

**ANSWER
CANCER**



**Year Six
Grants Report
(2024 / 25)**



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Introduction

Answer Cancer is a Voluntary, Community and Social Enterprise (VCSE) led programme to improve cancer awareness and increase breast, bowel, and cervical screening uptake across Greater Manchester.

This is done by mobilising the efforts of VCSE organisations, our community residents, workplaces, and service providers.

Four VCSE organisations partner to deliver Answer Cancer: BHA for Equality, Salford Community and Voluntary Services (SCVS), Unique Improvements, and Voluntary Sector North West (VSNW).



This report highlights the incredible work carried out by grantees of the programme from April 2024 to March 2025 — Answer Cancer's sixth year.

Year Six Highlights (Achievements)

£93,000 awarded to community organisations in the form of grants and sport purchasing.

276 events held by Grantees.

Answer Cancer

7,254 people directly engaged with a grantee led project.

1,218 Individuals committed to attending their next screening appointment as a result of engaging with a grantee led project.

Answer Cancer Grants

The Answer Cancer grants programme provides funding and support for VCSE organisations based in Greater Manchester to raise cancer awareness and promote NHS cancer screening programmes.

£93,000

In Year Six , £93,000 funded
25 grants, leading to

- 276 events.
- 7,254 Conversations around cancer
- 1,218 individuals committed to attend screening appointments.

Over six years, Answer Cancer has
awarded £418,000 in grants.

£418,000



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.

During Year 6, £93,000 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, eleven 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:

- Awareness sessions tailored to the needs of the target community.
- Awareness films and film screening sessions.
- Samba classes with screening messages included.
- Conversations with registered carers to raise awareness of the importance of screening.
- Arts and Craft sessions.
- Training for sign language interpreters in cancer screening awareness so that they can spread the message to their deaf clients.
- Promotion of screening awareness at football matches.
- Social events with awareness raising messages included such as large-scale BBQ events.
- Wellness sessions.
- Transport to appointments to remove the location barrier for some community members.
- Social Media campaigns.
- Recruitment and training of Cancer Champions.

- Activity sessions such as sports clubs.
- Production of bookmarks with screening awareness messages to be distributed in the community.
- Telephoning patients of a GP practice who hadn't responded to their cervical screening invite, to encourage them to book an appointment.

“Sarah’s presentation informed us about cancer. I explained to her that a growth has been found on my voice box. I will arrange to see GP tomorrow and the doctor will go through it with me. I will ask for BSL interpreter. Thank you for making me aware and how important it is to have this checked”.

Quote from Manchester Deaf Centre translated from British Sign Language to English



Jide and Gazzala -Wai Yin Evening Event



Grants



Grants Overview

The eleven organisations that received the grants were:

- Rochdale Connections Trust
- The Videobox
- START
- Signpost Stockport for Carers
- British Sanatan Doctor's Forum
- Future Directions CIC
- Manchester Deaf Centre
- Caritas Salford – Cornerstone Day Centre
- Stockport County Community Trust
- Venics TV
- Faith Network Manchester

Unfortunately, two of the grantees Venics TV and Faith Network Manchester were unable to provide final reports so their achievements will be missing from this report.

Between them, these eleven organisations held **43** events.

Engaged with **921** individuals.

With **246** individuals committing to their screening invite because of the engagement.

"I never thought about getting screened until I heard from someone who caught cancer early thanks to the test. It made me realise how important it is."

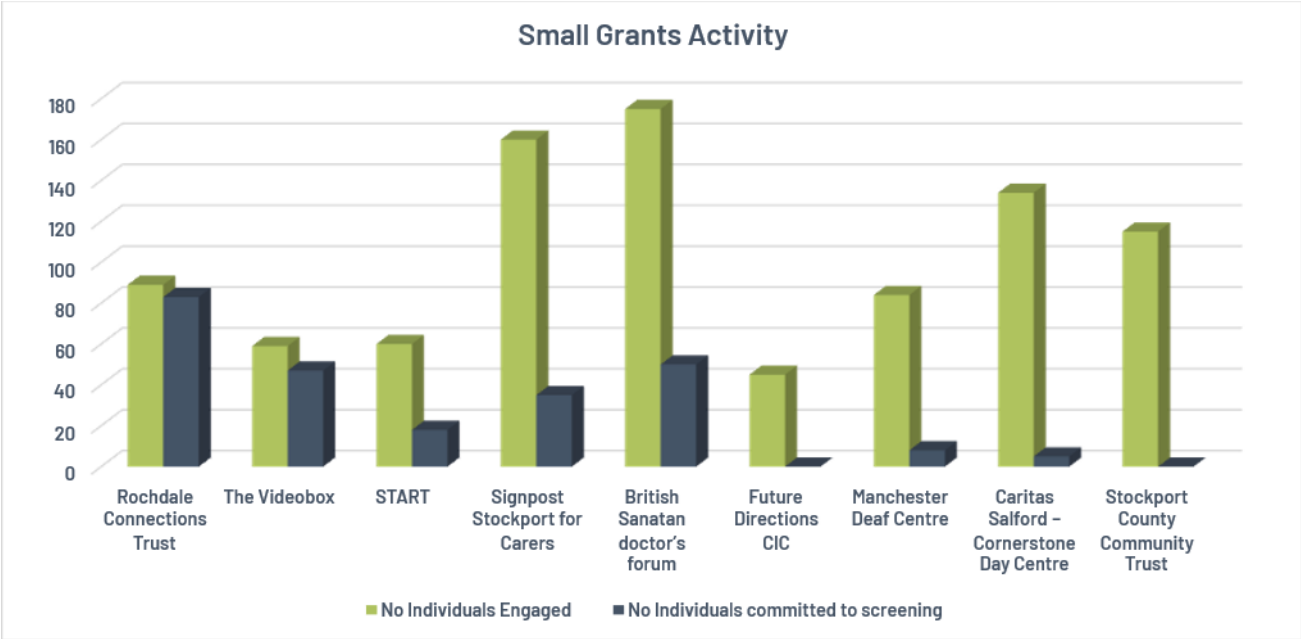
Quote showing evidence of impact from START

Project Name	Number of Events	Number of individuals engaged	Number of individuals committed to screening*	% Uptake
Rochdale Connections Trust	9	89	83	93%
The Videobox	8	59	47	80%
START	1	60	18	30%
Signpost Stockport for Carers	6	160	35	22%
British Sanatan doctor's forum	3	175	50	29%
Future Directions CIC	3	45	0	0%
Manchester Deaf Centre	6	84	8	10%
Caritas Salford – Cornerstone Day Centre	3	134	5	4%
Stockport County Community Trust	4	115	0	0%
Total	43	921	246	27%

* Number of individuals committed to screening refers to the number of people who said they would attend a screening appointment as a result of engaging with the grantee project as reported by the grantees. Where the number is zero this is due to the grantee organisation either not asking the question or not being able to ask the question because of the type of engagement.

"I feel more confident now talking to people about it' 'Due to my husband's death I think it's really important to get people to talk and tell a GP if they have any worries'.

Quote from a Videobox champion



Helping to break down barriers by funding local community groups to deliver screening awareness messages to their community members.





Spot Purchasing



The organisations who received funding through Spot Purchasing were:

- NESTAC.
- Wai Yin Society.
- Being There.
- The FED
- Mustafia Sharif.
- Blackrod Sports and Community Centre.
- Voice of BME Trafford.
- Can-Survive UK.
- Greater Manchester South Asian Women (GMSAW.)

Between them, they held **227** events.

Engaged with **6,333** individuals.

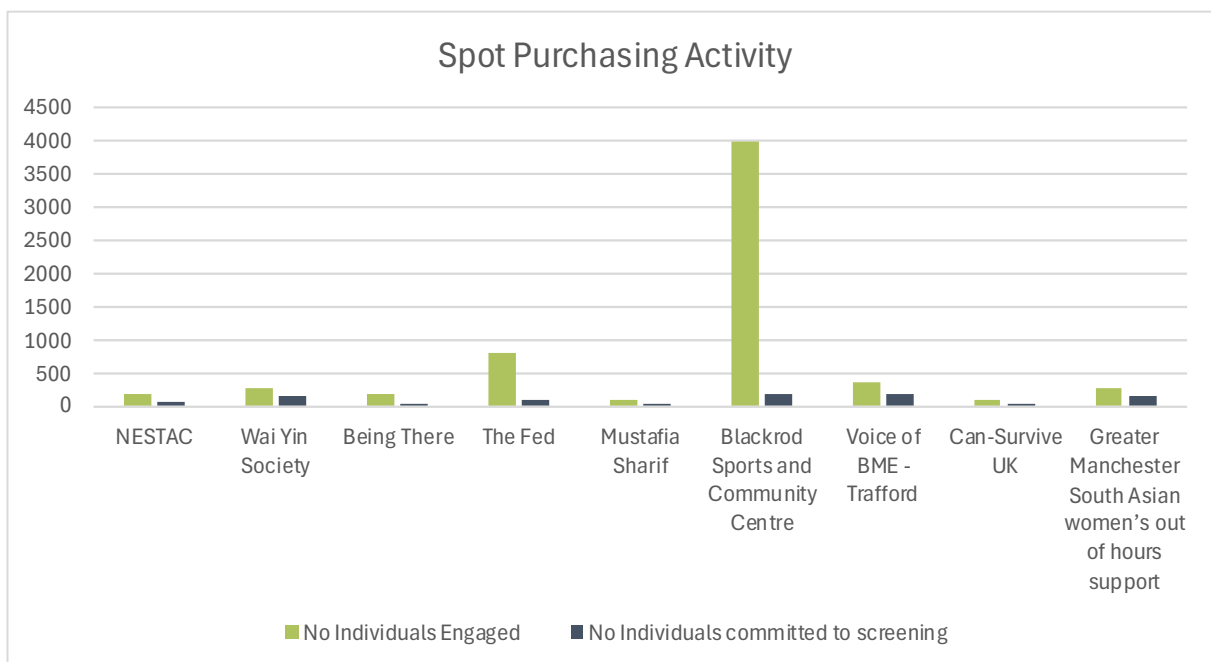
972 committed to taking up their screening invitations because of the engagement.

242 individuals signed up as Answer Cancer Champions.

“I feel I have been able to engage better with clients and understand the difficulties and being able to be sensitive which is a key factor when working people who are suffering or have gone through Cancer. The training provided skills to be more understanding and compassionate and the language that is used which is very useful in this area of work.”

Quote from Being There.

Between the 9 organisations they held 227 events, and as a result were able to engage with 6333 individuals with 972 of these committing to take up their screening invitations as a direct result of the engagement. Additionally, 242 new Cancer Champions were recruited as part of their activity.



Jeff from 'Being There' at Morrisons Swinton with the store manager showing the Cancer awareness session poster in the background

Project Name	Number of Events	Number of individuals engaged	Number of individuals committed to screening*	% Uptake
NESTAC	78	200	60	30%
Wai Yin Society	16	283	173	61%
Being There	10	200	5	3%
The Fed	6	800	95	12%
Mustafia Sharif	26	100	35	35%
Blackrod Sports and Community Centre	78	4000	185	5%
Voice of BME -Trafford	5	360	200	56%
Can-Survive UK	5	103	47	46%
Greater Manchester South Asian women's out of hours support	3	287	172	60%
Total	149	6133	912	15%

* Number of individuals committed to screening refers to the number of people who said they would attend a screening appointment as a result of engaging with the grantee project as reported by the grantees. Where the number is zero this is due to the grantee organisation either not asking the question or not being able to ask the question because of the type of engagement.

Community members from Blackrod Sports and Community Centre showing they have taken part in their cancer screening.



“I am very proud that I did my bowel screening last year... Now I will tell the people in my block.”

Quote from The FED.

“I want to help the community and listen to other people’s comments on cancer knowledge. Some people do not want to listen to bad things, so I will invite them to activities and health talks. I am retired and have not met a lot of new friends. I want to be a cancer champion to share with the community the importance of cancer awareness. My brother went through cancer. I learned from him the difficulties. I will share the experience with others.”

Quote from Wai Yin Society

Example of community awareness from Wai Yin Society.





Outcomes



Outcomes

The main aims of each of the projects was 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:

Sharing of personal stories with peers leading to increased connections and confidence.

Increased attendance at health and well-being events and health checks for other topics.

Better engagement with communities leading to more opportunities.

Increased confidence in the workforce and volunteers due to training received

Stronger community networks.

Continued health discussions with community members on a variety of topics.

Busting of cancer myths within the community.

Improved data on one GP system due to callers being able to remove old data and update incorrect information.

A series of films promoting screening awareness which can be used for years to come.

A lasting reduction in the stigma surrounding talking about cancer and cancer symptoms.

Creation of new community networks to further strengthen community bonds.



Example of promotion from Mustafia Sharif.



Learning



Learning

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

- Ongoing and repetitive programmes of engagement allowed people to engage in their own time and kept the messages at the forefront.
- Consistent messaging builds trust in the information people are seeing.
- Messages spread by word of mouth helped people to trust the information as it was coming from a peer.
- Social media campaigns helped to reach wider audiences.
- Open conversations in small groups allowed people the opportunity to discuss fears around screening and for myths to be debunked.
- Delivering messages through trusted sources, such as the local synagogue, helped to tailor the message in a culturally sensitive way and helped to build the trust in the messages.
- Storytelling and real-life experience had a positive impact on how the messages were received.
- Delivering messages in a culturally sensitive way ensured people were more interested in listening.
- Offering fun activities along with the cancer screening messages encouraged people to engage and stay engaged.
- Addressing misconceptions through group discussions helped to alleviate some of the fears around cancer screening.
- Adding fun and laughter to engagement sessions helped people to receive the information in a memorable and positive way.

- Information in various formats such as visual, audio, easy read or alternative languages ensures no one misses out on receiving the information.
- Quizzes and crosswords on screening information helped to spread the message as well as facilitate discussion.
- The timing of the grant's projects meant that the winter months reduced engagement as it was too cold for people to want to engage and it was felt that year-long grants would be better

"I want to help the community and listen to other people's comments on cancer knowledge. Some people do not want to listen to bad things, so I will invite them to activities and health talks. I am retired and have not met a lot of new friends. I want to be a cancer champion to share with the community the importance of cancer awareness. My brother went through cancer. I learned from him the difficulties. I will share the experience with others."

Quote from Wai Yin Society

THE FED & ANSWER CANCER
are committed to saving lives

We are proud to be working together to help save lives in Greater Manchester by calling on the Jewish community to accept offers of screening for breast, bowel and cervical cancer.

Cervical Screening
Smear tests are offered to women aged **25-49** every **3 years**, and aged **50-64**, every **5 years**.
If everyone attended screening regularly **83%** of cervical cancer cases could be prevented.

Bowel Screening
Easy-to-use home-kits are offered to men and women aged **56-74**, every **2 years**.
This reduces the risk of dying from bowel cancer by at least **25%**.

Breast Screening
Mammograms are offered to women aged **50-70**, every **3 years**.
These save the lives of approximately **1 in 200** people screened.

Screening Saves Lives
Screening looks for early signs of cancer in people without symptoms. It can help find **cell abnormalities** before they turn into cancer. They are available **free** of charge on the NHS.

Early Detection Saves Lives
Almost **1 in 3 cancers** can be prevented with a **healthier lifestyle** as well as checking yourself regularly. If you have symptoms: **don't wait** for screening. If it's unusual, **see your GP**.

Please don't ignore your free screening offers

For more information or advice please contact volunteering@thefed.org.uk

Greater Manchester Jewish Community Partnership
ANSWER CANCER Greater Manchester Cancer Screening Engagement Programme
Federation of Jewish Services | 0161 772 4800 | www.thefed.org.uk | Reg charity no: 1117126
THE FED Caring for our Community

Poster from 'The FED' promoting screening saves lives message



Case Studies



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. The case studies are drawn from each groups end of project reporting and are presented in their own words.

Case Study 1 – Wai Yin Society

Ms. A is a service user of the women's group who attended one of our health talks to learn more about the three NHS cancer screening programmes. During the session, she realised that she had been receiving repeated messages from her GP asking her to book a cervical screening appointment.

At first, she had put off booking the appointment due to being busy and eventually forgot about it. After attending the session, she said, "It reminds me that I haven't booked for the cervical screening. Can I still book it as the test should be a few months ago?"

We assured her that it was never too late to contact her GP and book the screening as soon as possible. Thanks to this reminder and support, Ms. A contacted her GP and successfully made an appointment.

Case Study 2 – The FED

I received a letter in the post requesting me to attend my first mammogram screening. I was very anxious as I had not been for one before and had heard that it hurt a lot. I mentioned this to my volunteer who sees me every month through the Fed, and she was aware of the Answer Cancer screening project the Fed were involved with.

She contacted the Fed to let them know I had received this letter and straight away one of their Answer Cancer special volunteers contacted me and we discussed about the benefits of screening and how important it was to attend and that she could organise for my regular volunteer to come with me to the appointment.

After some discussion my volunteer helped me make the appointment and she came with me to the screening.

I was still very nervous but having my volunteer with me to chat to made me feel more relaxed at the appointment.

My volunteer explained to the Nurse when she called me in that I was very anxious, and the Nurse was really kind to me and was chatting away.

After the appointment I went out for a coffee with my volunteer, and we were talking about the appointment and how the fear of the unknown can be very scary. I am so glad she encouraged me to go to the appointment, and I am happy to say that I got an all clear. Thanks to the team at The Fed.

Case Study 3 – The FED

I attend the mental wellbeing group and someone from The Fed came to chat to us about cancer. I was a bit apprehensive as I knew I had a bowel test kit at home that I had not sent back from months ago. I did not want to do it as I thought it was going to be messy and unpleasant.

There were 2 people a lady and a gentleman that came into our session and they gave us some leaflets and talked to us about the 3 free cancer screenings you can have under the NHS and all the benefits. I was really surprised as there were people in the group that were very open about their cancer experiences and one of them said that they wished they had gone for their screening. It got me thinking and when I went home that night, I went looking for the box that came in the post. I opened it up and followed the instructions, it was not too hard! I sent it back in the post. I was really pleased with myself and told one of the Leaders when I went to the next session

Case Study 4 – Mustafia Sharif

One of our participants initially felt hesitant about undergoing cervical screening due to her fear of the procedure and potential results. After attending a CarePath session, where she received both emotional support and information from a healthcare professional, her concerns were addressed, and she felt empowered to take action. Encouraged by the session's supportive environment, she eventually booked and completed her screening. Later, she expressed deep gratitude for the project's guidance, stating that the encouragement and reassurance she received played a crucial role in helping her overcome her fear and prioritise her health

Case Study 5 – Blackrod Sports & Community Centre

In extreme cases we physically drove some people to their screenings to make sure that they could get there.

Some of our volunteers also looked after some people with dementia and other ailments so that their carer/partner could leave for long enough to be screened. We also know that following our sessions some people have continued to meet socially to support each other if they are living with cancer. Many were unaware that their neighbours, in some cases, were going through the same thing as them. This new network is not official but welcomed.

Case Study 6 – Voice of BME Trafford

The project Beyond Barrier Cancer Screening has significantly contributed to the Cancer Screening Awareness amongst the community whilst eradicating barriers and myths to access Cancer Screenings. The cancer awareness events and the drop-in sessions allowed us to change people's perspective on Cancer Screening whilst encouraging the attendees to take up the screening.

Through the drop-in sessions one of the attendees mentioned that it has been helpful for her to attend the Answer Cancer screening presentation and the example of the lemons for breast screening awareness raised some concerns for her. She went to see the GP who helped to arrange her mammogram within couple of weeks and put her mind to rest.

The second case was regarding a women due for the cervical screening. She shared that she experienced FGM during in her childhood. Our Health Mentor supported and encouraged her for the screening and ultimately, she was convinced to book herself in for the cervical screening.

Case Study 7 – Can Survive UK

Miss A attended our event held at the Beacon Centre. Following the event, Miss A asked to have a private chat. During this chat Miss A shared that she had never had a smear test as she was quite scared of what it involved.

She described having a low pain threshold and the stories she had heard from her girlfriends had put her off even more. Miss A also thought she was too young at 26 years.

She had received her appointment letter to attend but had not. Using lived experience, Miss A was talked through the process, step by step, including sharing that although it was uncomfortable, it was not painful and would only become painful if she did not relax.

Miss A took part in a relaxation and breathing exercise, which would help during the test. We said to Miss A that if she wanted support to attend an appointment, that we could arrange for our Family Support and Community Engagement Worker to go with her or alternatively, she should go with her mum or sibling or partner/husband. Sometimes it is nice to know that there is someone waiting for you when it has ended.

Miss A went on to make an appointment, had a smear test and reported to us that all was well.

“I feel so silly now, as it was not as bad as I thought it was. Why did I listen to the negative experiences. It’s different for everyone, isn’t it.”

Miss B attended our event held at Kath Locke Centre. Ms B shared she had recently been diagnosed with cervical cancer – from attending screening. “I was really shocked when I found out. I could not believe it. I’m only 28! It’s been caught early, and I am receiving treatment. You think cancer is only for older people. It’s not. It really isn’t. As a younger person you don’t think about cancer, why should we? I would really like to get involved and share my experience – perhaps at Fresher’s week.”

Case Study 8 – Greater Manchester South Asian Woman's Out of Hours Support

Volunteer/Patient Consented Adult conversation

A female patient was called from the list, as being overdue for her cervical screening. When called a gentleman answered and said he was her carer and father. He said, "I have consent to speak on my daughter's behalf as she has special needs". This was correct, the volunteer then proceeded to tell the father the reason for the call, He replied, "I'm not interested, she has special needs and does not have boyfriends." The volunteer started to explain to the father, but he was still saying she doesn't need it. The volunteer continued and explained that it is not only people who are sexually active, but it also looks for changes in cells. With some perseverance the father accepted the reasons and said he would contact the surgery.

Volunteer/Patient Conversation

A female patient was called from the list to book her cervical screening. The patient answered and was offered an appointment, however the patient declined saying "I cannot go because I feel too embarrassed. I am suffering from bladder incontinence, and I have developed blisters in that area due to the incontinence pads. I need to see the nurse as it is very sore" The volunteer suggested to the patient, she should make the appointment, and that the nurses are professionals and will not do anything to cause more pain, and even if the smear test was not performed, she could be seen for the blisters. With some empathy and persuasion, the patient booked her appointment.

Case Study 9 – Rochdale Connections Trust

One participant told us about a lump she currently had under her arm. One of our Champions sat with her to organise a GP appointment. The participant was happy to attend the appointment on her own. The GP referred the participant for an ultrasound scan, and we offered to take her to that appointment. She was happy to attend on her own but did ask us to go with her to the result appointment. The champion attended and it turned out that the lump under her arm was not serious. She was just really happy that we could attend with her and grateful for the support.

Case Study 10 – The Videobox

One woman hadn't had a cervical smear since 2018 and was experiencing heavy and prolonged bleeding. At the end of the project, she had made an appointment at the GP, had a range of tests including a smear test and had been reassured she did not have cancer but did show as having HPV. She said she will attend next year when she is called again without any prevarication. She said, 'Hearing the discussions made me realise I needed to deal with this not just ignore it.'

One of our women, during a discussion, brought up the fact that she had been sent for a breast screening despite being under the normal age, but the nurse had said she couldn't do it as she didn't have enough breast tissue. The resources we had been using made it clear this wasn't true and she was outraged, especially as she has got a growing lump. She is now contacting her GP to arrange another screening appointment. It was the support of the group encouraging her and the new information she discovered that she attributes to making this change.

"I went for a breast cancer screening a few years ago. The health care worker was very rude. She told me I was a bit small and thin, and the machine would hurt me. She said I don't have enough boob to fit in the machine. She made me feel uncomfortable, so I left without being seen. I have had a lump in my breast for a few years now and it's growing and sore. Painful to touch or wear a bra. Being in the women's group they have advised me to go back for a check. So, I am going to make a new appointment."

Another woman hadn't returned her bowel test because she "kept forgetting to get round to it" she says "I'm going to put it near the front door so it will remind me to do it!"

Case Study 11 – START

A 63-year-old participant in the project had received her bowel cancer screening test several months ago but hadn't returned it. "I didn't know what it was for," she admitted during a group session. "It just sat on my kitchen counter because I thought it wasn't important."

During one of the project's interactive discussions, Sandra heard a story about someone who detected bowel cancer early thanks to the test. This story resonated with her deeply. The facilitator explained the process of completing the test, how simple it was, and why it was crucial for early detection.

She later shared: "Hearing that story and seeing how easy the test is—it really opened my eyes. I was scared at first, but I realised it's better to know than to ignore it." After the session, she spoke directly with a facilitator, who walked her through the steps of completing the test.

With renewed confidence, she completed and returned her screening kit the very next week. Several weeks later, Sandra received her results, which thankfully showed no signs of cancer.

She later reflected, "This project didn't just teach me about the test—it gave me the courage to take care of myself. Now, I'm telling my friends to do the same." Her story illustrates how the project broke down barriers of fear and misinformation, transforming passive awareness into active participation. It also shows the ripple effect of such initiatives, as empowered individuals encourage others to prioritise their health.

Case Study 12 – British Sanatan Doctor's Forum

One lady mentioned that her mother had been diagnosed with bowel cancer. She was very much worried about her having the same or other type of cancer.

She was not sure about how to access the screening service and whom to talk to. She tried to contact GP services many times without much success.

During the organised talk event, she got a chance to talk to the specialised consultant personally and managed to find out more about the screening. She had since then contacted the NHS and managed to do the bowel screening test at home.

Case Study 13 – Signpost Stockport for Carers

A carer at the CRD event told me that in 2023 her husband received a bowel screening kit and was too embarrassed to use it saying it wasn't necessary, 'he hasn't got anything wrong with his system!' She did the test herself, sent it off and it came back positive. She is doing well but would not have known had she not done this. She was delighted that there is now so much discussion around the subject in an open way.

An 88-year-old carer for her husband for over 20 years, needed to go for tests and was very, very nervous. Her daughter had seen our Facebook post about Answer Cancer support and appealed on behalf of Mum. We were able to arrange 4 hours care for her husband, (she was comfortable to leave him chatting to the carer) This allowed time for her daughter to accompany mum to the appointment and to take her for a coffee and a chat to relax her before the appointment and have some quality time together after without having to rush

Case Study 14 – Future Directions CIC

Some of the people told us that they would now return their bowel cancer screening tests as they now understand why it is so important.

Case Study 15 – Manchester Deaf Centre

"I'm Asian and in our community, we don't talk about cancer. I learnt growing up in my family that we don't talk about cancer and it's not acceptable to talk about the topic. I received a letter for breast screening, and I didn't think it was important. When I attended the awareness session delivered in BSL, I understand the importance. So, I arrange an appointment with an adviser to help me understand the letter and translated in BSL. With support, I made an appointment with my GP and booked an interpreter. I also asked for further screenings as I wanted the GP to check"

— Client BSL into English translation.

Case Study 16 – Caritas Salford – Cornerstone Day Centre “Person A”

“A” has been accessing the Cornerstone Day Centre for practical support since August 2022. “A” has no recourse to public funds meaning he is unable to access benefits. Whilst taking part in a gardening activity I noticed a lump on “A's” shin, I asked him what it was, and he stated that he has had it for years but had missed appointments due to his current situation.

I asked him who his GP was and for permission to contact them on his behalf. “A” agreed and I contacted his GP who informed me that he had missed numerous appointments with both GP and hospital. I arranged for the hospital appointment to be re arranged and sent to Cornerstone by post.

The GP stated that “A” had now been placed on a two-week cancer pathway. When the appointment arrived, I arranged a taxi to Wythenshawe Hospital, and I went with him. The appointment was a consultation to initially have a look at his leg, at this point the hospital stated that they would not be able to tell if the lump was cancerous until they removed the lump and did a biopsy.

Another appointment was sent out and a taxi arranged for “A” to go alone, unfortunately “A” said the taxi did not arrive, so he missed his appointment. Another appointment was rearranged, I asked for a lunchtime appointment as the other was 7am which meant “A” could not be supported to the appointment. I went with “A” by bus, then a date for surgery was sent out in the post, this time for Withington Hospital. “A” attended this appointment alone with a bus pass provided by Cornerstone.

During this time, I tried hard to get “A” placed in temporary accommodation so he would be able to keep his wound clean and limit walking on it, but this was unsuccessful due to his immigration status, he is waiting on a place coming up at SPIN.

“A's” leg is healing well from surgery and has regular appointments at Withington Hospital to have his dressing changed and will often ask for dressings from our first aid box in between. “A” reports that the wound is healing well and is waiting for results to say whether the growth that was removed was cancerous. I contacted “A's” GP who stated that results take 12 weeks to come back, and they have had nothing back yet. I will contact his GP again in a few weeks for an update.

“A” would like to get into accommodation and get his immigration status sorted so he can start work and visit his daughter in Lithuania.

Case Study 16 – Continued

A” thanked me for the support in liaising with his GP and hospital. He stated "Thank you, if it wasn't for you coming with me, I would not have gone as I don't have any money to get there and I don't always understand what people are saying to me, my situation makes it very difficult for me, so I appreciate all the help you have given"

Case Study 17 – Stockport County Community Trust

“Through our engagement sessions, we have seen an uptake in those contacting wider medical services as a result of attending the session. This has also included a number of participants who accessed the specific workshops because of seeing the messaging on match day. Below is an example of an intervention as result of attending our provision.

‘Whilst delivering a workshop at Edgley Park, the Public Health team were able to provide a vital intervention, that wouldn’t have occurred without the project funding. A regular participant discussed concerns about symptoms her adult daughter was showing. Through one-to-one support from the staff team, they were then advised to seek further medical support. Within forty-eight hours, the testing showed that there was need for immediate treatment.

This, alongside other examples of participants accessing screening because of the engagement, showcases the need for this programme and we will continue to grow and develop our offering over the coming months’.

Eddie Owen, Health & Wellbeing Manager, SCCT

Case Study 18 – Stockport County Community Trust

‘My name is Louise Hegarty, and I work for the early intervention and prevention of cancer for Public Health Stockport Council.

I was invited to attend wellbeing events for the local community with a strong focus on cancer detection, advising residents of signs and symptoms of cancer and to dispel myths surrounding cancer.

These events have been extremely well received by the public and working with Stockport County has enabled us to reach a much larger capacity of people than we normally reach. We provided people with our keyrings which demonstrate the importance of screening as well as the 3-week rule if something isn't right for you.

We have been focusing on breast cancer for both women and men recently with a target of overs 50s in areas of deprivation and this was achieved in great numbers due to match day events and wellbeing events held at Stockport County. Our next focus working alongside Stockport County will be Bowel and Prostate. The number of people we have been able to have these important conversations with would never have been achievable without the support of Stockport County and the events they have held.’

Case Study 19 – NESTAC, Amina’s Story (pseudonym)

‘Amina is a woman in her early thirties living in Greater Manchester who was referred to NESTAC through a community organisation supporting women affected by Gender-Based Violence (GBV). Like many of the women supported through the ‘Go Screening Campaign’, Amina had experienced Female Genital Mutilation (FGM) and carried significant anxiety around medical examinations.

When Amina first attended one of NESTAC’s Women’s Wellbeing Group sessions, she explained that she had received several cervical screening invitation letters in the past but had never attended an appointment. She described feeling terrified of the procedure and worried that healthcare professionals might not understand her experience of FGM.

“I always received the letters, but I ignored them,” she explained. “I was scared and I didn’t know how to explain my situation to the nurse. I thought they might not understand.”

Through the wellbeing sessions and informal coffee morning discussions led by trained bilingual Peer Mentors, Amina began learning more about cervical cancer and why screening is important. Hearing other women share their experiences helped reduce her fear and allowed her to ask questions she had never felt comfortable asking before.

One of the Peer Mentors who spoke the same language as Amina supported her during several sessions and helped explain the screening process step by step. Amina was also offered a short series of trauma-informed therapeutic support sessions, which allowed her to talk about her fears related to FGM and intimate medical procedures.

After several weeks, Amina said she felt ready to consider attending screening if she could receive support.

A Peer Mentor helped her contact her GP practice and arrange an appointment and accompanied her to the clinic on the day. We were lucky that the nurse who conducted the screening had also previously attended a professional awareness session where the challenges faced by women affected by FGM were discussed. Amina later shared that the nurse approached the consultation with patience and sensitivity, and she was grateful that the peer mentor was there and was talking to the nurse, this reassured her.

Following the appointment, Amina said:

“I never thought I would be able to do this. Before coming to the group I didn’t understand why screening was important and I was too afraid to go. Having someone explain things to me in my language and support me made all the difference. Now I feel proud that I did it.”

Since attending her screening appointment, Amina has continued to attend NESTAC’s wellbeing sessions and has encouraged other women in her community to learn about cervical screening.

Her experience reflects one of the key aims of the ‘Go Screening Campaign’: to reduce fear and stigma around cervical screening through culturally sensitive peer support and trauma-informed approaches, while also encouraging healthcare professionals to better understand the needs of women affected by FGM and sexual trauma.

Case Study 20 – NESTAC, Safiya’s Story (pseudonym)

Safiya is a trained bilingual Peer Mentor from Somalia origin, who has been involved in NESTAC’s Women’s Wellbeing Groups for four years. As a survivor of FGM, she has often spoken about the difficulties many women in her community face when attending cervical screening appointments.

During discussions within the ‘Go Screening Campaign’, Safiya explained that:

“Many women are afraid because they think the nurse will not understand what happened to them. Sometimes we need more time to explain, and we need someone who will listen without judging.”

Safiya was invited to contribute to the co-design of the trauma-informed cervical screening toolkit developed during Phase 2 of the project. Alongside other Peer Mentors, survivors, and health professionals, she shared her experiences and helped identify practical ways health professionals could make screening appointments more supportive for women affected by FGM.

Her contributions helped shape some of the recommendations within the ‘Our Voice toolkit’, including the importance of clear communication, offering additional time during consultations, and ensuring that women feel safe and respected throughout the screening process. Safiya described feeling proud that her voice and experiences could help improve healthcare services for other women as she said:

“For many years women like us were not asked how we feel when we go to these appointments. Being part of this project means our voices can help nurses understand us better and help other women feel less afraid.”

Through her involvement and the participation of other Peer Mentors, the toolkit was developed as a co-produced resource that reflects both professional expertise and lived experience, helping to strengthen culturally competent cervical screening practices.



Barriers



Barriers

Several barriers to screening were identified as part of the projects. These are outlined below:

- **Fear of a Bad Outcome** - Many people are afraid of the potential results of a cancer screening and avoid taking the test altogether. The fear of receiving bad news can cause them to delay or avoid screening, even if they understand the importance of early detection.
- **Perception of Low Priority** - Some individuals do not consider cancer screening a priority in their lives. As a result, they may delay booking appointments or may not attend at all. This lack of urgency can stem from other personal or health concerns that seem more immediate or pressing.
- **Work Commitments** - For some people, work commitments take precedence, making it difficult to find time for screening appointments. To address this, Wai Yin joined the Bee Seen Get Screened initiative, which offers staff flexible time off to attend their screenings. While helpful, this remains an ongoing challenge for some individuals.
- **Language Barriers** - Language barriers present a significant challenge for many people. Some individuals are unable to understand or read GP text messages regarding screening appointments. Others face difficulties booking appointments in English or understanding the procedures for using the bowel test kit. These language barriers create confusion and prevent people from following through with necessary screenings.
- **Religion and Culture** – Some religious and cultural beliefs can inhibit people’s 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.
- **Relatability** – Some people feel that it’s not important to them as they don’t know anyone effected by cancer so it’s not going to happen to them.

- **Location** – Accessing some screening services or screening engagement sessions can be difficult due to lack of transport so people miss appointments or miss vital information.
- **Lack of knowledge** – One group reported that their participant felt that living a healthy lifestyle would prevent them from getting cancer, so screening wasn't necessary to them.
- **Difficulty accessing appointments** – Not being able to book an appointment with the GP straight away was a barrier to cervical screening as women need to fit the screening around their cycle. If you have to book three weeks in advance, then you could be on your period at the time of the appointment, so you won't be able to attend.
- **Misinformation and Cultural Stigma** - Myths, misconceptions, and cultural stigma surrounding cancer can discourage people from seeking screening, as they may avoid the topic or prefer alternative medicine over conventional screenings.
- **Limited Access to Convenient Screening Appointments** - Inconvenient appointment times, long waitlists, and transportation barriers can prevent people from accessing screening services, delaying or avoiding early detection altogether.
- **Embarrassment** – Having to undress in front of a stranger can be off putting and can lead to none attendance.
- **Mistrust** – Mistrust in the health care system can cause people to avoid screening appointments.
- **Peer influence** – Peers sharing negative experiences could cause others to not take up screening invites.
- **Lack of representation** – Not seeing people who looked like them on publicity materials may make some community members feel like the messaging is not for them.
- **Past Trauma** – Women who have experienced a trauma either in a health care setting or those who have been abused can find attending screening appointments triggering and therefore are more likely to avoid attending.
- **Opportunity to attend** - Carers tend not to prioritise time for themselves as often there is little or no additional time. Even if they can find the

time, then there is the practical element of who will take over the caring role for the time it takes for them to attend.

- **Lack of Awareness** - Many Deaf individuals are unaware that screening checks are available, as there is limited outreach or communication tailored to their needs.
- **Reactive Approach to Healthcare** - Some assume they should only visit their GP if they feel unwell, leading to missed opportunities for preventative care like screenings.
- **Inaccessible Communication** - Letters and other notifications about screening appointments are often inaccessible, with some individuals discarding them because they are difficult to read or understand.

"Before joining the health events, I wasn't confident talking to people about cancer awareness. I was afraid my information wasn't correct, and I didn't want to pass on wrong information. Now, I have learned more about the NHS cancer screening programmes from the health talks. I now know the three cancer screenings included in the programme. For example, I learned that prostate cancer screening is not included, but I can always go to my GP if I feel something unusual. I am now more confident sharing the NHS cancer screening programmes with my friends."

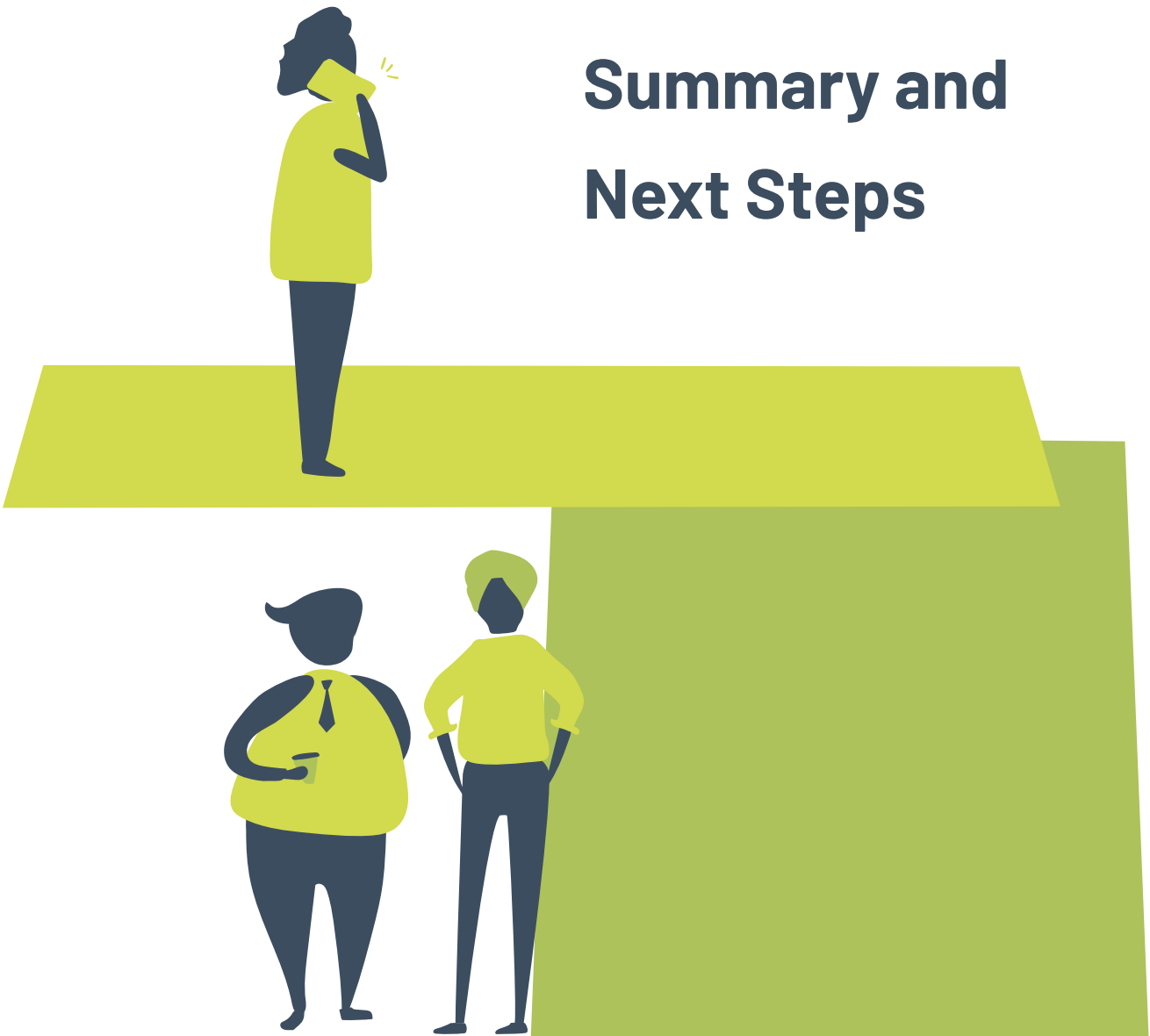
Quote from Wai Yin Society



Pictures from The Videobox showing how they planned and recorded their video's



Summary and Next Steps



Summary

In summary, all the projects funded by the Answer Cancer Programme's 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 one to one 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 7 grant pot to continue the work they carried out during Year 6. 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.

Acknowledgements

We would like to thank everyone who has been involved with Answer Cancer. To everyone who has been involved in the programme since the beginning and to everyone who became involved as the programme progressed, your engagement and activities have positively impacted the lives of people living in Greater Manchester.

This report has demonstrated some of the impact you have contributed to and the programme's overall impact.

For more information about this report or Answer Cancer, please contact us:

Tel: 0161 276 9300

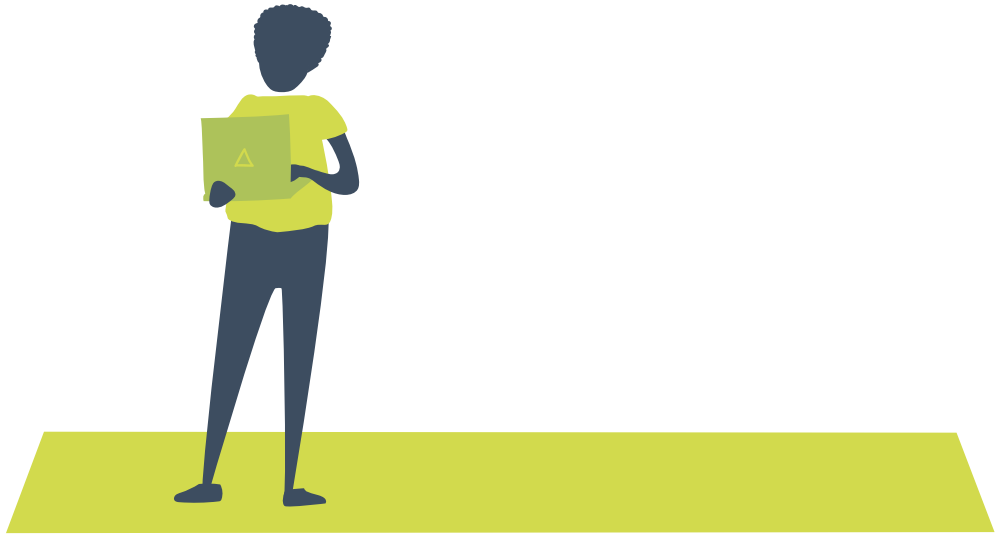
Email: info@answercancergm.org.uk



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Appendices



Appendix 1

A summary of the Grants Projects Can be found [here](#)

Appendix 2

A summary of the Spot Purchasing Projects Can be found [here](#)

Appendix 3

Links to films produced by The Videobox

Cervical Cancer Screening

<https://youtu.be/KL-sXYHBZ4U?feature=shared>

Breast Cancer Screening

<https://youtu.be/IWo1oY1BSGY?feature=shared>

Bowel Cancer awareness and test

<https://youtu.be/UDi5NNq7Kgo?feature=shared>

Bladder and Bowel Cancer awareness

https://youtu.be/Rzim_RBysRQ?feature=shared

Breast Cancer awareness

<https://youtu.be/eZ6YLj0nC7k?feature=shared>

