2018 SiREN SEXUAL HEALTH AND BLOOD-BORNE VIRUS SECTOR NEEDS ASSESSMENT

Collaboration for Evidence, Research & Impact in Public Health
April 2019

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

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

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

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

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

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

Abbreviations

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

For further information or enquiries contact:

Dr Roanna Lobo | SiREN Project Manager

Collaboration for Evidence, Research and Impact in Public Health (CERIPH)

School of Public Health | Faculty of Health Sciences | Curtin University

PO Box U1987 | Bentley | Western Australia | 6845

+61 8 9266 1101 | roanna.lobo@curtin.edu.au

www.siren.org.au

EXECUTIVE SUMMARY

The SiREN Sexual Health and Blood-Borne Virus Sector Needs Assessment Survey is a biennial survey conducted by SiREN with the aim of identifying the training, resources and skills needs of the WA SHBBV sector. This is the fourth needs assessment survey since SiREN was established in 2012.

This survey round consisted of six sections; about you, research and evaluation, use of evidence, training needs, SiREN services and resources, and communications.

The 2018 survey was distributed via email to 296 WA SiREN Network members who were also asked to distribute the survey within their networks with the aim of collecting survey feedback from both current SiREN Network members and non-members. Sixty respondents started the survey and 15 of these started but did not complete the survey in full. Forty-eight percent of respondents were current SiREN members. In this survey round, 35% of respondents were nurses or physicians and a large majority of respondents (72%) had been in the SHBBV sector for more than two years. The timing and content of the survey will be reviewed to maximise response rates in future needs assessment survey rounds. Additional methods for assessing needs will also be considered including face-to-face stakeholder meetings.

Forty-eight percent of respondents agreed that their organisations valued both research and evaluation. The top three barriers respondents experienced when attempting to undertake research activities were lack of knowledge or skills (53%), lack of funding (48%), and limited to no training opportunities to improve research knowledge and skills (43%). Similarly, the top three barriers experienced by respondents when attempting to undertake evaluation activities were: lack of time as other responsibilities take priority (53%), limited or no external resources (53%), no evaluation plan or framework to support evaluation (53%) and lack of access to external expertise (53%).

The top three barriers experienced by respondents when accessing research evidence were lack of time to identify relevant research (61%), lack of current research (61%) and lack of relevant research (61%).

Respondents were asked to rank their preferred method for receiving information. These were: face-to-face workshops (67%), a community of practice (48%), and online presentations (47%).

Respondents were most aware of the SiREN symposium and the membership to the SiREN network (including email communications of the evidence update, e-news, and events and funding opportunities). Respondents were least aware of the video case studies.

Over half of the respondents (65%) had accessed the SiREN website in the last 12 months. Sixty-one percent of participants reported the SiREN e-news was relevant and 59% reported the evidence updates were relevant to their work. These communications were particularly valued by busy professionals keen to keep abreast of new research and activities in the sexual health and blood-borne virus sector.

Overall, it was encouraging to see that respondents found the resources provided by SiREN useful. Respondents reported they utilised the resources and information provided by SiREN in their practice and respondents who engaged with SiREN face-to-face found they were more confident in their ability to apply program planning, research and evaluation skills to their practice.

The SiREN team will continue to provide 1:1 project planning, research and evaluation support and further develop online and face-to-face training materials and resources. The results from this survey will be used to inform and assist SiREN to prioritise future activities and to develop additional resources that address the research and evaluation support needs of the WA SHBBV sector.

TABLE OF CONTENTS

List of tables

List of figures

INTRODUCTION

The Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) Sexual Health and Blood-borne Virus (SHBBV) Sector Needs Assessment Survey seeks input from people working in sexual health promotion or the prevention and management of sexually transmitted infections (STI) and/or blood-borne viruses (BBV) in Western Australia (WA). It aims to explore:

- Research and evaluation values, practices and barriers
- Program planning, research and evaluation training needs
- Awareness, use and relevance of SiREN communications, resources and support
- The influence of SiREN resources and support on program planning, research and/or evaluation confidence, knowledge and skills.

This is the fourth biennial SiREN Sector Needs Assessment Survey, with the previous three surveys occurring in 2012, 2014 and 2016. The results of these surveys have assisted the SiREN project to prioritise future activities and resource development that meet the needs of the WA SHBBV sector. The results from the 2012 survey led to the development of the SiREN SHBBV Program Planning Toolkit and SHBBV Ethics Approval Guide. The results from the 2014 survey contributed to SiREN offering more 1:1 support for research and evaluation and redesigning the project website. The 2016 survey informed: the development of regular evidence update emails to SiREN members that summarise a selection of the latest SHBBV evidence; the creation of video case studies showcasing local research and evaluation programs; and updating and promoting the SHBBV Program Planning Toolkit and SHBBV Ethics Approval Guide.

METHODOLOGY

The 2018 needs assessment questions were based on the 2016 needs assessment and were refined in consultation with the SiREN Project Management Team and staff from the WA Department of Health SHBBVP. The survey consisted of 43 closed and open ended questions that covered: demographic information; research, evaluation and evidence-informed decision making activity; barriers to engaging in research, evaluation and evidence-informed decision making; and training needs. Additional questions were included in the 2018 survey that focused on the influence of SiREN's resources and support on research and evaluation thinking and practice (Questions 28 to 37). These questions asked respondents: if they had utilised SiREN's program planning, research and evaluation resources (e.g. online toolkits) or support (e.g. assistance to prepare an ethics application or develop an evaluation method); if they found the information provided by SiREN useful, if they applied the information to their work; and if it resulted in any changes to program planning, research or evaluation confidence, knowledge or skills. These questions were adapted from questionnaires developed as part of Rochelle Tobin's PhD project which is developing tools to assess the process, impacts and outcomes of SiREN. The questions were informed by the findings of in-depth interviews with SiREN stakeholders, a literature review and stakeholder consultations. The surveys were pretested in September and October of 2018 with 16 SiREN stakeholders and found to be a clear, accurate and acceptable way to evaluate the provision of SiREN resources and support. The full 2018 SHBBV Sector Needs Assessment Survey tool is provided in Appendix A.

An invitation to take part in the needs assessment was sent as an email to the SiREN WA network (n=296) on 29 October 2018 (Appendix B). The invitation contained a link to the survey in Qualtrics, an online survey tool. The survey was open for six weeks until 7 December 2018. Similar to the 2016 needs assessment, the survey recruitment aimed to include respondents who are not SiREN members. To do this,

16 project steering group members and other stakeholders were emailed and asked to distribute the survey to individuals within their organisation and networks that may be involved in preventing and managing STIs and BBVs. To encourage participation from regional and remote areas, 21 relevant staff from WA Country Health Services and Aboriginal Medical Services were emailed and asked to participate. In addition to this, the survey was promoted by notifications to the SiREN WA network; an announcement at the STI and BBV Quarterly Forum; the SiREN, CERIPH and Community of Practice for Action on HIV and Mobility (CoPAHM) Twitter accounts; Australian Health Promotion Association's (AHPA) News from the West; and the SHQ Review.

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

RESULTS
SECTION ONE: ABOUT YOU

Response rate

A total of 45 full responses out of 60 respondents who started the survey were received (75%).
Note: Not all survey questions were compulsory and some were linked to skip logic which may have prevented respondents from answering some questions depending on previous answers. Therefore, the denominator used to calculate the response rate for each question will not always report the initial 60 responses.

Current SiREN members

Forty eight (80%) respondents were current SiREN members and 12 (20%) respondents were not.

Length of time as a SiREN member

Of the respondents who were current SiREN members, 16 (35%) had been members for less than two years, 11 (24%) had been members for two to three years, 15 (33%) had been members for more than three years, and four (9%) reported being unsure (Figure 1).

Figure 1. Length of time as a SiREN member

Less than two years	35%
Two to three years	24%
More than three years	33%
Unsure	9%
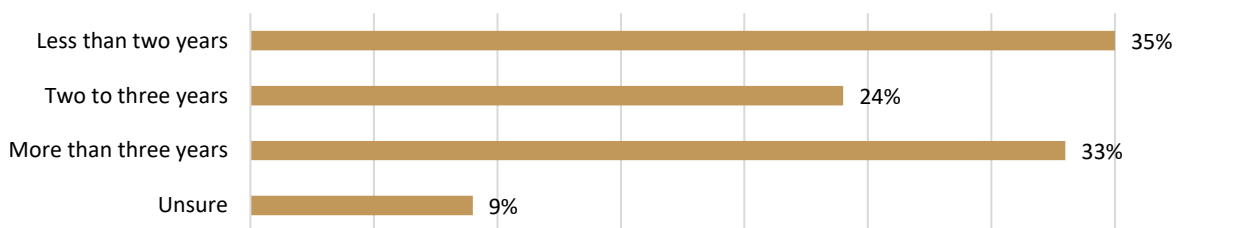
Base n=46

Respondent's role

Respondents were asked to select which job title best described their role. An 'other' option was provided for respondents in case predetermined titles did not adequately represent their current role. The majority of respondents were Nurses or Physicians (n=20, 35%), Project Officers or Coordinators (n=14, 25%), and Senior Managers or Executives (n=6, 11%) (Figure 2).

Figure 2. Respondent's role

Nurse / Physician	35%
Project Officer / Coordinator	25%
Educator	5%
Senior Manager / Executive	11%
Engagement / Development…	4%
Health Worker	5%
Researcher / Academic	5%
Other	5%
Administration	0%
Student	4%
Policy / Planning Officer	2%
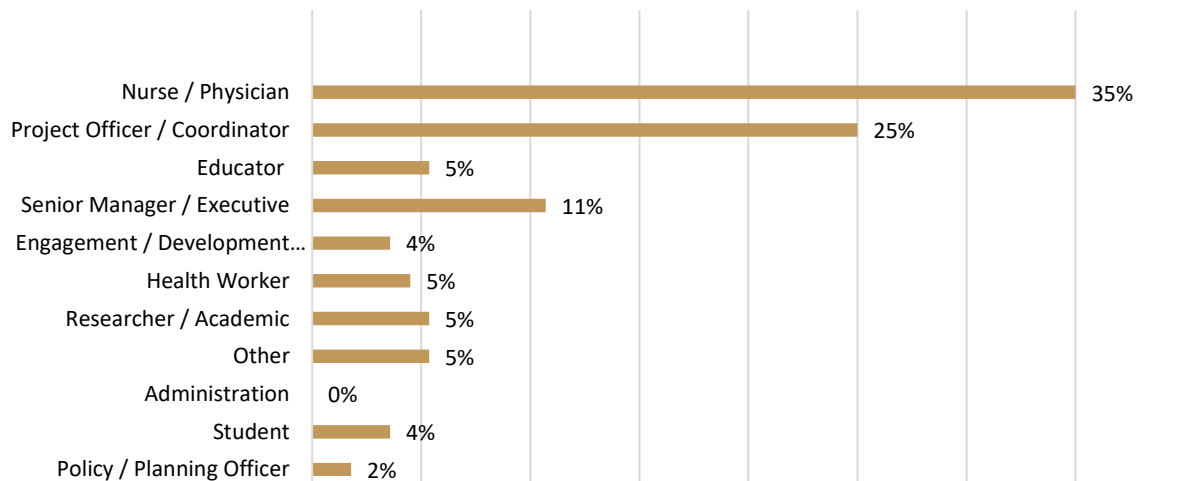
Base n=57

Respondent's location

This question allowed for multiple responses to ensure respondents could select more than one answer if they worked across multiple areas. Respondent location showed 53% (n=37) of respondents worked in the metropolitan area, 30% (n=21) worked regionally and 17% (n=12) worked in remote areas (Figure 4). Combined, regional and remote respondents totalled 47% (n=33) of the sample.
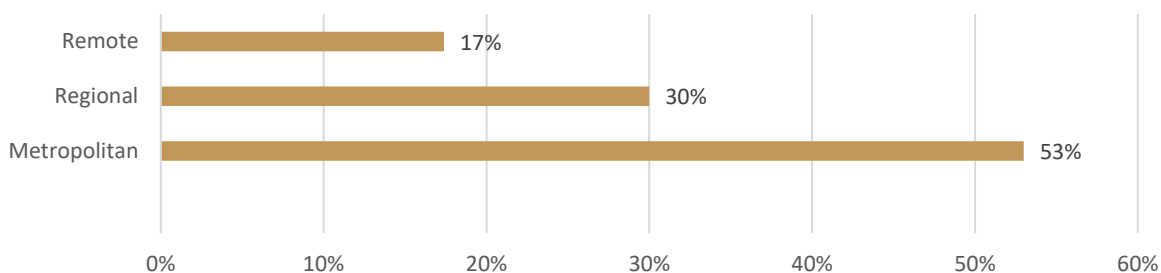
Figure 3. Respondent's location

Base n=57

Respondent's organisation type

The majority of respondents were from a State Government (n=27, 47%) or Non-Government Organisation (n=20, 35%) (Figure 4).

Figure 4. Respondent's organisation type
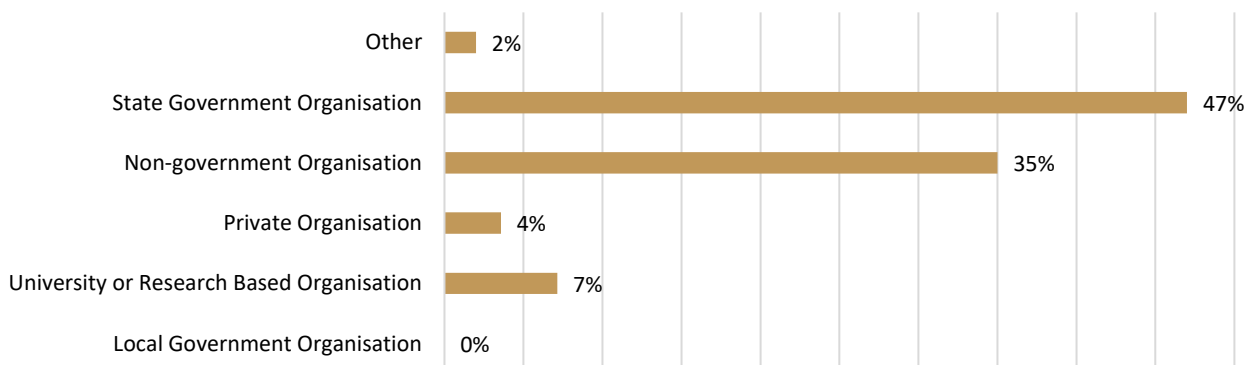
Base n=57

Length of time in SHBBV sector

A large proportion of respondents have worked in the SHBBV sector for more than two years (n=41, 72%). Nine (16%) had been working one to two years in the sector and seven respondents (13%) had worked in the SHBBV sector for less than one year (Figure 5).

Figure 5. Length of time in SHBBV sector

Base n=57

SECTION TWO: RESEARCH AND EVALUATION

Value of research

Respondents were asked to rate how much they agreed with the statement: *My organisation values research.* Most respondents agreed (n=25, 48%) or somewhat agreed (n=15, 29%) with this statement. Fewer respondents somewhat disagreed (n=7, 14%) and disagreed (n=1, 2%) with the same statement. Four (8%) respondents neither agreed nor disagreed with the statement (Figure 6).

Figure 6. Organisations value of research
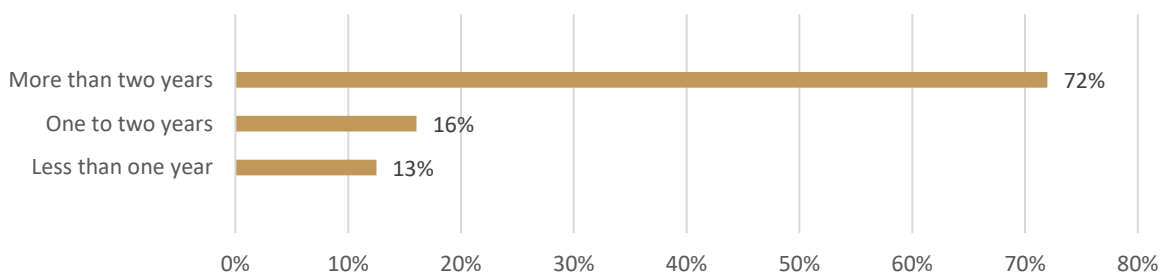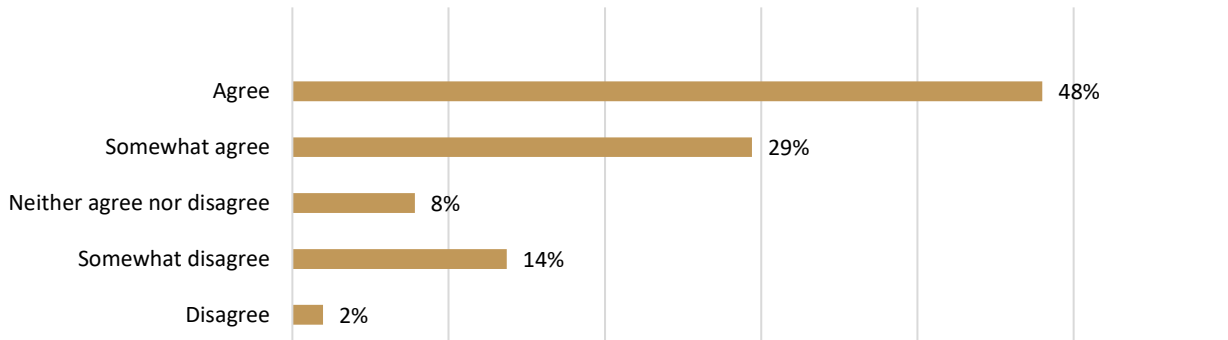

Base n=52

Research undertaken as part of current role

Forty eight percent (n=25) of respondents stated that they undertook research as part of their current role, whilst just over half (n=27, 52%) said they did not.

As shown in Figure 7, 42% of non-government respondents and 33% of state government organisations stated they undertook research as a part of their current role. All local government and university/research based organisations respondents undertook research activities.

Figure 7. Research undertaken as part of current role broken down by organisation type
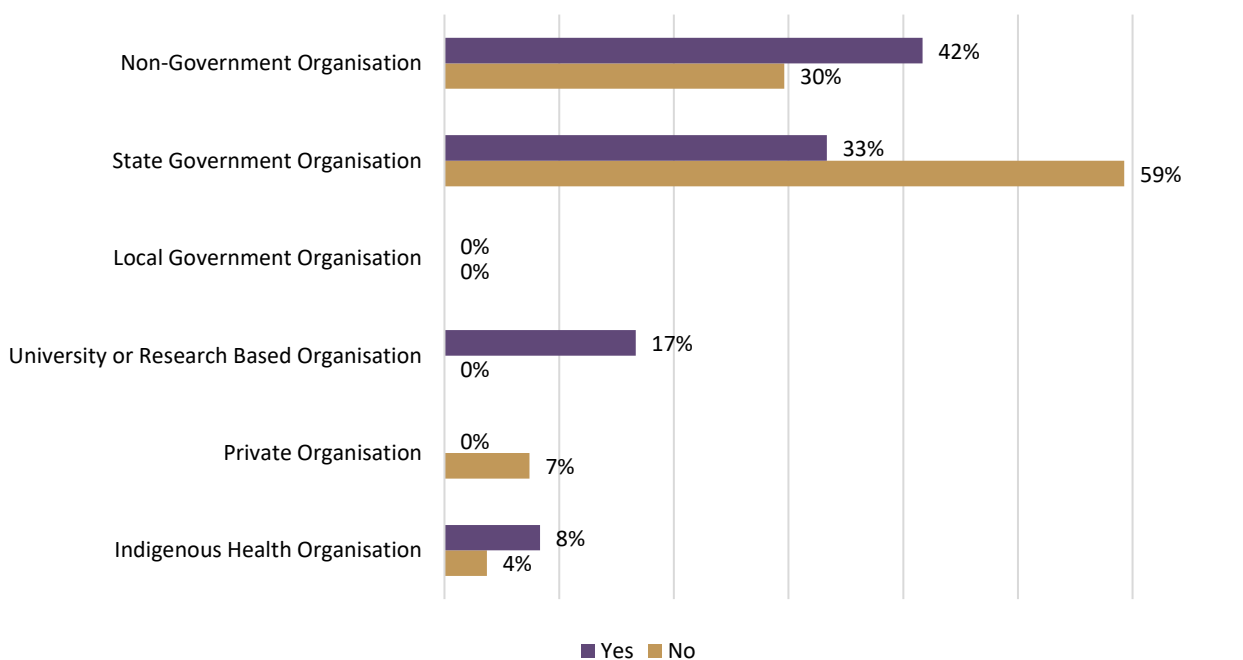
Base n=52

Barriers to undertaking research experienced in the last 12 months

Table 1 demonstrates barriers participants had faced in the last 12 months when attempting to undertake research. The responses selected most frequently for each barrier are highlighted. The top three barriers experienced by respondents either often or sometimes were lack of time (n=18, 79%), lack of funding (n=10, 78%), and difficulties engaging target population in research (n=16, 69%).

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

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of time as other responsibilities take priority	34%	44%	13%	0%	9%
Difficulties in engaging target population (community of interest) in research	34%	35%	22%	0%	9%
Lack of funding to undertake research	48%	30%	9%	0%	12%
Lack of knowledge and skills	0%	53%	30%	9%	9%
Lack of confidence in undertaking research	4%	43%	35%	13%	5%
Low internal support from management/colleagues	26%	17%	17%	35%	5%
Limited or no training opportunities to improve research knowledge and skills	4%	43%	22%	22%	9%
Limited or no external resources e.g. online tools, software, research publications	17%	26%	30%	22%	5%
Lack of access to external expertise (universities, research institutions, other agencies)	9%	39%	22%	22%	8%

Base=23

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

"Low response rates" – [Project Officer/Coordinator, Metropolitan]

"Lack of networks" – [Researcher/Academic, Regional]

"Negotiating the ethics process" – [Consultant Public Health Medicine, Regional]

"Lack of interest" – [Nurse/Physician, Remote]

"Ethical Approvals - Lengthy" – [Researcher/Academic, Metropolitan]

Value of evaluation

Respondents were asked to rate how much they agreed with the statement: *My organisation values evaluation.* As shown in Figure 8, the majority of respondents agreed (n=25, 48%) or somewhat agreed (n=18, 34%) with this statement. Very few respondents somewhat disagreed (n=4, 8%) or disagreed (n=1, 2%) with the same statement.

Figure 8. Organisations value of evaluation
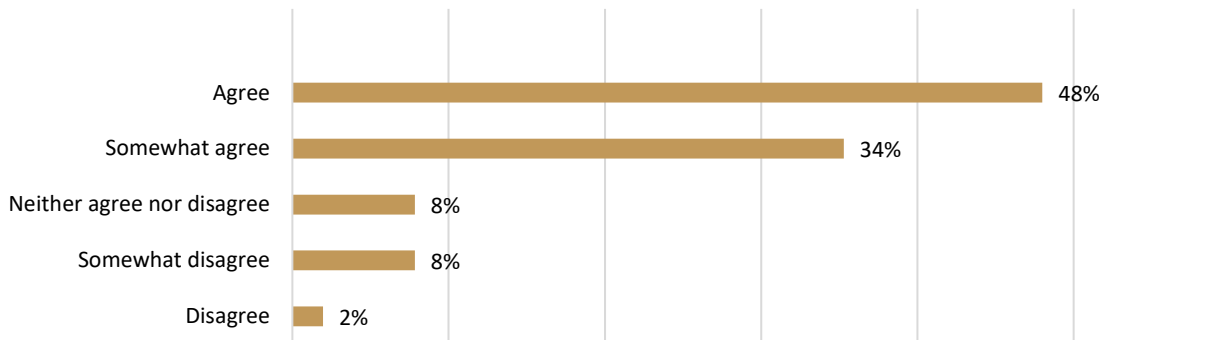
Base n=52

Evaluation undertaken as part of current role

The majority of respondents (n=40, 77%) stated that they undertook evaluation as part of their current role, whilst 23% (n=12) said they did not. In contrast, 47% (n=24) of respondents undertook research in their current role.

As presented in Figure 9, 40% (n=16) of Non-Government and 45% (n=18) of State Government Organisation respondents said that they undertook evaluation as part of their current role.

Figure 9. Evaluation undertaken as a part of current role broken down by organisation type
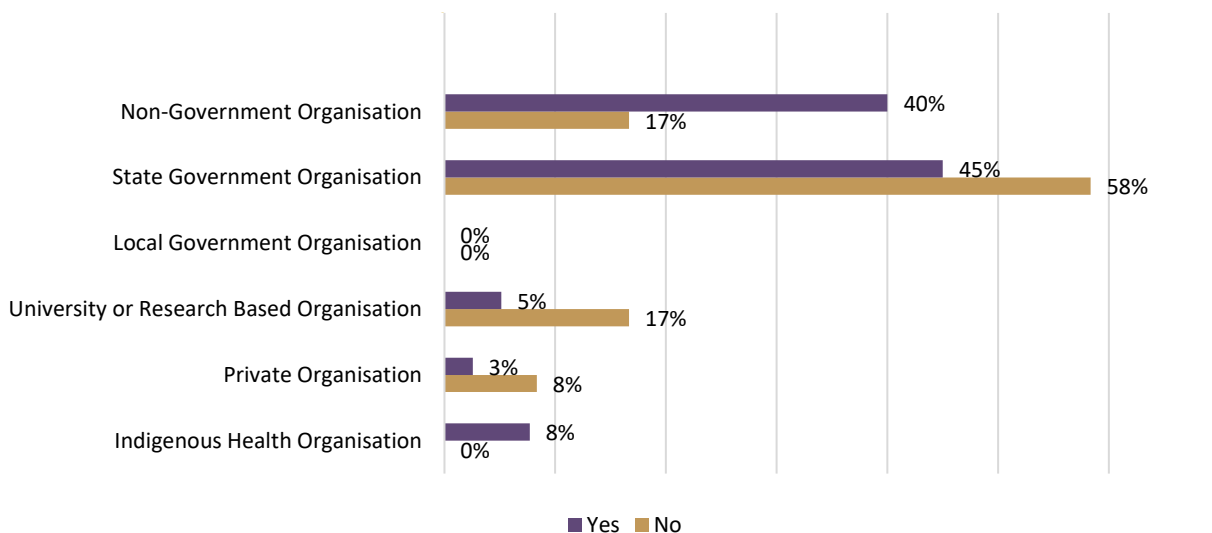
Base=52

Barriers to undertaking evaluation experienced in the last 12 months

Respondents were asked to select any barriers they had faced in the last 12 months when attempting to undertake evaluation. The responses selected most frequently for each barrier are highlighted in Table 2.

The top three barriers experienced by respondents either often or sometimes were difficulties in engaging the target population (n=31, 86%), lack of time (n=30, 84%), and lack of funding (n=27, 75%). No respondents selected 'often' for the barrier *feel it is not important*.

The top three barriers faced when undertaking evaluation were the same as those identified for undertaking research.

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

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of time as other responsibilities take priority	31%	53%	14%	2%	0%
Difficulties in engaging target population (community of interest) in evaluation	36%	50%	14%	0%	0%
Lack of funding allocated in budgets to evaluate programs	36%	39%	19%	6%	0%
Lack of evaluation knowledge and skills	6%	50%	34%	10%	0%
Lack of confidence in undertaking evaluation	6%	47%	31%	16%	0%
Feel it is not important	0%	14%	25%	61%	0%
Low internal support from management/colleagues	12%	36%	19%	33%	0%
Limited or no training opportunities to improve evaluation knowledge and skills	17%	47%	19%	14%	3%
Limited or no external resources e.g. online tools, software, research publications	8%	53%	31%	8%	0%
No evaluation plan or framework to support evaluation	11%	53%	22%	14%	0%
Lack of access to external expertise (universities, research institutions, other agencies)	5%	53%	17%	25%	0%

Base=36

Respondents were given the opportunity to note any other barriers. Not all respondents provided feedback as some of the comments fit into pre-set examples and thus may have been misinterpretation of the question. For example, one respondent expressed difficulty attempting evaluation exercises due to low response rates, whereas, the option 'difficulties engaging target population in evaluation' could have been selected within the pre-set examples. The following responses were provided:

> *"Staff/workforce transience" – [Nurse/Physician, Regional/Remote]*

> *"Low response rates when we attempt evaluation exercises" – [Project Officer/Coordinator, Metropolitan]*

"Difficulties with measuring longer term outcomes" – *[Senior Manager/Executive, Metropolitan]*

"Evaluation is way bigger than it needs to be" – *[Nurse/Physician, Remote]*

SECTION THREE: USE OF EVIDENCE

Involvement in making decisions in relation to policies and programs

A larger proportion of respondents (n=23, 48%) were involved in making decisions in relation to both policies and programs, compared to 38% (n=18) of respondents who were involved in neither. Six (12%) respondents were exclusively involved in making program decisions compared to one (2%) respondent making exclusively policy decisions (Figure 10).

Figure 10. Involvement in making decisions in relation to the programs or policies
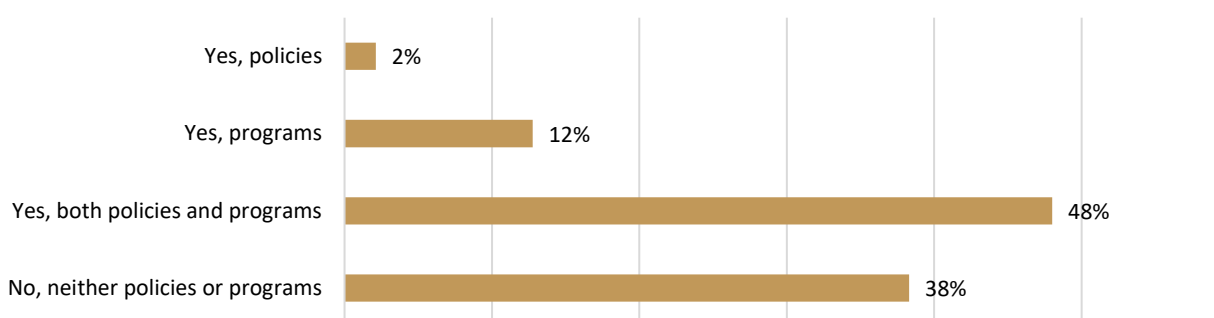
Base n=48

Barriers experienced accessing research evidence in the last 12 months

Respondents were asked to rate barriers to accessing research evidence in the last 12 months. The top barriers experienced by respondents either often or sometimes were lack of time to identify relevant research (n=23, 82%) and ranked equal second: lack of current research (n=20, 72%); lack of relevant research (n=20, 72%); limited or no training opportunities to improve research skills (n=20, 72%); and limited or no free access to research publication databases (n=17, 20%).

Table 3. Barriers experienced accessing research evidence in the last 12 months

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of time to identify relevant research	21%	61%	7%	4%	7%
Lack of current research	11%	61%	21%	7%	0%
Lack of relevant research	11%	61%	21%	7%	0%
Lack of knowledge and skills on how to locate and interpret research	3%	50%	29%	18%	0%
Low internal support from management/colleagues	7%	50%	25%	18%	0%
Limited or no training opportunities to improve research skills	18%	54%	18%	10%	0%
Limited or no free access to research publication databases	29%	43%	18%	10%	0%

Barrier	Often	Sometimes	Seldom	Never	Not applicable to my role
Lack of access to external expertise (universities, research institutions, other agencies)	4%	57%	22%	18%	0%

Base=28

Additional barriers respondents had experienced accessing research evidence were:

> *"Often find I utilise google scholar for free research publications as otherwise do not have access" – [Nurse/Physician, Metropolitan]*

> *"My interest is in nursing, not research. We need research, but not at the cost of nursing hours." – [Nurse/Physician, Remote]*

SECTION FOUR: TRAINING NEEDS

Topics respondents would like to learn more about

Respondents were asked if there were any program planning, evaluation or research topics they would like to learn more about. Forty five percent (n=21) of respondents stated that there were topics they would like to learn more about, 15% (n=7) selected no, and 39% (n=19) were unsure.

This question was misinterpreted by some. A lot of suggestions received were for training that focuses on a specific sexual health or blood-borne virus health issue such as the influence of porn on young people. The intent of the question was to identify program planning, evaluation and research training needs. Feedback received on topics relevant to program planning, evaluation or research are listed below.

> *"Combining mixed methods approaches, developing grant proposals for evaluation projects" – [Project Officer/Coordinator, Metropolitan]*

> *"Evaluation frameworks" – [Researcher/Academic, Regional]*

> *"Health economics of programs" – [Consultant Public Health Medicine, Regional]*

> *"Update on evaluation techniques and planning" – [Senior Manager/Executive, Metropolitan]*

> *"Qualitative, cost benefit analysis, refreshing skills" – [Project Officer/Coordinator, Regional]*

> *"Evaluation in remote communities" – [Project Officer/Coordinator, Regional/Remote]*

> *"Evaluating school-based education programs for sexual health topics" – [Nurse/Physician, Metropolitan]*

> *"Quantitative research – especially pre- and post- testing and interpretation of results" – [Project Officer/Coordinator, Metropolitan/Regional/Remote]*

Training suggestions that focussed on a specific SHBBV issue are listed below:

> *"Encouraging compliance amongst indigenous clients with HIV" – [Nurse/Physician, Regional]*

"Chem sex; MSM; Accessing vulnerable populations; prevention programs that work (evidence based)" – [Project Officer/Coordinator, Regional]

"Influences of porn on young people" – [Educator, Metropolitan]

"Migrant and refugee AOD issues and intersection with sexual health; health literacy especially as it relates to sexual health" – [Project Officer/Coordinator, Metropolitan]

"Better management of HIV positive clients placing others at risk of transmission with complex psycho-social needs" – [Health Worker, Metropolitan]

"Social barriers to PrEP uptake, particularly those who are high risk and have readily available access, but choose not to uptake" – [Senior Manager/Executive, Metropolitan]

Preferred format for information dissemination

Respondents were asked to rank the preferred format for receiving information from one to six, one being most preferred and six being least preferred. The highest value for each format is highlighted.

The responses for rankings one and two were added together to determine the top three preferred formats as face-to-face workshops (67%), a community of practice (48%), and online presentations (47%).

Table 4. Preferred format for information dissemination

Format	1	2	3	4	5	6
Podcasts	19%	14%	10%	24%	14%	19%
Community of practice*	29%	19%	10%	19%	19%	4%
Online Presentations	14%	33%	19%	14%	10%	10%
Blogs or other online written content	0%	5%	24%	19%	19%	33%
Case studies	0%	0%	33%	10%	33%	24%
Face-to-face workshops or seminars	38%	29%	5%	14%	5%	9%

Base=21

* A group of people with a common interest who meet regularly (online or face-to-face) to share information and experiences for the purpose of learning.

Respondents were also asked if there are any other formats through which they would like to receive information. The following responses were provided:

"Webinars" – [Nurse/Physician, Metropolitan]

"Visiting speakers/training to regions (almost all face-to-face training is in the metropolitan area)" – [Nurse/Physician, Regional]

"Something like a practical tips guide/best practice in evaluation guide? A webpage with a list of useful resources with a brief blurb about what each link or resources aims to provide." – [Project Officer/Coordinator, Metropolitan]

SECTION FIVE: SiREN SERVICES AND RESOURCES

Awareness of SiREN resources and services

Respondents were asked if they were aware of a range of SiREN services and resources. The three SiREN services or resources that respondents were most aware of are highlighted in Table 5 in brown and include the SiREN symposium (n=41, 89%), membership to the SiREN network (n=39, 85%), and SiREN resources and reports (n=28, 61%).

The three SiREN services or resources that respondents were least aware of are highlighted in red and include assistance with preparing conference abstracts, presentations or posters (n=18, 39%); program planning, evaluation or research training workshops (n=16, 35%); and video case studies (n=8, 17%). Respondents could leave a blank response for any services or resources that they were not aware of.

Table 5. Awareness of SiREN services and resources

SiREN service or resource	Aware of		
	Member	Non-member	Total
Toolkits or guides*	48%	7%	55%
Online Presentations**	37%	7%	44%
Video case studies of local programs and research projects	11%	7%	18%
Membership to the SiREN network where you receive regular email communications of the latest evidence, news, events, funding opportunities and more.	78%	7%	85%
Research support***	48%	4%	52%
Evaluation and program planning support e.g. guidance on developing evaluations tools such as surveys, creating evaluation plans	39%	9%	48%
SiREN resources and reports e.g. HIV and Mobility in Australia: A Road Map for Action	54%	7%	61%
Assistance with preparing conference abstracts, presentations or posters	35%	4%	39%
Program planning, evaluation or research training workshops.	30%	4%	34%
SiREN Symposium	78%	11%	89%

Base=46

* SHBBV Program Planning Toolkit, SHBBV Ethics Approval Guide

** Presenting at conferences, using SHBBV Program Planning and Evaluation Toolkit

*** Guidance with preparing ethics applications, manuscripts, grant proposals, or facilitating research collaborations

SiREN resource use in the last 12 months

Respondents were asked if they had used any of SiREN's resources in the last 12 months. Examples of SiREN resources include the SHBBV Program Planning Toolkit, SHBBV Ethics Approval Guide and the HIV and Mobility Road Map. Forty percent (n=18) of respondents selected that they had utilised the resources in the last 12 months, whereas, 60% percent (n=28) of respondents had not.

Extent and type of program planning, research or evaluation support received from SiREN

Twenty-four percent (n=11) of respondents reported they had accessed program planning, research or evaluation support from SiREN in the last 12 months. Respondents were asked to select which type of support they received from SiREN (Figure 11), they were able to select more than one response. Two individuals selected other, their comments are below:

> *"Met with Roanna to discuss potential funding options for the evaluation plan we were thinking of"*
> *– [Project Officer/Coordinator – Metropolitan]*

> *"SiREN member attended our regional workshop to assist documentation and service mapping" –*
> *[Nurse/Physician – Regional/Remote*

Figure 11. Resources/support accessed or received from SiREN
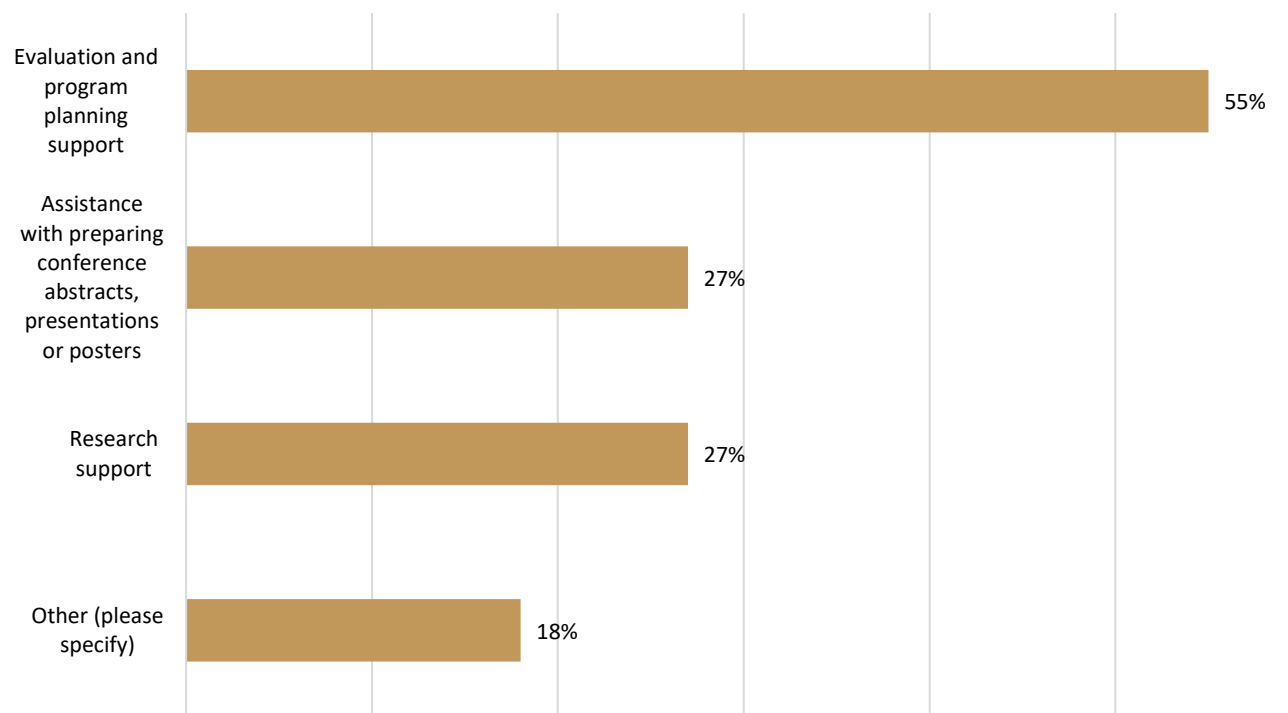

Base=11

Usefulness of resources and/or support provided by SiREN

Of those who answered this question (n=22), the majority of respondents 73% (n=16) found the resources and/or support provided by SiREN useful. Twenty three percent (n=5) of respondents found the resources and/or support provided by SiREN moderately useful, and 5% (n=1) of respondents found it slightly useful. No respondents reported that the services and support provided were not useful at all.

Figure 12. Usefulness of resources/support provided by SiREN


Base=22
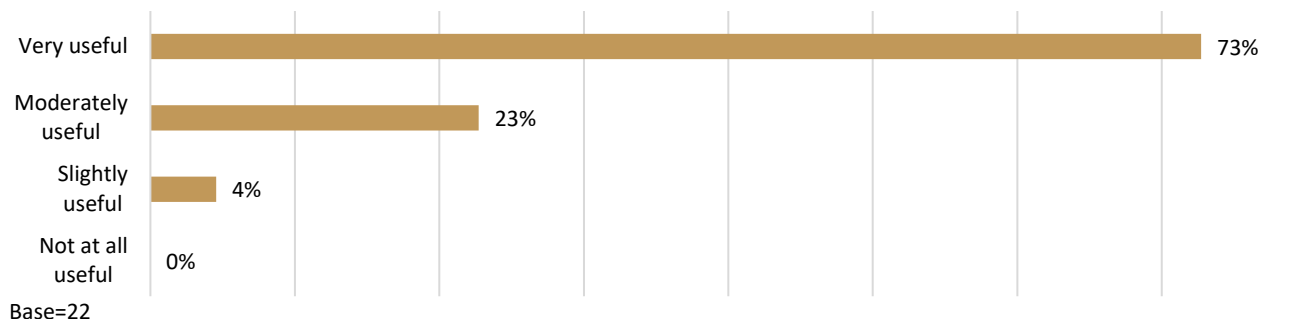
The respondent who selected 'slightly useful' provided an explanation for why the support/resources provided by SiREN were only slightly useful. Their response is below:

> "I have only used the SHBBV program planning toolkit and while it is a great, easy to use resource, it was not particularly useful to me as I already knew the information that was in the book from my studies" – [Project Officer/Coordinator, Regional/Remote]

Extent that SiREN services and resources have influenced the sector's work

Respondents were asked to select whether they had applied or had intended to apply the information provided by SiREN to their work. Unfortunately, the question logic connected to this question was incorrect and therefore only respondents who had accessed *both* SiREN resources *and* support were asked this question (n=7). Of these, 57% (n=4) of respondents selected they had applied or intended to apply the information to a great extent and 43% (n=3) of respondents selected they somewhat had applied or intended to apply the information within their work. No respondents selected very little or not at all.

Figure 13. Extent that SiREN services/resources have influenced work

Base=7
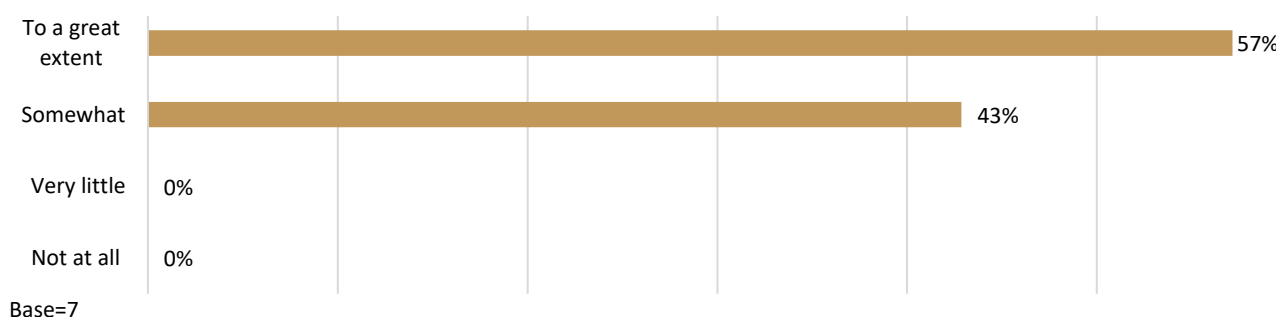
Changes to confidence, knowledge, or skills as a result of utilising SiREN resources, support or both.

Respondents were asked to select whether or not they felt the resources or support provided by SiREN changed their overall confidence, knowledge, or skills, when undertaking program planning, research and/or evaluation and if it increased their confidence to share their work at conferences and/or forums.

The percentages reported for each of the items below are broken down by the kind of service respondents accessed (resources, support or both) and reflect the proportion of respondents who felt the change was relevant to the service they accessed. Note: due to the incorrect question logic noted previously, the number of responses was unfortunately very small (n=4).

Confidence in undertaking program planning, research

Accessed resources

Sixty seven percent (n=4) of those who accessed SiREN's resources believed their confidence in undertaking program planning, research and/or evaluation had increased. Thirty three percent (n=2) of respondents reported no change. The resources these respondents had utilised were the SiREN symposium and SiREN membership communications (e-news etc.).

Accessed support

All respondents (n=4) who accessed SiREN support believed their confidence in undertaking program planning, research and/or evaluation had increased.

Accessed both resources and support

Sixty seven percent (n=4) of those who accessed both SiREN resources and support believed their confidence in undertaking program planning, research and/or evaluation had increased. Thirty three percent (n=2) of respondents reported no change.

Knowledge in undertaking program planning, research and/or evaluation

Accessed resources

Thirty three percent (n=2) of those who accessed SiREN's resources believed their knowledge in undertaking program planning, research and/or evaluation had increased. Sixty seven percent (n=4) of respondents reported no change. The respondents that reported no change had attended the SiREN symposium, accessed SiREN Toolkits and/or received SiREN membership communications (e-news etc.).

Accessed support

Seventy five percent (n=3) of those who accessed SiREN's support believed their knowledge in undertaking program planning, research and/or evaluation had increased. Twenty five percent (n=1) reported no change.

Accessed both resources and support

Eighty percent (n=4) of those who accessed both SiREN resources and support believed their knowledge in undertaking program planning, research and/or evaluation had increased. Twenty percent (n=1) of respondents reported no change.

Skills in undertaking program planning, research and/or evaluation

Accessed resources

Thirty three percent (n=2) of those who accessed SiREN's resources believed their skills in undertaking program planning, research and/or evaluation had increased. Sixty seven percent (n=4) of respondents reported no change. The respondents that reported no change had attended the SiREN symposium, accessed SiREN Toolkits or reports, and/or received SiREN membership communications (e-news etc.).

Accessed support

One hundred percent (n=4) of those who accessed SiREN's support believed their skills in undertaking program planning, research and/or evaluation had increased.

Accessed both resources and support

Fifty percent (n=2) of those who accessed both SiREN resources and support believed their skills in undertaking program planning, research and/or evaluation had increased. The remaining 50 percent (n=2) reported no change.

Confidence in sharing work at conferences and/or forums

Accessed resources

Thirty three percent (n=2) of those who accessed SiREN's resources believed their confidence in sharing their work at conferences and/or forums had increased. Sixty seven percent (n=4) of respondents reported

no change. The respondents that reported no change had attended the SiREN symposium, accessed SiREN Toolkits or reports, and/or received SiREN membership communications (e-news etc.).

Accessed support
Seventy five percent (n=3) of those who accessed SiREN's support believed their confidence in sharing their work at conferences and/or forums had increased. Twenty five percent (n=1) reported no change.

Accessed both resources and support
Fifty percent (n=2) of those who accessed both SiREN resources and support believed their confidence in sharing their work at conferences and/or forums had increased. The remaining 50% (n=2) reported no change, although it should be noted that these respondents did not access conference related support.

Other changes to thinking or practice
Respondents were asked to report if they believed the resources or support provided by SiREN led to any other changes in their thinking or practice. There were no changes reported for this section.

Rate of recommendation to colleagues or other organisations
Respondents who had accessed SiREN resources or support (n=22) were asked to select whether or not they would recommend SiREN support to a colleague or to other organisations. Ninety one percent of respondents (n=20) agreed they would recommend SiREN support to a colleague or other organisations. Nine percent of respondents (n=2) selected they were unsure whether they would recommend SiREN support to a colleague or other organisations. No respondents selected they would not recommend the support. Respondents were not asked to explain their response so it is unclear why two respondents were unsure if they would recommend SiREN.

Factors that have influenced non-participation in SiREN services
Respondents who had not engaged with SiREN were asked what factors influenced their decision not to access SiREN services. The biggest factor was being unsure what they can ask SiREN for assistance with (n=13, 26%), lack of time to access SiREN's services (n=7, 14%) and uncertainty around cost (n=6, 12%).

Figure 14. Factors what have influenced non-participation in SiREN services
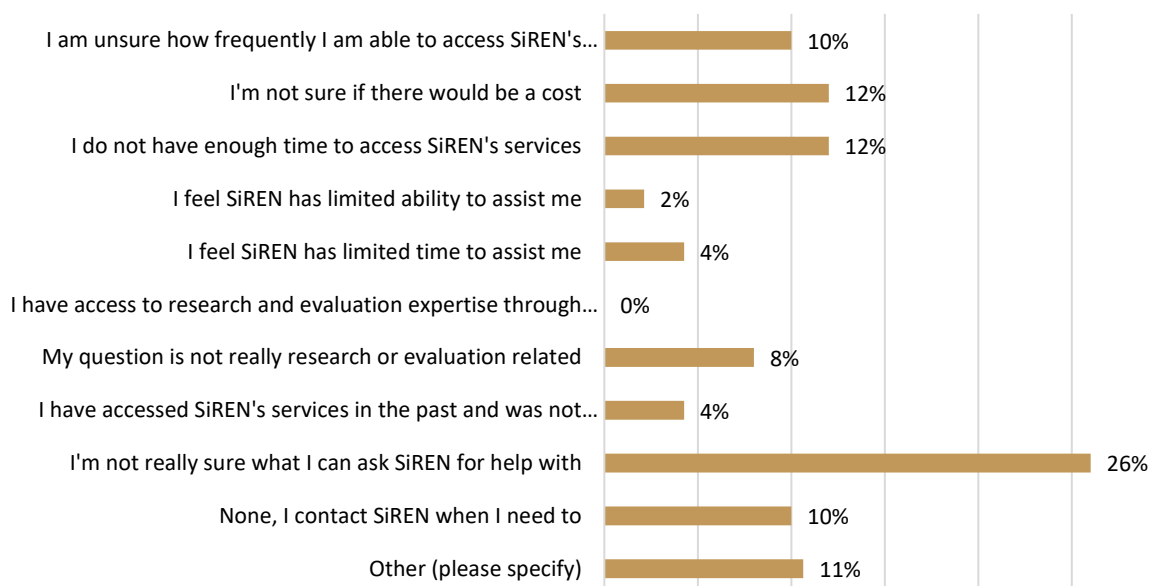
Base=47

Five respondents had other factors influencing their non-participation in SiREN services. Respondents opted to explain these factors:

"Difficulty in obtaining approval to utilise services" – [Nurse/Physician, Regional]

"Didn't know I could" – [Nurse/Physician, Metropolitan]

"Didn't really know it was available or I am allowed to access" – [Project Officer/Coordinator, Regional]

"I have meant to and then got too busy and just started the research process alone" – [Consultant Public Health Medicine, Regional]

"I'm just trying to get the mountains of work done, screening and making sure people get the right treatment by RANS. Research is the last thing I want to think of at the moment." – [Nurse/Physician, Remote]

SECTION SIX: COMMUNICATIONS

Use of the SiREN website in the last 12 months
Over half of respondents (n=30, 65%) had accessed the SiREN website in the last 12 months, 35% (n=16) had not.

Frequency of use of the SiREN website in the last 12 months
Of those respondents who had accessed the SiREN website in the last 12 months, the majority did so less frequently than monthly (n=24, 83%). Three respondents (10%) accessed the website monthly and three respondents (10%) did so weekly (Figure 15).

Figure 15. Frequency of use of the SiREN website in the last 12 months

Base=29
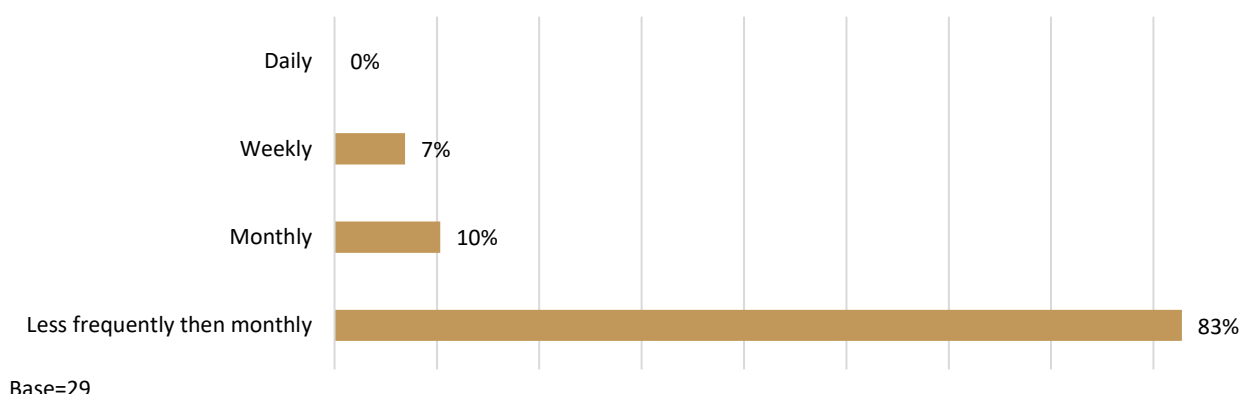
Relevance of SiREN e-news content to Network members and their organisation
All respondents who received the e-news felt that it was relevant to their work. Twenty three (61%) respondents reported e-news was relevant and the remaining 16 (39%) respondents felt it was sometimes relevant. Respondents were asked to elaborate on why they found the e-news relevant. There were a few key themes that emerged. These included relevance, networking/training opportunities and convenience. The responses are outlined under the corresponding theme below:

Relevance

> "Always interesting and relevant to my role" – [Nurse/Physician, Regional]

> "Provides relevant education and training information" – [Health Worker, Metropolitan]

> "Sexual Health and BBV's are a large part of our work and the info is very relevant for clients" – [Nurse/Physician, Regional]

> "I always read it and forward links to others" – [Project Officer/Coordinator, Metropolitan/Regional/Remote]

> "Great way to stay in touch with best practice news and research" – [Senior Manager/Executive, Metropolitan]

> "Useful updates, I pass onto colleagues" – [Project Officer/Coordinator, Metropolitan]

Networking/Training Opportunities

> "The newsletter is helpful for knowing about the upcoming conferences in the sector and the latest publications" – [Researcher/Academic, Regional]

"I use to find sexual health training opportunities" – [Project Officer/Coordinator, Regional/Remote]

Convenience

"Combines news, education and resources from a variety of places into one delivered email" – [Nurse/Physician, Regional/Remote]

"Yes this is fantastic. Great for busy people. I love the evidence updates especially" – [Senior Manager/Executive, Metropolitan]

"It covers a range of possible issues to cover" – [Health Worker, Metropolitan]

"Already have subscribed" – [Nurse/Physician, Metropolitan]

Fifteen (39%) respondents believed the content of the e-news was of relevance to them sometimes as SiREN Network members and their organisation. There were several continuing themes detailed by respondents who believed the e-news was only relevant to them sometimes. These responses are as follows:

Relevance

"I only really seek out information relating to disability" – [Project Officer/Coordinator, Metropolitan]

"BBV is a small component of my job" – [Nurse/Physician, Metropolitan]

"I am always looking for new research about viral hepatitis. Therefore, sometimes the content is relevant…" – [Project Officer/Coordinator, Metropolitan]

"I often just skim through the content. Usually it's not relevant to my role or my program" – [Project Officer/Coordinator, Metropolitan/Regional/Remote]

"Can be very clinical research based – which is not always applicable when you work in the community" - [Educator, Metropolitan]

"Depends on what is included in the newsletter but usually good to keep up with what is happening in the sector" – [Senior Manager/Executive, Metropolitan/Regional/Remote]

Convenience

"I am overwhelmed by emails and resources and journals so things have to be short and sweet" – [Consultant Public Health Medicine, Regional]

Relevance of SiREN Evidence Update emails to Network members and their organisation

Twenty three respondents (59%) reported that the evidence updates were relevant to their work, fifteen (39%) respondents felt they were sometimes relevant and one (3%) respondent felt they were not useful due to lack of relevance to their role. Respondents were asked to elaborate on why they found the evidence updates useful or not. Many respondents valued the evidence updates as a time efficient way for them to stay on top of current evidence.

Feedback from respondents who felt the evidence updates were relevant to their work included:

Relevance

> *"Good to keep up to date" – [Educator, Metropolitan]*

> *"Useful updates" – [Project Officer/Coordinator, Metropolitan]*

> *"Yes, best to keep up with best practice" – [Health Worker, Metropolitan]*

> *"I often read relevant articles or forward to others" – [Project Officer/Coordinator, Metropolitan/Regional/Remote]*

Convenience

> *"My favourite things SiREN does. You put in all the hard work to share this information in a concise way." – [Senior Manager/Executive, Metropolitan]*

> *"It provides a snapshot of information which helps me as I am too busy to find it myself" – [Researcher/Academic, Regional]*

> *"Love the summarized list of articles – very helpful" – [Researcher/Academic, Metropolitan]*

Feedback from respondents who felt it was sometimes relevant to their work included:

Lack of time

> *"I do like this when I have time to open it up"- [Consultant Public Health Medicine, Regional]*

Relevance

> *"I am more interested in the crossover with disability" – [Project Officer/Coordinator, Metropolitan]*

> *"Depending on what has been discussed" – [Project Officer/Coordinator, Metropolitan]*

> *"It may not be relevant to my job but can still be interesting" - [Nurse/Physician, Metropolitan]*

Difficulty with accessing content

> *"Often can only see synopsis – can't read article" – [Nurse/Physician, Regional]*

There was one (3%) respondent who believed the content of the evidence update was not of relevance to them or their organisation.

> *"Often doesn't have content relevant to my role or program" – [Project Officer/Coordinator, Metropolitan/Regional/Remote]*

Further suggestions for the SiREN team to consider

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

> "Very supportive and timely" – [Project Officer/Coordinator – Metropolitan]

> "Great resource for people who are new to program planning" – [Project Officer/Coordinator – Regional/Remote]

> "It's been over two years since we asked SiREN for journal article and evaluation support. However, we haven't seen any outputs or work based on what we had engaged SiREN to do. This may be due to their limited capacity to support SHBBV organizations, and/or competing priorities." – [Project Officer/Coordinator – Metropolitan/Regional/Remote]

> "Not at this time, thank you" – [Researcher/Academic – Regional]

> "Good job" – [Senior Manager/Executive - Metropolitan]

> "I have found SiREN to be a wealth of information and support. We have been very grateful for the input we have had and hope that in the future we can work together more frequently" – [Project Officer/Coordinator - Metropolitan]

> "Less emphasis on the why?! More emphasis on the reactive than proactive at this time" - [Nurse/Physician – Metropolitan]

> "It's a fantastic resource and have found the staff I have worked with excellent"- [Health Worker, Metropolitan]

STRENGTHS AND LIMITATIONS OF THE 2018 SECTOR NEEDS ASSESSMENT SURVEY

Strengths of the survey
- The survey is anonymous allowing respondents to provide more candid feedback.
- Online distribution method facilitated wider promotion of the survey to both members and non-members.
- Qualtrics facilitated survey analysis and reduced survey administration costs.
- Lessons learned from the previous survey rounds were taken into consideration and used to strengthen the 2018 survey instrument, thus improving the quality of data collected.
- The inclusion of questions that ask about the influence of SiREN's resources and support on research and evaluation thinking and practice are a useful way to monitor the impact of SiREN's resources and support. Some of these questions will be used again in the next survey round to enable comparison over time.
- The results of the survey provide SiREN with direction and focus for the next two years, as well as future research and evaluation priorities that are important to the WA SHBBV sector.

Limitations of the survey
- Similar to the 2016 survey, respondents may have found the length of the survey (43 questions) too onerous. While many questions from past surveys were removed, questions about SiREN's resources and support were added. In future surveys, the questions focusing on SiREN support will be removed as this will be evaluated immediately after the support is provided.
- The 2016 survey was implemented over December to January. It was suggested that future survey rounds should avoid the holiday time period to increase response rate. The 2018 survey was implemented in late October to early December and received a lower response rate. Therefore the timing of future surveys should be carefully considered.
- As the survey instrument has evolved over time it has made comparison to earlier survey rounds difficult.

COMPARING SURVEY ROUNDS

This section provides a comparison of survey metrics between the 2012, 2014, 2016 and 2018 survey rounds (Table 7). The survey instrument has evolved significantly since 2012 thus a limited number of questions can be compared against earlier survey rounds. Caution should be used when interpreting comparison rates due to differing and smaller sample sizes of survey rounds; and changes to response options in the 2018 round.

Research and evaluation importance

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

In the 2016 and 2018 survey rounds respondents were asked to rate how much they agreed with the statement: *My organisation values research*. In 2018, 77% either agreed or somewhat agreed with this statement. In 2016, this figure was very similar with 80% either agreeing or somewhat agreeing with this statement. In the 2012 and 2014 survey rounds the question was worded differently and so cannot reliably be compared.

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

In the 2016 and 2018 survey rounds respondents were asked to rate how much they agreed with the statement: *My organisation values evaluation*. In 2018, 83% either agreed or somewhat agreed with this statement. In 2016, this figure was very similar with 89% either agreeing or somewhat agreeing with this statement. In the 2012 and 2014 survey rounds the question was worded differently and so cannot reliably be compared.

Barriers experienced when undertaking research and evaluation

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

In 2018, the top three research barriers experienced by respondents either often or sometimes were lack of time (79%), lack of funding (78%), and difficulties engaging target population in research (70%). These were the same as the 2016 survey which reported the following response rates to these barriers: lack of time (91%), lack of funding (72%), and difficulties engaging target population in research (77%).

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

In the 2018 survey round the top three evaluation barriers experienced by respondents either often or sometimes were difficulties in engaging the target population (86%), lack of time (84%), and lack of funding (75%). Again, these were the same barriers identified in the 2016 survey round which found the top three barriers experienced either often or sometimes were lack of time (88%), difficulties in engaging the target population (79%), and lack of funding (67%).

In 2012 and 2014 the response options for both these questions were different and therefore have not been included as a comparison. However, over the previous six years lack of time and funding have consistently been two of the main research and evaluation barriers experienced.

Aware of SiREN services and resources

Q: The following table presents a list of SiREN resources and services. Please indicate those you are aware of. If you are not aware of any of SiREN's resources or services please skip this question.

In 2014, 2016 and 2018 survey respondents were asked if they were aware of a range of SiREN services and resources. It is not possible to make reliable comparisons between the 2018 survey and past survey rounds as the response options were different in 2018.

Despite differences in response options, it appears that there has been an increase in awareness of SiREN services and support over the years. An example of this is in 2014, 46% of respondents were aware of the symposium, in 2016 this figure was 9% and in 2018 this increased to 89%. It should be noted in 2016, 50% of respondents were not SiREN members, compared to 20% who were not SiREN members in 2018; this may explain some of the increase in awareness of SiREN services in 2018.

Factors influencing non-participation in SiREN services

Q: What factors have influenced your decision not to access SiREN services? You can choose more than one answer.

Please note some new response options were added to this question so results should be interpreted with caution. In 2018, the biggest factor influencing non-participation in SiREN services was being unsure what assistance can be asked of from SiREN (28%); it is encouraging to note this decreased when compared to the 2016 report where 36% of respondents reported they were unsure on what they could access SiREN for.

Communication

Website Use

Q: Have you used the SiREN website in the last 12 months?

In 2018, sixty percent (n=30) of respondents reported they had used the SiREN website in the last 12 months compared to thirty-five percent respondents (n=17) who selected they had not. This result was a slight increase in comparison to previous responses for the same question. In 2016, fifty-nine percent (n=37) selected 'yes', whereas forty-one percent (n=26) selected 'no' to the same question. The 2014 question differed slightly by asking participants about their website use over the past 24 months as opposed to 12 months. Sixty-two percent selected 'yes', twenty-seven percent selected 'no' and ten percent selected 'unsure'. Neither of the above questions were asked in the 2014 needs assessment survey.

Relevance of E-News

Q: Do you find the content of the SiREN E-News relevant to you and your organisation? Please explain why or why not. We also welcome any suggestions to assist us in improving our E-News content delivery.

Please note this question was only asked in the 2016 and 2018 survey rounds. In 2018, sixty-one percent (n=24) selected 'yes', whereas thirty-eight percent selected 'sometimes' (n=12) and zero individuals selected 'no'. In the 2016 survey, eighty-six percent responded 'yes' and fourteen percent of participants responded 'no'. In the 2016 survey round a 'sometimes' option was not provided.

Relevance of Evidence Update

Q: Do you find the content of the SiREN Evidence Update emails useful? Please explain why or why not. We also welcome any suggestions to assist in improving our evidence update content delivery.

It should be noted that 2018 was the first year evidence updates were introduced and therefore are still undergoing evaluation. Therefore, there are no rounds for comparison; this will be reviewed in the next needs assessment report.

DISCUSSION

The findings from this survey support the SiREN project to understand the research and evaluation support needs of the WA SHBBV sector. The findings also provide valuable feedback on awareness of, and engagement with SiREN's resources and support and the influence they have on program planning, research and/or evaluation confidence, knowledge and skills.

Survey respondents

The 2018 sector needs assessment survey received 61 responses. Despite actively promoting the survey, this number is significantly lower than the 2016 and 2014 needs assessments which had 104 and 89 responses respectively. Forty eight (79%) of the respondents were SiREN Network members, representing 16% of SiREN's membership base. A larger response is required to enable this survey to adequately represent the research and evaluation needs of the WA SHBBV sector.

It is unclear why the response rate is much lower than the 2016 needs assessment as a similar promotion process was followed. One potential reason for the reduction in responses is that SiREN communications have increased in the last two years, with E-News and Evidence Updates going out every few weeks, adding to this was the email promotion of the revised SHBBV Program Planning Toolkit in September and October. Therefore, a possible explanation for the lower response rate in 2018 is that people may have been overwhelmed by the number of emails from SiREN. The SiREN Project Steering Group (PSG) were asked why they felt responses may have been lower and suggested the timing of the survey being close to the Christmas period meant that people were busier than usual and less likely to respond. One PSG member also recalled a number of other surveys circulating at the same time which may have further reduced the likelihood of people responding. Future needs assessments will need to carefully consider the timing and plan around holiday periods, other surveys and SiREN communications. In addition, given the value of this survey and the time taken to complete it by respondents, other methods for collecting the data could be considered, for example a few shorter surveys examining specific areas including satisfaction with services, experience of services, or scheduling face-to-face meetings with stakeholder organisations to identify needs.

Undertaking research and evaluation

It was encouraging that the majority of respondents felt that their organisation valued research and evaluation. However, it is important to note, a large portion of the survey respondents were nurses/physicians (35%) and therefore do not engage in research and evaluation within their main role. The top three barriers to undertaking both research and evaluation were consistent: a lack of time, lack of funding, and difficulties engaging the target population. The rates that these barriers are experienced have remained relatively unchanged between past needs assessments. Other barriers that have consistently been experienced are a lack of confidence, knowledge, and/or skills; limited training opportunities (especially in regional areas); and a lack of access to external resources and support. These indicate a continued need for capacity building services, like SiREN, to help address these needs.

Barriers to accessing research evidence

The top barriers to accessing research evidence included a lack of time to identify relevant research, and ranked equal second were: a lack of current research; a lack of relevant research; limited or no training opportunities to improve research skills; and limited or no free access to research publication databases.

Despite the introduction of the evidence updates in 2017, these barriers remain relatively unchanged from the 2016 needs assessment. To address some of these barriers, SiREN has developed a webpage with

resources to assist with identifying, appraising and applying evidence (available here). In addition to this, SiREN will continue to promote that it can provide access to publications with a paywall and assist with locating evidence.

SiREN will also continue to support the sector to undertake and publish the findings of research and evaluation projects. In 2018, SiREN supported two successful grant applications that were identified as research priorities by the sector. To continue its role in supporting the co-creation of evidence that is useful and relevant, SiREN will develop another grant application exploring an issue identified collaboratively with the sector in 2019/2020.

Communications

Respondents overwhelmingly reported that they found the content of both the e-news and evidence updates relevant to them and their organisation and made positive comments about these communications containing useful information in a convenient format. As suggested in the 2016 survey, the introduction of the email marketing service Mailchimp® has assisted in making the email updates more user friendly and allows tracking of 'opens' and 'clicks', assisting the SiREN team in understanding reach. This supports SiREN's decision to continue both the e-news and evidence update in their current format.

Training needs

Around half of all respondents reported experiencing barriers related to research and evaluation skills, knowledge and confidence as well as access to training, resources and support. Participants were asked if there were any program planning, evaluation or research topics they would like to learn about. Many respondents misinterpreted this question and provided suggestions for training that focused on specific SHBBV health issues, perhaps in the context of what is needed for effective program planning. There were several evaluation and research topics identified, predominately focused on evaluation rather than research, but there were few similarities between responses on specific topics e.g. evaluation frameworks, therefore it was not possible to prioritise or determine the training topics of most interest. An expression of interest process could be used to prioritise SiREN training workshops.

In addition to training topics, participants were asked about their preferred format for receiving information. The top three preferred formats were face-to-face workshops, a community of practice, and online presentations.

To address these needs, SiREN is currently working with agencies to establish a research and evaluation working group where representatives meet regularly as a group to discuss and address research and evaluation challenges and build skills in research and evaluation. In addition to this, SiREN will continue to provide research and evaluation support, develop online training materials and promote funding opportunities.

Influence of SiREN resources and support

A quarter of respondents had accessed SiREN resources and/or support in the last 12 months. The vast majority found the resources or support useful and had applied (or intended to apply) the information to their work.

It was positive to see that the majority of respondents who accessed SiREN support reported increased confidence, knowledge and skills. However, a large proportion who had accessed SiREN resources reported no change to confidence, knowledge and skills. This could be explained as follows. Firstly, people may have

reported there was '*no change*' when they could have selected '*not relevant to the support I received*.' Secondly, people who accessed resources such as the SiREN symposium, reports, and/or received SiREN membership communications (e-news etc.) were asked if these resulted in any changes to confidence, knowledge or skills and it is unlikely that these kinds of resources would bring about any changes in these areas. Suggestions on how to improve these questions in future needs assessments is provided in the section '*Recommendations for future needs assessment survey rounds*' below.

In 2018, the biggest factor influencing non-participation in SiREN services was being unsure what assistance can be asked of from SiREN (26%); it is encouraging to note this decreased when compared to the 2016 report where 36% of respondents reported they were unsure on what they could access SiREN for. This improvement is promising and SiREN will continue to promote their services and resources this year to help address some of these barriers. For example, a fact sheet will be developed describing SiREN services, resources and projects. SiREN will also continue to explore new opportunities to promote its services and resources. It is anticipated that the research and evaluation working group will be a valuable source of feedback and will help increase awareness of SiREN within sector organisations.

Awareness of SiREN

The top three SiREN services or resources that respondents were aware of included: the SiREN symposium, membership to the SiREN network, and the SiREN toolkits and guides. This is unsurprising since the third SiREN symposium was held in May 2018, the majority of respondents were SiREN members and the SHBBV Ethics Approval Guide and the SHBBV Program Planning Toolkit had both recently been revised and promoted.

Respondents were least aware of SiREN training workshops, case study videos and support to prepare conference abstracts or presentations. SiREN has not provided face to face training workshops for some time given limited capacity, and in hindsight, this option should have been excluded from the 2018 survey. The video case studies of local SHBBV programs and research were developed in response to the 2016 needs assessment results. A lack of awareness of these may be because they are a relatively new strategy. The reason for a lack of awareness of SiREN support to prepare conference abstracts or presentations is less clear as SiREN has been providing this support since its inception in 2012. In 2018, an online presentation on how to present at conferences was developed and disseminated. In 2019, the Australasian Sexual Health Conference and Australasian HIV&AIDS Conference will be held in Perth. SiREN has developed an online presentation on how to prepare a conference abstract (available here https://siren.org.au/preparing-a-confernece-abstract/) and will run an interactive abstract development workshop in May 2019. It is anticipated that these strategies will increase awareness of the conference support provided by SiREN.

Engagement with SiREN

Participants engagement with SiREN differs based on their needs. For individuals who have research and evaluation skills their need to engage with SiREN is less and/or different to individuals who do not have strong research and evaluation skills. For example, individuals with prior skills may engage with SiREN to learn about new evidence and not necessarily for support compared with individuals who do not have strong research and evaluation skills who are often more likely to contact SiREN for support with program planning and evaluation. SiREN will continue to work with these differing segments of our network and will further develop strategies better tailored to their differing needs.

RECOMMENDATIONS FOR FUTURE NEEDS ASSESSMENT SURVEY ROUNDS

Based on the findings of the 2018 sector needs assessment, the following recommendations are suggestions for the SiREN Team to consider when undertaking the next needs assessment survey in 2020.

- Continue to follow the survey distribution and promotion methods used and monitor responses throughout the implementation period.
- Carefully consider the timing of the needs assessment around other SiREN communications, holiday periods and other factors that could influence response rate, given the value of this survey and the time taken to complete it by respondents.
- Review the usefulness of the data collected to see if there are ways to reduce the length of the survey. For example, there have not been large changes in research and evaluation barriers and values between needs assessments so these questions may not be necessary. Could also explore undertaking smaller more topic specific surveys more frequently rather than one longer survey every two years.
- The question that asked participants to describe the program planning, evaluation or research topics that they would like to learn more about was open ended. This resulted in many responses that were not related to research or evaluation. Suggest reverting back to a predetermined list of options as provided in the 2016 survey to ensure demand for specific research and evaluation training topics can be identified from responses and/or consider addressing the need for SHBBV content-specific training through research-focussed seminars where guest speakers are invited to present the latest evidence on topics of interest.
- Remove questions 26 and 27 evaluating the use of SiREN program planning, research or evaluation support as these will be evaluated after completing each support request by a survey developed as part of Rochelle Tobin's PhD project. Question 25 that asks about the use of SiREN resources should remain, although the response options of the symposium and SiREN membership should be deleted as these are evaluated elsewhere. Question 30 about the usefulness of resources should remain, as should questions 31 to 33 about the application of the information provided by SiREN. Question 34 that asks about changes to confidence, knowledge and skills as a result of SiREN resources or support should be deleted as changes in these areas are influenced by the type of resources accessed and existing confidence, knowledge and skill levels.
- Respondents were asked to select whether or not they would recommend SiREN support to a colleague or other organisations. If respondents select that they are unsure or would not recommend SiREN, it is unclear why this is the case. The next needs assessment may wish to include a follow-up question to determine the reason for this response.

RECOMMENDATIONS FOR SiREN

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

- Establish a research and evaluation working group where representatives meet regularly as a group to discuss and address research and evaluation challenges. It is anticipated that the research and evaluation working group will also help to increase awareness of SiREN.

- Continue to provide research and evaluation support, develop online training materials and promote funding opportunities.

- Promote SiREN services and resources through the development of a fact sheet; describing the project and what it can assist with, and continue to explore additional opportunities to promote SiREN's services and resources.

- Provide an online presentation on how to prepare a conference abstract and run an interactive abstract development workshop in advance of the Australasian Sexual Health Conference and Australasian HIV&AIDS Conference to be held in Perth in September 2019. It is anticipated that promoting these resources will increase awareness of the conference support provided by SiREN.

- To reduce barriers to accessing research evidence, SiREN will explore new approaches to promoting that it can provide access to publications with a paywall and assist with locating evidence.

- Explore further avenues for promoting the case study videos.

- Continue to support the co-creation of evidence that is useful and relevant through progressing the research priority setting process and developing another collaborative grant application in 2019/2020.

- Seek expressions of interest for face to face training/workshops, both metropolitan and regional, that could be offered within SiREN's existing capacity/resources during 2019/2020. Consider video-recording where appropriate to provide an additional resource for those unable to attend.

APPENDIX A: 2018 SiREN NEEDS ASSESSMENT SURVEY

Thank you for taking the time to contribute to the 2016 SiREN Needs Assessment Survey. Your feedback will ensure that the Department of Health's investment in SiREN is directed to activities of most importance and value to you and Sexual Health and Blood borne Virus (SHBBV) stakeholders in WA.
The survey will take approximately 15 minutes to complete. If need be you can come back and complete the survey once you have started, just click on the link again and your saved survey will reappear. Your opinions will help SiREN better understand how to support research and evaluation activity in WA. Some of the results from this survey will also be used to inform a study investigating how networks, like SiREN, influence public health policy and practice. Your survey responses are anonymous and individual responses will not be identified in any materials. The data will only be accessible by the SiREN Team at Curtin University. SiREN has approval from the Curtin University Human Research Ethics Committee (Approval Number SPH-50-2012).

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

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

What is SiREN's purpose?
SiREN aims to:

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

- ❍ Click to continue (1)

SECTION ONE: ABOUT YOU

Q1 Are you currently a SiREN member?

- ❍ Yes (1)
- ❍ No (2)

Q2 How long have you been a SiREN member?

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

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

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

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

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

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

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

Q6 How long have you worked in the SHBBV sector?

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

SECTION TWO: RESEARCH AND EVALUATION

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

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

Q7 Please rate how much you agree with this statement. "My organisation values research."
- ❍ Disagree (1)
- ❍ Somewhat disagree (2)
- ❍ Neither agree nor disagree (3)
- ❍ Somewhat agree (4)
- ❍ Agree (5)

Q8 Do you undertake research as part of your current role?
- ❍ Yes (1)
- ❍ No (2)

Q9 Please rate how much you agree with this statement. "My organisation values evaluation."
- ❍ Disagree (1)
- ❍ Somewhat disagree (2)
- ❍ Neither agree nor disagree (3)
- ❍ Somewhat agree (4)
- ❍ Agree (5)

Q10 Do you undertake evaluation as part of your current role?
- ❍ Yes (1)
- ❍ No (2)

Display question 11: If do you undertake research as a part of your current role? Yes is selected

Q11 In the last 12 months, what barriers to undertaking <u>research</u> have you experienced?

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

Q12 If you have experienced other barriers to undertaking research not listed above please list them here:

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

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

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

Q15 If you have experienced other barriers to undertaking evaluation not listed above please list them here:

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

SECTION THREE: USE OF EVIDENCE

Q16 Are you involved in making decisions in relation to programs or policies?

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

Display this question if are you involved in making decisions related to programs or policies? No, neither policies or programs is not selected.

Q17 Thinking about your work in the last 12 months, what barriers, if any, have you experienced when accessing or applying research evidence?

	Often (1)	Sometimes (2)	Seldom (3)	Never (4)	Not applicable to my role (5)
Lack of time to identify relevant research (1)	❍	❍	❍	❍	❍
Lack of current research (2)	❍	❍	❍	❍	❍
Lack of relevant research (3)	❍	❍	❍	❍	❍
Lack of knowledge and skills on how to locate and interpret research (4)	❍	❍	❍	❍	❍
Low internal support from management/colleagues (5)	❍	❍	❍	❍	❍
Limited or no training opportunities to improve skills to identify and apply evidence (6)	❍	❍	❍	❍	❍
Limited or no free access to research publications (7)	❍	❍	❍	❍	❍
Lack of access to external expertise (universities, research institutions, other agencies) (8)	❍	❍	❍	❍	❍

Display this question if are you involved in making decisions related to programs or policies? No, neither policies or programs is not selected.

Q18 If you have experienced other barriers to accessing research evidence please list them here:

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

SECTION FOUR: TRAINING NEEDS

Q19 Are there any program planning, evaluation or research topics what you would like to learn more about?

- ❍ Yes (1)
- ❍ No (2)
- ❍ Unsure (3)

Display this question if are there any program planning, evaluation or research topics that you would like to learn more.. Yes is selected.

Q20 Please describe the program planning, evaluation or research topics that you would like to learn more about.

_____

Q21 In which format would you prefer to receive information on these topics? Please rank the options below in order of preference by dragging options to your preferred position. One is most preferred and six is least preferred.

Podcasts (1)

Community of practice (A group of people with a common interest who meet regularly (online or

face-to-face) to share information and experiences for the purpose of learning) (2)

Online presentations (3)

Blogs or other online written content (4)

Case Studies (5)

Face-to-face workshops or seminars (6)

Display this question if are there any program planning, evaluation or research topics that you would like to learn more about… Yes is selected.

Q22 If there are any other formats that you would like to received information via please describe them here.

_____

SECTION FIVE: SiREN SERVICES AND RESOURCES

Q23 The following table presents a list of SiREN resources and services. Please indicate those you are aware of. If you are not aware of any of SiREN's resources or services please skip this question.

	Aware of
Toolkits or guides e.g. SHBBV Program Planning Toolkit, SHBBV Ethics Approval Guide	❏
Online presentations e.g. presenting at conferences, using the SHBBV Program Planning and Evaluation Toolkit	❏
Video case studies of local programs and research projects	❏
Membership to the SiREN network where you received regular email communications of the latest evidence, news, events, funding opportunities and more.	❏
Research support e.g. guidance with preparing ethics applications, manuscripts, grant proposals, or facilitating research collaborations.	❏
Evaluation and program planning support e.g. guidance on developing evaluation tools such as surveys, creating evaluation plans.	❏
SiREN resources and report e.g. HIV and Mobility in Australia: A Road Map for Action	❏
Assistance with preparing conference abstracts, presentations or posters.	❏
Program planning, evaluation or research training workshops	❏
SiREN symposium	❏

Q24 Have you used any of SiREN's resources in the last 12 months? E.g. ethics approval guide, HIV and Mobility Road Map, Program Planning Toolkit

- ❍ Yes (1)
- ❍ No (2)

Q25 Please select which SiREN resources you have used in the last 12 months. You can select more than one option

- ❏ Toolkits or guides e.g. SHBBV Program Planning Toolkit, SHBBV Ethics Approval Guide
- ❏ Online Presentations e.g. presenting at conferences, using the SHBBV Program Planning and Evaluation Toolkit
- ❏ Video case studies of local programs and research projects
- ❏ Membership to the SiREN network where you received regular email communications of the latest evidence, news, events, funding opportunities and more.
- ❏ SiREN reports e.g. HIV and Mobility in Australia: A Road Map for Action, Law and Sex Worker Health.
- ❏ SiREN symposium
- ❏ Other (Please specify)

Q26 Have you accessed program planning, research or evaluation support from SiREN in the last 12 months? e.g. support to develop a conference abstract, ethics application, grant or evaluation method.

- ❍ Yes (1)
- ❍ No (2)

Q27 Please select what type of support you received from SiREN. You can select more than one option.

- ❑ Evaluation and program planning support e.g. guidance on developing evaluation tools such as surveys or creating an evaluation plan (1)
- ❑ Assistance with preparing conference abstracts, presentations or posters (2)
- ❑ Research support e.g. guidance on developing an ethics application or grant application (3)
- ❑ Other (please specify) (4) _____

Q28 Did you find the resources and/or support provided by SiREN useful?

- ❍ Very useful (1)
- ❍ Moderately useful (2)
- ❍ Slightly useful (3)
- ❍ Not at all useful (4)

Display this question if Did you find the resources and/or support provided by SiREN useful? Not at all useful is selected

Q29 Could you please explain why you did not find the resources or support provided by SiREN useful?

_____

_____

_____

Display this question if Did you find the resources and/or support provided by SiREN useful? Slightly useful is Selected

Q30 Could you please explain why you found the resources or support provided by SiREN useful?

_____

_____

_____

Q31 Did you (or do you intend to) apply the information provided by SiREN to your work?

○ To a great extent (1)

○ Somewhat (2)

○ Very little (3)

○ Not at all (4)

Q32 Could you please explain why you do not intend to apply the information provided by SiREN to your work?

_____

_____

Q33 Could you please explain why you intend to apply very little of the information provided by SiREN to your work?

_____

_____

Q34 Please select a response to each of the question below. Did the resources or support provided change your..

	Increased (1)	Decreased (2)	No change (3)	Not relevant to the resources or support accessed (4)
Overall confidence in undertaking program planning, research and/or evaluation? (1)	○	○	○	○
Overall knowledge in program planning, research and/or evaluation? (2)	○	○	○	○
Overall skills in program planning, research and/or evaluation? (4)	○	○	○	○
Confidence in sharing your work at conferences and/or forums? (3)	○	○	○	○

Q35 If the resources or support provided by SiREN led to any other changes in your thinking or practice, please describe them here.

_____

Q36 Would you recommend SiREN support to a colleague or other organisation?

○ Yes (1)

○ No (2)

○ Unsure (3)

Q37 Any other comments on the resources or support provided by SiREN?

_____

Q38 What factors have influenced your decision <u>not</u> to access SiREN services? You can choose more than one answer.

- ❑ None, I contact SiREN when I need to (11)
- ❑ I'm not really sure what I can ask SiREN for help with (1)
- ❑ I have accessed SiREN's services in the past and was not satisfied with the process and/or outcome (2)
- ❑ My question is not really research or evaluation related (3)
- ❑ I have access to research and evaluation expertise through my organisation (4)
- ❑ I feel SiREN has limited time to assist me (5)
- ❑ I feel SiREN has limited ability to assist me (6)
- ❑ I do not have enough time to access SiREN's services (7)
- ❑ I'm not sure if there would be a cost (8)
- ❑ I am unsure how frequently I am able to access SiREN's services (9)
- ❑ Other (please specify) (10) _____

Did you know SiREN supports service providers, researchers, and policy-makers working to address sexual health and blood-borne viruses in WA to engage in research and evaluation?

 SiREN's services include:
Providing tailored project planning, evaluation, and research support;
Undertaking applied research and evaluation;
Identifying and promoting opportunities for collaboration;
Developing research and evaluation skills; and
Sharing research and evaluation evidence.

If you have a program planning, research or evaluation question, start a conversation with the SiREN team today by emailing siren@curtin.edu.au

SECTION SIX: COMMUNICATIONS

WEBSITE

Q39 Have you used the SiREN website in the last 12 months?

- ❍ Yes (1)
- ❍ No (2)

Q40 How often do you tend to use the SiREN website?

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

EVIDENCE UPDATE

These emails provide bite-size summaries of the latest evidence from sexual health and blood-borne virus journal articles, podcasts and reports with relevance to the Australian setting. We hope that these emails will save you time and help keep you on top of the latest evidence. SiREN regularly Tweets new research articles and reports, so follow us on Twitter.

If you or your organisation publish a report or journal article, let us know and we will share it as part of these emails. And don't forget, if you are unable to access any journal articles or reports you can email us at siren@curtin.edu.au and we will send you a copy.

Q41 Do you find the content of the SiREN e-news relevant to you and your organisation? Please explain why or why not and we welcome any suggestions to assist us in improving our e-news

content delivery.

- ○ Yes (please elaborate) (1) _____
- ○ Sometimes (please elaborate) (2) _____
- ☐ No (please elaborate) (3) _____

Q42 Do you find the content of the SiREN Evidence Update emails useful? Please explain why or why not. We also welcome any suggestions to assist us in improving our Evidence Update content delivery.

- ○ Yes (please elaborate) (1) _____
- ○ Sometimes (please elaborate) (4)
  _____
- ○ No (please elaborate) (2) _____

Q43 Do you have any further suggestions for the SiREN Team?

_____

_____

_____

_____

_____

Thank you for taking the time to assist SiREN to better support the research and evaluation activity in WA.

APPENDIX B: NETWORK RECRUITMENT EMAIL

Subject: Help SiREN better support you

Dear SiREN WA Network,

SiREN is conducting its biennial survey on research and evaluation in the Sexual Health and Blood borne Virus (SHBBV) sector and would like to hear from you. The survey results will help SiREN understand how to better support you.

The survey should take approximately 15 minutes to complete.

Your feedback will also ensure that the Department of Health's investment in SiREN is directed to activities of most importance and value. Results from the 2016 needs assessment survey have contributed to SiREN offering regular emails summarising the latest SHBBV evidence and creating online videos on how to undertake aspects of program planning and evaluation.

Responses to the survey remain **completely confidential** and will not be identifiable to you or your organisation. SiREN has approval to conduct the survey from the Curtin University Human Research Ethics Committee (Approval Number SPH-50-2012). If you have any questions about the survey please contact Rochelle Tobin rochelle.tobin@curtin.edu.au.

You can complete the survey by clicking on the following link:
https://curtin.au1.qualtrics.com/jfe/form/SV_4V1BwH7gyXaGxUN

The survey will be open until 5pm Friday the 30th of November.

We want to ensure we include the views of those who aren't already SiREN Network members too. Therefore, we ask you to consider distributing the survey to other individuals within your organisation and your networks who may be involved in preventing and managing SHBBVs.

Your contribution is important to assist SiREN better meet the needs of stakeholders like you. A summary of the results will be posted on www.siren.org.au early in 2019.