![SiREN - WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network]

![Curtin University]

2016 SiREN SEXUAL HEALTH AND BLOOD-BORNE VIRUS SECTOR NEEDS ASSESSMENT SURVEY REPORT

Collaboration for Evidence, Research & Impact in Public Health
June 2017

Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN)

The Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) is a partnership between researchers, service providers and policymakers in the sexual health and blood borne virus (SHBBV) sector in Western Australia (WA). SiREN facilitates evidence-informed policy and practice in the WA SHBBV sector by:

- Providing project-focussed planning and evaluation support
- Developing research and evaluation skills
- Identifying and promoting opportunities for cross-jurisdictional collaboration
- Developing and disseminating evidence and publications.

These actions place WA in a strong position to fully participate in, and direct the national evidence-building agenda to prevent and manage sexually transmitted infections (STI) and blood-borne viruses (BBV).

SiREN is coordinated by the Collaboration for Research, Evidence and Impact in Public Health (CERIPH), formerly the Western Australian Centre for Health Promotion Research, established in 1986. CERIPH is a multi-disciplinary research centre within the School of Public Health at Curtin University. CERIPH has expertise in the development, implementation and evaluation of intervention research and provides ongoing support and expertise to the SiREN Project.

SiREN receives funding from the Sexual Health and Blood-borne Virus Program (SHBBVP) within the WA Department of Health. The SHBBVP's mission is to coordinate and plan the public health response to HIV/AIDS, hepatitis B and C, and STIs within WA.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BBV	Blood-borne virus
CaLD	Culturally and linguistically diverse
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
CoPAHM	Community of Practice for Action on HIV and Mobility
HIV	Human Immunodeficiency Virus
PrEP	Pre-exposure prophylaxis
SiREN	Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
STI	Sexually transmitted infection
SHBBV	Sexual health and blood-borne virus
SHBBVP	Sexual Health and Blood-borne Virus Program
WA	Western Australia

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EXECUTIVE SUMMARY

The SiREN Sexual Health and Blood-borne Virus Sector Needs Assessment Survey is a biennial survey conducted by SiREN that aims to determine the training, resources and skills needs of the WA SHBBV sector. This is the third needs assessment survey since 2012.

The survey was distributed via email to 210 WA SiREN Network members who were asked to distribute the survey within their networks. This distribution strategy allowed the survey to be promoted more widely and encouraged those respondents who were not members of the SiREN Network to sign up. A total of 104 respondents started the survey with approximately 30 respondents lost due to attrition. The survey gained an excellent response from the regional and remote SHBBV sector totalling 62% of the sample.

Professional development workshops of most interest to respondents in their current role were health promotion through social media (49%), behaviour change communication (48%), and outcomes based evaluation workshops (44%). A small percentage (2%) of respondents were not interested in any professional development workshops at this time.

The vast majority of respondents (78%) either agreed or somewhat agreed that their organisation values research. A higher proportion of respondents (89%) agreed or somewhat agreed to the same statement in regards to evaluation.

The top three barriers experienced by respondents when attempting to undertake research activities were lack of time (60%), lack of funding (43%), and limited or no access to external resources (31%). Similarly, the top three barriers experienced by respondents when attempting to undertake evaluation activities were lack of time (54%), lack of funding (31%), and difficulties in engaging the target population in evaluation (25%).

The top three barriers experienced by respondents when attempting to access research evidence were lack of time (43%), limited or no access to research publication databases (22%), and lack of access to external expertise (16%).

The most useful methods for research evidence dissemination as selected by respondents were through summaries of research evidence (57%), via an online resource portal of evidence (55%), and at conferences and seminars (55%).

The SHBBV research priorities of most value to respondents in their current role over the next 12 months were sexual health attitudes, knowledge and behaviour with school aged children (56%); exploring what WA does differently by circumstance (55%); developing culturally appropriate evaluation tools for culturally and linguistically diverse (CaLD) and Aboriginal populations (55%); and the use of social marketing in the WA SHBBV sector (50%).

The biggest factor influencing non-participation in SiREN services for respondents was lack of time (39%), followed by being unsure what assistance can be asked of SiREN (36%). Over a quarter of respondents stated that they accessed SiREN services readily when they needed to.

The results of the survey will be used to assist SiREN to prioritise future activities and resource development that caters to the needs of the WA SHBBV sector.

Table of contents

List of tables

List of figures

INTRODUCTION

The purpose of the SiREN Sexual Health and Blood-borne Virus (SHBBV) Sector Needs Assessment Survey is to determine the training, resources and skills needs of the Western Australian (WA) health organisations involved in sexual health promotion or the control and prevention of sexually transmitted infections (STI) and/or blood-borne viruses (BBV). The results of this survey will assist the SiREN project to prioritise future activities and resource development that caters to the needs of the WA SHBBV sector. In addition, some of the results from this survey will be used to inform a study investigating how networks, like SiREN, influence public health policy and practice.

This is the third biennial SiREN Sector Needs Assessment Survey, with previous surveys occurring in 2012 and 2014. Multiple resources were informed from the results of the 2012 survey including the SiREN SHBBV Program Planning Toolkit and SHBBV Ethics Approval Guide. The 2014 survey contributed to SiREN offering more 1:1 support for research and evaluation and undertaking action to redesign the projects website.

METHODOLOGY

The data for this needs assessment was collected via an online survey tool, Qualtrics. The 2016 survey adapted and built upon the 2014 survey instrument in consultation with members of the SiREN Project and Management Teams. The survey consisted of 36 questions that gathered information on the following areas: about you; training needs; research and evaluation; use of evidence; research priorities; SiREN services and resources; and communications. A combination of closed and open ended questions were included in the survey. Please see Appendix A for a copy of the survey.

The survey was completed anonymously. Approval to conduct the survey was granted by the Curtin University Human Research Ethics Committee (Approval Number SPH-50-2012).

Survey data were collected between November 2016 and January 2017. A link to the survey was initially distributed via email to 210 WA SiREN Network members. An additional personalised emailed was then sent two weeks later to 29 individuals in the WA SHBBV sector who have regular contact with the SiREN project; the SiREN Management Team and the SiREN Interest Group, requesting that they forward the recruitment email within their organisation and networks. In addition the survey was promoted twice in SiREN email communications; on the Australian Health Promotion Association e-news; through the SiREN, CERIPH and CoPAHM Twitter accounts; in the WA Sexual Health Network forum and newsletter; in the Local Government Health Promotion Network; in the WA Population/Public Health Units list; and through Curtin University's Health Promotion and Health Science undergraduate and postgraduate student networks.

In this survey round all communication about the survey requested that the survey link be distributed within wider SHBBV networks. Whether respondents were a current SiREN member or not did not prevent one from completing the survey as long as they worked in the SHBBV sector. This distribution strategy allowed the research to achieve a greater reach, enabled data to be collected from respondents with whom SiREN may or may not have a relationship with, and encouraged those respondents who were not members of the SiREN Network to sign up to the SiREN Network.

RESULTS
SECTION ONE: ABOUT YOU

Response rate
A total of 104 respondents started the survey and approximately 30 respondents were lost due to attrition. In addition some questions throughout the survey were not compulsory and others were linked to skip logic which prevented respondents answering some questions depending on their previous answers. For this reason the base number for each question will not report 104 responses.

Current SiREN member
This year a question asking if the respondent was a current SiREN member was added. This question solved the 2014 survey's problem of not being able to assess how well the further distribution method had worked. Exactly half (n=50, 50%) of respondents were current SiREN members and half were not. Over the period of time that the survey was active, 18 new SiREN members were gained. The influx of new members cannot be conclusively linked to the needs assessment survey promotion however this number of new members within such a small period of time has not occurred before.

Length of time as a SiREN member
Of the respondents who were current SiREN members, 16 (33%) had been so for less than two years, 14 (29%) had been so for two to three years, 16 (33%) had been so for more than three years, and three (6%) were unsure (Figure 1).

Figure 1. Length of time as a SiREN member
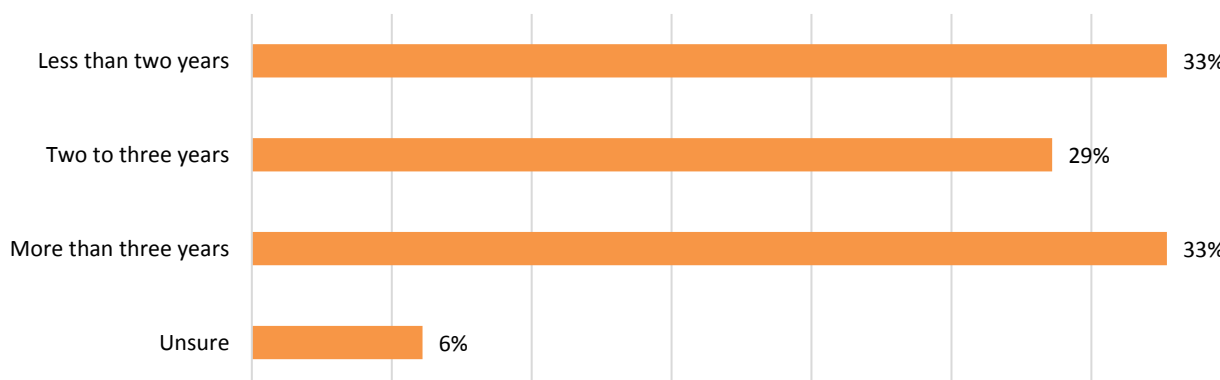
Base n=49

Respondent's role
Respondents were asked to choose which job title best described their role. Respondents were given the option to choose other if neither of the predetermined titles adequately represented their role. The majority of respondents were Nurses or Physicians (n=30, 34%), Project Officers or Coordinators (n=18, 20%), and Educators (n=14, 16%) (Figure 2).

Figure 2. Respondent's role

Figure 2. Respondent's role

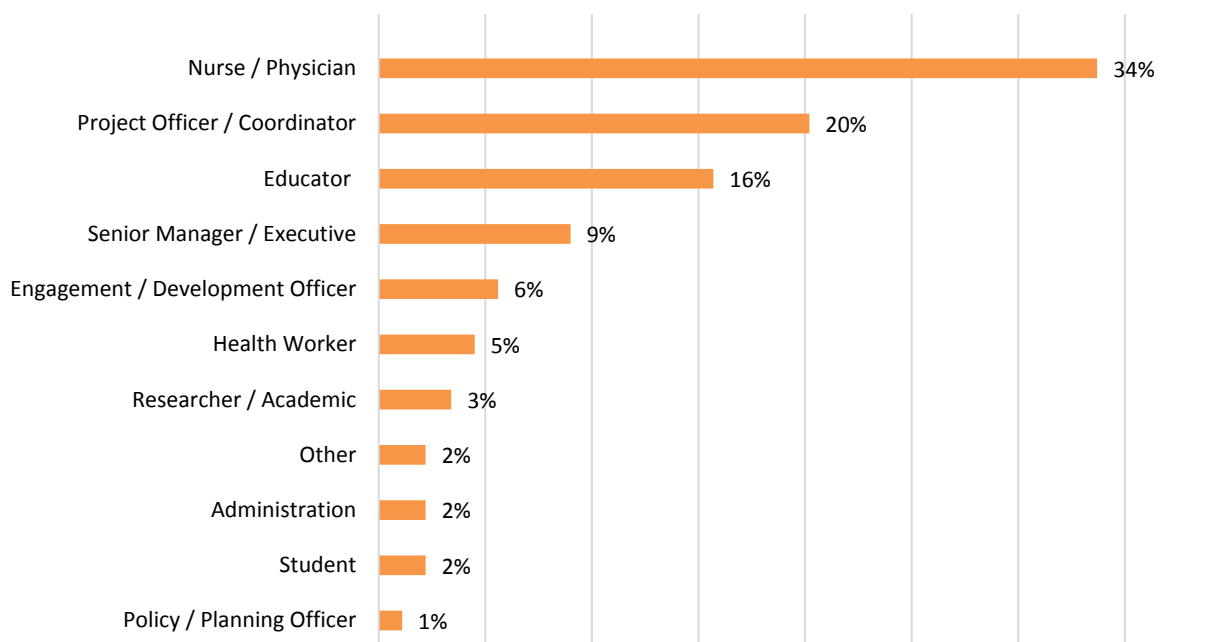| Role	Percentage
Nurse / Physician	34%
Project Officer / Coordinator	20%
Educator	16%
Senior Manager / Executive	9%
Engagement / Development Officer	6%
Health Worker	5%
Researcher / Academic	3%
Other	2%
Administration	2%
Student	2%
Policy / Planning Officer	1%

Base n=89

Respondent's organisation type

Respondents came from a variety of different organisation types. The majority of respondents were from State Government (n=45, 51%) and Non-Government Organisations (n=31, 35%) (Figure 3).

Figure 3. Respondent's organisation type

Organisation type	Percentage
State Government Organisation	51%
Non-government Organisation	35%
Private Organisation	5%
University or Research Based Organisation	3%
Local Government Organisation	3%
Indigenous Health Organisation	3%
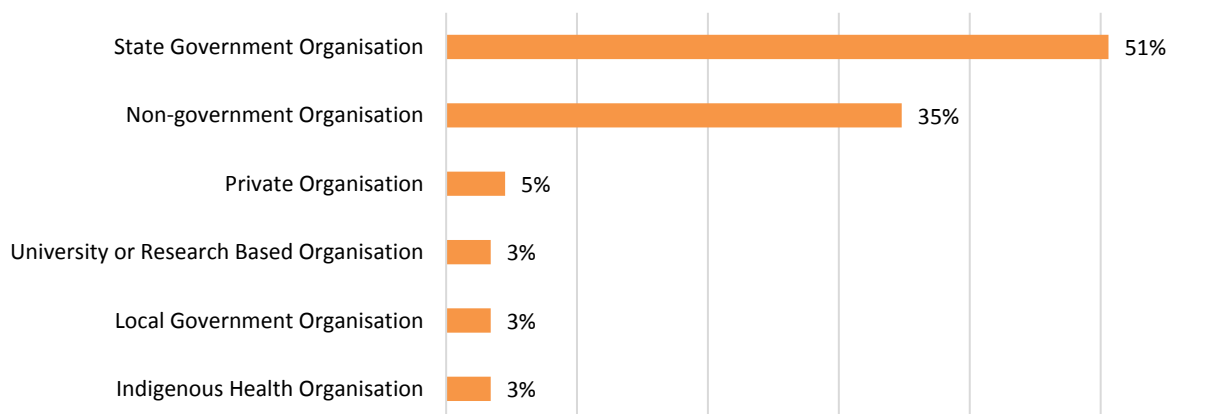
Base n=89

Respondent's location

Location of respondents showed 67% (n=60) of respondents worked in metropolitan WA, 42% (n=37) worked regionally and 20% (n=18) worked in remote WA (Figure 4). Combined, regional and remote respondents totalled 62% (n=55) of the sample. Respondents could select more than once answer if they worked across multiple areas.

Figure 4. Respondent's location

Base n=89

Analysis of respondents' location by organisation type indicated that the majority of Government Organisation participation was from respondents who were located in metropolitan (n=53, 60%) and regional areas (n=30, 34%).

Length of time in SHBBV sector
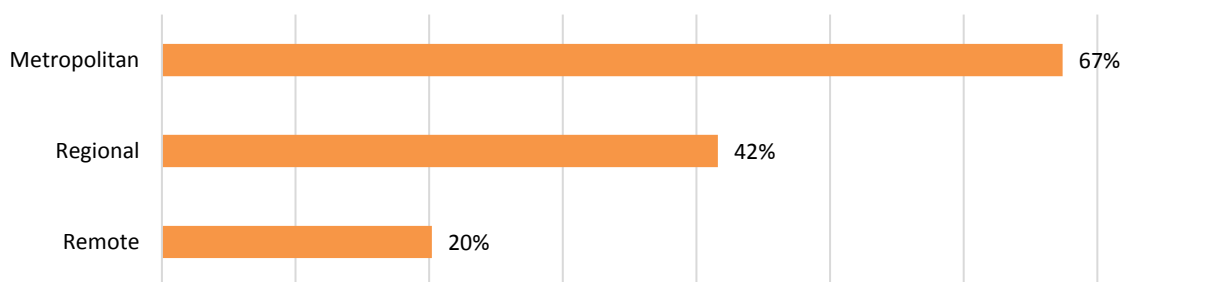The majority of respondents had worked in the SHBBV sector for more than two years (n=63, 72%). A similar proportion of respondents had worked in the sector for one to two years (n=12, 14%) and less than one year (n=13, 15%). Of the 63 respondents who had worked in the sector for two or more years, 61% (n=54) reported to work in either a Non-Government or State Government Organisation.

SECTION TWO: TRAINING NEEDS

Professional development workshops of interest
Respondents were asked to select from a list which professional development workshops were of interest. The list was compiled based on previous enquiries and requests from SiREN members and the areas of expertise of the SiREN team. Multiple workshops could be selected. Approximately half of respondents were interested in health promotion through social media (n=41, 49%), behaviour change communication (n=40, 48%), and outcomes based evaluation (n=37, 44%) workshops. The remaining workshops were also of interest with between 24% and 38% of respondents selecting these options. Two respondents were not interested in any training at the time of the survey (Figure 5).

Figure 5. Professional development workshops of interest

Workshop	Percentage
Health promotion through social media	49%
Behaviour change communication	48%
Outcomes based evaluation	44%
Using peer-based approaches safely and effectively	38%
Planning and evaluating programs	36%
Understanding epidemiology data	33%
Knowledge translation	31%
Effective survey design	29%
Qualitative data analysis	24%
Publishing project findings / writing a journal article	24%
The research and ethics approval process	24%
Consultation strategies within a cultural context (CALD)	24%
I am not interested in any training at this time	2%

Base n=84

Interest in courses offered online or as a webinar

Of those respondents who were interested in professional development workshops, 77% (n=63) were interested in completing a course offered online versus 43% (n=35) as a webinar. Eight respondents (10%) were unsure if they were interested in either and five respondents (6%) were not interested in online or webinar courses at all (Figure 6).

Figure 6. Interest in courses offered online and as a webinar

Option	Percentage
Yes, online (work through on your own)	77%
Yes, webinar (online collaborative sessions)	43%
Unsure	10%
No	6%
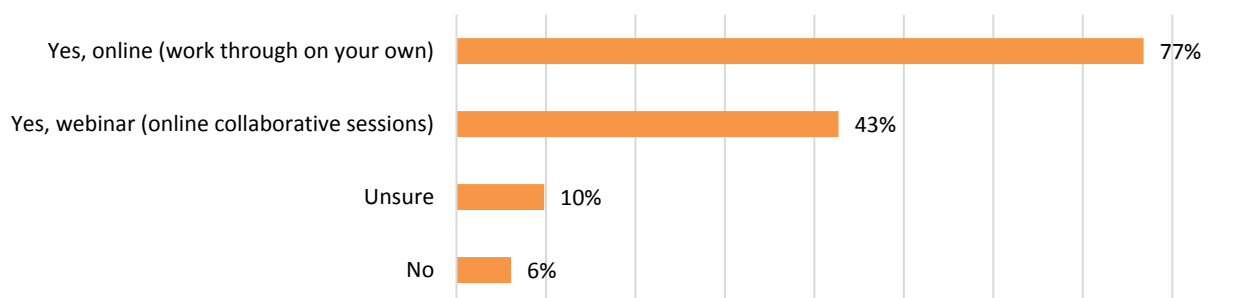
Base n=82

SECTION THREE: RESEARCH AND EVALUATION

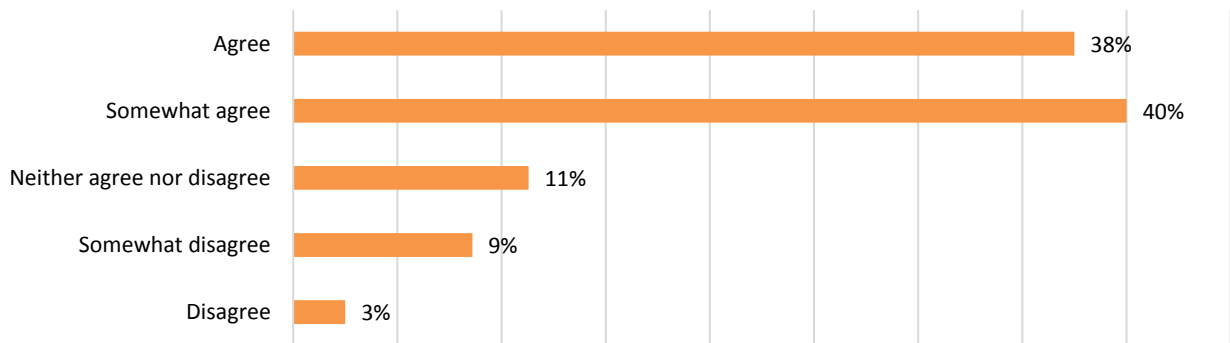## Value of research

Respondents were asked to rate how much they agreed with the statement: *My organisation values research.* As shown in Figure 7 most respondents agreed (n=30, 38%) or somewhat agreed (n=32, 40%) with this statement. Fewer respondents somewhat disagreed (n=7, 9%) and disagreed (n=2, 3%) with the same statement.

Figure 7. Organisations value of research

Base n=80

Value of evaluation

Respondents were asked to rate how much they agreed with the statement: *My organisation values evaluation.* As shown in Figure 8 the majority of respondents agreed (n=39, 48%) or somewhat agreed (n=33, 41%) with this statement. Very few respondents somewhat disagreed (n=2, 3%) or disagreed (n=1, 1%) with the same statement.

Figure 8. Organisations value of evaluation
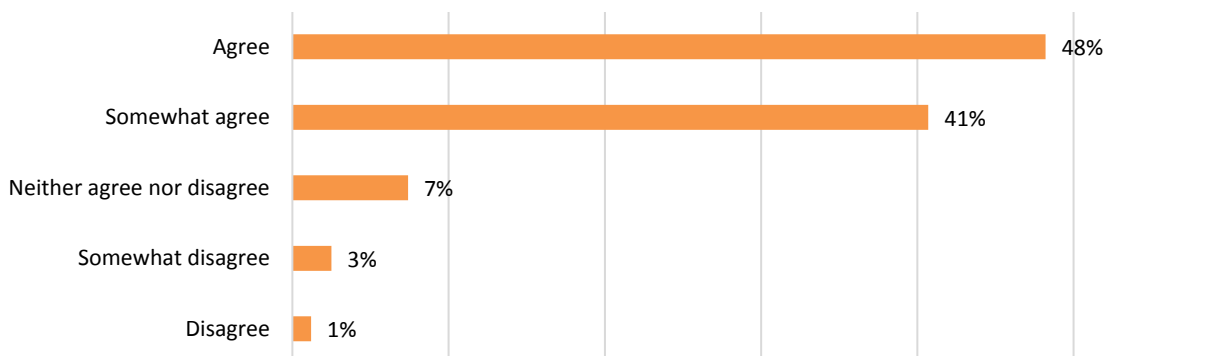
Base n=81

A slightly higher proportion of respondents believed that their organisation valued evaluation over research, 89% (n=72) compared with 78% (n=62) respectively. In addition 11% (n=9) of respondents reported that they disagreed or somewhat disagreed with the statement for research compared to only 4% (n=3) for evaluation. Overall respondents tend to value evaluation more favourably then research.

Research undertaken as part of current role

A little over half of respondents (n=44, 54%) stated that they undertook research as part of their current role, whilst 46% (n=37) said they did not. As per Figure 9, 16% (n=13) of Non-Government and 28% (n=23) of State Government Organisation respondents said that they undertook research as part of their current role. All Local Government and University/Research Based Organisation respondents undertook research activities.

Figure 9. Research undertaken as part of current role broken down by organisation type
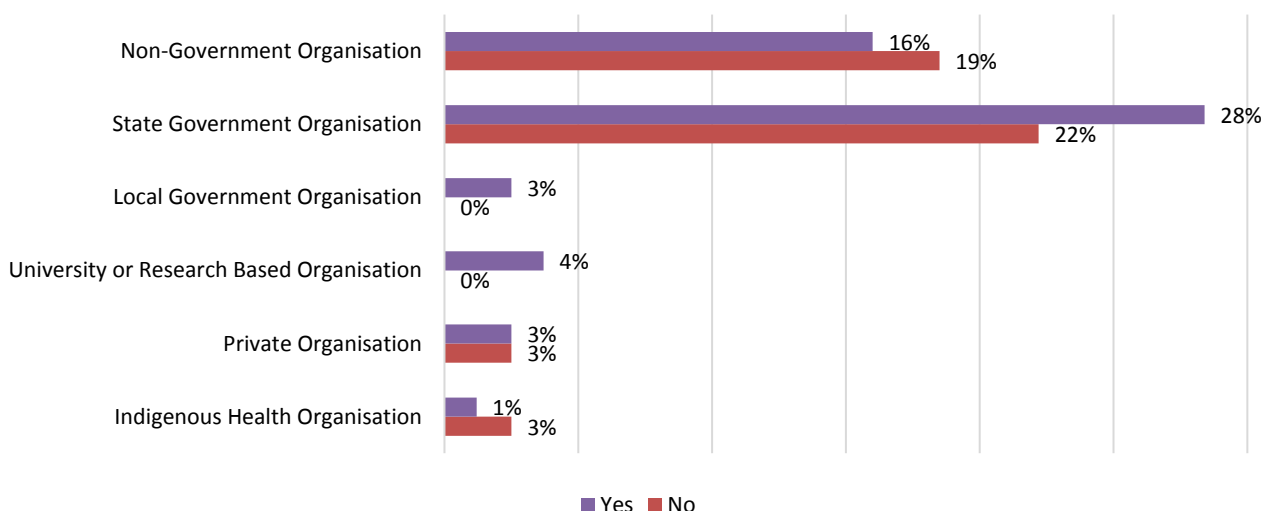
Base n=81

Proportion of week at work usually spent on research activities

The majority of respondents expressed that they spend less than one day of their working week on research activities (n=30, 75%). A lesser amount of respondents spent 2-3 days (n=8, 20%) and 4-5 days (n=2, 5%) on research activities a week respectively. University/Research Based Organisation respondents were the only organisation type to report spending 4-5 days on research per week (Figure 10).

Figure 10. Proportion of week at work usually spent on research activities
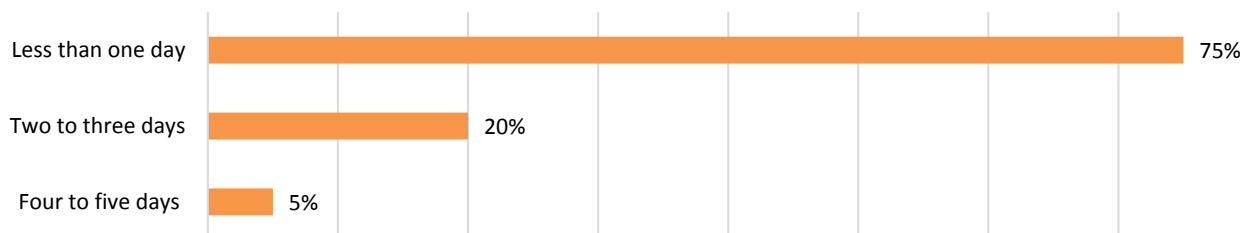
Base n=40

Barriers to undertaking research experienced in the last 12 months

Respondents were asked to select any barriers they had faced in the last 12 months when attempting to undertake research. The top three barriers experienced by respondents were lack of time (n=25, 60%), lack of funding (n=18, 43%), and access to limited or no external resources (n=13, 31%). The following barriers were never experienced: lack of confidence in undertaking research (n=9, 21%), and lack of access to external expertise (n=7, 17%). The top selected barriers for each response are highlighted in Table 1.

Table 1. Barriers to undertaking research experienced in the last 12 months

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of time as other responsibilities take priority	60%	31%	2%	2%	5%
Difficulties in engaging target population (community of interest) in research	29%	48%	17%	7%	0%
Lack of funding to undertake research	43%	29%	12%	5%	12%
Lack of knowledge and skills	10%	52%	26%	12%	0%
Lack of confidence in undertaking research	10%	43%	24%	21%	3%
Low internal support from management/colleagues	17%	41%	26%	12%	5%
Limited or no training opportunities to improve research knowledge and skills	21%	45%	19%	12%	2%
Limited or no external resources e.g. online tools, software, research publications	31%	38%	17%	10%	5%
Lack of access to external expertise (universities, research institutions, other agencies)	21%	38%	17%	17%	7%

Base=42

Respondents were given the opportunity to note any other barriers not listed and the following responses were provided:

*"Too risk averse."* [Community Activist, all regions of WA]

"Lack of networks and contacts." [Researcher/Academic, Regional]

"Too bureaucratic." [Community Activist, all regions of WA]

Evaluation undertaken as part of current role

The majority of respondents (n=64, 81%) stated that they undertook evaluation as part of their current role, whilst 19% (n=15) said they did not. In contrast, 54% (n=44) of respondents undertook research in their current role. As per Figure 11, 28% (n=22) of Non-Government and 43% (n=34) of State Government Organisation respondents said that they undertook evaluation as part of their current role. All Local Government respondents undertook evaluation activities.

Figure 11. Evaluation undertaken as part of current role broken down by organisation type
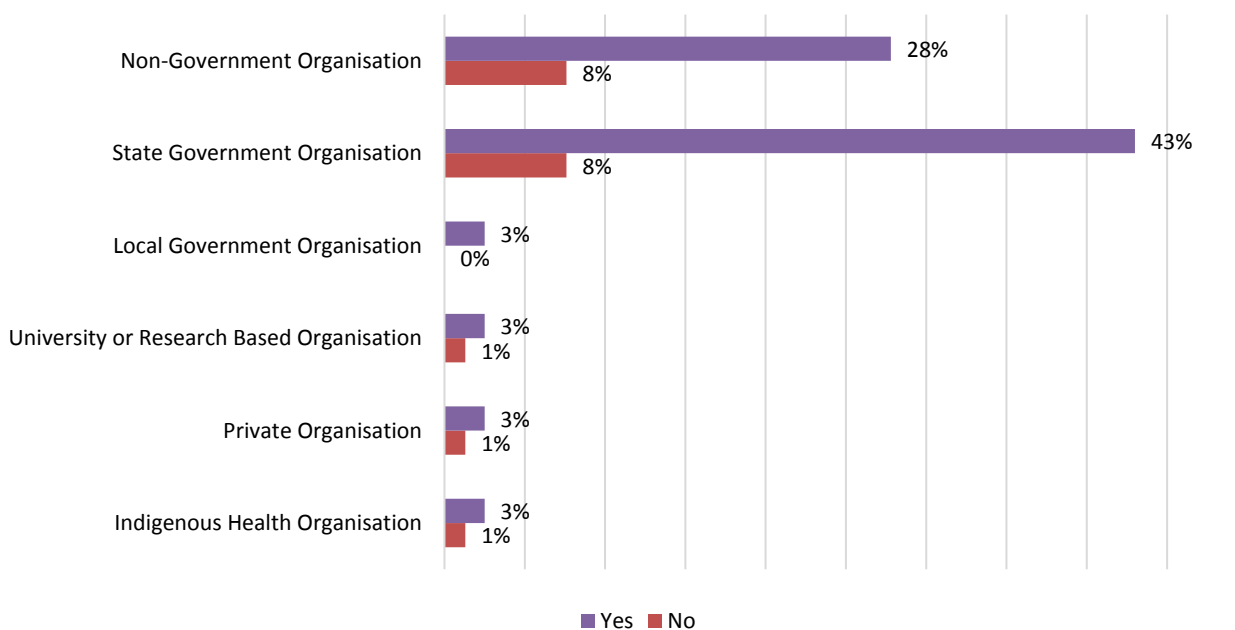
Base=79

Proportion of week at work usually spent on evaluation activities

The majority of respondents expressed that they spend less than one day of their working week on evaluation activities (n=50, 85%). A lesser proportion of respondents spent 2-3 days (n=9, 15%), and no respondents reported spending 4-5 days on evaluation activities per week (Figure 12).

Figure 12. Proportion of week at work usually spent on evaluation activities
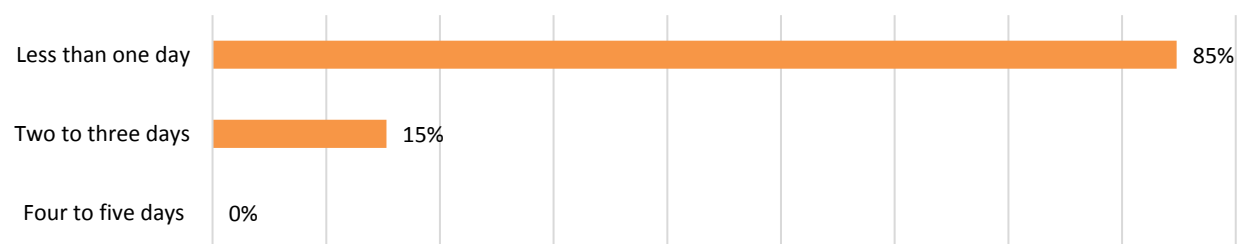
Base n=59

Barriers to undertaking evaluation experienced in the last 12 months

Respondents were asked to select any barriers they had faced in the last 12 months when attempting to undertake evaluation. The top three barriers experienced by respondents were lack of time (n=33, 54%), lack of funding (n=19, 31%), and difficulties in engaging the target population in evaluation (n=15, 25%). Encouragingly, over half of respondents selected 'never' for the barrier *feel it is not important* (n=35, 57%). The top selected barriers for each response are highlighted in Table 2.

The top two barriers faced when undertaking evaluation (lack of time and funding) were also reported as those most commonly faced when undertaking research.

Table 2. Barriers to undertaking evaluation experienced in the last 12 months

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of time as other responsibilities take priority	54%	34%	3%	7%	2%
Difficulties in engaging target population (community of interest) in evaluation	25%	54%	15%	5%	2%
Lack of funding allocated in budgets to evaluate programs	31%	36%	20%	7%	7%
Lack of evaluation knowledge and skills	8%	56%	31%	5%	0%
Lack of confidence in undertaking evaluation	10%	41%	36%	12%	2%
Feel it is not important	3%	12%	25%	57%	3%
Low internal support from management/colleagues	12%	36%	28%	21%	3%
Limited or no training opportunities to improve evaluation knowledge and skills	10%	48%	33%	10%	0%
Limited or no external resources e.g. online tools, software, research publications	18%	43%	25%	13%	2%
Lack of access to external expertise (universities, research institutions, other agencies)	15%	41%	25%	16%	3%

Base=61

Respondents were given the opportunity to note any other barriers not listed and the following responses were provided:

> *"Clients not speaking or being able to read or write in English."* [Educator, Metro]

> *"Lack of program plan or evaluation framework to link evaluation to."* [Senior Manager/Executive, Regional]

> *"Part time work and insufficient time."* [Project Officer/Coordinator, all regions of WA]

> *"Unsuitable or no templates to write up project and evaluation process, results, recommendations."* [Senior Manager/Executive, Regional]

SECTION FOUR: USE OF EVIDENCE

Involvement in making decisions in relation to policies and programs

Almost half of respondents (n=32, 42%) were involved in making decisions in relation to both policies and programs, whereas 26% (n=20) were involved in neither. Twenty-one (28%) respondents were exclusively involved in making program decisions compared to a much smaller number (n=3, 4%) of respondents making exclusively policy decisions (Figure 13).

Figure 13. Involvement in making decisions in relation to programs or policies
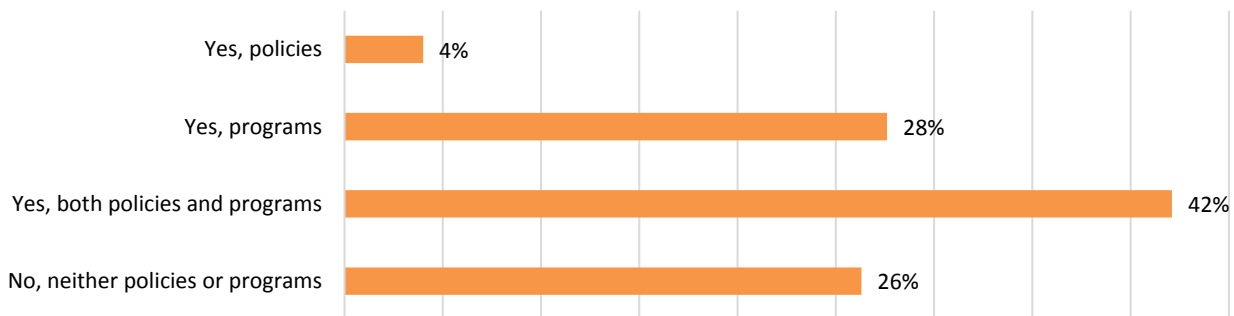
Base n=76

Importance of sources of information in terms of contributing to decision-making processes related to programs or polices for SHBBVs

Respondents were asked to rank the following sources of information in terms of their importance in contributing to their decision-making processes related to programs or policies for SHBBVs in their role. The top three most important sources of information as selected by respondents were surveillance data (n=27, 53%), program evaluation evidence (n=24, 47%), and organisational values and beliefs tied at third with national strategies/policies/legislation (n=21, 41%). All types of media (social media (n=7, 14%), general media (n=4, 8%), and public health related media (n=4, 8%)) were seen as having the least importance. The top selected sources of information for each response are highlighted in Table 3.

Table 3. Importance of sources of information in terms of contributing to decision-making processes related to programs or polices for SHBBVs

Source of information	Very important	Important	Slightly important	Not important	Not applicable to my role
Surveillance data (surveillance data monitors communicable disease rates and spread)	53%	37%	8%	0%	2%
Program evaluation evidence	47%	49%	4%	0%	0%
Current practice in your organisation	31%	55%	14%	0%	0%
Organisational values and beliefs	41%	47%	10%	2%	0%
Word of mouth (what you hear about what others in the sector are doing)	18%	39%	41%	2%	0%
Learnings from seminars or conferences	14%	69%	16%	2%	0%
Research evidence from journal articles	31%	51%	16%	2%	0%
Social media (Twitter, Facebook)	6%	35%	43%	14%	2%
General media (newspapers, news related websites)	0%	31%	59%	8%	2%
Public health related media (Croaky, The Conversation)	6%	35%	49%	8%	2%
National strategies / policies / legislation	41%	45%	14%	0%	0%

Base=51

Use of new research evidence

Respondents were asked to describe how they personally use new research evidence in relation to their work. Almost half (n=29, 46%) of respondents made use of new ideas when they were made aware of them, whereas 35% (n=22) of respondents were actively searching for new ideas to implement. No one was sceptical of, or resistant to implementing new ideas (Figure 14).

Figure 14. Use of new research evidence
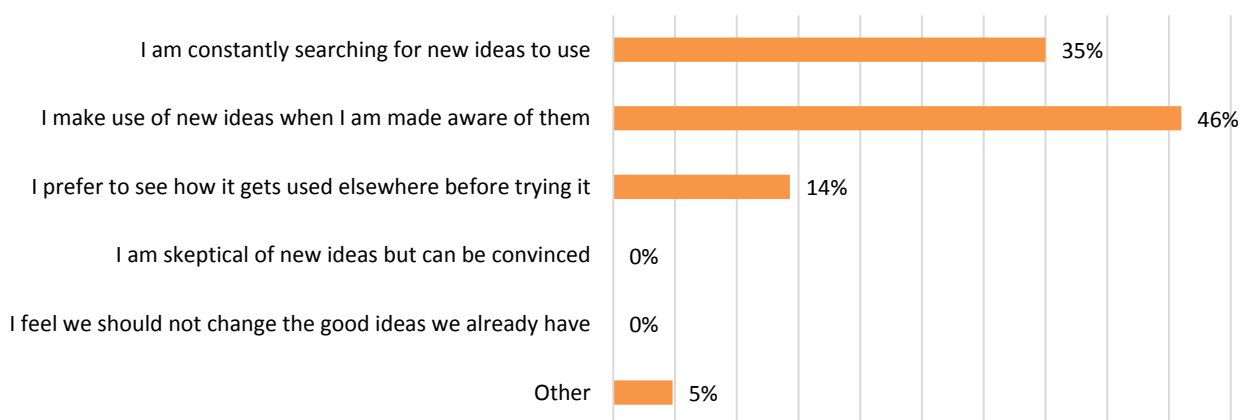
Base n=63

Of those respondents who selected 'other' the following comments were provided:

> *"There can be a lack of 'new ideas' in my relevant work, we tend to try create the 'new ideas' and assess them ourselves."* [Nurse/Physician, Regional]

> *"Depends on the quality of the evidence."* [Nurse/Physician, Metro]

> *"I would love to try new ideas, but sometimes I find myself so busy that getting anything new off the ground is a massive process. Whereas there are already the structures in place to continue doing things the way we always have. Change is extremely time-consuming in a time-poor organisation."* [Project Officer/Coordinator, Metro]

Barriers experienced accessing research evidence in the last 12 months

Respondents were asked to select any barriers they had faced in the last 12 months when attempting to access research evidence. The top three barriers experienced by respondents were lack of time (n=29, 43%), limited or no access to research publication databases (n=15, 22%), and lack of access to external expertise (n=11, 16%). The highest rated barrier that was never experienced was low internal support from management and colleagues (n=14, 21%). The top selected barriers for each response are highlighted in Table 4.

Of those respondents who indicated they were current SiREN Network members, 69% (n=27) and 49% (n=19) expressed they sometimes experienced limited or no access to research publication databases, and lack of access to external expertise respectively.

Table 4. Barriers experienced accessing research evidence in the last 12 months

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of time to identify relevant research	43%	40%	9%	3%	5%
Lack of current and/or relevant research	6%	64%	19%	5%	6%
Lack of knowledge and skills on how to locate and interpret research	11%	36%	42%	8%	5%
Low internal support from management/colleagues	9%	40%	22%	21%	8%
Limited or no training opportunities to improve research skills	15%	46%	16%	19%	3%
Limited or no access to research publication databases	22%	37%	22%	15%	3%
Lack of access to external expertise (universities, research institutions, other agencies)	16%	37%	24%	18%	5%

Base=67

Additional barriers respondents had experienced accessing research evidence were:

"The topic is mainly in grey literature and little to be found in the published literature." [Educator, Metro]

"Cost to access publications." [Community Activist, all regions of WA]

"Part time work = insufficient time." [Project Officer/Coordinator, all regions of WA]

Useful methods SiREN could adopt to improve how research evidence is shared with members

Respondents viewed the following three methods as the most useful way for SiREN to share research evidence with members: through summaries of research evidence (n=38, 57%), via an online resource portal of evidence (n=37, 55%), and at conferences and seminars (n=37, 55%). A number of other methods for sharing evidence also rated highly among respondents. The methods viewed as not being useful ways to share research evidence were through social media posts (n=14, 21%), accessing a knowledge broker (n=10, 15%), and via webinars (n=8, 12%). The top selected methods for evidence dissemination for each response are highlighted in Table 5, furthermore the methods selected by more than 50% of respondents in the 'very useful' and 'somewhat useful' columns are highlighted.

Table 5. Useful methods SiREN could adopt to improve how research evidence is shared with members

Method of evidence dissemination	Very useful	Somewhat useful	Not very useful	Not at all useful	Unsure
Training on how to locate and interpret research evidence	33%	52%	11%	2%	3%
Conferences and seminars where those working in SHBBV share their work	55%	42%	3%	0%	0%
Case studies of SHBBV projects and policies	42%	55%	3%	0%	0%
Summaries of research evidence	57%	40%	3%	0%	0%
Social media posts on new research	25%	49%	21%	3%	2%
Tailored and targeted emails that connect relevant research evidence specific to your interests	51%	46%	3%	0%	0%
Access to a knowledge broker (a person who could assist you to use research evidence)	37%	43%	15%	3%	2%
Access to relevant academic journals	51%	39%	6%	5%	0%
Webinars	28%	55%	12%	3%	2%
Online resource portal of evidence	55%	39%	5%	0%	2%

Base=67

Additional methods respondents suggested SiREN incorporate into their research evidence dissemination plan were:

> *"Involve community outside regular work hours. Current group somewhat clicky, high risk of conservative group think."* [Community Activist, all regions of WA]

> *"Stories of members' research and evaluation. Connecting research to practice and what's happening in WA, Aus and globally. Innovative ways to share research & evaluation (showcase, recognition and rewards, etc.)."* [Project Officer/Coordinator, all regions of WA]

SECTION FIVE: RESEARCH PRIORITIES

Key SHBBV priority research areas over the next 12 months

Respondents were asked to select which SHBBV priority research areas would be of most value to them in their current role over the next 12 months. Respondents were able to select more than one answer. Research priorities selected by more than half of respondents were sexual health attitudes, knowledge and behaviour with school aged children (n=36, 56%), exploring what WA does differently by circumstance (n=35, 55%), developing culturally appropriate evaluation tools for CaLD and Aboriginal populations (n=36, 55%), and the use of social marketing in the WA SHBBV sector (n=32, 50%). The priority research area selected by less than a quarter of respondents was examining what proportion of syphilis notifications occur in people who have had multiple infections (n=8, 13%) (Figure 15).

Figure 15. Key SHBBV priority research areas over the next 12 months
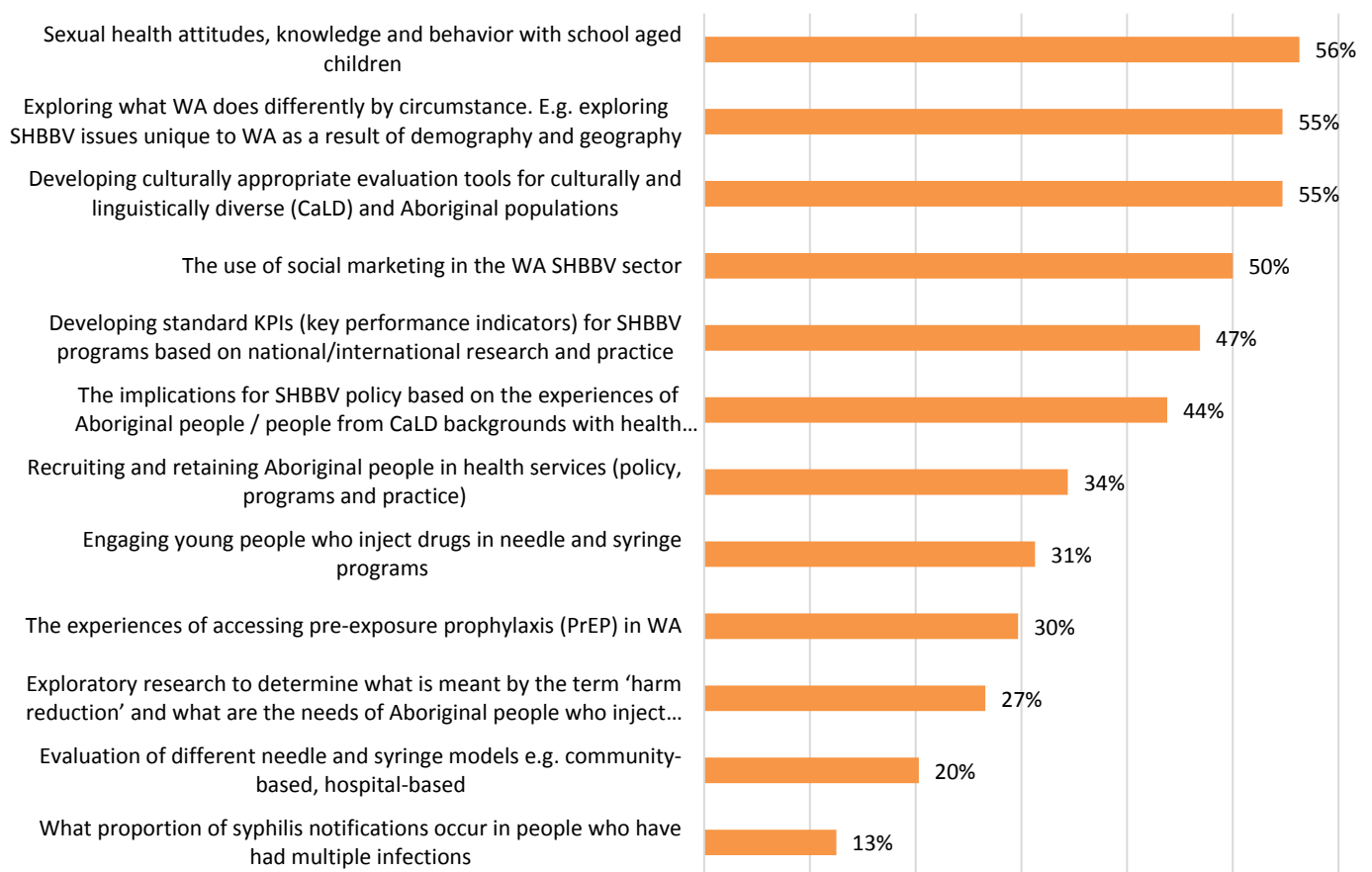
Base=64

The priority research areas of most value for each organisation type are presented in Table 6, with the top three priority research areas highlighted for each organisation type.

Table 6. Key SHBBV priority research areas over the next 12 months by organisation type

SHBBV priority research area	Non-government	State government	Local government	University/ research	Private	Indigenous health
Developing culturally appropriate evaluation tools for culturally and linguistically diverse (CaLD) and Aboriginal populations	43%	40%	3%	3%	3%	9%
The implications for SHBBV policy based on the experiences of Aboriginal people / people from CaLD backgrounds with health services	36%	54%	0%	4%	0%	7%
Recruiting and retaining Aboriginal people in health services (policy, programs and practice)	32%	55%	0%	5%	0%	9%
Exploratory research to determine what is meant by the term 'harm reduction' and what are the needs of Aboriginal people who inject drugs	41%	41%	0%	0%	0%	18%
Engaging young people who inject drugs in needle and syringe programs	35%	55%	0%	5%	0%	5%
Evaluation of different needle and syringe models e.g. community-based, hospital-based	15%	69%	0%	8%	8%	0%
The experiences of accessing pre-exposure prophylaxis (PrEP) in WA	21%	68%	5%	0%	0%	5%
The use of social marketing in the WA SHBBV sector	47%	44%	0%	0%	6%	3%
Sexual health attitudes, knowledge and behaviour with school aged children	31%	53%	3%	0%	6%	8%
Developing standard KPIs (key performance indicators) for SHBBV programs based on national/international research and practice	33%	50%	0%	7%	3%	7%
What proportion of syphilis notifications occur in people who have had multiple infections	0%	75%	0%	13%	0%	13%
Exploring what WA does differently by circumstance. E.g. exploring SHBBV issues unique to WA as a result of demography and geography	31%	49%	3%	6%	6%	6%

Additional research priorities of most value to respondents over the next 12 months were:

> *"The value of rapid testing in CaLD communities for hepatitis B."* [Senior Manager/Executive, Metro]

> *"WA Treatment as prevention cascades for different sub populations and geography, how to reduce WA barriers to access TasP [treatment as prevention]. Urgent PrEP [pre-exposure prophylaxis] trial at the XXXX. Capacity building HIV peers."* [Community Activist, all regions of WA]

> *"We are experiencing marked rises in STIs in the metro area. The influence of social media (Tinder, etc.) and unregulated sex work on the changing epidemiology have not been adequately researched."* [Nurse/Physician, Metro]

> *"Peer education models for Aboriginal youth."* [Project Officer/Coordinator, Regional and Remote]

> *"How do immigration restrictions (difficulties getting a working visa for sex work, fear of immigration, lengthy partnership visa application etc.) impact on sexual health of CaLD populations."* [Project Officer/Coordinator, Metro]

> *"Promoting the evidence for SRE [sexuality and relationships education] and providing values and attitudes training to significant professionals (health, education, disability, Aboriginal & CaLD service providers, etc."* [Project Officer/Coordinator, all regions of WA]

SECTION SIX SiREN SERVICES AND RESOURCES

Awareness and usage of SiREN services and resources

The top three SiREN services or resources that respondents were aware of were training workshops (n=29, 10%), research and evaluation support (n=26, 9%), and the SiREN Symposium (n=26, 9%). The SHBBV Partnerships Guide was the resource least known to respondents (n=14, 5%) (Table 7).

The top three SiREN services or resources that respondents had used or participated in at least once in the last 12 months were the SiREN Symposium (n=21, 31%), the SHBBV Program Planning Toolkit (n=11, 16%), and research and evaluation support (n=9, 13%). No respondents had asked SiREN for assistance with developing a grant proposal or survey in the last 12 months (Table 7).

The top three SiREN services or resources that respondents were most likely to use or participate in at least once in the next 12 months are the SiREN Symposium, research and evaluation support, and project planning support, all selected by 11% (n=13) of respondents. Respondents were least likely to approach SiREN for assistance with conference posters, abstracts or manuscripts; and for assistance in locating students to complete placement hours at their organisation in the next 12 months (n=5, 4%) (Table 7).

The top selected SiREN services and resources for each response are highlighted orange in Table 7, furthermore the services and resources that respondents were least aware of, had used or participated in least, or were least likely to use or participate in are highlighted in red.

**Table 7. Awareness and usage of SiREN services and resources**

SiREN service or resource	Aware of	Used or participated in at least once in the last 12 months	Likely to use or participate in at least once in the next 12 months
SHBBV Partnership Guide	5%	3%	5%
SHBBV Program Planning Toolkit	6%	16%	9%
SHBBV Ethics Approval Guide	8%	3%	5%
HIV and Mobility in Australia: A Road Map for Action	8%	6%	6%
Survey design	7%	0%	8%
Research project collaboration	8%	3%	6%
Student placements	6%	4%	4%
Project planning support	8%	6%	11%
Research and evaluation support	9%	13%	11%
Assistance with grant proposals	8%	0%	7%
Assistance with conference posters, abstracts or manuscripts	7%	4%	4%
Training workshops	10%	10%	13%
SiREN Symposium	9%	31%	11%

*Respondents could select the options that were of most relevance and leave blank any that were not applicable.

Extent that SiREN services and resources have influenced sectors work

Respondents were asked to what extent SiREN services and resources had influenced their work. Over half (n=35, 57%) of respondents said that SiREN services and resources influenced their work somewhat, whilst 21% (n=13) reported they had very little influence (Figure 16).

Figure 16. Extent that SiREN services and resources have influenced sectors work
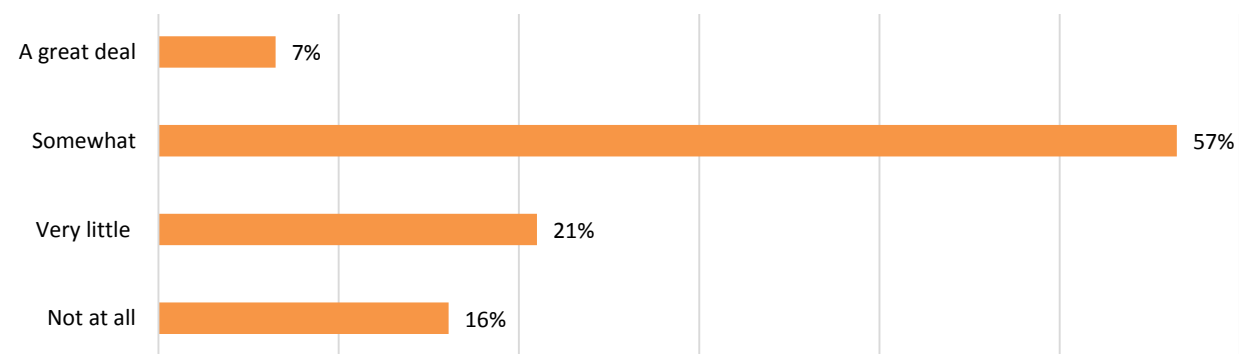
Base=62

Of those respondents that noted SiREN services had very little or no influence on their work, it is important to view these results in conjunction with the comments left by these respondents. Numerous respondents noted that they were unaware of the plethora of services and resources offered by SiREN, many had not had time to investigate what SiREN was able to offer them, and some were new to the SiREN Network and therefore had not had a chance to utilise the services and resources available.

> *"Joined network but have not utilised any resources yet."* [Educator, Metro]

> *"Didn't have need to."* [Nurse/Physician, Metro]

> *"Not aware of them, no time to investigate."* [Nurse/Physician, Regional]

> *"Have not come across them."* [Student, Regional]

> *"I did not access them and wasn't aware of them."* [Engagement/Development Officer, Metro]

> *"I've only lately joined SiREN, so no opportunities to use the assistance so far."* [Educator, Metro]

> *"Not aware of a lot of them."* [Nurse/Physician, Regional]

> *"Unfortunately I just don't have the time to allocate to this important area."* [Nurse/Physician, Regional]

> *"Unaware of them."* [Health Worker, Metro]

> *"Often unable to attend training workshops due to inconvenient location and/or time held (I live NOR [north of the river]). Was unaware of many items on the list above."* [Educator, Metro]

> *"Not really my core business anymore."* [Nurse/Physician, Regional]

> *"Some of the current resources are not relevant at this time."* [Researcher/Academic, Regional]

> *"Just haven't had the time to devote to this area."* [Nurse/Physician, Regional]

> *"I didn't know about most of these things therefore could not use."* [Project Officer/Coordinator, Metro]

> *"Have only recently returned to the community-based sector where use of SiREN services and resources are more appropriate. Hence, there has not been an occasion to influence my work."* [Engagement/Development Officer, Metro]

> *"I work with teenagers, so information has to be age as well as culturally appropriate."* [Nurse/Physician, Metro]

One respondent left constructive feedback which SiREN will take into consideration:

> *"Not communicated to peers in a way they could then use."* [Community Activist, all regions of WA]

Positive comments left by respondents who had engaged with SiREN services and resources were encouraging. These comments reinforce the need to produce resources which the sector can utilise with and without the assistance of SiREN.

"I no longer work in SHBBVP, but the more general resources (e.g. project planning toolkits) were helpful." [Project Officer/Coordinator, Metro]

"The SiREN Symposium highlighted several issues which we should pursue." [Senior Manager/Executive, all regions of WA]

"SiREN documentation relevant for my work." [Nurse/Physician, Metro]

"Research and evaluation support, guidance through ethics applications." [Nurse/Physician, Regional and Remote]

"Primarily the HIV and Mobility in Australia: A Road Map for Action has been used to influence my work." [Project Officer/Coordinator, Metro]

"The relevant parts influenced my work-I work with at risk young people so not everything is relevant to them or from my experience different approaches work with them. I always use what I can from the resources." [Educator, Metro and Regional]

"Very helpful to get expertise in survey and sampling aspects of research to guide the project planning process." [Researcher/Academic, Metro]

"Timely delivery of training workshop to align with project work at the time; easy access to SHBBV Program Planning Toolkit and easy to use to guide my own work and help build capacity of others." [Project Officer/Coordinator, Regional and Remote]

"Great source of expertise and support when needed. Helped me see the bigger picture and how what I do is part of something much larger. Motivating for my work!" [Project Officer/Coordinator, all regions of WA]

"We had help with a survey design which proved extremely useful." [Nurse/Physician, Metro]

"Credibility; expert, friendly genuine staff who know what they are talking about and are very supportive." [Project Officer/Coordinator, Metro and Regional]

"The planning toolkit provides a good framework for developing project plans." [Health Promotion Officer, Regional]
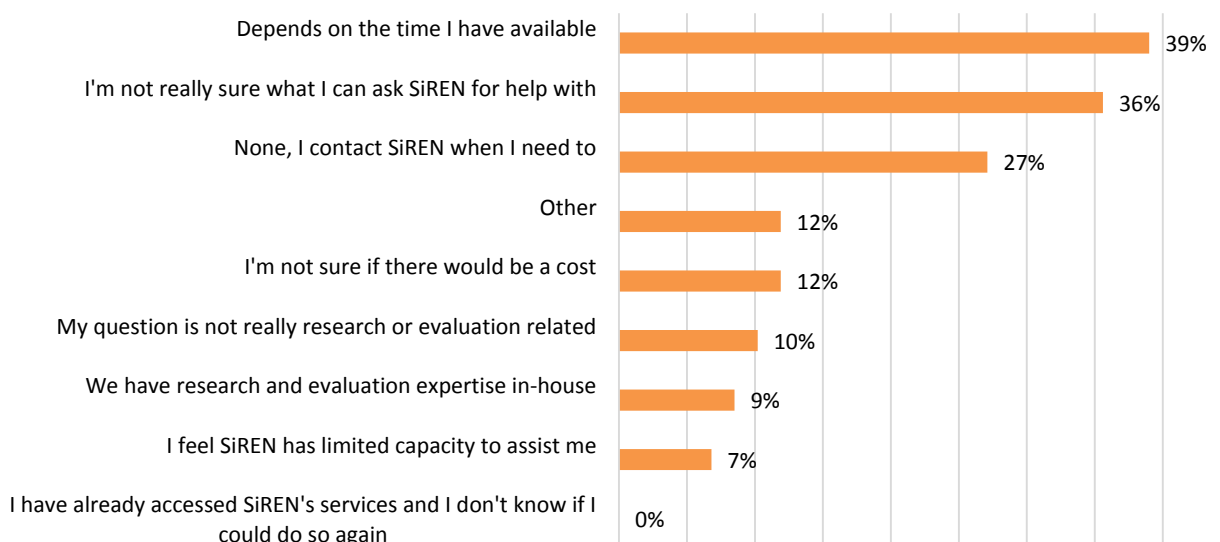
"When looking at the new tendering process coming up in the next 12 months it will be important to use some of these resources." [Senior Manager/Executive, Metro]

"Conference/workshop on new trends and services that are working in current cultural/economic climate." [Nurse/Physician, Metro]

Factors that have influenced non-participation in SiREN services

The biggest factor influencing non-participation in SiREN services was time (n=23, 39%), followed by being unsure what assistance can be asked of form SiREN (n=21, 36%). Over a quarter of respondents (n=16, 27%) accessed SiREN services readily when they needed to (Figure 17).

Figure 17. Factors that have influenced non participation in SiREN services

Depends on the time I have available — 39%
I'm not really sure what I can ask SiREN for help with — 36%
None, I contact SiREN when I need to — 27%
Other — 12%
I'm not sure if there would be a cost — 12%
My question is not really research or evaluation related — 10%
We have research and evaluation expertise in-house — 9%
I feel SiREN has limited capacity to assist me — 7%
I have already accessed SiREN's services and I don't know if I could do so again — 0%

Base=59

Sixteen respondents had other factors influencing their non-participation in SiREN services. Of those, some respondents opted to explain these factors:

"I have only just joined late last year. But planning to engage with these aspects of the organisation." [Researcher/Academic, Metro]

"Lack of time." [Educator, Metro]

"Lack of time." [Project Officer/Coordinator, all regions of WA]

"Feels unapproachable, does not have a peer capacity building project, focused on career advancement rather than real community needs." [Community Activist, all regions of WA]

"I was unaware of what SiREN do until now." [Health Worker, Metro]

"Work as a private sole trader sexuality educator, and being private I often do not qualify for assistance as I do not have Not for Profit status." [Educator, Metro]

"I'm an experienced researcher." [Nurse/Physician, Regional]

Interest in participating in a Community of Practice
Forty-four percent (n=28) of respondents were interested in participating in a Community of Practice. A similar percentage (n=29, 45%) were however unsure (Figure 18).

Figure 18. Interest in participating in a Community of Practice

Yes	44%
No	11%
Unsure	45%

Base=64

SECTION SEVEN: COMMUNICATIONS

Use of the SiREN website in the last 12 months
Over half of respondents (n=37, 59%) had accessed the SiREN website in the last 12 months, 41% (n=26) had not.

Frequency of use of the SiREN website in the last 12 months
Of those respondents who had accessed the SiREN website in the last 12 months, the majority did so less frequently then monthly (n=29, 78%). The remaining eight respondents (22%) did so monthly (Figure 19).

Figure 19. Frequency of use of the SiREN website in the last 12 months

Daily	0%
Weekly	0%
Monthly	22%
Less frequently then monthly	78%
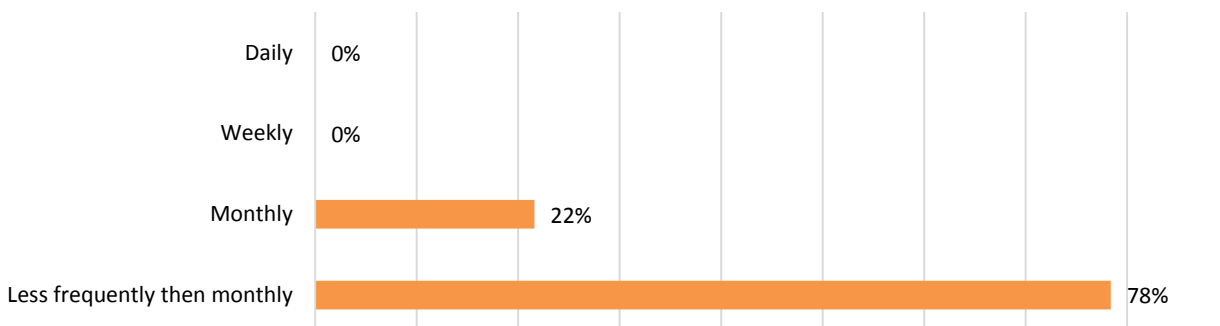
Base=37

Relevance of SiREN e-news content to Network members and their organisation
The majority (n=31, 86%) of respondents confirmed that the content of the SiREN e-news was of relevance to them as SiREN Network members and their organisation. Respondents who said they were not current SiREN members were not asked this question. Respondents who agreed with this statement left the following comments:

> *"Interesting info."* [Nurse/Physician, Metro]

> *"Has good tools and information which can be utilised for a number of different purposes."* [Senior Manager/Executive, Metro]

"Gives a good cross-section of what is happening (training) and what is available (jobs) in the sector." [Nurse/Physician, Regional and Remote]

"Great coverage on the email of jobs, conferences, activities etc." [Engagement/Development Officer, Metro]

"Keeps me updated." [Nurse/Physician, Regional]

"It is very useful to get the big picture of work in the sector." [Senior Manager/Executive, all regions of WA]

"Post conference interest." [Nurse/Physician, Metro]

"I am alerted to new research and upcoming conferences." [Researcher/Academic, Regional]

"Gives a summary or snapshot of what is happening and available in the sector." [Nurse/Physician, Regional and Remote]

"Useful, but could have a more user friendly interface to quickly navigate." [Policy/Planning Officer, all regions of WA]

"Good summary of new publications etc." [Project Officer/Coordinator, Regional and Remote]

"I skim it briefly looking for relevant articles." [Nurse/Physician, Regional]

"I like the range of topics covered because I think it's important to know what is happening across the sector. I like the WA relevant info, especially on PD and research. Really useful and informative resource." [Educator, Metro and Regional]

"Helpful info on local events and opportunities." [Researcher/Academic, Metro]

"Good coverage of PD events, research and resources relevant to our work." [Project Officer/Coordinator, Regional and Remote]

"Very relevant and always something useful to me in my role." [Project Officer/Coordinator, all regions of WA]

Five respondents did not believe that the content of the e-news was of relevance to them or their organisation, however of these five respondents four left the following comments which gave no negative reflection on content presented in SiREN's regular e-news.

"I am not sure that I receive the e-news although I would like to." [Nurse/Physician, Metro]

"I don't recall seeing any - only recently joined!" [Educator, Metro]

"I don't look at it that much so unsure what's published on there." [Project Officer/Coordinator, Metro]

"Have not accessed the e-news to comment." [Engagement/Development Officer, Metro]

Further suggestions for the SiREN team to consider

Finally respondents were asked if they had any further suggestions for the SiREN team. The following remarks were made:

> *"Driven by reactive management policies to current services and less emphasis on prevention and education."* [Nurse/Physician, Metro]

> *"Facebook group for projects for building peer capacity and community development would be useful."* [Community Activist, all regions of WA]

> *"Thank-you for all your input, time and website."* [Nurse/Physician, Regional]

> *"Just that everyone is wonderful - lovely and easy to work with! My lack of use of SiREN is only because I don't really know the full extent of what you do."* [Project Officer/Coordinator, Metro]

> *"Layout/format of SiREN e-news is quite text heavy. Would be great to see a different layout, more graphics etc. to make it more user-friendly."* [Project Officer/Coordinator, Regional and Remote]

> *"THANK YOU for the great work and keep it up, please. Connecting with others in the field is very valuable, and only wish I could do more of it."* [Project Officer/Coordinator, all regions of WA

STRENGTHS AND LIMITATIONS OF THE 2016 SECTOR NEEDS ASSESSMENT SURVEY

Strengths of the survey

- The survey remained anonymous allowing respondents to provide more candid feedback.
- Online distribution method facilitated wider promotion of the survey to both members and non-members.
- Qualtrics facilitated easy survey analysis and reduced survey administration costs.
- Lessons learned from the previous two survey rounds were taken into consideration and used to strengthen the 2016 survey instrument, thus improving the quality of data collected.
- The inclusion of knowledge translation questions to monitor an important outcome for SiREN. Some of these questions will be used again in the next survey round to enable comparison over time.
- The results of the survey provide SiREN with direction and focus for the next two years, as well as future research and evaluation priorities that are important to the WA SHBBV sector.

Limitations of the survey

- Respondents may have found the length of the survey (37 questions) too onerous as a number of questions were added this round to accommodate collection of information about knowledge translation.
- Time of survey administration resulted in lower than anticipated response rate considering the size of the WA SHBBV sector.
- As the survey instrument has evolved over time it has made comparison to earlier survey rounds difficult.

COMPARING SURVEY ROUNDS

This section provides a comparison of survey metrics between the 2012, 2014 and 2016 survey rounds (Table 8). The survey instrument has evolved significantly since 2012 thus a limited number of questions can be compared against earlier survey rounds. Caution should be used when interpreting comparison rates due to differing and smaller sample sizes of earlier survey rounds; and changes to response options in the 2016 round, these are highlighted by footnotes in the table.

Research and evaluation importance

Q: My organisation values research. Please rate how much you agree with this statement.
Q: My organisation values evaluation. Please rate how much you agree with this statement.

Due to the small number of responses received in 2012 (n=23) it is difficult to compare these results with those from the 2014 and 2016 surveys. In comparison to the 2014 survey round only, the number of respondents who reported that research was important or very important slightly decreased in 2016. The number of people reporting evaluation is very important again decreased, however those reporting evaluation is important increased. The number of respondents reporting research and evaluation is not important has stayed consistently low.

These results should be interpreted with caution as the 2012 and 2014 survey rounds used the following Likert scale: very important, important, not important and unsure. Whereas the current survey round added an additional category and changed the Likert scale to agree, somewhat agree, neither agree nor disagree, somewhat agree and disagree.

Barriers experienced when undertaking research and evaluation

Q: In the last 12 months, what barriers to undertaking research have you experienced?
Q: In the last 12 months, what barriers to undertaking evaluation have you experienced?

Lack of time and funding have consistently been the leading two barriers faced by respondents when undertaking research and evaluation over the past six years. It is encouraging to note that in this survey round a top rated barrier was not limited skills and knowledge as previously identified in the preceding survey rounds, although respondents continued to report that they did not have access to external resources to assist with research and evaluation activities.

SHBBV research priority areas

Q: Please select which SHBBV research priorities would be of most value to you in your current role over the next 12 months?

This question was not included in the 2012 survey, however since 2014 the research priority areas have evolved to become more direct in focus (e.g. *sexually transmitted infections* in 2014 versus *what proportion of syphilis notifications occur in people who have had multiple infections* in 2016). Youth sexual health continues to be a priority area for many respondents.

Aware of SiREN services and resources

Q: Please review the SiREN resources, groups and services in the table. For each one, select the answer that is most relevant to you or leave blank if not applicable – aware of.

Respondents continued to be aware of the SiREN Symposium and research and evaluation support services offered by SiREN since the 2014 survey round. It should be noted that the 2014 sector needs assessment survey was administered after the 2014 SiREN Symposium therefore it was unsurprising that a high proportion of respondents were aware of the event.

SiREN services and resources used in the last 12 months

Q: Please review the SiREN resources, groups and services in the table. For each one, select the answer that is most relevant to you or leave blank if not applicable – used or participated in at least once in the last 12 months.

The top three SiREN services and resources used in the last 12 months have changed since 2014, although the SiREN Symposium continues to be the top used service. Another top ranking resource used by respondents was the SHBBV Program Planning Toolkit. To assist the sector to use this resource, a narrated PowerPoint will be created within the coming year as well as a review of the resource to determine if it requires updating.

SiREN services and resources likely to use in the next 12 months

Q: Please review the SiREN resources, groups and services in the table. For each one, select the answer that is most relevant to you or leave blank if not applicable – likely to use or participate in at least once in the last 12 months.

In both the 2014 and 2016 survey rounds the top three SiREN services and resources most likely to be used in the next 12 months have remained consistent. It is therefore important that SiREN continues to promote the services that we provide and assist the sector to be involved in professional development events, the SiREN Symposium and research and evaluation activities.

The proportion of respondents who were aware of, had used, or were intending to use SiREN services and resources were slightly down in comparison to the 2012 survey round. This could be explained by the increased number of non-SiREN Network member respondents in the current survey round.

Table 8. Comparison of survey rounds - 2012, 2014, 2016

SURVEY METRIC	2012	2014	2016		
Total responses	**n=23**	**n=89**	**n=104**		
Research importance - very important	61% (n=14)	43% (n=37)	38%[1] (n=30)		
Research importance - important	35% (n=8)	48% (n=42)	40%[2] (n=32)		
Research importance - not important	4% (n=1)	6% (n=5)	3%[3] (n=2)		
Evaluation importance - very important	70% (n=16)	69% (n=58)	48%[1] (n=39)		
Evaluation importance - important	26% (n=6)	29% (n=25)	41%[2] (n=33)		
Evaluation importance - not important	0% (n=0)	1% (n=1)	1%[3] (n=1)		
Barriers experienced when undertaking research and evaluation	• Lack of time and funding Staffing capacity and skills • Unavailable or limited resources • Cost	• Lack of time and funding opportunities • Limited research and evaluation knowledge/skills • Perceived cost	• Lack of time and funding • Unavailable or limited resources • Difficulty engaging target group		
SHBBV research priority areas	-	• STI • Youth sexual health • Indigenous sexual health • Hepatitis	• Sexual health attitudes, knowledge and behaviour of school aged children • Exploring what WA does differently by circumstance • Developing culturally appropriate evaluation tools		
Aware of SiREN services and resources (top 3)	-	SiREN Symposium	64% (n=36)	Training workshops	10% (n=29)
	-	Research and evaluation support	46% (n=31)	Research and evaluation support	9% (n=26)
	-	Seminars	46% (n=31)	SiREN Symposium	9% (n=26)

Aware of SiREN services and resources (lowest awareness of)	-	Professional development services and SHBBV Ethics Approval Guide	28% (n=19)	SHBBV Partnership Guide	5% (n=14)
SiREN services and resources used in the last 12 months (top 3)	-	SiREN Symposium[4]	89% (n=31)	SiREN Symposium	31% (n=21)
	-	Seminars[4]	65% (n=20)	SHBBV Program Planning Toolkit	16% (n=11)
	-	Professional development services[4]	63% (n=12)	Research and evaluation support	13% (n=9)
SiREN services and resources used in the last 12 months (least used)	-	SHBBV Partnership Guide[4]	0% (n=0)	Assistance with writing grant proposals and survey development	0% (n=0)
SiREN services and resources intending to use in the next 12 months (top 3)	-	Research and evaluation support	17% (n=14)	Training workshops	13% (n=15)
	-	SiREN Symposium	15% (n=13)	SiREN Symposium	11% (n=13)
	-	Seminars	11% (n=9)	Research and evaluation support	11% (n=13)
SiREN services and resources intending to use in the next 12 months (least intended to use)	-	SHBBV Partnerships Guide	2% (n=2)	• Assistance with development of conference posters, abstracts and manuscripts • Student placements	4% (n=5)

[1]   Reported as agree
[2]   Reported as somewhat agree
[3]   Reported as disagree
[4]   Reported as aware of and have used

DISCUSSION

This biennial survey is important to the SiREN project to determine what support and services the WA SHBBV sector requires to build research and evaluation capacity. The following discussion highlights specific results and the strategies underway or planned by the SiREN team to address the identified needs.

Survey respondents

The current sector needs assessment survey obtained the largest number of respondents (n=104) to date compared with 89 and 23 responses received in 2014 and 2012 respectively. This is encouraging given the general difficulties obtaining survey responses. The use of SiREN Network members and employing the strategy of asking email recipients to forward the survey invitation within their networks was extremely effective in gaining respondents outside of the SiREN Network, and also worked to increase the response rate compared to the previous two survey rounds. However, only 50 out of 210 WA SiREN Network members completed the survey, representing less than a quarter of SiREN's membership base. Furthermore, the 104 responses reflect a very small proportion of the WA SHBBV sector workforce overall.

In order for this survey to adequately reflect the needs of the WA SHBBV sector and inform the work of SiREN, a stronger response from both SiREN members and the sector is needed. The timing of future surveys will avoid the holiday period (November-January) which may contribute to an improved response rate.

Professional development

Numerous professional development workshops were of interest to respondents, most notably: health promotion through social media, behaviour change communication, and outcomes based evaluation. SiREN has relationships with a variety of external providers that are able to facilitate such workshops and therefore these options will be investigated further. In addition SiREN will begin linking Network members with external workshops of interest through the e-news service. A high proportion (77%) of respondents said they would be interested in a professional development workshop offered online as a webinar, this would therefore be a likely mode of delivery as it would also assist those respondents who live outside of the metropolitan area to be involved. It is acknowledged that survey respondents were not given the option to suggest a workshop of their own choice. Future surveys will provide this option.

Barriers to undertaking research and evaluation

Common barriers to engaging in research and evaluation were lack of time and funding, difficulties in engaging the target population, and limited or no external resources. It is encouraging to note that low internal support from management was not seen as an issue by respondents. SiREN cannot influence time/funding barriers however we are able to assist organisations and individuals who work in the sexual health sector by locating published research; providing assistance and guidance with writing funding submissions, project proposals and evaluation plans; facilitating collaboration with other organisations who have established connections with target groups of interest; and providing organisations with access to student volunteers and postgraduate students who are seeking projects that help them gain industry experience. Accessing SiREN services can therefore assist the sector to complete activities which are not receiving attention due to lack of time. As many respondents to the survey felt they did not have access to external support or resources, SiREN will continue to actively promote its resources and services more widely within the sector.

Sources of information contributing to decision making processes

A large proportion of respondents were involved in making decisions in relation to either policies (4%) or programs (28%), or both (42%). SiREN has created a knowledge translation strategy that aims to support the WA SHBBV sector to apply the best available evidence to decision-making and to generate new evidence on what works. Through this strategy, SiREN aims to support improvements in policy and practice to achieve better health outcomes.

Access to research evidence

Of those respondents who indicated that they were current SiREN Network members, 69% expressed they sometimes experienced limited or no access to research publication databases and 49% reported lack of access to external expertise when accessing research evidence. SiREN can assist with both these needs and will continue to raise awareness of the services and resources available to the sector that facilitate access to research evidence.

Respondents believed the most useful method SiREN could adopt to share research evidence with members was through summaries of research evidence. SiREN has taken this feedback on board and is now trialling a new service, the delivery of bi-monthly e-mail evidence updates. These emails provide bite size summaries of the latest evidence from key SHBBV journals and reports with relevance to the Australian setting direct to member's inboxes. We hope that these emails will save the sector time and help keep members on top of the latest evidence. Copies of each edition will be archived on the SiREN website.

Research priority areas

It is interesting to note that State and Local Government respondents chose differing research priorities of most value for the next 12 months. Within the top three research priorities *the experiences of accessing pre-exposure prophylaxis (PrEP) in WA* however was selected by both entities. Additional research priorities added by respondents included research with CaLD and Aboriginal people; the value of rapid testing for hepatitis B; influence of immigration restrictions, social media and unregulated sex work on sexual health; and promoting the evidence for sexuality and relationships education. These priorities are being addressed by new and current projects conducted and/or supported by SiREN, such as the Law and Sex worker Health Project, the Sexuality and Relationships Education Program, evaluation of the WA PrEP Trial, evaluation of the Commonwealth Blood-borne Viruses and Sexually Transmissible Infections Prevention and Education Programme, and a proposal for an Australian Research Council Linkage Project: Reducing health disparities in culturally and linguistically diverse populations. Information about established projects can be found on the SiREN website, and information on up and coming projects will soon be available.

Communications

It was encouraging that of the respondents who were current SiREN members, 86% reported that they found the content of the e-news relevant to them and their organisation. Respondents left many positive comments about the content of the e-news, which supports SiREN's decision to continue the e-news in its current state. SiREN is working on making the e-news more user friendly by investigating the use of email marketing services such as MailChimp. In order to reduce the length of the e-news a lesser number of research articles will be included now that the new evidence update service is available.

In response to feedback from a respondent who expressed that *SiREN does not communicate research evidence to peers in a way they could then use*, we are also exploring different knowledge dissemination strategies including short video case studies which are presented by peers and practitioners working in the SHBBV sector. We hope that these case studies will be presented in a way that is relatable and useable by the sector.

Decision to use SiREN services and resources

The biggest factor influencing non-participation in SiREN services for respondents was time, followed by being unsure what assistance can be asked of SiREN. SiREN is available to offer the SHBBV sector support through providing research and evaluation assistance, responding to sector needs and requests, participating in reference groups, co-authoring reports and manuscripts, linking industry with professional placement students, and disseminating research and evaluation evidence.

In addition to responding to sector requests for support SiREN undertakes its own research and evaluation projects, supervises and mentors postgraduate research students and volunteers, hosts workshops and symposiums, coordinates a community of practice, and implements and disseminates best practice through the creation of toolkits and knowledge translation strategies. SiREN will continue to actively promote the services it offers to the WA SHBBV sector.

RECOMMENDATIONS FOR FUTURE NEEDS ASSESSMENT SURVEY ROUNDS

The following recommendations are suggestions for the SiREN Team to consider when undertaking the next needs assessment survey in 2018.

- Do not have a multiple choice option for location of respondents.
- Choose a different time of the year to administer the survey, avoid holiday periods.
- Continue with the distribution method used: send link to WA SiREN Network members; send personalised email to key SHBBV individuals who have regular contact with SiREN, the SiREN Management Team and the SiREN Interest Group, requesting that they forward the recruitment email within their organisation and networks; and promote widely through additional avenues including Twitter, electronic newsletters and other groups and organisations.
- Increase survey promotion period to four weeks.
- Consider reducing the number of questions in the survey which may assist with respondent fatigue.
- Give respondents free text option for question: Professional development workshops of interest.
- Add face-to-face as an option for question: Courses offered online or as webinar.
- For the question: To what extent have the SiREN services or resources you used (in the previous question) influenced your work, add the option: I have not used any SiREN services or resources. Many comments were left by respondents under this section as they had not yet interacted with SiREN due to being new Network members or having not had the time.
- For the question: Please review the SiREN resources, group and services in the table and select the most relevant answer, split up the answer research and evaluation into separate categories.
- Important sources of information in terms of contributing to decision-making processes related to programs or policies for SHBBVs question – make the social media category more specific (e.g. using social media to link you to research evidence as opposed to social media as the source of evidence).
- Lack of current and/or relevant research was highlighted as a barrier experienced when accessing research evidence. Further explore this in the next survey round, is this because research isn't relevant or not accessible?

RECOMMENDATIONS FOR SiREN

The following recommendations are suggestions for the SiREN Team to consider based on the results of the survey and the needs of respondents:

- Investigate if the SHBBV Program Planning Toolkit and Ethics Approval Guide need updating.
- Promote the availability of SiREN resources including the SHBBV Program Planning Toolkit.
- Investigate alternate e-news delivery software (e.g. MailChimp), otherwise continue with e-news in its current form and consider reducing the amount of text.
- Start promoting SiREN services and resources beyond the SiREN Network.
- Disseminate the newly created Knowledge Translation Strategy.
- Disseminate research evidence to SiREN Network members.
- Undertake a callout to all Western Australian Universities once a year to recruit students to the SiREN Network.
- Create a policy outlining how requests for assistance by students and sole operators will be handled.
- Identify and promote training workshops with external facilitators.
- Create case studies (audio and/or written) developed by practitioners in the field to ensure the information is more relatable to the sector.
- Consider introducing a SHBBV sector recognition scheme whereby case studies of individuals are produced and promoted on the SiREN website and through e-news emails. Additionally, a SiREN award could be developed to recognise research and evaluation efforts or SiREN could begin encouraging the sector to nominate projects or individuals for already established awards presented by organisations such as the Australian Health Promotion Association, Public Health Association of Australia, and WA Department of Health.

Thank you for taking the time to contribute to the 2016 SiREN Needs Assessment Survey.

Your feedback will ensure that the Department of Health's investment in SiREN is directed to activities of most importance and value to you and Sexual Health and Blood borne Virus (SHBBV) stakeholders in WA.

The survey will take approximately 15 minutes to complete. If need be you can come back and complete the survey once you have started, just click on the link again and your saved survey will reappear. Your opinions will help SiREN better understand how to support research and evaluation activity in WA. Some of the results from this survey will also be used to inform a study investigating how networks, like SiREN, influence public health policy and practice.

Your survey responses are anonymous and individual responses will not be identified in any materials. The data will only be accessible by the SiREN Team at Curtin University. SiREN has approval from the Curtin University Human Research Ethics Committee (Approval Number SPH-50-2012).

This survey is distributed biennially. A summary of the results will be posted on www.siren.org.au after the New Year. SiREN greatly appreciates your input.

If you have any questions about the survey please contact: Rochelle Tobin at rochelle.tobin@curtin.edu.au.

What is SiREN's purpose? SiREN aims to:

- Promote and stimulate opportunities for collaboration between SHBBV service providers and researchers.
- Foster links with the national SHBBV research centres and contribute to appropriate national research agendas in order to raise the profile of SHBBV concerns affecting WA.
- Strengthen the skills, competencies and networks of WA SHBBV providers to ensure best practice in research, evaluation and health promotion.

○ Click to continue (1)

SECTION ONE: ABOUT YOU

Q1 Are you currently a SiREN member?

❍ Yes (1)
❍ No (2)

Q2 How long have you been a SiREN member?

❍ Less than two years (1)
❍ Two to three years (2)
❍ More than three years (3)
❍ Unsure (4)

Q3 Please select the job title that best represents you. This is just to ensure the needs assessment includes feedback from a variety of different people.

❍ Senior Manager / Executive (1)
❍ Researcher / Academic (2)
❍ Nurse / Physician (3)
❍ Health Worker (4)
❍ Educator (5)
❍ Project Officer / Coordinator (6)
❍ Policy / Planning Officer (7)
❍ Engagement / Development Officer (8)
❍ Administration (9)
❍ Student (10)
❍ Other (please specify) (11) _____

Q4 Which area of Western Australia do you work? You can select more than one option if you work across multiple areas.

❑ Metropolitan (1)
❑ Regional (2)
❑ Remote (3)

Q5 Which of the following best describes the organisation you work for?

❍ Non-government organisation (1)
❍ State government organisation (2)
❍ Local government organisation (3)
❍ University or research based organisation (4)
❍ Private organisation (5)
❍ Indigenous health organisation (6)
❍ Other (please specify) (7) _____

Q6 How long have you worked in the SHBBV sector?

○ Less than one year (1)
○ One to two years (2)
○ More than two years (3)

SECTION TWO: TRAINING NEEDS

Q7 Which of the following professional development workshops would interest you?

❑ Planning and evaluating programs (1)
❑ Behaviour change communication (2)
❑ Health promotion through social media (3)
❑ Using peer-based approaches safely and effectively (4)
❑ Consultation strategies within a cultural context (CALD) (14)
❑ Outcomes based evaluation (5)
❑ Understanding epidemiology data (6)
❑ The research and ethics approval process (7)
❑ Publishing project findings / writing a journal article (8)
❑ Knowledge translation (9)
❑ Qualitative data analysis (10)
❑ Effective survey design (11)
❑ Other (please specify) (12) _____
❑ I am not interested in any training at this time (13)

If I am not interested in any ... Is Selected, Then Skip To SECTION THREE: RESEARCH AND EVALUATIO...

Q8 Would you be interested in a course offered online or as a webinar?

❑ Yes, online (work through on your own) (1)
❑ Yes, webinar (online collaborative sessions) (2)
❑ Unsure (3)
❑ No (4)

SECTION THREE: RESEARCH AND EVALUATION

What is research? Research is any creative investigative work undertaken on a systematic basis. Social research is concerned with the factors influencing human behaviour, motivation and social relationships. Research activities include increasing knowledge to devise new programs and policies; testing processes and treatments; seeking ethics approval; collecting and analysing data; publishing findings; developing grant proposals; and communicating findings at conferences and forums.

What is evaluation? Evaluation is a type of research. It can be undertaken before, during and after a program. Evaluation activities include needs assessments; pilot testing; focus group testing; monitoring programs; quality assurance and assessing the effects of programs through surveys, interviews and observation; and accessing secondary data.

Q9 My organisation values research. Please rate how much you agree with this statement.

○ Disagree (1)
○ Somewhat disagree (2)
○ Neither agree nor disagree (3)
○ Somewhat agree (4)
○ Agree (5)

Q10 My organisation values evaluation. Please rate how much you agree with this statement.

○ Disagree (1)
○ Somewhat disagree (2)
○ Neither agree nor disagree (3)
○ Somewhat agree (4)
○ Agree (5)

Q11 Do you undertake research as part of your current role?

○ Yes (1)
○ No (2)

If No Is Selected, Then Skip To Do you undertake evaluation as part o...

Q12 What proportion of your week at work do you usually spend on research activities?

○ Less than one day (1)
○ Two to three days (2)
○ Four to five days (3)

Q13 In the last 12 months, what barriers to undertaking research have you experienced?

	Often (1)	Sometimes (2)	Seldom (3)	Never (4)	Not applicable to my role (5)
Lack of time as other responsibilities take priority (1)	❍	❍	❍	❍	❍
Difficulties in engaging target population (community of interest) in research (2)	❍	❍	❍	❍	❍
Lack of funding to undertake research (3)	❍	❍	❍	❍	❍
Lack of knowledge and skills (4)	❍	❍	❍	❍	❍
Lack of confidence in undertaking research (5)	❍	❍	❍	❍	❍
Low internal support from management/colleagues (6)	❍	❍	❍	❍	❍
Limited or no training opportunities to improve research knowledge and skills (7)	❍	❍	❍	❍	❍
Limited or no external resources e.g. online tools, software, access to research publications (8)	❍	❍	❍	❍	❍
Lack of access to external expertise (universities, research institutions, other agencies) (9)	❍	❍	❍	❍	❍

Q14 If you have experienced other barriers to undertaking research not listed above please list them here:

	Often (1)	Sometimes (2)
Other (please specify) (1)	❍	❍
Other (please specify) (2)	❍	❍
Other (please specify) (3)	❍	❍

Q15 Do you undertake evaluation as part of your current role?

❍ Yes (1)
❍ No (2)

If No Is Selected, Then Skip To SECTION FOUR: USE OF EVIDENCE

Q16 What proportion of your week at work do you usually spend on evaluation?

- ○ Less than one day (1)
- ○ Two to three days (2)
- ○ Four to five day (3)

Q17 In the last 12 months, what barriers to undertaking evaluation have you experienced?

	Often (1)	Sometimes (2)	Seldom (3)	Never (4)	Not applicable to my role (5)
Lack of time as other responsibilities take priority (1)	○	○	○	○	○
Difficulties in engaging target population (community of interest) in evaluation (2)	○	○	○	○	○
Lack of funding allocated in budgets to evaluate programs (3)	○	○	○	○	○
Lack of evaluation knowledge and skills (4)	○	○	○	○	○
Lack of confidence in undertaking evaluation (5)	○	○	○	○	○
Feel it is not important (6)	○	○	○	○	○
Low internal support from management/colleagues (7)	○	○	○	○	○
Limited or no training opportunities to improve evaluation knowledge and skills (8)	○	○	○	○	○
Limited or no external resources e.g. online tools, software, access to research publications (9)	○	○	○	○	○
Lack of access to external expertise (universities, research institutions, other agencies) (10)	○	○	○	○	○

Q18 If you have experienced other barriers to undertaking evaluation not listed above please list them here:

	Often (1)	Sometimes (2)
Other (please specify) (1)	○	○
Other (please specify) (2)	○	○
Other (please specify) (3)	○	○

SECTION FOUR: USE OF EVIDENCE

Q19 Are you involved in making decisions in relation to programs or policies?

❍ Yes, policies (1)
❍ Yes, programs (3)
❍ Yes, both policies and programs (4)
❍ No, neither policies or programs (5)

Q20 Please rank the following sources of information in terms of their importance in contributing to your decision-making process related to programs or policies for SHBBVs in your role.

	Very important (1)	Important (2)	Slightly important (3)	Not important (4)	Not applicable to my role (5)
Surveillance data (surveillance data monitors communicable disease rates and spread) (1)	❍	❍	❍	❍	❍
Program evaluation evidence (2)	❍	❍	❍	❍	❍
Current practice in your organisation (3)	❍	❍	❍	❍	❍
Organisational values and beliefs (4)	❍	❍	❍	❍	❍
Word of mouth (what you hear about what others in the sector are doing) (5)	❍	❍	❍	❍	❍
Learnings from seminars or conferences (6)	❍	❍	❍	❍	❍
Research evidence from journal articles (7)	❍	❍	❍	❍	❍
Social media (Twitter, Facebook) (8)	❍	❍	❍	❍	❍
General media (newspapers, news related websites) (9)	❍	❍	❍	❍	❍
Public health related media (Croaky, The Conversation) (10)	❍	❍	❍	❍	❍
National strategies / policies / legislation (11)	❍	❍	❍	❍	❍

Q21 How would you describe your personal use of new research evidence related to your work? (Research evidence is any findings from research and may include journal articles, government reports or surveillance data)

- ○ I am constantly searching for new ideas to use (1)
- ○ I make use of new ideas when I am made aware of them (2)
- ○ I prefer to see how it gets used elsewhere before trying it (3)
- ○ I am sceptical of new ideas but can be convinced (4)
- ○ I feel we should not change the good ideas we already have (5)
- ○ Other (please specify) (6) _____
- ○ None of the above (7)

Q22 Thinking about your work in the last 12 months, what barriers have you experienced when accessing research evidence?

	Often (1)	Sometimes (2)	Seldom (3)	Never (4)	Not applicable to my role (5)
Lack of time to identify relevant research (1)	○	○	○	○	○
Lack of current and/or relevant research (2)	○	○	○	○	○
Lack of knowledge and skills on how to locate and interpret research (3)	○	○	○	○	○
Low internal support from management/colleagues (4)	○	○	○	○	○
Limited or no training opportunities to improve research skills (5)	○	○	○	○	○
Limited or no access to research publication databases (6)	○	○	○	○	○
Lack of access to external expertise (universities, research institutions, other agencies) (7)	○	○	○	○	○

Q23 If you have experienced other barriers to accessing research evidence please list them here:

	Often (1)	Sometimes (2)
Other (please specify) (1)	○	○
Other (please specify) (2)	○	○
Other (please specify) (3)	○	○

Q24 SiREN is looking at ways to improve how it shares research evidence with its members. Could you tell us how useful you would find the following?

	Very useful (1)	Somewhat useful (2)	Not very useful (3)	Not at all useful (4)	Unsure (5)
Training on how to locate and interpret research evidence (1)	○	○	○	○	○
Conferences and seminars where those working in SHBBV share their work (2)	○	○	○	○	○
Case studies of SHBBV projects and policies (3)	○	○	○	○	○
Summaries of research evidence (4)	○	○	○	○	○
Social media posts on new research (5)	○	○	○	○	○
Tailored and targeted emails that connect relevant research evidence specific to your interests (6)	○	○	○	○	○
Access to a knowledge broker (a person who could assist you to use research evidence) (7)	○	○	○	○	○
Access to relevant academic journals (8)	○	○	○	○	○
Webinars (9)	○	○	○	○	○
Online resource portal of evidence (10)	○	○	○	○	○

Q25 If you have other suggestions on how SiREN could share research evidence with its members please comment here:

SECTION FIVE: RESEARCH PRIORITIES

The following research priorities were generated by the SiREN Project Steering Group earlier this year. We are interested to know which priorities are of most interest to you. The purpose of this question is for SiREN to identify suitable funding opportunities and facilitate potential collaborations to progress research priorities of most interest.

Q26 Please select which SHBBV research priorities would be of most value to you in your current role over the next 12 months? (You many choose more than one answer)

- ❑ Developing culturally appropriate evaluation tools for culturally and linguistically diverse (CaLD) and Aboriginal populations (1)
- ❑ The implications for SHBBV policy based on the experiences of Aboriginal people / people from CaLD backgrounds with health services (2)
- ❑ Recruiting and retaining Aboriginal people in health services (policy, programs and practice) (3)
- ❑ Exploratory research to determine what is meant by the term 'harm reduction' and what are the needs of Aboriginal people who inject drugs (4)
- ❑ Engaging young people who inject drugs in needle and syringe programs (5)
- ❑ Evaluation of different needle and syringe models e.g. community-based, hospital-based (6)
- ❑ The experiences of accessing pre-exposure prophylaxis (PrEP) in WA (7)
- ❑ The use of social marketing in the WA SHBBV sector (8)
- ❑ Sexual health attitudes, knowledge and behaviour with school aged children (9)
- ❑ Developing standard KPIs (key performance indicators) for SHBBV programs based on national/international research and practice (10)
- ❑ What proportion of syphilis notifications occur in people who have had multiple infections (11)
- ❑ Exploring what WA does differently by circumstance. E.g. exploring SHBBV issues unique to WA as a result of demography and geography (12)
- ❑ None of the above (14)

Q27 If there are other SHBBV research priorities of most value to you in your current role please list them here:

SECTION SIX: SiREN SERVICES AND RESOURCES

Q28 Please review the SiREN resources, groups and services in the table. For each one, select the answer that is most relevant to you or leave blank if not applicable.

	Aware of (1)	Used or participated in at least once in the last 12 months (2)	Likely to use or participate in at least once in the next 12 months (3)
SHBBV Partnership Guide (1)	❑	❑	❑
SHBBV Program Planning Toolkit (2)	❑	❑	❑
SHBBV Ethics Approval Guide (3)	❑	❑	❑
HIV and Mobility in Australia: A Road Map for Action (4)	❑	❑	❑
Survey design (5)	❑	❑	❑
Research project collaboration (6)	❑	❑	❑
Student placements (7)	❑	❑	❑
Project planning support (8)	❑	❑	❑
Research and evaluation support (9)	❑	❑	❑
Assistance with grant proposals (10)	❑	❑	❑
Assistance with conference posters, abstracts or manuscripts (11)	❑	❑	❑
Training workshops (12)	❑	❑	❑
SiREN Symposium (13)	❑	❑	❑

Q29 To what extent have the SiREN services or resources you used (in the previous question) influenced your work?

❍ A great deal (1)
❍ Somewhat (2)
❍ Very little (3)
❍ Not at all (4)

Q30 Could you please explain why the SiREN services or resources you used did or did not influence your work?

Q31 What factors have influenced you decision not to access SiREN services? You can choose more than one answer.

❑ I'm not really sure what I can ask SiREN for help with (1)
❑ My question is not really research or evaluation related (2)
❑ We have research and evaluation expertise in-house (3)
❑ I feel SiREN has limited capacity to assist me (4)
❑ Depends on the time I have available (5)
❑ I'm not sure if there would be a cost (6)
❑ I have already accessed SiREN's services and I don't know if I could do so again (7)
❑ Other (please specify) (8) _____
❑ None, I contact SiREN when I need to (9)

Q32 Would you be interested in participating in a Community of Practice?

Note: A community of practice (CoP) is a group of people who share an interest. A CoP can evolve naturally because of the members' common interest in a particular domain or area, or it can be created deliberately with the goal of gaining knowledge related to a specific field. It is through the process of sharing information and experiences with the group that members learn from each other and have an opportunity to develop personally and professionally.

❍ Yes (1)
❍ No (2)
❍ Unsure (3)

SECTION SEVEN: COMMUNICATIONS

Q33 Have you used the SiREN website in the last 12 months?

❍ Yes (1)
❍ No (2)

Display This Question:
    If Have you used the SiREN website in the last 12 months? Yes Is Selected

Q34 How often do you tend to use the SiREN website?

❍ Daily (1)
❍ Weekly (2)
❍ Monthly (3)
❍ Less frequently than monthly (4)

Display This Question:
    If Are you currently a SiREN member? Yes Is Selected

Q35 Do you find the content of the SiREN e-news relevant to you and your organisation? Please explain why or why not and we welcome any suggestions to assist us in improving our e-news content delivery.

○ Yes (please elaborate) (1) _____

○ No (please elaborate) (2) _____

Q36 Do you have any further suggestions for the SiREN Team?

Q37 Thank you for taking the time to assist SiREN to better support the research and evaluation needs of the WA SHBBV sector.