



# Learning from a strategic assessment of the implementation of the *Connecting for Life* strategy with NGO partners

*March 2021*

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Connecting for Life

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## Background and overview

*Connecting for Life* (CfL) is Ireland's National Strategy to Reduce Suicide. The strategy has seven ambitious goals with 23 objectives and 69 associated actions, all contributing towards the overarching vision of 'An Ireland where fewer lives are lost through suicide...'. It is a public mental health strategy which focuses on the primary and secondary prevention of suicidal behaviour and addresses a broad range of risk and protective factors. The strategy applies a whole of government approach to suicide prevention and 22 government departments and agencies have commitments under the strategy. In addition, Non-Governmental Organisation (NGO) partners with a national remit are funded to deliver on work aligned with CfL. The strategy was built on the foundations laid by Reach Out the first national suicide prevention strategy and CfL is based on the best available evidence, and wide-ranging consultation and engagement processes with statutory partners and with NGOs working in the field of suicide prevention and mental health more generally. Connecting for Life was initially envisioned to be implemented between 2015 and 2020 but following the recommendations of an interim strategy review it has recently been extended to 2024. The HSE National Office for Suicide Prevention (NOSP) is responsible for providing cross-sectoral support for implementation of the strategy.

Twenty NGO partners are funded by the HSE NOSP to deliver on work aligned with CfL. These NGOs working with HSE NOSP and other statutory partners to deliver the strategy are diverse in their organisational profile, history of working in this area and in the focus of their work. They work across a range of CfL priority groups – including health and mental health related groups, minority groups, such as members of the LGBTI community, and members of the Traveller community and demographic cohorts. Some NGOs have been providing suicide prevention and associated mental health services and supports for many years and their activities in this area of service provision pre-date and continue with *Connecting for Life*. Of note also is that these NGOs are in receipt of funding from the HSE but also are funded from many other sources, including fundraising and private sector funding. Suicide prevention may not be the primary or only focus of these organisations.

This short report provides the findings and learning resulting from a subsequent strategic assessment conducted by the Centre for Effective Services (CES). CES facilitated discussions with 17 of the 20 NGO partners involved in providing suicide prevention services (see Appendix 2 for list of participating NGOs) and with the HSE NOSP management team to better understand the NGO partners' engagement with *Connecting for Life* to date and into the future.

CES was commissioned by HSE NOSP to conduct the strategic assessment:

1. To look back over the first five years of the strategy with NGO partners and to explore their experiences of working with and to the strategy
2. To look forward to the next years by learning from these experiences with a view to informing the future implementation of *Connecting for Life*.

In collecting the experiences and perspectives of both the NGO partners and the HSE NOSP management team,<sup>1</sup> CES aimed to develop a comprehensive and timely assessment of what has happened in the implementation of *Connecting for Life* to date and learning for future implementation of the strategy. The CES conducted a series of online focus groups, evaluative in nature during July, August and September 2020. Sixteen NGOs were represented in-person at the focus groups. Due to technical difficulties in joining the online discussion, one NGO submitted a written response to the evaluation team. All participants held management roles within their organisations, with five participants holding a CEO or equivalent role; the remaining participants all held service/operational management roles (see Appendix 3 for more detail).

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<sup>1</sup> The term HSE NOSP management team is used for brevity throughout this report, but it should be noted that two representatives from HSE Mental Health Operations also participated in the management team focus group discussion.

## SECTION 2

# The Dynamic Implementation Context

Accounting for the influence of, and/or changes in, the context is necessary to help understand how or why certain implementation outcomes are achieved. Conversely, if dimensions of the context important to implementation are omitted or not considered, interpreting findings can be challenging. Here context is not just a backdrop for implementation, rather it is considered to be the set of circumstances or unique factors that surround NGO partners CfL implementation efforts. The key contextual dimensions relevant to help understand the data presented in this report are briefly presented.

- **Financial resourcing** influences implementation. The HSE NOSP and many of the NGOs were funded through Reach Out, the previous national strategy for suicide prevention which covered the period 2005 to 2014, and this 'legacy' funding continued when CfL launched 2015.
- As part of a structure and systems review to support the HSE NOSP to coordinate the implementation of CfL, the transition of funding governance from HSE NOSP to HSE Mental Health (MH) finance in 2016 was agreed. While this move ensured financial governance and oversight and enabled MH to form relationships with the NGOs around financial governance, it removed the subject matter expertise provided by HSE NOSP. This subject matter expertise had helped to ensure the funding of NGOs to deliver services was aligned with the strategic objectives of CfL.
- **Evaluation and feedback** can and has influenced the implementation of CfL, and NGO partners experience thereof. A mid-term review of *Connecting for Life*, carried out during 2018-2019, assessed progress in implementing the objectives and actions laid out in the strategy, with a focus on statutory providers' activities and experiences. It was noted that this review process did not cover the 'full story' of CfL, as it did not include services delivered by HSE-funded NGOs. It also highlighted a gap in terms of the ability to monitor, evaluate and report on the progress in relation to the implementation of CfL by NGOs and ultimately to acknowledge the contribution of CfL NGO partners towards achieving the strategic objectives of CfL.
- **A project manager for NGOs within NOSP** was appointed in September 2019 as a response to the gap identified by the mid-term strategy review (noted above). The project manager:
  - » Provides relationship management of NGO partners and works with MH Finance to ensure the alignment of funding with the strategic objectives of CfL.
  - » Provides and facilitates opportunities to enhance networking and collaborative working among NGOs and between the HSE NOSP and the NGO partners. This includes responsibility for communicating with the NGO partners, establishing formal and informal groups, and promoting teams and networks engagement to influence and support the implementation of CfL.
- **The wider environmental influence** on the implementation of CfL in 2020/21 was COVID-19, which led to some significant changes in how NGOs delivered their services. The pandemic also provided a platform for increased communication between NOSP and the NGO partners, which NGO feedback has suggested has had a positive impact.

The implementation of CfL is occurring in a dynamic context. The key contextual determinants presented here give some indication of how the relationship between HSE NOSP and NGOs has been evolving. So, while this point-in-time assessment reflects very positively on these relationships, it is also important to consider the contextual dimensions that may have influenced the NGO partners' strategic assessment.

## Key findings and learning to inform future implementation

This section of the report presents the key findings and learning from this strategic assessment of NGO partners' past and future engagement in implementing *Connecting for Life* strategy. The findings and learning presented below relate to:

1. The **enablers that have supported engagement** by the NGO partners in the strategy to date
2. The **challenges to implementation** experienced by the NGO partners to date
3. **Potential changes that could enhance** NGO partner engagement with the strategy for the next phase of implementation.

### 3.1

#### What has worked well to date?

##### Enablers of NGO partner engagement with *Connecting for Life*

NGO partners strongly indicated the value of *Connecting for Life* in informing their practices and services in suicide prevention. For those NGO partners where their work is not focused exclusively on suicide prevention, *Connecting for Life* provided a useful framework to support them in developing and embedding suicide prevention practices in their work more generally. Strong NGO partner buy-in, proportionate monitoring and reporting, and the support from HSE NOSP were among the most discussed enablers aiding NGO partners to engage with the strategy to date. Such enablers, and others, are discussed in turn here.

### 3.1.1

#### **There was a strong level of stakeholder engagement and buy-in from NGO partners in *Connecting for Life***

Overwhelmingly, NGO partner participants expressed positive attitudes towards *Connecting for Life* when asked about its utility, value and impacts on their work. The most common reasons for such positivity included:

- The value of having a framework with **goals, objectives and actions to consider and to work towards when planning and developing services**. The degree to which *Connecting for Life* influenced what and how suicide prevention services were being provided varied among the NGO partners. For example, *Connecting for Life* was described by one participant as a “*touchstone*” that directly informed their organisation’s approach to working and strategic direction. Many other NGO partner participants found that the strategy provided a useful framework or guiding structure when developing individual organisational strategies and service approaches. One participant noted that having the strategy in place facilitated long-term services planning. Another participant commented on the value of “*knowing where* [the organisation] *sits*” in terms of aligning activities and planning to certain goals under the strategy. For some NGO partner participants, *Connecting for Life* had a less direct influence on how services were developed or provided. For example, the strategy provided a useful reference point to ensure their organisations were aware of and aligned with leading approaches to suicide prevention rather than being aligned with specific strategic goals, objectives or actions.
- The **connections** to other NGO partners, HSE NOSP, statutory providers and other key stakeholders that the strategy creates and fosters. Participants spoke about important networks of organisations that had been built through *Connecting for Life*, and it was felt that this was particularly useful for smaller organisations and those working with priority groups. The benefits of these networks and partnerships included piloting of initiatives, working groups, joint research projects, and better aligned strategies. One participant indicated that the positive view of HSE NOSP within the sector facilitated buy-in to networks and shared projects, as working under the *Connecting for Life* umbrella “*gives strength sometimes to collaborations or to projects that maybe otherwise you might struggle to get people to commit to doing.*” One participant described the active promotion of these connections under *Connecting for Life* as “*refreshing*”, and it was widely felt that these networks could contribute to better strategic delivery of services nationally.

Other reasons provided by participants for their engagement with and support of the strategy related to the **positive framing** of the suicide prevention work described in the strategy; the ‘**implementation science**’ approaches promoted throughout to aid its delivery; and the **momentum and progress** in the areas of suicide and self-harm reduction believed to have been achieved through the implementation of *Connecting for Life* to date.

Overall, members of the HSE NOSP management team felt that there were **varying levels of NGO partner engagement with *Connecting for Life***. This was explained, in part, by the stronger alignment of the work of particular NGO partners with other strategies, specifically those working with priority groups referenced in inclusion strategies. A few members of the management team also noted that the extent to which suicide prevention was a key focus of NGO partners’ work varied, with some NGOs working wholly in the suicide prevention, while others provided a range of mental health supports, which included suicide prevention services. The annual nature of funding for services was noted by one participant as a challenge for NGO partners in planning for long-term service delivery and delivering on strategy goals. It was also noted by HSE NOSP participants that the Office had more communications and engagement work to do to further engage NGO partners and secure their ongoing support for the strategy.

### 3.1.2

#### **The broad scope of suicide prevention approaches outlined under *Connecting for Life* allowed most NGO partners to view their work as fitting under the strategy**

Several focus group participants perceived *Connecting for Life* as a **broad strategy**, encompassing many strategies and approaches to reducing incidences of suicidal behaviour. This breadth of coverage allowed most NGO partners to **view their existing work in suicide prevention as fitting readily within the strategy**. Most NGO partners told CES that their suicide prevention work related predominately to Goals One, Three and Four.<sup>2</sup> However, most organisations spoke about their suicide prevention work “*dipping in and out*” and contributing to various goals. Generally, participants felt that the goals were “*both specific enough and general enough to work*” and valued that their work could fulfil multiple goals under the strategy.

*“The way that we do suicide prevention in this country, it’s very broad. It’s an approach that allows small community groups who are interested in doing something positive within their area...that could be constituted as mental health promotion... providing some basic level of support, that that’s something that’s within the portfolio of work that’s being done by the office”* - HSE NOSP participant

There were **limited examples shared by the participants in which the strategy had caused NGO partners to re-direct** or alter the existing types of services they deliver or how they are delivered. The flexibility offered by the broad scope of *Connecting for Life* was viewed positively by the NGO partners as it was described as allowing them to work towards the goals of the strategy and to be adaptable and flexible to respond to emerging needs.

*“The framework allows us flexibility to... move into other things as they emerge. I think that’s quite important because if you had a framework or strategy which closed you down at every juncture you probably wouldn’t go into places that you hadn’t anticipated at the outset”* - NGO partner participant

It is worth noting that some NGO partner participants felt that their services and practices that were less specifically related to suicide prevention did not always have “*very clear alignments*” with the goals of *Connecting for Life*. For example, one participant explained that it could be “*a challenge for us [the organisation] to shoehorn ourselves, all of our work onto the strategy.*” This experience may, in part, be due to the historical and legacy funding relationship between some of the NGO partners and the HSE/NOSP, that pre-date *Connecting for Life*.

To note, a few organisations working in creative arts and sports did not explicitly see the type of interventions they provided represented in *Connecting for Life*. There was a view that there was potential to include a more specific emphasis on creative therapeutic interventions and the potential role they can play in suicide prevention, rather than the strategy focusing only on, what they considered to be, clinical interventions.

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<sup>2</sup> See Appendix 4 for a list of the *Connecting for Life* goals.



### 3.1.3

#### **NGO partners viewed the dedicated support, knowledge and resources provided by HSE NOSP as key enablers supporting them to engage with *Connecting for Life***

The NGO partner participants reported about and appreciated the wide variety of ways that HSE NOSP supported them to engage with *Connecting for Life*. Every NGO partner cited at least one type of support from the range of functions fulfilled by HSE NOSP as being important and valued. These included:

- Providing **support, guidance and coordination**, particularly from the National Programme Manager and the local Resource Officers for Suicide Prevention (ROSP). Participants generally reported that they had very positive experiences with the HSE NOSP team. The HSE NOSP participants noted the vital importance of the recently established (September 2019) National Programme Manager NGO sector role in supporting and communicating with NGO partners; in developing stronger HSE NOSP-NGO relationships; and developing better reporting systems. The staff in HSE NOSP were described as approachable, supportive, responsive, knowledgeable, and resourceful. One participant described the way that the staff interacted with them as using a *“person-centred approach”*. Participants felt they could call or contact the HSE NOSP team at any time, with any questions, and that the team would be willing to advise and offer information.

*“NOSP fund... so many different projects and programmes. Yet, anytime I speak to any of them, they will remember specifically who I am, exactly the details of the work programme that... I’m working on, what part of it I’m at, who I was most recently speaking to about it. It feels like you’re having a catch up with a colleague whenever you’re speaking to them.”* - NGO partner participant

- A number of participants mentioned the value in and helpfulness of having one point of contact within HSE NOSP. Others commented that HSE NOSP would *“go the extra mile”* in supporting organisations, by proactively setting up connections or offering additional resources when needed. Several participants also highlighted the partnership-style relationship their organisation had with HSE NOSP and differentiated this from a *“regular funder relationship.”*
- **Bringing together NGO partners, statutory providers and key stakeholders to build networks**, to promote *‘joined up thinking’*, to share learning and to assess progress. Participants valued that HSE NOSP took a proactive role in building these connections, putting organisations in touch with one another if they felt there was a useful link, and providing opportunities for organisations to meet, such as at events.
- **Signposting** NGO partners to resources, individuals and organisations that may help them in developing and delivering suicide prevention services.
- Providing **funds** to deliver suicide prevention services.
- Providing and publishing up-to-date and emerging **research and information** to inform the evidence-base around best practice delivery of services.

It is worth noting that there were mixed perspectives on how, if, and to what degree strategic oversight of service provision and financial oversight for these services should lie with HSE NOSP (National office and Resource Officers for Suicide Prevention) and HSE Mental Health. One participant suggested that the division between strategic (HSE NOSP) and funding functions (HSE Mental Health) led to a disconnect between issues that were strategic priorities and decisions about allocating resources to address these issues. However, another commented that this division freed up HSE NOSP staff to support more strategic matters with NGO partners, rather than being concerned with finances.

### **Most NGO partners felt that the monitoring and reporting arrangements for assessing progress against *Connecting for Life* are proportionate**

All NGO partner participants described having a **positive reporting relationship** with HSE NOSP. They particularly appreciated HSE NOSP's approachability regarding making changes to their service delivery based on emerging or changing needs and/or contexts. Such approachability was greatly valued as NGO partners reacted to the challenges and opportunities caused by the COVID-19 pandemic. NGO partner participants felt that they were trusted by HSE NOSP to do what is best for service users and to feedback to NOSP about any service alterations through the existing reporting channels. Participants valued the collaborative nature of reporting and planning with HSE NOSP.

*“NOSP very much... respect the expertise that comes from colleagues within [the NGO] as well, because [the NGO has] been working in the area for years... it's not laid on the table [by NOSP] as these are things that you need to do... It can be a discussion... There have to be set objectives but, in addition to that, there is room for that kind of collaborative discussion and decision making together.”* - NGO partner participant

NOSP reporting requirements were seen as positive by many of the NGO partner participants, as they were considered proportionate and useful. For example, participants noted the reporting template as being helpful in encouraging organisations to reflect on progress and objectives. Some participants indicated they appreciated that HSE NOSP were strategically driven, with less focus on very detailed and demanding financial reporting. As noted in Section 2, responsibility for financial governance and oversight of the NGO partners transitioned from HSE NOSP to HSE MH in 2016, as such NGOs make their financial reports to HSE MH. For smaller organisations in particular, it was reported that a great deal of time and resources can be spent on reporting for various funders. It was seen as a notable benefit of HSE NOSP funding that reporting requirements were not so resource-intensive, especially where suicide prevention was not a primary remit of the organisation.

It was noted by some NGO partners that there appeared to have been a recent **shift towards more detailed activity-based reporting, which was seen to be more challenging** and less flexible than the previous approach. Participants from the HSE NOSP management team acknowledged that they were trying to move the NGO partners towards more activity-based and ultimately more outcomes-focused reporting. It was explained that this reporting would yield important data about and learning for the services delivered by NGO partners and their contribution to the goals of *Connecting for Life*.

### 3.2

## What have the challenges to implementation and engagement been to date?

During the focus groups both the NGO partners and HSE NOSP staff outlined some of the challenges to ensuring engagement by the NGO partners with *Connecting for Life*; these are discussed below.

### 3.2.1

#### **NGO partners sometimes feel that there is further work to be done to align *Connecting for Life* with other national strategies and to link better with other stakeholders working in mental health**

For most participant organisations, **suicide prevention was one element of their remit** and they worked to provide services in other areas. They noted that it was important for HSE NOSP to acknowledge that NGO partners have other commitments and funding relationships to service, alongside working within and reporting progress towards *Connecting for Life*. Some of the NGO partners highlighted that they felt ***Connecting for Life* was not as aligned as it could be with other national strategies**, such as *Sharing the Vision* or the *National Drugs Strategy*. This lack of alignment was experienced at an operational level; that is while national strategies may ‘talk’ to each other at a high-level, integration and alignment was not necessarily experienced at an operational level, with different reporting, funding and administrative regimes and requirements across strategies. A member of the HSE NOSP management team made a similar observation with respect to reporting requirements, noting that where there was alignment with other strategies, data collected by NGO partners for the purposes of reporting against one strategy could not be/were not appropriate for reporting to other strategic funders.

*“Not just entirely sure how [*Connecting for Life*], how it intertwines, or how, how it fully connects in with some of the other national strategies... we’re just not entirely sure that it’s totally joined up there.”*

- NGO partner participant

In addition to requests for stronger operational cohesion and alignment between *Connecting for Life* and other relevant national strategies, policies and frameworks, NGO partner participants sought **less confusion around the remits and responsibilities of HSE NOSP, the HSE Mental Health Division and other such bodies** working in the mental health space. NGO partners outlined the range of stakeholders which they encounter in their work and they reported finding it challenging to understand the roles each play in the oversight and delivery of *Connecting for Life*. For a small number of the NGO partners this lack of clarity had sometimes led to confusion in term of reporting and who best to contact regarding the strategy. From the perspective of members of the HSE NOSP management team, there has been **deliberate distance maintained between HSE NOSP and the wider HSE** to enable the Office to adopt an approachable, supportive and innovative approach to working with the NGO partners. One member of the management team explained that the separation was viewed as positive and important by most NGO partners. HSE NOSP was believed to be seen by NGO partners to be more “*approachable*” and as “*the agency to go to if you have a new or novel idea in the mental health space*”. It was felt that HSE NOSP was unique in comparison to similar offices in other jurisdictions.

### 3.2.2

#### **There is potential for *Connecting for Life* to promote more preventative and early intervention approaches to suicide prevention**

Some NGO partner participants felt that the focus of the strategy was on suicide prevention approaches that were “*too far downstream*” and **did not have enough focus on the more preventative and early intervention approaches to suicide prevention**. Several participants commented that many people engaged with their services during mental health crises. It was felt that advocacy and awareness campaigns to reduce suicide, such as those supported under Goal One - better understanding of suicidal behaviour - were key to early intervention and prevention.

*“There was a clear feedback on that, that [the support] was too far downstream.... that it was jumping straight in at suicide prevention... where was the earlier intervention?”* - NGO partner participant

Participants felt that a focus on earlier intervention and more preventative services could be achieved through, for example, changing some of the language used in the strategy, prioritising mental health literacy and mental health awareness, or emphasising the promotion of positive mental health at a population level. This suggestion aligns with the focus of the new national mental health policy ‘Sharing the Vision: A Mental Health Policy for Everyone’, prepared by the Department of Health and published in September 2020. The new strategy is framed around four domains and their associated outcomes. The first domain is ‘Promotion, Prevention and Early Intervention’ and has four outcomes focusing on promoting positive mental health, wellbeing and resilience, reducing the prevalence of mental health difficulties and reducing community stigma and discrimination (Government of Ireland, 2020).<sup>3</sup>

### 3.2.3

#### **Recent changes in reporting requirements and timelines are challenging for some NGO partners**

Some NGO partner participants felt that the **timelines** for reporting to HSE NOSP on progress in implementing the strategy had been an issue. It was suggested that the reporting template for quarter one of 2020 had not been circulated to all NGO partners, leading to these organisations having to complete quarter one and quarter two reports very close together. This was challenging, particularly for smaller NGO partner organisations and organisations where reporting was reliant on receiving input from a number of groups or individuals. Members of the HSE NOSP management team also flagged that NGO partners may be challenged by the **additional reporting requirements under *Sharing the Vision***, as *Sharing the Vision* was described as having a “*similar implementation monitoring system*” to *Connecting for Life*.

The introduction of the **Best Practice Guidance for Suicide Prevention Services** was highlighted by a smaller number of NGO partners as being an important and useful process to enhance organisational practices and reporting. However, those involved in the initial piloting of the guidance noted the **significant time and human resources commitments** required to implement and adhere to the guidance and fulfil its reporting requirements.

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<sup>3</sup> Government of Ireland. (2020). *Sharing the Vision: A mental health policy for everyone*.  
<https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/>

### 3.3

## What could enhance engagement by NGO partners with Connecting for Life in the future?

As supported by the findings from the mid-term review of *Connecting for Life*, HSE NOSP did not envisage any changes to the aims and goals of the strategy. During the focus groups, CES asked the NGO partners and HSE NOSP management team participants if there were any actions, supports or changes to how *Connecting for Life* has been implemented to date that would enhance NGO partners' engagement with the strategy going forward. Both groups indicated potential and planned changes which aim to enhance NGO partner engagement.

### 3.3.1

#### **There is scope to develop more robust service level agreements between NOSP HSE and NGO partners to support and monitor the delivery of work under *Connecting for Life***

Members of the HSE NOSP management team spoke about the desire to put in place **more robust service level agreements with NGO partners**, more closely aligned to CfL actions, to better develop its relationships with them and to aid in meeting the strategic objectives of *Connecting for Life*. It was explained that such enhanced service level agreements would:

- Encourage HSE NOSP and NGO partners to examine and scope out the types of services needed and to identify where and how the NGO partners can best meet the needs of priority groups as identified by CfL. HSE NOSP team members spoke of the increased role that HSE NOSP should play in identifying and reducing service duplication and capitalising on the strengths of NGO partners to meet particular needs in specific ways. As many services had been funded for some time under previous funding arrangements, it was reported that it would be appropriate, in collaboration with NGO partners, to review and adapt provision accordingly, to ensure that the current and emerging needs of service users are best served. Exploring opportunities for NGO partners to merge, co-design and co-deliver similar services or services for the same priority groups was also mentioned by a few of the HSE NOSP management team. However, there was also an acknowledgment of the challenges for organisations when merging and/or co-delivering services, such as different organisational visions, missions and cultures, which can be difficult to align.

*“The robustness and the interlinking of the service level agreement with a solution-focused, outcomes-based service level agreement is vital”* - HSE NOSP participant

- Clearly specify the exact types and reach of services to be provided by the NGO partners that are in receipt of HSE NOSP funding to ensure alignment with HSE NOSP requirements.
- Clarify the outcomes to be achieved and the indicators of progress for review. Members of the HSE NOSP management team indicated that better monitoring and evaluation of NGO partners' activity was required for multiple purposes:
  - » To strengthen the evidence-base about what suicide prevention services work best and in which contexts.
  - » To ensure accountability for services delivered using HSE NOSP funds.
  - » To have data to understand promote and evidence the contribution of NGO partners' work to reducing suicides and self-harm.

A member of the HSE NOSP management team outlined the difficulty to date for the team in understanding the specific roles that NGO partners can play in implementing *Connecting for Life* and the outcomes for users of their services.

### 3.3.2

#### **Prioritising goals under *Connecting for Life* may help target resources to where they are most needed**

When asked about the continued relevance of the seven goals contained in the strategy, NGO partner participants noted that **all goals remain relevant and important in their current and future suicide prevention work**. As outlined above, NGO partners varied as to which, and how many, goals were most relevant to their work. However, the participants felt that they could see themselves in most goals, or that no goal was entirely inapplicable.

It was felt among a number of NGO participants that *Connecting for Life* has been most successful in promoting changes under Goal One - better understanding of suicidal behaviour. Several participants noted this was a goal that had been targeted nationally with success. A high number of participants were also able to reference specific activities/work carried relating to Goal One. It was suggested by NGO partners that there was still progress to be made under Goal One, particularly among certain priority groups and in promoting help-seeking behaviours, as well as general awareness. At the same time, it was noted that the achievements under Goal One may lead to an increase in people seeking services and supports, which is likely to have a knock-on effect on Goal Four - improved access, consistency, and integration of services. Some participants felt that prioritising Goal Four during the next phase of implementation may be required to meet an increasing need for services. Goal Four was viewed as particularly important by NGO partners and they noted that to achieve this strategic goal, prioritisation of focus and adequate resources would be required in the future.

### 3.3.3

#### **There is continued appetite for more work to be done around defining priority groups and their needs**

Several NGO participants and HSE NOSP management team members discussed the **importance of continuing to review and refine priority groups** to ensure support for groups who may become more vulnerable or have more emerging needs, particularly during the COVID-19 pandemic. All NGO partners had been involved in ongoing work to identify the priority groups of focus for their services. All NGO partner participants felt that Goal Three - targeted approaches for those vulnerable to suicide - was key and emphasised that it should continue to be prioritised going forward. Some thought that work under Goal Three could be strengthened through HSE NOSP further developing the evidence base to identify and support priority groups. A member of the HSE NOSP management team noted the need for more evidence and data about priority groups and how best to meet and support their needs.

However, it was felt by participants that ***Connecting for Life* should take account of intersection of needs between vulnerable groups**, such as young people who become homeless, or members of the Travelling community who are LGBTQ+. NGO partners suggested that they could work more closely with HSE NOSP to identify these groups and review them on a regular basis. Several participants indicated they would be expanding their engagement with priority groups and hoped to collaborate and work to the best evidence regarding intersectionality and effective supports.

Additionally, NGO partner participants felt that the **prioritisation of vulnerable groups could be threaded throughout the strategy**, rather than existing only as a distinct goal. It was proposed that working groups could be established around different priority groups so that organisations supporting a group could share knowledge and resources, and link in with working groups focusing on related issues and with NGO partners offering supports to the same priority groups.

### 3.3.4

#### **There are further roles which NGO partners could fulfil in the future delivery of *Connecting for Life***

When asked about the past, present and future roles of NGO partners during their focus group, HSE NOSP described them as “vital” and “critical” partners who it “relies vastly on” for many aspects of health service development and delivery, including the delivery of *Connecting for Life*. In considering what roles NGO partners could take on in the future implementation of the strategy, members of the HSE NOSP management team identified the following roles:

- **Identifying gaps in suicide prevention services** where other NGO partners or statutory providers are not active and offering service solutions to address needs.
- **More proactively working with statutory providers** to identify any duplication of service provision, particularly to the same priority groups, co-produce and co-deliver streamlined and targeted services to improve outcomes and reduce unnecessary uses of limited resources. Where there is no duplication of efforts, NGO partners could identify ways to work better together to complement each other’s services.
- **Assisting HSE NOSP in identifying priority groups** in changing contexts to ensure that funding reaches those in most need of support.
- **Examining service delivery** options, particularly in light of COVID-19, to identify opportunities to make services more accessible to citizens in need of support.
- **Evaluating and researching the outcomes of their work** in suicide prevention to better understand the contribution of their services and to widen the evidence base around which approaches may work best, with whom and in what circumstances.
- **Promoting suicide prevention work** under the strategy funded by HSE NOSP and highlighting the role of NOSP in supporting suicide prevention services.

### 3.3.5

#### **The role of HSE NOSP could be enhanced, if resources are available, to further support NGO partners' future engagement with *Connecting for Life***

NGO partner focus group participants were very appreciative and positive about the existing supports offered by HSE NOSP to assist and guide them in their work under *Connecting for Life*. However, these participants also suggested additional roles that HSE NOSP could play in supporting and enhancing their suicide prevention work under the strategy. Members of the HSE NOSP management team also identified more supports that it could provide, including:

- **Greater focus on creating links** between the NGO partners and other key stakeholders to promote the co-production of services, the reduction of service duplication, the sharing of resources, more effective signposting to available services and sharing of ideas between organisations working in suicide and self-harm prevention and reduction.

*“it would be great to kind of have some sort of... monthly or quarterly kind of facilitated connection with all of the funded agencies”* - NGO partner participant

- Establishing more **structured and regular communication channels** and links between NGO partners working to implement *Connecting for Life* to facilitate the sharing of resources and ideas. The HSE NOSP management team members also spoke about work to be done in improving HSE NOSP-NGO partners two-way communication to ensure the better sharing of information and data. For example, it was noted by a HSE NOSP management team member that more could be done by HSE NOSP to engage the NGO partner representatives on the *Connecting for Life* implementation group.
- **Mapping and detailing existing suicide prevention services** to improve signposting by NGO partners and to avoid duplication of services offered.
- **Better resourcing of Resource Officers** for Suicide Prevention to improve connectivity between services working locally and to better promote the role played by Resource Officers.
- **Access to more timely and relevant research for NGO partners.** A small number of the NGO partner participants mentioned the need for more real-time data around suicide and self-harm to help inform an evidence-informed approach in their services. HSE NOSP participants explained the role HSE NOSP should play in supporting and the strengthening the capacity of NGO partners to commission or undertake the research and evaluations they require.
- **Promoting *Connecting for Life* to ensure public awareness and continued stakeholder and public buy-in.** One participant commented that the strategy was initially launched in 2015 and was in their view supported by a communications campaign. This helped to raise awareness for the strategy and to gain strategic prioritisation nationally. Participants felt that to maintain momentum and buy-in, communications and promotion of *Connecting for Life* by HSE NOSP was key. Further to the introduction of enhanced service level agreements with the NGO partners, members of the HSE NOSP management team discussed the further work that their team could undertake to collate future outcomes data. These data could then be used to promote the positive work of NGO partners in suicide prevention and reduction.

Additionally, a small number of NGO partner participants thought that they would benefit from more clarity around who in the HSE NOSP team would be best to engage with to answer specific queries.

It was felt by NGO partners that these additional roles outlined above may be difficult to fulfil as HSE NOSP already seems 'stretched' with regards to its own resourcing.



### 3.3.6

#### **There is a valuable opportunity for stakeholders to reflect on service delivery and how best to achieve *Connecting for Life* goals**

The COVID-19 pandemic was acknowledged as causing rapid and unprecedented changes in how suicide prevention services are promoted and delivered to citizens across Ireland. All participants noted the challenges and opportunities for service delivery posed by the pandemic, in which face-to-face services were severely curtailed or discontinued in line with public health guidance. It was felt that **there is an opportunity to reflect on learning from this period to inform the next phase of strategy implementation**. The COVID-19 pandemic affected the delivery of services to lesser or great extents for all the NGO partners who took part in this strategic assessment. HSE NOSP management team members acknowledged the **dedication, responsiveness and resourcefulness of NGO partners** in maintaining services as much as possible during very difficult circumstances. Five organisations said they had successfully **moved services online** due to the pandemic. Several noted this had led to increased reach and greater numbers attending online events and reflected that online services could be more accessible. It was noted that young people were more inclined to engage with online platforms and services. All participants thought it was likely that their services would continue to be delivered online to some extent in the future. Several NGO partner participants spoke about a **desire to improve this delivery online with best evidence**. It is worth noting that NGO and HSE NOSP participants stressed that that it is **not viable, inclusive or appropriate to move all service delivery online**.

Considering the future implementation of the strategy, the participants in this strategic assessment noted the following areas for exploration arising from service delivery during the COVID-19 pandemic:

- A need for more research and best practice guidance around provision of online mental health and suicide prevention services.
- The differences in costs of delivery relating to moving services online in comparison to providing face-to-face services and how any cost savings could be redirected to meet new emerging needs.
- The effect of more NGO partners moving into the online space for service provision and if there is duplication or service gaps caused by this transition.
- The emergence of “*creative*”, innovative and “*responsive*” service delivery, principally to meet the needs of vulnerable groups, during COVID-19 which can be evaluated for future use and replication, if effective.

## Conclusions

This strategic assessment of NGO partner engagement with *Connecting for Life* generated much learning to consider for the future implementation of the strategy. In reflecting on the past and current implementation processes and engagement, NGO partners and members of the HSE NOSP management team identified key enablers and barriers to implementation which can be built upon or addressed in the next phase of *Connecting for Life*. It is hoped that this report presents a comprehensive and timely assessment of what has happened in the implementation of *Connecting for Life* to date and learning for future implementation of the strategy.

There was good buy-in to and engagement with the strategy by the NGO partners. Important enablers of this engagement included the dedicated support provided by the HSE NOSP team, such as signposting, funding, access to and provision of research and information. The capacity of the HSE NOSP team to support relationship building, provide networking opportunities and broker connections between organisations and between organisations and other parts of the system were also noted. There is significant appetite among the NGO partners to continue to develop these networks and connections; and there is potential for these to be facilitated in a more structured way. Greater connectivity and networking between organisations and between organisations and HSE NOSP have the potential to increase opportunities for improved communication and for shared learning, which in turn may provide a space to identify opportunities for the co-design and co-delivery of services and reduce the potential for duplication of service provision. The development of formal structures that bring together the NGO partners would also provide a forum (or fora) for HSE NOSP to share information about their strategic and operational priorities and their responses to these priorities. As organisations have adapted to the use of online virtual meeting platforms in response to the COVID-19 pandemic, there is potential to use these types of platforms to facilitate more regular and structured engagement with NGO partners.

The degree to which that positive engagement translates into concrete actions, i.e., tailoring of services to meet strategic goals, objectives, or actions, varied. The broad scope of the strategy itself meant that many NGO partners felt that their work already 'fit' within the parameters of the strategy. As such there were few instances of any direct changes to the type of services provided or how they were provided as a consequence of the strategy. The extent to which the strategy guides service provision was also mediated by other issues, such as organisations' focus on suicide prevention vis a vis the scope of other services provided and their historical and ongoing relationships with HSE NOSP and HSE Mental Health. The potential to ensure that the types of services provided continue to align with the needs of the service users and HSE NOSP priorities could be supported by mapping and detailing existing suicide prevention services. Such a mapping exercise could also improve signposting by NGO partners and avoid duplication of services offered. The Resource Officers for Suicide Prevention are in a position to meaningfully bring important knowledge and experience of local service provision, to such a mapping exercise. Moreover, better resourcing of the Resource Officers could also contribute to improving connectivity between services working locally.

There were mixed views about the separation of strategic and financial functions between HSE NOSP and HSE Mental Health, respectively. Some NGO partners saw this separation as beneficial, allowing HSE NOSP to concentrate on service provision; while others considered it problematic insofar as there was potential for a disconnect between strategic and financial decision-making. Both the NGO partners and the HSE NOSP management team referenced recent changes to reporting requirements. The move towards a more robust reporting system, with a greater focus on outcomes, has the potential to contribute to greater alignment between service provision, service user needs, funding decisions and HSE NOSP's strategic priorities; as do the more robust service level agreements, proposed by HSE NOSP. It would be important that any further changes to reporting systems are proportionate to the NGO partners' capacity to meet reporting requirements and the proportion of funding received from HSE NOSP.

NGO partners thought that there was more work to be done to closer align *Connecting for Life* to other national strategies and to create stronger cohesion between stakeholders working in suicide prevention at an operational level. Where these alignments do exist, further articulation of these links may be required to make these connections meaningful to NGO partners. Preventative approaches and practices were also identified by some NGO partners as needing more attention in the strategy, and it was noted by some NGO partners that some strategy goals may require more focused attention, e.g., Goal Four. The capacity and/or intent of HSE NOSP to focus more on preventative approaches to suicide prevention will be informed by its own strategy commitments but also by taking account of the commitments and priorities contained in other strategies. The degree to which a more preventative approach can be incorporated into *Connecting for Life* and the extent to which particular goals, objectives and actions can be prioritised over the period 2020-2024, will also be informed, in part, by developments in better understanding the needs of priority groups and how these are best met.

Finally, it was felt that there is much opportunity to learn from the new and emerging citizen needs and the unprecedented changes to service delivery as a consequence of COVID-19 to inform future implementation of *Connecting for Life*.

## Methodology

### Data collection: NGO partners

To collect the views and experiences from the NGO partners and the HSE NOSP management team, CES conducted a series of online focus groups during July, August and September 2020. These focus groups were evaluative in nature and data collected were used to generate findings to inform the strategic assessment of the implementation of *Connecting for Life* to date and to collect learning to inform implementation of the strategy over the next five years. CES shared information leaflets about the focus groups and the strategic assessment with potential participants in advance of the sessions and all participants were asked to complete a consent form to take part.

The aim of the focus groups with NGO partners was to explore with them their experiences of *Connecting for Life* to date and their perspectives on the future. The focus groups were facilitated by CES staff and provided a space where NGO partners came together to critically reflect on implementation to date and consider future implementation. Key topics and questions explored during the 90-minute focus groups were:

- **Topic one:** understanding of and experience with *Connecting for Life 2015-2020*
  - » Overall, what does your organisation think of the strategy?
  - » How important do you think the strategy is in informing your organisation's suicide prevention services?
  - » What role, if any, has it played in your organisation's work and services in suicide prevention?
  - » How might your organisation's work and services in suicide prevention change for the next phase of implementation?
- **Topic two:** relationship and engagement with HSE NOSP 2015-2020
  - » Relationship/interactions between your organisation and HSE NOSP since 2015?
  - » What supports have been available from HSE NOSP to support your organisation to engage with and implement the relevant *Connecting for Life* actions?
  - » What has worked well and what might be improved for the next phase?
  - » Is there any way that could change for the next phase?
- **Topic three:** implementation of *Connecting for Life 2020-2024*
  - » Thinking about the seven strategy goals, which are the most relevant goals for your organisation? Are these still the right goals? Are they likely to remain the most relevant?

CES invited staff members from a list of 20 NGO partners, as supplied by HSE NOSP, to take part in one of three online focus groups. One representative from 16 of the NGO partners took part in the focus groups. Between five and six representatives from different organisations took part in each of the sessions. Due to technical difficulties, a representative from an additional NGO partner made a written submission. Thus, the experiences and perspectives of 17 NGO partners are included in this strategic assessment.<sup>4</sup> All participants held management roles within the organisations, for example, five participants held CEO or equivalent roles, all other participants held management roles in services/operations.

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<sup>4</sup> See Appendix 2 for the list of invited and participating NGO partners.

The participating NGOs varied in the extent to which their work focused on suicide prevention work. For example, a small number of organisations were working exclusively in the field of suicide prevention, while for others suicide prevention was one aspect of the therapeutic and other supports they provided. While these latter organisations may not have identified as a suicide prevention-focused organisation, they are nonetheless contributing to the overall CfL strategy by working with and supporting a wide range of priority groups identified in CfL, including LGBTQ+ people, the Travelling community, people with severe mental ill-health, students, men, and people experiencing homelessness. Three organisations also mentioned work on suicide postvention as they supported communities bereaved by suicide. Sixteen (16) of the 17 of the organisations that participated were national organisations.

#### **Data collection: HSE NOSP management team**

To gain the perspectives of HSE NOSP on the engagement of the NGO partners in the implementation of *Connecting for Life*, CES organised and facilitated a focus group with eight members of HSE NOSP staff and management team.<sup>5</sup> This session was also 90 minutes in length and took place online in September 2020. Topics and questions included:

- **Topic one:** the involvement and roles of NGO partners in delivering *Connecting for Life* to date
  - » How have NGO partners been involved and what have their roles and activities been to date in the delivery of the strategy?
  - » What roles/activities should NGO partners continue/start doing/stop doing into the next phase of implementing the strategy?
- **Topic two:** examining HSE NOSP's roles in supporting NGO partners
  - » What has HSE NOSP's role been in supporting NGO partner engagement?
  - » What have these supports looked like to date?
  - » What roles/activities should HSE NOSP continue/start doing/stop doing into the next phase of the strategy to best support NGO partners in delivering the objectives of the strategy?
- **Topic three:** adapting how *Connecting for Life* is implemented in the future
  - » Are there any proposed changes to the ways in which the strategy will be implemented in the future?
  - » If yes, what may these changes mean for the NGO partners and what supports could HSE NOSP offer to support engagement and delivery of the strategy?

#### **Data collation and analysis**

Participants in the focus groups consented to have the sessions video recorded. This enabled CES to transcribe the four sessions and to thematically analyse the data. Based on the questions asked during the focus groups, a coding framework was developed to sort the data and identify key themes and findings of interest. These findings are presented below for consideration by the NOSP management team as it moves to the next phase of implementation of *Connecting for Life* with NGO partners.

The questions and analysis allowed CES to identify existing and potential implementation enablers for NGO partners engaging with *Connecting for Life*, as well as implementation challenges that could be addressed during the next phase of the strategy. The learning shared in this report aims to be as representative of the spectrum of viewpoints and experiences shared by the focus group participants. Analysis of the data yielded rich learning about the experiences of and perspectives of NGO partners in working to implement *Connecting for Life* and the NOSP management team's perspective on same.

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<sup>5</sup> See Appendix 3 for the jobs of those who participated in the HSE and NOSP management team focus group.

## NGO partners invited to take part in the strategic assessment

#	ORGANISATION	PARTICIPATED
1	Aware	Yes
2	BeLonG To Youth Services	Yes
3	Dublin Simon Community	Yes
4	Exchange House Ireland National Travellers Service	Yes
5	First Fortnight	Yes
6	Gaelic Athletic Association – GAA	Yes
7	ISPCC – Childline	Yes
8	LGBT Ireland	Yes
9	Men’s Health Forum in Ireland - MHFI	Yes
10	MyMind	Yes
11	National Family Resource Centre- Mental Health Promotion Project	No
12	National Suicide Research Foundation - NSRF	Yes
13	Pieta House	No
14	Samaritans	Yes
15	Shine	Yes
16	SpunOut.ie	Yes
17	Suicide or Survive	Yes
18	Transgender Equality Network Ireland - TENI	Yes
19	Turn2me	No
20	The Union of Students in Ireland - USI	Yes

## APPENDIX 3

### Participants from HSE and NOSP in the management team focus group

1. Ciarán Austin  
*HSE NOSP Communication Manager*

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2. Bríd Casey  
*HSE NOSP National Programme Manager, NGO Sector with responsibility for the Best Practice Guidance Project*

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3. Derek Chambers  
*National Mental Health Lead on Connecting for Life, Health Service Executive*

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4. Dr Gemma Cox  
*HSE NOSP Research & Evaluation Manager*

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5. Dr Philip Dodd  
*Clinical Advisor to NOSP*

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6. John Meehan  
*Assistant National Director, Mental Health Strategy & Planning, Head of National Office for Suicide Prevention*

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7. Ben Rittweger  
*HSE Mental Health Finance*

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8. Sarah Woods  
*HSE NOSP Lead for Strategy Coordination, Quality & Education*

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## APPENDIX 4

### High-level goals from *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*

1. Better understanding of suicidal behaviour

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2. Supporting communities to prevent and respond to suicidal behaviour

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3. Targeted approaches for those vulnerable to suicide

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4. Improved access, consistency and integration of services

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5. Safe and high-quality services

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6. Reduce access to means

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7. Better data and research

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Source: Department of Health (2015) *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020*.  
Dublin: Department of Health.







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HSE Community Strategy and Planning  
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