

Cancer Smart Project

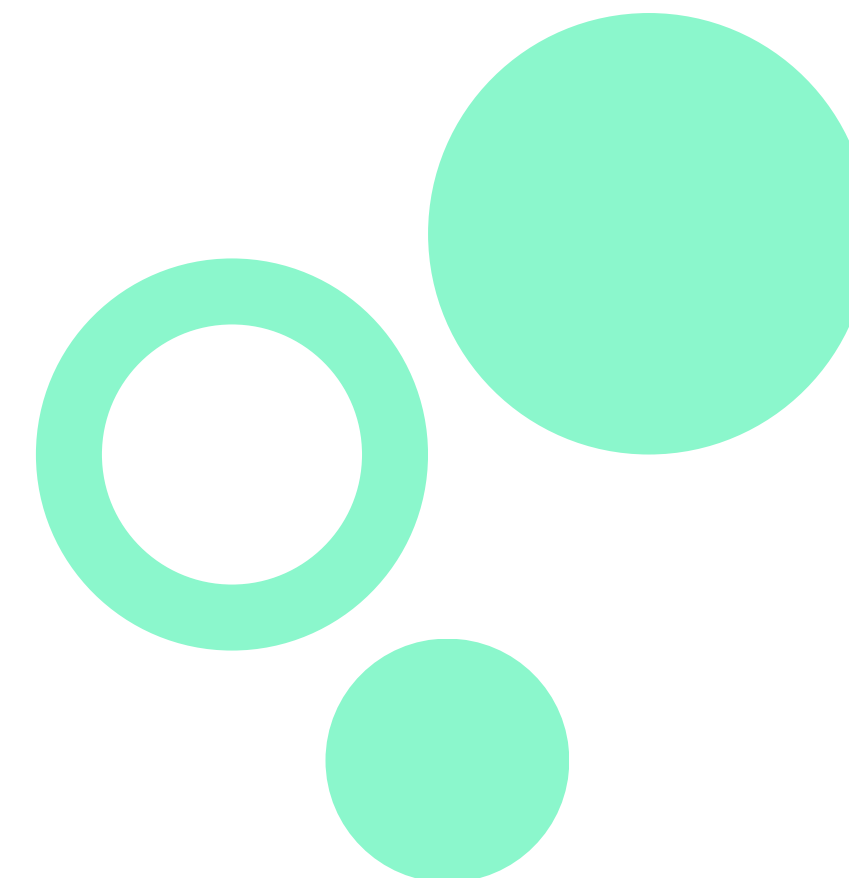
Final Evaluation Report

Key findings from an independent evaluation
2025



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Executive summary



The Cancer Smart Project

Cancer Smart was developed and delivered by Social Enterprise Kent (SEK) between September 2024 and September 2025, commissioned by the Kent and Medway Cancer Alliance. The project aimed to raise awareness of the signs and symptoms of the most common cancers and increase uptake of cancer screening programmes – particularly across communities experiencing health inequalities in Kent.

The programme took information and support into trusted community spaces, working through established relationships and engaging people who were less likely to access traditional NHS pathways.

Cancer Smart delivered 109 community engagement events, reaching 3,018 people. Events included ‘pop-up’ stalls and in-depth ‘information sessions’ delivered in a range of settings. The events were often aimed at specific ‘target groups’ who experience health inequalities – including coastal communities, minoritised ethnic groups, LGBTQI+ people, manual and construction workers, and young people (including young care leavers). Alongside this, 57 ‘Cancer Smart Champions’ were trained to share knowledge within their own communities, and a suite of films and digital learning resources were created to extend the project’s reach and impact beyond the commissioned year-long timeframe.

The evaluation

SEK commissioned an independent evaluation to understand Cancer Smart’s impact, process learning and generate recommendations for future delivery. The evaluation took a theory-based approach, combining qualitative and quantitative data to assess outcomes against the project’s theory of change.

Qualitative data was collected through participant observation at four Cancer Smart events, interviews with stakeholders, partners and Champions and a workshop with the SEK delivery team. This data was analysed alongside 188 survey responses, collected by the SEK team from event participants and Champions. The evaluation also drew on analysis undertaken by the Cancer Alliance, which provides early evidence that the programme has already contributed to improvements in screening engagement across target postcode areas. This is a significant finding given the programme’s short timeframe.

Key findings

Impact:

- Cancer Smart met and, in many cases, exceeded its project’s KPIs, demonstrating the value of trusted, community-based prevention approaches.

- **Awareness and knowledge:** Survey data showed significant increases in participants’ awareness of cancer symptoms and screening options, with 98% overall reporting increased awareness of at least one cancer type.
- **Behavioural change:** Participants reported greater confidence in checking symptoms, talking about cancer and encouraging others to get screened. They also reported greater likelihood to take part in screening programmes going forward. These impacts aligned with the NHS ambition to normalise early help-seeking and reduce barriers created by fear, stigma or cultural taboos. These ‘ripple effects’ amplified the programme’s impact beyond those directly engaged, which was a helpful mechanism in addressing inequalities at community level.
- **Community reach:** The programme successfully engaged groups often underrepresented in screening uptake, building trust through existing community networks and leaders.
- **System-level impact:** Early analysis by the Cancer Alliance indicated that Cancer Smart activity contributed to increased local screening rates – providing evidence of a short-term shift in hard clinical outcomes resulting from the community-led approach. This aligned to NHS England’s Neighbourhood

Health Model priorities, which emphasised proactive, localised approaches to early identification and closing gaps in uptake.

Learning:

Cancer Smart was most effective where SEK worked through trusted community partners and used existing community assets, along with high-quality, human conversations led by trusted facilitators. The ability of the SEK team to ‘meet people where they are’ – through accessible language, empathy, cultural sensitivity and physically ‘going to’ communities – proved essential in opening up conversations and promoting learning about cancer. In this way, the project bridged a gap, by taking ‘formal’ information (so accurate, high-quality, up-to-date materials) into ‘informal’ community settings. Working through community partners and networks amplified reach and credibility, while the Cancer Smart Champions model created ripple effects across communities to sustain outcomes in the longer term.

Challenges included managing demand beyond the project’s remit, the short-term nature of the funding cycle, clarity of and opportunity to broaden the scope of the Champions model and the limitations and challenges of collecting demographic data at informal events.

Conclusions

Cancer Smart has delivered meaningful impact within a short delivery window, and has demonstrated the power of community-led approaches to public health. The programme’s approach aligned with national Neighbourhood Health Model priorities by strengthening community assets, addressing barriers faced by underserved groups and supporting proactive outreach and early identification.

Cancer Smart achieved and surpassed a number of its KPIs, generated excellent feedback from participants, and contributed to measurable improvements in cancer awareness and intention to take part in screening programmes.

The project’s success lay in SEK’s trusted presence, local partnerships and high-quality and accessible delivery of information, which together created conditions for meaningful dialogue about cancer. The evidence from this evaluation reinforces Cancer Smart’s theory of change – that community-led, relational approaches can make a tangible difference in early cancer diagnosis and prevention.

With early indications that Cancer Smart has contributed to improved screening rates across Kent and Medway, there is a strong case for continued and targeted investment in future phases of the work.

Recommendations

The evaluation identified opportunities to build on the project’s success by:

- Sustaining and targeting the Cancer Smart model in specific primary care networks (PCNs) and geographical areas to deepen understanding of impact.
- Strengthening the Cancer Smart Champion network, working more strategically with those keen to co-design and deliver future activities.
- Enhancing data collection by capturing participant demographics and outcomes more systematically, and considering an economic evaluation to quantify the cost savings associated with earlier cancer diagnosis.
- Deepening and broadening partnerships between community organisations and statutory organisations to further this community-led approach to increasing awareness about cancer and screening programmes.
- Continue to prioritise accessibility, inclusion and quality of engagement to facilitate impactful conversations about cancer.
- Using evaluation findings to raise awareness of the value of community-led approaches in tackling health inequalities.
- Exploring digital and media opportunities to expand reach and accessibility of Cancer Smart resources.

- Strengthening strategic alignment to secure long-term sustainability.
- Applying community insights to improve NHS screening programmes – ensuring they are accessible, culturally sensitive and responsive to diverse needs.

Together, these steps will help build on the programme’s achievements and support sustained, community-led approaches to tackling inequalities in cancer outcomes.

Quotes illustrating the impact of Cancer Smart

“I have the test at home (bowel screening) but haven’t sent it away yet - but I will after the information provided. The team was very supportive with information on bowel cancer and the test and I’ll do my test after talking to them.”
Pop-up event participant

“The Cancer Smart events have massive impacts – and we are seeing the results through increased screening rates and people attending GPs with early signs and symptoms.”
Strategic stakeholder interviewee

A Cancer Smart pop-up stall (left) and information session (right)

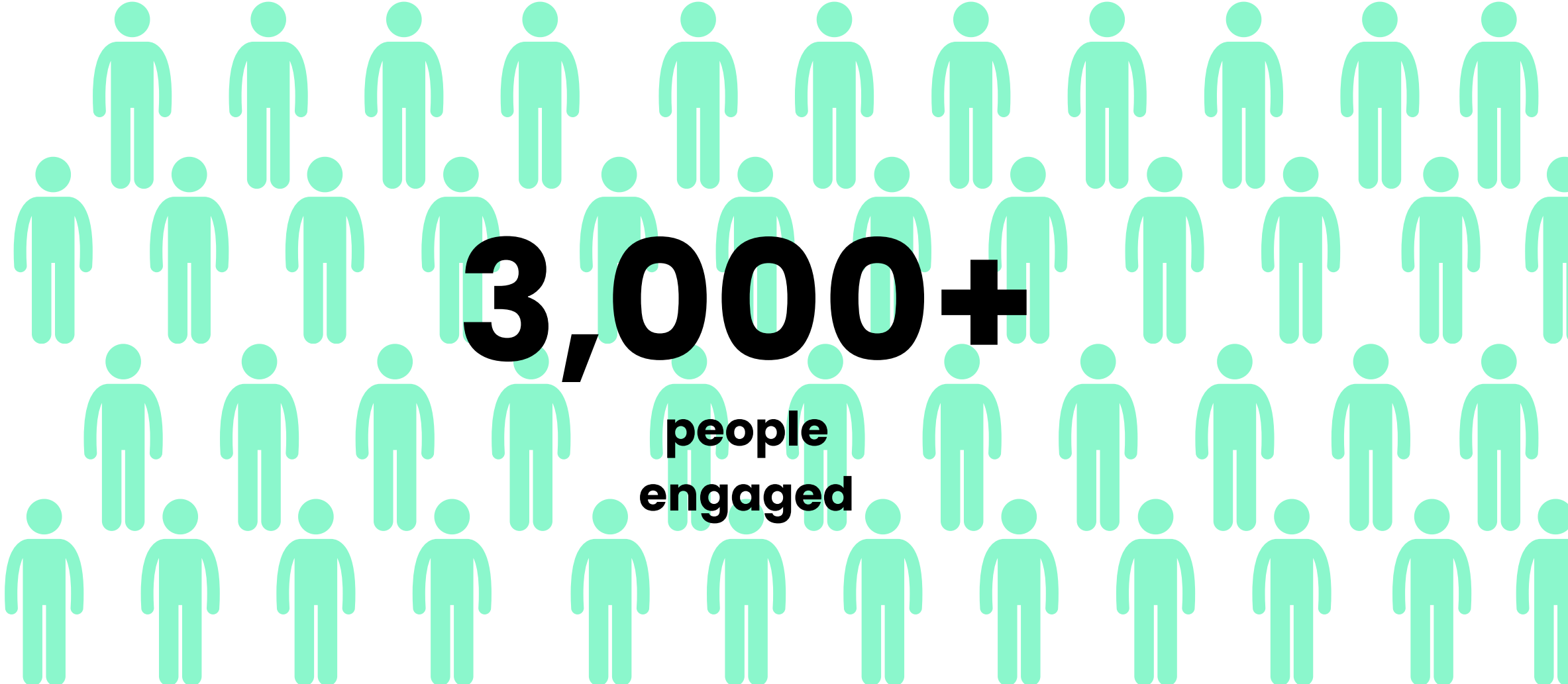


A screenshot of one of the Cancer Smart films

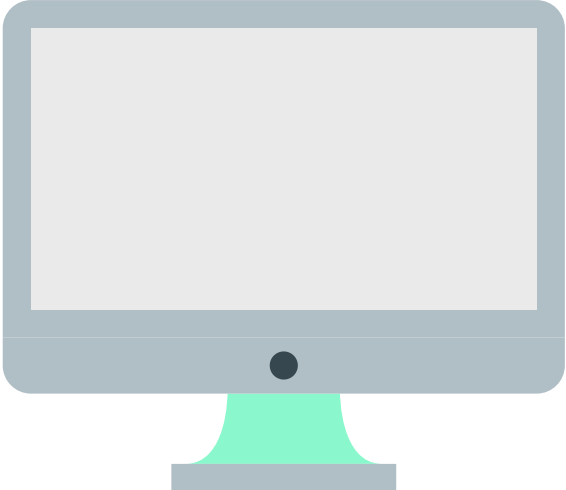


All films will be available to view on the [Social Enterprise Kent YouTube channel](#).

Diagram: Cancer Smart project activities and reach – key headlines



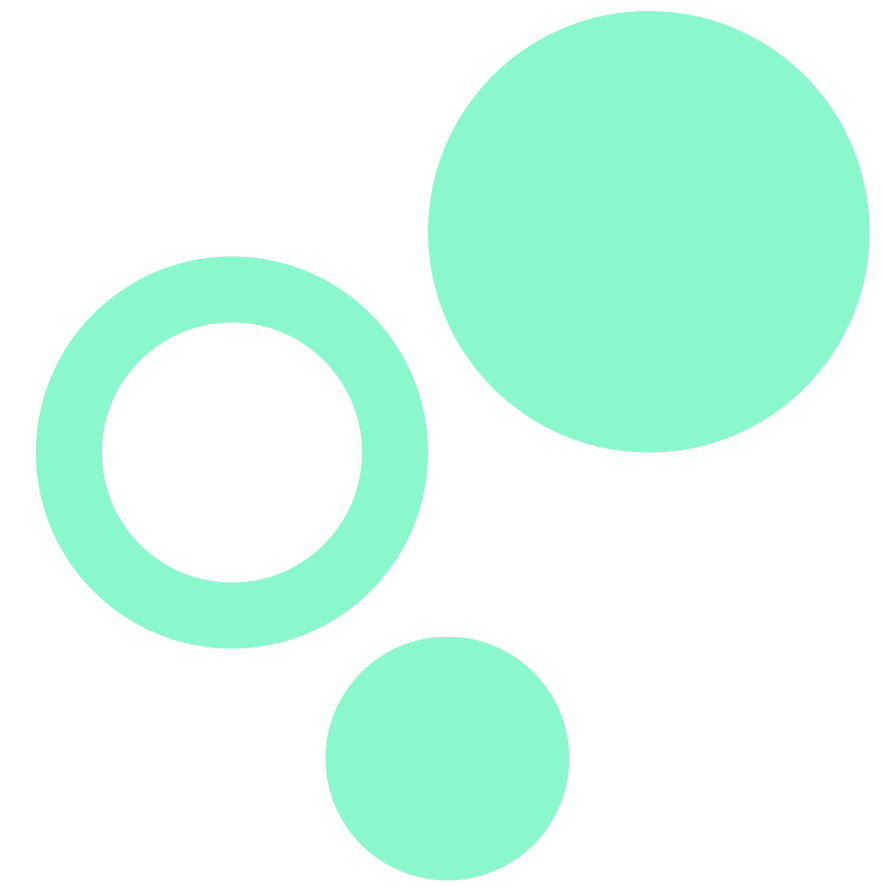
57 Cancer Smart
Champions trained



**Films & digital
learning resources**

Diagram: Cancer Smart project performance against KPIs

Metric	Total target	Actual	% achieved
KPI 1: 3,000 people engaged	3,000	3,018	101%
KPI 2: 75 community events delivered	75	69	92%
KPI 3: 75 youth events delivered	75	27*	36%
KPI 4: 5 workplace events delivered	5	6	120%
KPI 5: 4 Be Skin Smart events delivered	4	7	175%
KPI 6: 20 Community Champions trained	20	57	285%
KPI 7: 90% of these people will report increased awareness of signs and symptoms	90%	98%	



*SEK were able to secure several large youth events with high footfall, in place of some classroom based sessions, and so reached 1,145 young people (the equivalent of approximately 40 typical-sized class groups).

Introduction



Introduction to the Cancer Smart Project

Cancer Smart overarching objective

The Cancer Smart project was funded by the Kent and Medway Cancer Alliance and delivered by Social Enterprise Kent (SEK) as part of SEK’s Community Health and Wellbeing stream of work. The overarching objective was to increase earlier cancer diagnosis interventions and preventative measures, such as increasing knowledge of the signs and symptoms of different cancers and of various screening programmes, with particular focus on several ‘target groups’ to help tackle health inequalities.

Cancer Smart event activities

Cancer Smart was commissioned to deliver a comprehensive programme of 112 community engagement and information events to over 3,000 people across Kent between September 2024 and September 2025. These events varied in scope and format and included ‘pop-up’ events and more targeted ‘information sessions’.

The primary aim of Cancer Smart events was to raise awareness of the signs and symptoms of the four most common cancer types – including breast, bowel, lung and prostate cancers – as well as raise awareness and encourage uptake of bowel, breast and cervical screening programmes. Since lung cancer screening is still in the process of being introduced in stages across the county, in some areas where this has started or was imminent, information about lung

cancer screening was also included at the events. Information on ovarian cancer was also shared at some events. In addition, the events aimed to encourage people to be aware of symptoms of cancers where self-checking is possible – including skin, breast and testicular cancers – and speak to a GP with any concerns.

Cancer Smart targeted activity and events at specific community groups or at communities who: generally experience health inequalities but also, more specifically, those who may be a) at greater risk of different cancers, b) who experience barriers to relevant health information, c) who are less likely to take up screening programmes and/or d) who are more likely to be diagnosed at a later stage. For example, for black and south asian women, because information and resources about cancer are less likely to represent them, they are less likely to be aware of the symptoms and more likely to be diagnosed at a later cancer stage¹. The Cancer Smart target groups included:

- Coastal communities
- Minoritised ethnic communities
- LGBTQI+ communities
- Manual and construction workers
- Young people, including young care leavers

To reach these groups, the Cancer Smart project team engaged with local communities, healthcare professionals and community and

¹[Coppafeel and Black Women Rising article](#)

religious leaders and reached out through the wider SEK network.

Cancer Smart Champions

Alongside the awareness raising and education events, Cancer Smart also recruited and trained 57 Cancer Smart Champions, tasked to share information throughout their networks. The Cancer Smart Champion training sessions were a modified version of an information session – similar to those delivered to target groups.

Cancer Smart films and resources

Cancer Smart also commissioned and created a set of films and wider resources for dissemination. These included films about:

- [Bowel cancer screening](#)
- [Be Skin Smart](#)
- [Cancer Smart more generally](#).
- Prostate cancer (scheduled for end of 2025)
- Reasonable adjustments for people with learning disabilities (the production of this film is being carried forward to the next phase of the project)

Plus, a webpage containing e-learning materials targeting young care leavers, schools and home educated people.

Once finalised, all films will be available to view on the [Social Enterprise Kent YouTube channel](#). This includes SEK's previous [breast cancer and screening awareness campaign film](#), which was shown in a number of the information sessions.

A Cancer Smart pop-up stall (left) and information session (right)



A screenshot of one of the Cancer Smart films



Introduction to the evaluation

SEK commissioned this independent evaluation to explore Cancer Smart’s direct and indirect outcomes and to generate recommendations to inform strategic decisions, enhance project design and demonstrate accountability to funders and stakeholders.

Key evaluation questions

The key evaluation questions were:

- To what extent did the Cancer Smart increase knowledge, awareness and understanding of the symptoms of the most common cancer types and screening options of people that engaged in events?
- To what extent did the Cancer Smart project increase the knowledge, awareness and understanding of the symptoms of the most common cancer types and screening options of people trained as Champions?
- What were the wider or indirect impacts of the Cancer Smart project e.g.,
 - Upon people’s likelihood to change behaviour, or actual changed behaviour, both in terms of acting on a concern and in reducing their future risk of cancer?
 - Upon the community groups that facilitated access to target groups?
 - Upon actual screening rates of the most common cancers?
- What worked well and less well when delivering Cancer Smart?

- What are the recommendations for future delivery and or strategic decision making around community approaches to tackling health inequalities?

Methodology

The evaluation took a theory-based approach and included primary data collection using qualitative methods alongside analysis of quantitative data collected by Cancer Smart.

Phase 1: Scoping and theory of change design

The first activity was to design a programme theory of change, detailed below in a logic model. This drew upon the analysis of existing project documents alongside three scoping interviews with the Cancer Smart project team, strategic stakeholders and delivery partners.

This theory of change underpinned the subsequent evaluation design, including who to involve in the evaluation and the lines of enquiry within the fieldwork tools.

Phase 2: Main data collection

The qualitative data collection in the main phase fieldwork included:

- Participant observation and informal data collection points at four Cancer Smart events including:

- a pop-up 'Be Skin Smart' event on the seafront in Deal
- a pop-up event at a LGBTQI+ bookshop in Folkestone
- a pop-up event as part of a student celebration fair in Canterbury
- an information session at a Rethink Ethnic Minorities Group in Gravesend
- Workshop with Cancer Smart staff project team (n=3 participants)
- In-depth interviews with 10 people including strategic stakeholders (n=4), Cancer Smart Champions (n=3) and partner/delivery organisations (n=3)

Phase 3: Analysis and reporting

The qualitative data collected by the evaluation team was triangulated with data collected by the Cancer Smart project team which included:

- 139 responses from Cancer Smart event participants
- 49 responses from Cancer Smart Champions
- Feedback and case studies compiled by the Cancer Smart team

Finally, this report also references screening data collected by the Kent and Medway Cancer Alliance, kindly shared to the evaluation team directly from the Alliance.

About the consultants

Linda Jackson ([The Loom](#)) is an independent research and evaluation consultant with over 16 years' experience. Her work has explored a wide range of themes including community and place-based approaches to increase earlier cancer diagnosis. Linda is expert in qualitative research with people who have experienced crisis or who are in vulnerable circumstances, including research with people living with or are affected by cancer.

Lydia Paris ([The Future Works](#)) is a consultant with over 11 years' experience delivering learning, research and evaluation, strategy and culture change programmes. Effective stakeholder engagement and facilitation sit at the heart of her approach. She has worked with organisations across health and social care, and a prominent theme in her work has been community led approaches to tackling health inequalities.

Reading this report

This report is intended as an internal document for SEK and Kent and Medway Cancer Alliance. It follows the structure below:

- The reach of Cancer Smart: The report opens with a summary of project outputs, drawing on a report submitted by SEK to the Cancer Alliance in September 2025
- The impact of Cancer Smart: This section explores the impact of Cancer Smart upon target groups that took part in the project, Cancer Smart Champions, wider partners and stakeholders and on cancer screening rates
- The process of delivering Cancer Smart: This section explores the learning from delivering the project, particularly in terms of understanding the barriers and enablers to successful outcomes
- Conclusions and recommendations: The report summarises key findings alongside recommendations for SEK and the Cancer Alliance to consider in future
- Appendix A: This contains case studies of two Cancer Smart events the evaluation team attended and observed

If you have any questions on this report, please contact Linda and Lydia.

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- Lydia: lydia@thefuture-works.org

Diagram: Cancer Smart theory of change logic model



Chapter 1:

The reach of Cancer Smart

The reach of Cancer Smart

The following diagram produced by the Cancer Smart team summarises key outcomes delivered over the course of the project between October 2024 and September 2025. This diagram showcases the reach of the project (including reach across participants and Cancer Smart Champions), performance against several key performance indicators, and quotes on impact collected by the project team.

Diagram: Key figures indicating the reach of Cancer Smart

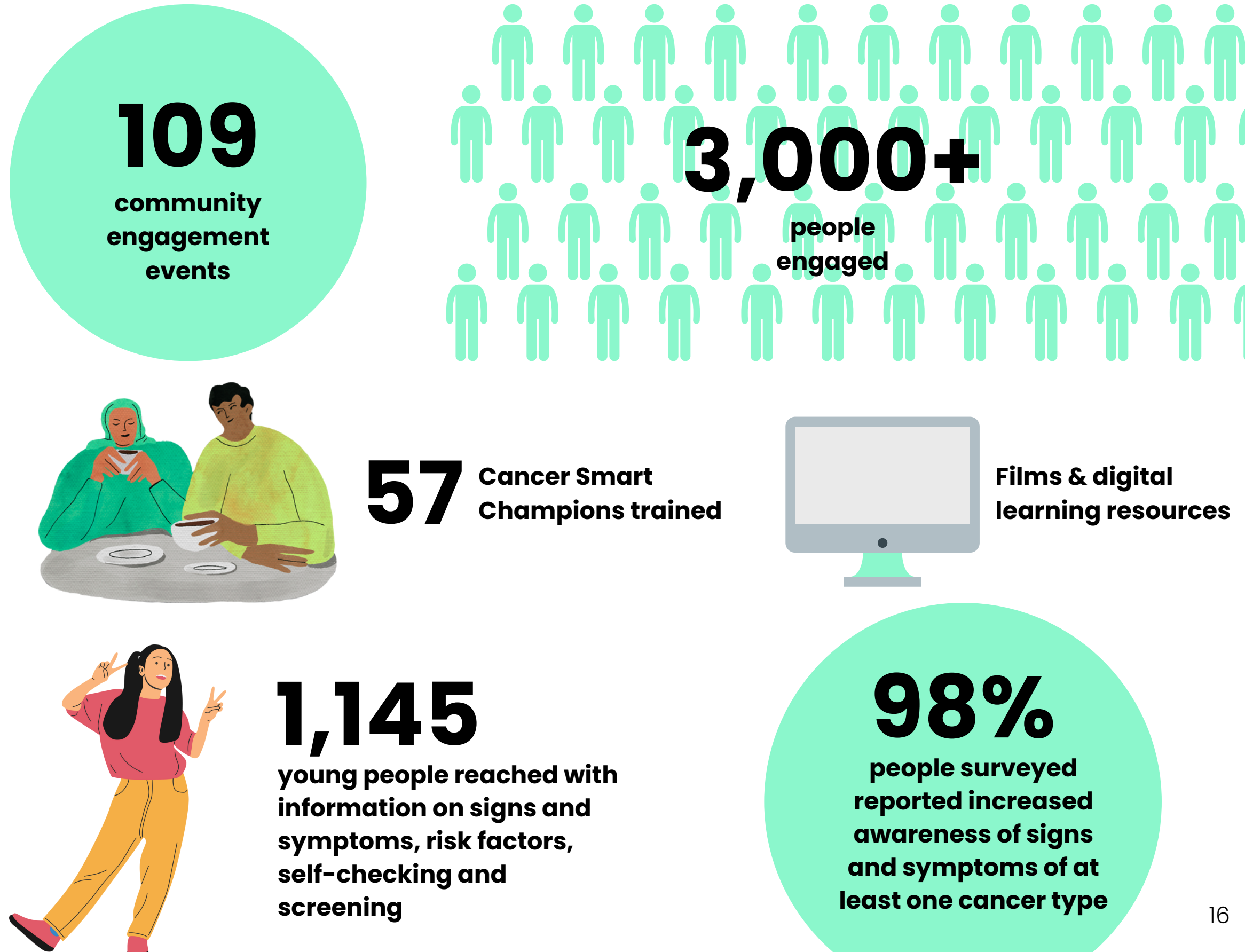


Diagram: Cancer Smart Project Performance Against KPIs

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KPI 6: 20 Community Champions trained	20	57	285%
KPI 7: 90% of these people will report increased awareness of signs and symptoms	90%	98%	

*SEK were able to secure several large youth events with high footfall, in place of some classroom based sessions, and so reached 1,145 young people (the equivalent of approximately 40 typical-sized class groups).

Quotes indicating impact of Cancer Smart events on participants

“I have the test at home (bowel screening) but haven't sent it away yet – but I will after the information provided. The team was very supportive with information on bowel cancer and the test and I'll do my test after talking to them.”
Pop-up event participant

“[I] will start talking about important screening programmes with family and friends.”
Information session participant

“Now I feel confident to go for a screening.”
Pop-up event participant

“Really good presentation. Well put together and in basic terms which very helpful for all communities.”
Group session participant

Chapter 2:

The impact of Cancer Smart

This chapter examines the direct and indirect impact of the Cancer Smart project upon event participants, Cancer Smart Champions and partner organisations. It also references Kent and Medway Cancer Alliance data on screening rates in the postcode areas of targeted Cancer Smart activity.

Short-term outcomes on target groups and Cancer Smart Champions

The NHS England Early Diagnosis planning guidance objective was to achieve 75% of cancer diagnosis at stages 1 or 2; in September 2025, the diagnosis at stage 1 and 2 in Kent and Medway was 59%. Within this strategic context, the direct aim of the Cancer Smart project was to raise awareness of the signs and symptoms of the most common cancer types and cancer screening programmes, with particular focus on specific communities with lower uptake of screening programmes. These communities were coastal communities, minoritised ethnic communities, LGBTQI+ communities, manual and construction workers and young people, including young care leavers.

The short-term impact of the in-depth information sessions on participants

In total, between September 2024 and September 2025, Cancer Smart delivered 36 in-depth 'information sessions' with 488 participants. These events involved, for example, hosting sessions at community groups which meet regularly (such as the Rethink Ethnic Minorities Group) or at one-off events (such as meeting with a group of sixth formers). The information sessions targeted different target groups where possible – such as minoritised ethnic communities or manual and construction workers. To understand the impact of these sessions on the people who took part in them, participants were invited to take part in a survey to explore the extent to which their

knowledge had changed as a result of the event².

The survey results were extremely positive, with 97% overall reporting increased awareness of the signs and symptoms of at least one cancer type. The full results are presented in the following graph (see page 20), which shows a range of 27% for ovarian cancer to 80% for breast cancer.

As shown in the graph, there was a relatively low percentage increase in the awareness of signs and symptoms for ovarian cancer. This may be due to the focus of the events having been placed on the most common cancers (lung, bowel, breast and prostate), on cancers with an associated screening programme (bowel, breast and cervical), and on cancers that are associated with recommended self-checking behaviours (testicular, skin and breast). SEK shared ovarian cancer awareness cards from The Robin Cancer Trust and the Cancer Alliance's Ovarian Cancer campaign; however, sharing these was usually either in a pop-up event setting or in information sessions only where broader conversations about gynaecological health and cancers were relevant.

Participants were also asked to reflect on their awareness of four screening programmes, for bowel cancer, breast cancer, cervical cancer and lung cancer. The results are presented on page 20, with increases ranging between 1% for lung cancer to 71% for breast cancer screening.

²A small minority of surveys were filled out by participants at pop-ups, rather than at information sessions. However, the survey data collected from pop-ups could not be separated out from survey data collected from information sessions. The analysis therefore included all survey responses, both from pop-ups and information sessions.



The relatively low percentage increase in awareness of lung cancer screening is likely due to lung cancer screening still only being available in limited areas across the country, and therefore was not addressed at every event.

While the primary aim of Cancer Smart was to increase awareness of common cancers and screening programmes, the assumption was that this would lead to behaviour change of the target groups, so that they would be more likely to check for symptoms and take part in screening programmes in future.

The participants of the in-depth information sessions were therefore asked to reflect on their likelihood to take part in screening programmes, if eligible, both before and after having received information at a Cancer Smart event. They rated their likelihood to take part 'before' the Cancer Smart event on a scale of 1 to 5 where 1 was 'I would not have' and 5 was 'I would have' taken part, and 'after' the event on a scale of 1 to 5 where 1 was 'I will not' and 5 was 'I will' take part. The following graph (see page 20) shows participants' shift in intention to take part in bowel, breast and cervical screening programmes, with a weighted average increase of between 3.5 to 4.2 across all screening programmes.

In the participant feedback survey, the majority of responses to an open text question expressed appreciation and positive experiences of the

Cancer Smart sessions. Participants described sessions as "very engaging and informative", "really useful" and "absolutely amazing". Many thanked the presenters by name, indicating that personal connection and approachability were a factor in their satisfaction.

The short term impacts of community pop-up events on participants

During the project, SEK delivered 73 Cancer Smart pop-up events which reached 2,530 people. Quantifying the impact of Cancer Smart on people who took part in pop-up events was more challenging as people interacted with the team and engaged with the Cancer Smart materials in vastly different ways. For example, during a Be Skin Smart event targeting coastal communities, the following interactions were observed:

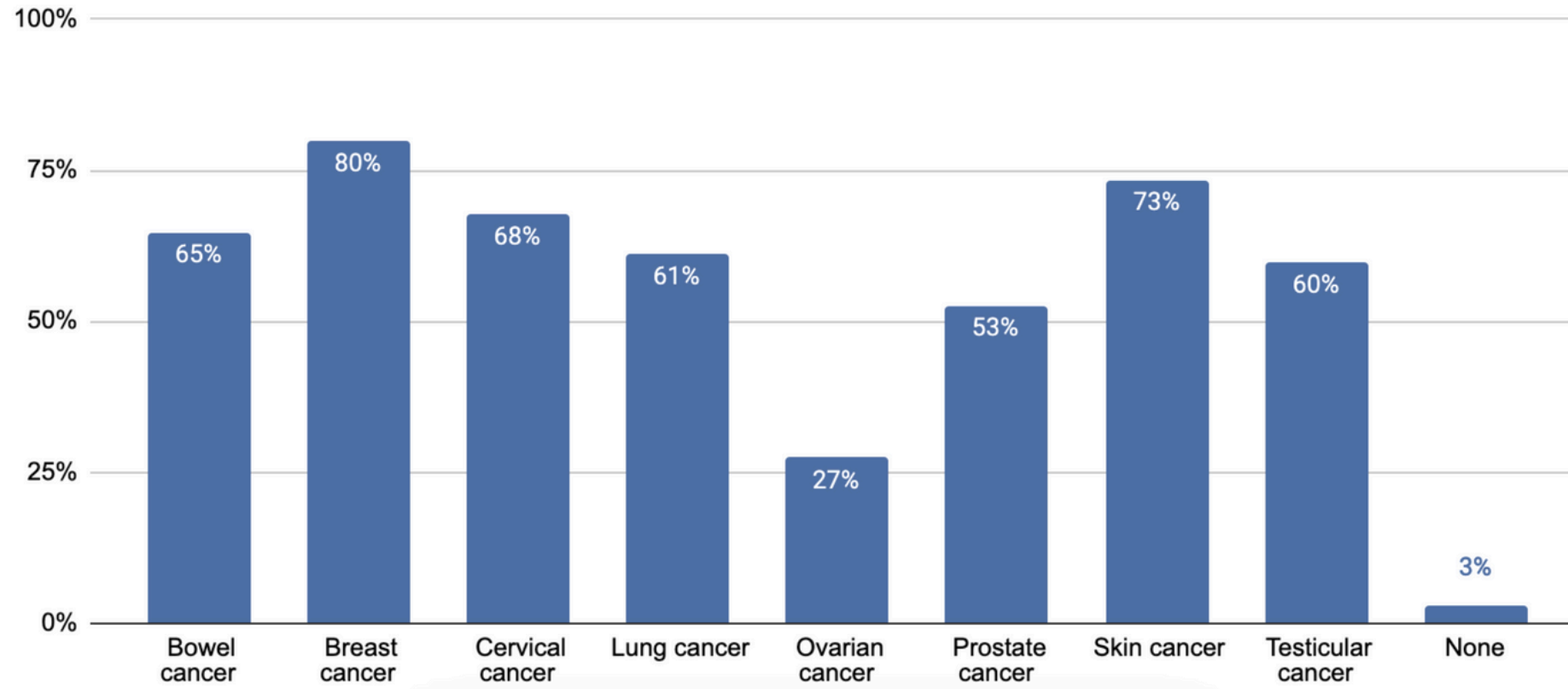
- People that read information from afar (for example, posters that displayed different mole types) before leaving without a conversation with the team
- People that picked up and took away information such as the concertina booklet with a ruler to measure and monitor their moles and/or asked to take more leaflets to share with their friends or family
- People that responded to a question from the Cancer Smart team as a 'hook' to get attention, such as 'which do you think is the best sunscreen from the options on this

table?' or families of children that took part in the hoopla game to answer quiz questions on cancer awareness

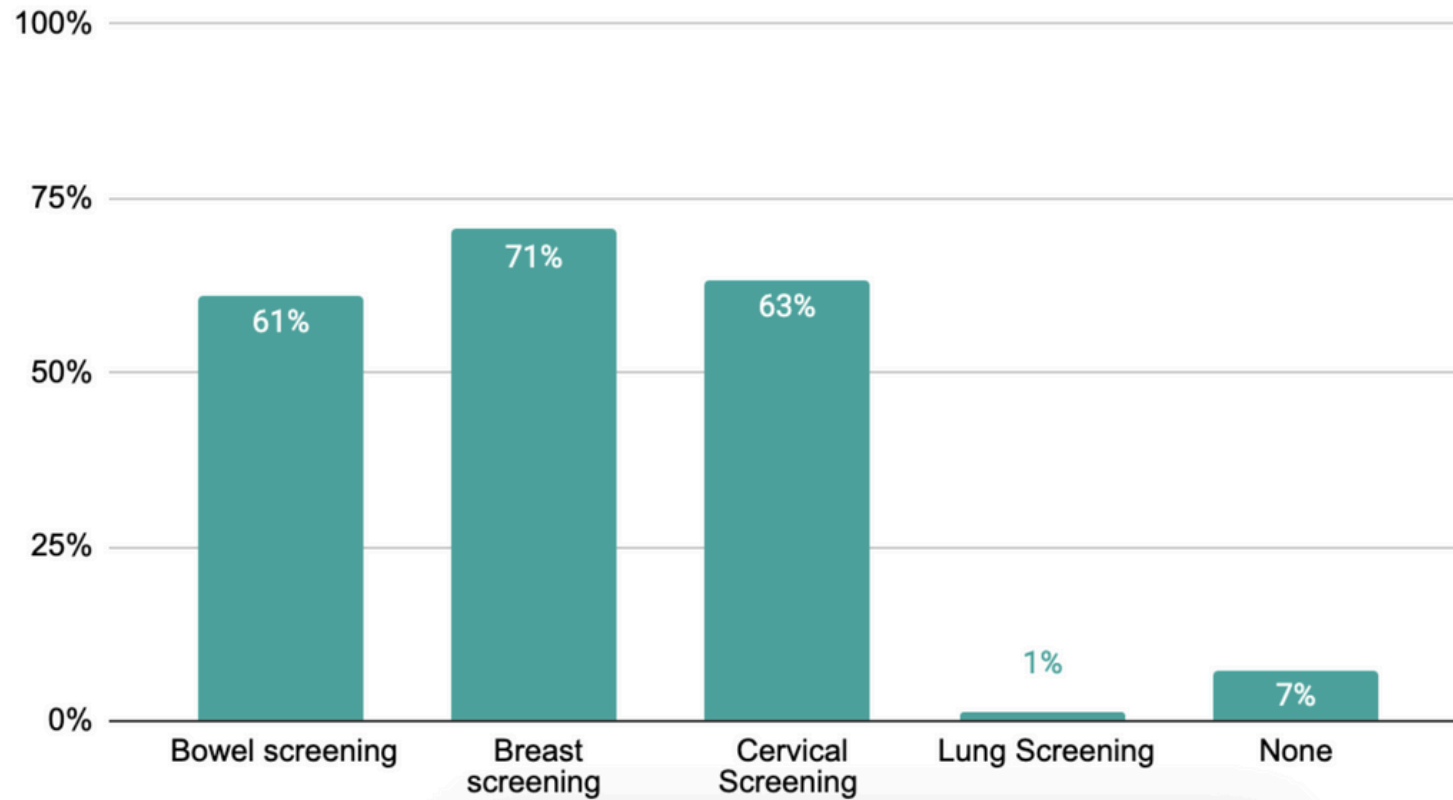
- People who approached the Cancer Smart team with specific questions or concerns, such as the extent to which there was a causation or correlation between the increase in sunscreen usage and the increase in skin cancer rates
- People who picked up free sunscreen, including a family whose daughter had been sunburned the week before and a man who had forgotten to put sunscreen on that morning and was about to go on a 2-hour bike ride

While the impact of these interactions upon these individuals and their families was not possible to quantify, people described a greater knowledge of the signs of skin cancer – so 'learning something new' – or feeling reassured about a concern, as well as greater likelihood of preventing the risk of skin cancer, for example, by wearing sunscreen more frequently and/or purchasing a higher-rated sunscreen in future. What was notable however was the way in which the pop-up staff offered people a space to float questions and concerns and receive informed, impartial information in an informal and accessible setting.

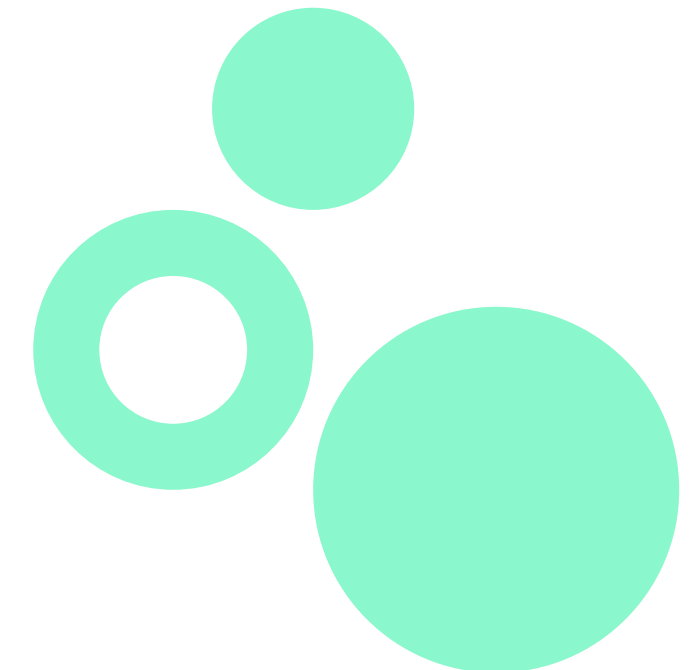
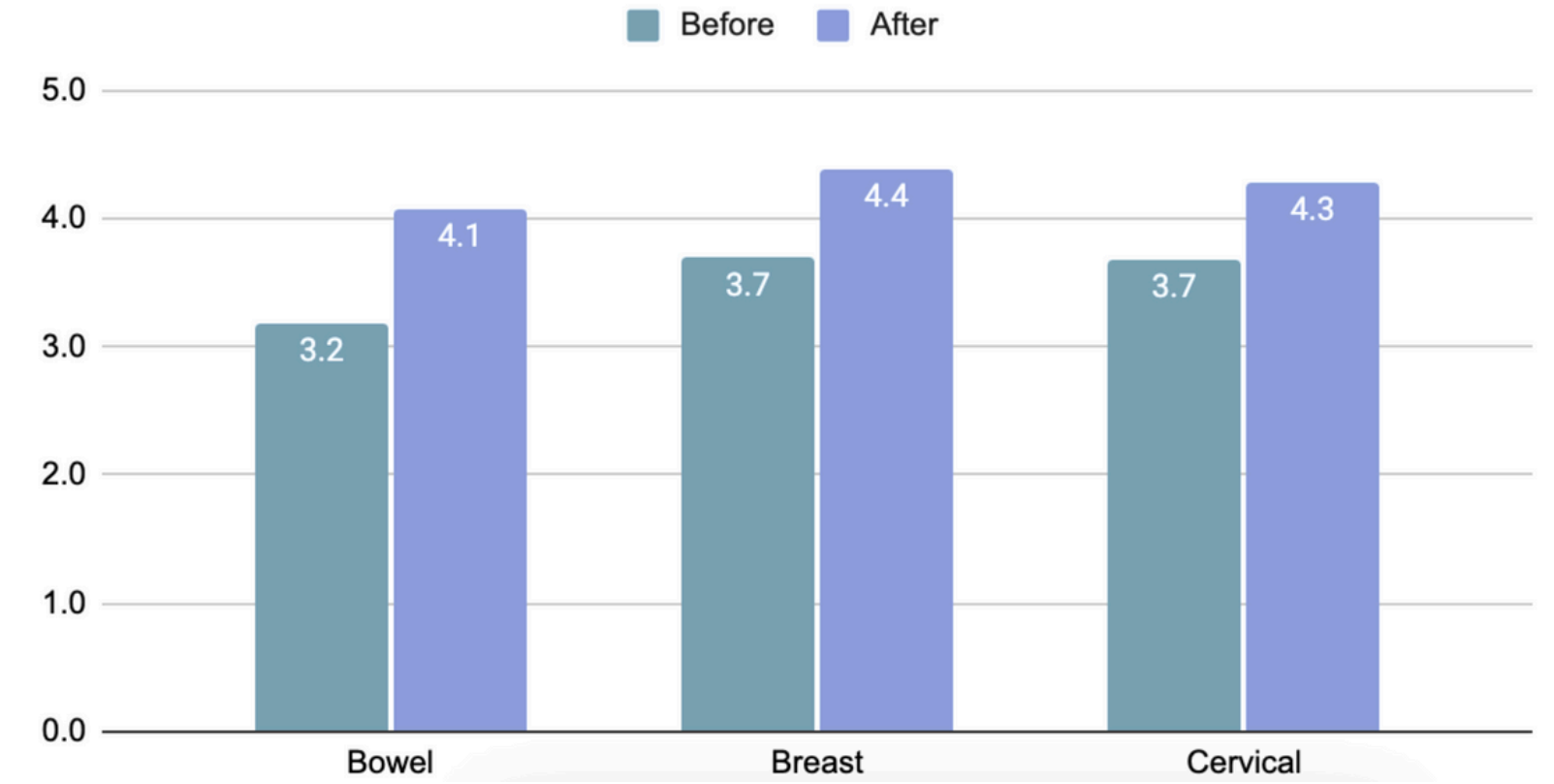
Graph 1: Percentage of survey respondents (participants) who increased awareness of signs and symptoms of these cancers



Graph 2: Percentage of survey respondents (participants) who now feel more aware of these screening programmes



Graph 3: Likelihood to take part in screening (once eligible) before and after the conversation with Cancer Smart (participants)



The short-term impacts on Cancer Smart Champions

The survey results from Cancer Smart Champions – in response to their Cancer Smart Champion training sessions – were extremely positive, with 100% overall reporting increased awareness of the signs and symptoms of at least one cancer type. The full results are presented in the following graph (see page 22), which show a range of 12% for ovarian cancer to 92% for breast cancer.

Champions were also asked to reflect on their awareness of four screening programmes, for bowel, breast, cervical and lung cancers. The results are presented on page 22, with increases ranging between 53% for lung cancer screening to 80% for bowel cancer screening.

Champions were also asked to reflect on their likelihood (on a scale of 1 to 5) to take part in a screening programme, if eligible, both before and after having received information at a Cancer Smart training session. The following graph (see page 22) shows Champions' shift in intention to take part in bowel, breast and cervical screening programmes, with a weighted average increase of between 3.9 to 4.6 across all three screening programmes.

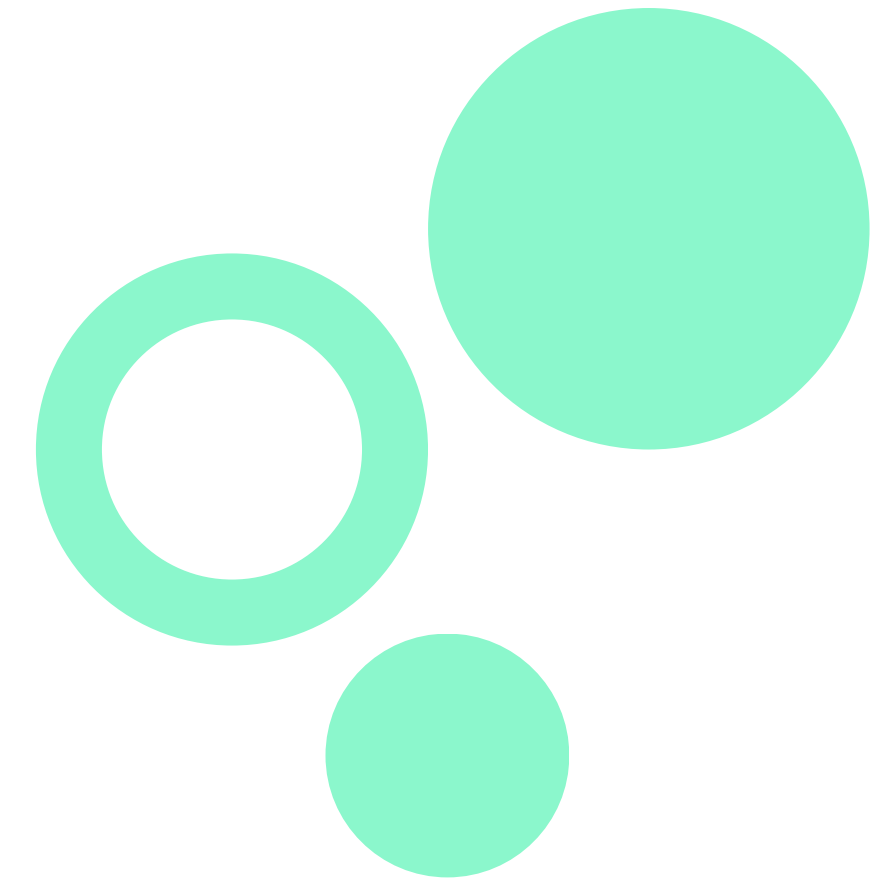
Comments in the feedback survey also supported that the training sessions strengthened understanding of screening options and cancer signs and symptoms. Several participants mentioned learning new facts or debunking

myths e.g. how to request gender-specific clinicians or the existence of self-sampling tests.

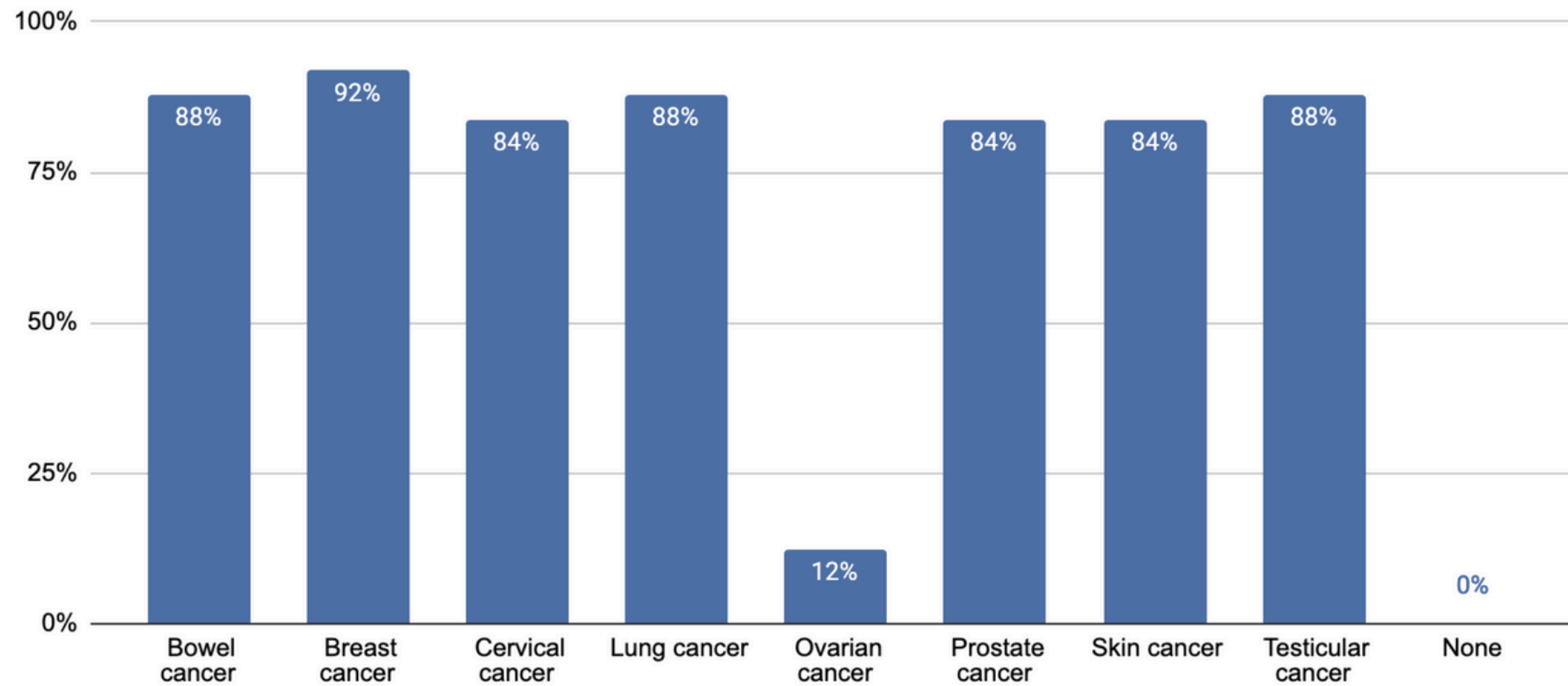
Qualitative interviews with Cancer Smart Champions echoed these findings. The interviewees had different starting points in terms of their knowledge of different types of cancer signs and symptoms, with those that had lived experience of one cancer type over another and those that joined with a low knowledge base overall. However, they all agreed that they had to some extent broadened or deepened their knowledge base and awareness through the high quality training events with oncology specialists:

"I attended an in-person Champion training session, and I learnt a lot as it was being delivered by bowel cancer specialists, and I engaged with people who I hadn't met before who were very interesting." Cancer Smart Champion interviewee

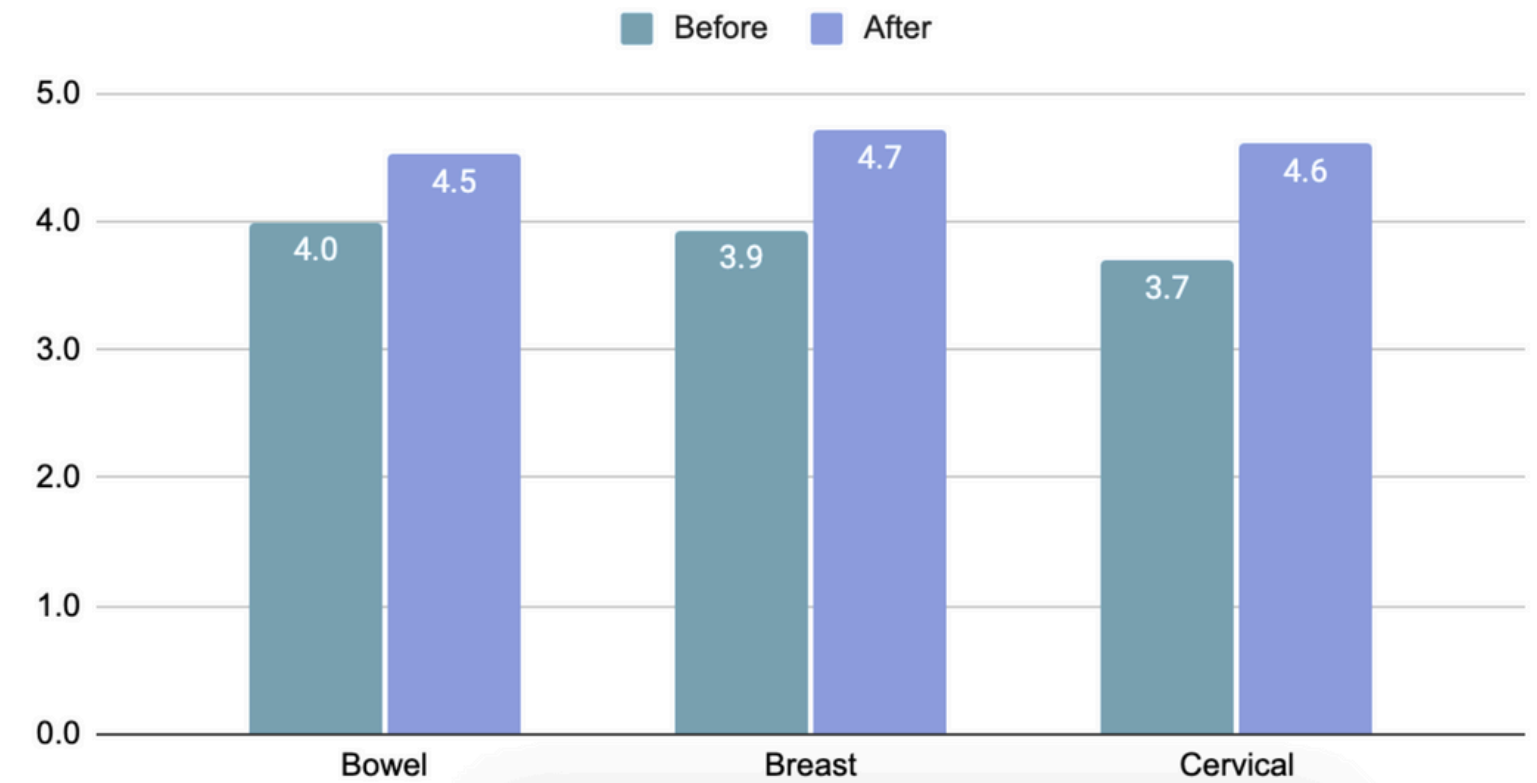
The training sessions also appeared to support the generation of enthusiasm for Cancer Smart Champions to deliver in their role. Comments in the feedback survey described the training as: "Brilliant", "Educational and helpful", "Really good presentation", "Professional and friendly team", "Extremely helpful" and "Great session." A number of comments expressed gratitude and excitement about joining the programme, with some noting they felt "happy to be part of this group" or "looking forward to volunteering."



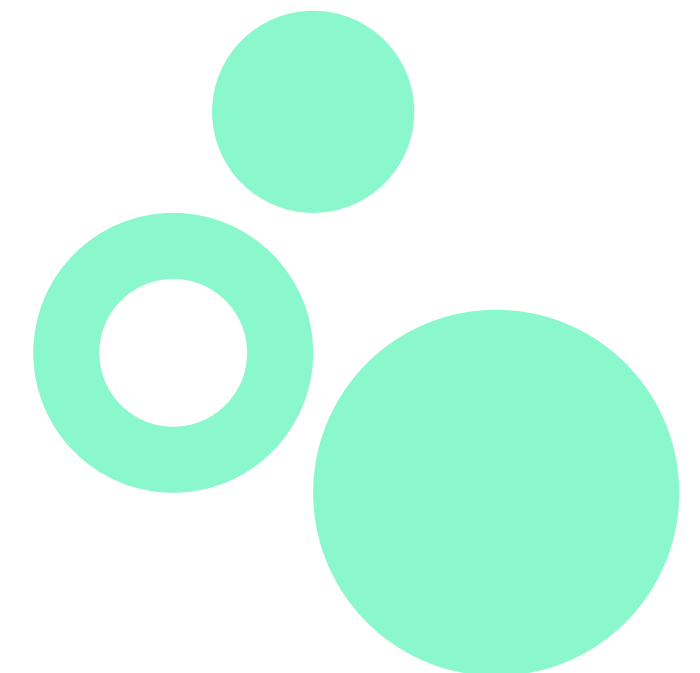
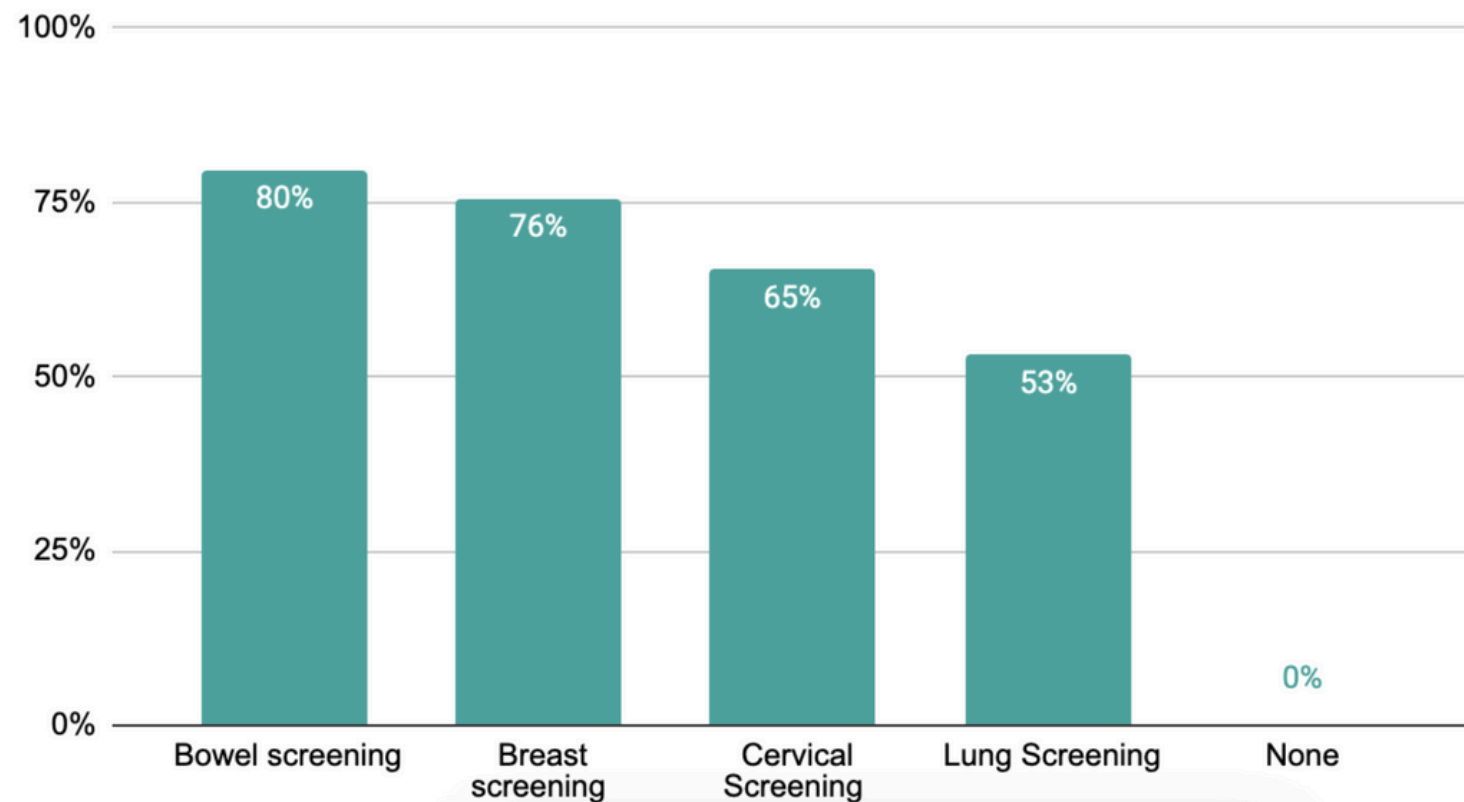
Graph 4: Percentage of survey respondents (Cancer Smart Champions) who increased awareness of signs and symptoms of these cancers



Graph 6: Likelihood to take part in screening (once eligible) before and after the conversation with Cancer Smart (Cancer Smart Champions)



Graph 5: Percentage of survey respondents (Cancer Smart Champions) who now feel more aware of these screening programmes



Interim outcomes on the wider community

Interim outcomes of Cancer Smart events on target groups

The evaluation sought to explore the interim outcomes of Cancer Smart information sessions and pop-up events, largely in terms of whether increased awareness of the common signs and symptoms of cancer, and of screening programmes, encouraged people to change their behaviour in future. This could be through reducing risks – so applying more sunscreen or stopping smoking – or it could be by acting more quickly on concerns by going to the GP or taking part in a screening programme.

These interim outcomes were explored through informal conversations during pop-ups and during qualitative fieldwork with the Cancer Smart project team and wider delivery partners. Examples of actual behaviour change and intended change were captured during the fieldwork. This included examples of participants of in-depth sessions agreeing to:

- Complete the bowel screening test kit which had otherwise been stored in the back of a wardrobe (manual construction worker)
- Re-book and attend a cervical screening test which was long overdue as a result of strong dislike for the procedure (attendee at a pop-up event in a LGBTQI+ bookshop)
- More systematically check for cancer symptoms (young people with learning disabilities)

Responses to the Cancer Smart event participant feedback survey also clearly showed an intention to act following the event:

“I have the test at home but haven’t sent it away yet, but I will after the information provided.”
Feedback survey response

“Now I feel confident to ask for a screening.”
Feedback survey response

This was also the case for Cancer Smart Champions who reported intent to change their behaviour in future, for example, a commitment to checking themselves more regularly, attending screenings or following up on home test kits, for example:

“[One action I will take forward is] checking myself.” Feedback survey response from a Cancer Smart Champion

“[One action I will take forward is] to take notice of any changes and seek medical advice.”
Feedback survey response from a Cancer Smart Champion

“Any available test should be attended.”
Feedback survey response from a Cancer Smart Champion

These intentions of future behaviour change act as positive indicators that Cancer Smart was supporting more people to take greater control, and so empowerment, over their personal health.



Interim outcomes of Cancer Smart Champion activity

One assumption tested through the evaluation was that Cancer Smart Champions disseminated information they received through their training more widely through their friends, family and community networks. The assumption was supported through the evaluation.

For example, in an open text question in the feedback survey, Cancer Smart Champions were asked to share ‘one action’ they would take forward. They responded in ways which indicated an intention to disseminate information and support the community. For example, a several respondents committed to sharing knowledge within their personal or professional networks:

“I will spread the word about cancer and how this can happen to anyone.” Cancer Smart Champion

“I will start talking about important screening programmes with family and friends.” Cancer Smart Champion

“I will share new information with colleagues.” Cancer Smart Champion

“I will promote screening and signpost to SEK.” Cancer Smart Champion

A cohort of respondents working in public- or community-facing roles noted plans to integrate cancer awareness into their work:

“[One action I will take forward from today is] having those conversations with patients.” Cancer Smart Champion

“I will review resources available online and share with workforce.” Cancer Smart Champion

“I will try to get the Trust to promote the testicular cancer awareness across the men’s washrooms if not already doing so.” Cancer Smart Champion

Finally, a smaller group of respondents indicated a shift in their approach or mindset which would likely support the community to have better conversations around cancer signs and symptoms and screenings:

“I will ask open questions and show empathy.” Cancer Smart Champion

“[One action I will take forward from today is] not to be judgmental.” Cancer Smart Champion

“I will be sensitive to ethnic minorities.” Cancer Smart Champion

Qualitative interviews with Cancer Smart Champions described how they routinely disseminated information through their networks. One interviewee with lived experience of one cancer type was well connected to a range of women networks, both through her professional career and through personal connections. She used the knowledge she received during Cancer Smart training relating to other cancer types and

screening programmes to raise awareness more widely through these networks as part of wider information sharing around wellbeing and reducing risks:

“When we do talks [to our network] we wrap Cancer Smart information into the talks as well. We focus on wellbeing and preventative behaviours and we share the information we’ve learnt through Cancer Smart so people know what to check for. And we hand out Cancer Smart flyers too.” Cancer Smart Champion interviewee

Another Cancer Smart Champion described how she shared the information she learned in her champion role across her various networks including different WhatsApp groups. Again, this included her personal networks such as members of her own ethnic community in Kent. This interviewee reflected that it was difficult to quantify whether people acted on the information she shared through these methods but that there was some interaction with her posts that suggested wider engagement with the information:

“We had a bowel cancer presentation in April time, around Bowel Cancer Awareness month and have a group chat on WhatsApp for Sri Lankans to share info, so I made a small message for resource on BCUK with symptoms and key facts and encourage people to ask for a

fit test or speak to GP. A few people reacted thumbs up... I don't know if they followed through [with the information] but I now know they have that information." Cancer Smart Champion interviewee

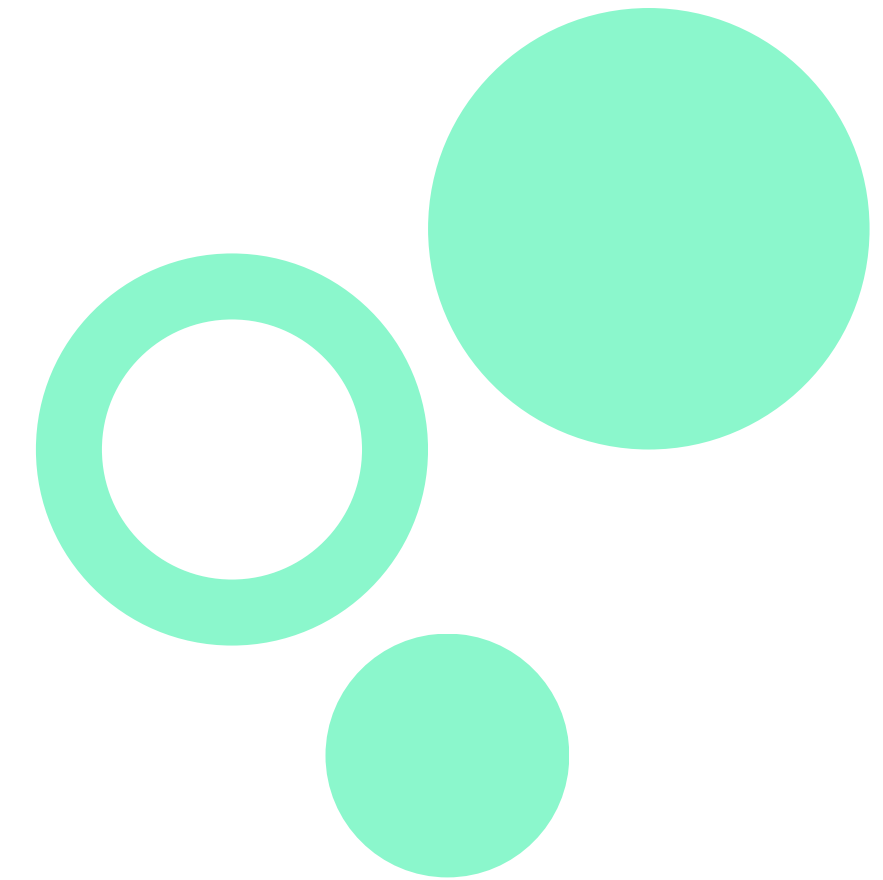
The same interviewee shared information about requesting a prostate-specific antigen (PSA) blood test with a family member, which led to a conversation about the prevalence of prostate cancer in their family. Through her concern, she encouraged her family member to request a PSA blood test and have the conversation with his GP, and described their collective relief at receiving a normal test result. As she explained:

"One of the talks was about prostate cancer and about the prostate antigen blood test and I was relaying that info to my parents and my dad said, "your grandad had prostate cancer" and I didn't know this until he told me, and I expressed concern for his health. And so, I encouraged him and said, "why don't you ask for a test, you have a GP appointment coming up" and he did, and it came back fine and that was a big relief." Cancer Smart Champion interviewee

The wider benefits of working through Cancer Smart Champions – both in terms of leveraging information through a wider network but also in terms of credibly landing the messaging – is captured in the process section of this report. It was also acknowledged by a strategic

stakeholder interviewee that the Cancer Smart Champion approach – i.e. using trusted members of the community to spread messaging – is evidence-based:

"I do like the approach of educating community champions – we've seen evidence for that in the past. The more we can train them up with accurate information and resources, [the better]. We know that is a good, evidence-based way of doing it." Strategic stakeholder interviewee



The impact on delivery partners

The primary focus of Cancer Smart was to have a direct impact on participants and Cancer Smart Champion's knowledge and awareness, with a view to encourage more preventative and proactive behaviours. However, the evaluation also explored the benefits of the Cancer Smart project working through community partners, both in terms of opening up access to target groups (explored in the following process section) but also in enhancing the partner offer and sustaining Cancer Smart impacts in the longer term. The theory was that collaboration with Cancer Smart would support partners to reiterate key messages with participants after the events and supply more people with Cancer Smart information beyond the immediate attendees. Again, the evaluation findings supported these assumptions.

Collaboration with Cancer Smart provided delivery partners with more information that they could share with the people they worked with. This included materials such as stickers, posters and leaflets as well as more targeted follow-up information for individual participants, such as resources for a transgender pupil. As one delivery partner noted, Cancer Smart convened a wide range of high-quality information from which they could quickly draw and share with support with the people they worked with. This led them to comment:

"It's good to have something like this for our community". Delivery partner interviewee

Delivery partner interviewees also described how Cancer Smart helped them open up and sustain the conversation around cancer. For example, the group leader from the Rethink Ethnic Minorities Group in Gravesend emphasised that partnerships with organisations like SEK help the Hindu community they worked with to broach 'taboo' subjects such as cancer:

"It's helpful to have connections like this with SEK because it enhances what we can offer to our community. For our community, a lot is changing – we're trying to break taboos about talking about things like cancer, so it's good to meet people where they're at." Delivery partner interviewee

These themes were echoed by a delivery partner that offered a Preparing for Adulthood course as part of a wider employment course for young people with learning disabilities and neurodiversity. The interviewee described the various benefits working in partnership with Cancer Smart to deliver sessions directly to the young people and how this not only raised their awareness of the signs and symptoms of cancer but also contributed to their wider agenda of increasing ownership and empowerment over their own lives. This is explored in detail in the following case study.

Case study: Beacon Plus – Supporting young adults with learning differences

Beacon Plus is a college for young adults aged 19–25, specifically catering to individuals with learning disabilities (LD) and neurodiversity. The primary objective is to prepare students not only for employment, with the ultimate goal of securing full-time jobs, but also to equip them with essential life skills. The Preparing for Adulthood (PFA) program covers a wide range of topics, from sexual health and contraception to financial literacy, such as how to obtain a credit card and understanding pensions.

Adapting Cancer Smart for neurodiverse learners

The college actively participates in community

events to broaden students' exposure to available resources. One event took place at a church in Folkestone where SEK hosted a Cancer Smart table and display. The college team approached SEK to run separate Cancer Smart events directly to their learners, and they agreed to deliver three separate sessions.

SEK tailored their brief to work with Beacon Plus students. Young adults with LD can lack awareness about personal health practices, such as cancer screening and self-checks, and may engage in behaviors like smoking, vaping, or drinking without understanding the associated risks. The goal of the sessions was to empower students with knowledge, encouraging them to take control of their health and access medical support independently, rather than relying solely on their parents or carers.

SEK's sessions utilised a variety of props and teaching methods to accommodate different learning styles, including tactile and visual aids. Students were able to see and touch models of lungs, jars with cigarettes, and anatomical models of vaginas, breasts, and testicles to learn how to check for lumps. These hands-on experiences made complex health information more accessible and less abstract. PowerPoint presentations and handouts complemented the multisensory approach, and the content was pitched for the learners. The sessions encouraged

open dialogue, allowing students to ask questions freely and discuss topics in a mature, respectful manner. This helped students overcome taboos and feel comfortable discussing and checking themselves, particularly in private areas.

Increased understanding of signs and symptoms of cancer

The sessions covered practical aspects such as GP appointments, cancer screening contacts, and included informative materials like leaflets and posters. Students and staff learned new information regarding screening procedures and timelines and tools, such as a speculum, were demonstrated to familiarise students with medical equipment, reducing anxiety and demystifying screening processes. Although smear tests may not yet apply to all students due to age, the foundational knowledge prepared them for the future.

Continued collaboration in future

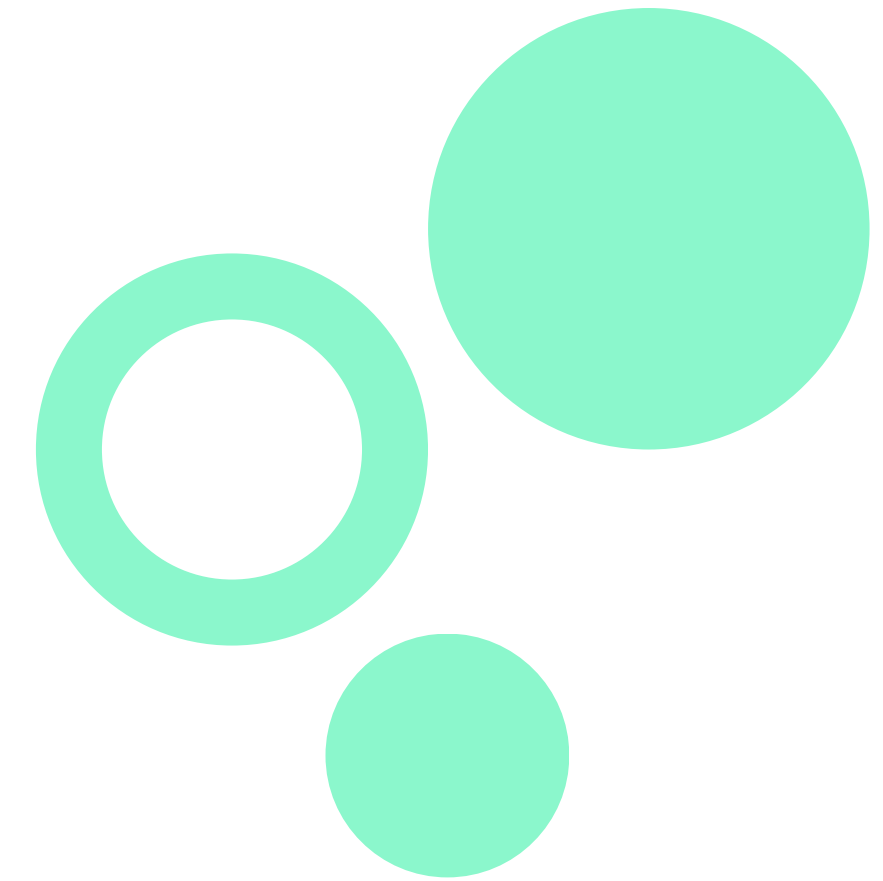
The college intends to maintain its partnership with SEK and plans to invite the team to return annually. This is to ensure that both new and returning students are regularly reminded of crucial health practices, such as self-checks and screening.

The impact on cancer screening rates

The Cancer Smart project was not anticipated to have a tangible impact on cancer screening rates given the relatively short 12 month-funded timescale. This is due to the lag between disseminating information and people acting on it. However, analysis from Kent and Medway Cancer Alliance indicated that the Cancer Smart project had already had a positive impact on screening rates in target areas. Postcode mapping of GP practices in target areas show an increase in cancer screening rates and increases in GP referrals into secondary care. As explained by a strategic stakeholder interviewee:

“The Cancer Smart events have massive impacts – and we are seeing the results through increased screening rates and people attending GPs with early signs and symptoms.” Strategic stakeholder interviewee

This impact on the cancer screening rates in target areas was a tangible indicator of Cancer Smart’s impact and validates community engagement approaches to tackling health inequalities. The following section explores the process of SEK delivering the project in more detail, particularly in terms of how Cancer Smart created the informal spaces for quality and safe conversations around cancer for people who might not otherwise engage with more ‘formal’ NHS or statutory health services or information.



Chapter 3:

The process of delivering

Cancer Smart

This chapter explores the process of delivering the Cancer Smart project, with particular emphasis on drawing out the learning around what worked well and less well in achieving intended outcomes. The findings are presented thematically, to explore the enablers and barriers to delivery against the key components of the model.

Bridging formal and informal settings

Throughout the evaluation, participants described how the Cancer Smart project bridged the gap between formality and informality, bringing high quality information into non-statutory and community settings. This is illustrated by the following quote:

"One of the reasons we're successful is we can bridge the gap between formality and informality and broach key questions without people being worried and they then have useful conversations with us." Cancer Smart workshop participant

This bridge was particularly important for the target groups who might have lower levels of access to health or statutory services or who might be mistrustful of formal services. One way in which the Cancer Smart project bridged formal and informal settings – to land key messages about cancer awareness and screening programmes – lay in the way in which the team took high-quality (formal) information about cancer and opened up spaces in the community for (informal) conversations. This approach is explored throughout this section.

The foundation of Cancer Smart: high-quality, accurate and up-to-date information on cancer

As well as commissioning and funding the project, Kent and Medway Cancer Alliance also supplied core resources, information and training so that the Cancer Smart team and Community

Champions were briefed with the same messages. There was a close working relationship – an ‘open door’ – whereby the Cancer Smart team could check information throughout the project and get advice on particular issues if needed.

"SEK will always speak to us if they are having trouble. They asked our thoughts on how to structure the Manual Worker content and how it was different to say women, about SPF and skin. And they're always open to feedback." Strategic stakeholder interviewee

This process gave the Cancer Alliance assurance that the Cancer Smart team was disseminating high-quality, accurate and up to date information throughout the project. The Cancer Smart team then tailored this information so that it was accessible to the target audiences, in terms of language and framing, explored in greater detail below.

Humanising the topic of cancer

Throughout the evaluation, participants described the pitch and quality of the Cancer Smart project team's conversations, and emphasised the value of the team's ability to broach and humanise difficult or ‘taboo’ topics such as cancer or the processes of checking ‘private’ parts of bodies. Having these conversations in informal, community spaces

also helped this process, as did the Cancer Smart team's ability to make quick connections with people as they walked by. This process was noted by a Cancer Smart Champion, who described her experience of working alongside the project team at a pop-up event and how their skill at getting people to engage in conversations:

"In my experience, when volunteering at stalls, it is a bit intimidating trying to talk to people when they pass by. They walk past the stall with a nice smile, but getting people to engage with me is so hard. But with [the Cancer Smart staff member] she's so friendly, she gets the ball rolling. She says, 'oh, we're here to talk about raising awareness of cancer and services' and in a quick way she gets people involved with the aims of Cancer Smart and she says, 'we have a breast with a lump you can feel' or has a prop for gents who might be concerned about prostate cancer... It's very impressive how she makes that human connection, it's incredibly natural and not rehearsed, smooth and off-the-cuff. She makes connections and she leads the long conversations. It's not just her talking 'at' people, it's a back and forth. It's a real skill to build on what people say to her and then direct them towards what we needed." Cancer Smart Champion interviewee

This theme of connection or 'humanising' the subject of cancer echoed throughout qualitative

interviews and participants agreed on the skill of the Cancer Smart team in being able to open up conversations with people to share key Cancer Alliance messages.

Reframing cancer prevention and awareness as wellbeing and self-care

Another way in which the Cancer Smart team destigmatised conversations around cancer was in the way the team talked more broadly around wellbeing. By reframing cancer as a regular or normal form of self-care, the team were able to signpost people to other services rather than lecture or tell people what they should or should not be doing. As one strategic stakeholder interviewee explained, this required a skillful reframing of conversations:

"The Cancer Smart team is very good at normalising cancer and having conversations around it. They don't lead with cancer; they lead with questions around health, and they do signposting. Such as a local Stop Smoking programme – they signpost people who want to stop smoking. It's signposting, not telling people what to do. And it's a skill, especially to have people act on it." Strategic stakeholder interviewee

Using accessible language

The use of simple language in Cancer Smart events was also noted as a key enabler for

successfully engaging participants – both for target groups and for Cancer Smart Champions. Using simple language – that is, using 'basic terms' and avoiding jargon – made complex information more accessible and helped to increase understanding. It was also critical for empowering Cancer Smart Champions to share information confidently within their own communities.

"One of the Primary Care Networks (PCNs) said that, when they came to our training, specialist cancer care nurses even learnt that they liked the simple language we used which wasn't patronising. And they said again the other day that it's easy for them to get wrapped up in jargon." SEK team workshop participant

The ability to translate materials into the first languages of different participants is noted in greater detail in the next section.

One challenge to this 'simplifying' approach of raising awareness of cancer types and screening was raised by an interviewee who questioned whether the key messages went far enough. They had previously been part of a different (non Cancer Smart) cancer community engagement project and had attended an event alongside a Macmillan nurse who checked people's moles at the stand. The mole-checking had an immediate, tangible impact on the people that came forward for checks, whether that was putting their minds

at ease or encouraging them to seek follow up. This interviewee recognised the value of this clinical-led approach – but also acknowledged that the Cancer Smart project had a different remit.

The lived experience of the SEK team and resources

Evaluation participants also noted the value of the SEK team being relatable to the target communities, whether that was due to living in Kent, representing a particular target group and/or having lived experience of cancer. This was noted by a strategic stakeholder:

“I’m proud of the project and the impact it has had on people... Cancer is not an easy thing for people to talk about [but] there is lived experience in the team and I think it is a really powerful way of [raising awareness in target groups].” Strategic stakeholder interviewee

In addition, being able to have conversations in the first language of participants was helpful for building trust and accurately communicating information. This was achievable in some cases because one of the SEK team members could speak a language common to South Asian communities. It proved beneficial in circumstances where she was able to do this. Some of the Cancer Smart materials were also translated into multiple languages and were

deliberate about showing people from a range of ages and ethnic backgrounds – so that people could ‘see themselves’ in the materials.

“[In] settings where [the SEK team member] is able to translate and speak in the first language, and [...] some of the materials they can receive in their first language... they see themselves either in the materials or in [the SEK team member]. They can relate to this – it’s powerful.” SEK team workshop participant

Survey respondents described how they found personal stories particularly powerful, noting that hearing experiences from the breast cancer ambassadors in the Cancer Smart breast cancer awareness video (which was often shown in the information sessions) made them think deeply. This highlights the importance of storytelling and lived experience – even when presented in a pre-recorded video – as effective tools for engagement, helping to humanise health information and overcome fear or stigma.

Quality of conversations

The quality of the Cancer Smart team’s two way conversation was considered to be a fundamental mechanism to the success of the project in bridging the formal and informal divide. Measuring the quality of conversations however was challenging, as described by a Cancer Smart Champion who recognised the tension between

maximising (and measuring) the number of interactions versus a smaller number of depth conversations:

“When I first started this, I was in the mindset of how do we reach the most number of people. You might think the measure of success... but it’s the meaningful one-on-one conversations which are just as valuable in getting the message across. Every interaction you have is valuable. If you can leave that conversation thinking, ‘I have given them resources’ or ‘I have helped them in their journey’ it’s just as good. It’s not bad you haven’t reached thousands, just that 10 interactions are just as good. We were counting how many people came to the stall for a conversation and it wasn’t a big number but we had long convos with a few of them and talked to them about a variety of health concerns.” Cancer Smart Champion interviewee

Wider discussions on measuring the impact of the Cancer Smart activities, particularly in terms of the pop-up events, was picked up in various qualitative interviews. These interviewees noted the limitations of counting the number of engagement points, which showed reach but didn’t capture wider demographic data on participants. However, this was broadly understood as a necessary compromise of maintaining an informal presence without over-formalising participant data capture.



Disseminating information through trusted channels of communication

The previous section described how the Cancer Smart team opened up open and honest conversations in community settings to normalise the topic of cancer. Another way in which the Cancer Smart project overcame barriers to disseminating information to target groups lay in the way in which the team diversified activities and channels of communication depending on the target group. This learning and adaptive approach to the project – rather than a one-size-fits-all approach – reflected the diversity of the Kent and Medway area and the people that lived within it. This was described by a strategic stakeholder interviewee, below:

“Kent and Medway is an interesting area. It has a diverse population. There are some affluent, well-read people who have engaged in private healthcare and can seek advice in a timely and knowledgeable fashion. And then there are areas where healthcare is not as accessible or the understanding of healthcare is lower. There are different cultural or ethnic groups and lots of poverty in some really deprived areas. That is the difficulty of Kent and Medway – one size doesn’t fit all. Which is where SEK has worked really well as they have tackled different areas in different ways. They have adapted to [Kent and Medway] in their delivery.” Strategic interview

Underpinning the different Cancer Smart activities was a purposeful and creative

approach to find and build upon trusted channels of communication. Fundamental to effective communication was building trust, which was particularly important for target groups who might have less access to, or be mistrustful of health and/or statutory services. As such, another way of bridging the gap between formal and informal services was the way in which the Cancer Smart project worked through trusted spaces in the community:

“Rather than the health service coming in and telling people what they need to do. It’s about bringing people along with us and supporting them in their learning and understanding in the community. And being able to move away but the [Cancer Smart] knowledge and resources are still there in the communities.” Strategic stakeholder interviewee

The ways in which Cancer Smart capitalised on existing community relationships and worked within the community are explored below.

Working through Cancer Smart Champions

The benefits of working through Cancer Smart Champions has been noted previously in this report. The champions offered not just a network through which they could pass information, but they also validated sources of information which helped land things with credibility amongst their peers. As the following quotes explain:



“Champions are the ones speaking from the heart of that community... [People from target groups] are not going to listen to me [as a healthcare professional] but they will listen to people who are part of their community.”

Strategic stakeholder interviewee

“The biggest impact is some of the women from different communities even on speaking communities who have engaged in Breast screening and how they have been able to tell other women their community. People within the community are more able to persuade people to do that screening. However much you talk to people it’s only when it’s someone part of your family community that would persuade people to do things. There was a Gujarati lady who didn’t speak much English who can go out and that is amazing and powerful. And Nepalese communities. And it’s chipping away and keep going.” Stakeholder interviewee

Interviewees with Cancer Smart Champions explored the different starting points of champions and their different motivations to take part. This meant that the balance of training worked particularly well for champions who had little or very specific knowledge of one cancer type, who noted that the information was pitched at the right level and Cancer Smart meetings were accessible and not too onerous. For this cohort, the opportunity to opt in to support

additional volunteering opportunities worked well. By comparison, a more experienced champion noted how they would like to increase the Cancer Smart Champion role for people who had capacity and inclination to deliver greater input in future. This could include support to shape future planning and co-produce materials for events. This suggests that there is an opportunity to diversify the champion role going forward.

Working through delivery partners

This report has described how community and delivery partners benefitted from taking part in Cancer Smart, particularly in terms of gathering high quality information and resources that they could share with their groups after the target information session had finished.

The benefit of delivering Cancer Smart through partners worked both ways, as this was an essential means by which SEK could reach the target groups, at pace and in a way that felt safe to participants. Working this way enabled the Cancer Smart project team to tailor resources and materials to the requirements of the target groups:

“The work with community partners helps to understand what is culturally sensitive and appropriate. How does that particular community want to receive that information? And then the team goes in to work in that space. But not to

hand stuff over and then leave. They worked with the community leader to develop the sessions – worked with young people to develop materials. And the last time I spoke to Lisa she was aiming to get young cancer champions to look at e-learning and get their feedback. So this combines a clinical point of view alongside a type of coproduction. And the videos they have shot, they have worked with participants who want to tell their story to make it something worthwhile rather than just make a video for the sake of it.”

Strategic stakeholder interviewee

It also enabled the Cancer Smart team to quickly build credibility – as validated partners of their community group – and open up conversations about cancer.

“The team in the last few years have just been great at connecting into communities. They really take and hold and allow space for those communities to do it themselves and be the guiding hand and be the connection of what the health system is, the translator into the community. And they have worked hard to develop those relationships and be an ally for those communities...” Strategic stakeholder interviewee

At the level of delivering Cancer Smart events, group leaders were also helpful in supporting their success because the presence of a trusted leader helped encourage participation, reinforce



key messages and provide reassurance for participants. A more detailed case study of this is provided in the Appendix.

Working through partners also meant that Cancer Smart could reach a wider range of target groups beyond those that were immediately engaged in SEK programmes. An example of this was that by working with Margate Football Club, SEK were able to access people experiencing homelessness who attended a monthly breakfast event run by the community team at the club.

The remit of Cancer Smart

As already described, the Cancer Smart project was designed with a clear remit: to engage specific target groups over a 12-month funded period and deliver key messages around the signs, symptoms and screenings. This section explores how interviewees reflected on the project’s scope and evolving delivery over the 12-month funded period.

Prioritising the target groups in the face of demand

By the end of the project, growing interest from new partners – such as the college for young people with learning disabilities who discovered Cancer Smart at a community event – demonstrated how increased demand extended beyond the team’s original delivery remit. Where capacity allowed, the team adapted their delivery in response to these opportunities but this raised questions about other demographic groups or communities that would also benefit from targeted activity to tackle health inequalities.

“There are always more opportunities [for this type of targeted activity]. We have some Romany groups which are difficult to get into, the local traveler community. All of us – in healthcare – fail in talking to those groups. It’s not just cancer, it’s maternity and dental care, etc. And it would be really nice to reach out to them but it is difficult.”
Strategic stakeholder interviewee

This building demand for Cancer Smart activity – alongside other potential groups in Kent – led interviewees to reflect on the remit of the project and whether there was a balance between breadth and depth of activities aimed at specific target groups. There was acknowledgement of the challenge in striking the right balance between identified need and available resources of the Cancer Smart team across the 12-month funded period.

Clarifying the remit of the Cancer Smart project

Evaluation findings suggest a need to improve internal communication among partners to ensure greater clarity around Cancer Smart’s scope and purpose. For instance, one Cancer Smart Champion was unclear on whether the project aimed to share key awareness messages or provide in-depth knowledge. Similarly, a strategic stakeholder interviewee questioned the rationale for delivering sessions in schools, whereas fieldwork with individuals from the education sector praised the programme’s success in that setting.

These examples highlight the importance of more clearly articulating the project’s remit and its emerging impacts across all stakeholders to ensure clarity and alignment over the scope.

Challenge of annual funding model

As detailed already in this report, the Cancer Smart project met – and in some cases exceeded – its key performance indicators, including the unprecedented positive contribution to increased cancer screening rates. These outcomes were achieved within a 12-month programme, largely as they built on pre-existing relationships developed by the Cancer Smart and SEK teams through earlier work with GPs, PCNs and community organisations.

While this continuity was key to the project's short-term success, the annual funding model presents significant challenges for initiatives reliant on relationship-building, trust and iterative learning. Interviewees noted that these critical components are difficult to sustain under short-term funding arrangements.

Sustaining the impacts in the longer term

Building on the above, interviewees raised concerns about maintaining the project's impact over time, given the limited funding window. Nonetheless, there was confidence in the sustainability of Cancer Smart's core approach, particularly its ability to embed key messages within communities and community organisations, enabling wider dissemination through a ripple effect.

There was also potential to continue using project resources, such as videos and the trained Cancer

Smart Champions, to extend the programme's reach beyond the end of the funding period.

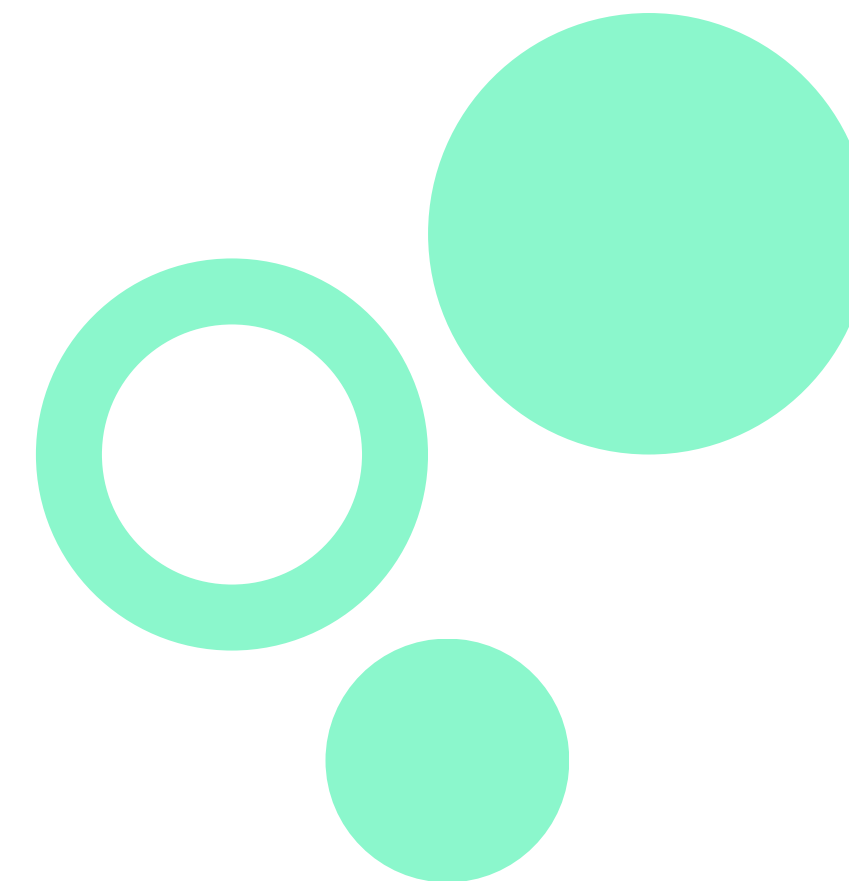
Working through the Cancer Alliance

Strategic stakeholder interviewees valued the SEK Cancer Smart team's flexible, iterative approach, enabled through its partnership approach with the Cancer Alliance. SEK's openness to feedback and willingness to pivot delivery as needed were seen as key strengths.

Strategic stakeholders also emphasised the importance of the team's role in gathering insights from communities. This was described as generating "two-way insight" – providing valuable feedback to the Cancer Alliance to inform its broader communication strategies.

"One of the best things about Cancer Smart has been the information that's been fed back into us. You don't hear it first-hand so it's good to have that filter back through." Strategic stakeholder interviewee

In this way, the collaborative relationship between the SEK Cancer Smart team and the Cancer Alliance was more than operational; it offered a strategic opportunity to build on the work of each other. It enabled the project to remain community-responsive while also contributing to broader public health goals, creating a bridge between local insight and system-wide action.



The role of SEK in tackling health inequalities

Strategic stakeholder interviewees recognised the efficiency and effectiveness of the SEK Cancer Smart team, describing SEK as both a delivery resource and also as a strategic vehicle through which the Cancer Alliance could achieve broader system-level objectives.

“We know Cancer Smart is having an impact on ‘hard to reach’ communities and areas. These are areas the rest of us don’t go into. SEK go to Gravesend, the mosques and [Sikh Temples/Gurdwaras] and seem really well received and that’s great. These are communities who don’t necessarily engage in healthcare per se. And it’s good that they are seen and it’s good for the communities to think we are not forgotten, we are part of Britain and the community and the NHS. This is for everyone, not just colour or ethnicity. They break the barriers down and SEK is brilliant at doing that.” Strategic stakeholder interviewee

By working through trusted local networks and building meaningful relationships with target groups, the SEK Cancer Smart team was able to create an environment where key health messages were not only shared, but also received, understood, and acted upon. This relational, community-rooted approach went beyond simply providing information in informal settings; it ensured those messages landed.

In these ways, Cancer Smart has not only

elevated the profile of SEK – as part of the wider voluntary and community sector – in tackling health inequalities but has also demonstrated its strategic value. Despite widespread budget constraints and financial pressures, the Cancer Alliance has chosen to commission follow-up Cancer Smart activities; a clear indication of the perceived impact and return on investment of the project.

Looking ahead, there is significant potential for SEK and the wider community and voluntary sector to play a larger role in advancing NHS strategic priorities, including those outlined in the NHS Long Term Plan. Whether by increasing cancer awareness, supporting early diagnosis, or encouraging GP registration, Cancer Smart has shown that when working as a trusted ally at the neighbourhood level, offers a powerful model to tackle health inequalities.

Conclusions and recommendations

Conclusions

SEK identified an opportunity to respond to the Kent and Medway Cancer Alliance's ambition to increase earlier cancer diagnosis interventions and preventative measures, with particular focus on target groups to tackle health inequalities. Building on its strong track record in community engagement and health and wellbeing programmes, SEK designed the Cancer Smart project, which set out to raise awareness of the signs and symptoms of common cancers, promote screening uptake and empower local people to share information and support others. It combined direct community engagement through 'pop-up' and in-depth 'information session' events with the development of a Cancer Smart Champions network, equipping volunteers to act as advocates within their own communities. Working through partner organisations also supported reach into communities, and built knowledge and connections for partner organisations to deepen and broaden the network of Cancer Smart's messaging.

The evaluation sought to assess how effectively the project delivered against its intended outcomes and theory of change. Using a mix of primary qualitative methods, and quantitative and qualitative feedback collected by SEK, the evaluation explored the project's reach, its impact on awareness and behaviour and the effectiveness of the delivery model.

Achievements of the project

The evaluation found that Cancer Smart has exceeded a number of its key performance indicators, achieving extensive reach across Kent and Medway and engaging a diverse range of audiences. Feedback from participants and partners was positive, with excellent survey responses and rich qualitative data demonstrating changes in knowledge, confidence and attitudes towards screening.

Participants described feeling more confident to ask for screening and more likely to check themselves. Cancer Smart Champions reported increased awareness, confidence and motivation to have conversations about cancer in their workplaces, faith groups and families. These ripple effects suggest that Cancer Smart's influence extends beyond direct event attendees.

The Kent and Medway Cancer Alliance has noted unprecedented early evidence that this type of community outreach is beginning to influence cancer screening rates at the system level – an important signal that further investment in targeted community engagement is justified.

What worked well

Several process factors contributed to the success of the project. Chief among these was the quality of conversations between the SEK team and community members. The ability to

have open, human and ‘non-clinical’ discussions about a sensitive topic helped to normalise conversations around cancer and build trust with individuals who might otherwise not feel included in or engage with formal health messages and campaigns.

Working through trusted partners and community networks also proved critical. By collaborating with organisations such as colleges, faith groups and community groups, SEK was able to access groups that traditional health services often don’t fully reach. These partnerships enhanced local credibility and supported mutual learning between the voluntary sector and health professionals.

The Cancer Smart Champions model worked well as a sustainable mechanism for awareness raising. Champions described learning new information and feeling equipped to share it confidently through their own networks, reinforcing the peer-led ethos of the project. There is further potential to strengthen this approach by engaging Champions with greater capacity and interest in co-designing future project activities.

Challenges and opportunities

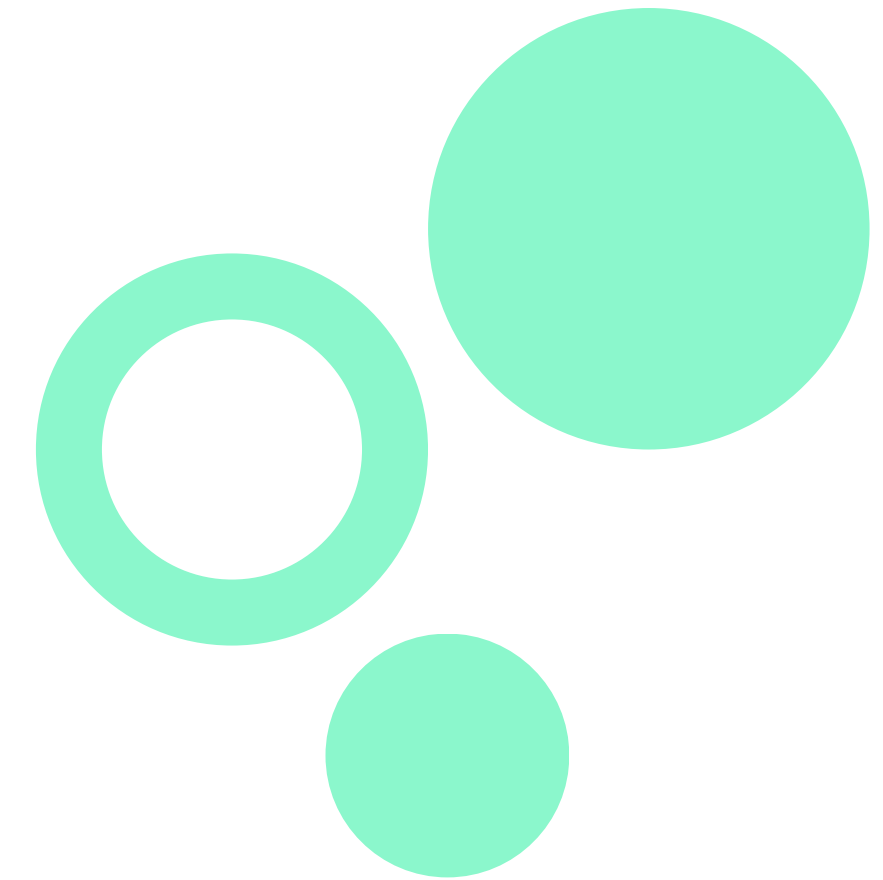
As with many community-led initiatives, capacity and resources remain an ongoing challenge. The success of Cancer Smart has generated high

demand, which risks outpacing the current team’s delivery capacity. The next phase of work targeting PCN areas will help to concentrate efforts and activity.

While the evaluation primarily focused on face-to-face engagement, the project also produced a set of films and online resources to support engagement. Although these were not evaluated as part of this phase, both the SEK team and strategic partners expressed confidence that they will play an increasingly valuable role in the next stage of delivery, extending the project reach even further.

Overall, Cancer Smart has demonstrated that a community-led, partnership-based model can make a measurable difference in improving cancer signs, symptoms and screening awareness and contributing to earlier diagnosis. The project’s success is underpinned by authentic, high-quality conversations, trusted local relationships and strong collaboration with health system partners. The model provides a strong foundation for future projects that aim to bridge the gap between formal health systems and community-based prevention.

The findings provide compelling evidence for continued and expanded investment in Cancer Smart, particularly in areas where inequalities in early diagnosis and screening uptake remain most pronounced.



Recommendations

One of the core purposes of this evaluation was to provide evidence and learning to guide SEK and the Kent and Medway Cancer Alliance in shaping the next phase of the Cancer Smart project. The evaluation also generated valuable insights for other areas seeking to strengthen the role of the voluntary and community sector in tackling health inequalities, particularly in relation to cancer prevention and early diagnosis. The following recommendations draw on findings presented throughout this report.

1. Sustain and target the Cancer Smart model

Cancer Smart has demonstrated clear value as a community-led approach to increasing awareness of cancer symptoms and screening programmes. Future delivery should focus on sustaining the model while targeting activity more strategically within defined PCN areas. Concentrating effort geographically will allow for deeper engagement, better coordination with NHS data on screening uptake and clearer demonstration of local impact. By focusing resources in high-inequality areas, the project can maximise its contribution to cancer prevention and early diagnosis.

2. Strengthen the Cancer Smart Champion network

Our evaluation indicated that the Champion model is effective in extending the reach of

Cancer Smart messages through community networks, but there is potential to make it more strategic and sustainable. Future work should include a review of the Champion programme to clarify its purpose, expectations and support mechanisms. Champions with greater capacity and motivation could be invited to co-design activities or act as local advocates within PCN areas, ensuring that community insight continues to shape delivery. Building an online forum or peer-support network could also help maintain motivation and learning across the cohort.

3. Enhance data collection and evidence of impact

The Cancer Smart team has collected high-quality feedback and attendance data, but there is now an opportunity to strengthen the evidence base further. Future evaluations should collect demographic data from event participants to better understand who is being reached and where gaps remain. This will enable a clearer picture of engagement across ethnicity, age, gender and socioeconomic background.

In addition, a focused economic evaluation should be commissioned to estimate potential cost savings associated with earlier diagnosis and increased screening rates among target groups. As one strategic stakeholder put it:

“For us, it’s putting this work into a Spend to Save

programme. The benefits of diagnosing cancer earlier is it costs less to treat. But it's a limited amount of money. It would probably be missed opportunities within those groups we can't get to yet."

Such analysis would help position Cancer Smart as a cost-effective prevention investment within the wider Core20PLUS5 framework and provide evidence for commissioners to sustain and expand the project.

4. Deepen work with partners and community groups

Partnerships have been central to the success of Cancer Smart, enabling SEK to reach audiences that statutory services often struggle to engage. Building on this strength, future delivery should aim to deepen collaboration with trusted partners by developing longer-term, co-designed initiatives. Community and faith groups, educational institutions and voluntary sector organisations could be supported to run their own Cancer Smart activities using shared resources, ensuring that messaging continues between formal events. Creating a partner resource hub or training offer would also help maintain consistency and quality while strengthening the network's capacity to sustain cancer awareness work independently.

5. Focus on accessibility, inclusion and quality of engagement

A core strength of Cancer Smart has been the quality of human conversations – approachable, honest and grounded in empathy. Maintaining this quality while expanding reach will be essential. Future delivery should continue to ensure that information and engagement are accessible, with translated materials, inclusive imagery and culturally sensitive facilitation. Training for facilitators should continue to emphasise trauma-informed and inclusive communication, helping staff and partners engage confidently with groups where stigma, language or trust barriers remain.

6. Raise awareness of community approaches to tackling health inequalities

The findings from this evaluation provide strong evidence of the value of community-led approaches to tackling health inequalities. SEK and its partners should use this evidence to raise awareness of the project's impact among system leaders, funders and policymakers. A communications plan highlighting case studies, Champion stories and measurable outcomes would demonstrate the tangible difference that Cancer Smart is making to people's lives. Sharing learning through regional and national networks could also help influence wider adoption of community-led approaches.

7. Explore digital and media opportunities

The Cancer Smart team has developed a set of films and online resources, which were not within the scope of this evaluation but represent an important asset for future delivery. In the next phase, these materials should be actively deployed and evaluated to understand their reach and impact. Digital tools could be particularly valuable for sustaining engagement with younger audiences, supporting Champions and amplifying key messages beyond physical events.

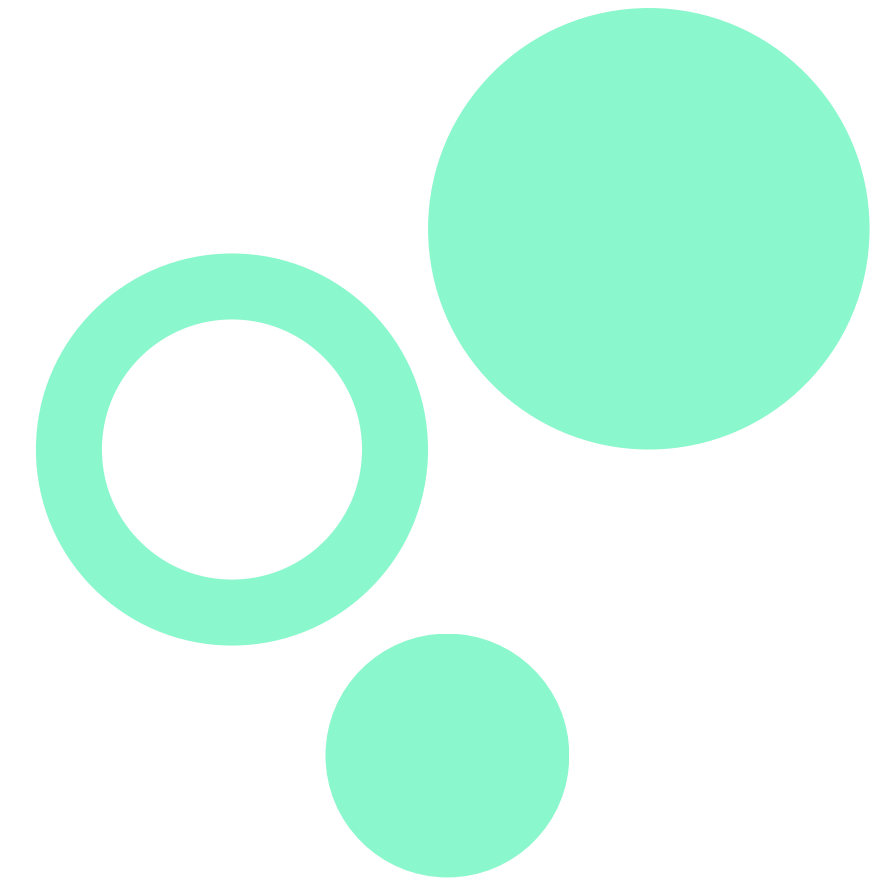
8. Strengthen strategic alignment and sustainability

Cancer Smart should continue to align closely with system-level priorities for cancer prevention and early diagnosis, including the NHS Long Term Plan and Core20PLUS5 framework. Working in partnership with the Cancer Alliance and Integrated Care System, SEK could help ensure that community-based awareness work is embedded within wider cancer strategies. A longer-term funding model would enable the team to retain skilled staff, plan activity strategically and continue to demonstrate how grassroots engagement complements clinical and system interventions in improving population health outcomes.

9. Use community insights to improve NHS screening programmes

Feedback from Cancer Smart participants and Cancer Smart Champions offers valuable learning for the Cancer Alliance and NHS partners on how to make NHS screening programmes better. Feedback included making screening pathways more accessible and inclusive – participants called for greater flexibility, such as more local and out-of-hours appointments, alongside clearer, multilingual communication and more empathetic, person-centred care. They also highlighted the need for greater awareness in schools and communities, and for screening experiences that are culturally sensitive and trauma-informed. These insights should inform future design and delivery of screening pathways to ensure they meet the diverse needs of local populations, and particularly those who experience health inequalities.

Together, these recommendations aim to consolidate Cancer Smart’s achievements while ensuring its future sustainability and strategic value. The evidence presented through this evaluation strongly supports continued and targeted investment in the project, not only as a local success story but as a model of best practice for community-led approaches to cancer prevention and early diagnosis and health equality.



Appendix: Case studies of Cancer Smart events

Case study: Cancer Smart Information Session with Rethink Ethnic Minorities Group, Gravesend

SEK delivered a Cancer Smart information session for the Rethink Mental Illness Ethnic Minorities Support Group in Gravesend. The group, which meets weekly in ASDA supermarket's community space, provides peer support for older adults (predominantly from South Asian backgrounds) who face challenges and perhaps stigma around their mental health. SEK, represented by Lisa Bates, was invited as a guest speaker to deliver a tailored cancer awareness session.

The session aimed to increase awareness of cancer symptoms and screening opportunities among a community that can be harder to reach through traditional health channels. By partnering with Rethink, the team sought to meet people where they are – in a trusted, familiar environment – to encourage open, stigma-free conversations about cancer and early diagnosis.

What happened

The session was facilitated by Lisa and supported by Raj, the group leader, who played a key role in encouraging participation and reinforcing key messages. The session began with introductions and an interactive “red/green flag” quiz to start conversations about symptoms and healthy habits.

Lisa covered a range of topics including risk factors, screening programmes (bowel, cervical and breast), and ways to reduce cancer risk. She

used plain, reassuring language – often saying “it might be worth getting checked” rather than using alarming terms – and provided practical resources such as leaflets, screening hotline numbers, and self-checking guides.

The discussion evolved naturally, with participants sharing personal stories and questions about symptoms, family experiences and screening. Videos featuring Black and South Asian women helped make the content relatable. The session also connected participants to other local health initiatives, including the “Release the Pressure” helpline, demonstrating the value of joined-up community work.

The observable impact

Participants appeared engaged and appreciative, asking questions and taking materials home. One attendee quietly collected extra leaflets and stickers to share with others, showing the ‘ripple effect’ of awareness spreading through peer networks. At least one participant expressed curiosity in approaching their GP, perhaps supported by discussions on embarrassment, gender preferences for clinicians, and how to self-advocate. The format – small, familiar, and inclusive – made space for sensitive topics to be discussed openly.

Learnings

- Accessibility of feedback forms was an issue – font size and English-only versions made participation challenging. Lisa noted the need for translated and simplified forms for future sessions.
- The presence of a trusted community leader (Raj) was pivotal – his relationship with the group helped reinforce messages and provide reassurance.
- Time and psychological safety were key: giving space for reflection and story-sharing proved more effective than rapid delivery of information.
- Sessions like this demonstrate the importance of smaller, relationship-based interventions alongside large-scale pop-ups – essential for engaging seldom-heard groups.

The Gravesend session illustrated how Cancer Smart's community-led model fosters trust, dialogue and peer-to-peer learning, which may extend beyond the event itself. By embedding cancer awareness in existing support networks and 'going to' communities to meet them in their own context, SEK helped to improve knowledge and confidence but also perhaps seeded ongoing, ripple-effect conversations that help reduce health inequalities across communities.



Case study: Cancer Smart Pop- up at EKC Group Canterbury College, Canterbury

SEK took part in a Student Celebration Event at EKC Group Canterbury College, delivering a Cancer Smart 'pop-up' session designed to increase awareness of cancer signs and symptoms, self-checking and cancer screening programmes. The event, organised by the college's Student Experience Team, brought together a range of community organisations offering health, wellbeing and lifestyle support. Kay, from the SEK team, led the Cancer Smart stall, engaging both students and staff in a vibrant, fast-moving environment.

The pop-up stall, which was positioned among a number of other stalls at the event, aimed to reach college students – aged 16–18 – with accessible, engaging messages about recognising cancer symptoms, understanding screening and the importance of self-checking. This demographic often has limited exposure to cancer education, so the focus was on sparking curiosity, reducing fear and making conversations about cancer feel normal and approachable. It also reached a few staff members attending the event.

What happened

Positioned near the main entrance of the event, the Cancer Smart stall used bright visuals and interactive props to attract attention – including soft toy models of a breast and HPV virus, bold stickers (“I love my balls”) and pocket-sized

leaflets. The setup was deliberately playful and informal, helping students approach sensitive topics without embarrassment.

Kay's approach was adaptive and personable, using humour, warmth and short, memorable messages (“Knowledge is power”, “Know your own body”) to connect quickly with people. Conversations were typically brief but meaningful, providing key facts about screening and encouraging students to take materials home or share them with others. Staff members were also engaged, reinforcing the messages and taking resources.

The event also strengthened cross-sector connections, with SEK's presence alongside groups such as East Kent Mind, East Kent Carers, KRAN and domestic abuse services. These partnerships create valuable referral opportunities and enhance SEK's visibility across the wider health and wellbeing network.

The observable impact

Over the course of the day, around 60 people visited the stall, with nearly everyone taking a leaflet. Indicators that the event had gone well included:

- High engagement – strong flow of visitors stopping to interact.
- Positive reactions – visible interest, laughter and active participation.

- Memorable conversations which indicated engagement – students recalling new knowledge or expressing surprise (e.g. “I didn’t know men could get breast cancer”).
- Leaflet take-up – nearly 100% of visitors taking resources.

Feedback from students also reflected the impact:

- *“It’s more fun and makes it more accessible having the props.”*
- *“The stickers drew me in. I liked that it was informative. Good approach from the lady, she told me everything. I learnt that men can get breast cancer. I’ll check myself in future. It’s good, quick, simple, and it’s just good. Nothing I’d change about it.”*

College staff also highlighted the value of making health messages visible and relatable. Jordan, Student Experience Officer, said the team invites diverse partners to reflect their students’ needs:

“We try to bring in as many different stalls as possible because our students are so diverse. [This one] seems to have gone well. I imagine we will definitely ask SEK back to do another stand in Freshers’ Week.”

Learnings

- Limited time per interaction: Pop-ups rely on strong visual hooks and confident delivery; depth of conversation is traded for reach.

- Feedback collection: Difficult to capture on-the-spot feedback; SEK uses click counters, observation, and reflective debriefs to gauge event success.
- Branding and resourcing: More portable, branded displays would enhance recognition.
- Geographic reach: Building presence in West Kent remains an ongoing goal.

The pop-up demonstrated how creativity and personality can break down taboos and make cancer awareness accessible to younger audiences. By combining humour, approachable messaging and visual prompts, Cancer Smart turned a brief encounter into a memorable learning moment – perhaps with ripple effects as students and staff share messages within their networks. Events like this also strengthen SEK’s relationships with local partners, reinforcing its role as a trusted community health advocate.

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