



SEEN. HEARD. VALUED.

Easy Read Summary

Inclusive Cancer Care in Wales

19 February 2026 · Grange Pavilion, Cardiff · Published April 2026

What is this document?

This is an easy read summary of the Seen. Heard. Valued. report. It tells you what happened at the event, what people said, and what needs to change in cancer care for people from ethnic minority backgrounds in Wales.

Disclaimer

The Seen. Heard. Valued. event was supported by funding from Gilead Sciences Ltd. This report was independently authored by Bamidele Adenipekun, host of the event and founder of Inspired To Soar. The data presented in this report were collected through in-person discussions during the event, as well as responses from structured questionnaires. All analysis, findings, and recommendations are solely those of the author and do not reflect the views, opinions, or positions of Gilead Sciences Ltd, which had no involvement in the authorship, analysis or editorial development of this report.

The full report is available from Inspired To Soar.

What is Seen. Heard. Valued?

Seen. Heard. Valued. was a community event held in Cardiff on 19 February 2026.

It was organised by Bami Adenipekun, Founder of Inspired To Soar. It was funded by Gilead Sciences Ltd.

■ The Big Idea

People from ethnic minority backgrounds do not always get the same quality of cancer care as others. This event was designed to hear directly from those affected, and from the healthcare professionals who want to help.

How the evening worked

Healthcare professionals came to **listen**.

Not to present. Not to lead. Just to listen.

Community members came to **speak**.

Their voices were treated as expert knowledge.

27

people attended

17

Healthcare Professionals

10

Community Members

2

Discussion Sessions

16

Questionnaire Responses

■ A questionnaire was also used

Because the event was during Ramadan, some community members could not attend in person. A questionnaire was shared widely so more voices could be heard. This report includes all responses, from the room and from the questionnaire.

Who Responded?

Community member questionnaire data

<h3>Breast</h3> <p>Most common cancer type</p>	<h3>Lung</h3> <p>Second most common</p>
<h2>6</h2> <p>Diagnosed aged 45 or under</p>	<h2>4</h2> <p>Ethnic groups represented</p>

7 Barriers to Cancer Care

What community members and professionals identified

The event found two types of barriers. Some come from within communities. Some come from within the health system.

<h3>1</h3> <p>Distrust from past experiences</p>	<h3>2</h3> <p>Lack of cultural understanding</p>	<h3>3</h3> <p>Medical gaslighting</p>	<h3>4</h3> <p>Power imbalance in appointments</p>
<h3>5</h3> <p>Communication barriers</p>	<h3>6</h3> <p>Stereotyping and bias</p>	<h3>7</h3> <p>Secrecy, stigma and shame</p>	

■■ These barriers are connected

They do not happen one at a time. A patient who is not believed (Theme 3) is less likely to come back. A community that feels shame (Theme 7) is more harmed when professionals do not understand their culture (Theme 2). Everything must be tackled together.

In Their Own Words

Direct quotes from community members

These are the real words of people who took part. Nothing has been changed.

"I told them my parents died of cancer and they didn't do anything until they felt bad. If they had paid more attention when I told them about my parents, I wouldn't have gone through so much."

— Community member

"Being listened to and taken seriously, not having my symptoms or concerns dismissed, healthcare professionals who understand and respect my culture, having my pain taken seriously and managed properly."

— Community member

"Addressing the wrong assumption that people from Black or Asian communities have higher pain threshold."

— Community member

"Language barrier remains a big barrier at all stages. It is important that interpreters are not only provided but that they are medically trained."

— Community member

"Equal treatment regardless of ethnicity or background."

— Community member

■ Healthcare professionals also said:

"As a health care provider, I learned so much and I am committed to take what I learned from the event and use it in my practice." — Oncology Professional

What Needs to Change?

Suggestions from the event and questionnaire

Most of the changes people asked for do not cost money. They require a change in attitude and culture.

■ Listen and believe patients

Do not dismiss symptoms. Ask questions. Do not make assumptions. Treat every patient as an expert on their own body.

■ Build trust with communities

Involve community organisations. Use trusted leaders to share health information. Make sure communities see themselves represented in the health workforce.

■ Understand cultural context

Learn how illness presents differently. Understand how culture shapes healthcare decisions. Use each patient encounter as a learning opportunity.

■ Collect better data

Record ethnicity data consistently. Use this data to find and close gaps in care. Include ethnic minority communities in clinical research.

■■ Improve communication

Use plain language. Offer written care plans in the patient's language of choice. Use medically trained interpreters, not family members.

■ Show courageous leadership

Challenge poor practice. Name institutional racism. Hold services accountable. Move from writing policies to taking real action.

Who needs to act?

NHS leaders · Health policymakers · Healthcare professionals · Research bodies ·
Third sector leaders · Community organisations · Pharmaceutical organisations ·
Academia

7 Recommendations

What Inspired To Soar is calling for

1

Keep listening to communities

Make community engagement ongoing, not a one-off. Share what happens next.

2

Train all health staff in cultural understanding

Embed this in undergraduate, postgraduate and ongoing training.

3

Make anti-racist practice a priority

Name and address bias. Treat symptom dismissal as a patient safety issue.

4

Improve communication for all patients

Plain language. Care plans in patients' own languages. Trained interpreters.

5

Make ethnicity data collection compulsory

Collect it, link it, and use it to close gaps in care.

6

Invest in representation

Recruit and retain staff from ethnic minority backgrounds at all levels.

7

Share and grow good practice

Find what already works well. Make it standard. Involve communities in this.

"Equitable cancer care in Wales begins when communities are truly seen, truly heard, and deeply valued."