



Fact sheet 14

Project evaluation

It is assumed that all suicide prevention activities will be systematically evaluated.

This fact sheet sets out a recommended framework for the evaluation of suicide prevention projects, activities and programs.

The importance of evaluating suicide prevention activities

Systematic evaluation of all suicide prevention projects, activities and programs is essential for the continued development of best practice. It will ensure that interventions are based on a solid foundation of evidence, that resources and effort are allocated appropriately and that the required outcomes can be achieved.

For an evaluation to be effective it must be planned, built into all activities and measure the significant outputs and outcomes that will show how well a program is working. These measures in suicide prevention may include:

- reductions in suicide attempts and/or suicidal thinking;
- reductions in risk factors and vulnerabilities to suicidal behaviours (eg mental illness, feelings of hopelessness);
- increase in individual and/or community awareness of appropriate suicide prevention;
- changes in behaviours and response to suicide prevention strategies;
- improvements in individual protective or resiliency factors (eg improved coping skills, more help-seeking behaviours, better social connectedness, better understanding of mental illness); and
- improvements in service models or practices to reduce adverse effects of the system on individuals.

Types of evaluation

The type of project evaluation used depends on the reason for the evaluation:

- If the evaluation is being used early in the development of a project, primarily to help to improve the design and delivery of the project, it is often referred to as a formative evaluation.

- If the evaluation is being conducted at the end of a project to assess its effectiveness or to help in deciding what to do next, it is usually referred to as a summative evaluation.
- Evaluations will also vary in terms of which aspects of a project are being evaluated:
 - A process evaluation focuses on the delivery of the project and assesses how it conforms to the agreed plan and how the project has been implemented;
 - An impact evaluation focuses on the immediate benefits of the project and how well the intended objectives have been achieved;
 - An outcome evaluation focuses on the long-term benefits of the project and how well the overall intent of the project has been realised.

Evaluation methodology – using multiple and convergent methods

Evaluation is undertaken primarily to ascertain the worth of a project. In human services most projects have many objectives and many possible target audiences. It is important, therefore, that evaluation of suicide prevention activities involves several overlapping methods (multiple methods). The use of several different but related techniques, each measuring an aspect of a project's success, gives a higher level of confidence in the result of the evaluation (convergent methods). It also respects the often diverse nature of initiatives and the wide range of target audiences for projects in the human services.

This approach could involve evaluating the project from the perspective of the funding body, the project participants, the intended audience; in terms of its efficiency; value-for-money, achievement of objectives, or according to indicators of successor quality (technical quality, meeting a need, achieving agreed targets, client satisfaction etc). In using multiple methods however it is important that the focus is on the one primary question – was the project a success?

Evaluation criteria that can be applied to suicide prevention activities

Evaluations of suicide prevention activities may focus on the following indicators:

- Effectiveness
- Program quality
- Efficiency
- Quantity

Summary

Before an agreed program, project or service starts, an independent evaluator should be appointed.

The appropriate evaluation categories should be selected and agreed (See **Figure 1** for suggestions).

The evaluation methodology including qualitative and quantitative techniques, pre and post tests, control groups, tools and techniques need to be clearly defined.

The evaluation report at the completion of each activity, program or project should address each of the evaluation criteria selected.

FIGURE 1: Identifies eleven categories of measures that may be useful in evaluating and reporting suicide prevention activities.

Effectiveness indicators	Program quality indicators	Efficiency indicators	Quantity indicators
1. Policy and program objectives outcomes met <ul style="list-style-type: none"> • policy objectives • program objectives • project/service objectives 	4. Quality of process <ul style="list-style-type: none"> • conforms to requirements • quality of activities and methodologies • engagement of key stakeholders 	7. Allocative efficiency <ul style="list-style-type: none"> • best use of available resources in addressing the issue of suicide prevention • best return on investment for this outcome 	11. Quantity delivered in terms of: <ul style="list-style-type: none"> • policy • need • agreed targets • inputs to project
2. Stakeholder satisfaction <ul style="list-style-type: none"> • sponsoring agency • key stakeholders • project partners • customers/consumers 	5. Quality of products <ul style="list-style-type: none"> • adequacy • right type, mix, range • appropriate to need • target market covered 	8. Resource efficiency <ul style="list-style-type: none"> • staffing • infrastructure • consumables 	
3. Sustainability <ul style="list-style-type: none"> • outcome is relevant and applicable • outcome is easily understood and adopted • outcome is sustainable 	6. Quality of service <ul style="list-style-type: none"> • accessible • equitable • professional • competence/knowledge and understanding 	9. Cost efficiency <ul style="list-style-type: none"> • absolute cost • recurrent cost • value for money 	
		10. Time efficiency <ul style="list-style-type: none"> • responsiveness • meets agreed timelines 	

More information

- Commonwealth of Australia (2001). *Evaluation: A guide for good practice*. National Mental Health Strategy; Living Is For Everyone (LIFE): Canberra.
- Hawe P, Degeling D, Hall J (1990). *Evaluating Health Promotion*. MacLennan & Petty: Sydney.
- Mitchell P, Lewis V (2003). *A Manual to Guide Development of Local Evaluation Plans: Evaluation within the LIFE Framework using a program logic approach*. Commonwealth Department of Health and Ageing: Canberra.
- New South Wales Government Department of Health – Program management guidelines for health promotion: www.health.nsw.gov.au
- South Australia Community Health Research Unit – Planning and Evaluation Wizard (PEW): www.sachru.sa.gov.au
- Wadsworth Y (1997). *Everyday evaluation on the run*. Allen & Unwin: St Leonards.