



ATSI SPEP

Indigenous Suicide Prevention Activity Evaluation Framework

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This Indigenous Suicide Prevention Evaluation Framework is based on a mixture of academic research and listening to the voices of the people. It can be used by any Indigenous community to develop suicide prevention activity that meets their specific needs.

The Aboriginal and Torres Strait Islander Suicide Prevention Project (ATSISPEP) identified success factors for Indigenous suicide prevention, and developed a set of Quality Indicators for the different aspects of Indigenous suicide prevention activity. These, and other details of ATSISPEP's findings can be found in *Solutions that Work: What the evidence and our people tell us* which can be downloaded from www.atsispep.sis.uwa.edu.au

The Evaluation Framework is designed to evaluate suicide prevention activities that are already underway, and to provide guidance around evaluation while in the planning stages. It will be of use to communities, in addition to governments, and funders such as Primary Health Networks.



Aim

The Evaluation Framework aims to:

- provide a step-by-step approach to undertaking the quality evaluation of Indigenous community-based suicide prevention activities
- provide guidance on how to write an evaluation plan.

Scope

The Framework's intended audience is varied, and has been designed for use in different contexts and at different stages of activity development, therefore not all of the Framework will be relevant in all circumstances. The reader is asked to take from this Framework what is most useful to the activity they are seeking to evaluate.

Why evaluate Indigenous suicide prevention activity?

Evaluating Indigenous suicide prevention activity (whether that activity can be described as a project¹⁰⁵, a program¹⁰⁶ or even a service) is critical to reducing Indigenous suicide across Australia, and ensuring the finite resources allocated to it support the highest quality activities.

The foundation of activity evaluation is assessing process, impact and outcomes. In short, what happened as a result of the activity, and what impact and outcomes flowed on from what happened.

Evaluations are useful for several reasons:

- **Getting the best 'activity fit' for a community.** For example, an otherwise high-quality activity that was developed to reduce suicidal behaviours in girls and young women might have no measurable impacts or outcomes in a community where it operates. An evaluation can help demonstrate this, and help a community understand why. It might be because the main risk group in that community is boys and young men. If so, a community and/or funder need to know this and recalibrate their response to meet the needs of boys and young men in that community.
- **Improving activities or changing activities to meet changing needs.** Ongoing evaluation should be used as the basis of continually improving a suicide prevention activity. An activity may be working effectively but still have room to improve. An evaluation might identify what these areas are. Alternately, the focus required of an activity may change over time and an evaluation can help pick this up. For example, it might be entirely appropriate for an activity to focus its impact on reducing alcohol and drug use by young people in its early years. However, five years later, the required focus might be on something else.

- **Proposing new activities and expanding the evidence-base.** Recommendation 1 of the ATSIPEP Final Report includes a reference to the importance of the dissemination of the findings. No matter how long an activity might last, an evaluation means it can be of enduring usefulness by informing other communities on what has worked or not worked – at least for that community. In that way, communities can support other communities to develop activities that fit their needs and contribute to reducing the Indigenous suicide rate nationwide for many decades to come. For example, if there are two competing suicide prevention activities that could be chosen by a community, evaluations of both will help a community decide which is preferable. Alternatively, a new activity may be developed in one community, and an evaluation might suggest it offers real advantages over existing activity occurring in another community.
- **Evaluations help protect communities and activities.** An evaluation that demonstrates that an activity is high quality and is utilising effective risk-management procedures can help provide protection to communities and those delivering activities.

Using this Evaluation Framework

This Framework aims to guide communities or stakeholders in developing an evaluation plan alongside an activity plan or proposal for Indigenous suicide prevention. It also supports the development of evaluation plans for existing activity.

Developing an evaluation plan as a prerequisite, however, may not be appropriate in all circumstances. In particular, in communities where lives may be at immediate risk without suicide prevention activity in the short term. The need to save lives in the short term should be the overriding concern and an activity should not be excluded from consideration simply because it has not been possible to develop an evaluation plan for it. An evaluation guided by this Framework should occur over the longer term.

It is also critical that evaluation planning and processes build on commitment from community groups and activity providers to use the results of evaluations so that existing activity can improve and contribution can be made to the evidence-base for Indigenous suicide prevention. As discussed in the following parts of this Framework, partnership with communities in Indigenous suicide prevention activity and evaluation, is a key indicator of quality and effectiveness.

The five steps outlined in this framework are:

- 1 The foundation for effective evaluations: community partnerships**
- 2 Setting the parameters for evaluation planning**
- 3 Developing an evaluation plan using program logic**
- 4 Implementing an evaluation plan**
- 5 Disseminating the lessons learned**

Step 1: The foundation for effective evaluation: community partnership

Community-based Indigenous suicide prevention activity requires Indigenous community ownership, partnership and engagement to be effective,¹⁰⁷ and includes activity evaluations. For organisations wanting to support Indigenous communities in preventing suicide, the development of activity and evaluation plans should be complemented by the following:

- An effective Indigenous community partnership and engagement strategy that places communities in a leadership role
- A commitment from the community to develop evaluation plans and processes along with activity planning.

Partnership is more than a ‘foundation element’ for evaluations. Partnership is also a key indicator of an effective process and a primary focus of evaluation: without community partnership and engagement, an activity cannot be said to be a high- quality program. This is because of the need for activities to respond to the specific needs of communities – whether these relate to primordial factors, specific risks, or at-risk groups. In addition, the community is the only appropriate means for the governance and delivery of any cultural elements of the activity, or the ability to advise on any cultural parameters that should be observed in the activity¹⁰⁸

Engagement and partnership with Indigenous communities

Identifying legitimate, community-supported and representative leaders and governance mechanisms for engagement and partnership can be a challenge and should be undertaken with care. However, in general terms, Indigenous communities’ preferred approach to engagement is often through their community controlled organisations. Where they exist, Aboriginal Community Controlled Health Services can be the most visible expressions of governance in communities and have the potential to be key points of ‘engagement’ – although this may vary from community to community.¹⁰⁹

Guidance as to effective engagement and partnership is provided by the following Closing the Gap Clearinghouse resource papers:

- Hunt, J, 2013, *Engaging with Indigenous Australia—exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities*. Issues paper no. 5. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- Hunt, J, 2013, *Engagement with Indigenous communities in key sectors*. Resource sheet no. 23. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.



Step 2: Setting the parameters for evaluation planning

The main tasks at this stage are to:

- **Identify what resources are available to support evaluation planning and processes.**
An evaluation can be onerous, and a key part of the evaluation involves analysis and writing: identifying and summarising the key findings, themes and information that the evaluation process has revealed. This may require employment of an outside body or consultant and funding for such should be included as a key element of activity planning.
- **Identify indicators or measures, reliable information sources and data collection tools.**
A good evaluation involves measurement, however, what to measure must be decided. There is, for example, little point in aiming to measure something against which no data is collected. From the start, consider what resources and data are available to support evaluations and whether data collections (for example, activity user questionnaires) or other means need to be incorporated into activity and evaluation planning. Further, it should be possible to measure whatever you decide to measure before and after the activity. In this way, an evaluation can help ensure that changes for the better can be attributed to the activity. To gather community-specific data, special arrangements may be needed with the health services or hospitals, and Primary Health Networks may be able to help with this.
- Based on the above, clarify the scale of the evaluation. Consider the scale, resources and capacity of the activity in question. Large scale evaluations are not required for all, particularly small scale, programs. Clarify what is going to be evaluated within the activity. The evaluation should include, at a minimum impact, outcomes and process, in addition to the broader outcomes (apart from those directly relating to suicide).



What to evaluate?

Assessing process, impacts and outcomes is a primary consideration in Indigenous suicide prevention activity evaluation. If an activity cannot demonstrate it proceeded on the basis of partnership with a community or communities, or as planned, and had relevant impact or outcomes, then its continuation is hard to justify. Activity planners should consider how they will evaluate process, impacts and outcomes of activity at the development stage. In short:

- An **impact** is the direct, shorter-term effect of an activity. For example, 200 sessions of informal counselling offered by peer-to-peer mentors within a suicide prevention activity.
- An **outcome** is the longer term result and should, as much as possible, coincide with the intended purpose of the activity. For example, the 200 sessions of peer-to-peer mentoring (in the example above) resulted in X fewer completed suicides and X fewer attempted suicides over time. However, in small community settings, this may not be an appropriate indicator. In this context, broader outcomes might be considered as a complementary measure. These might include increased use of mental health services, reduced alcohol and drug use, or improvements in other areas that are risk factors for suicide.
- A **process** involves the steps taken in achieving an outcome. As noted, community partnership and participation in activity and evaluation planning is a key process measure or indicator and is likely to be a determining factor of an activity's impact and outcomes. Hence in this Framework, process (partnerships with communities) and impact/outcomes are assumed to be 'two sides of one coin'. However, elements of process can also be evaluated as a distinct evaluation objective in this context. Importantly, this includes how closely the implemented activity conforms to the plans for the activity that was resourced in the first place.

Other considerations that an evaluation might seek to determine include **other kinds of broader outcomes**. Did the activity result in other benefits, perhaps unintended or unforeseen at the developmental stage? For example, did the capacity of the local health service increase by hosting the activity? Did the activity help strengthen community governance overall, or strengthen the role of Elders in community governance? Was the activity a facilitator of cultural renewal?

A further consideration might be an activity's **cost effectiveness**. Every activity requires resources. A primary input will be funding, but just as important might be the person hours needed to operate it (both paid hours and voluntary support might be relevant). The task here is to determine whether resources required for the activity are justifiable and appropriate when compared to the impact and outcomes. This includes in the broader context of limited resources, competing priorities overall, and competing Indigenous suicide prevention activity.

When considering evaluation planning for an activity that is new and innovative, it may be necessary to evaluate it more intensively, using a stronger evaluation plan. This may also be necessary if the activity is being implemented in a new site or setting, or if the evaluation is being used to support applications for additional funding.

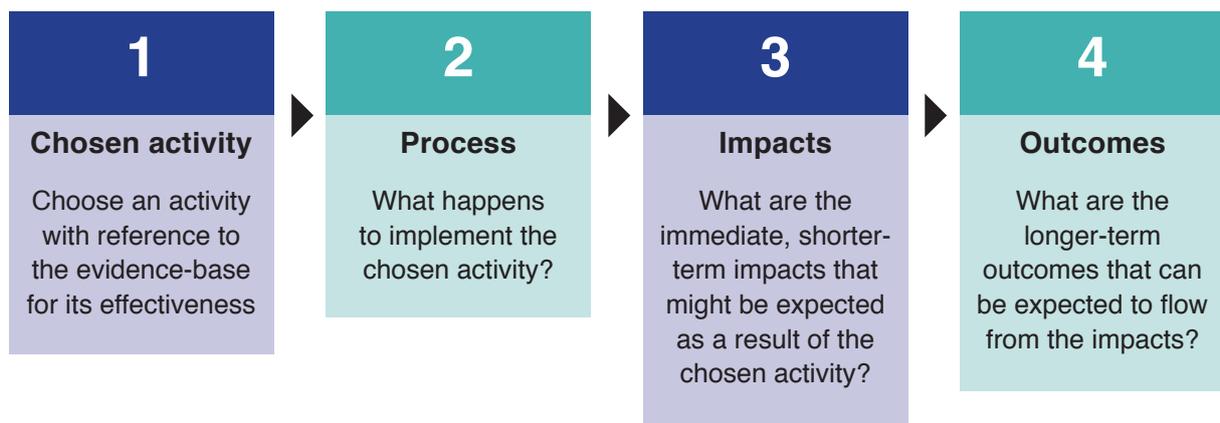
If an activity has been evaluated already and has been shown to be effective, performance monitoring is likely to be sufficient rather than an evaluation plan as such. For these programs, a few agreed indicators of process, impact and outcome could be identified for use in performance agreements (for example, service agreements).

Evaluation plans should be developed to measure the program logic that determined activity planning. That is, in a way that measures or describes the chain of causation of the activity from process, to short-term impacts, and then longer-term outcomes. This is discussed further in Step 3.

Step 3. Developing an evaluation plan using program logic

Evaluation planning should be informed by the same program logic that underpinned activity planning. Program logic then underpins both activity and evaluation planning and ensures an alignment of the two. Program logic can be thought of as four steps that must flow ‘logically’ from each other in a chain of cause and effect to achieve a particular outcome, as illustrated below.

The four-step chain of program logic – from chosen activity to outcomes



A basic evaluation examines steps 2, 3 and 4. It aims to measure at each stage as discussed below.

- **Evaluating process** takes as its starting point the activity plan. What did the activity plan say the activity was going to do; and did it happen? And if not, why not? This step might also involve a review of contracts and progress reports. As discussed, a critical question is: Were the Indigenous community/ies involved as partners in the activity development process?
- **Evaluating impact** requires choosing measures or indicators of impact, and ensuring that the relevant data is gathered as a part of the activity’s operations. Key measures will include the number of participants in various elements of the activity per year/and as a percentage of relevant Indigenous community population or target group. (As a general rule, this is a good indicator of the activity’s effectiveness, acceptability and accessibility in any given setting). It is also important to develop more focused impact measures such as with peer-to-peer mentoring used as an example on page 43, and indicators might include referrals to mental health services, and the number of informal counselling sessions delivered through the activity. In terms of data gathering, options include the collection of data from client records or through community or client questionnaires. In fact, ensuring the community’s voice is heard is an important part of evaluating impact in this context.
- **Evaluating outcomes** depends on the scale of the activity and outcome indicators could include measurable reductions in suicide, attempted suicide and suicide ideation across a defined area by comparing ‘before and after activity’ data. As discussed, because the numbers of people who complete suicide is relatively small, and particularly for activity in a single community, this might not be suitable for evaluating outcomes. In this case, broader outcomes assessment may need to be considered. This could include measurable reductions in risk factors for suicide such as changes in at-risk behaviours including reductions in self-harm, alcohol and drug use. In addition, measurable improvements to the social and emotional wellbeing of the community with a focus on self-governance, cultural activity, physical health, employment, community safety and school attendance might also be relevant.

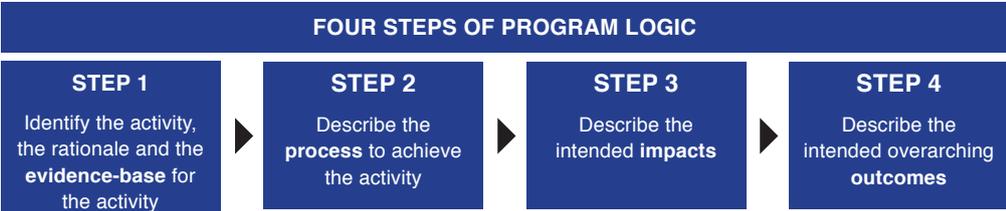
A table correlating program logic and evaluation planning is set out below.

Program logic	Activity planning	Evaluation planning
Step 1: Activity	Choose the activity based on the evidence- base for its effectiveness. (Consider the success factors identified in the ATSIPEP Final Report. A summary table is included as Appendix 1 to this Framework).	Evaluation of process. How was the activity implemented, and how effectively? Did all or only some of the intended elements take place? Were the Indigenous community or communities involved as partners in the activity development process?
Step 2: Process	What will happen to implement the chosen activity?	Evaluation of impact. What were the immediate results of the activity? What are the measures or indicators of these impacts?
Step 3: Impacts	What are the immediate shorter term impacts that might be expected?	Evaluation of outcomes. Was it possible to measure whether the activity achieved any of its overarching goals (reductions in suicidal behaviours)? Should broader outcomes be considered?
Step 4: Outcomes	What are the longer term outcomes that can be expected to flow from the impacts?	Write up and dissemination. How will the evaluation be written up, disseminated and otherwise contribute to the evidence-base (i.e. back to Step 1).



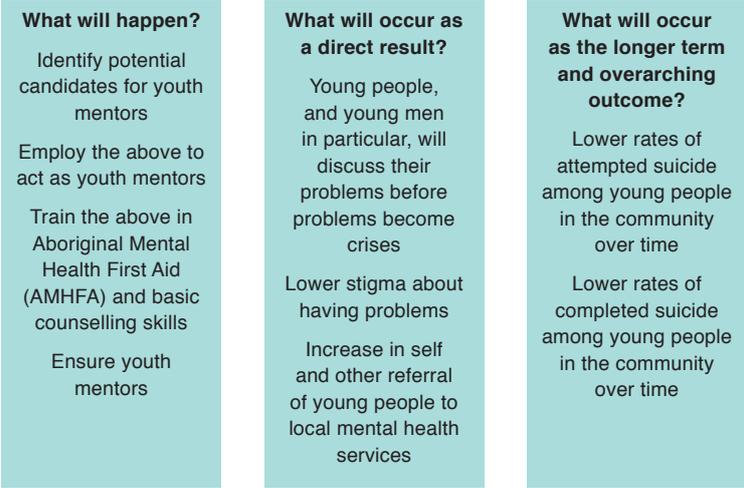
The information below uses the example of peer-to-peer mentoring – a known success factor in suicide prevention among Indigenous young people – to demonstrate a coordinated approach to activity and evaluation planning as discussed in this Framework.

Using Program Logic to Coordinate Activity and Evaluation Planning



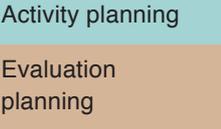
Peer-to-peer mentoring is a known success factor in suicide prevention among Indigenous young people (ATSISPEP Final Report)

FOUR STEPS OF PROGRAM LOGIC

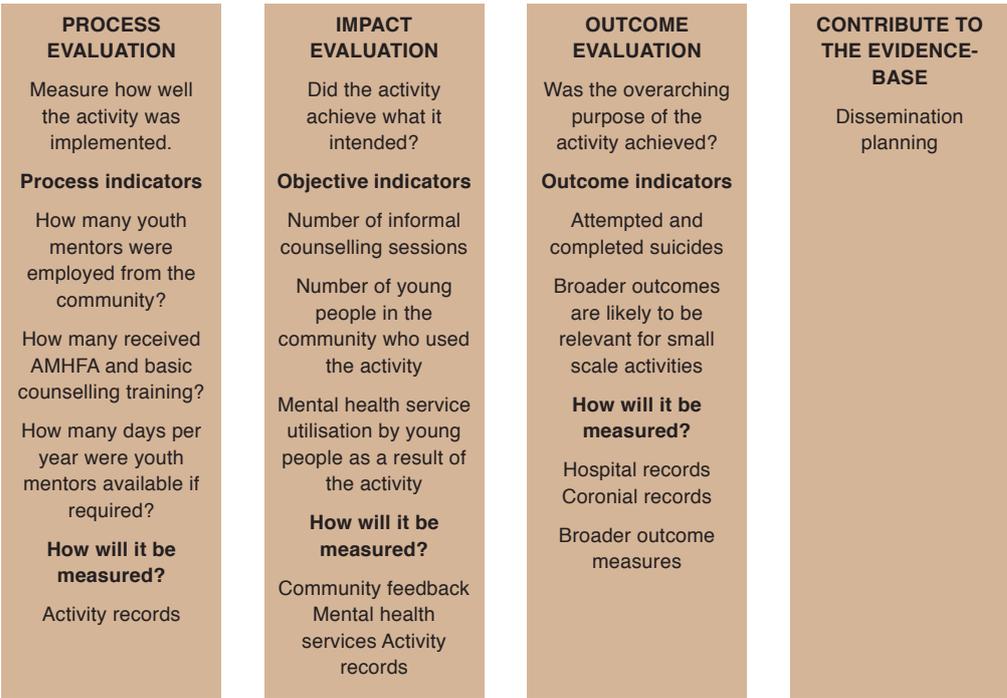


Key:

Program logic provides the framework for the two types of planning



EVALUATION PLANNING ALIGNED TO PROGRAM LOGIC



Step 4: Implement the evaluation plan

To do this, it is necessary to identify within the evaluation plan itself:

- What tasks need to be completed?
- Who will undertake the tasks?
- When should the tasks should be undertaken?
- What resources are required?

Implementation is the process of ensuring that these steps are undertaken.

An important part of the evaluation process is writing an evaluation report in which the data gathered in the evaluation process is evaluated. This involves identifying and summarising the key findings, themes and information that the evaluation process has revealed. As noted previously, this may require funding an outside body or consultant to help with evaluation and completing the Report.

As a general rule an independent evaluation is preferred over an in-house evaluation given the potential for conflicts of interest.

Step 5: Disseminate the lessons learned

The dissemination of evaluation findings is crucial in strengthening the evidence-base for Indigenous suicide prevention. It is important for the future to know what works, what does not work, and why.

Key chapters for an evaluation report should include:

- **Background** – What was the problem the activity sought to change for the better?
- **Evaluation method** – What was the program logic of the activity (as discussed in Step 3) and how was it implemented? Did the evaluation assess the effectiveness of the program logic in this instance, and what indicators of process, impact and outcome were chosen? How was the data collected to assess these?
- **Evaluation results** – What did the evaluation find? Did the activity work? How well? How could it be improved? How does it compare to other activities? Was it cost effective?
- **Conclusions** – What are the implications for existing or future Indigenous suicide prevention activity?

The dissemination of evaluation findings is crucial in establishing a strong evidence-base for Indigenous suicide prevention. A mix of dissemination strategies can be used, including:

- summary reports for different audiences
- publishing the evaluation/summary reports in print and on the internet
- writing or commissioning peer-reviewed academic journal articles based on the evaluation
- making presentations to the community at forums and conferences.

Make time and allocate a budget for dissemination activities in evaluation planning.



Success Factors from the ATISISPEP Final Report

The following table is provided to assist those developing activity plans to show factors for which program logic is evident as determined by ATISISPEP. As discussed in Step 3, program logic shows the cause and effect relationship between a chosen activity and its intended impact and outcomes.

Summary table of success factors identified by ATISISPEP

Success factors for Indigenous suicide prevention, with those identified in the meta-evaluation of evaluated community-led Indigenous suicide prevention programs in blue font.

<p>UNIVERSAL/ INDIGENOUS COMMUNITY- WIDE</p> <p>In this report 'universal' is used to indicate community-wide responses, not population-wide responses as the term usually indicates</p>	<p>Primordial prevention</p>	<ul style="list-style-type: none"> Addressing community challenges, poverty, social determinants of health Cultural elements – building identity, SEWB, healing Alcohol/drug use reduction
	<p>Primary prevention</p>	<ul style="list-style-type: none"> Gatekeeper training – Indigenous-specific Awareness-raising programs about suicide risk/use of DVDs with no assumption of literacy Reducing access to lethal means of suicide Training of frontline staff/GPs in detecting depression and suicide risk E-health services/internet/crisis call lines and chat services Responsible suicide reporting by the media
<p>SELECTIVE – AT RISK GROUPS</p>	<p>School age</p>	<ul style="list-style-type: none"> School-based peer support and mental health literacy programs Culture being taught in schools
	<p>Young people</p>	<ul style="list-style-type: none"> Peer-to-peer mentoring, and education and leadership on suicide prevention Programs to engage/divert, including sport Connecting to culture/country/Elders Providing hope for the future, education – preparing for employment
<p>INDICATED – AT RISK INDIVIDUALS</p>	<p>Clinical elements</p>	<ul style="list-style-type: none"> Access to counsellors/mental health support 24/7 availability Awareness of critical risk periods and responsiveness at those times Crisis response teams after a suicide/postvention Continuing care/assertive outreach post ED after a suicide attempt Clear referral pathways Time protocols High quality and culturally appropriate treatments Cultural competence of staff/mandatory training requirements
<p>COMMON ELEMENTS</p>	<p>Community leadership/ cultural framework</p>	<ul style="list-style-type: none"> Community empowerment, development, ownership – community-specific responses Involvement of Elders Cultural framework
	<p>Provider</p>	<ul style="list-style-type: none"> Partnerships with community organisations and ACCHS Employment of community members/peer workforce Indicators for evaluation Cross-agency collaboration Data collections Dissemination of learnings