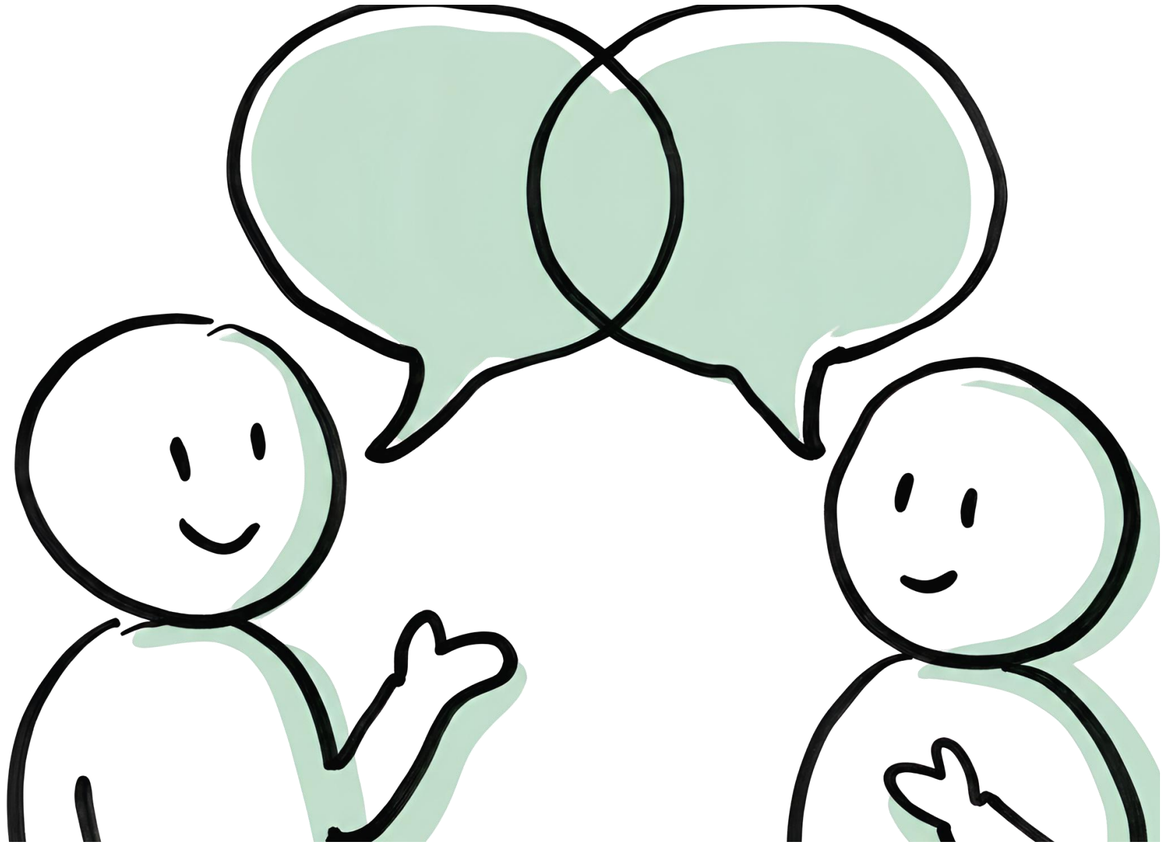
Community Cancer Partners Training Workshop

Having Confident Conversations that Inspire Action

Supporting:

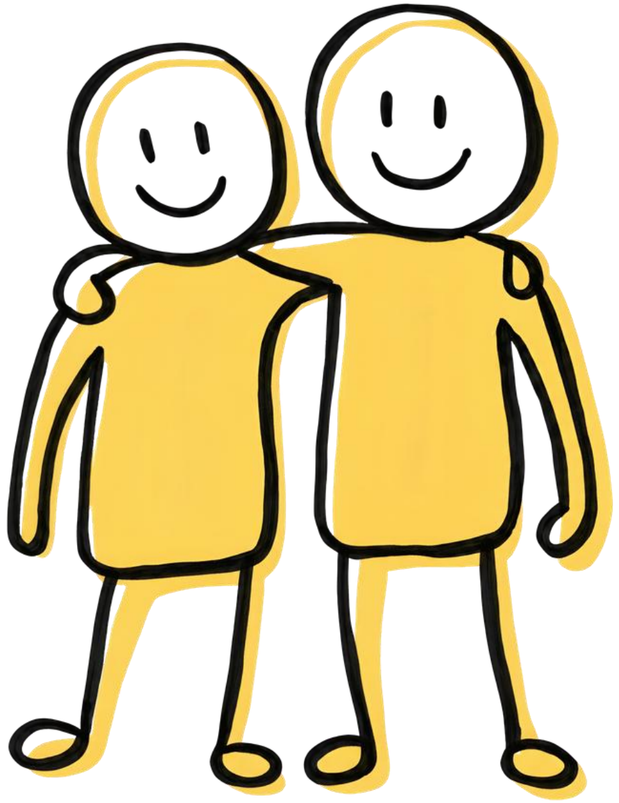
- Know Your Cancer Risk
- Tobacco-Related Cancers
- Bowel Cancer Screening

RM Partners Community Grant Programme



Part ONE: Welcomes

- Confidentiality
- Respect
- Time Keeping
- Participation
- Looking after ourselves



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Welcome and Introductions

Check-in:

- Name
- Organisation
- Borough
- Which campaign feels most challenging?

Mentimeter

Learning Outcomes

By the end of today you will:

- ✅ Feel more confident starting conversations
- ✅ Understand what helps people change behaviour
- ✅ Support conversations about risk, tobacco and screening
- ✅ Respond to emotional reactions compassionately
- ✅ Work within Level 1 psychosocial support
- ✅ Know when and where to signpost

The Role of Community Cancer Partners

You are not expected to:

- Deliver clinical advice
- Diagnose symptoms
- Counsel people
- Persuade people

You are expected to:

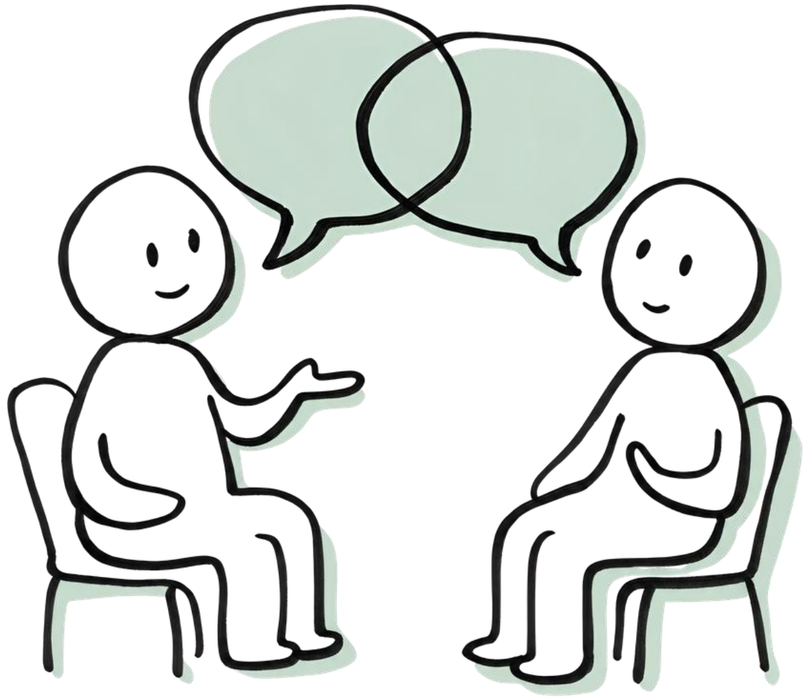
- Start conversations
- Build trust
- Share information
- Encourage informed decisions
- Signpost support

Part Two: Communication Foundations

Communication Foundations

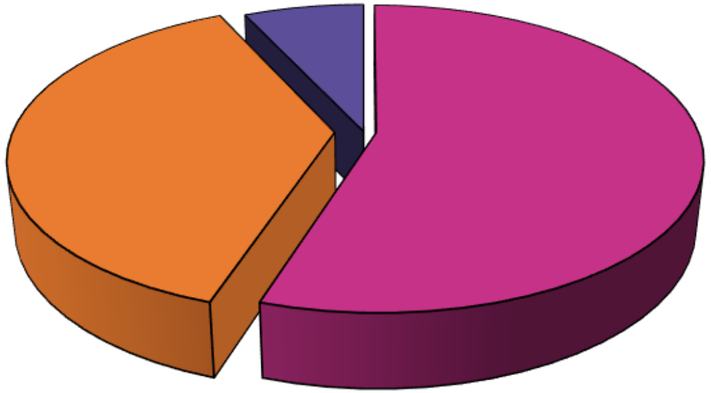
Think about a time when you felt genuinely listened to and understood.

- What did the other person do?
- What did they not do?
- How did you feel afterwards?



Communication Foundations

Verbal and Non-verbal Communication



55% Body movements, face, arms etc

38% Voice tone, modulation, pauses

7% Words

Active Listening
Giving full attention and understanding

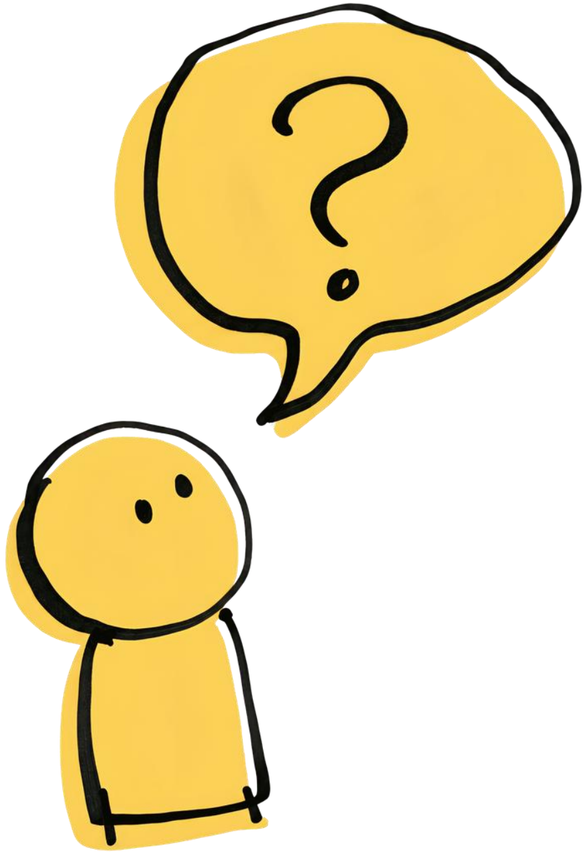
Paraphrasing
Reflecting a key idea in your own words

Summarising
Pulling together several important points into a concise overview

Communication Foundations

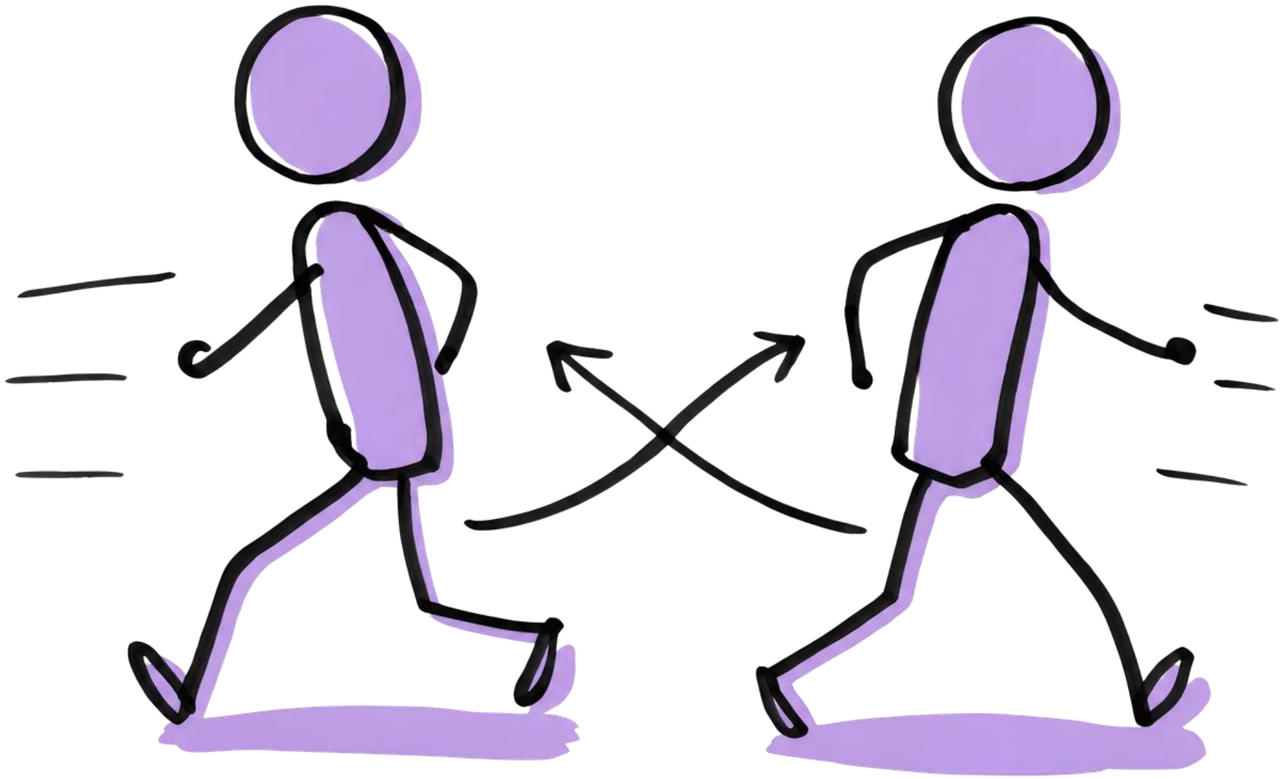
Types of Questions….

- Open
- Clarifying
- Exploring
- Reflecting
- Drawing on strengths and resources



Communication Foundations: Communication Traps

- Advice-giving
- Reassurance too quickly
- Changing the subject
- Minimising concerns
- Judgemental language
- Types of questions



Part Three: Exploring shifts in behavior

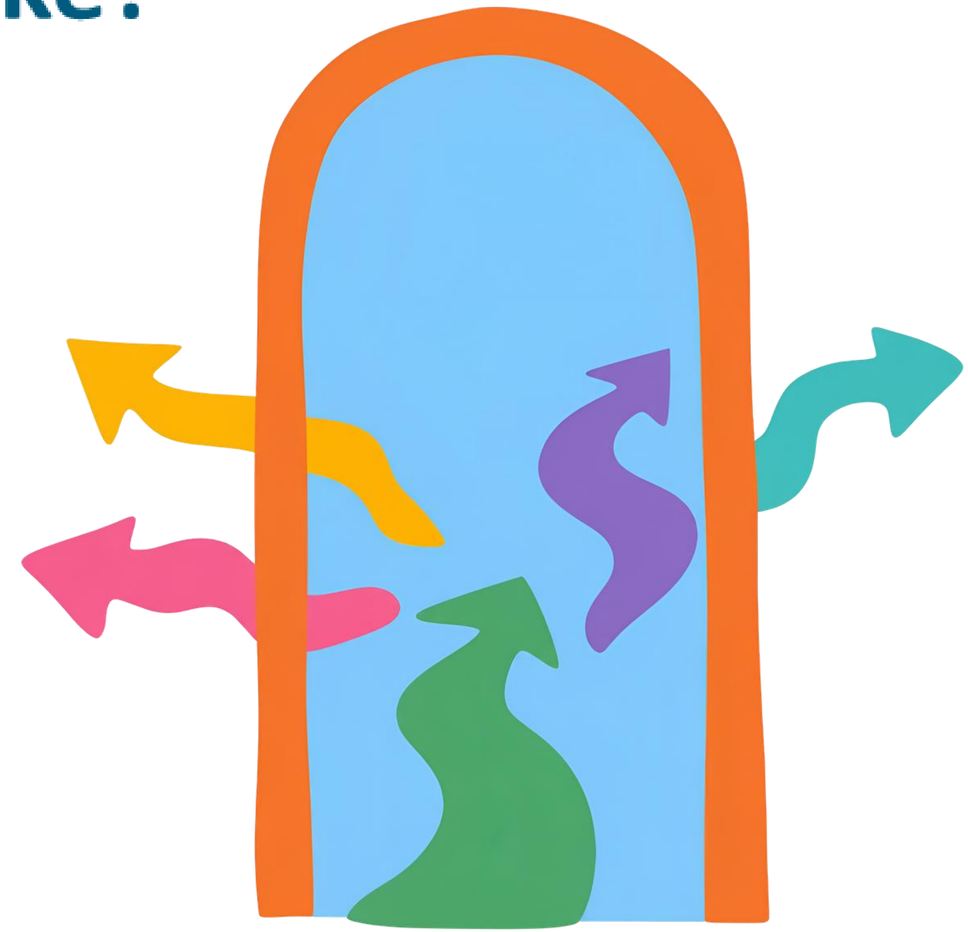
What does Success Look Like?

Success is NOT:

❌ Someone immediately changes
❌ Someone agrees with us
❌ Someone stops smoking today
❌ Someone completes screening tomorrow

Success IS:

✅ Starting a conversation
✅ Increasing reflection
✅ Building trust
✅ Helping someone think differently
✅ Supporting informed choice



Understanding the Three Campaigns

Know Your Risk

Focus on:

- Physical activity
- Fibre intake
- Alcohol reduction

Tobacco Related Cancers

Focus on:

- Cigarettes
- Shisha
- Paan with tobacco
- Gutkha
- Naswar
- Bidi
- Cigars

Bowel Screening

Focus on:

- Awareness
- Early diagnosis
- Screening uptake

Why People Do Not Act: Whole Group Discussion

Why Don't People Act?

Even when they know the facts.

Why might somebody:

- Ignore symptoms?
- Avoid screening?
- Continue tobacco use?
- Not exercise?
- Continue drinking?

Practical

- Time
- Cost
- Childcare
- Language

Emotional

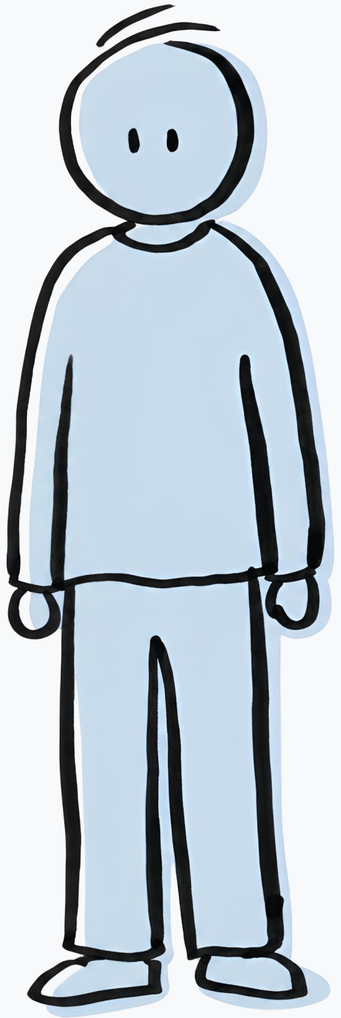
- Fear
- Worry
- Shame
- Embarrassment

Cultural

- Fatalism
- Taboos
- Trust issues

Social

- Family beliefs
- Community norms



Behaviour Change: COM-B Model

Understanding Behaviour Change

COM-B

Behaviour happens when people have:

Capability

Can I do it?

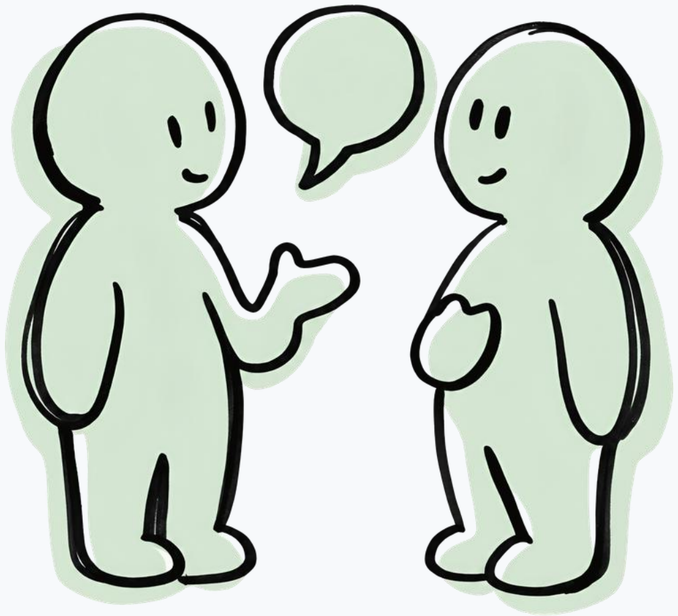
Opportunity

Am I able to do it?

Motivation

Do I want to do it?

Breakout Activity: Small Groups



Choose one:

- Increasing physical activity
- Reducing alcohol
- Stopping tobacco* use
- Completing bowel screening

Discuss:

In the community organisations you sit in, what might affect people's:

- **Capability?** Do they have the knowledge, skills, understanding, memory, physical ability, or confidence?
- **Opportunity?** Do they have the practical and social circumstances that make the behaviour possible?
- **Motivation?** Do they want to do it?

Applying COM-B

Capability

Do they have the knowledge, skills, understanding, memory, physical ability, or confidence?

Examples:

- Can they understand a bowel screening leaflet?
- Do they know what symptoms to look out for?
- Do they know that shisha contains tobacco?

Opportunity

Do they have the practical and social circumstances that make the behaviour possible?

Examples:

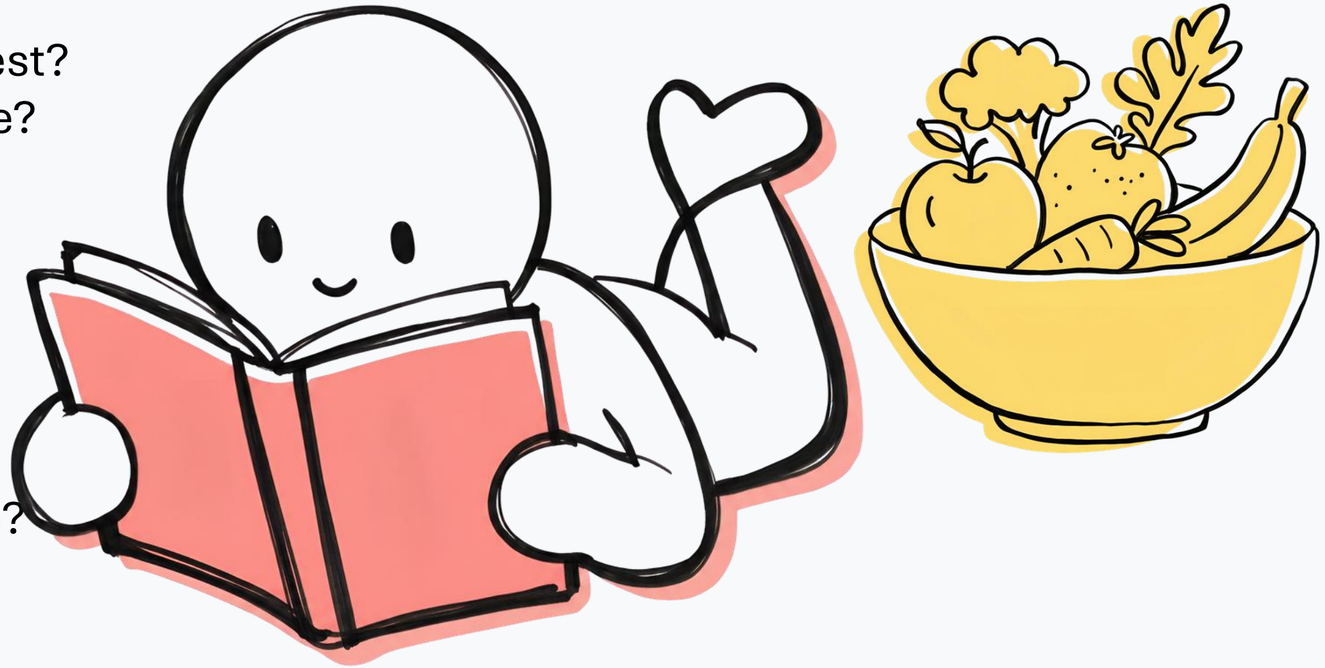
- Do they have time to complete the screening test?
- Does their family support stopping tobacco use?
- Is healthy food affordable and available?

Motivation

Do they want to do it?

Examples:

- Do they think screening is worthwhile?
- Do they believe stop-smoking support will help?
- Do they think changing diet will benefit them?




BREAK TIME!

Part Four: Motivational Conversations

Changing Behaviour: The Fixing Reflex

When we want people to change, our instinct is often to:

- Explain
- Educate
- Persuade
- Advise
- Correct

But often this can lead to:

- Resistance
- Defensiveness
- Disengagement
- Less motivation

People are more likely to change when they discover their own reasons for change

Exercise: Evoking

In pairs, use the same health-related behaviour you would like to change (6-7/10)

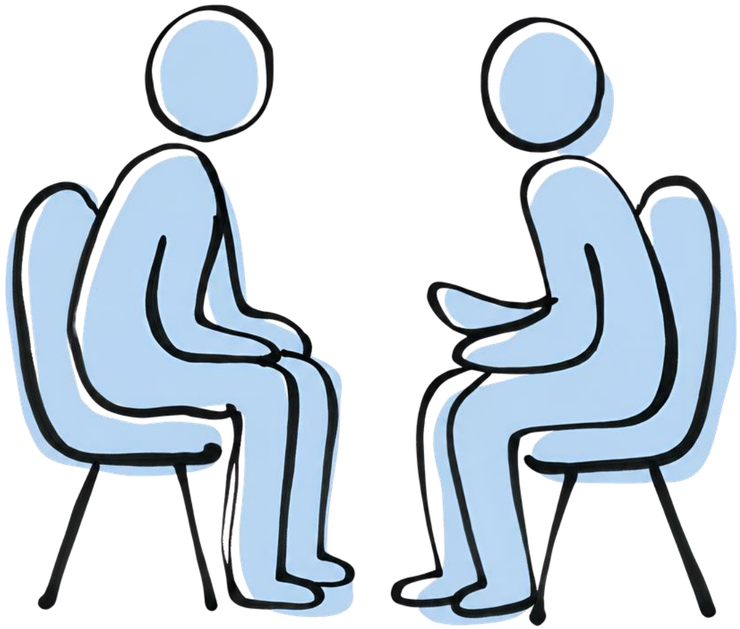
'Helpers' - **Listen carefully with a goal of understanding the dilemma**.
Give no advice. Ask these four questions:

1. Why would you want to make this change?
2. What are the three best reasons to do it?
3. On a scale from 0 to 10, how important would you say it is for you to make this change? . . and why are you at ___ and not zero?
4. How might you go about it, in order to succeed?

- Brief summary of reasons / motivations they gave
- Then ask, "So what do you think you'll do?"

….and just listen with interest.

4 minutes – each way



Making Goals

Small, realistic goals work best
Instead of:
"I'm going to completely change my lifestyle."
Try:
"I'm going to walk for 20 minutes twice this week."
SMART Goals
S Specific
M Measurable
A Achievable
R Relevant
T Time-bound

Example Goal:
"Over the next two weeks, I'll replace one alcoholic drink with a non-alcoholic option on three evenings each week."

- ✅ Person-led
- ✅ Realistic
- ✅ Easy to track
- ✅ Builds confidence and momentum

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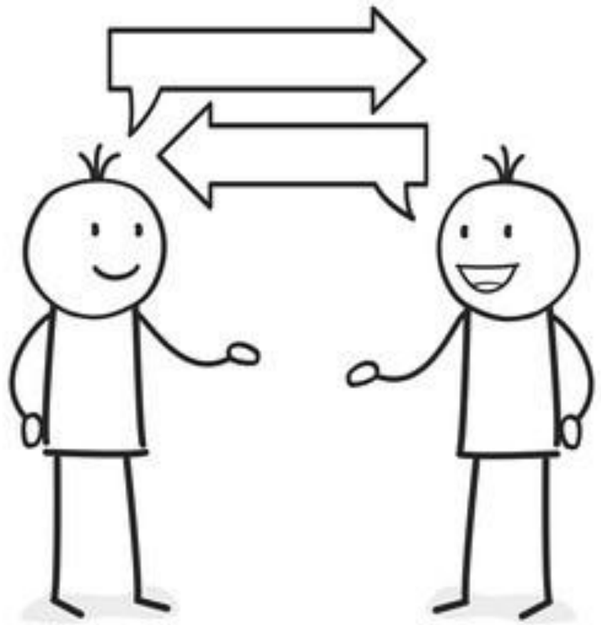
Part Five: Cultural Humility and Myths

Cultural Humility: Social GRACES

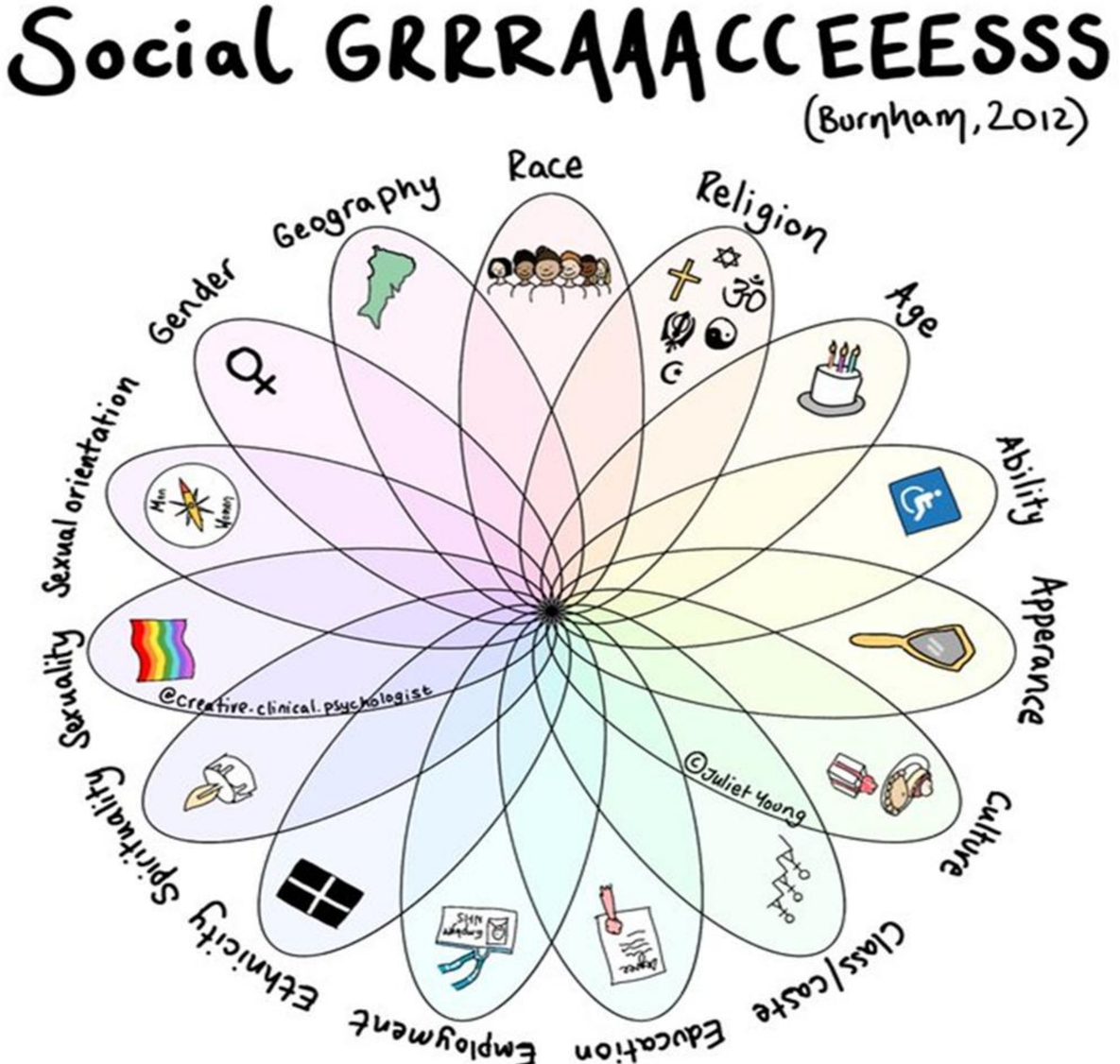
We do not need to be experts in every culture, identity, or lived experience.

Instead, aim to:

- Be respectful
- Be curious
- Avoid assumptions
- Recognise your own perspectives and biases
- Learn from the individual in front of you



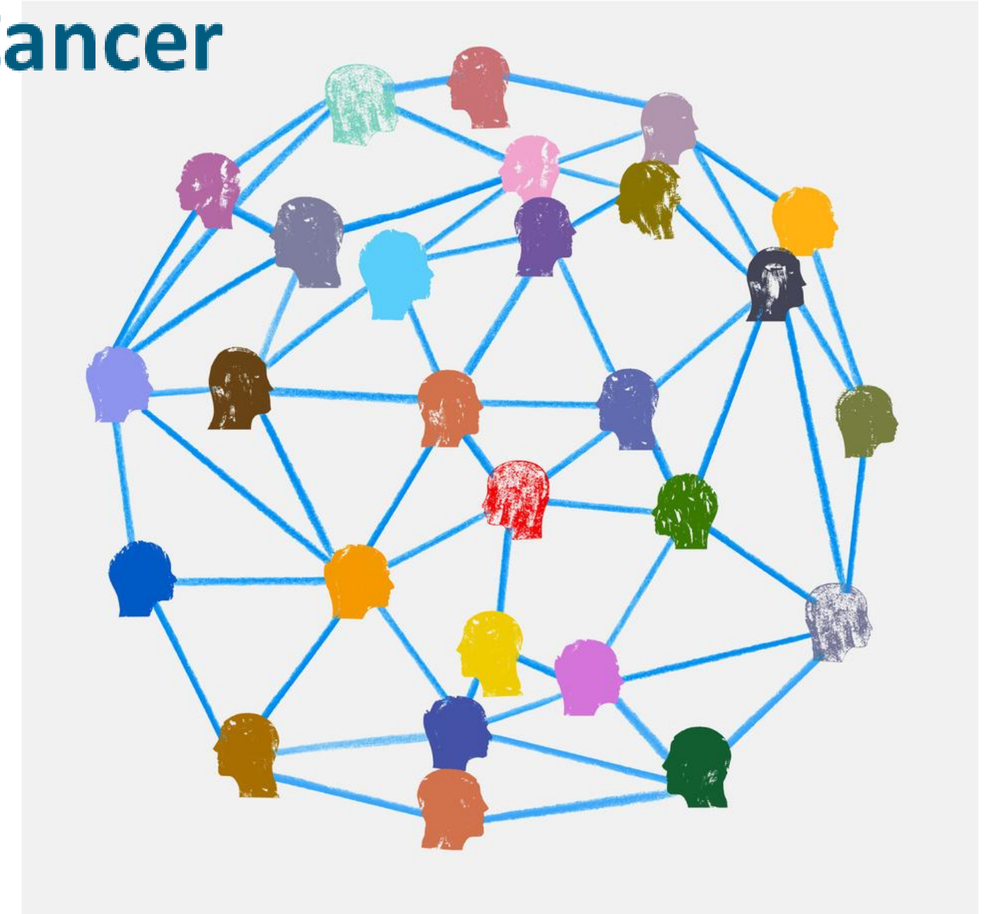
Key message:
Be curious, not certain. Ask, don't assume.



Understanding Beliefs about Cancer

What Shapes Beliefs About Cancer?

- 🏠 Family & community
- 🙏 Culture & religion
- 🗂️ Past experiences
- 📱 Social media & stories
- ❤️‍🩹 Fear, trust & uncertainty



Myths are often rooted in experiences and emotions, not simply a lack of knowledge.

What myths or concerns might you hear about?

1. Cancer: What beliefs about cancer have you heard in your community setting?

2. The specific campaigns?

Know Your Risk

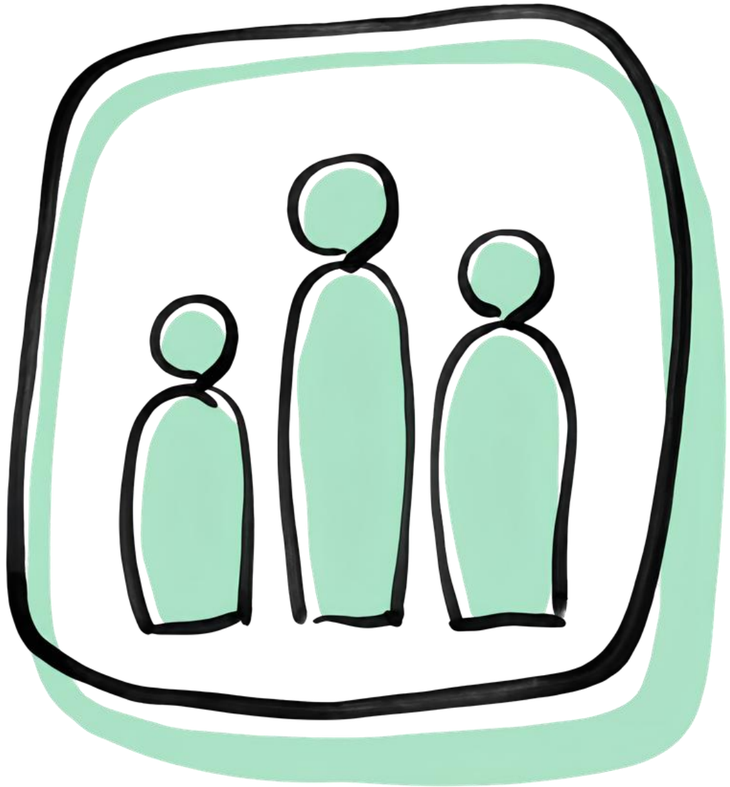
- Diet
- Alcohol
- Exercise

Tobacco

- Shisha
- Paan
- Gutkha
- Naswar

Bowel Screening

- Screening tests
- Symptoms
- Cancer diagnosis



Common Cancer Myths

"What beliefs or myths might you encounter?"

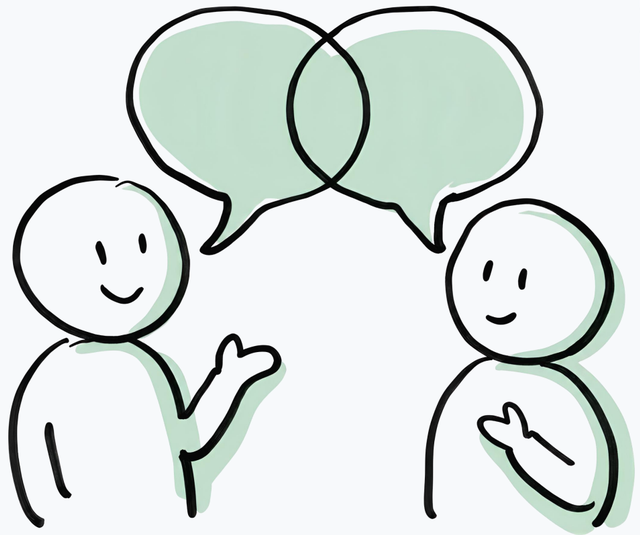
Examples:

- Cancer is a death sentence
- Talking about cancer causes cancer
- Cancer brings shame
- Fate determines illness
- Screening is unnecessary when feeling well
- Bowel tests are embarrassing
- Shisha is safer than cigarettes
- Herbal shisha is harmless
- Paan without tobacco is harmless
- Women should not discuss bowel symptoms

Responding to Myths

Curiosity before correction

Step 1: Explore
"Tell me more about that."
Step 2: Understand
"Where have you heard that?"
Step 3: Acknowledge
"I can understand why people might think that."
Step 4: Ask Permission
"Would it be okay if I shared some information?"
Step 5: Inform Briefly
Share the key message.

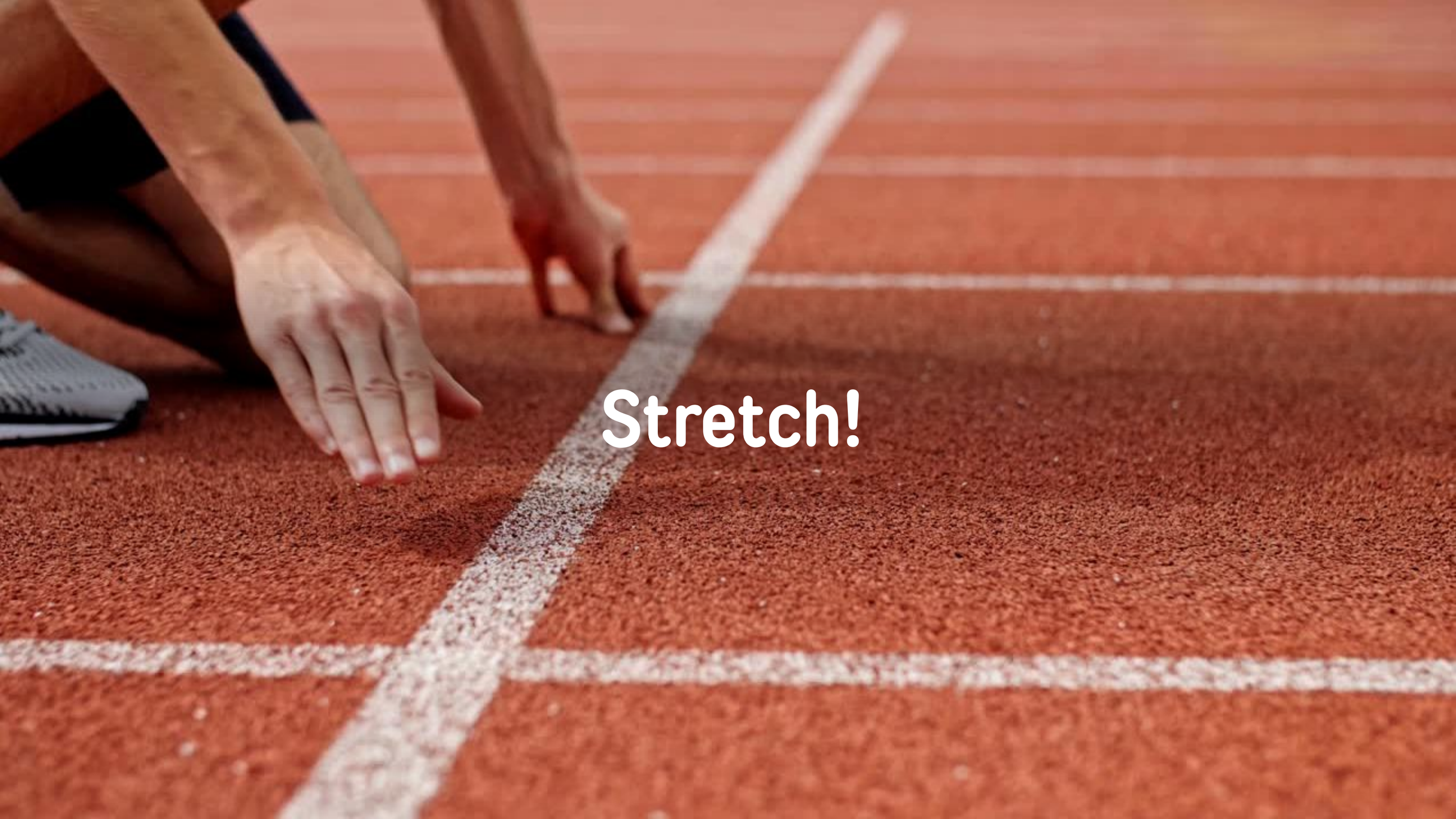


What Not To Do

❌ Argue
❌ Shame
❌ Lecture
❌ Tell people they're wrong
❌ Dismiss cultural beliefs

Instead:

✅ Listen
✅ Stay curious
✅ Build trust
✅ Ask permission
✅ Share information respectfully


Stretch!

Part Six: Emotional Conversations

Level 1 Psychosocial Support: NICE (2004) Guidelines

Level	Professional group	Assessment	Intervention
1	All health and social care professionals	Recognition of psychological needs	Effective information giving, compassionate communication. General psychological support.
2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological techniques such as problem-solving.
3	Trained accredited professionals	Assess for psychological distress and mental health conditions	Counselling and specific psychological interventions such as anxiety management, solution-focused therapy, delivered according to an explicit theoretical framework.
4	Mental health specialists	Identification of mental health conditions	Specialist psychological and psychiatric interventions such as psychotherapy, including CBT.

Level 1 Psychosocial Support

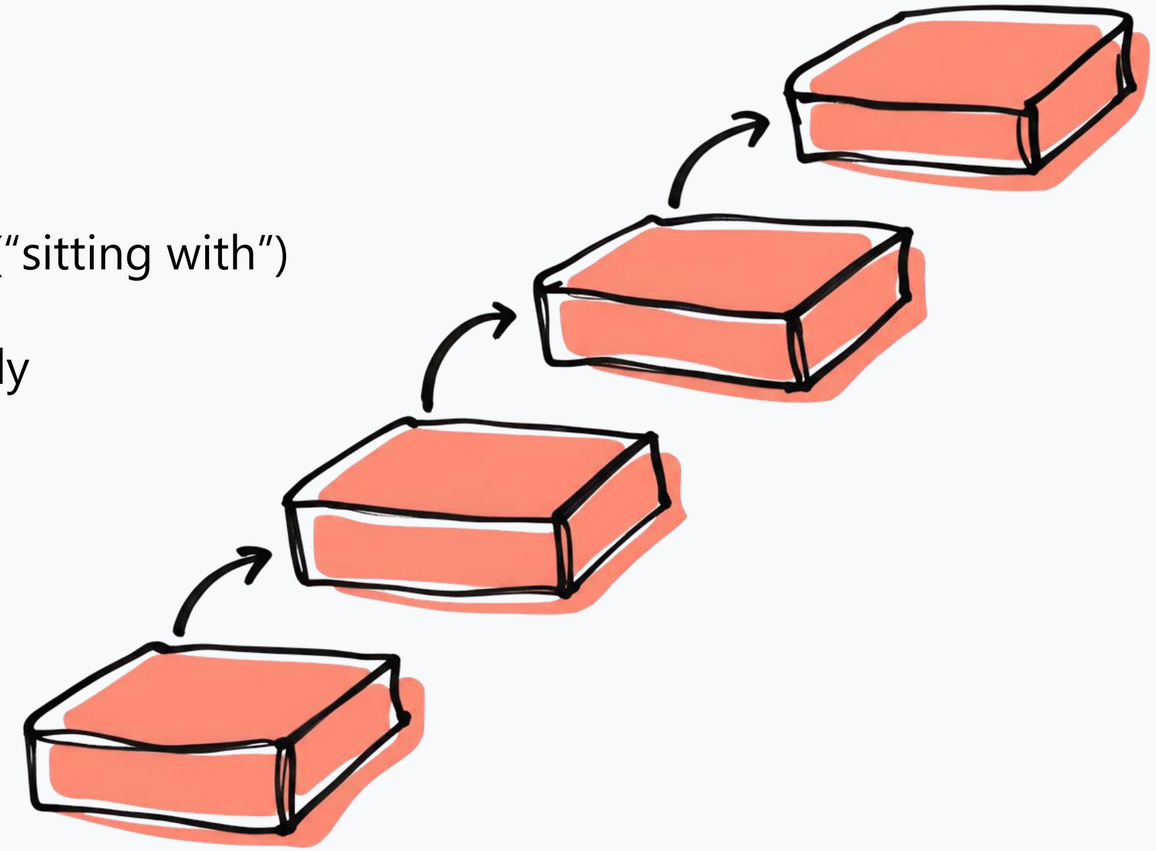
Community Cancer Partners don't need to be experts

✅ **Recognise** distress

✅ **Reflect** – reflective listening

✅ **Respond** – validate and acknowledge feelings (“sitting with”)

✅ **Refer** – explore coping & signpost appropriately



Not our role

❌ Therapy
❌ Counselling
❌ Mental health assessment
❌ Specialist intervention

Recognise Distress: Why Might Conversations Feel Emotional?

Even when we're talking about:

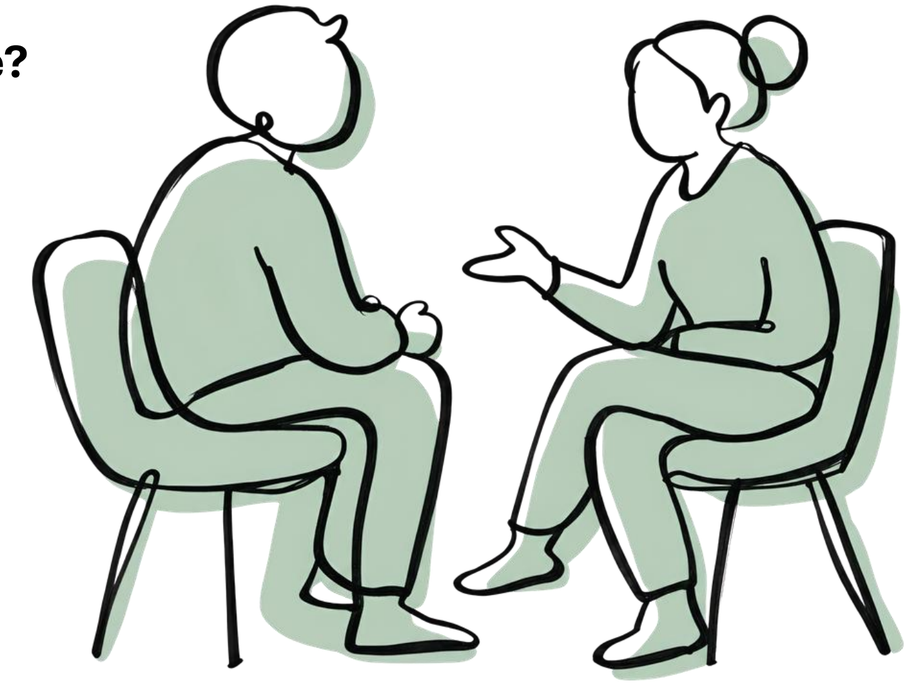
- Prevention
- Screening
- Symptoms
- Lifestyle change

people may be thinking about:

- Previous experiences of cancer
- Family members
- Fear of diagnosis
- Fear of death
- Stigma
- Shame
- Cultural beliefs

Recognising: What Emotions Might you Encounter?

What emotions may show up in your conversations with people?
What do these emotions look like?

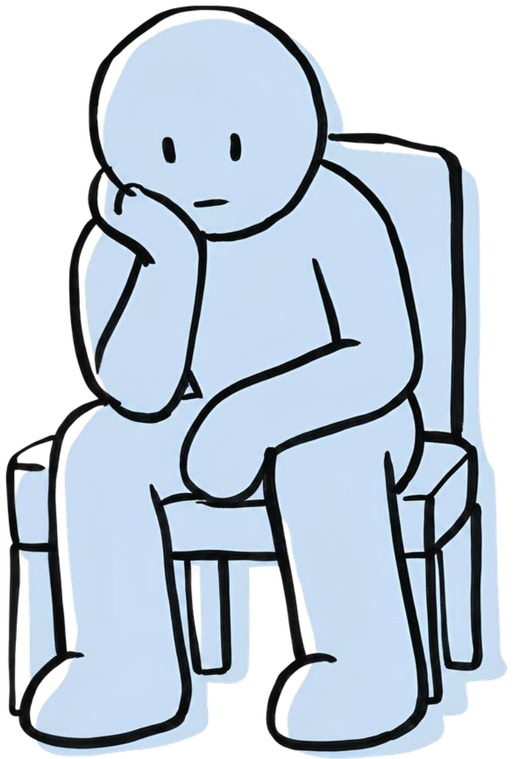


Recognising Emotions: Understanding the Threat Response

Cancer can activate our natural threat system.
When people feel threatened, they may:

- Avoid or delay action
- Become anxious or worried
- Shut down or withdraw
- Become defensive or frustrated
- Struggle to take in information

When we feel threatened, our focus narrows towards staying safe.



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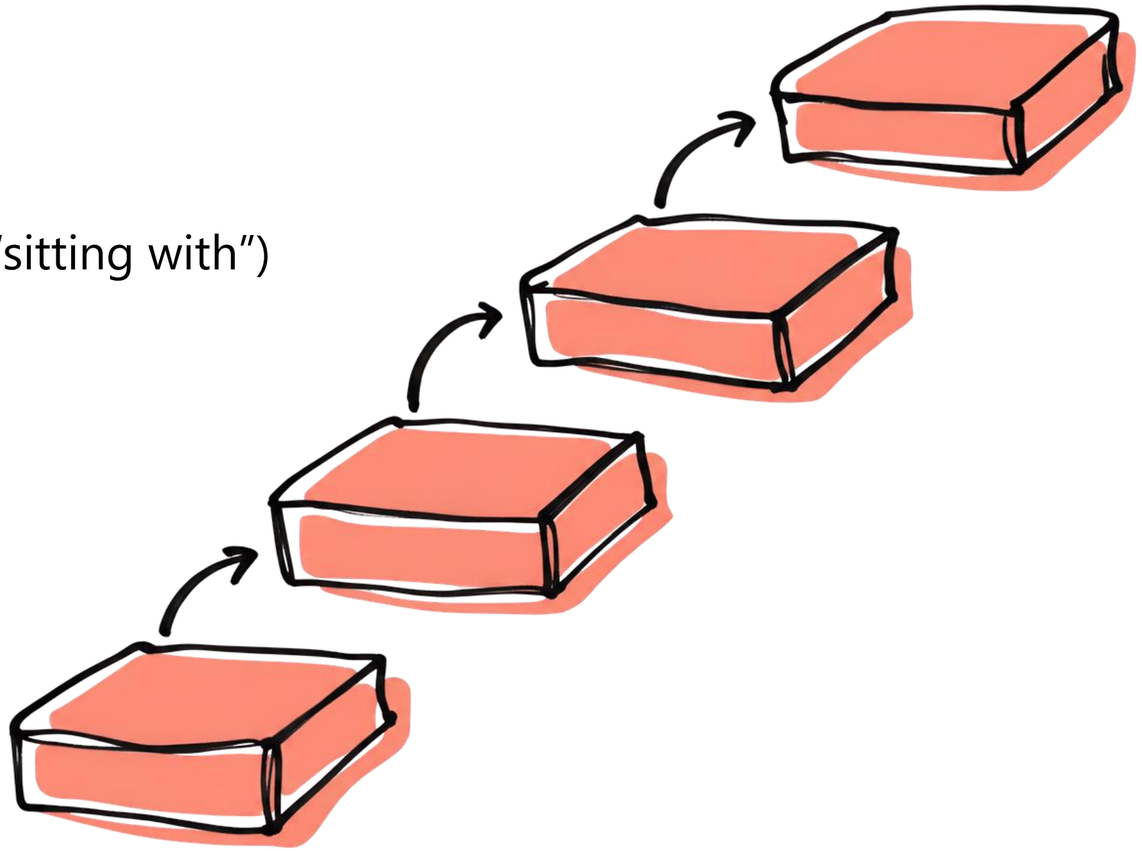

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Active Listening in Practice

Facilitator Demonstration

Listen for:

- Reflection
- Paraphrasing
- Summarising
- Empathy
- Clarification
- Exploration
- Minimal prompts

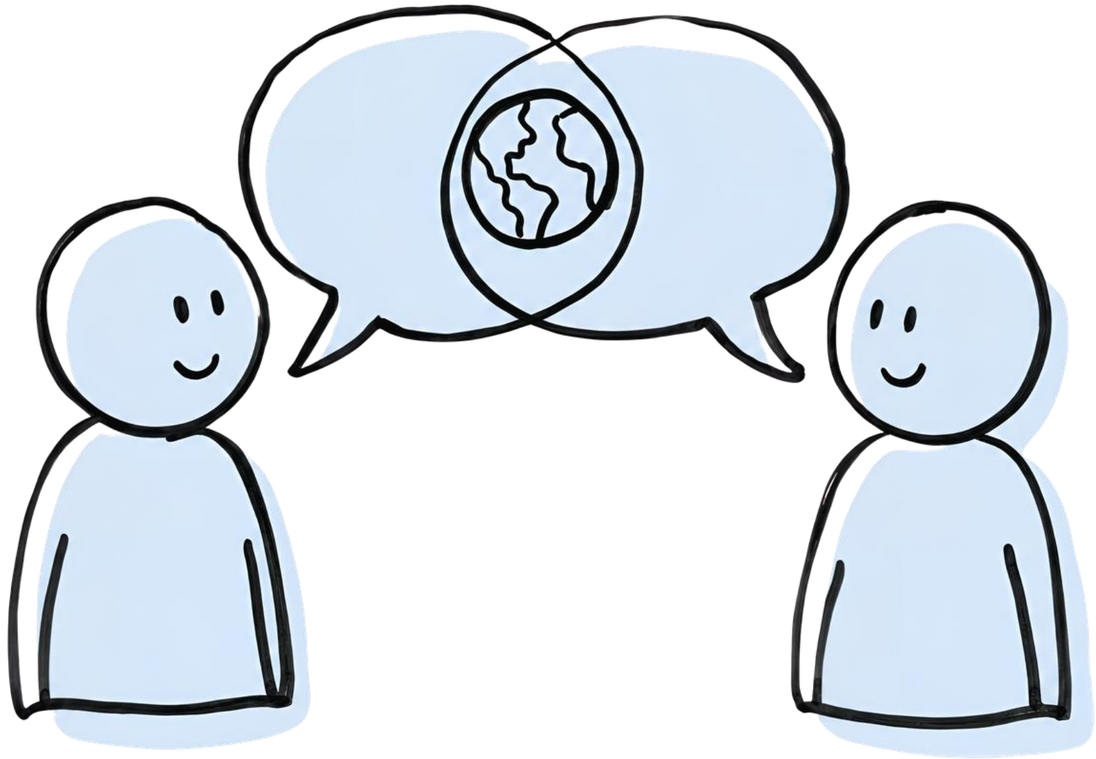
Active Listening Skills: Debrief

What helped you feel listened to?

- What did the listener do well?
- What made the summarising effective?
- What was difficult about simply listening?
- What surprised you?

Active Listening Skills

- Reflection
- Paraphrasing
- Summarising
- Empathy
- Clarification
- Exploration
- Silence & pauses
- Encouragement & minimal prompts



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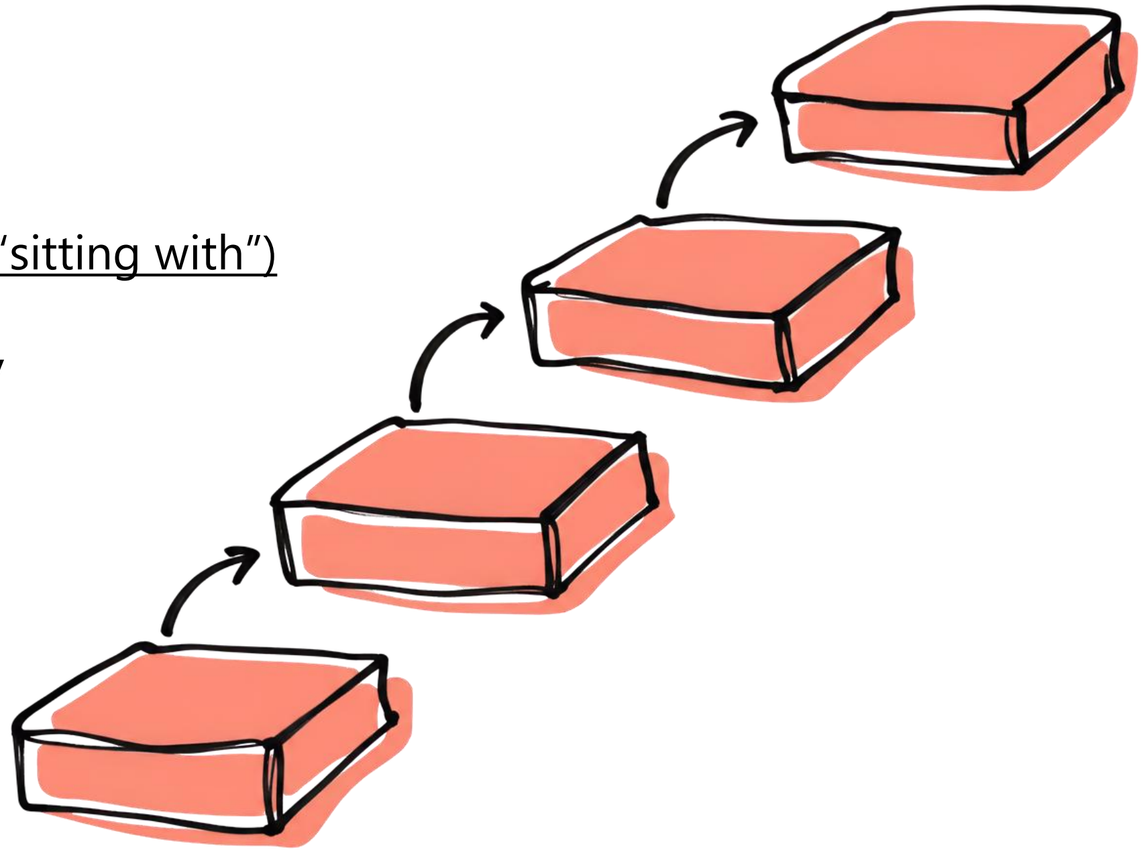
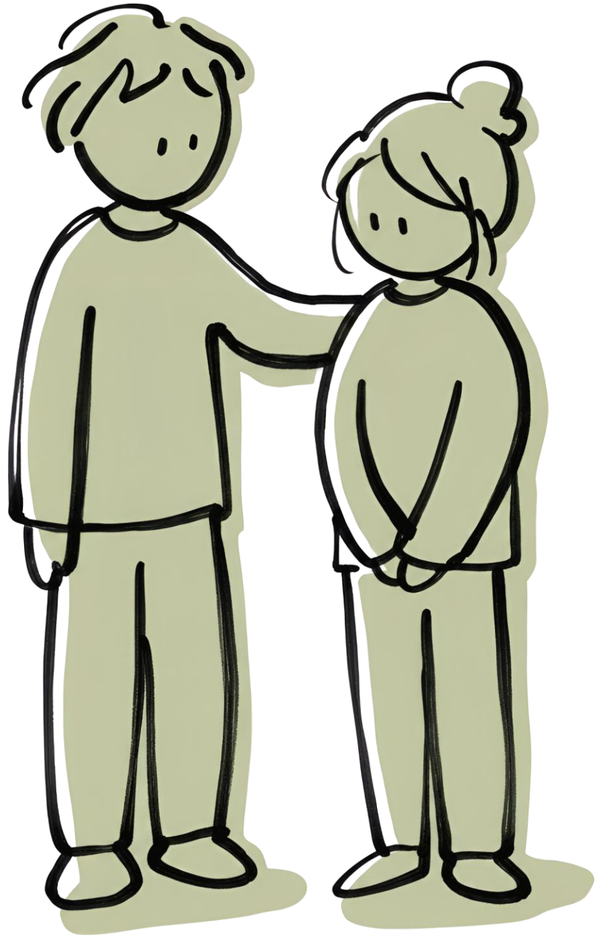


Validation

Validation
People are not looking for agreement.
They are looking for understanding.

Helpful
"I can see this is really worrying you."
"It makes sense that you're feeling anxious."
"Many people would find that difficult."

Less Helpful
"Don't worry."
"You'll be fine."
"Try not to think about it."



Acknowledging Feelings: “Being with”

Reflections from the video?

Acknowledging Feelings: “Being with”

When somebody is upset our instinct is often to:

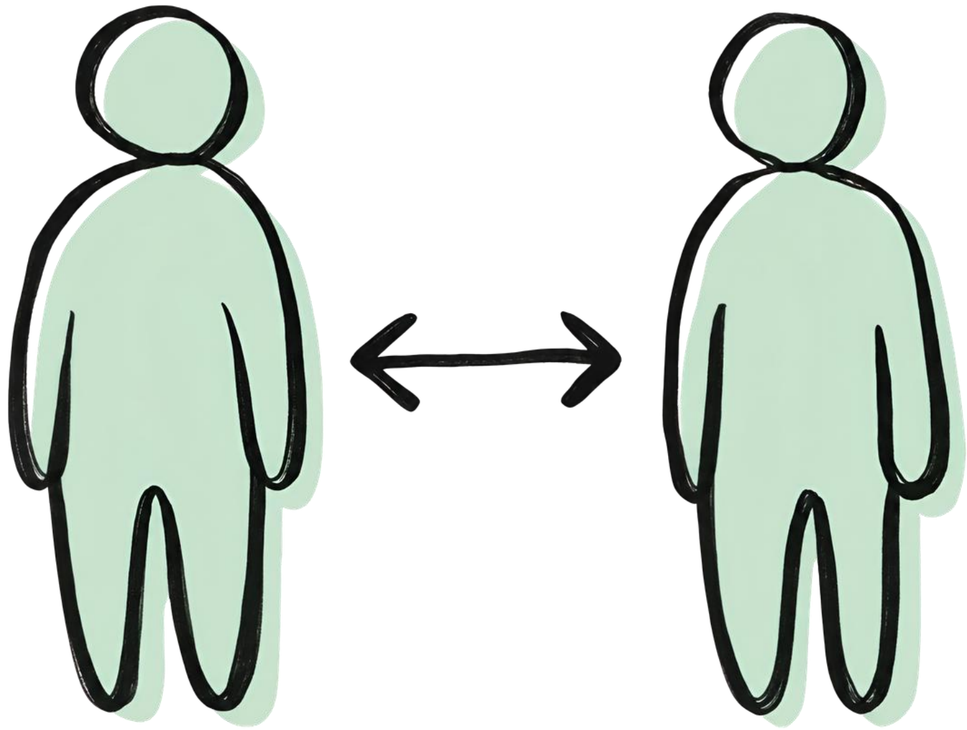
- Solve
- Reassure
- Cheer up
- Educate
- Fix

But often the most helpful response is:

- Being present
- Listening
- Staying curious
- Acknowledging feelings

Key idea

You don't need to remove the distress to be helpful.



"Recognising and acknowledging someone's experience without needing to change it."

Level 1 Psychosocial Support

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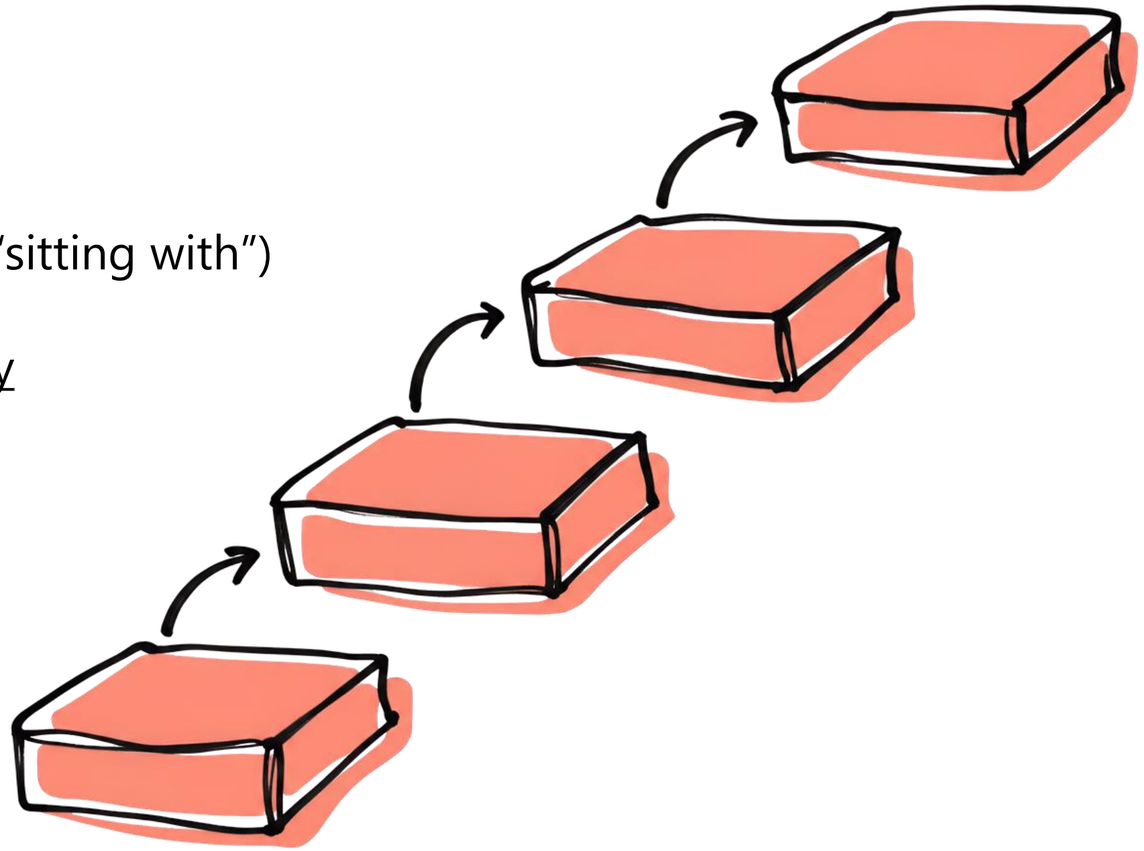


Exploring Coping: Supporting without Taking Over

Ask:

- What's helping right now?
- Who is supporting you?
- What has helped before?
- What do you need most today?
- Is it okay / would it be helpful if?

Remember

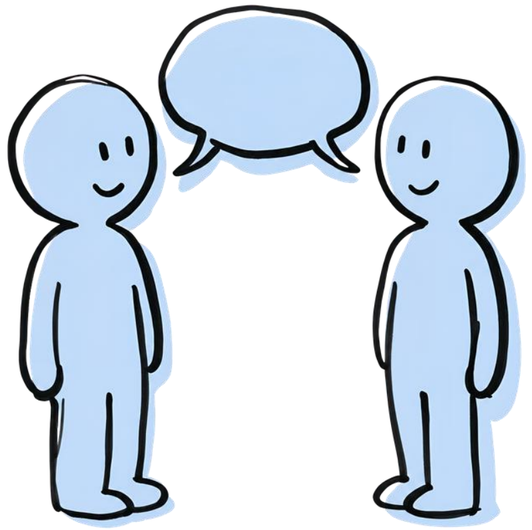
Support is about helping the person access their own strengths and resources.
Not solving everything for them.

Signposting

- GPs

- Talking Therapies

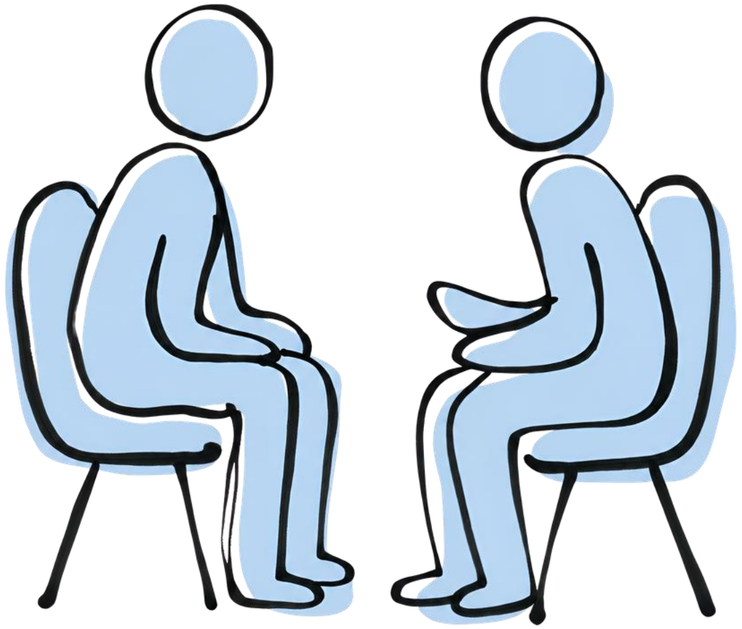
- Cancer Specific support options
- Cancer care map
- National and local charities
- Psycho-oncology services



Part Seven: Integration and Practice

Bringing Together: Roleplay

At the end of a community event, somebody approaches you and says:
"I know I should probably do the bowel screening test when it arrives, but I'm not sure I want to. Part of me thinks I'd rather not know if there's something wrong. I keep putting it off and now I'm feeling guilty about it. To be honest, I've heard the test can be quite invasive and I'd rather avoid that. In my family, we tend not to discuss health problems."



Reflections

Mentimeter

- 1 thing you are keen to take away to try in your conversations
- 1 thing you might take back to / share with your organisation

Key Take Home Messages

- People change when they feel heard
- Curiosity beats persuasion
- Guiding and signposting – not fixing
- This is the start of several conversations
- Holding a space for feelings can be very powerful
- Community trust matters
- Take care of yourselves too

Any questions or reflections?