

Supporting the uptake of cervical screening within communities experiencing health inequalities

Year 2 of the implementation of a local cancer
outreach screening model

July 2025

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Introduction

Healthwatch Islington champions inclusivity in health and care services. We work in partnership with a range of local, community-based organisations supporting residents experiencing health inequalities. Many of these residents face barriers that make it harder to get their voices heard. As the [Diverse Communities Health Voice partnership](#), we work together to gather insight from the residents our organisations represent to inform service provision and commissioning, increasing equality of access. We were commissioned to gather feedback from these groups on their experiences of accessing cancer screening services and we [published our findings](#) in 2023.

North Central London Integrated Care Board asked us to build on this research. In 2023-4, guided by learning from a Public Health Cancer Needs analysis, and support from North Central London Cancer Alliance, we focused on supporting uptake of cervical screening in the Somali and Turkish Communities. We [published our report](#) on the first year of this work in 2024.

In 2024-5, supported by more recent data on uptake of cervical screening available from the GP Federation, we decided to continue work with Somali and Turkish communities but also extend the project's reach to other communities experiencing health inequalities. This year we have also worked with local Bangladeshi, North African, Middle Eastern, and Greek/Turkish Cypriot communities. Activity started in the winter and was completed by the end April/beginning of May.

Public health colleagues have supported the project with an evaluation of the longer-term impact of the one-to-one conversations we had in first year of this project and the cancer champion training. Evaluation of the year one participants and of the cancer champions took place in June 2025.

What we did

Project delivery followed the same model as for year one. Cancer champion training took place in January 2025. 11 champions from six of the participating organisations attended. Those organisations were:

- Jannaty
- Islington Somali Community
- Islington Bangladesh Association
- Arachne Women's Support
- Kurdish and Middle Eastern Women's Organisation
- Healthwatch Islington

Islington Turkish Kurdish and Cypriot Women's Welfare Group did not attend the cancer champion training but did host a wellbeing workshop in February 2025.

Women from the communities the partners support were invited to attend wellbeing workshops covering a broad range of topics but including screening. Cancer champions followed up with one-to-one conversations with workshop participants who weren't attending screening appointments and were willing to discuss their concerns. The cancer champions also gathered structured feedback from these participants to better understand the barriers to attendance. Information and support with booking appointments was provided if needed.

Beyond the workshops, champions also had opportunistic conversations with friends or family in the community, and women were generally receptive and interested in knowing more about screening. Partners also introduced conversations around cervical screening when women were attending their organisations for health-related or advice appointments and already in a confidential space. Finally, the culturally sensitive call and recall programme led by the Islington GP Federation provided a small number of referrals to our cancer champions.

Wellbeing workshops

6 women's wellbeing workshops were delivered reaching 112 women:

- Arachne Women's Support x 2 (4 and 25 February) reaching 40 women
- Islington Bangladesh Association x 2 (28 January and 11 February) reaching 38 women
- Islington Turkish Kurdish and Cypriot Women's Welfare Group (February) reaching 11 women
- Islington Somali Community (24 April) reaching 23 women

One-to-one conversations about screening

Conversations took place with 63 women not attending smear tests and 16 women who regularly attend.

Wellbeing workshops

Women's wellbeing workshops took place from January to April 2025. There were 112 participants in total. As well as providing useful information about a range of health services including, but not limited to, cervical screening, these events enabled partners to identify women within this larger cohort who weren't attending cervical screening appointments.

Impact of wellbeing workshops

111 of the 112 workshop participants said they found the information they were given helpful. The remaining participant found it partially helpful.

16 of the workshop participants went on to have a one-to-one conversation about cervical screening. Since there were 63 one-to-one conversations with women who were not attending appointments and 79 one-to-one conversations overall, this shows the value of opportunistic conversations and conversations introduced by partners during other types of client interaction in reaching those totals.

Four participants booked an appointment to speak to the nurse to know more about cervical screening, three of these went on to book an appointment for a smear test. 10 workshop participants booked a smear test appointment in total.

24 workshop participants also accessed signposting support for the other health issues, help accessing benefits, and wellbeing services.

"I have already done the screenings but I have learn't more about what I can ask for."

"All the comments and information were very useful and helpful. For us parents with young children, it was especially valuable to learn more about HPV. It reassured us that encouraging our kids to have the vaccine at school is the right thing to do."

One-to-ones

In-depth conversations took place with 63 women not attending smear tests and 16 women who regularly attend.

- Islington Somali Community (ISC) have been speaking to women on a one-to-one basis through 'health appointments' offered by the organisation. They have spoken to 23 women.
- Jannaty had hoped to deliver a workshop at the end of February but didn't in the end as women were getting prepared for Ramadan. Nevertheless, they carried out 18 interviews with women not attending smear tests and a further eight interviews with women who said 'yes' to regularly attending their smear tests. Jannaty supports women from North Africa, the Horn of Africa and the Middle East.
- Kurdish and Middle Eastern Women's Organisation (KMEWO) did not host a wellbeing workshop. They have spoken to 14 women who are currently not attending their smear tests and six women who said 'yes' to regularly attending.
- Arachne have carried out six conversations with women who are not attending and one interview with someone who regularly attends. Arachne clients are mainly from Greek/Greek Cypriot backgrounds.
- Healthwatch carried out a single interview at Islington Bangladesh Association with a woman who said 'yes' to regularly attending and had two in-depth conversations with Turkish-speaking women who did not attend screening. These two women had been initially contacted by the GP Federation as part of the call and recall element of this project and wanted to speak to a cancer champion.

Reasons you don't attend screening appointments (you can select more than one answer)	Number of respondents
For me there are cultural issues that make it hard to attend	21
I have had a bad experience at a previous screening	10
I don't understand the value of screening	7
I don't understand why I personally need to go	6
It is difficult to get a screening appointment	4
The screening process has not been properly explained to me	4
Language barriers	4
It is hard for me to attend the venue	3
Healthcare staff are unwelcoming	3
Influence from my peers/from other people I know	1
Other	19

The 63 women who didn't attend screening appointments were invited to select reasons for their non-attendance from a predefined list. Women most frequently identified 'cultural issues that make it hard to attend' as the reason they didn't attend screening appointments. 21 women identified this issue.

Access issues and issues associated with the screening experience itself were also frequently selected. No single issue within this area was as seen to be as important a barrier as cultural issues, but the combination of difficulties accessing the venue, poor past experiences, language barriers, and unwelcoming staff were identified more often in total. 21 women identified at least one of these issues as a barrier.

Barriers that can be addressed through better information provision (not understanding the value of screening, not understanding why they personally need to attend, or not having the screening process properly explained to them) were identified by 15 women in total.

Influence from peers and other people in the community was not a big factor in non-attendance of screening appointments, with only one woman selecting this answer.

19 women identified reasons other than the options listed in the survey question. Being newly arrived in the country, not getting letters of invitation, pregnancy, and not being sexually active were the most common reasons given here.

"I am not sexually active, and personally, I do not want to do this test. Also, due to my phobia, I won't be able to allow the nurse to carry out the test."

"Going through FGM (female genital mutilation), having early menopause and some other cervical issues, made the procedure worse for me. Now hearing this information and the value of this test I do need to do the test as soon as possible ... and I have been ignoring the reminder letters they send to me. I do appreciate your support today to convince me to put my health in priority and supporting me in booking the appointment, translating and explaining my issues to my GP receptionist. It has been very helpful."

What would make you more likely to attend?

The most common answer to this question, given by 13 women, was that they would be more likely to attend screening appointments if they got married/remarried (this was also the most common response to the same question in the first year of this project).

10 women spoke about quality of care, how they wanted to feel listened to, that nurses needed to have patience and understanding and knowledge of conditions such as FGM.

10 women said that the information about screening they had received from the partner organisation/ cancer champion was exactly what would make them more likely to attend and they would be doing so from now on. However, four women felt that they still needed more information or to do their own research.

Eight women said that language support was what mattered.

Six women said they needed more help, either with appointment booking or emotional support. Four women felt that it was down to them to overcome their own fear. Two women felt they needed to find time and prioritise cervical screening.

The remaining women either didn't answer the question or said nothing would make them attend.

- 32 of the 63 women who didn't currently attend screening appointments said yes, they would welcome support to make their decision as to whether they would attend going forward.
- Fewer wanted support to book the appointment itself. Only five women said yes to this question when it was asked directly.

Previous experiences of screening appointments

Feedback from women who attended screening appointments tended to be favourable. There were frequent references to the quality of care, in particular the personal qualities of staff 'the doctor was very flexible', 'the nurse was very supportive', 'a friendly nurse clearly explained each step'. There was recognition that the procedure could be uncomfortable but the end was seen to justify the means.

Feedback from women who didn't regularly attend screening but had been in the past was often also positive. 21 of the 63 respondents had attended previously. Only five reported negative experiences that made them reluctant to go again in the future. The rest were fine with the appointments but either did not realise its importance, were too busy, did not receive appointment letters, or were not sexually active and did not think there was a need.

Community feedback

Bangladeshi communities

Healthwatch Islington's cancer champion delivered the wellbeing workshop hosted by Islington Bangladesh Association (IBA). From our champion's observations, the women seemed to be well aware of screening and confident in attending. This is consistent with feedback from IBA's own cancer champions who only found one woman who was not attending, and she was in the process of moving/changing surgeries.

- Bangladeshi women we engaged with during this project appear to be already attending screening appointments.

Middle Eastern communities

There were many misconceptions and fears about attending screening (this was also the case in similar engagement work about breast screening). Some of this is linked to women's experiences in their home countries and the belief that a biopsy is needed for screening (and that cancer spreads during a biopsy).

A staff member from the Kurdish and Middle Eastern Women's Organisation fed back:

"They were having some thoughts and ideas [regarding cervical screening] that were totally different from what cervical screening entails. I shared with staff as well and we realised how little we know about this topic and about how the process for cervical screening works.

"Many women thought that when they attend cervical screening, they take first time a biopsy. People were so scared thinking that they are going to have a biopsy – many videos in social media say that the biopsy is the cause of cancer (because if they leave the cell alone, the abnormal cell, it may go by itself, it may disappear. But if they accidentally cut the cells open when they are taking the biopsy, then the cancer will spread. Cervical screening is really new – in my country we really don't have it. Only if someone has a problem, they take it to the capital city [they perform a biopsy]. So it was a new process for us – the first time we do it here.

"When the letter with the results comes it really is not very clear. A lot of people are scared when they see the letter. It's not very clear what they are trying to say in the letter. The women were very nervous and scared."

- This is a population it is important to continue working with and providing additional support.

Somali communities

Feedback from partners suggested that the main barrier to participation was women not seeing screening as enough of a priority. They felt there were always more pressing matters to be dealt with looking after themselves and their families.

- Prioritising their own health is not always seen as important or urgent.

Case studies

Islington Somali Community

Soud doesn't speak much English and can't read the letters sent to her. In the past, she had bad experiences with doctors and didn't feel safe or welcome. After speaking one-to-one with a Cervical Cancer Champion who spoke her language, she finally felt listened to. The Champion took time to explain what the test is, why it's important, and how it can help catch problems early.

"I do need to go as I do not want to get cancer. It was good to hear I can prepare and what to expect during the appointment. So now I feel prepared."

Kurdish and Middle Eastern Women's Organisation Reflections from a KMEWO staff member

"One lady didn't get her smear test done because she was two minutes late for the appointment. Because they hadn't done it, she thought that maybe this was not such an important thing after all!

"It's important to know how it is done and everyone has a different experience. Someone was saying it was an easy experience, but then another, who had experienced FGM shared that it had been very hard for her. She needed a smaller speculum, but didn't know she had the right to ask for a smaller speculum.

"We need to raise the awareness of the staff that do these tests. Consider the communities – consider the culture – in our culture you mustn't touch that area at all, not even yourself! It's important to explain the procedure to the women and make them relaxed, not stressed out. 'What made it so painful for me was the nurse shouting at me' another woman said."

Islington Somali Community

Samsam, in her 40s, had been avoiding screening for a long time. She is a full-time carer and had been putting off the appointment. Samsam's interview was impactful in helping her understand the risk of cervical cancer and the importance of attending screening, but her caring commitments have made it hard to book. The Cervical Cancer Champion was able to explore with Samsam how we could support her with booking an extended hours appointment.

"I did not know that I could book an appointment in the evening, so this will really allow me access to my health needs as a carer with limited time. I now feel I can book an appointment at a suitable location."

Healthwatch Islington

Call and recall referral from Islington GP Federation

Our cancer champion was contacted by the GP Federation because a Turkish-speaking woman they had reached via the call and recall element of this project had asked for more information about the smear test. Our cancer champion phoned and gave her information in her own language about cervical screening, the importance of the smear test, and about the screening process. The woman was a breast cancer survivor, and she had never had a sexual relationship. She was hesitant to attend a smear test appointment. Her main concern was with pain. On the one hand, she said that she understood the importance of the smear test for women, and health is more important than other things. On the other hand, she was hesitant to attend the test because she believed it was going to be painful for her.

‘How are they going to open my vagina because it is closed?’ she asked.

She said she didn’t care about her virginity anymore, but was worried she might feel too much pain during the test. Our cancer champion explained how the test was taken, the materials used and the procedures that were followed. It shouldn’t be painful, it was a quick test such as a swab test for COVID. Another concern for her was that if the result was positive, how she would she deal with that situation as she was already a cancer survivor? Another barrier to taking the test was that her niece, who was a doctor, told her that she didn’t need it – it was less likely that she would have cervical cancer as she hadn’t had any sexual relationships. Our cancer champion said that this was true but added that the HPV (Human Papillomavirus) can be contagious and come from anywhere else. At the end of the conversation, the woman decided to make an appointment at the GP for her screening. Our cancer champion called the woman’s practice and booked the appointment on her behalf.

Impact evaluation

Public health colleagues have supported the project with an evaluation of the longer-term impact of the one-to-one conversations we had in year one and the cancer champion training. The evaluation is reproduced in full here:

What was the longer-term impact of the cancer champions training and conversations in the community?

The cancer champions were trained on the importance of undertaking cervical cancer screening and informing women of the local process of screening and signposting how to access an appointment and what will be expected.

The aim of the training was to enable cancer champions to deliver workshops and/or have in-depth one-to-one conversations about cervical screening with women in their communities in community languages, and potentially have opportunistic conversations and share knowledge about cervical screening with members of their communities as appropriate.

- In phase one of the project (2023-4), eight champions from four organisations were trained as cancer champions (Jannaty, Islington Somali Community, Imece Turkish Women's Centre and Healthwatch Islington), and delivered cervical cancer screening workshops to women in their communities and had one-to-one conversations with women who self-identified as not having attended screening.
- In phase two of the project (2024-5), 11 champions from six organisations were trained as cancer champions (Jannaty, Islington Somali Community, Islington Bangladesh Association, Arachne Women's Support, Kurdish and Middle Eastern Women's Organisation and Healthwatch Islington), and delivered cervical cancer screening workshops to women in their communities and had one to one conversations with women who self-identified as not having attended screening.

Looking at the longer-term impact

We wanted to understand the longer-term impact of training the cancer champions and of the one-to-one conversations in the community, to be able to understand:

- whether learnings and positive attitudes/participation towards cervical screening had persisted following one-to-one conversations
- whether cancer champions still felt confident to speak about screening after the end of the project
- and more generally, what both champions and participants felt could be improved about the project in future iterations.

The longer-term impact of one-to-one conversations participants had with cancer champions

To measure the longer-term impact of one-to-one conversations participants had with cancer champions which happened last year in phase one (December 2023 to February 2024) our partner organisations, Jannaty and Islington Somali Community, were able to contact eight

participants each, and Healthwatch Islington were able to contact one participant (who had been referred by the GP Federation as part of the culturally sensitive call and recall) to gain their insights via an evaluation survey.

Participants for the evaluation surveys were recruited through a mix of opportunistic conversations and calling previous participants who had consented to being contacted again. The full list of questions we asked to the year one participants who had one-to-one conversations with cancer champions can be found in the appendix on page 17.

Results

17 total women participated in the evaluation survey, the majority were 25 to 49 years (14), and the rest 50 to 64 years (three). 15 participants were Black or Black-British Somali, and two were White Turkish/Turkish Cypriot. All participants had a one-to-one conversation with a cancer champion between December 2023 and February 2024. Six of the 17 women booked an appointment with a nurse after their one-to-one to learn more about cervical screening.

The majority of the women surveyed had positive views on cervical screening. For example, some of the things the women mentioned were that screening was important, they were more confident in their understanding of what cervical cancer and screening is and what to expect from an appointment. One person mentioned that they now understood that the cancer is treatable.

"I feel more confident and have an understanding of what to expect, the workshops questions from other women was useful and I will come again" – one-to-one participant, December 2023

Of women who were still unsure of how they felt about screening, reasons included that they felt they didn't think screening was for them anymore, and that that they were still nervous.

Eight out of the 17 women surveyed said they found the one-to-one conversation useful, many of these women mentioned that they found it useful to speak in their own language and have a confidential conversation.

"During a personal interaction, I realised that I was speaking in my native language. This allowed me to communicate more comfortably and effectively. The conversation felt confidential and secure, enabling me to discuss sensitive topics without any hesitation. It was a moment of clarity and connection, where I could genuinely express my thoughts and feelings."

Three women did not find the conversation useful, either because they already knew about screening, felt it was no longer important for them, or because some people don't like it. Six people left the question blank. People who didn't find the conversation useful were asked if there was anything else which would have helped them make their decision about participating in screening, but none mentioned anything, because either they felt it wasn't relevant to their circumstances, they already had the information they need, or didn't want to attend.

None of the women we surveyed booked a smear test during a one-to-one conversation or following a conversation with a nurse, but 10 women have since attended their smear test appointment. Of these women, seven said having a one-to-one conversation helped them make their decision to attend.

Lots of the women we surveyed said they felt confident to speak about cervical screening with their friends and family in the community following their one-to-one conversations last year. Some had already shared information and some said they felt confident to speak to family and friends, mentioning it was important to do for our health. Many women also felt it was an uncomfortable topic to discuss with family, because of 'shame' and 'shyness' around the topic. Some also mentioned people still didn't have much trust or know what to expect. A couple of women mentioned it is useful for the community organisations to bring up these topics.

Longer-term impact of the cancer champions training and role

To measure the longer-term impact of the cancer champions training and role, we asked cancer champions to fill out evaluation surveys and send them back to us. Phase one cancer champions had training in November 2023 and phase one cancer champions completed the evaluation form in March/April 2025, around one year and five months after their training. Phase two cancer champions had training in January 2025 and they completed the evaluation form at the same time as phase one champions (March/April 2025), three to four months after training. Our partner organisations received 11 completed evaluation forms from cancer champions, five from phase one and six from phase two. The full list questions we asked cancer champions can be found in the Appendix.

Results

11 total completed evaluation forms from cancer champions, five from phase one and six from phase two. Phase one champions who completed the evaluation form were from Islington Somali Community, Healthwatch Islington and Jannaty, and phase two champions were from Healthwatch Islington, Islington Somali Community, Jannaty, Kurdish and Middle Eastern Women's Organisation, Islington Bangladeshi Association and Arachne Women's Support. All the champions had previously attended cancer champion training, and three of the five champions from phase one had delivered cervical cancer screening workshops and all six champions from phase two had delivered workshops. All the champions have had one-to-one conversations with people in their community – in phase one this ranged between a few and 100+. In phase two, this ranged between around three and 20.

All the champions in phases one and two said they still felt confident now about the training they had received on cervical cancer. Reasons for this were that they felt the training was very good, and also the experience of doing workshops and/or having one-to-one conversations and listening to women really helped them gain confidence. One champion mentioned that training allowed them to ask culturally sensitive questions to their community and that was important. One champion suggested that refresher training would be useful to keep knowledge fresh and maintain confidence, and another mentioned that it was still tricky to answer questions around vaccines and overcoming personal beliefs or previous negative experiences.

10 of the 11 champions had had opportunistic conversations with their friends or family in the community since their training and after the workshops and one-to-one conversations had finished. Champions generally felt that having opportunistic non-formal conversations was useful, and women were generally receptive and were interested in knowing more about screening. A couple of champions mentioned there was still some 'shame' and 'hesitation' around cervical screening, and that it was still an important topic to discuss due to the lack of awareness about it.

All the champions felt that the training had been useful for delivering one-to-one conversations and/or opportunistic conversations. Lots of champions specifically mentioned learning how to have meaningful/sensitive conversations was particularly useful. Including more information/discussion about screening and 'virginity', feelings of 'shame', negative past experiences, and other cultural sensitivities were suggested as improvements to the training, as was overcoming language barriers.

All champions felt that the format of this intervention (workshops about cervical screening, following by one-to-one conversations and/or opportunistic conversations) was a good way to engage women in their communities. Reasons for this included the importance of speaking to women and providing information in community languages and the importance of information coming from trusted champions in their communities. Champions felt that having the combination of workshops and one-to-ones was useful, as they allowed women to come together to share information and experiences, but also allowed space for women to have private conversations too, as they might feel shy or uncomfortable asking questions in a big group. One champion highlighted that it might be useful to also attend community events or give out flyers as not everyone will be able to attend workshops.

Recommendations

- Consider targeting public health messaging at non-sexually active women from these communities. Both younger unmarried women and divorced/widowed women are wondering why they are being invited and ignoring the invitation.
- There is a need for wider education and more explicit information (for example, making effective use of diagrams and visual information) about the procedures for cervical screening. A big barrier is the lack of readily available information about the process itself.
- Most participants will need to hear the messages shared in these workshops and one-to-one conversations many times. Many of the barriers to participation in the cervical screening programme are profound and change will take time.
- We welcome the roll out of HPV self-sampling in London as this will support uptake among women not currently attending cervical screening. Jannaty have been working with NHS England on a pilot involving seven surgeries in Islington and feedback from the women has influenced the development of the messaging and materials.

Equality Monitoring

Workshops Women’s Wellbeing Workshops: Participant Age and Ethnicity	Total number of participants	18 to 24 years	25 to 49 years	50 to 64 years	65 to 79 years	Prefer not to say	Not known	Arab	Asian Bangladeshi	Asian Other	Black Eritrean	Black Somali	Black Other	Greek/Gr Cypriot	Kurdish	Middle Eastern	Turkish/Tr Cypriot	White British	White Other	Any Other	Not known
27/01/2025, IBA	19	2	11	6					19												
4/02/2025, Arachne	20	1	16	2	1			4					1	17					1	1	
11/02/2025, IBA	19	2	14	2		1			19												
13/02/2025, ITKCW	11		2	3	5		1								4		6				1
25/02/2025, Arachne	20		16	1	3									11				7	2		
24/04/2025, ISC	23		23									23									
Total	112	5	82	14	9	1	1		38			23	1	28	4		6	7	3	1	1

One-to-ones Conversations with women who are not attending screening: Participant Age and Ethnicity	Total number of participants	18 to 24 years	25 to 49 years	50 to 64 years	65 to 79 years	Prefer not to say	Not known	Arab	Asian Bangladeshi	Asian Other	Black Eritrean	Black Somali	Black Other	Greek/Gr Cypriot	Kurdish	Middle Eastern	Turkish/Tr Cypriot	White British	White Other	Any Other	Not known
KMEWO	14		14					9							4					1	
Islington Somali Community (ISC)	23		22	1								23									
Arachne	6		6											6							
Jannaty	18		14	3			1	9	1	2	1	3	1								1
Healthwatch Islington	2		2														2				
Total	63		58	4			1	18	1	2	1	26	1	6	4		2			1	1

Appendix

Questions for health champions who led workshops/one-to-ones in phase one

1. Did you attend a cancer champion training workshop last year? [which one?]
2. How many health information workshops about cervical cancer screening did you deliver?
3. How many one-to-one conversations following the workshops in community language with people in your community did you deliver?
4. How confident do you feel now about the training you received last year?
Do you (still) feel confident having conversations about cervical cancer screening? In terms of both knowledge about cervical cancer/screening and also skills in having effective conversations?
5. Have you had any opportunistic conversations about cervical screening with women in your community since the workshops and one-to-ones were delivered last year?
How easy it is to have conversations opportunistically – outside formal sessions – does this happen at all? If so, in what circumstances? Do you think this is still an important topic to discuss with your community? Do you think people are more willing to speak about cervical screening since the workshops? If no, why?
6. Did you find your training useful for the conversations you were having in one-to-ones [and opportunistic ones since the end of the project]?
What aspects were useful/not useful? What was missing?
7. [If no to 6] What was missing from the training which you would have found useful in your following conversations?
For example, were there any barriers to screening or perceptions of screening which came up which weren't covered in the sessions? Certain conversation techniques you would've wanted to know about?
8. Do you think the format of this intervention (workshops and one-to-ones) was/is a good way to engage women in your community about cervical screening?
If yes, why? If no, why not and what would be a better format?
9. Anything else you've learned in your workshops, one-to-ones or opportunistic conversations that you want to share, or about the training you received, or about the project in general?

Questions for interviewing people who had a one-to-one in phase one

1. Did you attend a health information workshop about cervical cancer screening? [which one?]
2. Did you have a one-to-one conversation in community language with Gulum/Islington Somali community following the workshop?
3. Did you book an appointment with a nurse to learn more about cervical screening?
4. How do you feel towards cervical screening?
Do you think it is something useful for you? Do you think you are likely to participate now or in the future? Why / why not? If no, what puts you off attending? If yes, what helped you make your decision?
5. Did you find it useful to speak to someone about cervical screening?
Did the one-to-one help to answer your questions about screening, and help you explore your concerns? If yes, what did it help you understand / feel more confident about? If you still have concerns – what is putting you off?
6. Did you book your smear test during your one-to-one or after speaking to a champion or a nurse?
7. Have you since attended your smear test?
[If yes, did the one-to-one help you make your decision to attend?]
8. [If answered no to Q5] Is there anything in the workshops or 121s that wasn't covered which would have helped you make your decision about participating in screening? Would there have been a better format to deliver this health messaging?
9. Do you feel confident to speak about cervical screening with your friends and family in the community following these workshops/121s?
In terms of both your concerns and to encourage others? Do you think people are more comfortable in discussing screening with others, or if more conversations are happening? If no, does it feel like a subject that is difficult to discuss? What would help?



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