



Evaluation and Review of the National Suicide Prevention Leadership and Support Program

Department of Health

Final Report

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Glossary

Term	Definition
Activity/Activities	Activities refers to the five eligible Activities which are funded under the NSPLSP. This is not to be confused with 'activities', which may be used to describe the specific work undertaken by funded partners.
AHA	Australian Healthcare Associates
AWP	Activity Work Plan
CALD	Culturally and linguistically diverse
CGRGs	Commonwealth Grants Rules and Guidelines
CPI	Consumer Price Index
Evaluation	Evaluation is the assessment of a planned, ongoing or completed activity to assess the achievement of objectives as well as testing underlying theory of change assumptions.
GOGs	Grant Opportunity Guidelines
LGBTIQ+	Lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender and bodily diverse people and communities ¹
LHN	Local Hospital Network
LIFE	Living Is For Everyone
NSPLSP / the Program	National Suicide Prevention Leadership and Support Program
NSPP	National Suicide Prevention Program
NSPP MDS	National Suicide Prevention Program Minimum Data Set
PHNs	Primary Health Networks
TATS	Taking Action to Tackle Suicide
the Department	Department of Health
the Fifth Plan	<i>Fifth National Mental Health and Suicide Prevention Plan</i>

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Introduction

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1 Introduction

KPMG was commissioned by the Commonwealth Department of Health (the Department) to undertake an evaluation and review of the National Suicide Prevention Leadership and Support Program (NSPLSP or the Program).

This involved evaluating the Program against key evaluation questions. Findings will inform the future design, funding and implementation of the Program. The evaluation and review aims to build the Commonwealth's understanding of how its existing suicide prevention initiatives align with the Government's current priorities and agenda, and the lessons learned through the Program, to inform the next phase of investment from 2022.

1.1 Structure of this Final Report

Table 1. Report structure

Section	Overview
Section 1: Introduction (current section)	This section provides an overview of the background of the NSPLSP, the environment in which it operates, and its alignment to the broader Australian Government priorities and initiatives. It outlines the key components, objectives and scope of the Program.
Section 2: Evaluation and review approach	This section details the approach employed for the evaluation and review, including the scope, objectives, methodology and key evaluation questions.
Section 3: Evaluation and review findings	This section details overall findings against the key evaluation questions, and subsequently identifies recommendations for the future design, funding and implementation of the Program.
Appendices	The appendices provide further information including the individual logic maps for each Activity stream, evaluation framework summary, document register, stakeholder consultation list, stakeholder consultation questions, detailed data sources and method information, status of performance indicator targets and detailed financial information.

1.2 Background

The Australian Government has made suicide prevention one of its top priorities, announcing a commitment 'Towards Zero' suicides and a whole-of-government approach to suicide prevention.² This focus is driven by an understanding that the trauma of suicide is experienced across our community with people affected being from a wide range of backgrounds and communities. Every life lost to suicide is a tragedy that has a ripple effect on families, friends and communities.

Reform is occurring across the mental health and suicide prevention sector for several reasons: the reports following the Productivity Commission's Inquiry into Mental Health and the Royal Commission into Victoria's Mental Health System, the work of the National Suicide Prevention Adviser, and a result of COVID-19, which is forcing both wide-scale changes in how services are delivered and a surge in demand for support.

² Prime Minister of Australia. (2019). Media release from the Hon Scott Morrison MP. Retrieved from <https://www.pm.gov.au/media/making-suicide-prevention-national-priority>

Given these drivers, governments and the sector are seeking opportunities to significantly improve service delivery.

1.3 Key components of the NSPLSP

1.3.1 Program context

Under the *Fifth National Mental Health and Suicide Prevention Plan* the Australian Government made a commitment to national leadership and support for a whole-of-population level suicide prevention activity. The Government sought to meet this commitment through the NSPLSP. The Program also aims to align with the Australian Government's *Response to the Review of Mental Health Programmes and Services*, which explores the need to transform Commonwealth mental health funding and leadership to achieve a more integrated and sustainable mental health system.³

The Program sits within a suite of Australian Government initiatives that contribute to the national suicide prevention agenda to reduce suicide and self-harm in the Australian population, including:

- **National Suicide Research Fund:** The Australian Government committed \$16.5 million over five years up until June 2021 for Suicide Prevention Australia to administer the Suicide Prevention Research Fund and to deliver a Quality Improvement Program.⁴
- **National Suicide Prevention Trials:** The trials aim to gather evidence on suicide prevention activities in regional Australia, to further understand the most effective suicide prevention strategies at a local and regional level, as well as in at-risk populations.
- **Primary Health Network (PHN) Program:** The Program involves the Department funding PHNs as independent, regional organisations to undertake comprehensive planning and stakeholder engagement in order to identify local health care needs and to use grant funding to commission services. Mental health and suicide prevention are key priorities for PHNs.

The Program provides funding for a range of national activities that contribute to reducing deaths by suicide and to reduce suicidal behaviour (i.e. ideation, planning, self-harm and suicide attempts) across the Australian population and among at-risk groups.

Between April 2017 and June 2022, over \$100 million will be invested for 18 projects across five Activity streams.

1.3.2 Program objectives

The Program supports the Australian Government's approach to suicide prevention by providing funding for a range of national projects designed to reduce deaths by suicide across the Australian population and among at risk groups, and to reduce suicidal behaviour.⁵

The overarching objectives of the Program are to:

- Facilitate leadership, strategic partnerships and collaboration in the suicide prevention sector
- Build the evidence-base to enable continued improvements in suicide prevention

³ Commonwealth Department of Health. (2015). Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-review-response>

⁴ Suicide Prevention Australia. (n.d.). Quality Improvement Program. Retrieved from <https://www.suicidepreventionaust.org/suicide-prevention-quality-improvement-program/>

⁵ Commonwealth Department of Health. (n.d.). The National Suicide Prevention Leadership & Support Program project Information for Primary Health Networks. Retrieved from [https://www1.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/\\$File/National%20Suicide%20Prevention%20Leadership%20and%20Support%20Program%20-%20PHN%20Resource.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/content/2126B045A8DA90FDCA257F6500018260/$File/National%20Suicide%20Prevention%20Leadership%20and%20Support%20Program%20-%20PHN%20Resource.pdf)

- Reduce the prevalence of Aboriginal and Torres Strait Islander suicide and the impact on individuals, their families and communities
- Reduce the stigma around suicide and raise awareness of suicide prevention
- Provide support and care to individuals who are at heightened risk of suicide.

1.3.3 Program scope

There are five eligible Activities currently funded under the Program⁶:

- 1) **National Leadership Role in Suicide Prevention:** Funding is provided to a single organisation to undertake a national leadership role in suicide prevention. The aim is to support broad reform across the mental health and suicide prevention sector, whilst facilitating systematic change and strategic partnerships across PHNs, community-based organisations, research institutions and the Australian Government.
- 2) **National Leadership in Suicide Prevention Research:** Funding is provided to a single organisation to take a leadership role in suicide prevention research. The aim is to build on the evidence base in suicide prevention, ensure a consistent and complementary approach across different research organisations and facilitate information sharing among the sector.
- 3) **Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention:** Funding is provided to a single organisation to be the National Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, with aims to prevent suicide in Aboriginal and Torres Strait Islander communities and reduce the impact on individuals, their families and communities. This is achieved by focussing on early intervention and helping to build stronger communities.
- 4) **National Media and Communications Strategies:** Funding is provided to a group of organisations to undertake activities that reduce the stigma around suicide by encouraging people to have difficult conversations about suicidal thoughts and helping people become more comfortable in seeking help. This involves raising awareness of suicide prevention through population-based campaigns and web-based resources and reducing the inappropriate media coverage of suicide.
- 5) **National Support Services for Individuals at Risk of Suicide:** Funding is provided to a group of organisations to ensure a range of nationally coordinated and integrated programs are available that provide support to individuals who are at heightened risk of suicide. The aim is to reduce suicide and suicidal behaviour among at-risk groups through evidence-based and national models.

1.3.4 Governance arrangements

The Department currently provides funding to organisations that sit under each of the five eligible Activity streams. Collectively, these funded organisations provide a national reach. There are currently a total of 15 funded organisations that deliver 18 initiatives across the five Activities (refer to Appendix A for further details on each funded partner). The Program is administered according to the Commonwealth Grants Rules and Guidelines 2017 (CGRGs).

The Program also intersects with suicide prevention work of PHNs. The role of PHNs, alongside the activities of funded organisations, was explored throughout the evaluation and review through direct engagement with PHNs.

Figure 1 illustrates the governance arrangements for the Program.

⁶ Commonwealth Department of Health. (n.d). National Suicide Prevention Leadership and Support Grant Opportunity Guidelines.

Figure 1: Current NSPLSP governance arrangements



Source: KPMG

1.4 Purpose of this evaluation

The evaluation and review of the Program provides an overview of all funded Activities that sit under it and inform the future direction of the Program to align with key suicide prevention priorities. This evaluation and review had the following objectives:

- Describe what has been funded and what has been delivered by the Program as a whole
- Consolidate advice on how the Program, and related initiatives, align with the Australian Government's commitments and Government announcements, and the potential impact of any changes to the Program or investment in any areas
- Identify projects that have not been completed and/or might require continued funding, as well as any other priority areas for future funding
- Identify any necessary changes in Grant Opportunity Guidelines and allocation of funding through a review of administrative processes.

The aim of this project is to inform the Department's next steps for investment and recommendations to Government on future national suicide prevention leadership and support priorities.

1.1 Previous evaluations of NSPLSP

A number of activities were previously funded under the former National Suicide Prevention Program (NSPP) or the Taking Action to Tackle Suicide (TATS) package. An evaluation report for the activities under the NSPP and elements of the TATS package over the period from 2006-07 to 2012-13 was undertaken by the Australian Healthcare Associates (AHA).⁷

The evaluation employed a mixed methods approach using both quantitative and qualitative data sources to evaluate the activities under the NSPP and TATS package. The aims of the evaluation were to assess the appropriateness, effectiveness and efficiency of the suicide prevention activities within the broader policy context which informed the evidence base for future suicide prevention policy direction and implementation.

The evaluation found that, overall, activities addressed the majority of the target groups, with some gaps noted. Most activities reported having achieved their objectives, however a lack of outcome data limited the final conclusions. In terms of efficiency, there was also variation in the average cost per hour of service provision.⁸

A number of individual projects within the NSPLSP have also commissioned project-specific evaluations, separate from the current, broader evaluation and review of the NSPLSP. While the findings from these evaluations have not been incorporated into this evaluation and review, they should provide the Department with further insight into the outcomes achieved by the Program.

Other evaluations

The Department has also commissioned concurrent evaluations of the National Suicide Prevention Trial, Aboriginal and Torres Strait Islander Suicide Prevention Project and PHN Mental Health Reform. Where appropriate, this evaluation and review will consider relevant findings from these related evaluations.

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⁷ Australian Healthcare Associates. (n.d). Evaluation of Australia's National Suicide Prevention Program (NSPP) Activities. Retrieved from <https://www.ahaconsulting.com.au/projects/nspp/>

⁸ Australian healthcare Associates. (n.d) Evaluation of Australia's National Suicide Prevention Program (NSPP) Activities. Retrieved from <https://www.ahaconsulting.com.au/projects/nspp/>

Evaluation and review approach

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2 Evaluation and review approach

2.1 Evaluation and review overview

The evaluation and review framework sets out the methodological approach to evaluating and reviewing the Program. It describes the indicators that were used to explore the key evaluation questions, the data sources which were drawn on to measure these, and how this data was analysed.

A mixed-methods approach was used for this evaluation and review. This section details the following:

- Evaluation and review scope and objectives
- Evaluation and review methodology
- Limitations.

2.2 Evaluation and review scope and objectives

The evaluation and review was focused on the NSPLSP (refer to section 1) and considered the following three overarching Key Evaluation Questions:

Key Evaluation Questions

1. What has the Program funded and how have these activities progressed?
2. How do the activities funded under the Program align with Australian Government commitments and other key priorities?
3. What are the implications for the future of the Program?

The scope of the evaluation and review included:

- Reviewing relevant program information in order to develop a program logic, refine key evaluation questions and develop an evaluation and review framework
- Reviewing grant processes with a focus on identifying potential changes to the Grant Opportunity Guidelines
- Forming a strong working relationship with AHA, the organisation responsible for the collection and analysis of data for the Program through the National Suicide Prevention Program Minimum Data Set (NSPP MDS)
- Undertaking two rounds of one-on-one consultations with organisations funded under the Program:
 - Undertaking an assessment of Program funding, the Program's leadership function, and consulting with key stakeholders to provide an initial analysis of the Program
 - Undertaking a further Program analysis, drawing together findings from other relevant evaluations and reports, data from the NSPP MDS and further stakeholder consultation
- Developing options to improve the Program, including advice on implementation, and undertaking a findings and future state design workshop with the Department.

2.2.1 Nature of the evaluation and review

Process evaluation

Process evaluation focuses on how the program operates, including its function, performance and component parts. By exploring these areas, a process evaluation assesses the Program's fidelity against its intended design, and the extent to which it is reaching its target recipients.⁹

For the NSPLSP process evaluation and review, a key focus was on assessing the extent to which the projects across the five funding streams have been implemented as designed and consistent with the evidence underpinning the design. Given the diversity of projects, this process evaluation and review focused on short- and medium-term outcomes that require:

- Fully specified logic model for each initiative, including an overarching logic model
- Theory of change for each logic model.

Analysis of funded activities in relation to various commitments

Evaluation and review findings were considered alongside the various suicide prevention commitments in which the Australian Government has invested. Specifically, there were five categories identified, including:¹⁰

- Activities that have been completed and no longer require Australian Government funding
- Activities receiving other funding, such as through states and territories, or that might be better funded through other allocations
- Activities that are national in focus and could not be reasonably undertaken if funding was to be sought from multiple jurisdictions
- Activities that are aligned with commitments with potential for further investment, in terms of their scope and/or scale, particularly to provide a broader, national focus
- Areas in which future projects might be funded, including those in which commitments have been made and/or where there are new opportunities for national support.

The evaluation and review considered factors that impact on funding decisions, including buy-in from the sector, duplication of services and resources, and public perceptions.

Review of administrative processes

The evaluation and review outlined options for future funding allocation, whilst taking into consideration capacity and resource constraints. The evaluation and review provides advice regarding any necessary changes in the program guidelines and a rationale for how to conduct future funding rounds.

2.2.2 Program logic and theory of change

Robust evaluation of social policy initiatives begins with the identification of each of the variables of interest in the possible relationship between the interventions undertaken and the desired outcomes of a program.

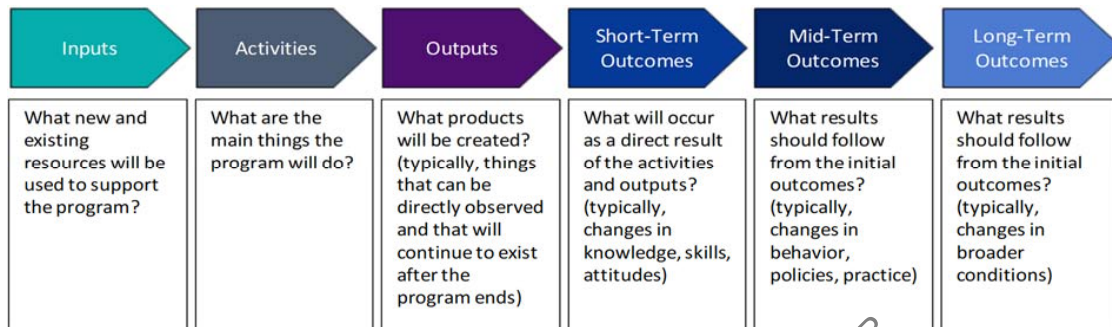
A program logic sets out what a program will do and how it will do it. It represents the theory of change. A program logic is a visual representation of a linear sequence of steps that need to occur for a project or program to meet its desired outcomes. Building a theory of change enables the identification of key

⁹ Rossie, P.H., Lipsey, M.W., & Freeman, H.E. (2004). *Evaluation: A Systematic Approach*. Thousand Oaks, CA: SAGE Publications.

¹⁰ Commonwealth Department of Health. (n.d). *National Suicide Prevention Leadership and Support Program – Evaluation Framework Background and Rationale*.

variables which can then be measured separately to maximise the validity of the study.¹¹ Based on the theory of change, a program logic can then be produced, detailing the relationship between the various elements of the program and the desired outcomes.¹²

Figure 2: Pipeline view of a program logic



Source: KPMG

This approach allows every link of the logic chain to be tested, and the relationship between each variable to be explored, in order to provide evidence to support or refute the theory of change underpinning the interventions.¹³ The program logic and theory of change formed the foundation of the development of the evaluation and review framework. Due to the nature of a process evaluation, the program logic elements of 'inputs', 'activities' and 'outputs' were the focus of this NSPLSP evaluation and review.

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¹¹ Punch, K.F. (2014). Introduction to Social Research: Quantitative and Qualitative Methods, London, England: SAGE Publications Ltd.

¹² Evaluate. (2016). Logic Models for ATE Projects & Centres. Retrieved from <http://www.evaluate.org/resources/Im-template/>

¹³ Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). Drawing and verifying conclusions. In Qualitative data analysis: A methods sourcebook (pp. 275–322). SAGE Publications.

2.2.4 Key evaluation questions

This section details the key evaluation questions which guided exploration of the Program, and maps the key measures which were applied to examine these important issues.

Understanding the NSPLSP

This process evaluation activity provided an opportunity for the Commonwealth to assess the Program's funding model fidelity against its intended design, including identifying opportunities to enhance, refine or reshape how the Program will work into the future.

Key evaluation questions that guided data collection and supported this aim included:

Figure 4: Evaluation questions and indicators

Evaluation questions	Sub questions	Indicators
1. What has the Program funded and how have these activities progressed?	<p>a) What are the major achievements under the Program?</p> <p>b) What has impacted on achieving Program objectives?</p> <p>c) How efficiently are resources being used?</p>	<p>Extent to which activities have been implemented as planned</p> <p>Activities that have been completed</p> <p>Stakeholder perceptions on what has impacted achieving the Program objectives</p> <ul style="list-style-type: none"> Variation in activities implemented to activities proposed or funded Historical funding allocation (funding stream and project level) Stakeholder perception of the funding levels and utilisation of the program Best use of available resources in addressing the identified need
2. How do the activities funded under the Program align with Australian Government commitments and other key priorities?		<ul style="list-style-type: none"> Criterion-based assessment of the extent to which the activities funded under the Program align with Australian Government commitments and other key priorities
3. What are the implications for the future of the Program, including:	<p>a) Areas of lower priority, including those that may not be fully meeting the Program objectives or are potentially duplicating other services.</p> <p>b) Identification of areas to focus on for future funding, for example new priority areas and/or opportunities.</p> <p>c) Necessary changes in Grant Opportunity Guidelines and future funding allocations.</p>	<ul style="list-style-type: none"> Criterion-based assessment of the extent to which the activities funded under the Program align with the Program's objectives <ul style="list-style-type: none"> Duplication identified with other services Stakeholder perceptions of areas of lower priority Stakeholder perceptions of focus areas for the future Stakeholder and Departmental perceptions of the: <ul style="list-style-type: none"> Grants process Funding allocations Administrative requirements for the program

Source: KPMG

2.2.5 Evaluation and review considerations

The NSPLSP funded partners have diverse organisational histories, operations, levels of maturity, workforces, jurisdictional needs, and have varying focuses and responsibilities within the NSPLSP, depending on which of the five eligible Activities they are funded for. Given this, there were some challenges that were considered in the evaluation and review approach, including:

- Recognising different stakeholder perspectives were likely, particularly in relation to evaluation considerations around elements such as the funding proportions of the Program, utilisation of resources, and future direction of the Program
- Evaluating and reviewing program delivery across the five eligible Activities, noting that these Activities each have different intended outcomes and performance indicators
- While organisations funded under the NSPLSP must use their funding for in-scope activities, each organisation generally has a diverse range of funding sources. Some organisations reported that funding received from outside of the NSPLSP often indirectly supports the achievement of the NSPLSP objectives.

2.3 Evaluation and review methodology

2.3.1 Data sources

To answer the key evaluation questions, the evaluation and review drew upon both quantitative and qualitative data. This section provides an overview of each of the data sources and how they were used.

Process evaluation activities typically involve extensive consultation with key program stakeholders. This was coupled with an extensive document and data review to explore the Program in detail in its context and gain a range of perspectives of the delivery of activities under the NSPLSP. Important considerations included:

- **Evidence of activity**, showing what has taken place. Key data sources included Department administrative records, funded partners' progress reports and activity work plans, and the NSPP MDS.
- **Evidence of process quality** not only provides insights into what has taken place, but how well it was executed. Evidence of process quality can come from a number of sources, including funded partners' feedback about their experiences, comparison of actual versus planned delivery, and views on barriers and enablers in implementation of the Program.

NSPLSP program documentation

Table 2 identifies existing data sources and data collection methods that were reviewed as part of the evaluation and review. The tables set out in Appendix C of this document provide further information about how the data sources were used to answer each key evaluation question. For each question, multiple data sources, both quantitative and qualitative, were explored to enable triangulation and corroboration of findings (refer to Appendix D for list of key program documents reviewed).

Table 2: Summary of data sources and type for the evaluation and review

Source	Data type
The Department	AHA analysis reports of the NSPP MDS
	Documents required under the NSPLSP funding agreement, including: <ul style="list-style-type: none"> • Activity Work Plans (AWPs) • Performance reports • Budgets • Income and expenditure statements • Audited financial statements.
	Funding agreements between the Department and funded partners
	Grant Opportunity Guidelines (GOGs)
Semi-structured stakeholder interviews	Stakeholder perceptions

Source: KPMG

2.3.2 Quantitative data collection

The key quantitative data sources used for the evaluation and review were:

- AHA analysis reports of the NSPP MDS (NSPP MDS reports)
- NSPLSP program documentation including AWPs, performance reports, budgets, income and expenditure statements, and audited financial statements from funded partner partners.

The quantitative data sourced helped to address key evaluation questions and draw findings regarding major achievements under the Program and the efficient use of resources.

NSPP MDS

Analysis of the NSPP MDS undertaken six monthly by AHA was requested to provide further insight into the projects funded under the NSPLSP and the activities undertaken as part of these projects. The MDS data set contains a set of 42 data items that described national projects funded under the Program and the activities undertaken as part of these projects. Four types of information are held in the NSPP MDS as set out in Table 3 below.

Table 3: NSPP MDS information¹⁴

Type of information	Description
Organisation	Organisation level information
Project	Information about the project as per the original contract Additional information if contract is varied
Activities	Activities undertaken during the previous month, with additional information on completed activities, reported by activity area: <ul style="list-style-type: none"> • National Leadership • Research • Workforce Related Activities • Media and Communication Strategies • Community Education and Support

¹⁴ Australian Healthcare Associates. (2020). National Suicide Prevention Leadership and Support Program – Report 5: Minimum Data Set Analysis for January to June 2020.

Type of information	Description
	<ul style="list-style-type: none"> Individual Client Services.
Individual Client Services	Client and service information for each service contact

Source: NSPP MDS reports

2.3.3 Qualitative data collection

This section discusses the role of stakeholder consultations in the evaluation and review approach as a data collection method, including what types of data were collected and from whom. Stakeholder consultations were undertaken using a semi-structured interview approach as well as focus groups. Table 4 illustrates the main focus of consultation with each stakeholder group (refer to Appendix E for a list of stakeholders consulted and Appendix F for a list of consultation questions).

Table 4: Stakeholder consultation approach

Stakeholder	Focus
Funded partners	<ul style="list-style-type: none"> Providing context and insights into their delivery under the Program Exploring questions about the Program funding profile Exploring questions about effective leadership in the suicide prevention sector Exploring questions about the alignment of organisational activities and goals to NSPLSP goals Investigating areas of high and low priority, and the future direction for the Program
Department of Health staff	<ul style="list-style-type: none"> Developing an understanding of the current NSPLSP grants administration process Exploring questions on necessary changes in GOGs and future funding allocations
PHN staff	<ul style="list-style-type: none"> Exploring the extent of engagement between PHNs and funded partners Exploring questions on the alignment between PHN mental health programs and work undertaken by funded partners under the NSPLSP
AHA	<ul style="list-style-type: none"> Developing an understanding of the NSPP MDS reporting process Exploring the extent to which funded partners engage with the NSPP MDS reporting process Exploring opportunities to improve the NSPP MDS reporting process

Source: KPMG

Funding agreements and other related documents

A review of funding agreements between the Department and the funded partners provided insights into the activities or projects that have been funded and the cost of these services. In addition, other relevant documents sourced from the Department and funded partners were reviewed to inform an understanding of the activities, projects and approaches used. This included activity work plans and other similar documentation (refer to Appendix G for further details on program reporting).

2.3.4 Analytical methods

Once data was collected using each of the qualitative and quantitative methods identified above, a range of analytical methods were used to produce detailed results. These included:

Quantitative methods:

- **Financial analysis:** Analysing program funding to provide a profile of how and where funding has been used against NSPLSP objectives. This financial analysis aimed to analyse the funding profile and answer questions about how efficiently resources are being used, and alignment of funding to Government priority areas.
- **Descriptive analysis:** A standard approach in evaluations to analysing quantitative data. This analysis was used to generate an understanding of the NSPLSP and its delivery of projects by the funded partner organisations including gaps and areas of duplication.
- **Trend analysis:** This was used to identify key insights from data sources. This involved analysing quantitative information gathered from various sources to assess trends in the implementation and completion of NSPLSP activities.

Qualitative methods:

- **Thematic analysis:** Thematic analysis broadly refers to the analysis of a wide range of qualitative information, such as stakeholder interview notes, and its synthesis into a collection of themes that can be used to answer evaluation questions. This analysis was also conducted on information gained from program documentation provided by the Department where possible.

2.4 Limitations

The known limitations of this evaluation and review include:

- **Data available to explore potential areas of duplication or gaps with other funded partners and organisations external to the Program.** The information to inform consideration of potential duplication between funded partners was obtained from reviewing funding agreements and AWP. However, information that provides further context on these potential duplications, as well as any duplications or gaps between other organisations external to the Program, was limited to the qualitative information obtained from stakeholder interviews.
- **Availability of PHN stakeholders to participate in consultations.** A small sample of PHNs was identified by KPMG and the Department to participate in consultations, due to time constraints and availability. This means findings from PHN consultations are indicative of the perspectives of the selected PHNs, rather than being definitive and generalisable to all PHNs. PHNs vary widely in their operations, services and level of collaboration with funded partners.
- **Variation in level of detail in reporting.** The level of detail provided in performance reports, specifically progress against performance indicator targets and reasons for deviation, differs amongst the 15 funded partners. Additionally, 12-monthly income and expenditure reports for 2019-20 were not provided for all funded partners. Where these were not available, and only a six-monthly income and expenditure report was provided, audited financial statements were used for the financial analyses.



There were also several limitations identified with the NSPP MDS reports which constrained findings from the MDS data set. These included:

- **NSPP MDS reports detail activity-based data only.** The reports do not contain supporting analysis and inferences regarding activity trends. This made it difficult to identify and implement improvements in the program (such as identified areas of lower and higher priority). For example, it is not known whether activity levels are based on changes in demand for services, or changes in the availability of workforce and supply of services.
- **No benchmark or target figures are provided in the NSPP MDS reports.** This made it difficult to determine whether funded partners are meeting set targets based on these reports alone. Review of the AWP's and performance reports were used to provide this information.

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Evaluation and review findings

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3 Evaluation and review findings

The findings of the evaluation and review of the NSPLSP are presented in this section under the three key evaluation questions that were outlined in the evaluation and review framework:

- 6) What has the Program funded and how have these activities progressed?
- 7) How do the activities funded under the Program align with Australian Government commitments and other key priorities?
- 8) What are the implications for the future of the Program?

The methods of analysis used to identify findings under these questions are described in section 2.3.4.

The key findings and future state considerations are provided in the sections below for each key evaluation question. Overall, findings suggest that the Program is broadly progressing well, and funded partners are undertaking important work across the suicide prevention sector. However, the evaluation and review identified key areas for improvement in terms of leadership, PHN collaboration, funding approaches and administrative processes.

3.1 Key Evaluation Question 1

What has the Program funded and how have these activities progressed?

The purpose of posing this question is to develop an understanding of the current state of the NSPLSP and the various activities funded under the Program. The following were key considerations when exploring this question:

- What are the major achievements under the Program?
- What has impacted on achieving Program objectives?
- How efficiently are resources being used?

This section explores findings and future design considerations. A summary of findings and future design considerations is provided below.

Key Evaluation Question 1	Findings	Future design considerations
Summary	<ul style="list-style-type: none"> • The Program is tracking well, with the majority of funded partners achieving their targets. However, there are inconsistencies in reporting against targets and use of reporting templates. • A number of funded partners are evaluating their individual activities to assess the impact that their projects are having on the sector and that support continuous improvement. 	<ul style="list-style-type: none"> • Ensure consistent performance reporting, including following agreed templates. • Individual evaluation findings that funded partners undertake themselves should be shared with the Department.
	<ul style="list-style-type: none"> • COVID-19 has impacted delivery, but funded partners have been flexible in their delivery approach. 	<ul style="list-style-type: none"> • Ensure that new aspects of delivery that worked well and helped to overcome COVID-19 access barriers continue to be adopted for use into the future.

- Funded partners are able to deliver planned activities through current funding. All funded partners reflected they could strengthen existing activities or expand through additional funding.
- Potential changes to Program funding include Consumer Price Index (CPI) increases, incentivising collaboration, and revisiting funding timeframes.

3.1.1 Progress of activities

The Program's activities and initiatives are broadly progressing well, with the majority of funded partners achieving their targets. Importantly, funded partners reported that many of the initiatives under the Program are ongoing in nature and therefore do not have easily identifiable end dates, which means it is difficult to assess the completion status of these activities. Generally, where an Activity was not identified as "met", this was linked to ongoing initiatives under the Program that are not easily categorised as complete, or to the impact of COVID-19 on the ability of the funded partner to perform its activities.

Summary of performance indicators

The funded partners are required to report on performance indicators for their specific funded Activity in their six-month and twelve-month performance reports. For example, some funded partners will provide detailed narrative to explain why they have marked a target as 'not met' or 'will be met', whereas others do not provide this additional information.

Table 5 below outlines the range of performance indicators for the Program, and their link to the five eligible Activities. Some key observations include:

- Each of the five eligible Activities have a common set of performance indicators that are outlined in the NSPLSP funding agreements. For example, there are a set of performance indicators under Activity 4 that all organisations funded under that Activity must report against. Some funded partners also created their own additional performance indicators, which they have incorporated into their AWP's and performance reports.
- The performance indicator targets used to track Activity progress are unique to each funded partner, having been developed by the funded partners and agreed to by the Department via the AWP submission/approval process.
- There is variability in the level of detail provided in the performance reports that provide additional context to progress tracking. For example, some funded partners will provide a detailed narrative to explain why they have marked a target as 'not met' or 'will be met', whereas others do not provide this additional information.

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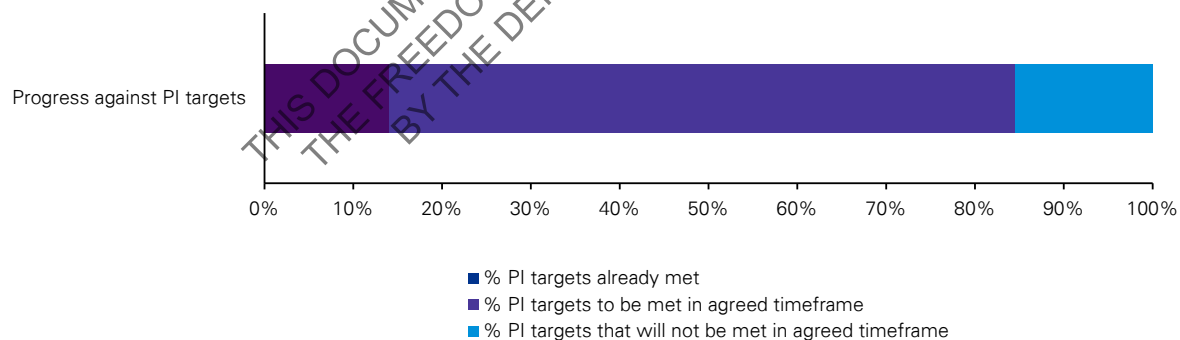
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Progress against performance indicators

Review of the performance reports indicated that the majority of funded partners are either meeting or expecting to meet their performance indicator targets by the end of this funding cycle (refer to Appendix H for further detail). Approximately 80 per cent of performance indicators have either already been met or will be met by the end of the funding cycle.¹⁵

There were inconsistencies identified with the performance reporting, with some funded partners either not providing a status for activities, providing multiple statuses for the one Activity, or not following the departmental performance reporting template.

Figure 5: Summary of performance indicator target statuses, 2019-20



Source: Commonwealth Department of Health, analysed by KPMG

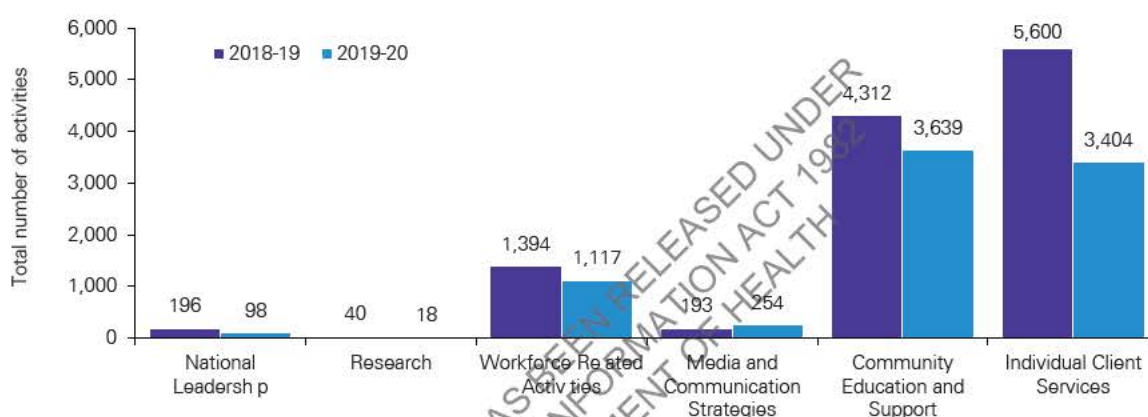
All funded partners identified the importance of continuing their work beyond the current funding cycle. Funded partners understand the importance of regular monitoring and evaluation to track progress and outcomes, with many indicating that they are undertaking their own independent evaluations of their initiatives.

¹⁵ s 47G does not provide progress on their activities consistent with the standard departmental performance reporting template, and have therefore not been factored into this figure.

3.1.2 COVID-19 impacts

The suicide prevention sector has been significantly impacted by the global COVID-19 pandemic. Funded partners reported that COVID-19 restrictions halted travelling and the undertaking of face-to-face activities throughout most of 2020. For example, funded partners reported that COVID-19 restrictions have limited traditional service and program delivery of in-person community events, face-to-face workshops, meetings and forums. NSPP MDS reports indicate that total activity has reduced by approximately 27 per cent from 2018-19 to 2019-20, which may be explained by COVID-19 changes to service delivery.¹⁶ NSPP MDS reports also break down activity data into separate sub-category areas. Figure 6 provides evidence for the adverse impacts of COVID-19 on activity progress, by demonstrating that five Activity areas declined in number of completed activities from 2018-19 to 2019-20 (refer to NSPP MDS reports for full details).

Figure 6: Number of completed activities by Activity area from 2018-19 to 2019-20¹⁷



Source: NSPP MDS reports, analysed by KPMG

Despite these challenges, qualitative insights suggest that funded partners have broadly been able to adapt to COVID-19 restrictions by being flexible in their delivery approaches. For example, funded partners that historically delivered their services face-to-face have since transitioned to delivering these services through digital platforms, such as videoconference appointments and virtual webinars.

Funded partners' perspectives on the impact of COVID-19 has been varied. Certain funded partners reported that delivering services virtually has provided an unexpected benefit of helping overcome some of the access barriers that have traditionally existed prior to the pandemic, including time and travel constraints. In contrast, other funded partners have reported that limitations on face-to-face engagement have been key barriers to connecting with communities and achieving targeted outcomes. With the easing of COVID-19 restrictions, funded partners have slowly been able to return to undertaking in-person engagement and activities.

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¹⁶ Australian Healthcare Associates. (2018-2020). National Suicide Prevention Leadership and Support Program – Reports: Minimum Data Set Analysis from July 2018 to June 2020.

¹⁷ Refer to NSPP MDS reports for further break-downs of the activity data into smaller sub-categories, i.e. specific project, location of contact, mode of contact and target group.

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Historical funding allocations

Funded partners also acknowledged that there has been little change in funding levels since the establishment of the Program, which has created additional pressures in recent years. This has meant that funded partners have had to work more efficiently within their allocated grant funding, especially as they have grown organically over time and demand for their services has risen. Specifically, funded partners have experienced growth in the scope and range of their activities, as they engage more stakeholders and deliver to more people. Although the Program was initially designed for three years, the two recent annual extensions of the Program provides minimal security, and adversely impacts on operations, workforce sustainability and longer-term operational planning. Notably, many funded partners reported that current funding cycle timeframes do not align with the long-term nature of achieving suicide prevention outcomes.

Further, funded partners (particularly those involved more in service delivery) reported that high workloads and capacity constraints restrict opportunities for collaboration as well as the undertaking of more policy-based and advocacy work. Funding limitations have meant that some funded partners have prioritised their business-as-usual operations and are not able to invest resources in these other important objectives of the Program.

Whilst Program funding supports funded partners in the delivery of their activities, many noted that only a portion of their actual service delivery is covered by NSPLSP funding. Many funded partners therefore rely on alternative revenue streams, such as donations, membership fees or service fees, to deliver their activities. The NSPLSP currently provides funding for specific activities as agreed upon in the AWP. However, funded partners identified that further funding could help to expand and strengthen service delivery outside of these core planned activities. Specifically, funding could assist more localised funded partners to scale their operations, and broaden their audience reach nationally. There are examples where funded partners have successfully scaled up the operation of projects they run under the NSPLSP, however funded partners noted there are greater opportunities to do this across the Program with more funding.

3.1.4 Future design considerations

The following are considerations for the future design of the Program.

Consistent performance reporting

Consistent performance reporting and data input is vital to ensure appropriate comparisons can be made between funded partners in order to sufficiently understand how activities are tracking against performance indicators. All funded partners should be following the agreed performance reporting template and be completing it appropriately, to ensure this consistency. There should also be consistent online input of the activity-based MDS data across all funded partners, to reduce potential opportunities for manual data entry errors and administrative burden that arise from Excel spreadsheet submissions.¹⁸ The Department has a role to play here to monitor reporting to ensure this consistency.

Leveraging evaluation findings

As many funded partners are undertaking their own independent evaluations, there are opportunities for these learnings to be shared with the Department. This will help build the evidence base for suicide prevention and allow the Department to share aggregated learnings and insights back to funded partners. This will also foster a learning system to support continuous improvement and innovation as new knowledge and evidence becomes available.

Adopting COVID-19 induced practices into the future

As outlined in section 3.1.2, while COVID-19 created challenges for funded partners, they were able to adapt by adjusting their delivery approaches. These new methods of delivery not only helped to overcome the effect COVID-19 had on the ability to meet with stakeholders, but also helped to overcome existing access barriers. As the impact of the pandemic lessens, funded partners should continue to adopt and use new delivery methods, such as digital platforms, videoconferencing, virtual webinars and online training modules, where it helps to reach communities that were previously hard to engage with. This should be balanced with face-to-face engagement, which still provides considerable value to funded partners.

Potential funding changes

There are several opportunities to potentially change the Program's funding allocation and cycles. This is based on funding partners' perceptions that static and legacy funding approaches have not kept pace with the evolving nature of the Program's activities.

- Consideration is needed to factor in CPI increases into funding agreements. This would mean that funded partners would not be adversely impacted by year-on-year inflation, and would be able to continue delivering the same level of programs and services as in prior years.
- There are opportunities to revisit funding timeframes and extend these where possible. This would seek to align timeframes with achieving long-term suicide prevention outcomes, as well as supporting workforce sustainability and continuity of service delivery. It should be noted that changes to funding timeframes must consider potential limitations of Government funding processes, including the short-term nature of political funding cycles and the consistent need for reviews of program efficiency and effectiveness. Other opportunities include providing earlier notice of approval for funding extensions to facilitate funded partners with their longer-term service planning. Anecdotally, extensions have been determined relatively late during earlier years of the Program. Since then, funded partners have been provided notice of funding extensions earlier in recent years, but there is still an identified opportunity for this to be further improved.
- There is an identified need to further incentivise collaboration and innovation. Funded partners have noted that current funding mechanisms have sometimes facilitated competition rather than collaboration. Oftentimes, funded partners will compete against each other for the finite funding

¹⁸ Review of the MDS reports identified there were four funded partners that have historically submitted Excel spreadsheets.

available, which does not align with the Program's aims for collaboration and integration between funded partners. Subsequently, funded partners have expressed interest in having incentives and resources dedicated to collaboration amongst other funded partners.

3.2 Key Evaluation Question 2

How do the activities funded under the Program align with Australian Government commitments and other key priorities?



Exploring this question involved considering the existing work of NSPLSP funded partners and how this contributes to the Program's intended outcomes, and the linkage between this and broader Government priorities on the reduction of suicide and suicidal behaviour.

This section explores key findings and future design considerations regarding the Program's alignment to Australian Government commitments on suicide prevention. In particular, this section will focus on alignment with Program objectives in the context of the broader suicide prevention agenda, the concept of leadership in the suicide prevention sector, and engagement with PHNs. A summary of findings and future design considerations is provided below.

Key Evaluation Question 2 Summary	Findings	Future design considerations
	<ul style="list-style-type: none"> The funded partners are all undertaking valuable work to contribute to national priorities for suicide prevention. 	<ul style="list-style-type: none"> Ensure that the Program continues to provide a key role in supporting national priority areas.
	<ul style="list-style-type: none"> Leadership is critical to the sector, and it has improved, however there is still no clear definition of suicide prevention leadership in the context of the NSPLSP. 	<ul style="list-style-type: none"> Develop a clear definition of leadership to provide clarity regarding the objectives of the leadership component of the NSPLSP. Conduct a scoping analysis to inform priority areas and future Program direction.
	<ul style="list-style-type: none"> The level of engagement between PHNs and NSPLSP funded partners, and the effectiveness of this engagement, is mixed. 	<ul style="list-style-type: none"> There are opportunities for the Department to facilitate connections between funded partners and PHNs.

3.2.1 Contribution to national suicide prevention priorities

As outlined in section 1.3.1, the NSPLSP is just one program in a suite of Australian Government initiatives contributing to the national suicide prevention agenda to reduce suicide and self-harm in the Australian population. The purpose of the NSPLSP and its contribution to the national agenda is primarily driven by two particular pieces of work which outline key national priorities for suicide prevention, as outlined in Figure 8.

Figure 8: Work that established national suicide prevention priorities**Australian Government's Response to the Review of Mental Health Programmes and Services**

In 2014, the National Mental Health Commission was tasked by the Australian Government to undertake the *Review of Mental Health Programmes and Services*. The report highlighted the existing complexity, inefficiency and fragmentation of the mental health system, and presented a plan to reform mental health over the short, medium and long term.¹⁹ The Australian Government's response to the Review included the following commitments to a reformed approach to suicide prevention:

- A systems-based regional approach to suicide prevention led by PHNs, in partnership with Local Hospital Networks (LHNs) and other local organisations
- National leadership and support for whole of population level suicide prevention activity
- Refocused efforts to prevent suicide in Aboriginal and Torres Strait Islander communities
- Commitment to work with states and territories to prevent suicide and ensure that people who have self-harmed or attempted suicide are given effective follow-up support.

Fifth National Mental Health and Suicide Prevention Plan

The *Fifth National Mental Health and Suicide Prevention Plan* (the Fifth Plan), published in 2017, sought to establish a national approach for collaborative Government effort from 2017 to 2022 across a number of identified priority areas, one of which is effective suicide prevention.

The Fifth Plan commits Government to a systems-based approach focused on 11 key elements – surveillance, means restriction, media, access to services, training and education, treatment, crisis intervention, postvention, awareness, stigma reduction, and oversight and coordination.²⁰

The Fifth Plan also commits Government to support PHNs and LHNs to develop integrated, whole-of-community approaches to suicide prevention.²¹

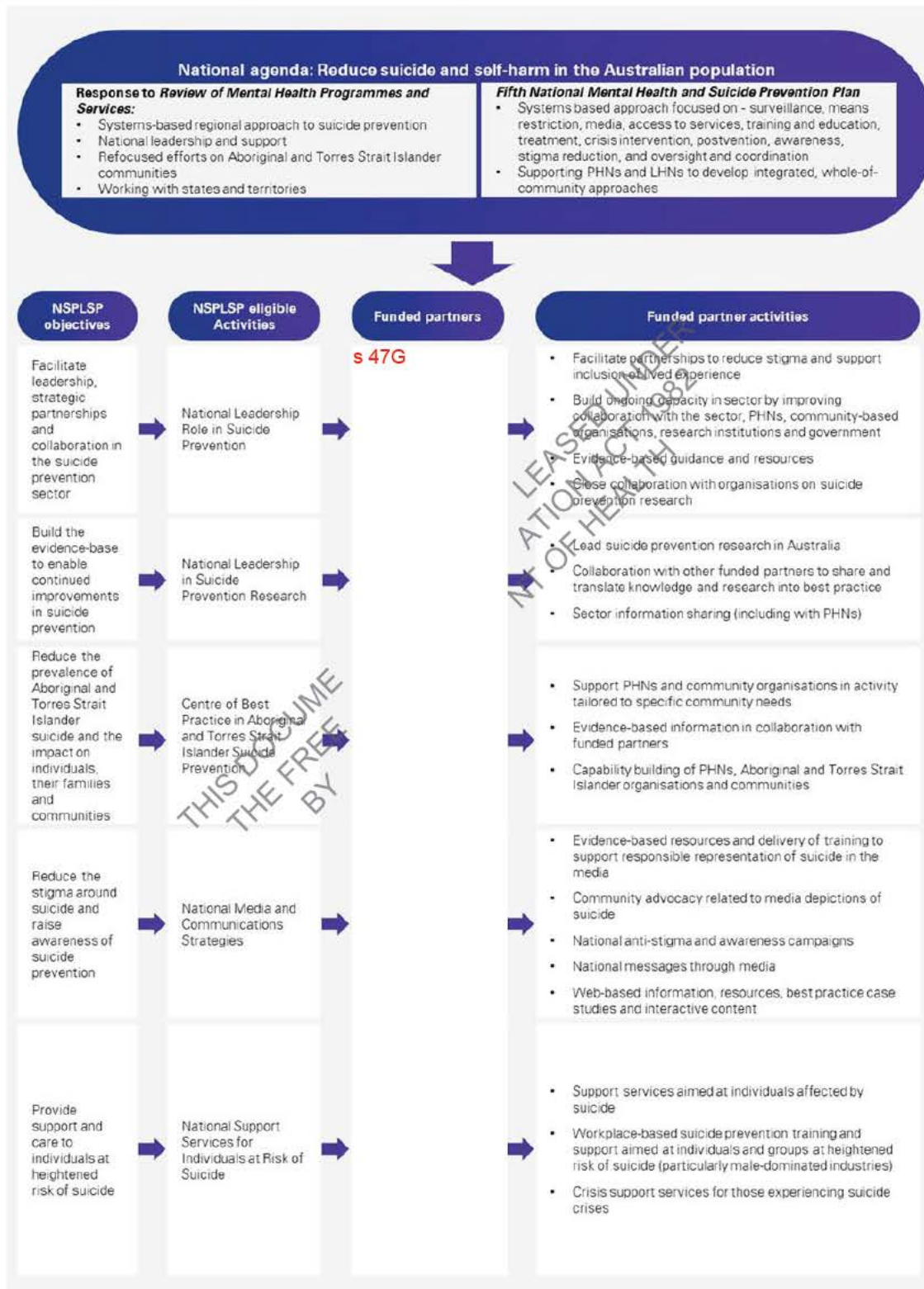
The NSPLSP is contributing to these national priorities through its program objectives, delivered by the funded partners that administer the Program on behalf of the Department. The Program has been designed so that the funded partners deliver eligible Activities, which specifically link to these objectives and therefore the national suicide prevention priorities. Figure 9 outlines the link between these objectives, eligible Activities, and the work that funded partners have committed to deliver within the latest funding cycle.

¹⁹ Department of Health. (2015). Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services. Retrieved from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/0DBEF2D78F7CB9E7CA257F07001ACC6D/\\$File/response.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/0DBEF2D78F7CB9E7CA257F07001ACC6D/$File/response.pdf)

²⁰ Department of Health. (2017). The Fifth National Mental Health and Suicide Prevention Plan. Retrieved from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>

²¹ Ibid.

Figure 9: Alignment of Program Activities with objectives



Source: KPMG (after analysing NSPLSP program documentation)

The funded partners, in consultation with the Department via the AWP process, design and deliver projects that address the scope of their eligible Activity. From reviewing AWP and performance reports, it was observed that activities designed by funded partners are within scope and address the existing set of NSPLSP objectives. Section 3.1.1 of this report outlines the progress of these activities, demonstrating that the funded partners are tracking well and therefore contributing to NSPLSP objectives.

This is further supported by what KPMG heard anecdotally during consultations, where the vast majority of funded partners reported that their work was critical in addressing Government priorities and was making an impact on the agenda of reducing suicidal behaviour and deaths. However, there are areas for improvement, which are explored further under section 3.3.2 as emerging priorities for the Program.

3.2.2 Contribution to suicide prevention leadership

The NSPLSP was established to contribute to the national suicide prevention agenda, specifically to support the national leadership and support component outlined in the response to the *Review of Mental Health Programmes and Services*. All funded partners consulted acknowledged the importance of leadership in the suicide prevention sector, as well as the significant role that the Program can play in national suicide prevention leadership. Funded partners were asked to identify qualities of effective leadership in the sector, which produced a number of common answers as shown in Figure 10.

Figure 10: Suicide prevention leadership qualities



Source: Funded partner consultation notes, analysed by KPMG

Leadership in the suicide prevention sector

Funded partners had mixed perspectives on the current state of leadership in the sector. They noted that there has been a noticeable improvement in leadership due to recent developments, such as the appointment of the National Suicide Prevention Adviser, increased coordination of services and programs through partnerships of some funded partners to deliver programs (e.g. s 47G initiative²²),

²² s 47G an activity run by s 47G in conjunction with s 47G Around World Suicide Prevention Day, construction sites cease work to make pledges to look after each other and raise the s 47G with the intent to raise suicide prevention awareness across these industries.

development of the funded partner 'alliance' (see section 3.3.1 for more information on the alliance), and increased emphasis on a whole-of-government response.

However, the majority of funded partners consulted suggested that there are still significant opportunities to improve leadership in the sector. Areas for improvement identified include:

- Having more consistent opportunities for collaboration within the Program
- Introducing more reporting targets, milestones and/or incentives around collaboration
- Defining what leadership looks like for specific streams of work.

Leadership component of the Program

While the Program is tracking well and is making valuable contributions to suicide prevention leadership (see sections 3.1.1 and 3.2.1), it was noted during consultations that there is a lack of clarity and direction as to what suicide prevention leadership means and how all funded partners are meant to support this.

A number of funded partners noted that the Program has mixed objectives, with no common thread between the funding and activities that they have been allocated. Some funded partners highlighted that leadership is about bringing the suicide prevention sector together, facilitating increased collaboration, and building the architecture (i.e. structures and frameworks) that underpins the work of the many organisations operating in the sector, and that this is not the primary focus of the NSPLSP.

Some funded partners do play this role by virtue of the eligible Activity they are funded to deliver, while for others, the connection between their role and being leaders in the sector is not clear. For example, the Program funds advocacy or peak bodies that play a clear leadership role in the sector, while also funding organisations for service delivery. Funded partners reported confusion as to how this aligns with the broader goal of the Program as a 'leadership' initiative. One funded partner suggested that this NSPLSP feels more like a collection of siloed projects that are run under a 'leadership banner' as opposed to a true leadership program. The perception from funded partners is that there is a lack of rigour used to develop the Program scope and list of required projects or activities.

3.2.3 Engagement with PHNs

One of the intended outcomes of the NSPLSP is to "support PHNs to lead a regional approach to service planning and integration for suicide prevention activities which meet the needs of individuals at the local level".²³ PHNs play a critical role in the mental health and suicide prevention sector, with the Australian Government mandating that mental health is one of the seven key priorities for work by PHNs. The Response to the *Review of Mental Health Programmes and Services* included a role for PHNs in planning and commissioning primary mental health care services. It is an expectation that funded partners collaborate with PHNs to build their suicide prevention capability and address suicide prevention issues at the regional level. Despite this, the level of engagement, and effectiveness of this engagement, between PHNs and funded partners is mixed. This variation in relationships with PHNs is compounded by the varied nature of the 31 PHNs, all of which are at different levels of maturity and have vastly different operating environments, priorities and capabilities.

Funded partners indicated that early in the life of the Program, they discussed and agreed on the importance of streamlining communication with PHNs, as having all 15 funded partners communicate with all 31 PHNs may be overwhelming and counterproductive. This may explain why some funded partners have a greater level of engagement with PHNs than others. Further, some funded partners report only engaging with PHNs in relation to other programs outside of the NSPLSP, including the National Suicide Prevention Trials.

Some funded partners reported effective collaboration with their relevant PHNs. Strong relationships have been established between funded partners and PHNs where a shared understanding of the roles of the commissioner and the service deliverer have been established early. Examples of how relationships with PHNs have been successfully leveraged in the past include PHNs promoting the activities of funded partners, being involved in community consultations and reference groups, providing additional funding, as

²³ Department of Health. (n.d). National Suicide Prevention Leadership and Support Program Grant Opportunity Guidelines.

well as assisting with the expansion of programs into new community settings. PHNs have also been reported to benefit from the Program, including instances where funded partners have assisted the PHNs' commissioning and activity planning role by providing PHNs with relevant information and resources.

Other funded partners have experienced more limited interactions with PHNs and acknowledge the need to explore these relationships further. Funded partners noted during consultations that effective PHN collaborations have been dependent on the nature of PHN staff having a high level of capacity and commitment to support funded partners. Funded partners also reflected that the onus has historically been on funded partners to facilitate these connections with PHNs which is not always reciprocated. Successful relationships with PHNs are often based on existing, informal relationships and the goodwill of PHNs, rather than formal channels of collaboration.

Some funded partners acknowledged that poor engagement with PHNs may be due to a lack of understanding of the purpose and the scope of the NSPLSP, amongst the plethora of programs with which they are associated. These funded partners indicated that feedback received from PHNs was that they do not know enough about the funded partners' work and their value-add.

PHNs' perspective on engagement with funded partners

A sample of PHNs were also directly engaged as part of the evaluation and review of the NSPLSP. PHNs have provided reflections and key insights on their experiences and level of engagement with the Program. It should be noted that these findings only represent the views of three PHNs and therefore may not be representative of all PHNs:



Similar to the reflections of funded partners, PHNs have experienced varied levels of engagement with funded partners. Notably, one PHN did not have an awareness of the overarching NSPLSP and its aims to support PHNs despite having interactions with some of the funded partners.



Past examples of successful collaboration between funded partners and PHNs have been based on existing relationships as well as PHNs having a prior awareness of the work that certain funded partners undertake. In these instances, effective collaboration has been facilitated by funded partners being responsive, interested and supportive of the system-level and community based approaches of PHNs.



PHNs identified that many of the funded partner's programs and services are not tailored to localised contexts, and often times do not meet the individual needs of each respective PHN's communities. Each PHN has their own unique contexts and challenges, which may not align with the more generalist approaches to suicide prevention of many of the NSPLSP funded activities. For example, generalist approaches to suicide prevention may not be suited for certain PHNs whose priority population groups are Aboriginal and Torres Strait Islander cohorts.



One PHN highlighted the complexity involved with the Commonwealth funding both PHNs and the funded partners under the NSPLSP, for different activities. Variation between PHNs and funded partners in terms of implementation timeframes, strategic objectives and funding schedules may result in duplication and misalignment in activities, with funded partners and PHNs subsequently working in parallel and having competing priorities.



There were reports of PHNs having to be proactive and actively seek engagement with funded partners rather than vice versa. This finding is in contrast to reports from funded partners that the onus has primarily been on funded partners to drive engagement with PHNs. This further highlights the complexity associated with funded partners engaging with 31 different PHNs across the country.

PHNs identified several opportunities for improvement, including:



- The use of formal mechanisms to improve collaboration between them and the funded partners, such as the incorporation of collaboration as a key performance indicator in contractual agreements or establishing memorandums of understanding between PHNs and funded partners. This also includes introducing more forums for PHNs and funded partners to meet regularly in order to identify further opportunities for collaboration and alignment of activities.
- Improving PHNs' understanding of the NSPLSP, specifically around their awareness of which organisations sit within the Program, the scope of each funded partner, and the full array of programs and services that each funded partner offers. This opportunity extends to improving the PHNs' understanding of the Department's strategic intent and long-term plan with the Program. This would help PHNs align their own strategic plans with that of the Program and the Commonwealth more broadly, to allow for greater opportunities for collaboration and joint activities.
- Enabling funded partners to further leverage PHNs' established relationships with communities and their deep understanding of specific regional contexts and nuances. If leveraged effectively, this may subsequently lead to funded partners being able to tailor and deliver their initiatives safely into new communities (e.g. rural and remote areas). This may involve PHNs linking funded partners directly with local community groups, to ensure that programs and services are informed by the specific communities they aim to serve.

3.2.4 Future design considerations

The following are considerations for the future design of the Program.

Continued support for national priorities

As outlined in section 3.2.1, the range of suicide prevention related activities delivered by the Program and their objectives currently aligns with key national priorities for suicide prevention. The Department should ensure that the eligible Activities within the NSPLSP, and any future changes to these, remain aligned with national priorities to reduce suicide deaths and self-harm in the Australian population. This may be achieved by undertaking future outcomes evaluations to ensure that funded partners continue to achieve the intended objectives of the Program and meet national priorities.

Clarify the Program purpose and definition of 'leadership'

There is confusion amongst a number of funded partners consulted about how all they are all meant to contribute to suicide prevention 'leadership' as part of the NSPLSP. The purpose of the NSPLSP should be clarified and clearly communicated to funded partners to ensure that activities being delivered are fit-for-purpose and contribute to suicide prevention leadership. This would involve the following:

- Consideration of the existing roles and responsibilities of NSPLSP funded partners and how they may or may not be contributing to leadership in the sector

- Developing a clear definition of suicide prevention leadership, in collaboration with funded partners and other key sector stakeholders
- Working with funded partners to clarify what leadership is expected of them through NSPLSP funding and delivery of their unique initiatives and activities
- Consideration of how existing Program activities may be changed in order to align with this clarified purpose and definition of leadership.

Scoping analysis

The Department should consider conducting a scoping analysis to assist in clarifying the Program's purpose and how funded partners should contribute. The scoping analysis would involve using existing research and evidence to inform future practices or policies. For the Department, this would involve an exercise of using relevant, available quantitative and qualitative data to identify priority areas for the NSPLSP and where 'leaders' are needed. This would require collating evidence from various Commonwealth mental health and suicide prevention initiatives, PHN Program data, population health data, and other key data sets, and then using these alongside the Department's contextual knowledge of the NSPLSP to conduct analysis and identify priority areas and target groups. This would enable the Department to give clearer direction to the funded partners on their scope of work and how their activities should be contributing to suicide prevention leadership.

Facilitated collaboration between funded partners and PHNs

Noting that the majority of funded partners acknowledged that their connections with PHNs needs improvement, there are opportunities for the Department to facilitate better collaboration between the two. This is within the scope of the Department as the owner of both the NSPLSP and PHN Program, and given the Department's expectations for the two organisational groups to support each other.

Considerations for the Department when facilitating this collaboration include:

- Building PHN collaboration into the AWP development process, where funded partners and PHNs are required to communicate to ensure that funded partners' activities are appropriately designed to assist PHNs
- Establishment of a regular forum for PHN and NSPLSP funded partner representatives to interact and brainstorm suicide prevention collaboration at a regional level
- Leverage existing forums and mechanisms (e.g. PHN conferences and PHN CEO Collective) for funded partners to regularly present to PHNs on their activities and discuss how to work together on issues of suicide prevention
- Tech-based solution (e.g. portal) that streamlines funded partner engagement with PHNs and applications to PHNs for support, providing a central access point for the NSPLSP to engage with PHNs nationally
- Liaising with PHN Program owners within the Department to build stronger emphasis on PHNs to proactively engage with NSPLSP funded partners
- Facilitate better sharing of information between PHNs and funded partners, including lessons learned from suicide prevention service delivery, and access to PHN data (e.g. needs assessment and regional population health data).

3.3 Key Evaluation Question 3

What are the implications for the future of the Program?



The following were key considerations when exploring this question:

- Areas of lower priority, including those that may not be fully meeting the Program objectives or are potentially duplicating other services
- Identification of areas on which to focus on for future funding, for example new priority areas and/or opportunities
- Necessary changes in GOGs and future funding allocations.

This section explores key findings and considerations regarding the future direction of the Program. In particular, this section will focus on collaboration, specific target cohorts or need areas, and performance reporting.

Key Evaluation Question 3	Findings	Future design considerations
Summary	<ul style="list-style-type: none"> • There is a lack of visibility of activities across the funded partners, which may lead to duplication and funded partners 'running in parallel' where they are focused on achieving their own goals rather than collectively working towards a common set of goals. 	<ul style="list-style-type: none"> • There are opportunities to increase collaboration between funded partners through formal and structured mechanisms, supported by the Department.
	<ul style="list-style-type: none"> • There are many universal and generalist approaches to suicide prevention used within the NSPLSP. There is some valuable work being done to target specific cohorts, however there is scope for this to be improved. 	<ul style="list-style-type: none"> • Supplement the current national approach with activities that bolster existing efforts to target specific population groups and need areas (<i>note that this is supported by the scoping analysis suggested as a future design consideration in section 3.2.4).</i>
	<ul style="list-style-type: none"> • Reporting processes are relatively straightforward, however can be improved through more regular feedback and greater visibility of use of AHA data. Reporting is too activity or output focused. 	<ul style="list-style-type: none"> • Invest in the development of an outcomes-focused performance framework. • There are opportunities for the Department to improve communications with funded partners on reporting insights, by synthesising insights and feeding back.

3.3.1 Visibility and collaboration between funded partners' activities

During consultations, funded partners were asked to identify any key gaps or duplications in activities funded under the Program. Most funded partners indicated that it was difficult to comment due to a lack of visibility of what the other funded partners are delivering under the Program. Funded partners have a high-level understanding of each other's scope of work, with some having a more detailed understanding due to close working relationships, however could not speak on each other's activities under the NSPLSP in detail.

This was widely accepted as an issue, with the risk that funded partners are 'running in parallel', focused on achieving their own goals rather than collectively working towards a common set of goals. This may lead to gaps and duplication. Funded partners noted the lack of transparent reporting between each other, lack of data sharing, and lack of clarity as to how each other's activities contribute to the Program's objectives.

Due to this, funded partners were not comfortable speaking in depth on this subject. One funded partner noted that it would require a much more detailed analysis of the Program to understand gaps and duplications, and that the funded partner 'alliance' has discussed conducting its own consultation project to do this.

In fact, a number of funded partners acknowledged the work of the recently established 'alliance' to improve visibility and collaboration between the 15 organisations. This alliance formed organically amongst the funded partners, led by Suicide Prevention Australia, with the purpose of establishing stronger relationships, working together in a more strategic manner, and supporting consistent dialogue with the Department.

KPMG understands that all 15 organisations have been invited to participate in the alliance, with some participating to a greater degree than others. Some funded partners acknowledged their lack of engagement with the alliance due to a difference in priorities, while many recognised that there is more that the funded partners, the alliance, and the Department can do to improve the level of collaboration within the Program.

Potential overlaps

While funded partners were hesitant to identify any specific areas of duplication under the Program, there were areas of potential overlap which arose during consultations.

- Work being done to create and maintain directories of suicide prevention programs that are made available to the community. There is a belief that, while well intentioned, this creates confusion for the community on where to access safe, reliable services and may result in a person who needs help ceasing to explore help. It was acknowledged that this work is a potential duplication of work that sits outside of the NSPLSP.
- There is a specified media and communications eligible Activity under the Program, however many of the funded partners conduct some form of their own media and communications work. It was acknowledged that it would be helpful to understand the broad spectrum of media and promotion across all funded partners in order to know who needs assistance and where there are opportunities to leverage each other's work.
- There are a number of suicide prevention training initiatives delivered under the Program where there are similar target audiences and content.
- There is some cross-over in the work that some funded partners do with particular industries and particular demographics or cohorts.

Noting the above, funded partners emphasised that while there may be some overlap, each funded partner's activities have their own distinct nuances and differences, such as the type or method of service delivery, or segments of target cohorts. The funded partners also acknowledged that there is likely some duplication between the work funded by the Program and what sits outside of the Program, however a lack of visibility makes identification difficult. KPMG did not undertake an assessment of the NSPLSP against other programs to assess gaps and duplication.

3.3.2 Emerging priority areas

Funded partners were asked to identify emerging priority areas that should be the focus of future NSPLSP funding, to ensure that the Program continues to align with Government priorities on suicide prevention.

There were a number of key priorities for the Program more broadly that were identified as set out in Figure 11

Figure 11: Broader NSPLSP emerging priority areas



Source: Funded partner consultation notes, analysed by KPMG

In addition to the above, the funded partners noted that much of the Program's effort involves universal and general approaches to suicide prevention. Many funded partners operate at a national level, focusing their efforts more broadly to the general public and adults. Some funded partners focus their work on targeted, specific cohorts or need areas, however there is scope for this to be improved. There were a number of specific target areas that were identified during the consultations. These have been summarised at a high level in Figure 12 below.

Figure 12: Specific NSPLSP target areas



Source: Funded partner consultation notes, analysed by KPMG

More detail on these target areas can be found below:

- The Program has an opportunity to increase its focus on intervention, particularly early intervention. Funded partners commented that, based on their research and observations, adverse childhood experiences can have a significant impact on mental health across a person's lifespan. Greater investment here will help alleviate downstream issues with postvention.
- While some funded partners currently work in the suicide prevention lived experience space, this is an emerging priority area where further attention is needed. There is concern that lived experience is being used as an all-encompassing term, and that there is not enough focus on the specific segments of this cohort where there are distinct differences in the type of support required. This includes those with experience in suicidal behaviour, thoughts of suicide, carers, and people bereaved of suicide (i.e. postvention). There is scope to expand the Program's view of lived experience and effort in this space.
 - A segment of this that requires more attention are those with mental health issues or suicidal lived experience, who are not in the 'system'. This is a cohort of people who require help but may be hesitant to reach out. More can be done to better promote support and reach this audience.
- There should be greater emphasis on leveraging insights from Indigenous communities and empowering them to lead suicide prevention work. This includes more Indigenous community research and involving these communities in the design and decision-making for NSPLSP suicide prevention activities that target Aboriginal and Torres Strait Islanders to ensure support is more tailored.
- The recent national bushfires and the COVID-19 pandemic have highlighted the importance of support in times of national crisis. An emerging priority is to consider suicide prevention supports and communications during these times.
- Whole of community education and workforce training outside of medical professions can be improved. While there are a number of existing education and training projects funded by the NSPLSP, these can be made more accessible and stigma-free.
- Future data collection efforts by funded partners should incorporate the Australian Bureau of Statistics' 2020 Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables. Collecting this specific data will provide valuable insight and inform supports tailored to the LGBTIQ+ community.
- Continued efforts to focus supports on the specific needs of regional communities is important. There needs to be greater effort to break down rural and remote community barriers, and better promote services.
- Noting some of the existing work performed by funded partners, the following cohorts should be a continued focus of future NSPLSP activity:
 - The LGBTIQ+ community
 - Sub-cohorts of the Indigenous community, including Aboriginal and Torres Strait Islander youth, women, LGBTIQ+, and people with lived experience
 - Culturally and linguistically diverse (CALD) populations, particularly given that social attitudes and stigma regarding suicide in these communities is a barrier. There is a need to better engage and build relationships with these communities to enhance training, intervention and postvention services
 - Young people, including specific segments such as those in regional, rural and remote areas, in universities and other tertiary education, apprentices, and young people entering the workforce in unstable industries. This includes more online and social media activity to target young people and better promote relevant suicide prevention services
 - Men and male-dominated industries. Examples of industries include mining, energy, manufacturing and rail.

3.3.3 Program reporting and administration

Most funded partners noted that they have had positive experiences with the administrative processes underpinning the NSPLSP, including performance reporting and submission of AWP's and grant applications. Through the consultation process, funded partners noted that they have often worked collaboratively and effectively with the Department to fulfil these administrative requirements. They noted that existing NSPLSP reporting processes are simple, straightforward and easy to comply with, and that six and 12 month reporting intervals are appropriate.

Despite these comments, the majority of funded partners acknowledged some improvement opportunities linked to Program reporting:

- Current reporting is compliance and output-focused. Performance reports focus on providing updates on the quantity of activity (e.g. number of training modules delivered, number of workshops, number of resources distributed, etc.). This does not provide the opportunity for funded partners to demonstrate the depth of the outcomes that have been achieved by their efforts under the Program. Many funded partners suggested that reporting should better align with the objectives of the NSPLSP and be centred on outcomes measures.
- Funded partners would benefit from more feedback and insight from the Department on the content of their AWP's and performance reports. Currently, it is difficult for funded partners to know whether they are meeting the Department's expectations and that their work is aligning with the Department's priorities.
- The AHA monthly data reporting process is burdensome and duplicative. The funded partners are required to submit activity data on a regular basis through the AHA portal, however are unable to generate reports from this portal to inform other reporting (e.g. six and 12 month departmental performance reports). Funded partners also do not have good visibility on how this AHA data is then used.

AHA reporting insights

The AHA was directly engaged as part of this evaluation and review. The AHA provided more detail on how the AHA monthly data reporting process works, as well as insights on the usefulness of this process:



AHA monthly reporting involves funded partners using their assigned log-ins to submit activity data for the previous month via an online portal. There are some funded partners that submit activity data via email in Excel spreadsheets instead of the portal. AHA's system then validates data reported with the MDS. AHA uses the reported data to provide the Department with six monthly reports that cover every item of the MDS, including longitudinal and trend data. The Department and AHA will analyse the data to identify any anomalies to discuss with funded partners as needed. For example, where the number of people receiving a service drastically increases or decreases.



There is value in the data that is currently reported to AHA and captured in the MDS. It is a well-structured, three year old data set that effectively shows the volume of activity conducted by funded partners and how demand for, and the delivery of, activities has changed over time. It would be valuable for the Department to view this data more frequently than every six months, to alert them to any emerging trends and identify how Program activities may need to change accordingly.



Outputs of AHA reporting for the funded partners is not particularly useful. Funded partners have access to data dashboards which only provide a few data points, such as activity funding, total number of activities, and number of people receiving services. These funded partner dashboards do not provide data to the same granularity as the AHA reports. They also do not provide any insight on suicide prevention outcomes achieved by funded partners.

AHA identified some opportunities for improvement, including:



- Greater transparency on the use of AHA reporting data and how it supplements the Program's other reporting processes. Funded partners would benefit from clearer departmental communications on the utility of this data and how it is used by the Department to track Program progress. AHA would also benefit from an understanding of how their monthly reporting process differs and/or duplicates the six and 12 monthly reporting funded partners submit to the Department.
- Consideration of developing more granular AHA data dashboards for funded partners so they can access the MDS in more detail. This should encourage greater engagement by funded partners with the dashboards, which at this point in time is limited.
- Sharing NSPP MDS data with PHNs. PHNs may find some of the data from the MDS useful to understand what suicide prevention activities are being undertaken in their regions, to assist planning of service delivery at the regional level.

3.3.4 Future design considerations

The following are considerations for the future design of the Program.

Increased opportunities for collaboration, supported by the Department

There are a number of opportunities to increase collaboration between the funded partners through formal, structured and regular mechanisms, supported by the Department. Introducing such mechanisms would allow funded partners to have a clearer, more detailed understanding of the activities each are delivering, helping to understand how to better leverage each other's capabilities and expertise. It would facilitate better sharing of learnings, identification of system gaps, reduction of duplication and facilitation of coordinated service delivery. Some of the mechanisms that the Department may wish to consider, which would add more rigour to Program collaboration, include:

- Introduce a requirement for funded partners to more frequently share learnings, research and evaluation insights with each other. This could be done via the six and 12 monthly performance reporting process or through a new process (e.g. program newsletter).
- Actively champion the recently established alliance by introducing a departmental representative. By taking a role in this alliance, the Department can support the alliance in expanding its collaborative efforts and getting all 15 funded partners to actively contribute.
- Facilitate a regular forum for funded partners to connect and discuss their existing activities and opportunities to collaborate. This could be in the form of an annual conference or thinktank, regular workshops between particular streams of work across the funded partners (e.g. communications), or some other mechanism that enables the exchange of ideas. These forums need to have a clear, focused agenda on collaboration, innovation, data and knowledge sharing.
- Incentivise collaborative projects between funded partners. This would inherently encourage funded partners to be more innovative, and to develop additional proposals for activities that leverage each other's expertise.

Supplementing the national approach with targeting of specific cohorts and need areas

There is an opportunity to supplement the current national approach to suicide prevention under the NSPLSP with activities that bolster the existing efforts of funded partners to target specific population groups and need areas. Prior to the next funding cycle, the Department and funded partners could undertake an exercise to co-design future NSPLSP activities that address some of the specific target areas identified in section 3.3.2.

Introduce an outcomes-based performance framework

Funded partners identified that outcomes-based reporting would better communicate progress in addressing suicide prevention priorities and achieving NSPLSP objectives.

There are practical challenges associated with moving to outcomes-based reporting. Short-term, actionable activity can be undertaken by the Department in ensuring reporting is consistent by the funded partners and providing feedback to funded partners on the quality of the reporting and opportunities for improvement.

There are opportunities to utilise work undertaken by the Department for outcomes-based reporting. One example is the PHN Program Performance and Quality Framework that was implemented by the Department in 2018. It is designed to consider how the activities and functions delivered by PHNs contribute towards achieving PHN program objectives. The framework includes outcomes to be achieved in the Program, drawn from the program logic, and includes indicators to assess individual PHN performance. Additionally, a yearly report is prepared for the overall performance of the PHN program, which assesses progress towards achieving the PHN program outcomes.

For the NSPLSP, an outcomes-based performance framework could include:

- Establishing program logics for the overarching program and each Activity, linking inputs, activities, outputs and outcomes. This visual description of the Program will support Government and funded partners in identifying relevant indicators against each component of the program logic
- Developing key outcome themes, tailored to the NSPLSP, which then have a set of specific outcome indicators against them
- Indicators that require evidence on how funded partners are addressing prioritised / national needs
- Indicators that require evidence of how funded partners' activities are culturally appropriate, which would be important for some of the target or 'at-risk' cohorts identified
- Indicators measuring the growth in the number of stakeholders accessing and receiving services from funded partners, which could be further specified to show growth in regional populations or target groups
- Indicators requiring evidence of partnerships established with PHNs and local stakeholders
- Greater emphasis on satisfaction surveys to demonstrate effectiveness of activities delivered by funded partners.

A performance framework could support the transition to outcomes-based reporting and ensure consistent reporting by funded partners. Additional considerations for outcomes-based reporting are provided below:

- Program reporting should align with the program logic, and individual eligible Activity logics (e.g. outputs delivered, outcomes achieved). Performance indicators should provide accurate insight into the short, medium and long-term effectiveness of the Program. Due to the difficulty in measuring contribution to the reduction in suicide and suicidal behaviour at a whole-of-population level, it may be useful in the first instance to develop indicators that focus on the short and medium-term outcomes.
- The Department and funded partners should collaborate to co-design relevant performance indicators. Engaging with the funded partners is important due to their knowledge of the sector and of available data, to inform which indicators can realistically be used.
- Indicators should consider any future focuses of the Program on specific cohorts or target areas. For example, the framework should consider Indigenous-related outcomes.

- Clear guidelines on reporting requirements should be provided to funded partners, including information on the purpose of the indicators and how information will be used.
- Mechanisms are available for the Department to provide feedback to funded partners on their reporting and performance.
- The framework and its indicators should be reviewed and updated as required, to reflect the progress in achieving program outcomes.
- There are opportunities for funded partners to submit case studies and lessons learned as part of their regular reporting.

Better communication between the Department and funded partners on reporting insights

There are opportunities for the Department to synthesise insights from reporting, and feed information back to the funded partners. This could be through formal feedback sessions held with funded partners after reviewing performance reports, and/or increased communications between the Department and funded partners during the AWP development process. This would:

- Provide an opportunity for the Department to indicate whether tracking against performance targets is meeting expectations
- Facilitate the Department to use their knowledge of what each of the 15 organisations are delivering to share insights with funded partners on where there is a natural link between activities and the organisations should connect
- Give confidence to the funded partners that their planned activities are meeting departmental expectations and align with Government priorities for suicide prevention
- Provide a regular forum for the funded partners to provide feedback to the Department, raise concerns, and share insights that may inform future program design.

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Summary of future design considerations



4 Summary of future design considerations

The NSPLSP is tracking well against current expectations and is making a valuable contribution to the national suicide prevention agenda. This evaluation and review has found that there are a number of opportunities to improve the Program to ensure that activities continue to progress, that it aligns with Australian Government commitments, and that emerging priority areas and issues are addressed.

The following table sets out the future design considerations that are provided for the NSPLSP. The link between these considerations and findings from the evaluation and review are also provided in the table below.

The proposed implementation timeline is provided below for considerations as short term (less than six months), medium term (six months to 12 months) and long term (greater than 12 months). The considerations that are medium to long term are identified to require more effort or coordination with funded partners to support successful implementation.

Table 6: Future state considerations - implementation timeline

Proposed implementation timeline	Future state consideration	Relevant sections
Short term (less than six months)	Consistent performance reporting – ensuring funded partners follow agreed templates.	3.1.4
	Ensure continued adoption of alternative delivery methods that overcome COVID-19 barriers.	3.1.2, 3.1.4
Medium term (six to 12 months)	Leverage evaluation findings – findings from evaluations undertaken by funded partners should be shared with the Department.	3.1.4
	Potential funding changes – adjustments for CPI, revisiting funding timeframes, incentivise collaboration and innovation	3.1.3, 3.1.4
	Clarify program purpose and definition of leadership – to ensure activities are fit-for-purpose and contribute to the Department's expectations of sector leadership	3.2.2, 3.2.4
	Scoping analysis – to identify priority areas for the NSPLSP	3.2.2, 3.2.3
	Increased opportunities for collaboration, supported by the Department – introducing mechanisms to facilitate more detailed understanding of activities and opportunities to collaborate	3.3.1, 3.3.4
	Supplement national approach with targeting of specific cohorts and need areas – to inform design of activities for the next funding cycle	3.3.2, 3.3.4
	Better communication between the Department and funded partners on reporting insights – through formal feedback sessions or similar mechanisms	3.3.3, 3.3.4
Long term (greater than 12 months)	Facilitated collaboration between funded partners and PHNs	3.2.3, 3.2.4
	Introduce outcomes-based performance framework	3.3.3, 3.3.4
	Ensure the Program continues to provide a key role in supporting national priority areas (for example through future outcomes evaluations)	3.2.1, 3.2.4

Appendices

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Appendix A: Funded partners overview

Descriptions of funded partner activities provided in Table 7 broadly reflect the perspectives of funded partners obtained through consultations. Activities listed for each funded partner have been obtained from a review of the AWP.

Table 7: Summary of funded partner's role and activities

Activity stream	Funded partner	Description
Activity 1: National leadership role in suicide prevention	s 47G	s 47G
Activity 2: National leadership in suicide	s 47G	s 47G

Activity stream	Funded partner	Description
prevention research		s 47G
Activity 3: Best practice in Aboriginal and Torres Strait Islander Suicide Prevention	s 47G	s 47G

Activity stream	Funded partner	Description
		s 47G
Activity 4: National media and community strategies	s 47G	

Activity stream	Funded partner	Description
	s 47G	s 47G
	s 47G	s 47G

Activity stream	Funded partner	Description
	s 47G	s 47G
	s 47G	s 47G

Activity stream	Funded partner	Description
		s 47G
Activity 5: National support services for individuals at risk of suicide	s 47G	s 47G
	s 47G	s 47G

Activity stream	Funded partner	Description
		s 47G
	s 47G	s 47G
	s 47G	s 47G

Activity stream	Funded partner	Description
		s 47G
	s 47G	s 47G
	s 47G	s 47G

Activity stream	Funded partner	Description
		s 47G

Source: Consultation insights with funded partners. The AWP's were sourced from the Commonwealth Department of Health.

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Appendix C: Evaluation framework summary

Table 8: Evaluation questions, indicators, and data sources

Key evaluation questions	Sub questions	Indicators	Data sources
1. What has the Program funded and how have these activities progressed?	a) What are the major achievements under the Program?	<ul style="list-style-type: none"> Extent to which activities have been implemented as planned Activities that have been completed 	<ul style="list-style-type: none"> Grant Opportunity Guidelines Project documentation, including Activity Work Plans, Budgets and Performance Reports Stakeholder consultations Project evaluation reports, where available NSPP MDS
	b) What has impacted on achieving Program objectives?	<ul style="list-style-type: none"> Stakeholder perceptions on what has impacted achieving the Program objectives Variation in activities implemented to activities proposed or funded 	<ul style="list-style-type: none"> Grant Opportunity Guidelines Project documentation, including Activity Work Plans, Budgets and Performance Reports Stakeholder consultations Project evaluation reports, where available
	c) How efficiently are resources being used?	<ul style="list-style-type: none"> Historical funding allocation (funding stream and project level) Stakeholder perception of the funding levels and utilisation of the Program Best use of available resources in addressing the identified need (e.g. proportion of under and/or overspends) 	<ul style="list-style-type: none"> Grant Opportunity Guidelines Project documentation, including Activity Work Plans, Budgets and Performance Reports Stakeholder consultations NSPP MDS Project evaluation reports, where available Financial acquittal reports

Key evaluation questions	Sub questions	Indicators	Data sources
2. How do the activities funded under the Program align with Australian Government commitments and other key priorities?		Criterion-based assessment of the extent to which the activities funded under the Program align with Australian Government commitments and other key priorities	<ul style="list-style-type: none"> Grant Opportunity Guidelines Relevant findings from other evaluations (e.g. Response to Review of Mental Health Programmes and Services (2015), Fifth National Mental Health and Suicide Prevention Plan (2017), related policy documents and ministerial announcements)
3. What are the implications for the future of the Program, including:	a) Areas of lower priority, including those that may not be fully meeting the Program objectives or are potentially duplicating other services.	<ul style="list-style-type: none"> Criterion-based assessment of the extent to which the activities funded under the Program align with the Program's objectives Duplication identified with other services Stakeholder perceptions of areas of lower priority 	<ul style="list-style-type: none"> Grant Opportunity Guidelines Stakeholder consultations Relevant findings from other evaluations (e.g. Response to Review of Mental Health Programmes and Services (2015), Fifth National Mental Health and Suicide Prevention Plan (2017), related policy documents and ministerial announcements)
	b) Identification of areas to focus for future funding, for example new priority areas and/or opportunities.	Stakeholder perceptions of focus areas for the future	<ul style="list-style-type: none"> Grant Opportunity Guidelines Stakeholder consultations Relevant findings from other evaluations (e.g. Response to Review of Mental Health Programmes and Services (2015), Fifth National Mental Health and Suicide Prevention Plan (2017), related policy documents and ministerial announcements)
	c) Necessary changes in Grant Opportunity Guidelines and future funding allocations.	Stakeholder and Departmental perceptions of the: <ul style="list-style-type: none"> Grants process Funding allocations Administrative requirements for the Program 	<ul style="list-style-type: none"> Grant Opportunity Guidelines Project documentation, including Activity Work Plans, Budgets and Performance Reports Stakeholder consultations

Source: KPMG

Appendix D: Document register

The table below provides a summary of the key documents received in conducting the evaluation and review.

Table 9: Document Register

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Date received	Funding agreement	Activity Work Plan	Performance Report 1	Performance Report 2	Budget	Income and expenditure report 1	Income and expenditure report 2	Audited financial statement	Stand-alone Risk Register	Other
15/12/20	✓	✓	✓	✓	✓	✓	✓	✓		
15/12/20	✓	✓	✓	✓	✓	✓	✓	✓	✓	
15/12/20	✓	✓	✓	✓	✓	✓	✓	✓	✓	
15/12/20	✓	✓	✓	✓	✓	✓	✓	✓		
17/12/20	✓	✓	✓	✓	✓	✓	✓	✓		
17/12/20	✓	✓	✓	✓	✓	✓		✓		
17/12/20	✓	✓	✓	✓	✓	✓	✓	✓		
17/12/20	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
17/12/20	✓	✓	✓	✓	✓	✓	✓	✓		
17/12/20	✓	✓	✓	✓	✓	✓	✓	✓		
22/12/20	✓	✓	✓	✓	✓	✓		✓		
22/12/20	✓	✓	✓	✓	✓	✓	✓	✓		

Source: Commonwealth Department of Health

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Appendix G: Detailed data collection sources and method information

Table 11: Summary of evaluation and review data sources

Method	Data source	Data sample	Description
Data analysis	AHH analysis reports of the NSPP MDS	Data outlined in the NSPP MDS reports was analysed for all NSPLSP funded partners where possible.	The NSPP MDS includes 42 data items that describe national projects funded under the NSPLSP and the activities undertaken as part of these projects. The NSPP MDS includes organisation level information, contractual project information, information on activities undertaken and completed within each of the five eligible activity areas, and client and service information for each service contact.
	Financial and performance documentation from funded partners such as activity work plans, performance reports, budgets, income and expenditure statements, and audited financial statements	Data was analysed for all NSPLSP funded partners, over the 2019-20 financial year.	This documentation was collected directly from the Department.
Semi-structured interviews	Funded partner organisations	Two separate rounds of one-on-one interviews with all 15 funded partners to discuss Program delivery.	The first round of interviews provided insights into Program delivery, and barriers to achievement. The second round provided further detail on and opportunities to provide further support.
	AHA	30-minute session with an AHA team member.	This conversation was held to develop an understanding of the NSPP MDS reporting process, the extent to which funded partners engage with this process and exploring opportunities to improve the reporting process.

Method	Data source	Data sample	Description
Focus groups	Department Project Team	One hour and a half workshop	This focus group was held to gain an understanding of the current NSPLSP grants administration process as well as to discuss findings to date and inform the development of draft future state options.
	PHN staff	30-minute sessions with mental health program staff from a selection of PHNs.	These conversations were held to develop an understanding of PHNs' engagement with the Program and alignment between PHN mental health programs and the NSPLSP.
Documentation review	NSPLSP program documentation provided by the Department	2019-20 documentation for all 15 funded partners, provided by the Department.	A review of documentation that describes the scope and objectives of the Program and its activities, and the performance of these activities established key learnings about how the NSPLSP is performing.
	Funding agreement and other related documents	2019-20 documentation for all 15 funded partners, provided by the Department.	
	Additional documentation provided by funded partners	As relevant.	

Source: KPMG

Program reporting

The funded partners are required to develop several reports throughout the duration of the funded period, including an updated AWP and budget, performance reports, audited financial acquittal reports and a final report. These reports are described further below.

Activity Work Plans

Funded partners are required to develop an AWP as part of the grant application and selection process. The AWP includes description of planned activities, alignment of the planned activities with program outcomes, collaboration details, expected duration of implementation, performance indicators and risks. The AWP also details how activities will not duplicate programs or services provide by other organisations.

The purpose of AWP's are to set out the key tasks funded partners will undertake to meet the objectives of the NSPLSP.²⁴ Along with the AWP, funded partners are expected to submit for assessment an indicative budget for the funding period and a risk management plan. Risk management plans detail potential risks associated with activities and clearly map out the steps needed to mitigate these risks.

²⁴ Australian Government. (2018). Retrieved from <https://www.dss.gov.au/grants/information-for-grant-recipients/activity-work-plan-reports>

Performance Reports

Funded partners are required to complete six-monthly progress reports as outlined in the GOGs. Templates of the performance reports are aligned with the original AWP, and allow for funded partners to provide commentary against each of the sub-sections of the AWP. The performance reports include progress against performance indicators, any delays in timeframes, as well as any risks and challenges encountered.

Performance indicators align with the Living is For Everyone (LIFE) Framework and focus on effectiveness, project quality, efficiency and quantity.²⁵

Along with the performance reports, funded partners are also expected to provide income and expenditure reports that summarise total actual income and expenditure. This forms the basis for the audited financial acquittal process, which assesses whether funds have been expended in accordance with Grant Agreements.

Other reporting

In addition to the reporting requirements outlined above, funded partners develop additional documents during the Program and at the completion of the funding period, as outlined in Table 12 below.

Table 12: Additional documents developed by the funded partners during the Program

Document Type	Description
Additional documents developed during the Program	
Budgets	Budgets provide an overview of expected income and planned expenditure.
Income and expenditure reports	Income and expenditure reports provide six-monthly updates on actual income and expenditure. Variance to the six-month budget is also detailed.
Audited financial statements	Independently audited financial statements (financial acquittal reports) provide verification that funded partners have spent the grant funding in accordance with the Grant Agreement.
Final reports ²⁶	Final reports include all the agreed evidence as specific in the Grant Agreement, including total eligible expenditure incurred.

Source: Commonwealth Department of Health, analysed by KPMG

²⁵ The LIFE Framework sets an overarching, evidence-based strategic policy framework for national action to prevent suicide and promote mental health and resilience in Australia.

²⁶ KPMG is not able to review the final reports as part of this evaluation as they will not be submitted prior to the conclusion of the evaluation.

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²⁷ Includes 3,000 participants completing a health screen per annum, 6,500 participants attending a workshop per annum, 3,000 support and counselling sessions per annum, number of referrals made, and number of participants who required crisis support.

²⁸ Commonwealth Department of Health. (2020). s 47G

2019-20 Performance Report.

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²⁹ Six-monthly income and expenditure reports were reviewed in the first instance. Where six-monthly income and expenditure reports were not available, audited financial statements were then reviewed.

³⁰ Figures are GST exclusive.

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³¹ Figures are GST exclusive.

³² Includes grant funding, other income such as income earned from services funded under the NSPLSP, interest accumulated and surplus funds carried over from the previous year.

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³³ Includes grant funding, other income such as income earned from services funded under the NSPLSP, interest accumulated and surplus funds carried over from the previous year.

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