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## **A research and evaluation capacity building model in Western Australia**

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## **ABSTRACT**

Evaluation of public health programs, services and policies is increasingly required to demonstrate effectiveness. Funding constraints necessitate that existing programs, services and policies be evaluated and their findings disseminated. Evidence-informed practice and policy is also desirable to maximise investments in public health. Partnerships between public health researchers, service providers, and policymakers can help address evaluation knowledge and skills gaps.

The Western Australian Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) aims to build research and evaluation capacity in the sexual health and blood-borne virus sector in Western Australia (WA). Partners' perspectives of the SiREN model after two years were explored. Qualitative written responses from service providers, policymakers and researchers about the SiREN model were analysed thematically.

Service providers reported that participation in SiREN prompted them to consider evaluation earlier in the planning process and increased their appreciation of the value of evaluation. Policymakers noted benefits of the model in generating local evidence and highlighting local issues of importance for consideration at a national level. Researchers identified challenges communicating the services available through SiREN and the time investment needed to develop effective collaborative partnerships.

Stronger engagement between public health researchers, service providers and policymakers through collaborative partnerships has the potential to improve evidence generation and evidence translation. These outcomes require long-term funding and commitment from all partners to develop and maintain partnerships. Ongoing monitoring and evaluation can ensure the partnership remains responsive to the needs of key stakeholders. The findings are applicable to many sectors.

*Keywords:* evidence-based health promotion, partnerships, capacity building, sexual health

## INTRODUCTION

Incorporating capacity building strategies into public health programs is important to maximise their impact (Hawe, Noort et al. 1997, Shediak-Rizkallah and Bone 1998, NSW Health Department 2001). Approaches to building capacity in health include: top-down approaches (changing agency policy and practices); bottom-up approaches (upskilling staff to reduce dependence on external assistance and develop ‘reflective practitioners’); partnership approaches (strengthening relationships between organisations and increasing familiarity with new concepts and approaches); and community organising approaches (where members of affected communities participate in changing health outcomes) (Crisp, Swerissen et al. 2000).

Evaluation capacity building (ECB) is critical for community-based health organisations seeking to demonstrate evidence-informed practice and effectiveness of programs (Mitchell, Florin et al. 2002, Mayberry, Daniels et al. 2008, Gibbs, Hawkins et al. 2009, Kelly, LaRose et al. 2014). Definitions of ECB have been offered by several authors (Stockdill, Baizerman et al. 2002, Gibbs, Hawkins et al. 2009) including “*The ultimate goal of evaluation capacity building is sustainable evaluation practice—where members continuously ask questions that matter; collect, analyze, and interpret data; and use evaluation findings for decision-making and action*” (Preskill and Boyle 2008, p.444).

This qualitative case study discusses the WA Sexual Health and Blood Borne Virus Applied Research and Evaluation Network (SiREN), a pilot project funded by the Western Australian (WA) Department of Health. SiREN aims to build research and evaluation capacity within the WA sexual health and blood-borne virus (SHBBV) sector using bottom-up and partnership approaches. The findings have relevance for national and international agencies considering investment in a model for building health promotion research and evaluation capacity.

### ***Sexually transmitted infections (STIs) and blood-borne viruses (BBVs): complex public health issues***

STIs and BBVs are significant public health issues globally (World Health Organization 2013, European Centre for Disease Prevention and Control 2015). High rates of STIs and BBVs continue to be diagnosed in Australia, with an upward trend for most STIs in many existing and new priority populations including gay and other men who have sex with men and in mobile and migrant populations (Richens 2006, Combs and Giele 2009, McPherson,

McMahon et al. 2011, Commonwealth of Australia 2014, Persson, Brown et al. 2014, The Kirby Institute 2014). Responding to the diversity of population groups requires a multi-faceted approach (Jackson, Perkins et al. 2006) and public health professionals with often limited resources require increasingly sophisticated competencies in research, evaluation, and evidence-informed practice (Public Health Agency of Canada 2008, Australian Health Promotion Association 2009).

### ***Improved public health outcomes through collaborative partnerships***

Collaborative partnerships between researchers, service providers and policymakers in various sectors have been established and have provided a range of benefits (Bumbarger and Campbell 2012, Armstrong, Waters et al. 2013). They offer opportunities to combine the strengths of all partners to identify research priorities of most value to policy and practice. Maturing partnerships may also facilitate the use of evidence and the timely dissemination of lessons learned and best practice (Seifer 2006, Buys and Bursnall 2007) and ultimately, may support improved health outcomes for priority populations through evidence-informed decision-making (Paiva, Ayres et al. 2002, Currie, King et al. 2005, Riemer, Kelley et al. 2012).

Demonstrating the effectiveness of policies and programs should be of significant interest to stakeholders working within resource constrained environments. Yet collecting robust evidence is often hindered by several well-documented barriers for service providers and policymakers (Grimshaw, Eccles et al. 2012). These include: insufficient knowledge and skills in research and evaluation processes in practice settings; lack of suitable funding opportunities (e.g. short-term, pilot project funding); requirements to report on outputs rather than outcomes; and service delivery priorities which do not always include evaluating program effectiveness (Mitchell, Florin et al. 2002, Napp, Gibbs et al. 2002, Mayberry, Daniels et al. 2008).

### ***Setting and description of case study***

WA is the largest state in Australia, covering 2.5 million square kilometres, or 33% of the country's total area. In June 2013, WA had an estimated resident population of 2.5 million people, accounting for 11% of Australia's population. The State's capital, Perth, contains more than three quarters (78%) of WA's total population and is regarded as one of the most isolated capital cities in the world. The WA SHBBV Program is responsible for the planning,

coordination and monitoring of the public health response to STIs and BBVs. This includes funding a range of government (n=7) and non-government organisations (n=19) in the sector to deliver community education, peer-support programs, workforce development, health promotion and community development initiatives.

SiREN was formally established in 2012 with funding from the WA Department of Health's SHBBV Program to:

1. promote and facilitate opportunities for collaboration between SHBBV service providers, policymakers and researchers;
2. foster links with national SHBBV research centres and contribute to appropriate national research agendas in order to raise the profile of SHBBV concerns affecting WA; and
3. strengthen the skills, competencies and networks of WA SHBBV providers to ensure best practice in research, evaluation and health promotion.

SiREN supports and facilitates collaboration between a network of individuals and organisations from three stakeholder groups in the SHBBV sector. These are: policymakers (government organisations); service providers (health professionals and practitioners in government and non-government organisations [NGOs] who deliver health services and health promotion programs to the general public); and researchers (universities and national SHBBV research centres).

The SiREN database (Network) of individuals working in the WA SHBBV sector currently exceeds 200 members with more than 70% members from WA and the remainder from interstate. Members include managers and executive staff, policy officers, project officers, health promotion officers, educators, community services staff, nurses, clinicians, students, and researchers. Network organisations comprise NGOs or community services (46%), government organisations (35%), and research or academic organisations (19%).

In a recent needs assessment involving 89 SiREN members, 41% of respondents reported that they had limited research and evaluation knowledge and skills which acted as a barrier to undertaking these activities (Sexual Health and Blood-borne Virus Applied Research and Evaluation Network 2014). The SiREN model supports organisations to embed research,



evaluation, and evidence-informed practice into their usual, everyday work practices. The scope of SiREN services was agreed following a needs assessment conducted by the pilot project team which documented the WA SHBBV sector's expectations of SiREN and assessed knowledge and skills gaps. Capacity building activities are coordinated and implemented by a project team at Curtin University which comprises a part-time Research Fellow, Project Officer, Research Assistant and management team.

Table 1 summarises the scope of services delivered to stakeholders in the first two years of SiREN's implementation. The table shows that users may progressively increase their level of engagement with SiREN as their research and evaluation skills develop or they may engage with SiREN at more than one level depending on their needs. The number of participants in activities coordinated by SiREN, the number of requests for assistance and the number of outputs are included to indicate the reach of the SiREN project. However, this quantification does not reflect the level of delivery effort required. For example, some less frequent activities, such as ethics applications, required significantly more intensive support while more frequent activities, such as social media, required minimal effort. Further, given the diversity of user skills and experience in research and evaluation, similar types of requests were not homogenous and some users required more assistance from SiREN than others.

**<Insert Table 1>**

This case study sought perspectives on the SiREN pilot project from individuals participating in the project. It was initiated by the pilot project team after two years of implementation and focussed on participants' understanding of the role of the partnership, its benefits, challenges and potential.

## **METHODS**

The study employed appreciative inquiry (AI), a qualitative methodology that aims to understand what is working well and why (Cooperrider and Whitney 2005, Bushe 2013). The focus is on searching for examples of optimal effectiveness and understanding what contributes to these outcomes. In this study, AI was used to understand the value of the pilot project for different types of stakeholders. The future potential of the model was also explored and highlighted areas for further development. AI was chosen since the approach was consistent with the developmental phase of the SiREN project during which this research was conducted. Formative, participatory evaluation of this type is considered best practice to

monitor the effectiveness of partnerships and provide opportunities to adjust processes as needed to maximise outcomes (Currie, King et al. 2005, Seifer 2006).

### ***Sample and data collection***

Purposeful, non-probability sampling techniques are used in qualitative research studies to select participants who are highly knowledgeable of the topic under investigation (Patton 2002). For this study, participants were recruited from the three key stakeholder groups of service providers, policymakers and researchers in the WA SHBBV sector who had participated in the SiREN project for at least two years. Participation in the research was limited to individuals who were the most *actively engaged* in the partnership model at the time of data collection.

Active engagement was defined by the project team as a stakeholder who met two or more of the following selection criteria: 1) had participated in a SiREN training session or workshop; 2) had made one or more requests for SiREN assistance; 3) had participated in the SiREN project steering group and/or a SiREN advisory group; 4) had provided funding for the SiREN project; and/or 5) had delivered or managed SiREN services.

The study aimed to capture perspectives from all stakeholder groups in the pilot project and this included those delivering capacity building activities and those participating in activities as users. The project team identified 16 potential participants (12 females, four males) who met two or more of the selection criteria. The predominantly female sample reflected the gender breakdown of SiREN stakeholders, 77% of whom are female, and the under-representation of males in the WA SHBBV workforce. All potential participants were known to each other in their capacity as policymakers funding the project, researchers implementing the project, or as service providers in the WA SHBBV sector. Participants' years of experience in the sector ranged from 2–21 years.

For the purposes of this developmental evaluation it was considered appropriate that all participants had a shared interest in monitoring the successes of the pilot project and in identifying opportunities for further development. Since study participants were also key stakeholders who had been actively engaged in the SiREN pilot project, it is acknowledged that these dual roles brought a particular world view which may have influenced responses. For example, had we selected participants who were not actively engaged with the project

this may have resulted in different themes based on perceived value of the project rather than experienced value.

The sample size and characteristics were considered sufficient to address the aims of the research, which were to present perspectives from key stakeholder groups on the pilot project. All study participants were invited to co-author this manuscript. While the authorship group was large, it was considered manageable and essential to ensure an equitable process with input from all stakeholder groups (Seifer 2006, Riemer, Kelley et al. 2012).

Study participants received information by email regarding the objectives of the study and were assured that any information provided would be kept confidential. A written email response (<500 words) to the following questions was requested:

1. *How would you define SiREN and its role? (Prompt: describe your understanding of the rationale for SiREN, why you think it has been established).*
2. *What is your experience of SiREN? (Prompt: consider how you/your organisation have used SiREN, what have you/your organisation gained as a result, give specific examples of value gained or most valued SiREN services/components, any challenges or barriers experienced).*
3. *What is the potential benefit of the SiREN model for the WA SHBBV sector? (Prompt: what would you like to see longer term, what would be required to make this vision a reality, what would need to change).*

A written response was selected to capture short, value-based statements from key stakeholders. The method also required a significantly smaller time commitment from busy stakeholders compared with other qualitative methods, e.g. interviews, focus groups. This was considered particularly beneficial given the involvement of key stakeholders in an independent evaluation of the SiREN project that was underway concurrently (John Scougall Consulting Services 2015).

Submission of a written response indicated a participant's consent to participate in the research. Participants were informed that they could withdraw their data from the study at any time. Responses were not anonymous; however, individual responses were not linked to specific participants in presentations of the data. Ethics approval for the project was obtained

from the Curtin University Human Research Ethics Committee (Approval Number: SPH-50-2012).

### ***Data analysis***

The written responses were consolidated and authors RL and GC, who are experienced in qualitative data analysis, applied thematic content analysis methods (Braun and Clarke 2006) to the data to extract key themes. Thematic content analysis is a method for identifying, analysing and reporting patterns (themes) within qualitative data. This method of analysis minimally consolidates and defines data sets in rich detail, a process known as ‘coding’.

Key themes were compared across the three stakeholder groups to identify similarities and differences. All participants were invited to review the key themes and provided valuable feedback. For example, participants noted that not mentioning a theme did not mean that they did not agree with the theme. The purpose of collecting individual responses was to document *multiple* stakeholder perspectives of SiREN rather than reach consensus in relation to the role, benefits/challenges and potential of the model. The approach also allowed for maximum variation in perspectives acknowledging that participants could potentially be influenced by others’ perspectives.

## **RESULTS**

Of the 16 potential participants, 10 provided written responses (three government policymakers, three NGO service providers and four researchers). One NGO withdrew from the study. Due to unavailability, four additional researchers and one policymaker were unable to provide a written response initially. All 15 participants subsequently contributed valuable feedback as co-authors of this paper including defining key messages for an international audience and readers outside of the WA SHBBV sector.

Finalising the manuscript was an iterative process which required all participants to review seven manuscript drafts, select illustrative quotations, and confirm the accuracy of the data and emerging themes. The interaction and sharing of ideas by all participants facilitated understanding of the overall benefits, challenges and potential of the partnership model and the need to represent this complexity in the write up. The collaborative writing process also provided a valuable learning opportunity for authoring peer-reviewed publications.

The key themes concerned the expected role of SiREN, engagement with SiREN, and the potential of the SiREN model. Example comments from policymakers (P), service providers (S) and researchers (R) are included.

### **Expected role of SiREN**

Capacity building through mentoring, training, evaluation assistance and dissemination of knowledge emerged as a primary role of SiREN. Providing project-focussed support contributed to increased research and evaluation activity:

*Mentoring, coaching and providing 1:1 project planning support for non-government, government and clinical staff working in the WA SHBBV sector. (R)*

*SiREN supports organisations working in sexual health promotion and education to evaluate and/or engage in research to improve service delivery. (S)*

Only policymakers identified SiREN's role in increasing the availability of WA-based evidence by providing support for WA research and evaluation projects or initiating demonstration projects in partnership with stakeholders:

*A body of evidence generated in WA that can be used to inform local funding and policy decisions rather than having to rely on evidence from interstate or overseas which may or may not be relevant to the WA context. (P)*

All participants acknowledged SiREN's role in facilitating partnerships. Regular, ongoing interactions between researchers, policymakers and service providers helped to bridge the gap between research, policy and practice. According to one service provider:

*SiREN serves as an effective bridge between government and non-government service providers, researchers and policymakers in addressing sexual health and BBV issues in WA. (S)*

### **Engagement with SiREN including benefits and challenges**

Delivering or accessing SiREN services, participating in SiREN project advisory groups, accessing training and resources, and working with SiREN to develop organisational and individual research and evaluation capacity were the most common types of engagement with SiREN. One NGO also invested in dedicated part-time evaluation support:

*We [NGO] contracted SiREN to work one-on-one with staff to assist them in understanding evidence-based practice and the integration of research and evaluation methods. These one-on-one interactions have really given the staff the opportunity to work at a pace that is commensurate with their abilities. (S)*

Identified benefits of SiREN centred on its ability to stimulate interest within the sector to engage in research and evaluation through research symposia, monthly e-news and facilitating opportunities for researchers to network and interact with policymakers and service providers at conferences, seminars and other forums. Other benefits included having access to training and skills building opportunities and toolkit resources:

*Service delivery staff who were not previously interested in research or evaluation are using SiREN to improve their programs. SiREN is helping service providers to evaluate the services that they deliver and make evidence-based improvements/changes. (P)*

*It [the SiREN SHBBV Program Planning Toolkit] contains information, examples, links and templates that some [NGO] staff have worked through systematically to build a solid project plan which can be evaluated. (S)*

Policymakers and researchers noted a change in the WA SHBBV sector's attitudes and values in relation to research and evaluation:

*SiREN has boosted the confidence of the sector to gather data, evaluate programs and present findings. Its symposia and seminar events have created enthusiasm and momentum in the sector for program planning and monitoring that is enhanced with evaluation and research knowledge. (P)*

*There is now evidence of changes in sector attitudes towards the value and importance of research and evaluation. Examples include agencies investing in resources to build research and evaluation capability within their organisations and agencies engaging SiREN support during the early planning stages of a new project. (R)*

Researchers cited a range of challenges which impacted on achieving SiREN's intended outcomes. Examples included funding uncertainties and lengthy ethics approval processes,

particularly when working with priority vulnerable populations. Other barriers to evidence-informed practice and policy development included: lacking an imperative to change long-established decision-making processes; the need for urgent policy responses to issues of public concern before sufficient planning is possible; and organisational constraints such as a lack of support for investing time and resources in adequate evaluation.

Adapting traditional research designs to meet the needs of non-research organisations and a significant investment of time to build and strengthen relationships within the sector were considered enablers of evidence-informed practice:

*The operational model of SiREN requires frequent contact between researchers and practitioners to ensure that evidence-based practice and evaluation are considered in the early stages of program planning. (R)*

For NGOs, challenges included encouraging staff to engage with SiREN, particularly part-time staff for whom research and evaluation activities may not be core activities. There were concerns around asking for help and uncertainty about the level of support available from SiREN:

*The lack of understanding around the extent and capacity from which we could access SiREN's assistance. Although it took a little 'warming up to' during the first year, the organisation now acknowledges that it is vital for us to sustain this partnership with SiREN, and we continue to do so. (S)*

### **Potential of SiREN model and enablers required**

NGOs described SiREN's role in helping their staff to see the value of using and collecting evidence and the implications for improved service delivery. This was achieved through delivering evaluation workshops and communicating the broader purpose of evaluation as a means of program development for maximum impact.

Facilitating strong partnerships between researchers and practitioners was also seen as a mechanism to attract future funding. For example, SiREN supported a successful scholarship application for a student to undertake an evaluation of an NGO program:

*SiREN matched us with a researcher to deliver an evaluation report evaluating the data gathered from participants... [this is] a strong partnership model to attract funding. (S)*

All participants described SiREN's potential to increase SHBBV research and evaluation activity in WA through providing support for research and evaluation projects and establishing processes for practitioners and policymakers to partner with researchers to engage in research and evaluation:

*This [SiREN] is an opportunity for WA to be leaders in developing best practice evidence-based programs and projects in all agencies within the NGO and government STI and BBV sector. (S)*

*If agencies can understand the purpose of evidence-based practice and see the value then they are much more likely to embed it into the work that they do. This ultimately will lead to best practice in service delivery. (S)*

*SiREN provides a mechanism for organisations to engage in research and assists organisations to make the changes required to support effective research and evaluation. (R)*

The potential of SiREN's role in facilitating linkages with national SHBBV research centres to increase the profile of WA issues on the national research agenda was highlighted by policymakers and service providers in particular:

*As an interdisciplinary network with substantial support from the WA Department of Health and Curtin University, SiREN is well-positioned strategically to sustain ongoing connections with key national HIV, sexual health and BBV research centres. (S)*

*It [SiREN] places WA in a strong position to fully participate in and direct the national evidence-building agenda, to gain from cross-jurisdictional sharing of developments and to ensure the translation and adaptation of findings to benefit WA's STI and BBV prevention programs. (P)*

All participants identified a long-term commitment to the SiREN model as essential to maintaining strong partnerships between research, policy and practice. Collecting evidence of program outcomes realised as a result of SiREN was considered an important long term goal:

*This [SiREN] is a long-term strategy and needs to have the time, funding and commitment by all to ensure its success. (S)*



*It [SiREN] needs ongoing government funding. As SiREN continues to gain recognition and momentum over time, it will be in an increasingly stronger position to seek additional funding and increase its capacity to undertake further research as well [as] support non-government organisations to further develop and enhance their research and evaluation skills. (P)*

*True partnerships require a long-term commitment from all partners starting at the inception of a project through to its design, implementation and evaluation. Examples of evidence-based practice in the WA SHBBV sector will provide further evidence that SiREN is an effective facilitator. (R)*

Some suggestions were made to further build research and evaluation capacity within the WA SHBBV sector, acknowledging the role of organisations in addition to the capacity building potential achieved through SiREN:

*Systems and processes need to be established within organisations to ensure organisations are learning from past research and evaluation activities and sharing the results of program outcomes achieved or lessons learned when outcomes are not achieved. (R)*

## **DISCUSSION**

There is a strong rationale for evidence-informed public health programs and policy that is underpinned by epidemiological data, along with the application of behavioural theory and robust planning frameworks (Teutsch and Churchill 2000, Green and Kreuter 2005, Glanz and Bishop 2010, Nutbeam, Harris et al. 2010). However, the pragmatic translation of research findings to support practice and policy development presents challenges and tensions for both researchers who construct this evidence and its potential users (Grimshaw, Eccles et al. 2012, Green 2014).

Establishing collaborative partnerships can bridge the gap between research, policy and practice (Paiva, Ayres et al. 2002, Bumbarger and Campbell 2012, Riemer, Kelley et al. 2012, Armstrong, Waters et al. 2013). These partnerships increase awareness and appreciation of the different factors influencing public health decision-making. Barriers and enablers to using evidence for decision-making have previously been investigated in other health sectors (Armstrong, Waters et al. 2013, Pettman, Armstrong et al. 2013, Ellen, Leon et

al. 2014) and warrant further investigation in the WA SHBBV sector to determine appropriate strategies that will support evidence-informed programs.

Historically, within the SHBBV sector at least, a lack of appreciation of the value of evidence-informed approaches may have contributed to its inconsistent use in programming and policy development (Commonwealth of Australia 1998). The initial HIV and AIDS crisis required urgent action to mobilise affected communities, establish critical services and reduce discrimination. Evaluation and accountability were not prioritised (Wohlfeiler 2002). Moreover, evidence was not always available to inform responses; however, 'intuitive' responses were possible given the close links of government, community organisations, and volunteers with affected populations (McInnes 2000/2001). Professionalisation of the workforce has also occurred over a long period of time. Many staff have come from backgrounds in community mobilisation or were originally community volunteers and/or activists which may explain why professional skills in research and evaluation may be lacking (Wohlfeiler 2002).

This qualitative case study sought perspectives from researchers, service providers and policymakers of how the SiREN model has developed research and evaluation capacity in the WA SHBBV sector. Study participants reported an increased appreciation and understanding of how and why evidence should be used in practice; development of research and evaluation knowledge, skills and confidence through tailored technical assistance; the collection of WA-based evidence; additional NGO capacity enabled by student projects; and the dissemination of program findings through publishing and conference presentations. Changes in attitudes in the sector towards the value of evaluation were evidenced by NGOs requesting support from SiREN to assist with evaluation planning before program implementation. The increased confidence in undertaking evaluation and the benefits derived from tailored technical assistance are consistent with the changes resulting from evaluation capacity building reported by Kelly, LaRose et al. (2014).

The research shows that after two years, examples of how SiREN had influenced improvements in practice and policy were emerging including additional investments in SiREN project funding, seeding grants for small-scale evaluation and exploratory research, and enhanced participation of WA stakeholders in discussions related to national research priorities. Improvements in population health outcomes for priority populations were not evident (or indeed expected). According to Currie, King et al. (2005), new partnerships

should focus on mid-term impacts since long-term impacts may take years to realise and conclusive attribution of impacts to the partnership can be problematic. This study's authors strongly support other authors in recognising the need for relevant indicators and valid and reliable measurement tools and frameworks for assessing the impacts of capacity building initiatives (Preskill and Boyle 2008, King, Servais et al. 2009).

It is worth noting that research-practice partnerships operate within a broader context and the impact of partnerships may be influenced by various external factors. Therefore, whilst service providers and policymakers may be motivated to apply evidence-based approaches to programming and policy development, this does not always occur since factors such as media, government and legislative requirements, and the actions and activities of priority populations can also influence decision-making (Zardo, Collie et al. 2014).

The data collected in this case study were positive and suggestive of the potential of the partnership model to improve evidence generation and evidence translation. The findings reinforced the need for a longer term commitment to the partnership model to realise desired outcomes. The time investment required to develop linkages and build effective partnerships has been well documented by other authors (Shediac-Rizkallah and Bone 1998, Currie, King et al. 2005, Seifer 2006, Gibbs, Hawkins et al. 2009). Whilst the data collected in this study may be considered biased coming from the researchers undertaking the SiREN project and the funders of the project, the findings have subsequently been validated through an independent evaluation of SiREN (John Scougall Consulting Services 2015). Ongoing evaluation is essential and will require input from all key stakeholder groups on expected outcomes (King, Servais et al. 2009). The SiREN team has recently initiated new research to investigate different impact assessment approaches for the partnership model.

It is acknowledged that the use of self-completed text-restricted responses did not provide an opportunity for probing, prompting or clarifying participant responses. However, it was considered suitable for the purposes of this study guided by AI principles: “...an AI approach creates an appreciative lens from which participants can examine, evaluate, act, reflect and learn, and in the process build more successful programs, organisations and relationships” (Howieson 2012, p.2). The methodology enabled specific examples and insights to be collected from actively engaged stakeholders in a time-efficient manner. The research team would recommend this data collection approach to other investigators who require concise verbatim data for the purposes of communication, promotion or to engage new participants in

an intervention based on the experiences of existing participants. The data collected in this case study have been used in this way. The data have also highlighted the need to undertake more extensive stakeholder mapping and expectations clarification which can highlight differences and the potential for unmet needs (Preskill and Boyle 2008, Bumbarger and Campbell 2012).

When considering the transferability of the SiREN model, it is worth noting that the WA SHBBV sector has some unique characteristics. The workforce comprises a small, closely connected network of individuals and many members have some history of working with or knowing others in the sector. Therefore, it could be argued that the already existing WA SHBBV sector network was conducive to building and facilitating the links between research, policy and practice that were needed for the SiREN model to function effectively. Nonetheless, the remit of SiREN requires frequent contact between network members and this has undoubtedly helped to strengthen existing (and build new) partnerships between members.

## **CONCLUSION**

The SiREN model is based on partnerships between public health researchers, service providers and policymakers. It supports evaluation capacity building and the generation and use of evidence for program planning and policy development in the WA SHBBV sector. SiREN delivers a range of services which encourage and enable different levels of user engagement: self-directed learning, participation, requests for assistance, and collaboration. The perspectives from partners who had participated in SiREN for at least two years indicated that regular and ongoing interactions between public health researchers, policymakers and service providers have the potential to enhance evidence-informed approaches to policy development and practice and direct a strategic research agenda, informed by practice, both within WA and at a national level.

Through establishing collaborative partnerships, SiREN builds stakeholder appreciation of the value of evidence, addresses some of the barriers to accessing evidence, and equips organisations with the knowledge and skills needed to use evidence-informed approaches. With sustained investment, WA's SHBBV sector will continue to develop a greater understanding of the value of evidence-informed practice and policy and its potential to ultimately reduce the transmission of STIs and BBVs in WA. Ongoing monitoring and

evaluation is critical to ensure the SiREN network remains responsive to dynamic factors which may influence its success.

## AUTHORS' CONTRIBUTIONS

RL drafted the initial manuscript based on discussions with GC, JH, JC and KM. Written perspectives were provided by SR, DBM, SL, SB, SY, AS, RL, GC, JH and JC. All authors critically reviewed the manuscript and provided feedback. JH developed Figure 1 with input from RL, GC, JC, KM, JJ and MD.

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## Table caption

Table 1: Scope of capacity building activities (Years 1-2)

**Table 1: Scope of capacity building activities (Years 1-2)**

<b>INCREASING LEVEL OF USER ENGAGEMENT</b> 			
<b>1 Self-directed learning</b> <i>(N) = outputs</i>	<b>2 Participation in SiREN activities</b> <i>(N) = participants</i>	<b>3 Requests for assistance</b> <i>(N) = requests</i>	<b>4 Collaboration with SiREN team</b> <i>(N) = outputs</i>
<p>Open-access online toolkit resources:</p> <ul style="list-style-type: none"> <li>• <i>Sexual Health And Blood-Borne Virus Program Planning Toolkit (1)</i></li> <li>• <i>SHBBV Ethics Approval Guide(1)</i></li> </ul> <p>Website resources:</p> <ul style="list-style-type: none"> <li>• <i>Reports (25)</i></li> <li>• <i>Epidemiology and surveillance reports (6)</i></li> <li>• <i>Conference alerts (1)</i></li> <li>• <i>Training and other events (8)</i></li> <li>• <i>Videos (2)</i></li> <li>• <i>Funding &amp; scholarship opportunities (29)</i></li> <li>• <i>Links to research centres and SHBBV organisations (18)</i></li> <li>• <i>Clinical resources (2)</i></li> <li>• <i>Sector needs assessment survey (1)</i></li> <li>• <i>E-learning (2)</i></li> <li>• <i>Partnerships Practice Guides (6)</i></li> </ul> <p>Communications:</p> <ul style="list-style-type: none"> <li>• <i>Monthly e-news (21)</i></li> <li>• <i>Tweets/retweets (37)</i></li> <li>• <i>NGO newsletters (3)</i></li> <li>• <i>Networking at sexual health and blood-borne virus quarterly forums (8)</i></li> <li>• <i>Presentations at sector forums (3)</i></li> </ul>	<p>Research events:</p> <ul style="list-style-type: none"> <li>• <i>Research seminar (47)</i></li> <li>• <i>Biennial research symposium (110)</i></li> <li>• <i>Symposium satellite events (128)</i></li> </ul> <p>Project advisory groups:</p> <ul style="list-style-type: none"> <li>• <i>Project steering group (17)</i></li> <li>• <i>Management team (5)</i></li> <li>• <i>Training &amp; resources advisory group (4)</i></li> <li>• <i>Symposium committee (12)</i></li> <li>• <i>Working groups (6)</i></li> </ul> <p>Training workshops:</p> <ul style="list-style-type: none"> <li>• <i>3 x regional (29)</i></li> <li>• <i>5 x metropolitan (60)</i></li> <li>• <i>1 x video-based (8)</i></li> </ul> <p>Volunteers/student placements (10)</p> <p>Virtual groups:</p> <ul style="list-style-type: none"> <li>• <i>Inter-disciplinary interest group (23)</i></li> <li>• <i>Network database of members from non-government organisations (92), Jurisdictional Government Health Department (73), research organisations (40), clinical services/other (31)</i></li> </ul>	<p>Project-focussed support (341 hours):</p> <ul style="list-style-type: none"> <li>• <i>Face-to-face (327.5 hours)</i></li> <li>• <i>Phone/email (12.5 hours)</i></li> </ul> <p>Research and evaluation support (27):</p> <ul style="list-style-type: none"> <li>• <i>Research design &amp; methodology (11)</i></li> <li>• <i>Evaluation support (9)</i></li> <li>• <i>Ethics applications (3)</i></li> <li>• <i>Survey design (4)</i></li> </ul> <p>Conference support:</p> <ul style="list-style-type: none"> <li>• <i>Writing conference abstracts and presentations (5)</i></li> </ul>	<p>Co-authored reports for the sector (3)</p> <p>Co-authored journal articles (1)</p> <p>Co-authored abstracts &amp; conference presentations (5)</p> <p>Demonstration research &amp; evaluation projects (7)</p> <p>Established relationships with national research centres (4)</p> <p>Student research projects:</p> <ul style="list-style-type: none"> <li>• <i>Scholarship project (1)</i></li> <li>• <i>Masters students (2)</i></li> </ul>