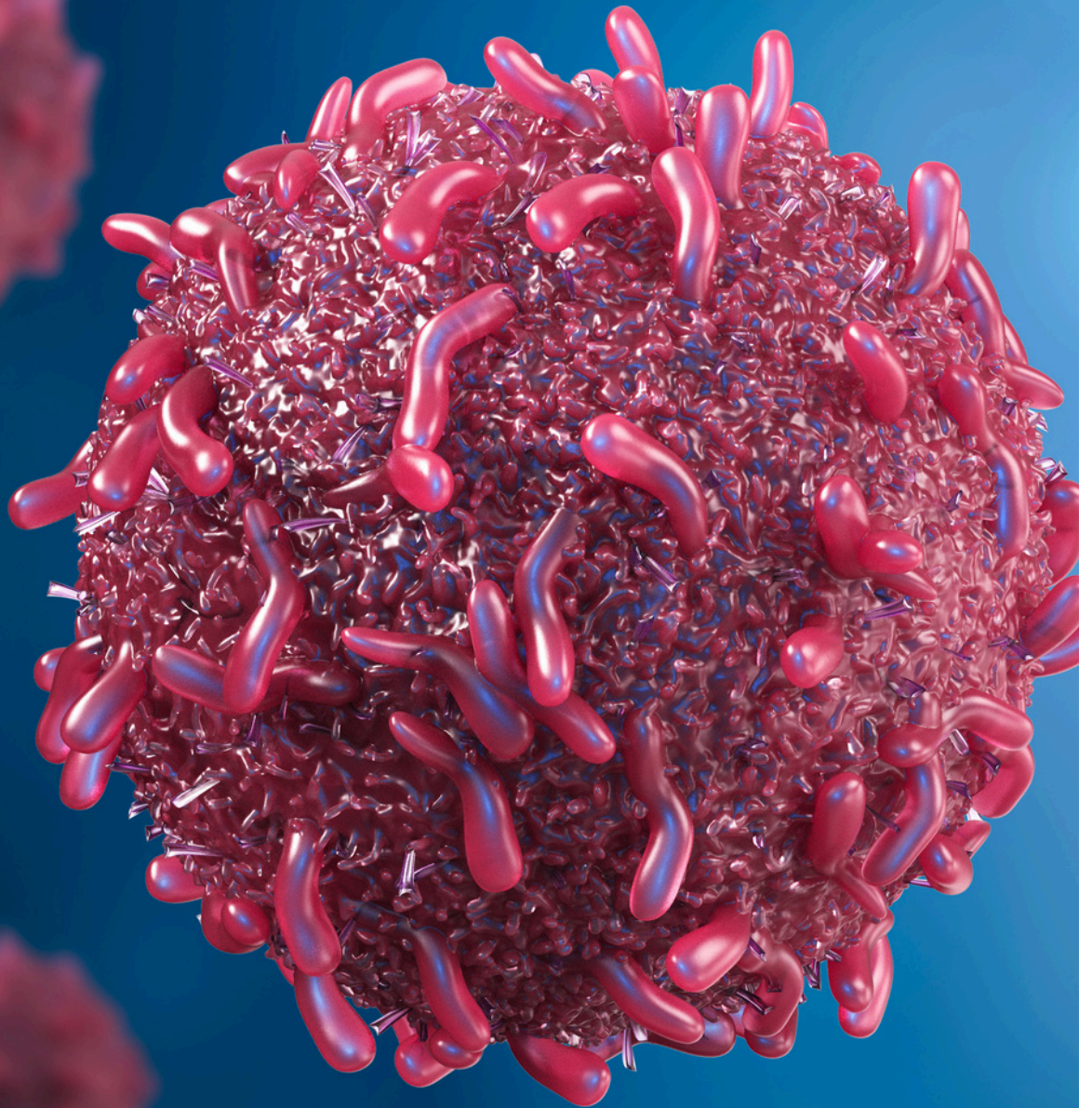


PEOPLE ST



OUR VOICE ON

Cancer Screening II

March 2026

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01 Introduction

Cancer remains one of the leading causes of death in the UK, with significant disparities in awareness, early detection, and outcomes across different communities.

In North East London, these disparities are stark, disproportionately affecting Black, Asian and Minority Ethnic communities, those with language and literacy barriers, and individuals living in poverty.

These groups are often left behind in mainstream health initiatives due to cultural, linguistic, and socio-economic challenges.

To address these inequities, People Street launched the Empowering Communities for Cancer Awareness and Prevention project in October 2024.

People Street is representative of the diverse populations we serve. Our approach leverages community know-how and cultural insight to co-design, deliver, and evaluate a cancer awareness program that was truly inclusive, accessible, and impactful.

This report captures Year 2 of our grassroots intervention and evaluation which launched in September 2025.

This project is funded by the NEL Cancer Alliance.

The Focus of Year 2

- Increase Awareness of importance of screening: Education on the early signs and symptoms of cancer and importance of screening programmes.
- Facilitate Access to Screening: Co-design and test the efficacy of a “HOW TO” bowel screening video translated in community languages.
- Empower Effective Communication: Equip women with the skills to communicate their symptoms clearly and confidently to healthcare providers.
- Promote Risk Reduction Strategies: Share practical tips on lifestyle changes that can reduce cancer risk, emphasising culturally relevant practices and using action planning.
- Strengthen Community Engagement: Foster a sense of ownership and responsibility for health within communities, ensuring that health education is a shared, communal activity.

Community Facilitators delivered a series of sessions in mother-tongue. We also convened a Q&A Health Day with our partner Somali Senior Citizens Club with multidisciplinary health care teams offering services. The funding also enabled us to develop the HOW TO bowel screening videos which we are in the process of evaluating through our Community Research work strand.

02 What we did

Month	Key Activity	Reach
September 2025	Roundtable discussion on cervical self-sampling and cervical screening	22
October 2025	Outreach Sprints with debriefing and review Co-design Bowel Screening video	45
November 2025	Phase 1 community sessions across Newham and Tower Hamlets	215
December 2025	Outreach Phase 2 Q&A session in Tower Hamlets with the GP Care Group for Somali and Bengali women	45
January 2026	Phase 3 Community Pilot of Bowel Screening videos and women's health event	111
February 2026	Community-led evaluation of Bowel Screening videos	100

03 How we did it



25 Sessions delivered across Newham and Tower Hamlets in community languages reaching 326 women.

Q&A session with Tower Hamlets GP Care Group promoting screening alongside diabetes checks, BP monitoring, falls clinic



Codesigned HOW TO video for Bowel Screening with local GP translated from English to Somlai and Sylheti shared with 100 people.

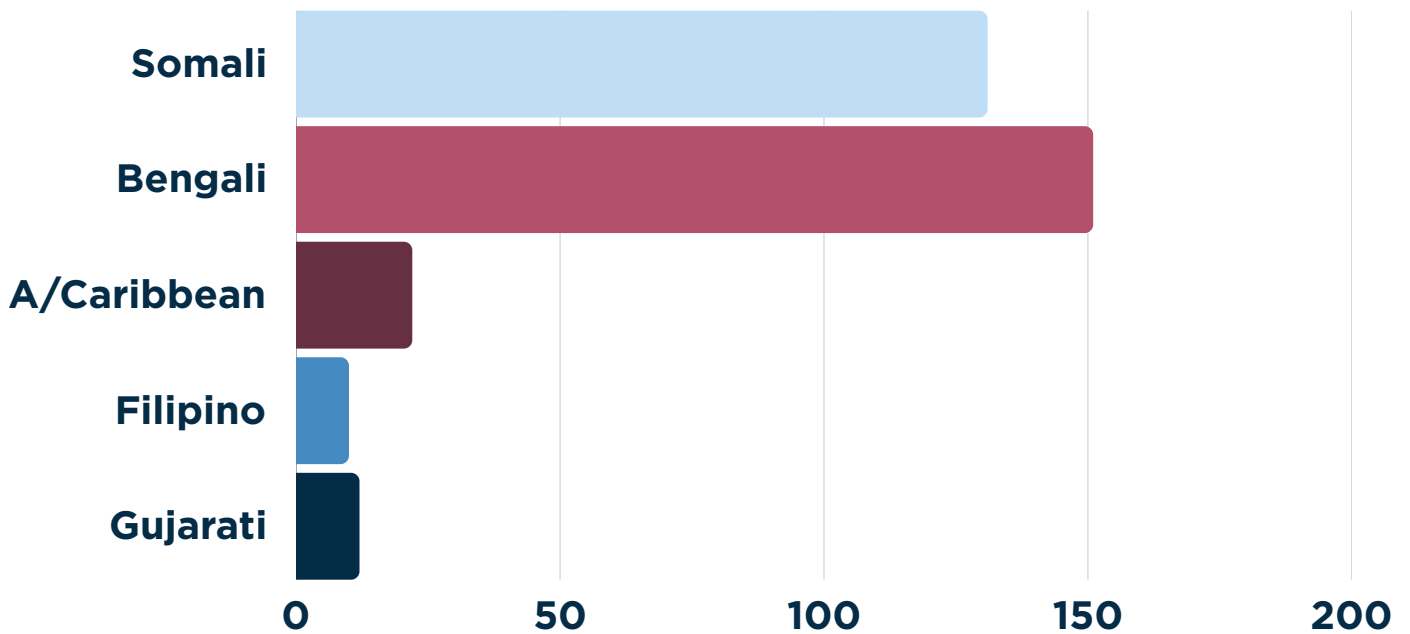
“I feel shy talking about these health issues because I might get judged.”

The sessions were delivered in community spaces such as resident’s halls, community centres, mosques and libraries.

This approach builds on existing work which is vital with short-term funding.

04 Who we reach

ETHNICITY



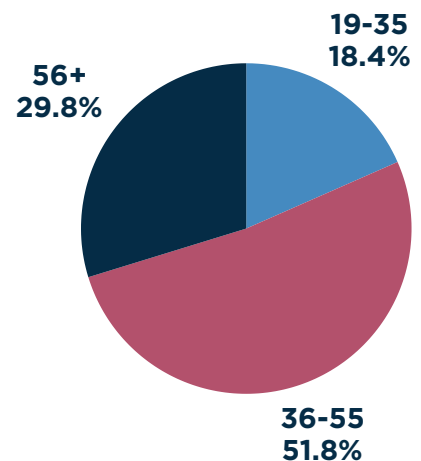
LANGUAGE & LITERACY

Proportion of people facing language and/or literacy barriers

90.1%



AGE



05 What we heard

Trusted, community-based discussion helped women talk about cancer more openly

One of the clearest themes is that women valued a safe, familiar group setting where they could hear from others like them, ask questions, and not feel judged.

“I felt heard during the discussion, it isn't just about the content but building a small community and I felt welcomed not judged”

“Hearing other women's stories made me feel better inside”

“Everyone shared their stories and experiences, so it felt inclusive”

What this means:

The sessions worked not only because they shared information, but because they created emotional safety. That matters for cancer screening, because shame, fear and silence are part of the barrier.

05 What we heard

Awareness improved when cancer was explained in practical, relatable terms

Women often said they felt more confident after the sessions, but that confidence was fragile and often undermined by poor access, language barriers and feeling dismissed.

“I thought in order to not get cancer it was genetic, but it is a mixture of both and by improving lifestyle it will reduce the chances of getting cancer”

“Now I know how important is to go for my screening”

“I didn’t know the screenings were for free, before I thought I had to pay so I will go now”

What this means:

The project is not just addressing awareness. It is exposing a service access problem. Women may be more ready to engage, but the system is not always easy, responsive or culturally safe enough to meet them halfway.

05 What we heard

Confidence increased, but many women still face major barriers in dealing with GPs and the NHS

Women often said they felt more confident after the sessions, but that confidence was fragile and often undermined by poor access, language barriers and feeling dismissed.

“The doctor doesn’t listen to me when I mention my health concerns so I don’t try anymore”

“There is a huge language barrier as English isn’t my first language, so it makes it harder to speak to the doctor about my health condition”

What this means:

The project is not just addressing awareness. It is exposing a service access problem. Women may be more ready to engage, but the system is not always easy, responsive or culturally safe enough to meet them halfway.

05 What we heard

Screening barriers were practical, emotional, cultural and gendered

Barriers were not just “lack of awareness.” They included fear, embarrassment, time poverty, previous negative experiences, language needs and preference for female staff.

“I can’t get an appointment at my GP, I’ve been waiting for months so it feels demotivating.”

“I still feel very worried to attend the appointments, I have skipped two of them but now I will try again”

What this means:

The barriers are layered. Any Year 3 response from the NHS needs to go beyond leaflets and reminders. It needs to address appointment access, trust, modesty, fear, and practical support.

05 What we heard

Own language and culturally sensitive support is essential

This came through very strongly. Women wanted explanations in their own language, culturally familiar staff, and support that respected modesty and confidence.

“Yes I understand because you spoke in mother tongue”

“I want the language barrier to reduce so I can have a more comfortable and familiar conversation”

What this means:

This is one of the most actionable findings. Language and cultural concordance are not “nice to have.” They are central to uptake and trust.

05 What we heard

Printed instructions alone are not enough – demonstration and guided explanation matter

This comes through especially clearly in Session 3 on the bowel screening kit.

Participants said the pictures helped, but that explanation and discussion were what made the process usable.

“It feels easier after someone explained it slowly.”

“Without explanation, it would be confusing.”

What this means:

For bowel screening in particular, mailed materials by themselves are unlikely to be enough for some groups. Guided demonstration and reassurance are key.

05 What we heard

Women's wider lives shape screening behaviour: caring, stress, loneliness and mental load all matter

Women are often making health decisions under pressure from caring roles, loneliness, poor sleep and stress.

“Housework and looking after family take all my time, I forget about myself.”

“My whole day is taking care of my family and there isn't much time left for myself”

What this means:

A Year 3 model should treat screening behaviour as connected to women's everyday realities, not as a standalone health choice.

05 What we heard

Summary: Community-based, language-aware, women-centred sessions appear to increase awareness and confidence – but NHS access, communication and cultural barriers remain major obstacles to actual screening uptake.

In other words, the project is doing more than education. It is revealing where the local system still feels hard to navigate.

“It looks very painful and I don’t want to get hurt during the tests”

“Sometimes I feel lonely and depressed, and everything feels harder to do”



94%

of women reported
they learnt
something new
about their health

81%

feel more confident
talking to their
doctor/nurse about
cancer after attending
our sessions



“I cannot read
letter.

I put in the bin.

Then other letter
come but
I still not
understand.”

93%

reported sessions
were easy to
understand

86%

said the sessions
was very helpful

Participants Feedback

- Valued practical advice on accessing screening
- Liked the practical demonstrations on how to use bowel screening kit

97%

would recommend to
friends and family

“The pictures were helpful, but doing it alone would be difficult.”



06 What worked

- Trusted local community facilitators
- Plain, relatable language, delivered in mother tongue.
- Follow-up after sessions
- Help booking appointments
- Support understanding letters and results
- Accompaniment or advocacy for women who are anxious or have had poor prior experiences

“I am not comfortable with doing a cervical test and having a male doctor do it for me”



07 Final Thoughts

It is clear to us that there is much more work still to do. Reflecting on the issues emerging from year 2, we suggest the following improvements and adjustments.

- Add “what will happen at the appointment” preparation to series of sessions
- Build a bowel screening support strand with live demonstration and share bowel screening intro video in mother tongue more widely
- Link awareness work to actual booking and completion data by working with GP surgeries
- Create a peer ambassador model for cervical screening group appointments

These improvements aim to;

- strengthen behaviour change pathway
- increase trust in the system, and
- create a lasting impact on health empowerment within the community.

Funded by



North East London
Cancer Alliance

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