Collaborative Health Assessment Tool (CHAT) survey results

1. Rationale for undertaking process of gauging the 'health' of the Collaborative

The Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) committed to implementing the strategies identified by the LifeSpan initiative as it was agreed that focusing on evidence-based strategies was an important first step in reducing suicide rates. However, the Collaborative understand that achieving a significant reduction in suicide deaths and attempts will require a sustained, long-term effort. It is therefore crucial that suicide prevention activities are sustainable beyond the term of the LifeSpan contract.

Efforts to support sustainability have included:

- creating progress reports and dashboards to document the suicide prevention activities undertaken to date as well as their impact (where evaluation results are available);
- advocating for continued funding for the Collaborative's 'backbone' staffing; and
- conducting an audit of the factors relevant to sustaining each of the interventions included in the LifeSpan initiative.

The Collaborative's executive members agreed that it was also important to document the collaborative way of working, as this has perhaps been the most fundamental change in the region's approach to suicide prevention. To do this, we agreed to facilitate a process that both documents the collaborative way of working and, in doing so, also provides a measure of the 'health' of the Collaborative and suggests ways in which we could improve.

2. Why was the CHAT survey chosen?

A number of measures, processes and tools were reviewed for this purpose. These tools differed in their format (e.g. discussion, survey, small group exercises) and logistics (e.g. online, paper-based, interviews, face-to-face). The *Collaboration Health Assessment Tool* (CHAT), developed by the Centre for Social Impact, was chosen due to:

- being specifically designed for the purpose we wanted and so not requiring any modifications;
- being based on evidence-based theories of collaboration;
- not being limited to respondents physically in the room at a particular time;
- its capacity to produce automated summative reports; and
- the ability for respondents to identify how they were involved with the Collaborative so that we could analyse results for each local working group as well as the broader Collaborative.

3. Who completed it?

Collaborative members were introduced to the CHAT survey at the monthly meeting on 11 October and an email was sent to those who attend working groups, monthly meetings or were involved with the Collaborative in some other way. The survey remained 'open' for members to complete until 31 October 2018.

There were 37 respondents, which equated to approximately 70% of people who have been actively involved with the Collaborative via either monthly meetings, working group meetings or in some other way. Each working group was represented (see table below), but results could only be analysed for groups with 5 or more respondents.

Health WG	Community WG	Schools WG	Data WG	Aboriginal WG	Lived Experience WG	Monthly Meetings	Other
8	14	8	3	4	6	17	5

Suicide Prevention Collaborative
ILLAWARRA SHOALHAVEN

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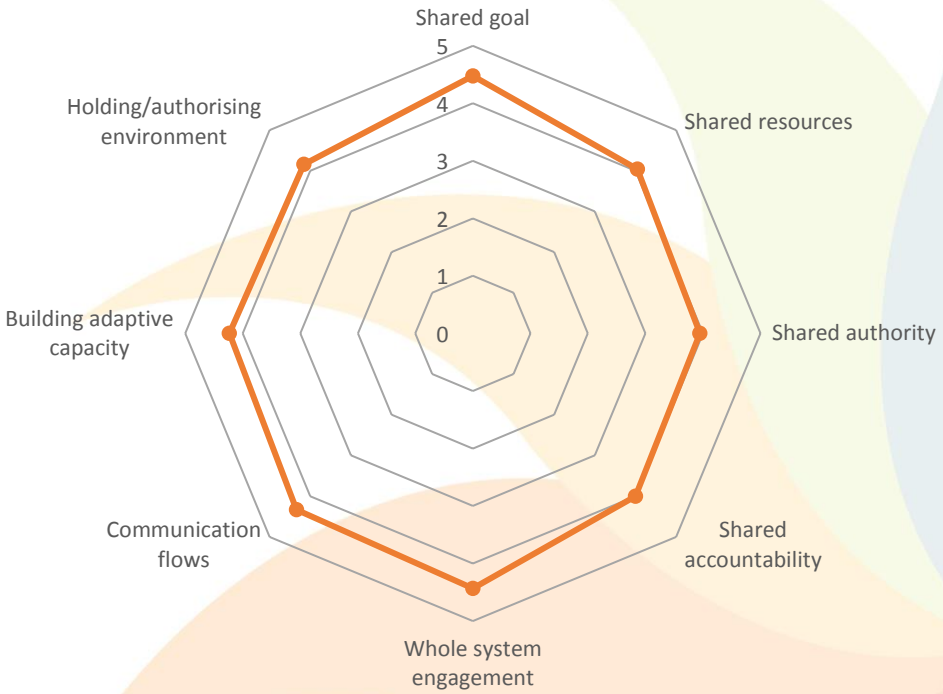
4. How to interpret the CHAT survey results?

The Centre for Social Impact based the CHAT survey on the theory that collaboration involves 8 dimensions – 4 of which are related to the *structure* of the collaboration (see red circles in figure on the right), and 4 of which are related to the *process* of collaboration (see blue circles in figure on the right).

Results from the CHAT survey can be viewed in terms of how the Collaborative is performing in each of these 8 dimensions, or by drilling down into the elements that make up each dimension, i.e. the sub-dimensions. (For more information on these, click here.)

CHAT scores for each dimension of collaboration range from 1-5, with higher scores representing greater 'health' for that dimension. Scores are calculated by averaging responses from each person completing the survey.

Results for the Collaborative are presented in the below radar graph, with higher scores on each dimension represented by a marker further from the centre of the graph. A collaboration that is considered 'healthy' across all dimensions would result in a larger, more circular line. If the left side is closer to the centre of the graph, the collaboration would appear 'weaker' in terms of collaborative processes. If the right side is closer to the centre of the graph, the collaboration would appear 'weaker' in terms of collaborative structure.



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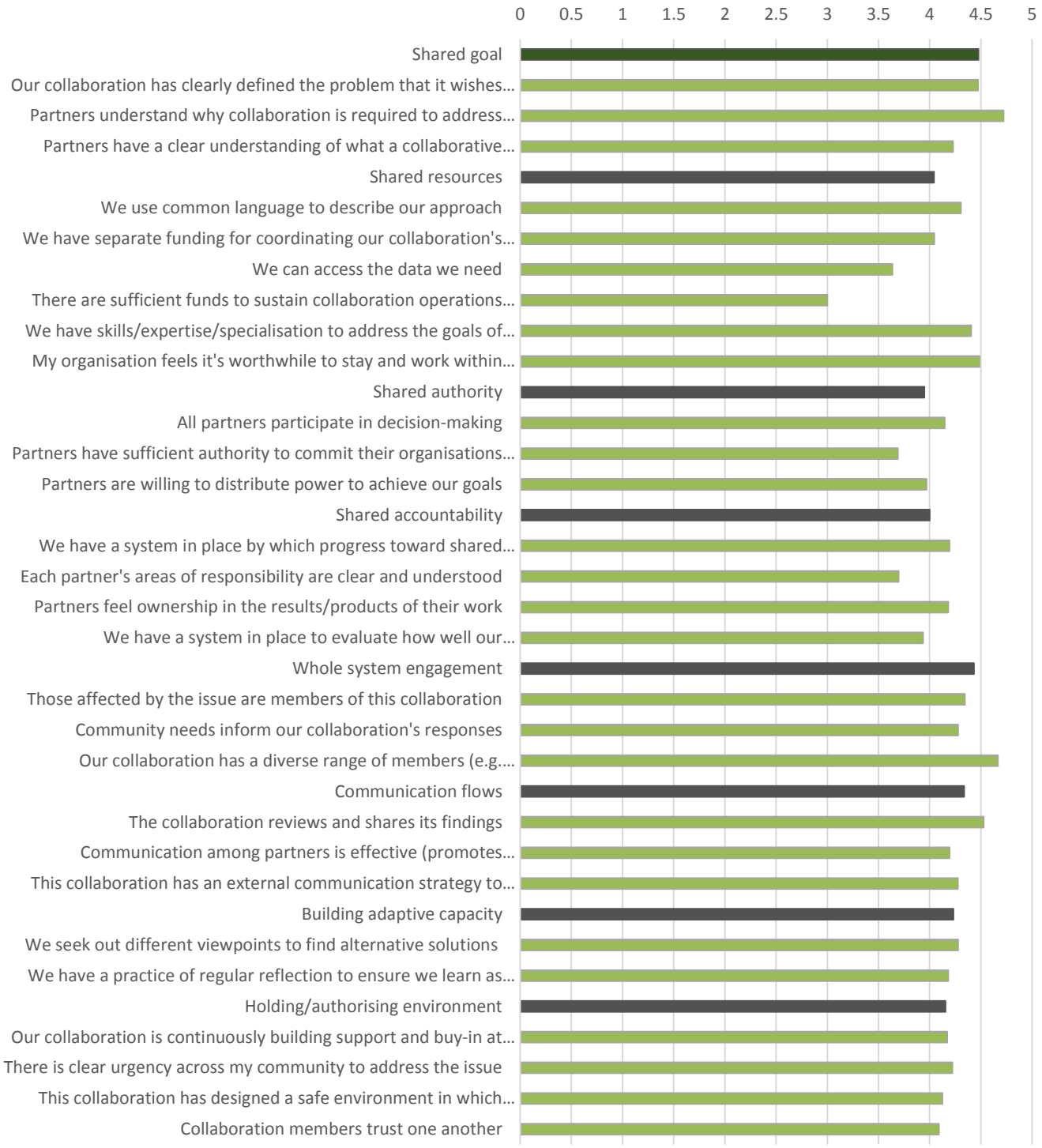
Response scores are also illustrated in the below bar chart, where the darker bars are dimensions and the lighter bars are sub-dimensions.



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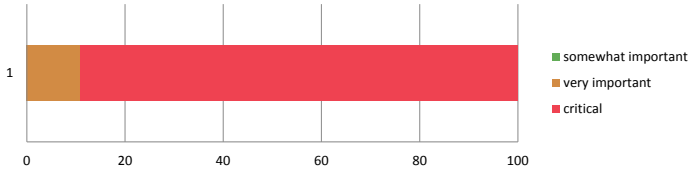
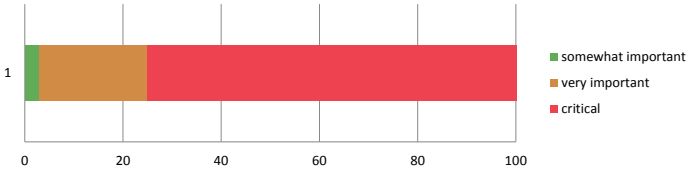
The CHAT survey includes a section where members are asked to rate goals as either 'critically important', 'very important, or 'somewhat important'. This is to determine the alignment in what Collaborative members see as the most critically important things to focus on. Goals are shown below in the order they were ranked by members in terms of importance, from most uniformly ranked as critically important (top left, going down) to least uniformly ranked as critically important (bottom right).

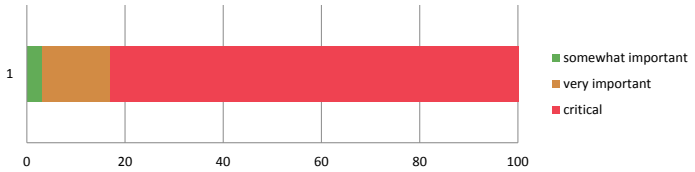
Improve the supports available to people who are suicidal



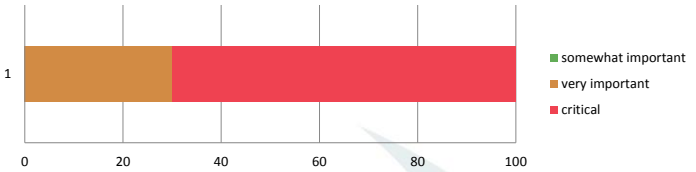
Promote suicide prevention as a whole-of-community issue



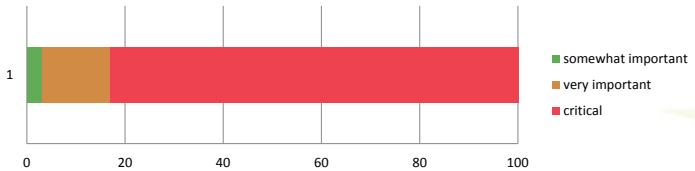
Raise awareness about suicide being an important issue



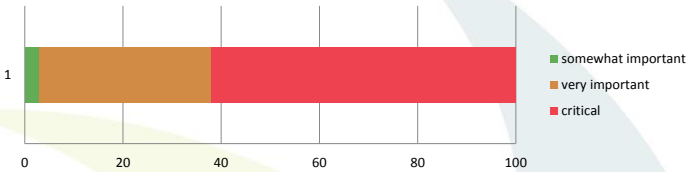
Focus on implementing evidence-based interventions



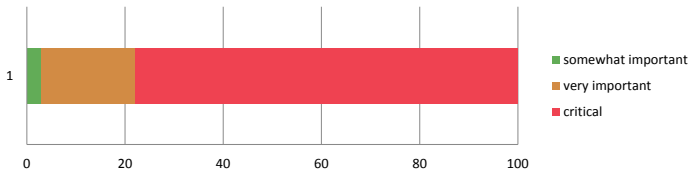
Encourage systems change through collaboration



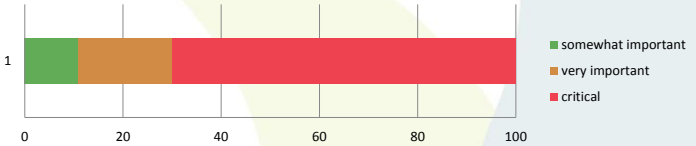
Access accurate and timely data on suicide deaths and attempts



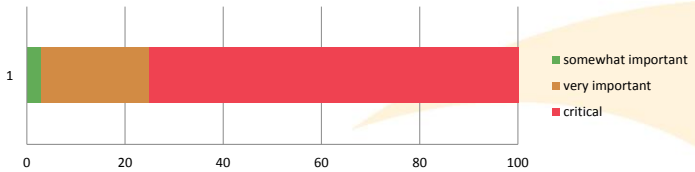
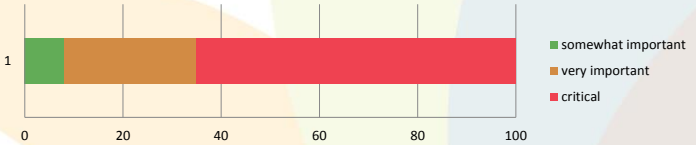
Ensure that suicide prevention activities are effective



Attract ongoing funding to ensure sustainability of the Collaborative



Involve people with lived experience of suicide in decision making



Focus on population cohorts that are over-represented in the suicide statistics