

Suicide 
Prevention
Scotland.

Outcomes, Monitoring & Evaluation

Local Suicide
Prevention Planning and
Implementation Toolkit

Local Suicide Prevention Planning and Implementation Toolkit

What will this document support you to do?

- ♥ Understand why outcomes based working matters and advocate for an outcomes focused approach to planning, delivering and learning
- ♥ Understand how to develop outcomes and how to use them in planning
- ♥ Understand what monitoring and evaluation can do, and which approach might be most helpful
- ♥ Consider sources of data and evidence and data collection tools appropriate for monitoring and evaluation tasks
- ♥ Utilise the local area suicide prevention outcome map

When might this document be most helpful?

- ♥ At the start of an action planning process
- ♥ After you have taken time to understand and assess your local need, and have decided on priority areas that need to be addressed
- ♥ Reviewing progress of your action plan
- ♥ Developing reports/ presentations that demonstrate the impact of your work



Contents

Introduction	4
What are outcomes?	5
Developing outcomes	6
Outcome map	9
Developing measures of success or progress	11
Monitoring	12
Evaluation	14
Indicators: what are you collecting?	16
How are you collecting data and evidence?	17
Examples of evaluation approaches in suicide prevention	19
Resources and support	22



Introduction

Assessing the impact of suicide prevention activities is one of the most common issues raised by local areas.

A theory of change or local outcome map can help you explain what you are trying to achieve, from activities through to outcomes. This provides an outline of the change you hope to see, and helps you to monitor progress or evaluate success.

This document is guided by one approach to developing outcomes and is not designed to be a step by step guide, you can use this flexibly and choose how to use it based on the capacity and skills in your local area. Equally this document is not intended to be a step by step guide to monitoring and evaluation, instead it draws together what we know, reflective questions to consider and links to more comprehensive resources.

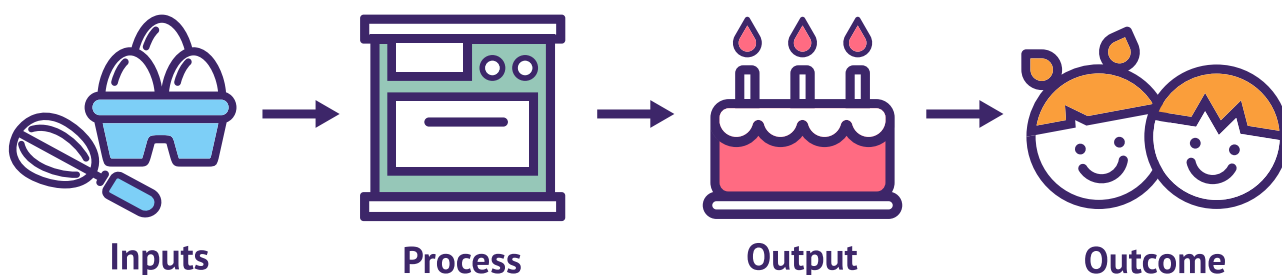
This section of the Local Suicide Prevention Planning and Implementation Toolkit has been developed by Public Health Scotland, with support from Matter of Focus.



What are outcomes?

Outcomes are a way of defining the difference that we want to make. It is good practice to identify outcomes at the start of a particular project or activity or when developing a suicide prevention action plan. Usually this would happen after you have understood the current context and need, and decided on some priority areas that need to be addressed. The [Action Plan Development section](#) of the toolkit can support completing these steps.

This diagram developed by Matter of Focus helps determine the difference between inputs, process, outputs and outcomes.



Your ingredients (inputs) are mixed together and baked (process) and this results in a cake (output). You can count how many cakes were made, record when it was baked and how long for, and assess its quality. Whilst the cake is sometimes seen as the end of the process, the outcome is what we are aiming for or the change we want to see as a result of our work – why was the cake baked in the first place? In this example, it might be to lead to happy children (outcome).

To determine your outcomes you should be asking ‘**what does positive change look like?**’

An outcomes-focused approach helps us to measure the impact of suicide prevention work:

- The long-term outcomes of a national suicide prevention strategy often include a **reduction in the number of deaths by suicide**. However, at a local level it can be difficult to detect if change in the number of deaths is due to random variation, chance or due to effective programmes. This means that we also need to **look at other approaches to demonstrate how we are making a difference**.
- Many suicide prevention programmes have multiple components, making it difficult to understand which process might contribute to the differences or changes we see. Instead, if we consider the contributions that these programmes make we can start to understand what our most effective responses might be. This is why a **contribution approach** is better suited to understanding the **impact**. Read page 8 for more information about the contribution approach.

Suicide Prevention Scotland takes an outcomes focused approach in measuring the impact of Creating Hope Together, Scotland’s suicide prevention [strategy](#) and [action plan](#). Suicide prevention is a complex area of work, and utilising contribution analysis and developing an outcome map can help us to reveal and share what works and does not work, and how we are making a difference.



Developing outcomes

Local outcomes should be proportionate to what is within the influence and capacity of the local steering group and suicide prevention 'system'. This means they should be achievable with the level of resource available. By developing a theory of change (a description of how input leads to outcome) with sound logic, local outcomes are likely to contribute to the achievement of long-term national outcomes in the [**Creating Hope Together Strategy**](#). You may wish to read the [**national suicide prevention outcomes framework**](#).

A [**local suicide prevention outcomes map**](#) has been developed which helps to visualise how local action can contribute to national outcomes over time.

You can use the national outcomes and local outcome maps as you see fit, for example as a template. Many local areas have developed outcomes in line with the national outcomes, however your local outcomes should be specific to your local context and the contribution that you can make towards those outcomes.

As with all stages related to local action planning you should consider how you can involve local partners in this development process, as this helps with shared ownership of and investment into your local outcomes.

Short, medium and long term outcomes

Often with suicide prevention, it will take years to realise our long-term outcomes and so we can also develop medium term and short term outcomes. These connected outcomes set out theoretical steps that link individual or collective activities and can be presented in an outcome map, logic model, programme theory, or other diagram. If we can evidence our short and medium-term outcomes, we can show that we are on our way to contributing to the long-term change.

These outcomes might be linked to a particular time period (for example over the course of a 3 year action plan), another way to think about these is what are the pre-requisites for the change to happen, these are your short-term outcomes that are built on over time to achieve longer term outcomes.



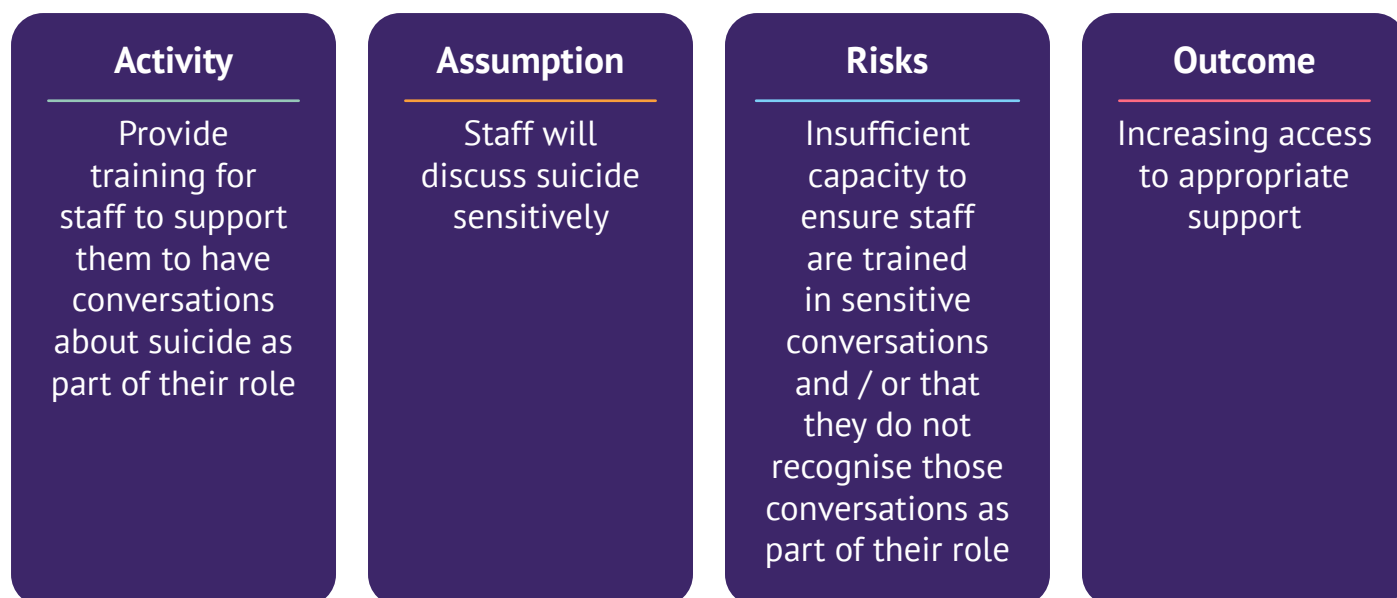
Assumptions, risks and unintended consequences

Assumptions: When setting the outcomes that you are hoping to achieve it is useful to consider any assumptions or conditions needed to progress your work and contribute towards the achievement of your outcomes. Assumptions are what you think will be the case in systems, e.g. you will have access to certain resources or partners, or there will be certain demand etc.

Risks: Risks are the events or conditions that might happen that could impact on your work and the progress towards outcomes. It is helpful to include assumptions and risks in any narrative alongside your outcomes as you can revisit these at a later stage if any of the risks materialise to consider the impact on achieving your outcomes.

Unintended consequences: It is also useful to consider unintended consequences of achieving each of your outcomes (both positive and negative), and the process to achieving those outcomes, which can also have unintended consequences. Unintended consequences can often relate to the way different parts of the system interact with each other.

Below is an example of how you might consider assumptions, risks and unintended consequences in relation to your activities.



Action to mitigate risk



This could be mitigated through regular or intermittent monitoring

Unintended consequences



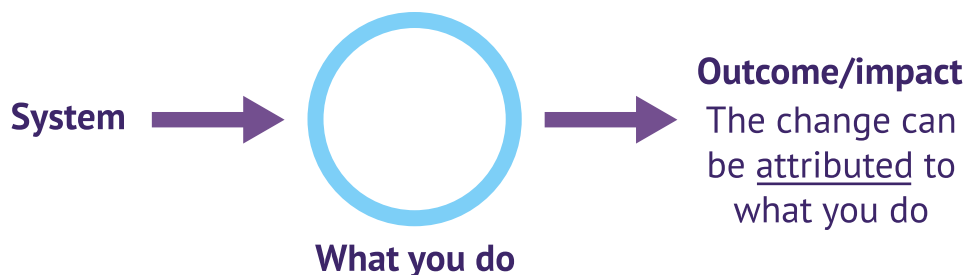
Unintended negative consequence of the above example could be that staff deliver these conversations in stigmatising ways, which could move you further away from desired outcomes



Attribution vs contribution

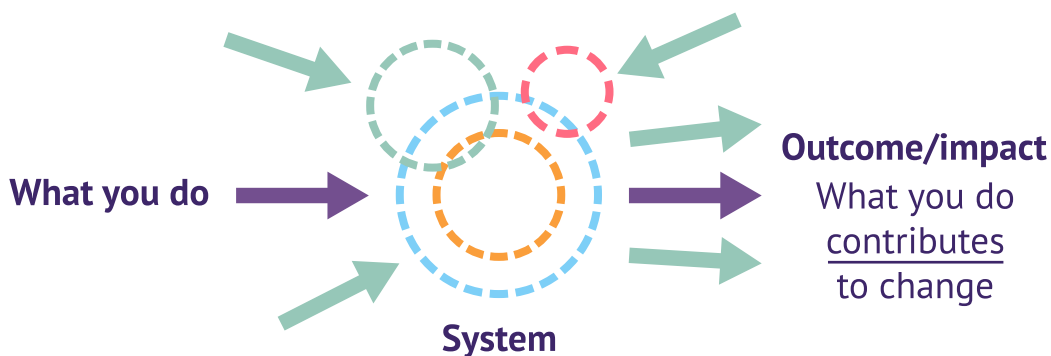
Suicide prevention work often involves people-based change and complex systems. These systems include multiple factors outside of the control of our work that interact with each other and affect the way change happens and whether our work will realise the intended outcomes. For example, the number of suicides in a particular area might be impacted by large range of environmental factors, levels of support services available, population factors, economic factors, specific incidents and many other complicated factors. This means that developing an understanding of the difference that specific activities make can be challenging.

In simple change processes it can be possible to attribute that the change that happened was as a result of the action that was taken – this is **attribution**. The below diagrams developed by Matter of Focus help us to consider the difference between attribution and contribution.



For example if you have a headache, and you take some paracetamol, and your headache goes away then you can be fairly confident that the action you took attributed to the outcome.

In suicide prevention multiple factors influence change, and it is more meaningful to identify how your activity contributed to making that change happen – this is contribution. In complex cases like this, it is easier to identify how your activities can **contribute** to suicide prevention outcomes.



Focusing on contribution rather than attribution allows us to confidently understand what is happening. In complex systems, attributing outcomes to specific inputs requires a comprehensive understanding of all factors involved, which is often impractical in real-world scenarios. By adopting a contribution approach, we can assert that while a particular input, process, or intervention does not solely determine the outcome, it does contribute to achieving that outcome.

You can watch a 3min video describing contribution analysis.
Watch from 26-29 minutes of this video [here](#).



In summary, in developing outcomes it is helpful to consider:

- What does positive change look like?
- What changes do we hope to see in the short, medium and long-term?
- What assumptions, risks and unintended consequences do we need to consider?
- What is the contribution our activities make towards suicide prevention outcomes?



Outcome map

Once you have developed outcomes you can start to map how you will achieve these outcomes. This can be built up into a theory of change or an outcome map.

An outcome map is one approach to developing a diagram of your desired outcomes, and shows how you get from your inputs to those outcomes and the processes involved. It's a 'road map' that lays out how the activities will logically link up and contribute to the changes you expect to see. You may be familiar with other similar processes for explaining or visualising the change process such as Theory of Change models or logic models.

Plotting your outcome map brings multiple benefits:

Provides a clear vision and shared view between stakeholders of how the work will contribute to the intended outcomes and the steps you will take to achieve it

Improve buy in to these processes by showing stakeholders and decision makers how their input specifically will contribute to improved outcomes

Provides a structure for how you can evaluate your work, setting out what data and evidence you want to capture and use to analyse your progress at each step in the outcome map

Aid decision making around whether to expand, continue to deliver or stop an activity

Contribute to the evidence base to help reduce inequalities and prevent suicide

Showcase the positive work that is being taken forward locally



Template outcome map

There are different approaches to developing an outcome map, the one highlighted below is the structure used by Matter of Focus and in [the local suicide prevention outcomes map](#), but other approaches might include different headings.

This template for an outcome map helps us to consider:

- What we do
- Who with
- How they feel
- What they learn and gain
- What they do differently
- What difference does this make
- Final outcome

What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference does this make	Final outcome



Developing measures of success or progress

Once you have developed your local outcome map you can develop measures or indicators for tracking the progress of your work. These measures help you to know whether you are making a difference and are part of your approach to monitoring and evaluation.

Monitoring is the collection and analysis of information about a project or programme, undertaken while the project/programme is **ongoing**.

Evaluation is the periodic, **retrospective** assessment of an organisation, project or programme that might be conducted internally or by external independent evaluators.

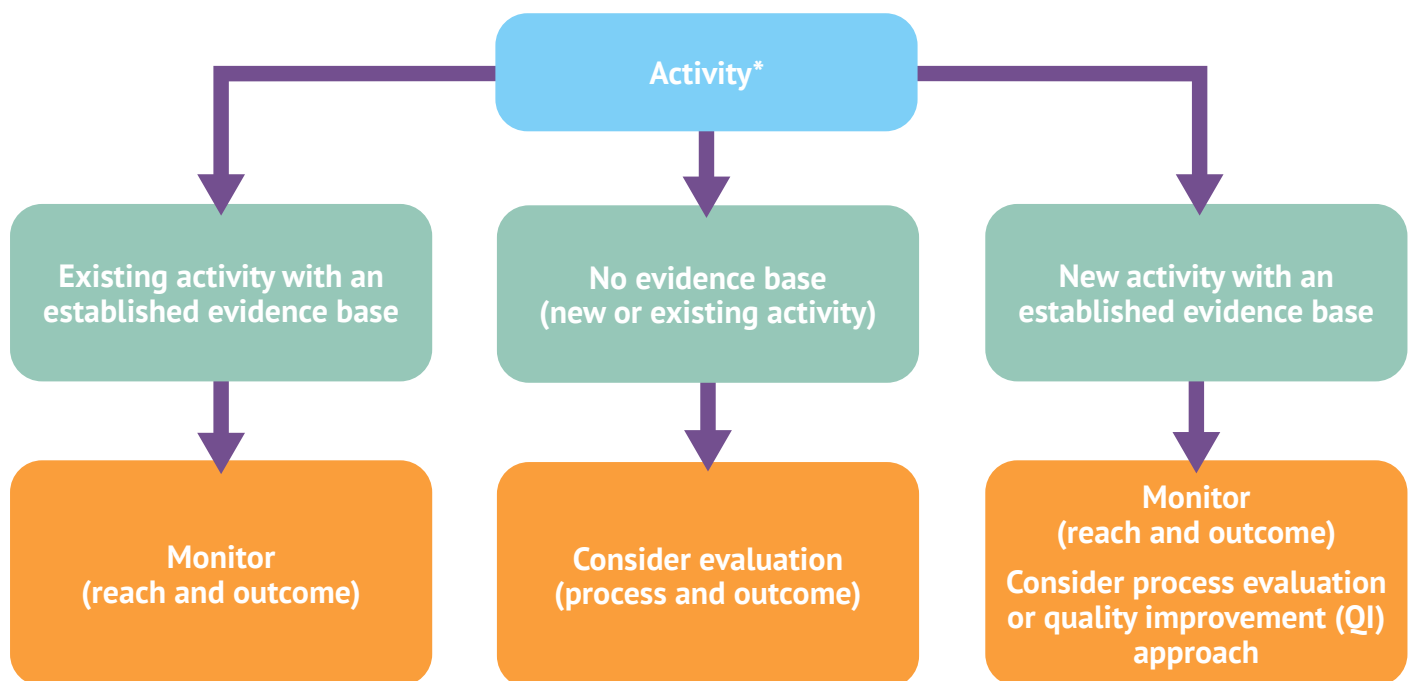
Source: Evaluation Support Scotland



Monitoring

Monitoring is often sufficient when you are delivering an activity with an established evidence base. Monitoring will usually focus on individual activities rather than wider projects. When monitoring you should be clear on what you are collecting and why, as well as how it will be used.

This [decision tree](#), developed as part of child poverty action planning guidance, can support you to consider whether monitoring is sufficient.



What to monitor?

In the [Action Plan Development section](#) of this toolkit we encouraged you to look at a range of data and evidence to help shape your priorities around suicide prevention. Ongoing assessment of the large quantities of data sources that you identified would be time and resource-intensive. When looking at what to monitor we only select the sources that will help tell the story about your local priorities.

Many local areas routinely monitor the core sources of suicide prevention data outlined in the [Data and Information section](#) annually, or more frequently to consider the overall trends.



The table below provides some examples of what to consider when thinking about what data and evidence to collect and monitor:

	Purpose	Example
Reach	Who is using this service? Are we reaching the right people?	Data on characteristics of those engaging (particularly those related to the priority groups)
Scale	Is the activity delivered at the scale required to meet need?	Number of projects running, number of people supported
Resourcing	Does this activity have sufficient resources to support delivery?	Number of staff, physical resources available (for example, buildings, equipment)
Implementation or outputs	Is this activity being delivered in the way it was planned?	Number or frequency of sessions; number of staff completing training, new systems developed and functioning
Outcomes	To what extent is the activity contributing to intended short, medium and long-term outcomes?	Experience of people using the service, increase in percentage of people reporting good mental health

A monitoring framework can help you to collate and present in one place what you plan to monitor. This might be a standalone document or included in your local suicide prevention action plan. It is helpful to include:

- Named lead
- What indicators (data or information) you are going to monitor? **(See p16 Indicators: What are you collecting?)**
- How are you going to collect the identified indicators? **(See p17 How are you collecting data and evidence?)**
- Frequency of collection (e.g. monthly, annual)



Evaluation

Evaluation is the analysis and interpretation of data to understand how work is progressing and the impacts and outcomes of a project or programme. It can be conducted internally or by external evaluation partners, and can be carried out during the course of a project to capture learning or it can be carried out at the end of the project to include a judgement as to how well a project has contributed to intended outcomes and impacts.

Types of evaluation

Process evaluation

To determine if and how an activity, intervention or programme is being delivered as intended. Identify barriers and facilitators to delivery to aid improvements.

Outcome evaluation

To determine whether an activity is having its intended effect.

Economic evaluation

To weigh up the success of an activity against the resources used.

Impact evaluation

To determine whether your activities are collectively making a difference in your local area.

While each of these evaluation types address different questions, process evaluation will form part of any other evaluation. You cannot understand outcome or impact without understanding the reach and delivery of the activity. This document focuses primarily on process and outcome evaluation. Further information about other types of evaluation is available on the [Better Evaluation website](#).

Earlier in this document we introduced [the decision tree](#), this highlighted that it is good practice to evaluate your work when you are:

- **Undertaking new activities with an existing evidence base** – for example process evaluation or quality improvement tools may be useful when undertaking activities with an existing evidence base but within a new community
- **Undertaking a new, innovative activity and there is no established evidence base** – this enables you to measure the implementation and impact of your activity
- **Considering the overall impact of your local suicide prevention action plan**



Should I evaluate?

The questions below will help you to shape your evaluation – this is sometimes called an [evaluability assessment](#).

- **Why are you evaluating?** Is this to assess how the activity is working and for whom? Is it a requirement of funding, reporting outcomes of an intervention, developing a service?
- **Is monitoring sufficient or do you need to evaluate?** This [decision tree](#) can support your decision around whether to monitor or evaluate.
- **Is the proposed evaluation proportionate?** Consider the scale of project, the resource required and the timeframe available. Are there other evaluations you can learn from?
- **Will the process tell you what you need to make change?** Will it tell you why something has happened, not just what happened. What are the limitations?
- **How does it engage stakeholders?** Involving stakeholders from the outset means that the work will be jointly owned, and reflect stakeholder priorities this can help to ensure that outputs are useful.

You can capture how you will monitor or evaluate your activity within your local suicide prevention action plan, or as a separate monitoring and evaluation plan. Many local areas will develop this alongside determining the activities within their action plan. Alternatively some local areas have included the development of a monitoring and evaluation plan as part of their activities, at a later stage in the delivery of their action plan.



Indicators: What are you collecting?

Once you have decided what you will monitor or evaluate, you will need to consider how to evidence this. Both quantitative and qualitative data and evidence can be helpful in monitoring and evaluating your activities – these are called indicators. You may already have existing data and evidence that you can draw on that was part of any Needs Assessment that you developed as part of [Action Plan Development](#). Examples of quantitative and qualitative data might include:

Quantitative Data

- Number of activities or people supported
- Data on characteristics of those engaged
- Likert scales showing people's reactions, or knowledge/skills gained
- Graphs or visualisation of data

Qualitative Data

- Descriptions of what was delivered or who engaged
- Informal feedback
- Feedback from participants about their knowledge, skills, capabilities, attitudes or behaviour change
- Reflections about learning
- Record of process and challenges and how they were tackled
- Description of partnerships
- Observations of reactions
- Photos and videos of activities
- Images of outputs from activities or how things have changed

The [Outcomes Framework for Creating Hope Together](#) provides example indicators that might support you to consider your local approach.



How are you collecting data and evidence?

This section highlights examples of different approaches to data collection.

Surveys

Surveys generally have a large sample size, and are a good way of gauging perspectives on specific questions quickly. However, they often lack depth, depending on the questions being asked, so you might be able to understand what people think, or what has gone well, but it could be difficult to understand why, or reasoning beyond the surface level.

Interviews, focus groups and case studies

More in depth approaches, such as interviews or focus groups can provide space and time to analyse perspectives in greater detail, as well as provide opportunities to understand reasoning and motivation, more so than surveys. However, these approaches tend to be time consuming and resource intensive, and require more buy in from participants, due to the time they might take.

Reflective impact log

A reflective impact log offers the perspective of the people delivering the activity, this can help us to identify challenges, early reflections and build up a fuller description of the activity. You can view a template reflective impact log on the [Matter of Focus website](#).



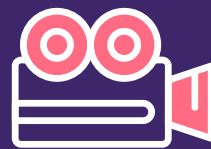
Quick feedback form

A quick feedback form can help to gather a lot of information using one tool. Using a quick feedback form makes the information collection more manageable whilst also gaining key information about your activity. [Matter of Focus](#) has created an example quick feedback form that maps to some of the headings in the local area outcome map.

Informal feedback record

This might include emails, tweets or pictures. This can capture both positive and negative feedback and keeps it all in one place which can be used as a source of evidence for impact and outcome tracking. An excel document can be a good way of capturing the date, context, what or who it was about, and the agency or person who gave the comment or feedback. Find out more about informal feedback records on the [Matter of Focus website](#).

[In this video](#) recorded as part of a workshop held in October 2024 we talk through where some of these sources of data and evidence can fit under the headings used when developing local outcomes. Watch from 1hr 2min – 1hr 9min



Examples of evaluation approaches in suicide prevention

There are a number of different approaches to evaluation that have been used in suicide prevention. Below are some examples of tools and approaches that you can use to inform your approach.

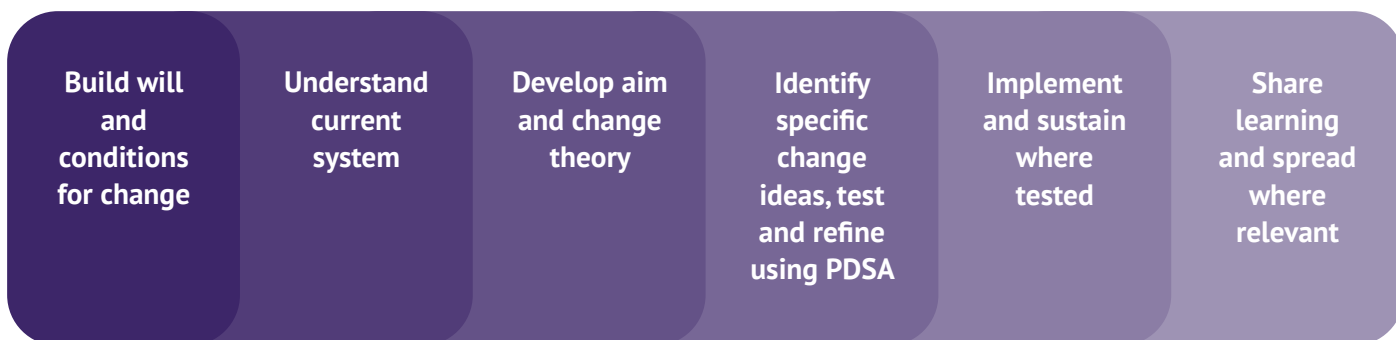
SUPRESE

The [Self-evaluation Instrument for Assessing Suicide Prevention at Sub-national \(Regional/Local\) Level \(SUPRESE\)](#) tool is intended to help agencies and individuals with responsibility for suicide prevention planning and action to assess:

- ♥ whether key elements of suicide prevention planning, strategy and action are in place in their area
- ♥ to what extent the implementation/delivery of these elements conforms to best practice and/or incorporates a commitment to evaluate effectiveness.

The SUPRESE tool can be used to review the progress of your local suicide prevention action plan or for the development of a new action plan. Further information about the SUPRESE tool is available in the [Action Plan Development section](#) of this toolkit.

Quality improvement (QI)



Quality improvement (QI) 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 and allows the opportunity to undertake rapid testing of ideas through the plan, do, study, act (PDSA) cycle and adapt the activities along the way based on the learning from each PDSA cycle.

Further information about QI, useful tools and available training can be found on the [TURAS Learn website](#).



Local suicide prevention outcome map

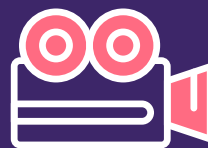
In June 2024 Public Health Scotland and Matter of Focus worked with local suicide prevention stakeholders with the aim of developing a **local suicide prevention outcomes map** to support local areas to measure the impact of their work. It is designed to reflect the breadth of working taking place across local areas in Scotland and can be used to support you to develop your approach to evaluation.

The local suicide prevention outcomes map can support you to:

- ♥ Plot the pathway to impact for your work.
- ♥ Audit current data to identify the data and information already captured that supports the evaluation, opportunities for improvement and gaps.
- ♥ Map your success or progress criteria
- ♥ Develop an evaluation plan to improve data and address gaps.
- ♥ Track progress.
- ♥ Report on your work.

This approach helps you to track what is important for you to be able to understand and evidence impact across your project.

This video explains how the local suicide prevention outcomes map was used to develop a pathway or logic model for the Creating Hope Scottish Borders Awards. It highlights indicators or 'success criteria' and potential sources of evidence. Watch from 38:45-50:31



Impact evaluation for mental health improvement and suicide prevention learning

A national learning resources review identified that evaluation of learning tends to focus on the evaluation of learning programme content, trainer/facilitator knowledge and skills, as well as confidence levels of the learner. To look more effectively at impact we can move towards post learning impact evaluation, or how knowledge and skills are put into action. Public Health Scotland has produced guidance around Impact Evaluation for mental health improvement and suicide prevention learning that has a number of tools and templates for you to use. The guidance highlights that:

- attitude and reaction measures are not effective in evidencing future performance and application of knowledge
- impact evaluation should be carried out between 1-6 months post learning
- the importance of considering whether practice has changed as an effect of learning that has been undertaken

For further information contact phs.suicidepreventionteam@phs.scot



Suicide prevention campaign evaluation

This **evaluation** looked at a campaign to prevent suicidality amongst working-aged men by encouraging men to talk about their mental health, seek help and where possible to support other men in their lives. This consisted of four interlinked projects to achieve the aims of the campaign.

Activity	Measured by
Targeted promotion of the “Stay Alive” app encouraging men in the target age group to talk and seek help Large scale digital and outdoor media campaign	Comparison of reach and use of app: Reach of app in the local area, Percentage change in new users, and men’s use of the app, Increase in interactions with the ‘help’ section of the app Survey of local users about how useful the app was to find further support, other features of the app and whether they would keep the app on their device. The survey also gathered information around increase in confidence of app users in talking about mental health and suicide.
Community Outreach targeting men who work in male-dominated industries	Observations and informal feedback from participants around increase in confidence in men to have difficult conversations with fellow workers, and commitment to ‘I’ll ask my mate if he’s ok twice’
Establishing “Andy’s Man Club” peer-to-peer support group	Number of attendees each week including new/ returning attendees. Feedback on how participants feel having attended Andy’s Man Club – this included increase in willingness to open up and feeling less alone
Outcome	Reflective practice: The PDSA approach was used as an approach to reflect on the delivery of the projects. Outcome: It was too soon to understand if the campaign had led to reduction in suicide but real-time suicide data was used to monitor suicides over this period and a decrease was seen. It is surmised that the campaign contributed to this decrease.



Evaluating partnership working

[This resource by Evaluation Support Scotland](#) supports you to take an outcomes-based approach to evaluating your partnerships and collaborations. It can help you to consider the contribution of, and benefits for, each partner and evaluate the impact of working together overall. It might be useful when you want to showcase the impact to others working internally and externally or want to understand what's working well and what isn't.

Resources and support

The following resources and support may be useful when considering your work around outcomes.

Suicide Prevention Scotland

This document is part of a [Local Area Suicide Prevention Planning and Implementation Toolkit](#) featuring a range of sections to support you in your work, this includes a number of practice examples that will be added to over time.

In 2024 a series of workshops were held by Public Health Scotland and Matter of Focus on the topics of Outcomes, Monitoring and Evaluation. You can watch them by clicking the links below:



Workshop 1

- ♥ Context mapping and the ISM model
- ♥ What factors help and hinder local suicide prevention work?
- ♥ Understanding monitoring and evaluation experiences locally



Workshop 2

- ♥ Recap on Matter of Focus Approach
- ♥ Success Story – Walkthrough Example



Workshop 3

- ♥ Using the local suicide prevention outcomes map
- ♥ Example pathway
- ♥ Creating Hope Scottish Borders Awards
- ♥ Sources of evidence and prioritising what to measure)

Matter of Focus

Matter of Focus have worked with Public Health Scotland to support the development of this guidance and a series of workshops to support our work around outcomes, monitoring and evaluation. [Matter of Focus website](#) has a number of useful tools, articles and webinars to support your practice:



Evaluation Support Scotland

Evaluation Support Scotland provides information and step by step guides to developing outcomes are available from:

A range of free resources, tools and templates are available 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.

Public Health Scotland

Public Health Scotland's resource **Prioritise Child Poverty: A data and systems approach** has some useful information around action planning, use of data and monitoring and evaluation. Although the topic is different, the concepts are the same and you might find it a useful resource if you would like to learn more.

Better Evaluation

The Better Evaluation website has a number of useful evaluation resources and pointers to support you.

RAND Suicide Prevention Program Evaluation Toolkit

The **RAND suicide prevention program evaluation toolkit** provides a comprehensive breakdown of different approaches to suicide prevention evaluations and provides some tools and checklists to support you to do so.

