

Global Majority Macmillan Cancer Report

Sunderland Bangladeshi International Centre

June 2024

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1. Context of Sunderland Bangladesh International Centre

2. The Sunderland Bangladesh International Centre (SBIC) is a well-established community in Hendon, Sunderland, with an IMD score of 1%. It was founded in 1999 by the local Global Majority community. The SBIC board consists of 20 Global Majority leaders elected by a membership base of 1,847 Global Majority residents. Trustees meet monthly to monitor, review, and formulate strategies. Supported by a small multicultural staff team, the officers are responsible for day-to-day operations. SBIC is structured as a Charitable Company registered in 1999 with Company Number 3900232 and Charity Number 1085598.
3. The SBIC membership base is 1,847, with 1,524 members of Global Majority backgrounds participating in this year's AGM, representing an 8-year turnout rate. 850 males (55.9%) and 674 females (44.2%) participated in the voting process, and 113 young people aged between 18 and 24 also cast their votes.
4. SBIC is committed to empowering black, minority, and ethnic communities through holistic development. The organization facilitates personal, social, and educational growth by working together and helping individuals voice their influence in society to reach their full potential. SBIC's activities focus on inclusion, personal development, learning, education, community development, and enterprise.
5. SBIC's experience with social and economic inequality and racism allows it to engage and support hard-to-reach ethnic minority communities, as well as young and older people from Global Majority backgrounds. Language, cultural affinity, cross-generational membership, and trust stemming from shared experiences of forced exile, discrimination, and inequality enable the delivery of comprehensive and co-produced services. This empowers individuals from Global Majority backgrounds to serve as agents for social and economic change. It's important to note that SBIC did not develop these strategies and values in isolation; instead, it engaged a diverse group of ethnic users, emerging and experienced ethnic minority leaders, staff, and external stakeholders in the process. The purpose is to create inclusive programs enabling Global Majority communities to participate in society fully.
6. In 2021, SBIC began a partnership with Macmillan Cancer Support through a small-scale project funded by a small grant. This funding enabled SBIC to conduct scoping work, benchmarking local needs against national standards to identify commonalities and unmet needs. Cancer within the Global Majority community is being addressed through a Global Majority focused approach to personalised care in collaboration with primary and secondary care colleagues.
7. This initial project resulted in the production of a report called "An Insight into the Experiences of Cancer Patients and Carers of the Local Global Majority Population in Sunderland and an Evaluation of Their Support Needs." The report highlighted inequalities in care, experience, and outcomes for ethnic minority patients, echoing findings from national surveys and reports.

8. The insights from this project led to a deeper partnership with Macmillan Cancer Support, resulting in the pilot Global Majority Macmillan Cancer project, which is the only one of its kind in the Northeast. The project aims to develop and test a community-based delivery model in collaboration with the Northern Cancer Alliance, Cancer Research UK, South Tyneside and Sunderland NHS Foundation Trust. This model involves local community workers who educate about cancer symptoms, support navigation, advocate for patients and train the workforce to be culturally competent.
9. Funding for this project enabled SBIC to hire a dedicated team, including a full-time project coordinator and two community engagement workers (one male and one female). A unique aspect of the project involved collaboration with local male and female Islamic scholars, to educate the community about health and illness within the context of faith.

10. **Background: Global Majority Inequalities**

11. In August 2022, the Health Foundation reported that, during the Omicron variant wave, Bangladeshi and Pakistani men and women had mortality rates between 2 and 3 times higher than White British men and women. Mortality rates remain higher for Global Majority ethnic background babies and Asian or Asian British babies. This is further supported by a more recent analysis by the Office for National Statistics (ONS) published in May 2021¹.
12. Ten years after the first Marmot Review, the outbreak of COVID-19 in 2020 highlighted the inequalities that still exist and just how disproportionately the virus impacted the Global Majority population with a greater risk of mortality and morbidity. Marmot Review 2020² also again outlined “clear systematic inequalities”.
13. It is well known to researchers that recessions affect Global Majority backgrounds differently. Previous studies have noted that Global Majority unemployment rates rise faster at such times. In both the early 1980s and 1990s, people from Global Majority³ faced a greater risk of unemployment than White people. Following the 2007-09 financial crisis, workers from Black African and Caribbean groups⁴ faced higher unemployment levels compared to White people. The fundamental problem⁵ is that as an economy worsens, racial discrimination is likely to increase. As a result, the wage expectations and job prospects of ethnic minority workers suffer, especially for Global Majority younger people and women.

¹ <https://www.ons.gov.uk/releases/uklabourmarketmay2021>

² Marmot, 2020

³ Ethnic unemployment in Britain (1972-2012) Runnymede Trust 2014

⁴ Paul Fisher and Alita Nandi, Poverty across ethnic groups through recession and austerity JRF 2015

⁵ David W. Johnston & Grace Lordan Racial prejudice and labour market penalties during economic downturns. *European Economic Review* 2016

14. There is a large body of evidence showing the association between experiences of racism and poor physical health⁶, as well as the effects of vicarious racism (racism experienced by family members). A review into Global Majority Inequalities in Healthcare by the NHS Race and Health Observatory, published in February 2022, highlighted ongoing Global Majority inequalities across several focus areas, including mental health care, maternal and neonatal health care, and the NHS workforce⁷.
15. Across the UK, more people from Global Majority backgrounds are likely to be in poverty (i.e., have an income less than 60% of the average household income) than white British people⁸. According to the ONS⁹, in 2019, 29% of Bangladeshi, 24% of Pakistani, and 22% of black children were living on low incomes and suffered material deprivation (i.e., a family income less than 70% of the average income before housing costs).
16. COVID-19 has brought health inequalities to the forefront more than ever before. However, these inequalities and disparities are not a new phenomenon for many. COVID-19 has affected members of the Global Majority. Global Majority communities at a shockingly disproportionate level Public Health England data: Understanding the impact of COVID-19 on BAME groups highlighted the rate of infection and mortality as being much higher for those from BAME communities than for their non-BAME counterparts¹⁰. A recent The NHS Race and Health Observatory. Ethnic Inequalities in Healthcare: A Rapid Evidence Review February 2022, observed ethnic inequalities

“In health and care, outcomes are evident at every stage throughout life, from birth to death”¹¹.

17. In addition to health inequalities, the structural, institutional, and interpersonal drivers of racism have a direct impact on the physical, mental, psychological, and physiological well-being of Global Majority communities. These are outlined in the Turning the Tide Strategy¹², which states.

“Once we understand how Global Majority health inequalities are driven, we need to consider how our daily decisions and considerations either reaffirm and strengthen the elements that will lead to more inequality in health and society, or we

⁶ Williams, D. R. Lawrence, J. A., & Davis, B. A. (2019). Racism and Health: Evidence and Needed Research.

Annual Review of Public Health

⁷ NHS Race and Health Observatory, Ethnic Inequalities in Healthcare: A Rapid Evidence Review, February 2022

⁸ <https://irr.org.uk/research/statistics/poverty/>

⁹ <https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/compendium/economicreview/february2020/childpovertyandeducationoutcomesbyethnicity#:~:text=In%20contrast%2C%20Indian%20and%20White,lower%20than%20the%20national%20average.>

¹⁰ Fenton K, Pawson E, de Souza-Thomas L. Beyond the data: Understanding the impact of COVID-19 on BAME groups. Public Health England, 2020.

¹¹ https://www.nhs.uk/wp-content/uploads/2023/05/RHO-Rapid-Review-Final-Report_.pdf

¹² Turning the Tide, 2020. <https://www.england.nhs.uk/south-east/wp-content/uploads/sites/45/2020/10/SE-Turning-the-Tide-Strategy.pdf>

can actively and consciously look to dismantle these through how we deliver our core functions."

18. Lived experience of social, economic, and racism enables SBIC to engage and support hard-to-reach people from Global Majority backgrounds, young and older ethnic minority people. Language, cultural affinity, cross-generational membership, and trust born from shared experiences of forced exile, discrimination, and inequality enable holistic, intuitive, and co-produced services to be co-produced and delivered. From a community development background, SBIC works alongside communities, facilitating, incubating, and nurturing initiatives that enable black and ethnic minority users to tackle racial and social injustice and advance their solutions to challenges within their communities.
19. Across the UK, more people from Global Majority backgrounds are likely to be in poverty (i.e., have an income less than 60% of the average household income) than white British people¹³. According to the ONS¹⁴, in 2019, 29% of Bangladeshi, 24% of Pakistani, and 22% of black children were living on low incomes and suffered material deprivation (i.e., a family income less than 70% of the average income before housing costs).
20. Being able to have a doctor, therapist, or counsellor of the same race or culture (racial/cultural concordance) has been explored in research, and there is mixed evidence regarding the impact on outcomes. However, research suggests that concordance supports positive perceptions of a therapist amongst Global Majority clients¹⁵. Importantly, research does suggest that cultural competency and communication style of mental health providers (regardless of concordance) do impact positively on aspects such as disclosure of depression¹⁶, considering talking therapy and developing therapeutic relationships.
21. Cultural or behavioural explanations of the distribution of health in modern industrial society are recognisable by the independent and autonomous causal role which they assign to ideas and behaviour in the onset of disease and the event of death. When applied to modern industrial societies, such explanations often focus on the individual as a unit of analysis, emphasising unthinking, reckless or irresponsible behaviour or incautious lifestyle as the moving determinant of health status.

22. Aims and Objectives of the Project

¹³ <https://irr.org.uk/research/statistics/poverty/>

¹⁴ <https://www.ons.gov.uk/economy/nationalaccounts/uksectoraccounts/compendium/economicreview/february2020/childpovertyandeducationoutcomesbyethnicity#:~:text=In%20contrast%2C%20Indian%20and%20White,lower%20than%20the%20national%20average.>

¹⁵ Cabral R.R, Smith T.B (2011). 'Racial/ethnic matching of clients and therapists in mental health services: a meta-analytic review of preferences, perceptions, and outcomes.' J Couns Psychol.

Kim, Eunha & Kang, Minchul. (2018). 'The effects of client-counsellor racial matching on therapeutic outcome'. Asia Pacific Education Review

¹⁶ Adams A, Realpe A, Vail Buckingham CD, Erby LH, Roter D. (2015) 'How doctors' communication style and race concordance influence African-Caribbean patients when disclosing depression.

- 23.** In 2021, SBIC partnered with Macmillan Cancer Support for a small-scale project funded by a grant. This funding allowed SBIC to conduct scoping work and compare local needs with national standards to identify commonalities and unmet needs. The project aimed to support early cancer diagnosis and prevention within the Global Majority community while focusing on personalised care in collaboration with primary and secondary care colleagues. This initial project resulted in the report "An Insight into the Experiences of Cancer Patients and Carers of the Local Global Majority population in Sunderland and an Evaluation of Their Support Needs." The report highlighted disparities in care, experience, and outcomes for ethnic minority patients, echoing national survey and report findings.
- 24.** There is a clear need to comprehend the landscape and barriers for individuals from Global Majority communities in Sunderland and formulate plans for ensuring equitable care for all. Specifically, barriers related to support for screening uptake, seeking help at primary care for early diagnosis, supporting care through cancer pathways, and ongoing physical, emotional, and psychosocial support must be tailored to ensure personalised care.
- 25.** The insights from this project facilitated a deeper partnership with Macmillan Cancer Support, leading to the pilot Global Majority Macmillan Cancer project, the only one of its kind in the Northeast. The project, in collaboration with the Northern Cancer Alliance, Cancer Research UK, South Tyneside and Sunderland NHS Foundation Trust, aims to develop and test a community-based delivery model. This model involves local community workers educating about cancer symptoms, providing navigation support, advocating for patients, and training the workforce to be culturally competent.
- 26.** The project actively engaged with Sunderland's local Global Majority community, focusing mainly on the Bangladeshi and African communities due to their significant presence and well-established roots within Sunderland. The funding allowed SBIC to hire a dedicated team, including a full-time project coordinator and two community engagement workers (one male and one female). The project also involved collaborating with local male and female Islamic scholars, to inform the community about health and illness within the context of faith.
- 27.** The project's core activity was to work with partners such as the Macmillan Cancer Support, Northern Cancer Alliance, Cancer Research UK, South Tyneside and Sunderland NHS Foundation Trust. This was led by an experienced project manager within the Sunderland Bangladeshi Centre to develop and test a model of delivery using asset-based community development, with support workers from the community to educate about symptoms, support through navigation, advocate for people living with cancer, and educate the workforce to be culturally competent and confident.
- 28.** The project utilised user forums (over 100 plus) and interviews from a Macmillan funded engagement initiative. The delivery plan consisted of several steps, including the appointment of a project team, stakeholder mapping, formation of a project steering group, scoping activity of the current state, developing a work plan for community

support worker roles, appointing community support workers, and engaging with system leaders to consider commissioning a bespoke service. The project also aimed to partner with the Northern Cancer Alliance to develop a cancer workforce knowledge and skills development plan that supports staff cultural competency and confidence.

29. The project engaged with the community through group workshops, 1:1 participant sessions, focus groups, and 240 plus survey questionnaires. This engagement reached 149 female and 86 male participants and 507 households, totalling 742 Global Majority participants.

Case Study Patient M commented, *"The emotional support helped alleviate my feelings of hopelessness, giving me reassurance and companionship during my difficult medical journey."* He added, *"The service secured essential resources like food vouchers and utilities support, significantly alleviating my financial strain."* Patient M described the service as accompanying me to appointments and resolving disputes, ensuring I received timely medical interventions despite language barriers. In summary, categorising service activities into these levels helps understand the required intensity, duration, and complexity of support. This ensures appropriate resource allocation and effective service delivery for individuals like Hira Begum who are facing significant healthcare challenges.

30. Overall, the project aimed to enhance community awareness, promote screening participation and improve overall health outcomes within the Global Majority communities. The activities aimed to enhance cancer awareness and support within the Global Majority community and improve healthcare experiences, cultural sensitivity, and community engagement throughout the project. Activities strengthened community engagement, improved healthcare service delivery, and enhanced cancer awareness among targeted local Global Majority populations. The involvement of key stakeholders and the development of focused awareness materials underscore the commitment to advancing cancer care and support initiatives in the region.
31. Specifically, the project aims to tackle barriers to cancer screening and early diagnosis, enhance access to culturally sensitive support services throughout the cancer journey, and develop a care model that responds effectively to the diverse cultural needs of the community. The project objectives are structured into three main areas:
- To improve early diagnosis and prevention: Increase awareness and education about cancer symptoms, screening programmes, and the importance of early detection among Global Majority communities.
 - Enhancing cancer treatment and care: ensuring equitable access to appropriate treatments and support services tailored to the cultural needs of the Global Majority of patients.
 - Supporting living with cancer and beyond, provide comprehensive support throughout the cancer journey, including palliative and end-of-life care. Enhance care facilities and services tailored to the needs of the Global

Majority community, ensuring that Global Majority individuals receive compassionate and culturally sensitive end-of-life care following a cancer diagnosis, meeting their unique needs and preferences.

32. The project is dedicated to offering extensive support for Global Majority cancer patients, with a focus on implementing religiously and culturally sensitive approaches to address their specific needs and overcome barriers. The initiative encompasses vital interventions and support measures, including:
33. Initial Contact and Assessment: Ensuring prompt and compassionate initial contact with patients and their families to comprehend their needs and concerns from the outset. Comprehensive, holistic needs assessments are conducted to tailor support accordingly.
34. Medical and Emotional Support: Providing thorough, holistic support that encompasses the medical aspects of treatment and patients' emotional well-being. This includes offering guidance on treatment options, symptom management, and continuous emotional support throughout their cancer journey. Our team provides support workers and Global Majority counsellors fluent in the Sylheti dialect, ensuring that patients and their families receive appropriate assistance.
35. Financial Support: Addressing financial challenges by facilitating grant applications, benefits, and other financial support options to alleviate financial stress, allowing patients to focus on their health. Additionally, we offer administrative support by assisting with insurance claims and benefits application paperwork.
36. Ongoing Support and Advocacy: Demonstrating commitment to continuous follow-up and advocacy on behalf of our patients by liaising with healthcare providers and social services to ensure seamless care coordination and timely access to necessary services.
37. Cultural Sensitivity: We aim to recognize the diverse cultural backgrounds of our patients and ensure that our support is culturally sensitive and respectful. This involves understanding and accommodating their cultural preferences in their care plans and collaborating closely with community organizations and cultural advisors to ensure our services are inclusive and respectful of diverse artistic practices. Through these efforts, we aim to enhance the quality of life and care outcomes for Global Majority cancer patients, ensuring they receive personalised care that respects their cultural identities and addresses the complexities of their cancer journey. Our project is driven by a passion for equity in healthcare and a commitment to providing compassionate support to all cancer patients, regardless of background or circumstance. Supporting the Global Majority of cancer patients and their family caregivers requires tailored interventions that are culturally sensitive and responsive to their unique needs and challenges.

Case Study Patient H Emotional and Moral Support:

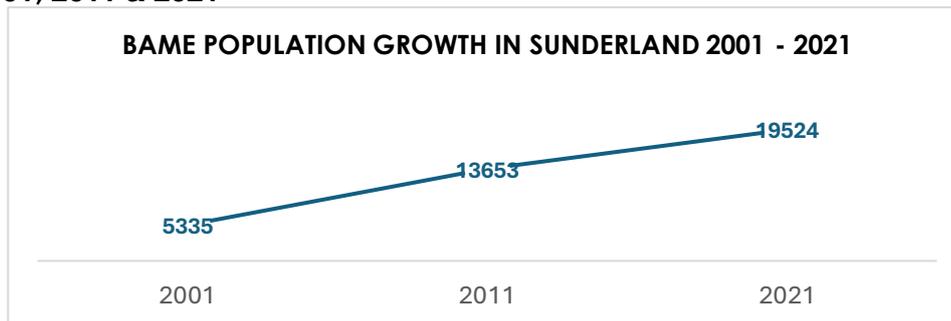
Shared, "The Macmillan team understood my Bangladeshi background and unique challenges, providing comforting, culturally sensitive support that kept my spirits up during my cancer treatment."

Patient H explained, "Receiving grants and assistance with council tax and housing benefits eased the financial burden of my treatment." She noted, "Translated medical documents in Bengali helped me understand my treatment options better." Patient H reflected, "Advocacy during oncologist appointments ensured I received comprehensive care and understood my treatment plan."

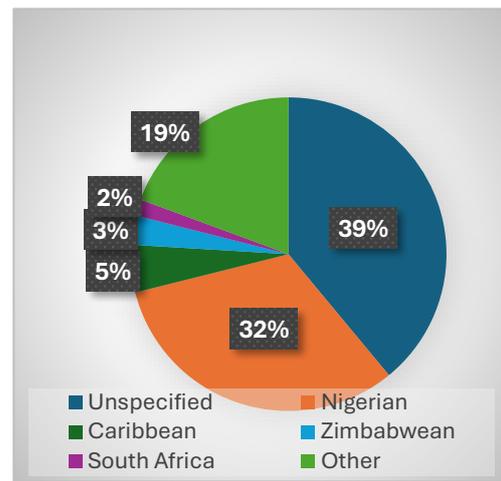
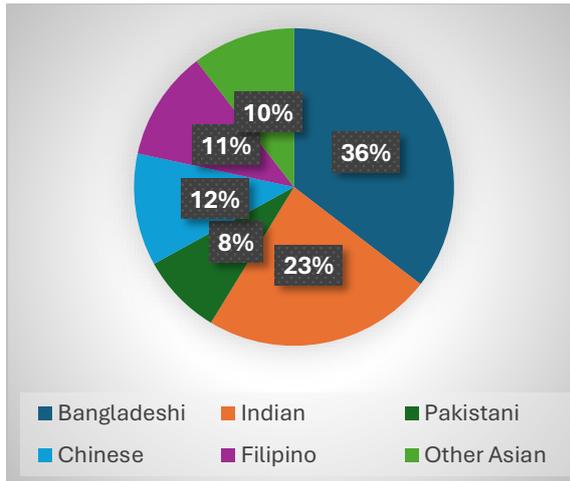
38. Sunderland Global Majority Population Profile: Equality and Diversity

39. The project has actively engaged with Sunderland's local community, concentrating mainly on the South Asian and African communities. These groups were selected because of their significant presence and well-established roots within Sunderland, making them prominent and visible members of the local community.
40. Utilising census data from the past three decades, we have tracked the growth of the Global Majority population in Sunderland. The data reveals that this population has increased exponentially over the last 30 years, as shown by successive census data.

Census, 2001, 2011 & 2021



41. The Global Majority community in Sunderland has seen a remarkable increase of 266% between the 2001 and 2021 censuses. In 2001, the Global Majority population was approximately 5,335, which surged to 19,524 by 2021. On average, the Global Majority population growth between censuses is 99.5% (calculated as 156% + 43% / 2). Using this model, the estimated Global Majority population in Sunderland for 2024, with a projected 33.3% increase, is approximately 26,025. Additionally, the University of Sunderland has experienced a 90% rise in international students, from 2,610 in 2017/18 to 4,900 in 2021/22. When combined with census data, these figures project a conservative estimate of a population exceeding 30,000, both living and studying in Sunderland.
42. The data set below guided the project to focus its program delivery on the Bangladeshi and African communities in Sunderland, given their significant population numbers.



43. Using the Census Interactive Map tool, an area in Sunderland with the highest density of BME individuals was identified. Local area statistics are expected to provide insights into the additional barriers and needs of Global Majority individuals residing in this area, comprising 13,100 households and a total population of 29,100.

44. **East Central Area**



45. Table 1 below provides a socio-economic snapshot of the East / Central area compared to Sunderland and England.

Table 1

Descriptor	East / Central Area	Sunderland	England
Born outside the UK	19.5%	5.1%	17.4%
Asian	16%	3%	9.6%
Black	4.4%	1%	4.2%
Muslim	12%	1.8%	6.7%
Economically Inactive	46.5%	44.3%	39.1%
Unemployed	6.3%	3.9%	3.5%
Never worked.	37.7%	31.3%	25.6%
Disabled	22.8%	23.5%	17.3%
No qualifications	22.7%	22.9%	18.1%
No car or van	44.5%	30.9%	23.5%
Households deprived in at least 1 dimension ¹⁷	60.9%	58.5%	51.6%

46. **Project Activity**

¹⁷ Four Dimensions - Employment, Education, Health & Disability, Household Overcrowding

47. The table below highlights the nature and type of workshops that the project carried out from 2022 to 2024; in essence, 46 workshops engaged 798 Global Majority participants. Appendix One (enclosed) provides details of each workshop and the number of participants per workshop.

Table 3 Type & Nature of Workshops 2022 – 2024

Workshops	Workshops	Workshops
The NHS Busting Cancer Tour	Interactive Surveys on Access to Primary Care	Pamper Sessions for Mental Health
Macmillan Coffee Morning	Mindfulness Exercise Sessions	Gambling Awareness Training
Let's Talk Menopause - Awareness Presentation	Breathing Techniques Workshops	Gambling Awareness Training
Cancer Screening - Breast Screening Sessions	Dementia Awareness Session	Financial Wellbeing Workshops
Cancer Screening - Men's Screening Sessions	Workshops on Palliative and End of Life Care	Sewing Classes
Breast Clinic Visit	Health & Wellbeing Coaching Sessions	Exercise, Cookery, Arts & Crafts Sessions
Cancer Awareness Training sessions for BAME Community	Workshops on Organ Donation Awareness	Assessing Risk
Targeted Lung Health Checks Awareness	Sisters with Voices - Dance and Fitness Sessions	Breast, Bowel, abdominal, Aortic sessions
Prostate Cancer Awareness Sessions	Cooking Sessions for Healthy Diet & Lifestyle	Dance
Male Awareness Sessions - Cancer Screening	Informal Drop-in Therapy and Social Care Service	Cancer nursing share and learn event

48. Understanding Social Norms and Belief Systems:

49. Community Engagement Events: Over 80 community members attended the project launch event, highlighting the project and sharing the Global Majority lived experience cases. This approach was further extended to the Fisherman's Mission, enhancing connections with the fisherman community and aiming to boost understanding and awareness of cancer, including risks, symptoms, treatments, aftercare, and cancer care closer to home. We are developing breast cancer awareness materials for South Asian women with the Northern Cancer Alliance.

50. Presentation for Ward managers and junior sisters on Global Majority patients and carers' involvement in assessment/ care planning carried out with Joanne White, Lead nurse, patient experience. The aim was to capture how we achieve patient/carer involvement in assessment/ care planning.

51. We were involved in drafting questions with the North East and North Cumbria integrated care board to support conversations about the Global Majority of cancer patients' experiences. We carried out structured interviews with patients we supported, asking them about their experience in care with their oncologist.

52. Linking Community Engagement:

53. Integration with SBIC Health Programme: Participation in ladies' well-being coffee mornings connected to community engagement activities whilst collaborating with Cancer Research UK (CRUK); Participation in Talk Cancer sessions and workshops. Cancer nursing share and learn event—an educational event highlighting how cancer affects individuals differently and exposing persistent gaps in care. Links were made to influence service delivery to become Global Majority representatives and have input across all areas.
54. Videos were created in collaboration with the South Tyneside and Sunderland NHS Foundation Trust to highlight inpatient experiences and explore how the trust can better support inpatients intended for the board of directors.
55. IMCAN study – A study conducted with the University of Sunderland aims to improve cancer screening uptake among Muslim women in the North East and Scotland, focusing on breast, bowel, and cervical screenings. Research has identified various reasons why Muslim women are not participating in these recommended cancer check-ups
56. Organ donation workshop in the Muslim community – workshop with Muslim scholars to discuss organ donations and religious understanding. The renal network has an initiative to raise awareness of organ transplantation in inequity ethnic minorities with low rates of organ donation. It works with Dr Saeed Ahmed, Consultant Interventional Nephrologist, and NENC renal network– Sunderland Trust.
57. **Community Support and Engagement**
58. Multilingual Outreach: Awareness materials and checklists, including signs and symptoms of menopause and cancer, were created in the Sylheti dialect for patients to bring to their GP. Sessions were delivered in various languages, including Sylheti, to promote cervical screening.
59. Healthwatch – Discussing the barriers to accessing primary care requires a multifaceted approach involving policy changes, community-based interventions, and systemic reforms. By targeting the specific challenges different populations face, healthcare systems can improve access to primary care, leading to better health outcomes and more significant health equity. Collaboration between government agencies, healthcare providers, community organisations, and patients is essential to developing and implementing practical solutions. E-consultation poses substantial challenges for many patients. Exploring alternative methods for scheduling appointments can lead to improved health outcomes. Healthcare partnerships involved collaborating with primary care, GP alliances, the Northern Cancer Alliance, South Tyneside and Sunderland NHS Trust, Healthwatch Sunderland, and other healthcare stakeholders. The goal is to enhance access to and quality cancer screening and care experiences.

60. **Wellbeing and Support Services:**

61. These workshops covered Mindfulness and Pamper Sessions, which focused on mental health support and relaxation techniques, and nutrition and Fitness Sessions, which encouraged healthy lifestyles through cooking and fitness activities. Separate coffee mornings for men and women aimed to reduce isolation and improve health and well-being. Women's Group (50+) enables women over 50 to come together, discuss their issues, and co-design interventions to meet their needs. The focus was on improving mental health and reducing isolation

62. End-of-Life and Palliative Care Support:

63. This project activity concluded with a report on Enhancing Palliative and End-of-Life Care for Sunderland's Local Global Majority Population. Our participants focused on producing a matrix on culturally appropriate care (see Table 2 below). We ensured the accessibility of Information by ensuring it was available in appropriate languages and formats, including translated materials in the Sylheti dialect.

64. We facilitated Cultural Sensitivity Training, collaborating with partners to develop training that addresses cultural and religious differences in end-of-life care, fostering sensitivity among healthcare professionals to community values. Such work was reinforced by conducting focus groups to explore community perspectives on death and dying and develop service guidelines based on these insights.

65. We partnered with local male and female religious leaders to provide support that respected patients' and caregivers' spiritual backgrounds and religious beliefs. We also increased awareness of specialist palliative care services within the Global Majority community and ensured services were inclusive and accessible.

66. These workshop activities demonstrated a significant increase in the range of topics covered and increased participant engagement compared to previous years. In addition to cancer awareness, the project addressed mental health, well-being, and lifestyle support, reflecting a comprehensive approach to community health. Higher participation rates across sessions indicated effective community outreach and sustained interest in health initiatives.

Patient V mentioned, *"The compassionate care I received boosted my self-esteem and gave me the strength to face my diagnosis with resilience."* Patient V also noted, *"Timely treatment adjustments and clear communication from the NHS empowered me to actively participate in my care decisions."*

She added, *"The practical support like food parcels and school meal assistance ensured my family's basic needs were met during my illness."* Patient V further shared, *"Participating in dance sessions provided emotional support and reduced feelings of isolation during my treatment."* She said, *"ESOL classes improved my language skills, enabling better communication with healthcare providers."*

Patient M commented, *"The emotional support helped alleviate my feelings of hopelessness, giving me reassurance and companionship during my difficult medical journey."* He added,

"The service secured essential resources like food vouchers and utilities support, significantly alleviating my financial strain." Patient M described the service as accompanying me to appointments and resolving disputes, ensuring I received timely medical interventions despite language barriers

67. Culturally Appropriate Care

When talking with the Global Majority in Sunderland about racial and social inequalities and their impact on health, it's vital to prioritize providing care systems and services that respect different cultures. Recognizing and delivering "culturally appropriate" services is a complex process that demands careful consideration and understanding. Race commonly refers to genetic or biologically based similarities among people, marking or separating groups of people from one another. However, race is more of a social or political term than a biological one. While racial categories are not precise, it is generally agreed that race is a broader term than culture or nation. For example, not all Caucasian people are part of the same culture or nation. Many Western European countries include people from the Caucasian race, and among Caucasian people, there are distinct cultural differences.

Culture is often mistakenly linked with factors like race, religion, and sexual orientation. However, it's important to remember that shared experiences resulting from systems of oppression among marginalized groups shouldn't be overlooked. It's important to provide care interventions that respect cultural differences, but we should be careful not to reinforce stereotypes. Rather than if all individuals from a specific cultural background enjoy certain things, we should actively work to avoid stereotyping or generalizing entire communities.

The term "culturally appropriate health services" should not unintentionally overlook important factors that shape an individual's health-related decision-making. This oversight could lead to interventions that feel impersonal and inadequate. Instead, we should embrace "culturally appropriate health services" as a philosophy guided by values such as active inquiry, genuine listening, and empathy. This approach should lead to personalized support and care centered on the individual, promoting empowerment and humanization

68. Table 2, the Culturally Appropriate Care Matrix, presents illustrations of culturally appropriate care as expressed by SBIC and the project's participants through focus groups, workshops, interviews with Muslim scholars, and questionnaires. The concept emphasized is that culturally appropriate care varies from individual to individual, and generalizations should be avoided.

Table 2 - Culturally Appropriate Care Matrix

Area of potential need	Examples of culturally appropriate care
	<ul style="list-style-type: none"> <li data-bbox="601 1904 1382 2009">If someone follows a Halal diet, it's important to ensure that food is prepared in a way that reduces the risk of cross-contamination.

<p>Food and drink</p>	<ul style="list-style-type: none"> • Make sure that necessary utensils are available and be aware that some people may prefer eating with their hands. • In certain cultures, it is customary to initially refuse food when it is offered. In such cases, it may be necessary to offer the food 2 or 3 times before it is accepted. • Allow individuals to change their clothes before or after eating, and ensure they have access to facilities for washing their hands and faces. • Involve individuals in meal planning and strive to offer a diverse range of food options to accommodate different preferences and dietary requirements.
<p>Communication</p>	<ul style="list-style-type: none"> • use appropriate and respectful language by incorporating keywords and phrases that are culturally sensitive and inclusive. • It's important to utilize trained interpreters and advocates to assist with the diverse communication needs of individuals. • Providing literature or access to TV shows with subtitles or in a language that is understandable to the individual can greatly enhance communication. • it's crucial to recognize and celebrate the diversity within Global Majority communities, avoiding generalizations and acknowledging the unique identities and experiences within these groups
<p>Religion and spirituality</p>	<ul style="list-style-type: none"> • Acknowledging that faith is not always explored in relation to Global Majority issues. • Offering access to online services as an alternative to in-person ones. • Providing religious or spiritual items such as pictures, prayer beads, spiritual statues, or holy books. • Support for attending churches, gurdwaras, mosques, or temples, including allowing time before or after a service to connect with their religious community • Providing support for praying at specific times and ensuring there's a suitable space for it. • Accommodating different eating times or dietary needs during religious festivals like Ramadan. • Support individuals in maintaining their hair/beard in accordance with cultural expectations. Arrange for a visit from a Muslim scholar or leader at their home. • Exploring the possibility of streaming services through the local mosque. • Recognising that Muslims may require a dedicated space for prayer and have specific eating schedules during religious festivals like Ramadan.

<p>Health care</p>	<ul style="list-style-type: none"> • Check whether medicines contain ingredients such as gelatine or other animal products, as these may not be suitable for individuals following a Halal diet, as well as for vegetarians or vegans. • Some individuals may wish to fast during Ramadan, so the timing of their medication may need to be adjusted. • Discuss medication schedule with a healthcare provider to make room for participating in Ramadan or other cultural events. Consider how the medication might affect the user ability to participate in the cultural activity. • It's important to address the fear of disclosing personal information, such as mental illness, HIV, addiction, or domestic violence. • Consult with a GP to support an individual's use of complementary or alternative medicines, such as Kola Nut or Miswak, in accordance with their cultural beliefs
<p>Clothes /personal presentation</p>	<ul style="list-style-type: none"> • Supporting people to dress in line with their culture. This could be everyday or for family visits or special events.
<p>Personal and shared space</p>	<ul style="list-style-type: none"> • provide support to individuals in adding personal touches to their rooms or bedside areas with significant and meaningful objects. • decorating and furnishing shared spaces in a sensitive manner. • ensure sensitivity to the diverse cultures represented by those staying there while also avoiding any potential offence.
<p>Activities / Community connections</p>	<ul style="list-style-type: none"> • Enjoying cultural television shows or listening to music that holds significance to the person's heritage. This could involve watching documentaries, historical dramas, or musical performances that celebrate your culture. • Organizing entertainment, such as Bollywood-themed events or traditional dance performances, to celebrate and showcase your cultural traditions. This could involve arranging cultural performances, music nights, or dance workshops. • Engaging in traditional games or activities that hold cultural importance. This could include organizing traditional board game nights, storytelling sessions, or cultural craft workshops. • Assistance with attending community events, such as a Mela or cultural art exhibitions, to immerse yourself in your cultural community and appreciate art and culture from your background. • Support for fundraising initiatives for charities that are closely tied to your cultural background. This could involve organizing fundraising events, charity drives, or community outreach programs to contribute to causes important to your cultural heritage.
	<ul style="list-style-type: none"> • Aiding and encouragement to individuals who wish to open up about past events and memories, as well as facilitating access to emotional support to help them cope with traumatic experiences.

Emotional support	<ul style="list-style-type: none"> • Work to combat the negative perceptions surrounding the care of conditions such as mental illness. • Addressing challenges posed by language and literacy barriers, in combination with a lack of understanding about available entitlements.
End of life	<ul style="list-style-type: none"> • Reading prayers and spiritual readings • Coordinating with a religious leader to come and provide spiritual support at the home. • Organising for a family member or close friend to be present in the individual's room to provide comfort and support. • Making arrangements for the funeral and burial to align with the cultural traditions and customs followed by the family and community.

69. The evidence above and international evidence show that people who lack culturally appropriate care are much poorer¹⁸. Improving cultural responsiveness can not only remove barriers to accessing healthcare but may also reduce inequitable health outcomes for marginalised and vulnerable groups.

70. Culturally appropriate care means being alert and responsive to beliefs or conventions that might be determined by cultural heritage. Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. It focuses on the whole person and holistic support rather than on diagnosis or narrow assessments of health/care needs. This allows care and support to be aspirational and creative and to embrace what matters most to people, including their cultural background, beliefs, and lifestyle choices.

71. There is a need for flexibility of provision and innovative responses to meet the needs of an individual within the context of their life experience. This requires a detailed understanding of what culture, religion and ethnic identity mean to the individual and how these factors shape their everyday life choices, rather than making generalisations based on stereotypical views of communities by having staff who have lived experience and speak the language. SBIC is a trusted source of information where people feel their experiences are understood and their aspirations met. A central feature of SBIC is that we are trusted by the people we support. People think that we “watch their backs”.

72. Project Analysis & Conclusion

73. Our lived experience and evidence base highlighted multiple and overlapping discriminatory challenges faced by our users, for instance, being older and from a Global Majority group, experiencing mental health issues and being a woman from a

¹⁸ Department of Health (Victoria). [Review of Current Cultural and Linguistic Diversity and Cultural Competence Reporting Requirements, Minimum Standards and Benchmarks for Victoria Health Services Project](#). [Literature Review]. Melbourne: Statewide Quality Branch, DoH; 2009 [updated 2009 Aug].

Global Majority group. This is compounded when so many people drawing on health and care are on low incomes or living in poverty, and by the scant resources available to the organisations supporting them.

74. It is crucial that the communities impacted by the range of challenges described in this report are part of conversations about change. They need to sit at the centre of decision-making to ensure solutions are based on understanding about what is needed and will work locally.
75. Our project's activities yielded positive results. According to our focus groups, the content was well received and provided valuable information that enhanced screening knowledge through health education and personal stories. Feedback via workshops and surveys underscored the importance of faith-based messages, which resonated with them and increased their willingness to participate in screenings, contributing to the project's success.
76. The role of peer connectors in drawing people in and building broader connections and sustainability is also highlighted. Word of mouth and community connectors are emphasised as effective means of reaching and engaging with the community.
77. The consultation process highlighted the importance of community health interventions focusing on active learning and engagement. Involving credible figures such as religious scholars, individuals with Global Majority lived experiences, and health professionals can bolster health promotion endeavours. Establishing a welcoming environment for community activities and addressing language barriers are critical factors. These interventions are potential contributors to breaking down social stigma and fostering community discussion.
78. Many participants said they prefer to listen to and watch information rather than be given written content. This is often because they do not need to rely on someone to interpret or read it, which means they feel more in control. From our lived experience, Global Majority users face a constant challenge from stereotyping of diverse communities. This often sees these communities as homogenous and isolated primarily because of 'culture' rather than embedded through systemic features such as under-investment of inappropriate support, routine access processes, and lack of flexibility within mainstream provision.
79. Many participants found exploring what matters to them regarding care packages and end-of-life care in the context of their own cultural and religious beliefs essential and empowering. Many participants shared concerns that professionals caring for them must learn about these care preferences, including language, modesty, food, faith, and family involvement.
80. There is often a power imbalance between health and care professionals and Global Majority residents, and some communities feel this more acutely. Our participants shared how language barriers between themselves and health and care professionals

meant that conversations during appointments were challenging. Organising interpreters was, at best, not straightforward and, at worst, not an option. This meant that information about their diagnoses and treatment options could have been more apparent to them. In addition to delays in diagnosis and treatment, resulting in poor health outcomes.

81. Understanding between and within communities. We see changing mindsets in both the mainstream community and in Global Majority communities themselves as an essential feature of our work with issues such as cancer, which is often stigmatised among the Global Majority. Communities can benefit from being informed in these areas to enable better support. Participants told us they do not have adequate opportunities to participate in advance care planning because the information and support available are often not culturally or linguistically appropriate.
82. Observations via workshops emphasised the need to address various barriers and integrate faith into cancer screening and health promotion efforts rather than treating it as a separate entity. Personal screening experiences and cancer survival played a significant role in promoting health. Evidence gained via the project's focus group indicated that involving health professionals and adopting a Global Majority lived experience community-based approach enhanced cancer screening uptake. Women respondents expressed comfort in discussing sensitive topics and highlighted language barriers as significant. Despite the assistance of technology, participants generally preferred face-to-face meetings.
83. Additionally, the project activities draw attention to the necessity for increased consistent meetings on cancer screening and health issues, providing opportunities to involve healthcare providers, religious scholars, and peer educators with Global Majority lived experiences. Emphasising community based interventions is crucial for promoting cancer screening and health awareness. Culturally appropriate health promotion materials, personal testimonies, and peer educators are potential connectors of health promotion messages. The separate involvement of men in community centered efforts suggests that addressing screening barriers for men may be feasible through various approaches.
84. A recent National Lottery learning paper¹⁹ highlights common issues that Global Majority communities face regarding changes in expectations, identity, and cultural views. Such key findings are appropriate for health promotion activities. The paper stresses the importance of co-production and co-research in understanding the problems and challenges within these communities. The research underscores the need for safe spaces to work with socially isolated individuals or those with substantial mistrust. Initial meetings in someone's home are conducive to developing connections, understanding people's skills, wishes, and challenges, and navigating the complexities that lead to social isolation.

¹⁹ "Working and engaging with BAME communities: learning from ageing"

- 85.** In conclusion, the research by Global Majority Macmillan Cancer Project activities underscores that connecting with socially isolated people in Global Majority communities requires genuine, interested individuals who understand the community they are working in. Establishing trust and activating community strengths are crucial for connecting people to projects or programs. It's essential to be mindful of the barriers presented by form filling, particularly for those who have experienced challenges with immigration or benefits. Additionally, it's important to avoid stereotypes and take the time to co-research and understand the communities to effectively connect with socially isolated individuals within them.
- 86.** Project activities successfully addressed diverse health concerns within the community through comprehensive awareness initiatives, promoting screenings, raising awareness about specific cancers, and offering holistic support services. The project aimed to improve health outcomes and enhance overall community well-being. Continued emphasis on these initiatives promises to advance community health outcomes further and effectively support ongoing health education efforts.
- 87.** Cultural or behavioural explanations of the distribution of health in modern industrial society are recognisable by the independent and autonomous causal role which they assign to ideas and behaviour in the onset of disease and the event of death. When applied to modern industrial societies, such explanations often focus on the individual as a unit of analysis, emphasising unthinking, reckless or irresponsible behaviour or incautious lifestyle as the moving determinant of health status.

Case Study: Patient HB

Initial Contact and Immediate Actions

- Syed Anwar Tauhid contacted Nahida from the Sunderland Bangladesh International Centre on behalf of his mother, HB, who was discharged from St. Benedict's Hospice and required home care. Nahida arranged a meeting with Angela Laybourne at the hospice to discuss HB's needs and coordinate a care plan.

Hospice Visit and Meeting

- Nahida and her team met with Angela Laybourne to discuss HB's needs. Holly, HB's palliative nurse, was introduced to fast-track a social care assessment and arrange for home visits. HB's mood noticeably improved upon seeing familiar faces, underscoring the importance of continuity and familiarity in care.

Coordination with Healthcare and Social Services

- Nahida liaised with district nurses and Adult Social Services, initially contacting Julie Kellette to discuss HB's care needs. Collaboration efforts focused on securing culturally and religiously sensitive support through the Sunderland Bangladesh International Centre's services.

Addressing Immediate Needs

- Recognising HB's urgent need for overnight care and personal assistance, Nahida advocated for direct payment options to meet these specific requirements. Julie Kellette initiated discussions with the Integrated Care Board to secure the necessary funding.

Involvement of Macmillan Support Worker

- Ayesha Begum from Macmillan Cancer Support intervened after initial care package setbacks. She expedited a referral to Adult Social Care and maintained regular communication with Syed, ensuring updates on HB's care progress and anticipated home visits.

Continuous Follow-up and Challenges

- Despite persistent efforts by Ayesha, delays and communication lapses from Adult Social Services persisted, frustrating HB's family. Ayesha continued to advocate for expedited care package processing involving multiple social workers to accelerate the process.

Final Arrangements

- Following persistent follow-up, James, a newly assigned social worker, finalised HB's care plan, ensuring daytime and overnight care with provisions for additional support as needed. He committed to speed up the funding process before his leave, providing reassurance to Ayesha and Syed.

Conclusion and Current Status

- Ayesha's relentless advocacy provided significant progress in securing appropriate care for HB, highlighting the complexities and delays in palliative care provision. The collaborative efforts of Sunderland Bangladesh International Centre and Macmillan Cancer Support were crucial in addressing HB's needs and ensuring culturally sensitive and comprehensive care.

Patient Testimonial

- Syed Anwar Tauhid expressed "gratitude for the support received: *"My mother has been struggling significantly at home, and I feel that Adult Social Care does not fully grasp the personalized care she needs. It has been a constant battle to secure the necessary support for her. Despite her being palliative, it seems she is not being taken seriously, and the care package she requires has been excessively delayed. The fast-track funding process, which is supposed to be swift, has not been the case for my mother. I am incredibly grateful for the Macmillan team at Sunderland Bangladesh International Centre. They intervened and guided us through every step of this journey, which I had no idea how to navigate. Without the support of SBIC, we would have been completely lost."*

Summary HB's case highlights the critical role of culturally sensitive interventions and persistent advocacy in supporting BAME cancer patients. The collaborative efforts of healthcare providers, social workers, and support organisations are essential in navigating complex healthcare systems and ensuring equitable access to comprehensive care. By addressing unique cultural and practical needs, such interventions aim to improve patient outcomes and enhance quality of life during challenging healthcare journeys.

Support Levels for HB:

- **Level 2 (Moderate Support):** Nahida from the Sunderland Bangladesh International Centre coordinated with healthcare providers and social services to arrange home care for HB. This involved setting up meetings, liaising with district nurses and social workers, and ensuring HB's immediate care needs were addressed post-hospital discharge.
- **Level 3 (Advanced Support):** Julie Kellette, the social worker, collaborated with Nahida to explore community carer options tailored to HB's cultural and religious needs. They engaged in detailed planning and communication to secure funding and appropriate care services, navigating complex bureaucratic processes to meet HB's ongoing needs.
- **Level 4 (Intensive Support):** Ayesha Begum from Macmillan Cancer Support provided intensive advocacy and support when initial care plans were delayed. She escalated the case to expedite urgent referrals and continuously followed up with social services to ensure HB received timely and appropriate care at home, addressing critical issues and advocating for HB's personalised care needs.

In summary, categorising service activities into these levels helps us understand the required intensity, duration, and complexity of support. This, in turn, ensures appropriate resource allocation and effective service delivery for individuals like HB facing significant healthcare challenges.

Appendix: One Key Educational Awareness Workshops

DATE	No	Activity	Organisation	Follow ups/Actions	No of users
11 th Oct 2022	1	Macmillan Coffee morning Raising money for Macmillan Cancer Support Raised £420	Macmillan cancer	Plan future Macmillan Coffee Mornings	37
16 November 2023	2	Dementia Awareness Session Dr shola visiting to improve knowledge around Dementia, Alzheimer's disease	Dr Shola Psychiatrist		15
17 TH JAN 23	3	LET'S TALK MENOPAUSE-A presentation to raise awareness on menopause and to understand signs & symptoms.	AGE UK- Karen Zoieng & Sheena Phillips Advance Practice Nurse Silksworth MC		14
31 st January 2023	4	Macmillan Cancer Project Launch	SBIC taking initiative to raise awareness of Cancer and improve patients experience within the local BAME communities		85
3 rd February 2023	5	The NHS busting Cancer tour	The Bus was at the car park to raise awareness of the signs and symptoms of Cancer and to encourage people to contact their GP practices if something in their body doesn't feel right.		Open to community
8 th Feb 2023	6	LET'S TALK MENOPAUSE – Menopause and clinical intervention. Presentation to raise awareness on menopause including what our symptoms look like, what treatment options available including HRT.	AGE UK- Karen Zoieng & Sheena Phillips Advance Practice Nurse Silksworth MC		14
28 th Feb 2023	7	Cancer Screening- Breast Screening Session	Julie Thomas Health Improvement Practitioner (Breast, Bowel & Abdominal Aortic Aneurysm Screening) Clinical Support & Screening Services Gateshead Health NHS Foundation Trust Direct Line: 0191 445 3727 Mobile: 07976129281 E: julie.thomas@nhs.uk		14

1 st March 2023	8	Cancer Breast screening (Female only)	Julie Thomas Health Improvement Practitioner (Breast, Bowel & Abdominal Aortic Aneurysm Screening) Clinical Support & Screening Services Gateshead Health NHS Foundation Trust Direct Line: 0191 445 3727 Mobile: 07976129281 E: julie.thomas@nhs.ne		14
2 nd March 2023	9	Cancer Screening – (Men)	Julie Thomas Health Improvement Practitioner (Breast, Bowel & Abdominal Aortic Aneurysm Screening) Clinical Support & Screening Services Gateshead Health NHS Foundation Trust Direct Line: 0191 445 3727 Mobile: 07976129281 E: julie.thomas@nhs.ne		7
Female fitness session starts on 24/05/2023	10	Sisters with voices carrying out dance and fitness session every Wednesday morning to encourage healthy lifestyle.	Sisters with voices/ Sports England.	To continue until Centre refurbishment and look at alternative sessions – FISCUS – Every Friday 9.30am	12
Breast clinics visit at SRH Wed 24 th May 2023 Thurs 25 th May 2023	11	Visit to Breast clinic at Sunderland Royal Hospital to bring awareness of breast screening and what to expect when attending their appointment for breast screening. Opportunities to ask any questions and make appointments as comfortable as possible.	Sunderland Royal Hospital – breast screening unit Julie Thompson	Awareness sessions around breast screening and look at interests for further visits.	76
Healthy eating habits Thurs 8 th June 2023	12	Encourage a healthy diet and lifestyle. This maintains and improves overall health. A healthy diet provides the body with essential nutrition: fluid, macronutrients such as protein, micronutrients such as vitamins, and adequate fibre and food energy.	WIN – women's international network	Arrangement for different cooking session with different meal plans to take place every fortnight.	25

Breast, Bowel & Abdominal Aortic Aneurysm Screening Tuesday 20 th June 10- 12	13	Female Awareness session on Breast, Bowel & Abdominal Aortic Aneurysm Screening.	Julie Thomas Gateshead Health Nhs Foundation	Arrange further session including men's breast screening and bowel screening. Arrange session with Kurdish Community with Kurdish Translator - Female	24
Talk cancer workshop Thurs 22 nd June 2023 10.30 - 1.30	14	A good opportunity to train people in public facing roles, such as staff volunteers and community leaders, to help improve awareness and cancer outcomes for the local BAME community.	Cancer Research UK. Sinéad O'Byrne Health Community Engagement Manager (Talk Cancer) Health Community Engagement Cancer Research UK Trainers Amanda and Mary delivering the training so here are their contact details: Mary – 07766 902006 Amanda – 07920 165305		16
Informal drop in Sunderland council and social service. Tuesday 27 th June 10 – 12	15	Informal Drop In Sunderland Council Therapy And Social Care Service 10.00am - 12.00pm Occupational Therapy Physiotherapy Learning Disability Wheelchair bound	Angela Porrit and other adult social care services	To run monthly from September and look at base at RAPS to targets community around those areas.	13
Men's Targeted health check Thursday 6 th July 12 - 2	16	Find out everything you need to know about targeted lung health checks	Helen Bone South Tyneside and Sunderland NHS Foundation Trust		13
Female targeted health check 4 th July 2023 10 - 12	17	Find out everything you need to know about targeted lung health checks. Understand the signs and symptoms of lung cancer and screening. Understanding who is offered Lung Health Check, when they will be invited and what to expect during the Targeted Lung Health Check. Session was translated in Bengali and Kurdish	Helen Bone South Tyneside and Sunderland NHS Foundation Trust		27
Relaxation Massage and Spa Tuesday 11 th July 2023	18	Session delivered by qualified beauty therapist Rizan Ali and Natalie Wass Relaxing pamper session for individual to refresh and recharge, know their skin so	Qualified beauty therapist Rizan Ali and Natali Wass	Keep sessions ongoing and support ladies to have sessions in their own home space to help	31

		that is always looking healthy. Massage therapy reduce state anxiety, blood pressure and heart rate.		their mental health and wellbeing.	
Men gambling session Thurs 12 th July 12.00 - 2.00	19	Gambling Awareness Training Tools you need to have a healthy conversation around gambling. Learning objectives <ul style="list-style-type: none"> • Gambling is addictive and can turn harmful, seriously affecting a person's health, relationships and finances. • Use a non – confrontational approach to motivate and support people to think about and / or plan a change in their gambling behavior • Training intended to provide the minimum level of knowledge and skills needed to identify risks confidently and effectively, provide brief advice and signpost to local services. 	Health Champion Sunderland Sunderland City Council		5
Female Financial wellbeing Tues 11 th July 2023 10am - 12		Sunderland City Council <ul style="list-style-type: none"> •Acquire an understanding of what financial wellbeing is •Understand the impact financial wellbeing can have on health •Examine and discuss why financial wellbeing is important •Develop confidence in using the 3A's model within the MECC approach to financial wellbeing •Explore attitudes to talking about money •Develop skills to have a Financial Wellbeing conversation and signpost 	Julie Egan – Sunderland City Council		Cancelled
Men's Financial wellbeing session Thursday 13 th July 2023 12 -2		Sunderland City Council <ul style="list-style-type: none"> •Acquire an understanding of what financial wellbeing is •Understand the impact financial wellbeing can have on health •Examine and discuss why financial wellbeing is important •Develop confidence in using the 3A's model within 	Julie Egan		Cancelled

		the MECC approach to financial wellbeing <ul style="list-style-type: none"> • Explore attitudes to talking about money • Develop skills to have a Financial Wellbeing conversation and signpost 			
Cervical Screening Tuesday 18 th July 2023 10 - 12	20	Leanne Rowell. Sunderland GP Alliance Understand the importance of screening, how to screen and what tools are used. Information on what the nurses are looking for and examples of both outcomes and onward referrals.	Leanne Rowell Sunderland GP Alliance		12
Men's Cancer awareness CRUK Thursday 20 th July 12.00pm - 2.00 pm	21	Cancer Awareness <ul style="list-style-type: none"> • Chat to a nurse about how small health changes can reduce cancer risk. • Learn about screening and where to get more information. • Talk about the importance of spotting cancer early by speaking to the GP about any concerns. 	CRUK		8
Smoking Brief Intervention Men's Session Thursday 7 th September 12.00pm - 2.00pm	22	Sunderland City Council	Sunderland City Council		6
Menopause exercise and relaxation session Tuesday 12 th Sept 2023	23	Age Uk Session led by Gillian Firth to practice breathing techniques and exercises. You are not alone	AGE UK GILLIAN FIRTH		33
Breast, Bowel & Abdominal Aortic Aneurysm Screening Thursday 14 th September 2023	24	Male Awareness session on Breast, Bowel & Abdominal Aortic Aneurysm Screening.	Julie Thomas Gateshead Health Nhs Foundation		11
Women's awareness cancer session. Tuesday 19 th September	25	Cancer Awareness <ul style="list-style-type: none"> • Chat to a nurse about how small health changes can reduce cancer risk. • Learn about screening and where to get more information. 	CRUK		27

10.00am - 12.00pm		<ul style="list-style-type: none"> Talk about the importance of spotting cancer early by speaking to the GP about any concerns. 			
Prostate cancer awareness 26/09/2023	26	<ul style="list-style-type: none"> Discussing signs and symptoms of prostate cancer and bowel screening Health & Wellbeing Coaches from Sunderland GP Alliance 	Dr Hassan Tahir, Lee Nelson -Health and Wellbeing Coach for the East		26
Financial Wellbeing Thursday 21 st September 12.00pm - 2.00pm	27	<p>Sunderland City Council This course will support individuals across to have conversations around finance and provide brief interventions to support financial wellbeing.</p> <p>Learning objectives: Acquire an understanding of what financial wellbeing is. Understand the impact financial wellbeing can have on health. Examine and discuss why financial wellbeing is important. Develop confidence in using the 3A's model within the MECC approach to financial wellbeing. Differentiate between 'Brief' and 'Very Brief' interventions. Explore attitudes to talking about money. Develop skills to have a Financial Wellbeing conversation and signpost.</p>	Sunderland City Council		7
Prostate Cancer Awareness Tuesday 26 th September	28	Dr Hassan	Dr Hassan		16
Male Informal Drop in session Thursday 28 th September	29	informal drop in Sunderland council therapy and social care service 10.00am - 12.00pm occupational therapy physiotherapy learning disability wheelchair bound	Sunderland City Council		15
19/10/23 Accessing primary care Male session	30	Interactive session with Wendy Hadlington filling in surveys on barriers accessing to primary care	Healthwatch Sunderland – Wendy Hadlington		8
Menopause healthy	31	AGE UK	AGE UK		24

eating session 10/10/23		Session for ladies to increase knowledge around balanced diet, how to eat well and what portion size you need on your plate			
Cervical Screening Richard Avenue School 14/11/23	32	Leanne Rowell. Sunderland GP Alliance Understand the importance of screening, how to screen and what tools are used. Information on what the nurses are looking for and examples of both outcomes and onward referrals.	Sunderland GP Alliance Female Health Coach Social Prescriber		14
Lung health check 16/11/23	33	Raising awareness about lung health check – ITV NEWS	Targeted lung health check – south tyneside and Sunderland NHS Foundation Trust		5
Palliative and end of life care Male session 23/11/2023	34	Focus group to understand what is important to and your loved ones at the last stages of life. Workshop to understand the experience of people from ethnic minority backgrounds in relation to palliative and end of life care. To raise awareness of the customs, practices and attitude towards palliative and end of life care. To identify barriers in access to good palliative and end of life care and look at ways of improving this.	Angela Laybourne – Saint Benedict's Hospice	Plan another session to understand knowledge in female members	14
Palliative and end of life care Female session 12/12/2023	35	Focus group to understand what is important to and your loved ones at the last stages of life. Workshop to understand the experience of people from ethnic minority backgrounds in relation to palliative and end of life care. To raise awareness of the customs, practices and attitude towards palliative and end of life care. To identify barriers in access to good palliative and end of life care and look at ways of improving this.	Angela Laybourne – Saint Benedict's Hospice		24
Palliative and end of life care 50 + Female session 18/01/2024	36	Focus group to understand what is important to and your loved ones at the last stages of life. Workshop to understand the experience of people from ethnic minority backgrounds in relation to palliative and end of life care. To raise awareness of the customs, practices and	Angela Laybourne – saint Benedict's Hospice		7

		attitude towards palliative and end of life care. To identify barriers in access to good palliative and end of life care and look at ways of improving this.			
Pamper Sessions for Mental Health					
Cervical Screening 50+ group 25/01/24	37	Leanne Rowell. Sunderland GP Alliance Understand the importance of screening, how to screen and what tools are used. Information on what the nurses are looking for and examples of both outcomes and onward referrals.	Sunderland GP Alliance Female Health Coach Social Prescriber		15
Accessing primary Care 50+ group 01/02/2024	38	Discussions on ways to improve access to primary care.	Wendy Hadlington Healthwatch Sunderland		14
Organ donation in the Muslim community 02/03/2024		Workshop for Muslim leads and community leaders and awareness on organ donation			17
Cancer Champion workshop 23/04/24 Female session	39	Female workshop to provide individuals with valuable information about Cancer, its impact on individuals and families as well as practical skills for navigating the healthcare system and accessing support services. Additionally, they may offer opportunities for networking and building a support network with others who have affected by cancer	Healthworks Newcastle		10
Cancer Champion workshop 25/05/24 male session	40	Female workshop to provide individuals with valuable information about Cancer, its impact on individuals and families as well as practical skills for navigating the healthcare system and accessing support services. Additionally, they may offer opportunities for networking and building a support network with others who have affected by cancer	Healthworks Newcastle		11
Sewing class every Wednesday – term time only		an instructional session or series of sessions where participants learn various sewing techniques and skills. These classes can cater to a wide range of skill levels, from complete beginners to			10 – 15 per session

		advanced sewers, and can cover a variety of topics and projects. Here are some key aspects of sewing classes			
25/04/2024 02/05/2024 09/05/2024 16/05/2024	41	Practice mindfulness – Ladies engaging in mindful exercises, including practices for better breathing technique and putting minds at rest as well as practicing sound meditation.	Little company of calm Liz McEvoy, Mindfulness Teacher and Director		13 15 14 12
Mindfulness for 50+ female group X 4 weeks					
30/04/24 Accessing primary care Coffee morning group	45	Discussions on ways to improve access to primary care.	Wendy Headlington Healthworks Sunderland		13
23/05/24 30/05/24 06/06/24 13/06/24 50+ group = x4 weeks	46	Exercise session Cookery session Arts & crafts/ Gardening Coffee morning	Jackie - Keep active Sunderland mind & wellbeing hub.		8 cancelled

List of Specific Cancer Awareness and Screening Sessions:

- Prostate and Bowel Awareness Day: Planned sessions covered signs, symptoms, and screening with GPs.
- Breast Screening Sessions: Gender-specific sessions were held for females.
- Awareness Sessions on Early Diagnosis: Emphasised the importance of early diagnosis in cancer outcomes.
- Macmillan Cancer Project Launch
- The NHS Busting Cancer Tour
- Macmillan Coffee Morning
- Let's Talk Menopause - Awareness Presentation
- Cancer Screening - Breast Screening Session
- Cancer Screening - Men's Screening Session
- Breast Clinic Visit
- Female Awareness Session - Cancer Screening
- Cancer Awareness Training for BAME Community
- Targeted Lung Health Checks Awareness
- Prostate Cancer Awareness Session
- Male Awareness Session - Cancer Screening
- Interactive Surveys on Access to Primary Care
- Cancer Workshop for Females
- Breathing Techniques Workshop
- Dementia Awareness Session
- Workshop on Palliative and End of Life Care
- Health & Wellbeing Coaching Session
- Seminar on Organ Donation Awareness
- Sisters with Voices - Dance and Fitness Session
- Cooking Sessions for a Healthy Diet & Lifestyle
- Informal Drop-in Therapy and Social Care Service

- Pamper Sessions for Mental Health
- Gambling Awareness Training
- Financial Wellbeing Workshop
- Sewing Classes
- Exercise, Cookery, Arts & Crafts Sessions

Total participants to date - 793 – with many regular participants