Curtin University

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

Cross-sectional survey of the workforce involved in the prevention and management of STIs and BBVs in Western Australia

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

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Kent Street, Bentley, WA, 6102
Building 400 Level 4
Email: siren@curtin.edu.au
Web: http://siren.org.au/

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About Curtin University

Curtin University is an innovative, global university known for its high-impact research, strong industry partnerships and commitment to preparing students for jobs of the future. It is Western Australia's largest university, with more than 50,000 students, 3,00 staff, >80 partner institutions and >90 exchange partnerships. Established in 1986, the University takes its name from the influential and widely respected former Prime Minister of Australia, John Curtin, and continues to embrace his philosophy to "look ever forward", instilling a culture of innovation in its teaching and research and inspiring staff and students to make tomorrow better.

Curtin University is an internationally focused institution which offers a wide range of undergraduate and postgraduate courses in business, humanities, health sciences, resources, engineering and related sciences. A culturally diverse university, Curtin fosters tolerance and encourages the development of the individual. The University is recognised for high-impact research, including in minerals and energy, emerging technologies, health and sustainable development. Learn more about Curtin University at www.curtin.edu.au/about

About the WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network

The Western Australian Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) supports service providers, researchers and policy makers working in the sexual health and blood-borne virus space to engage in research and evaluation. The SiREN network comprises over 400 professionals working in the sexual health and blood-borne virus space. Through this network SiREN shares the latest sexual health and blood-borne virus evidence, news, events, jobs, funding opportunities and more. SiREN can provide strategic planning, evaluation and research support and advice to people with an interest in the WA sexual health and blood-borne virus sector.

SiREN's services include:

1. Providing tailored project planning, evaluation and research support.
2. Undertaking applied research and evaluation.
3. Identifying and promoting opportunities for collaboration.
4. Developing research and evaluation skills.
5. Sharing research and evaluation evidence.

Learn more about SiREN at https://siren.org.au/

Project Team

Associate Professor Jonathan Hallett, Curtin School of Population Health

Associate Professor Gemma Crawford, Curtin School of Population Health

Dr Jacqueline Hendriks, Curtin School of Population Health

Dr Roanna Lobo, Curtin School of Population Health

Professor Jonine Jancey. Curtin School of Population Health.

Dr Kahlia McCausland, Curtin School of Population Health

Dr Corie Gray, Curtin School of Population Health

Roisin Glasgow-Collins, Curtin School of Population Health

Abbreviations

ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
BBV	Blood-borne Virus
CERIPH	Collaboration for Evidence, Research and Impact in Public Health
SiREN	WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Centre
SHBBV	Sexual Health and Blood-borne Virus
STI	Sexually Transmissible Infection
WA	Western Australia

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Background and Aim

According to the Western Australian (WA) Sexual Health and Blood-borne Virus (BBV) strategy 2024-2030, the facilitation of appropriate and successful sexually transmissible infection (STI) and BBV prevention, testing, and treatment continues to rely on a highly skilled and adequately trained healthcare workforce. Therefore, support and education for staff and volunteers working with people at risk of or affected by STIs and/or BBVs, in a variety of settings, is central to the response to STIs and BBVs in WA.

The WA Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) is funded to provide research and evaluation support to the WA STI and BBV workforce. Recognising the priority of a well-skilled workforce, SiREN developed and implemented a survey tool. This survey aimed to better understand the profile, and research and evaluation capacity building needs of the workforce involved in the prevention and management of STIs and BBVs in WA.

In previous years, SIREN has completed a sector needs assessment on a biennial basis (from 2012-2018). This survey aimed to identify the training, resources and skills needs of the WA SHBBV sector. The results of these previous surveys assisted SiREN to prioritise certain areas for training and resource development, leading to the creation of many of the tools still in circulation today. These include the SHBBV Program Planning Toolkit, SHBBV Ethics Approval guide, creation of video case studies showcasing local research and evaluation programs, and starting evidence updates to the sector to summarise the latest SHBBV evidence related to certain topics (see https://siren.org.au/).

The current workforce survey was an extension to the original sector needs assessment survey and included further questions regarding who the workforce was in WA.

The survey objectives were to:

1. Identify and describe the workforce involved in the prevention and management of STIs and BBVs in WA
2. Explore the program planning, research and evaluation training needs of the workforce involved in the prevention and management of STIs and BBVs in WA.

This project was exempt from ethics approval by the Curtin University Human Research Ethics Committee and was carried out in line with the National Statement on Ethical Conduct in Human Research (2023) (Ethics exemption number: EX81121).

Methods

Survey development and pre-testing

Prior to developing the survey, it was important to understand who the potential participants would be, and who qualified as working in the WA STI and BBV workforce. A brief review of existing literature focused on workforce development (Crowley et al. 2021; Department of Health, 2016; NHS, 2018; Skinner et al., 2020; World Health Organization, 2024), including the AHSM 2024 National Needs Assessment of the Blood-Borne Virus and Sexual Health Workforce, was conducted to gain a baseline understanding of how previous research identified their workforce and the parameters for including those people in the survey. This enabled the research team to set clear guidelines on who could participate in this survey, to ensure the findings were relevant to the workforce.

The survey instrument was developed by the Curtin University staff listed in the project team. The team involved SiREN management team, and team members with experience in sexual health promotion and public health. The instrument was developed through a review of previous tools used to measure SiREN's impact. Questions were reviewed based on the SiREN deliverables and priority areas.

Once the tool was drafted, the survey instrument was assessed for face and content validity with a group of six sexual health promotion and public health experts. Individuals had experience in workforce development, and worked within the health promotion space, specifically within sexual health. Feedback provided by the six people who pre-tested the instrument was discussed as a research team (JH, CG, RGC) and applied to the tool if relevant.

A full copy of the survey instrument can be requested from the SiREN team (siren@curtin.edu.au)

Participant recruitment

Participants were recruited through the SiREN mailing list and social media (SiREN and CERIPH LinkedIn). The focus was on Western Australian sexual health and BBV, public health, and health promotion organisations and agencies. A gap analysis was undertaken of the current SiREN mailing list to identify areas not yet captured in the network. RGC undertook this analysis by searching for sexual health clinics through the Get the Facts 'find a service' (https://www.getthefacts.health.wa.gov.au/find-a-service). Organisations not yet represented in the SiREN network were listed and contact details sourced. Individual emails were sent to these organisations with details of the survey and the SiREN network.

Survey methodology

Participants were directed to access the online survey through Qualtrics. Participants were asked to read a participant information statement and provide consent to participate. The survey was open to those over the age of 18 and currently employed in a role working in the prevention and/or management of STIs and BBVs. The survey was administered through Qualtrics from 30 April 2025 to 30 May 2025.

Results

A total of 83 responses were collected, and 28 were removed through cleaning, leaving a sample of 55 participants included for analysis. Responses to the survey were analysed using SPSS. Descriptive statistics were calculated for each variable.

Demographics

There was a relatively even spread of respondents between the ages of 25 and 64. Of these respondents 29.1% (n=16) were between the ages of 45 to 54, 21.8% (n=12) between 55 and 64 years, and 35 to 44 years, whilst 20% (n=11) of the sample were between 25 and 34. A smaller number (n=4, 7.3%) were between the ages of 18 and 24 (see Figure 1).

Most of the sample identified their gender was woman (n=49, 87.3%), with the remainder identifying as men (n=4), non-binary (n=2) or gender questioning/unsure participants (n=1). Many of the respondents were born in Australia, with 38.2% (n=11) born overseas. Four (7.3%) respondents spoke a language other than English at home. Five percent of the sample identified as Aboriginal (n=1) or Torres Strait Islander (n=2).

The workforce

Respondents were asked how long they were employed within the STI and BBV sector. Just under half (n=27, 49.1%) reported being employed for 1-5 years. A quarter had been employed 6-10 years (n=14, 25.5%), followed by 16+ years (n=9, 16.4%) (see Figure 2). The majority were employed in the sector full-time (n=34, 61.8%), with 36.4% (n=20) employed on a part-time basis, and 1.8% (n=1) on a casual basis.

Figure 1: Age range of the sample.

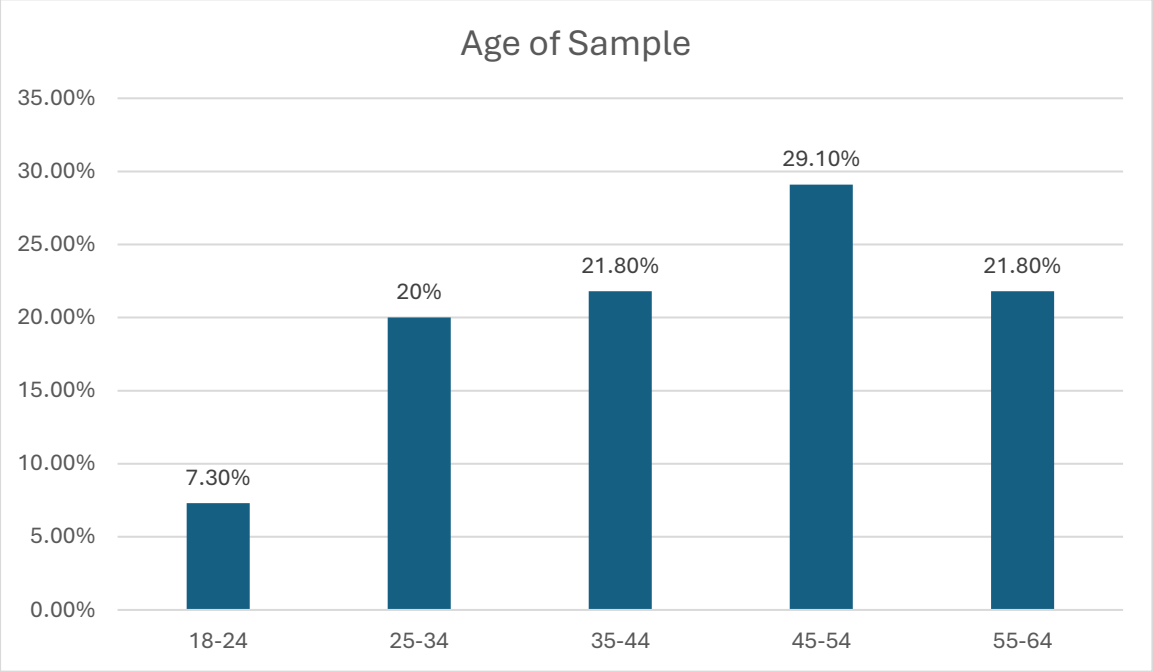
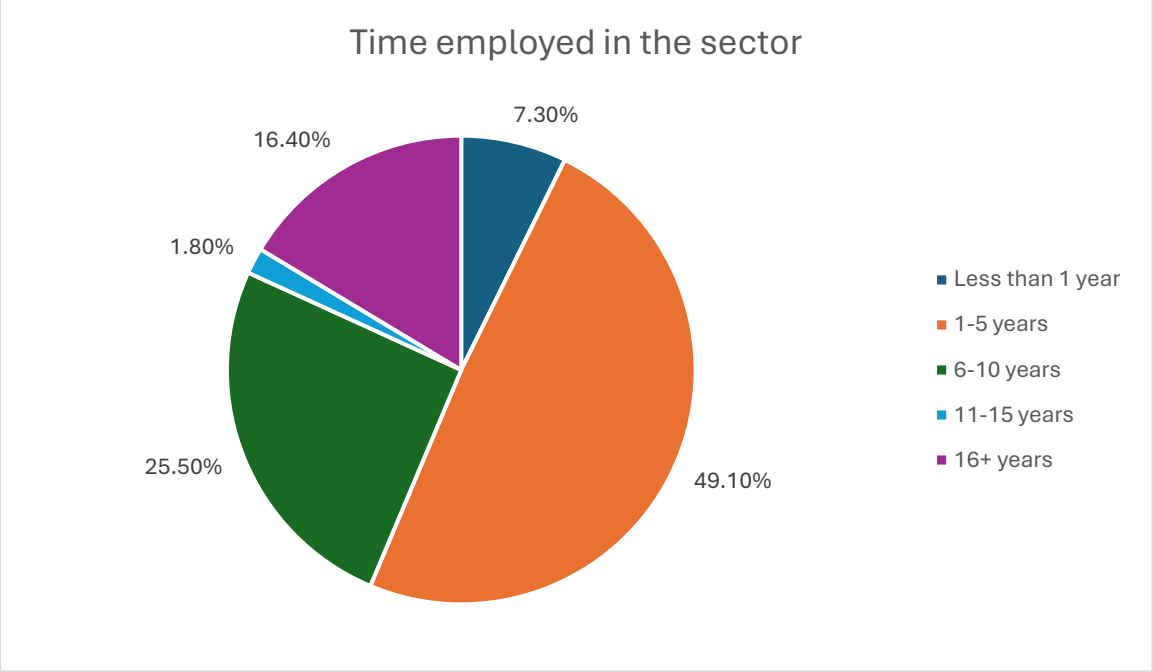
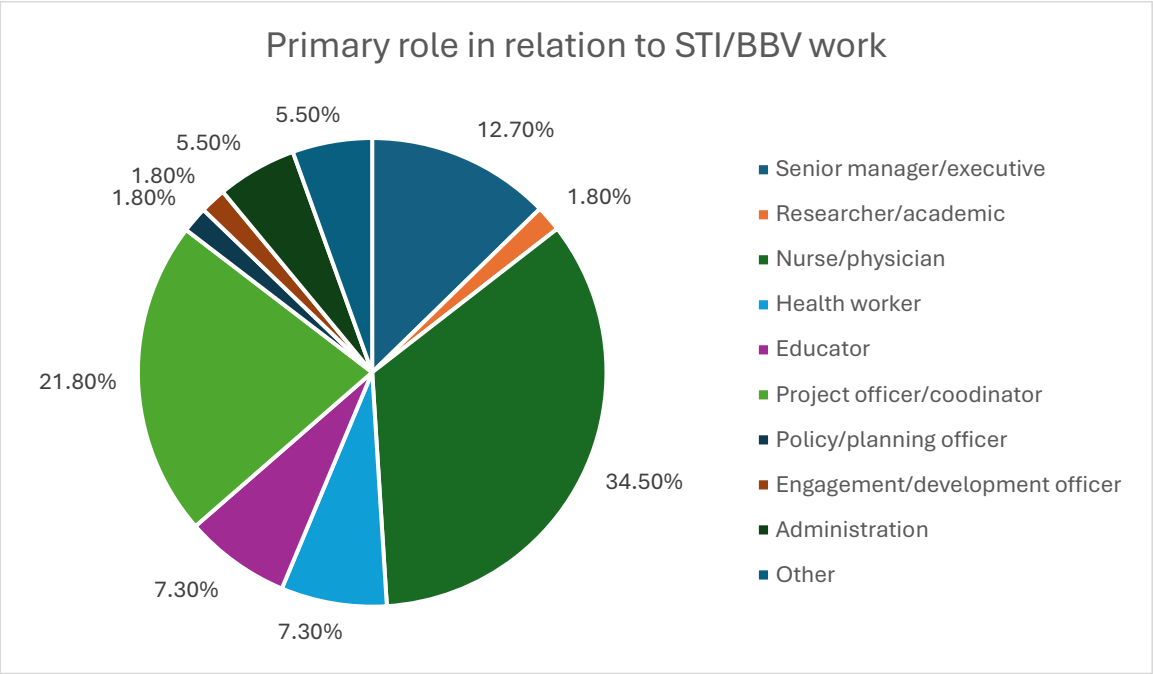


Figure 2. Time employed in the sector



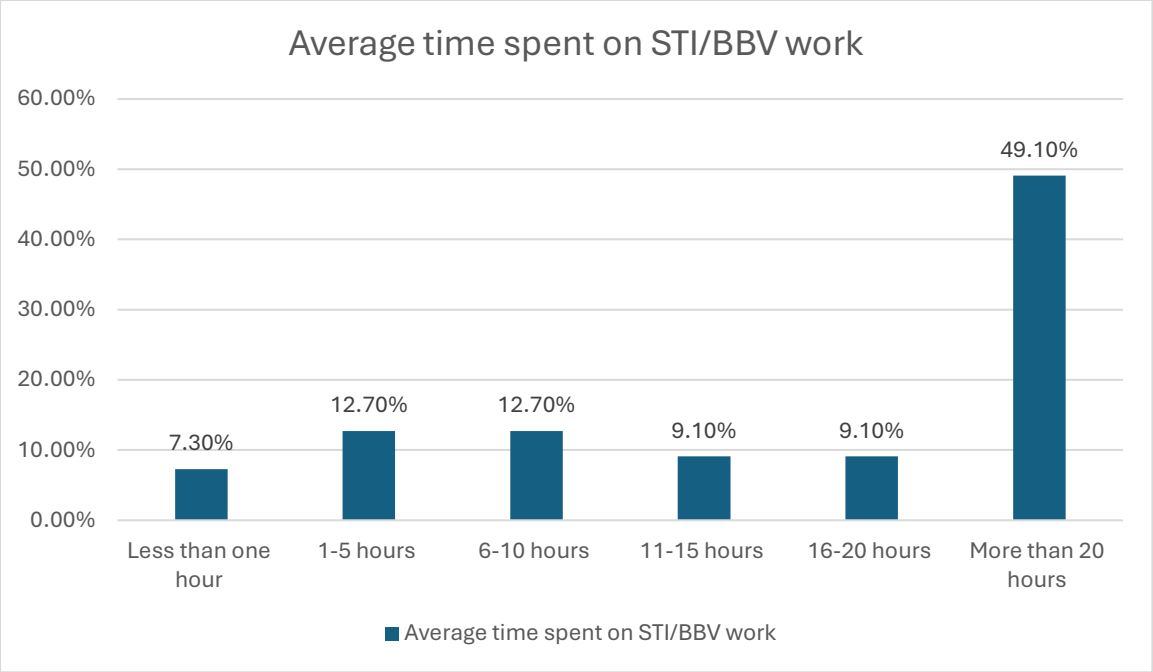
Respondents were asked what their primary role was in relation to their STI/BBV work. The most common role was nurse/physician (n=19, 34.5%), followed by project officer/coordinator (n=12, 21.8%), and senior manager/executive (n=7, 12.7%). Other roles included health worker (n=4), educator (n=4), administration (n=3), and other (n=3). Each of the following categories had one participant working in that role: researcher/academic, policy/planning officer, and engagement/development officer (see Figure 3). Other roles included: case manager, educator and education coordinator and peer educator (n=1 for all).

Figure 3. Primary role in relation to STI/BBV work



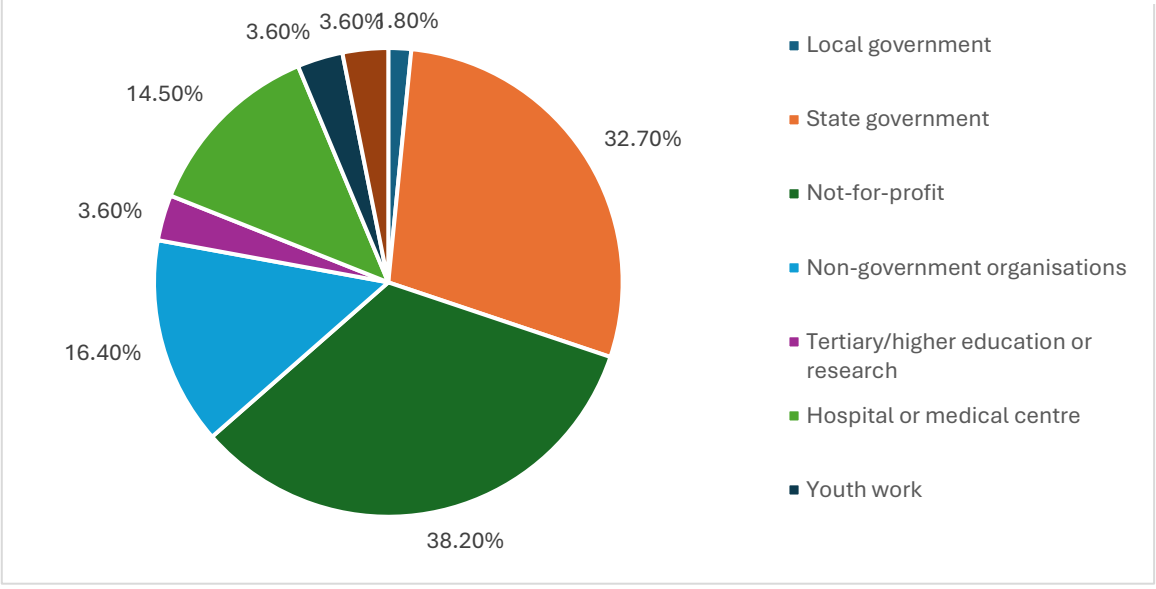
Respondents were asked how long they usually spent on STI/BBV work in a typical work week. Just under half (n=27, 49.1%) reported spending more than 20 hours per week on STI/BBV work. There was a relatively even number of respondents who spent less time on this work (as seen in Figure 4).

Figure 4. Average amount of time in a typical work week spent on STI/BBV work.



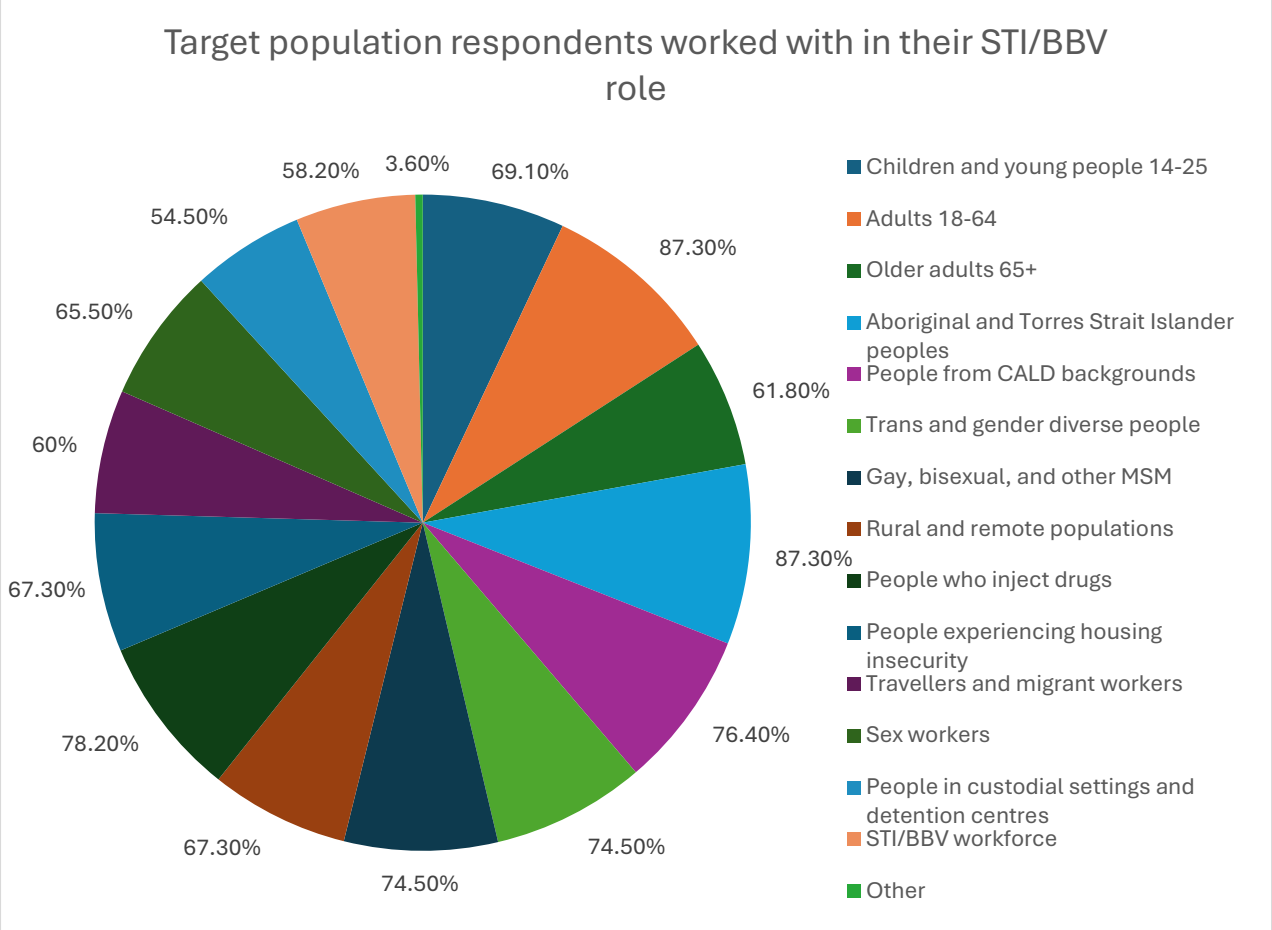
Respondents represented many different sectors within the STI/BBV workforce. Most of the respondents were either working in not-for-profit (n=21, 38.2%) or state government (n=18, 32.7%), with a smaller number working in non-government organisations (n=9, 16.4%) or hospital or medical centres (n=8, 14.5%). Other sectors are displayed in Figure 5.

Figure 5. Sector of employment



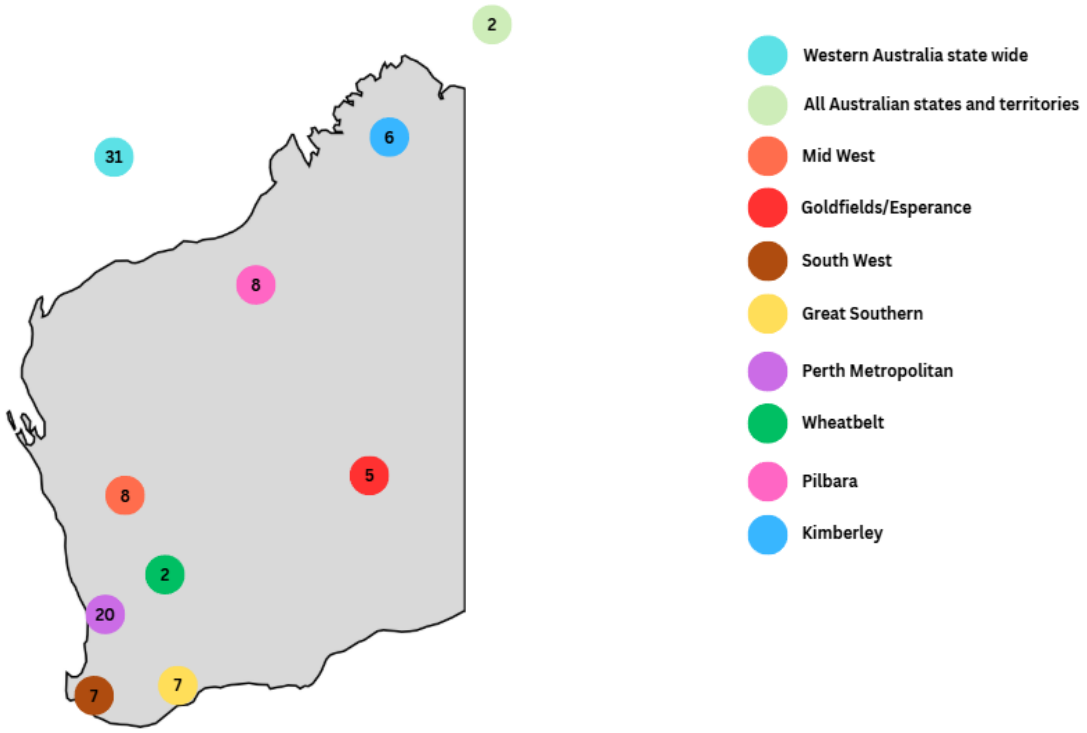
Respondents were asked a range of questions to understand the populations their STI/BBV work caters to. The survey questions listed all priority populations identified within national and state STI/BBV strategies. Over half of respondents worked with every priority group listed. The most common target populations were adults 19 to 64 (n=48, 87.3%), Aboriginal and Torres Strait Islander peoples (n=48, 87.3%), people who inject drugs (n=43, 78.2%), and people from culturally, ethnically, and linguistically diverse backgrounds (n=42, 76.4%). Figure 6 includes a full list of all target populations and the number of respondents working with those groups.

Figure 6. Target populations respondents worked with in their STI/BBV roles



Respondents worked across WA regions, and some in all states and territories. Most responded that their work targeted Western Australia (statewide) (n=31, 56.4%). See Figure 7 for a full breakdown.

Figure 7. Areas of Australia respondents work was targeted for.



Respondents engaged in many activities relating to STI/BBV work. Activities included: education or training (n=44, 80%), community engagement (n=39, 70.9%), data collection and analysis (n=34, 61.8%), STI and/or BBV testing (n=34, 61.8%), program planning or implementation (n=34, 61.8%), evaluation of programs or interventions (n=32, 58.2%), STI/BBV treatment, management and care (n=30, 54.5%), advocacy initiatives (n=28, 50.9%), communications or media (n=18, 32.7%), research (n=13, 23.6%), counselling (n=12, 21.8%), public policy (n=12, 21.8%), secure and manage funding (n=12, 21.8%) and other (n=2).

Professional development

Respondents were asked what professional development they had completed. Over half of respondents noted they completed or attended webinars (n=32, 58.2%), Department of Health Quarterly Forums (n=30, 54.5%), and ASHM training (n=29, 52.7%). Other common professional development included AHCWA's The Birds and the BBVs (n=16, 29.1%), SHQ's Nuts and Bolts (n=16, 29.1%), University study (n=16, 29.1%), and WAAC Hump Day Health (n=11, 20%). Seven (12.7%) respondents listed a range of other professional development they had completed which were not listed. These included RPH Immunology, HCVPOCT, SPOCT, Phlebotomy, Certificate in Sexual and Reproductive Health, International AIDS Society Conferences, SEECA, Peer Based Harm Reduction, SECCA, RSE, and SiREN Symposium. Three respondents noted they had not completed any professional development.

Different modalities of professional development were listed, and respondents were asked to select what formats they would consider attending. The most popular options were webinars (n=41, 74.5%), and half day workshops (n=41, 74.5%). More than two thirds (n=40, 72.7%) would consider attending a forum/seminar (half to full day), and self-paced online training (e.g. online learning modules, videos). A similar proportion (n=36, 65.5%) would consider attending a

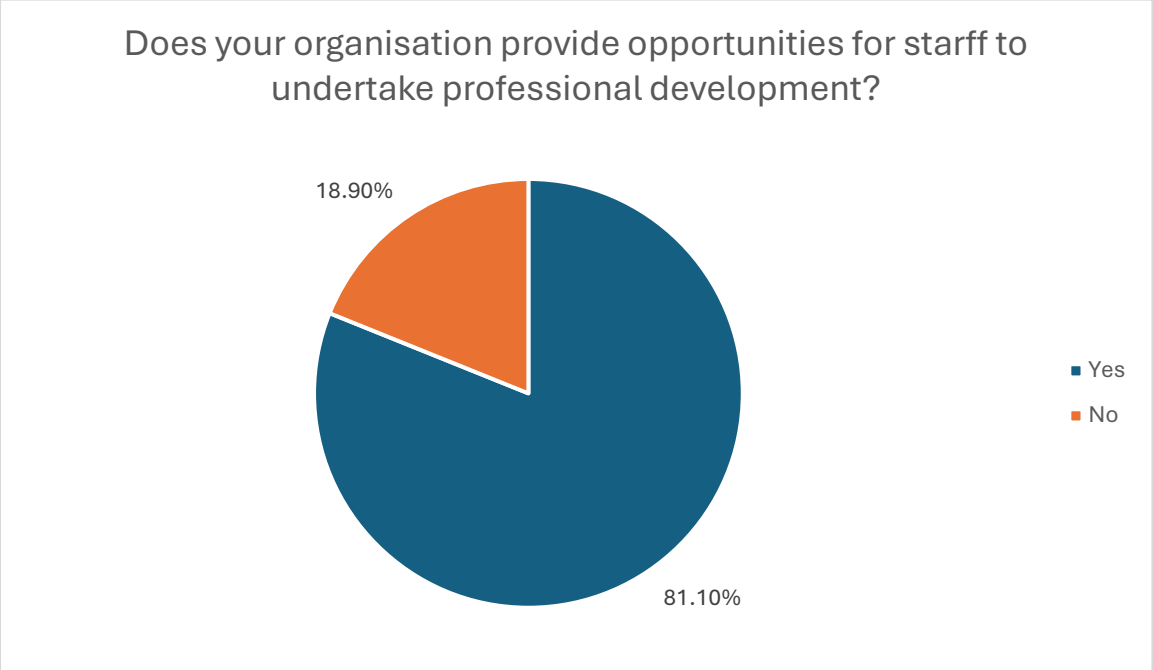
full day workshop or attending a conference (multiple days – n=34, 61.8%). Half (47.3%, n=26) would consider customised training for their workplace, short courses, and a community of practice.

Respondents ranked three options of how they like to attend training. Face-to-face (in person) training was ranked the highest (68.1%, n=32), followed by hybrid training (55.3%, n=26). Online training was ranked last of the three, with less than half (44.7%, n=21).

The majority (n=43, 81.1%) of respondents were provided opportunities by their organisation to undertake professional development in relation to STIs/BBVs (Figure 8). In most cases (n=33, 78.6%), their organisation paid for the training and paid them their hourly rate to attend the training. Five respondents (11.9%) reported that their organisation would not pay for the training but would pay their hourly rate for them to attend. Three respondents reported their organisation would not pay for the training or pay their hourly rate for them to attend.

Most respondents reported that they have the capacity to attend STI/BBV training in their current workload (n=33, 78.6%).

Figure 8. Did organisations provide opportunities for professional development in STIs/BBVs



Respondents were asked what areas of professional development they would be interested in. Results provided below are indicative of any interest, with response options ranging from a little interested, to very interested. The areas which showed the most interest were advocacy (n=42, 91.3%), conference abstract preparation (n=40, 88.9%), program evaluation (n=40, 88.9%), and program implementation (n=39, 84.7%). Several areas that participants were interested in engaging in further training are already covered in existing SiREN resources and services (see Figure 9.

Figure 9.Existing SiREN resources to address training needs of the workforce.

SiREN Resources

The SiREN website houses numerous different resources created to assist organisations in their research and evaluation. Training offerings are provided throughout SiREN's yearly calendar, and opportunities for organisations to approach SiREN for additional support in research and evaluation are promoted. The SiREN team wanted to identify which resources the workforce were aware of, to determine the utility of these resources, and how SiREN could better promote their services.

Awareness of SiREN services was relatively low. The SiREN Symposium was the only service that garnered an awareness of over 50% (n=32, 58.2%). SiREN communications, including e-news, e-alerts, social media, and evidence updates was the other service respondents were most aware of (n=27, 49.1%). All other areas of SiREN's offerings had awareness percentages between 9.1% (video case studies of local programs and research projects), and 38.2% (membership to the SiREN network where you would receive regular email communications of the latest evidence, news, events, funding opportunities and more). In addition, 10% (n=6) of respondents were not aware of any SiREN resources or services.

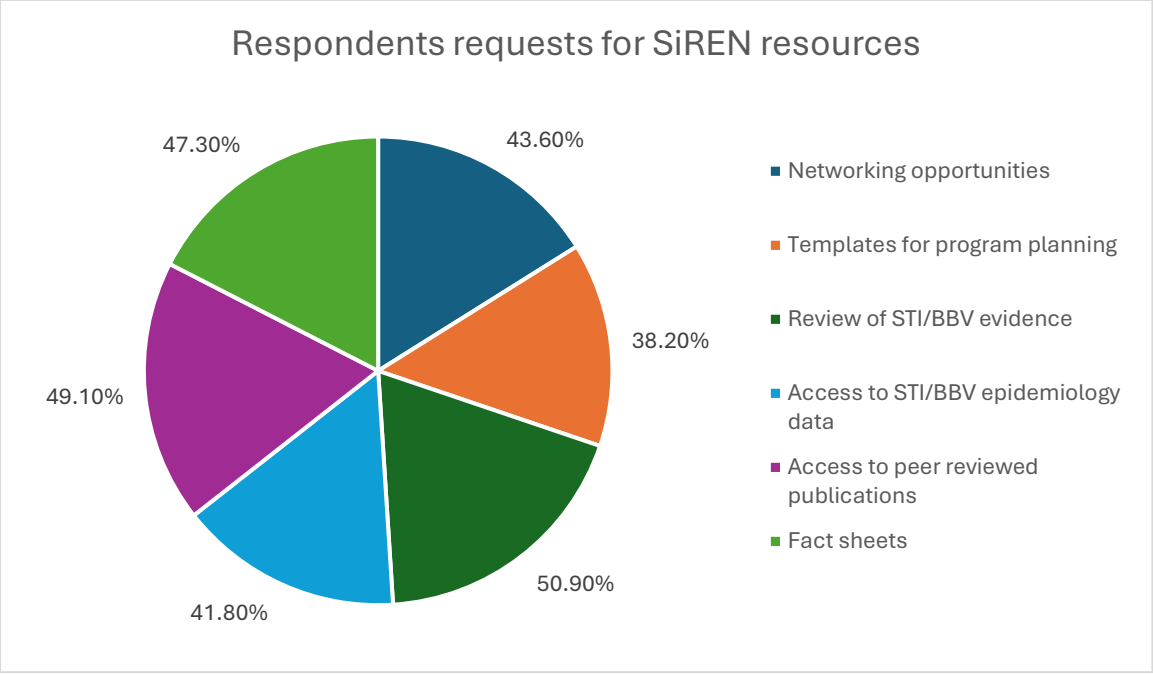
Few of SiREN's resources had been used in the last 12 months. Thirteen (23.6%) respondents noted they had attended the SiREN Symposium or had access to SiREN's communications (e-

news, e-alerts, social media, and evidence updates). These were the resources used the most in the last 12 months. Use of SiREN's other resources ranged from 1.8% to 16.4%. The most common response to this question was "*I have not used any SiREN resources or services*" (n=17, 30.9%).

The most common reason for not accessing SiREN resources was that they were "*not really sure what I can ask SiREN to help me with*" (n=25, 45.5%). Other reasons included not having enough time to access SiREN's services (n=9, 16.4%), having access to research and evaluation expertise at their current organisation (n=7, 12.7%), being unsure if there would be an associated cost (n=6, 10.9%), and being unsure how frequently they can access SiREN's services (n=6, 10.9%).

Respondents were asked what resources or services SiREN could provide to assist with STI and BBV work. The majority of respondents wanted reviews of STI/BBV evidence (n=28, 50.9%), with just under 50% also wanting access to peer reviewed publications (n=27, 49.1%), and fact sheets (n=26, 47.3%) (see Figure 9). Networking opportunities (n=24, 43.6%), access to STI/BBV epidemiology data (n=23, 41.8%), and templates for program planning (n=21, 38.2%) were also requested. It is important to note that some of these resources already exist within SiREN's current offering. Therefore, it is important that SiREN continues to promote and market the current available offerings, to meet the needs of the workforce.

Figure 10. Supports or resources SiREN could provide to assist with STI and BBV work.



Key findings for SiREN

- The WA STI and BBV workforce is diverse and have differing needs. The workforce addressing STIs and BBVs in Western Australia is large, and this survey only captures a snapshot of the sector. It is important for SiREN to ensure that all those involved in the prevention and management of STIs and BBVs have access to SiREN's services if required.
- There was a low uptake of SiREN resources over the last 12 months. It is important for SiREN to further promote its offerings, to improve the awareness of, and knowledge of available resources.
- SiREN has resources which address the specific training needs of the workforce. More than 80% of respondents were interested in a range of different training areas, which includes things such as applying for ethics, program planning and implementation, different methods of data analysis, grant writing, program evaluation, advocacy, and training related to conferences, such as preparing abstracts and presenting. There are several resources and SiREN offerings which directly address respondents' specific training needs (see https://siren.org.au/) . These include:
    - **Assistance with preparing conference abstracts and presentations**, with videos and resources stored on the SiREN website.
    - **Evaluation of a campaign, program or service**: Videos and written resources exist on the SIREN website, describing methods of evaluation, how to analyse data and effectively use and apply the results of an evaluation. In addition, SiREN can partner with organisations to collaborate on the evaluation of programs and services.
    - **Health promotion planning and evaluation courses:** The SiREN short courses (https://sirenshortcourses.thinkific.com/) are free online training modules designed to support those working in the Western Australian sexual health and blood-borne virus sector. Available on demand, these modules aim to build capabilities in health promotion planning and evaluation. Four courses are available: Foundations for health promotion; Evidence for Health Promotion; Planning for Health Promotion; and Evaluation for Health Promotion.
    - **Toolkits and guides (e.g. SHBBV Program Planning Toolkit)**: Various toolkits and guides appear on the SiREN website, and outline processes for program planning, applying for funding, developing campaigns, and specific evaluation tools and resources. These are freely available to access at any time.
    - **Research support (e.g. guidance preparing ethics applications, manuscripts, grant proposals):** Resources also include ethics application toolkits, data collection methods, and partnerships for research.

To join the SiREN mailing list, or for more information about the support SiREN offers, please email siren@curtin.edu.au

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Department of Health
Sexual Health and Blood-Borne Virus Program

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