

SiREN Evaluation Final Report

Appendices

31 May 2015

John Scougall Consulting Services

LIST OF ABBREVIATIONS/ ACRONYMS

AHCWA	Aboriginal Health Council of Western Australia
AHPA	Australian Health Promotion Association
ARCSHS	Australian Research Centre in Sex, Health and Society
BBV	Blood-borne Virus
CALD	Culturally and Linguistically Diverse
CDCD	Communicable Disease Control Directorate
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
CoPAHM	Community of Practice for Action on HIV and Mobility
CSRH	Centre for Social Research in Health
DAO	Drug and Alcohol Office
FIFO	Fly In Fly Out
FPWA	Family Planning Western Australia
IUHPE	International Union of Health Promotion and Education
KI	Kirby Institute
KPI	Key Performance Indicator
MMRC	WA Metropolitan Migrant Resource Centre.
NGO	Non-government Organisation
NSP	Needle Syringe Programs
PHAA	Public Health Association Australia
PHU	Public Health Unit
PSG	Project Steering Group
SECCA	Sexuality Education Counselling and Consultancy Agency
SHBBV	Sexual Health and Blood-borne Viruses
SHBBVP	Sexual Health and Blood-borne Virus Program
SiREN	Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
SMPHU	South Metropolitan Public Health Unit
SOYFWA	Stay on Your Feet Western Australia
SRHWA	Sexual and Reproductive Health Western Australia
STI	Sexually Transmitted Infection
WA	Western Australia
WAAC	Western Australian AIDS Council
WACHPR	Western Australian Centre for Health Promotion Research
WACHS	Western Australian Country Health Service
WANADA	Western Australian Network for Drug and Alcohol Agencies
WASHS	Western Australian Sexual Health Services
WASUA	Western Australian Substance Users' Association
WWASHS	Women's Western Australian Sexual Health Survey
YACWA	Youth Affairs Council of Western Australia

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Appendix 1: Professional Disclaimer

This evaluation report was prepared at the request of the Department of Health WA.

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John Scougall

Appendix 2: SiREN Request for Quotations (RFQ)

Request for Quotations: Evaluation of the Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network (SiREN)

Background and Specifications of the Evaluation

To date, few evaluations of capacity building initiatives have been undertaken, and those that exist are project specific, so their findings may not be applicable to other programs and contexts. The primary goal of this evaluation is to look at what, if any, value is being added to the sexual health and blood-borne virus sector by SiREN, in terms of long-term health for consumers, building and strengthening sector capacity, and building of partnerships.

The proposed evaluation plan should adopt a mixed methods approach, including case studies, qualitative interviews, and analysis of existing quantitative data collected by the project to date (which include: SiREN project's terms of reference, records of stakeholder engagement, participant data, membership lists, six-monthly activity reports, project updates and minutes, evaluation report on the SiREN symposium, financial statements, website Google analytics, newsletters and other communications, 2012 sector needs assessment).

With respect to case studies, the WA Department of Health (WA Health) seeks to capture qualitative effects of SiREN in smaller scale SiREN projects, including at least one which has been undertaken in a regional area.

SiREN is an ongoing project. There is nonetheless scope for looking at its impact to date. A process evaluation with a formative or developmental perspective, which looks at how to refine, or improve the model going forward, will best meet the needs of WA Health.

A pluralist evaluation perspective, which measures what constitutes a valued outcome for the range of different stakeholders, is essential. The major stakeholders are the community-based and academic sexual health and blood-borne virus sectors in WA, WA Health, and the SiREN team at Curtin University.

It is expected that the development of an evaluation plan will involve the key stakeholders in SiREN, including the members of the SiREN steering group. In particular, the evaluators should consider and be aware of the perspective of the Curtin University team in establishing the SiREN model, particularly its use of health promotion, capacity building and knowledge translation of good practice.

Key Areas of Interest

1. What outcomes of the SiREN program have been seen to date and what is the evidence that these outcomes have been achieved? (e.g. increased stakeholder engagement in research and evaluation)?
2. How is SiREN perceived in terms of the value and quality of its services by key stakeholders?
3. What are the views of SiREN network members on what SiREN's role is and on the benefits of research-practice partnership?
4. What aspects of the SiREN program could be fine-tuned to improve efficiency and effectiveness?
5. What do stakeholders aspire to see in the future from their engagement with SiREN?

Dependant on cost, there is secondary scope for some evaluation of implementation outcomes such as adoption, appropriateness, reach, and perceived sustainability of SiREN using existing data.

Timeline and Payments

This evaluation project is anticipated to begin in January 2015 with completion expected before June 2015.

Payment will be via milestones:

- 30% for delivery of an evaluation plan (anticipated within 1 month of project start)
- 30% when data collection is completed (anticipated within 3 months of project start)
- 40% at delivery of final evaluation report (anticipated within 4 months of project start)

Criteria

The successful quotation will be based on the following qualitative criteria, in addition to price competitiveness:

- o Suitability of proposed approach (20%) including timeline and resource allocation to the project.
- o Skills and expertise of specified personnel (40%)
- o Organisational capacity and demonstrated experience (40%)

The Contract Authority reserves the right to exclude any offers that exceed the allocated budget. This project is expected to be relatively small and discrete.

Expressions of Interest and Closing Dates

To respond to this request please provide a verbal quotation to Sue Laing (Tel: 08 9388 4850 or 0409 080 780) **before close of business on Tuesday 25 November 2014.**

If your verbal quotation is within the anticipated budget, you will be asked to provide a brief written overview of the approach to be taken in conducting this evaluation with regard to the key areas of interest outlined in the request for quotation document and within the context and weighting of the criteria listed. The overview should be sent to Sue Laing (susan.laing@health.wa.gov.au) **before close of business on Monday 8 December 2014.**

Appendix 3: Definition of Terms

SiREN has done considerable work on defining terms frequently used in research and evaluation. This is important for clarity and helps ensure members of the sector share a common professional language in relation to SHBBV issues.

Capacity	The knowledge, skills, understandings, abilities, confidence, commitment, values, relationships, behaviours and motivations, as well as resources and environmental conditions, that enable an individual or organisation to carry out functions and achieve objectives.
Capacity building	An approach to development that is focussed on building capacity for independent decision-making, action and self-governance. It is about improving the commitment, confidence, motivation and ability of people and maintaining constructive relationships in order to address concerns, particularly issues of social inequity and exclusion.
Collaboration	A process working in cooperation with others to complete tasks and achieve common objectives. Typically it includes the sharing of knowledge and lessons learnt.
Content migration	Process of extracting content from information systems and placing it on the world-wide web.
Deliverable	Something that is to be provided, particularly as a product of a development process.
Evaluation	A type of research concerned with the value of policies and programs. Depending on the purpose, it can be undertaken before, during and after a program. Evaluation-related activities may include needs assessment, monitoring programs and assessing the effects of programs.
Evidence-based practice	An evidence-based approach to policy-making, planning, decision-making and action is one based on the best available: <ul style="list-style-type: none"> • information and knowledge from all sources about needs and aspirations • recognised good practice about what works and what does not in particular contexts • local experience integrated with the best available external expertise • relevant information synthesised from multiple sources • translation of evidence to new situations (in terms of implementation environments and participant characteristics).
Goal	A statement about long-term outcomes or changes that a program seeks to influence or change. A goal corresponds to a problem. Goals may also be referred to as aims.

Impact evaluation	<p>A type of research used to measure the immediate effect of the program and is aligned with the program's objectives. Impact evaluation measures how well the program's objectives (and sub-objectives) have been achieved. Impact evaluation will help answer questions such as:</p> <ul style="list-style-type: none"> • How well has the project achieved its objectives (and sub-objectives)? • How well have the desired short-term changes been achieved? <p>For example, an objective may be to provide a safe space and learning environment for young people, without fear of judgment, misunderstanding, harassment or abuse. Impact evaluation will assess the attitudes of young people towards the learning environment and how they perceived it. It may also assess changes in participants' self-esteem, confidence and social connectedness.</p>
Inputs	Resources, structures, contributions and investments that make a program possible.
KAMSC	A health resource body for a group of independent Aboriginal community controlled health services (ACCHS) providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.
National Strategies	<p>The 5 major national BBV and STI strategy documents which guide Australian BBV and STI prevention, testing and treatment programs.</p> <p>www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010</p>
Need	<p>A circumstance wanted and considered necessary to achieve. Needs may be categorised as:</p> <ul style="list-style-type: none"> • Felt need - what people in the community say they want or feel they need • Normative need - what expert opinion based on research defines as a need • Expressed need - what can be inferred by observation of a community's usage of health services • Comparative need - examining the services available in one region to determine the services needed in a different region with a similar population.
Network	System of interconnected people or infrastructure arranged horizontally and vertically to form a grid.
Objective	A statement of change designed to achieve an overarching program goal. Objectives are more direct and specific than the goal. Program objectives can be purposely designed to

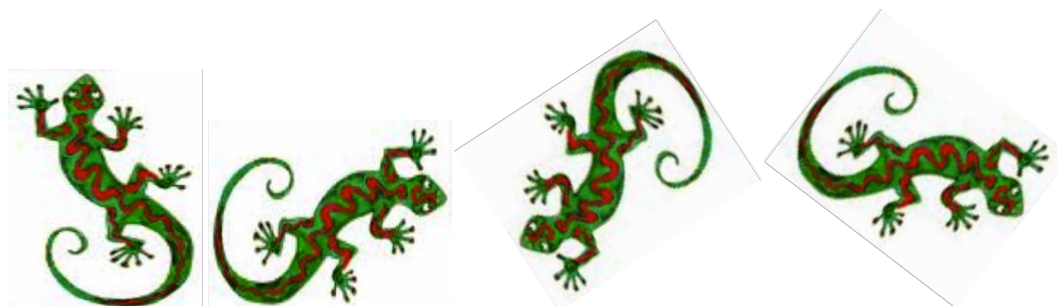
	correspond to risk or causal factors.
Outcome evaluation	Outcome evaluation is concerned with the extent to which a program goal or aim has been achieved. The focus is on measuring the long-term effects of a program, both stated and unintended consequences. Outcome evaluation also takes account of the extent to which environmental contextual factors contribute or hinder desired change.
Outcomes	Results or changes experienced by individuals, groups, communities and/or organisations to which a program may contribute.
Outputs	Activities, services, events and products that reach the targeted beneficiaries of a program.
Partnership	A long-term relationship based on a deep and enduring commitment, mutual support, working together, joint initiatives, resource pooling, sharing and/or co-funding.
Priority populations	BBV and STI National Strategies and models of care identify the following groups as priority populations: <ul style="list-style-type: none"> • Gay men and other men who have sex with men • People who inject drugs • Young people • Aboriginal people • Sex workers • People living with HIV or other BBVs • People in custodial settings • Priority culturally and linguistically diverse populations • Migrants and new refugees • Travellers to and from high prevalence regions • Health professionals.
Process evaluation	Process evaluation is used to measure the extent and nature of program activities, program quality and who is being reached. Process evaluation helps answer questions such as: <ul style="list-style-type: none"> • Has the project reached the target group? • Are all project activities reaching all parts of the target group? • Are participants and other key stakeholders satisfied with all aspects of the project? • Are all activities being implemented as intended? If not why not? • What if any changes have been made to intended activities? • Are all materials, information and presentations suitable for the target audience?
Program	A set of closely related activities that are implemented together to achieve a set of shared objectives. Successful projects may become ongoing programs. A program may also

	consist of a number of related projects.
Program assumptions	Beliefs about how a program makes a difference, i.e. how we think a program will work.
Program context	External environmental factors (social, political, demographic and cultural) that impact on the way in which a program actually works. These factors interact with and influence whatever difference a program makes.
Project	A discrete piece of work addressing a single population group or health determinant, which is implemented and completed usually within a set time period and budget.
Project interest group	The purpose of the group is to promote two-way exchange of information between projects. The group meets on an ad hoc basis.
Research	Research is a process of systematic investigative work designed to increase knowledge, test and improve.
Risk assessment	A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking.
S.M.A.R.T. objectives	A way of writing an objective that meets the criteria of being Specific, Measurable, Achievable, Relevant and Time specific. They are related to specific target outputs.
Sector needs assessment	Research undertaken to determine the resources and capacity building required by people working in a specific field.
Service providers	Company or organisation that provides a specific service.
SHBBV Program Planning Toolkit	A written resource developed by SiREN that provides step-by-step guidelines for planning, implementing and evaluating projects.
SHBBV sector	Organisations, groups and individuals with an interest in SHBBV issues in WA, including service providers and the members of priority target groups. It includes bodies that are primarily focused on SHBBV issues (such as WA AIDS Council) and those that deliver SHBBV services where this is not the primary focus (Kimberley Aboriginal Medical Services Council).
SiREN interest groups	Small group of network members established to address the needs of a priority target group by: <ul style="list-style-type: none"> • providing specialist knowledge • disseminating information • identifying research priorities • identifying opportunities for collaboration.
SiREN Management Team	The Team provides services to facilitate practitioner-researcher partnerships across the SHBBV sector. The Team comprises the Collaboration for Evidence, Research and Impact in Public Health (CERIPH) (Curtin University) staff, currently seven part-time.

SiREN	A network of approximately 250 members. Membership is voluntary and the network provides access to SiREN services.
SiREN Project	The project promotes applied research and evaluation in the SHBBV sector. It is a partnership between organisations in the SHBBV sector, the Communicable Disease Control Directorate within WA Health and the Collaboration for Evidence, Research and Impact in Public Health (CERIPH) at Curtin University.
SiREN Project Manager	CERIPH employee responsible for the day-to-day management of the SiREN project.
SiREN Project Steering Group	Multi-agency structure responsible for direct over-sighting and supporting the project planning and development work of SiREN. Members are drawn from key stakeholder groups across the SHBBV sector. The group is chaired by the SiREN Project Manager and meets quarterly. Specific tasks of the SiREN Project Steering Group are: <ul style="list-style-type: none"> • to monitor the purpose and function of SiREN • to advise and support the SiREN Management Team • to set key project milestones • to ensure demonstration projects are appropriate to the needs of target priority populations in WA • to determine the overall SiREN project evaluation process. • to provide regular progress reports to the WA Committee on Blood-borne Viruses and Sexually Transmitted Infections.
SiREN Reference Groups	Reference groups may be established to plan, support and promote the conduct of specific activities of the SiREN Management Team. They are short-term, not standing groups. Examples are Symposium, Website, Resources (workshop and toolkit) and Evaluation Reference Groups. Nominations for membership of reference groups are sought from stakeholders within the SHBBV sector including service providers, research centres, policy-makers, funding bodies and peak bodies.
SiREN services	SiREN provides services in the following areas: <ul style="list-style-type: none"> • project planning and support • research and evaluation support • professional development • dissemination of evidence • partnerships • research symposium.
Social research	Research concerned with the factors influencing human behaviour, motivation and social relationships.

Summative evaluation	Evaluation of the entire program cycle 'after the event' to inform decisions about continuity (in full or in part), future implementation (what helps and hinders), transferability to another setting and sustainability.
Symposium	Conference or meeting focused on a particular subject.
Target group	The intended beneficiaries of a program.
Targeted investment	Provision of funding in such a way to achieve a desired outcome.
Term	Definition
Terms of reference	The scope and limitations of an activity or area of knowledge.

Appendix 4: Evaluation plan



Evaluation Plan

Evaluation of the Sexual Health and Blood-Borne Virus Applied Research and Evaluation Network (SiREN)

John Scougall Consulting Services

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1. Introduction

The Evaluation Plan for SiREN sets out the objectives of the evaluation, agreed roles and responsibilities, the key questions to be examined, the methodology, information collection processes, analytical approach, tasks and timeframes, and reporting framework. The plan also provides initial draft templates for an on-line survey, interview guide, workshop process and case studies.

The plan is to be formally agreed with Evaluation Reference Group members prior to commencement.

2. Objectives of Evaluation

The evaluation has two objectives:

- To identify the value SiREN adds to the SHBBV sector in terms of:
 - a) Strengthening sector capacity
 - b) Building partnerships
 - c) Long-term health for consumers.
- To provide a formative (program development) perspective that identifies options to improve and refine the SiREN model.

3. Key Evaluation Questions

There are six key evaluation questions to be addressed in the final report.

1. Outcomes
What has been achieved (value added by SiREN) to date and what is the supporting evidence?
2. Stakeholder Perceptions
How do stakeholders perceive SiREN in terms of the value and quality of its services?
3. Beneficial Role
What are the views of network members about the role of SiREN and the benefits of this research-practice-policy partnership?
4. Improvements
What aspects of the program might be fine-tuned to improve efficiency and effectiveness?
5. Future Requirements
What do stakeholders hope to see in the future as a consequence of their engagement with SiREN?
6. Implementation
How well has SiREN been implemented in terms of:
 - Service appropriateness
 - Reach and adoption/program ‘take up’
 - Sustainability?

4. Agreed Roles and Responsibilities

Governance of the evaluation is guided by an Evaluation Reference Group comprising:

- Sean Brennan (Chair and Project Manager) - Senior Policy Officer, SHBBVP, WA Health NB: Departing 27 February 2015. Replacement to be advised.
- Sue Laing - Senior Policy and Planning Officer HIV, SHBBVP, WA Health
- Siân Churcher - HIV Program Officer at Communicable Disease Control Directorate, WA Health
- Dr Roanna Lobo - Manager SiREN and Research Fellow, School of Public Health, Curtin University
- Professor Donna Mak - Head of Population and Preventive Health, School of Medicine, Notre Dame University.

Responsibilities of the Reference Group include:

- Approval of the Evaluation Plan
- Nominating suitable participants for interview, survey and workshop participation
- Nominating appropriate case study sites
- Approval of interim reports and a final report.

Sean Brennan (SHBBVP) is the formal point of contact for the evaluation and responsible for overseeing contract management and administration. Final responsibility for decision-making in respect of the evaluation lies with SHBBVP, acting on the advice of the Reference Group. The role of the Project Manager will include:

- Advising whether ethics approval will be required following discussions with key stakeholders
- Providing email addresses for those agreeing to participate in an on-line survey. NB: SiREN Team has volunteered to assist
- Assisting with travel, accommodation and hire car (if necessary) arrangements to undertake the regional case study.

The role of the evaluator is to complete all evaluation tasks within the approved timeframe outlined in this evaluation plan (see below). Additional tasks may be undertaken, subject to prior negotiated agreement with SHBBVP.

5. Methodology

A 'realist' methodological perspective (Pawson & Tilley, 1997) will be utilised. The approach recognises the place motivations, behaviours and contextual elements play in shaping how programs work. It is grounded in an understanding that a program may operate differently in different settings and circumstances. Outcomes are therefore always understood as a function of the three-way interaction between **cause** and **effect** within a particular **context**.

SiREN is one of numerous initiatives that seek to improve the sexual health of the community. It exists within a ‘crowded’ policy context where it forms part of a much broader network of services and structures seeking to make a difference. Success in this field is, therefore, ultimately measured in terms of positive outcomes that critically depend on the effectiveness of the entire system, not any one initiative in isolation. Sound relationships, effective coordination and an environment conducive to implementation are critical to effective delivery.

The initiative serves diverse stakeholder groups playing different roles and with varying resource and support needs. Stakeholders are understood as responsive and active decision makers, not as passive recipients. Each group has its own goals, motivations and behaviours that drive their particular priorities. Consequently stakeholders may have their own notions of what the program ‘is for’ and the value and significance they attach to particular aspects and, indeed, what counts as ‘success’. Certain stakeholders may, for instance, make use of SiREN in ways not originally intended by its designers.

Central to a realist perspective is the notion that, in effect, end users shape a program as much as the other way around. The critical evaluative question is, therefore, not simply ‘What works’, but rather ‘What works, for whom, how, and in what circumstances?’ It is understood:

- Stakeholder groups may not have a uniform response to SiREN
- Each stakeholder group may have different research, evaluation and networking needs
- Participants need to be engaged in a manner respectful of their culture and diversity
- It is necessary to collect data about program implementation and contextual variations that explain divergent outcomes with different stakeholder groups.

6. Information Collection

6.1 Methods

A mixed methods approach to data collection is proposed comprising:

- Desktop document analysis
- Program description and logic workshop
- Qualitative interviews
- On-line survey
- Case studies.

The matrix at TABLE 1 (below) matches each key area of evaluation interest (identified in Section 3) to the particular data sources to be employed. The purpose is to indicate that every data source has the potential to inform key areas of interest to the evaluation.

TABLE 1: RELATIONSHIP BETWEEN KEY AREAS OF INTEREST AND DATA SOURCES

Key Area of Interest	Desktop Analysis	Program Logic Workshop	On-Line Stakeholder Survey	Interviews	Case Study
1. Outcomes	✓	✓	✓	✓	✓
2. Stakeholder Perceptions	✓	✓	✓	✓	✓
3. Beneficial Role	✓	✓	✓	✓	✓
4. Improvements	✓	✓	✓	✓	✓
5. Future Requirements	✓	✓	✓	✓	✓
6. Implementation	✓	✓	✓	✓	✓

6.2 Desktop Analysis

The evaluator will analyse the following existing qualitative and quantitative data collected by the project:

- SiREN terms of reference
- Records of stakeholder engagement
- Participant data
- Membership list
- Activity reports (six monthly)
- Project updates
- Steering Group minutes
- Report on the SiREN symposium
- Financial statements
- Website and Google analytics
- Newsletters
- Sector needs assessment 2012 and 2014
- Other communications.

WA Health and the SiREN team at Curtin University have both made existing documentary data available for analysis.

Evidence obtained from the desktop analysis will be written up as an attachment to the final evaluation report.

6.3 Program Logic Workshop

A workshop of up to 2-hours duration is proposed for 10 March running from 1pm - 3pm. The Evaluation Reference Group will determine the invitation process, an appropriate venue and timing. The workshop would be facilitated by John Scougall. Program logic is a tool that serves to focus an evaluation by outlining theoretical causal linkages between inputs, outputs and outcomes in a time-ordered way (Owen, 2006, Program Evaluation, Forms and Approaches, Chapter 10). In this particular instance the purpose of employing program logic is to explain conceptually how SiREN seeks to contribute to outcomes in the short, medium and long-term and to make explicit any differences in understandings between stakeholders. On a single page it ought to be possible to describe how SiREN is meant to add value in the SHBBV sector.

In the absence of program logic, an explanatory void may exist between change strategies, on the one hand, and the achievement of desired outcomes, on the other. Program logic addresses this by explicitly spelling out the assumed causal connections between strategic action and outcomes.

The workshop process proposed is as follows:

Pre-workshop

1. Pre-existing work on program logic undertaken by the SiREN team at Curtin University will be made available to inform the development of resources to be used in the workshop.
2. A (possibly) revised Program Logic based on the original work done by SiREN, but possibly also drawing on other information sources as well, will be developed and circulated for comment and feedback amongst Evaluation Reference Group members.
3. Participants will be invited to attend the workshop.

Workshop

1. The evaluator will facilitate discussion at a Program Logic Workshop. The evaluator will share and promote discussion about the current stated aim, target group, rationale, objectives, inputs, outputs, outcomes and performance measures for SiREN.
2. Rubrics will be used as a tool to trigger workshop discussion. These will be presented on a sheet given to each attendee on arrival. Participants will be asked to complete and return these to the facilitator prior to commencement. A rubric succinctly describes a standard of performance in respect to an overall program or a particular element such as training. It is similar to a rating scale e.g. 'Very poor' <-> 'Excellent' or 'Detrimental' <-> 'Highly Effective'. Rubrics make it possible to quickly explore results achieved and how good they were from different stakeholder perspectives.
3. The program logic and assumptions developed pre-workshop will be shared and critiqued by the group.

Post-workshop Document

The Program Logic Workshop will inform the development of a subsequent brief document to be written by the evaluator. It will identify key program features of SiREN based on all the information collected. The document will comprise:

- Program Description: Aim, SMART objectives, strategies, performance measures.
- An explicit Theory of Change or model of how SiREN adds value or contributes to (intended or observed) outcomes. It will outline inputs, outputs and outcomes in the short, medium and longer term and it will make explicit the intervention theory that underpins SiREN, i.e. what the program does to activate change mechanisms.
- A summary of Rubric Responses from workshop participants will also be presented.

The expectation is that the document will reflect:

- The strategic perspective of the SiREN team that established and implemented the program, e.g. processes by which knowledge is translated into sound health practice.
- Other stakeholder perspectives that may inform the on-going process of refining program logic, thereby contributing to program improvement.

6.4 On-line Survey

All members of SiREN will be sent a brief on-line survey requesting their voluntary participation in an on-line survey, excluding any that have indicated to the evaluator they do not wish to participate. The on-line survey tool Survey Monkey will be utilised.

An on-line survey has the advantage of breadth, ensuring many stakeholders have an opportunity to contribute to the evaluation. It can also reach people cost-effectively and information can be collected and analysed quickly and easily. Broad participation in the process can aid eventual acceptance and utilisation of findings and recommendations.

The possibility that different interests involved in SiREN may have different value positions has implications for survey design. The aim is to identify the range of outcomes valued by different stakeholders groups. This will be achieved by segmenting participants into groups for the purposes of analysis, such as:

- Community based sexual health and blood-borne virus sector
- Research/ academic sexual health and blood-borne virus sector
- Public sector agencies involved in the sexual health and blood-borne virus sector.

Information about the demographic characteristics of respondents will also be collected such as gender, age range, stakeholder sector, occupation category and location. Such information is useful in checking the extent to which the perceptions

of different categories of stakeholders align.

The expectation is that SiREN personnel provide the evaluator with the email addresses of all network participants willing to complete the survey. The expectation is also that WA Health and the Curtin University SiREN Team actively promote participation in the survey ahead of its distribution in order to ensure a satisfactory response rate. The SiREN Team has already advised network members of the evaluation. The Evaluation Reference Group will need to consider how the survey might be further promoted.

Initially survey recipients would be asked to respond within one week. Those who do not respond will be given an email reminder and given a further week to respond.

It is estimated the survey would take about 15 minutes to complete. The survey includes a series of statements, with respondents able to indicate their level of agreement or disagreement on a six-point scale:

1. Strongly disagree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree
6. Don't know.

Each statement is accompanied by an opportunity to provide a brief written comment or explanation in support of the rating.

The Reference Group is to approve the survey questions prior to it being independently administered.

6.5 Interviews

Eight semi-structured interviews will be conducted with stakeholders for up to an hour each. It is proposed that those interviewed include one or more interviewees drawn from the following groups:

- Community based sexual health and blood-borne virus sector in WA
- Academic sexual health and blood-borne virus sector in WA
- WA Health
- SiREN team at Curtin University.

Semi-structured interviews provide an opportunity to explore issues in-depth, allowing the possibility of probing key stakeholders about 'how' and 'why' SiREN operates as it does.

Members of the Evaluation Reference Group will nominate prospective interviewees and decide who is to be interviewed. Interviews will be conducted in person if the interviewee is based in the Perth metropolitan area. Telephone or face-to-face

interviews may be conducted elsewhere, as determined by the Evaluation Reference Group. Interviews will not be recorded, but notes will be taken with permission.

6.6 Case Studies

SiREN supports a number of on-going applied research projects in metropolitan and regional WA. The case studies will examine the ways in which SiREN adds value to the SHBBV sector through project support. This might take the form of activities such as capacity building, partnership and community health promotion initiatives or dissemination of project findings.

The Evaluation Reference Group will select the study sites based on nominations from group members. Two small-scale case studies are proposed, one in a regional area and one in the metropolitan area.

Criteria considered in the selection of suitable case study sites will include:

- Willingness of agencies to participate
- Current priorities of SiREN and WA Health's SHBBV Program
- Relevance of the cases to key stakeholder groups
- The potential for valuable program level learning (What is useful and informative about this case?)
- Applicability and transferability of lessons learnt to other projects and organisations
- Available resources, such as documents, that will inform the description of a particular program journey
- Opportunities presented to understand what success looks like.

The case studies will document the '*program journey*' of particular members of SiREN. The intention is to provide an additional perspective to that of program managers, policymakers and funders, particularly in relation to what might constitute success in the eyes of local participants. It is stressed that the purpose is not to evaluate the projects, but rather to identify the value-adding contribution made by SiREN support and expertise and any challenges that occurred while working with SiREN.

The case studies will also make it possible to identify any differences between what program funders and managers intended to accomplish and what actually occurred at project level. Variation is not necessarily problematic. It could in fact be evidence of program adaptation to suit local circumstances and priorities.

Project level study captures the experience of local practitioners to learn about what works for them in their particular context. Successful or promising practices may be recorded and potentially replicated. It is not assumed, however, that effective practices can necessarily be copied from one place and transplanted in another without considering contextual similarities and differences.

The following questions will be explored in the case studies.

1. Outcomes
What has SiREN contributed and what is the supporting evidence?
2. Stakeholder Perceptions
How do local stakeholders perceive SiREN in terms of the value and quality of its services?
3. Beneficial Role
What are stakeholder perspectives about the role of SiREN and the benefits of this research-practice partnership?
4. Improvements
What aspects of SiREN support might be fine-tuned to improve project efficiency and effectiveness?
5. Future Requirements
What do local project stakeholders hope to see in the future as a consequence of their engagement with SiREN?
6. Implementation
How well has SiREN been implemented in terms of service appropriateness, program reach and sustainability?

These questions mirror those explored in the entire broader evaluation of SiREN.

It is envisaged a single comparative case study report will encompass both case studies. This will facilitate a 'side-by-side' view of similarities and differences between the two sites, including contextual variations. The workability of this approach will be considered in the course of the evaluation, in consultation with the SiREN Reference Group.

The case study report will be short, approximately 3,000 words. Brevity will be achieved through extensive use of bullet points. The case study report will be presented as an attachment to the final evaluation report.

7. Analysis

An evidence-based approach to data analysis will be used to systematically draw together the available data from multiple sources converging on a single set of triangulated findings.

The process will encompass the following activities:

- Accessing existing evidence, such as documentary sources
- Generating and recording additional new evidence, in this instance through interviews, a survey, a program logic workshop and case studies
- Synthesis of the available evidence to create a holistic evaluative picture
- Checking understandings and interpretations with the Evaluation Reference Group and other key stakeholders

- Presenting the evidence in a clear and appropriate form to:
 - inform future policy and practice
 - benefit stakeholders
- Developing mechanisms to enable on-going program learning embedded in an on-going iterative cycle of evidence-based decision, action and continuous improvement.

8. Final Report

The analysis will culminate in a written report that will be circulated for feedback and comment to the Evaluation Reference Group ahead of finalisation in May 2015.

The framework for the proposed final report is as follows:

1. Glossary of Terms
 2. Abbreviations
 3. Executive Summary
 4. Introduction
 5. Background
 6. Program Description
 7. Analysis
 8. Summary of Findings
 9. Recommendations
 10. Conclusion
- Appendix 1: Evaluation Terms of Reference
 Appendix 2: Methodology and Data Collection
 Appendix 3: Document Analysis Findings
 Appendix 4: Program Logic Findings
 Appendix 5: Survey Findings
 Appendix 6: Interview Findings
 Appendix 7: Case Study Findings
 Appendix 8: Professional Disclaimer

The Final Report will be delivered in electronic format. It is anticipated the final report will not exceed 25 pages in length, excluding appendices.

9. Timeframe

The evaluation project is scheduled to run over a 5-month period from January 2015 to completion in May 2015. Work would progress in six phases as outlined in TABLE 1 below. Each phase is broken down into specific task milestones with planned dates for commencement and completion, subject to the agreement of the Evaluation Reference Group. A tick indicates commencement and completion of tasks. This will be updated periodically through the evaluation so that progress is easily tracked.

Five Reference Group meeting dates are proposed as set out in TABLE 1 below. The initial meeting has already been held. It is proposed all future meetings be held at

Grace Vaughan House (SHBBV Program) at 1pm on Tuesdays, subject to endorsement from the Evaluation Reference Group.

TABLE 1: SiREN EVALUATION PHASE x PROPOSED TIMEFRAME

Phase	Key Tasks	Planned Commencement 2015	Planned Completion 2015
1. Scoping	1.1 Reference Group Meeting 1 - Inception & scoping	✓ 21 Jan	✓ 21 Jan
	1.2 Evaluation Plan - draft distributed to Reference Group - Project Manager to coordinate e-mail feedback comments - finalise Evaluation Plan	✓ 22 Jan	18 Feb
	1.3 Reference Group Meeting 2 - Decisions re-evaluation plan and ethics approval process (if required)	17 Feb	17 Feb
2. Desktop Analysis of existing information	2.1 Obtain existing documentary data	✓ 30 Jan	✓ 30 Jan
	2.2 Read, analyse & prepare report on existing documentary data	✓ 2 Feb	28 Feb
	2.3 Reference Group Meeting 3	3 March	3 March
3. Program Description & Logic	3.1 Develop DRAFT program logic & circulate amongst Evaluation Reference Group for feedback/comment	3 March	6 March
	3.2 Program Logic Workshop - discuss and revise program logic	10 March	10 March
	3.3 Program Logic findings document	11 March	11 March
4. Data Collection	4.1 On-line survey of members/ stakeholders	12 March	24 March
	4.2 Semi-structured interviews (invitations made 18 February)	10 March	13 March
	4.3 Report on survey results & interviews	24 March	26 March
5. Case Studies	5.1 Case study Metropolitan	26 March	27 March
	5.2 Case Study Regional	28 March	31 March
	5.3 Write-up	3 April	7 April
	5.4 Reference Group Meeting 4 - consider outcomes of program logic workshop, survey & interviews	8 April NB: Wed	8 April NB: Wed

Phase	Key Tasks	Planned Commencement 2015	Planned Completion 2015
6. Final Report	6.1 Analysis	1 May	5 May
	6.2 Draft written report & circulate for comment	6 May	18 May
	6.3 Reference Group Meeting 5 - consider draft report and provide feedback	20 May	20 May
	6.3 Incorporate feedback comments & finalise report	21 May	31 May
Summation	Entire Evaluation	21 Jan 2015	31 May 2015

Appendix 5: Online survey report

**SiREN Stakeholder Evaluation
Report from Online Survey**

Christina Ballantyne

May 2015

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Summary of Results

- An evaluation of the services provided by the WA Sexual Health and Blood-borne Virus Research and Evaluation Network (SiREN) was undertaken in 2015. Part of this evaluation was an online survey designed to collect feedback from SiREN stakeholders on their perceptions of SiREN and their use and planned future use of SiREN services. Some demographic questions were also included to allow comparisons across groups.
- All members of SiREN were sent an email with information on the survey and subsequently an invitation with a link to access it. The survey ran for two weeks in March 2015. Emails were sent to 221 members and, of these, 75 completed the survey, giving a response rate of 34 percent. As SiREN had run a membership survey just six months previously this was a good return.
- The survey included some demographic questions relating to age, gender, type of organisation they belonged to, the nature of their work and their location. The majority of the respondents identified as female, were over 40 years of age and were based in the Perth metropolitan area.
- Overall respondents were very positive in their perceptions of SiREN, in particular in the building of research and evaluation capacity, the high quality of services provided and SiREN's collaborative nature.
- The SiREN website, symposium and guides and toolkits had each been used by more than 50 percent of respondents. Support for research findings and using SiREN as a research partner had the lowest usage. Respondents indicated an increase in their future planned use of all SiREN services.
- A number of suggestions for improvement were made. These included greater communication with members, more dissemination and sharing of findings.
- Respondents were given an opportunity to make further comment on any areas not covered by the survey. The comments provided were very positive, e.g. –
SiREN has been a great service we have really revamped the way we evaluated our program and services for the better
It is a very innovative project that has benefits for all those involved - those funding, those delivering and those receiving its services
Great initiative -look forward to its expansion in the future.

Introduction

In early 2015 the services provided by the WA Sexual Health and Blood-borne Virus Research and Evaluation Network (SiREN) were independently evaluated by John Scougall Consulting Services. As part of this evaluation an online survey of SiREN stakeholders was conducted by Christina Ballantyne, an independent survey consultant. The purpose of the survey was to collect information to guide and improve the future direction of the SiREN program. SiREN is intended to assist planning, implementing and evaluating health interventions that aim to reduce the transmission of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) in priority population groups.

Methodology

The online survey was conducted using SurveyMonkey. The questions were devised by the evaluation consultant and were organised in three sections. Section 1 consisted of twelve rating scale questions asking respondents views on various aspects of SiREN. Comments of each aspect were invited. Section 2 related to respondents' current and future use of SiREN services and suggestions for improvement. Section 3 asked some demographic questions to allow comparisons to be made across groups. A copy of the survey is available [here](#). The survey was reviewed by SiREN's evaluation reference group before being opened to members.

The survey population consisted of 223 members of the SiREN network who had valid email addresses. The participants were initially contacted by email by the SiREN team, informing them of the evaluation and that they would be invited to participate in an online survey. Invitations were sent to each participant using the SurveyMonkey email invitation collector. This provided each person with an individual link to the survey, thus allowing reminders to be sent to non-respondents only. Two reminders were sent to non-respondents using the email invitation collector and one email reminder was sent by SiREN to all participants, thanking those who had completed the survey and requesting others to do so.

The survey opened on 7th March 2015 and closed on 23rd March 2015. Two of the participants requested that they were removed from the survey population as they were not users of SiREN services and the survey was not relevant to them. This left a survey population of 221 of which 75 responded to the survey, giving a response rate of 34 percent. As SiREN had conducted a survey of its membership six months prior to this survey, this was a good result.

Results

The results from the online survey are provided in this section.

The Nature of the Sample

Section 3 of the survey asked some questions relating to age, gender, nature of the respondents' work and organisation, and geographic location. Table 1 shows the number and percentage of respondents in each category. Figures 1 to 5 show the same information in a graphical format. The sample of respondents is predominately over forty years of age, female and located in the Perth metropolitan area. As there were no similar data available on the total population surveyed, it is not possible to make comparisons to test whether this is a representative sample of the population.

Table 1. – Demographic details of respondents

3.1. What age are you?	No. of Respondents	Percent
under 30	12	16.0
30 - 39	11	14.7
40 - 50	25	33.3
over 50	25	33.3
missing	2	2.7
Total	75	100.0
3.2 Do you identify as female?		
yes	55	73.3
no	17	22.7
missing	3	4.0
Total	75	100.0
3.3 Which best describes your organisation?		
Non-government provider of SHBBV services	18	24.0
Other non-government organisation	7	9.3
University or research organisation	18	24.0
Local government	2	2.7
State government	24	32.0
Federal government	1	1.3
Other	2	2.7
None/ individual person without any organisational affiliation	1	1.3
missing	2	2.7
Total	75	100.0
3.4 Which best describes the nature of your work?		
Clinician	10	13.3
Academic or researcher	12	16.0
Policy Officer	2	2.7
Project Officer	23	30.7
Manager	12	16.0
Other	13	17.3
missing	3	4.0
Total	75	100.0

3.5 What best describes your location?	No. of Respondents	Percent
Regional or remote WA	19	25.3
Perth (Metropolitan) WA	41	54.7
Not in WA	13	17.3
missing	2	2.7
Total	75	100.0

Fig. 1. What age are you?

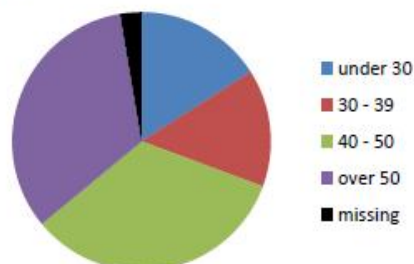


Fig. 2. Do you identify as female?

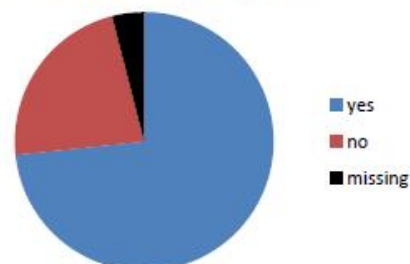


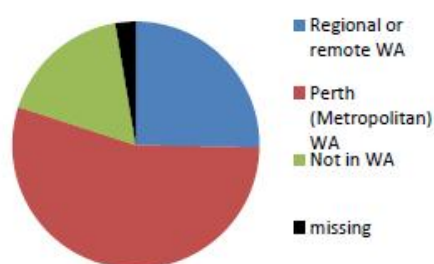
Fig.3. Which best describes your organisation?



Fig. 4. Which best describes the nature of your work?



Fig. 5. What best describes your location?



Perceptions of SiREN

Section 1 of the questionnaire asked respondents to rate their perceptions of SiREN across twelve statements. These ratings questions consisted of a six point scale, e.g. 'strongly agree' to 'strongly disagree'. A 'don't know' option was also available. Mean scores for these questions are provided to allow comparisons across similar questions. The lowest mean score possible is 1, the highest is 6. The closer the mean is to 6, the more positive the response. 'Don't know' responses are not included in the calculation of mean scores.

Overall respondents' perceptions of SiREN are very positive. All statements show a mean score of more than 4.7 which, on the six point 'strongly agree' to 'strongly disagree' scale, would be between 'agree' and 'agree slightly'. It is worth taking particular note of those statements which received high 'don't know' responses, e.g. '1.2 SiREN builds sound research-policy-practice partnerships' and '1.6 SiREN provides high quality services' both of which have 20 percent of respondents indicating they do not know.

Results from the ratings questions are provided for all respondents as statistical tests showed few differences across cohorts – gender, age, organisation and location. Tables A and B in Appendix 1 show mean scores across cohorts. Due to the small numbers in some of the categories relating to '3.3 Which best describes your organisation?', organisation have been grouped into government and non-government with the remaining cohorts being grouped together as university, research organisation, other and individual person without any organisation affiliation. Significant differences of $p < 0.5$ are indicated in these tables.

Respondents identifying as females were less likely to agree that SiREN engaged well with its members (mean score 5.1 for females, 5.6 for those who did not identify as female). In addition, on the statement 'SiREN is making a significant contribution to the sexual health and blood-borne virus sector by promoting and facilitating evidence-based practice' there was higher agreement amongst those in the Perth area and outside of WA (5.5 and 5.3 respectively) than from respondents in regional or remote WA (4.9). However, as the number of responses in this study is fairly small it is important not to place too much emphasis on small differences.

Figure 6 shows mean scores of the twelve statements for all respondents, Table 2 shows mean score and percentage responses for each category.

Figure 6. Perceptions of SiREN – mean scores

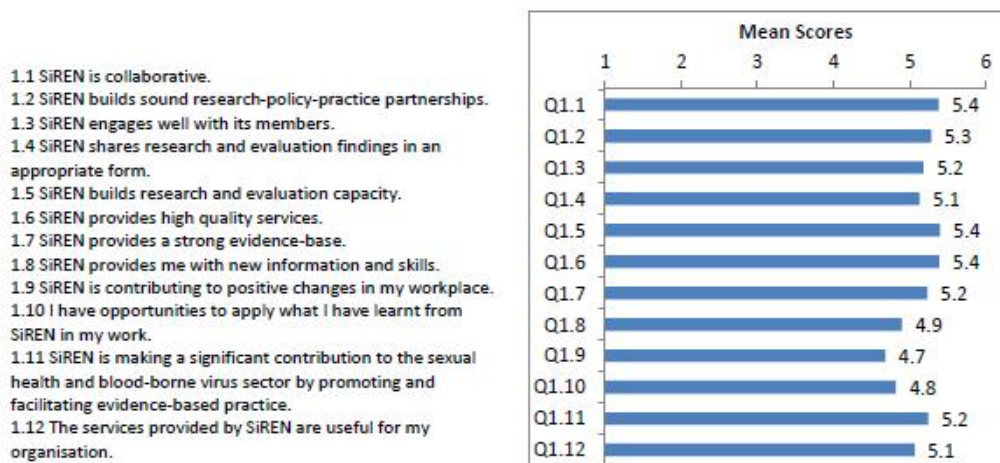


Table 2. - Perceptions of SiREN – mean scores and percentage response

Question	n=75	Mean	strongly agree	agree	agree slightly	disagree slightly	disagree	strongly disagree	don't know	Missing
			percentages							
1.1 SiREN is collaborative.		5.4	46.7	41.3	5.3	2.7	0.0	0.0	4.0	0.0
1.2 SiREN builds sound research-policy-practice partnerships.		5.3	25.3	52.0	2.7	0.0	0.0	0.0	20.0	0.0
1.3 SiREN engages well with its members.		5.2	33.3	46.7	5.3	4.0	1.3	0.0	8.0	1.3
1.4 SiREN shares research and evaluation findings in an appropriate form.		5.1	26.7	56.0	5.3	2.7	1.3	0.0	5.3	2.7
1.5 SiREN builds research and evaluation capacity.		5.4	41.3	41.3	2.7	0.0	1.3	0.0	10.7	2.7
1.6 SiREN provides high quality services.		5.4	36.0	38.7	2.7	1.3	0.0	0.0	20.0	1.3
1.7 SiREN provides a strong evidence-base.		5.2	30.7	48.0	8.0	1.3	0.0	0.0	10.7	1.3
1.8 SiREN provides me with new information and skills.		4.9	18.7	50.7	20.0	2.7	0.0	0.0	4.0	4.0
1.9 SiREN is contributing to positive changes in my workplace.		4.7	17.3	38.7	18.7	1.3	4.0	2.7	14.7	2.7
1.10 I have opportunities to apply what I have learnt from SiREN in my work.		4.8	16.0	52.0	14.7	0.0	4.0	1.3	10.7	1.3
1.11 SiREN is making a significant contribution to the sexual health and blood-borne virus sector by promoting and facilitating evidence-based practice.		5.2	38.7	40.0	9.3	0.0	2.7	0.0	8.0	1.3
1.12 The services provided by SiREN are useful for my organisation.		5.1	30.7	44.0	12.0	0.0	2.7	1.3	8.0	1.3

In addition to rating each statement according to their level of agreement, respondents were given the opportunity to provide a comment on their answer. Comments are categorised according to whether the rating given was on the 'agree' side, i.e. strongly agree, agree, agree slightly, or the 'disagree' side, i.e. disagree slightly, disagree, strongly disagree, or was 'don't know'.

Perceptions of SiREN - comments

1.1 SiREN is collaborative.

Agree

- Respond quickly and help utilise their wide range of network
- [Organisation name deleted] have worked in collaboration with SiREN on a number of projects including evaluation of staff projects, and forums.
- Staff at SiREN are very open and attend all the relevant fora to network
- Access to the program is always available and useful

- The way in which SiREN has engaged and worked with our organisation has been very collaborative and supportive as we venture into doing evaluation of one of our projects. They have provided advice, ideas, support and contact with a Masters student who is now helping us with the Ethics Application for the evaluation. This has been invaluable.
- SiREN's work would not be possible without collaboration with agencies and WA Health staff, also national centres.
- Very good at sharing information.
- SiREN's regular email updates on STI and BBV research is useful and informative.
- It has been really easy to engage and collaborate with SiREN as researchers. I've worked with one other agency in the sector SiREN engages with and they had a good working relationship with SiREN.
- It would seem so from the forum???

Disagree

- Perth is a very small place. I have twice been asked to present at SiREN forums, once when the group first formed again a few years ago. Despite being involved in BBV research for nearly 15 years I had no further communication from the group until very recently when I was asked to contribute, post hoc, to the 'Mobile Populations' document.

Don't know

- I think it would be wise to include more people who are actively caring for these patients. Not much input from the clinicians.

1.2 SiREN builds sound research-policy-practice partnerships.

Agree

- These partnerships have improved greatly since establishing SiREN - there are more opportunities and reasons to be in contact which has ongoing benefits when planning programs or research
- Would benefit from engaging the tertiary sector more so there wasn't such a divide
- Research/ Policy is good. Seems to be a bit of a breakdown in implementation in practice.

Don't know

- It seems to, but I have had no direct experience as the research-policy-practice partnerships seem to be focused on students and early career health department staff who need more knowledge of health promotion and research practices in the STI and BBV field.
- I am not aware of all of SiREN's partnerships. So for instance am a researcher so I know that they are building relationships with academia, but I cannot say whether they have sound partnerships with policy groups.
- I don't have a perspective on this.
- Probably with other organisations but not easily transferable to primary health care services...but maybe in the city and refugee health this happens...I haven't seen anything.
- I have not really been exposed to what SiREN does.

1.3 SiREN engages well with its members.

Agree

- I receive regular updates and information from SiREN that supports my engagement generally and I feel I can contact SiREN at any time to ask questions and seek advice about the project they are working on with us.
- Regular Newsletters sent via emails are a good way of keeping us informed. SiREN also ensures that they have a presence at SHBBVP specific events to engage with the sector which is always good to see,
- Those on the Network list get regular communications however there is room for improvement to ensure as much of the sector can benefit from SiREN services available
- SiREN has established a substantial electronic network and keeps members informed of areas of research, resources etc.
- I receive emails from SiREN but I cannot say for other members.
- Only at time of the forum- I think there is so much potential but it has been underutilised particularly in Aboriginal Sexual Health programmes and KPIs etc...there still is no agreed KPIs for programmes and example plans

Disagree

- Again I have not had much engagement with SiREN, partly my fault as I have not attended their committee meetings or been actively involved in their activities. As I mentioned above, SiREN seems to be committed to health promotion and research capacity building at the students and junior staff levels, which is important but not really related to my area of work. I work in another university which delivers online STI and BBV education to GPs and nurses and applied research around mapping clinical service delivery and exploring how to enhance GP involvement in antiviral prescribing and shared care.
- I asked to join the email network after the post World AIDS meeting in Perth last year. I have received a couple of emails asking for help and I duly provided what I could at the time and have had no further communication

Don't know

- My view on this is limited as I have not heard any comment by a sample of members at the quality and level of engagement that SiREN has with them. However, the level of engagement that I have experienced has been thorough, useful and enlightening.
- I don't have a perspective on this.

1.4 SiREN shares research and evaluation findings in an appropriate form.

Agree

- As someone with limited evaluation experience, SiREN has provided me with information and options to consider to undertake research and evaluation that is appropriate and sensitive to our client group. I work in the area of sexuality and '...' so this is essential in such an area. The information provided has been ideal and given me choices about the way to proceed.
- Very happy with the way SiREN shares research and evaluation findings.
- User friendly - great balance research and presentations
- Remains difficult to translate research into practice especially for rural and remote workers
- The symposium in 2014 was a great event for sharing research and evaluation findings in the sector

- This is often done face to face or via reports, communications, the symposium, workshops or the SiREN website. Additional time would permit 'evidence summaries' to be developed and circulated in topics relevant to the sector, these could also be available via the website
- Very good update emails
- It isn't clear to me that SiREN was intended to have 'research and evaluation findings' of its own, but I have followed its publications on the web and twitter and it is clearly disseminating research findings and developing artefacts like the planning tool that will contribute to their uptake.
- I have received their report the HIV and Mobility Report in hard copy which is an appropriate form but I am not aware if they use other methods such as at conferences, social media methods etc.

Disagree

- I don't recall receiving any evaluation findings or research- rather at the conference/forum people showcased presented their work...maybe some had had SiREN involvement - I wouldn't know.

Don't know

- I am not sure what is meant by "appropriate form".

1.5 SiREN builds research and evaluation capacity.

Agree

- They would be the first contact for me if I needed evaluators - I think they understand the health area PLUS user friendly
- This is very useful resource for the sector
- This is the biggest component of SiREN's work presently - 1:1 project planning and evaluation support
- There are other similar initiatives around Australia but SiREN is best in class.
- SiREN are always willing to assist with projects in a research and evaluation capacity. They offer sound and trusting advice.
- SiREN has engaged with a number of organisations and has worked directly with them and individuals working in the SHBBV sector to enhance their research and evaluation capacity.

Don't know

- I have not accessed SiREN for this purpose
- I don't think I can comment as I have not been directly involved, but I have seen the excellent resources they have developed on their website.
- Though they indicate on their website that they build research and evaluation capacity, I have not attended any capacity building session, so I cannot say.

No rating given

- I see this as a big role- but when I made a casual inquiry about this appeared that it would involve a cost that on the ground services would not have funding for. It is good that some tools have been produced.

1.6 SiREN provides high quality services.

Agree

- E.g. regular updates and exceptional conference
- Yes, from the little involvement I have had

Don't know

- The actual users of SiREN services are best placed to answer this question however our aim is certainly to do this
- I have not accessed SiREN for this purpose
- I haven't been a recipient of their services
- The forum conference was good

1.7 SiREN provides a strong evidence-base.**Agree**

- The approach to health promotion planning and evaluation delivered to agencies including 1:1 support, workshops, the toolkit, is based on what works and a strong evidence base
- Again, it's not clear how a program of this kind could develop an evidence base of its own across a sector as diverse as BBV and sexual health, nor it is clear that the challenges facing programs in this sector are related to a lack of evidence. SiREN clearly provides them with high quality support to engage with existing evidence.
- I am not aware of all of SiREN's work and whether it is evidenced based apart from the HIV and Mobility Report that was recently released

Don't know

- That would be great thing to do to contribute to knowledge and evidence for sexual health

1.8 SiREN provides me with new information and skills.**Agree**

- Every day I learn more about the agencies and priority populations that they work with and have the opportunity to further build research and evaluation expertise and strong professional networks
- Always provides updates
- Question not really relevant in a direct way to my organisation (research)
- As a new member of SiREN I haven't had a lot of opportunities to gain skills and knowledge from SiREN, though I have contributed to SiREN activities.
- The emails on BBVs and STIs new research have been informative.
- Yes with tool kit

1.9 SiREN is contributing to positive changes in my workplace.**Agree**

- As a capacity building project SiREN has provided a track record for us to engage in other capacity building models within other sectors.
- I got many ideas from the conference and I regularly follow up with links etc. from the updates.
- Our team is small but we have been discussing ways in which we can use evaluation that SiREN has supported in other projects we undertake. We have recognised the value to our organisation and to building the evidence base of our work. This is not something we have considered so seriously before working with SiREN.
- Now, at least evaluation is a component that is considered seriously at the beginning of the project planning process instead of something that is tacked on at the end.

- Could more be done about young people being able to access sexual health services? I'm talking about those aged 12 to 16, it is such a grey area and young people have difficulty accessing non-judgemental services, particularly in regional areas. Not everyone engaging in sexual activities under the age of 16 is being sexually assaulted. I understand the need for all those steps to identify sexual abuse of children and its mandatory reporting but it also works against those young people who are legitimately exploring their sexuality. That's hard enough in the Metro but it's even harder in the country regions.
- SiREN's support has been invaluable to the project I have worked on in collaboration with them.
- My workplace is very new to SiREN
- Question not really relevant in a direct way to my organisation (research)

Disagree

- Already had most of the knowledge and skills in-house.
- As I work in an academic institution, SiREN doesn't impact on us directly.
- The activities of SiREN have no bearing on my working practice
- No because their activities are not related to my area of work.

Don't know

- Not applicable
- The principles in the tool kit and from the forum are not unique to sexual health- so they do augment these

1.10 I have opportunities to apply what I have learnt from SiREN in my work.

Agree

- Yes I have been able to pass on information to staff information I have learnt from SiREN regarding evaluation.
- When assistance is sought, it is always supplied in a sustainable way that could be applied to other projects within the program.
- Question not really relevant in a direct way to my organisation (research)

Disagree

- We should have been given an option to select "not applicable" because I haven't learnt any from SiREN so far. That said, hopefully in the future I will have more opportunities. In addition SiREN may not necessarily provide learning opportunities for all its members but networking opportunities from which some of us have benefited.
- No because their activities are not related to my area of work.

Don't know

- NA
- Not applicable

1.11 SiREN is making a significant contribution to the sexual health and blood-borne virus sector by promoting and facilitating evidence-based practice.

Agree

- Very committed and up to date information provided
- Overall yes but for some agencies there is still the limitation of capacity to engage in research and evaluation as a result of limited resources or funding
- Translating research into practice remains difficult hence my lower score here

- This is hard to tell because I am not aware of all the contribution it makes to the sector. I do know that they have recently produced the HIV and Mobility report to which I contributed but it's not clear yet what impact this might have had on the wider sector considering that impact is hard to measure.

Disagree

- I haven't seen any evidence they have produced.

1.12 The services provided by SiREN are useful for my organisation.

Agree

- I share the information I receive all the time with the staff
- The services that SiREN provides are extremely useful - undertaking multiple projects at once often means that research and evaluation elements are forgotten and then not undertaken well. SiREN manage to put it on the agenda and offer assistance which is extremely valuable.
- SiREN has provided opportunities for student and PhD projects which are of interest to my organisation
- I have not used all the services of SiREN
- They could be there is potential for example for WA footprints projects- I was surprised that maybe there had been no collaboration in the templates and structure of WA footprints and SiREN - I know not all are sexual health and promotion projects however - when funding transition from COAG to WA footprints took place the monitoring and evaluation expertise could have been invaluable- if not a fee producing service. And really all services funded to do sexual health services should be assisted in producing a monitoring and evaluation framework with assistance skill acquisitions from SiREN

Disagree

- No because their activities are not related to my area of work.

Don't know

- Not applicable
- As I work in an academic institution, SiREN doesn't impact on us directly

Service Usage and Improvement

Section 2 of the questionnaire asked respondents which of SiREN's services they currently were using and which they were likely to use in future. Table 3 outlines the current and future usage. Only three respondents stated that they had not made use of any of SiREN's services and two indicated that they would not use the services in future. Of these two, one stated that as they were working part-time there may not be an opportunity to do so.

Table 3. - Current and Future Use of SiREN services

	2.1 Which services offered by SiREN have you made use of?		2.2 In future, which services offered by SiREN are you planning or likely to make use of?	
	No. of Respondents	Percent	No. of Respondents	Percent
Website	52	74.3%	52	75.4%
Symposium	43	61.4%	41	59.4%
Seminars	25	35.7%	43	62.3%
Workshops	29	41.4%	44	63.8%
Guides and toolkits	39	55.7%	49	71.0%
Project support	21	30.0%	37	53.6%
Evaluation planning	28	40.0%	40	58.0%
Research partner	12	17.1%	29	42.0%
Support for research findings	11	15.7%	28	40.6%

Six respondents indicated that they had used 'Other' services. These included providing supportive documents in a timely manner, SiREN's evaluation of nurse-led models of BBV care in rural areas and email newsletters.

Tables C and D in Appendix 1 provide a breakdown of services by age, gender, organisation and location. As these were multiple response questions statistical tests are not available. Some differences which may be worth noting however are –

- Respondents identifying as female are more likely to have used the evaluation planning service.
- Respondents who have used and/or are planning to use the research partner service are less likely to be identifying as female.
- Respondents in the Perth metropolitan area have used the services more than those in other locations. Reported plans for future usage, however, show a more even pattern.
- Respondents in non-government organisations report greater use of guides and toolkits and evaluation planning services. This is also reflected in future plans.
- Differences in use of services across age groups may possibly be due to experience and seniority.

Where possible, these issues have been highlighted in bold in Tables C and D.

Respondents were provided with an opportunity to comment on their current and future use of SiREN services. These comments are listed below.

Comments on current use

- Research Symposium was very useful.
- The symposium was a fantastic event, and hopefully something that will occur again in the future! Project and evaluation support provided has always been consistent and comprehensive which is useful and helpful.
- I have presented at a SiREN symposium in the past on behalf of the Health Promotions program and we have worked with SiREN in regarding to evaluation planning for each staff member's project.
- I have worked with SiREN in regarding to evaluation planning for each staff member's project.
- I am involved in all these services
- I am new to using SiREN services
- The project did not commence... no follow up?

Comments on future use

- Partner in research and building an evidence base for policy development on HIV in migrants and mobile populations.
- The continual use of SiREN to assist with the evaluation of projects will be made use of. Their experience and expertise in this area make them a good research partner to assist with review and submission of publications - this service will also be made use of in the future. Their list of relevant publications, reports, articles, tools and information on the website is useful and will definitely be continually used.
- I hope to continue my PhD research work in the near future and I will be asking researchers at the organization to help in my work and possibly to have publications in collaboration
- I found them very supportive and easy to engage with.
- If these services are part of their brief and already funded. So evaluation planning to support sexual health programmes in their planning and evaluation cycles
- I have not really engaged with Siren in my day to day activities
- I do not time to attend all the seminars and workshops as I live in regional Australia so I cannot take advantage of everything on offer.
- Unsure what is available.
- I am only working one day a week now so am not sure how/when I will use the services offered by SiREN (*respondent gave 'none' as response to Q2.2*)

2.3 Suggestions as to how the SiREN program might be improved

Respondents were also asked to make any suggestions they may have for the improvement of SiREN. While there were no common themes in the suggestions, there were a few which mentioned more communication with members and more dissemination and sharing of findings. The suggestions are listed below.

- Continue collaborative research.
- Exceptional service - thank you - especially the seminars and toolkits
- They do a great job

- Programs like SiREN are sometimes funded on the basis of deficit models about evidence use in practice. As a practitioner turned researcher I know that every program is a kind of knowledge ecosystem, and there are often particular staff members whose role it is to pay attention to new findings from research and raise them for decision-making within the program about how to respond. I'd suggest engaging more directly with these staff using an approach that is more strengths-based.
- I will be involved in an interview so will discuss fully then - but overall I think taking a stronger, more narrow focus on a year by year basis would help avoid spreading too thin
- Apply leanings (*sic*) more widely than WA - including organisations that are national
- A stronger focus upon Aboriginal health, plain language usage and delivering regional and remote support.
- Greater dissemination of information regarding current projects in WA. What is everyone else doing?
- Additional time available to focus on more significant research outputs - the roles of Project Manager and Researcher need to be quite distinct. Long term investment (5 years)
- It may require additional resources to achieve its *raison d'être*.
- Need to look at how younger people (under 16) can access sexual health services in regional WA
- I am still learning however, sending weekly or monthly updates and organizing webinars would be helpful
- Ongoing engagement with relevant organisations
- Sharing workshop/seminar/symposium outcomes with members
- Let people know what you can do and do
- More communication with members. Regular updates
- Yes as above - develop and support sexual health coordinators and Health promotion workers in Govt and non Govt primary health care services in writing up and evaluating their plans. Also if any funding through WA that may involve sexual health e.g. WA foot prints for better health that SiREN is involved in the development of templates and reporting frameworks and that they facilitate the a workshop for workers involved.
- I guess it would be good to have more a more coordinated approach within the sector that focuses on capacity building and research across all aspects of STIs and BBVs and health providers- health promotion, research and evaluation as well as clinical models of care and research partnerships that can develop into national grant applications. This would mean more collaboration between universities (always a challenge).
- Continued increased funding to expand the reach the program has. This initiative has been needed for a long time in Western Australia and the SHBBVP should be commended for supporting this initiative.
- I am not aware of all that SiREN does so my suggestions may be redundant but SiREN may consider going to the regions to present workshops to health workers in regional areas to improve their reach. They could also use Webinars and or teleconference through the Department of Health to reach a broader range of people across the state. So for example the Department of Health STI and BBV forum has meeting every four months and SiREN could tap into these. SiREN should also put up a database on its website so that all members can have an idea of whose doing what were so that they can work together. Because of SiREN, I was able to find out someone who has similar interests but it was an informal contact. SO the database could have all persons working in the field of STIs and BBVs, including doctors, nurses, researchers,

academics etc. so that people can collaborate in research and evaluation activities knowing whose doing what where.

- None I can think of
- None
- None
- No
- No

2.4 Other comments on SiREN

Respondents were also given an opportunity to make further comments in addition to what had already been covered in the survey. These were generally very positive and are listed below.

- We find SiREN to be an extremely useful resource with our youth sexual health project. They have assisted us with the initial research component, through to the current evaluation of the uptake and impact of the program. They have assisted us to create a resource for the Youth Sector, and provided consultation in review and update of this document. SiREN has sat on our project reference group for five years and provides guidance on the research and evaluation aspects of the project whenever necessary. I have found SiREN (Roanna in particular) to be an extremely important contribution when it comes to ensuring our project continues to meet its evaluation objectives.
- Exciting innovative partnership.
- I wish there was an organisation providing the same kind of support to build the evidence base in mental health, another area in which I work. It is much needed and for a small investment, the financial benefits alone would justify it. Is there any way in which SiREN's mandate could be expanded to cover a more holistic view of health and include mental health
- SiREN is a great network to have in this sector. They always have a presence at relevant events and provide input on a range of different projects which is great to see. SiREN are always available to assist and this is a quality which makes a strong partnership.
- SiREN has been a great service we have really revamped the way we evaluated our program and services for the better
- SiREN provides great support and services to [organisation name deleted] and the BBV sector as a whole.
- It is a very innovative project that has benefits for all those involved - those funding, those delivering and those receiving its services
- Great initiative -look forward to its expansion in the future.
- Can I join some sort of committee within SiREN as I am particularly interested in those groups who are less likely to access mainstream sexual health services e.g. young people, Aboriginal people, IVDU, CaLD groups etc.
- SiREN has enhanced research and evaluation in WA's SHBBV sector and has provided great support and guidance. It has provided a good opportunity to work more collaboratively with other research centres in Australia
- Have found working with SiREN extremely helpful in my previous role as Sexual Health Practitioner particularly in the area of evaluation.
- An essential service in the continuing production of evidence based research in this field.

- Look forward to working with SiREN
- I attended a workshop hosted by SiREN and YACWA in 2014 that was fantastic in providing ideas to collect evaluation data within my line of work. Post this I haven't really looked into the work SiREN does in the community therefore I feel like I cannot comment on a few of these points.
- This is a great initiative to help those in the sector. It provides advice and skills that would otherwise be difficult to obtain
- Great idea to have SiREN just be careful it's not city orientated- look at where the high rates of STIs are and build the capacity and evidence in those areas.
- Great job
- None I can think of
- None
- None
- No
- N/A
- No

Appendix 1 – Detailed Tables

Totals do not add to 75 due to missing responses -

- 3 respondents did not answer the question on gender identification
- 2 respondents did not provide an indication of their age.
- 2 respondents did not give their location
- 2 respondents did not provide information on their organisation.

Table A. Perceptions of SiREN by gender and age

	Total (n=75)	Do you identify as female?		What age are you?			
		Yes (n=55)	No (n=17)	Under 30 (n=12)	30 – 39 (n=11)	40 – 50 (n=25)	over 50 (n=25)
Mean scores							
1.1 SiREN is collaborative.	5.4	5.4	5.4	5.6	5.4	5.2	5.4
1.2 SiREN builds sound research-policy-practice partnerships.	5.3	5.3	5.3	5.5	5.4	5.2	5.3
1.3 SiREN engages well with its members.	5.2	*5.1	5.6	5.4	5.2	5.1	5.2
1.4 SiREN shares research and evaluation findings in an appropriate form.	5.1	5.1	5.3	5.3	5.2	5.1	5.2
1.5 SiREN builds research and evaluation capacity.	5.4	5.4	5.5	5.6	5.4	5.3	5.4
1.6 SiREN provides high quality services.	5.4	5.5	5.3	5.6	5.3	5.3	5.4
1.7 SiREN provides a strong evidence-base.	5.2	5.3	5.3	5.5	5.4	5.0	5.3
1.8 SiREN provides me with new information and skills.	4.9	4.9	5	5.3	5.0	4.9	4.9
1.9 SiREN is contributing to positive changes in my workplace.	4.7	4.8	4.7	5.3	5.1	4.3	4.7
1.10 I have opportunities to apply what I have learnt from SiREN in my work.	4.8	4.9	4.9	5.3	5.0	4.5	4.9
1.11 SiREN is making a significant contribution to the sexual health and blood-borne virus sector by promoting and facilitating evidence-based practice.	5.2	5.3	5.3	5.6	5.4	5.2	5.3
1.12 The services provided by SiREN are useful for my organisation.	5.1	5.1	5	5.5	5.0	5.0	5.1

- * indicates $p < 0.5$, i.e. statistical tests indicate that the possibility of this occurring by chance is less than 5%

Table B. Perceptions of SiREN by location and organisation type

		What best describes your location?			Which best describes your organisation?		
	Total (n=75)	Regional or remote WA (n=19)	Perth (Metro) WA (n=41)	Not in WA (n=13)	Govern- ment (n=27)	Non- govern- ment (n=25)	University, research organisation, other, no organisation (n=21)
Mean Scores							
1.1 SiREN is collaborative.	5.4	5.3	5.4	5.4	5.3	5.4	5.4
1.2 SiREN builds sound research-policy-practice partnerships.	5.3	5.3	5.2	5.4	5.3	5.1	5.5
1.3 SiREN engages well with its members.	5.2	5.2	5.1	5.6	5.2	5.2	5.2
1.4 SiREN shares research and evaluation findings in an appropriate form.	5.1	4.9	5.2	5.3	5.2	5.1	5.2
1.5 SiREN builds research and evaluation capacity.	5.4	5.5	5.3	5.5	5.2	5.4	5.6
1.6 SiREN provides high quality services.	5.4	5.5	5.4	5.4	5.5	5.3	5.5
1.7 SiREN provides a strong evidence-base.	5.2	5.3	5.3	5.3	5.2	5.3	5.4
1.8 SiREN provides me with new information and skills.	4.9	5.0	4.9	4.9	5.0	5.0	4.8
1.9 SiREN is contributing to positive changes in my workplace.	4.7	4.6	4.8	4.5	4.7	5.0	4.4
1.10 I have opportunities to apply what I have learnt from SiREN in my work.	4.8	4.8	5.0	4.7	4.9	5.0	4.6
1.11 SiREN is making a significant contribution to the sexual health and blood-borne virus sector by promoting and facilitating evidence-based practice.	5.2	4.9	5.5	5.3	5.3	5.0	5.5
1.12 The services provided by SiREN are useful for my organisation.	5.1	5.2	5.1	5.1	5.2	5.2	4.9

- 4.9 indicates $p < 0.5$, i.e. statistical tests indicate that the possibility of this occurring by chance is less than 5%

Table C Current usage of SiREN services by gender, age, location and organisation type

		Do you identify as female?		What age are you?				What best describes your location?			Which best describes your organisation?		
	Total	Yes (n=55)	No (n=17)	Under 30 (n=12)	30 – 39 (n=11)	40 – 50 (n=25)	over 50 (n=25)	Regional or remote WA (n=19)	Perth (Metro) WA (n=41)	Not in WA (n=13)	Government (n=27)	Non government (n=25)	University, research organisation, other, no organisation (n=21)
Percentage current usage													
Website	74.3%	75.5%	75.0%	66.7%	80.0%	75.0%	75.0%	57.9%	78.9%	84.6%	70.4%	70.8%	84.2%
Symposium	61.4%	64.2%	56.3%	66.7%	70.0%	58.3%	58.3%	63.2%	71.1%	30.8%	63.0%	50.0%	73.7%
Seminars	35.7%	34.0%	37.5%	16.7%	20.0%	41.7%	45.8%	26.3%	42.1%	30.8%	33.3%	29.2%	47.4%
Workshops	41.4%	43.4%	37.5%	66.7%	20.0%	25.0%	54.2%	36.8%	55.3%	7.7%	40.7%	50.0%	31.6%
Guides and toolkits	55.7%	58.5%	50.0%	66.7%	50.0%	33.3%	75.0%	47.4%	60.5%	53.8%	37.0%	79.2%	52.6%
Project support	30.0%	30.2%	25.0%	33.3%	20.0%	16.7%	45.8%	21.1%	42.1%	7.7%	22.2%	45.8%	21.1%
Evaluation planning	40.0%	43.4%	31.3%	50.0%	30.0%	20.8%	58.3%	36.8%	52.6%	7.7%	33.3%	62.5%	21.1%
Research partner	17.1%	15.1%	25.0%	25.0%	10.0%	20.8%	12.5%	0.0%	21.1%	30.8%	11.1%	16.7%	26.3%
Support for research findings	15.7%	17.0%	12.5%	16.7%	20.0%	20.8%	8.3%	5.3%	21.1%	15.4%	14.8%	8.3%	26.3%

Bold highlighting indicates areas of interest (see P15).

Table D Future usage of SiREN services by gender, age, location and organisation type

	Total	Do you identify as female?		What age are you?				What best describes your location?			Which best describes your organisation?		
		Yes (n=55)	No (n=17)	Under 30 (n=12)	30 – 39 (n=11)	40 – 50 (n=25)	over 50 (n=25)	Regional or remote WA (n=19)	Perth (Metro) WA (n=41)	Not in WA (n=13)	Government (n=27)	Non-government (n=25)	University, research organisation other, no organisation (n=21)
	Percentage future usage												
Website	75.4%	78.0%	64.7%	70.0%	90.9%	69.6%	75.0%	55.6%	78.9%	91.7%	69.2%	66.7%	94.4%
Symposium	59.4%	66.0%	41.2%	40.0%	54.5%	60.9%	66.7%	50.0%	65.8%	50.0%	53.8%	58.3%	66.7%
Seminars	62.3%	64.0%	52.9%	30.0%	63.6%	73.9%	62.5%	44.4%	68.4%	66.7%	73.1%	50.0%	61.1%
Workshops	63.8%	68.0%	52.9%	80.0%	54.5%	52.2%	70.8%	72.2%	63.2%	50.0%	76.9%	58.3%	50.0%
Guides and toolkits	71.0%	72.0%	70.6%	70.0%	81.8%	43.5%	91.7%	77.8%	68.4%	66.7%	65.4%	83.3%	61.1%
Project support	53.6%	54.0%	52.9%	80.0%	54.5%	47.8%	45.8%	38.9%	68.4%	25.0%	42.3%	66.7%	50.0%
Evaluation planning	58.0%	58.0%	58.8%	60.0%	54.5%	52.2%	62.5%	44.4%	71.1%	33.3%	50.0%	83.3%	33.3%
Research partner	42.0%	34.0%	64.7%	50.0%	45.5%	47.8%	29.2%	16.7%	44.7%	66.7%	34.6%	41.7%	50.0%
Support for research findings	40.6%	40.0%	41.2%	30.0%	63.6%	39.1%	33.3%	5.6%	47.4%	66.7%	23.1%	45.8%	55.6%

Bold highlighting indicates areas of interest (see P15).

Appendix 6: Interview report



SiREN Evaluation: Report on Interview Data

John Scougall Consulting Services

28 April 2015

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1. Introduction

This report summarises information collected from eight interviews conducted as part of an independent evaluation of the SiREN Project in WA. The evaluation has two objectives:

- To identify the value SiREN adds to the SHBBV sector in terms of:
 - strengthening sector capacity
 - building partnerships
 - long-term health for consumers.
- To provide a formative (program development) perspective that identifies options to improve and refine the SiREN model.

The SiREN Evaluation Reference Group comprises Sue Laing and Donna Mak from SHBBVP at WA Health and Roanna Lobo from the SiREN Management Team at Curtin University. The Reference Group selected prospective interview participants from SiREN's membership who were identified as being in a position to inform the evaluation. Those chosen were emailed by the evaluator and asked for their voluntary cooperation. Six of the initial eight people approached responded and there were two non-responses. The SiREN Evaluation Reference Group suggested an additional two replacements for those that did not respond. Both the 'additions' accepted invitations to be interviewed.

Participants in the interviews represented a diverse group of organisations with different roles. They were drawn from four NGOs, two agencies in the public health sector and two research centres located in the tertiary education sector. Five of the interviews were with people from agencies that were recipients of SiREN services, such as project support, workshops and toolkits. Some of these individuals had also made significant contributions to SiREN through their involvement on the SiREN Project Steering Group (PSG) and reference groups. The remaining three of the eight interviews were with people representing agencies who, primarily, were not recipients of SiREN services. One was with an academic employed by a national research centre, one with the state government funding body (SHBBVP) and one with SiREN personnel.

The names of those interviewed, their positions and their organisational affiliation are set out in Appendix 1 in no particular order. In the case of four of the eight interviews two organisational representatives were interviewed. These were counted as a single interview, as indicated in Appendix 1. The interviews were informal, semi-structured and conversational in style. Prompts were used to elicit additional comment and information, where it was required.

Following each interview each participant was emailed a summary of the main points they had made at interview. The purpose was to check they had been heard and understood correctly. They had an opportunity to correct or add to their reported comments. Four participants did take the opportunity to make minor amendments to their summary.

2. Perceptions of SiREN

The interviews presented an opportunity to hear the views of SiREN members about the role of SiREN. The network has been established by SiREN. It comprises people with an interest in research and evaluation related to sexual health and blood-borne viruses (SHBBV) in WA.

Interview participants (1, 2, 4, 5, 6 & 8) hold SiREN in high regard. They described the services provided by the SiREN Management Team as responsive, informative, supportive and helpful. One stated SiREN had exceeded all initial expectations about its effectiveness (Interview 1). One described SiREN as a “*fantastic*” service (Interview 8). Another saw SiREN as a valuable addition to the sector, describing its contribution as “*amazingly important*” (Interview 6). Yet another stated it was “*an important part of the puzzle*” of effective response to SHBBV issues (Interview 4).

One interview participant (4) observed SiREN positioned as a collaborator, not as “*the expert*”. Its way of working, according to one interview participant (8), is to initially identify the needs of the client organisation by posing the question: “*What do you want to achieve from the evaluation?*” Interviewees (4 & 8) believe the process of direct engagement with SHBBV service providers, has enabled SiREN to come to an enhanced understanding of the challenges inherent in building and sustaining ‘*street level*’ research and evaluation capacity.

3. Refining Implementation Strategies

3.1 Overview

The interviews provided an opportunity for participants to comment on the effectiveness of strategies employed by SiREN. Several participants described the initial establishment phase of SiREN as a '*voyage of discovery*' to find out how greater research and evaluation activity in the sector might be supported and built. The feedback from interview participants (1, 2, 4, 6 & 8) was mostly affirming of existing strategies, but there were suggested refinements.

One interview participant (2) took the view that in the medium to long-term SiREN might struggle to simultaneously sustain "*eight or nine different strategies for change*." It was suggested some strategies that have been used to date might justify lesser priority in the future, as new issues become more important. This may happen in response to challenges that emerge in the sector, technological change, better understandings of what has been demonstrated to work with some groups, and the possibilities posed by medical breakthroughs. Strategies always need to be responsive. For instance, service providers are adjusting strategies in response to what appears to be a decreasing risk of HIV and increased BBV related harm. There is also a better understanding of things that do not work than was the case in the past: projects driven from the '*top down*', those where the initial investment is not sustained and those that do not plan for future sustainability. The suggestion was that SiREN might usefully reassess the best investment of its limited resources, tailored to particular time and circumstance.

Another interview participant (4) also observed that the role of SiREN had "*grown out more*" since the time of its inception. The range of strategies employed has increased over time. It was suggested that the next step might be a planning meeting of key stakeholders to set a strategic way forward for SiREN based on what has been learnt so far.

3.2 SiREN Symposium

Interview participants (1 – 7) rate the SiREN Symposium highly. It is regarded as an important opportunity, both to showcase research and evaluation occurring in WA and to network.

Organisation of the event makes heavy demands on the time of members of the Symposium Reference Group and on that of the SiREN Management Team. Interview participants (1, 3, 6 & 7) are conscious of the need to encourage broad and active volunteer participation and workload sharing amongst SiREN members in the run up to the bi-ennial event.

One interview participant (6) saw the evaluation of the symposium by SiREN as an opportunity to demonstrate to the sector what a '*best available evidence*' evaluation looks like. SiREN needs to be seen as the exemplar (Interviews 2 & 6).

3.3 SiREN Toolkit

Several interview participants (2, 4, 5 & 8) saw the SiREN toolkit as a valuable and well laid out resource, with some good pictorials. One stated it demystified the research and evaluation process, as well as usefully outlining a range of different approaches (Interview 8). One interview participant (8) stated the toolkit resource was widely used in their own organisation and had shared the resource with other agencies in their own network (Interview 8).

One interview participant (6), however, saw scope to improve the usability of the toolkit. The current format was seen as too *'book like'* to be an everyday resource. End users need to be able to quickly find information they want. More features such as checklists, graphics and visuals were seen as necessary to enhance the resource. It was further suggested there might be scope for some lateral thinking about the kind of resources developed, such as the possible production of a SiREN Phone App.

Another interview participant (4) noted that while the toolkit had been workshopped in a training session within their own organisation, subsequently staff did not appear to use it as a reference to inform and guide their work. It was stated that front line service staff experience time pressures. There is a tension between the demands of their work on the one hand and creation of the time and space necessary to engage in research and evaluation on the other, at least in the short term.

Yet another interview participant (2) observed that, while the resources developed by SiREN are sound, there are lots of pre-existing relevant research and evaluation resources. The participant questioned whether the development of more resources for the SHBBV sector ought to be a primary future focus for SiREN. A better support role for SiREN might be in continuing to enable the SHBBV sector to more easily find and link to existing materials. The suggestion was that the strategy of developing SiREN toolkit resources may require less emphasis in future, at least until there is a specific gap in resources that is identified by the SHBBV sector in WA.

Finally one interview participant (3) stated that gaining access to relevant journal articles is problematic in his organisation and can be prohibitively expensive for a community service organisation. It was suggested this particular barrier to engaging in research and evaluation is one the SiREN Management Team might be positioned to help ameliorate, given that it sits within the tertiary education sector. Copyright law can, however, place restrictions on the circulation of articles. The SiREN Management Team are aware of the issue and are currently investigating options to make *'evidence'* more available to the sector. The development of *'evidence summaries'* on key topics may be a way forward, but it would be a resource intensive process.

3.4 Workshops

Several interview participants (3, 4, 5, 6 & 7) had previously attended or facilitated SiREN workshops. The workshops attracted praise for being responsive to user needs.

One interview participant (6) made a distinction between two types of SiREN workshop. The first type is open to individuals from any organisation in the SHBBV sector. The focus is on reinforcing and complementing information contained in the SiREN toolkit. This format was seen as problematic because the individuals and organisations attending were at different levels in terms of their prior understanding and engagement with research and evaluation. It was felt a generic workshop could not cater for the diverse development needs of the group. While such workshops may be a useful reminder of foundational information and extend knowledge in some areas, they may not get to the *“nitty gritty”* for those wanting to know *how* to do evaluation.

The second type of workshop is aimed at a whole-of-organisation level (Interviews 3 & 6). The intent is to focus on and embed research and evaluation practice within a particular team or agency. Everyone is working on real projects with direct relevance to staff in attendance at the workshop. One interview participant (3) saw more value in this kind of workshop. A focus on training the individual in isolation in a context where they are located within a supportive broader organisational culture that values research and evaluation is unlikely to be able to achieve the required shift in organisational culture (Interview 2). Building whole-of-organisation capacity in the context of a particular project was seen as a more promising approach. It is understood SiREN generally agrees resources are best devoted to providing face-to-face one on one support rather than generic workshops. Nevertheless, SiREN continues to see a place for refresher training such as an upcoming Survey Design Workshop.

Another interview participant (4) emphasised that sustained involvement and follow through from the leadership of the SHBBV organisation is necessary to embed research and evaluation thinking, not just a one off workshop. In one instance SiREN had run an evaluation workshop for the staff of an organisation that was well received, but subsequently it did not have a sustained impact on workplace behaviour of most staff (Interview 4). Ideally a continuing series of regular workshops is required to reinforce change. The co-location model implemented at Hepatitis WA may be an example of another strategy that might also help to reinforce behaviour change and skills development (Interviews 4 & 7).

3.5 Website

Interview participants (1, 2, 3, 6 & 7) see the SiREN website as a resource in need of further development. SiREN members use it as a source of information about events such as the SiREN Symposium. Interview participants did not make much use of it as a resource guiding their own research and evaluation. One participant (6) described it as *“a bit static”* and in need of *“some lateral creative thinking”*. It was suggested

there needs to be some clarity about its strategic purpose. It is noted that upgrading the website would have budget implications and is yet to be costed.

There were several suggested enhancements to the website: a facility for the SHBBV sector to upload material, the addition of a message board and greater interactivity (Interview 6). The SiREN Management Team does invite contributions. Two interview participants (2 & 4) saw value in SiREN producing a body of written collaborative research and evaluation case studies that showcase its project support work. It is understood SiREN would like this option to be a primary focus of any future contract with WA Health.

3.6 Project Support

The general view of interview participants (1-8) is that the project support provided by SiREN is effective. In particular, SiREN is seen as providing a valuable contact point to assist people and organisations seeking to initiate research and evaluation, but not knowing where to begin. Interview participants (4, 5, 6 & 8) commented that the telephone advice and support provided by the SiREN Management Team was accessible, user friendly and helpful. SiREN had also provided additional relevant materials such as information on needs assessment survey design and how to go about administering a survey (Interviews 4 & 5).

An interview participant (7) stated SiREN has been able to respond to every request for project support it has received. In the course of the interviews (1-8) particular instances where SiREN has provided project support to organisations in the sector were mentioned:

- Metropolitan Migrant Resource Centre (MMRC)
- Youth Affairs Council of Western Australia (YACWA)
- Sexuality Education Counselling and Consultancy Agency (SECCA)
- Hepatitis WA
- Western Australian AIDS Council (WAAC)
- Sexual and Reproductive Health Western Australia (SRHWA)
- Population Health Unit (WACHS, WA Health).

The list above includes six NGOs and one government agency. It also includes a mix of agencies for which SHBBV issues are the core business and instances where it is not.

That limited SiREN resources may be stretched too far across too many organisations and projects requesting support was seen as a risk according to two interview participants (1 & 2). The suggestion was SiREN might increase its effectiveness by concentrating intensive '*hands on*' support on only three to four projects at a time, rather than attempting to support a larger number. The project support provided might be '*rolling*', with established projects '*dropping off*' as capacity is built, thereby enabling new ones to be supported.

Establishing transparent criteria for the selection of projects that will receive SiREN support was seen as a means of managing future demand for services (Interviews 1, 3 & 6). One interview participant (3) saw merit in a process of inviting '*bids*' for project support from organisations in the network. SiREN has not yet received a request for project support that it considers '*out of scope*', but as requests for project support increase it is becoming harder to monitor, follow up and ensure projects are progressing at a reasonable pace. One interview participant (1) asked '*Can the boundaries around what can and can't be supported be more clearly defined?*'

One interview participant (7) stated the contribution of SiREN to collaborative research and evaluation was most productive when SiREN was invited to be involved from the outset of project planning. SiREN is sometimes asked to assist after projects have already commenced. In these instances opportunities to collect data retrospectively may be limited.

One of the ways in which SiREN provides project support is to assist SHBBV organisations with the process of obtaining ethics approval for their research and evaluation activities. One interview participant (8) described work in this sector as an '*ethical minefield*.' Sensitive issues such as rights, sexuality, culture, disability and abuse can all arise and intersect. The experience of interview participants (3, 7 & 8) is that navigating existing structures and processes to gain ethics approval to enable research and evaluation to begin can be a long and complex process, particularly for those unfamiliar with it. Sometimes applications for ethics clearance need to be processed through more than one committee. These are tasks a small organisation with few human resources and limited background in research and evaluation is ill equipped to undertake entirely by themselves. SiREN is able to support this process, but there does still need to be some resource within other organisations to follow through the process.

3.7 Publication

SHBBV service providers, the funding body and SiREN personnel want to see more co-authored publication of research and evaluation occurring within the SHBBV sector in WA (Interviews 1, 2, 3, 4, 6, 7 & 8). The general view is that valuable work done by some in the SHBBV sector does not currently receive sufficient recognition. Organisations are keen to showcase their research and evaluation achievements. Co-authored publication involving researchers from the service provider organisations and SiREN presents an opportunity to promote the work of organisations. Insufficient time is the main constraint on output.

The SHBBV sector does need to feel secure about sharing findings with others. Three interview participants (3, 6 & 7) noted co-authored publication may give rise to sensitive issues of trust to do with the ownership of data and intellectual property rights. Any collaboration needs to be a true partnership with clear roles and responsibilities. Without this there may be hesitance to engage. It was not suggested SiREN had failed to appropriately manage the issue; simply that mutual benefit is a

pre-requisite to joint research and evaluation. Interview participants (3 & 6) were clear they have no difficulties with the co-branding of research and evaluation where there is mutual respect and the ownership of the data is appropriately acknowledged.

In a Program Logic Workshop facilitated as part of the broader evaluation of SiREN it was suggested, and apparently accepted, that SiREN has three primary objectives: building a research and evaluation network, capacity building and contributing to the local (state) evidence-base through dissemination of lessons learnt. Effectively what was being suggested in some interviews (2, 3 & 7) was a re-balancing of future activities to place greater emphasis on the latter.

4. Barriers and Enabling Factors

4.1 Overview

The interviews (1-8) provided an opportunity for participants to reflect and comment on which organisations and groups SiREN is reaching. SiREN endeavours to work with organisations of all shapes, sizes and capacities right across the WA SHBBV sector. Nevertheless it may be that SiREN services have a better fit with some agencies and circumstances than others. Not every organisation in the SHBBV sector is equally ready or able to engage in research and evaluation or values the importance of knowing how well services work. (Interview 1). The question is *'for whom'* does SiREN work well, *'in what circumstances'* and *'why?'*

In the course of the interviews, participants (1-8) identified certain factors that they saw as either barriers or enablers of research and evaluation. They consistently identified limited time as the single factor that most constrains participation in research and evaluation. But they also discussed other factors such as the quality of relationships between organisations comprising the SHBBV sector, the policy context in which they operate, the professional training and background of the SHBBV workforce and the size of organisations. All of these factors impact on the program reach and adoption of SiREN.

4.2 Relationships

Interview participants (1, 2 & 6) stated there is a pre-existing predisposition to engagement in networking in WA that makes for an environment in which a research and evaluation initiative like SiREN can work. As a consequence the SHBBV sector in WA enjoys the benefits of partnership to a greater extent than elsewhere. In WA, it is possible to get everyone in the *'same room'*. There are no animosities, just the occasional *'family argument'*.

Good relations arise out of recognition that the SHBBV sector in WA is relatively small and success hinges on agencies sticking together (Interview 2). Cooperation is also a consequence of the way the sector is structured. Elsewhere organisations might see themselves as competitors for funding. There are also tensions between agencies involved in sexual health and specialist BBV organisations that are not replicated in WA (Interview 2).

In the course of the interviews (1, 2, 3, 4, 6 & 7) it became apparent there is considerable cross-over of personnel moving between positions within organisations in the relatively small SHBBV sector in WA. This has laid a relational foundation. There is also a *'pre-history'* of networking through peak agencies such as the Western Australian Network of Alcohol and other Drug Agencies (WANADA) which is committed to supporting services to improve the quality of life for individuals, families and communities affected by alcohol and other drugs (Interview 3). SiREN is an additional network operating in the sector, not the only one. Nevertheless one interview participant (7) did make the point that the sector in WA was not always

completely *'joined up'* and SiREN may be contributing to closing any distance that remains.

4.3 Policy Context

Interview participants (2, 6 & 7) stated the importance of having an appropriate SHBBV *'policy overlay'* in place to complement and reinforce the research and evaluation work of the sector. WA is seen as a bit of a *'mixed bag'* in this respect.

On the one hand the state has created a clear expectation that service providers need to evaluate what they do (Interviews 1 & 4). NGO service contracts contain a clause to this effect. Program funding has become increasingly outcome focussed. Interview participants (4, 6 & 8) were aware the state wants to see proof of their programs' effectiveness. One participant (6) praised the work of the SHBBVP in aligning SHBBV service contractual arrangements with the values of the sector (rather than the other way around).

On the other hand one interview participant (1) pointed out SHBBV is not always seen as a national health policy priority. Others commented on limited funding sources for SHBBV research and evaluation (Interviews 2, 3, 4, 6, 7 & 8). One interview participant (8) noted the absence of line items for research and evaluation in organisational budgets. Another noted that much of the SHBBV funding in WA is controlled by WACHS not SHBBVP. This may limit the capacity of the sector to influence decisions about the level of research and evaluation funding.

4.4 SHBBV Workforce

The interviews provided insight into how the prior professional training of service providers may impact on willingness to engage in research and evaluation.

Two interviews (4 & 8) suggest that the core SiREN message about the importance of research and evaluation gets through more easily to those with pre-existing professional qualifications and experience. The SHBBV workforce, for the most part, comprises people with professional qualifications and expertise. This may facilitate engagement with ideas about the value of research and evaluation. Those who have done previous professional studies tend to *'get it'* more easily and are more receptive to ideas than those without a starting foundation. Prior professional training provides a philosophical and intellectual appreciation of research and evaluation as opportunities to build an evidence base that informs practice. Research and evaluation are seen as *'part and parcel'* of being a smart and professional organisation.

It takes time to entrench the idea that research and evaluation is concerned with system level learning, and it is not a form of individual or organisational performance appraisal (Interview 4). Two interview participants (3 & 4) expressed their view that those without a professional background may be inclined to regard research and evaluation as a threat. The process may be seen as a way of judging performance that potentially puts service funding at risk. Research and evaluation need to be

perceived as ‘safe’ activities before people and organisations might be expected to routinely engage. Those with some level of previous exposure to research and evaluation may be best equipped to do so (Interviews 4 & 8).

One participant (2) stated that sector-wide learning can be a consequence of being prepared to try things, some of which may work and some of which may not. They described the latter as sometimes being a process of ‘*failing forward*’ which is nevertheless ultimately beneficial.

One interview participant (4) reflected on the power of research and evaluation to enable staff to know when they are making a difference. It can provide a sense of achievement that encourages greater ‘*buy in*’. The point was made that the BBV sector is a space where it can be important to recognise and celebrate small gains. Research and evaluation contributes where it informs questions such as ‘*What does success look like?*’ and ‘*How is it to be gauged?*’

Participants in one interview (3 & 8) stated they found SiREN to be a credible source of positive affirmation for the effectiveness of their services and the way in which they are evaluated. One interviewee (3) wondered if there might be a role for SiREN in providing an independent ‘*tick of approval*’ (quality assurance) for research and evaluation.

In response (Interview 7) it is arguable such a role would conflict with SiREN being a collaborative project partner and may be inappropriate because it places some level of accountability on SiREN in circumstances where it is not party to all information about any program. The establishment of an expert independent peer review panel may be a preferred model for achieving quality assurance. It is noted SiREN already actively promotes a research and evaluation ethics review process within WA’s SHBBV sector.

4.5 Organisational Size and Available Time

The SHBBV sector in WA comprises organisations of various sizes. This may be significant if there is a relationship between organisational size and research and evaluation capacity. Interview participants (1, 4 & 6) felt research and evaluation practice may be most likely sustained by larger organisations because they tend to have a greater pre-existing capacity to conduct it.

One interview participant (3) pointed to their own organisation’s strategic plan that specifically identifies research and evaluation as a corporate priority. This may contribute to an operational environment more conducive to research and evaluation. Larger organisations may at least have the option of choosing to invest more human resources in research and evaluation. However, one interview participant (5) observed that large established organisations also experience severe capacity constraints when there are staff cut backs. Organisations both large and small may struggle to find time to incorporate research and evaluation activities alongside the demands of service delivery (Interviews 3, 4, 5 & 8).

One interview participant (3) saw smaller organisations as more prone to experiencing the everyday pressure of service demands and crises. Generally they start from a lower base. The demands on a small-scale organisation with a handful of full time and many part-time staff are such that it is never easy to accommodate research and evaluation. The challenge is to enable staff to see that research and evaluation might actually make their lives easier in the medium to long-term, where it is embedded as a new way of working, not perceived as an additional task added to existed workload.

It might be inferred from the above discussion that SiREN would get a greater return on its investment from projects sponsored by larger organisations with existing research and evaluation capacity. However, one interview participant (2) pointed to a factor that may favour smaller organisations. Larger, more institutionalised structures can be siloed and set in their ways. By contrast small agencies may be more flexible and willing to try out innovations, including some that might ultimately be demonstrated to not work. In the course of the interviews two respondents reported positive outcomes as a consequence of SiREN engagement with smaller organisations (Interviews 4 & 8).

One project participant (6) saw it as important for SiREN to support at least one project run by a smaller agency. It may mean *“40-50% of the effort goes into supporting 25-40% of projects”*. However, any perception that small organisations might be left behind is a risk factor for SiREN. Equity and access should continue to be guiding principles for SiREN.

5. Positive Outcomes

5.1 Overview

Interview participants (1 - 8) see SiREN as adding considerable value to the SHBBV sector in WA, but one person in a joint interview (3) did express reservations that are discussed in relevant sections of this report. The interviews presented an opportunity to explore the nature of the benefits this research-practice-policy partnership is delivering. Interview participants (1-8) stated these take the form of establishing a research and evaluation network, the building of internal research and evaluation capacity, contributing to the SHBBV evidence base, engagement with national research centres and the beginnings of a culture that values research and evaluation.

5.2 Research and Evaluation Network

Interview participants (1, 2, 3, 4, 5, 6 & 8) stated SiREN was both active and effective in building an SHBBV research and evaluation network in WA. It has built credibility, trust and rapport with the SHBBV sector, all precursors to enduring relationships. SiREN is now an established '*brand*' with a strategic presence in the sector. One interviewee (6) commented on the traction and momentum evident in participation levels in activities such as workshops and the general willingness to engage with SiREN.

One interview participant (6) likened the SHBBV sector in WA to a '*family*' living in a '*house*'. Sometimes members might stay in their own room and sometimes they might choose to interact in central spaces. When SiREN moved into this house it needed to strategically position itself in a space where it could get to know the other residents already there. It had to be a comfortable place where members of the sector would choose to engage, and somewhere they felt '*safe*' enough to acknowledge a need to strengthen their research and evaluation capacity. In order to get to the point of welcomed acceptance, SiREN first of all had to engage in relationship building work to be accepted as part of the sector in its initial years.

Another participant present in the same interview stated that much of the value of a network lies in the opportunities to interact with organisations and people "*who do different stuff*" (Interview 6). Network effectiveness depends on a high level of active participation, a commitment and willingness to share time, ideas and resources. The suggestion was that, while members of SiREN have made substantial contributions, there is still scope for broader involvement from within the sector. It was stressed that creating a shared philosophy which values research and evaluation requires a level of commitment that goes beyond passive committee membership. Ideally all members of SiREN - NGOs, government agencies and the tertiary education sector – are both beneficiaries of SiREN and active contributors to the network.

A participant in another interview (1) specifically commented on the variable level of involvement of indigenous organisations in SiREN. It was noted that in the Kimberley

region the burden of disease and the '*joined-up*' network of Aboriginal health services through the peak structure Kimberley Aboriginal Medical Services Council (KAMSC) means SHBBV issues are a priority. Elsewhere SHBBV research and evaluation may possibly have a lower relative priority because there are other issues and/or regional organisations may have less influence and clout. (It is important to note that the peak state indigenous health body, the Aboriginal Health Council of Western Australia (AHCWA), is a member of SiREN, that there is Aboriginal representation on the PSG and Aboriginal people have attended SiREN workshops).

Finally one interview participant (6) suggested the development of a '*marketing strategy*' as a means of raising the profile of SiREN so as to attract more stakeholder '*buy in*' within the SHBBV sector in WA.

5.3 Research and Evaluation Capacity

Interview participants (1-8) understood the role of SiREN to be one of building capacity to undertake collaborative research and evaluation and contribute to the evidence base about what works. It '*walks alongside*' organisations in the SHBBV sector to build their confidence to engage in research and evaluation (Interview 1). As a result of SiREN there is now not only a broader appreciation of the importance of understanding how and why services might work, but also of the support SiREN is able to provide. There is also greater recognition of the importance of activities like client needs assessment and surveys and how to do them (Interviews 1, 4 & 5).

Interview participants (1, 2, 4, 6, 7 & 8) reflected on research and evaluation capacity within the SHBBV sector in WA prior to the establishment of SiREN. A few established agencies had some research and evaluation knowledge, skills and experience. Most did not. One interview participant (2) stated that, previous to SiREN, issues of SHBBV research and evaluation capacity building in Australia were viewed through a narrow prism as '*training needs*'. Research and evaluation were treated as professional development issues to be addressed through a program of seminars and conferences. National research centres were hired to run workshops. There was little sense of ownership of the process by the sector because the providers were often from interstate and organisations without an enduring link. It was stated that the lesson learnt was that '*real pedagogy*' is about sustained and intensive learning engagement over time, not just a one off '*travelling show*' short course. Training delivered in isolation generally does not work, at least according to this participant.

SiREN works through agencies already operating in the SHBBV sector in WA (Interview 7). It does not work directly with priority populations. It is up to members of SiREN to choose when they want the assistance of SiREN (Interviews 3, 4, 5, 6 & 8). It is a local support mechanism for those organisations and programs that choose to engage. One interview participant (7) observed that it is not always entirely clear why agencies seek SiREN support for some projects, but not others. It was stated that it would be good to better understand the reasons and motivations behind

seeking and not seeking assistance, an issue briefly discussed in the final report of this evaluation.

SiREN is not intended to be any kind of regulator of research and evaluation occurring in the SHBBV sector. Nevertheless one interview participant (3) stated some in the sector might hesitate to engage if they perceived SiREN as an additional complicating factor or *“layer of approval”* for research and evaluation. This interview participant felt there could be more clarity around the role of SiREN, the nature of the collaborations it seeks to develop and the point where its assistance might be sought.

According to interview participants (4, 5 & 8) finding the space to build research and evaluation capacity is problematic given day-to-day service delivery pressures in the workplace. They stated staff generally would like opportunities to learn more about research and evaluation, but time is the main constraint. One interview participant (5) suggested half day or weekend SiREN workshops might be more easily slotted around busy work schedules. The same participant gave the example of a needs assessment survey designed by their organisation some time ago, but which had still not been administered due to lack of staff.

Another three interview participants (2, 5 & 7) stated high staff turnover in the WA SHBBV workforce contributes to a loss of corporate memory and can erode any investment gains from building research and evaluation capacity. Those responsible for providing services are not necessarily aware of what has been tried previously, what worked and what failed. This underlines the value in writing up the findings of SiREN research and evaluation project support activities as case studies so lessons are not lost and can be shared and passed on more easily.

The organisations from which the interview participants were recruited for this independent evaluation of SiREN had all contributed to one or more of SiREN’s collaborative research and evaluation capacity building activities (Interviews 1-8). Of equal significance is the fact all of them are involved in research and evaluation activity in which SiREN is not a partner, with the exception of SiREN itself. The implication is that there is research and evaluation capacity in the sector, although this is not to suggest that it has necessarily been built only as a result of the work of SiREN. It is possible that organisations with pre-existing research and evaluation capacity may not see a need to seek the support of SiREN (Interview 3).

5.4 Evidence-base

Interview participants (1, 2 & 7) stated that in the past project ideas tended to re-cycle through the SHBBV sector in WA without always being sufficiently informed by an adequate evidence-base that confirmed their effectiveness. There was, for instance, a tendency to overemphasise the strategic value of activities such as media campaigns and information stalls.

Some of the collaborative research and evaluation output of SiREN has been disseminated through the SiREN Symposium and other conference forums (Interviews 1, 2, 3, 5, 6 & 7). However, opportunities to add to the evidence-base and disseminate lessons learnt through the production of case studies and published research have not yet been fully exploited. Interview participants (1, 2, 3, 6 & 7) see this as an essential aspect in establishing a WA evidence-base. Not to follow the provision of project support all the way through to the point of publication means not capitalising on opportunities to contribute to the evidence-base.

5.5 National Research Profile

A recurring theme in the interviews (1, 2, 6 & 7) was that prior to the establishment of SiREN the 'WA story' was not getting told. Interview participants (1, 2, 6 & 7) noted that all four major national research centres in this field are based in the eastern states. There was a sense of isolation from research and evaluation opportunities. In the past WA's advocacy of SHBBV issues tended to '*get lost*'. A consequence was not attracting substantial resources. The state was being left out of some national research and evaluation projects. The potential of organisations in WA's SHBBV sector to be recognised as co-researchers, not just sources of data, was not being fully realised (Interview 7). Opportunities to leverage off strong collaborations with national research centres were missed.

Interview participants (1, 2, 6 & 7) regard SiREN as a mechanism that may enable the SHBBV sector in WA to change this. However, in order to engage with national research centres and strengthen the state's position in the national sector it is important to have hard context specific evidence in which there is confidence and which goes beyond anecdotes (Interview 1). SiREN supports organisations to use their own data to tell their own research and evaluation stories (Interviews 1 – 8).

Interview participants (1, 2, 6 & 7) cited the '*HIV and Mobility in Australia: Road Map for Action Project*' report as an example of collaborative planning that is not only about WA, but also has relevance for the SHBBV sector beyond WA. The report addresses challenges posed by an increasingly mobile and multi-cultural population. A co-authored paper was presented at the Inaugural International Conference on Migration, Social Disadvantage and Health Conference (11-13 February 2015). There has also been a seminar presentation entitled '*Changing HIV Landscape*'. The collaboration is ongoing through the Community of Practice for Action on HIV and Mobility (CoPAHM) formerly known as the '*HIV and Mobile Populations Networking Group*'. Interview participants viewed these developments as examples of what can be achieved through partnership, in this particular case between SiREN, WACHPR (now CERIPH), ARCSHS and WAAC. One interview participant (2) stated this level of collaboration was probably not possible prior to the establishment of SiREN.

Several interview participants (1, 2, 3, 4 & 6) felt SiREN was making a significant contribution to raising the profile of the state in SHBBV matters. One stated that SiREN had enabled WA to have a voice in informed national debates on a state and national level (Interview 1). Because SiREN is associated with a credible tertiary

education institution, it has been able to elevate issues in ways government cannot (Interview 1).

One interview participant (2) stated SiREN is now recognised as the ‘go to’ organisation for national research centres seeking to undertake SHBBV research and evaluation projects involving WA. This reflects SiREN’s position at the intersection of research and community service organisations. A consequence is that national research centres display a greater willingness to engage with the SHBBV sector in WA. SiREN has made it easier and the state is more accessible. It has made it possible to leverage resources and support from beyond WA.

Another interview participant (6) felt there may be an opportunity for SiREN to further raise its profile by initiating a major ‘signature project’ of national significance in collaboration with a research centre and organisations in the SHBBV sector in WA.

5.6 Culture of Research and Evaluation

Interview participants (1, 2, 4, 6 & 8) stated that the SHBBV sector in WA better understands the importance of conducting research and evaluation. One participant made the observation that increasingly conversations about the need for research and evaluation are planned for right from the initiation of programs (Interview 1).

Another participant (4) saw the significance of SiREN as that of enabling staff to think beyond narrow service delivery roles. They may know their day-to-day job, but exposure to research and evaluation is enabling them to better understand the outcomes they are trying to achieve and how the services they deliver can contribute to making a difference.

Interview participants (1, 2, 4, 6, 7 & 8) understand that achieving a broad cultural change towards valuing research and evaluation will be a gradual process over time. Although no one suggested such a culture is yet fully embedded, they do see a shift in attitudes and behaviours amongst those who have been most involved with SiREN. According to two interview participants (4 & 6) the existence of SiREN is making it possible to ‘think’ like an evaluator. The observation was also made that sustaining a culture of research and evaluation practice beyond SiREN involvement requires thought and continuing reinforcement and commitment from the most senior positions and funding bodies within the SHBBV sector (Interviews 3, 4 & 6).

6. Sustainability

6.1 Overview

This section reports the views of interview participants about how the sustainability of the SHBBV sector might be enhanced. It considers their attitudes about attracting funding for research and evaluation in the sector, human resource issues and constraints, and the feasibility of some alternative models of service delivery.

6.2 Funding

Interview participants (1, 2, 6 & 7) are aware that SHBBV research and evaluation activity in WA is not sustainable if it forever relies on SHBBVP funding. SHBBVP currently provides the only source of seed funding to SiREN. The expectation is that over time SiREN, and the sector more generally, will attract broader sources of support. Interview participants saw value in seeking, over time, to broaden the research and evaluation resource base across the tertiary education, public and philanthropic sectors. In the medium to long-term attracting more funding is a necessary aspect in extending the capacity and clout of the sector.

Participant interviews (1, 4, 5 & 8) suggest few agencies in the SHBBV sector in WA actually have a line item in their own budget to directly fund their research and evaluation activities, although most devote staff time to the task. While SiREN supports research and evaluation activity in the sector, it is not able or expected to financially assist SHBBV organisations to engage in research and evaluation (Interviews 3 & 7).

Three interview participants (1, 2 & 6) stated that assisting SiREN members to write high quality competitive and targeted grant proposals could be a core strategy for SiREN. The suggestion was an expanded role for SiREN in building the grant-seeking capacity of the sector. It was stated that SiREN members might benefit from assistance to know '*where to look*' to enable their research and evaluation ideas to be realised.

One interview participant (2) made the observation that the existing strength of WA's research-public-community consortium around SHBBV issues could be an attractive proposition for funding bodies, but the links do need to be made. There may be opportunities to attract grants from the university, public and philanthropic sectors by leveraging off SiREN's expertise to attract more resources into the sector. According to interview participants (1, 2, 4, 5, 7 & 8) there are also challenges in doing so in an environment where all three sectors are experiencing financial pressures.

6.3 Human Resources

Interview participants (1-8) are aware that much of the day-to-day work of SiREN depends on a SiREN Management Team at Curtin University comprising seven academic staff engaged on a part-time basis. Others from the university also

contribute to SiREN (Interview 7). Beyond this, staff from the SHBBVP also support aspects of the work of SiREN (Interview 1). As well there are significant voluntary contributions from NGOs and other members of SiREN (Interviews 3 & 6).

Interview participants (1 – 8) welcome the active involvement of Curtin University (SiREN Management Team) in the SHBBV sector in WA. Indeed several stated they would like the tertiary education sector to have a stronger presence (Interviews 2, 6 & 7). In one interview (7) attention was drawn to the extent of the human resource contribution the university is already making to SiREN. Several interview participants (2, 4, 6, 7 & 8) commented that the SiREN Management Team could do with some extra personnel. This is counter-balanced by realistic recognition of the difficulty of attracting any additional resources to SiREN in the current economic climate.

One interview participant (2) stated the human resources of the SiREN Management Team were spread thinly on the ground in the establishment phase of the project. In part this was a *'start up'* establishment issue that all new programs face. In another interview (7) it was stated that the resource contribution to SiREN by the university will continue only if value is demonstrated in terms of academic performance criteria. In order to sustain the investment of the university, it is critical that the SiREN Management Team be able to point to the production of a body of research. This would take the form of successful research grant applications and peer reviewed publications.

Providing research and evaluation support to various projects in the sector has generated evidence about *'what works'* for whom and in what circumstances. Interview participants (1, 2, 3, 4, 6, 7 & 8) identified opportunities to produce papers highlighting critical success factors and lessons learnt. Some papers are currently in the process of being co-authored by members of the SiREN Management Team together with SHBBV project managers and, in some cases, postgraduate research students.

Initially the SiREN Management Team was located within the Western Australian Centre for Health Promotion Research at Curtin University (WACHPR). In 2015, WACHPR was rebranded as the Collaboration for Evidence, Research and Impact in Public Health (CERIPH). SiREN is now a unit within CERIPH and there does need to be a clear alignment of objectives. The aim of CERIPH is to strengthen the evidence-base in public health, with health promotion principles providing the underpinning framework. CERIPH will continue to engage with issues to do with health promotion. CERIPH's health promotion activities will be framed in a broader public health and evidenced-based context.

6.4 Succession Planning

Interview participants (2, 4, 6 & 7) are aware that at present SiREN is *'key person reliant'* on the SiREN Project Manager position. The role carries a heavy workload and there is no back up in key areas of project support. There is recognition that this

is a risk factor for SiREN. Currently SiREN is vulnerable because the relationships built with the SHBBV sector depend on the work of the SiREN Project Manager.

There is a broad understanding that reducing this reliance will mean spreading responsibilities across SiREN (Interviews 2, 6 & 7). Firstly, there is an internal consideration to do with the distribution of tasks amongst the SiREN Management Team in ways commensurate with the knowledge, skills and experience of its members. Some are early career researchers. Secondly, there might be some potential to broaden the SiREN Reference Group at Curtin University through the inclusion of additional expertise, drawn both from university staff and beyond from National Research Centres. Thirdly, the organisations that make up the SHBBV sector in WA might contribute more to SiREN in some areas.

6.5 Service Delivery Model

Interview participants (1, 2, 6 & 7) made it clear that they saw the SiREN model of providing research and evaluation support as having several key strengths. Firstly, support is locally accessible and can be sustained because it is based in the state. This can be contrasted with the external '*parachuted training*' model discussed earlier where a service provider might return to base interstate following training delivery. Secondly, SiREN is a collaborative research and evaluation network, as distinct from being simply a funder-provider service delivery arrangement. Everyone involved is both a beneficiary and a contributor. Thirdly, SiREN is seen as a cost effective model providing good value for money. Arguably, the SHBBVP funding outlay is an insubstantial sum relative to the outputs. Nevertheless one participant observed that because the SHBBVP does have to respond to competing priorities there are necessarily questions around how best to make use of limited funding resources (Interview 1).

Some interview participants (1, 2, 4, 6, 7 & 8) commented on some possible alternative models of service delivery to SiREN. Options include a generic public health model, a consultancy service model and the Hepatitis WA model.

Firstly, one interview participant (1) floated the possibility of the current SiREN model being broadened beyond SHBBV issues to also encompass research and evaluation support in areas such as chronic disease management and environmental health. Arguably the whole health sector might benefit from the kind of research and evaluation support SiREN provides. A generic model may be a way to boost funding for research and evaluation with all directorates of WA Health contributing.

Another interview participant (2) was cautious about SiREN evolving into a broader generic '*Public Health Research and Evaluation Network*.' Historically the SHBBV sector has tended to be isolated from others in public health and the sector has its own particular value base. Stigma associated with SHBBV issues may be one factor that has contributed to this. The SHBBV sector needs to know that it is working with people and organisations that do understand its values and context. There may be long-term benefits in fostering a closer alignment with other preventative health

agencies, but the pace needs to be gentle as trusting relationships are carefully built and nurtured. Integration needs to be gradual, progressing by increments when the SHBBV sector considers it 'safe' and beneficial to do so.

Yet another interview participant (7) briefly referred to the establishment of a Cancer Prevention Unit co-located at Curtin University and the Cancer Council WA. The suggestion was this could provide a model that might inform the future evolution of SiREN.

Secondly, there is the consultancy model of service delivery. One interview participant stated some stakeholders within the tertiary education sector take the view SiREN has potential to be structured as a commercial consultancy service (Interview 7). It is important to recognise that the development of commercial tender bids is a time consuming and competitive activity with no guarantee of a successful outcome. Commercial revenue is unlikely to ever be more than a supplementary income source for SiREN. It is clear from the interviews (1, 7 & 8) that opportunities for income generation are limited because:

- the SHBBV community service sector has limited resources and capacity to pay
- service providers generally do not have a research and evaluation line item in their budget
- the SHBBVP and government health budgets are already stretched.

A variation on the consultancy model would be to engage providers from the private sector to provide research and evaluation services on a fee for service basis for specific activities as required. One interview participant pointed to problems with this approach (Interview 2). Disadvantages might include higher cost relative to the service SiREN provides. There are also risks associated with the use of consultants external to the sector. They may not have the necessary grounding in the context or the established relationships with the sector. They would also be unable to bring to bear broad expertise drawn from across a university.

Thirdly, several interview participants are aware of the model of research and evaluation support currently being trialled by Hepatitis WA (Interviews 1, 4, 7 & 8). It has secured funding to establish an internal research and evaluation position for two days/week over a 6-month period through to April 2015. Employees of Hepatitis WA are being assisted to:

- plan what they do
- set realistic targets
- design and administer surveys
- engage clients through social media and get feedback.

The SiREN Project Manager is providing telephone and face to face support to the part-time position as required. The model should therefore not be considered so

much an alternative to SiREN as a new way in which SiREN might work with the sector (Interview 4 & 7).

The model has not been evaluated. However the available anecdotal evidence suggests that this form of intense one-on-one and '*side-by-side*' staff development may be effective in building internal research and evaluation capacity in a safe and non-threatening manner (Interviews 4 & 7). SiREN and Hepatitis WA have collected some pre- and post-data from staff on this model and plan to write a report and journal article on the findings.

7. Future Vision

Interview participants (1-8) were asked to share their vision of what an idealised future for research and evaluation within the SHBBV sector in WA might look like, say within the next ten years. What do they hope to see as a consequence of engagement with and by SiREN?

Responses demonstrate broad agreement about the ideal:

- The organisations that make up the SHBBV sector in WA would possess the internal capacity to undertake research and evaluation.
- It would be routine for organisations in the sector to be included as collaborators in national research and evaluation projects.
- Research and evaluation activities would pose questions and provide answers relevant to the SHBBV sector in WA.
- Research, policy and practice would be understood as integrated activities.
- Activity would be supported and sustained by a broad base of human and financial support extending beyond SiREN and SHBBVP.
- Organisations would be able to build and regenerate their own research and evaluation capacity.
- The SHBBV sector in WA would be recognised as an exemplar of what can be achieved through sustained research and evaluation partnership between the NGO, public and tertiary education sectors built on recognition of different strengths, shared responsibilities and mutual benefits.
- A philosophy that values research and evaluation would be embedded across the whole sector.

8. Conclusion

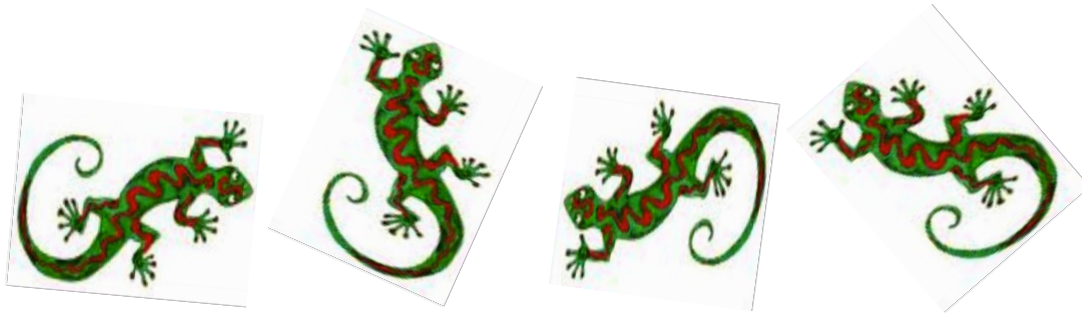
Interview participants are aware contractual arrangements between WA Health and Curtin University in respect of SiREN are being re-negotiated (Interviews 1, 6 & 7). The continuity of SiREN is not assured beyond the current funding period due to expire in June 2015. Interview participants (1, 6 & 7) therefore saw it as timely for the partners to the SiREN consortium – the Communicable Disease Control Directorate, CERIPH and the SHBBV sector in WA more generally - to re-assess and agree what they expect from SiREN. It is not just a matter of agreeing the level of

future resourcing. A new set of deliverable outputs, ones that satisfy the expectations of all parties - the state, tertiary and community agencies involved with SiREN may be required as well (Interviews 1, 6 & 7).

Appendix A: Interview Participants

Participants	Position	Organisation	Role
Sue Crock	Project Officer	Sexuality Education Counselling and Consultancy Agency (SECCA)	Assistance to people with disabilities to learn about human relationships, sexuality and sexual health across the lifespan
Lisa Bastian	Manager	SHBBVP, WA Health, Government of Western Australia	Program Unit responsible for directing, coordinating and funding initiatives to prevent and control HIV, sexually transmitted infections (STIs) and blood-borne viruses (BBVs)
Graham Brown	Senior Research Fellow	Australian Research Centre in Sex, Health and Society (ARCSHS), La Trobe University	ARCSHS conducts social research into sexuality, health and the social dimensions of human relationships. It works with communities, NGOs, government and professionals to produce research that promotes positive change in policy and practice.
Gemma Crawford	Post Graduate Course Coordinator for Health Promotion	SiREN Management Team, School of Public Health, Curtin University	Research team managing and coordinating the work of SiREN
Roanna Lobo	Project Manager SiREN Management Team		
Sue Dimitrijevic	Schools Coordinator	Sexual Health and Relationships Western Australia	Provision of sexual and reproductive health services that build and sustain capacity to contribute to the wellbeing of Western Australians
Stephen Plecas	Sexual & Reproductive Health Nurse		
Sally Rowell	Community Services Manager	Hepatitis WA	Provision of community services that respond to viral hepatitis
Rebecca Caporn	Public Health Nurse	Population Health Unit, Kalgoorlie-Boulder Community Health, WA Health	Delivery of community health services including sexual health, child health, school health, women's health and diabetes education
Joel Harrington			
Andrew Burry	CEO	Western Australian AIDS Council	Provision of support for the prevention of HIV and the treatment and care of people living with HIV/AIDS
Simon Yam	Manager - Organisational Development		

Appendix 7: Document analysis report



SiREN Document Analysis

**Forming Part of the Evaluation of the Sexual Health and
Blood-Borne Virus Applied Research and Evaluation Network
(SiREN)**

John Scougall Consulting Services

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1. Introduction

This document is a desktop analysis of documents relating to the SiREN Project. SiREN is the Western Australian (WA) Sexual Health and Blood-borne Virus Applied Research and Evaluation Network. SiREN facilitates research and evaluation activities within the sexual health and blood-borne virus (SHBBV) sector in WA by:

- Establishing effective links between practitioners, policymakers and researchers;
- Enabling organisations in the sector to conduct collaborative research and evaluation with, where required, the assistance of project support provided by the SiREN Management Team;
- Building research and evaluation capacity through the development of resources and the delivery of professional development training;
- Contributing to the evidence base through knowledge dissemination.

This report is the first instalment in a broader evaluation of SiREN commissioned by the Communicable Disease Control Directorate (CDCD) within the WA Department of Health (WA Health). The evaluation is concerned with the evidence about the value SiREN adds to the sector in terms of:

- Improved health outcomes
- Strengthening sector research and evaluation capacity
- Building partnerships.

2. Documents Analysed

The documents considered were made available to the evaluation by both the SiREN Management Team and CDCD at WA Health. The qualitative and quantitative data includes:

- project terms of reference
- membership lists
- activity reports
- project updates
- meeting minutes
- financial reports
- sector needs assessments
- resource materials developed.

The information contained in the documents has been organised into broad thematic categories, irrespective of the source. These are:

- purpose of SiREN
- structure of SiREN
- resourcing of SiREN
- activities of SiREN.

The intention is to describe program activity in summarised form and to organise it so that it informs the evaluation. Tables and graphics have been used to achieve this. It is important

to note the documents provided were originally written to serve a variety of purposes, none directly concerned with evaluation.

3. Purpose of SiREN

SiREN seeks to promote and stimulate opportunities for collaborative and applied research and evaluation between SHBBV service providers, policymakers and researchers. The overarching goal is to encourage more, and better quality, SHBBV research and evaluation activity within WA. Establishment of the network has occurred against the backdrop of a broader context where increasingly the recognised ideal is that all health initiatives have an in-built research and evaluation component.

The role of SiREN has evolved over time since the establishment of the network in mid-2010. Initially volunteers did the work of SiREN. However, in mid-2012 a SiREN Project Manager based at Curtin University was funded by WA Health to further progress the aims of the network. Initially there was *“uncertainty about the role of SiREN and how the project would help to build research and evaluation capacity without additional funding for new projects made available”* (SiREN Activity Report, May-June, 2012). Subsequently SiREN has:

- developed evaluation resource tools
- delivered skill building workshops in metropolitan and regional WA
- developed and maintained a website
- hosted research and evaluation symposium and related satellite events (with CDCD assistance)
- worked directly with SHBBV organisations.

The stated overall goal of SiREN is *“to strengthen existing, and create new, partnerships by promoting and facilitating WA-based applied research and evaluation relating to the prevention and control of STIs and blood borne viruses (BBVs).”* The objectives of SiREN are to:

- promote and stimulate opportunities for collaboration between sexual health and blood-borne virus (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.

The choice of words emphasises the importance of partnership. It is understood that partnership is not intended to be the goal of SiREN, but rather as a necessary pre-requisite to achieving greater research and evaluation activity across the sector.

- The program documentation suggests that SiREN is seen as adding value to the SHBBV sector in three ways. Originally it was about promoting a collaborative research and evaluation network inclusive of government, non-government organisation (NGO) service providers, and academics and researchers. A research and evaluation capacity building role has been added subsequently to strengthen

skills and competencies and actively promote evidence-based practice. It is noted that capacity building is not specifically mentioned in the overarching SiREN role statement. It is, however, implicit in the third objective and evident in the activities of the SiREN Management Team (outlined above).

- In addition SiREN also seeks to contribute to the creation and dissemination of the evidence-base that informs sound practice. To date this is achieved primarily through facilitating conference presentations, but it is evident that in the future it is anticipated that journal publications will also contribute.

SiREN is about promoting the valuing of research and evaluation as a means to achieving SHBBV services of high quality. The documentation identifies some pathways through which SiREN might contribute to improve SHBBV health outcomes in WA in the medium to long-term. These include:

- **Establishing communication links** which enable:
 - contribution to state and national evidence-based priorities
 - identification and local adaptation of innovative SHBBV developments from elsewhere
 - cross-jurisdictional sharing of knowledge and other resources within the sector
- Drawing available evidence together in support of appropriately **targeted investments** in SHBBV prevention.
- Developing **shared resources**:
 - evaluation tools
 - capacity building activities
 - field-tested frameworks.
- **Assisting service providers** to:
 - enhance research and evaluation skills
 - identify ‘critical success’ factors
 - improve service effectiveness
 - sustain research and evaluation capacity.

Recently the following form of words has been used to describe the role of SiREN. *“The aim of SiREN is to facilitate research and evaluation activities within the sexual health and blood-borne virus (SHBBV) sector through establishing effective partnerships between researchers and practitioners, knowledge dissemination and the development of training and resources to address skills gaps.”* Arguably it is a clearer and more current description of what SiREN now does.

4. Governance Structure

The Project Steering Committee (PSG) is the governing decision-making body for SiREN. It has a lead role in ensuring SHBBV research and evaluation priorities are informed by the sector. Members provide their views on the challenges, needs and opportunities associated with SHBBV research and evaluation.

SiREN's governance structure is designed to purposely build cross-agency participation into the structure. The PSG has broad membership inclusive of representatives drawn from the community, academic and public sectors. The recruitment of PSG members is achieved through an open process of formal nomination. At times the committee membership has exceeded 20 members. Currently the expectation is that it comprises 10-15 members.

PSG minutes suggest the demands of regular attendance can be problematic. For example, the PSG meeting scheduled for 9/12/13 was cancelled due to insufficient attendees and at the meeting of 13 August 2012 there were 9 apologies, but nevertheless 12 in attendance.

The work of the PSG is supported by Reference Groups. For example, currently there is a Resources Reference Group, a Symposium Reference Group and a SiREN Evaluation Reference Group, as well as a specialised interest group established in November 2014. All support the work of SiREN. Retaining participation from people working with vulnerable groups in areas such as youth services, disability services, assisting CALD communities, regional health and Aboriginal health can be a challenge at times.

5. Resourcing SiREN

SiREN requires human, physical and financial resources in order to operate.

When it was first formed in 2010, the network primarily relied on the energy and enthusiasm of those willing to voluntarily come together regularly to contribute. However, it became apparent that organising events such as symposium and expanding the role of SiREN into new areas would require additional support in order to be sustained. As the activities of SiREN expanded, management became problematic for '*volunteer*' contributors.

Networking activities primarily require human resources, but capacity building in particular requires funding and some basic infrastructure. Since 2012, the Department of Health WA through the Sexual Health and Blood-borne Virus Program (SHBBVP) has partly funded the WA Centre for Health Promotion Research (WACHPR) at Curtin University to establish and provide the services of a SiREN Project Manager. In 2015, WACHPR was re-badged as the Collaboration for Evidence, Research and Impact in Public Health (CERIPH). All continue to contribute substantial staff time and expertise to this initiative. The Management Team handles the day-to-day business of planning and coordinating and delivering services on behalf of SiREN.

CERIPH is contracted by the Department of Health WA and is accountable for specific deliverables. SiREN reports to the SHBBVP. This takes the form of:

- Bi-annual activity reports
- Project update reports.

WA Health's SHBBVP provides funding for the SiREN Project Manager with in kind support provided by CERIPH. Funding does not support the full scope of SiREN Management Team activity. CERIPH contributes staff time, office space and equipment. The combination of

state, university and NGO resources makes SiREN possible. Most of what happens as a consequence of SiREN relies on synergies of people's expertise, time and experience drawn from right across the SHBBV sector.

The Department of Health WA conducted a Risk Assessment and Management Plan for SiREN prior to entering into a funding arrangement, in accordance with Treasury Risk Assessment and Management Guidelines compliant with the Australian Standard on Risk Management (AS 4360:2004). Identified risks were mainly in the area of managing the effects and consequences of any failure to meet targets. The overall risk rating was considered low to moderate because of the capacity of WACHPR/CERIPH.

The documents made available for this review suggest CERIPH is well positioned to undertake the role because:

- It is recognised as having expertise in evidence-based approaches to health promotion, evaluation, research and project planning;
- It has education and training capacity because it operates within the School of Public Health and its staff teach the Health Promotion Academic Program at undergraduate and postgraduate levels;
- It is experienced at working with allied health promotion professionals, practitioners, policymakers and researchers;
- It has pre-existing partnerships with national research centres;
- There is national and international recognition of its work as an innovative and active contributor to national and international health promotion research, education and training in the field of community-based interventions in areas such as peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building;
- Staff members contribute to national sexual health research projects;
- CERIPH is involved in the design, planning, implementation, evaluation and dissemination of integrated health promotion programs;
- CERIPH has experience in building sustained partnerships and collaborations with both vulnerable '*at risk*' communities and with NGO and government organisations;
- CERIPH has experience in the dissemination of evidence-based practice, as well as the process of building practice-based evidence. The SiREN Management Team comprises 7 (part-time) staff members employed by CERIPH at Curtin University. Currently it consists of the following personnel: Dr R Lobo, A/Prof M Doherty, Ms G Crawford, Dr J Hallett, Dr J Comfort, Dr J Jancey, Mr P. J. M Tilley. Two positions are funded by the Department of Health WA through SHBBVP: Research Fellow (ALB5) 0.6FTE and a Project Officer (G05.1) 0.6FTE. CERIPH provides in-kind support for the other 5 senior researchers (estimated at a total contribution of 60 days per year).

6. SiREN Support Activities

6.1 Overview

The available documents clarify the nature of the research and evaluation support activities SiREN is involved with. These include:

Networking

- Symposium
- Membership of SiREN
- Link with national research centres
- Research dissemination.

Other Capacity Building

- Toolkit Resources
- Workshops
- Website
- Project Support
- Education and Scholarships.

For the purposes of organising this report a conceptual distinction is made between networking and other forms of capacity building activity. The reality is that both are inseparably entwined in practice. Delegates at a conference, for example, may simultaneously acquire new information and skills, whilst also making valuable new contacts. There is considerable potential for synergies between various SiREN activities. For example, collaborative evaluation may result in the production of conference papers and published research, which in turn helps to build linkages with research centres.

Analysis of the documents provides evidence of SiREN outputs. In TABLE 1 these are grouped into nine categories. In all 62 significant and substantial outputs have been identified as a result of the work of SiREN. This is not the quantum of SiREN activity because there are activities and processes currently underway that, if successfully completed, will result in additional outputs. These are discussed in the body of the report.

TABLE 1 also specifies the evaluator's understanding of KPIs agreed between Curtin University and the Department of Health where known. The outputs produced by SiREN appear to meet or exceed all KPI benchmarks.

TABLE 1: SiREN OUTPUTS BY ACTIVITY (as at 27 May 2015)

Activity	Output Produced	KPI
Networking Outputs		
Symposium	<ul style="list-style-type: none"> • Symposium (2) • Satellite Workshops (2) • Evaluation of event (1) 	1 biennial symposium
Membership Network	<ul style="list-style-type: none"> • SiREN Membership list (1) • Sector Needs Assessment (2) 	Membership > 200
Showcase & disseminate collaborative research & evaluation in WA	<ul style="list-style-type: none"> • Conference Co-Presentations with SHBBV sector (2) • SiREN Management Team Conference Presentations (11) • Conference Poster Presentations (3) • Co-publications with members of SHBBV sector (2) • SiREN Project Team Publication (4) 	No target
Link SHBBV sector to Research Centres with a national profile.	<ul style="list-style-type: none"> • SiREN Management Team at CERIPH (1) • Conference/ Seminar Presentations involving research centres (3) • Collaborative research with research centres (1) 	No target
Capacity Building Outputs		
Toolkit Resources	<ul style="list-style-type: none"> • Youth Worker Evaluation Tools & Resources (1) • SHBBV Partnership Guide (1) • SHBBV Program Planning Toolkit (1) • SHBBV Ethics Approval Guide (1) 	Minimum 1 new resource/year
Website	<ul style="list-style-type: none"> • www//siren.org.au (1) 	Maintain website
Professional Development	<ul style="list-style-type: none"> • Metropolitan Workshops (5) • Regional Workshops (3) • Video-conference Training (1) 	Minimum 1 workshop/year
Project Support	<ul style="list-style-type: none"> • Completed Evaluations (2) • Grant application collaboration (2) • Ethics applications (3) 	Minimum of 3 projects assisted
Education & Scholarships	<ul style="list-style-type: none"> • SHBBV funded scholarships (2). • Australian Health Promotion Association (AHPA) scholarships (3). • Tertiary education initiatives (1) 	Promote & supervise both scholarships
Total Outputs (no)	Identified Networking Outputs = 35 Identified Capacity Building Outputs = 27 <u>Total Substantive Outputs = 62</u>	N/A

6.2 Research Symposia

SiREN is responsible for planning, coordinating and promoting a biennial WA SHBBV sector research and evaluation symposium. The symposium is purposely designed to bring together practitioners, researchers, clinicians, and policy makers with an interest in evidence-based SHBBV practice and prevention. The specific objectives are to:

- share experiences of working in partnership
- facilitate new linkages and partnerships within the sector
- showcase research and evaluation projects in WA.

The initial symposium was hosted in 2011. The inaugural 2011 SiREN Symposium event - *'Found or Lost in Translation - Putting research into practice'* - explored how research and evaluation could inform health promotion practice, policy and other aspects of SHBBV prevention and service delivery. The event did not attract large numbers of students and researchers as had been hoped (Activity Report, May-June 2012). However, it did attract positive feedback.

The 2014 symposium *'Building the Foundations for Innovation'* attracted 110 participants. It brought together people from regional WA, the Perth metropolitan area and inter-state. It was a one-day event showcasing collaborative (researcher-policymaker-practitioner) SHBBV research and evaluation projects in WA. It comprised keynote and abstract presentations and discussion panels. Satellite workshops were also conducted after the conference in collaboration with CDCD (Department of Health WA). Professor Tarun Weeramanthri, Executive Director, Public Health and Clinical Services Division, WA Health opened the event. See <http://siren.org.au/symposium/>

Evaluation of the event by the SiREN Management Team found the objectives had been fully or partially met in the view of the majority of respondents. Presentations were rated highly by 96-97% and conference panel discussions by 70%. Valuable aspects of the symposium identified by the evaluation included:

- the variety of presentations
- learning new information
- opportunities to network
- feeling inspired by the energy and capacity of the sector.

Furthermore respondents rated the symposium as providing good value for money. The symposium had a net cost of approximately \$10,000, with the balance of out goings made up through conference fees. This translates to an average cost of about \$91/participant. Given the favourable feedback received about the event, this appears to be a sound investment.

Planning and delivering the symposium relies heavily on volunteers drawn from the SHBBV sector. The WA AIDS Council (WAAC), Hepatitis WA, the National Drug Research Institute and CDCD have been key contributors. The 2014 event had the advantage of also being able to draw on the resources of the SiREN Management Team.

When respondents to a 2014 needs assessment survey were asked which SiREN services they were aware of and which they used, the SiREN Symposium topped both lists. There is an expectation that the SiREN Symposium become a biennial event, subject to funding.

SiREN also supported the Department of Health WA to deliver an AIDS 2014 conference satellite event immediately following the conference to showcase HIV and mobility related research in WA, interstate and overseas. See <http://siren.org.au/hiv-mobile-populations-seminar/>

6.3 Network Membership

SiREN has established a network of members with a shared interest in research and evaluation. Joining is free. SiREN had a '*flying start*' to network recruitment because it was able to draw on a list of pre-existing SHBBVP contacts.

As at 30 November 2014 there were 216 members of SiREN. The network attracts members from across the sector. It includes representatives serving target groups with diverse needs. There is also diversity in terms of the current research and evaluation interests and capacities of members.

SiREN is not the only network in the SHBBV sector. There is also a WA Sexual Health Network conducted by Sexual and Reproductive Health Western Australia (SRHWA). A key difference is that the focus of SiREN is on research and evaluation capacity building.

The SiREN Management Team has regular email contact with its network members. Documentation provided indicates there have been 19 group email communications and as well as a bulletin distributed in 2012. The primary purpose of these communications to members is to disseminate information and SHBBV sector news and to promote various applied research and evaluation opportunities such as:

- events like 'Open Days'
- access to the latest research reports via direct links
- strategies
- publication
- employment
- scholarship applications
- funding
- special interest groups
- conferences
- calls for abstracts
- seminars
- workshops
- courses.

It is noted that while SiREN membership provides information, access to services such as the website does not require membership of SiREN.

The SiREN membership e-mail list enables SiREN to administer biennial surveys of members referred to as 'Needs Assessments'. These serve as a mechanism for identifying the research and evaluation priorities of the sector. The SiREN Management Team has conducted two surveys to date. A further independent survey was conducted in 2015 as part of this evaluation.

Overwhelmingly respondents to the 2012 and 2014 surveys identified research and evaluation as important for the sector, their organisation and in their own role. TABLE 2 below summarises and compares some of the findings.

TABLE 2: SHBBV SECTOR RESEARCH & EVALUATION NEEDS SURVEYS - 2012 & 2014 COMPARED

Survey Results	2012	2014
No. of respondents	23*	89
R & E important to their organisation	96%	91%
Research important to their own role	96%	91%
Thought evaluation was important	70%	98%

*NB: Care is required in utilising 2012 data due to the relatively small sample size.

The 2012 and 2014 research and evaluation needs assessments undertaken by the SiREN Management Team asked respondents which groups they saw as priorities for SiREN services. They identified youth, indigenous communities, CALD communities and those living with STIs and BBVs as important. To some extent it may be that responses reflect the target groups of those who responded.

SiREN has identified the engagement of vulnerable and hard to reach communities as research and evaluation priorities. There is recognition of the need to identify and share lessons learnt about effectively engaging different target groups, drawing together what has been demonstrated to be effective or promising practice.

SiREN is as much to do with members resourcing it as it is with SiREN resourcing the members. This is the nature of a network. There is an expectation many members will contribute through their participation on the PSG, reference groups, interest groups and at several forums.

The current membership list does not identify members by gender, occupational category or region. The addition of this information to the membership list may enhance the value of the membership list as a resource, particularly for analysing program reach and adoption.

Most members of SiREN are women. FIGURE 2 (below) shows the proportional representation of women (121) and men (36) in the network. The data available should be read as only broadly indicative because SiREN members are not actually asked to identify gender. FIGURE 2 was constructed on the basis of supposition based purely on Christian

name alone. Where a first name was not provided, the member was placed in the “*not known*” category for the purposes of FIGURE 2. The available membership data should not necessarily be read as implying SiREN is failing to reach men. The composition of SiREN membership may reflect under-representation of men throughout the SHBBV workforce more generally rather than any inability on the part of the network to recruit men. (NB: There is no data collected from this document analysis or any other source in the course of this evaluation to suggest that SiREN favours SHBBV issues relevant to women rather than those relevant to men.)

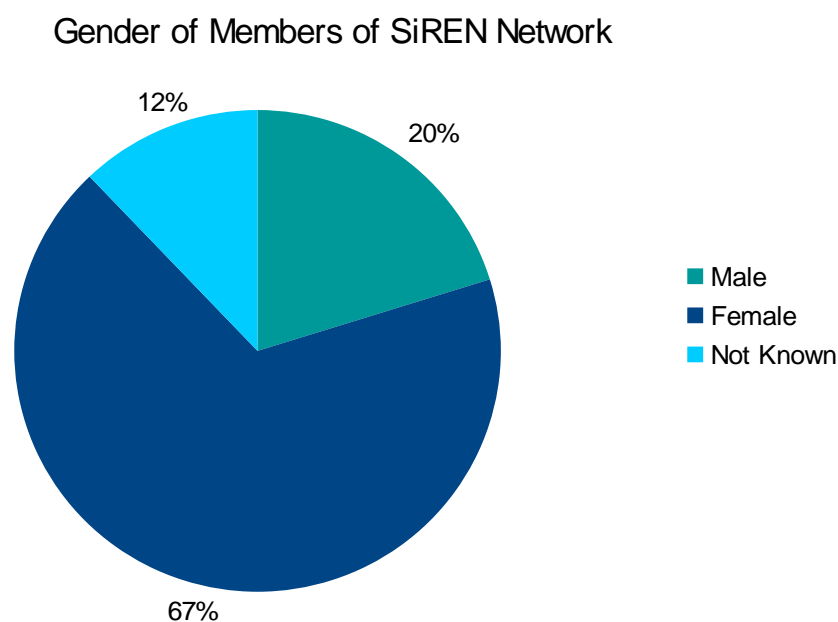


FIGURE 2: SiREN MEMBERSHIP BY GENDER (as at 23 March 2015)

FIGURE 3 (below) shows a breakdown of the SiREN membership according to the broad category of type of organisation members work for. There were 202 instances where organisational affiliation was apparent from the available email address or known to the SiREN Management Team. FIGURE 3 reveals that almost half (99) of all network members work in the NGO service sector. A substantial number (74) also work for government agencies. A further 29 SiREN members were employed in the tertiary education sector in academic and/or research roles. A mix of members is essential to achieving the practitioner-policy maker-researcher partnership SiREN aspires to. The available figures suggest SiREN has achieved the desired cross-sector reach.

A challenge for SiREN lies in serving a diverse membership that encompasses community service providers, clinical practitioners, academics and researchers and government agencies. Not everyone has similar expectations. The resource needs of a Health Promotion Officer, for example, may be quite different from those of a Policy Officer or a Lecturer.

Type of Organisations Members of SiREN Network Belong To

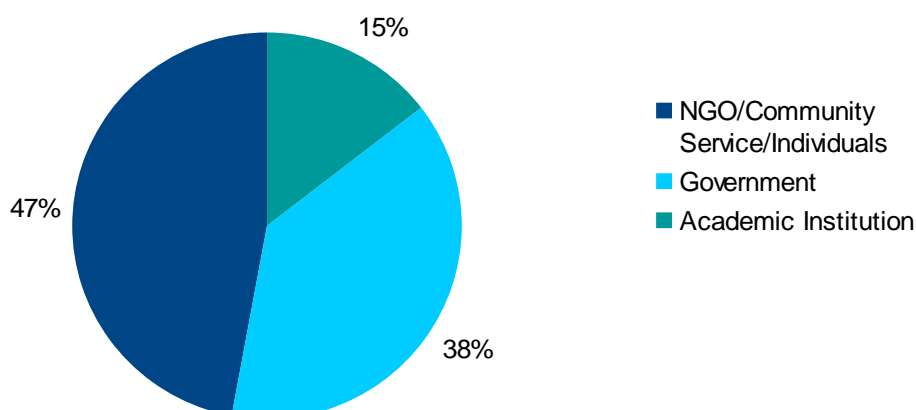


FIGURE 3: TYPE OF ORGANISATION SiREN MEMBERS BELONG TO (as at 23 March 2015)

FIGURE 4 (below) shows a geographical distribution of SiREN members with only 15 identified as located in regional WA. (Members resident outside WA were excluded for the purposes of this analysis.) This could be interpreted as suggesting SiREN needs to do more to extend its geographical reach. However, in considering the level of support provided by SiREN to regional WA it is important to bear in mind that:

- the WA population and SHBBV workforce is highly concentrated in Perth
- benefits of SiREN services and activities are not limited to members
- SiREN has run workshops and other activities specifically designed to be inclusive of and responsive to the needs of the regional population.

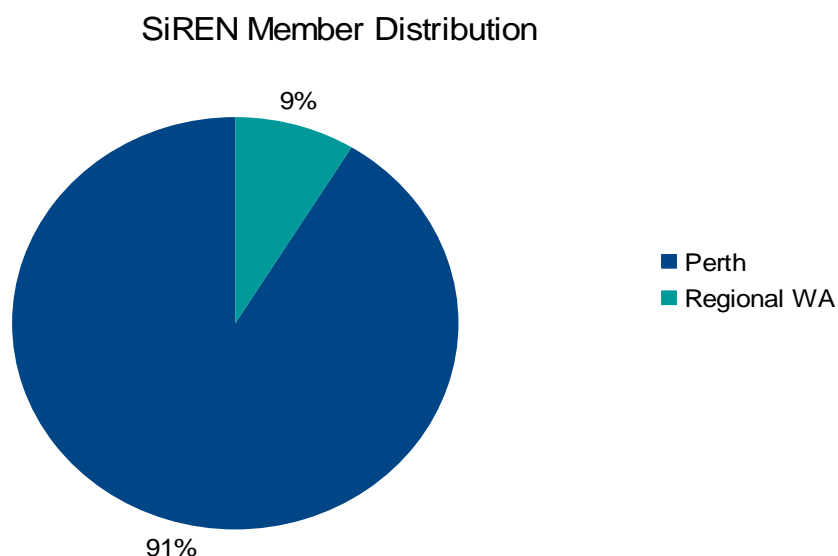


FIGURE 4: DISTRIBUTION OF SIREN MEMBERS (as at 23 March 2015)

The geographic size of WA, target group demographics (age, gender, ethnicity) and isolation and remoteness all pose challenges of one kind or another for SiREN, as they do in many other areas of service provision. The documentary evidence demonstrates the SiREN Management Team is aware of the issue: *“There has been an increase in communications between SiREN and regional areas and increased demand for project planning and evaluation support”* (Project Update, SiREN Project Manager, September-December 2013).

Finally it is noted SiREN has not yet instituted a systematic network recruitment strategy. Recently the PSG identified the potential of symposium, workshops and other events as opportunities to recruit members that might be exploited in the future.

6.4 Links to National Research Centres

SiREN seeks to develop collaborative relationships with nationally recognised research centres. These include:

- Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University in Victoria
- Kirby Institute (KI) at the University of NSW
- Centre for Social Research in Health (CSRH) at the University of NSW
- CERIPH at Curtin University in Perth.

The purpose of building these links is to:

- inform the evidence base
- share research and evaluation
- better enable WA to contribute to national research and evaluation agendas and priorities
- raise the profile of SHBBV issues and concerns in WA.

Not all linkages with national research centres necessarily need to occur through SiREN. It is noted some organisations in the SHBBV sector in WA have long established direct linkages.

One way of building links with research centres has been through the establishment of the SiREN Management Team. Some staff had pre-existing established relationships with national research centres which they have been able to build upon.

SiREN collaborated on a BUPA grant application with Centre for Social Research in Health (CSRH), UNSW, in 2014: *Empowering young people through sexual health promotion in general practice*. Unfortunately this was unsuccessful.

A second way of building links is through collaborative projects with national research centres. SiREN is working in partnership with ARCSHS at La Trobe University on the following projects:

- *What Works and Why in HIV programming (W3 project) in conjunction with WASUA*
- *HIV and Mobility: Road Map for Action*
- *Coalition for HIV and Mobility Research, Policy and Practice* subsequently renamed the Community of Practice for Action on HIV and Mobility (CoPAHM).

The W3 project is about seeking to understand the logic of peer and community-based approaches to HIV and hepatitis C. It explores the way flows of knowledge within health promotion programs may enable them to adapt to the diversity and dynamism of target communities. Programs and target groups are understood as complex adaptive systems.

In the last decade, there has been a global trend of increased HIV diagnoses associated with travel to regions of high HIV prevalence. Approaches to reducing HIV transmission are being adapted to respond to a social context where people are increasingly mobile. The WA HIV and Mobility Project is a joint venture between ARCSHS and CERIPH to identify, scope and review current programs and activities implemented in response to overseas acquired HIV. The project will provide recommendations for future targeted interventions for priority populations.

SiREN in partnership with CERIPH and ARCSHS developed a discussion paper entitled *HIV and Mobility in Australia: Road Map for Action Project* (2014). Members of the SiREN Management Team, CERIPH and ARCSHS co-authored and presented a paper on the 'Road Map' at the Inaugural International Conference on Migration, Social Disadvantage and Health Conference (11-13 February 2015). The implications of increasing population

mobility, both in Australia and overseas, were also discussed in a '*Changing HIV Landscape Seminar*'.

The collaboration has been on-going through a '*HIV and Mobile Populations Networking Group*' – now known as the Community of Practice for Action on HIV and Mobility (CoPAHM). It aims to build upon the earlier HIV and Mobility Project by bringing together policy makers, practitioners and researchers to enhance the capacity of the sector to address identified weaknesses. CoPAHM will take action on the priorities already identified. Supported by ARCSHS, SHBBVP and Commonwealth government resources, the project brings together national policy makers, practitioners and researchers to enhance the capacity of the sector to respond to issues relating to HIV and mobility.

SiREN collaborated with ARCSHS on a *What Works and Why in HIV Programming* project, in conjunction with WASUA. It also contributed to a joint BUPA grant application with the Centre for Social Research in Health (CSRH), UNSW: *Empowering young people through sexual health promotion in general practice*. A decision on the application is pending.

SiREN is involved in the conduct of two surveys.

- The Centre for Social Research in Health, in collaboration with the Kirby Institute, coordinates the longitudinal Gay Community Periodic Survey in different States. The focus is on the behaviour and practices of gay men, particularly in regards to their patterns of testing for HIV and STIs. These surveys are performed every two years in Perth. Other project partners include CDCD (Department of Health WA) and WA AIDS Council.
- SiREN assists the *Women's Western Australian Sexual Health Survey* (WWASHS), which is run in parallel with the Gay Community Periodic Survey. The focus is on women who identify as lesbian, bisexual or same sex attracted. The survey helps to understand changes in sexual behaviour in women and their health with the aim of informing preventative health programs.

A third way of building links with national research centres is by inviting senior representatives to regularly present at seminars and conferences in Perth. Conference attendance provides opportunities to interact face-to-face. Instances include:

- Western Australian Sexual Health Services (WASHS) Project Seminar (2012)
- HIV Seroconversion Study Seminar (2012 and 2014)
- Involvement with the Perth Gay Community Periodic Survey feedback presentations (2012 and 2014)
- Keynote addresses at the SiREN Symposium (2011 and 2014).

6.5 Disseminating Research and Evaluation

SiREN seeks to showcase exemplary evidence-based and innovative research and evaluation undertaken by the SHBBV sector in WA. There are two ways in which SiREN seeks to do this - presentations and publications.

Firstly, the SiREN Management Team provides encouragement and assistance to practitioners in the SHBBV sector to present the results of their research and evaluation projects at conferences, seminars and other forums. Conferences are a means of disseminating information and demonstrating collaboration. Presentations include the PHAA Conference in Perth, the International AIDS Conference (Melbourne), Australasian Viral Hepatitis Conference (Alice Springs), and the SiREN Symposium (Perth) and the AIDS 2014 Satellite seminar on HIV and Mobile Populations.

A distinction is made between capacity building conference co-presentations made by SiREN personnel with members of the SHBBV sector, and those made directly by SiREN and other members of the research and evaluation community with pre-existing capacity.

Capacity Building Conference Co-presentations with the SHBBV Sector

- **Lobo R**, Bevan J, Worthington D, Mak D and Mascarenhas L. 2013. *Evaluation of the Western Australian Regional Nurse-supported Hepatitis C Shared Care Program. Promises & limitations: biomedical prevention and treatment in the real world.* 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases. (Sydney, 20-21 February 2014). *Oral presentation*
- A Sorenson, M Roberts and **R Lobo**. *Using theatre to teach AND evaluate sexual health with young people from culturally and linguistically diverse backgrounds.* SiREN Symposium (Perth, 7 April 2014)

The following papers are at a planning stage with members of the SHBBV service delivery sector, but writing has not yet commenced:

- A Sorenson, M Mohamed, **R Lobo**. 2015. Evaluation of Your Cultural Lens online cultural competency training.
- R Tobin, **G Crawford**, **R Lobo**, S Rowell. 2015. Evaluation of the co-location model to build NGO evaluation capacity. NB: The project evaluation is available on the SiREN website.

Conference Presentations by members of the SiREN Team

- R Lobo, G Crawford, J Hallett, PJM Tilley and M Doherty. *SiREN: a capacity building model exploring the nexus between research, policy and practice.* PHAA Conference (Perth, 15-17th September, 2014)
- G Crawford, R Tobin, R Lobo, B Maycock, G Brown and K McCausland. *Rites & responsibilities: exploring digital discourse of Australian expats/travellers.* PHAA Conference (Perth, 15-17th September, 2014)
- G Crawford, R Lobo and P Langdon. *Fast & Cheap': travel, HIV and public health responses.* PHAA Conference (Perth, 15-17th September, 2014)
- R Lobo, P Langdon, and G Crawford. *Beyond border control? HIV, migration and public health policy.* PHAA Conference (Perth, 15-17th September, 2014)
- R Lobo, PJM Tilley, G Crawford, J Hallett, J Jancey and M Doherty. 2014. *Supporting community-based organisations to collect evidence of what works and why in HIV programming.* 20th International AIDS Conference. (Melbourne 20-25th July, 2014). *Poster*

- R Lobo, M Doherty, G Crawford, J Hallett, J Comfort and PJM Tilley. *SiREN – Building Health Promotion Capacity in Western Australian Sexual Health Services*. International Union for Health Promotion and Education, 21st World Conference on Health Promotion. (Pattaya, Thailand 25th-29th August 2013) *Poster*
- G Crawford, R Tobin, B Maycock, R Lobo, G Brown and K McCausland. *Risk, rites and responsibilities: digital discourse among Australian expats and travellers in South East Asia*. SiREN Symposium (Perth, 7 April 2014)
- P Langdon, R Lobo and G Crawford. *Globalisation, Mobility and HIV: Implications for HIV Prevention and Care in WA*. SiREN Symposium (Perth, 7 April 2014)
- G Brown, G Crawford and R Lobo. *HIV and Mobility. Discussion paper – consultation draft*. HIV and Mobile Populations AIDS2014 Satellite (Perth, 29 July 2014)
- G Crawford, G Brown, R Lobo and B Maycock. *Australian travellers, relationships and risk: exploring the nexus*. HIV and Mobile Populations AIDS2014 Satellite (Perth, 29 July 2014)
- P Langdon, R Lobo and G Crawford. *Globalisation, Mobility and HIV: Implications for HIV Prevention and Care in WA*. SiREN Symposium (Perth, 7 April 2014).

SiREN has also been involved in the production of other poster displays at three conferences, in addition to those identified above. One instance is:

Lobo R, Mascarenhas L, Bevan J, Worthington D, Mak D. 2014. *Evaluation of the Western Australian Regional Nurse-supported Hepatitis C Shared Care Program*. Promises & limitations: biomedical prevention and treatment in the real world. 9th Australasian Viral Hepatitis Conference. (Alice Springs, 17-19 September 2014). *Poster Presentation*.

SiREN was also involved in a 'You Say Tomah-to I Say Tomay-to' workshop delivered at the Youth Affairs Council of WA (YACWA) Fairground Conference (11 July 2014). The workshop explored different participant perceptions of effective service delivery and ways of evaluating it.

In addition to the presentations that have already occurred, five co-authored conference abstracts have been developed and submitted with the assistance of SiREN. One has been accepted.

Secondly, the SiREN Management Team prepares and submits manuscripts for consideration by practitioner publications and peer-reviewed journals.

Members of the SiREN Management Team (highlighted) have been active with others in publishing journal articles about the work of SiREN.

- **Lobo R**, Petrich M and Burns S (2014). 'Supporting health promotion practitioners to undertake evaluation for program development'. BMC Public Health 15: 1315.
- **Crawford G**, Bowser N, Brown G and Maycock B (2013). 'Exploring the potential of expatriate social networks to reduce HIV and STI transmission: A protocol for a qualitative study'. *BMJ Open*, 3. doi: 10.1136/bmjopen-2013-002581.
- Brown G, Ellard J, Mooney-Somers J, Prestage G, **Crawford G** and Langdon T (2014). 'Living a life less ordinary' Exploring the experiences of Australian men who have

acquired HIV overseas. Sexual Health, 11(6), 547-555. doi: 10.1071/SH13155.

The following planning document has also been published: **Crawford G**, Brown G and **Lobo R** (2015). *HIV and Mobility: Road Map for Action*. HIV Australia.

The SiREN Management Team has assisted in publishing a further three papers on SHBBV issues, including the paper produced for the HIV and Mobility Project previously discussed. Furthermore SiREN is currently in the process of co-authoring four manuscripts:

- one submitted for publication
- three currently in draft but intended for submission to peer-reviewed journals.

While members of the SiREN Management Team have had publication output, it has not yet been demonstrated that the SHBBVP sector more generally has the capacity to contribute to co-authored publications with members of the Team. It would not be reasonable to expect substantial output in the short term given day-to-day service delivery demands and the long lead times involved in the publication process.

6.6 Toolkit Resources

The SiREN Management Team is responsible for developing and delivering new toolkit resources to meet the needs of SHBBV sector partners in WA. Four resource toolkits have been developed to date, as indicated in TABLE 1. They provide information and guidance in relation to the research and evaluation process. Examples include navigation of the ethics approval process and the development of an evaluation strategy. The toolkits consist of step-by-step guidelines, checklists, information and graphics to enable greater participation in research and evaluation projects. Toolkit resources can be accessed and downloaded for free from the SiREN website. These are available to all users of the site, not just to network members. The development of resources is guided by the advice of a SiREN Resources Reference Group drawn from the membership.

The intention of SiREN is that toolkits be developed in response to expressed needs from the sector. Further information may be required to clarify how widely toolkit resources are used and shared. Some data is already available thanks to *Needs Assessment surveys* conducted by SiREN. The Management Team has conducted two surveys with members and other stakeholders to identify the research and evaluation priorities of the sector. The initial survey in 2012 identified a need to develop toolkit resources to address knowledge and skills gaps in planning program evaluations. Toolkits again emerged as a priority for the sector in the 2014 survey.

6.7 Professional Development

SiREN not only seeks to identify any gaps in knowledge and skills within WA's SHBBV sector, but also to deliver workshops to strengthen the competence of WA's SHBBV providers.

Nine workshops have been held to date. Duration ranged from half-day (7 workshops) to full day (2 workshops). Attendance ranged from 7 to 43 participants across the 6 workshops where attendance was reported. Average attendance was 17.3 people.

Workshops have been held in metropolitan and regional locations. The Perth workshops included *Toolkit Overview and Planning* (2) and an organisation specific *YACWA Evaluation Workshop*. The *Toolkit Overview and Planning* workshops have been delivered in the regional locations of Kalgoorlie, Bunbury and Broome. The *Introductory Planning and Evaluation* workshop was delivered remotely via video conference to participants in the town of Tom Price.

The SiREN Management Team held discussions with SHBBV stakeholders in mid-2012 to identify barriers to the conduct of more research and evaluation. Factors identified included:

- Some stakeholders not understanding the value of evaluation (beyond collecting data required to report against KPIs)
- Not having a research track record
- Inability to identify collaborators or research partners
- Inability to easily access the latest evidence from journal articles
- Lack of capacity.

The 2012 and 2014 research and evaluation *needs assessment surveys* administered by the SiREN Management Team asked respondents to identify what ought to be priority activities for SiREN. Professional development again emerged as a priority. Furthermore 65% of respondents indicated that they had attended a SiREN seminar in the previous 12 months.

Where professional development is seen as required, the need is nuanced as being about more than just knowledge and skill transfer. It is also about raising awareness of the value of research and evaluation and encouraging and motivating staff so that they are keen to learn and improve their research and evaluation skills.

It is also worth noting that professional development did not emerge as the only constraint on research and evaluation activity identified in the discussions and surveys. In the 2014 survey, lack of time (82%) was identified as the single greatest barrier to research and evaluation being undertaken, followed by a lack of funding opportunities (61%) and limited research and evaluation knowledge and skills (41%). Other barriers, related to a lack of funding opportunities that have been consistently identified, include the competitiveness of research and evaluation funding processes and lack of awareness of available funding sources.

Finally, it cannot be assumed that every individual or organisation in the SHBBV sector requires training. There are SHBBV stakeholders that do have pre-existing research and evaluation knowledge, skills, qualifications and opportunities to contribute. Data collected in the 2012 and 2014 surveys, as summarised in TABLE 3 (below), indicates there is existing research and evaluation capacity in the sector. There may, however, be an in-built bias in the survey results in that those who respond to a survey about research and evaluation are also, arguably, the most likely to be interested and to have pre-existing capacity. If so, this would have the effect of overstating existing capacity. It is also noted that these are self-assessments.

In interpreting TABLE 3, it is important to note the significantly higher response to the 2014 survey by comparison with the 2012 survey. It is important not to place too much weight on the 2012 figures given the low response rate. In the intervening two year period SiREN grew in size and a greater understanding of research and evaluation was developed.

TABLE 3: EXISTING RESEARCH AND EVALUATION CAPACITY

Survey Results	2012	2014
No of respondents	23*	89
Confident or very confident doing research	74%	68%
Confident or very confident doing evaluation	70%	79%
Likely or very likely to undertake research in next 12 months	70%	78%
Likely or very likely to undertake evaluation in next 12 months	91%	85%

*NB: Care is required in utilising 2012 data due to the relatively small sample size.

6.8 Website

The SiREN Management Team is responsible for migrating, managing and promoting the SiREN website. Staff within CERIPH developed the site with the assistance of the Digital Media Unit at Curtin University. Work commenced in 2012 and <http://siren.org.au/> was launched in mid-2013.

Its intended purpose is as a one-stop shop for organisations seeking SHBBV research and evaluation resources support. It is a central repository for SiREN documents, toolkit resources and information about workshops. It also provides links to other relevant websites including national STI, hepatitis and HIV strategies. The website is updated on an on-going basis with new reports, resources and information about upcoming training and events that may be of interest to the sector.

The 2014 SiREN Needs Assessment found 63% of respondents reported having used the website in the previous 12 months. Approximately half of them rated navigation, content, relevance and usefulness as '*excellent*'. That almost as many rated it as only '*fair*' or were '*unsure*' implies there may be room for refinement.

The SiREN Management Team tracks traffic on the site using Google Analytics and reports this information in its activity reports. The number of users on any day has ranged from 7 to 96 hits. FIGURE 5 below shows the total number of visits to the site in the first three full six-monthly periods in which it operated. For the purposes of this analysis the data period for the first half of 2013 has been ignored because there was only an initial six-week operational period. The results, therefore, are not comparable with the full reporting periods that followed.

When usage between the initial and most recent period of operation is compared, it can be seen that traffic has almost doubled over time to just over 2,000 visits to the site. This level of usage suggests the SiREN website is regarded as a useful source of information. There has, however, been a plateauing of traffic.

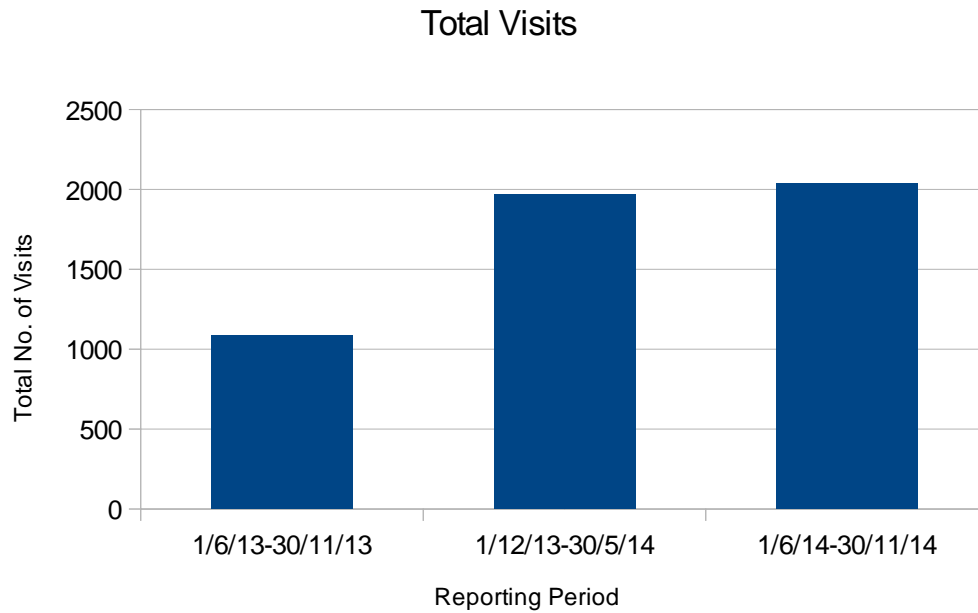


FIGURE 5: SIREN WEBSITE VISITS BY REPORTING PERIOD

The number of new users of the site has steadily increased in each reporting period, as depicted in FIGURE 6 below. Indeed it is greater than the number of users returning to the site.

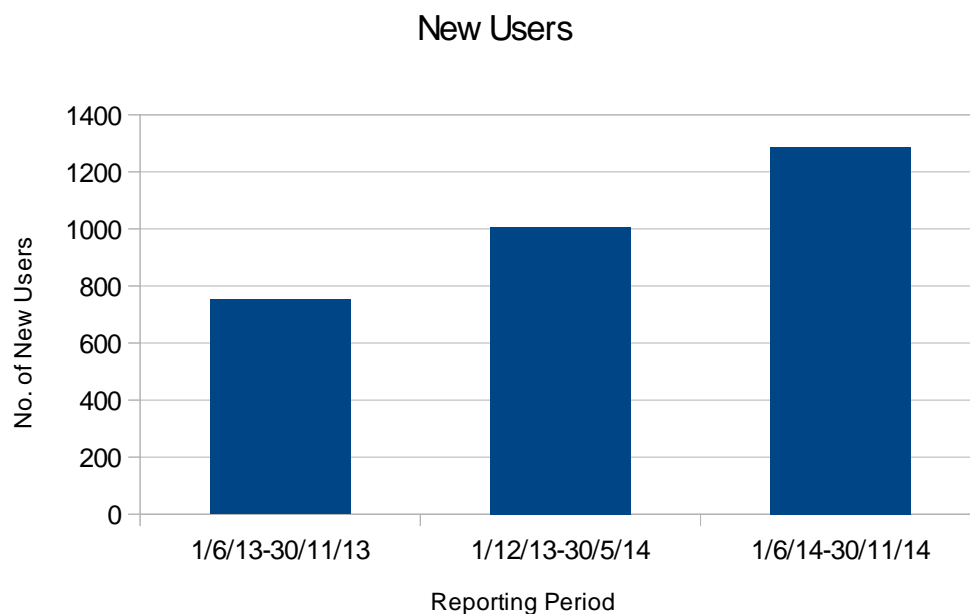


FIGURE 6: NO. OF NEW SIREN WEBSITE USERS OVER TIME

FIGURE 7 below shows the total number of page views on the site by users in each reporting period. There has been a decline since the site was established. This is despite an overall increase in total users and new users. Many users appear to be looking for specific information without clicking on through the site. This may have implications for website re-design.

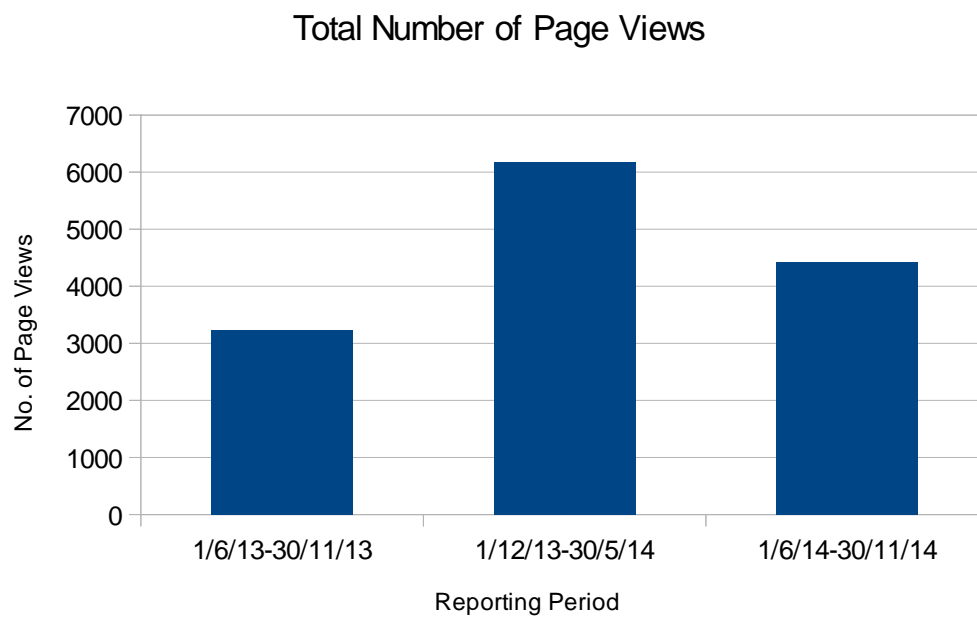


FIGURE 7: SiREN WEBSITE PAGE VIEWS OVER TIME

FIGURE 8 (below) shows the average time spent at the site by each user. It has declined from around 3 minutes in the first reporting period to less than 2 minutes in the most recent. Again this indicates most users are not clicking through the website. This may suggest some users are now familiar with the site and navigate directly to the specific information they are looking for. Certainly most people are not spending substantial periods of time on the website. They may, however, be downloading the resources they require and accessing them off line.

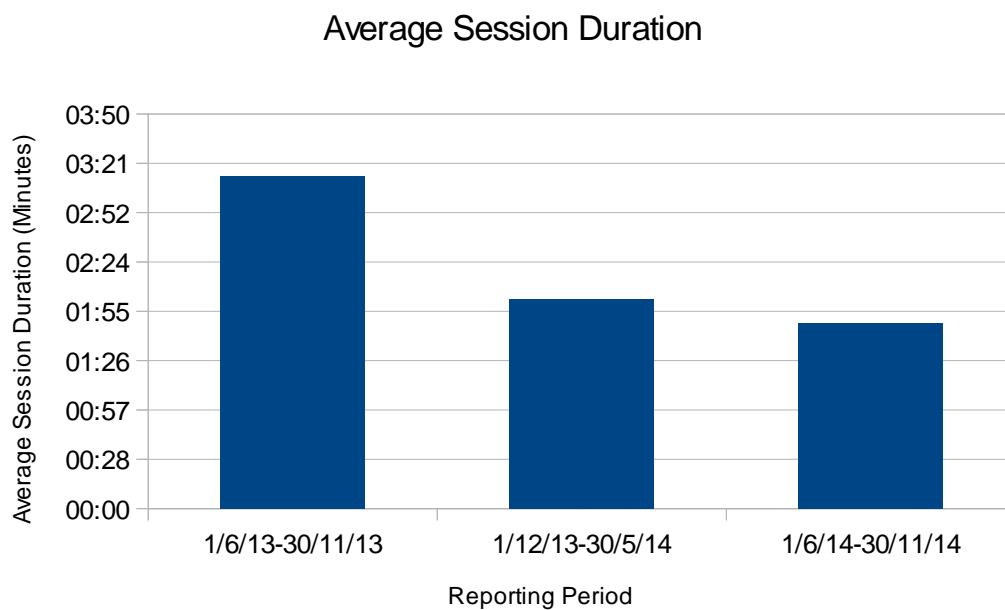


FIGURE 8: AVERAGE SiREN SESSION DURATION OVER TIME

SiREN recognises social media may be an effective means of reaching certain target groups, such as youth. Twitter is now used to provide brief updates and to promote events, research and publications. SiREN had 125 twitter followers as at March 2015.

SiREN has identified maintenance and enhancement of the website as an issue to be addressed in 2015. Planned additional functionality may include:

- Keywords search feature
- Links to Twitter and Facebook
- Events calendar
- Links to SHBBV organisations and national research centres
- Frequently Asked Questions (FAQ)
- On-line registration for SiREN workshops
- Gallery
- Publications page
- Project support page
- Podcasts and embedded videos
- Conference presentations page
- Upcoming Symposium, Seminars and Conference page
- Media page
- Membership '*Expression of Interest*'
- Current Research and Project Support page
- Project Support Case studies.

It is noted there are no detailed case studies of SiREN project support activities on the SiREN website. Displaying case studies presents an opportunity for SHBBV projects in WA to learn from each other.

6.9 Consultancies and Income Generation

Members of the SiREN Management Team are separately engaged in the following research and evaluation consultancies on behalf of CERIPH.

- Evaluation of SOC2 Project for Sexual Health and Family Planning ACT. The project is intended to increase the number of young people tested for Chlamydia. Data collection methods include desktop audit, literature review, teleconference meetings, key informant interviews and economic modelling. The research team is G Crawford, J Leavy, J Jancey, J Hallett, R Lobo, L Portsmouth, M Denehy and R Meade
- Development of an Evaluation framework to Prevent Injuries in Western Australia (2014-2017) for the Injury Control Council of Western Australia and the Injury Council of Western Australia (ICWA). The consultancy will develop and implement an evaluation plan for the '*Stay on Your Feet WA Program*' (SOYFWA) Program and the '*Partnership and Sector Development Program*'. The evaluations will determine if these programs have had a positive impact on knowledge, awareness, attitudes and behaviours of target groups and will determine whether program implementation has been effective and valuable.

While these consultancy activities are not directly relevant to the work of SiREN, they do demonstrate that members of the SiREN Team do have the capacity to win consultancies and generate some income from these activities.

In addition to the funding SiREN receives from SHBBVP, it has also assisted two organisations in the sector to apply for research and evaluation funding.

- 1) SiREN assisted WAAC with a research project application for the *KISS SHORE project*. The application was successful.
- 2) SiREN collaborated on a Western Australian Network of Alcohol and other Drug Agencies (WANADA) submission for a Lotterywest grant application: *Steroid harm reduction*. The application was not successful.

While these are not income generating activities for SiREN, the existence of commercial contracts might indicate there may be some opportunities for income generating research and evaluation activities in the SHBBV field. It is noted that workshops, toolkits, project support, evaluations and other activities are currently provided free of charge. There is some scope for the PSG to explore opportunities to provide some services on a fee-for-service basis.

6.10 Project Support

SiREN project support is a free research and evaluation consultancy service providing one-to-one mentoring support for selected WA SHBBV projects. Members of the SiREN Management Team work directly with SHBBV organisations in WA, providing a source of collaboration and expertise that enables organisations in the sector to conduct applied research and evaluation that would not otherwise be possible.

In the 2012 and 2014 research and evaluation *needs assessment surveys* undertaken by the SiREN Management Team, respondents were asked to identify what ought to be the priorities. Evaluation planning assistance and program evaluation support emerged as the main priorities.

The project support provided by SiREN may take multiple forms including:

- Assistance with ethics approval
- Scoping out a program and the issues it is intended to address
- Planning an evaluation
- Doing an evaluation of an existing program
- Designing, implementing and evaluating a new program or service
- Analysing existing data about the performance of a program
- Running a trial or pilot study
- Linking service providers and practitioners to researchers and evaluators.

There are a number of organisations with which SiREN has built collaborative relationships through the provision of project support. These include

- WA Country Health Service (WACHS)
- Aboriginal Health Council of WA (AHCWA)

- WANADA
- WA Substance Users' Association (WASUA)
- Drug and Alcohol Office (DAO)
- Nintirri Health
- Metropolitan Migrant Resource Centre (MMRC)
- SHBBVP
- WAAC
- YACWA
- Hepatitis WA
- Goldfields Population Health
- Kimberley Population Health.

It is noted that SiREN provides project support in both metropolitan and regional locations. Assistance has been provided in Kalgoorlie, Broome, Tom Price, Bunbury and Geraldton.

The main project support outputs to date are four completed program evaluations as summarised below in TABLE 4 (below). A separate Case Study Report undertaken as part of this evaluation provides more detailed descriptions of the project support provided by SiREN.

TABLE 4: SIREN PROJECT EVALUATIONS

COMPLETED EVALUATIONS	
1. Title	Evaluation of the Sharing Stories Youth Drama Program (MMRC).
Objective	To evaluate the effectiveness of using drama to educate young people on sexual health and relationships.
Background	Evaluation of a drama program to provide a greater understanding of sexual health awareness amongst adolescent migrants. A research student undertook the evaluation under supervision.
2. Title	Evaluation of Your Cultural Lens
Objective	To evaluate the suitability and appropriateness of an online cross-cultural communication training tool (' <i>Your Cultural Lens</i> ').
Background	Evaluation of an online cultural competency training resource for the provision of sexual and reproductive health services to migrant and culturally and linguistically diverse communities by health professionals such as GPs, nurses and community workers. A research student undertook the evaluation under supervision.
3. Title	Evaluation of nurse-supported Hepatitis C shared care services.
Objective	To evaluate the effectiveness of using nurse-supported Hepatitis C shared care services in regional WA.
Background	<p>Hepatitis C is a viral infection of the liver with significant morbidity and mortality. Management of chronic cases requires a multi-disciplinary team. Nurse-supported hepatitis C shared care programs are established in the Kimberley, the Great Southern and the South West regions.</p> <p>WACHPR (now CERIPH) was commissioned in 2013 by the Department of Health WA (Sexual Health and Blood-Borne Virus Program) to undertake the evaluation. A peer-reviewed paper was produced.</p>
4. Title	A Qualitative Study on the Implementation of Needle Syringe Programs (NSPs) in Western Australian Prisons (2013-2015)
Objective	To present data that can be used to formulate recommendations regarding the implementation of NSPs in WA prisons.
Background	Master of Public Health research student (S.

	Gibbings) conducted the evaluation under the research supervision of Dr R. Lobo (SiREN Project Manager).
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There are, in addition, numerous project support activities in process. SiREN is providing current assistance to the following projects:

- What works and why (W3) project (with ARCSHS/WASUA)
- Sexual health attitudes and behaviours of FIFO workers (with Nintirri Neighbourhood in Tom Price)
- International Students Project (with SHBBVP)
- Evaluation of NSP services (with WACHS South West)
- Evaluation Support project (with Hepatitis WA).

The work with Hepatitis WA is a potentially innovative project to build evaluation capacity within an NGO using a co-location model of evaluation planning support located inside the organisation. SiREN and other CERIPH staff are working with Hepatitis WA to trial an Evaluation Support role for 6 months. The purpose of the role is to provide dedicated evaluation planning support to NGO staff, with additional support provided to the NGO and the Evaluation Support role by SiREN as required. For further information go to

<http://siren.org.au/wp-content/uploads/2015/06/SiREN-and-HepatitisWA-Report-V6FINAL.pdf>

The SiREN Management Team has also provided project support to the following organisations to enable them to complete the following projects:

- STI testing by Aboriginal Health Workers (with AHCWA)
- Evaluation of RelaTE Program (with SRHWA)
- Evaluation of school-based sexuality education (with South Metropolitan Public Health Unit [SMPHU])
- Evaluation of AIDS 2014 NGO Booth (with WAAC)
- Evaluation of NSP services (with WACHS South West)
- Evaluation of Sexuality Concepts Resource (with Sexuality Education Counselling and Consultancy Agency [SECCA])
- Red Dirt Youth Photovoice Project (with Kimberley WACHS in Broome).

SiREN no longer provides support to these organisations. Additional support will be offered to the Red Dirt Youth Photovoice Project to enable an evaluation report to be written.

The SiREN Management Team successfully assisted the following organisations to gain research and evaluation ethics approval:

- WAAC research ethics approval application for the KISS SHORE (a review of objectives and evaluation strategy)
- WACHS for the Photovoice project
- Nintirri Neighbourhood Centre (Tom Price) for the study of sexual health attitudes and behaviours of FIFO workers.

Requests for project support are increasing as more stakeholders become aware support is available. SiREN has limited financial and human resources, but so far has been able to

respond in some way to every request for project support. The targeted selection of projects according to explicit and transparent criteria is therefore becoming more critical. The selection of projects is shaped by criteria implicit in the documentation. It appears to encompass the following:

- The project must be initiated by the organisation requiring support, not SiREN.
- The responsibility for research and evaluation project implementation always remains with the host organisation.
- The primary focus should be on WA priority SHBBV target groups.
- The project addresses one or more of the following issues:
 - Access to SHBBV testing services
 - Engagement with vulnerable populations, such as CALD groups and male youth.
 - Project involves capacity building, training and skills development, and the empowerment of organisations to conduct more effective research and evaluation.
- The project presents an opportunity to demonstrate sound planning and practice of research and evaluation.
- There is commitment to collaborative research and evaluation practice.
- The host organisation demonstrates commitment of its own resources to implement the project.
- There is willingness to share, write up and disseminate evaluation findings.
- There is balanced use of SiREN project support expertise across metropolitan and regional areas.

The criteria used to guide the selection of future projects needs to be transparent and might usefully be the subject of further PSG discussion and confirmation.

6.11 Education and Scholarships

SiREN promotes and enables individuals to apply for postgraduate and other scholarships and it supervises students undertaking SHBBV research.

SiREN is active in promoting and supervising student research and evaluation placements in the SHBBV sector. The SiREN Management Team has supported postgraduate students to engage in the SHBBV research and evaluation projects with host organisations in the SHBBV sector which include:

- 'Sexuality Concepts Resource' with SECCA
- 'Sharing Stories' evaluation with MMRC
- 'Red Dirt Photovoice Youth Project' with WACHS
- 'What Works and Why in HIV Programming (W3 project)' with WASUA.

SiREN has assisted three projects through the placement of PhD students:

- *Investigating Australian male expatriate and long term traveller social networks in Thailand to determine their potential to influence HIV and other STI risk behaviour;*
- *Developing a framework for community-based sexual health interventions for youth in the rural setting;*
- *The impacts of Western Australia sex industry legislation on the health and welfare of street-based sex workers in Perth.*

SiREN has assisted a further two projects through the placement of MA students:

- *A Qualitative Study on the Implementation of Needle Syringe Programs (NSPs) in Western Australian Prisons (2013-2015)* with the Department of Corrective Services
- *Evaluation of an online cultural competency training resource for the provision of sexual and reproductive health services to migrant and culturally and linguistically diverse communities by health professionals (2014-2015)* ('Your Cultural Lens' training') with MMRC.

The scholarships support early career researchers to develop and share their skills and expertise with the sector in a professional work environment. Two tertiary scholarships are available each year to support research and evaluation projects undertaken by postgraduate students. The scholarships stipend is \$5,000 each. To be eligible the student research project must:

- be at honours or post-graduate level
- have a public health or social research focus
- contribute to the prevention of sexually transmitted infections or blood-borne viruses (HIV, hepatitis C and hepatitis B).

In addition, SiREN also promotes the Australian Health Promotion Association Scholarship Program funded by Healthway. Three SHBBV agencies have hosted a scholarship recipient. SiREN supported one recipient's application and supervised the project.

The potential of further mobilising the student resource within the SHBBV sector has been canvassed in a PSG meeting. The SiREN Management Team has already been directly involved in a project to develop training opportunities for teachers and health nurses to increase their capacity to provide high quality evidence-based sexuality and relationships education in schools. The Sexuality and Relationships Education (SRE) for practising and pre-service teachers initiative (2013-2015) is funded by CDCD (Department of Health WA). Curtin University is developing a range of training opportunities for pre-service teachers, in-service teachers and school health nurses to provide quality, evidence-based sexuality and relationships education in schools.

It is noted that Curtin University students are active in applying their skills doing community-based research in the early childcare sector in collaboration with a school-based Child and Parent Centre. This may be a possible exemplary model for the SHBBV sector, but would need to be examined.

7. Conclusion

The analysis of the documentary sources reveals SiREN is undertaking numerous activities intended to add value to the SHBBV sector by promoting increased research and evaluation activity.

The documents do not provide direct evidence of improved long-term health for consumers. This cannot reasonably be expected given that SiREN has only been operational for a few years. There is, however, evidence of substantial outputs that might be expected to contribute to desired outcomes in the medium-term (refer to TABLE 1).

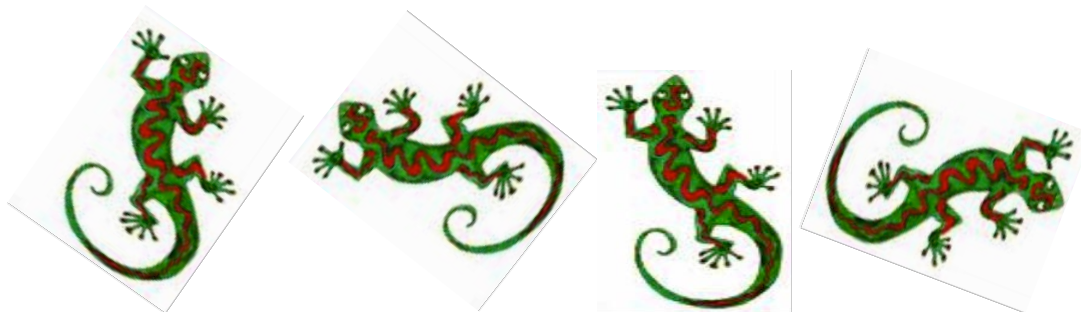
There is evidence of investment to build and strengthen the research and evaluation capacity of the sector. This includes toolkit resources and the conduct of professional development workshops. The available documents do not provide evidence these activities have built new generalised capacity in the short term. This requires evidence of increased research and evaluation activity across the sector. Other data sources for the evaluation may illuminate this critical issue.

There is, as yet, limited output related to the dissemination (presentation and publication) of collaborative research and evaluation in WA undertaken with the assistance of SiREN. Long lead times are a pre-requisite to output in this area. The process has commenced - as evidenced by the submission of abstracts and conference presentations by researchers in WA - but it may be too early to judge its ultimate effectiveness in terms of adding to the published and peer reviewed evidence-base.

There is documentary evidence that the provision of research and evaluation project support by SiREN has increased the research and evaluation activity of participating organisations. Whether participants will sustain this level of research and evaluation activity without a high level of SiREN involvement is not yet clear.

The documentary evidence indicates SiREN has created significant opportunities for practitioner-policymaker-researcher interaction and, furthermore, that this is valued by the sector. SiREN activities are inclusive of NGOs, the public sector, academic institutions and national research centres. There is also direct evidence of research and evaluation collaboration occurring with numerous organisations in the SHBBV sector. This is a necessary precursor to sustaining future partnership.

Appendix 8: Case study report



SiREN Project Support: Case Studies

**Forming Part of the Evaluation of the Sexual Health and
Blood-Borne Virus Applied Research and Evaluation Network
(SiREN)**

John Scougall Consulting Services

1.ORGANISATION	METROPOLITAN MIGRANT RESOURCE CENTRE OF WESTERN AUSTRALIA (MMRC)
1.1 Location	Mirrabooka, Perth Metropolitan Region, WA.
1.2 Work with SiREN (Collaborative Research and Evaluation Projects)	1. Sharing Stories Youth Theatre 2. Your Cultural Lens Project
1.3 Role of Organisation (Project Sponsor)	<p>MMRC is a not-for-profit community organisation that exists to build capacity and promote the wellbeing of migrant communities, including refugees and humanitarian entrants. The Management Committee is drawn from Centre members and culturally and linguistically diverse (CaLD) community representatives. MMRC has established links with government departments and other service providers. Funding is accessed from several sources.</p> <p>MMRC seeks to:</p> <ul style="list-style-type: none"> • bridge gaps new and emerging groups may encounter during their settlement in the Perth metropolitan area • enable the active social participation of migrant communities • contribute to an inclusive and harmonious community that accepts and values the contribution of migrants to Australian community life.
1.4 Involvement in SHBBV Health Issues	<p>The Community Development Team (CDT) within MMRC delivers culturally and linguistically appropriate training and information sessions to individuals, communities, non-government organisations (NGOs) and government organisations. The purpose is to increase knowledge and awareness of mainstream services and to enhance cultural competence when working with migrant communities on issues such as sexual health.</p> <p>The CDT works in collaboration with community groups and other service providers including the City of Stirling local government authority and SiREN.</p>

	<p>An aspect of the role of the CDT is to advocate in support of youth to assist them to engage with the wider community. Services include:</p> <ul style="list-style-type: none"> • sexual health information • support to build awareness of intimate relationships • life-skill development camps • beatball (a three-on-three version of basketball).
1.5 Sexual health and blood-borne virus (SHBBV) Project Objectives	<p>1. Sharing Stories Youth Theatre Program To educate migrant youth and raise awareness about sexual health and relationships using drama as the hook of engagement and participation.</p> <p>2. Your Cultural Lens To train culturally competent health professionals and better enable them to effectively communicate and interact with people from migrant and refugee backgrounds.</p>
1.6 Project Target Group	<p>1.Sharing Stories Youth Theatre Program CaLD youth aged 14 – 25 years participating in the drama group.</p> <p>2.Your Cultural Lens Health professionals, such as general practitioners (GPs), nurses and community workers, who work with SHBBV issues across cultures.</p>
1.7 Project Timeframe	<p>1. Sharing Stories Youth Theatre Program Commenced: 2008 – current/on-going Evaluation: 2013.</p> <p>2.Your Cultural Lens Commenced: 2014 Evaluation: 2015.</p>

1.8 Project Content	<p>1.Sharing Stories Youth Theatre Program The initiative used an interactive youth drama and theatre group to raise awareness, promote discussion and educate youth about SHBBV issues and relationships.</p> <p>It works with young people from CaLD backgrounds using forms of creative expression to enable them to learn about:</p> <ul style="list-style-type: none"> • safe, healthy and ethical intimate relationships • how and where to access support services. <p>The ‘Sharing Stories Youth Theatre’ program also explores social and environmental barriers that inhibit adolescent migrants from accessing services.</p> <p>2.Your Cultural Lens <i>Your Cultural Lens</i> is an on-line internet resource purposely designed to enable health professionals to better understand how to appropriately and sensitively communicate about sexual health matters across cultures. The resource is available at: http://www.mmrcwa.org.au/ycl/</p> <p>Prior community consultations were conducted by MMRC to reveal the nature of communication issues that may commonly arise in sexual health service delivery. These informed the development of the scenarios incorporated into the on-line resource.</p> <p>There are six modules that present users of the resource with scenarios and then ask them to consider how they might deal with each one. The on-line resource also provides a summation of typical communication problems encountered in a cross-cultural context and how they might be appropriately and sensitively approached.</p>
1.9 SHBBV Project Background	<p>1.Sharing Stories Youth Theatre Program The initiative addresses the needs of adolescent migrants who may require knowledge of sexual and reproductive issues and information about where and how to access health services.</p> <p>Young people under 25 years of age comprise a large component of people settling in Australia under the Refugee and Humanitarian Program.</p>

	<p>Migrant and refugee youth may feel wedged between conflicting sets of values within their own culture and those of the wider Western society. Family values and beliefs are influential during childhood and adolescence regardless of context and can be a barrier to open communication. Some youth from CaLD backgrounds may receive limited reproductive and sexual health education during adolescence and may not know how to access services.</p> <p>The design draws on Boal's liberation theory - 'The Theatre of the Oppressed' - that utilises theatre to promote social change. Participants are presented with opportunities to explore, show and analyse aspects of their lives through drama. They are invited to rehearse and act out scenarios drawn from their reality as a way to open up new ways of thinking. The facilitator asks participants to 'Show me, don't tell me; act that out'. It is possible for participants to do this because they are performing what they know. They may also see their own lived experiences reflected in the performances of others.</p> <p>2.Your Cultural Lens <i>Your Cultural Lens</i> is a cross-cultural communication training resource designed for use by people in the SHBBV workforce. The WA Department of Health approached MMRC with funding to develop this tool in recognition that health professionals require cross-cultural communication skills in order to effectively communicate about sexual and reproductive health issues and services with CaLD groups.</p>
<p>1.10 Challenges for Sponsor Organisation</p>	<ul style="list-style-type: none"> • Within MMRC there was a need to achieve initial clarity about the purpose and value of evaluation. • Both evaluations took more time than stakeholders within MMRC originally anticipated. • The health promotion literature indicates peer education may be an effective means of knowledge transfer via a 'ripple effect'. It is, however, a challenge to design an evaluation able to measure this particular outcome. • The <i>Your Cultural Lens</i> project revealed there was a trade-off between ensuring the on-line resource remained as brief and user friendly as possible, while also ensuring the information requirements for evaluation were fulfilled. • The original intention was that <i>Your Cultural Lens</i> would become an accredited course, but the pathway to achieving this outcome proved too complex. • SiREN cannot take a whole-of-organisation approach to building SHBBV research and evaluation

	<p>capacity within MMRC because the organisation is not primarily focussed on SHBBV issues.</p> <ul style="list-style-type: none"> • At one stage MMRC had three youth drama groups operating 2-hour long workshops each week: <ul style="list-style-type: none"> ○ A mixed gender group held at the MMRC Youth and Family Centre at Mirrabooka facilitated by the Sharing Stories Program Coordinator ○ An all-girls group at a secondary college facilitated by peer educators offering opportunities to learn about contraception, pregnancy and the risks of infection. ○ An intensive drama group in which peer leaders were mentored to strengthen their theatre and sexual health education skills. ○ When the evaluation was actually undertaken there were three drama groups involved – two at MMRC and one at a local community centre. Due to program cutbacks only the Mirrabooka group was operating at the time of this case study in 2015.
2. SIREN PROJECT SUPPORT	EVALUATION OF MMRC SEXUAL HEALTH EDUCATION AND TRAINING PROJECTS
2.1 Support provided by SiREN	<p>1. Sharing Stories Youth Theatre Program</p> <p>SiREN assisted MMRC by providing student researchers to design and conduct an evaluation. SiREN support took the form of:</p> <ul style="list-style-type: none"> • a postgraduate research student placement within MMRC and research supervision • advice on the type of evaluation that may be appropriate • advice on data requirements of the evaluation • evaluation planning assistance • advice on the design and administration of a Needs Assessment Survey • qualitative analysis of survey results. <p>In 2014, Curtin postgraduate student Meagan Roberts was awarded the Healthway Australian Health Promotion Association Scholarship. Her project, hosted by MMRC, investigated the effectiveness of the 'Sharing Stories Youth Theatre Program' in educating migrant youth about sexual health and relationship issues using creative engagement strategies. Meagan worked collaboratively with both MMRC and SiREN over a 6-month period.</p> <p>Both SiREN and MMRC personnel involved in this project had strong backgrounds in sexual health and youth</p>

	<p>issues.</p> <p>2.Your Cultural Lens SiREN was represented on the '<i>Your Cultural Lens</i>' Reference Group from the inception of the project. It assisted MMRC to design and conduct an evaluation by providing:</p> <ul style="list-style-type: none"> • a postgraduate research student placement within MMRC and research supervision • design of an on-line questionnaire embedded into the on-line tool • advice on the information gathering process. <p>The evaluation of <i>Your Cultural Lens</i> assessed the post-training cultural competence of health professionals who had used the <i>Your Cultural Lens</i> online training resource.</p> <p>The evaluation was undertaken by postgraduate student Mwamsonge ('Songe') Mohamed as part of a Master of Public Health study at the School of Public Health, Curtin University. Songe worked collaboratively with SiREN and MMRC throughout the evaluation. He praised the helpful and responsive support provided by the SiREN Project Manager and staff at MMRC, especially meeting during the planning phase of the evaluation.</p>
2.2 Significance of the Evaluation	<p>1.Sharing Stories Youth Theatre Program The evaluation explores the contribution of creative arts-based strategies to sexual health education for CaLD populations, an area in which there has been little previous study.</p> <p>2.Your Cultural Lens The evaluation explores whether an on-line resource is an appropriate response to the professional development needs of a workforce that may not have time to attend training workshops, an area in which there has been little previous study.</p>
2.3 Evaluation Data Sources	<p>1.Sharing Stories Youth Theatre Program Several data collection methods were used to gauge the impact of the program:</p> <ul style="list-style-type: none"> • Observation • Pre/post surveys

	<ul style="list-style-type: none"> • Pre/post drama scenarios • Retrospective interviews. <p>Firstly, observations of drama workshops were made. The student researcher developed four scenarios addressing subject matter such as safe 'partying', protective behaviours, alcohol and drug awareness and parent-teen conflict. Observations were then recorded and field notes taken as program participants acted out each scenario during drama workshops. The evaluation of this initiative is the first in Australia known to have used scenarios as a data collection method. The evaluation concludes it is an innovative and effective way of determining the impact of arts-based activity on participants.</p> <p>Secondly, two surveys were administered with participants. Pre and post-workshop completion of questionnaires made it possible to measure the impact of the workshops on sexual health attitudes and knowledge over time.</p> <p>Thirdly, Sexual Health Drama scenarios were developed in consultation with the participants and administered pre and post-evaluation. Pre and post-workshop completion of scenarios also made it possible to measure the impact of the workshops on sexual health attitudes and knowledge over time.</p> <p>Finally, retrospective interviews were conducted with six program participants to gain insights into any long-term benefits of the workshops. Each interview was recorded and transcribed. Most of the data that informed the evaluation was qualitative.</p> <p>2. Your Cultural Lens</p> <p>The evaluation explored the impact of the on-line training resource on cultural awareness and cross-cultural communication skills and behaviour of professional workers involved in providing services to migrant communities and CaLD groups.</p> <p>The data collection process included:</p> <ul style="list-style-type: none"> • a partial literature review of the limited information about the online cultural training of health service providers
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	<ul style="list-style-type: none"> • design of a questionnaire administered to users of the on-line resource about their training experience • retrospective interviews with users of the resource to obtain qualitative data about their experience. <p>The conduct of the survey during the Christmas holiday period may have adversely impacted on the survey response rate. The survey may also have attracted a greater response with more prior promotion. The on-line resource is purposely designed to continuously collect quantitative information that can be analysed for evaluation purposes. The future of the process will still require that someone is available to periodically analyse the data that are being collected. Nevertheless it does have potential as a means of enabling busy organisations to collect evaluative data with relative ease. Much of the data that informed the evaluation was quantitative.</p>
2.4 Ethical Issues	<ul style="list-style-type: none"> • SHBBV issues can be sensitive and confronting issues for some CaLD groups, increasing the risk of unintended harm. • Both of the MMRC research and evaluation projects required prior: <ul style="list-style-type: none"> ○ ethics approval from the Curtin University Human Research Ethics Committee ○ informed consent from each participant prior to commencement. • The postgraduate students placed at MMRC received dual research supervision from a Curtin University academic staff member (SiREN Project Manager) and the MMRC (Project Coordinator).
2.5 Evaluation Findings	<p>1.Sharing Stories Youth Theatre Program</p> <p>The evaluation report found drama to be an effective and inexpensive way in which to raise the sexual health knowledge and confidence of young people from CaLD backgrounds. Specifically the evaluation found:</p> <ul style="list-style-type: none"> • Theatre and drama provide an innovative way to provide SHBBV information and discuss sensitive topics that may have previously been regarded as 'taboo'. • Participants demonstrate an increasing capacity to overcome cultural barriers and display positive attitudes during discussions about SHBBV issues. • Peer referral, using people of similar age and background, is an effective method of attracting young people to the program and an example of 'good practice' in the promotion of youth sexual health. <p>The evaluation recommended that pathways be created to enable program participants to become peer mentors. This is seen as a way in which the Youth Theatre can become sustainable, enabling knowledge and</p>

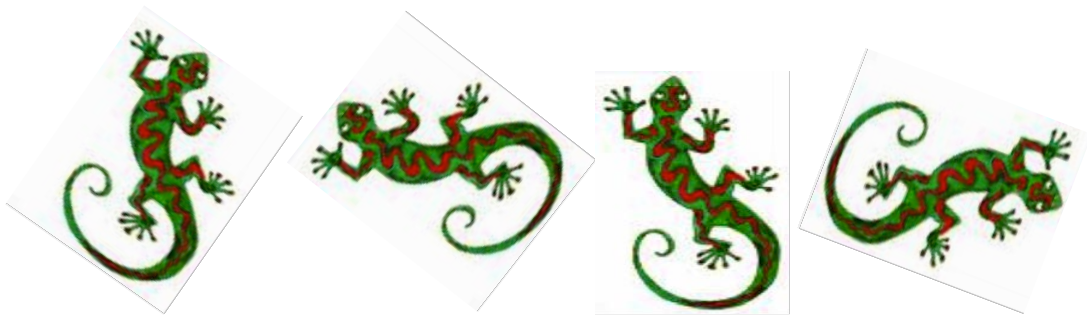
	<p>skills transference from past participants to younger and newer ones coming through the program.</p> <p>The findings of the evaluation may have broader transferrable applicability for the general use of interactive arts-based approaches to SHBBV education and evaluation in cross-cultural contexts.</p> <p>2.Your Cultural Lens</p> <p>The evaluation found the scenario-based internet tool is an innovative and cost effective way of building cultural awareness in the professional health workforce in respect of sexual and reproductive health issues.</p> <p>The resource is widely used. The evaluation report found that in one 4-month period, 157 health professionals and community workers accessed the on-line training resource. Of these, 92 participants completed two or more of the six training modules.</p> <p>Specifically the evaluation found:</p> <ul style="list-style-type: none"> • The online format is a convenient means of training busy health professionals. • Users of the resource state it helps them to identify, acknowledge and accept cultural difference. • There is an improved level of cultural awareness, and positive changes in beliefs, attitudes and skills following use of the resource. • Users express satisfaction with the online resource, rating it a suitable method of cross-cultural training. <p>Further evaluation would be required to understand whether a process of self-assessed changes in attitudes and behaviours actually does translate into more culturally sensitive professional health practice.</p>
<p>2.6 Evaluation Outputs</p>	<p>1.Sharing Stories Youth Theatre Program</p> <ul style="list-style-type: none"> • Roberts, M. <u>Evaluating the Sharing Stories Youth Theatre Program.</u> • Roberts, M. <u>Sharing Stories Poster Presentation.</u> • Sorenson, A, Roberts, M and Lobo, R (2014). <u>Using theatre to teach and evaluate sexual health with young people from culturally and linguistically diverse backgrounds</u>, Paper presented at SiREN Symposium, 7 April 2014, Perth: http://siren.org.au/wp-content/uploads/2014/03/SiREN_Symposium_FullProgram_FINAL-2.pdf (Abstract p28).

	<p>NB: SiREN Project Manager Roanna Lobo and former student researcher Meagan Roberts have drafted a co-authored journal article.</p> <p>2. Your Cultural Lens</p> <ul style="list-style-type: none"> • An on-line SHBBV cultural competence training resource, including an in-built evaluation mechanism, has been established. • Mohamed, M (2015). <u>Evaluation of an online cultural competency training resource for the provision of sexual and reproductive health services to migrant and culturally and linguistically diverse communities by health professionals</u>, MMRC. • Sorenson, A (2014). <u>From stage to web page – creating a sexual health and BBV online experience in cultural competency</u>, SiREN Symposium, 7 April 2014, Perth. • Sorenson, A, Mohamed, M and Lobo, R (2015). <u>Evaluation of Your Cultural Lens online cultural competency training</u>. (NB: proposed publication only - not yet commenced). • Songe Mohamed completed the academic requirements for a Master of Public Health.
3. OUTCOMES	
3.1 Capacity Building	<ul style="list-style-type: none"> • The contribution of SiREN was valued by MMRC in part because: <ul style="list-style-type: none"> ○ there are many demands on the time of the MMRC Community Development Team (CDT) ○ evaluation is a time consuming activity ○ evaluation may not yet be an organisational strength. • The demands of day-to-day service delivery leave little time for the CDT to sustain their involvement in research and evaluation in the absence of external support. • The Sharing Stories Project coordinator stated future assistance via student placements would be welcome. • Former participants from the Youth Theatre periodically volunteer to speak at events such as World AIDS Day.
3.2 Additions to Evidence-base	<p>1. Sharing Stories Youth Theatre Program</p> <ul style="list-style-type: none"> • The approach to evaluation adopted in this instance is critically based on establishing a foundation of trust within the group. It demonstrates the initial importance of building rapport between youth participants-project coordinator-researcher.

	<ul style="list-style-type: none"> • Youth Theatre can be effective in enabling conversations about sexual health amongst urban youth from a CaLD background. The technique made it possible to communicate easily, share experiences, identify issues and ask questions openly. • Collaboration with MMRC on the Youth Theatre program enabled SiREN to learn more about the value of creative arts in evaluation. <p>2. Your Cultural Lens</p> <ul style="list-style-type: none"> • Collaboration with MMRC on the '<i>Your Cultural Lens</i>' project has enabled SiREN to learn more about the value of using on-line resources in professional sexual health workforce education and training.
3.3 Research and Evaluation Network	<ul style="list-style-type: none"> • Sharing Stories Project Coordinator (Anne Sorenson) is actively engaged with SiREN through membership of: <ul style="list-style-type: none"> ○ the SiREN Project Steering Committee ○ the 2014 Siren Symposium Reference Group ○ SiREN and supervision of students working on MMRC projects. • Anne Sorenson contributes knowledge in respect to youth sexual health, theatre arts and a cross-cultural perspective from her work with CaLD groups. • Former research student Meagan Roberts remains engaged as a member of SiREN and is now a staff member at the SHBBV Program (WA Health).
3.4 Lessons Learnt	<p>The case study of MMRC engagement with SiREN highlights that:</p> <ul style="list-style-type: none"> • SHBBV awareness can be raised amongst youth from CaLD groups using interactive engagement strategies • there are opportunities to build a more culturally competent and inclusive SHBBV workforce through the design, use and evaluation of appropriate and effective resources • the provision of SiREN project support may elicit a high level of reciprocal 'gifting back' by agency staff in support of SiREN activities. • the student researcher found the process of evaluating <i>Your Cultural Lens</i> took longer than he had anticipated.

4. PEOPLE CONSULTED	MMRC PROJECTS
4.1	Anne Sorenson, Coordinator, Sharing Stories Project, MMRC.
4.2	Meagan Roberts, Former Curtin Research Student (Sharing Stories Youth Theatre) and Program Officer, SHBBVP, Communicable Disease Control Directorate, WA Health.
4.3	Mwamsonge ('Songe') Mohamed, former Research Student, Master of Public Health, Curtin University.
4.4	Dr Roanna Lobo, SiREN Project Manager and Research Fellow and Lecturer, School of Public Health, Curtin University.

Appendix 9: Program logic workshop report



SiREN Program Logic Workshop Report

**Forming Part of the Evaluation of the Sexual Health and
Blood-Borne Virus Applied Research and Evaluation Network
(SiREN)**

John Scougall Consulting Services

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1. Introduction

1.1. Overview

John Scougall was engaged by the Department of Health's Sexual Health and Blood-borne Virus Program (SHBBVP) to undertake an independent evaluation of SiREN. As part of the evaluation an informal program logic workshop was held from 9.45 am - 11.45 am on 9 March 2015 with members of the SiREN Project Steering Group (PSG).

The workshop was an opportunity to discuss the key components of SiREN: the aim, target group, rationale, assumptions, objectives, inputs, outputs, outcomes and performance measures.

1.2 Attendees

There were thirteen people in attendance (excluding the facilitator): Anne Sorenson, Andrew Burry, Anita Lumbus, Belinda Wozencroft, Daniel Vujcich, Donna Mak, Kate Carter, Roanna Lobo, Sam Winter, Steve Fragomeni, Stephen Plecas, Sue Laing, Kahlia McCausland. NB: Anita Lumbus and Sam Winter are not PSG members and were invited to attend as observers.

Kahlia McCausland took minutes. There were eight women and five men in the group. The workshop was facilitated by John Scougall (the evaluator).

1.3 Workshop Process

The facilitator shared resources he had developed ahead of the workshop. These resources described components of SiREN in summary form based on his understanding of how the initiative worked. This was informed primarily by the documentary sources that had been made available.

The resources used were:

- SiREN summary program description
- outcome hierarchy
- assumptions underpinning SiREN
- context, mechanism and outcome summary
- rubrics.

The facilitator also shared an initial program logic document with the group previously developed by the SiREN Management Team.

The purpose of the resources was simply to serve as a tool to facilitate workshop discussion. Attendees were invited to critique them to reflect their own understandings of SiREN and how it actually functions in their experience.

Where participants expressed a view elaborating on an aspect of the program, or contrary to the content of resource materials developed by the facilitator, their comments have been added in summary form in green italic font, as illustrated in this

sentence. The purpose is to differentiate their comments from the resources and provide the reader with a sense of the discussion.

2. SiREN Summary Program Description

The evaluator shared a one page summary description of the SiREN initiative he had written based on the available documentary sources (refer to Attachment 1).

Program Goal:

A culture of research and evaluation embedded in the SHBBV sector in WA.

There was general agreement that SiREN does seek to foster and embed a philosophy that values research and evaluation within the SHBBV sector.

Program Rationale (What's the Problem?):

The problem was that NGOs, government and universities tended to operate in isolated silos, were undertaking insufficient research and evaluation and there were insufficient means for sharing it.

The SHBBV sector in WA was not isolated into silos. This was not the main problem. Strong relationships already existed before SiREN in the SHBBV sector, but SiREN has added another dimension to these.

A SHBBV research and evaluation network may contribute to prevention by bringing stakeholders together, building capacity to conduct research and evaluation and facilitating the dissemination of findings that inform effective SHBBV health work.

Participants challenged the wording of this rationale. Discussion highlighted several catalysts for the establishment of SiREN:

- *There were not enough 'volunteer' resources to sustain the momentum needed for SiREN so the SiREN Management Team was established. The fact the SiREN Management Team is attached to a university enhances its credibility at a national level.*
- *There was frustration that WA's voice on SHBBV issues was not always heard nationally.*
- *There was limited research output research relevant to WA. Research from elsewhere does not always help solve WA problems.*
- *Attracting federal funding is easier when there is an evidence base and WA needs to demonstrate it has its own evidence base.*
- *SiREN is a body that could draw attention to state differences in epidemiology nationally. WA target populations tend to get subsumed in cumulative national numbers disguising differences in demography and epidemiology due to isolation. Epidemiological differences between WA and target populations in the eastern states are not always understood at a national level. (Epidemiology is the study of the patterns, causes and effects of health*

in defined populations in order to identify disease risk factors and target groups. Epidemiology can inform evidence-based practice, prevention and policy).

Intended Beneficiaries (Target Group)

- Medium Term: SHBBV sector in WA (practitioners, policy makers and researchers/evaluators)
- Long Term: SHBBV priority populations in WA.

Service providers in the SHBBV sector generally refer to themselves as such, not as 'practitioners'.

Objectives & Strategies:

- To **network** practitioners, policy-makers and researchers/evaluators.
Strategies
 - ✓ *Establishment of a network of members*
 - ✓ *Hosting research and evaluation symposiums and other events*
 - ✓ *Linking with research centres.*
- To build research and evaluation **capacity**.
Strategies
 - ✓ *Workshops*
 - ✓ *Toolkits*
 - ✓ *Research and Evaluation Support*
 - ✓ *Seminars.*
- To contribute to and share the **evidence-base** that informs sound practice.
Strategies
 - ✓ *Conference and Workshop Presentations*
 - ✓ *Publications*
 - ✓ *Website.*

Participant Comments

Workshop discussion centred on the importance of strategies which showcase evidence-based research and evaluation projects in WA and share the collaborative experience of researchers and service providers working together. Stories about success are important to the sector. The sector wants to encourage creative thinking to develop innovative solutions to complex issues, both existing and emerging.

The symposium is seen as an effective mechanism for bringing a lot of people together and prompting conversations exploring opportunities for collaboration within the sector.

The toolkits are seen as a valuable capacity building resource for those who know evaluation is important but need advice and support on how to do it.

On a practical level it was suggested SiREN might assist organisations more in the area of 'needs assessment' by creating surveys using its own survey account.

3. Assumptions Underpinning SiREN

The facilitator stated that the design of all programs rests on underlying assumptions that are not always explicit. In the case of SiREN some of the following sixteen statements might form part of its assumptive base.

- a) The program addresses an issue that is a priority and has significance for the sector?
National strategies define the priority populations.
- b) The underlying problem and rationale is defined and amenable to change, i.e. we know how to fix it?
The SHBBV sector has been clear about what it wants SiREN to achieve.
- c) The SHBBV sector is open to attitudinal change and a valuing of research and evaluation?
Some organisations and individuals in the SHBBV sector are at different positions in recognising the potential and value of research and evaluation. Some NGOs are struggling to cope with the shift towards fostering outcome-based evaluation and what that means in practice. This highlights the importance of exploring more practical and culturally acceptable tools that make engaging in evaluation less threatening.
- d) Most organisations in the sector have opportunities to develop capacity and engage in research and evaluation?
Small and less established organisations that experience recurring crises may be less inclined to engage with research and evaluation.
- e) The program exists against the backdrop of a supportive environment, i.e. social, economic and political conditions, complementary programs and the overall policy framework are enabling?
Relationships between organisations in the sector in WA are good and there is substantial program support from SHBBVP staff.
- f) Investment in interaction and partnership is a precursor to prevention?
The SiREN Management Team has worked hard to establish itself as a partner within the SHBBV sector.
- g) There is insufficient research and evaluation knowledge and skills in the sector?
There is an overall general need to enhance research and evaluation knowledge and skills. Organisations and individuals working within the sector are at different levels in this respect.
- h) The sector was insufficiently networked before SiREN?
The organisations that make up the SHBBV sector already had generally good relationships prior to SiREN. This helped them come together to establish SiREN. SiREN has added to the process.
- i) Training and information are effective ways to change organisational behaviour in respect of research and evaluation?
Participants at the meeting expressed general support for the training and information sharing work of SiREN. In addition they also emphasised the importance of developing a philosophy that values research and evaluation.
- j) The benefits of the intervention (SiREN) will outweigh any costs (financial,

relational and other)?

SiREN is seen as a beneficial addition to the sector.

- k) The organisations, priority groups and funding bodies in the sector are all committed to SiREN?

There is strong support for SiREN across the sector.

- l) Facilitation and teaching-learning processes are sound and based on adult learning principles?

Not discussed.

- m) There is a widespread willingness and ability to participate in SiREN activities?

Some members are active participants in the network, while others tend to be more passive recipients of services. It was noted that engagement with research and evaluation activities (and SiREN) can be demanding on time. This limits involvement.

- n) The teaching-learning resources produced are of high quality?

Participants mentioned that SiREN training workshops and toolkit resources were valuable.

- o) Information dissemination processes are sound?

SiREN has enabled members of the sector to present WA research and evaluation at conferences.

- p) There is a plausible mechanism via which priority target groups might be expected to benefit in the long term?

The expectation is that SiREN will contribute to improved health by building the research and evaluation capacity of organisations in the SHBBV sector.

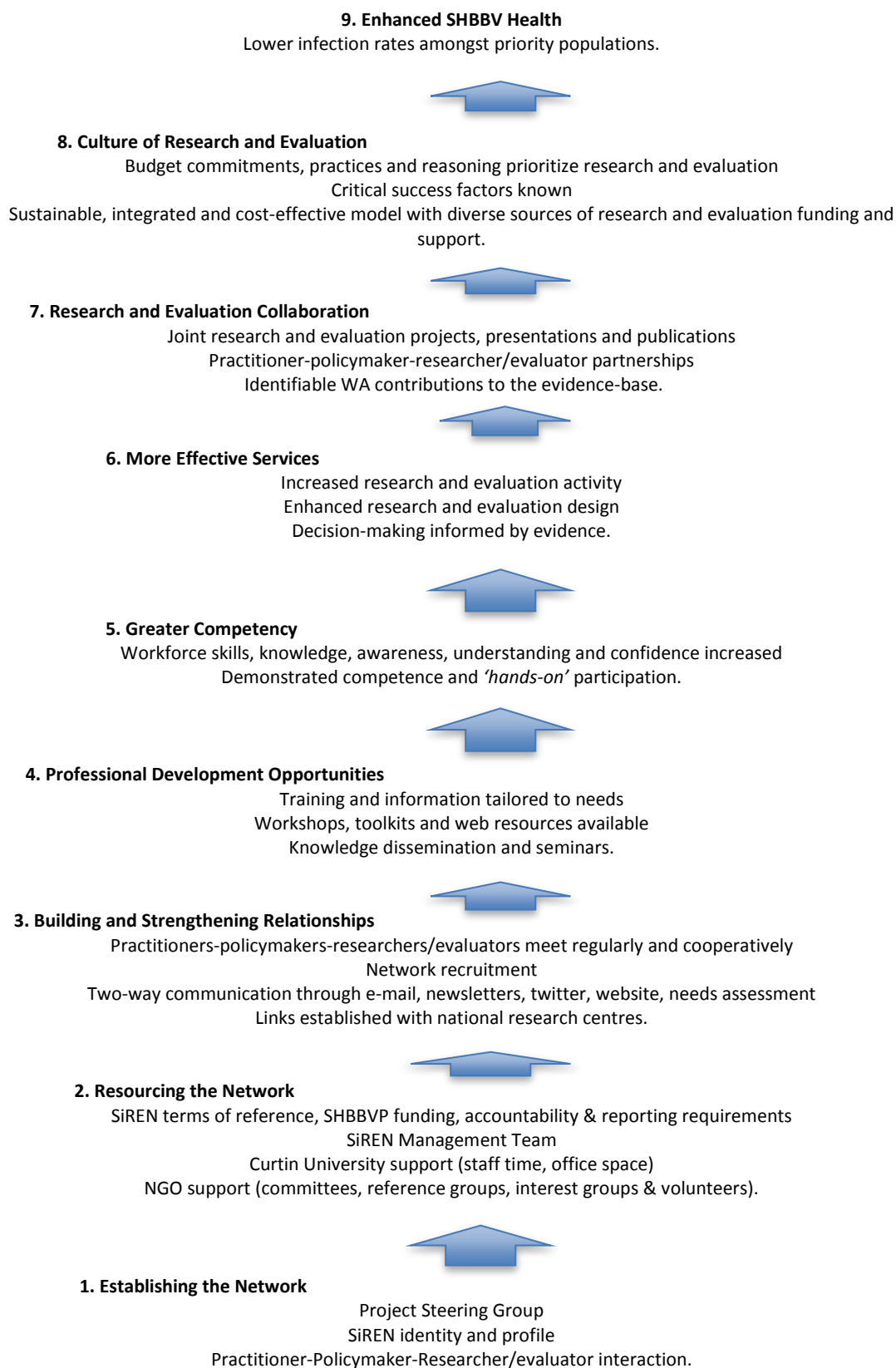
4. SiREN Outcome Hierarchy

The outcome hierarchy described in FIGURE 1 (below) was developed by the evaluator as a simple way of presenting his understanding of the relationship between SiREN outcomes in the short, medium and longer term. It should be read from the bottom up.

Workshop participants provided feedback on the outcome hierarchy.

There was some discussion about the importance of continuing to build towards a philosophy of research and evaluation in the sector. There was no fundamental disagreement with the logic underpinning the document. However, one participant found the program logic developed by the SiREN Management Team (see below) to be a more meaningful description. Other comments were:

- *The hierarchy presents a linear view whereas activities and outcomes may occur in parallel or even conceivably in a different order.*
- *There is probably more than one hierarchy with different agencies taking different pathways.*
- *Steps on the hierarchy need to be seen as changeable and adaptive to an ever changing context.*

FIGURE 1: OUTCOME HIERARCHY

5. Program Logic

Program logic is an evaluation tool that serves to explicitly outline theoretical causal linkages between inputs, processes, activities, outputs and outcomes in a time-ordered way. In this particular instance the purpose of employing program logic is to consider how SiREN seeks to contribute to outcomes in the short, medium and long-term and to make explicit any differences in understandings or nuance that may exist within the PSG or between the PSG and the evaluator. On a single page it ought to be possible to conceptually describe how SiREN is meant to add value to the SHBBV sector. In the absence of program logic, an explanatory void may sometimes exist between inputs, on the one hand, and the achievement of desired outcomes, on the other. Program logic helps to address this by explicitly spelling out the assumed causal connections between inputs, actions and outcomes.

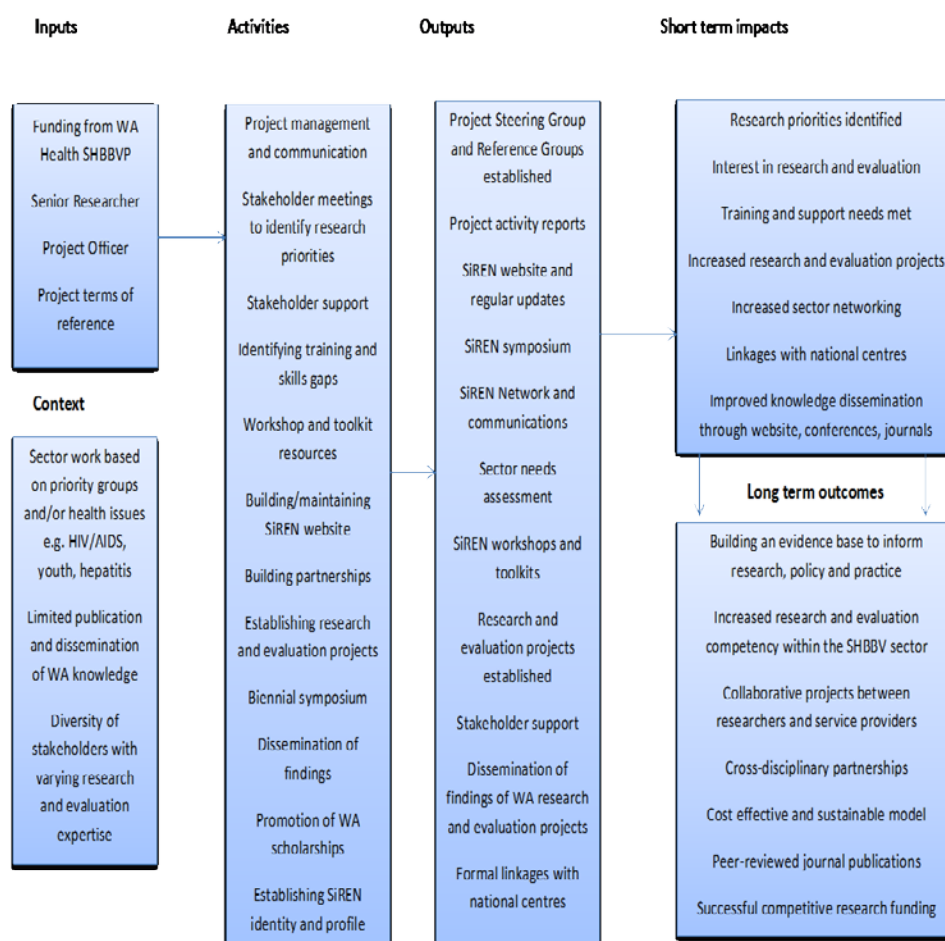
The SiREN Management Team had previously developed program logic, as shown in FIGURE 2 below. There was agreement at the workshop this document is an accurate description of the inputs, activities, outputs and expected impacts of the program.

The development of program logic is often a forerunner to developing a theory of change about how an initiative is meant to work to make a difference. Currently there is no explicit theory of change for the SiREN program. The final SiREN evaluation report recommends SiREN develop a theory of change to make explicit how the initiative makes a difference in the short, medium and longer terms. In the long term the expectation appears to be that SiREN will contribute to:

- Improved community sexual health e.g. reducing the prevalence of STI and BBV by changing/influencing sexual and drug-related behaviours
- Increased research and evaluation capacity e.g. attitudes, skills and competence
- Fostering a culture (belief system/philosophy) that values research and evaluation within the SHBBV sector.

These long-term outcomes are inter-related.

A SHBBV sector that believes in research and evaluation is more likely to do it and will have a greater capacity to improve community health outcomes.

FIGURE 2: SiREN PROGRAM LOGIC

6. SiREN Evaluation Rubrics

6.1 Overview

A rubric is an assessment scale to rate program performance against specified criteria and standards. Rubrics are often used in evaluation, not just to make value judgements, but also to make the evidence that supports them more transparent.

At the workshop participants were asked to rate the performance of SiREN against the criteria and standards set out in TABLES 1-5 (below). Participants placed coloured stickers/dots next to the statement that best matched their own view. A few participants purposely overlapped their responses across statements where they thought the current situation was mid-way between two standards. In these instances the response was counted as only half affirming of each statement and, for the sake of the exercise, counted as 0.5, 1.5 and so on.

In addition to the 10 workshop participants that engaged in the exercise, interviewees and those contributing to the case studies were also invited to complete the same exercise. Eight volunteered to do so, making a total of 18 rubric responses.

No one participating in the exercise agreed with any of the lowest standard statements of performance on any the criteria. Indeed there was little agreement with any negative statement relating to SiREN. At the other end of the continuum it is also the case that, with one exception, no one totally agreed with any of highest ('excellent') standards of performance. Overall the rubric responses indicate that most participants view SiREN as good work in progress.

One participant said it was difficult to rate SiREN performance without having a relative comparative baseline to indicate what criteria such as 'excellent' might actually mean.

6.2 Overall Performance

Overall participants rated the performance of SiREN highly. More than eighty percent regarded it as "highly effective" (refer to TABLE 1).

Throughout the workshop individuals instanced examples where they felt SiREN had performed particularly well. These included:

- *training for youth workers*
- *instilling the notion that evaluation is needed in project development*
- *SiREN symposium*
- *building partnerships*
- *development of innovative data collection strategies*
- *HIV and mobility collaborative work with CDOD, WAAC and others*
- *development of toolkit resources.*

TABLE 1: OVERALL PERFORMANCE OF SIREN

1.	Excellent
0%	It has built a strong network, capacity and an evidence-base.
2.	Highly Effective
80.5%	It is in the process of building a broad network, new capacity and a strong evidence-base.
(n=14.5)	
3.	Useful contribution
19.5%	It does provide new opportunities to network, participate in capacity building activities and access the evidence.
(n=3.5%)	
4.	Poor
0%	It provides few opportunities to network, participate in capacity building activities or better access the research and evaluation evidence.
5.	Detrimental
0%	Investment in a research and evaluation network, capacity building activities and an evidence-base are low priorities and the resources might be better used elsewhere.

6.3 Network Participation

More than seventy-two percent of those who engaged in the SiREN rubrics exercise agreed with the statement “*There is a developing sense of teamwork around research and evaluation issues*” and that “*Most SiREN members are committed to regularly participating in meetings and forums*” (refer to TABLE 2 below).

SiREN is contributing to the emergence of an SHBBV sector that is a ‘community of practice’ with seamless boundaries between policy, practice and research. Workshop participants also emphasised the value of building of new linkages and partnerships, both within the sector in WA and with national research centres. There are multiple opportunities for organisations and individuals to get involved in aspects of the work of SiREN such as the design of toolkit resources. However, it may be harder to engage with organisations that are not health or health promotion agencies or where staff are not routinely talking about sexual health or blood-borne viruses as part of their core business. It was also noted there are agencies with some involvement in the sector, such as the Department of Education and the Department of Corrective Services, that are not currently active in the network.

TABLE 2: NETWORK PARTICIPATION

1. 0%	Most members of SiREN contribute to research and evaluation objectives in some way.
2. 72.2% (n=13)	There is a developing sense of teamwork around research and evaluation issues. Most SiREN members are committed to regularly participating in meetings and forums.
3. 22.2% (n=4)	SiREN members have an interest in research and evaluation issues and recognise they have opportunities to become involved in research and evaluation.
4. 5.6% (n=1)	A small group of dedicated people are driving research and evaluation. Only a handful of members are willing to accept committee and specialised responsibilities.
5. 0%	Most members have little interest and there is reluctance to become actively involved in research and evaluation activities.

6.4 Capacity Building

Forty-four percent of respondents agreed with the second highest statement “A core group of service providers have significant research and evaluation capacity”. Almost as many agreed with the lower standard that “There is a common long-term goal of developing research and evaluation capacity, but for the most part it is yet to be built.” There were two participants who half agreed with the higher standard: “The goal of building broad and substantive research and evaluation capacity across the SHBBV sector is being achieved” (refer to TABLE 3 below).

Comments at the workshop indicate support for SiREN’s role in building research and evaluation capacity. The facilitator noted that the SiREN ‘role statement’ does not mention capacity building (refer to Attachment 1). The facilitator queried whether it may need to be updated to reflect this role. The facilitator also noted that research and evaluation activities could cover a lot of territory including project planning, data collection methods, needs assessment surveys, through to full-scale evaluation, reporting and publication. People may be involved in some research and evaluation activities without getting involved in all aspects.

Workshop participants said more research and evaluation activity was occurring in the sector since SiREN had been established. Examples include:

- *Research being undertaken by WAAC around ‘travellers’ and HIV.*
- *SRHWA is investigating the viability of establishing a support group for people with herpes.*
- *YACWA workshops for youth worker organisations and research on use of the*

sector guidelines.

Capacity is uneven. There was discussion about whether it is realistic to expect SiREN to build research and evaluation capacity across the entire WA SHBBV sector. Lack of research and evaluation capacity is still a barrier for some organisations. The communities some agencies are working with may not have the foundational skill set needed to easily engage in research and evaluation.

Organisations with pre-existing research and evaluation capacity and operating at the core of the SHBBV sector may reap more benefits from SiREN research and evaluation support than those on the periphery. One workshop participant suggested this may have a 'halo effect' to the extent these serve as exemplars of sound research and evaluation which other agencies may emulate. This 'ripple in the pond' effect is hard to measure.

TABLE 3: CAPACITY BUILDING

1. 5.6% (n = 1) NB: 2 x 0.5)	The goal of building broad and substantive research and evaluation capacity across the SHBBV sector is being achieved.
2. 44.4% (n=8)	A core group of service providers have significant research and evaluation capacity.
3. 38.8% (n=7)	There is a common long-term goal of developing research and evaluation capacity, but for the most part it is yet to be built.
4. 5.6% (n=1)	Mostly the sector looks to universities and government to set the direction and make research and evaluation happen.
5. 0%	Research and evaluation capacity in the sector is almost non-existent. There is little evidence of improvement on-the-ground.
5.6% (n=1)	Not sufficiently informed to comment

6.5 Evidence-Base

Fully 50% of respondents agreed with the statement *“Increasingly people in the sector value and access the evidence derived from research and evaluation”* (refer to TABLE 4 below). A further thirty eight percent agreed with the even higher standard *“The research and evaluation evidence-base underpinning programs has grown significantly and it is widely used.”* One participant agreed with the highest standard

statement: “A substantial research and evaluation evidence-base informs the decisions and actions of the SHBBV sector.”

Workshop discussion centred on SiREN’s contribution to breaking a ‘bean counting mentality,’ i.e. shifting the focus towards how outcomes might be achieved. SiREN provides a common language for talking about project planning and evaluation. In this way it helps to bridge any gaps between staff knowledge and experience. One workshop participant stated there had been noticeable changes in the way the SHBBV sector values having rigour and a solid evidence-base.

TABLE 4: EVIDENCE BASE

1. 5.6% (n=1)	A substantial research and evaluation evidence-base informs the decisions and actions of the SHBBV sector.
2. 38.8% (n=8)	The research and evaluation evidence base underpinning programs has grown significantly and it is widely used.
3. 50% (n=9)	Increasingly people in the sector value and access the evidence derived from research and evaluation.
4. 5.6% (n=1)	There is recognition of the importance of evidence-based approaches, but the research and evaluation is not easily accessible or readily available.
5. 0%	The evidence-base for many programs is weak.

6.6 Culture of Research and Evaluation

Participants in the exercise were asked to respond to statements about progress towards achieving a culture of research and evaluation in the sector (refer to TABLE 5). Thirty-five percent of participants agreed with the statement that *“Research and evaluation is valued by practitioners, policy-makers and researchers in the sector”* and *“There is a planned and systematic approach towards improving research and evaluation outcomes in the sector.”* A further 35% agreed with the even higher standard *“There is keen interest in research and evaluation issues”* and *“These are recognised priorities in the sector.”*

SiREN has helped make research and evaluation a focus in existing conversations in organisations where it had not previously had a place. One participant stated SiREN was not so much an entity as a “philosophy manifested in thoughts [and] patterns of working.” One workshop participant stated that evaluation had become ‘trendy’ in the last decade which had created an environment more receptive to it. Workshop participants felt there was a cultural shift (change in beliefs) underway towards support for more outcome-focused evaluation. Increasingly evaluation is built in at the start of the projects rather than as an afterthought. People are also more reflective about ‘Why are we evaluating?’

TABLE 5: CULTURE OF RESEARCH & EVALUATION

1. 0%	A strong culture of research and evaluation is embedded right across the sector. A holistic vision of sector-wide research and evaluation excellence is being realised.
2. 38.8% (n= 7)	There is keen interest in research and evaluation issues. These are recognised priorities in the sector.
3. 58.33% (n=10.5)	Research and evaluation is valued by practitioners, policy-makers and researchers in the sector. There is a planned and systematic approach towards improving research and evaluation outcomes in the sector.
4. 2.3% (n=0.5)	There is little joint planning or action to address concerns about research and evaluation.
5. 0%	The sector does not see itself as sharing common research and evaluation issues that might bring it closer together. It mostly relies on universities and government to undertake research and evaluation.

7. Realist Methodology

A realist methodological perspective (Pawson & Tilley, 1997) has been utilised in this evaluation. The approach recognises the place motivations, behaviours and contextual elements play in shaping how programs work. It is grounded in an understanding that a program may operate differently in different settings and circumstances. Outcomes are therefore always understood as a function of the three-way interaction between **cause** and **effect** within a particular **context**.

SiREN is one of numerous initiatives that seek to contribute to the sexual health of the community. It exists within a ‘crowded’ policy context where it forms part of a much broader network of services and structures seeking to make a difference. Success in this field is, therefore, ultimately measured in terms of positive outcomes that critically depend on the effectiveness of the entire system, not any one initiative in isolation. Sound relationships, effective coordination and an environment conducive to implementation are critical to effective delivery.

The SiREN initiative serves diverse stakeholder groups playing different roles and with varying resource and support needs. Stakeholders are understood as responsive and active decision makers, not as passive recipients. Each group has its own goals, motivations and behaviours that drive their particular priorities. Consequently stakeholders may have their own notions of what the program ‘is for’ and the value and significance they attach to particular aspects and, indeed, what counts as ‘success’. Certain stakeholders may, for instance, make use of SiREN in ways not originally intended by its initiators and/or funders.

Central to a realist perspective is the notion that stakeholders shape a program. The critical evaluative question is, therefore, not simply ‘What works’, but rather ‘What works, for whom, how, and in what circumstances?’ It is understood:

- Stakeholder groups may not have a uniform response to SiREN
- Each stakeholder group may have different research and evaluation needs
- Participants need to be engaged in a manner respectful of their culture and diversity
- It is necessary to collect data about program implementation and contextual variations that explain divergent outcomes with different stakeholder groups.

FIGURE 3 was developed by the evaluator ahead of the workshop to elicit discussion. It describes particular aspects of the context in which SiREN operates and how particular mechanisms may be ‘fired up’ by SiREN to produce particular outcomes.

Participants at the workshop were asked to reflect on the realist evaluation question of ‘What works for whom, under what circumstances and why?’ Workshop participants identified particular circumstances/contexts in which they felt SiREN had been particularly effective:

- *The training of youth workers because they have the professional background to acquire knowledge and skills and apply it.*

- *Established organisations that have the 'basic infrastructure' in place to operate in a stable manner.*

FIGURE 3: CONTEXT, MECHANISM AND OUTCOME ANALYSIS

CONTEXTUAL FEATURES RELEVANT TO SiREN	CHANGE MECHANISM FIRED BY SiREN	EXPECTED SHBBV RESEARCH & EVALUATION OUTCOME
<p>1. Population Characteristics</p> <ul style="list-style-type: none"> - SHBBV Priority Groups are diverse and have diverse priorities. 	<p><u>Resources Provided</u> SiREN works separately with organisations addressing needs of different priority groups, e.g. youth services.</p> <p><u>Reasoning</u> Capacity built will trickle down to reach particular priority populations they serve.</p> <p><i>It was stated that ‘ripples in a pond’ or ‘halo effect’ is a more apt description than ‘trickle down’.</i></p> <p><i>There was a little reflection on why has SiREN been invited into and become involved in some projects and with some organisations while others remained on the periphery. This was identified as an evaluation question in need of illumination. In terms of readiness to engage in research and evaluation (and with SiREN) the organisations and individuals who comprise the sector can be conceptualised as being variously strung along a continuum rather than being at a fixed point. It was posited that some organisations in the SHBBV sector may not completely understand how SiREN can assist with research and evaluation projects.</i></p>	<p>Improved SHBBV health in all priority groups</p>

<p>2. Service Delivery System</p> <ul style="list-style-type: none"> - Different organisations - Different roles - Different research and evaluation capacity 	<p><u>Resources Provided</u> SiREN creates opportunities to bring agencies together in various forums.</p> <p><u>Reasoning</u> Agencies are cooperative and learn from each other.</p> <p><i>The numbers of organisations that comprise the SHBBV sector in WA is not large which makes an initiative like SiREN more manageable. Strong pre-existing relationships are an advantage for an entity like SiREN.</i></p> <p><i>There was discussion about population groups in the SHBBV sector who may not be benefitting from SiREN. All SHBBVP contracts include a requirement to engage in research and evaluation. SiREN funding by the Department of Health is recognition of the importance of research and evaluation. However, the available level of funding and the short-term nature of funding can be limiting factors for some organisations considering engaging in research and evaluation activities. The context may not be so supportive for those agencies which lack the resources to permit significant involvement in research and evaluation activities, especially those where SHBBV work is not core business.</i></p>	<p>'Joined-up' service sector in respect of research and evaluation issues.</p>
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3. Geography <ul style="list-style-type: none"> - Urban - Regional - Remote. 	<u>Resources Provided</u> SiREN offers project support and workshops throughout the state. <u>Reasoning</u> Outreach is required in order to be inclusive in response to geographic spread. <i>It was stressed that direct work with regional teams and organisations was very beneficial and should continue. There was a view that SiREN needs to consider where its limited resources will achieve the 'best bang for the buck', but it also needs to balance this with considerations of equity and access, such as servicing the needs of regional populations.</i>	Accessible research and evaluation resources and support, irrespective of location.
4. Technology <ul style="list-style-type: none"> - Internet 	<u>Resources Provided</u> SiREN Website and video-conferencing. <u>Reasoning</u> Cheap and effective means of communicating information that is accessible to end users.	Evaluation and research information and resources that are easily and regularly updated.

CONTEXTUAL FEATURES RELEVANT TO PROGRAM	CHANGE MECHANISM FIRED BY SiREN	EXPECTED SHBBV RESEARCH & EVALUATION OUTCOME
5. Cultural and Linguistic Diversity <ul style="list-style-type: none"> - English not 1st language or not spoken by some people - Mobile population - Cultural ways of working. 	<p><u>Resources Provided</u> SiREN offers collaborative projects of benefit to and inclusive of CALD communities.</p> <p><u>Reasoning</u> Research and evaluation collaboration with CALD service providers will identify effective strategies for engaging with communities.</p> <p><i>One workshop participant stated that CALD groups can be ‘hard to reach’ in respect of raising sexual awareness. The model of placing a researcher inside an organisation appears to work well with CALD groups. Furthermore the researcher who is placed there may also attain valuable cultural competency as a result of their experience. In respect of student placements, however, universities need to be flexible with regard to what they can reasonably expect from NGO host organisations in areas such as assessments, length of placement and the type of project they will engage in.</i></p>	<p>Evaluation and research that is demonstrably responsive to the needs of all social groups, irrespective of language or culture.</p>
6. History <ul style="list-style-type: none"> - Limited past involvement in research and evaluation by much of the sector - NGO, government and university sectors not always working together. 	<p><u>Resources Provided</u> SiREN creates collaborative opportunities to be involved in conducting, presenting and publishing research and evaluation in ways that link the NGO, government and academic sectors.</p> <p><u>Reasoning</u> Everyone has the potential to be involved in research and evaluation.</p>	<p>The SHBBV sector in WA is recognised as a centre of research and evaluation excellence where collaborative research is the established norm.</p>
7. Workforce Characteristics <ul style="list-style-type: none"> - mix of practitioners, policymakers and 	<p><u>Resources Provided</u> Multiple opportunities to meet with each other, with research and evaluation providing the hook of engagement.</p>	<p>Collective valuing of research and evaluation, irrespective of role, employer, gender or other</p>

researchers/evaluators - mostly female workforce.	<u>Reasoning</u> Opportunities to interact may provide the initial foundation for enduring research and evaluation relationships.	attribute.
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ATTACHMENT 1: SIREN Role, Aim, Objectives, Outputs and Outcomes

Role of SiREN

The long version of the stated purpose of SiREN sometimes runs to 50 words.

The Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) is an applied research network that aims to strengthen existing, and create new, partnerships by promoting and facilitating WA-based applied research and evaluation relating to the prevention and control of sexually transmissible infections (STIs) and blood-borne viruses (BBVs).

A shorter version (31 words) is sometimes used:

To strengthen existing, and create new, partnerships by promoting and facilitating WA-based applied research and evaluation relating to the prevention and control of sexually transmitted infections (STIs) and blood-borne viruses (BBVs).

Arguably there is scope for some confusion around what is the primary purpose of SiREN. It is not always clear what is objective and what is a strategy for getting there. There is scope for greater clarity about whether SiREN mainly exists to create an applied research and evaluation network or to promote SHBBV research and evaluation practice.

The stated objectives and outputs of SiREN are set out below taken verbatim from source documents. The role of SiREN encompasses many things: it is a partner, a mentor, a facilitator, a resource and a training provider all at the same time.

Objectives

The stated objectives of SiREN are:

- Identify sexual health and BBVs public health **research priorities** for priority populations within WA specified in the [national STI, hepatitis and HIV strategies](#); and the [WA model of care implementation](#) plans;
- Develop **partnerships** between WA-based researchers, the Department of Health WA's Sexual Health and Blood-borne Virus Program and national sexual health and BBV **research centres**;
- Develop and enhance **partnerships** between government and non-government **service providers, researchers and policy makers** working towards the prevention and control of STIs and BBVs;
- Contribute to an **evidence base** to inform the Department of Health WA's policy and decision making for the prevention and control of STIs and BBVs within WA; and
- Contribute to the national sexual health and BBV **research agenda**, in particular development of the national STI, hepatitis and HIV strategies 2014-2017.

There is scope to develop these into SMART objectives: specific, measurable, attainable, realistic and with a time frame.

Outputs

SiREN has multiple outputs:

- Website
- Research and evaluation Symposium
- Promotion of postgraduate scholarships
- Training workshops to address gaps in knowledge and skills base
- Toolkit resources
- Links with research centres
- Conference participation
- Journal articles
- Provision of research and evaluation project support.

There is an expectation that SiREN engages in research and evaluation *demonstration projects*. The provision of intensive project support can be interpreted as meeting this requirement.

Operating Principles

- The SiREN Project Steering Group (PSG) and supporting Reference Groups represent the wider interests of the WA SHBBV sector rather than personal or organisational interests.
- Members of the SiREN PSG are required to maintain confidentiality.
- SiREN services are to be provided free of charge.
- Commitment to sharing evaluation and research findings.
- Focus on the needs of priority populations.

SiREN Governance and Management

- SiREN is governed by a consortium of interests comprising NGO, government and tertiary education sector representatives.
- An internal SiREN Management Team comprising CERIPH (formerly WACHPR) staff has been established based at Curtin University.
- The SiREN Project Manager at CERIPH is responsible for the day-to-day management of the SiREN project.
- Reference groups in specific areas have been established to support the work of SiREN. There have been four Reference Groups:
 - SiREN Symposium Reference Group responsible for planning research and evaluation symposium
 - SiREN Website Reference Group responsible for developing and promoting the new SiREN website
 - SiREN Resources Reference Group responsible for developing workshop and toolkit resources
 - SiREN Evaluation Reference Group.
- Nominations for membership of Reference Groups are sought from a range of stakeholders within the SHBBV sector including service providers, research centres, policy-makers, funding bodies and peak bodies.

Appendix 10: SiREN timeline and key milestones

Timeline of SiREN Events		
Date	Event	End Date (if applicable)
1986		
1986	WACHPR established as the first health promotion research centre at an Australian university. It is a multi-disciplinary centre within the Division of Health Science at Curtin University.	
2010		
9 March 2010	Sexual Health and Blood-borne Virus Program (SHBBVP) holds an Applied Research and Evaluation Forum to showcase current sexual health and blood-borne virus (BBV) public health research conducted in Western Australia. The establishment of a Sexual health and blood-borne virus applied Research and Evaluation Network (SiREN) in WA was discussed.	
Mid-2010	SiREN working group comprised of representatives from the NGO, government and the research sectors convened to plan and coordinate the inaugural SiREN sexual health and BBV research symposium.	
2011		
23 February 2011	SHBBVP held a meeting in Perth to consider issues for Aboriginal people. This initiative was undertaken in partnership with SiREN, the WA Aboriginal Sexual Health Advisory Committee and others in the sector.	
6 May 2011	Inaugural SiREN Symposium held. The event - 'Found or Lost in Translation - Putting research into practice' - was reported to be well attended and to have attracted positive feedback.	
Mid-2011	Post-event debriefing by the SiREN Working Group concluded: the conduct of regular networking events in the sector would be beneficial; current arrangements were reliant on the goodwill of participants and were not a sustainable approach to support future events and skill development across the sector; further investment in SiREN was required.	
10 September 2011	The Department of Health WA (WA Health) committed to engage the services of the WA Centre for Health Promotion Research (WACHPR) to operate SiREN.	
10 September 2011	Community Services Business Case approved by SHBBV Program (WA Health) enabling procurement of applied research and evaluation network services (SiREN) from WACHPR at Curtin University.	
2012		
15 May 2012	WA Health's SHBBVP awarded a 2 + 1 year contract to WACHPR to deliver services to realise the potential of SiREN.	

Timeline of SiREN Events		
Date	Event	End Date (if applicable)
September 2012	Established SiREN Resources Reference Group (SiREN RRG)	
Mid-October 2012	Launch of new SiREN website.	
1 November 2012	Joint seminar with WA AIDS Council at Curtin University to present the results of the WA HIV Seroconversion Study and the WASHS Study. 47 people attended and feedback on the seminar was very positive.	
November 2012	Publication of SiREN Needs Assessment Survey Results. Results indicated a high interest in the sector for research and evaluation and building skills in these areas.	
November 2012	Inaugural SiREN PSG Meeting	
November 2012	Successful AHPA scholarship awarded to a student to evaluate the MMRC Sharing Stories program. Supervision to be provided by SiREN	September 2013
2013		
2013	WA HIV and Mobility Project began in partnership with ARCSHS and WACHPR. The aim of this project was to investigate the effect of increased mobility in populations, particularly the trend of increased HIV diagnoses associated with travel to regions of high HIV prevalence.	2014
2013	Relationships established and track record of SiREN led to discussions between WA Health and SiREN project Manager about interest and potential for Curtin to tender for Sexuality and Relationships Education (SRE) for Practising and Pre-Service Teachers project	2017
29 January 2013	First meeting of SiREN Symposium Reference Group.	
February 2013	MMRC Evaluation of 'Sharing Stories' Youth Drama Project. SiREN assisted in the evaluation of this project which uses a youth drama program to educate young migrants about issues surrounding sex and sexuality.	September 2013
February 2013	AHCWA Increasing opportunistic STI testing by Aboriginal Health Workers. This project aimed to understand barriers to opportunistic sexual health testing. SiREN provided project planning and evaluation support.	
February 2013	First SiREN Bulletin (e-news)	
26 February 2013	First SiREN Workshop (Survey Design) held. 22 people attended and feedback was positive.	
March 2013	Evaluation of the Regional Nurse-Supported Hepatitis C Shared Care Project. This evaluation resulted in a peer-reviewed paper being produced.	August 2013
April 2013	Release of SiREN's SHBBV Program Planning Toolkit	

Timeline of SiREN Events		
Date	Event	End Date (if applicable)
6 August 2013	Bunbury SiREN Workshop	
25-29 August 2013	Poster “SiREN – Building Health Promotion Capacity in Western Australian Sexual Health Services” displayed at 21st World Conference on Health Promotion, Thailand	
October 2013	Conference presentation at Australasian Sexual Health Conference	
October 2013	Second SiREN Bulletin released	
24 October 2013	Round table discussion on HIV and Mobility in Darwin, coordinated by SiREN in conjunction with ARCSHS and WACHPR.	
7-8 November 2013	Kalgoorlie SiREN Workshop	
25-27 November 2013	Broome SiREN Workshop	
2014		
20-21 February, 2014	Conference presentation: “Evaluation of the Western Australian Regional Nurse-Supported Hepatitis C Shared Care Program” at 13th Social Research Conference on HIV, Viral Hepatitis and Related Diseases	
7 April 2014	SiREN Research Symposium 2014	
8-9 April 2014	Symposium: Satellite PD Workshops: Social Media and Mobile Technology in Sexual Health Workshop, Turbocharge Your Writing Workshop, and Developing Effective Health Communications Workshop.	
May 2014	Third SiREN Bulletin released	
10-11 July 2014	'You say Tomah-to, I say Tomay-to' Workshop at YACWA Fairground Conference, Perth.	
20-25 July 2014	Poster Presentation “. Supporting community-based organisations to collect evidence of what works and why in HIV programming” at International AIDS Conference, Melbourne	
29 July 2014	Co-hosted HIV and Mobile Populations AIDS2014 Satellite, Perth	
27 August 2014	Introductory planning and evaluation video-conference workshop for staff of Tom Price. 9 people attended.	
3 September 2014	Developed and disseminated online needs assessment survey	
15-17 September 2014	Conference presentations: “Beyond Border Control? HIV, Migration and Public Health Policy”, “Fast & Cheap: Travel, HIV and public health responses”, and “SiREN: A Capacity Building Model Exploring the Nexus between Research, Policy and Practice” at PHAA Conference, Perth.	
17-19 September	Poster: “Evaluation of the Western Australian Regional Nurse-	

Timeline of SiREN Events		
Date	Event	End Date (if applicable)
2014	supported Hepatitis C Shared Care Program. Promises & limitations: biomedical prevention and treatment in the real world” displayed at Australasian Viral Hepatitis Conference, Alice Springs	
October 2014	Research Project: Building Evaluation Capacity Using a Co-Location Model	2015
November 2014	Establishment of SiREN Evaluation Reference Group	
3 November 2014	‘Evaluation for Youth Workers’ Workshop	
December 2014	Publication of SiREN Needs Assessment Survey Results	
3 December 2014	Launch of HIV and Mobility in Australia: A Road Map for Action paper	
2015		
19 January 2015	John Scougall Consulting Services appointed to conduct an evaluation of SiREN.	
March 2015	Establishment of an HIV and Mobility Community of Practice for Action on HIV and Mobility (CoPAHM)	
21 January 2015	Initial SiREN Evaluation Reference Group Meeting	
11-13 February 2015	Presentation at Inaugural International Conference on Migration, Social Disadvantage and Health	
19 May 2015	Final SiREN Evaluation Reference Group meeting held.	
31 May 2015	SiREN evaluation completed by John Scougall Consulting Services	