

Local Area Suicide Prevention Action Plans



Scottish Guidance



National
Suicide Prevention
Leadership Group

Section 4

Monitoring & Evaluation

Contents



Demonstrating Impact	4
Monitoring Progress	7
Tools and Templates	9

Demonstrating Impact

When implementing a programme of suicide prevention work, it is important that local areas are able to evaluate whether or not it has had an impact, i.e. made a (positive) difference, in respect of key outcomes. Findings of positive benefit via robust evaluation help to support continued investment in effective activities ('interventions') in a local area and contribute to the development of the evidence base ('what works') to help reduce and prevent suicidal behaviour.

While the long-term outcomes of a national suicide prevention strategy usually include a reduction in the number of deaths by suicide, many, if not all, local areas will be unable to demonstrate statistically the impact of local suicide prevention action on suicide incidence. More broadly, outcomes at a local level should be (a) proportionate to what is within the control of the local team and suicide prevention 'system' and (b) consistent with the expected local contribution towards the achievement of long-term national outcomes. Examples of appropriate local outcomes might include: 'suicide proofing' of areas of concern (where suicide attempts tend to cluster); delivery of effective action to identify and reduce vulnerability in groups at high risk of suicide; delivery of effective treatment and aftercare for persons who have self-harmed; provision of support for persons bereaved/affected by suicide; and delivery of effective suicide prevention learning opportunities.

This section provides guidance which will support local areas to demonstrate the impact of their suicide prevention action plan; and presents tools, templates and other resources which support ongoing monitoring and evaluation. A wealth of information on evaluation is available elsewhere (e.g., from local public health departments; and online from [Evaluation Support Scotland](#)). This is not a detailed evaluation guide; rather, it is intended to encourage local areas to ensure monitoring and evaluation are included in their local action planning and to provide some helpful links.

Outcomes frameworks

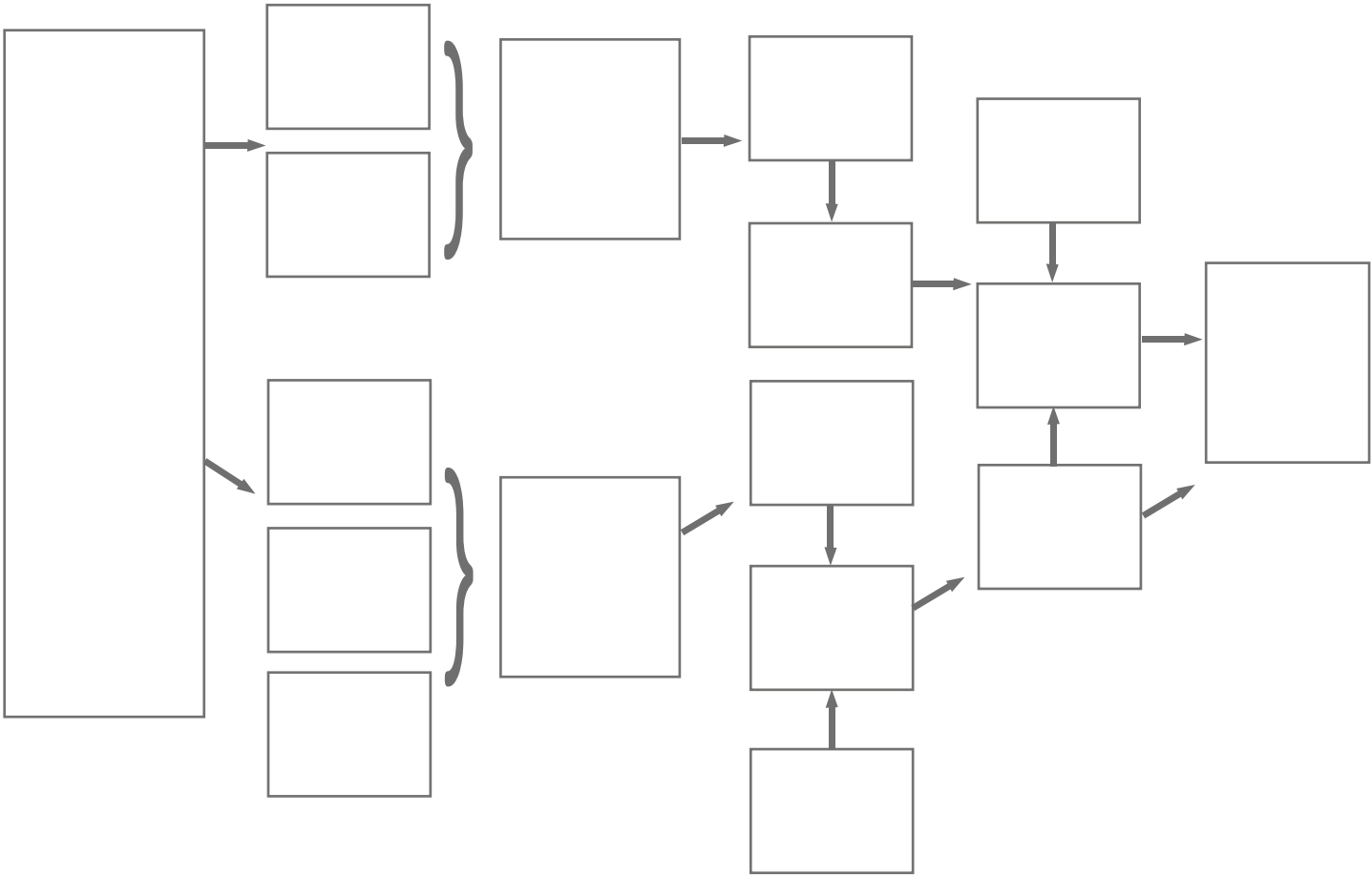
Outcomes frameworks provide a representation of how the activities you undertake have an impact on the outcomes you want to achieve. Resources available from [Outcome Frameworks for Health Improvement](#) detail examples of how you might do this providing information about logic models, outcomes triangles and results chains. There are also completed examples for various subject areas.

Logic models

Logic models are a useful way to show what your programme of work intends to achieve, who the intended audience are, the activities planned, the resources needed, the assumptions made and the factors which could influence the results.

Details of how to develop a logic model along with tools, templates and examples to support this are available from the [University of Wisconsin](#). The [RAND Suicide Prevention Program Evaluation Toolkit](#) also provides guidance on undertaking evaluation of suicide prevention programmes.

Programme: _____ (name) Logic Model (uses text boxes: add/change boxes and Situation: _____ arrow as needed)



Assumptions

External Factors

When developing a logic model, it is important to begin with the short, medium and long-term outcomes (the intended results) you hope your programme of work will achieve. Then (working from right to left) consider the outputs (the activities you will undertake) and the inputs (the resources needed for the programme of work). It is also helpful to write down the assumptions you have made e.g. there will be adequate resources available, and the things which might happen externally to the programme (and over which you may have no control) and may have an impact (external factors) e.g. COVID-19.

Logic models should be developed in the very early stages of action plan development by a multi-agency group in order to capture a range of perspectives, reach consensus about outcomes and the inputs and outputs that should contribute towards the achievement of these outcomes.

Monitoring Progress

When implementing a local action plan, in addition to the outcomes, outputs and inputs, clarity is required around several key issues:

1. Lead Responsibility

Activities are more likely to be completed if there is an identified lead person/people with the authority and responsibility to make it happen.

2. Timescale

It is important to set realistic timescales and deadlines for work to be implemented. This encourages focus on what needs to be in place by when. It is also important to make sure that all actions in the action plan are going to happen in the right order and don't have a negative impact on each other. For example, you would not want to arrange a large training event at the same time as launching a new support service, as it is likely that there will be some people who would want (and be encouraged) to attend both.

3. Measurement

An ability to adapt to changing needs and priorities is important while also ensuring the programme is implemented according to plan. It is essential to have a way of measuring the activities in your action plan to ensure that it can be adapted in a timely way, if required.

Information gathered as part of the local needs assessment (as described in Section 3 of this guide) can provide baseline data against which progress can then be measured. It is important to have a system of regular review of the data and information in order to adapt plans in a timely manner. In particular, the information available from reviews of deaths by suicide can be an early sign of impact if able to demonstrate that knowledge has been translated into action.

A timetable of monitoring reports should be agreed. This should include reports from working groups/services/individuals, who are implementing actions on the ground, to the steering group, and also from the steering group up to chief officers. These reports should answer two important questions: Are we taking the actions we said we would take? and Are we making progress on achieving the results that we said we wanted to achieve?¹ Part of the function of the steering group is to determine what needs to change if these questions cannot be answered in the affirmative and therefore progress is impeded.

¹ <http://web.undp.org/evaluation/handbook/documents/english/pme-handbook.pdf>

Evaluation

In Scotland, over the last decade there has been a wide range of activities undertaken to support suicide prevention. However, it is notable that few of these activities have been evaluated. The process of evaluation should be built into the planning stage of any suicide prevention activity in order to understand the impact the activity has had.

Evaluation can be used to measure the effectiveness of a range of activity, for example, strategy and policy development and implementation (process evaluation), the effectiveness of a service on the ground (outcome evaluation) or the value gained from the costs of resources used to implement these things (economic evaluation)².

Evaluation involves collection of information or data and facilitates judgements about the success and value of an intervention. Evaluations can be used to inform changes to improve an intervention, and aid decision-making about future courses of action. Evaluation can also help to ensure public accountability and that best use is made of limited resources.²

An independent evaluation provides an objective assessment of whether or not a particular action/policy/strategy etc is on track. While an independent evaluation may be considered the gold standard, self-evaluation can be equally useful in gaining an understanding of what does & doesn't work, the impact an activity may have had and how this learning can be used to support improvement.

Evaluation should be proportionate to the activity. It would not be sensible to commission a large, in-depth, costly independent evaluation

of a small local project which receives limited funding. On the other hand, asking the project to undertake a self-evaluation which assesses the impact on beneficiaries would help determine if it achieved its aims.

Before undertaking any activity, there should be agreement about how and when it will be evaluated and the evaluation process should be included as part of the action plan.

² <https://www.gov.uk/government/publications/evaluation-in-health-and-well-being-overview/introduction-to-evaluation#eel-menon>

Tools and Templates

Evaluation resources

Information and step by step guides to evaluation are available [here](#). A range of free resources, tools and templates are accessible along with short video tutorials to improve understanding of why they should be used and how to use them. There are also workshop sessions available to support people to undertake evaluation work.

Action plan template

An action plan document does not need to be complex; however, it does need to have enough detail for all partners to understand what is being done, why, by whom, when and what the progress is. This format enables the steering group to have ongoing monitoring about the implementation of the agreed work. Some template examples are below:

Example 1

Outcome	Lead	Actions	Evidence Indicator	Timescale

Example 2

Activity	Target Group	Intended Outcome	When	Lead

Example 3

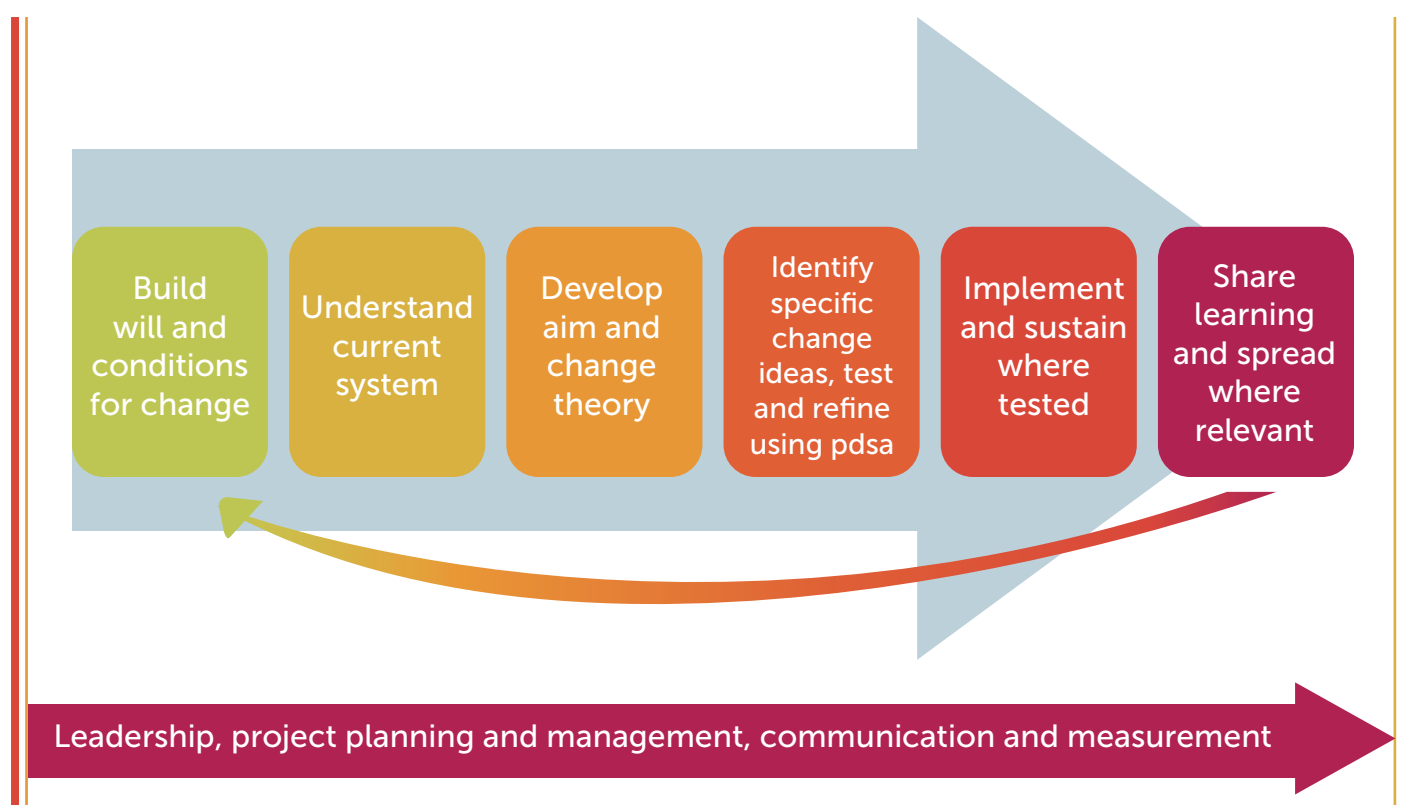
Outcome:				
Action	Indicator	Lead	By when	Progress

SUPRESE

The [Self-evaluation Instrument for Assessing Suicide Prevention at Sub-national \(Regional/Local\) Level \(SUPRESE\)](#), developed by Professor Steve Platt, Public Health Scotland and Samaritans, is intended to help agencies and individuals with responsibility for suicide prevention planning and action at sub-national level. This instrument can be used to assess: first, whether key elements of suicide prevention planning, strategy and action are in place in their area; and, second, to what extent the implementation/delivery of these elements conforms to best practice and/or incorporates a commitment to evaluate effectiveness. The instrument comprises 18 items: four cover strategic/planning elements of suicide prevention; six cover action elements of suicide prevention; three cover monitoring and review elements; and five cover awareness and training elements. Once completed, the instrument should be used by the regional/local professional suicide prevention network as a learning tool, which supports critical reflection on recent achievements and challenges, and planning of future remedial action, where appropriate. It is recommended that this process is repeated on an annual basis, preferably in advance of forward programme planning and resource allocation.

Local action plans should be continually reviewed and monitored. Regular meetings are required to ensure that the agreed actions are implemented, that timetables are adhered to, and that any barriers to implementation are addressed at the earliest opportunity. It is also important to highlight success. It can be challenging to see where a difference is being made in suicide prevention work, which is why it is important to have some short-term outcomes, which can provide positive feedback to keep the momentum going, as well as appropriate long-term outcomes which contribute to the national strategic aim. Information from evaluation and self-assessment should be integral to an ongoing monitoring process.

Quality Improvement (QI) in Suicide Prevention



Quality improvement methodology is an approach which can help when developing activities for suicide prevention. It is an approach which requires collaboration, a good understanding of the issues you are trying to address and the system which surrounds them. Plan, Do, Study, Act (PDSA) cycles allow rapid testing of ideas and implementation of adaptations based on the learning from each cycle. Most Health Board areas in Scotland now have staff who have been trained in this approach, usually within a planning and performance department who may be able to support this in local areas. Further information about QI, useful tools and available training can be found [here](#).

Other information to support local area action plans

This guide is part of a set of documents created to support the development of local suicide prevention action plans. Other guides in the set are:

Section 1 – Introduction

Section 2 – Governance and collaboration

Section 3 – Data, Evidence & Intelligence