

# 9 Findings: Effectiveness – Enablers and barriers

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## 9 FINDINGS: EFFECTIVENESS – ENABLERS AND BARRIERS

This chapter identifies key enablers and barriers to the effectiveness of NSPP-funded projects. The information presented is based on projects' reported experiences in terms of their capacity to meet need and potential opportunities to improve effectiveness. Suggestions for improvement are presented in *Section 9.3*. The information presented is drawn from the project survey, thematic analysis of project data and documentation (including progress reports), and information submitted for the MDS.

### 9.1 Enablers

Four key enablers that positively impacted on project effectiveness were identified:

- Community engagement
- Strong relationships
- Existing networks
- Productive project teams.

#### 9.1.1 *Community engagement*

Engaging a wide range of community members in projects was an important way to ensure suicide prevention messages were disseminated as widely as possible. Examples of this engagement included:

- Continued attempts to improve attendance at events. Inviting parents and community members to dance events and graduation ceremonies or encouraging them to assist with the running of a sports team improved community involvement and pride in the outcomes achieved
- Use of innovative approaches such as art classes, art exhibitions or cultural performances which helped projects reach a wider audience
- In Aboriginal and Torres Strait Islander communities, encouraging elders to engage in the development of suicide prevention messages and materials promoted community ownership of the messages and meant that the information was much more likely to be relevant and accepted as culturally appropriate. This in turn increased the likelihood of its success and effectiveness
- Working in class environments was important for some projects
- Media activities, which were an aspect of several projects, reach a wide audience and assist with educating media workers about how to deal with suicide sensitively, appropriately and in ways that reduce the risks of further harm related to reporting (eg, stimulating 'copy-cat' type behaviours).

#### 9.1.2 *Strong relationships*

Relationships emerged as the key enabler which facilitated the successful implementation of NSPP-funded projects. Relationships were particularly important in terms of facilitating greater community engagement.

Relationships in this context, however, were multifaceted and included both external (with other organisations) and internal (between staff/volunteers) components. External relationships not only included the community in which the project was set, but also other service providers in the area, and stakeholders such as police or ambulance services. The presence of positive relationships among workers in a healthy, productive team environment was cited as a key internal enabler. One project

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reported that *'the workers seemed pleased that [NSPP-funded project's] presence in and around the building and construction industry was continuous, consistent and a resource which they could draw on for support as required'*.

Additionally, relationships that were built and maintained led to other contacts and the potential for expansion of program work.

### 9.1.3 Existing networks

Using existing networks and building on previous work helped projects to get established. Extensive networking and relationship building was particularly important in the early stages of a project and required ongoing attention in order to help the project grow and embed in the community. In some smaller communities, local responsiveness and a close-knit community meant that workers tended to know one another and were able to establish networks and understand the issues leading to difficulties in the community.

### 9.1.4 Productive project teams

Maintaining a well-functioning, productive team with paid full- or part- time staff, casual staff and/or volunteers was a challenge but vitally important in delivering high quality services. Achieving team cohesiveness through regular training, mentoring and social interaction with the team, as well as through long-term investment in staff wellbeing via supervision and wellbeing assessment processes, was identified as important but difficult to achieve, particularly for projects in isolated areas. Suicide prevention work can be stressful and challenging and staff wellbeing required continued attention.

Recruiting the right personnel was also found to be very challenging, but when recruitment strategies worked well and people remained in roles for an extended period of time, performance was reported as superior.

#### Key findings

- Strong relationships within the community, between service providers, and with other stakeholders such as police or ambulance services, as well as positive relationships among workers in a productive team, were key enablers for projects.

## 9.2 Barriers and challenges

Barriers and challenges can negatively impact on effectiveness. This section identifies the key barriers and challenges that emerged from the project survey, thematic analysis of project data and documentation (including progress reports), and information submitted as part of the MDS.

### 9.2.1 Funding

Funding limitations were recognised as a barrier for a number of projects, and the shortage of resources this produced was cited as a reason for difficulties delivering the number, range, intensity or geographic coverage of services needed. Several projects reported a desire to expand their services to other areas or other settings (such as schools or workplaces) but could not do so because of funding limitations.

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The short-term nature of funding was also reported to limit the potential for ongoing program development, as well as leading to recruitment difficulties. In some cases, reduction in funding amounts between funding periods placed a strain on the ability to deliver services as planned. In addition, some projects were reluctant or not able to promote their services because they were concerned that a lack of future funding would mean that services could not be delivered.

In some projects, there were concerns related to the small size of the project (in terms of amount of funding and/or number of staff) and the ability to cover absences and continue service delivery and service development. In some cases, the small size of the project limited the ability to cover leave, ensure information technology was up to date and operational or ensure that optimal care of workers (related to supervision, etc) could be undertaken.

### Key findings

- Some projects reported that funding limitations and uncertainties:
  - Made it difficult to deliver the number range, intensity or geographical coverage of services needed
  - Restricted expansion and/or development of project activities
  - Restricted their ability to ensure optimal employee supervision and staff recruitment.

### 9.2.2 Staffing

Recruitment and retention of adequately trained and skilled staff was a common issue for projects. This was in addition to the expected typical staffing challenges, such as resignations and illness. Specific issues included:

- The specialist skills required for some suicide-prevention roles. Attracting and retaining 'work-ready' staff was a problem, especially for projects requiring staff from particular cultural backgrounds (eg, Aboriginal and Torres Strait Islander people) or who understood the particular needs of the target group (eg, working with older men)
- Difficulties recruiting staff to rural and remote locations
- Remuneration levels required to attract and retain staff were prohibitive to program sustainability in some areas
- Long gaps in service delivery whilst recruitment was being undertaken led to loss of confidence in the services and a continual need to rebuild trust with new staff members
- The short-term nature of NSPP funding led to difficulties recruiting staff to short-term roles because of a perceived lack of job security
- The often stressful and demanding nature of suicide prevention work (particularly in some community settings) was suggested as a reason for higher levels of staff turnover and position vacancies.

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### Key findings

- Staff recruitment and retention difficulties, which were seen to be largely a function of the short-term NSPP funding, were commonly cited as a barrier to effective program implementation.

### 9.2.3 Administration

Barriers and challenges in the administration of projects took several forms. Issues associated with organisational culture, and the skill levels of staff, managers and decision-makers, were cited as difficulties by some projects. The burden of continually applying for funding to deliver services and the pressure of delivering on short-term financial contracts were noted challenges that, in some cases, stifled change, flexibility and capacity.

### 9.2.4 Weak relationships

- While strong partnerships and relationships were seen as key to project success, challenges to developing partnerships and relationships were also a barrier to success. Difficulties included:
  - Relationship building was inevitably time-consuming, and the time required was sometimes underestimated, especially in the project start-up phase
  - Engaging external stakeholders in the project (eg, local schools, health services or other service providers) was challenging due to competing demands on their time and, in some cases, differing perspectives on the importance of suicide prevention
  - Lack of clarity around roles and referrals between service providers (eg, linking hospital patients with GPs) and, in some cases, perceived 'territorial behaviour' among partnering organisations. For example, some mental health clinicians were reluctant to accept approaches to suicide prevention that used peer support models if they did not see these approaches as a legitimate model of care
  - Administrative and bureaucratic issues and 'unsupportive policies' within organisations were also identified as problems for some projects.

### Key findings

- The key relationship barriers identified were:
  - Time required for relationship building
  - Difficulties engaging external stakeholders
  - Lack of clarity around roles and referrals between service providers.

### 9.2.5 Target group

Engaging target groups in suicide prevention activities was challenging for a number of projects. Examples of difficulties included:

- People not turning up to planned workshops or events, in some cases necessitating cancellation of events due to low participant numbers
- Concerns about the confidentiality of divulged problems or difficult circumstances

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- For some target groups, a reluctance to discuss emotions or to talk about the issue of suicide because of the fear of stigmatisation
- Similarly, some target groups were reluctant to engage with health professionals. This was noted particularly for projects targeting older men. Social stigma related to mental illness and suicide was reported as a barrier to help-seeking and engagement by some projects. Projects employed a number of strategies to reach their target groups in a way that was non-threatening
- For participants of workforce development projects, suicide prevention training necessitated time away from their day-to-day jobs. Time release was often resisted by management
- Projects that operated in school settings often reported conflicting priorities and demands on the curriculum.

### Key findings

- Projects experienced difficulties in engaging with target groups due to:
  - Poor attendance at events
  - Social stigma relating to suicide which resulted in a reluctance to talk about suicide or seek help
  - Competing priorities within settings such as schools and workplaces.

### 9.2.6 *Specific challenges for projects focusing on Aboriginal and Torres Strait Islander populations*

The complex social and cultural issues faced by Aboriginal and Torres Strait Islander communities created challenges for projects addressing this target group. Key issues included:

- Time required to build trust in Aboriginal and Torres Strait Islander communities, including building positive relationships with elders
- Importance of ensuring that resources developed or training provided is culturally appropriate and pitched at an accessible literacy level
- Permission was required to access some Aboriginal and Torres Strait Islander communities and this process was time-consuming
- Recruitment and retention of Aboriginal and Torres Strait Islander staff was difficult
- One project reported that events were often cancelled because of funerals or other sorry business (due to suicide or other reasons), underscoring the magnitude of the health and social problems faced by some Aboriginal and Torres Strait Islander communities
- Difficulties collecting data due to reluctance or inability to fill out forms or reluctance to be formally followed up.

### Key findings

- A range of additional challenges exist for projects targeting Aboriginal and Torres Strait Islander populations, which can increase the time and resources required to establish initiatives.

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### 9.2.7 *Data collection*

There are several areas where data collection and availability was reported to create barriers to the work of projects. Difficulty obtaining data on suicide rates and at-risk groups made it difficult for some projects to understand the specific needs of their target groups and also made it difficult to assess the effectiveness of their interventions. A lack of time and money to collect reliable, consistent data also impacted on the ability of project staff to conduct evaluation activities. The nature of some NSPP-funded activities (such as work with some Aboriginal communities or work through the media) meant it could be difficult to collect reliable statistics on the number of people assisted or reached by the activities.

### 9.2.8 *Technology, literacy and language*

In some cases, lack of computer access and low levels of literacy were reported to influence the usefulness of interventions. In one instance, materials (eg, pamphlets, DVDs, etc) were pitched inappropriately for the audience, hampering the ability to engage the target group. Voice Over Internet Protocol (VOIP) has been a significant issue for one project, with 'line drop outs' making service delivery disjointed. Embedded computer software systems have hampered some projects collecting the MDS data as modifications to existing systems were necessary (taking considerable time and costing considerable amounts of money).

### 9.2.9 *Rurality and distance*

Rurality and distance created a number of challenges. The geographic spread of some projects meant that staff needed to travel large distances, and also created logistical problems with coordinating programs from a distance. Attracting staff to rural and remote parts of Australia is generally difficult, and attracting workers with specific skills in mental health and/or suicide prevention may be more difficult still. Furthermore, living in rural or remote areas is a risk factor for suicide in its own right (for a number of reasons that include the potential for social isolation and limited access to services), which created additional challenges in terms of engaging this target group.

### 9.2.10 *Other factors*

Several projects reported that external factors beyond their control created obstacles. These included natural disasters (floods, cyclones) and limited employment opportunities for people who had undergone training.

## 9.3 *Improving effectiveness*

The information presented about improving project-level effectiveness was derived from three sources:

- Thematic analysis of project data/documentation
- Survey responses
- Comments from project staff made during the workshops.

The following three sub-sections identify:

- Project design issues
- Data and evaluation issues
- Other suggestions for improvement.

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### 9.3.1 *Project design issues*

Some projects acknowledged weaknesses in project design that were considered to have influenced project effectiveness. These included:

- Duplication between service providers
- Inappropriateness of resources or training programs, eg, culturally inappropriate, inappropriate to literacy level
- Poor governance, eg, dissolving stakeholder reference groups, out-dated policies and procedures
- Misjudged demand for services
- Registration forms not able to be used
- Sub-optimal communication with stakeholders leading to a lack of clarity around project purpose/activities.

### 9.3.2 *Data and evaluation issues*

A number of projects reported sub-optimal data collection and evaluation processes that limited their ability to measure effectiveness. These included:

- Inadequate baseline data collection
- Limited evaluation data collection, eg, clinical outcomes
- Difficulties recruiting clients for interview (eg, to enable exploration of qualitative barriers and enablers related to pathways to care)
- Inconsistent record keeping, making it difficult to track clients and measure progress
- Insufficient documentation of referral pathways/destinations
- Difficulties administering measurement tools (eg, pre-post workshop surveys) or collecting data on some service users. For some older men, for example, the need to document personal details was described as a barrier to service usage. Similarly, completing follow-up assessments of young people from refugee backgrounds was difficult.
- Inadequate documentation of suicide related behaviours or deliberate self-harm for people presenting to emergency departments.

### 9.3.3 *Other suggested improvements*

Of the 49 NSPP-funded projects examined, 35 provided comments in response to questions about suggestions to improve program/project effectiveness. The most common suggested areas for improvement were in relation to:

- Funding
- Collaboration and coordination
- Project support.

#### *Funding*

Almost half of the projects (16 of 35) that commented on potential ways to improve effectiveness cited funding as an issue. Ten of these 16 respondents reported that expansion of their project was not

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possible because of funding uncertainty or lack of funds for expansion. A number of respondents recommended longer funded periods.

### *Collaboration and coordination*

Almost one-third of respondents (11 of 35) suggested that improved collaboration with other suicide prevention projects would increase effectiveness by developing a better understanding of the work of other NSPP-funded projects and encouraging closer links with national initiatives and promotional campaigns.

More than one-quarter of projects (10 of 35) suggested that enhancing communication between NSPP-funded organisations would improve program effectiveness. Suggested methods of improving communication included presentations, conferences, workshops and other networking opportunities, as well as a telephone information service.

It was also suggested that the links between researchers and practitioners could be strengthened.

### *Project support*

Several projects requested assistance with program development and evaluation to both increase effectiveness and enable demonstration of effectiveness. One project expressed a desire for evaluation support in order to ensure that project activities are 'doing no harm'.

#### **Key findings**

- Projects reported that:
  - Some project-specific design issues impacted effectiveness
  - Sub-optimal data collection and evaluation limited projects' ability to measure effectiveness
- Other suggestions by project staff for improving project effectiveness were:
  - Increasing funding amounts and periods
  - Improving collaboration with, and coordination between, funded organisations
  - Providing support for organisations to improve capabilities in project development and evaluation.

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### 9.4 Summary of key findings

- Relationships within the community, between service providers, and with other stakeholders such as police or ambulance services, as well as positive relationships among workers in a productive team, were key enablers for projects.
- Some projects reported that funding limitations and uncertainties:
  - Made it difficult to deliver the number, range, intensity or geographical coverage of services needed
  - Restricted expansion and/or development of project activities
  - Restricted their ability to ensure optimal employee supervision and staff recruitment.
- Staff recruitment and retention difficulties, which were seen to be largely a function of the short-term NSPP funding, were commonly cited as a barrier to effective program implementation.
- The key relationship barriers identified were:
  - Time required for relationship building
  - Difficulties engaging external stakeholders
  - Lack of clarity around roles and referrals between service providers.
- Projects experienced difficulties in engaging with target groups due to:
  - Poor attendance at events
  - Social stigma relating to suicide which resulted in a reluctance to talk about suicide or seek help
  - Competing priorities within settings such as schools and workplaces.
- A range of additional challenges exist for projects targeting Aboriginal and Torres Strait Islander populations, which can increase the time and resources required to establish initiatives.
- Projects reported that:
  - Some project-specific design issues had impacted effectiveness
  - Sub-optimal data collection and evaluation limited their ability to measure effectiveness.
  - Other suggestions by project staff for improving project effectiveness were:
    - Larger funding amounts and longer funding periods
    - Improving collaboration with, and coordination between, projects
    - Providing support for organisations to improve capabilities in project development and evaluation.