

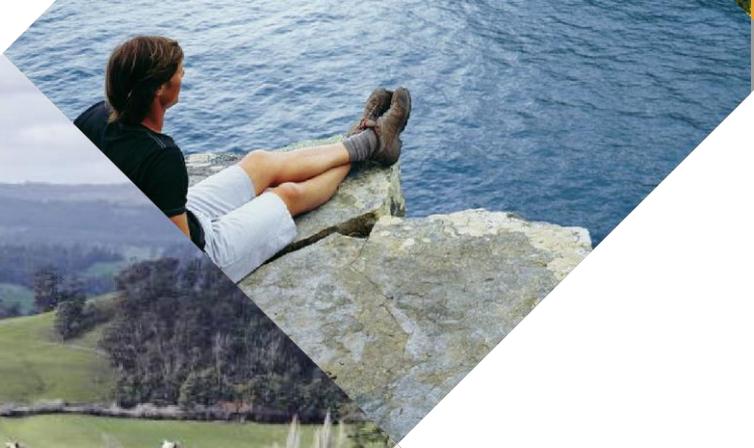


# SUMMARY OF THE HEALTHY AND RESILIENT COMMUNITIES PROGRAM EVALUATION

**APRIL 2018**

CENTRE FOR RURAL HEALTH, UNIVERSITY OF  
TASMANIA

This summary report was prepared  
for Rural Alive and Well Inc. on  
behalf of the Centre for Rural  
Health, University of Tasmania



## Executive Summary

The Centre for Rural Health, University of Tasmania was commissioned by Rural Alive and Well (RAW) to conduct an evaluation of RAW's Healthy and Resilience Communities (HaRC) program.

The HaRC program is one of three mental health and suicide prevention programs delivered to rural Tasmanian communities by RAW. The primary goal of the HaRC program is to enhance mental health and reduce suicide through the design and delivery of culturally appropriate practices that seek to better equip communities to prepare for, and respond to, challenging life experiences.

Rural communities are recognised as being resilient in the way in which they come together to support one another during, and proceeding, traumatic events. However, in areas that experience greater social isolation, this may not be adequate to cope with the impacts such events may have at an individual, family and community level. The HaRC program recognises the need to encourage and support community resilience in the wake of significant traumatic events.

## What was the aim of the Evaluation?

The aims of the evaluation was:

- To identify the community characteristic and attributes that influence the effectiveness of a program or service, in this case the HaRC program, in the target study sites.
- To identify and describe the community engagement approaches that best match the community characteristics and attributes.
- To make recommendations about the future development of the HaRC program in rural Tasmania.

The evaluation explored the notions of community strength, preparedness and resilience within the context of enhancing both individual and collective wellbeing within those communities.

## Why is an evaluation needed?

Tasmania has the second highest rate of suicide in Australia. In 2016, Tasmania recorded an age standardised suicide rate of 17 suicides per 100,000 people. Rates of suicide amongst people in rural areas are higher than those who live in metropolitan areas.

Despite the development and delivery of numerous suicide prevention initiatives there is limited evidence regarding the effectiveness of specific programs. This is particularly true of programs that focus on enhancing community protective factors such as increased social connectivity and resilience. The evaluation was needed as it helps to contribute to a body of evidence around the efficacy of community-based rural suicide prevention programs that adopt approaches tailored to local needs, and build on existing services, structures and partnerships. Such strength-based community approaches are principles that are at the heart of the HaRC program's approach and are reflected in The Tasmanian Suicide Prevention Strategy 2016 – 2020, as well as in strategies contained within the LifeSpan model. The LifeSpan model is a world class approach to suicide prevention which combines nine evidenced based strategies into one community led initiative.

The evaluation provided an insight into a number of characteristics and attributes of community strength including community readiness, connectivity and resilience. Understanding these characteristics in the communities targeted by the evaluation helps in the refinement of the HaRC program, the assessment of new program sites and the delivery of program activities.

## HaRC Program Evaluation sites

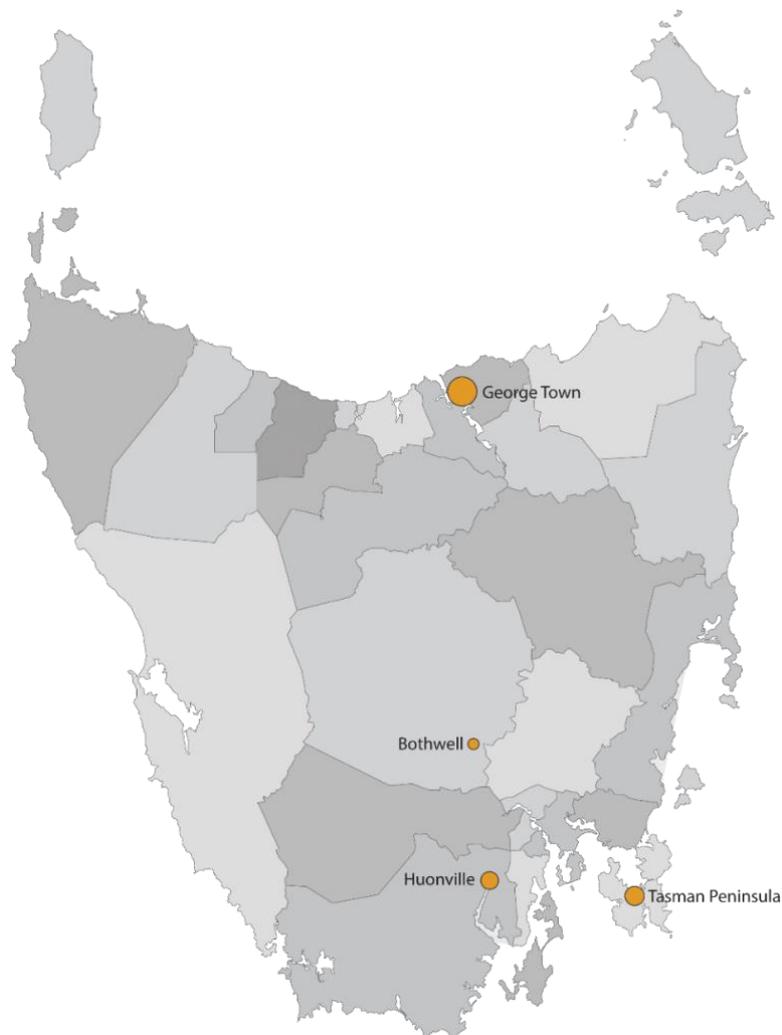
Four Tasmanian rural communities were selected as the target evaluation sites. Site selection was based on a set of subjective criteria including but not limited to:

- The development (maturity) of the HaRC program within the community. The evaluation sought to include a range of communities that were deemed to be at different levels of maturity in terms of the HaRC program intervention;

- The strength of community networks;
- The population base and distribution within proposed area;
- Current and planned levels of servicing and support for mental health;
- Occurrence of suicide “clusters” and in particular information on suicide deaths and related risk factors; and
- Alignment with RAW Outreach program and service investment level.

Three of the four evaluation sites, George Town, Bothwell and Huonville, had established local HaRC community support structures or Community Reference Groups (CRGs) in place. The fourth site, the Tasman Peninsula, was at a lower level of “maturity” in terms of the establishment of a local CRG.

*Figure 1: Location of HaRC evaluation sites (highlighted in orange)*



## What did the Evaluation want to find out?

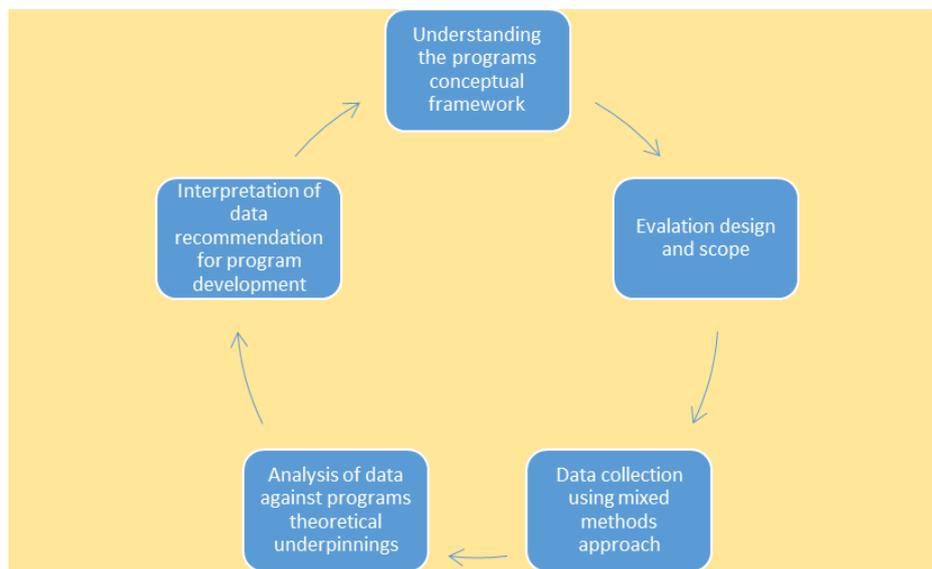
The evaluation had a number of specific questions that informed the scope of the study.

1. How to approach and assess a community's readiness, and design an effective capacity building intervention?
2. How to recruit and engage a community (key learnings)?
3. How to maximise momentum in engaging, maintaining and expanding membership?
4. What should be the role of RAW and HaRC?
5. What are recommendations for expansion of the program?

## How was the evaluation conducted?

The evaluation used a Realistic Evaluation approach (Pawson and Tilley, 1997), which included a number of distinct and interlinking phases. The evaluation was based on the theory that the HaRC program adopted locally tailored approaches. This included developing community networks and strengths in achieving its goal of building resilience and capacity as a means to address factors that may lead to poor mental health and risk of suicide.

Figure 2: Phases of the evaluation



The study adopted a mixed methods approach incorporating both quantitative and qualitative data collection methods. This approach was chosen as it allows for a deeper understanding of the programs processes and impacts. It also increased the findings reliability and credibility through integrating findings from the different approaches.

A modified version of the Communities Advancing Resilience Toolkit (CART) survey tool was used as the primary quantitative data collection method. The CART Integrated System is designed to obtain baseline information about the relative community strengths and challenges across a number of themes relating to preparedness, response and recovery from an adverse event. Additional items were included in order to assess: perceptions of overall community resilience, need for help to become more resilient, experience of isolation, and the perceived importance of isolation and mental health problems as problems facing the participants' local communities.

Focus group interviews were conducted at each of the study sites to gain a richer understanding of the participant's experiences and beliefs regarding the evaluative themes.

## **What were the main findings?**

The evaluation findings showed that there was a high level of recognition and association of RAW as a service, with rural suicide prevention. Levels of recognition and understanding of the HaRC program varied between the target sites, reflecting the level of maturity of the program within the specific sites.

The findings showed a high level of agreement with the statement that "people in my community help each other." Importantly, there was a high level of agreement amongst all sites that their respective communities were resilient. However, there was also a high level of agreement to the statement that "my community needs help to become more resilient". Differences in levels of agreement were evident in statements relating to availability and access to support services, availability of resources to address community problems and the ability to work with agencies and organisations outside the community to address problems.

Aligning components of the HaRC program to the community's level of readiness was found to have a major influence on the success of the program in achieving its goals. Those communities that were deemed to be in a higher state of preparedness, as measured through the domains of community knowledge of efforts, leadership, connectivity, knowledge of the issue and resources reported higher levels of engagement with the HaRC program as reported through:

- Stronger partnerships within the community aimed at building local community well-being;
- Active suicide prevention and community well-being initiatives; and
- Enhanced capacity within the community to identify suicide risk signs and take preventative measures.

The evaluation identified a number of factors that negatively impacted on the efficacy of the program, these included:

- High turnover of HaRC program staff;
- Reliance on local individuals leading to "burn out" or "volunteer fatigue";
- Challenges associated with maintaining interest in community. The need to transform a culture that is "reactive" to one that is proactive in developing suicide prevention and community well-being initiatives; and
- Low levels of community support in the transition to local ownership of the program.

## Key Messages

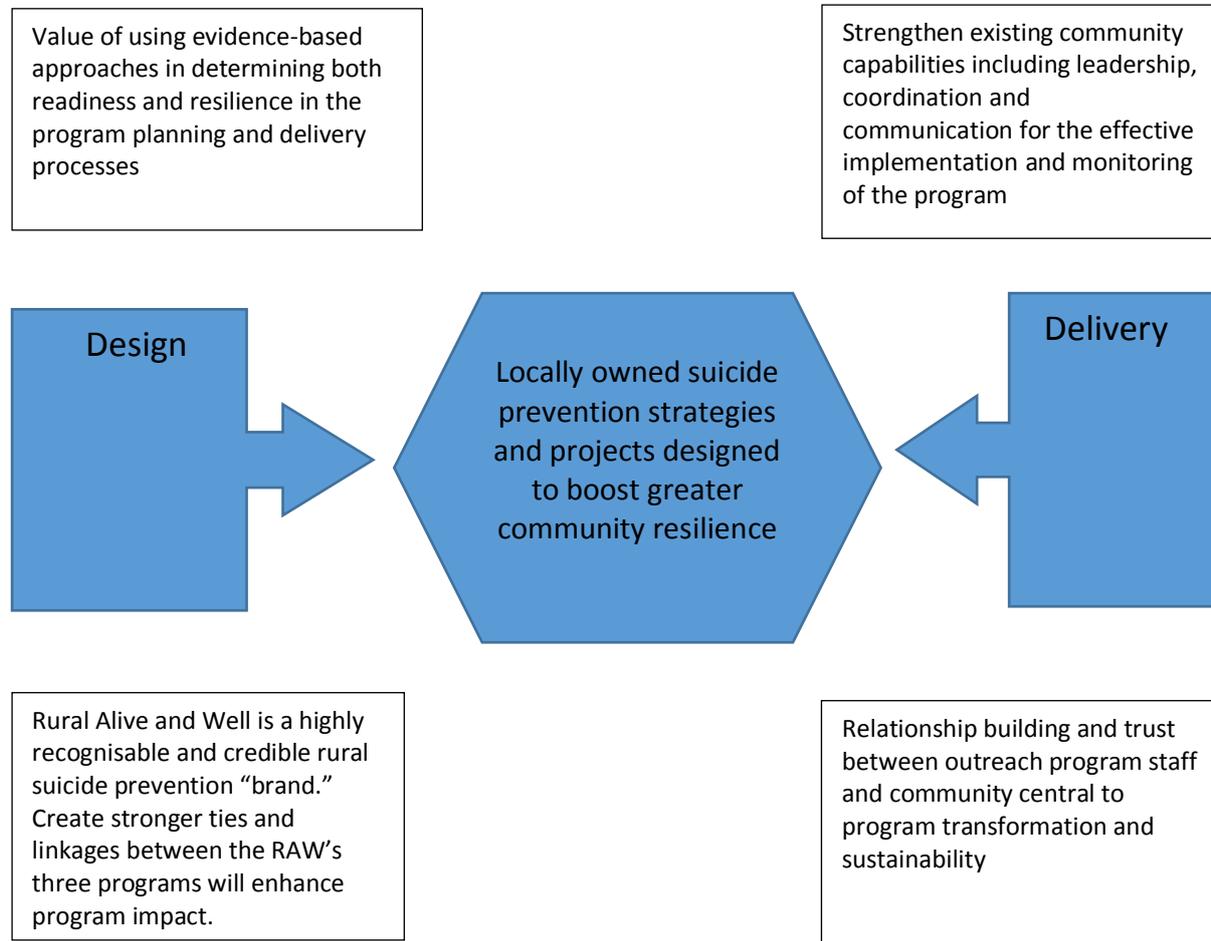
There were a number of key messages that can be drawn from the evaluation findings.

These messages relate to the importance of:

- Adopting evidenced based approaches;
- Building and maintaining trust through focusing on the establishment of relationships;
- Understanding and working with organisational and community strengths; and

- Supporting and enhancing organisational staff capabilities in the adoption of evidenced-based approaches.

Figure 3: Key enabling messages that support the enhancement of the HaRC program



## Conclusion and Implications

The evaluation findings present both challenges and opportunities for the HaRC program moving forward. Importantly, the findings reaffirm the high-level of recognition and association of RAW as a rural community-based suicide prevention service within rural Tasmania. The evaluation identified opportunities for programs such as HaRC to leverage off this recognition through closer alignment or, potentially, integration into the RAW Outreach program. The benefits of such a strategy would not only provide opportunities through resource sharing, but would enhance the profile of RAW for future funding opportunities. The evaluation also highlighted the importance of adopting evidence-based

approaches in assessing both community readiness and resilience in the program planning and delivery processes. The findings also reaffirm the important role that frontline program staff play in implementing these evidence-based approaches and the need to ensure that staff are appropriately supported and resourced to undertake this pivotal role. Importantly the evaluation provides key learnings for the implementation of community led integrated suicide prevention initiatives such as LifeSpan in Tasmania.

## Acknowledgements

The authors of this report would like to acknowledge and thank the many individuals and organisations who generously gave their time to share their thoughts about the work of the Healthy and Resilient Communities Program (HaRC) in the Tasmanian communities of Bothwell, Huonville, George Town and the Tasman Peninsula.

Sincere gratitude must go to Ms Elizabeth Little, Ms Amity Deans and the staff of Rural Alive and Well Inc (RAW) for their assistance and support in data collection activities at each of the target evaluation sites.

We would also like to acknowledge Anita Campbell, the Country Women's Association Bothwell, the Bothwell Wellness Group, Freedom Health and Wellness and the George Town Community Hub for their support and assistance in recruitment.

The Ian Potter Foundation through Rural Alive and Well Inc generously provided funding for the evaluation.