



**MEASURING THE  
IMPACT OF THE  
WA AIDS COUNCIL  
WITH THE CONTRIBUTION  
TO CHANGE FRAMEWORK**

**NOVEMBER 2019**



# MEASURING THE IMPACT OF THE WA AIDS COUNCIL WITH THE CONTRIBUTION TO CHANGE FRAMEWORK

## The Contribution to Change methodology

The *Contribution to Change (C2C)* framework is an impact measurement methodology developed specifically for peer-based organisations. The C2C framework uses a theory-based approach to evaluation. This involves constructing a 'theory of change' (a map of the assumed steps through which activities will contribute to change) and gathering evidence to test these assumptions. The theory of change also communicates a distinction between areas where an organisation has direct control (such as the health promotion information resources that it develops), where it has direct influence (such as increasing access to health promotion information), and where it has indirect influence (such as improving knowledge, which leads to behavioural change).

The C2C framework, along with other theory-based methodologies, recognises that social change is a dynamic and complex process, and it is therefore not realistic to claim that an outcome can be solely attributed to a single program. Rather, social change results from a complex interaction of individual and social factors, and the contributions of many partners. While it is not possible to demonstrate a causal link from one program or organisation to long-term, community-level outcomes, it is possible to demonstrate where they may have made a contribution to change. To do this, the C2C framework brings together peer-based expertise, evaluation data, and the results of social research to show the pathway through which the organisation contributes to changes at the community-level over time.

The C2C framework is paired with the Socialsuite Technology Platform to continuously and seamlessly collect feedback about the WA AIDS Council's (WAAC) performance from our staff, volunteers, service users, and stakeholders. The information we collect is available to our staff in real time. This allows us to continuously monitor and review our programs and services to ensure that they are of the highest quality and are meeting the needs of our communities.

## Implementing the C2C framework at WAAC

A theory of change was developed for each WAAC service and program. Beginning with identifying qualities that form the foundation of an effective service, we then identified the program outcomes, long-term client outcomes, and the impact we hope to have on our community. This process drew on the expertise of WA AIDS Council staff – as practitioners, individuals with lived experience, and as members of the communities we work with, about how change is achieved. The theory of change provides a framework for communicating this pathway and for bringing together evaluation data and secondary research to verify that these outcomes are being achieved, and that they will contribute to positive outcomes for our community. This framework is presented in Figure 1 below.

We began collecting data across all services and programs on 1 August 2019. To date (21 October 2019), 161 people have completed a questionnaire using the Socialsuite Technology Platform. This report presents a snapshot of results from this period.

# WAAC THEORY OF CHANGE FRAMEWORK

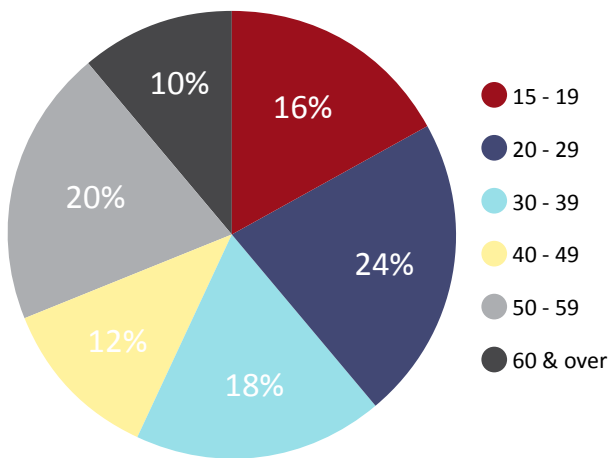


# EVALUATION RESULTS

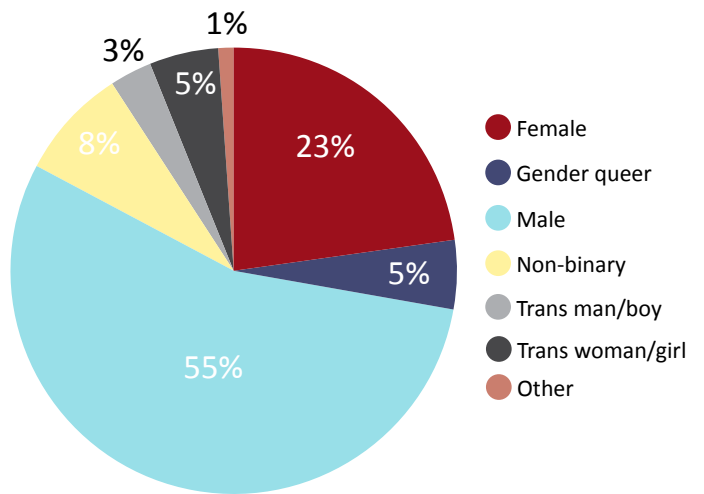
## – AN OVERVIEW

### WHO USES WAAC SERVICES AND PROGRAMS?

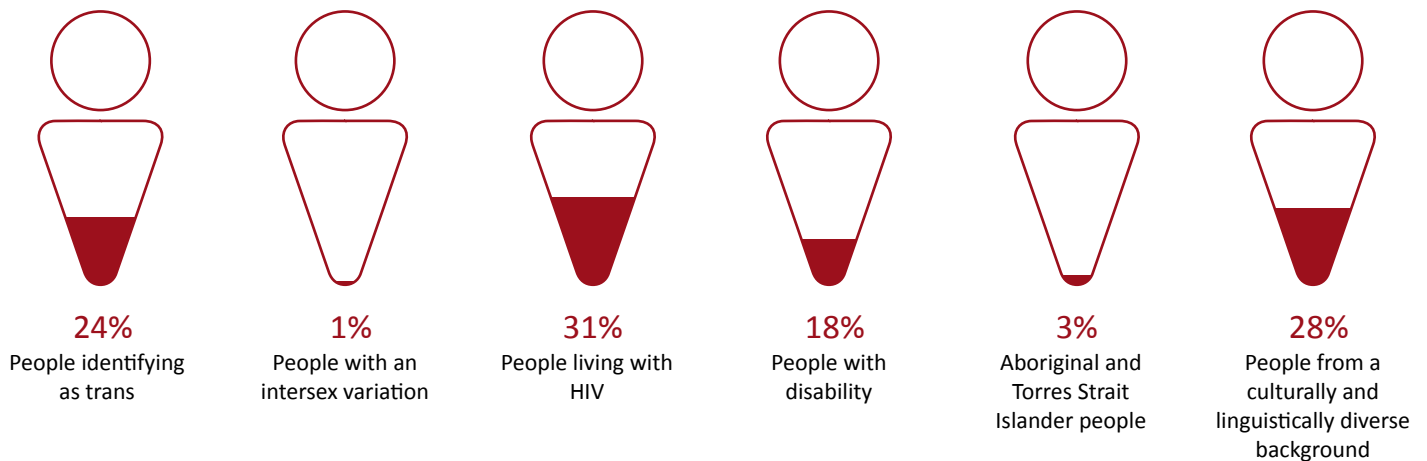
#### AGE



#### GENDER IDENTITY

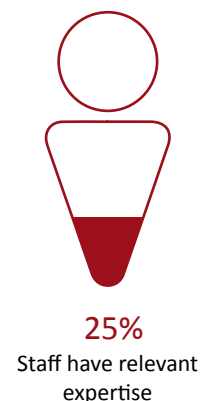
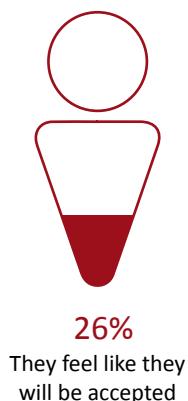
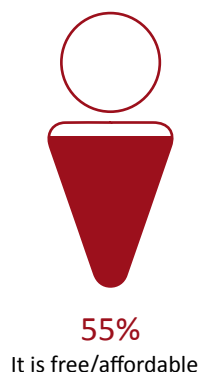


#### IDENTITY



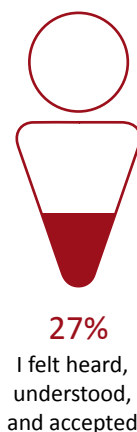
## WHY DO PEOPLE USE WAAC SERVICES AND PROGRAMS?

SURVEY PARTICIPANTS WERE ASKED WHY THEY CHOSE THE SERVICE OR PROGRAM AND WERE GIVEN A BROAD LIST OF REASONS TO CHOOSE FROM. THEY WERE ALSO GIVEN THE OPTION TO ADD THEIR OWN REASON. THE MOST COMMON REASONS WERE:.



## HOW DO PEOPLE DESCRIBE THEIR EXPERIENCES WITH WAAC?

100% OF PEOPLE WHO USE WAAC SERVICES AND PROGRAMS INDICATED IT WAS SAFE AND INCLUSIVE. THE MOST COMMON REASONS WERE:



## HOW LIKELY ARE PEOPLE TO RETURN AND RECOMMEND WAAC?

99% are likely or very likely to return

95% are likely or very likely to recommend WAAC

# WAAC'S IMPACT ON THE HEALTH AND WELLBEING OF CLIENTS AND PROGRAM PARTICIPANTS

85% OF PEOPLE WHO USE WAAC SERVICES AND PROGRAMS HAVE EXPERIENCED IMPROVED HEALTH AND WELLBEING

	OVERALL IMPROVED HEALTH AND WELLBEING	IMPROVED PHYSICAL HEALTH	IMPROVED MENTAL HEALTH	IMPROVED EMOTIONAL WELLBEING AND RESILIENCE	INCREASED SOCIAL CONNECTION AND INCLUSION
M CLINIC	76%	30%	50%	39%	17%
COUNSELLING	86%	24%	67%	80%	38%
SHAPE & CASE MANAGEMENT	94%	61%	83%	94%	28%
FREEDOM CENTRE	81%	12%	77%	69%	81%
NSEP	92%	58%	54%	46%	38%

## M CLINIC

### AVERAGE RATING OF M CLINIC

★★★★★ 4.9/5

#### AS A RESULT OF ATTENDING M CLINIC:

- 70% have increased knowledge about testing
- 58% have increased knowledge about HIV/STI prevention options
- 41% are more likely to test again/more regularly

#### MOST SIGNIFICANT OUTCOMES FOR CLIENTS:

- 59% I feel more comfortable with my sexuality
- 27% I feel more comfortable with my sexual practices

### AVERAGE RATING OF THE VALUE OF M CLINIC TO THE COMMUNITY:

★★★★★ 4.9/5

### AVERAGE RATING OF THE EFFECTIVENESS OF M CLINIC AT REDUCING HIV TRANSMISSIONS:

★★★★★ 4.7/5

## FREEDOM CENTRE

### AVERAGE RATING OF FREEDOM CENTRE

★★★★★ 4.6/5

#### MOST SIGNIFICANT OUTCOMES FOR VISITORS:

- 96% I feel more confident in my identity
- 88% I have learned new ways of looking after myself
- 87% I feel more comfortable with my sexuality
- 77% I have more friends
- 67% I have more self-confidence
- 67% I am more hopeful about my future

# KEY PROGRAM OUTCOMES\*

## CLINICAL SERVICES

### AVERAGE RATING OF SHAPE/CASE MANAGEMENT

★★★★★ 4.7/5

#### MOST SIGNIFICANT OUTCOMES FOR CLIENTS:

- 78% I have more self-confidence
- 78% I have more information and support
- 72% I have a stronger support system
- 65% I learned new ways to look after myself
- 60% I am more financially stable
- 53% I have more stable accommodation

### AVERAGE RATING OF COUNSELLING

★★★★★ 4.9/5

#### MOST SIGNIFICANT OUTCOMES FOR CLIENTS:

- 39% I have more self-confidence
- 25% I have a better understanding of my emotions and decisions
- 21% I have more information and support

## NEEDLE AND SYRINGE EXCHANGE PROGRAM (NSEP)

### AVERAGE RATING OF NSEP

★★★★★ 4.9/5

100% are likely or very likely to return

92% are likely or very likely to recommend NSEP (the remainder would like to keep their use of the service private).

\*Clients were asked to choose the outcomes they have experienced as a result of the service from a broad list of outcomes. Not all outcomes are relevant to all clients and many clients only selected the most significant outcomes they have experienced.



# HOW DO PEOPLE RATE THE QUALITY OF WAAC SERVICES AND PROGRAMS?

## PROGRAM QUALITY INDICATORS



Professional services with well-trained staff are essential to the provision of non-stigmatising, accessible, quality and effective health and social services.<sup>1</sup>

## HOW DID WE DO?

**WAAC HAS A STRONG REPUTATION AND IS A HIGHLY RATED SERVICE**

**26%** chose WAAC because it has a good reputation  
**95%** are likely or very likely to recommend WAAC

**OVERALL QUALITY RATING**  
 ★★★★★ 4.8/5



The provision of *relevant* information, advice and care is essential for reaching and engaging priority populations and achieving positive outcomes. Peer-led and community-based services are more relevant to the communities they serve, leading to more effective services and better outcomes for clients.<sup>2</sup> Their connection to community also enables them to recognise and respond to changing needs in their community.<sup>3</sup>

**RELEVANT EXPERTISE IS A KEY REASON PEOPLE CHOOSE WAAC SERVICES**

**25%** chose WAAC because staff have relevant expertise.

**WAAC SERVICES AND PROGRAMS ARE HIGHLY RELEVANT TO THE PEOPLE WHO USE THEM**

**OVERALL RELEVANCE RATING**  
 ★★★★★ 4.7/5



Trust in services is associated with better mental and physical health.<sup>4</sup> Without trust, clients are unlikely to be open and honest about their lives and their needs, which impedes the provision of appropriate healthcare, advice and referral.<sup>5</sup> Community-led and peer services have been shown to be highly effective in establishing trust with clients and reducing barriers to services.<sup>6</sup>

**TRUST IS A SIGNIFICANT REASON WHY PEOPLE CHOOSE WAAC SERVICES**

**36%** chose WAAC because they trust the service and staff  
**70%** chose WAAC because it is non-judgmental  
**60%** chose WAAC because it is confidential

**PEOPLE TRUST WAAC WITH THEIR PERSONAL INFORMATION**

The primary reason people said WAAC is safe and inclusive is because they feel comfortable to share their experiences



Safe and inclusive services are critical for responding to the needs of groups who commonly experience marginalisation and discrimination, including LGBTIQ+ people and people living with HIV. The fear and reality of stigma and discrimination can lead to the avoidance of seeking services and support, leading to poorer health and wellbeing outcomes for these groups.<sup>7</sup> Safe and inclusive services, including those that are culturally appropriate and identity-affirming, remove barriers to healthcare and support and improve the health and wellbeing of service users.<sup>8</sup>

**WAAC SERVICES AND PROGRAMS ARE SAFE AND INCLUSIVE**

**100%** indicated that WAAC services are safe and inclusive

THE MOST COMMON REASONS WERE:  
**85%** I feel comfortable to share my experiences  
**34%** I feel safe to be myself  
**27%** I feel heard, understood and accepted

**!** **28%** have no safe and inclusive services and spaces outside of WAAC



# M CLINIC

M Clinic is a peer-led sexual health clinic for men who have sex with men, inclusive of trans people. The clinic provides confidential and non-judgemental STI and HIV testing and treatment, and vaccinations for hepatitis A, hepatitis B, and human papillomavirus (HPV). M Clinic staff also provide information and advice on relevant topics such as sexual health, HIV and STI risk and HIV prevention strategies and connect clients to other health and related services through referrals.

## KEY DEMOGRAPHICS OF EVALUATION PARTICIPANTS

660 unique individuals used M Clinic services during the evaluation period.

46 of those clients completed the questionnaire.

OF THE PEOPLE  
WHO COMPLETED  
THE QUESTIONNAIRE,  
THE MOST COMMON  
DEMOGRAPHICS  
ARE:

### AGE:

Most people are between the ages of 20 and 34 (67%), with the remainder dispersed across several age groups.

### GENDER IDENTITY:

96% identify as male.

### SEXUAL IDENTITY:

Most people identified as either gay (74%) or bisexual (20%).

### PEOPLE IDENTIFYING AS TRANS:

5%

### PEOPLE FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND:

35% (with 16% born in Asia)


# ARE WE ACHIEVING OUR PROGRAM OUTCOMES?

These findings are from the 46 people who completed the questionnaire and may not be representative of all clients.

PROGRAM OUTCOMES	KEY FINDINGS
<p>Clients have a comfortable testing experience</p>	<p><b>M CLINIC PROVIDES A SAFE, INCLUSIVE AND COMFORTABLE TESTING EXPERIENCE</b></p> <p>AVERAGE RATING OF M CLINIC   <b>4.9/5</b></p> <p><b>100% OF CLIENTS INDICATED THE SERVICE IS SAFE AND INCLUSIVE. THE MOST COMMON REASONS WERE THAT THEY FELT:</b></p> <ul style="list-style-type: none"> <li>• comfortable to share their experiences - 78%</li> <li>• safe to be themselves - 46%</li> </ul> <p><b>41%</b> are more likely to test again or more regularly as a result of their experience  <b>98%</b> are likely or very likely to return - the remainder would like to keep their use of the service private.  <b>66%</b> only test at M Clinic.</p>
<p>Clients know their HIV/STI status and have symptoms treated, leading to immediate improvements in physical and mental health</p>	<p><b>M CLINIC IS PREVENTING HIV AND STI TRANSMISSION AND IMPROVING CLIENTS' PHYSICAL AND MENTAL HEALTH.</b></p> <p><b>86%</b> were tested for BBVs and/or STIs  <b>10%</b> tested positive for an STI  <b>16%</b> had an STI treated or received pre-emptive treatment  <b>30%</b> have improved physical health  <b>50%</b> have improved mental health</p>
<p>Clients have an increased understanding of testing, HIV transmission, safer sex, and access to HIV/STI prevention resources, including vaccines</p>	<p><b>CLIENTS HAVE INCREASED KNOWLEDGE ABOUT HIV PREVENTION AND TESTING, INCLUDING:</b></p> <p><b>58%</b> options for preventing HIV and STI transmission  <b>49%</b> PrEP  <b>42%</b> PEP  <b>70%</b> the HIV testing window period  <b>63%</b> how often they should be testing</p> <p><b>18%</b> were vaccinated for hepatitis A, B and/or HPV</p> <p><b>MOST SIGNIFICANT OUTCOMES FOR CLIENTS</b>  <b>59%</b> I feel more comfortable with my sexuality  <b>27%</b> I feel more comfortable with my sexual practices</p>

\* Clients were asked to choose the outcomes they have experienced as a result of the service from a broad list of outcomes. Not all outcomes are relevant to all clients and many clients only selected the most significant outcomes they have experienced.

## HOW WILL THIS CONTRIBUTE TO POSITIVE OUTCOMES FOR OUR CLIENTS IN THE LONG TERM?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
 <p>Clients engage in regular testing, leading to earlier detection of HIV and STIs</p>	<p>The evaluation found that M Clinic is providing a safe and comfortable testing experience, and as a result, clients are more likely to return or test more frequently. M Clinic is therefore increasing the likelihood of the early detection of STIs and HIV, which is crucial to preventing the transmission of HIV and STIs.</p> <p>Gay, bisexual and other men who have sex with men (GBM) who have experiences with, or fears of, discomfort and stigma in healthcare environments avoid testing. Providing comfortable testing environments can help ensure that clients return.<sup>9</sup> Non-stigmatising healthcare removes barriers to testing, and community-based and peer-led organisations like M Clinic can be more effective in creating comfortable and safe environments for clients.<sup>10</sup></p>
 <p>Clients have improved physical health and wellbeing</p>	<p>By increasing the frequency of testing among clients, M Clinic is contributing to the early detection of HIV and STIs. People who test positive for an STI or blood born virus (BBV) can receive treatment or care straight away, which reduces the negative health impact of the infection or virus.<sup>11</sup> For people who test positive for HIV, M Clinic provides information and support about HIV management and connects them to safe and inclusive services. Access to information and support increases the likelihood of treatment uptake and adherence.<sup>12</sup></p> <p>Early and ongoing engagement with treatment, care and support is critical for the health and wellbeing of people living with HIV (PLHIV). Early commencement and adherence to antiretroviral therapy (ART) helps to suppress viral load and protects the health of PLHIV.<sup>13</sup> A lack of information and support is a barrier to care and treatment, so by increasing clients' access to information and support, M Clinic is contributing to the uptake of, and adherence to, treatment.<sup>14</sup></p> <p>M Clinic also reduces anxiety about STIs and HIVs by providing a comfortable testing environment and increasing awareness about the transmission of STIs and HIV.</p>
 <p>Clients make informed decisions about their sexual practices and use HIV prevention tools to reduce their risk of HIV/STIs</p>	<p>M Clinic equips clients with information, support and tools to reduce the transmission of HIV and STIs. M Clinic provides clients with a safe environment to discuss personal information, such as their sexual practices, which enables M Clinic to provide tailored information, advice and care.<sup>15</sup> Evaluations of other peer-led testing services have shown that because they can more easily build trust with clients, peer-led services are highly effective at increasing HIV risk-reduction knowledge.<sup>16</sup> This evaluation shows that M Clinic has also been effective at increasing clients' risk reduction knowledge, including knowledge about testing and options for preventing HIV and STI transmission, including PrEP and PEP.</p> <p>Increasing understanding of testing and transmission among target populations is key to increasing testing frequency and lowering rates of transmission, which will lead to reduced prevalence of HIV and STIs.</p>

# WHAT IMPACT WILL THIS HAVE ON OUR COMMUNITY?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
<b>Virtual elimination of HIV</b>	<p>Most new HIV transmissions among GBM originate from men who were unaware of their positive status.<sup>17</sup> As such, early detection of HIV, which is achieved through frequent testing, is one of the most effective strategies for reducing HIV transmissions. Once a person is aware of their status they can make informed decisions about their sex practices and treatment options to reduce the risk of HIV transmission. With recent biomedical advancements, most HIV-positive GBM are preventing onward transmission with treatment. 91% of HIV-positive gay and bisexual men who participated in the 2017 Gay Community Periodic Study<sup>18</sup> reported an undetectable viral load, which eliminates the risk of onward transmission to sexual partners. This is known as treatment as prevention (TasP) or U=U (undetectable equals untransmissible).</p>
<b>Reduced STI transmissions</b>	<p>M Clinic is contributing to reduced STI transmissions by increasing access to, and understanding of, testing; facilitating early detection and treatment; and increasing access to preventative options, such as vaccines.</p> <p>Increasing uptake of STI vaccines and treatment is central to improved health outcomes and lower transmission rates in Australia.<sup>19</sup> Regular STI testing means that access to treatment is not delayed, and this reduces onward transmission of STIs.<sup>20</sup></p> <p>GBM are a priority population to target when it comes to reduced STI transmissions. Ensuring availability of services to this group is therefore essential to reducing STI transmissions.<sup>21</sup></p>
<b>Reduced mortality and morbidity related to HIV and STIs</b>	<p>Regular STI and HIV testing means that access to treatment is not delayed, which results in better physical health outcomes.<sup>22</sup> By increasing testing frequency and improving access to treatment, M Clinic is contributing to the reduction of mortality and morbidity associated with HIV and STIs.<sup>23</sup></p>

# COUNSELLING

WAAC's counselling service provides a non-judgemental and confidential environment in which clients can seek support for a range of issues and experiences, including living with HIV, managing anxiety around sexual health and testing for HIV and STIs, and acknowledging and expressing sexual and gender identities. Counsellors work with clients to enhance physical and emotional wellbeing by examining issues, thought-processes and behaviours. Clients are supported to explore their options, make informed decisions, and make behaviour changes to promote strong health and wellbeing.

## KEY DEMOGRAPHICS OF EVALUATION PARTICIPANTS

19 unique individuals used the WAAC counselling service during the evaluation period.

45 questionnaires have been completed, indicating that clients completed the questionnaire multiple times.

**OF THE PEOPLE WHO COMPLETED THE QUESTIONNAIRE, THE MOST COMMON DEMOGRAPHICS ARE:**

### AGE:

Nearly half (48%) are between the ages of 50 and 59 and 27% are between the ages of 35 and 44.

### GENDER IDENTITY:

Most people identified as male (57%), female (25%) and gender queer (16%).

### SEXUAL IDENTITY:

The most common sexual identity is gay (55%), followed by queer (16%) and asexual (14%).

**PEOPLE IDENTIFYING AS TRANS:**  
19%

**PEOPLE LIVING WITH HIV:**  
35%

**PEOPLE WITH A DISABILITY:**  
36%

**PEOPLE FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND:**  
30%

# ARE WE ACHIEVING OUR PROGRAM OUTCOMES?

These findings are from the 45 questionnaires completed by 19 clients and may not be representative of all clients.

PROGRAM OUTCOMES	KEY FINDINGS
Clients feel supported, connected, acknowledged and validated, leading to improved emotional wellbeing	<p><b>THE PRIMARY REASON PEOPLE CHOOSE THE WAAC COUNSELLING SERVICE IS BECAUSE IT IS NON-JUDGMENTAL.</b></p> <p><b>100% OF CLIENTS INDICATED THE SERVICE IS SAFE AND INCLUSIVE. THE MOST COMMON REASONS WERE THAT THEY FELT:</b></p> <ul style="list-style-type: none"><li>• comfortable to share their experiences - 95%</li><li>• safe to be themselves - 30%</li><li>• heard, understood and accepted - 23%</li></ul> <p><b>86% HAVE IMPROVED HEALTH AND WELLBEING, INCLUDING:</b></p> <ul style="list-style-type: none"><li>• emotional wellbeing and resilience - 83%</li><li>• mental health - 70%</li><li>• physical health - 26%</li></ul> <p><b>40%</b> have increased social connection and inclusion</p> <p><b>MOST SIGNIFICANT OUTCOMES FOR CLIENTS*</b></p> <p><b>39%</b> I have more self-confidence</p> <p><b>25%</b> I have a better understanding of my emotions and decisions</p> <p><b>11%</b> I feel more hopeful about the future</p> <p><b>10%</b> I feel more empowered to achieve my goals</p> <p><b>100% ARE LIKELY OR VERY LIKELY TO RETURN</b></p>


\* Clients were asked to choose the outcomes they have experienced as a result of the service from a broad list of outcomes. Not all outcomes are relevant to all clients and many clients only selected the most significant outcomes they have experienced.



## HOW WILL THIS CONTRIBUTE TO POSITIVE OUTCOMES FOR OUR CLIENTS IN THE LONG TERM?

### LONG-TERM CLIENT OUTCOMES

### KEY FINDINGS



Clients have increased self-acceptance, resilience, lower internalised stigma, and improved mental health and wellbeing

The WAAC counselling service provides safe, inclusive, non-judgmental, and HIV/LGBTIQ+-informed counselling to people living with HIV (PLHIV) and people identifying as LGBTIQ+. While the service is available to all members of the community, all clients surveyed in this evaluation either identified as LGBTIQ+ or were HIV positive, with the majority of clients being gay men living with HIV. Due to their exposure to stigma and discrimination, PLHIV and LGBTIQ+ people are significantly more likely to experience poor mental health than the rest of the population.<sup>24</sup>

PLHIV and LGBTIQ+ people who experience stigma, discrimination and social rejection may experience low self-esteem, disengagement with relationships and community, and internalised stigma.<sup>25</sup> This leads to poorer mental health.<sup>26</sup> People recently diagnosed with HIV are vulnerable to significant psychological stress, which can result in a period of acute depression and anxiety post-diagnosis.<sup>27</sup>

WAAC counsellors provide an essential service to LGBTIQ+ people and PLHIV, as their knowledge and experience of working with these population groups equips them to support their clients through a diagnosis, address and minimise internalised stigma and develop resilience against experiences of discrimination.<sup>28</sup>

## WHAT IMPACT WILL THIS HAVE ON OUR COMMUNITY?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
<b>Healthier communities</b>	<p>Both priority populations targeted by the counselling program – PLHIV and people identifying as LGBTIQ+ – have significantly poorer mental and physical health outcomes than the wider population, due to their exposure to stigma and discrimination.<sup>29</sup> In fact, the mental health of LGBTIQ+ people is among the poorest in Australia.<sup>30</sup></p> <p>Experiences of stigma and discrimination among LGBTIQ+ people have been directly correlated with a range of mental health conditions,<sup>31</sup> including depression and suicide, as well as physical health conditions, such as influenza, viral infections, and cancer.<sup>32</sup> LGBTIQ+ people are twice as likely to be diagnosed with a mental health disorder, including depression, than the broader population,<sup>33</sup> and they have higher rates of suicidality than any other population group in Australia.<sup>34</sup> Transgender and gender diverse people, bisexual people, young LGBTIQ+ people, and people with intersex variations are particularly vulnerable to poor mental health.<sup>35</sup></p> <p>Research into the mental health of gay and bisexual men living with HIV also found that they are twice as likely to be diagnosed with depression than the rest of the population.<sup>36</sup> Research has found that this is also true for women living with HIV.<sup>37</sup> Depression and anxiety among PLHIV have been linked to poorer physical health, greater disease progression, lower treatment adherence, and risky sexual behaviour.<sup>38</sup></p> <p>Improving the health and wellbeing of LGBTIQ+ people and PLHIV depends on improving access to safe, inclusive and informed services, including counselling. WAAC counselling is therefore a critical service for these population groups. It supports them to cope with stigma and discrimination, and it strengthens protective factors against poor mental health.</p>

# SHAPE AND CASE MANAGEMENT

The Supporting Health and Personal Empowerment (SHAPE) and Case Management programs provide practical, physical and emotional care and support for people living with HIV to improve their quality of life. When appropriate, they also work with families, carers and partners caring for the client, and/or their children to build family support.

The SHAPE program provides intensive support to people living with HIV who are experiencing crisis or have complex health and life needs. Prioritising Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and people whose health and wellbeing are compromised due to a combination of life experiences and circumstances, SHAPE provides active and regular support to assist clients to improve their quality of life.

Case managers of both programs provide person-centred support to clients, including confidential and non-judgemental psycho-social support, education and counselling. They connect clients with the services they need to improve their quality of life through providing information and support to navigate the service system, joint case management with HIV clinicians and other agencies and advocating for their clients needs. The programs encourage clients to take an active role in their own health and wellbeing by increasing their confidence around decision-making and negotiation of services and supporting clients to manage their health – including through commencing and adhering to treatment.

## KEY DEMOGRAPHICS OF EVALUATION PARTICIPANTS

35 unique visitors used the SHAPE and case management services during the evaluation period. 18 of those clients completed the questionnaire (10 from case management and 8 from SHAPE).

OF THE PEOPLE WHO COMPLETED THE QUESTIONNAIRE, THE MOST COMMON DEMOGRAPHICS ARE:

### AGE:

Most people are between the ages of 50 and 59 (44%), with the remainder dispersed across several age groups.

### GENDER IDENTITY:

Most people identified as male (56%). 28% identified as female and 17% as non-binary.

### SEXUAL IDENTITY:

Most people identified as gay (59%), followed by heterosexual (35%) and bisexual (6%).

PEOPLE LIVING WITH HIV:  
100%

PEOPLE WITH A DISABILITY:  
12%

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE:  
11% (from SHAPE)

PEOPLE FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND:  
33%





# ARE WE ACHIEVING OUR PROGRAM OUTCOMES?

These findings are from the 18 people who completed the questionnaire and may not be representative of all clients

PROGRAM OUTCOMES	KEY FINDINGS
<p>Clients have their immediate needs met (food, housing etc.)</p>	<p><b>MOST SIGNIFICANT OUTCOMES FOR CLIENTS*</b></p> <ul style="list-style-type: none"> <li><b>67%</b> I was supported to get food</li> <li><b>67%</b> I was supported to find accommodation</li> <li><b>60%</b> I am more financially stable</li> <li><b>53%</b> I have more stable accommodation</li> <li><b>53%</b> I was supported to get financial support</li> </ul>
<p>Clients have information and support to navigate services and they are connected to the services they need</p>	<p><b>MOST SIGNIFICANT OUTCOMES FOR CLIENTS*</b></p> <ul style="list-style-type: none"> <li><b>78%</b> I have more information and support</li> <li><b>61%</b> I feel more confident using other services</li> <li><b>33%</b> I have used services I may not have felt comfortable using previously</li> </ul>
<p>Clients have an increased understanding of HIV management and their health</p>	<p><b>MOST SIGNIFICANT OUTCOMES FOR CLIENTS*</b></p> <ul style="list-style-type: none"> <li><b>65%</b> I have learned new ways of looking after myself</li> <li><b>47%</b> I have made changes in my life to improve my health and wellbeing</li> <li><b>47%</b> I have started antiretroviral treatment</li> <li><b>41%</b> I have achieved/sustained an undetectable viral load</li> <li><b>29%</b> I find it easier to adhere to treatment</li> <li><b>29%</b> I have more confidence negotiating safer sex</li> </ul>
<p>Clients feel supported, connected, acknowledged and validated, and they have improved emotional wellbeing</p>	<p><b>100% OF CLIENTS INDICATED THE SERVICE IS SAFE AND INCLUSIVE. THE MOST COMMON REASONS WERE THAT THEY FELT:</b></p> <ul style="list-style-type: none"> <li>• comfortable to share their experiences - 83%</li> <li>• heard, understood and accepted - 28%</li> </ul> <p><b>MOST SIGNIFICANT OUTCOMES FOR CLIENTS*</b></p> <ul style="list-style-type: none"> <li><b>78%</b> I have more self-confidence</li> <li><b>72%</b> I have a stronger support system</li> <li><b>33%</b> I have a better understanding of my emotions and decisions</li> <li><b>28%</b> I feel more connected to people with shared experiences</li> <li><b>28%</b> I feel more connected to a community</li> <li><b>28%</b> I have goals and a plan for the future</li> <li><b>22%</b> I feel more empowered to achieve my goals</li> <li><b>22%</b> I have shared my HIV diagnosis with people in my life</li> <li><b>22%</b> I feel more hopeful about the future</li> </ul>

\* Clients were asked to choose the outcomes they have experienced as a result of the service from a broad list of outcomes. Not all outcomes are relevant to all clients and many clients only selected the most significant outcomes they have experienced.

# HOW WILL THIS CONTRIBUTE TO POSITIVE OUTCOMES FOR OUR CLIENTS IN THE LONG TERM?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
 <p>Clients have improved social determinants of health, resulting in improved health and wellbeing</p>	<p>By supporting clients to meet their basic needs, such as housing, food and financial support, the SHAPE and Case Management programs are helping their clients improve their social determinants of health. For some clients, this support has already led to more stable accommodation and financial security. Social and economic circumstances, including housing, employment, income, education and other factors, are key determinants of a person's health. People with poorer social and economic circumstances are at greater risk of poor health, including illness, disability and death.<sup>39</sup> For PLHIV, financial stress and housing instability are key barriers to treatment adherence.<sup>40</sup></p> <p>Research shows that every positive change in social and economic circumstances is associated with improved health. These changes also have a flow on effect; they can improve people's participation in work, education, and the community, which further improves their socioeconomic position and therefore their health.<sup>41</sup></p>
 <p>Clients are accessing the services and support they need, resulting in improved health and wellbeing</p>	<p>Many PLHIV fear discrimination in services. This can reduce their confidence in accessing care and lead to avoidance of services.<sup>42</sup> SHAPE and Case Management support their clients to identify and access safe, inclusive services. As a result, clients have increased access to the services they need and develop positive health-seeking behaviours. These factors are associated with improved mental and physical health and wellbeing.<sup>43</sup></p> <p>As well as directly connecting clients to other services, SHAPE and Case Management are also supporting clients to improve their health literacy. This improves the quality of life and wellbeing of PLHIV and those at risk of acquiring HIV.<sup>44</sup></p>
 <p>Clients better manage HIV, leading to improved health and wellbeing and reduced transmissions</p>	<p>Case Management and SHAPE are educating and supporting clients to manage HIV and their health. Studies show that PLHIV who are well informed are more likely to take up and adhere to ARVs.<sup>45</sup></p> <p>Early and ongoing engagement with treatment, care and support is critical for the health and wellbeing of PLHIV. Early commencement and adherence to treatment reduces HIV morbidity and mortality. It provides protection against opportunistic illness and infection, and it prevents the progression of the virus to AIDS.<sup>46</sup></p>
 <p>Clients have increased self-acceptance, resilience, lower internalised stigma, and improved mental health and wellbeing</p>	<p>People living with HIV are at greater risk of poor mental health than the rest of the population.<sup>47</sup> This is strongly connected to their exposure to HIV-related stigma and discrimination, which can lead to low self-esteem, disengagement with relationships and community, and internalised stigma.<sup>48</sup> This is compounded for gay and bisexual men, who may also experience stigma and discrimination related to their sexuality. Experiences of stigma and discrimination among gay and bisexual men have been directly correlated with a range of mental health conditions,<sup>49</sup> including depression and suicide, as well as physical health conditions, such as influenza, viral infections, and cancer.<sup>50</sup></p> <p>Research shows that gay and bisexual men living with HIV have almost double the risk of depression than the rest of the population.<sup>51</sup> Research has found that this is also true for women living with HIV.<sup>52</sup> People recently diagnosed with HIV may also experience significant psychological stress, which can result in a period of acute depression and anxiety post-diagnosis.<sup>53</sup> Depression and anxiety among PLHIV have been linked to poorer physical health, greater disease progression, lower treatment adherence, and risky sexual behaviour.<sup>54</sup></p> <p>Social support – particularly emotional support – is a key protective factor against poor mental health.<sup>55</sup> Case Management and SHAPE provide a safe, supportive space for clients to share their experience, make sense of their emotions, and connect with people with shared experiences. In this way, the programs support clients to improve resilience, reduce internalised stigma, and strengthen self-confidence, which are protective factors against the negative impacts of HIV-related stigma.<sup>56</sup> Studies show that PLHIV are more likely to feel supported by HIV-specialist services than general healthcare provider services.<sup>57</sup> This further emphasises the importance of services like Case Management and SHAPE.</p>

## WHAT IMPACT WILL THIS HAVE ON OUR COMMUNITY?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
<p><b>Increased social connection and cohesion</b></p>	<p>In connecting PLHIV to support networks and services, the Case Management and SHAPE programs are contributing to increased social connection among PLHIV.</p> <p>Increasing social inclusion and connection is vital to protecting mental and physical health and wellbeing. Increased social connection is associated with improvements in other social determinants of health, and it directly reduces the risk of a broad range of diseases, including cancer and cardiovascular disease. It is also associated with increased life expectancy.<sup>58</sup></p> <p>Stigma and discrimination in the community related to HIV or LGBTIQ+ identities can isolate and lead to avoidance of care.<sup>59</sup> PLHIV value peer and community-based services most because they help to reduce feelings of isolation. These services also connect them to people with similar experiences, which increases resilience and emotional wellbeing.<sup>60</sup></p>
<p><b>Reduced mortality and morbidity related to HIV</b></p>	<p>Case Management and SHAPE are contributing to reduced HIV-related mortality and morbidity by supporting PLHIV to manage their health, including by commencing and adhering to treatment.</p> <p>Reducing the negative health consequences associated with HIV is important to the goal of promoting healthy communities and protecting the long-term health of PLHIV.<sup>61</sup> When PLHIV are engaged in services and care, they are less likely to experience the negative health consequences of HIV. If clients are taking ARVs, it prevents HIV from developing into AIDS, which leads to reduced mortality and morbidity related to HIV among PLHIV.<sup>62</sup></p>
<p><b>Virtual elimination of HIV</b></p>	<p>By supporting PLHIV to manage their health, including commencing and adhering to treatment, Case Management and SHAPE are also contributing to the elimination of HIV. By taking antiretroviral treatment consistently and as prescribed, PLHIV can achieve and maintain an undetectable viral load, which eliminates the risk of sexual transmission of the virus.<sup>63</sup> This is known as undetectable equals untransmittable (U=U) and treatment as prevention (TasP), and it is a highly effective strategy for reducing onward transmission of HIV.</p>
<p><b>Reduced poverty and homelessness</b></p>	<p>People living with HIV experience poverty at higher levels than the rest of the population. This is due to a combination of factors that may affect their capacity to work, including poor physical and mental health and stigma and discrimination. HIV Futures 9<sup>64</sup> found that 31% of PLHIV have experienced ‘significant financial stress’, which is roughly three times higher than the rest of the population. It also found that people living with HIV experience homelessness at higher rates than the rest of the population.</p> <p>Case Management and SHAPE play an important role in preventing poverty and homelessness among PLHIV. Through the programs, PLHIV are supported to meet their immediate needs, including food, accommodation and financial support. They also receive assistance navigating other services and connecting to social support.</p> <p>Connecting PLHIV to services and programs that support their ability to meet their practical needs leads to a reduction in homelessness and poverty.<sup>65</sup> This in turn leads to better health outcomes, and it removes barriers to participation in the continuum of care and in community life.<sup>66</sup></p>

# FREEDOM CENTRE

Freedom Centre is an LGBTIQ+ peer-led and run space that supports young people, families and whole communities to be healthy, happy and informed about diverse sexuality, gender and sex. Freedom Centre provides a safe, inclusive and gender-affirming environment for young LGBTIQ+ people to connect with peer support workers and other LGBTIQ+ young people. Freedom Centre hosts drop-in sessions, provides peer-support and relevant information and connects young LGBTIQ+ to services and support.

## KEY DEMOGRAPHICS OF EVALUATION PARTICIPANTS

Approximately 150 unique individuals visited Freedom Centre during the evaluation period. 26 visitors completed the questionnaire.

**OF THE PEOPLE WHO COMPLETED THE QUESTIONNAIRE, THE MOST COMMON DEMOGRAPHICS ARE:**

### AGE:

Most people are between the ages of 15 and 19 (73%). The remainder are between the ages of 20 and 24 (27%).

### GENDER IDENTITY:

The most common gender identities are trans woman/girl (27%), followed by non-binary (19%), female (19%), trans man/boy (15%) and male (12%).

### SEXUAL IDENTITY:

The most common sexual identities are pansexual (31%), lesbian (27%) and asexual (19%).

**PEOPLE IDENTIFYING AS TRANS:**  
92%

**PEOPLE WITH A DISABILITY:**  
35%

**ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE:**  
8%

**PEOPLE FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND:**  
12%

# ARE WE ACHIEVING OUR PROGRAM OUTCOMES?

These findings are from the 26 people who completed the questionnaire and may not be representative of all visitors to Freedom Centre.

PROGRAM OUTCOMES	KEY FINDINGS
<p>LGBTIQ+ young people feel safe, supported, connected and accepted, and have improved emotional wellbeing</p>	<p><b>100% OF YOUNG PEOPLE INDICATED THAT FREEDOM CENTRE IS SAFE AND INCLUSIVE. THE MOST COMMON REASONS WERE THAT THEY FELT:</b></p> <ul style="list-style-type: none"> <li>• comfortable to share their experiences - 100%</li> <li>• their identities were validated and respected - 27%</li> <li>• safe to be themselves - 23%</li> </ul> <p><b>MOST SIGNIFICANT OUTCOMES FOR VISITORS*</b></p> <p><b>96%</b> I have met people with similar experiences</p> <p><b>96%</b> I feel more confident in my identity</p> <p><b>88%</b> I have learned new ways of looking after myself</p> <p><b>81%</b> I have increased social connection and inclusion</p> <p><b>77%</b> I have improved mental health</p> <p><b>77%</b> I have more friends</p> <p><b>76%</b> I have made changes in my life to improve my health and wellbeing</p> <p><b>69%</b> I have improved emotional wellbeing and resilience</p> <p><b>65%</b> I feel more hopeful about the future</p>
<p>LGBTIQ+ young people have their immediate needs met (food, housing etc.)</p>	<p><b>MOST SIGNIFICANT OUTCOMES FOR VISITORS*</b></p> <p><b>67%</b> I was supported to get food</p> <p><b>44%</b> I was supported to get financial support</p> <p><b>22%</b> I was supported to find accommodation</p> <p><b>22%</b> I have more stable accommodation</p> <p><b>22%</b> I am more financially stable</p>
<p>LGBTIQ+ young people have the information and support to navigate and manage the social aspects of their identity, including coming out, transitioning and relationships</p>	<p><b>AS A RESULT OF ATTENDING THE FREEDOM CENTRE, YOUNG PEOPLE HAVE AN INCREASED UNDERSTANDING OF:</b></p> <ul style="list-style-type: none"> <li>• communication - 89%</li> <li>• healthy relationships - 83%</li> <li>• sex positivity - 56%</li> <li>• consent - 50%</li> </ul> <p><b>MOST SIGNIFICANT OUTCOMES FOR VISITORS*</b></p> <p><b>96%</b> I have a safe space to get information and support</p> <p><b>47%</b> I have more confidence negotiating safer sex</p> <p><b>43%</b> I feel more resilient to stigma and discrimination</p> <p><b>17%</b> I feel more confident expressing my identity</p>
<p>LGBTIQ+ young people have the information and support to navigate services and are connected to the services they need</p>	<p><b>MOST SIGNIFICANT OUTCOMES FOR VISITORS*</b></p> <p><b>40%</b> I have more information and support</p> <p><b>12%</b> I feel more confident using other services</p> <p><b>8%</b> I have used services I may not have felt comfortable going to previously</p>

\* Visitors were asked to choose the outcomes they have experienced as a result of the service from a broad list of outcomes. Not all outcomes are relevant to all visitors and many visitors only selected the most significant outcomes they have experienced



# HOW WILL THIS CONTRIBUTE TO POSITIVE OUTCOMES FOR OUR CLIENTS IN THE LONG TERM?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
 <p>LGBTIQ+ young people have increased self-acceptance and confidence in their identity, increased resilience, lower internalised stigma, and improved mental health and wellbeing</p>	<p>Freedom Centre provides a safe and inclusive space for LGBTIQ+ young people to access support and information and connect with other LGBTIQ+ young people. Research shows this type of support is associated with increased resilience and improved mental health and wellbeing among LGBTIQ+ young people.<sup>67</sup></p> <p>LGBTIQ+ young people, and in particular, young trans and gender diverse people, are significantly more likely to experience social isolation, discrimination, bullying, rejection by family and friends, and violence.<sup>68</sup> The evaluation gives further evidence of this; it found that 31% of the young people surveyed have no safe and inclusive spaces to access support outside of Freedom Centre. Exposure to stigma and discrimination can lead to feelings of shame, negative self-judgement, and low self-esteem. This is known as internalised stigma, which is strongly associated with poor mental health.<sup>69</sup> As a result, the mental health of young LGBTIQ+ people, particularly trans and gender diverse young people, is markedly worse than other young people.<sup>70</sup></p> <p>Access to safe, inclusive, and identity-affirming spaces, support, and social connection are key protective factors against the harmful effects of stigma and discrimination.<sup>71</sup> Research shows that being able to express one's gender identity improves the health and wellbeing of trans and gender diverse people.<sup>72</sup> Increased social connection and support, particularly connection with peers who share similar experiences, has the same effect.<sup>73</sup> Positive role models and identity-affirming peer support can promote the development of positive self-concept, self-esteem and resilience.<sup>74</sup></p>
 <p>LGBTIQ+ young people have improved social determinants of health, resulting in improved health and wellbeing</p>	<p>By supporting LGBTIQ+ young people to meet their basic needs, such as housing, food and financial support, Freedom Centre is helping young people improve their social determinants of health. A person's social and economic circumstances, including their housing, employment, income, education and other factors, are key determinants of their health. People from poorer social and economic circumstances are at greater risk of poor health, including illness, disability and death.<sup>75</sup> Because LGBTIQ+ young people are more likely to experience discrimination and family and peer rejection they are particularly vulnerable to homelessness and poverty.<sup>76</sup></p> <p>Every positive change in social and economic circumstances is associated with improved health. These changes also have a flow on effect; they can improve people's participation in work, education and the community, which further improves their socioeconomic position and therefore their health.<sup>77</sup> By supporting LGBTIQ+ young people to meet their basic needs, Freedom Centre is reducing their vulnerability to homelessness and poverty and improving their social determinants of health.</p>
 <p>LGBTIQ+ young people are able to express their identity in their lives and develop healthy and respectful relationships</p>	<p>Freedom Centre empowers young people to express their identity in their lives by providing them with information and support to understand and navigate relationships and the social aspects of identities.</p> <p>The process of questioning, exploring, defining and affirming one's gender and/or sexual identity can be difficult, overwhelming and distressing. Having to hide one's identity is stressful and associated with negative health outcomes,<sup>78</sup> and the fear of rejection can be just as damaging to a young person's mental health as rejection itself. Although coming out and transitioning socially can increase a LGBTIQ+ young person's risk of stigma, bullying and social rejection, it can also lead to overall improvements in mental health and wellbeing.<sup>79</sup> Supporting young people to navigate these challenges and affirm their identity builds resilience to stigma and social rejection, and it reduces the impact of these experiences on their mental health.<sup>80</sup> Freedom Centre supports trans and gender diverse young people to access gender-affirming transition pathways, which has been shown to reduce mental health risks and improve quality of life.<sup>81</sup></p> <p>Freedom Centre also works with parents and other key support people to strengthen their ability to provide gender and sexuality-affirming support to the LGBTIQ+ young people in their lives. This strengthens the support available to LGBTIQ+ young people, which is associated with higher levels of self-esteem, less depression, fewer reports of suicidal ideation or suicide attempts, and reduced risk of homelessness.<sup>82</sup></p>
 <p>LGBTIQ+ young people are accessing the services and support they need, resulting in improved health and wellbeing</p>	<p>Freedom Centre connects LGBTIQ+ young people with information and support to access relevant and inclusive services. This is essential for improving the health and wellbeing of LGBTIQ+ young people as they experience many barriers to services, such as experiences with, or fear of, discrimination, judgement and rejection, a lack of relevant and appropriate information and care, and the cost of specialist services.<sup>83</sup> Trans and gender diverse young people experience additional barriers to inclusive and competent healthcare. Research shows that the majority of trans and gender diverse young people feel isolated from medical and mental health services, and they have difficulty finding healthcare providers with the knowledge and experience to provide relevant and respectful care.<sup>84</sup></p> <p>The barriers faced by LGBTIQ+ young people can lead to the avoidance of services and reduced help-seeking behaviour.<sup>85</sup> This can result in late diagnoses and increased incidences of preventable diseases.<sup>86</sup> Research consistently shows that peer-led organisations that are connected to LGBTIQ+ communities are essential for reducing barriers to services.<sup>87</sup></p>

# WHAT IMPACT WILL THIS HAVE ON OUR COMMUNITY?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
<b>Increased social inclusion and connection</b>	<p>In connecting LGBTIQ+ young people with their peers and peer-workers in a safe, supportive and identity-affirming environment, Freedom Centre is increasing the social connection and inclusion of LGBTIQ+ young people. Increased social inclusion and connection is vital to protecting the mental and physical health and wellbeing of LGBTIQ+ young people.<sup>88</sup> As well as improving mental health and wellbeing, social inclusion reduces the risk of a broad range of diseases, including cancer and cardiovascular disease. It is also associated with increased life expectancy.<sup>89</sup></p>
<b>Healthier communities</b>	<p>The mental health of LGBTIQ+ people is among the poorest in Australia.<sup>90</sup> Mental health disparities between LGBTIQ+ people and the wider population are more pronounced for young LGBTIQ+ people, and even more pronounced for young trans people.<sup>91</sup> Trans Pathways, the largest study into the mental health of trans and gender diverse young people in Australia, found that 75% of have been diagnosed with depression, compared to 8% of young people in the general population, and one in every two had attempted suicide.<sup>92</sup> An evaluation of Freedom Centre over three years from 2012 to 2014 found that suicidal ideation was the most common presenting issue for young people visiting the Centre.<sup>93</sup></p> <p>LGBTIQ+ people are also more likely than the wider population to experience poor physical health, unemployment, poverty, homelessness and social exclusion, and they are more likely to use alcohol and other drugs.<sup>94</sup> Approximately 11% of Australians identify as LGBTIQ+,<sup>95</sup> so these health disparities significantly diminish the overall wellbeing of our community and increase pressure on our healthcare system.<sup>96</sup></p> <p>The evaluation showed that Freedom Centre is effectively supporting LGBTIQ+ young people to improve their social determinants of health and develop protective factors against poor mental health and wellbeing and suicidality.<sup>97</sup> This has already led to improvements in health and wellbeing for 81% of young people at the Centre. As these outcomes accumulate over the long-term, Freedom Centre will significantly reduce the health disparities between LGBTIQ+ young people and the wider population in Perth.</p>

# NEEDLE AND

# SYRINGE EXCHANGE

# PROGRAM (NSEP)

The WAAC Needle and Syringe Exchange Program (NSEP) provides sterile injecting equipment, information and referrals to people who inject drugs. The provision of sterile injecting equipment is an important harm reduction strategy to reduce the transmission of blood borne viruses (BBV) such as hepatitis B, hepatitis C and HIV. Equipment is provided for free when clients exchange used equipment, or at a low cost without an exchange. NSEP also provides safer sex resources, health information, advice and referrals.

## KEY DEMOGRAPHICS OF EVALUATION PARTICIPANTS

26 people completed the questionnaire.

OF THE PEOPLE  
WHO COMPLETED  
THE QUESTIONNAIRE,  
THE MOST COMMON  
DEMOGRAPHICS  
ARE:

### AGE:

Most people are between the ages of 35 and 49 (52%) and 25 and 29 (16%).

### GENDER IDENTITY:

60% identify as male and 40% as female.

### ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE:

12%

### PEOPLE FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND:



28%

# ARE WE ACHIEVING OUR PROGRAM OUTCOMES?

These findings are from the 26 people who completed the questionnaire and may not be representative of all people who use NSEP.

PROGRAM OUTCOMES	KEY FINDINGS
Clients have access to a non-judgemental, confidential service to access information and support	<p><b>THE PRIMARY REASON PEOPLE CHOOSE WAAC NSEP IS BECAUSE IT IS NON-JUDGEMENTAL (88%), AND 28% SAY THEY HAVE NO OTHER SAFE AND INCLUSIVE SPACE TO GET INFORMATION AND SUPPORT.</b></p> <ul style="list-style-type: none"><li><b>100%</b> rate the service as good or excellent</li><li><b>96%</b> say that the service met their needs either mostly or completely</li><li><b>92%</b> are likely to recommend the service (the remaining 8% prefer to keep their use of the service private)</li></ul> <p><b>92% HAVE IMPROVED HEALTH AND WELLBEING</b></p> <ul style="list-style-type: none"><li><b>58%</b> have improved physical health</li><li><b>54%</b> have improved mental health</li><li><b>46%</b> have improved emotional wellbeing and resilience</li><li><b>38%</b> have increased social connection and inclusion</li></ul>
Clients have access to safe injecting equipment	<ul style="list-style-type: none"><li><b>1928</b> clients were provided with safe equipment in August and September</li><li><b>347 127</b> units of sharps and barrels were distributed</li><li><b>93%</b> are repeat clients who regularly access safe injecting equipment</li><li><b>100%</b> are likely or very likely to return</li></ul>

# HOW WILL THIS CONTRIBUTE TO POSITIVE OUTCOMES FOR OUR CLIENTS IN THE LONG TERM?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
 <p>PWID are connected to a non-judgmental service that they could go to for support and referral to other services</p>	<p>By providing clients with a non-judgmental service, the WAAC NSEP can reach people who inject drugs (PWID) who may otherwise avoid accessing services.</p> <p>The discrimination injecting drug users face or fear facing in accessing health services, testing, and treatment for BBVs, including hepatitis C (HCV) and HIV, is a major barrier to accessing care.<sup>98</sup> Needle exchange services help to link clients with other health services by removing barriers to access. Research has long supported the importance of access to services and non-stigmatising spaces for the mental health of marginalised populations.<sup>99</sup> PWID, who are a stigmatised group, experience mental health benefits from being connected to NSPs.<sup>100</sup> A recent Australian study showed that PWID prefer to go to NSPs rather than pharmacies or general practices for their equipment. This is because they feel more comfortable with, and connected to, the people at NSPs.<sup>101</sup></p>
 <p>PWID use safe injecting equipment, reducing their risk of BBVs</p>	<p>Injecting drug users are at risk of acquiring or passing on BBVs and HIV through sharing unsterilised injecting equipment.<sup>102</sup> By providing clients with sterile injecting equipment, the WAAC NSEP removes barriers to safe injecting practices, which in turn reduces the risk of BBV transmission through injecting drug use.</p>

# WHAT IMPACT WILL THIS HAVE ON OUR COMMUNITY?

LONG-TERM CLIENT OUTCOMES	KEY FINDINGS
<b>Prevention of BBVs, including HIV and HCV</b>	<p>Prevention initiatives targeting PWID, including WAAC NSEP, are essential for the prevention of BBVs. This is particularly the case for the prevention of HCV, as injecting drug use accounts for the majority of HCV infections.</p> <p>In providing sterile injecting equipment and supporting PWID to engage in safer injecting practices, the WAAC NSEP contributes to the prevention of BBVs. This is reinforced by research that shows NSPs play a key role in reducing HIV incidence and in declining rates of HCV in PWIDs.<sup>103</sup> Research has found that NSPs in Australia reduced HIV incidence by 34-70% (192-873 cases) and HCV by 15-43% (19,000-77,000 cases) in the period from 2000-2010.<sup>104</sup> NSPs have also been found to decrease the incidence of improper syringe disposal, therefore reducing the risk of accidental community exposure to discarded syringes and the potential hazards that they may carry.<sup>105</sup></p>
<b>Reduced mortality and morbidity related to HCV</b>	<p>While the prevalence of HIV among PWID is low, HCV is concentrated among PWID in Australia. As such, reducing HCV prevalence among PWID significantly reduces HCV-related mortality and morbidity at a population level.<sup>106</sup></p> <p>The WAAC NSEP plays a key role in promoting and connecting PWID to treatment and care, which reduces BBV-related mortality and morbidity. The WAAC NSEP provides a non-judgemental environment for PWID to access information about BBVs, including treatment. This evaluation found that 100% (of the 26 survey respondents) had been diagnosed with HCV at some stage in their lives. The 2018 Australian NSEP Survey<sup>107</sup> on the other hand, found that of the 83 people included in the study from WAAC NSEP, only 18.77% were living with hepatitis C. This indicates that a significant percentage of people using NSEP who have been diagnosed with hepatitis C have accessed treatment, however, the sample size of this evaluation is too small to analyse this further. Treatment as prevention has become an important strategy in moving toward the elimination of HCV.</p> <p>NSPs also significantly reduce the financial burden of BBVs on the healthcare system. It is estimated that NSP coverage saved A\$70-220 million in healthcare costs between 2000 and 2010, and will save an additional A\$340-950 million in future healthcare costs. NSPs offer a return on investment of \$1.30-\$5.50 for every \$1 invested.<sup>108</sup></p>



# ENDNOTES

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**MEASURING THE  
IMPACT OF THE  
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NOVEMBER 2019