Evaluation and Review of the National Suicide Prevention Leadership and Support Program

Department of Health

Research Summary Brief

14 April 2021

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# Glossary

Table 1. Glossary

| **Acronym** | **Meaning** |
| --- | --- |
| AHA | Australian Healthcare Associates |
| GOGs | Grant Opportunity Guidelines |
| NSPLSP | National Suicide Prevention Leadership and Support Program |
| PHN | Primary Health Network |

# Purpose

The evaluation and review of the NSPLSP provides an overview of all funded Activities that sit under it and informs the future direction of the Program to align with key suicide prevention priorities. This evaluation and review had the following objectives:

* Describe what has been funded and what has been delivered by the Program as a whole
* Consolidate advice on how the Program, and related initiatives, align with the Australian Government’s commitments and government announcements, and the potential impact of any changes to the Program or investment in any areas
* Identify projects that have not been completed and/or might require continued funding, as well as any other priority areas for future funding
* Identify any necessary changes in GOGs and allocation of funding through a review of administrative processes.

The aim of this project is to inform the Department’s next steps for investment and recommendations to Government on future national suicide prevention leadership and support priorities.

# Evaluation and review approach

KPMG was engaged by the Department of Health to undertake a process evaluation of the NSPLSP, focusing on how the program operates, including its function, performance and component parts. For the NSPLSP process evaluation and review, a key focus was on assessing the extent to which the projects across the five funding streams have been implemented as designed and consistent with the evidence underpinning the design.

Table 2. Methodology

| **Element of methodology** | **Description** |
| --- | --- |
| Data analysis | * AHA analysis reports of the National Suicide Prevention Program Minimum Data Set
* Financial and performance documentation from funded partners such as activity work plans, performance reports, budgets, income and expenditure statements, and audited financial statements
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| Semi-structured interviews | * Funded partner organisations
* Department Project Team
* PHN staff
* AHA staff
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| Documentation review | * NSPLSP program documentation provided by the Department
* Funding agreement and other related documents
* Additional documentation provided by funded partners
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## Key evaluation questions

* What has the Program funded and how have these activities progressed?
* How do the activities funded under the Program align with Australian Government commitments and other key priorities?
* What are the implications for the future of the Program?

### Key evaluation question 1

Key Evaluation Question 1 for this evaluation and review is: What has the Program funded and how have these activities progressed?

The purpose of posing this question is to develop an understanding the current state of the NSPLSP and the various activities funded under the Program. The following were key considerations when exploring this question:

* What are the major achievements under the Program?
* What has impacted on achieving Program objectives?
* How efficiently are resources being used?

A summary of findings and future design considerations is provided below.

Table 3. Key evaluation question 1 findings

| **Findings** | **Future design considerations** |
| --- | --- |
| The Program is tracking well, with the majority of funded partners achieving their targets. However, there are inconsistencies in reporting against targets and use of reporting templates. | Ensure consistent performance reporting, including following agreed templates. |
| A number of funded partners are evaluating their individual activities to assess the impact that their projects are having on the sector and that support continuous improvement. | Ensure consistent performance reporting, including following agreed templates. |
| COVID-19 has impacted delivery, but funded partners have been flexible in their delivery approach. | Ensure that new aspects of delivery that worked well and helped to overcome COVID-19 access barriers continue to be adopted for use into the future. |
| Funded partners are able to deliver planned activities through current funding. All funded partners reflected they could strengthen existing activities or expand through additional funding. | Potential changes to Program funding include Consumer Price Index increases, incentivising collaboration, and revisiting funding timeframes. |

### Key evaluation question 2

Key Evaluation Question 2 for this evaluation and review is: How do the activities funded under the Program align with Australian Government commitments and other key priorities?

Exploring this question involved considering the existing work of NSPLSP funded partners and how this contributes to the Program’s intended outcomes, and the linkage between this and broader government priorities on the reduction of suicide and suicidal behaviour.

A summary of findings and future design considerations is provided below.

Table 4. Key evaluation question 2 findings

| **Findings** | **Future design considerations** |
| --- | --- |
| The funded partners are all undertaking valuable work to contribute to national priorities for suicide prevention. | Ensure that the Program continues to provide a key role in supporting national priority areas. |
| Leadership is critical to the sector, and it has improved, however there is still no clear definition of suicide prevention leadership in the context of the NSPLSP. | * Develop a clear definition of leadership to provide clarity regarding the objectives of the leadership component of the NSPLSP.
* Conduct a scoping analysis to inform priority areas and future Program direction.
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| The level of engagement between PHNs and NSPLSP funded partners, and the effectiveness of this engagement, is mixed. | There are opportunities for the Department to facilitate connections between funded partners and PHNs. |

### Key evaluation question 3

Key Evaluation Question 3 for this evaluation and review is: What are the implications for the future of the Program?

The following were key considerations when exploring this question:

* Areas of lower priority, including those that may not be fully meeting the Program objectives or are potentially duplicating other services
* Identification of areas to focus for future funding, for example new priority areas and/or opportunities
* Necessary changes in GOGs and future funding allocations.

A summary of findings and future design considerations is provided below.

Table 5. Key evaluation question 3 findings

| **Findings** | **Future design considerations** |
| --- | --- |
| There is a lack of visibility of activities across the funded partners, which may lead to duplication and funded partners ‘running in parallel’, where they are focused on achieving their own goals rather than collectively working towards a common set of goals. | There are opportunities to increase collaboration between funded partners through formal and structured mechanisms, supported by the Department. |
| There are many universal and generalist approaches to suicide prevention used within the NSPLSP. There is some valuable work being done to target specific cohorts, however there is scope for this to be improved. | Supplement the current national approach with activities that bolster existing efforts to target specific population groups and need areas (*note that this is supported by the scoping analysis suggested under Key Evaluation Question 2*). |
| Reporting processes are relatively straightforward, however can be improved through more regular feedback and greater visibility of use of AHA data. Reporting is too activity or output focused. | * Invest in the development of an outcomes-focused performance framework.
* There are opportunities for the Department to improve communications with funded partners on reporting insights, by synthesising insights and feeding back.
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