NOSP Best Practice Guidance for Suicide Prevention Services:

Learning from development and early implementation

October 2021

Connecting for Life

For Policy.
For Practice.
For Impact.

This report was produced by the Centre for Effective Services (CES) for the HSE National Office for Suicide Prevention (NOSP).

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SECTION 1

Introduction and Background

This report summarises learning from evaluation activities carried out by the Centre for Effective Services (CES) in relation to the development and early implementation of the HSE National Office for Suicide Prevention (NOSP) Best Practice Guidance for Suicide Prevention Services (BPG).

The BPG was co-produced by NOSP and a range of non-governmental organisations (NGOs) working in the field of suicide prevention, with other expert input, between 2014 and 2018. Its purposes are to:

- Support organisations to deliver high-quality and evidence-informed suicide prevention services
- Promote transparency, user-centredness, safety, and robust governance in the sector.

The development of the BPG is set out in Connecting for Life, Ireland's national suicide prevention strategy, which calls for the development and implementation of national quality standards for suicide prevention services.[1]

The BPG comprises five themes:

1. Recovery oriented care and support
2. Effective care and support
3. Safe care and support
4. Leadership, governance, and management
5. Workforce

Each theme has one or more aims and related indicators, which describe what best practice in this area should look like. Features are also listed, which are practical examples of steps services can take to achieve each indicator. The BPG document indicates that dedicated teams within NGOs should self-assess against each theme over a 10-12-month period, and upload their tracked progress using the Guidance Assessment Improvement Tool (GAIT) online system.[2]

In 2018, the drafted content of the BPG was tested by five NGOs, referred to as "learning sites", over a six-week period. The aim of the learning phase was to refine the draft guidance. It was intended that from 2019, 14 NGOs of varying sizes and remits (including organisations who had been involved in the learning phase) would begin piloting the implementation of the BPG. The NGOs were divided into two cohorts – seven who received training in July 2019, and a further seven who were intended to receive their training in early 2020. Figure 1 overleaf outlines the timeline of BPG development and pilot implementation that is referenced within this report.

1 Goal 5 of *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* is 'To ensure safe and high-quality services for people vulnerable to suicide.' Action 5.1.1 is 'Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure'. The strategy has recently been renewed until 2024. Available at: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/

2 https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/best-practice-guidance-for-suicide-prevention-services.pdf

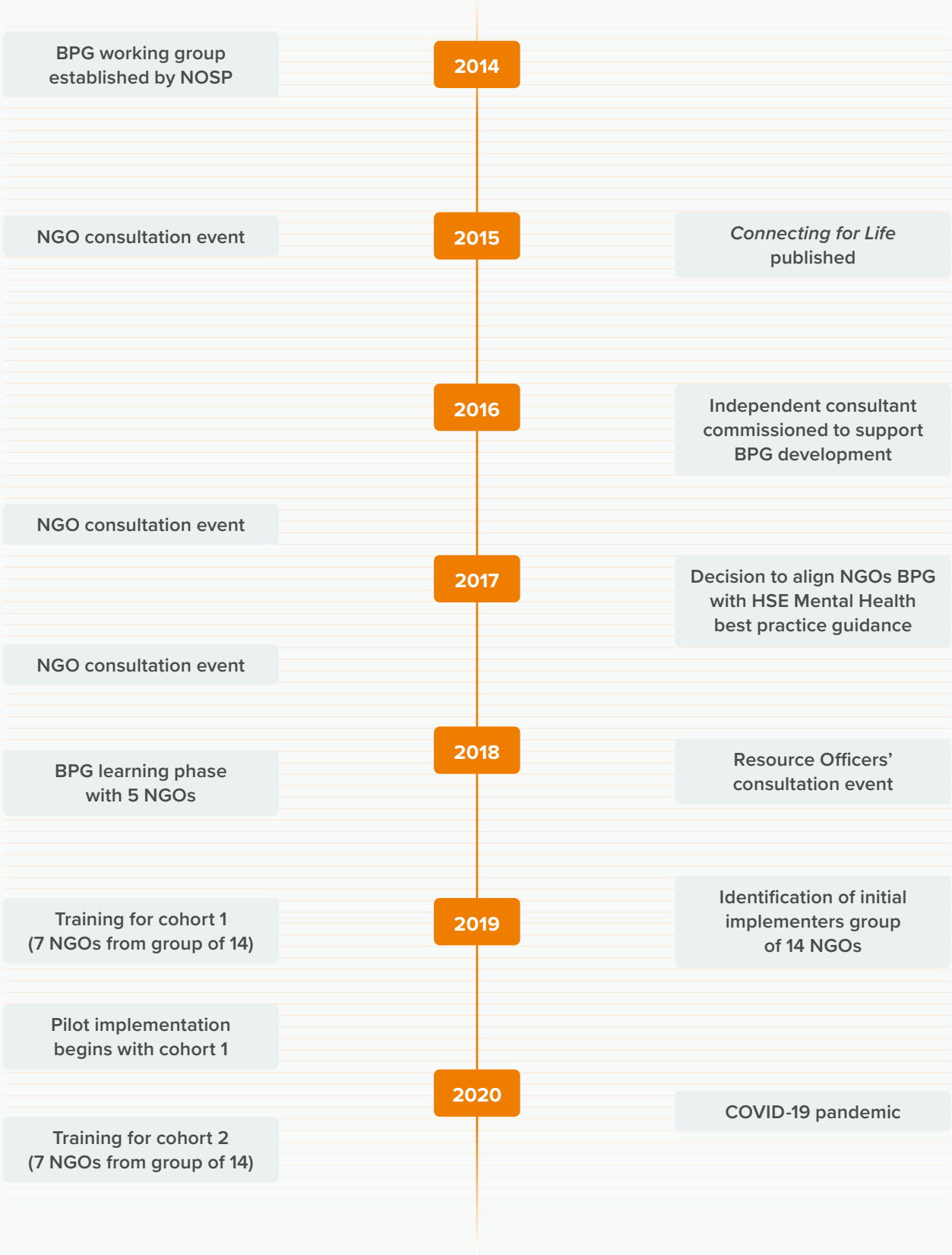
CES was commissioned by NOSP in 2019 to undertake an evaluation of the pilot implementation and consider the extent to which implementation outcomes had been achieved. The core components of the planned evaluation included focus groups with representatives from each cohort of NGOs and with key stakeholders to better understand their experiences of implementation; a survey of the NGOs, to be conducted at two time points for each cohort to assess the achievement of implementation outcomes; and a collective case study to illustrate key aspects of implementation.

However, the Covid-19 crisis, beginning in March 2020, disrupted plans for training and implementation of the BPG. Significant changes to service priorities and working practices meant that some of the seven NGOs trained in July 2019 (cohort 1) were unable to implement the guidance as intended, and training for the second NGO cohort was delayed considerably. These factors meant that it was no longer feasible for the evaluation to meaningfully compare implementation outcomes and processes over time across the two cohorts of NGO partners. Instead, and further to discussion and agreement with the HSE NOSP team, the evaluation focus shifted to generating learning to inform future implementation of the BPG, based on the experiences of cohort 1 and the views of a range of other stakeholders involved in the development of the BPG. This learning is contained in this report.

Most of the findings described in this report are drawn from thematic analysis of interviews conducted with stakeholders and NGO representatives from cohort 1 in late 2020 and early 2021. In some cases, interview data is supported by findings from a focus group with NGO representatives from cohort 1 in late 2019 and a survey of this cohort conducted in early 2020. It is hoped that the key messages in this report can inform further implementation of the BPG and its wider rollout in the future.

Figure 1

Timeline of the Best Practice Guidance for Suicide Prevention Services



SECTION 2

Methods

Prior to March 2020, a focus group and survey were completed with cohort 1 as part of the original evaluation:

- A 90-minute focus group was facilitated in December 2019 with representatives from six of the seven NGOs who had received training in July 2019. Participants held key roles in BPG implementation within their respective organisations. The group discussed their experiences of the BPG development process and training received, planned strategies and processes for implementation, and predicted implementation enablers and barriers.
- An online survey was distributed to those involved in implementation from the same seven NGOs. The online survey was completed by 13 participants from six organisations between February and March 2020. A number of questions regarding need, fit, resources, organisational support and leadership support were repeated from a survey conducted by NOSP in 2017-2018 that focused on implementation readiness. These original questions were supplemented by questions on the enablers and barriers to implementation, specific implementation processes, and experiences of implementation so far. The survey combined closed, quantitative questions, e.g., using Likert scales, and open-ended, qualitative questions.[3]

Following a period of suspension of the evaluation in spring 2020 and re-design of the evaluation in summer/autumn 2020 due to COVID-19, in-depth qualitative interviews were conducted with stakeholders and NGO representatives between November 2020 and February 2021. The purpose of the interviews was to explore the development and early implementation of the BPG. The NOSP project manager for the BPG suggested key stakeholders for interview, who had been closely involved with the development of the guidance. A member of the CES team approached each stakeholder for interview. See Appendix 1 for the information sheet that was provided in this initial email to stakeholders.

The interviews with NGOs focused on the organisations that had received training for BPG implementation in July 2019 (cohort 1 of NGOs trained), specifically the five which had been able to progress implementation to some extent during 2020 (as informed by the NOSP project manager). The project manager provided CES with contact details for the key staff members responsible for BPG implementation at each of these organisations. The project manager also sent an email to the representatives from these organisations, to introduce the CES team and explain the purpose of the interviews. The CES team then followed up with each representative individually to provide further detail about the purpose and nature of the interviews. See Appendix 2 for the information sheet that was provided in this initial email to NGO representatives.

Interviews were conducted with:

- Four stakeholders who were involved in the development of the guidance: the BPG project manager at NOSP, two members of the BPG Steering Committee, and an independent consultant.
- Seven representatives from five different NGOs. Three people from one organisation were interviewed together, in accordance with their preference. For the remaining four organisations one representative was interviewed. Four of the five organisations had taken part in the focus group in late 2019, and the interview participants from these NGOs were the same contacts who had participated in the focus group.

Interviews were conducted online, via Microsoft Teams or Zoom. All participants signed a consent form in advance of their interview (see Appendix 3 for a copy of the consent form).

3 CES submitted a summary report of findings from this survey to NOSP in April 2020.

The question schedule for the interviews was informed by the Consolidated Framework for Implementation Research (CFIR),[4] a conceptual framework which covers five major domains that influence implementation of an intervention (in this case the BPG):

i. the features and characteristics of the intervention, including how it was developed

ii. the 'outer setting' or wider context in which the intervention occurs

iii. the 'inner setting', or features of a specific organisation that influence implementation

iv. characteristics of the individuals involved in implementation

v. the process of implementation.

For the stakeholder interviews, questions were tailored depending on their role in the BPG development. For the NGO representative interviews, some additional questions were also tailored for each participant depending on issues that they had raised in the focus group in 2019. See Appendix 4 for sample question schedules for the stakeholder and NGO interviews. The interview also provided space for discussion of topics raised spontaneously by participants.

Interviews were recorded with participant consent and transcribed verbatim by a member of the CES team, with the aid of Otter.ai and/or MS Stream automatic transcription software. The interview transcripts were analysed by the CES team. QDA Miner Lite software was used to manage the interview data and to assist with the analysis process. It was intended that the CFIR would be used to guide the analysis and presentation of interview findings, but due to the small sample of NGOs interviewed and the varied levels of BPG implementation this was not feasible. Instead, the analysis focused on identifying key themes or factors that influenced the development and early implementation of the BPG.

4 Damschroder, L. J., *et al*. (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Imp. Sci.* 4(1) 50. doi:10.1186/1748-5908-4-50

SECTION 3

Findings

The five NGOs who were interviewed varied in the extent to which they had implemented the BPG. One had fully completed the self-assessment stage; one had progressed through about two thirds of the guidance; two had made a start on a couple of the themes within the guidance but then paused; and one had not gotten further than making an implementation plan.

Analysis of the interview data from stakeholders and NGO representatives identified key themes or factors that influenced the development and early implementation of the BPG. These were:

- The need for standards and guidance within the NGO suicide prevention sector
- Establishing the scope of the BPG
- Engagement and participatory work
- Training for implementation
- The universal approach to BPG content
- Capacity and resources of NGOs for implementation
- Continuity of NGO staff
- Challenges with the IT system for self-assessment
- The voluntary nature of the BPG implementation
- The relationship between NOSP and the NGOs.

These themes are outlined below and supported by findings from the 2019 focus group and 2020 survey where relevant. The key issues that emerged from the different phases of data collection were very similar; with the obvious exception that the impact of Covid-19 featured in the interview data.

> *It should be noted that given the relatively small number of interviewees, it is not intended that these findings be treated as conclusive or generalisable. Nonetheless, they provide useful insights and learning for future implementation.*

3.0

The need for standards and guidance

Stakeholder interviewees discussed how a "climate" of need for standards and guidance in suicide prevention services was the backdrop to the development of the BPG. They referred to public controversies about the use of funding in the voluntary sector, including in the area of suicide prevention and bereavement support, that had occurred around the time the BPG began to be developed in 2014. In response, there were developments in the sector towards increased accountability for funding and increased scrutiny of organisations. The *Connecting for Life* (CfL) strategy development had established various working groups of both NGO and statutory partners. Feedback from these working groups indicated a need for standards for organisations operating within the space of suicide prevention. NOSP needed a benchmark for the quality of the organisations it funds, and healthcare providers wanted standards in the field so that they could signpost people to quality NGO suicide prevention services. There were also a significant number of small organisations working in the area of suicide prevention in Ireland, many of which were established in local areas in the aftermath of a case of suicide. Stakeholder interviewees reflected that there was concern about whether these types of organisations were aware of what needs to be involved for the delivery of quality, safe suicide prevention services.

> *"So, this [the BPG] then gave organisations who were actively working in this area, some kind of yardstick to measure themselves against, some kind of baseline, some kind of criteria. Because up until this it was very subjective [...] like how would you define what good practice was, or best practice was? So, this kind of set, some kind of template against which to measure, or some kind of baseline to work towards, or develop further from there."* - Stakeholder interviewee

Stakeholder interviewees noted that the NGOs involved in the BPG development were keen for a quality framework that would provide them with an opportunity to assess their service delivery, feel confident in the services they deliver and improve public trust in their organisation. NGO interviewees recognised and emphasised the need for guidance in the sector and said they welcomed the development of the BPG.

> *"You just don't want pop-up agencies, you know, coming in, offering different services, and not necessarily being compliant. There has to be a code of conduct, ethics, you know, policies, frameworks [...] because we all have a lot to offer. But we just need to make sure that we're working within a safe and secure framework. So, huge need for it."* - NGO interviewee

Furthermore, standardisation of service quality would mean that NGOs could have greater confidence when referring or signposting their service users into other organisations for more specific support, e.g., counselling for suicide prevention. One NGO interviewee emphasised that this was particularly important when working with minority or marginalised groups.

3.1

Establishing the scope of the BPG

Developing a quality framework for suicide prevention services was experienced by stakeholder interviewees as a very complex piece of work. An initial working group was established at the end of 2014 that brought together representation from community, voluntary and statutory sectors, including some representatives from the HSE who had previously been involved in developing healthcare standards. However, the stakeholder interviewees suggested that those who worked closely on developing the guidance in its early stages could have benefitted from greater expertise on developing quality standards.

> *"I suppose it was challenging, because some of our people on the group didn't have a standards background, per se* [...] *it was a complex piece of work"* - Stakeholder interviewee

The initial content for the BPG had a broad focus of community, voluntary and statutory sectors, and it was *"a massive piece of work to try and come up with standards that might be relevant for all"*. There were no existing standards for suicide prevention services internationally. It was suggested that it may have been useful to involve the National Suicide Research Foundation (NSRF) early in the guidance development, as *"the process might have been somewhat more rooted in evidence"*. The BPG development also began six months before the publication of the Connecting for Life (CfL) strategy, when the BPG work needed to pause to ensure that what was being developed was *"sitting in tandem"* with the strategic direction and priorities of CfL. Stakeholder interviewees felt that in retrospect the development of the BPG would have had a stronger foundation if it had begun after the CfL launch.

> *"I think we started too early*[...]*it was a very different layer, the development of CfL was happening*[...]*. I didn't have enough information to be able to inform the group of what that the actual goal was going to look like, or what it meant, or that. So, we didn't have that. That was a miss."* - Stakeholder interviewee

The independent consultant came on board in 2016 and wrote a policy paper reviewing suicide prevention strategies in different government departments, international suicide prevention strategies, and international best practice that the BPG could draw from. The focus of the BPG also narrowed in 2016 to providing guidance for NGOs, rather than trying to provide guidance for both NGOs and statutory services. From this point, the BPG working group began to explore different options around the structure that could be used for the guidance. The HSE mental health services had developed a Best Practice Guidance around this time, which applied the healthcare standards from the Health Information and Quality Authority (HIQA) to mental health services. The decision was made by NOSP senior management to align the work that had been done to date on guidance for the suicide prevention services with the guidance for the mental health services, to ensure a consistent approach between the two processes. Mental health and suicide prevention were viewed as "integral" in terms of their funding, and at the time there was an expectation that the mental health and NGO sectors could come together to collaborate around the implementation of guidance.

> *"...there was a decision made to align with the work of that project* [*the development of mental health best practice guidance*]*. To have a background where the statutory HSE and NGO could engage in, that there might be a language and a space where people could come together to work for the same piece".*
> - Stakeholder interviewee)

The same five themes, or core areas, in the guidance for mental health services were transferred to the NOSP BPG. The language and content within each theme were adapted to align them with the NGO sector, who do not have to adhere to the same regulations and legislative requirements as statutory mental health services. The NOSP team also had to incorporate the original work from the 2014/ 2015 engagement process with the

new framework. Once a draft was produced the team re-engaged with NGOs to further develop the content and make the language more accessible.

Alignment with the mental health BPG was viewed as helpful by the stakeholders interviewed. It provided a structure and evidence base for the guidance. The mental health BPG team had also developed an online tool for self-assessment, which had come from a HIQA hospital-based self-assessment system, and a training package around implementation support. The NOSP team intended to use these resources (with content adapted) to support the implementation of the BPG for suicide prevention services.

3.2

Engagement and participatory work

The BPG was co-produced through a process of engagement and participatory work with the community, voluntary and statutory sectors. The first engagement session (also referred to as a "consultation day") in 2015 brought together 26 different NGOs to look at what quality service provision around suicide prevention should look like. Following the alignment of the BPG with the mental health framework in 2017, two further engagement sessions were held, specifically with NOSP-funded NGO partners (in December 2017 and February 2018).[5]

Text from the drafted BPG was presented at these sessions and the attendees went through each of the five themes in detail. NGO representatives were divided into groups and worked on content together to provide input into how the points within each theme fit with their organisations and what they would mean in practice. Interviewees reflected that the engagement sessions were challenging to co-ordinate as the NGO partners had many competing demands on their time and the BPG project manager did not have administrative support. A consultation day about the BPG was also held in 2018 with Resource Officers for Suicide Prevention (ROSPs) for NOSP, who work with organisations in their local areas, to bring them up to speed on the work that was being done and facilitate their input and feedback. The consultation day also aimed to ensure the ROSPs were aware of the content of the BPG for their work in supporting local NGOs.

Stakeholders emphasised that a key focus of the engagement sessions was on developing consensus about the language around service provision that would be used in the BPG document. Organisations needed to be able to "see themselves" in the guidance that was produced, through language that they could relate to and that could be understood by all. However, the NGO partners involved in the process differed in many ways, from the populations they worked with to the type of services they provided, and capturing that diversity was a challenge.

Individual words and phrases were teased out and discussed in depth at the engagement sessions, so that the document would reflect the language used by the various organisations (e.g., around choice, rights, or the terms used for people who access services). A glossary was developed for the BPG to represent the different terms used. NGO interviewees reflected that while this process took some time, it was valuable to discuss and hear the perspectives across different organisations.

Stakeholder and NGO interviewees spoke very positively about the engagement process as *"a collaborative way of working"* and *"an inclusive space"*. Stakeholder interviewees felt that the NGO partners at the engagement sessions were willing and enthusiastic about being involved in the development of the guidance, with *"absolute engagement of the NGOs from the very start"*. They described a *"buzz in the room"*, with a positive, productive atmosphere at the engagement sessions. NGO interviewees perceived that an equal voice was given to the larger and smaller organisations who were represented at the sessions, and that diverse concerns and opinions were valued.

> *"The particular table that I was at was very varied in terms of NGOs. So, you were getting a lot of different perspectives coming from the table. And, yeah, all I can say is that I thought it was really well done [...] and there was really good cross agency kind of work. And I have to say, you kind of felt that they were listening to, you know, not only maybe some of the bigger NGOs, but some of the smaller ones as well."*
>
> – NGO interviewee

In addition to the engagement sessions, an advisory group that included members of some of the partner NGOs was formed for the finalisation of the BPG document.

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5 Details of the organisations involved in each of these events can be found as an Appendix to the BPG document: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/best-practice-guidance-for-suicide-prevention-services.pdf

Stakeholder and NGO interviewees noted the benefits of BPG involvement for networking and collaboration between NGOs working in the sector. These benefits were also highlighted at the focus group with NGOs in 2019. Many of the NGO partners who were involved in the BPG development had not previously worked with one another. The engagement sessions provided these organisations with an opportunity to come together and discuss the challenges they face and develop responses.

> *"What was really good was the opportunity to meet other organisations. And understand,* [...] *some of the challenges, particularly for the smaller organisations, because it was very big, this thing was very big* [...] *we found that really, really helpful just listening to other people. Because you do get cocooned in your own little world, especially when you've been in one place for quite a long time. So that was really, that was really interesting."* - NGO Interviewee

The later training sessions for BPG implementation provided further opportunity for the NGOs to build links with one another and share ideas. There was an intention to establish networking groups for the NGOs during the implementation phase of the guidance, but this did not take place, mostly due to Covid restrictions. NGO interviewees felt it would be helpful to have regular check-ins with other implementing organisations to discuss progress and share learning and support.

3.3

Training for implementation

Training was provided to the five NGOs who participated in the learning phase for the BPG in 2018. The self-assessment training programme for the mental health services guidance was used to prepare NGOs for this phase of the work. One of the stakeholder interviewees observed that this training was too *"general"* and *"high-level"*, with not enough focus on the work that had been done to date and how NGOs would need to be supported. The training session developed for the BPG pilot implementation the following year therefore focused on providing practical support. The first cohort of NGOs received this training in July 2019. Those attending took part in simulated conversations about how to explain the BPG to other staff members in their organisation and how to share the learning. Training also covered how NGOs could plan for implementing the guidance; where to begin in their implementation; the types of evidence they could use for the self-assessment process; and how to confirm compliance. Representatives at the training sessions were encouraged to physically engage with the BPG document as much as possible during the sessions, so that they would feel comfortable using it.

NGO interviewees commented positively on the training, and felt it was thorough and well-facilitated. The facilitator was described as *"very patient in her approach"*, and *"very supportive"*. One interviewee reflected that flexible training would be beneficial, so that any new staff coming on board could receive the same training within a few weeks of joining. Another interviewee commented that the two days of training could perhaps have been condensed, as it was difficult to find the time to take part. The training session developed for the BPG pilot implementation the following year therefore was reduced to one day.

The training of the second group of NGOs (cohort 2) in October 2020 was delivered online due to Covid-19 restrictions. One of the stakeholders who was involved in delivering the training felt that the online delivery reduced the ability to engage practically with the work and also reduced the potential for collaboration between the NGOs during training. Conversely, the other stakeholder who delivered training felt that the online format worked well, and that NGOs still engaged with the work.

3.4

"Universal" content

The BPG aimed to be a guidance framework that could be used by all organisations involved in suicide prevention in Ireland and for this reason a universal approach was taken towards the content included. Some stakeholder interviewees felt that the BPG brought together into one document everything that an organisation needs for their operation, from criteria around confidentiality and consent, through to fire safety. Others felt that the guidance content needed to have a more specific focus on best practice for suicide prevention, rather than wider operational elements for organisations that are already covered by other governance frameworks.

The document did not include best practice guidance for specific therapeutic interventions, because some of the NGO partners do not provide this. One of the stakeholder interviewees suggested it would have been useful if the BPG had aligned with the work that already exists around the registration process for organisations offering therapeutic interventions.

Stakeholder interviewees felt that the guidance can be used by all organisations regardless of size, as an organisation only needs to complete the aspects of the BPG that are relevant to the particular services they offer. While it may be too extensive for small community groups that are involved in suicide prevention, it could provide them with parameters to apply to how their groups operate.

NGO interviewees commented that the BPG was a *"huge"* document, which at times felt overwhelming to engage with. Some questioned whether it was realistic to expect smaller organisations to implement the guidance in its current form and suggested that further consolidation and refinement would be necessary. Although it was noted that the document had been reduced through the co-production process, several interviewees felt that there was still some repetition within its content that could be reduced further.

> *"You could be doing one point in one section, and then you realise five sections down, you're actually answering the same question as you answered in that question, just a different word."* - NGO interviewee

> *"There is just such a huge amount in there. And is it all really necessary? I mean, I don't know the answer. It might be that it is, and that's there's certain standards that have to be met. But it would be quite a scary prospect, I think."* - NGO interviewee

Nonetheless, NGO interviewees generally commented positively on the comprehensiveness of the guidance. Concerns about the size of the document were mostly attributed to the level of resource that would be needed to implement it, rather than negativity towards the content.

The thematic structure of the document was described as useful, and two organisations noted they had applied aspects of the structure to internal documents or processes that were in development at their organisation. The BPG provided NGOs with an opportunity to explore their governance and local structures and to identify areas where there might be gaps in their service provision, or what they may do in the future. When organisations found that their existing work was already compliant with the BPG framework, implementation was described as *"affirming"*.

> *"I definitely feel like it's so needed, you know, to have that kind of universal kind of document used by all the service providers. So, the fact it's such a, you know, clear, completed detailed guidance, I think it's a really good document."* - NGO interviewee

Some interviewees noted that there were large sections of the BPG that were not relevant to the work of their organisation, particularly NGOs where suicide prevention is not their main remit.

> *"I can appreciate that you're trying to, you know, have a catch all document* [...] *But there's a huge list of different kinds of things that I don't even know what they are in terms of legislation here. And would never come into our realm."* - NGO Interviewee

However, they recognised that the framework was trying to balance being universal enough to be applicable to all organisations and specific enough to cover the services and operations of individual organisations.

NGOs already faced significant administrative work in demonstrating their compliance with other frameworks, including the Governance Code for Community, Voluntary and Charitable Organisations[6], the Charities Governance Code of the Charities Regulator; the National Quality Standards Framework for Youth Work; Tusla assessments; reporting requirements to funders; and internal audits. Stakeholder interviewees said they tried to ensure the BPG did not create duplication of efforts by aligning the BPG content with the Governance Code and the charity regulations. One of the NGO interviewees felt that the BPG could save time for their organisation, as they would not have to design their own audit. Another interviewee reflected on how the completed work and learning from the various assessments could feed into each other. However, a third interviewee's experience was that work ended up being done *"in triplicate"* across the different frameworks, as questions can be phrased or presented slightly differently. Better alignment between the frameworks was suggested to reduce this burden.

Stakeholder interviewees saw the BPG as a *"live"* document. They expected that it will need to be regularly updated in accordance with ongoing developments and changes within the sector if it is to be used by NGOs as a frame of reference for their work. It was noted that awareness and promotion of mental health has increasingly filtered into other sectors and that there will be new organisations and representatives who could be involved in further future development of the guidance. At the time of the interviews, a web-based brief update of the guidance was planned for the end of 2020 around the implications of the Covid-19 pandemic and any other recent policy or legislation developments (e.g., the new national mental health strategy). Both stakeholders and NGO interviewees noted that further development of the BPG may need to include more content on practice standards for the online delivery of suicide prevention services, which increased during the Covid-19 pandemic restrictions. While online delivery could potentially provide greater access to services, it was suggested that the BPG will need to address aspects such as digital poverty, online safety, and online service user engagement.

6 The Governance Code for Community, Voluntary and Charitable Organisations has been retired and replaced with the Charities Governance Code (Charities Regulator, 2018)

3.5

Capacity and resources of organisations

There was no direct funding provided by NOSP to NGOs for the implementation of the BPG. Stakeholder interviewees said they wanted the BPG to be *"something manageable and workable to deliver",* but they acknowledged that NGOs expressed concern about the resources needed to implement the guidance *"from the first day we sat down"*. This is reflected in the consistent strength of this theme across all data collected.

The survey of NGOs that CES conducted in early 2020 identified that the greatest concern for respondents in their readiness to implement the BPG was the availability of financial and staff resources. The most significant barriers to implementation were indicated to be 'resources available' and 'other initiatives/priorities.' Four survey respondents used the open comment section of the survey to highlight the need for more resources to support appropriate implementation, with one suggesting a specific financial grant. Participants at the focus group for NGOs in late 2019, described the BPG work as *"daunting"*. In particular, focus group participants from smaller organisations voiced their concerns about the level of work involved and how realistic it was for them to balance the BPG with their other roles and priorities. Interviewees in late 2020 and early 2021 indicated that these concerns remained, and, while the disruption caused by Covid-19 could not have been predicted, their concerns had largely been confirmed.

> *"I understand what they're trying to achieve. But I guess the feedback will come from other places that are much smaller than us. Is it achievable? What they're asking, is it achievable?"* - NGO interviewee

Similarly, both the stakeholder and NGO interviewees indicated that the size of an organisation may influence the capacity to implement the BPG. Larger organisations that have a HR department, or staff members working specifically on compliance, were suggested to have greater capacity to support the process of implementation and self-assessment. There was concern around how small organisations could action the content of the BPG if they do not have designated roles for certain areas and have fewer staff who are already balancing multiple projects and responsibilities. The BPG was viewed as too much work for one individual within an organisation to undertake (unless it was resourced as a separate role) as it involved completing the self-assessment process and uploading the evidence to the GAIT system and driving forward any changes that might be required within the organisation as a result of the assessment.

The plans and structures that NGOs had put in place for BPG implementation generally involved identification of a small team who each had different areas of expertise or knowledge of the organisation. The themes within the BPG framework were then divided between the team according to relevance and the team met at agreed intervals to update, discuss, and collaborate. NGO interviewees emphasised the importance of this collaborative aspect to reduce the burden of the workload and to enable greater reflection and insights into different areas of the organisation's work.

> *"I don't think it's doable for one person. You know, it's a team piece. It's a massive document. And I think, you know, I don't believe it would be possible for one individual to work on it, as well as their other roles, unless it was resourced separately, essentially."* - NGO interviewee

Small organisations that were not viewed to have enough resources for implementation (e.g., where only one person was available to attend training) were not approached by the project manager to be part of the learning phase or the early implementation, due to expected challenges. Furthermore, some organisations who initially agreed to take part in the learning phase had to pull back, due to competing deadlines, or staffing issues. Stakeholder interviewees noted that the BPG was therefore tested and implemented by those organisations with the most resources, *"the front seaters"*. Notably, the two organisations that had made the most progress in BPG implementation by late 2020 were two of the largest organisations involved. It remains to be seen how other organisations will use the guidance in their practice and how their needs can be met, in particular smaller organisations and local community groups that are involved in suicide prevention.

One NGO interviewee had previously been involved in implementing the National Quality Standards Framework for Youth Work (from the Department of Children, Equality, Disability, Integration and Youth) within the organisation. The interviewee noted that there were three dedicated resource officers associated with this piece of work at the time, who were available to respond to requests for support and regularly check in with organisations. This interviewee suggested that providing a similar level of resourcing to the BPG could facilitate implementation in any struggling organisations.

The outbreak of Covid-19 and consequent national restrictions had a significant impact on BPG implementation, particularly during the initial period of disruption and adaptation. Many of the NGOs had to rapidly adapt their service delivery, and in some cases deal with greater demand for services. Some NGOs were initially concerned they would have to make staff redundant and operate with reduced capacity. These immediate impacts of the pandemic meant that BPG implementation became less of a priority and progress slowed or stalled.

> *"I think with COVID I suppose we were – our attentions were more redirected to other matters. That, I suppose is how it affected it. Because obviously we had our day-to-day operations that were hugely impacted. And we really needed to focus our attention on that. And did it slow us down? Yes and no. I'd say it definitely slowed the momentum down for sure."* - NGO interviewee

Where implementation stalled for a long period, NGO interviewees referred to having to re-do work on the BPG that had been previously done, due to staff turnover or staff simply forgetting amidst other pressures. Several interviewees also commented that online working practices had slowed implementation, as teamwork became more challenging when it could not be done in person. It should be noted that for some NGOs, Covid-19 was viewed as just one barrier among many to implementation, and they did not think their implementation progress would be further along if it had not occurred, due to the reasons of capacity and resources to implement, as outlined above. Interviewees also noted that the issues of remote working had improved as teams had become accustomed to the practice.

3.6

Continuity of NGO staff

NGO interviewees felt that there was greater potential for BPG implementation when the staff member leading on the BPG and other members of the implementation team had been involved in the initial BPG development process and had good knowledge of the guidance over a long period. Implementation slowed at some organisations when members of the implementation team left the organisation, changed roles, or went on maternity or other extended leave. New staff members had to be initiated and trained in the BPG and related processes, or sometimes the responsibility of leading implementation had *"fallen"* to a particular individual, rather than being something they had been engaged in and aware of from the start.

> *"I guess that kind of part of work [BPG] has fallen into my kind of responsibilities, you know, so for the last two years, very much I was involved in the project. But because people have been changing and because I joined the team only two years ago, I really have been kind of maybe not fully aware of the of the full process of how it was kind of developing over the years."* - NGO interviewee

In some cases, senior management changes within an organisation had impacted implementation, due to a natural period of leadership adjustment or a shift in the extent to which the BPG was an organisational priority under new leadership.

3.7

Challenges with IT system

The self-assessment process for the BPG used the Guidance Assessment Improvement Tool (GAIT), an online system that had been developed by the HSE. The aim was that the online tool would allow the NGOs to upload all documents used as evidence for their self-assessment, organise all of their policies in one location, and print reports of progress on BPG implementation. The online system was not tested during the BPG learning phase as the GAIT tool could only be adapted when the final content for self-assessment was ready. Difficulties with using the system therefore only became apparent when the first cohort of NGOs attempted to access the system to upload their self-assessment information during the pilot implementation phase. The system is hosted by the HSE and access to the system is heavily protected for data protection reasons. As the NGOs were external to the HSE they had to take numerous steps to organise access and were unable to communicate directly with HSE IT staff about access issues that arose, e.g., forgotten passwords. All communication from the NGOs regarding IT issues was channelled through the NOSP manager. IT staff working on the system were also redeployed during the Covid-19 pandemic which led to further communication delays. The challenges with the GAIT system were raised by NGOs in the 2019 focus group and in the 2020-'21 stakeholder and NGO interviews.

Issues with access to the GAIT system led to a four-month gap between the self-assessment training that NGOs received in July 2019 and their use of the online system, which impacted on any momentum that had arisen from training.

> *"There was a bit of a stop-start in terms of the delay between having the training and then being able to go online and upload things. So, I think probably what happens then is if you don't get straight into it, you kind of forget the bit you'd learned before [...] I think if it happened maybe closer together it might have been a little bit easier."* - NGO interviewee

In one case, at the time of interview, an NGO had completed the self-assessment process several months previously and had been unable to upload any information to the system, which created frustration.

3.8

Voluntary nature of the BPG

The original intention of NOSP was to develop a framework of 'standards' for suicide prevention services. However, legal advice suggested that standards would require regulation and an inspection system, and NOSP are not a regulatory body. The framework therefore became 'guidance', which provides direction rather than instruction. Under the remit of guidance, the BPG is implemented voluntarily by NGOs providing suicide prevention services and the NGOs provide their own assessment of their implementation progress.

Stakeholder interviewees noted that a self-assessment process may not identify where there are issues of concern within an organisation. They indicated that external assessment may need to be introduced in the future for service quality to be assured, though there was concern about how this could be managed effectively by NOSP with their own staff capacity limits.

NGO interviewees differed on whether they thought the BPG ought to be mandatory. Some felt that the need for high standards in the sector was such an important issue that compliance with the BPG should be compulsory. Others were concerned about the burden this level of work might represent for less well-resourced organisations, as well as the risk of affecting organisations' ability to be innovative and creative.

In line with the voluntary nature of BPG implementation, timelines or deadlines were not imposed for its completion. Some NGO interviewees felt that an agreed timeframe for implementation would provide a goal to work towards and improve motivation, while others welcomed the freedom to set their own timelines and work at their own pace. One interviewee suggested that indicative timeframes based on the experiences of other NGOs would be helpful for planning, particularly for smaller organisations.

> *"Realistic guidelines around timelines would be definitely a good thing, because then you can link in with meetings, support meetings around, 'Well how are we doing? Where's our progress? Where are we at? What are our issues?'"* - NGO interviewee

Some NGO interviewees also felt there was a lack of clarity from NOSP about what was being asked of them by implementing the BPG. Some were unsure about the level of work that would be required after the initial self-assessment was uploaded, how frequently the process might need to be repeated, and how in-depth the future uploads would need to be. They were also unsure what would be considered a *"good enough"* self-assessment. It was felt that clarity on some of these aspects would help with implementation planning and general understanding of the guidance.

> *"What is the expectation outside of [uploading to GAIT], how often like, I don't know, there was no ask put in. So how often do you want, do you want a six-monthly review report submitted to you, NOSP, or do you want an annual review? What would be the ideal review piece on this? Is it something that you're going to set? Is it something that we're going to set? So that was still very much up in the air, like there was nothing kind of around that."* - NGO interviewee

3.9

Relationship between NOSP and NGOs

Stakeholder interviewees perceived that the collaboration in developing the BPG strengthened the relationship between NOSP and the NGO partners. It provided a space for stakeholders to develop a greater understanding of the NGOs and the issues they deal with in their work. As noted previously, NGOs were keen to be involved in the development of the BPG but were all very busy and had competing demands. The NOSP project manager engaged extensively with individual organisations prior to their participation in the implementation training by providing information sessions and highlighting the benefits of the BPG for the organisation. The BPG project manager was viewed by other stakeholders as skilful and supportive in her work with NGOs, particularly in terms of making NGOs feel involved. Having one *"go-to"* person, who was *"constant"* throughout the process was viewed as beneficial to establishing trust and open communication with the NGOs.

NGO interviewees reported having a positive working relationship with NOSP and with individuals within NOSP. Some felt that the development and implementation of the BPG had strengthened this relationship, through building mutual respect and understanding between their organisation and NOSP. Several NGO interviewees noted that the launch and celebration event for the BPG in February 2020 was highly valued and appreciated, as it acknowledged their work and commitment.

Some NGO interviewees noted that they had received less communication from NOSP during the period of the Covid-19 restrictions. They suggested that perhaps NOSP did not want to pressure organisations during such a disruptive time. However, it was felt that more regular communication from NOSP may have been useful, especially for smaller NGOs.

It was suggested that having a dedicated role within NOSP to provide direct support with BPG implementation within NGOs would be helpful. Support and advice from NOSP around BPG implementation were also regularly cited as important enabling factors in the 2019 survey.

SECTION 4

Conclusion: Key learning

From the above findings in relation to the development and implementation of the BPG, we have identified key learning that may inform future implementation. Stakeholder and NGO interviewees also made suggestions for future sustainability of the guidance, which are included below.

BPG engagement and co-production

- The structures and processes for co-production (mainly the engagement sessions and an advisory group) worked well for the development of the BPG content and were experienced positively by both stakeholders and NGOs. Similar processes are recommended to be used for future further development or adaptation of the BPG.
- The opportunity to become involved in the BPG development brought NGOs together in a way that they had not previously worked. It provided them with a space to build links with one another and share ideas. Future roll-out of the BPG should perhaps facilitate regular networking opportunities between implementing NGOs, such as workshops or regular check-ins to discuss progress and share learning.

BPG Content

- Although the content and comprehensiveness of the BPG was generally appreciated, it was noted that there is some repetition within the content, and it may need further revising and streamlining. Additionally, if the self-assessment questions and criteria were aligned further with governance code criteria, this may reduce duplication of effort for NGOs.

Implementation readiness

- NOSP will need to support NGOs to have a better understanding of how the BPG can be operationalised within their organisation, in terms of a timeline for implementation and the aspects of the guidance that are relevant for their work. Due to the perceived need for quality standards and guidance within the suicide prevention sector, NGOs were enthusiastic and committed to the development of the BPG. They broadly agreed with its content and praised the quality and level of work that had gone into its development. However, their capacity to actually implement the guidance ultimately depended on the resources of the organisation and competing priorities at that time. For some organisations, their available resources were further reduced by the operational disruption of the Covid-19 pandemic. While the Covid-19 pandemic could not have been anticipated, NGOs would be helped by a clearer understanding of the timeframe and resource commitments that may be required to fully implement the BPG within their organisation in the medium to longer term.
- A consistent approach to implementation readiness assessment and planning within NGOs, as well as more opportunities to network with other implementing NGOs, may help to keep implementation on track and reduce feelings of being overwhelmed.
- It was noted that the organisations who took part in the learning phase of the BPG and the early implementation were some of the largest and most well-resourced NGOs working in suicide prevention.

Implementation readiness *(continued)*

Smaller groups and organisations, who are less established and less engaged with wider networks or national bodies, may stand to benefit the most from the BPG, though only if they are able to use it. Smaller organisations may need additional, targeted support and resources to implement the guidance as part of their practice and conduct a self-assessment, perhaps in the form of a dedicated implementation support person within NOSP.

IT systems

- The GAIT system was not tested by NGOs during the BPG learning phase and problems arose when it was used during the implementation pilot. Future implementation of the BPG requires a more efficient IT system for self-assessment. A system external to the HSE would likely provide easier access for NGOs.

Support for ongoing and wider implementation

- Ongoing support and engagement with NGOs will be needed to sustain the implementation of the BPG. Creating a designated role within NOSP would be helpful in this regard. Such a role could provide structured implementation support for NGOs, with regular visits to organisations to maintain continuity and momentum on the project. The role could also facilitate processes of engagement with and between NGOs implementing the guidance more generally and in supporting any future development or adaptation of the guidance (with the NOSP project manager). Greater NOSP engagement with leadership at the NGOs would also help to ensure the BPG is an organisational priority, a responsibility that the designated role could take on in partnership with the NOSP project manager.
- Staff turnover is a common feature of organisational life, and organisations' implementation planning should consider how new staff can be introduced to and initiated in the BPG and how existing staff can be updated and kept involved in the process of implementation. The designated role, as suggested above, could help to alleviate some of the issues associated with staff turnover within organisations' implementation working groups by providing flexible training for new staff and more detailed written information on the background of the BPG and expectations for implementation; this type of information would also support handover between staff members.
- If the BPG is to be implemented more widely it needs an organisation, or individual within an organisation, to co-ordinate the process and drive the implementation, in partnership with the NGO partners. Stakeholder interviewees suggested that the BPG work needs to be supported by NOSP as part of the CfL strategy. There is also the potential for the BPG to become part of the work of the Charities Regulator, particularly as the BPG framework may move towards a model of external assessment and regulation in the years to come.

The findings in this report suggest widespread positivity towards the concept, ethos, and content of the BPG amongst implementing NGOs and stakeholders involved in its development. Some challenges have been outlined, such as the resource commitment required by NGOs for implementation, and potential ways to address these have been proposed.

Although the unprecedented circumstances have curtailed a full implementation evaluation, and it has not been possible to identify conclusively what works in the implementation of the BPG, it is hoped that this report contains useful learning which can be applied once implementation re-commences.

APPENDIX 1

Information sheet for stakeholder interviews

Implementation of the Best Practice Guidance for Suicide Prevention Services: Interviews with Stakeholders

Purpose of the interview

In 2019, NOSP commissioned a team from the Centre for Effective Services (CES) to carry out an evaluation of the implementation of the Best Practice Guidance (BPG) for Suicide Prevention Services. As part of this evaluation, we will be conducting qualitative one-to-one interviews with NGO partners and key stakeholders.

We would like to invite you to take part in an interview about your experiences and opinions of the BPG. The interviews will help us to learn about the process of developing and implementing the BPG, and to develop recommendations for sustainability and scaling-up.

About the interview

Your decision about whether to take part in an interview is completely voluntary. If you choose to participate, the interview will be conducted online (e.g., via Microsoft Teams) by a member of the CES team and will last approx. 60- 90mins.

With your consent, the interview will be audio recorded for the purpose of transcription. The information you provide will be strictly confidential and will only be accessible to the CES evaluation team. Transcribed information will be anonymised. Findings will be written into a report to NOSP, along with the other findings from the evaluation.

About CES

We are a non-profit organisation and we work with agencies, government departments and service providers throughout the island of Ireland across education, health, children and young people, and social services sectors. One of our areas of work is research and evaluation. We advise on and conduct evaluations of projects, programmes and services. For the evaluation of the implementation of the BPG, the CES evaluation team has three members: Claire Hickey, Lorna Sweeney, and Caitlin Allen.

We would be happy to answer any questions you may have before the interview. We look forward to speaking with you.

Claire, Lorna & Caitlin *(CES Evaluation Team)*

APPENDIX 2

Information sheet for NGO partner interviews

Implementation of the Best Practice Guidance for Suicide Prevention Services: Interviews with NGO partners

Introduction

The Centre for Effective Services (CES) is carrying out an evaluation of the implementation of the Best Practice Guidance (BPG) for NOSP. We would like to invite you to take part in an interview about your opinions and experiences of the BPG, and the process of implementing the guidance so far at the NGO where you work.

We recognise that organisations may be at very different stages in implementation and we are interested in learning about any helping or hindering factors that you have experienced This will help us to learn about supports needed for future implementation of the BPG and to develop recommendations for sustainability and scaling-up.

About the interview

Your decision about whether to take part in an interview is completely voluntary and will have no bearing on your working relationship with NOSP. If you choose to participate, the **interview will be conducted online** (e.g., via Microsoft Teams) by a member of the CES team and will last **approx. 60-90mins**. From each NGO partner, we will interview one (or two, if relevant) individual(s) with a key role in implementing the BPG in their organisation.

With your consent, the interview will be audio recorded for the purpose of transcription. The information you provide will be **strictly confidential** and will only be accessible to the CES evaluation team. Transcribed information will be **anonymised**. Findings will be written into a report to NOSP, along with the other findings from the evaluation.

We may develop short case vignettes or case illustrations to describe different organisational experiences of implementing the BPG. If we think data from your organisation would be useful for this purpose, we will contact you again to discuss what is involved and seek your agreement.

About CES

We are a non-profit organisation and we work with agencies, government departments and service providers throughout the island of Ireland across education, health, children and young people, and social services sectors. One of our areas of work is research and evaluation. We advise on and conduct evaluations of projects, programmes and services. For the evaluation of the implementation of the BPG, the CES evaluation team has three members: Claire Hickey, Lorna Sweeney, and Caitlin Allen.

We would be happy to answer any questions you may have before the interview. We look forward to speaking with you.

Claire, Lorna & Caitlin *(CES Evaluation Team)*

APPENDIX 3

Consent form for interviews

Implementation of the Best Practice Guidance for Suicide Prevention Services: Interview Consent Form

Please read the following and put an 'X' in each box if you agree, and then give your name and signature below.

	I agree
I understand the information about the evaluation included in the information sheet.	
I understand that the information collected in the interview will be kept confidential and my data protected in accordance with GDPR.	
I understand that I can ask any questions at any time before, during and after the interview.	
I understand that if I change my mind later about my data being included, I can contact the CES evaluation team at any point until the final report is written up.	
I understand that I may leave the interview at any time, without giving any reason and without affecting my organisation's funding or support from NOSP.	
I understand that I can choose not to answer any of the questions if I wish.	
I understand that this interview will be audio recorded. This recording will be kept confidential and only listened to by the CES evaluation team for the purpose of transcription.	

I agree to be interviewed for the evaluation of the implementation of the Best Practice Guidance for Suicide Prevention Services.

Name of participant (BLOCK CAPITALS):

Signature of participant:

Organisation:

Date:

APPENDIX 4

Sample interview schedules

Interview schedule for BPG Steering Committee members

Can you tell me about the development of the Best Practice Guidance and your role in that?

PROMPTS:

- How did you become involved?
- Role in 2014 working group?
- 2015 initial engagement work with NGO partners?
- Further drafts and engagement?
- Role on Steering Committee?

What was the original motivation for the guidance?

- What changes were you hoping to bring about in the sector?
- Have expectations changed? *(If yes, in what way?)*

Can you tell me about the approach to co-production and engagement taken in the development of the guidance?

- How was it decided which organisations to work with?
- What involvement did the organisations have in decision-making?
- Were there any challenges experienced with the engagement process?

What role did the Steering Committee have in developing the guidance? *(may have already been answered above)*

- What kind of input to content?
- What kind of decisions did you have to make?

When you were developing the guidance, in what ways did you consider how it would be implemented by the NGOs involved?

- What kind of supports did you think they might need?
- What kind of challenges did you think the NGOs might experience in implementation?

Overall, do you think the right people were involved in developing the guidance?
Would you have liked to see engagement with any other stakeholders or groups?

What do you think of the finished guidance?

- Are you satisfied?
- Do you think there are any issues?

Were there any issues in the wider HSE environment that influenced the development of the BPG?

Do you think the guidance makes any difference to the relationship between NOSP and the NGO partners? *(In what way?)*

Do you think the guidance will bring about change in the sector? *(In what way?)*

Does the Steering Committee continue to meet? What is its current role?

- Did anything replace that?
- What is your current involvement in the project?

APPENDIX 4

Sample interview schedules (continued)

Interview schedule for NGO representative

DEVELOPMENT OF BPG

Can you tell me about the involvement of (organisation) in the development of the Best Practice Guidance?

- Who was involved? (At what point did you become involved?)
- Involvement in early engagement work in 2015?
- Involvement in engagements event 2017?
- Piloting themes in 2018
- Advisory group for final draft guidance (2018)?

What did you think of the way they were developed?

What was the view of the guidance around the time they were developed?

- Has that changed at all?

What do you think of the content of the guidance?

- How does it fit with the work at (organisation)? Do some themes/aspects of it apply more than others?

TRAINING AND PLANNING

How did you find the training on implementation?

- Did you need any further support after the training?

What kind of planning did you do at (organisation) for the implementation?

IMPLEMENTATION

How have you found the implementation of the guidance so far?

Have you experienced challenges?

PROBE FOR MORE DETAIL ON:

- Workload, Staffing, Staff turnover
- IT/ GAIT system
- Costs
- Covid

What worked well for you in getting the BPG implemented?

PROBE FOR PARTICULAR SUPPORTS/FACILITATORS (E.G. SUPPORT FROM NOSP?)

Who else is involved in the implementation?

How much awareness is there across (organisation) about the implementation of the guidance?

- How receptive do you think the organisation has been to getting it implemented?

Do you think the guidance has had any effects on the way the organisation carries out its work and provides support? (how has this been affected by providing support online?)

IMPLEMENTATION (continued)

Has (organisation) previously been involved in implementing anything similar to this? (e.g., charity governance code)

- Similarities/ differences?
- Does it reduce workload when there is more than one to adhere to?

Have you connected with any other NGOs to support the implementation work?

WIDER

Do you think the guidance make any difference to your relationship with NOSP? (In what way?)

Do you think it will bring about change in the sector? (In what way?)

How do you find communication with NOSP about the implementation?

- How regularly do you liaise with NOSP about it? In what way?

ASK FOR ORGANISATIONAL INFORMATION (PERHAPS AN UPDATED INFO SHEET) ON NUMBER OF STAFF WORKING THERE, FUNDING.

Notes

HSE National Office for Suicide Prevention (NOSP)

01 6201670 | info@nosp.ie | www.nosp.ie

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