

# HOW DO YOU RATE?

## EVALUATING NSP PROGRAMS

Every service can benefit from evaluation at regular intervals. Working out what is good about your service can help in maintaining your profile with funders, your committee or board, and your local community. Working out what can be improved in your service can help staff to deliver Needle and Syringe (NSP) services to clients, assist in submissions to funders, and ensure appropriate accountability to clients, committees or boards, and funders.

Evaluation doesn't have to be an academic exercise done just for the sake of it. Self evaluation can be a useful tool involving the whole team which promotes recognition of things you can improve and things you can be proud of.

In community media, this is one of the approaches that is suggested in the Community Broadcasting Association of Australia's Evaluation Guide. It says of this type of informal peer evaluation—"Perhaps the most positive and resource effective approach is to foster informal peer evaluation on a regular basis ... This approach reflects that every program is important and is listened to by station members." It also identifies another type of evaluation that agencies with limited resources could utilise such as supervisor evaluation.

Sometimes it's useful to have evaluation staff inside an agency to assist programs to undertake evaluative exercises—but this is usually in agencies much bigger than most NSP services.

In other cases, it is useful to have an external evaluator or evaluators. In addition to independence from the day-to-day interests of participants in a service, an external evaluator's conclusions are most often persuasive with funders.

In the community health sector, Yoland Wadsworth's Everyday Evaluation on the Run is the now classic resource for community-based agencies undertaking self evaluation and "action research."

Everyday Evaluation focuses on evaluation as a part of the organisational cycle of program design, delivery, evaluation and funding. In addition to being written for service staff and agency participants like committee or board members, it has a number of useful tools for conducting evaluations.

Though it is focused on services in one state, the Victorian Premier's Drug Prevention Council's Guide to Evaluating Drug Prevention Projects in Victoria puts the context of evaluation in harm minimisation much more closely than the other resources. It outlines a more formal process of evaluation than is often possible in an NSP, however.

Evaluation can help NSPs determine if programs are actually engaging populations of people who inject with messages around vein-care, blood-borne virus risks, as well as referral to appropriate treatments. It can also involve the development of indicators which are required by funding agencies for example, the number of needles and syringes out, statistics regarding age, sex, and ethnic origin of clients, and the types of drug last used – as well as developing a set of parameters by which to measure your NSPs performance. It can also assist you in "selling" the worth of your program to your community.

There are a number of examples where NSPs have initiated research that has demonstrated the worth of individual programs. An example of a relatively simple research project was that developed by the late Dr. Margaret MacDonald. MacDonald's annual NSP survey has shown that the

incidence of needle and syringe sharing has decreased over the last ten years – a result that NSPs can be proud of in terms of educating people who inject to the dangers of sharing. Periodic surveys like this can provide some insight into changes in behaviour. They may be used to advocate for the continuation of NSP services.

Another example of how an enterprising engagement with the research demonstrated the worth of NSP came after a fixed-site primary NSP had in fact been closed down by the NSW Department of Health in 1998.

**Evaluation can help NSPs determine if programs are actually engaging populations of people who inject with messages around vein-care, blood-borne virus risks, as well as referral to appropriate treatments.**

Among other things, the study "The Closure and Relocation of the St Marys Needle and Syringe Program" conducted by Erica Southgate, Deborah Blair, and Max Hopwood found that "particular groups of IDUs have been significantly disadvantaged by the shift from fixed site to mobile service. These groups are single parents, especially young mothers with children, Aboriginal people, youth and IDU's who work." The study found that "It is important to consider the sheer geographic size of WAHS (Western Area Health Service) – over 4600 km<sup>2</sup> – in relation to the efficacy of mobile service delivery. It is highly unlikely that a mobile

model of primary NSP service could cover such a vast area."

Evaluating the changes to services in this instance was valuable in assessing what further changes might be needed to effectively deliver NSP services in the region.

### Types of research

Broadly speaking there are two types of measures that can be used to measure the activities of any NSP – qualitative and quantitative.

Qualitative research stresses the socially constructed nature of reality and the situational constraints that shape inquiry. Qualitative research seeks answers to questions that stress how social experience is created and given meaning. In contrast, quantitative studies emphasize the measurement and analysis of causal relationships between variables, not processes. In other words, qualitative research is about feelings and personal experience; quantitative research is about numbers and facts.

State governments often require programs to measure things of a quantitative nature such as numbers of needles and syringes distributed. Qualitative measures can be broader in their scope and can be used to measure such things as client attitudes to the NSP.

Ideally NSPs should be evaluated using a mixture of quantitative and qualitative

continued page 7...

NSP services are delivered using a variety of models. Working out the effectiveness of these models can be a positive exercise for clients and for the service.



Annette Rudd

Belinda Maloney

Mick Geary

## 4 BEATING THE BUSH TELEGRAPH

Maintaining anonymity in rural, regional, or remote settings can be a real challenge. Rural practitioners suggest some strategies to optimise client access to your service.

## 5 DEALING WITH AGRO

Though NSPs generally do not see much aggression from clients and the community, it is a wise strategy to minimise the chance of aggression at your NSP. Read this article to find out how.

## 6 POLYDRUG USE

Media attention on particular drugs can hide the fact that many people who inject drugs are polydrug users. So what is polydrug use and what can NSPs do to engage with this issue?

## Welcome to Anex Bulletin!

We are grateful for the opportunity to be able to bring this publication to you and hope that it will continue to be interesting and relevant. This edition focuses specifically on the issues involved in service provision of NSP, particularly in rural, regional and remote areas.