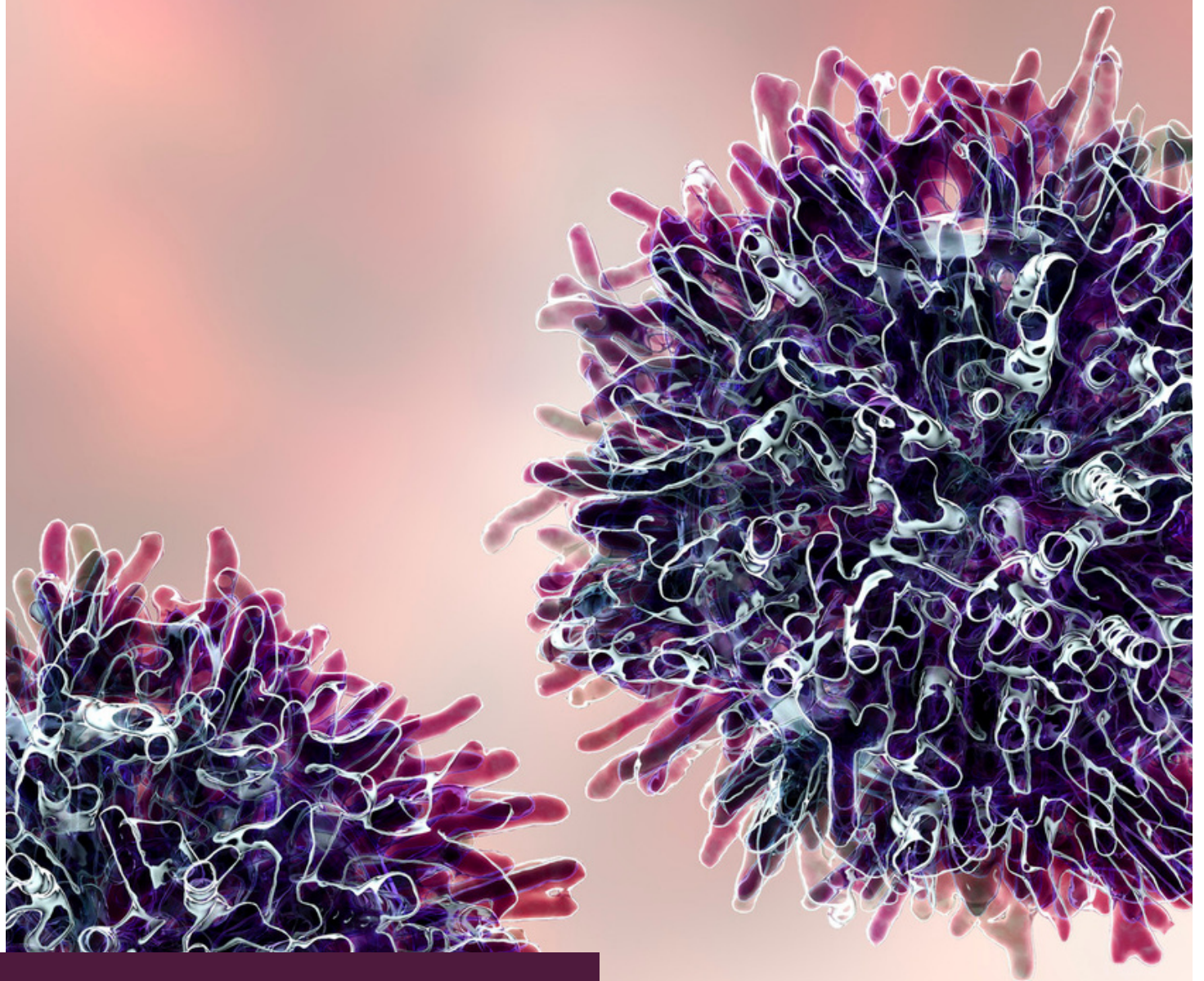


PEOPLE ST



OUR VOICE ON

Cancer

March 2025

Table of Contents

01

Introduction

02

What we did

03

How we did it

04

Who we reach

05

What we heard

06

What worked

07

Next steps

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 is 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 1 of our grassroots intervention and evaluation.

We are delighted to launch Year 2 in September 2025. This project is funded by the NEL Cancer Alliance.

The Focus

- **Increase Awareness of Cancer Signs and Symptoms:** Education on the early signs and symptoms of cancer to promote timely medical consultations.
- **Facilitate Access to Support Services:** Provide clear guidance on where and how to seek help, including navigation of local health services.
- **Empower Effective Communication:** Equip individuals 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.
- **Strengthen Community Engagement:** Foster a sense of ownership and responsibility for health within communities, ensuring that health education is a shared, communal activity.

“My husband don’t like me going to screening, he says other dr, or nurses are looking at your private parts”

02 What we did

Month	Key Activity	Reach
October 2024	Co-design session Briefing Outreach Leaders Community Mapping	19
November 2024	Outreach Sprints with debriefing and review	45
December 2024	Phase 1 community sessions across Redbridge and Tower Hamlets	99
January 2025	Outreach Sprints Phase 2 community sessions in Redbridge and Tower Hamlets	45
February 2025	Phase 3 community sessions with a focus on young women	75

“I didn’t go to hospital to have babies why would I go when I’m not sick?”

03 How we did it



Sessions delivered across Redbridge and Tower Hamlets

Sessions facilitated in Sylheti, Gujarati, Somali and English



Community Facilitators co-designed sessions. Community Researchers led the evaluation.

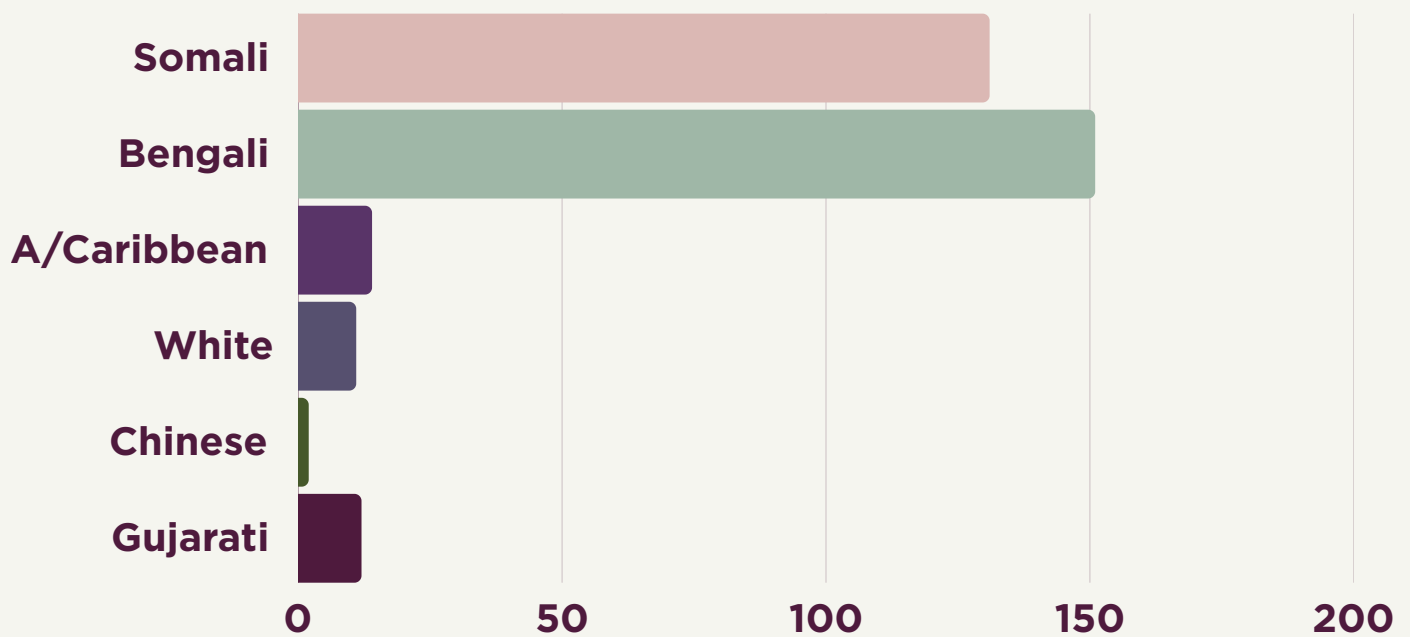
"It helped me overcome some of the stigma and embarrassment about screenings, so it is something everyone should try to attend"

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

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

04 Who we reach

ETHNICITY



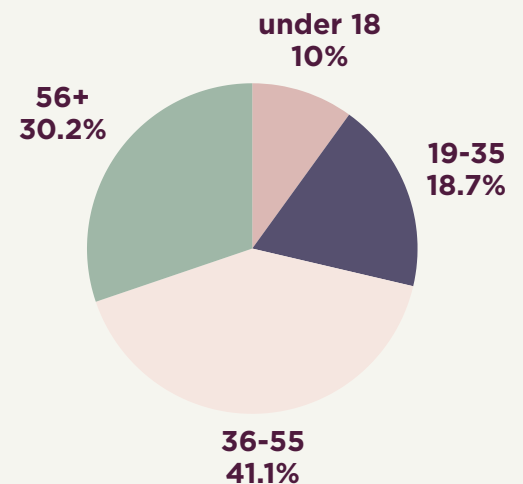
LANGUAGE & LITERACY

Proportion of people facing language and/or literacy barriers



87.5%

AGE



05 What we heard

Cultural Factors

Taboo: Fear of talking about cancer.

Modesty: Pressure from family members to avoid cervical & breast screening.

Stigma: Disclosing cancer in family leads to loss of marriage proposals for adult children due to cancer stigma.

" I find it difficult taking my clothes off in front others."

"My daughter don't let me see her getting dressed so why would I send her to screening and let a stranger see her naked?"

Misinformation

Some women believe cervical screening causes incontinence.

Some communities also believe that cancer is contagious.

Many women told us that having cervical screening before marriage could result in losing virginity.

Messaging

There is conflicting health messages from different stakeholders (GPs, A&E, Hospital Trusts, Screening Services) means those unfamiliar with screening programmes are left confused. People say that they are told not to access NHS services unless ill or it's an emergency. This directly contradicts prevention messaging. There is a lot of "noise" in health messaging. This means the "prevention message" is lost.

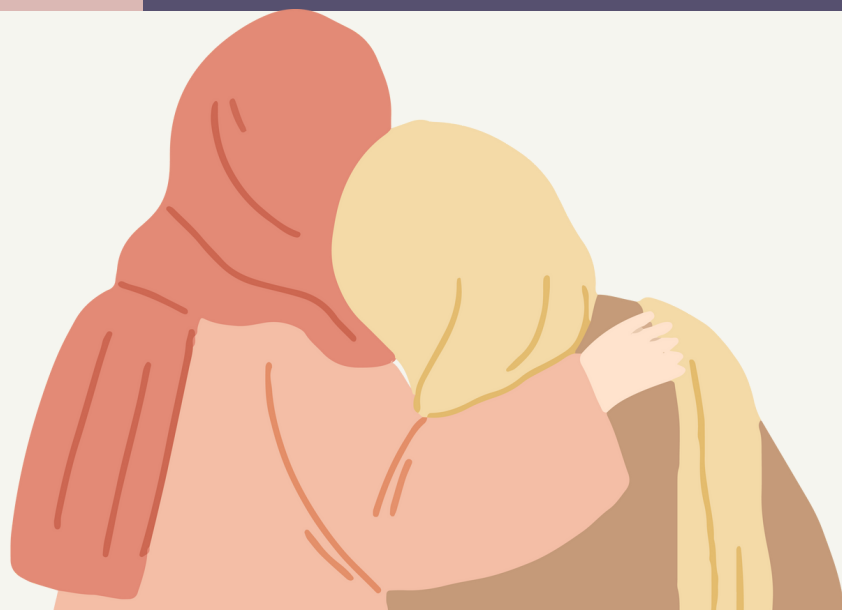
Nationally led screening (e.g. bowel kits) are disconnected from community needs (e.g. literacy and language barriers).

"I went to a screening test and I wanted to go toilet when she do test...."

Barriers

Cannot read screening letters or instructions on bowel screening kits (e.g. No braille or low literacy).
Cannot access online health information or online booking systems due to low digital literacy as well as language/literacy barriers.

"...now I need toilet all time. I think that test make me incontinent. So now I don't go."



93%

of women reported
they learnt
something new
about their health

77%

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.”

97%

reported sessions
were easy to
understand

88%

said the sessions
was very helpful

Participants Feedback

- Valued practical advice on how to access screening
- Increased awareness of local services
- Liked information on prevention

97%

would recommend to
friends and family

"I liked how the sisters used real life examples to explain the things, it made everything much clearer."



06 What worked



Delivered by trusted community leaders who can challenge misinformation respectfully.



Plain, relatable language, delivered in mother tongue.



Facilitated sessions as a series. Build up knowledge and confidence incrementally.

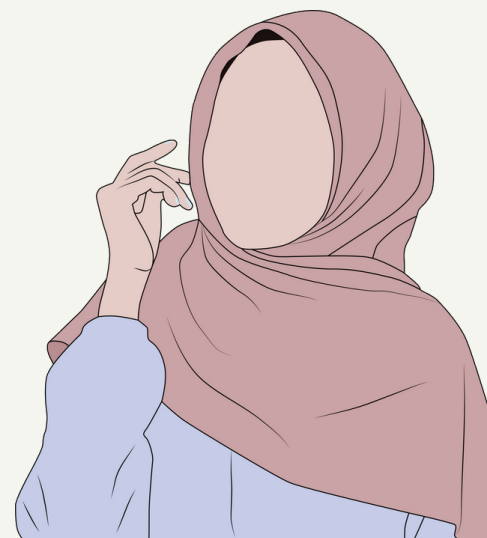


Engaging in cultural/religious practice to acknowledge the impact of speaking about cancer. E.g. starting the session with a protection prayer.



Accessing existing groups to piggy-back on what is already in the community.

“It’s so scary when you come here talking about cancer. It’s like you telling us we have it.”



07 Final Thoughts

It is clear to us that there is much more work still to do. However, reflecting on the issues emerging from year 1, we suggest the following improvements and adjustments.

The improvements aim to;

- strengthen engagement,
- increase trust, and
- create a lasting impact on health empowerment within the community.



Expand Session Series: Increase from three to move beyond awareness and towards health empowerment.



Clinical Q&A with Translation: Invite a healthcare professional to attend a session for a Q&A, ensuring the discussion is translated and hosted within the community for accessibility.



Holistic Health Approach: Integrate related health topics such as smoking cessation (Paan), menopause, dietary and nutritional guidance, and incontinence to provide a more comprehensive understanding of well-being.



Family & Community Engagement: Extend outreach to men to educate them on the importance of cervical and breast screening, and encourage older women to prioritise both their own health and that of their daughters and daughters-in-law.

“Doesn’t she got the bad disease?”

Funded by



Acknowledgements

Thanks and prayers to the women who shared their lived and living experiences.

To our Community Facilitators, the heartbeat of our organisation.

And to Adrienne Li our fantastic Intern.

PEOPLE ST