



# Suicide Prevention Australia Standards for Quality Improvement

First edition



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## Introduction

Suicide Prevention Australia is the national peak body for the Australian suicide prevention sector. Our members include the largest and smallest suicide prevention and mental health not-for-profits, practitioners, researchers and leaders. Suicide Prevention Australia supports and strengthens the services of our members. Suicide Prevention Australia is an instrumental information channel connecting the sector and Government. The suicide prevention sector benefits from our leadership, policy services, training and research support.

Assuring the safety, quality and efficacy of Australia's suicide prevention programs is a focus of the suicide prevention sector, government, commissioning agents and the Australian community at large.

The *Fifth Mental Health and Suicide Prevention Plan*<sup>1</sup> recognises the importance of standards to assuring services and programs are safe, quality and outcomes-based.

Following an evaluation of the existing approach based solely on effectiveness, consideration was given to a more holistic mechanism for assuring the quality, effectiveness and fidelity of suicide prevention programs in Australia.

This led to the development of a self-directed Quality Improvement Program, where programs can be delivered to standards of quality and effectiveness through a process of self-assessment, certification and accreditation.

The Quality Improvement Program is designed to support the suicide prevention sector, and offer providers the benefit of placing their programs on a self-directed course that is useful, purposeful, user-friendly and relevant to their needs. Providers of suicide prevention programs, at different stages of implementation or maturity, can now partake in a program that will provide consistency in delivery and a sector-wide focus on quality improvement.

Each program will be measured against appropriate, necessary and relevant standards. Importantly, the program provides a level of confidence for the community, especially for those seeking help for suicidal behaviour.

In addition, this gateway to excellence initiative will help inform Government, Primary Health Networks and other funders and commissioners on the breadth and depth of existing programs. Each program will be assessed against a framework aligned with existing recognised and adopted national standards.

<sup>1</sup> National Mental Health Commission, pg. 42-47 (2017) .

## Standards

### Eligibility

A suicide prevention program is one that is implemented to address, prevent or respond to suicidal behaviours and their impact on people, families, communities and the Australian population.

Recognition against the Suicide Prevention Australia Standards for Quality Improvement, 1<sup>st</sup> Edition (the Standards) is reserved only for programs who intend to positively contribute to suicide prevention in Australia. In order for programs to undergo the Quality Improvement Program against the Standards, the primary purpose of the program must be suicide prevention.

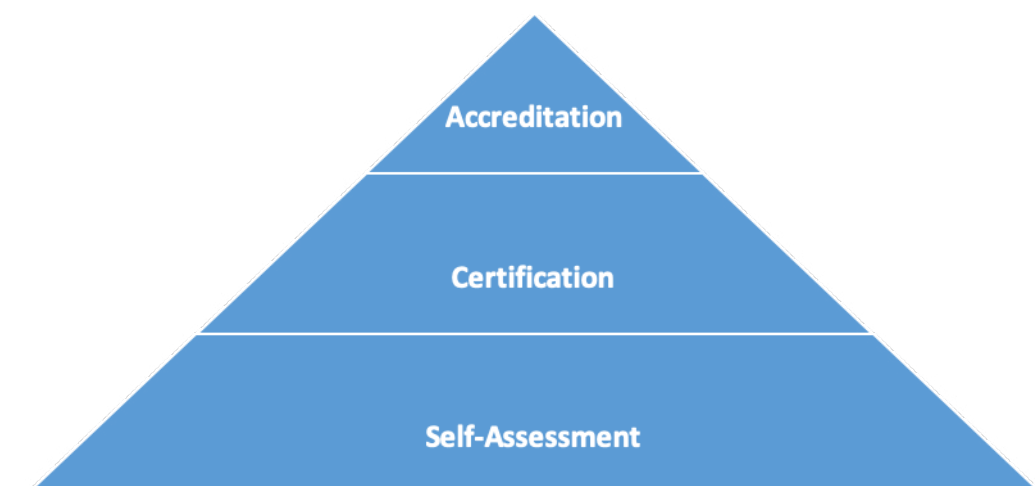
If unsure as to whether the program meets these criteria or you wish to discuss any aspects of eligibility for the Quality Improvement Program, please contact Suicide Prevention Australia.

### Registration

Contact Suicide Prevention Australia to register a program for the Quality Improvement Program against the Suicide Prevention Australia Standards for Quality Improvement, 1<sup>st</sup> Edition.

Once successfully registered, the program coordinator can commence the Quality Improvement Program at the self-assessment stage, which is the first stage in achieving certification or accreditation against the Standards.

## The Quality Improvement Program – Assessment



### Self-Assessment Stage

The Quality Improvement Program requires the program coordinator to complete a self-assessment of the program against the Standards through an online electronic module format.

Whilst completing the self-assessment, participants will be guided to:

1. Consider their current compliance level to the Standards,
2. Simultaneously create an action plan alongside the Standards,
3. Identify any areas that could be improved upon within the current program, and
4. Assign responsible persons to make those improvements.

Upon completion of the self-assessment, the program coordinator will have a comprehensive list of all actions required, in order to comply with the Standards.

When the self-assessment is complete, the module and action plan are submitted to an external auditor for review. If required, the auditor will provide guidance or suggestions on the action plan. The auditor will deem the self-assessment either as:

1. *Complete*: meaning the program is ready to proceed to the next step, or
2. *Not Complete*: meaning areas require amendment before the next steps can be taken.

In a *Not Complete* outcome, advice will be given on any areas that require amendment before the next steps can be taken. Once amendments have been made, the auditor will change the rating to *Complete*.

Having a *Complete* self-assessment status means that a self-assessment of the programs' current situation has been completed, and an action plan for all tasks required to comply with the Standards has been created and is ready to be actioned. A *Complete* self-assessment does not mean that a program is compliant to the Standards.

Once a program has successfully completed the self-assessment, the program team has one year to work through the action plan and make all required improvements to the program. At the end of this year, the program team must determine how they would like to proceed. The team can proceed to the certification stage, and onward to the accreditation stage after certification is complete if they deem it suitable for their program.

### Certification

If an organisation chooses to have their program certified, the assessment process will occur in the form of an offsite desktop review of documentary evidence. The program team will undergo the self-assessment

process once again, but this time, they will also be required to upload evidence to each indicator to prove their compliance. This submission will again be reviewed by an independent auditor, who will determine compliance against each key task within the Standards.

If all documents are deemed compliant, the program will then be considered certified against the Standards and will be awarded certification. If some evidence is not yet compliant, the auditor will provide feedback and guidance, then give the program team time to resubmit responses for those indicators deemed not compliant. Once the correct evidence has been supplied, the program will be awarded certification.

At this stage, the program can remain certified and repeat this process every two years, with a self-assessment and subsequent action plan occurring one year from certification, then re-certification occurring one year following that. Alternatively, the organisation can choose to take the final step of the process and become accredited.

### Accreditation

Accreditation requires an onsite assessment from a team of experienced and independent auditors. The auditors will first review the documents uploaded to your self-assessment and then attend onsite where the program is being delivered. They will conduct environmental scans, observations of practice and one-on-one interviews with program team members.

After this onsite assessment, the program will be awarded accreditation against the Standards, if it is determined that all indicators are being met. If some indicators are deemed not compliant, the program team will be given time to amend these issues. Once all indicators are deemed compliant, the program will be awarded accreditation.

Once accreditation is achieved, the process is repeated once every three years; beginning with one year without requirements, followed by a self-assessment and document upload in the second year of the cycle, and ending with an onsite assessment in the third year of the cycle.

It is at the discretion of the organisation to determine whether certification or accreditation is better suited to their program, and if they would like to undertake this process in a shorter time frame than supplied by Suicide Prevention Australia. For further guidance on what might best suit your program, please contact Suicide Prevention Australia.



# Needs Assessment



# 1

## 1. Needs Assessment

### Background

The process for determining the requirements and priorities for a certain population or community is known as a 'needs assessment'. Before developing a suicide prevention program, it is important that a needs assessment is conducted to ensure the expected program outcomes will match the requirements of the target population.

Conducting a needs assessment will help to guide the development and delivery of the program so that the desired outcomes will reduce and/or prevent suicides and suicidal ideation, promote the principles of recovery, and address gaps in services for the target populations.

In order to ensure a program will be beneficial and successful in the goals that have been set, the actions being undertaken should be based in fact and backed by credible evidence. Important actions to undertake when conducting a needs assessment include information and data collection, engagement and consultation with members of the target population and interested parties, analysis, evaluation, and review of the data to determine how best to meet the needs of the target group<sup>2</sup>.

Consideration should be given to the size or scale of the unmet need for a program and the existence of any other programs which would result in duplication of the proposed program.

Reviewing similar programs being offered in other communities enables positive learnings to be adopted and/or adapted to best suit your community needs.

Some programs are initiated by a single incident while others begin in response to a notable long-term trend. Regardless of why a program is considered necessary, conducting a needs assessment prior to embarking on the implementation process will ensure a greater likelihood of success and longevity for the program and the desired outcomes.

<sup>2</sup> Needs Assessment Guide: Australian Government (Department of Health) and PHN (2015).



## Intent

To establish if there is a need for the program within the community in which the program is intended to be delivered.

## Considerations

- a. Is there an identified need for a suicide prevention program in the community?
- b. What consultation has taken place to determine the need?
- c. What evidence exists for this program?
- d. What information and data has been considered to determine the need?
- e. Have you identified gaps in evidence and how your program may address these gaps?
- f. Have you considered other programs that may be meeting this need that could be adapted for use in this community?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of a recent needs analysis/assessment having been conducted, which has considered if the program fills a gap in service delivery and has undertaken engagement with relevant stakeholders and assessment of available evidence

# Alignment



# 2

## 2. Alignment

### Background

All organisations need to be clear about their purpose and to have developed a clear mission and vision and articulated their values. The mission, vision, and values are defined during the process of strategic reflection of the organisation.

A mission statement summarises and defines the business – what the organisation does, who they do it for, and what benefits arise from their actions<sup>3</sup>.

A vision statement describes the intended future for the organisation once it is achieving its’ mission. Vision statements are often based around overarching long term goals.

A values statement helps define the principles and ethics by which an organisation operates. The statement can also be known as guiding principles. Values help to establish ideal behaviours and traits for the organisations’ team members, which provides a stable platform for the team to work towards common goals with similar mindsets. Community members can use these statements to find out more about an organisation.

The simplest way for an organisation to develop and display these goals is through a strategic plan and/or set of strategic directives. Strategic plans/directives include the mission, vision, and values of the organisations, as well as some long-term goals for the future.

Depending on the level of detail, some strategic plans/directives will also include an analysis of the organisations’ strengths, weaknesses, opportunities and threats, financial outlooks and core values. Strategic plans/directives work best when reviewed yearly, to ensure the organisation remains on track to fulfil its’ purpose.

For a program to succeed, those responsible for directing and/or coordinating the program need to believe in its’ purpose and intentions. Ensuring that the program’s purpose aligns with the organisations’ mission, vision and values means that the team involved in the program delivery has a clear picture of what they aim to achieve.

Having a team that supports and believes in the programs’ purpose makes outcomes more achievable and upholds better team morale.

<sup>3</sup> ‘Importance of Vision, Mission and Values in Strategic Direction’, J. Tallant (2009).

### Intent

To ensure that the program aligns with the organisation’s purpose through its mission and/or vision and values.

### Considerations

- a. Is the program aligned to the mission and/or vision and values of the organisation?
- b. Does the program support the organisations’ strategic, operational and/or business plans?

### Key Tasks

In order to meet this standard, the following must be completed:

1. Demonstration of alignment between the program delivery, and the mission, vision and values and/or strategic direction of the organisation



# Lived Experience of Suicide



# 3

## 3. Lived Experience of Suicide

### Background

People with 'lived experience' of suicide have experienced suicidal thoughts/ideation, survived a suicide attempt, experienced bereavement related to suicide or cared for someone during a suicidal crisis.

By drawing on the knowledge of those people with lived experience, suicide prevention programs can be developed in a much more effective and safe manner.

Suicide prevention programs require extensive forethought and care, as well as specific insight into how actions taken during the course of the program will impact people with a lived experience of suicide. Co-creation with people with a lived experience can provide a valuable perspective that is imperative to a positive program delivery<sup>4</sup>.

According to suicide prevention organisation, Roses in the Ocean:

'People who have experienced suicidal thoughts and/or been through suicidal crisis, are best placed to inform how we can best support others in crisis. People bereaved through suicide, know what is and isn't useful when it comes to supporting them to understand and adapt to their 'new normal'. People who have cared for a loved one through suicidal crisis are acutely aware of fear, helplessness and conflicting emotions feels like – and what helped them help their loved one<sup>5</sup>.'

It is important to ensure that all programs are supported by input from those with lived experience, as this can facilitate positive and tailored change in the programs' target population.

It is also imperative that any person with lived experience is supported and trained to participate in their role in the program delivery safely and positively, with barriers addressed and minimal impact on their health and wellbeing.

It is equally important to educate and train program team members and volunteers in how to encourage and facilitate involvement of people with lived experience in the design of the program.

<sup>4</sup> 'Lived Experience', Life in Mind (2020).

<sup>5</sup> 'Lived Experience of Suicide', Roses in the Ocean (2019).



## Intent

To ensure that the program has, where possible, been co-designed with people with lived experience of suicide.

## Considerations

- a. How are people with lived experience of suicide involved in program design, implementation, monitoring and review?
- b. How have people with lived experience of suicide been supported to participate in the development of the program?
- c. If people with lived experience of suicide are involved in the delivery of the program, have they received training to support them in their role?
- d. Have people with lived experience of suicide received support and training in talking about suicide?
- e. Have program team members and volunteers received education and training in how to encourage and facilitate involvement of people with lived experience in the design of the program?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of people with lived experience of suicide engaging in program development, design, implementation and review
2. Provision of training for people with lived experience of suicide who are involved in the program development, design, implementation and review
3. Provision of training to program team members and volunteers on how to encourage and facilitate involvement of people with lived experience in the design of the program

# Stakeholder Engagement



# 4

## 4. Stakeholder Engagement

### Background

Effective engagement with relevant stakeholders prior to and during program development ensures that program goals and desired outcomes are best suited to the target population the program intends to service.

Maintaining engagement with stakeholders throughout the delivery of the program provides an opportunity for a two-way exchange of information and allows for adaptation and continuous quality improvement to achieve the key deliverables. Any group or individual with a vested interest in the success of the program can be considered a relevant stakeholder and the level of engagement may differ for each stakeholder.

Examples of stakeholders include funding bodies, partner organisations, volunteers, program team members, people with lived experience, people who participate in the program, carers, consultants, peak bodies, tertiary organisations, research bodies, local councils or community organisations, government departments and primary health networks.

### 4.1 Collaboration & Partnerships

#### Background

During program development, working relationships with partners such as not-for-profits, businesses, funders, tertiary bodies, research bodies, commercial enterprises and suppliers can be highly valuable. Partnerships and collaborations can be a powerful way to increase reach, effectiveness and efficiency in realising the program's main goals.

Collaborations and partnerships can allow for greater utilisation of resources, funds and materials to deliver a better-equipped program. Additionally, shared knowledge and expertise gained from collaborating with others can greatly improve a program and add immense value to the work undertaken.

Relationships with partners should be well planned, clearly communicated and have an agreed purpose. An arrangement with a partner may be formal or informal and each arrangement has its' own considerations and requirements. Organisations can work with partners in various ways with varying levels of formality and independence including Memorandums of Understanding or written agreements. More formal ways to collaborate may be through a formal partnership agreement or a joint venture.

The common purpose should always be of the highest consideration. If the parties entering into a collaboration and partnership do not have an agreed shared purpose and documented objectives, then the arrangement can collapse and place the project at risk.

Organisations should ensure the right processes and procedures are in place to manage a successful partnership, including consideration of an exit strategy, should the partnership or collaboration no longer serve the purpose for which it was intended.

## Intent

To ensure that the program has, where possible, been developed in collaboration with others and that these partnerships are well planned, clearly communicated and have a common clear purpose.

## Considerations

- a. What process has been undertaken to identify stakeholders?
- b. What assessment process has been used to identify the value various stakeholders bring to the program?
- c. How do the mission, vision, values and strategic directives of the various stakeholders' match with those of the program?
- d. How is the value of existing and potential stakeholders communicated to the program team?
- e. What processes are in place to resolve conflict with stakeholders?
- f. What communication is undertaken for ongoing engagement with stakeholders?
- g. How will the engagement be monitored and managed?
- h. How will more formal partnerships identify agreed performance indicators?
- i. What modes of communication will be used for the partnership agreement?
- j. Do all parties have a common alignment of purpose for the partnership?
- k. Have conflicts of interest been identified prior to partnering with others?
- l. Have discussions and negotiations been transparent?
- m. Has the capacity to deliver on the requirements of the partnership been considered?
- n. How are collaborations and/or partnerships communicated to stakeholders?
- o. Has an exit strategy for the partnership been considered?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Development and maintenance of a policy on the engagement and review of partnerships and collaborations
2. Documentation of agreements for all formal collaborations and partnerships that clearly articulate their purpose, roles and responsibilities
3. Development of a framework for communication, meetings and monitoring outcomes of partnerships and collaborations

## 4.2 Feedback

### Background

Engaging with stakeholders often results in valuable insight and perspectives that are unique to the stakeholders giving input. This information is imperative for ensuring the program is continuously improving and adapting to achieve the nominated goals.

Seeking feedback from relevant stakeholders is an effective way to collect information that can be used to appropriately tailor programs during the development stage and to improve processes and outcomes when reviewing the program.

Feedback can come in many forms including commentary and requests from partners or funders, active participant input into program development such as document review and working groups or user testing.

Information for feedback can also be collected with a formal feedback survey, through focus groups or in the form of face to face interchange, a suggestion box or on platforms such as social media and websites.

It is important to receive all feedback, both positive and negative, in a constructive and open manner. Undergoing continuous quality improvement means that the program is constantly adapting and aligning to best suit the needs of people who participate in the program. Feedback also provides clarity on areas and processes that may require additional attention.



## Intent

To ensure that feedback from stakeholders is used to inform program development and facilitate continuous quality improvement.

## Considerations

- a. How is feedback collected from stakeholders?
- b. How will the program record feedback and acknowledge the receipt of feedback?
- c. How is feedback used to improve processes and practices within the program?
- d. How are program complaints resolved in a timely manner?
- e. Are multiple formats explored and utilised for stakeholders to provide feedback on the program?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Development of various feedback mechanisms for stakeholders to use which are user friendly and encourage feedback from stakeholders either given directly or anonymously, without fear of discrimination
2. Documentation and maintenance of a feedback register, allowing for the reporting of, and responding to, positive and negative feedback
3. Documentation of a feedback and complaints policy and procedure

# Program Plan



# 5

## 5. Program Plan

### Background

Every suicide prevention program that reaches the stage of physical program delivery must first go through a stringent planning process to ensure it is best equipped to be successful.

Program planning can commence once there is confirmation that the alignment to the organisation is clear and stakeholders such as partners, funders, people utilising the program or service, team members and those with lived experience have been considered.

An effective program plan includes clear aims and objectives, timelines, a program logic, research into evidence-based strategies and consideration of data and knowledge that can be gained during the course of the program. It also includes realistic consideration of the resources required to deliver the program, effective risk management strategies, and a planned approach to evaluating and delivering the outcomes of the program at planned intervals.

An effective suicide prevention program will be inclusive of diversity, ensure the privacy of participants is upheld and managed professionally, and create a 'safe' environment for all involved by using safe language, practice and providing readily available crisis support.

An effective program will also be developed using existing knowledge from the sector. If a program is designed without considering the existing available evidence in suicide prevention, a program could fail in achieving its goals or have potentially negative and unforeseen outcomes that exacerbate the issue that is being addressed.

Programs can be described in one of two ways; evidence-based, or evidence-informed. Evidence-based programs have been developed using research conducted through validated scientific processes<sup>6</sup>. Evidence-based research is usually ongoing throughout the course of the program to ensure it remains up to date with the newest information. Whilst incredibly detailed, evidence-based approaches can be restrictive and time-consuming, and may be better suited to large programs with extensive resources and funding.

Evidence-informed programs are developed using research that has been tested and proven by other organisations, who have then shared the information through publication or in other formats. This type of evidence is collected and considered, then used to inform the program development in conjunction with the expertise and resources already available to the program.

<sup>6</sup> 'Evidence-Based and Evidence-Informed Research: Why the Difference Matters', L. Bolton (2018).

Evidence-informed approaches enable many organisations in the suicide prevention sector to deliver safe programs without having to invest excessive amounts of time and money into developing their own research and data<sup>6</sup>. In most cases, evidence-informed approaches are the most suitable for organisations to pursue.

It is understood that not all programs will have the ability to draw on relevant evidence, as their program may be a new or unique initiative. However, it is still important to seek out all possible relevant evidence that exists as this can strengthen some aspects of the program as a whole.

Evidence is not limited to scholarly articles and published journals. There may be other organisations in the sector that are delivering comparable programs in different communities. Consultation with these organisations could be of benefit to pre-empt any issues or unforeseen impacts they experienced. In addition, peak bodies and other sector experts may provide extra information.

The greater the degree of collaborative information and evidence that can be sought, the more chance the program has succeeding. It is important to invest time and effort into evidence research before embarking on the program and to learn wisely from other program achievements and mistakes.

### 5.1 Aims and Objectives

#### Background

In planning the delivery of a suicide prevention program, the aims and objectives that the organisation wishes to achieve must be clear, direct and agreed upon by all involved in the delivery.

The aims and objectives may have been the result of a recent event in the community, a common trend in statistics or through external research and outside initiatives. Aims are the desired outcomes that the program is intending to deliver. Defining these aims keeps team members moving in the right direction. By starting with clear aims, all stakeholders involved in the development can understand their purpose and how each step of the process relates to achieving the set aims.

Objectives are set targets throughout the process that need to be achieved in order to reach the aims of the program. Objectives are important because they are measurable and can be assessed to determine whether a program is on a planned trajectory to meet the identified aims. Having timelines or quantifiable figures associated with objectives holds the program team accountable to deliver what is expected and can help funding bodies or external stakeholders to form a clear picture of the program's progress.

Intent
To ensure that program has clear aims and objectives to meet identified outcomes.
Considerations
<ul style="list-style-type: none"> <li>a. Are there clear aims and objectives that meet the identified need for the program?</li> <li>b. Can the objectives be measured?</li> <li>c. When developing the aims and objectives, have the following been considered: <ul style="list-style-type: none"> <li>• For whom is the program intended?</li> <li>• What is the purpose of the program?</li> <li>• Where will the program be delivered?</li> </ul> </li> <li>d. How are the aims and objectives of the program continually monitored and reviewed?</li> </ul>
Key Tasks
<p>In order to meet this standard, the following must be completed:</p> <ul style="list-style-type: none"> <li>1. Documentation of clear program aims and objectives</li> <li>2. Development of clear measures for the objectives</li> <li>3. Documentation of regular monitoring, review and evaluation of the aims and objectives</li> </ul>

5.2 Program Logic

Background

A program logic model or a ‘program logic’ describes how a program should work when executed correctly. It links the components of delivery with intended outputs and includes expected impacts as well as long term desired outcomes<sup>7</sup>.

Other terms for a program logic are ‘program theory’, ‘theory of change’, or ‘logic model’. It is important to include a program logic within the planning stages of your program as it supports a systematic approach to planning, delivery and evaluation of the program. Whilst a program plan includes specific details, a program logic shapes the high-level outlook of the program and informs the creation of the more detailed sections of the plan.

A program logic should provide an evaluation framework for a program by identifying when and how evaluation should occur during the delivery and what information is important to be reviewed.

When developing a program logic, all stakeholders should have the opportunity to specifically determine the desired outcomes and impacts of the program and when they expect these to occur.

It is important to develop the program logic in an open and collaborative manner with all stakeholders and to draw on multiple perspectives and understandings. Workshop formats can be very useful as they can provide an open platform for discussion of the issues being addressed by the program along with the causes or impacts of the issue and how best to address the issue in a way that will also accommodate stakeholders.

<sup>7</sup> ‘Developing a Program Logic: A Guide’, NSW Ministry of Health, pg. 4 (2017).



Intent
To ensure transparency on program outcomes and impacts and how these will be achieved.
Considerations
<ul style="list-style-type: none"> <li>a. Have you identified potential outcomes and impacts of the program?</li> <li>b. What is the involvement of stakeholders in determining the desired outcomes and impacts of the program?</li> <li>c. How has a program logic been incorporated into program development?</li> <li>d. How might this program affect other programs in the community?</li> <li>e. Are there external factors that may affect the program outcomes?</li> <li>f. Have you considered all types of evidence that may be available?</li> <li>g. Have you considered local, national and international evidence?</li> <li>h. Have you assessed the quality of available evidence?</li> <li>i. Have you liaised and/or consulted with subject matter experts?</li> </ul>
Key Tasks
<p>In order to meet this standard, the organisation must complete the following:</p> <ul style="list-style-type: none"> <li>1. Development of a program logic with clear documented outcomes and impacts for the program</li> <li>2. Documentation of reviews of available evidence and identification of key sources relevant to the program</li> </ul>

5.3 Diversity and Inclusion

Background

Suicide can have an effect on all populations, cultures, sub-cultures, backgrounds and communities. That is why it is important to ensure that programs being delivered are in a safe and readily accessible space to all who may participate.

A program may have a target population such as young people, elderly, single parents or members of specific communities. However, within these overarching target populations, the participants can vary and it is important to ensure that all people feel safe and welcome.

Physical and non-physical considerations are important such as physical access requirements for people with disability and non-physical aspects such as safe and inclusive language that is deemed appropriate for all participants in the program.

Populations to consider when developing collateral for the program delivery include members of the LGBTQIA+ community, people with disability, Aboriginal and Torres Strait Islander people, certain age groups, people with lived experience or other mental health considerations, people from culturally and linguistically diverse backgrounds and other backgrounds that may specifically relate to the programs target population.

Each of these groups may have their own views and expectations of a safe environment and this could include language used, imagery, welcoming spaces, sufficient privacy, physical infrastructure and resources along with appropriate physical, emotional and verbal interactions with other participants and team members. Because of the various possibilities that may influence a safe environment, it is important that appropriate research and consultation is undertaken to ensure program delivery is safe and inclusive.

It is not expected that every program should develop their resources in multiple languages or different formats. However, the program collateral should suit your target population as best as possible. Therefore, if your program is taking place in a community who uses a common language other than English then the provision of appropriate resources to accommodate other languages is essential. If your target population is likely to include those with a disability such as vision or hearing, then the use of appropriate aids and technologies will be required and relevant expertise and advice sought.

## Intent

To ensure the program supports diversity and inclusion in relation to the target audience.

## Considerations

- a. Is the program accessible to all participants?
- b. How have you ensured the program considers the different needs and diversities of individuals, communities and cultures?
- c. Are resources for the program developed in a way that ensures they are suitable for intended participants?
- d. Are there processes in place to incorporate the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)?
- e. Are there processes in place to accommodate for people from culturally and linguistically diverse backgrounds?
- f. Is the program inclusive to those who identify as gender and/or sexuality diverse?
- g. Are there processes in place to accommodate the needs of participants who have a disability?
- h. Are there processes in place to accommodate the needs of participants who are ageing?
- i. Has consultation taken place to capture relevant expertise and advice to ensure diversity and inclusivity?

## Key Tasks

In order to meet this standard, the organisation must complete the following:

1. Demonstrate that consultation that has taken place with relevant experts and advisors in considerations for diversity and inclusivity
2. Demonstrate how diversity and inclusion has been considered in program development
3. Demonstrate how the use of demographic data on the target population has been considered in program development
4. Demonstrate that resources developed for the program are suitable for the target population

## 5.4 Data

### Background

During the delivery of every program, data is collected, stored, used, evaluated and created. This data comes in many forms. Data collection and usage begins with participant registration and does not end until the program has been completed, evaluated and reviewed. Data collection and usage are ongoing through all steps of the program and it is important to ensure that all data collected, used or created is clear, accurate, and safely protected.

### 5.4.1 Data Collection & Storage

#### Background

Throughout the delivery, data will be created and collected for many aspects of the program. This data may directly relate to the progress of the program, including completion of key deliverables and outputs, monitoring of impacts, or specific information on participants involved.

The data will come in many forms, including written information reports, spreadsheets, feedback, quantitative and qualitative measurement information, financial reports to be submitted to funding bodies and progress reports to be submitted to stakeholders in many formats.

All data collected and created needs to be utilised appropriately to inform the program's delivery, keep stakeholders up to date, support continuous quality improvement and feed into the final outcomes and impacts of the program. Any data collected should be considered for the potential value to all aspects of the program and utilised to the full extent possible.

The collection of data needs to follow agreed guidelines and as much as possible be comparable with other relevant data sets for the purposes of research and comparison. Therefore, definitions used need to be consistent and understood by people recording and entering the data. Permissions and authorisations need to be established for who can access, sort, correct and release data associated with the program.

It is imperative that all data is stored in accordance with legislation relevant to the organisation. Both hardcopy and electronic information should be stored carefully, in places only accessible by authorised personnel. Passwords for computer login, lockable filing cabinets, appropriate storage of laptops and hard-drives, and placing documents face down when working near participants are all strategies for ensuring data is stored appropriately. It is also important to back up all data to a secure secondary location so that information can be recovered in the event of an emergency.

## Intent

To ensure that program data is collected, utilised and stored appropriately.

## Considerations

- a. What data will you collect throughout your program?
- b. What other data can you collect that could be beneficial to the knowledge base of the sector?
- c. What definitions and rules will be set for data collection?
- d. How will data be stored?
- e. What measures will be in place to keep the data secure?
- f. How will the data collected be used?
- g. Have you determined the most appropriate interventions, measurement tools and outcome measures, where relevant?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of policy and protocols for the collection and safe storage of data
2. Documentation of measurement tools and outcome measures for data, where appropriate

## 5.4.2 Privacy

### Background

Privacy of data and program participants is of the utmost importance when conducting a suicide prevention program.

Maintaining privacy requires consideration of a number of elements such as developing policies and safe processes for the collection, storage and transfer of data and training program team members, or in some cases, participants, on how to maintain privacy. There is also a need for the physical protection for data and ensuring all involved in the program understand and abide by the requirements of privacy legislation at all times. Privacy begins with the development of comprehensive policies and procedures that are clearly defined and communicated to all team members and stakeholders. It is important that these policies are informed by current and applicable legislation. Familiarising the program team with the Australian Privacy Principles along with the privacy policies developed for the program will support a privacy-conscious environment.

Throughout every step of program delivery, strategies to protect privacy must be in place. This includes small actions such as positioning computer screens so that they cannot be seen by unauthorised personnel when working on documents containing personal information, storing hard copy documents in locked cabinets and protocols for taking any information relating to participants off-site and/or between sites.

It may also involve more extensive measures such as encrypting files before transferring them to other stakeholders, ensuring all computers have firewall and antivirus software and mandating a policy that any participant receiving or requesting information is identified using three approved identifiers before being given access to any personal information.

Communicating privacy policies to participants and stakeholders is useful as it manages expectations and provides transparency for the program. Privacy collection leaflets or statements included within registration material can be effective ways to communicate this information. This is especially important in suicide prevention as some confidentiality has limitations; such as disclosures of suicidal ideation or intent to harm others, and it is imperative that participants understand these limitations clearly.

If there is a breach in participant or stakeholder privacy there needs to be clear protocols for immediate reporting, review and evaluation in order to act appropriately on the breach and to prevent the issue reoccurring. An efficient and well-documented system for reporting, such as an incident register, is imperative in ensuring the occurrence is documented and reviewed effectively.



## Intent

To ensure processes are in place to maintain the privacy of all information collected and developed in accordance with current legislation.

## Considerations

- a. How has privacy been defined?
- b. Have policies, procedures and protocols been developed in relation to privacy?
- c. What training do team members receive in relation to privacy and privacy legislation?
- d. How does the program manager ensure awareness of any changes in privacy legislation?
- e. How are privacy processes reviewed?
- f. How are incidents surrounding privacy reported and managed?
- g. What processes are in place to address breaches of privacy?
- h. How are people identified when personal information is being communicated?
- i. How is information transferred safely and kept secure?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of a program specific privacy policy and any associated procedures that are reviewed regularly and reflective of current legislation
2. Provision of training in privacy and confidentiality for program team members, including common privacy issues and limitations to confidentiality
3. Documentation of a Privacy Collection Statement
4. Development of a procedure on the process for taking personal information relating to participants off-site and/or between sites
5. Development of a process for identifying participants of the program when they contact the organisation, to such steps that are reasonable in the circumstances
6. Documentation of a policy for obtaining and releasing program or service user information at the consent of the individual
7. Documentation of a duty of care statement

## 5.5 Resources

### Background

When planning a program, the team must consider what resources will be required to deliver the program effectively.

Resources include staffing requirements, program collateral, equipment, expertise, funding, physical requirements, time and any other elements needed to deliver a program as intended.

A resource plan is to be included within the program plan, to ensure that the feasibility of the program has been considered before it is delivered. A program can be well researched with highly desirable outcomes, but if the resourcing has not been fully evaluated the program will be in jeopardy. The resource plan also needs to consider the ongoing or 'recurrent' costs associated with the resources to ensure these are accounted for in the budget and sustainable financially.

Underestimating required resources can result in understaffing, unsuitable space to deliver the program, subpar collateral or support, or underfunding, resulting in programs being forced to finish before their intended outcomes are achieved.

Similarly, overestimating the need for resources can result in overspending or unrealistic costs for programs, which can make support from funding bodies less likely. Funding bodies often expect to see required resources for a plan so that they have full transparency of where their money will be spent, should they choose to support the program.

Consideration should be given to what resources are already in place within the organisation such as existing program team members, desk space, computers and printers or related collateral from a past program. For remaining resources, it can be useful to consider multiple ways to source what is required, such as reaching out to community organisations for cost-effective rooms or halls to rent or contacting past or current partner organisations for assistance.

It is imperative that every resource is considered to the full extent to obtain an accurate picture of the financial resources needed. For example, a volunteer workforce may initially be considered as not requiring funds, but the administrative costs of induction, training, supervision and insurance are all directly related to utilising volunteers. Almost all resources have a related cost to be included within the program budget and including multiple team members or stakeholders in the development of the budget will provide a comprehensive and realistic budget expectation.

## Intent

To ensure that the resources required to develop and implement a program have been thoroughly considered and planned.

## Considerations

- a. What resources do you already have available to develop and implement the program?
- b. What additional resources will you need to source?
- c. What will the estimated ongoing or recurrent costs be?
- d. Do you have the funding available to obtain these resources?
- e. Do you have existing partnerships that could provide resources?
- f. Are there additional organisations you could partner with to obtain these resources?
- g. Does your program have scope to include a volunteer workforce?
- h. Can you ask local organisations to provide additional resources?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of a resource plan for the safe delivery of the program

## 5.6 Risk Management

### Background

Risk comes in many forms and from many different directions, which is why program development needs to include risk management to ensure that risks are pre-empted and mitigated.

All members of the program team need to understand risks and hazards, both potential and actual. If all team members understand the importance of risk management and who is responsible, the likelihood of risks being recognised, reported and mitigated will be far higher. If systems are in place to ensure risk can be managed, reviewed, mitigated and allocated, the program has a better chance of success.

### 5.6.1 Mitigating Risk

#### Background

Risks occur in every program, and the concept of risk is unavoidable. However, the negative outcomes associated with risks can be controlled and likelihood reduced through risk mitigation. There are risks in all aspects of a program such as financial, reputational, workplace health and safety, business continuity, natural disasters, participant satisfaction, and human resource related risks.

Risk mitigation is the act of pre-empting or recognising a risk before it happens or before it becomes catastrophic. During program design and development, prior to approval, a risk assessment should be undertaken to inform the approval process and decision. For program implantation and delivery, a risk management process should be undertaken with the program team and relevant stakeholders to determine what risks may arise and how to avoid them entirely or lessen their impact if they are to occur.

Risks are best managed within a risk register that incorporates a risk matrix. The risk matrix should include relevant definitions of 'likelihood' and 'consequences' that are specific to the program and not generic. With this type of tool, all potential and existing risks can be scored to determine their urgency. After mitigation and avoidance strategies have been implemented, risk can be appropriately managed. Not all risks can be completely avoided, but if they are mitigated appropriately, they can be considered a calculated or acceptable risk.

A risk tolerance statement should also be developed by the program for determining the limits of risk the organisation will endure, and what actions will be taken when risks occur which are determined extreme or very high under the risk matrix. The risk tolerance statement should include set timelines for dealing with extreme or very high risk.

Despite risk management techniques, there will always be unforeseen occurrences or risks that occur during program delivery. It is important that these occurrences are recognised and responded to appropriately to avoid reoccurrence. Training team members in recognition and reporting will enable those responsible for risk management to evaluate, mitigate and review these risks as needed, thus managing the negative outcomes.

Intent
To ensure that risks associated with the program have been identified, mitigated and reviewed.
Considerations
<div><div>a. How are risks identified within the program?</div><div>b. Does your risk management process include both potential and existing risks?</div><div>c. Have the definitions of ‘likelihood’ and ‘consequences’ be made specific to the program?</div><div>d. Does the program have a risk tolerance statement?</div><div>e. What education and training has the program team undertaken in relation to risk management?</div><div>f. Can the program team contribute to the risk register and its review?</div><div>g. What processes are in place to ensure risks are regularly identified, mitigated and reviewed?</div></div>
Key Tasks
<div><div>In order to meet this standard, the following must be completed:</div><div><div>1. Documentation and maintenance of a risk register, including a risk matrix</div><div>2. Documentation of a policy on risk management that is communicated to the program team</div><div>3. Provision of risk management training to the program team</div><div>4. Documentation of strategies to prevent work-related hazards</div></div></div>

5.6.2 Financial Management and Sustainability

Background

One of the most pressing business risks for a program is its financial management and sustainability. The program must have comprehensive strategies to support financial efficiency and sustainability which are compliant with the Australian Accounting Standards and the guidelines set-out in any relevant funding agreements, and which build stability and flexibility, both now and in the future.

The financial management processes must also ensure conflict of interest or perceived conflict of interest is declared, that procurement is not by the same person or benefitting an individual employee(s)/volunteer(s), management. Financial transactions should be monitored to prevent fraud and corruption. Financial accountability needs to be identified with policies, procedures and practices that ensure integrity and viability. Education and mentoring of financial management may be required for people without relevant qualifications.

Financial management begins with the initial program budget and becomes the responsibility of all team members. In many cases, audits and reports regarding the financial performance of the program need to be conducted or created and communicated to other relevant stakeholders. If the funding body or other stakeholders have a vested interest in the financial management and sustainability of the program, it is important to clarify what information needs to be communicated to them and how often. The program needs to comply with these expectations as closely as possible.



**Intent**

To ensure that financial processes and management support the efficiency and sustainability of the program, and are not subject to fraudulent actions.

- Considerations**
- a. What considerations need to be made in regards to the finances of the program?
  - b. Who has oversight and reporting responsibilities on financial matters?
  - c. Is there oversight from the government or a funding body?
  - d. How is financial management compliant with legislation and regulation?
  - e. What strategies are in place to ensure ongoing sustainability and efficiency of the program?
  - f. What strategies are in place to prevent fraud and corruption?
  - g. What policies are in place to ensure effective financial reporting and delegation?
  - h. What audit schedule is in place to monitor and review financial performance?
  - i. How are finances allocated to ensure complete planning and implementation of the program?
  - j. How is the program team informed of their budgetary responsibilities?
  - k. What education is provided to the program team on financial management?

- Key Tasks**
- In order to meet this standard, the following must be completed:
- 1. Development of an overview of the financial resources required to support the program activities
  - 2. Documentation of a finance policy including fraud and corruption and budget reporting
  - 3. Documentation of a conflict of interest register
  - 4. Documentation of regular reviews of the program budget to ensure sustainability

5.7 Crisis Support

**Background**

Suicide prevention programs are often being delivered to vulnerable members of the community who can sometimes be in distress or experiencing a crisis. Life in Mind’s National Communications Charter identifies the need for crisis services and help-seeking information to be readily available during the delivery of all programs<sup>8</sup>.

All program team members should be made aware of the National Communications Charter before beginning work involved in the program. This will ensure that everyone involved understands the importance of having help-seeking information, easily accessible to all who may require it.

It is important to remember that some people requiring this information will feel more comfortable seeking it anonymously. Therefore, help-seeking pathways should include a variety of service contacts which could include 24/7 crisis support lines, downloadable resources, texting services, online forums, and counselling services. By including help-seeking information on all program collateral, including websites, videos and online clips, ensures people accessing the program can seek the help that is appropriate.

If your program has an advertising campaign attached or is being covered by media such as local or national newspapers, news channels or radio stations, it is important to include help-seeking information and ensure media coverage adheres to National guidelines for safe reporting, portrayal and communication about suicide.

<sup>8</sup> National Communications Charter, pg. 8 (2018).

## Intent

To ensure that programs support the promotion of crisis services, help-seeking and help offering information.

## Considerations

- a. Have all program team members signed the National Communications Charter?
- b. Is information provided on crisis services, help-seeking and help offering information to all program participants?
- c. Is the information easy to access?
- d. What referral pathways or forms are used to provide the help-seeking and help offering information?
- e. Are all stakeholders aware of the crisis services, help-seeking and help offering information?
- f. Have program team members been trained to recognise and respond to participants that may be in distress?
- g. Is help-seeking information promoted and displayed in the workplace and where the program is delivered?
- h. Is help-seeking information included on all program collateral, including external communications?
- i. Does any media coverage promoting the program provide help-seeking information?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of all team members and partners having signed the National Communications Charter
2. Provision of crisis services, help-seeking and help offering information to all program participants
3. Development of various forms of help-seeking and help offering information
4. Demonstration of help-seeking information being displayed in the workplace and place in which the program is delivered
5. Documentation of help-seeking information being included on all program collateral and external communications
6. Provision of training to program team members on how to recognise and respond to potential suicidal behaviour

## 5.8 Safe Language

### Background

The National Communications Charter highlights that the language we use to talk about suicide, mental illness and social and emotional wellbeing can contribute to stigma and alienate members of the community. Therefore, it is imperative that suicide prevention programs are delivered using safe language to ensure a supportive environment for all participants.

Safe language choices are detailed within the Language Guide in the Life in Mind National Communications Charter, and all program team members and stakeholders need to be made aware of this guide in order to ensure they are practicing safe language. The guide includes safe language to be used when discussing mental illness and suicide, and these recommendations should be observed throughout program delivery.

In addition to the safe language guide within the Communications charter, programs also need to consider other safe language that may apply to their particular target population, such as language surrounding people with disability<sup>9</sup>, the LGBTQIA+ community or even the most effective or appropriate language to use with other subgroups, such as single fathers or young children. Though there may not be guidelines or literature surrounding all target populations, being mindful of the power of terminology is imperative in all cases.

<sup>9</sup> 'Inclusive Language', Australian Network on Disability (2019).

## Intent

To ensure the program implements safe language guidelines for suicide prevention.

## Considerations

- a. Are all program team members aware of the Language Guide included in the National Communications Charter?
- b. Have program team members been trained in the use of safe language in suicide prevention?
- c. Are participants educated on the safe language guidelines for suicide prevention?
- d. Has the potential target audience for the program been identified?
- e. Is the language used in your program safe and inclusive for all people participating in the program?
- f. Are all internal and external documents compliant with the National Communications Charter?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Demonstration that all program team members are aware of the Language Guide included in the National Communications Charter
2. Provision of training to program team members in the use of safe and inclusive language in suicide prevention and the use of other safe language that is relevant to the program, such as safe language regarding disability and the LGBTQIA community
3. Demonstration of safe and inclusive language being used in both internal and external documents relating to the program
4. Demonstration that participants of the program are aware of safe and inclusive language in suicide prevention

## 5.9 Evaluation

### Background

During the development, delivery and at the completion of programs, it is important to evaluate the progress and outcomes to determine the effectiveness of the program and guide any changes to improve the program outcomes.

Evaluation of a program happens at strategic intervals during the course of the delivery, and planning these intervals carefully will ensure the program team is collecting the most appropriate data to make informed observations.

If a program is evaluated too often, there may not be enough data collected each time to give an accurate indicator of the program's effectiveness, and incorrect assumptions may be made based on this skewed data. If evaluations are not undertaken often enough, easily fixed or serious issues with the program may go unnoticed and cause negative effects on the program participants.

The main reasons for evaluating the program are to ensure that it is delivering intended outcomes and that changes can be made to facilitate continuous quality improvement. There should be an element of flexibility to all suicide prevention programs, as participants or communities may respond differently to what is expected by the program team, and the program delivery should be able to adapt to what best suits its current participants.

Feedback from participants, stakeholders and program team members can help inform planned evaluations or could cause impromptu evaluations on certain elements of the program if required. Resource requirements, planned outcomes and physical impacts could also impact data for evaluations.

If your program has an end date and is not an ongoing or 'permanent' program, conducting a final evaluation on the program as a whole is imperative. The final evaluation will determine how successful the program was in meeting the intended outcomes. It will also highlight any changes that should be made if the program were to be delivered again at a different time or place or within a different environment.

Information gathered and improvements made from program evaluations should be shared with those who have a vested interest, such as team members, external stakeholders and funding bodies. Important findings that may come from evaluations could also be shared amongst the suicide prevention sector as these findings might assist others who are delivering similar programs to deliver better services to their participants.



Intent
To ensure that programs are evaluated to facilitate continuous quality improvement.
Considerations
<ul style="list-style-type: none"> <li>a. Have you developed an evaluation plan?</li> <li>b. Have you recorded the baseline data and measurable objectives to use when evaluating program achievements?</li> <li>c. How often are you evaluating your program?</li> <li>d. What data are you using to determine effectiveness?</li> <li>e. Who is involved in the quality improvement processes?</li> <li>f. Have you considered an external evaluation of the program?</li> <li>g. What will you do with the results of the evaluation?</li> <li>h. Are stakeholders involved in the evaluation?</li> <li>i. Do program team members have the opportunity to contribute to the evaluation?</li> <li>j. Do program participants have the opportunity to contribute to the evaluation?</li> </ul>
Key Tasks
<p>In order to meet this standard, the following must be completed:</p> <ul style="list-style-type: none"> <li>1. Documentation of an evaluation plan</li> <li>2. Development of measurable objectives to evaluate against and a baseline data set</li> <li>3. Documentation of regular reviews of the program as per the evaluation plan</li> <li>4. Demonstration of improvements in the program as per evaluation outcomes</li> <li>5. Provision of processes to be put in place for stakeholders, team members, and participants to contribute to the evaluation</li> </ul>

5.10 Reporting and Knowledge Translation

Background

When planning a suicide prevention program, each program should be aiming to contribute to knowledge translation and assess and document the impact on knowledge, attitudes, skills and/or behaviour.

All of those involved in suicide prevention (all stakeholders) benefit from sharing information and outcomes gathered from program evaluation resulting in overall enhancements and improved outcomes for suicide prevention programs.

Data gained from past programs can inform the development of future programs that emulate or improve on existing outcomes and impacts. Similarly, negative outcomes or effects that have occurred in past programs can be better avoided during the development of new programs.

Sharing information can also provide a platform for co-operation on more specific common goals. A program running within a community may be addressing one issue and uncovers the need for a separate issue to be addressed. The current program may lack the resourcing or scope to support meeting this need. The information can build a foundation for other organisations to fill the identified gap in knowledge through further research or program development and evaluation.

Sharing knowledge can take many forms. It is important to first share all necessary information with stakeholders such as government organisations, funding bodies, partners, collaborators and program team members.

Knowledge and information can be further shared through other mediums such as the program’s website, social media, news media or journalistic publication and presentations to others in the sector at relevant forums or conferences.

It is important to include a knowledge translation plan within the program plan that covers when, how and with whom information gained from the program will be shared. Not all knowledge gained from programs will be new knowledge that is missing from the sector. Some information gained will simply reiterate or support existing knowledge or in some cases refute past findings.

Importantly, as long as the information is collected, evaluated and shared appropriately then it is highly beneficial in building knowledge for quality outcomes in program delivery in suicide prevention.

## Intent

To ensure that knowledge gained from the program delivery, including the evaluation, is shared with stakeholders to contribute to existing knowledge for the prevention of suicide.

## Considerations

- a. Has consideration been given to sharing any knowledge generated from the program?
- b. Have you developed a knowledge translation plan?
- c. How has the knowledge generated from the program added to the existing knowledge base?
- d. Have all relevant stakeholders received information relating to the evaluation and outcomes of the program?
- e. Has consideration been given to sharing the findings of the program in public and professional forums?
- f. Can the knowledge generated from the program be used to inform future program development?

## Key Tasks

In order to meet this standard, the following must be completed:

1. Documentation of a knowledge translation plan
2. Demonstration of the sharing of reports, evaluation and/or outcomes of the program with stakeholders
3. Provision of final reports to the wider suicide prevention sector, where possible and appropriate

# Workforce



# 6

## 6. Workforce

### Background

When delivering a suicide prevention program, one of the most important resources is the workforce; the team delivering the program to the participants. The workforce includes organisation employees, contractors, volunteers, and participating external stakeholders such as partners.

The team is the heart of a program. Regardless of how well a program may be developed, if delivered incorrectly by a team, it can easily fail in achieving the intended outcomes. A number of risks come with sourcing, on boarding, training and managing a program team. It is important that all risks are identified and a risk mitigation plan created during program development to avoid negative consequences during delivery. Some of the main concerns for the workforce are ensuring the capacity to fulfil designated roles and responsibilities, providing a physically and mentally safe working environment and ensuring appropriate self-care.

### 6.1 Workforce Capacity

#### Background

Suicide prevention programs can differ greatly in their design and delivery. Some programs are delivered using expert contractors for certain roles, some utilise the volunteer workforce and others have hands-on partnerships that may supply team members to support the delivery of the program.

Importantly, all program team members need to understand their roles and responsibilities, receive appropriate orientation and induction, and ongoing training and support to fulfil those roles appropriately. Support for team members begins in the first few days at the initial orientation to the program, and then through induction into their role which covers a longer period. All team members, whether they are contracted presenters or short-term volunteers, should go through some form of orientation and induction to ensure they are aware of the basic requirements of delivering the program safely.

Orientation and induction processes may not be the same for all roles and tailoring the process to suit the specific team member may be necessary. A volunteer workforce may undertake a group orientation and/or induction which covers the basics of workplace health and safety, reporting lines, self-care, and the intricacies of their particular responsibilities. A contracted speaker may undertake a short, one-on-one induction prior to their presentation. A person speaking about their lived experience may need a longer orientation and/or induction to ensure they are equipped to share their story safely and may require follow up training or

support sessions throughout the program. Employed team members may require a more hands-on and detailed orientation which might detail many facets of the program delivery. No matter what form, an orientation must be mandatory for all program team members, and needs to cover all details that are important and relevant to the particular role.

During program delivery, it is important that all team members understand their roles and responsibilities on an ongoing basis. Roles may change out of necessity or in response to quality improvements, and responsibilities can also change. Key documents support the efficient and effective management of the workforce in program delivery. These human resource documents include organisational charts, position descriptions and work plans. In some cases, performance review may be necessary for program team members. Reviewing team members can ensure that further education required can be identified and acted upon quickly and efficiently. It can also facilitate continuous quality improvement within the team and give team members the opportunity to raise any questions or concerns throughout the program delivery.

Ongoing education and training can also occur throughout the program. This can be in response to new information arising such as trending data made evident through program evaluation and a training needs analysis survey of program team members and volunteers. It can also be held at planned intervals, for instance, refresher courses that occur annually on existing tasks or topics. Some training may need to occur externally via forums or online modules hosted on reputable websites. Other training can be completed in-house including how to complete required tasks, self-care education, workplace health and safety, fire training and other education as determined through the performance review process.

Some roles can only be filled by those who already hold certain qualifications or have specific expertise or experience. In these cases, it is important to cross-reference any qualifications supplied and have appropriate reference checks. This ensures the team member has the skills required to perform the role and due diligence has been met in the recruitment of employees.

Training will also need to consider the fulltime/part-time/casual and transient nature of the program team and/or volunteers, some of whom may only work or volunteer for a few hours a week. Access to supervision and support is important for the ongoing development of skills and expertise and maintaining mental wellbeing. Whilst all program team members will receive line management, it will need to be determined what level of clinical supervision and support is required. Peer supervision and/or group supervision can be more cost-effective methods for providing clinical supervision for team members.



## Intent

To ensure that program team members understand and fulfil their roles and responsibilities and have effective support through education, training and supervision.

## Considerations

- Are there processes in place to ensure program team members receive orientation, regular education and training appropriate to their roles and responsibilities?
- Has there been a training needs analysis survey conducted in the last 12 months?
- Have appropriate human resource documents been developed including position descriptions, organisational charts and performance review processes?
- Have roles and responsibilities been clearly defined?
- How are roles and responsibilities communicated to program team members?
- Are appropriate training documents available to support orientation and ongoing education of program team members?
- Are volunteers appropriately assessed to ensure they have the capacity to fulfil roles and responsibilities?
- If a program team member is not fulfilling their role adequately, are there processes in place to review and support their performance?

## Key Tasks

In order to meet this standard, the following must be completed:

- Documentation of roles and responsibilities for all program team members
- Provision of a comprehensive orientation program for all team members
- Provision of ongoing relevant training and education for all team members
- Provision of supervision and support for all team members
- Demonstration of a clearly defined performance review process

## 6.2 Self-Care

### Background

Self-care refers to prioritising activities that support and maintain your own health and wellness over life's other priorities<sup>10</sup>. Self-care for team members within the workplace is a joint effort between the team members and the organisation itself.

It is important that all team members have education and training opportunities to understand the importance of self-care and are made aware of activities that preserve and maintain one's physical, emotional and mental health. It is an important ongoing commitment for all to adopt helpful behaviours that can protect health during periods of stress.

All team members should be made aware of what self-care means and how to recognise changes both physically and emotionally in order to identify when something may be affecting health.

As part of the education of program team members, consideration should be given to team members developing a self-care plan. The plan can detail current coping strategies, signs recognised within behaviour that may signal there is stress, self-care needs, activities in which currently engaged and other activities in which participation is sought<sup>10</sup>.

A template for this type of plan for employees can be provided at induction.

Specific self-care plans for individuals, or specific employees, may be required following a particularly stressful event which may warrant a more intensive intervention by the organisation to maintain program team member wellness.

Supporting team members and fostering a healthy team environment for those working in suicide prevention programs is especially important due to the confronting and emotionally difficult themes that can be prevalent during program delivery.

The organisation needs to implement strategies for team members to be able to prioritise self-care within their place of employment. Some programs may have the resources to implement programs such as yoga or meditation classes or encourage team lunches. Other programs may be connected to organisations who run an Employee Assistance Program (EAP) so that team members can seek help anonymously when required.

<sup>10</sup> 'How you can empower your team with self-care planning', M. Spencer (2018).

Intent
To ensure that program team members are aware of and supported in self-care.

Considerations
<ul style="list-style-type: none"> <li>a. Do program team members understand self-care and its importance?</li> <li>b. What tools are program team members given to support self-care?</li> <li>c. Are program team members encouraged to create a self-care plan?</li> <li>d. Are there processes in place to support self-care while delivering the program?</li> <li>e. How can program team members communicate their need for support when delivering the program?</li> <li>f. Are supervisors trained to recognise when program team members may require additional support?</li> <li>g. Is there consideration of more intense interventions in self-care following difficult and challenging events?</li> <li>h. Has an Employee Assistance Program (EAP) been considered?</li> </ul>

Key Tasks
<p>In order to meet this standard, the following must be completed:</p> <ul style="list-style-type: none"> <li>1. Documentation of a policy and procedure document related to self-care detailing processes to support health and wellbeing of program team members in the workplace</li> <li>2. Provision of self-care information in the induction package to program team members</li> <li>3. Provision of ongoing education and training on self-care to program team members</li> <li>4. Development of strategies to encourage self-care within the workplace</li> </ul>

# Glossary

**Alienate** – To cause someone or a group of people to feel isolated or estranged.

**Anonymous** – A person who is not identified by name or any identifiable features.

**Bereavement** – Occurs during a period of loss where grief and mourning are experienced.

**Conflict** – A difference in views or a serious disagreement between two or more parties.

**Consultation** – The process of asking advice or seeking counsel from another person or community who has expertise in a particular area or has a stake in the issues.

**Continuous quality improvement** – Continuous Quality Improvement (CQI) is a method of leadership and management used to assess and improve quality.

**Crisis services** – A service in which people can obtain personal help when they are in need and in a state of crisis or emergency.

**Crisis support** – Short term support that centers on providing people with assistance, non-judgmental support and resources in their time of need.

**Culture** – The actions and symbols that different groups of people use to articulate or express their identity, often in relation to specific traditions of ethnicity, race, language, religion, occupation or social relations.

**Cultural appropriateness** – Providing services in a way that recognises and is compatible with the person’s cultural values, beliefs, and needs. This includes the person’s race, culture, language or ethnic background, religious or spiritual beliefs or principles, gender, age and sexuality.

**Discrimination** – Treating a person or particular group of people differently, especially in a worse way from the way in which you treat other people, because of their skin colour, sex, sexuality or other features.

**Duty of care** – A moral or legal obligation to ensure the safety or well-being of others.

**Evaluation** – The process of making judgements about the worth of programs and services, usually by assessing whether specified goals, objectives or strategies are achieved. Evaluation can be considered at three levels; i.e. process, impact, and outcome. Process evaluation is used early in the delivery of a program and measures strategies; e.g. who the program is reaching. Impact evaluation measures whether the immediate effects of the program have been reached (objectives); and outcome evaluation which measures the long-term effects of the program (goals).

**Evidence-based strategies** – Any concept or strategy that is derived from or informed by objective evidence.

**Exit strategy** – A pre-planned contingency plan to terminating a situation or deal.

**Goals** – Particular endpoints or achievements that are considered desirable. Planners and managers use goals to guide planning, allocate resources, and monitor and evaluate the impact of services.

**Integrity** – Having strong moral principles and the quality of being honest.

**Legislative framework** – Organisational requirements laid down by Acts of Parliament.

**LGBTQIA** – The abbreviated term for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual people. This term is often used to refer to the gender diverse community as a whole.

**Lived Experience** – The term referring to a person who has experienced first-hand accounts of a situation, for example, a family member of someone who has attempted suicide, or a survivor of a suicide attempt.

**Long term trend** – A long term trend is a movement or development that occurs over a significant period of time.

**Memorandum of understanding** – A nonbinding written document that states the responsibilities of each party to an agreement, in the absence of an official contract.

**Mental wellbeing** – A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.

**Mission statement** – A short, formal statement detailing the goals and values of a product, company or service.

**National Communications Charter** – (The Charter) is a unified approach and promotes a common language in mental health, mental illness and suicide.

**Needs analysis/assessment** – A formal, documented process that focuses on how a product or service addresses the needs of a person, community or group.

**Negotiations** – The action or process aimed at reaching an agreement between two or more parties.

**Not-for-profit** – An organisation that is not intended to make a profit.

**Participant** – A person who is involved or partakes in the activity or program.

**Policy** – A framework of principles that guide decision making and activity.

**Prevent suicide** – Suicide prevention is a collection of efforts to reduce the risk of suicide. These efforts may occur at the individual, relationship, community, and society level.

**Procedure** – A set of instructions to make policies and protocols operational.

**Program Team** – The personnel involved in the organisation, management or operation of a program. The term could include paid employees, students, volunteers, peer assistants, carers, voluntary members of the governance structure or any other person duly authorised to help in the operation of the program.

**Risk management** – The identification, analysis, and evaluation of possible risks to the organisation and its program team members, visitors and people who participate in the program. It includes developing and implementing strategies and treatments to control, reduce or eliminate risks.

**Risk matrix** – A risk assessment matrix is a method for evaluating both the probability and severity of a specific action or inaction that is expected or anticipated to occur.

**Risk register** – A documented register which is used as a risk management tool.

**Review** – The act of carefully examining the quality of something through critical appraisal and inspection.

**Safe environment** – A safe environment is one where the risk of harm is minimised and one can feel protected and not exposed to risk or danger.

**Stakeholder** – A person, group, community or another service provider with a legitimate interest in the organisation and/or its services. Stakeholders may include a local community, special needs groups, other organisations providing related services, funders or purchasers.

**Stigma** – A mark of disgrace associated with a particular circumstance, quality, or person.

**Strategic plan/directives** – A process in which visions, goals, and objectives are identified for an organisation.

**Suicidal crisis** – A situation of emergency where someone is attempting, considering or planning suicide.

**Suicidal ideation** – A process in which a person thinks about, considers, or plans suicide. Suicidal ideation ranges from passing thoughts to extensive thoughts, through to detailed planning.

**Suicide prevention program** – A program that provides specialised support to individuals with the intention of preventing suicide, assisting those who are at risk of suicide, or supporting individuals who have been affected by suicide.

**Target population** – A certain group of the population that are marked as the intended audience for a product, service, advertising or research.

**Values Statement** – A declaration of the core principles that make up the organisation.

**Vested interest** – A person or group with a personal reason for involvement in an undertaking or situation.

**Viability** – The ability for a concept or plan to work successfully with undue restraint or impending failure.

**Vision Statement** – A declaration of an organisations' objectives and what they would like to achieve.

**Vulnerable** – Exposed to the potential of being harmed, physically or emotionally.

**Work health and safety** – Work health and safety is concerned with protecting the safety, health and welfare of people engaged in work or employment. Work health and safety refers to the identification and mitigation of work-related risks in consultation with program team members, aimed at establishing safe work practices and a safe workplace.



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