South Australian Suicide Prevention Networks

Evaluation Toolkit

Name of Suicide Prevention Network

Evaluation Year: (eg 2018)

Key Activities

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Activity:	
Who was Involved	(eg, young males aged 16-24 years)
What was Involved	(eg two hour community based suicide prevention education session held in April 2018)
Purpose of Activity	(eg reduce the stigma associated with suicide and increase awareness in the community)
Outcome of Activity	(eg community awareness around suicide and self-harm increased and vital contacts within the community and services obtained)

Surveys Undertaken

Demographic							
What is your gender?	Female		Male		Gender Diverse		
What is your age?				. years			
What is your current work status?	Full-time				Part-time		
	Volunteer				Student		
	Unemploye	d			Retired		
	Other (plea	se spe	ecify)				
What is your occupation?							
What is your postcode?							
Experience with Suicide Prevention	Network						
When did you first hear about the Suici	de Preventio	on Ne	twork aı	nd how d	id you hear about i	t?	
In the last 18 months, which of the follo connected with or heard about? (you m					events/activities ha	ave you	
Stand up for Mental Health			RU OK	Day			
Creating Connected Communities			Annual	General N	Meeting (AGM)		
Youth Mental Health First Aid			Mental	Health Fir	st Aid		
World Suicide Prevention Day							
What other events/activities do you thin	nk the Suicio	de Pre	vention	Network	should conduct in	the futu	re?
Do you have any suggestions for how t	the Suicide F	revei	ntion Ne	etwork co	ould be improved?		
Do you have any further comments?							

Qualitative Evaluation for Interviews and Focus Groups (SPN Committee Members)

Demographic						
What is your gender?	Female		Male		Gender Diverse	
What is your age?			years	S		
What is your current work status?	Full-time				Part-time	
	Volunteer				Student	
	Unemploy	ed			Retired	
	Other (plea	ase spec	cify)			
What is your occupation?						
What is your postcode?						
Experience with Suicide Prevention	n Network					
When were you introduced to this Suic	ide Prevent	ion Netv	work and ho	w did	you become aware o	f it?
What made you interested in volunteer	ing for the S	Suicide	Prevention N	Netwo	rk?	
In your own words, what does this Suid	cide Preven	tion Net	work do?			
What is your role within this Suicide Pr	revention Ne	etwork (what do you	do fo	r the Network)?	
,		`	•		,	
Is there a cross-over between your role	within the	Suicide	Prevention	Netwo	ork and your work in	the
community?					·	
Which aspects of this Suicide Preventi	on Network	do you	believe have	e cont	ributed to its effectiv	eness?

How can this Suicide Prevention Network be improved in the future?
What should the main focus/impact of a Suicide Prevention Network be?
Is this Suicide Prevention Network currently achieving these aims and if so, how?
Have you had any specific training around suicide prevention? (please detail below)
Name of Training
How long ago was this training
What were the most significant understandings you took away from the training?
Can you provide an example of when you used this training to assist someone in need and what the outcome was?
Do you feel comfortable providing support to a community member at risk of suicide?
How effective have you found the Suicide Prevention Network as a community approach to suicide prevention?
Any further comments?

Mainstream/Local Media Tracking

Date of Media Output	Media Type (Television/Print/Radio)	Name of Media Source	Article Title	SPN Member Interviewed	Number of Times Item 'Shared' or 'Liked' on Social Media
(eg 19 November 2018)	(eg Television)	(eg Channel 9 News)	(eg New Suicide Prevention Launched in the Adelaide Hills)	(eg Fred Smith)	(eg Shared 11 times and Liked 250 times on Facebook/Instagram)

Facebook/Social Media Tracking

Date of Evaluation/Media Check	Content of Post	Number of Followers/Friends	Number of Times Shared	Number of Comments on Post	Number of Likes
(eg 19 November 2018)	(eg xxxxxxxxxxxxx Suicide Prevention Network - Community Event with Guest Speakers Presenting on Men's Health)	(eg 125)	(eg 17)	(eg 11)	(eg 165)

Presentations/Information Sessions/ Events Tracking

Date of Event	Name of Event	Location of Event	Number of Attendees	Demographic of Attendees	Type of Information/Material Distributed	Number of Information/Material Distributed
(eg 7.0pm-9.00pm - 19 November 2018)	(eg xxxxxxxxxxxx Suicide Prevention Network - Wellbeing and Mental Health Awareness for Youth)	(eg Town Hall - Gawler)	(eg 150)	(eg age, female/male)	Flyers Pens Information Cards	25 250 55

Event Feedback

What was most helpful to you about (insert the event name here)? What was least helpful to you about (insert the event name here)? Would you attend (insert the event name here) if it was held again in the future? Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments Do you have any suggestions for how (insert the event name here) could be improved?	We are interested in your experience with (insert the event name here)? Your feedback is important for improving events of a similar nature
Would you attend (insert the event name here) if it was held again in the future? Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Unsure Comments	What was most helpful to you about (insert the event name here)?
Would you attend (insert the event name here) if it was held again in the future? Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Unsure Comments	
Would you attend (insert the event name here) if it was held again in the future? Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Unsure Comments	
Would you attend (insert the event name here) if it was held again in the future? Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Unsure Comments	
Would you attend (insert the event name here) if it was held again in the future? Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Unsure Comments	
Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments Comments	What was least helpful to you about (insert the event name here)?
Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments Comments	
Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments Comments	
Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments Comments	
Yes No Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments Comments	
□ No □ Unsure Comments Would you recommend (insert the event name here) to family/friends? □ Yes □ No □ Unsure Comments	Would you attend (insert the event name here) if it was held again in the future?
Unsure Comments Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments	☐ Yes
Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments	□ No
Would you recommend (insert the event name here) to family/friends? Yes No Unsure Comments	Unsure
☐ Yes ☐ No ☐ Unsure Comments	Comments
☐ Yes ☐ No ☐ Unsure Comments	
□ No □ Unsure Comments	Would you recommend (insert the event name here) to family/friends?
Unsure Comments	☐ Yes
Comments	□ No
	Unsure
Do you have any suggestions for how (insert the event name here) could be improved?	Comments
Do you have any suggestions for how (insert the event name here) could be improved?	
	Do you have any suggestions for how (insert the event name here) could be improved?

Thank you for taking the time to complete this feedback form

Feedback from Conversation Undertaken with Members of the Public

We are interested in your thoughts above the topic of suicide prevention							
Afte	After our conversation today, are you more aware about suicide?						
	Yes - plea	se describe one new thing you have learnt about suicide prevention below					
	No						
	Unsure						
	r our conversation	on of today, are you more confident to talk to friends/family/others about					
	Yes						
	No						
	Unsure						
Com	ments						
Wol	ıld you like to kn	ow more about suicide prevention?					
7700							
u		ide your name and contact information below so that we can assist with this request					
	Name:						
	Address:						
	Contact Number:						
	No						

Thank you for taking the time to complete this feedback form

Fundraising Tracking - Events							
Date of Event	Name of Event	Funds Raised	Less Costs (catering, venue hire, merchandise etc)	Total Funds Raised (funds raised less costs)			

Fundraising Tracking - Donations Name of Donor Donation Amount Date Received