National Suicide Prevention Outcomes Framework

Data Quality & Improvement Introduction

Australian Government

National Suicide Prevention Office

Acknowledgements

Acknowledgement of Country

The National Suicide Prevention Office (NSPO) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work and learn.

Recognition of lived experience

The NSPO recognises the individual and collective contributions of those with lived and living experience of suicide. People who have survived suicide attempts, cared for a person in suicidal crisis, or have lost a loved one to suicide demonstrate tremendous generosity through providing their expertise and insights. Every person's journey is unique and makes a valued contribution to Australia's commitment to suicide prevention system reform.

Recognition of contributions

The NSPO works closely with stakeholders in the development of all its work, including the National Suicide Prevention Outcomes Framework (Outcomes Framework). This includes members of the NSPO Lived Experience Partnership Group, the NSPO Advisory Board, the Jurisdictional Collaborative Forum, the Outcomes Framework Collaborative, the NSPO Scientific Advisors, sector and peak organisations, and Commonwealth portfolios. We acknowledge the work of the Australian Institute of Health and Welfare (AIHW) and the Manna Institute, University of New England in establishing the multi- and mixed-method approach, and the Centre for Social Research in Health and the Social Policy Research Centre, University of New South Wales for their initial work advising on the qualitative approach. We thank all those who share their time and expertise with us so generously.

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A note on language

The way we speak about suicide and self-harm has a major influence on how the community understands and responds to people who are experiencing suicidal thoughts and behaviours. It also impacts on the existence and degree of stigma and shame around suicide.

While there is ongoing debate about the words used in suicide prevention, the Outcomes Framework has drawn on the insights of people with lived and living experience of suicide, evidence-informed resources, research and the knowledge of sector experts to guide the language used to describe aspects of suicide.

Sources of support

Please be aware the *Data Quality & Improvement Introduction* contains information about suicide that may be distressing. Please take care of yourself as you read it and ask for help if needed. Support is always available. Below are options for online and telephone information and support in Australia.

Lifeline
13 11 14
Lifeline.org.au

Suicide Call Back Service
1300 659 467
Suicidecallbackservice.org.au

Defence Member and Family Helpline
1800 624 608

MensLine Australia
1300 789 978
Mensline.org.au

ReachOut
au.reachout.com

13YARN
13YARN (13 92 76)

QLife
1800 184 527
Qlife.org.au

Kids Helpline
1800 551 800
Kidshelpline.com.au

Medicare Mental Health
Medicarementalhealth.gov.au

headspace
1800 650 890
headspace.org.au

Open Arms
1800 011 046
openarms.gov.au

Beyond Blue
1300 224 636
Beyondblue.org.au

Standby Support After Suicide
1300 727 247
standbysupport.com.au



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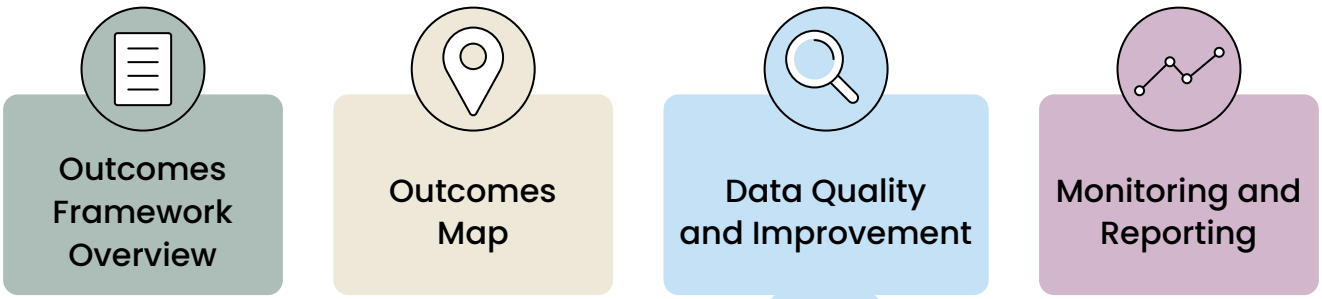
Data Quality & Improvement Introduction

Data Quality & Improvement is the third component of the *National Suicide Prevention Outcomes Framework* (Outcomes Framework).[1]





This component helps make sure that data used in the Outcomes Framework is suitable for its intended purpose. It consists of two connected products:

- The *Data Quality Framework* provides a consistent way to assess the strengths and limitations of quantitative and qualitative data and decide whether it is fit-for-purpose.[2]
- The *Data Improvement Plan* makes gaps and limitations in existing data visible and describes priorities and actions to improve the availability, quality, relevance and usefulness of data over time.[3]

The *Qualitative Technical Paper* supports both products. It explains the proposed primary qualitative method, how existing material may be assessed, and how testing and refinement will inform future improvements.[4]

How the components connect

The *Outcomes Framework Overview* explains the purpose and structure of the full Outcomes Framework.[5] The *Outcomes Map* sets out the goals, outcomes, indicators and data measures to be monitored.[6]

Data Quality & Improvement assesses the strengths and limitations of that data, makes gaps visible and identifies priorities for improvement.[7] *Monitoring & Reporting* uses the *Outcomes Map* and the best available quantitative and qualitative evidence to report on progress and inform continuing improvement of the suicide prevention system.[8]

Figure 1. Components of the *National Suicide Prevention Outcomes Framework*.

Data represents people

Data is more than numbers, categories or written accounts. It represents people, their lives and their experiences. No single data source can capture the full complexity of suicide prevention, so the Outcomes Framework brings different forms of evidence together and explains their strengths and limits.

Improvement takes time

Suicide prevention is complex. Understanding change also requires a long-term view. The Data Quality & Improvement component supports steady learning as evidence, methods and community priorities develop over time.

Purpose of this introduction

This document explains what the *Data Quality & Improvement* component is, how its two products work together, and how they can be used. It provides an overview rather than a step-by-step data quality assessment tool. The detailed assessment criteria are in the *Data Quality Framework*, measure-level assessments are in the *Outcomes Map Technical Workbook*,[9] and the *Data Improvement Plan* outlines the actions being proposed to uplift the measures for the Outcomes Framework.

Who this document is for

This document is for people who collect, manage, analyse, report, or use suicide prevention data. This includes governments, data custodians, service providers, Primary Health Networks, researchers, evaluators, communities and people with lived and living experience of suicide. It was developed for the Outcomes Framework, but its questions and principles may also help local and organisation planning, evaluation and learning.

Aims

The *Data Quality & Improvement* component helps people answer five practical questions:

- Do we have the evidence needed to understand the outcome?
- Is the evidence good enough for the purpose?
- Whose experiences and which places are not well represented?
- What are the main gaps and limitations in the evidence?
- What can be improved, by whom and over what period?

Using these questions the component aims to deliver a clear and transparent approach for assessing, using and improving the data that underpins the Outcomes Framework, including by:

- Providing a consistent way to assess data to determine whether it is suitable for the Outcomes Framework
- Making visible the data that is available, what its limitations are, and where outcomes or indicators need further data development
- Informing priorities and practical actions for data improvement including existing development work and opportunities for collaboration
- Strengthening future reporting by learning from data assessment, method testing, collection, analysis, reporting and stakeholder feedback.



Why Data Quality & Improvement is needed

Better data helps build a clearer picture of suicide prevention in Australia. It can help show what is changing, where progress is occurring, how people experience that change and where more attention is needed.

The *Data Quality & Improvement* component strengthens the Outcomes Framework by identifying gaps and limitations and supporting improvements to existing data, new measures and qualitative methods. Over time, this means the Outcomes Framework can provide a more complete and reliable picture of progress across its goals and outcomes.

Better evidence supports governments, services, researchers, data custodians and communities to make more informed decisions, identify priorities and focus suicide prevention efforts where improvement is needed.

The Outcomes Framework incorporates quantitative and qualitative data together. Quantitative data (numbers) can show the scale, distribution and direction of change. Qualitative data (stories) can describe context, meaning and people's experiences. Both are needed to give a broader understanding of suicide prevention and measure progress towards the goals and outcomes (see the *National Suicide Prevention Outcomes Framework Data Overview*[10] for more details).

The data being considered for the Outcomes Framework may:

- Not yet represent some populations, communities, places or experiences well
- Not yet exist for an important outcome or indicator
- Have limitations in quality, coverage, timeliness or comparability
- Have been collected for another purpose that limits how it can be interpreted or changed
- Be difficult to access, link, compare or disaggregate safely
- Be collected too infrequently, irregularly or at times that do not support reporting
- Still be under development.

The Outcomes Framework is not limited to what can already be measured. Important outcomes and indicators remain visible even when suitable data is not yet available. This helps direct attention to evidence gaps rather than allowing data availability to define what matters.

The *Data Quality & Improvement* component responds to these challenges by supporting the responsible use of suitable data while keeping important gaps visible. It identifies where existing data can be strengthened and where new measures, collections or methods may be required.

The Data Quality Framework

The *Data Quality Framework* provides the standards used to assess data for the Outcomes Framework. It supports consistent and transparent decisions about whether data is reliable, relevant and fit-for-purpose.

The assessment considers the technical qualities of the data and its source, how well it aligns with the Outcomes Framework, and whether it adds to understanding of suicide prevention.

The *Data Quality Framework* also considers the environment in which data is collected and managed. This includes whether data comes from a reputable and appropriately governed source and whether privacy, confidentiality, ethical and safety considerations have been addressed.

Detailed assessments of individual measures are provided in the *Outcomes Map Technical Workbook*. The *Data Quality Framework* applies to quantitative and qualitative evidence. The *Qualitative Technical Paper* provides added guidance on the development of qualitative questions and quality assessment of primary and secondary qualitative data.

The Data Improvement Plan

The *Data Improvement Plan* turns assessment findings into practical improvement priorities. It covers quantitative and qualitative data and records:

- Important data gaps and limitations
- Measures that can support reporting now
- Measures and methods that need further work
- Improvements already underway
- Opportunities to improve data quality, availability and use
- Issues that need collaboration or further investigation.

Current measures are those that are fit-for-purpose and support reporting now, although their limitations will still be outlined. Future measures need more work before they can be used confidently. This may include:

- Measures based on older or infrequently collected data
- Data sources that are not collected regularly
- Measures with known limitations
- Measures already being developed
- Missing quantitative measures
- Qualitative data that will become available through future collection and analysis.

Classifying data as future measures does not make the relevant outcome less important. It means more development or improvement is needed before accurate and meaningful reporting can occur.

The *Qualitative Technical Paper* includes a section on how testing of the qualitative method and further refinement will inform the *Data Improvement Plan*. This establishes a direct connection between testing the qualitative approach and identifying future improvement needs.



How the two products work together

The *Data Quality Framework* and the *Data Improvement Plan* have different but complementary functions. The *Data Quality Framework* assesses strengths and limitations and identifies gaps.

The *Data Improvement Plan* uses these findings to set out what needs to improve, who is best placed to act, and where new data or methods may be needed. Together they support a continuous improvement cycle as outlined in Figure 2.

Using this cycle assessment is not a one-off activity. Data will be reconsidered as collections change, improvements progress, qualitative methods are tested and refined, new evidence becomes available, and as stakeholders and communities identify emerging needs. Updates should show what has changed, what improved and what gaps remain. This will help ensure the Outcomes Framework continues to be based on the best available evidence while supporting longer-term improvements to Australia's suicide prevention data landscape.

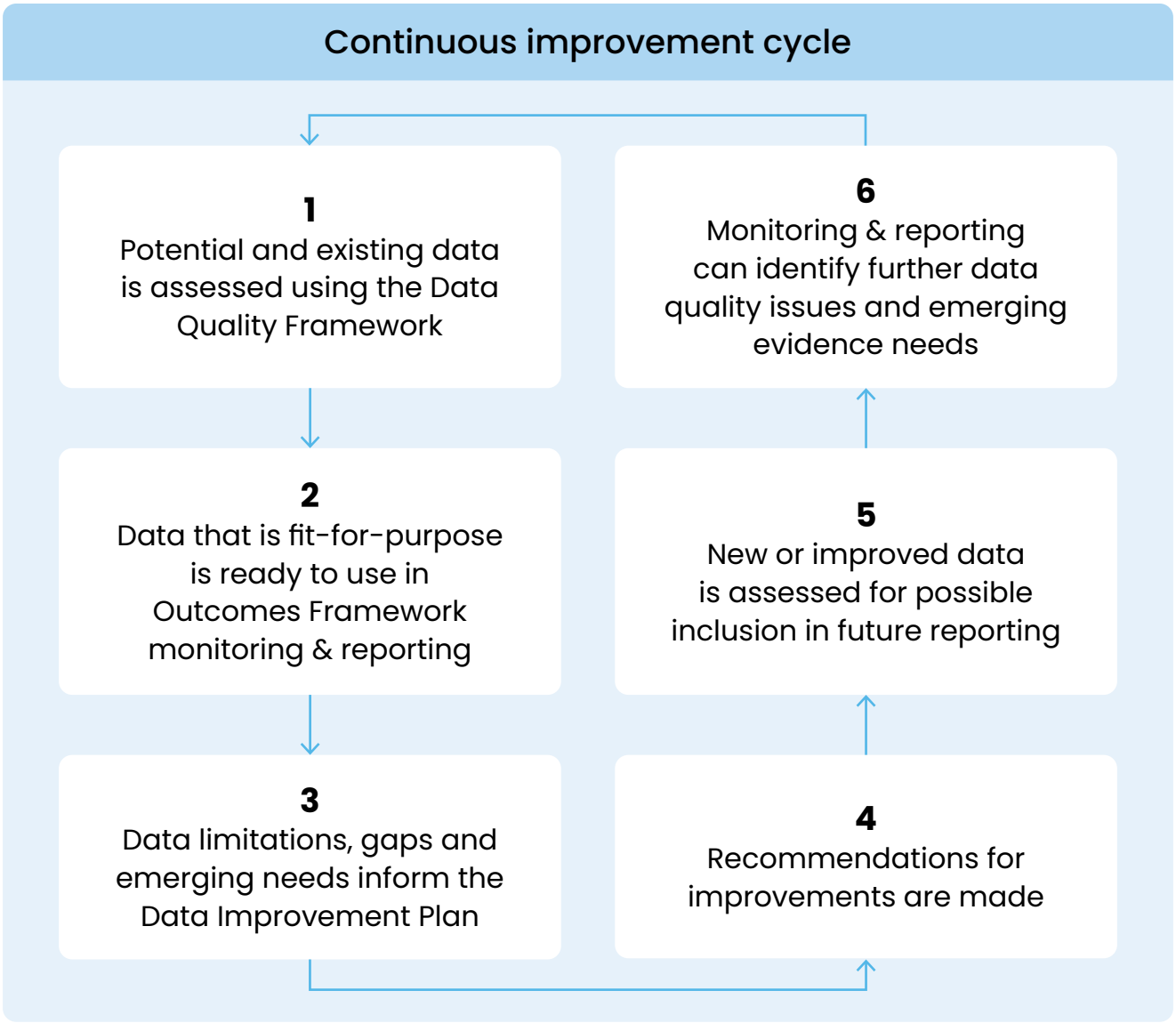


Figure 2. The continuous improvement cycle of the Outcomes Framework Data Quality & Improvement component

Responsibilities for data improvement

The approach to improvement depends on the type and source of the data.

Primary data

Primary qualitative data is data collected specifically for the Outcomes Framework. The proposed method includes a targeted approach through panels and a broad approach through an online survey. Improvements can be informed by quality assessment, method testing, collection and analysis, ethics and safety review, and feedback from participants and users.

Primary quantitative data is not included here because the only primary collection proposed for the Outcomes Framework is qualitative. Quantitative data in the *Outcomes Map* is drawn from existing data sources and is treated as secondary data for the purposes of this component.

Secondary data

Secondary quantitative and qualitative data is collected or published by others and then used, analysed or interpreted for the Outcomes Framework where appropriate. The AIHW and NSPO will work with the relevant data custodians and governance bodies.

This recognises that data custodians retain responsibility for the data they collect and manage. This work may include:

- Understanding the original purpose, design and constraints of the data
- Explaining why the data matters to the Outcomes Framework
- Identifying limitations and what they mean for interpretation
- Supporting change where the Outcomes Framework can strengthen the case for improvement
- Exploring opportunities for realistic improvements, while recognising that some desired changes may not suit the source's original purpose
- Understanding planned changes and monitoring new or improved data
- Exploring options for better access, frequency, coverage, relevance or safe disaggregation.

The use of secondary data seeks to leverage relevant data improvement activities already occurring through existing governance bodies and collaborative arrangements and connect the Outcomes Framework with broader national data development.



Data governance, safety and appropriate use

Data in the Outcomes Framework comes from different sources and remains subject to the governance arrangements of the relevant data custodians. Governance applies across the data lifecycle. It includes clarifying the purpose of collection and use, understanding data sensitivity, establishing approvals and accountabilities, managing information securely, documenting quality and ensuring that published information is ethical, transparent and fit-for-purpose.

People with lived and living experience of suicide will have an important role in helping shape how data is interpreted and communicated. Engagement must be purposeful, safe and appropriately supported. The form of engagement may differ according to the data, reporting product and decisions being made.

Aboriginal and Torres Strait Islander data

Development, interpretation, reporting and decisions about disaggregation must be guided through engagement with Aboriginal and Torres Strait Islander people, communities and organisations. This includes culturally safe and appropriate contextualisation of existing national data and alignment with Indigenous Data Sovereignty and Data Governance principles in the *Australian Government's Framework for the Governance of Indigenous Data.*[11]

Before primary data collection involving Aboriginal and Torres Strait Islander people begins, the Outcomes Framework will confirm and follow the required Aboriginal and Torres Strait Islander ethics, governance and community engagement pathways. Qualitative method design and implementation, outlined in the *Qualitative Technical Paper*, will be reviewed with relevant Aboriginal and Torres Strait Islander expertise.

Groups disproportionately impacted

For groups disproportionately impacted by suicide, decisions about data development, interpretation, reporting and safe disaggregation must also consider what is possible, useful and appropriate. These decisions will be guided by engagement with communities and data custodians rather than being treated only as technical questions.

How the Data Quality & Improvement component was developed

The *Data Quality & Improvement* component was developed through connected work on assessment and improvement processes.

The *Data Quality Framework* was developed by AIHW and NSPO at the same time as the *Outcomes Map* to assess whether the quantitative and qualitative data measures being considered were suitable for the Outcomes Framework. It drew on existing national data governance practices and was informed by consultation with the NSPO Advisory Board and the Lived Experience Partnership Group, as well as stakeholders from the suicide prevention sector.

The *Data Improvement Plan* is based on continuous improvement practices. The AIHW led the development of the supporting processes and governance arrangements. The processes leverage existing data governance, technical advice and collaboration with relevant Commonwealth, state and territory representatives and data custodians. The initial content of the *Data Improvement Plan* is based on the quality assessments conducted during the development of the *Outcomes Map*.



How the Data Quality & Improvement component can be used

The *Data Quality & Improvement* component was developed primarily for the Outcomes Framework. It can also be used as an adaptable national reference point for local and organisational work. It does not require every organisation to collect, assess or use the same data or achieve perfect alignment with national suicide prevention data. Stakeholders can retain locally meaningful outcomes and measures, use the component to identify strengths, limitations and gaps, and improve data progressively. This can be done by asking the following questions:

- **Do we have the right data?** Use the Data Quality Framework to consider whether local data is reliable, relevant and fit-for-purpose.
- **Is it good enough for what we want to know?** Compare strengths, limitations and gaps in local data with the national goals, outcomes and indicators, while keeping local context and priorities visible.
- **What evidence is missing?** Use visible evidence gaps to help shape research questions, evaluation priorities and/or new approaches to measurement.
- **What could we improve and how?** Prioritise changes that would make local data more useful, accessible, timely, representative or safe.
- **How could our work contribute to better suicide prevention for everybody?** Consider whether local data, research, evaluation or improvement work could strengthen shared and national understanding, subject to consent, ethics and governance.

This is particularly important for secondary data in the Outcomes Framework, such as publicly available reporting. Clearer, more relevant and ethically produced reporting can help evidence from different organisations and communities contribute to a richer shared understanding of what is changing, people's experiences and a richer shared understanding of people's experiences and what is changing, along with a more complete national picture of suicide prevention.

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