**There are various types of evaluation and actions to take after each type of evaluation. This is a cycle of evaluation.**

Make final modification/ad aptations and "scale-up" by sharing with other communitiies

- Community mobilization
- Can chose promising program and adapt
- Develop vision, mission and tentative objectives

Outcome assessment

Needs assessment

Implementation evaluation

Process evaluation
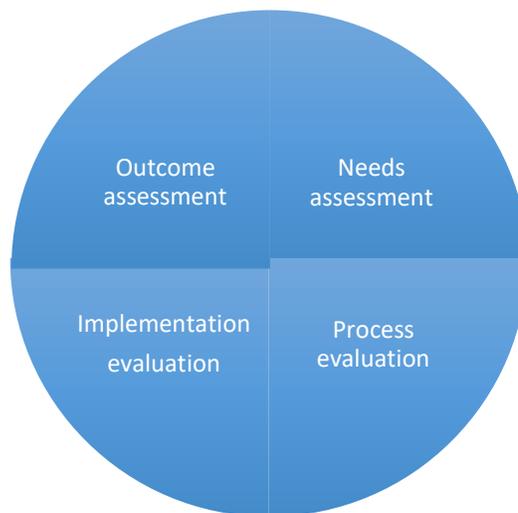
- Make appropriate modifications of implementation Based on evaluation

- slowly adapt the mission, vision and objectives
Based on what is coming out from Process evaluation
- Develop a logic model and clear steps for implementation

## 1. Evaluation of needs

Document the community needs, resources, strengths, challenges for community mobilizations

o       What initiatives, services, programs, resource people already exist in your community
o       What are main health and social difficulties in your community
o       What is the level of community readiness for change
o       What is the level of group efficiency (ability to work as a group towards change)
o       What is the current degree of collaboration between services, actors, resources
o       How connected are people to culture, identity, the land, others in their community
o       Perceptions and attitudes towards suicide
o       People's knowledge of risk and protective factors,
o       People's knowledge and attitudes regarding available resources

**Possible methods**

o       Community Survey
o       Semi-structured interviews
o       Community meetings/workshops, radio talk shows
o       Focus groups with community representatives
o       Activities with children and youth (photovoice and digital storytelling are an option)
o       Mapping the community
o       Developing a collective community history

**Tools**

o       You can use the tables on page X, Y to assess whether your community has these different elements of suicide prevention already, and where the gaps are.

o       http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main

**REFERENCES AND EXAMPLES**

o       **http://www.fairbankswellness.org/sites/default/files/2016-04/2015%20FWC%20CBHPEI%20Needs%20Assessment.pdf**   **(See appendices for grids)**

o       **https://www.k4health.org/sites/default/files/migrated_toolkit_files/Health_Needs_Assessment_A_Practical_Guide.pdf**

o       **Australia Indigenous population of Northern Territory https://www.ntmhc.org.au/wp-content/uploads/2016/09/2016-NT-PHN-Needs-Assessment-Mental-Health-and-Suicide-Prevention.pdf**

**Chapter 5:** http://cmho.org/documents/res-prom-stat-en.pdf

**Page 15-19** http://www.naho.ca/documents/fnc/english/FNC_SuicidePreventionToolkit.pdf

Once the community needs are clear you can chose the process that you wish to embark on: starting something from scratch, bringing key people together to develop a protocol, chose a promising program that fits with the needs of the community, developing a mission, vision, and initial objectives, as well as a strategy for implementation.


## 2. Process evaluation or developmental evaluation

**Document the process of starting your initiative:** where is it taking place, how is it developing over time, who is involved, what seems to work well.

For planning and for assessment you can chose to use a model. Here is a model used in psychoeducation for planning and assessment of activities.

**Document the experience of people participating in the initiative:** who is participating, who isn't? how do they feel about the initiative, what do they seem to be living, what seems to be important to them in the process

This process evaluation allows people to slowly clarify the objectives of their initiative and adapt the initiative based on their objectives. It can also allow people to develop a logic model that will help organize the needs, objectives, the needed resources and the expected outcomes. At this point you can slowly develop steps and guidelines for implementation of your initiative/program. Remember, not all initiatives have clear steps for implementation, they can chose to be more informal and flexible being guided by values rather than steps.

**Potential methods:**
Ethnographic approach – spending time with people doing the initiative, systematically writing or voice recording field notes
Having group discussions about the subjects that are appearing as important
Individual interviews with people who are developing the initiative, people benefiting from the initiative and people not using the initiative.
Recording minutes of actions, decisions, activities that take place – can develop a short and easy grid to help systematically record this information.

**Examples of process evaluation:**

Andréanne Lemaire, student of Mélanie Vachon and Sarah Fraser is conducting a research project that resembles a process evaluation of the ArtCirq program in Igloolik.

**Building Bridges process evaluation**

Subsequently, this evaluation seeks to answer five questions in order to assess the appropriateness, effectiveness and success of the Building Bridges Project:

1. What was the environment at the initiation of the project?

2. How well does the intervention approach link to its objectives?

3. How appropriate and effective were the activities undertaken in the communities?

4. What else has occurred in the community environment?

   5. What level of change has been achieved?

https://www.researchgate.net/profile/Kathy_Mckay4/publication/44841841_Building_bridges_to_implement_successful_life_promotion_and_suicide_prevention_expertise_across_Aboriginal_communities_Evaluation_Report/links/00463536c1bf0a7613000000.pdf

Stephen D. Ritchie, Mary Jo Wabano[b], Rita G. Corbiere[c], Brenda M. Restoule[d],
Keith C. Russell and Nancy L. Young (2015). Connecting to the Good Life through outdoor adventure leadership experiences designed for Indigenous youth. Journal of Adventure Education and Outdoor Learning.


**For an example of a planning and logic models**
See page 89 and more
https://suicidepipinitiative.files.wordpress.com/2008/09/logic-model.pdf

1 page logic model on youth suicide prevention
http://www.excellenceforchildandyouth.ca/sites/default/files/docs/PEtoolkit2013/Pg9_LogicModelTemplate_Example_EN.pdf

Page 132:
http://nspsummit.ca/sites/default/files/NSPS%20Evaluation%20FINAL%20Report%20June%202015.pdf

## 3. Evaluation of implementation

The objective of implementation evaluation is to determine to what degree the planned initiative was implemented as supposed to be.

Ex:

- was each step implemented?
- How many people took part in each step?
- Were the key components of each step done as expected?
- How did people respond to each step?
- What had to be changed in each step and why?

To do implementation evaluation it is important to have clear expectations of steps, resources expected to be used, plan of how to go about doing each step, measurable objectives…

Doing implementation evaluation allows you to see if your program/initiative needs to be adapted to the realities of your community/organization/clientele ect…It is possible that people you work with are less interested in certain components of an initiative, or that you don't have the resources required, or that it doesn't fit with the needs and culture of the people it is targeted to. There are many more reasons why a program/initiative would need to be adapted.

### Methods

Implementation evaluation require systematic documentation of each step. This means having a template document to write down certain things that are important to your program/initiative depending on the objectives.


## 4. Outcome evaluation

Outcome evaluations are conducted to assess whether your program/initiative reached the intended objectives.

You cannot evaluate the outcomes of a program without having a clear idea of the objectives of this program and of the needs of the people it is meant to serve. Moreover, it is important to know how the program was implemented before doing the outcome evaluation because it the outcomes are not what is expected it is impossible to know whether it was because the program doesn't work or because it wasn't implemented as it should have been. The program may also have impacts on spheres that were not assessed, and it is possible that the methods used to assess the spheres did not capture what you wished to capture perhaps because the methods were not adapted to culture.

You therefore need to have developed clear short, medium and long-term goals before the implementation phase.

It is very difficult to evaluate the real long-term goal of suicide prevention initiatives: reducing the number of lives lost by suicide.
Therefore, we must find short and medium term objectives that we believe will help our long-term objective, even if we can't easily evaluate this long-term objective.

The evaluation must be based on the objectives of the program.

Examples
A suicide awareness campaign may have as objectives

| to increase awareness of suicide prevention resources in the community | Conduct a community survey before and after the campaign |
| --- | --- |
| to improve community attitudes towards suicide | Conduct a community survey before and after the campaign |
| to increase knowledge of risk and protective factors | Conduct a community survey before and after the campaign |
| Increase the number of referrals to clinics | Document the number of referrals to clinic related to suicide ideations/attempts  months before the campaign, 3 months into the campaign and 3-6 months after campaign ended |

Moreover, ideally an evaluation would start from baseline measures – measures taken before the program or initiative started, and after. This can be hard if you didn't decide before hand the objectives of the program. However, there are baselines measures that are typically assessed in suicide prevention research.

1) individual level measures
   - suicide ideations, attempts
   - hospitalisations, referrals, hospital records
   - psychological distress (k6), self-esteem, collective esteem
   - use of services, where people go for support
   - protective factors: having someone to go to for help, levels of connectedness with culture, land, spirituality
   - risk factors: bullying, alcohol abuse and drug use, exposure to violence, sexual abuse

2)  Family level measures
      •  Family Cohesion and conflict scales
      •  Interpersonal dependency scales
      •  Presence of mental illness or major health difficulties within the household

3)  Community level measures
      •  Attitudes towards suicide
      •  Knowledge regarding suicide risk and protective factors
      •  Availability of resources/types of resources
      •  Community readiness framework
      •  Degree of community mobilization
      •  Socio-economic markers (poverty, food safety, overcrowding, employment opportunities…)

4)  Organizational/clinical level measures
      •  Presence of suicide prevention/intervention policy within each organization
      •  Inter and intra-organizational collaboration assessment
      •  Attitudes, knowledge and confidence of interveners  regarding suicide
      •  Level of satisfaction of clients regarding services
      •  Perceived cultural safety of services

5)  Program level measures
      •  You can also use the ingredients listed in the table. You can see whether the program or initiative meets these ingredients.