



SiREN Evaluation Final Report

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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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APPENDICES

The following appendices are included within a separate document:

Appendix 1	Professional disclaimer
Appendix 2	SiREN Request for Quotations (RFQ)
Appendix 3	Definition of terms
Appendix 4	Evaluation plan
Appendix 5	Online survey report
Appendix 6	Interview report
Appendix 7	Document analysis report
Appendix 8	Case study report
Appendix 9	Program logic workshop report
Appendix 10	SiREN timeline and key milestones

Executive Summary

This report is an independent evaluation of the Western Australian Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN) undertaken by John Scougall Consulting Services on behalf of the Department of Health Western Australia. Evidence for the evaluation was collected from interviews, an on-line survey, document analysis, case studies and a program logic workshop.

Performance

The evaluation finds SiREN has performed well and is held in high regard by stakeholders. It has built sound relationships with the sector and is seen as making a significant contribution by assisting organisations to enhance their capacity to engage in research and evaluation. The SiREN Symposium is a highly regarded biennial event that showcases research and evaluation of relevance to the Sexual Health and Blood-borne Virus (SHBBV) sector in Western Australia (WA). The project focussed approach to building organisational research and evaluation capacity is a promising strategy.

Program implementation and reach

SiREN has achieved significant program reach. A network of more than 200 SiREN members has been established and its services also reach a further unknown number of non-members. Services were found to be inclusive of both men and women, regional and urban areas and a broad range of organisational types and occupations in the WA SHBBV sector.

SiREN conducts periodic needs assessment surveys to check that its services are appropriate to the expressed needs of its members. Research and evaluation capacity building activities have been identified as a priority. Many organisations have benefited from access to capacity building, research and evaluation toolkit resources and workshops made freely available by SiREN. Eleven organisations are identified as having benefitted substantially from intensive research and evaluation project support.

The evaluation has provided insights into the circumstances in which stakeholders are likely to seek the services of SiREN. The main barrier is a perception of research and evaluation as a long and resource-intensive process that adds to workload.

Since its initial establishment views on the priority functions of the SiREN network have evolved. There is now scope for SiREN to more clearly and succinctly state its role.

The main risk factor for SiREN is that it is overly key person reliant on the Project Manager position at present.

Recommendations

Based on the findings of the evaluation, key recommendations are:

- Recommendation 1: That SHBBVP funding of SiREN be continued.
- Recommendation 2: That the SiREN role statement be reviewed and promoted.
- Recommendation 3: That the Project Steering Group (PSG) and the SiREN Management Team agree strategies to reduce the key person reliance of SiREN.
- Recommendation 4: That a SiREN symposium be planned and held in 2016.
- Recommendation 5: That the 'project focussed' approach to capacity building be documented, promoted and further developed.
- Recommendation 6: That the SiREN membership list be used as a strategic resource to ensure inclusion and partnership.
- Recommendation 7: That the writing of SiREN case studies, best-evidence syntheses and the publication of research and evaluation findings should be prioritised.
- Recommendation 8: That grant seeking be a core SiREN strategy.
- Recommendation 9: That SiREN develops explicit project support criteria.
- Recommendation 10: That the SiREN website be improved as a capacity building resource.

1. Introduction

1.1 Purpose of Report

This is the final report of the independent evaluation of the Western Australian Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN).

John Scougall Consulting Services conducted the evaluation under the direction and guidance of a SiREN Evaluation Reference Group. It was undertaken with the cooperation of members of SiREN and funded by the Communicable Disease Control Directorate (CDCD) of the Department of Health Western Australia (WA). A professional disclaimer can be found at Appendix 1.

The report sets out the objectives of the evaluation, responds to specific evaluation questions provided in the initial terms of reference/Request for Quotations (Appendix 2). Terms used are defined at Appendix 3.

Sections 2 to 5 of the report look at stakeholder perceptions, implementation issues, benefits of SiREN and outcomes achieved. Sections 6 to 7 look at improvements and future requirements, with a summary of findings and recommendations.

1.2 Objectives of the Evaluation

The evaluation had two objectives:

- To identify the value SiREN adds to the sexual health and blood-borne virus (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.

1.3 Evidence-based Findings and Recommendations

The findings and recommendations are supported by the following sources of evidence collected during the data gathering process:

- Interviews (n = 8)
- questionnaire survey (n = 75)
- document analysis (n = >50)
- case studies (n = 2)
- program logic workshop (n = 1).

The evaluation was conducted between 15 February and 31 May 2015. The data collection process is explained more fully in the evaluation plan at Appendix 4.

As each data collection technique was employed a separate report was prepared describing the analysis of the data. The process of progressive development of these reports facilitated conversations between the Evaluation Reference Group and the evaluator about the significance of the data during the evaluation process, as distinct from only presenting data and findings at the end. These reports are included as Appendices 5 to 9 in this report.

Throughout this final report extensive use has been made of matrices for the purpose of indicating the data sources that support and have informed each finding and recommendation.

1.4 Background and Goal of SiREN

SiREN is a network of service providers, government agencies, non-government organisations (NGOs) and researchers, each with a shared interest in promoting applied research and evaluation which ensures the work of the SHBBV sector in WA is evidence-based. It was established in 2010 with formal establishment as a unit within Curtin University in 2012, funded by the Sexual Health and Blood-borne Virus Program (SHBBVP). It has a membership of over 200 NGOs, government and tertiary education organisations working in the WA SHBBV sector.

A timeline outlining key milestones in SiREN's development has been included at Appendix 10.

Primary objectives of SiREN include:

- establishing a network of individuals with a shared interest in applied research and evaluation
- building capacity to undertake applied research and evaluation through activities such as workshops, the production of evaluation resource toolkits and the provision of project support
- disseminating evidence about effective SHBBV practice through activities such as e-newsletters, the presentation of conference papers and peer reviewed publications
- building links to relevant national research centres
- developing a culture of research and evaluation in the SHBBV sector that keeps research and evaluation '*top of the mind*'.

SiREN uses multiple strategies to promote, plan and implement research and evaluation activity in collaboration with organisations operating within the SHBBV sector in WA.

2. Stakeholder Perceptions

2.1 Overview

This section considers how stakeholders perceive SiREN. TABLE 1 summarises the findings and identifies the data sources that support them. The general view is that SiREN is high performing. It is understood to be a research and evaluation support network, however there may be opportunities to more clearly state and explain its role. There is also a view that it is vulnerable because it is key person reliant. A perceived lack of time to engage in research and evaluation is the main constraint on activity within the sector, especially for front line services.

TABLE 1: STAKEHOLDER PERCEPTIONS OF SIREN x SUPPORTING DATA SOURCE

Perceptions	Interviews (n=8)	Survey (n=75)	Document Analysis (n=>50)	Case Studies (n=2)	Program Logic Workshop (n=1)
1. Good performance	✓	✓	✓	✓	-
4. SiREN is a collaborative network.	✓	✓	✓	✓	✓
3. Need clarity of role.	✓	✓	✓	✓	✓
4. Key person reliance.	✓	✓	✓	✓	✓
5. Lack of time.	✓	✓	✓	✓	✓

✓ indicates data source that supports the finding

- indicates data source that neither supports nor contradicts the finding

X indicates data source that contradicts the finding. NB: There were no contradictory findings.

2.2 Good Performance

SiREN is held in high regard. Interviewees see it as responsive, open, accessible, supportive, and a good source of ideas and options. One interviewee described SiREN as 'amazingly important.' Others emphasised SiREN's effectiveness at networking due to front-end investment in building credibility, trust and rapport with the SHBBV sector.

The evaluation survey responses describe SiREN in terms of being collaborative, engaging with members, sharing research and evaluation findings, building research and evaluation capacity, making new information and evidence available, developing skills, aiding positive change in the workplace, providing opportunities to apply what has been learnt, making a significant contribution to the sector by promoting and facilitating

research and evaluation practice and generally offering high quality services that assist SHBBV organisations.

Participants in the case studies and the program logic workshop also made positive comments about SiREN. There were no negative comments. Furthermore the tone of responses elicited by the '*Needs Assessment*' surveys undertaken by SiREN in 2012 (n = 23) and 2014 (n = 89) were overwhelmingly affirmative.

Finding 1: Stakeholders perceive SiREN as high performing.

Recommendation 1: That SHBBVP funding of SiREN be continued.

2.3 SiREN is a Network

SiREN operates at the interface where the evidence generated by research and evaluation meets service delivery. It is structured as a consortium that requires the active involvement, resources and support of several partners. The document analysis describes SiREN governance and management arrangements that bring these parties together. SiREN comprises:

- SHBBV service providers including those working in the NGO sector
- Program managers and policy makers
- Researchers in the tertiary education sector.

All three parties contribute to the pool of human resources that do the work of SiREN. Each has its own imperatives to be satisfied in order to sustain its commitment. Each operates under tight resource constraints. The SiREN alliance will endure so long as there is shared recognition of the strengths of a university-policy-practice partnership.

Two interviewees stressed that the continuity of SiREN requires the parties in the network to appreciate they have complementary and overlapping expectations, as well as some different emphases.

- The SHBBV sector wants to develop its capacity to engage in research and evaluation that informs improved service delivery, provides funding bodies with proof that their services work and recognises their achievements.
- The State Government wants to influence policy and funding priorities at state and national levels, and to demonstrate that SHBBVP funds are directed towards services that work.
- Tertiary researchers want to contribute to building the research and evaluation evidence base underpinning and guiding the work of the SHBBV sector in ways that attract research grants and lead to peer reviewed publications.

A network is understood to be a group of interconnected organisations and services established for the purpose of facilitating interaction, promoting professional contacts and exchanging information. One interview participant stated that the value of a

network lies in opportunities to interact with organisations and people “*who do different stuff*”. At the program logic workshop key NGOs, the state government and the SiREN Management Team were all represented and were observed working collaboratively together.

Mutual support and reciprocity are characteristic of a network. In the case of SiREN members can attend conferences and workshops and access toolkit resources, a website and project support. Members can, in turn, contribute back to the network by volunteering for governance roles. Network effectiveness requires active interaction and a willingness to share ideas and resources. This evaluation has found that several of the case study participants and interviewees who accessed SiREN project support were also active members of SiREN through participation on the Project Steering Group (PSG) or a SiREN reference group. Some had presented papers at conferences and forums.

In several respects SiREN resembles a professional body, such as the Australasian Evaluation Society. It offers:

- membership (but without membership dues)
- guidance on ethical practice, based on National Health and Medical Research Council (NHMRC) code of ethical conduct
- opportunities for conference and seminar attendance
- professional development
- opportunities to publish
- information about relevant developments and events.

SiREN was significantly strengthened by the addition of a Management Team located within The Collaboration for Evidence, Research, and Impact in Public Health (CERIPH) research centre at Curtin University. It was established because the expanding capacity building role envisaged for SiREN became too demanding for volunteer contributors to manage and coordinate alone. The WA Department of Health’s Communicable Disease Control Directorate (CDCD) funds the SiREN Project Manager through the Sexual Health and Blood-borne Virus Program (SHBBVP). While SiREN’s Project Manager and the supporting management team is an important aspect of SiREN, the network should not be conflated as if it were only about the services it provides. To understand SiREN as a commercial contractual arrangement only is to understate the significance of it being a network. The process of scaling up program activities needs to be accompanied by balanced input inclusive of service providers.

Finding 2: SiREN promotes interaction about research and evaluation issues between people and organisations that work in the SHBBV sector.

2.4 Clarity of Role

SiREN may need to review its role and responsibilities, and succinctly and consistently promote what it does.

Interview participants described the initial establishment phase of SiREN as being a ‘*voyage of discovery*’ to find out how greater research and evaluation activity might be supported and built in the SHBBV sector in WA. Initially stakeholders did not have a fully formed view of what SiREN needed to be or how it should work in practice. A clearer view has evolved over time. There is now an opportunity for the network to plan and determine a strategic way forward based on the experience of what has been learnt so far.

Evaluation survey responses suggest there is a minority group of SHBBV stakeholders who are not yet entirely clear about what SiREN does. The following are examples of evaluation survey responses:

“I am not aware of all that SiREN does.”

“Let people know what you can do.”

The document analysis suggests the current formal role statement of SiREN is overly long and should be reviewed. The statement does not mention the capacity building role of SiREN. A more succinct form of words is sometimes used, but not consistently.

Finding 3: The role statement of SiREN is not clear.

Recommendation 2: That the SiREN role statement be reviewed and promoted.

2.5 Key Person Reliant

SiREN is perceived as being ‘*key person reliant*’ on the Project Manager position. Evaluation survey respondents, participants in the case studies and also the program logic workshop universally praised the commitment of the Project Manager. Several stated the position was their main or only point of contact with SiREN.

At present, relations with the SHBBV sector depend heavily on the work of the SiREN Project Manager. The role carries a heavy workload and there is no back up in key areas. This point was made repeatedly in the interviews and a few written survey responses. Several interviewees identified this as a potential risk factor. There does need to be succession planning should the position become vacant in the future.

Strategies that open up more direct points of contact between members of the SiREN Management Team and other members of the network would reduce vulnerability caused by key person reliance. Ways in which this issue might be addressed include:

- encouraging a greater contribution from network members in areas such as seminar presentations and the provision of mutual project support
- extending the capacity of SiREN Reference Groups through the inclusion of additional expertise drawn from the NGO sector, government, universities in addition to Curtin and national research centres

- re-examining capacities, roles, responsibilities and the delegation of duties within the SiREN Management Team and, where necessary, re-designing them
- outlining the functional responsibilities, knowledge, skills, qualifications and capacities of each member of the SiREN Management Team for the information of the SHBBV sector.

Finding 4: SiREN is vulnerable because it is key person reliant.

Recommendation 3: That the PSG and the SiREN Management Team agree strategies to reduce the key person reliance of SiREN.

2.6 Lack of Time

A perceived '*lack of time*' is the main barrier limiting the sector's engagement in research and evaluation activity. In the 2014 Needs Assessment Survey conducted by the SiREN Management Team, 82% of responses identified this as the main reason for not undertaking research and evaluation, followed by a lack of funding opportunities (61%) and limited research and evaluation knowledge and skills (41%).

Interviewees also reported that making space to do research and evaluation can be difficult given day-to-day pressures and time constraints. The demands of service delivery are such that it is not always easy to undertake extra tasks. The work of the SHBBV sector encompasses some hard to reach groups such as migrant and culturally and linguistically diverse (CALD) groups, Aboriginal people living in remote areas and people who inject drugs. Participants in the interviews and case studies expressed surprise at how time consuming their engagement in research and evaluation had turned out to be. In particular, the ethics clearance process can be long and complex.

There are instances where SiREN has provided project support, but the host organisation was not able to follow the project through to completion due to competing work demands. One organisation has not been able to administer a 'ready to go' needs assessment survey, another is yet to analyse evaluation data that has been collected on-line and another has not been able to find the time to write up an evaluation of an engagement strategy that was trialled.

The challenge lies in enabling busy organisations and individuals to see the ways in which participation in research and evaluation may actually make their lives easier in the medium to long term. Stakeholders do not necessarily understand the value of evaluation beyond collecting key performance indicator (KPI) data to meet accountability requirements. Employees in the sector may have had variable levels of exposure to research and evaluation activity.

It may also be the case that research and evaluation support services need to be packaged as opportunities to minimise the demands on people's time. Needs assessment surveys, for example, are a way of collecting research and evaluation

information easily and relatively cheaply. It is also noted that one project has embedded an on-line questionnaire within a web-based training resource as an innovative way of catering to the needs of a busy professional workforce.

If *'lack of time'* is a constraint, it is imperative that realistic timeframes and workloads be discussed prior to the commencement of any major SiREN research and evaluation collaboration. The fact that research and evaluation are as much *'ways of thinking'* as a set of physical tasks also needs to be discussed.

Finding 5: A perceived lack of time is the main constraint on SHBBV sector engagement in research and evaluation.

3. Implementation

3.1 Overview

This section considers how well SiREN has been implemented in terms of the appropriateness of its services and program reach. TABLE 2 summarises findings and the data sources that lend support to them. The evidence indicates stakeholders believe the services provided by SiREN are appropriate. Generally they do extend to reach the people and organisations they are meant to. There is an attempt to make the circumstances in which organisations may choose to utilise SiREN project support more explicit. The need to position the SHBBV sector within a supportive policy, funding and relational context is also discussed.

TABLE 2: IMPLEMENTATION OF SIREN x SUPPORTING DATA SOURCE

Implementation Issues	Interviews (n=8)	Survey (n=75)	Document Analysis (n=>50)	Case Studies (n=2)	Program Logic Workshop (n=1)
1. Checking to ensure services are appropriate	✓	✓	✓	✓	✓
2. Building the reach of services	✓	✓	✓	✓	✓
3. Understanding service adoption	✓	✓	✓	✓	-
4. Making time for research and evaluation	✓	✓	✓	✓	-
5. Supportive policy overlay and implementation environment	✓	✓	✓	✓	-

✓ indicates data source that supports the finding

- indicates data source that neither supports nor contradicts the finding

X indicates data source that contradicts the finding. NB: There were no contradictory findings.

3.2 Ensuring Services are Appropriate

The feedback from interview participants, survey respondents and those who participated in the case studies affirmed that stakeholders see SiREN's services as appropriate to their needs. They also show that the SiREN Management Team is active in seeking the views of the sector to ensure they are appropriate. The SiREN Management Team conducted two needs assessment surveys in 2012 and 2014. Respondents confirmed they do want the support services it provides. A further

independent survey (n = 75) conducted as part of this evaluation re-affirmed this. Most responses indicated a desire to make greater use of SiREN services in the future. Only three survey respondents reported they had not yet used any SiREN services. Furthermore the case study report found that users of SiREN project support services value this form of practical assistance.

The document analysis revealed that the main services provided by SiREN to organisations in WA's SHBBV sector are:

- delivery of research and evaluation workshops
- development of toolkit resources
- practical project support
- the SiREN symposium.

Other strategies include:

- development of a website
- co-presentations at seminars and conference forums
- disseminating information about SHBBV research and evaluation
- developing links with national research centres with a focus on SHBBV issues
- drafting journal articles with other members of the SHBBV sector for possible publication.

Interviewees expressed general support for the strategies SiREN had adopted. However, one interviewee observed resources were spread thinly in the establishment phase of the SiREN Management Team and took the view that SiREN needed to prioritise its strategies. The issue was about whether SiREN would be able to sustain a broad range of different support activities. In part, it is about identifying the best investment of limited resources to fit a particular time and circumstance. It is also, in part, about recognising that the SHBBV sector is dynamic. New priorities and strategies do need to emerge in response to new challenges, technological change and the possibilities posed by medical breakthroughs, and better understanding of what has been demonstrated to work in certain contexts. It could be that some strategies employed in the past will justify a lesser priority in the future and vice versa.

The interviews revealed that one of the lessons learnt from the SiREN experience so far is that individuals and organisations have different starting points in terms of their prior understanding and engagement with research and evaluation. Some agencies have significant research and evaluation capacity, but many in the SHBBV sector do not. This means that activities such as workshops need to be tailored. One survey respondent observed: *"for some agencies there is still the limitation of capacity to engage in research and evaluation as a result of limited resources or funding."*

Finding 6: SiREN checks to ensure the services it offers remain appropriate to the needs of the people and organisations it serves.

3.3 Building Program Reach

SiREN now has more than 200 individual members. In addition, SiREN provides services to an unknown number of non-members also free of charge. It is, therefore, not possible to state how many people are being reached. Given the small scale of the SHBBV sector in WA it is, however, clear that SiREN has achieved considerable reach.

The SHBBV sector in WA is not a clearly demarcated group of organisations. There is a small group of core services at its centre that include agencies such as the Western Australian AIDS Council (WAAC), Sexual and Reproductive Health Western Australia (SRHWA) and CDCD. SHBBV issues are their core business. On the periphery there are organisations like the Metropolitan Migrant Resource Centre (MMRC) that provide some SHBBV services, but mostly do other work. This makes it difficult to be specific about the extent to which SiREN can be said to be engaging with the whole sector. But it can be stated with certainty that SiREN has built an extensive SHBBV research and evaluation network in WA that is inclusive of the NGO, government and tertiary education sectors.

SiREN membership is skewed towards Perth. This reflects the population concentration in the metropolitan area. Relatively few network members reside in regional WA. There is, however, nothing to suggest SiREN services are failing to reach people in the regions. SiREN has run workshops and provided project support purposely designed to be inclusive and responsive to the needs of these populations. In the course of the evaluation, interview and survey respondents stressed the importance of continuing to be mindful of maintaining an equitable spread of services across both urban and regional populations.

The spread of a sparse population across a vast state with hard to reach populations living in remote communities poses several service challenges for SiREN. One survey respondent observed it *“remains difficult to translate research into practice, especially for rural and remote workers.”* The issue is about ensuring SiREN remains accessible to the most vulnerable. Stakeholders are aware of opportunities for more innovative and cost effective ways of providing training and resources by employing strategies such as use of webinars and the development of phone apps.

The indigenous population is a priority SHBBV population. Two Aboriginal members of SiREN are affiliated with peak indigenous health organisations and another is a senior academic. Engaging regional indigenous stakeholders is a challenge for SiREN. The Kimberley region appears to be the exception, perhaps because the burden of disease and a *‘joined-up’* network of health services operating through a peak health service structure mean that SHBBV issues are given weight. Elsewhere SHBBV issues may be accorded a lower priority and regional organisations may be less influential in promoting SHBBV research and evaluation, at least according to one interviewee.

The vast majority of SiREN members are women. The gender composition of the network appears to reflect the SHBBV workforce composition, although no hard data has been gathered during the evaluation to confirm this. The evaluation certainly found no evidence men are any less likely to utilise SiREN than women. Indeed survey responses indicate males may be slightly more inclined to:

- perceive SiREN as making a significant contribution to the SHBBV sector through its promotion and facilitation of evidence-based practice
- be a SiREN partner and/or planning to partner in a project
- agree that SiREN engages well with its members.

Finding 7: SiREN has achieved significant program reach that is inclusive of the SHBBV sector in WA.

3.4 Understanding Program Adoption

SiREN only operates with and through agencies already working in the SHBBV sector. Sometimes organisations seek the assistance of SiREN with research and evaluation projects and sometimes they do not. Why does this occur? The evidence from this evaluation about the circumstances in which organisations in the SHBBV sector are most likely to seek the assistance of SiREN is not definitive. However, it does provide some insights.

SiREN services have a better fit with some agencies than others. Not every organisation is ready to engage in research and evaluation. Some start from a low skill base and face a daily pressure to sustain service delivery. They may perceive they lack the time and resources for research and evaluation.

Two interviewees suggested smaller organisations were more prone to experiencing the everyday pressures of service demands and crises, but other evidence collected in the course of the evaluation - especially one of the case study examples - suggests larger organisations are not immune to human resource challenges. Furthermore, while smaller organisations may have less capacity than the more established, they may also be more flexible and willing to try new ways of working, including some that might ultimately be demonstrated to not work very well. Conversely larger organisations may tend to be siloed and set in their ways.

A workforce that includes a '*critical mass*' of people with professional qualifications and some previous exposure to research and evaluation may be advantageous. Two interviewees stated that such employees are most open and best placed to appreciate the contribution of research and evaluation to knowledge about how well services work. Prior professional training provides a philosophical and intellectual understanding of research and evaluation as activities that build the evidence base that informs practice. Those without a professional grounding may be inclined to regard research and evaluation as a threat. People are scared off if they think their performance is being

judged or that continued funding is at risk. They need to feel ‘safe’ in order to engage with SiREN.

There are also other factors in play. Based on the data collected it can be hypothesised that people and organisations are most likely to request SiREN assistance where:

- SHBBV issues are considered to be their business
- they are aware of SiREN and have a point of contact
- there is clarity about SiREN:
 - o its role
 - o the range of strategies it employs
 - o its ways of working (philosophical approach)
 - o the appropriate time to involve the SiREN Management Team
- there is an organisational culture that values research and evaluation
- there is leadership and reinforcement at a governance and senior management level
- there is a ‘*clear line of sight*’ to the potential benefits of any particular collaborative research and evaluation activity, such as establishing an evidence-base in support of continued funding
- the policy framework and funding priorities are supportive of engagement in research and evaluation projects.

It might be further hypothesised that organisations are less likely to engage with SiREN where:

- the role of SiREN is not clearly understood
- the value adding potential of research and evaluation is not understood
- there is a perception that there is no time to engage with SiREN, particularly if it is a busy ‘*street level*’ organisation serving ‘*hard to reach*’ and vulnerable clients
- there are uncertainties around the safeguarding of intellectual property rights and ownership of data
- research and evaluation are perceived as necessarily long and resource intensive processes
- there are funding and/or other recurring internal crises that leave the organisation constantly feeling overwhelmed
- research and evaluation are perceived as threatening in some way:
 -
 - o a form of performance appraisal or audit
 - o endangering future program funding
 - o additional workload
 - o creating an additional layer of research approval to negotiate
 - o a needless requirement to satisfy conditions of funding
- substantial research and evaluation capacity already exists ‘*in-house*’.

In relation to the last point, interviews revealed that two of the established organisations were committing their own resources to research and evaluation activities and had significant internal research and evaluation capacity of their own.

Finding 8: There is a range of circumstances in which SHBBV organisations are likely to seek the assistance of SiREN.

3.5 Supportive Policy Overlay and Implementation Environment

There are factors external to SiREN that nevertheless impact on implementation by creating a more or less favourable environment. Programs work best when encapsulated within a supportive policy and funding framework.

SiREN operates in a context where there is a *'policy overlay'* that complements its work. The CDCD through the SHBBVP actively promotes the expectation amongst service providers that they do need to evaluate what they do in order to justify funding. From the interviews it is apparent that organisations understand they need to produce evidence of their effectiveness. Increasingly they are outcome focussed. One evaluation survey respondent believes *"really all services funded to do sexual health services should be assisted in producing a monitoring and evaluation framework."*

It should not, however, be assumed that research and evaluation are seen as priorities by all funding bodies. The organisations that make up the SHBBV sector in WA have diverse funding sources. They include CDCD through the SHBBVP, but there are others from areas such as education, corrective services, disability, Aboriginal health and mental health. It is only CDCD that is engaged with SiREN. There is potential for SiREN and CDCD to jointly explore the potential of attracting other funding sources for research and evaluation activities.

Another environmental factor that is important in WA is that relationships amongst the organisations that make up the SHBBV sector are generally not competitive. There is a pre-existing capacity to engage and partner that contributes to an environment in which an initiative like SiREN can work. There is recognition that success hinges on agencies working together. During the interviews people in key positions described how they and others had moved between key positions and across agencies. This tends to lay a foundation for good relationships. Interview respondents and case study participants also confirmed the generally constructive nature of links. SiREN entered into, indeed was created because of, this pre-existing cooperative environment. In WA the small size and the structure of the SHBBV sector, and the politics of service delivery make it possible to get everyone in the *'same room.'* Two interviewees stressed it is not like this elsewhere.

Finding 9: The policy and contextual overlay to research and evaluation activities within the SHBBV sector is generally supportive.

4. Benefits

4.1 Overview

Based on the evidence of this evaluation, SiREN provides three main benefits. As summarised in TABLE 3, these are:

- the biennial SiREN symposium event
- opportunities to build applied research and evaluation capacity within the WA SHBBV sector
- intensive applied research and evaluation project support.

TABLE 3: BENEFITS OF SIREN x SUPPORTING DATA SOURCE

Benefits	Interviews (n=8)	Survey (n=75)	Document Analysis (n=>50)	Case Studies (n=2)	Program Logic Workshop (n=1)
1. SiREN symposium	✓	✓	✓	✓	-
2. Training workshops and toolkit resources	✓	✓	✓	✓	✓
3. Project support	✓	✓	✓	✓	✓

✓ indicates data source that supports the finding

- indicates data source that neither supports nor contradicts the finding

X indicates data source that contradicts the finding. NB: There were no contradictory findings.

4.2 SiREN Symposium

The biennial SiREN symposium is highly rated. Data collected from all sources support this finding. It is valued both because it enables face-to-face networking and because it is an opportunity to showcase research and evaluation. More than half of those who responded to the evaluation survey indicated they had attended the symposium.

Evidence from the survey, interviews, the document analysis and case study reports all indicated that the symposium is a highly professional event. Planning the symposium is, however, demanding on both volunteers and the SiREN Management Team. At times it is a struggle to sustain the high level of involvement required. One participant in the evaluation had served on the Symposium Reference Group. They had been able to make a significant contribution because of previous experience in organising a conference.

One interviewee saw the symposium as providing an opportunity for SiREN to be an exemplar of high quality evaluation of its own event, giving the SHBBV sector an example of what '*best available evidence*' evaluation looks like.

In addition to the symposium, SiREN also supports the dissemination of SHBBV research and evaluation in WA via conference presentations in other forums. Papers include several jointly delivered by a member of the sector alongside SiREN Management Team personnel. Several co-authored conference abstracts are '*in the pipeline*', with a couple already submitted and accepted.

Finding 10: The SiREN symposium is highly valued as an opportunity to network and showcase the achievements of the SHBBV sector in WA.

Recommendation 4: That a SiREN symposium be planned and held in 2016.

4.3 Toolkit Resources and Training Workshops

The SHBBV sector has access to toolkit resources and training workshops developed by SiREN. These are intended to develop the research and evaluation capacity of the sector. More than half of those who responded to the evaluation survey had used a SiREN toolkit. The same was also true of workshop attendance. Clearly the target audience sees benefit.

SiREN has developed four toolkits, as identified in TABLE 1. Toolkit resources were identified as a priority in the 2012 and 2014 SiREN Needs Assessment Surveys. However, opinions differ about their value. Some interview and survey respondents rate them more highly than others. One interviewee found they were too '*book like*' to be used as an everyday resource. It was suggested there is scope to enhance search, referencing, checklist, graphics and visual presentation features.

There are also pre-existing research and evaluation materials that can be made available. A more effective support role for SiREN may be enabling the SHBBV sector to more easily find and link to existing generic teaching-learning materials. One interviewee questioned whether developing more toolkits would be the best use of SiREN's limited resources in future. Toolkit development should not be a primary strategy, at least until such time as a specific gap is identified in requirements by the SHBBV sector. The SiREN Management Team advised that this is already the case.

Nine SiREN workshops have been held to date. Some were designed to complement the release of SiREN toolkit resources. These were open to individuals from a range of different organisations. Most comments received in the course of the evaluation were favourable.

One interviewee, however, saw workshops as problematic where individuals and organisations are at different levels in respect of prior understandings. In their view the

workshop they had attended was too general to cater for the needs of all participants, particularly those wanting to know *how* to do evaluation. Nevertheless, the workshop had served as a useful reminder and did extend knowledge in some areas. Another interviewee took the view that a focus on developing the individual in isolation is not effective unless they are located within a supportive broader organisational culture that values research and evaluation.

Another interviewee described an instance where SiREN had run an evaluation workshop for the staff of an organisation that had been well received. Subsequently however it did not appear to have a sustained impact on the workplace behaviour of most staff. Yet another interviewee stated that finding the time to participate in workshops was problematic in their organisation. It was suggested workshops should not exceed half a day and be held on a weekend if possible.

A corrosive issue for the sector is the loss of corporate memory due to staff turnover. This was identified in the interviews as a factor that threatens to undermine whatever research and evaluation capacity is built. People new to the sector are not necessarily aware of what has been tried, worked or failed previously. The risk is that project ideas will continually re-cycle through the sector without an adequate evidence-base for their effectiveness. Two interviewees stated there had been a tendency to overemphasise the strategic value of mass media campaigns in particular. A strategic response is to ensure the lessons learnt through research and evaluation are written up as case studies and best evidence syntheses made available on the SiREN website.

As mentioned previously, a couple of individuals also suggested how capacity building might be improved through the innovative development of a SiREN phone app and use of *webinar* delivery mode.

Finding 11: Many organisations in the SHBBV sector in WA have benefitted from access to capacity building research and evaluation toolkit resources and training workshops made freely available by SiREN.

4.4 Project Support

SiREN project support is a free research and evaluation consultancy service providing mentoring support to selected SHBBV projects. Members of the SiREN Management Team work directly with SHBBV organisations, providing the expertise that enables organisations in the sector to conduct applied research and evaluation.

Support may take several forms:

- Research and evaluation planning assistance
- Project Reference Group membership
- Advice on the type of evaluation (options) that may be appropriate
- Advice on data collection

- Advice on the design and administration of '*Needs Assessment*' surveys
- Assistance with qualitative analysis of survey results
- Oversight of final research and evaluation reports
- Support to disseminate and/or publish findings in some way.

In the 2012 and 2014 Needs Assessment Surveys undertaken by the SiREN Management Team, respondents were asked to identify what SiREN's priorities should be. Project support assistance was identified as a crucial activity. This was re-affirmed by the recent independent survey conducted as part of this evaluation.

Those who have used SiREN's project support services value them as a source of support. This is especially the case for those who wish to engage in research and evaluation, but are unsure about where to start. Two participants in the interviews stated they had found SiREN to be a credible source of positive affirmation for the effectiveness of what they were already doing.

Members of the SiREN Management Team have worked directly and collaboratively with the following SHBBV organisations in WA.

- Hepatitis WA
- Youth Affairs Council of Western Australia (YACWA)
- Sexuality Education Counselling and Consultancy Agency (SECCA)
- Metropolitan Migrant Resource Centre (MMRC)
- Kimberley Population Health Unit (WA Country Health Service [WACHS], Department of Health WA)
- Goldfields Population Health Unit (WACHS, Department of Health WA)
- Western Australian AIDS Council (WAAC)
- Sexual & Reproductive Health WA (SRHWA)
- Western Australian Substance Users' Association (WASUA)
- Sexual Health and Blood-borne Virus Program (SHBBVP)
- The Street Doctor.

A strategy used to good effect has been the placement and supervision of a postgraduate research student or Australian Health Promotion Association (AHPA) scholarship recipients within a host organisation. Early career researchers are able to demonstrate and further develop their skills working with organisations within the SHBBV sector. This has enabled busy agencies to complete research and evaluation projects in circumstances where they otherwise would not have the human resources to do so.

The documentary and case study evidence shows that the provision of project support by SiREN has resulted in significant research and evaluation output by participating organisations. One contribution has been assisting organisations in the SHBBV sector to attain ethics approval before they undertake research and evaluation. Navigating

existing structures and processes to gain ethics approval prior to the commencement of research and evaluation can be challenging for those unaccustomed to the process.

The SiREN model is intended to walk alongside SHBBV organisations to give them confidence, support and ultimately build their own capacity in the long-term. However, achievement of an enduring research and evaluation capacity and culture within the host organisation after the student ceases their project and SiREN support moves elsewhere would not be a realistic outcome to expect. Reaching a point where assistance is no longer needed because sufficient research and evaluation capacity has been built is necessarily a long-term objective. In the short term there are, nevertheless, benefits in forging and maintaining strong research-policy-practice partnerships in support of evidence-based actions.

Finding 12: Eleven organisations have benefitted from intensive research and evaluation project support provided by SiREN.

5. Outcomes

5.1 Overview

This section considers the progress made towards achieving desired research and evaluation outcomes, as summarised in TABLE 4. SiREN has established a strategic presence in the sector, links with national research centres, evolved a 'project focussed' approach to capacity building and contributed to building a culture of research and evaluation in the SHBBV sector. It is, however, too early to claim improvements in the SHBBV health of the community that are attributable to SiREN, as this is a long-term outcome.

TABLE 4: OUTCOMES OF SIREN x SUPPORTING DATA SOURCE

Outcomes	Interviews (n=8)	Survey (n=75)	Document Analysis (n=>50)	Case Studies (n=2)	Program Logic Workshop (n=1)
1. A strategic presence and profile	✓	✓	✓	✓	✓
2. Links with national research centres	✓	✓	✓	-	✓
3. Project focussed capacity building	✓	✓	✓	✓	✓
4. A culture of research and evaluation	✓	✓	✓	-	✓
5. Contribution to consumer health	-	-	-	-	-

✓ indicates data source that supports the finding

- indicates data source that neither supports nor contradicts the finding

X indicates data source that contradicts the finding. NB: There were no contradictory findings.

5.2 Strategic Presence and Profile

The 'SiREN brand' has established a profile in the SHBBV sector in WA, according to interviewees. Trust and rapport have been built as a consequence of the emphasis placed on building relationships. Interviewees commented that SiREN always 'turns up' at relevant events. As a consequence it has achieved street credibility, traction and

momentum that is reflected in participation at research and evaluation activities such as the symposium and training workshops. The WA SHBBV sector welcomes the active involvement of Curtin University (SiREN Management Team), as shown by interview comments.

The evaluation survey data also indicates SiREN is an established '*brand*' in WA. One interviewee likened the sector as a whole to a '*family*' living in a '*house*'. Sometimes members reside in their own rooms and sometimes they interact when they meet up in central spaces. SiREN moved into the house and critically needed to position itself centrally in a space where it could get to know others. This had to be a comfortable place where members of the sector would choose to engage, and somewhere they felt '*safe*' enough to acknowledge any gaps in their research and evaluation capacity. '*Co-residence*' has been achieved through the development of trusting relationships and rapport. The SiREN Management Team has undertaken valuable relationship building at numerous events. This has helped position it as part of the sector. SiREN is now recognised as a partner located within the SHBBV sector as well as a provider of services to it.

Finding 13: SiREN has established a strategic presence and profile within the SHBBV sector in WA.

5.3 Links with National Research Centres

SiREN has created opportunities to work collaboratively with national research centres. Four major national SHBBV research centres are based in the eastern states. SiREN is seeking to build relationships with them through project collaborations and by inviting them to present at seminars and conferences in WA.

Two interviewees stated that national research centres now display a greater willingness to engage with the SHBBV sector in WA because the existence of SiREN has made it more accessible. SiREN is now recognised as the '*go to*' organisation for national centres seeking to undertake SHBBV research and evaluation projects in WA. This is both because SiREN has a sound reputation and because it is positioned at the interface between the research and community service sectors. Before SiREN, opportunities for collaboration had been missed and the state was not able to participate in some national research and evaluation projects.

SiREN has helped to leverage resources and support from beyond WA. *The Western Australia HIV and Mobility Project* is an example of a collaborative planning project that is not only about WA, but also has relevance to the SHBBV sector beyond WA. One interviewee stated such work probably would not have been possible prior to the existence of SiREN.

The profile of SHBBV issues in WA has been lifted through SiREN advocacy. SiREN is seen as having a capacity to elevate SHBBV concerns in national debates in ways other

stakeholders, such as government agencies, cannot because it is located within the tertiary education sector. Prior to SiREN the feeling was that the '*WA SHBBV story*' was not getting told. WA's voice on SHBBV issues was not always heard at a national level and as a result the state may not have attracted its share of research and evaluation resources.

Interviewees expressed an aspiration that, in the future, organisations in the WA SHBBV sector would easily and routinely partner with national research centres in collaborative research and evaluation projects. Furthermore such research and evaluation will pose questions and seek answers to questions that are relevant to the state.

Finding 14: SiREN has established beneficial collaborative links with national research centres.

5.4 'Project Focussed' Capacity Building

SiREN seeks to build the capacity of the SHBBV sector in WA to engage in research and evaluation. The preferred means of building research and evaluation capacity that has evolved over the life of SiREN is to seek to do so in the context of a particular SHBBV project and organisation. This is evident in the interviews, documentation and case studies. It is perhaps singularly the most important lesson gleaned from the SiREN experience so far.

A '*project focussed*' approach can be contrasted with one focussed on training an individual in a context where they may be isolated from a supportive team and organisational culture that sees research and evaluation as priorities. In the past the process of building such capacity in the SHBBV sector tended to be viewed through the prism of professional development. This has now given way to a more sophisticated understanding that investment in training has to be sustained, reach a critical mass of staff, and be used in combination with other strategies over time if there is to be a sustained impact on workplace behaviour. There is no evidence in this evaluation to suggest that a training workshop or resource toolkit delivered in isolation will change workplace practice.

Finding 15: The '*project focussed*' approach to building organisational research and evaluation capacity is a promising strategy.

Recommendation 5: That the '*project focussed*' approach to capacity building be documented, promoted and further developed.

5.5 A Culture of Research and Evaluation

SiREN promotes the idea that research and evaluation matters and the purpose is to make it '*top of the mind*' in all that the SHBBV sector does. The interviews and survey

responses suggest there are signs that research and evaluation are beginning to be internalised values amongst those working in the SHBBV sector.

Exposure to research and evaluation is enabling staff to better understand how they might contribute to making a difference, beyond doing their day-to-day jobs. One interview respondent stated that sustained engagement by SiREN had enabled the workforce of one agency to think beyond narrow service delivery roles to better understand the outcomes they are trying to achieve. Similarly a survey respondent wrote: *“SiREN has been a great service we have really revamped the way we evaluated our program and services for the better.”*

Another survey respondent observed how increasingly research and evaluation are activities, which are built in from the initiation of a program. Similarly another survey respondent wrote: *“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.”* An interviewee also made the observation that conversations about research and evaluation now routinely occur in the SHBBV sector right from the outset of programs.

Two interviewees made the point that research and evaluation can also provide a sense of affirmation. The SHBBV sector is a space where it can be important to recognise and celebrate small gains. The challenge is to determine how success is to be measured and what it looks like. Research and evaluation, supported by SiREN, can help staff recognise what they are achieving.

There is now a broader appreciation of the importance of understanding how and why services work and greater recognition of the importance of activities like client needs assessment surveys and how to do them. However, sustaining a culture of research and evaluation practice does require reinforcement and commitment from the most senior positions within organisations, not just the support of SiREN. This was the view of two interviewees.

A culture of research and evaluation will take time to build across the WA SHBBV sector, but there are indications that attitudes and behaviours are shifting.

Finding 16: A cultural shift towards greater valuing of research and evaluation is occurring in the SHBBV sector in WA.

5.6 Contribution to Consumer Health

SiREN supports research and evaluation of SHBBV projects that contribute to reducing the transmission of sexually transmitted infections (STIs) and blood-borne viruses (BBVs).

Analysis of evaluation survey results reveals there is overwhelming agreement that SiREN is making a significant contribution to the SHBBV sector by promoting and

facilitating evidence-based practice. The survey responses also indicated broad agreement that the services provided by SiREN are useful to organisations in the sector.

The expectation is that SiREN will make an indirect contribution to the improved health and well-being of the WA community by:

- developing resources:
 - o research and evaluation tools
 - o workforce capacity building activities
 - o field-tested research and evaluation frameworks.
- building the capacity of service providers:
 - o facilitating changes in attitudes and beliefs about research and evaluation
 - o enhancing research and evaluation skills
 - o identifying '*critical success*' factors
 - o improving service effectiveness.
- improving communication and dissemination of information:
 - o informing innovative developments that are adapted for WA
 - o fostering cross-agency and jurisdictional sharing of findings
 - o contributing to evidence-based practice.
- drawing available evidence together to support targeted investments in SHBBV prevention.

These are outcomes to which SiREN can contribute, but it can only do so by working with and through other organisations in the SHBBV sector. SiREN does not directly work with health consumers and therefore can have no direct impact on their health. In addition, SHBBV issues cannot be overcome in isolation without addressing the underlying determinants of health, such as substance misuse, mental health and domestic violence.

The process by which changes in research and evaluation competence and attitudes are translated into better practice and ultimately improved community health is long-term. There is no logical reason to expect evidence of such change in the short to medium term. However, it may be possible to look for changes in the factors that are thought to be the pre-requisites to community health improvement. The development of a SiREN theory of change is required to explicitly state what these pre-requisites are.

Finding 17: There is no explicit '*theory of change*' outlining the process by which SiREN might contribute to improved community health in the short, medium and longer term.

6. Improvements

6.1 Overview

This section examines how aspects of SiREN might be fine-tuned to improve efficiency and effectiveness. Stakeholders are generally supportive of existing SiREN activities. Nevertheless several refinements were proposed in the course of the evaluation, as summarised in TABLE 5. These centre on:

- strengthening the network between members
- increased emphasis on the production of best evidence syntheses, case studies and publications
- the addition of grant seeking as a strategy
- improving the website.

TABLE 5: RECOMMENDED IMPROVEMENTS TO SiREN x SUPPORTING DATA SOURCE

Improvements	Interviews (n=8)	Survey (n=75)	Document Analysis (n=>50)	Case Studies (n=2)	Program Logic Workshop (n=1)
1. Utilise the membership network as a resource	✓	✓	✓	✓	✓
2. More case studies, syntheses and publications	✓	✓	✓	✓	-
3. Develop project support criteria	✓	✓	✓	✓	-
4. Improve the website	✓	✓	✓	✓	-
5. Assist with grant seeking	✓	✓	✓	✓	-

✓ indicates data source that supports the finding

- indicates data source that neither supports nor contradicts the finding

X indicates data source that contradicts the finding. NB: There were no contradictory findings.

6.2 Full Utilisation of the Network

SiREN might be more fully utilised as a resource. Currently the SiREN membership list is mainly utilised as an email contact list. It is important to be clear about the purpose network membership is intended to serve and the benefits it might bring. There are additional ways in which this resource can be used in addition to being a distribution list. However, members would need to be made aware of how this information may be used and display consent in some way.

Firstly, a membership list can be a resource for learning about the reach of a program and the characteristics of the people who use it. Data can be analysed by gender, region, age, occupation and employer if the relevant data are collected. Any target group that may be under represented can be identified. For example, in the analysis it was found that some key agencies that fund organisations in the SHBBV sector are not members of SiREN. Furthermore analysis by age and employer group can sometimes be revealing. For instance, in the case of SiREN there is evidence from the evaluation survey results indicating toolkit resources are utilised more by younger people, and also by those from non-government organisations.

Secondly, while SiREN already has a substantial membership, there is scope to take a more systematic approach to recruitment. Potentially all SiREN activities - including project support, website access, conferences and workshops - provide opportunities to recruit members. One interview participant suggested SiREN develop a *'marketing strategy'* to attract additional stakeholder *'buy in'* from the WA SHBBV sector.

Thirdly, the membership list might be regarded as a resource to foster research and evaluation partnerships and information sharing directly between network members. One survey respondent would like to see *"Greater dissemination of information regarding current projects in WA ... What is everyone else doing?"* Another wrote: *"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 ..."*

An effective network is founded on reciprocity. SiREN members range from those making substantial contributions to the network at one end of a continuum, to others who are primarily recipients of services delivered by the SiREN Management Team at the other. One survey respondent expressed a desire to know more about opportunities to become involved in SiREN: *"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."* Potential areas for member participation might be extended beyond a committee level. An example could be a regular program of seminars delivered by organisations involved in research and evaluation. From interview and survey responses it is clear members of the SHBBV sector want opportunities to showcase their research and evaluation in ways that provide recognition. They want opportunities to display their strengths and achievements before other members of the sector. This is apparent from the interview, survey responses and case studies. There is potential for agencies in the SHBBV sector in WA to be recognised as researchers rather than just sources of data. The role of SiREN is to assist organisations to use their own data to tell their own research and evaluation stories.

Recommendation 6: That the SiREN membership list be used as a strategic resource to ensure inclusion and partnership.

6.3 Case Studies and Publications

In the course of the evaluation several people stressed the value of giving greater weight to writing up the findings of SiREN research and evaluation as exemplary case studies, best evidence syntheses (evidence summaries of *'what works'* in respect of specific SHBBV issues) and hopefully publications. These are three closely related activities with synergies between them.

In the interviews, survey responses and also the case studies undertaken for this evaluation, participants stated they would benefit from documentation of instances where SiREN project support has been provided. These could be made available on the SiREN website and in journals. Such a process would ensure lessons are not lost and can be shared and passed on.

Service providers and SiREN personnel would like to see more publication of findings. While the publication output of SiREN personnel is significant, the output of journal articles co-authored with non-academic members of the SHBBV sector has to date been minimal. Several collaborative journal articles are at various stages of planning and two have been published. Factors inhibiting publication include the higher priority given to service provision by co-writers and the long lead-times involved in the co-production of written work to a peer-reviewed standard.

By way of example only, there are several topical areas in which SiREN may be well positioned to contribute to the evidence-base with organisations and individuals in the sector:

- case studies of project support activities identifying methods, achievements and challenges
- challenges inherent in building and sustaining *'street level'* research and evaluation capacity
- use of innovative engagement strategies in sexual health education with hard to reach groups and vulnerable communities (such as creative arts-based approaches, use of an embedded on-line resource and photo-voice)
- challenges faced by service providers in navigating the research ethics approval process
- promising ways of addressing cultural barriers during the process of raising SHBBV awareness.

SiREN is involved in the process of producing evidence about *'what works for whom in what circumstances'* every time it provides project support. The sector-wide benefits of this knowledge can only be realised through dissemination. The potential wider influence of research and evaluation activity in WA is lost if critical success factors and lessons learnt are not widely shared. There are further opportunities to disseminate knowledge by way of the production of case studies, best evidence syntheses and research and evaluation publication. Not to follow the provision of project support all

the way through to the point of writing it up means not capitalising on opportunities to contribute to the evidence-base in WA. Current resources limit SiREN's ability to do this. However, adjusting the priorities of current SiREN activities and increasing opportunities for students or volunteers to gain work experience are ways to boost capacity.

Recommendation 7: The writing of SiREN case studies, best-evidence syntheses and the publication of research and evaluation findings should be prioritised

6.4 Grant Seeking

Assisting SiREN members to write high quality funding proposals that enable research and evaluation projects might usefully be adopted as a SiREN strategy. The SiREN Management Team has already assisted two organisations with applications.

Evaluation survey responses suggest limited awareness within the SHBBV sector of potential sources of research and evaluation funding. Assistance in knowing where to look and how to write a high quality proposal would be a useful contribution. It may also help hone writing skills for future publications.

Insufficient funding for research and evaluation is a factor inhibiting activity in the sector. SiREN is currently operating in a fiscal environment where the government, NGO and tertiary education sectors are all experiencing financial pressures. According to one interviewee and several of the survey responses, funding is especially a barrier for smaller organisations wishing to collaborate with SiREN. In the medium to long term, it will be necessary to attract more funding in order to extend the capacity and clout of the sector.

Research and evaluation can never become sustainable activities in the WA SHBBV sector if they continue to rely on SHBBVP funding. The Department of Health is not the only potential source of funding for research and evaluation. Various SiREN members have funding relationships with a diverse range of organisations. There may be opportunities to better align the research and evaluation priorities of SHBBV organisations, their program funding budgets and the project support SiREN is potentially able to offer.

In addition to assisting network members to seek funding, the SiREN Management Team may also directly apply for targeted research grants on behalf of Curtin University to enable it to extend its activities beyond what the funding from SHBBVP allows and also to satisfy the academic agenda of the university.

Potentially SiREN might also generate income by becoming involved in the development of consultancy proposals. However, like submission writing, it is a time consuming and competitive activity with no guarantee of a successful outcome. Existing opportunities for commercial income generation appear limited given that:

- the SHBBV community service sector is generally under-resourced and has limited capacity to pay
- agencies generally do not have a research and evaluation line item in their budget
- SHBBVP (WA Health) program funding is at full stretch.

Accessing a broader funding base requires competitive and targeted funding proposals. The strength and unity of WA's research-government-community sector partnership may prove to be an attractive proposition for funding bodies. So too might be opportunities to leverage off SiREN's reputation and expertise in research and evaluation. However, SiREN would first need to satisfy itself that it has the necessary capacity to take on this role.

Recommendation 8: That grant seeking be a core SiREN strategy.

6.5 Project Support Criteria

To date SiREN has been able to respond to every request for project support that it has received. However, it is uncertain if this level of support can be sustained in the future as demand for SiREN services increases. One interviewee suggested SiREN might be more effective if it concentrated on providing intensive '*hands on*' support for just three or four projects at a time. Such support would be '*rolling*' with established projects '*dropping off*' as capacity is built, thereby enabling new ones to be supported.

SiREN could develop explicit and transparent criteria to guide the targeted selection of activities to receive intensive SiREN support. By way of example, criteria might include:

- whether the project addresses the research and evaluation needs of a priority population
- equity and access considerations related to ensuring regional, population group and gender balance
- the time that both the project host and the SiREN Management Team are able to devote to the research and evaluation project, given other workload considerations
- the project host's commitment to seeing the research and evaluation project through to completion
- willingness to share and disseminate findings with others in the form of seminar and conference presentations, case studies and journal publications
- ensuring the relationship between the project host and SiREN is reciprocal and provides mutual benefit
- the appropriate timing of SiREN involvement.

In relation to the last point, the preference of the SiREN Management Team is to get involved with assisting projects in the planning phase. The difficulty with later

involvement is that data collection opportunities may be missed when a project has already commenced.

The SiREN Management Team could develop an information sheet or agreement template document relating to the provision of its project support services. Mutual expectations, responsibilities and understandings need to be clarified preceding any applied research and evaluation collaboration. Such collaboration needs to be built on a mutually recognised foundation of clear roles from the outset.

Recommendation 9: That SiREN develops explicit project support criteria.

6.6 Improving the Website

SiREN has already identified maintenance and enhancement of the website as an issue to be addressed in 2015.

Over half of those who responded to the evaluation survey had used the website. However, one interview participant described it as “*a bit static*” and others acknowledged it required further development. The documentary evidence suggests traffic on the site has plateaued and that most users tend to stay on-line for only a couple of minutes at a time. This indicates they are mostly using it to access specific information rather than engaging with it as a tool to build their research and evaluation knowledge and skills.

Network members suggested several enhancements to improve the functionality of the website including:

- defining a clear strategic purpose for the website
- the addition of collaborative research and evaluation case studies and best evidence syntheses that showcase project support work undertaken by SiREN
- a facility whereby the SHBBV sector can upload material of its own
- the addition of a *Message Board*
- links to more applied research and evaluation learning resources.

It is recommended that the SiREN Management Team specify its website requirements and obtain a costing to upgrade it.

Recommendation 10: That the SiREN website be improved as a capacity building resource.

7. Future Requirements

7.1 Overview

The final section of the report sets out what stakeholders hope to see in the future as a consequence of their engagement with SiREN and identifies the strengths of the SiREN model. The findings and recommendations of the evaluation are also summarised in point form.

7.2 Strengths of the SiREN Model

The SiREN model of research and evaluation capacity building has the following identifiable strengths:

- Project support and resources are accessible locally because SiREN is based in WA.
- The model recognises that capacity building activities are more than a professional development issue and need to be sustained over time.
- It is a collaborative network of pooled resources, as distinct from being only a funder-provider service delivery arrangement.
- Everyone involved is both a beneficiary and a contributor to some extent.
- It brings the NGO, government and tertiary education sectors together.
- It is a cost effective model providing substantial benefits to the SHBBV sector and the state.

7.3 Future Vision

Interviewees were asked what they would like to see emerge as a consequence of SiREN. Key points are:

- The organisations that make up the WA SHBBV sector would possess the internal capacity to undertake research and evaluation themselves.
- They would be able to build and regenerate their own research and evaluation capacity.
- It would be routine for organisations in the WA SHBBV 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 work of the SHBBV sector in WA.
- Research, policy and practice would be understood as integrated activities.
- SiREN activity would be supported and sustained by a broad base of human and financial support extending beyond the SHBBVP, the SiREN Management Team and the core organisations in the sector.
- A philosophy that values research and evaluation would be embedded within the whole SHBBV sector.
- WA would be recognised as an exemplar of what can be achieved through sustained research and evaluation partnership built on mutual recognition of shared responsibilities and complementary strengths.

One participant suggested the formulation of a SiREN Strategic Plan to set out the future direction for SiREN.

7.4 Findings

- Finding 1: Stakeholders perceive SiREN as high performing.
- Finding 2: SiREN promotes interaction about research and evaluation issues between people and organisations that work in the SHBBV sector.
- Finding 3: The role statement of SiREN is not clear.
- Finding 4: SiREN is vulnerable because it is key person reliant.
- Finding 5: A perceived lack of time is the main constraint on SHBBV sector engagement in research and evaluation.
- Finding 6: SiREN checks to ensure the services it offers remain appropriate to the needs of the people and organisations it serves.
- Finding 7: SiREN has achieved significant program reach that is inclusive of the SHBBV sector in WA.
- Finding 8: There is a range of circumstances in which SHBBV organisations are likely to seek the assistance of SiREN.
- Finding 9: The policy and contextual overlay to research and evaluation activities within the SHBBV sector is generally supportive.
- Finding 10: The SiREN symposium is highly valued as an opportunity to network and showcase the achievements of the SHBBV sector in WA.
- Finding 11: Many organisations in the SHBBV sector in WA have benefitted from access to capacity building research and evaluation toolkit resources and training workshops made freely available by SiREN.
- Finding 12: Eleven organisations have benefitted from intensive research and evaluation project support provided by SiREN.
- Finding 13: SiREN has established a strategic presence and profile within the SHBBV sector in WA.
- Finding 14: SiREN has established beneficial collaborative links with national research centres.
- Finding 15: The *'project focussed'* approach to building organisational research and evaluation capacity is a promising strategy.
- Finding 16: A cultural shift towards greater valuing of research and evaluation is

occurring in the SHBBV sector in WA.

Finding 17: There is no explicit *'theory of change'* outlining the process by which SiREN might contribute to improved community health in the short, medium and longer term.

7.5 Recommendations

Key recommendations arising from the above findings are:

Recommendation 1: That SHBBVP funding of SiREN be continued.

Recommendation 2: That the SiREN role statement be reviewed and promoted.

Recommendation 3: That the PSG and the SiREN Management Team agree strategies to reduce the key person reliance of SiREN.

Recommendation 4: That a SiREN symposium be planned and held in 2016.

Recommendation 5: That the 'project focussed' approach to capacity building be documented, promoted and further developed.

Recommendation 6: That the SiREN membership list be used as a strategic resource to ensure inclusion and partnership.

Recommendation 7: That the writing of SiREN case studies, best-evidence syntheses and the publication of research and evaluation findings should be prioritised.

Recommendation 8: That grant seeking be a core SiREN strategy.

Recommendation 9: That SiREN develops explicit project support criteria.

Recommendation 10: That the SiREN website be improved as a capacity building resource.