey responses revealed that, upon joining the programme, members went on to engage with a diverse range of activities, with many participating in four or more different weekly or monthly sessions. This breadth of engagement reflects the programme's success in offering multiple entry points and pathways for participation. While measures of community connectedness and loneliness showed limited change in survey data, these aspects were strongly evidenced in the qualitative feedback.

The qualitative findings – which stem from interviews with members, volunteers, tutors and community partners, as well as a participatory feedback session – reveal the mechanisms

through which Health Haven achieves its impact. The programme's diverse activities, flexible formats, and responsive, co-produced approach enable sustained engagement while removing barriers to participation. Social prescribers consistently described Health Haven as unique in Camden's health and wellbeing landscape, citing it as their "number one option" for clients with complex needs. The programme's free, accessible nature was identified as critical to addressing health inequalities, while tutors' empathetic approaches and staff members' warmth fostered a welcoming environment that alleviate service-users' anxieties around accessing community services.

Health Haven's holistic approach – addressing the interconnected physical, mental, emotional, and social dimensions of wellbeing – emerged as central to its effectiveness. Members reported health improvements spanning increased fitness and balance to reduced anxiety and enhanced self-regulation, alongside gains in confidence, agency, and sense of purpose. Perhaps most significantly, Health Haven has fostered strong social connections and community cohesion, with relationships extending beyond scheduled sessions and enabling members to build local networks, overcome social isolation, and engage with diverse communities.

While Health Haven has demonstrably delivered on its aims, the evaluation identified strategic opportunities for continued development. Limited provision for working-age adults in evenings and at weekends could, if addressed, extend the programme's reach to those balancing health challenges with employment. There is clear appetite among members for expanded creative and cultural programming, including choir and singing groups, as well as continued access to museum exhibitions – suggesting opportunities to strengthen the “creative health” dimension of Health Haven’s offer. Social prescribers also identified a need for targeted provision for neurodivergent individuals, indicating potential for further partnership development.

Addressing these areas would build on Health Haven's established strengths of responsiveness and co-production, enabling the programme to serve a broader cross-section of Camden's communities. This evaluation demonstrates that Health Haven represents a vital community asset: a programme that successfully addresses health inequalities, reduces social isolation, supports self-management of long-term conditions, and fosters social connection. As demand for accessible, preventative, community-based health support continues to grow, Health Haven's model offers valuable insights into how holistic, person-centred approaches can complement clinical services and strengthen community resilience.

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