

ANSWER CANCER

Year 5 Grants and Spot Purchasing (2023/24)



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Introduction

The Answer Cancer Programme has a grant pot of £100,000 each year to award VCSE organisations small grants. These grants are awarded to Greater Manchester based VCSE organisations undertaking projects to raise awareness of cancer and promote screening for breast, bowel and cervical cancer amongst priority groups.



Picture 1 Wai Yin Society

Picture 1 Staff and volunteers from Wai Yin Society’s ‘Be Gutsy’ project funded by the Answer Cancer Programme

During Year 5, **£87,000** was awarded in the form of grants and spot purchasing of services to raise awareness of cancer and the importance of cancer screening to community members within Greater Manchester.

In total, eight organisations received a grant of £2,000 and nine organisations were given £8,000 as a spot purchase.

Examples of the work carried out by the funded projects included:

- Recruiting and training Champions

- Producing an information video in Cantonese and English raising awareness of bowel cancer for men and their families
- Holding in-person awareness and training sessions
- Online awareness-raising
- Raising awareness of cancer and screening in communities
- Engagement sessions based on gardening, exercise, etc.
- Women's empowerment sessions
- Afro-Fit sessions
- Producing a play about breast cancer for an Afro-Caribbean audience and a play about cervical cancer for a Pakistani and Bangladeshi audience
- Running a Healthy Living Programme
- Developing a peer mentoring programme to encourage women affected by FGM and DA to attend cervical screenings.
- Providing information about cervical screening for homeless women
- Training Black African women ambassadors to promote screening in their communities
- Holding cervical and breast cancer awareness sessions for women from Black Asian and other ethnic minority groups
- Radio talk show
- Breakfast club
- Black History Month community engagement event

A Jewish lady believed she did not need to have screening as she had only ever had one sexual partner. Our volunteers dispelled this myth, and the lady was informed about the need for screening regardless of sexual history. Following discussion with the volunteer the lady decided she would discuss it with her husband before calling back to make an appointment. **Quote from the Fed**

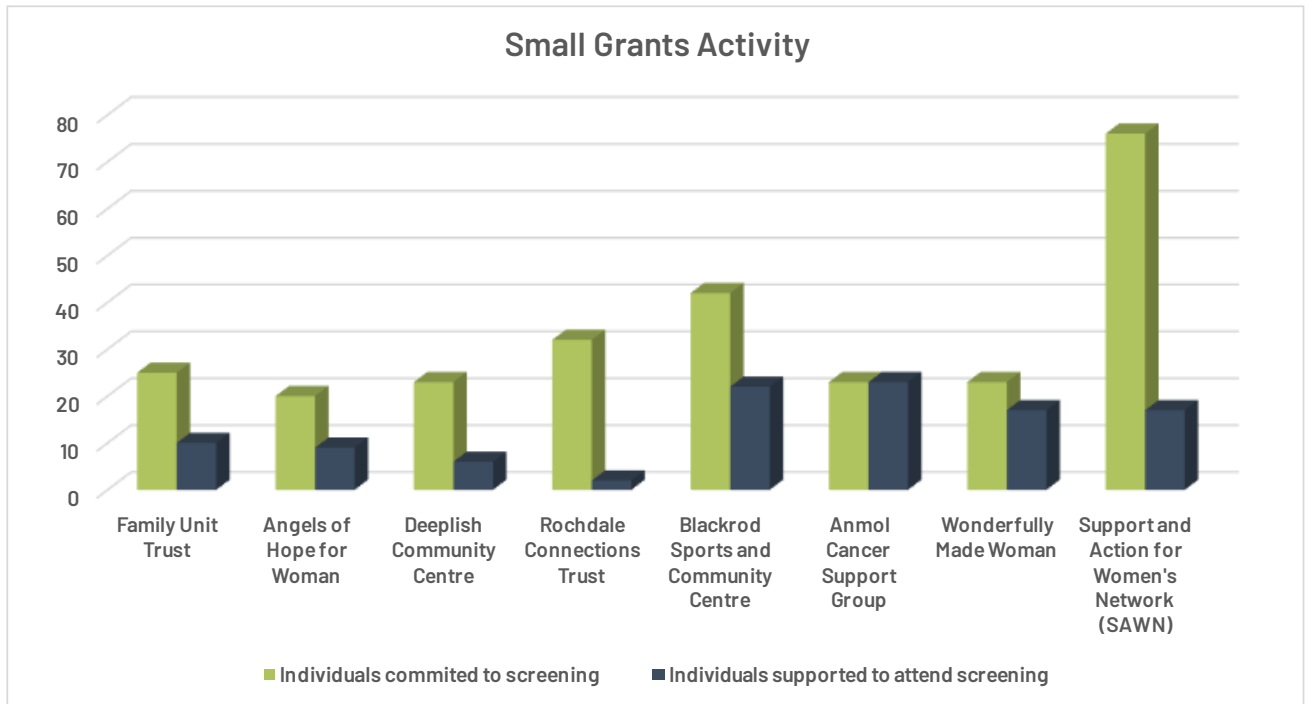
Grants

The eight organisations who received the grants were:

- Family Unit Trust
- Support and Action for Women's Network (SAWN)
- Angels of Hope for Women
- Deeplish Community Centre
- Wonderfully Made Women
- Rochdale Connections Trust
- Blackrod Sports and Community Centre
- Anmol Cancer Support Group

Project Name	Number of Events	Other Activities	Number of individuals engaged	Number of individuals committed to screening	% Uptake	Number of individuals supported to attend screened
Family Unit Trust	3	4	112	25	22%	10
Angels of Hope for Women	12	2	75	20	27%	9
Rochdale Connections Trust	6	2	97	32	33%	2
Deeplish Community Centre Association	3	12	56	23	41%	6
Blackrod Sports and Community Centre	48	64	1100	42	4%	22
Anmol Cancer Support Group	7	9	206	23	11%	23
Wonderfully Made Woman	16	6	187	23	12%	17
SAWN	30	5	144	76	53%	17
Total	122	92	1921	241	Average 22%	100

This project has been a great opportunity for our volunteers to learn new skills and doing something different to our normal volunteering activities. It has been a great experience for us all and we are eager to continue with this project. **Quote from The Fed**



Spot Purchasing

The organisations who received funding through spot purchasing investments were:

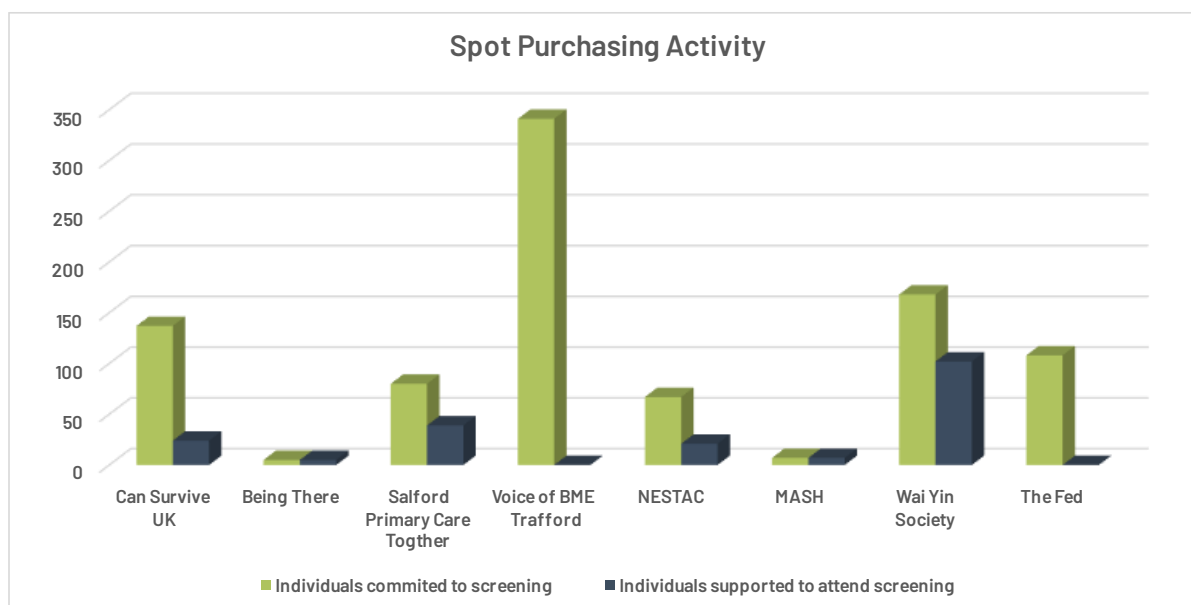
- Can Survive UK
- Callplus trading as Being There
- Salford Primary Care Together
- Voice of BME Trafford
- New Step for African Community (NESTAC)
- Manchester Action on Street Health (MASH)
- Wai Yin Society
- Fatima Women's Association
- The Fed

One of the patients contacted shared that she was living with FGM and wasn't confident to come for screening as it was going to be painful. Our staff provide all the emotional support and offered to be there on the day to support her in screening. This helped the individual to overcome her fears and she eventually came in for screening for the first time. **Quote from Voice of BME Trafford**

Unfortunately, one of the organisations, Fatima Women's Association, was unable to begin their project within the Year 5 timeframe and have therefore not reported any figures for this final report. Their end of project reporting will be included in the Year 6 report.

However, the other eight organisations between them held 234 events and 150 other campaign activities, and as a result were able to engage with 2255 individuals with 913 of these committing to take up their screening invitations as a direct result of the engagement. Additionally, 198 individuals were supported to attend their screening

appointments by the organisations which was also a direct result of the Answer Cancer funding.



Project Name	Number of Events	Other Activities	Number of individuals engaged	Number of individuals committed to screening	% Uptake	Number of individuals supported to attend screened
Can Survive UK	5	5	220	137	62%	24
Being There	45	6	177	5	3%	5
Salford Primary Care Together	45	2	283	80	28%	39
Voice of BME Trafford	0	0	523	341	65%	0
NESTAC	93	6	275	67	24%	21
MASH	23	1	14	7	50%	7
Wai Yin Society	23	124	350	168	48%	102
The Fed	0	6	413	108	26%	0
Total	234	150	2255	913	38%	198

A gentleman attended the Tameside Being There Wellness Club on a Wednesday when there was an awareness presentation about Prostate Cancer. He reported to us that he was concerned about his own symptoms and later took the initiative to book an appointment with his GP. He now has a date for a blood test. This shows that the message is working, and it is getting people to think about and act on what they have heard.

A woman who attended the Cervical Screening told the Diversity and Inclusion worker she passed on the information to her daughter in law as she may have some symptoms that worried her, and she expressed concerns about.

There was a conversation between some men at a group about monitoring PSA levels and the difficulty of getting a GP appointment or scan. This is something that may put people off trying, but we encouraged people to keep going forwards with their approaches. **Evidence of impact from Being There**

Outcomes

The main aims of each of the projects is to raise awareness of cancer and the importance of cancer screening, whilst also encouraging individuals to take up their cancer screening invites. However several of the organisations involved reported additional benefits from the projects. these include.

During health talks, we encouraged people to fill out questionnaires to assess their feelings before and after the sessions. This initiative aimed to raise awareness for themselves, their friends, and families. We motivated them to share what they learned with their network, emphasising the role of champions. We assure them that it's not a difficult task and instilled confidence in their ability to promote the information. As a token of appreciation, those who completed the questionnaires were eligible to receive a healthy prize. **Quote from Wai Yin Society**

- Increased partnership working across organisations which in the past would not have had the opportunity to work together. This is having a positive affect on the organisations involved and building strong networks in their communities.
- Increased skills and confidence for staff and volunteers because of the training received. The result of this is that they are more comfortable having conversations around screening beyond the project.
- The openness of the conversations and the relaxed and targeted nature of the way the messages were spread has helped to break down barriers to screening whilst also removing some of the barriers people felt towards engaging with services.
- Creation of new funding opportunities because of the Answer Cancer project has meant some organisations have been able to expand their impact beyond the life of the project.

- Conversations around cancer screening and wider health concerns have become possible as people no longer see it as a taboo or upsetting topic. This has in turn lead to increased knowledge within the wider community.
- Information delivered at sessions has reached far beyond the individuals who attended and has not only spread amongst other service users but has been disseminated across the wider community through conversations with family members and friends.
- Increased traffic to other health and wellbeing offers provided by some of the organisations. Several organisations reported that the people who were involved in the cancer screening awareness sessions have since been more open about their health in general and have taken up other health and wellbeing advice or classes.
- Champions who were recruited as part of the project have stayed engaged and are continuing to spread messages and reminding people of the importance of screening.
- Some organisations also reported that their weekly footfall and the number of volunteers has increased because of the project. This is due to the advertisements for the projects drawing in new people who have stayed involved in the organisations other activities.



Learning

The groups who delivered the projects all reported on the things they learnt that worked best when delivering cancer messages in the community. This has been summarised and themed below:

- 1:1 conversations with individuals really gave people the time and opportunity to discuss fears and reluctance in detail. By having volunteers delivering information, the approaches could be tailored to the needs of the individual

which helped to overcome some of the barriers and encouraged the individual to take up their screening invite.

- Training around the Cancer Screening programmes, signs and symptoms, difficult conversations and myth busting helped to equip staff and volunteers with the knowledge and skills they needed to answer any questions that participants might have in a confident manner. The conversation training also helped staff to feel confident in seeking further information if they didn't initially know the answer to a question.
- Sending out appointment and session reminder texts helped to keep attendance numbers high.
- Providing a 'hook' helped with getting people engaged. If you run a cancer awareness session the number of attendees may be lower than if you run a knit and natter session with cancer awareness messages included. Some of the hooks that worked for the projects included
 - Interactive sessions
 - Providing lunch
 - Adding messages to existing classes or group meetings.
 - Giveaways
 - Fun days with messages added.
 - Fun activities for children during half term? encouraged parents and grandparents to the centres so messages could be spread to them whilst the children were engaged in a fun activity.
- Sometimes Men can be harder to engage in activities however some groups found that engaging wives and partners first helped to bring men along to sessions. Additionally direct individual invites from peers helped to get men involved.
- People are more likely to engage with a peer than a health professional. Having volunteers of different backgrounds and ethnicities helped people to trust the messages they were receiving.
- Taking time to discuss the screening process in detail with individuals before appointments helped to alleviate fears and gave participants a chance to ask the questions, they needed to ask in a safe and comfortable setting.
- Using laughter and humour to deliver the messages kept people engaged and reduced some of the fear and stigma.
- The use of tactile items gives people the opportunity to understand what a lump may feel like at each stage of the disease and also gives the participants the opportunity to discuss the screening process in a more informal manner.

Picture 3 – Deeplish Community Centre launches cancer awareness campaign



Case Studies

During the delivery of the funded projects each organisation gathered stories of how the work they were delivering was impacting the community in which they serve. Each of the case studies below show how a small intervention can make a big difference to people's views and opinions around screening.

Case Study 1 – Family Unit Trust

Sarah had always been diligent about her health. She had heard about the cancer awareness project in our community and decided to attend one of the informational sessions. The knowledge she gained there convinced her to schedule a cancer screening appointment, a decision that would change her life.

In Sarah's own words: "I had been putting off cancer screenings for years due to fear and misconceptions. The project's session cleared my doubts and encouraged me to take the step. They even connected me with a local support group, and one volunteer offered to accompany me to the screening appointment. It was reassuring to have someone there with me. The screening revealed early-stage breast cancer, and I am so grateful for catching it in time. The project's support didn't end there; they helped me navigate the treatment process and connected me with a network of survivors. It's been a lifeline in this challenging journey."

Sarah's story is a testament to the impact of our cancer awareness project, which not only educates but actively supports individuals in taking proactive steps toward early

detection and treatment, ultimately improving their chances of survival and quality of life.

Case Study 2 – Angels of Hope for Women

I have always thought cancer is not for Black people. After listening to a Black woman who had cancer and survived, this brought it so close to home. I have always been scared to talk about cancer because I feel if I do, then I will get it. Having the one-to-one support, the group sessions empowered me to book an appointment to go and get screened. It was not easy, and I cancelled 3 times due to being very nervous. The women supported me and finally I went for the screen with support of one of the Champions. It was not what I had imagined. It was quite good to ask professionals questions and the lady doing the screening was very lovely and calmed all my nerves down. Had it not been for the session I attended, I would still be living in fear and not had done the screen. Quote from an Angels of Hope for Women attendee.

Case Study 3 – Rochdale Connection Trust

At the very beginning of our Project, one of our staff members seemed to be having several issues related to her bowel. The staff member is 63 years old. She had been sent a bowel screening test a few months previously but never submitted it.

After speaking to her, we re-assured her that she should do her screen and hand it in asap, especially since she had started to have issues and pains in her tummy.

Long story short, her screening came back positive for bowel cancer. She has since been to hospital to have some of her bowel removed and has now started her chemo. This all took place within 2 months of finding the positive result.

We currently have 2 x Cancer Champions supporting her through this process, taking her to appointments and sitting with her during chemo.

She was grateful to us and couldn't justify enough how important those screening kits are.

Unfortunately it has since transpired that the cancer has spread to her liver. We will continue to support her if we can as Cancer Champions

Case Study 4 – Deplish Community Centre Association

Ms "H" is 68 years of age woman who joined Health and Wellbeing sessions at Deplish Community Centre. She has been living in the same neighbourhood for the past 30 years as a single parent. She had no immediate family around to provide her any help and social connections. She struggled to support her children as a single handed mother with limited resources and support. She continued her efforts until children were educated, independent and started working successfully but lives and work away in other towns and cities.

She was now leading an isolated and lonely life. This led to an anxiety and low self-esteem conditions. She was clearly battling with the chasm created after her children moved out. As a consequence, she began struggling with carrying out everyday tasks and social connections. Moreover, her medical condition and constant struggle

with diabetes and hypertension made things even harder resulting in a visible deterioration in her physical and mental wellbeing. She was reluctant to take initiatives and any form of change towards staying well.

Intervention and Engagement:

Mrs. "H"'s introduction to our wellbeing sessions was through a volunteer who interacted with her at another group. She joined our sessions and we started working with her. We worked towards giving her motivation and help in uplifting her self-esteem. She was also offered one to one sessions with our emotional support worker who helped her with recognition and understanding of her state of mind and guided through pathways to improve her wellbeing. Our Cancer awareness for Wellbeing session were of particular value to her.

She also benefitted from our weekly wellbeing & exercise session to have worked towards her physical and mental health.

She is visibly more active, happier and confident. She contributes to all discussions along with making some good social connections with other participants of the group.

Feedback and comments:

She said, "My relationship with my children improved after I started attending the sessions".

As an individual, she has transitioned from lonely and anxious life towards a healthier, confident and engaged individual.

She is more aware of her needs and is in a better place to express them and enjoy the life to its fullest.

She feels as if she has found a family in the group that she somehow had lost.

Case Study 5 – Blackrod Sports & Community Centre

One of our volunteers was diagnosed with cancer whilst supporting this campaign. She is a lady on her 70s living with her husband.

Rather than withdraw from the work she increased her involvement, recruited more volunteers and continued to support us. She is still receiving treatment for breast cancer and has told us that being able to talk to others in the community has helped her and she is a role model for others.

More people have joined us who are living with cancer, and most are upbeat about their prospects. What this work has shown us is that many people were struggling on their own and even those they socialise with weekly were not fully aware of what they were going through. Now we are working to provide a welcome and safe space to discuss their experiences and provide support.

Case Study 6 – Anmol Cancer Support Group

Under 50-year-old lady with the family history of breast cancer (both mum and grandmother) was not part of family screening service. This was revealed during questions and answer sessions during zoom sessions. The member visited her GP immediately and was screened. Her mum and grand mum were also put in the screening programme as they were missing their screening.

69-year-old lady had missed her mammogram. This was found whilst the unique members' screening dates were being recorded. This member was advised to ring the screening department, and she managed to have her breast screening. She was very appreciative after watching the breast presentations during the events.

Case Study 7 – Can Survive UK

Community member, female – Trafford event.

I was told about this event by my friend. I was particularly interested in attending because of the short play – as usually cancer awareness sessions can be about a medical profession or someone else with the appropriate knowledge doing a PowerPoint presentation. It can be a little boring and at times the message does not get through. I know Elva and Paulette and have seen them in other short plays. I also wanted to know more about breast cancer screening and to make sure that I have the right information that I can pass on to my daughters, other family members and friends.

Before coming I did know about breast cancer screening but was able to still learn more about the myths, that when checking my breasts, I should also lie down whilst doing so and check under my armpits. Coming to this event has certainly given me the confidence to speak about breast cancer screening to others. I noticed two men in the audience, which was good to see, and they were listening very carefully. As I expected, the performance by Elva and Paulette was on point. They carried us along their experiences about their breasts, the importance of checking our breasts and they ended their play with a catchy song called 'check your breast' which had us all dancing and singing.

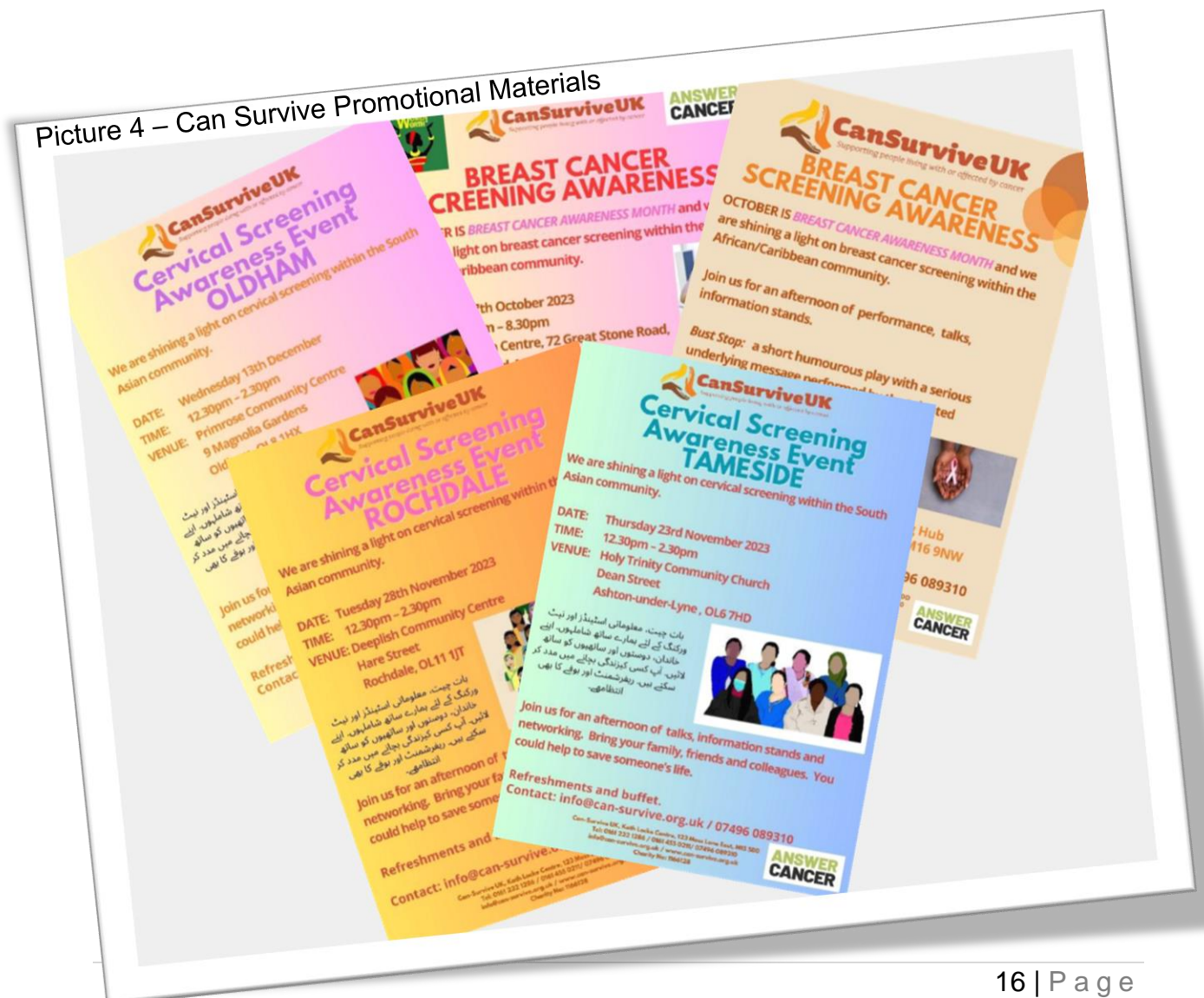
This event was a phenomenal way of raising awareness around breast cancer, especially concerning women from this community group. Being given the stats was very interesting and I was taken aback to learning that Black women were 41% more

times likely to die of breast cancer. This is shocking! my pledge is to raise awareness of this campaign and how it informally educates in a way that is impossible not to get the message.

Community member, Female – Tameside event

Cervical screening is something we do not talk about in our community, even in the family. My daughter’s school sent a letter about this HPV injection. I did not know anything about it. What did they mean that my daughter was sexually active, and this would help prevent any diseases. I told her no; she was not having it. I have received letters to attend screening – I don’t go because I am fine. I heard that women who have a lot of sexual partners are more at risk of cervical cancer. That is why I have never thought of going. It’s not for me. What I have heard today and talking with the nurse and other women here, has made me understand more. For my age, I should have been going to my screening appointments from a long time ago. It’s good to know that you can also request a female doctor and that no male doctors will be present. Mariam is going to help me to speak with my GP. I will also speak with my daughters about this, find out what they know and share what I know. It will be their decision if they want to have the HPV injection. I think this awareness event should also go into schools.

Picture 4 – Can Survive Promotional Materials



I liked it because the play was in English and Urdu, so it was easy to follow, and the presentations were translated into Urdu. I didn't have to keep asking what they were saying.

It was all female so there was no embarrassment, and we could talk about the subject openly.

I am a little scared of the screening as some tell me it is uncomfortable. Coming today and hearing everything has given me the courage to go.

Case Study 8 – Salford Primary Care Together

Case Study: RI's Journey Towards Health and Trust

RI, a 62-year-old Polish gentleman, found himself in the care of the Salford Rough Sleeper Initiative team due to homelessness and a multitude of health issues. His health challenges included Angiomyolipoma, Non-diabetic hyperglycaemia, Alcohol dependence, Gallstone, and Steatosis of the liver. RI's struggles were exacerbated by his consumption of at least a litre of vodka daily, resulting in volatile behaviour and a hesitance to engage with community alcohol services.

Amidst this complex scenario, Sara, our dedicated Nursing Associate, identified RI as a person appropriate for the Answer Cancer project and used the project engagement time to establish a connection with RI. Despite his initial reluctance to share, he eventually confided in Sara, expressing a sentiment of apathy towards his declining health. This revelation prompted Sara to take proactive steps.

Recognising the importance of regular screenings, Sara discussed the possibility of a PSA test with RI with the support of a translator and translated resources. After thoughtful consideration, RI agreed to undergo the test, which eventually revealed abnormal results. Sara, equipped with time, patience, and a translator, guided RI through the implications and subsequent steps.

However, challenges persisted as RI's health deteriorated, and his housing worker voiced concerns about his worsening condition. Sara, in collaboration with the team, took the initiative to communicate openly with RI and align efforts to ensure his well-being.

Despite setbacks, such as a triage appointment that proved unsuitable due to RI's intoxication and subsequent missed appointments, collaborative efforts continued. The team engaged with external partners, including the Health Inequalities Lead and the Cancer Screening Improvement Lead, to facilitate a more suitable and accommodating appointment that aligned with RI's lifestyle.

Building rapport and trust was paramount in RI's journey. Despite his nervousness and initial resistance, the persistent support from the team and his housing worker encouraged him to attend crucial appointments. While RI faced hurdles, including refusal to attend certain procedures, the commitment of the colorectal team to accommodate his fears and rearrange appointments showcased a collaborative effort to address his concerns.

The project served as a catalyst for RI's initial engagement with blood tests, triggering a cascade of follow-up investigations. Despite ongoing challenges, RI's growing trust in the services has paved the way for hope. Teams remain optimistic, aiming to nurture the trust RI has developed to ensure his attendance and cooperation for upcoming appointments.

RI's journey is a testament to the resilience of collaborative efforts, cultural sensitivity, and the unwavering dedication of healthcare professionals that the project allowed time for. It underscores the importance of persistent support, understanding, and tailored approaches in addressing complex health issues among vulnerable populations.

Case Study 9 – Voice of BME Trafford Cancer Champions Story

After taking part in Answer Cancer Training about having difficult conversations and the importance of Cancer screening started working with GP practices in Trafford to contact people who hadn't taken up their screening invite.

As they are a volunteer, they have the time to talk to people in detail about their reasons, their barriers and their fears behind attending screening and armed with the information from the Answer Cancer training course they can allay the fears and encourage the person to attend their screening appointments.

One day whilst making calls the Cancer champion called a 25-year-old Ethiopian woman who hadn't responded to her screening invite. During the conversation the woman said she was fearful of the procedure and the pain it would cause and didn't understand why it was needed. The Cancer Champion then went through all the details of the screening and explained what happens during the procedure and why it was so important to take up the screening.

It was at this point that the lady explained that she felt that the test may not be able to be performed because she had suffered Female Genital Mutilation (FGM) as a child. The cancer champion informed the patient that she wasn't sure of the procedure for sufferers of FMG, but she would call her back.

The Cancer Champion then spoke to the Practice Nurse for information around FGM and the nurse informed her that the cervical screen may still be possible and asked the Cancer Champion to ask the patient to come in and see her.

The Cancer Champion then called the patient back and told her the nurse would like to see her and suggested she brought someone in with her for support. The patient then informed the Cancer Champion that she didn't have anyone who could support her, so the Cancer Champion offered to attend the screening with her which the patient was delighted with.

The following day the patient attended the practice and was seen by the practice nurse with the Cancer Champion as support and was informed that the Cervical Screening could be done. The patient then consented to having the test carried out which was successful, and the patient left happy after having a positive experience

and promising she would return in 3 years' time when she was next called for her screening.

Case Study 10 – New Step for African Community (NESTAC)

Marian (pseudonym) who is a trained bilingual peer mentor explained how this project impacted her life.

Marian's Journey and Voice: Empowering Voices through the 'Go Screening' Campaign

I am Marian, and I'm happy to share my journey part of NESTAC Go Screening Campaign, a project that has become a vital part of my life. This initiative has been more than just a programme for me, it was a powerful experience that changed my life, as I learnt how to empower women like me in my community. The most important is that I've never thought I am able to do this things I've done in the project. I discovered another me, my own strengths I was not aware of, and I could not believe I can lead on a group of women, but I did, and I like it, I am still continuing to practice my leadership skills.

When I joined the Go Screening Campaign, I had no idea how much it would shape me. I am also a survivor of FGM, and I have been through sexual abuse when I was young, by a cousin I was forced to marry later. It was acceptable in my community back home, and I did not know it was incest. I received lots of support at NESTAC with the other project, the SOS. When I joined the women group, I decided to volunteer, and they explain about the campaign. I decided to join the training to give back and try to help. The 3-day Peer Mentoring Training was intense but an eye opener. I learnt a lot, about FGM, cervical cancer, and leadership. Everything was new to me, and I got what I needed to go back to my community. It was scary at the beginning, but the lovely people at NESTAC was always there to support me. I was not alone, when I make mistake they correct, and I learn.

I loved doing the coffee mornings, I did not know I can bring change by talking like this, as if it was not a workshop, drinking tea and coffee and biscuits, and sharing stories. I was also doing it in English and in Arabic, my own language. I was able to answer questions when women asked about cervical cancer, they also liked discuss sex and FGM and it was me talking and advising them. Seeing the change amongst my peers because of my sessions, when many of them did not know what 'cervical screening' was at the beginning, as so incredible, I felt very important and proud to share what I learnt and encourage them to take the screening tests.

This campaign helped increase my confidence, my capacity to speak in front of people, and to encourage women like me. Exchanging with other women and sharing experiences became my strength, this project is giving me a real purpose of living, an opportunity to feel safe, strong and protected. My vulnerabilities disappear when I am working on the project with other women who cannot understand, and I am helping them to understand why this screening is important. I want us all to go through learning to stay healthy and understand some disease that can happen in parts of our bodies no one really talk about.

Now that I have started this, I can't help dreaming all the time, seeing me doing big things. Because of this project, I will now register to study to become community health worker and support women like me when I complete my study. I cannot stop now because women in my community are seeing me as a role model, they now come to ask me questions about health even if I don't know the answer. I now have a responsibility, I need to break taboos, and make change, I have support here, and I am proud to be a Peer Mentor, and I can't wait to see what is next in my journey.

Case Study 11 -Wai Yin Society

Male, age 65+

I've read a newspaper article earlier from Cancer Research UK, saying that with the technology and medical treatment is advancing, there are over one million cancer patients have been cured since 1980s.

No one wants to be ill. No one wants to be in danger. I wish everyone could support the NHS cancer screening and follow their instructions. Help the NHS to help us. I am very grateful to have attended today's health talk. Through the talk, I learned more about bowel cancer and the importance of screening. The knowledge provided can help me and lot of other people. If cancer caught early, proper treatment is received and "on time" for it, it means there is a "second life" for us. I encourage everyone go for cancer screening.

Quotes from other participants:

"I am new in the UK. I do not know much about the NHS system and the bowel cancer screening. It is good to know about it. And the test is free. Thank you for the talks."

"My brother had bowel cancer when he was under 50. It's a devastating news for the family. I joined the working group and hope to learn more about the disease and raise awareness in the community."

"Before the talk, I do not know how to collect the poo sample. I wonder how to take the poo out of the water. Now I know I can use a container or tissue to hold the poo."

"I learned about healthy eating. Having less fried food, less spicy food. Do more exercises."

"I did the test. I sent it back. I am happy to be the gutsy champion and will promote to more people."

Case Study 12 - Wonderfully Made Woman

I am a typical woman of faith I never believed in screening or even wanting to hear about cancer, it was when I came to this country I heard talk about cancer, we don't talk about it where I come from, I love Wonderfully Made Woman and for years I was not happy they talk about early detection, I was not comfortable about the topic, I used to think as a Christian you not need to go for screening or even believe one can have cancer if they pray well, but I am so happy I have been listening to this charity and I like the way they simplify things and use language that we understand to tell us the importance.

I have for the first time gone for screening and it wasn't that a big deal, I am no longer afraid, and I am telling my friends and family to do same

Case Study 13 – Support and Action for Woman's Network (SAWN)

Woman mid-40's wrote the following

I am a SAWNETTA. A Sawnetta is a woman who is part of SAWN and helped by them with many things. SAWN has helped me through my cancer diagnosis, treatment and afterwards through the Cancer Support Group and other ways too.

I have suffered with adverse effects since the partial removal of a high-grade brain tumour and having had adjuvant fractionated radiotherapy to the head I have little energy to leave the house and most times feeling alone and down. Since my encountering with SAWN and the group with SAWN and me understanding about my needs, they perceived me as a person and did not define me by my illness. things are starting to look up for me. SAWN help is immeasurable I'm provided with reflexology, sound baths to improve my mental wellness and culture appropriate counselling and mentors who understands how I'm affected by all this change in my life and treated me with empathy. SAWN provide health awareness around cancer and help me and other women to be more knowledgeable to identify different cancers which I found really helpful as I'm at high risk they say. They help me to know that this journey I don't have to walk in isolation I've got moral, support and emotional support available at my disposal and can meet with other groups and women who understand.

The inclusiveness, togetherness and social cohesiveness that bridges the gaps for black afro Caribbean people like me and BAME women on a whole who at times feel like a lost sheep, feel integrated and part of a group that have your best interest at heart and know about cancer and what it does to us actually giving help in a way that works for us. We talk about cancer now regularly; we know about screening and why it is there. We can help other women at groups by telling them about our experiences and encouraging them to go. We know the shame cancer causes in our communities and share information that there is no shame in getting cancer.

In sum, the help I received from SAWN, and the cancer project is physically, emotionally, spiritually, intellectually and socially. Women can support each other without fear or shame on their journey.

I have a family now and am part of a community that knows and understands me and the things I live with and need help with my way, I am me, a mum and a woman who is educated about cancer and can take control because I know about it.

Case Study 14 – Manchester Action on Street Health (MASH)

Lisa (name changed), a 48-year-old street sex worker, was referred to MASH's sexual health nurse from the Outreach Worker who had met Lisa when working on the van. Lisa is a heroin and crack cocaine user, who typically smokes but also occasionally injects. She has a partner who she lives with who is also a drug user. Lisa works to support them both.

Lisa had had an abnormal smear result two years ago and had been referred for a Colposcopy but had never attended as she did not feel confident enough to attend on her own. MASH's sexual health nurse, Jen, made an appointment for a Colposcopy at the North Manchester General Hospital. Jen collected Lisa from her home and escorted her to the hospital appointment. She stayed through the laser ablation treatment for Dyskaryosis and HPV. Support was also given after the procedure for the pain relief and the brown/red discharge, which occurs after the treatment.

Without MASH's support, Lisa would not have attended the Colposcopy. This would both have put her physical health at risk, alongside creating stress and anxiety from the uncertainty of not having the cause of her abnormal smear result explored. Luckily, Lisa's results appear normal, and Jen will now be able to support Lisa to continue having cervical cancer screenings on a three yearly cycle as part of the NHS Cervical Screening programme.

Barriers

Several barriers to screening were identified as part of the projects. these include.

- **Religion and Culture** – some religious and cultural beliefs can inhibit peoples willingness to access screening as there can be a stigma associated with a cancer diagnosis and some individuals believe that talking about Cancer makes them more prone to getting Cancer as if the conversation is tempting fate and therefore, they refuse to take up their screening invites.
- **Past experiences** – past experiences of sexual violence, Abuse or a poor experience at a previous screening appointment can discourage people from attending appointments. Additionally a community members past experience of their screening appointment may influence their family or friends willingness to take up their screening invite.
- **Lack of Knowledge** – not understanding the importance of screening, what it's for, what happens at the appointment and the fact that screening is provided free of charge can all impact someone's willingness to take up an invite.
- **Lack of appointments** – when a person calls the GP to book a cervical screen if there aren't any appointments available at a suitable time there is a chance the person won't call back to try again
- **Fear** – Fear of discomfort or embarrassment during the screen and fear of a positive result can be off putting for some individuals. Some people reported that they would rather not know that they have cancer as they believed it was an automatic death sentence so what was the point in knowing if they couldn't change the outcome.
- **Language** – People who aren't fluent in English may find it difficult to understand the information that they are provided with and therefore they won't be aware of the importance of the screening or how to take up the invite.
- **Mistrust** – A lack of trust in professional people and the accuracy of the testing can reduce willingness to take part.

- **Physical barriers** – Such as access to transportation to get to appointments or the cost of transport can be off putting. Additionally survivors of Female Genital Mutilation may believe they aren't physically able to receive a cervical screen as the access to their cervix is inhibited.
- **Time** – The time to attend the appointment or the lack of appointments available at a convenient location or time may reduce peoples willingness to be screened.
- **Mental Health** – People who are suffering with mental health concerns are less likely to be concerned with their physical health.
- **Myths** – Myths in the community or social media around screening can cause people not to trust the process and therefore they are less likely to want to engage.
- **Homelessness** – People who are experiencing homelessness face several factors which can limit their ability to take up their screening appointments. Including
 - Not being registered with a GP therefore they are not included on screening invite lists.
 - Lack of fixed address means that screening invites and results can't be received through the post
 - Lack of access to hygiene products or washing facilities can lead to embarrassment at the personal and intimate nature of the screening appointments.

We have also developed lasting partnerships with others involved in the promotion of health & wellbeing as well as local communities/venues. We have learned that a tailored approach works best and putting a range of wellbeing activities alongside the Answer Cancer screening presentations works well, promoting positive discussion and action. This approach has helped to break down barriers, anxieties and fears in both individuals and communities. Our sessions have offered a 'safe space' for encouraging discussion, raising further questions, seeking further information. We have also noted that group members have taken information away to look at privately and to share with other family members and wider networks. Improved symptom awareness is another benefit of the sessions we have provided. **Quote from Being There**

Summary

In summary all the projects funded by the Answer Cancer grants have made great progress not only towards raising awareness of Cancer and Cancer screening in their communities but also in reducing some of the stigma and fear around cancer and cancer screening.

The informal and 1:1 conversations have provided a safe place for discussions to take place which have helped to make conversations about cancer seem a normal everyday topic rather than something to be feared.

All the projects have worked hard to break down barriers and increase screening rates across their communities which can only lead to a positive impact on screening uptake in those areas.

Next Steps

All the funded projects are eligible to apply for additional funding from the year 6 grant pot to continue the work they carried out during year 5. However, several organisations have reported that their staff and volunteers have continued to have conversations around screening with community members since the project ended which will result in the messages continuing to spread through the community.

Appendices

Appendix 1 – Summary of Grant projects

Family Unit Trust

Project summary

Focus was on raising awareness within the community by organising awareness campaigns, workshops and informal sessions to educate the community about the risk factors of cancer, recognising symptoms and to also stress the significance of regularly attending screening appointments. In addition to the awareness raising the project has also supported cancer patients, survivors and their families by providing resources, information and a caring network. Activity was promoted using a mix of online materials and flyers distributed through the community.

Item	Number
Number of events, either in person or remote	3
Number of other activities such as promotional campaigns	4
Number of individuals engaged on the topic of Cancer Screening	112
Number of unique individuals committing to go for a cancer screening	25
Number of unique individuals actively supported in attending cancer screening appointments.	10

Outcomes

Whilst completing this project, there were several notable outcomes the extended beyond the initial objectives, including, partnerships with other organisations, increased staff and volunteer skills and the creation of new fundraising opportunities enabling the organisation to expand their impact and invest in more comprehensive cancer support programmes. This has led to being able to sustain the project beyond the initial funding which means that the work around screening awareness can continue in the future.

Learning

The group found the most effective strategy for engaging people was using a personalised community focused approach. This worked by fostering trust which in turn removed some of the barriers that people faced around trusting services. One on one support was offered where individuals were connected to volunteers who they could relate to and discuss concerns with. This led to a more personal and less intimidating approach. Additionally the community focused approach created a sense of belonging with a collective responsibility to look after each other. This helped the message be more receptive to the wider community. This helped to bridge the gap between knowledge and action, which in turn made cancer screening not just a medical appointment but a communal effort to promote better health outcomes for all.

During the project it was realised that traditional advertising channels such as posters and flyers were not effective to spread messages and raise awareness particularly with younger people. Overall the project could have benefited from a stronger online and social media presence to engage a wider audience.

Barriers to cancer screening identified by the project.

1. Lack of awareness – many people are not aware of the importance of cancer screening
2. Fear and Stigma – the fear of a cancer diagnosis and the associated stigma can deter individuals from attending screening due to the misconception that ignorance will keep them safe.
3. Culture and language – different belief about causes of cancer and the lack of a word to describe the screening in some languages can dissuade people from attending screening.
4. Mistrust – not trusting doctors and other professional can make people hesitant.
5. Misinformation – widespread misinformation or misunderstanding about screening procedures and their effectiveness can lead to hesitancy.
6. Time and convenience – busy schedules and the inconvenience of taking time off to attend appointments.

Future plans

The organisation aims to continue raising awareness of cancer screening beyond the funding. Efforts will be sustained through ongoing community workshops, seminars and partnerships with local health care providers. Additionally a strong online presence will be maintained through social media by reposting information on cancer from the Answer Cancer social media accounts.

The organisation also intends to collaborate with local schools, workplaces and community groups to integrate cancer education into their usual practices, ensuring that the message remains prominent and accessible long after the funded project concludes.

Angels of Hope for Women

Project summary

Carried out monthly woman empowerment sessions, Answer Cancer Workshops and Afro fit sessions. All of these sessions provided the cancer champions with the opportunity to support woman on a one-to-one basis as well as in a group with any concerns they may have. The cancer champions would also offer support to take or accompany woman to their screening appointments.

The events were promoted by placing banners and flyers at the centre to encourage people to attend. The centre also houses a food bank so there was a large number of people using the centre that the project was able to promote to.

Item	Number
Number of events, either in person or remote	12
Number of other activities such as promotional campaigns	2
Number of individuals engaged on the topic of Cancer Screening	75
Number of unique individuals committing to go for a cancer screening	20
Number of unique individuals actively supported in attending cancer screening appointments.	9

Outcomes

The project was able to engage with woman who would otherwise be classed as hard to reach and would have been unlikely to attend screening appointments. By having a cancer survivor attend our sessions and talk about her experiences helped to encourage others to take up their screening appointments as it made the importance of screening relevant to the participants as they could relate to the speaker as she was a peer. All the woman who attended this session went for screening as a result of it.

Following the project the organisation has been able to recruit more volunteers which has increased the organisations capacity to reach more people. The organisation is also continuing to run a peer support drop-in session for the local community which focuses on eating healthy with a focus on healthy alternatives to cultural foods, the importance of physical activity and the importance of cancer screening.

Learning

Having champions of the same cultural background helped in relating to the target groups as having the peer support led to a better understanding as the champions were able to understand the cultural barriers and work through issues in a supportive and culturally appropriate way.

One issue that was identified was timing of the sessions as a lot of the community members worked so it was important to have a range of sessions available on different days and times so people could fit the sessions around their usual working pattern.

Barriers to cancer screening identified by the project.

1. Time – a lot of the participants reported that their jobs didn't give them an opportunity to attend screening appointments easily. These jobs included cleaning and care working roles. The participants reported that they were scared to ask managers for time off for screening due to the fear of losing their jobs.

Future plans

The organisation plans to continue to talk about cancer and raise awareness at their monthly meetings, weekly exercises classes on via one-to-one sessions with the woman on their support list.

Rochdale Connection Trust

Project summary

Held group sessions and Café style sessions to raise awareness of cancer and the importance of attending screening appointments.

The organisation used existing support groups that they ran for woman and men going through domestic abuse to discuss the screening information at the end of the session. They found this worked best as Cancer specific sessions didn't attract much uptake.

In addition to the existing session the organisation ran 2 external information sessions which they promoted through posters and leaflets. One event was held at a local café with a high tea. The attendance at this session was not as high as they would have liked it to have been. However, the people who did attend enjoyed the session and some remained at the end of the session to chat with the cancer champions.

Item	Number
Number of events, either in person or remote	6
Number of other activities such as promotional campaigns	2
Number of individuals engaged on the topic of Cancer Screening	97
Number of unique individuals committing to go for a cancer screening	32
Number of unique individuals actively supported in attending cancer screening appointments.	2

Outcomes

Taking part in the project helped to improve the skills and knowledge amongst the staff, volunteers and community members who use our service. One of our staff members took up her bowel screening invite because of the information we shared as part of this project. A case study of her journey can be found above in Case Study 3

Learning

Face to face delivery really worked to spread the messages as we could use tactile items like a simulation breast so participants could feel what a lump may feel like. Additionally delivering sessions in public places like the local café helped us to raise awareness with a wider range of people. Following these sessions the group were able to talk to some members of the community who had avoided taking up their

screening invites who said they would now carry out their screening following the information provided.

The Café sessions also allowed the group to access older community members. At these sessions they discovered that knowledge around the bowel screening kit was limited. Once it was explained how easy it was, they seemed more receptive to taking part.

Barriers to cancer screening identified by the project.

1. Cultural and language – a number of participants were from ethnic backgrounds, and they felt that their cultural beliefs and the lack of understanding due to the language barrier had an impact on the number of people taking part in the screening programmes.
2. Fear / embarrassment – the fear of the unknown around cervical screening and not knowing how painful or embarrassing it may be.

Future plans

The organisation recruited several Cancer Champions who will continue to support the people who are undergoing treatment or recovery and the sessions around awareness will continue with new groups until the end of the year.

Deeplish Community centre Association

Project summary

Delivered 10 community engagement sessions and culturally suitable information and supported groups and individuals to raise awareness of cancer. Activities were promoted through word of mouth, Newsletters, wellbeing sessions, Coffee Mornings and through social media platforms.

Item	Number
Number of events, either in person or remote	3
Number of other activities such as promotional campaigns	12
Number of individuals engaged on the topic of Cancer Screening	56
Number of unique individuals committing to go for a cancer screening	23
Number of unique individuals actively supported in attending cancer screening appointments.	6

Outcomes

Partnership working with Health watch, NCA (Northern care alliance), Public Health, living well as well as other activities including gardening, Food growing, Movement sessions, and well-being sessions.

- Participation and engagement in cancer awareness and wellbeing sessions
- Increase in number of people going forward for screening

- Increased number of individuals participating in health and well-being sessions and seminars
- Volunteers engagement, participation & training sessions
- People gaining and enhancing their health better than ever before and sharing knowledge with families and friends
- Feedback and participants

Learning

It was fantastic to see our project was visited by high profile leaders from local and national level.

It was God that many health professionals and students' health and social care also joined in raise awareness and support our campaign for cancer.

We also managed to start support group by Can Survive (Manchester based charity) to work with local communities and strengthen our work.

Barriers to cancer screening identified by the project.

- Social, Cultural and lack of awareness and education
- Lack of culturally appropriate information and role models.

Future plans

Plans to continue the efforts to support communities and raise awareness with as many people as possible.

Blackrod Sports & Community Centre

Project summary

Held a blend of in person session where the messaging was included in existing groups such as over 50's football sessions, dementia carers support groups, art group, karate classes and men's health sessions.

The session ran over a 16-week period to promote the work and recruit champions. The promotional sessions included coffee mornings, bingo sessions, and drop-in sessions to ensure the information was embedded in to the day to day of the centre rather than as standalone events.

As well as the in-person sessions an online presence with a social media campaign that was seen by 2000 people and the group carried out poster and flyer drop around local community venues and churches around the area.

Finally online campaign and sessions were used such as

- Social media bowel and general cancer awareness engagement campaign.
- Social media breast cancer engagement campaign.
- Social media Answer Cancer sessions. This includes people engaging with Answer Cancer Social media post by either liking, sharing or commenting on posts.

Item	Number
Number of events, either in person or remote	48
Number of other activities such as promotional campaigns	64
Number of individuals engaged on the topic of Cancer Screening	1100
Number of unique individuals committing to go for a cancer screening	42
Number of unique individuals actively supported in attending cancer screening appointments.	22

Outcomes

The group has strengthened relationships with user groups and has become more of a health and well-being hub since the campaign. There are now over 800 people every week using the centre and engaging through social media. Following the campaign the number of Volunteers has increased, and they welcome the opportunity to talk about their own experiences of cancer.

There are plans to build on the skills and experiences of the volunteers by offering training opportunities. The aim is to include the volunteers in to the main day to day running of the centre in order to increase the opportunities to raise awareness among the centre users.

Learning

It was found that embedding sessions into existing classes worked best. For example spreading messages at a regular Sunday groups for over 60's. Additionally recruiting people from the warm places project allowed the messages to be spread further.

The informal approach, listening to people and families who have lived through cancer really helped to get the message across.

Give aways were also well received such as badges, packs and information about the screening programmes and the importance of attending screening appointments.

Trying to run cancer specific events were less well received as many people were less eager to attend sessions specific to cancer. This is why adding the information onto existing sessions was the better approach.

Barriers to cancer screening identified by the project.

- GPs blocking access to people over the age of 70 when patients are requesting screening. The project found that when over 70's present with concerns the GP's are informing them that they can't have a screening appointment as it isn't required. This is giving patients the false impression that they can't get Cancer once they are over 70.
- Transport - some participants expressed a difficulty in physically getting to their screening appointments.
- Cost – the cost of transport or the loss of income from taking time off to attend an appointment can be a barrier for some participants.

Future plans

Plan to continue to run social media campaigns as they are not time or budget specific and local people reported that they found that these were useful.

The plan is also to continue adding cancer awareness messages to the existing sessions as this really helped to get the message out to as many people as possible.

Anmol Cancer Support Group

Project summary

Set up a cancer support group with 8 members. These 8 members then started to engage and network with local temples to facilitate a public awareness session and virtual discussion groups.

As part of the face-to-face sessions groups were held in local temples and covered information around signs and symptoms of cancer and the importance of attending screening appointments.

Promotion of events was completed by engaging directly with temples through existing temple events

Item	Number
Number of events, either in person or remote	7
Number of other activities such as promotional campaigns	9
Number of individuals engaged on the topic of Cancer Screening	206
Number of unique individuals committing to go for a cancer screening	23
Number of unique individuals actively supported in attending cancer screening appointments.	23

Outcomes

The project created a great network of key community members from different organisations both in Ashton and Oldham. There is a future opportunity to work with these organisations to continue spreading awareness.

Learning

One-to-one and face to face approach worked best especially when delivering sessions in Gujarati as even people fluent in English feel more comfortable discussing the subject with the familiarity of the spoken language.

The group also found that doing joint presentations with other organisations didn't work as well as there was a conflict of interest as others were trying to get their own information out there, so it became complicated and confusing for the participants.

Barriers to cancer screening identified by the project.

Lack of knowledge - people reported that when there wasn't a family history of cancer, they assumed that there wasn't a risk so felt screening wasn't important.

Fear – the fear of how painful the screening examination might be was off putting for some people.

Future plans

Plans to continue ongoing engagement with members and also presenting at local temples will continue so that the message can continue to be shared.

Wonderfully Made Woman

Project summary

Ran weekly sessions in Bolton, Bury and Manchester for woman which created a safe space for woman to talk about breast and cervical screening. The focus was to raise awareness and promote early detection saves lives and how regularly attending screening appointments can play its role in this. The aim was to break down barriers around cancer screening and reduce the fear that some people may feel when thinking about cancer.

350 leaflets were distributed across Greater Manchester in community centres, schools, shops and churches to spread word to a wider audience.

During Breast Cancer Awareness month Cancer survivors were invited to share their stories on the radio show run by the organisations. This approach was repeated for a face-to-face event during black history month which was attended by the Lord Lieutenant for Greater Manchester and the Mayor of Bolton.

The aim of all the activities was to encourage woman not to be afraid of going for screening.

Social media platforms were used to promote each event and shared via WhatsApp groups.

Item	Number
Number of events, either in person or remote	16
Number of other activities such as promotional campaigns	6
Number of individuals engaged on the topic of Cancer Screening	187

Number of unique individuals committing to go for a cancer screening	23
Number of unique individuals actively supported in attending cancer screening appointments.	17

Outcomes

- Improved skills for volunteers / staff
- Partnership working

Learning

The radio station was a great way to spread messages to a wider audience and the weekly sessions encouraged people who were hesitant at first to slowly join in and open.

A direct approach from volunteers was a good way to get people in Bolton involved as well as providing refreshments attracted more attendance.

Barriers to cancer screening identified by the project.

- Fear of diagnosis
- Stigma – not having faith in god’s plan.
- Language barrier.

Future plans

The project will continue to raise awareness through the community even once the funding has run out.

Support and Action for Women’s Network (SAWN)

Project summary

Adding cancer messages to existing woman’s groups to normalise talking about cancer signs and symptoms as well as screening. The conversations are now a regular topic within the weekly Sarati safe space group which hosts over 30 woman in person every week with more joining remotely.

During these sessions cultural myths are discussed and dispelled to reduce barriers to screening.

Woman in the groups have been encouraged to become active Cancer Champions and peer supporters to spread the messages into the wider community.

Item	Number
Number of events, either in person or remote	30
Number of other activities such as promotional campaigns	5
Number of individuals engaged on the topic of Cancer Screening	144
Number of unique individuals committing to go for a cancer screening	76

Number of unique individuals actively supported in attending cancer screening appointments.	17
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Outcomes

- Supported the set up and development of Safe Space Sanctuary a Black Africans men group and linked them with The Ricky Casey Trust to raise the profile of a rare aggressive form of kidney cancer that is almost exclusively associated with those that carry the sickle cell trait.
- Educated 30 women about this rare form of cancer encouraging and informing regarding screening for their male family members.
- Sawn has connected the Ricky Casey Trust to the wider Black African community and different organisations within.
- Removed the mystery of cancer screening and how it is undertaken through linking with BHA, Maggie's and normalising conversation within women's groups facilitated sensitively but with humour which encouraged people to share and talk.
- Stronger peer support available from those with lived experience to newly diagnosed women.
- Supported a Sawn women to walk her path, recording her journey translating this into her book to be published early next year.
- 10 people are signed up for and involved in cancer trials due to information received/

Learning

Having ordinary conversations allowed people to talk about and explore their fears and thoughts openly. This allowed other to share their thoughts without fear of judgement, humiliation, reprisal or blame.

It's important to acknowledge that culture is deep rooted and gives woman a sense of identity and belonging. Therefore breaking cultural misconceptions needs to be handled with care and support in order to avoid causing offence as this could lead to woman not accepting the messaging if it's not done sensitively.

Barriers to cancer screening identified by the project.

- Cultural barriers run deep and include shame, guilt and fear creating misunderstandings about why cancer occurs.
- Fear of the screening process and what this involves.
- Religious misconceptions, you can pray it away and the harm this may cause.

Future plans

Cancer and Cancer Screening will remain a regular topic of discussion at all weekly meetings.

Appendix 2 Summary of Spot Purchasing

Can Survive UK

Project summary

Engaged the services of performing artists to write and perform two short plays – one about breast screening for African Caribbean audience and one about cervical cancer screening for Pakistani and Bangladeshi audiences.

Delivered 5 breast and cervical screening awareness events in Manchester, Trafford, Oldham, Rochdale and Tameside.

Engaged with other providers such as Macmillian Cancer Support, Answer Cancer and Manchester University Foundation Trust to deliver presentations and hold stalls at each of the events.

Worked in partnership with other centres and community organisations to spread the message and raise awareness.

Item	Number
Number of events, either in person or remote	5
Number of other activities such as promotional campaigns	5
Number of individuals engaged on the topic of Cancer Screening	220
Number of unique individuals committing to go for a cancer screening	137
Number of unique individuals actively supported in attending cancer screening appointments.	24

Outcomes

Created new partnerships and new ways of working with other service providers in the community. Widened the reach of Can survive UK within the community and created a safe space for community members to network and ask questions about Cancer and breakdown any future barriers

Learning

The events were successful as they were developed and delivered in a culturally appropriate way and presenters were representative of the community both visually and in terms of language. Also holding the events within the local community setting meant they felt familiar and accessible to the group.

Using laughter and humour to deliver the important messages meant the audience were engaged, relaxed and receptive to the messages.

For the event it was requested that participants use an Eventbrite link to register their attendance so that we could get an idea of numbers however not everyone did which meant we had more participants than we expected which was positive as it meant more people were able to hear the messages however it meant managing the event

was difficult. For future events ways to manage numbers will be investigated to make sure the same issues don't arise.

Barriers to cancer screening identified by the project.

The biggest barriers identified by the group was

1. Lack of knowledge - of the screening programmes and the benefits of screening.
2. Lack of understanding – many south Asian woman will associate cervical cancer with sexual activity so may believe they aren't at risk and therefore don't need to attend their screening appointments.
3. Lack of trust – some woman in the black community spoke about how breast screening caused more harm than good so that's why they refused to attend.

Future plans

There are plans in place to deliver further sessions and to also to possibly deliver the plays to various organisations across Greater Manchester.

The legacy of the project is the plays which will continue to be used as a tool to raise awareness about the breast and cervical screening programmes.

Callplus trading as Being There

Project summary

Promoted cancer screening as part of a 'healthy living' programme which included chair-based exercises, general health and wellbeing, dietary information, buddying / transport for appointments and counselling support.

Cancer champions also hosted stalls where volunteering opportunities were promoted, and screening information was provided to members of the public.

Promoted screening regularly through social media channels such as Facebook, Instagram and X

Some session (5) interpreters were present to break down communication barriers to ensure messages were delivered effectively.

Activities were promoted through leaflets, word of mouth, presentations and social media.

Item	Number
Number of events, either in person or remote	45
Number of other activities such as promotional campaigns	16
Number of individuals engaged on the topic of Cancer Screening	177
Number of unique individuals committing to go for a cancer screening	5

Number of unique individuals actively supported in attending cancer screening appointments.	5
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Outcomes

The Answer Cancer project has enabled Being There to reach out to new and existing groups taking place in communities where the branches are active.

Developed lasting partnerships with others involved in the promotion of health & wellbeing as well as local communities/venues. Learned that a tailored approach works best and putting a range of wellbeing activities alongside the answer cancer screening presentations works well, promoting positive discussion and action. This approach has helped to break down barriers, anxieties and fears in both individuals and communities.

The sessions have offered a 'safe space' for encouraging discussion, raising further questions, seeking further information. It was also noted that group members have taken information away to look at privately and also to share with other family members and wider networks.

Improved symptom awareness is another benefit of the sessions provided and staff have improved their skills as Cancer Champions, new potential volunteers have been recruited and are being upskilled. Existing volunteers feel more confident in raising awareness of screening and symptom awareness.

Learning

A tailored approach worked well which included complaining screening awareness with other wellbeing opportunities. Partnership working enabled the pooling of resources.

Including a social aspect to the sessions allowed participants to talk to each other which helped to break down some of the barriers and enabled people to feel engaged in the topic.

Barriers to cancer screening identified by the project.

1. Lack of awareness of screening programmes.
2. Fear around cancer and the outcomes.
3. Lack of information in community languages.
4. Lack of access to GP appointments
5. General fears around illness and talking about illness can be a taboo in some cultures
6. Messaging from NHS can be fear inducing. Messages need to be tailored to cultural needs.

Future plans

Continuing to roll our wellbeing sessions to new groups which will be tailored to the needs of each one.

Continuing to spread messages around cancer awareness and cancer screening via social media and the website.

Plans to develop some informal quizzes and group activities to test knowledge and awareness before and after sessions.

Salford Primary Care Together

Project summary

- Introduced cancer screening conversation as part of the new patient health check.
- Promoted cancer screening discussions at community drop-in sessions.
- Made administrative staff available during drop-in sessions to book screening appointments there and then or provide a FIIT test
- Non-registered patients were also able to join the drop-in sessions and were supported to access screening.
- Sessions were promoted by wider MDT teams such as Rough Sleeper initiative team, Salford Council Housing Teams, Loaves and Fishes, Skills for life Centre, Salford Royal Discharge Team, Emergency Avoidance Team, Local hostels and the Woman’s Centre Salford.
- After reviewing the sessions the team were concerned that the drop-in sessions didn’t allow the discussions to go into as much detail as the team would like so it was decided to contact patients who had outstanding cancer screening directly and offer a 1:1 discussion face to face or over the phone with a clinician to informally chat about screenings. This also allowed for literature in other languages to be shared where necessary.
- Weekly 2 hr drop-in session with a team care navigator was set up to engage registered and non-registered service users to promote access to health services and screening information.

Item	Number
Number of events, either in person or remote	45
Number of other activities such as promotional campaigns	2
Number of individuals engaged on the topic of Cancer Screening	283
Number of unique individuals committing to go for a cancer screening	80
Number of unique individuals actively supported in attending cancer screening appointments.	39

Outcomes

The project aimed at identifying and supporting patients registered with the Inclusion service, experiencing homelessness, and having pending cancer screening investigations has proven to be an incredible success, not only in terms of positive

data outcomes but also in sparking vital conversations and fostering meaningful connections between staff and patients.

One of the most remarkable achievements of this initiative is the transformation it brought about in breaking down the barriers surrounding discussions about cancer. Cancer is often a taboo subject, yet through engaging activities facilitated by this project, a safe space was created for patients to openly discuss their health concerns and fears. These conversations were not confined within the walls of the centre but resonated beyond, with patients actively sharing their experiences and encouraging their friends and family to prioritise their own health by speaking to their GPs about necessary tests.

The impact extended to the team and volunteers involved as well. The project provided them with opportunities to enhance their knowledge regarding cancer screening, equipping them with the confidence to have meaningful discussions with patients. The Answer Cancer champions meeting further strengthened these efforts by establishing new partnerships and links with other teams, such as the Cancer Screening Improvement Lead. This collaboration facilitated the crucial support needed for patients in securing secondary care appointments, tailored to fit their often complex and chaotic lifestyles, thus reducing the risk of missed appointments.

Furthermore, the project became a gateway to expanding knowledge of available support resources and local services. This was especially beneficial for patients whose primary language is not English, ensuring they comprehended the significance of cancer screening and felt informed about the procedures before consenting to the tests.

Overall, the project's success transcended mere data outcomes; it became a catalyst for fostering open dialogue, empowering individuals to take charge of their health, and establishing a network of support that extended well beyond the confines of the centre. It exemplifies the power of proactive initiatives in not only improving healthcare access but also in creating a ripple effect of awareness and advocacy within communities.

Learning

Using 1:1 discussions proved to be highly effective and allowed for a personalised, person-centred interaction that empathetic and non-judgemental. It provided patients with the crucial space and time to discuss concerns with a clinician and helped to foster a sense of trust and understanding.

Conversations with people before attending appointments also helped to ensure participants kept their appointments and allowed for a discussion about any last-minute worries or concerns.

Group discussions didn't seem to be successful especially with men as they seemed reluctant to open up and discuss concerns or screening.

Barriers to cancer screening identified by the project.

There were several barriers to cancer screening for individuals experiencing homelessness. These included.

1. Fear – fear of the procedure and not knowing what to expect
2. Embarrassment – people facing homelessness can face embarrassment and discomfort related to hygiene concerns
3. Trauma – a past experience around sexual violence or prior negative experiences around health test can cause traumatic memories to be triggered especially when talking about smear tests which can lead to the avoidance of screening.
4. Fear – fear of the results and what that may mean for their long-term health
5. Lack of a fixed abode – due to the transient nature of homelessness, inviting participants to screening appointments and providing results can be challenging.

Future plans

Plan to continue to book pre-engagement sessions for woman experiencing homelessness who are due a smear and would like to talk about it first rather than book an appointment.

If capacity allows there is a plan for further health workshop sessions and promotion of screening through social media pages and by sending text message reminders to patients.

Voice of BME Trafford

Project summary

One to one phone calls were made to female patients on behalf of the West Gorton Medical Practice to book Cervical screening tests. These calls were made by Cancer champions providing insight on the test and its value for woman.

The project broke down barriers to screening by identifying stigmas and busting the myths whilst also providing translators to help with any language barriers.

Phone call reminders were made the day before appointments and monitoring of uptake was managed through a monthly meetings which allowed the team to discuss what worked well and what didn't so improvements could be made

Item	Number
Number of events, either in person or remote	
Number of other activities such as promotional campaigns	
Number of individuals engaged on the topic of Cancer Screening	523
Number of unique individuals committing to go for a cancer screening	341
Number of unique individuals actively supported in attending cancer screening appointments.	1

Outcomes

341 woman who had refused screening in the past booked a screening appointment because of this project. In addition one of the Cancer Champions were able to support a woman who had suffered Female Genital Mutilation to attend screening. The Cancer Champion offered advice and a caring and compassionate approach which allowed the woman to feel comfortable enough to attend the practice and speak with the practice nurse. Following a consultation the nurse was then able to carry out the screening and the woman left the practice happy that she had managed to complete the screening and confident that she would return in 3 years' time.

Learning

Sending reminders and ringing woman to remind them of the appointments significantly reduced the number of non-attenders. Additionally providing weekend and evening appointments allowed woman who were working to attend screening appointments at a time that was convenient to them.

Barriers to cancer screening identified by the project.

- Comfort – some women are uncomfortable with the process and therefore decline to take up the screening.
- Time – seen as time consuming and less of a priority than other life pressures.
- Cost – Some woman thought there was a cost involved with the screening test as they are new to the country and were unaware of their rights to screening.
- Trauma – Past negative experiences or a history of sexual violence or abuse can lead to woman not wanting to take up the screening.
- Mental Health – may affect willingness or ability to prioritise physical health.
- Myths – if generally health it's not important, it's not accurate, I've only been with one partner, I've never had sex with a man. Can all lead to woman not taking up their screening appointment.
- Cultural or religious beliefs – some cultures see the screening as dirty, offensive or unnecessary.

Future plans

Will continue to work in North Trafford PCN with the existing funding from the Trafford locality to increase the uptake of cancer screenings.

New Step for African Community (NESTAC)

Project summary

Delivered a 3-day peer mentoring training course around Female Genital Mutilation and screening to upskill participants to be peer mentors. The aim was to raise awareness of the importance of cervical screening whilst also being able to understand the barriers that woman who have been affected by Female Genital mutilation, honour-based abuse and sexual trauma may face.

As part of this project, Bilingual Peer mentors have successfully encouraged their peers to attend cervical screening, accompanied them to appointments and liaised with health professionals when it was needed.

Peer mentors were also trained to offer basic cultural counselling to help support their peers and raise awareness.

A coffee morning approach was adopted to get woman to come along and engage in a comfortable environment and have a relaxed atmosphere whilst screening was discussed.

The project was widely promoted though, signposting, posters, open events sending targeted emails stalls and word of mouth.

Item	Number
Number of events, either in person or remote	93
Number of other activities such as promotional campaigns	6
Number of individuals engaged on the topic of Cancer Screening	275
Number of unique individuals committing to go for a cancer screening	67
Number of unique individuals actively supported in attending cancer screening appointments.	21

Outcomes

Peer mentors felt empowered and developed leadership skills because of the project. This led to more confidence in talking in public about the issues and the importance of screening.

The go screening campaign was produced to continue raising awareness of the importance of screening. Additionally the SIMBA project was developed which targets men and raises awareness of Female Genital Mutilation and the impact whilst also promoting the go screening campaign. The aim of this campaign was to encourage men to speak with their family and friends about the importance of cervical screening and to encourage their family members to attend.

Learning

Using trained bilingual peer mentors was the most successful approach as it ensured people could fully understand the information they were being given and could comfortably share their fears and concerns in a language that was comfortable to them.

As part of the project there was a lot of collaboration with other health professionals which has led to a lot more exposure for the project.

As a result of the discussions and the awareness raising, the number of women on the organisations list requesting emotional support relating to sexual trauma and Female Genital Mutilation has increased. This is due to the open nature in which the topics were discussed the woman felt more comfortable talking about their own experiences as it felt safe to do so and they were reassured that they won't face stigmatisation.

Barriers to cancer screening identified by the project.

- Lack of awareness – People who experienced Female Genital Mutilation or other forms of abuse may not be aware that screening is possible and important.
- Fear and Mistrust – individuals who have experienced trauma can sometimes have a heightened sense of fear and mistrust towards health care providers.
- Physical barriers – in some cases Female Genital Mutilation or other forms of abuse can result in physical barriers which may make screening difficult or more painful to complete.
- Cultural barriers – some communities have cultural beliefs that discourage screening.
- Language barriers – people who speak languages other than English may find it difficult to communicate with health care professionals or understand the information they are provided with so may not be aware of how important cervical screening is.

Future plans

Following the project end the plan is to

- keep raising awareness of the importance of screening within our communities by empowering woman to take control of their health using creative engagement approaches.
- Increase the partnership working with other organisations to ensure the messages reach as many people as possible.

Manchester Action on Street Health (MASH)

Project summary

The aim was to raise awareness of cervical screening and the benefits of smear tests amongst service users. This was carried out through discussions with all appropriate service users attending the drop sessions. As a result of the project 7 woman have booked to attend their cervical screening who otherwise wouldn't have attended.

The nurse for the service is in the process of becoming qualified to do smear tests, this will hopefully happen in January. This will enable the service to proactively engage women in smear tests. This means that all of the conversations and education that has been undertaken has laid the foundations for many more women to engage in cervical cancer screenings at MASH, dramatically increasing the number of our service users who have smear tests.

Item	Number
Number of events, either in person or remote	23
Number of other activities such as promotional campaigns	1
Number of individuals engaged on the topic of Cancer Screening	14
Number of unique individuals committing to go for a cancer screening	7
Number of unique individuals actively supported in attending cancer screening appointments.	7

Outcomes

- Increased awareness of cervical screenings amongst staff team
- Better understanding of the specific way our service users need to be supported to access cervical cancer screenings
- Peer discussions around the importance of smear tests, including women with lived experience sharing how the smear test had positively impacted their health.
- Continued to develop our partnership with Urban Village Medical Practice

Learning

Proactively engaging women in discussions when they attend the Drop-in sessions was by the far the best space to engage women as this is when women come out of survival mode. Here, they are often coming for a hot drink, for some food, and for a chat. Women do look around the Drop-in and many women stopped and read the board we had created about cervical cancer and smear tests. This often-sparked organic conversations between women which the Drop-in staff and volunteers could facilitate.

Once the service nurse Jen is qualified to undertake smear tests, she will proactively approach women in the Drop-in who are already informed about smear tests and their benefits. 3 women who have never had a cervical cancer screening before having expressed interest in having a cervical cancer screening at MASH. Women who have had smear tests historically but not recently (15 years ago, 4 years and 3 years) also want smear tests done at MASH.

Barriers to cancer screening identified by the project.

Many of our women struggle with the digitisation of services, which means that they are unable to book their own appointments. Women also do not want to attend appointments outside of MASH. They are worried about encountering professionals who stigmatise sex work.

Another barrier is previous bad experiences for accessing medical support and/or concerns around attending spaces that are not trauma informed. We had hoped that with additional support, these barriers to accessing external services could be overcome, but unfortunately found that this was not possible.

For the Romanian and Hungarian service-users, the barriers faced above are also often magnified by insecure immigration statuses and the Drop-in being in Piccadilly rather than Cheetham Hill where they typically work.

Unfortunately, during a pilot project of specific Romanian and Hungarian Drop-ins this year, there was very low engagement. If this had been a success, this would have been a fantastic opportunity to offer smear tests to this specific community. This will continue to be explored to work out how to best support this specific group of service users.

Future plans

The service plans to offer Cervical screening tests in their premises in future so that all service users can receive their cervical screening in a place where they feel safe and comfortable.

Wai Yin Society

Project summary

The aim of this project was to raise awareness of bowel screening and to encourage people to complete the bowel screening kit. The target audience for this project was older Men in the local Chinese community.

To deliver the project a working group was set up consisting of men of various ages and backgrounds who met monthly to decide on the priorities of the project and to agree the tasks.

The event activities that took place were health talks, training sessions, NHS bowel screening home toolkit demonstrations (video) a two question WhatsApp message was sent out to all participants friends and family which the aim of raising awareness and gathering insight. Finally a promotional video aimed at raising awareness was produced which was showcased at a celebration event at the end of the project and also posted on the Wai Yin Website.

The project developed the slogan 'Love your Family, take care of yourself' as a way of encouraging people to take up screening for their family as it's important that people stay healthy to care for their families.

All materials were developed in English and Chinese in order to reduce the language barrier and to ensure messages were understood.

All talks were interactive and incorporated quizzes with healthy fruit and vegetables as prizes. During the talks people were encouraged to share messages with family and friends so that the spread of information went further than the people in attendance.

13 Cancer champions were signed up and continue to be part of a WhatsApp group sharing messages with friends and family.

Item	Number
Number of events, either in person or remote	23
Number of other activities such as promotional campaigns	124 WhatsApp messages sent
Number of individuals engaged on the topic of Cancer Screening	350
Number of unique individuals committing to go for a cancer screening	168
Number of unique individuals actively supported in attending cancer screening appointments.	102

Outcomes

During talks questionnaires were completed by participants which assessed their knowledge before and after each talk. The results of the questionnaires showed that following the session 96% of participants fully understood how to use their bowel screening kit.

72 Gutsy Champions were recruited as part of the campaign, and they will be continuing to spread messages about bowel screening to their network and family and friends.

Learning

- The formation of the working group really helped to structure the project and encourage people to spread the messages.
- Providing lunch after sessions encouraged people not only to attend the talks but to stay and network afterwards
- Adding quizzes and interactive elements to the sessions made them fun and engaging and the health prizes really helped to get people involved.
- Delivering the project over the summer meant that there was issues around staff holidays which meant there were some delays in delivery and attendance at the working group was lower.
- It was easier to engage woman in activities than it was men as men tended to avoid health talks or getting involved in something new, however it was found that direct invitations from Peers helped to encourage men to take part.

Barriers to cancer screening identified by the project.

- Lack of understanding - People have less concern about their own health if they feel well and don't have any symptoms
- Fear – people can be scared of the results of the test and sometimes prefer not to know.

- Language – language is still a major barrier for some people when accessing mainstream services as they may not understand the screening letter or instructions and often people may ignore the letter if no one is around to help interpret the information for them.

Future plans

The organisation plans to sustain efforts in promoting cancer screening beyond the end of the project and will continue to use the video and materials produced on the website.

The Fed

Project summary

The project aimed to call cervical screening non responders to encourage them to book a screening appointment. However, the GP practice linked to the project were unable to offer screening appointments initially due to a lack of nurses and therefore the start of the project was delayed, and it was again paused during October again due to a lack of capacity.

Item	Number
Number of events, either in person or remote	0
Number of other activities such as promotional campaigns	6
Number of individuals engaged on the topic of Cancer Screening	413
Number of unique individuals committing to go for a cancer screening	108
Number of unique individuals actively supported in attending cancer screening appointments.	0

Outcomes

The project offered the volunteers an opportunity to develop new skills outside of their usual activities and it has led to ongoing conversations around the importance of cancer screening amongst the volunteers and their social groups.

Social media posts about the project led to an increase in website traffic to the wider wellbeing messages on the organisations website.

The collaboration with the surgery has led to a good working relationship which will help with future projects.

Learning

- Training around awareness and screening led the group to be able to answer any questions that the patients may have had about the process.
- Volunteers have more time to spend on the phone to have the in-depth conversations that some people required in order to fully understand the process and to be reassured about the ease and the importance of screening.
- Sending a text reminder help to keep missed appointments low.

- Evening and weekend availability made it easier for patients to attend at a time convenient to them.
- Booking appointments far in advance was difficult due to menstruation cycles and not knowing when a period would fall.

Barriers to cancer screening identified by the project.

- Religious and cultural beliefs – leading to woman not understanding the importance of the screening or feeling that the procedure was too invasive.
- Past experience – experience of trauma or Sexual abuse can lead to a lack of wanting to take up the offer of screening.
- Lack of knowledge – not understanding the test and why it was important or whether it was necessary to them.
- Lack of appointments – some people will be willing to take up the screening but there were no appointments available at a time and date that was suitable for them.

Future plans

The aim is to continue this work beyond the end of the current funding and to also continue spreading messages about the importance of Cancer screening.