

## **Response from Positive East to the Project Community evaluation undertaken by City and Hackney Public Health Department.**

This paper contains the response from Positive East to the Project Community evaluation undertaken by City and Hackney Public Health in the Summer of 2025. All responses are in relation to the findings and recommendations in the Plain English Summary: Project Community evaluation document.

Thank you for the recommendations and valued insight which we recognise will help take Project Community forward. As stated in the paper, Project Community forms part of the service delivery of Positive East, with the aim of contributing to the improvement of the sexual and reproductive health of people from Black and other ethnic minority communities in Hackney. We thank City and Hackney for its continued support of the project and its recognition that Project Community forms part of a system wide approach.

*Project Community is one part of a complex system working to improve sexual health outcomes, affecting sexual health outcomes and service access*

### **Section 1: Community engagement and outreach**

**Finding:** Project Community is good at reaching out to the community, but it has been difficult at times. It could do more to connect with new people who might have engaged less to date, including young people and men.

**Response:** We welcome the recognition that we have engaged well within the community and acknowledge the difficulties in engaging with some parts of the community. We have found that over the course of the project, it has taken time to develop relationships with communities and build trust, largely due to existing stigma associated with HIV. We also note the importance of our project not being seen as a statutory service, where distrust exists, and have worked to integrate ourselves to be seen as members of the local community.

A large proportion of our community outreach engagement happens in public spaces including the street and marketplaces. In these spaces engagement is shorter and can be less private which means it can be challenging to build trust quickly.

We recognise that we have greater attendance of women and young girls at our workshops and events and more engagement from women during street outreach. We have been working to recruit volunteers from the young Black male demographic, to ensure the project is representative of the community we are trying to engage. This has shown some success since the writing of the report, with increased participation of younger men within the Community Insight Group (CIG). We are also developing relationships with community organisations working closer with men and young people, as well as placing ourselves in barbershops and youth services.

We continue to use our Community Insight Groups to develop an understanding of community knowledge to better inform needs of the community. Insight is used to help develop a number of different interventions such as visual guides and resources and community workshops. We will use this information, alongside scoping out available resources from other organisations to develop a resource that works to the target group. An example was through our CIGs and community outreach, it was identified that individuals engaged with had a hesitation to fully accept the U=U message. As a result, we organised a community event where we invited a healthcare professional as well as people with lived

experience to address this issue. The Community Insight Groups have also been routes into other communities as members have made introductions and connections for us e.g. with the Faith Forum and Latin Communities in the Borough

Finding new spaces to take the testing van where there is sufficient and available parking to expand our engagement has been a challenge. This has been recognised by this evaluation, and we would appreciate the support from City & Hackney Public Health to address this difficulty.

## **Section 2: Referrals and connecting people to health services**

**Finding:** It's hard to assess how well the project is referring and connecting people to other services because there has been a change in approach and, relatedly, limited data collection in this area. While Project Community has helped some people access services, it's not a consistent part of the project delivery model

**Response:** Our befriending model involved either advocating on behalf of someone or accompanying them to appointments within sexual health services. We found that people did not engage with the offer, informing us that they would engage with a service when they felt ready to, stating it was not priority, and they did not need support at that time. Another reason for low uptake of this service was confidentiality, as individuals stated that they did not want a stranger knowing their personal details/ information and due to the nature of outreach work, our interaction with people is often short and limited, therefore making building this initial immediate trust more of a challenge.

The offer for befriending still exists, and is available where requested, however we focused our resources on signposting and referrals where possible, to local statutory services. To improve the current befriending offer we will develop a simple flyer to promote this, with details on how to access this level of support which can be given out to people on outreach when we signpost to services, which can include support into GP services and registration.

**Recommendation:** Work more closely with local sexual health clinics to make the process of referring people clearer for everyone

**Response:** An issue that has previously arisen is the potential confusion arising from different organisations' understanding of PrEP referral pathways and their applications by different hospitals and staff members. We agree with this recommendation, though we believe it is a 2-way process of the Sexual Health Service making the pathway more accessible as well as us as an organisation having a clarity about eligibility criteria. We propose using the existing City & Hackney Sexual Health Forum to discuss how to work more closely with the local sexual health clinics to get a clearer understanding of referral criteria and processes, and agreement on the pathway. Considering DigiPrEP availability, and the incorporation of this service into Project Community outreach, we believe that such an agreement is important so that we can use this pathway to support residents to access PrEP as appropriate.

**Recommendation:** Help with wider efforts to get more people registered with a GP. For example, through supporting people with an online application.

We currently signpost, and, where needed, support people with registration when we encounter people needing this level of support during outreach. We are happy to further support any work undertaken by City and Hackney to increase GP registration.

### **Section 3: Stakeholder engagement / working with other organisations**

**Recommendation:** Rethink the purpose of the community groups and small grants programme, perhaps focusing them on reaching groups that have been hardest to connect with so far, including young people and men

**Response:** We welcome the recognition that Project Community has worked well with partners, and value the compliments from partners on our engagement with them. We have had positive relationships with recipients of the small community grants, and from both sides have learnt a lot from these relationships. We believe there is value in this area of work, as it increases community capacity and capability, but we recognise some changes needed based on feedback from organisations that 'grant funding is insufficient for level of work expected'. Therefore, we plan to increase the amount given per grant but reduce the number of grants given out, allowing each organisation to be better resourced to deliver against their objectives. We will also be redesigning the application process to ensure that the application forms are easier to complete. Additionally, we recognise a challenge around data collection and reporting and will support the organisations receiving the grants, in developing this area of project delivery through mentoring through the process, with an increased focus on reporting on their learnings and project outcomes.

Since the writing of the report, we have expanded the participation in the under 25 CIG and now have created an additional young people's group. We appreciate the insight these groups provide and will ensure it is well utilised for example to develop a resource that is useful for the community. We feel the over 25s CIG is working well and are currently analysing the outputs from the four sessions delivered with this group, which will be fed back into further development, and we will continue this process moving forward.

**Recommendation:** Create a shared calendar with other health organisations to avoid having multiple services show up at the same community event.

**Response:** We value the recommendation of a shared calendar and feel this would be beneficial to other providers in the borough and feel it will be best placed within the sexual health forum. We propose that City and Hackney Public could host a calendar that organisations in the forum could post their activity on to help reduce possible duplication or identify areas where we could work together more effectively

### **Section 4: social media and media coverage**

**Finding:** The project is meeting its targets for online activity, but online engagement didn't come up a lot when we talked to people in focus groups and interviews.

**Response:** We are pleased that the report documents that we have achieved our online targets, and we recognise that there is always more to be done in improving the reach of our social media presence. The challenge we have, is that for those using social media regularly, posts often go missed and ignored due to over saturation of information. The

resource limitation we (and all stakeholders) have may mean that we should use the Sexual Health Forum to coordinate and use common messaging between partners which may increase 'recognition' and avoid over saturation. Also evidence from our previous survey conducted in 2023/24, showed that social media is not a primary source of information for sexual health advice. GP surgeries and other primary care settings were the preferred source of information and so we are considering how best we can utilise these routes and marketing assets from this and other projects e.g. Women 4 Women videos.

We will continue to use our time to focus on producing resources that support our interventions, linking back to our Project Community web pages and Positive East online sexual health hub. Additionally, as mentioned earlier in section 3, we will be working with our CIG members to develop messaging and resources that they feel will work for them, for example a resource to support our work around consent, a theme identified through the CIG

### **Section 5: What people know about sexual health outcomes and services**

**Finding:** People who have taken part in Project Community activities said their knowledge about sexual health has improved. However, there are still significant knowledge gaps in the wider community.

**Response:** We are pleased that the report acknowledges the effectiveness of our interventions in raising knowledge about sexual health. We also agree that there is more work to be done in the wider community where there are still gaps in knowledge, and we will continue to look at how we can improve knowledge and reach further into communities not currently engaged. An example of this is that through using our small grants, we have been able to engage with a boxing club which has enabled us to reach young black men and women. We continue to use our HIV quiz as an engagement tool during outreach to identify gaps, alongside other such tools on outreach stalls. When we do identify knowledge gaps, we will feed this information back into the forums we are involved with, to inform other professionals and organisations who can further support improving knowledge across the borough. Discussions at forums can better help coordinate messaging between agencies.

As previously discussed in section 1, our CIGs have given insight on the knowledge gaps, and we will build on this insight as part of our work to develop resources and plan for upcoming years.

Building on the survey conducted in 2023/24, we intend to deliver a further survey that uses these results as a baseline, so we can review any changes in knowledge and experience in the target group. We hope to deliver this in the financial year 2026/2027.

### **Section 6: People's experiences of sexual health outcomes and services**

**Finding:** People who engaged with the project reported having better experiences with their sexual health. However, practical issues like travel costs and language barriers are still making it hard for many to access services

**Response:** We welcome the finding that Project Community has improved people's experiences with their sexual health. We recognise these practical barriers to accessing services are a systemic issue, and where we can, support people through the befriending service offer to attend appointments with them. We would also use the pool of languages available through our staff at Positive East where possible to help support people to understand sexual health messaging or how to navigate the system. However, when issues

are raised around travel costs, placement of statutory services and opening times, we will continue to feed back to appropriate organisations, as this is a wider structural issue that Project Community itself cannot resolve. We continue to be flexible in our approach ensuring we locate the Positive East outreach & testing van, our workshops, events and outreach sessions in a range of locations in City and Hackney to help with equity in access.

We have previously used a mystery shopper exercise through another programme of work at Positive East, where we investigated PrEP access and information for women. This provided valuable information, and the results were fed back through sexual health forums in NEL and conferences including BHIVA Spring Conference and AIDS Impact Conference 2025. We would be open to using this methodology again and propose to work with organisations using mystery shopping, to identify what benefits can be gained or issues addressed to help improve services.

### **Section 7: Learning and Impact**

**Finding:** The project is good at learning from its work, but this isn't always done in a structured way.

**Response:** We welcome the feedback that this is a learning project, and that we have done well at using our learning. Arising from this evaluation we understand we will be meeting with City & Hackney Public Health to define activities and goals to help prioritise the next phase of Project Community.

As part of the review of the small grants programme, as outlined in section 3, we are looking at how we can support organisations to best capture data and identify learnings in a more structured way, that will be simple to capture and of value to both parties. We have developed a newsletter and will continue to deliver this quarterly which will include learnings and feedback on project delivery and small grant project outcomes

As discussed in section 5, we will be planning to conduct a follow up survey in 2026/2027 to further our learning and understanding of community knowledge, which will also feed back into forums and newsletters to share results with partners.

### **Section 8 – Outcomes and inequalities: is sexual health improving in the target group and are gaps in outcomes and access closing?**

**Finding:** There have been improvements in self-reported measures of sexual and reproductive health outcomes for Project Community service users

**Response:** We welcome the comments around the feedback identified from service users, and we are pleased to see that the improvements are recognised and self-reported by those engaging in Project Community. As the recommendations here are primarily for City & Hackney Public Health, we would value being involved in the review of data as identified in this recommendation, as it would help to enrich the work we are doing within the community.

We thank City & Hackney Public Health team for their work and support on this evaluation and appreciate the insight provided. We look forward to working towards the recommendations when developing the next phase of Project Community, to meet our aims

to improve sexual and reproductive health of people from Black and other minority ethnic communities in City & Hackney

Positive East

3<sup>rd</sup> December 2025