phn SOUTH EASTERN NSW
An Australian Government Initiative

Expression of Interest from

Illawarra Shoalhaven Suicide Prevention Collaborative

(lead agency: COORDINARE – South Eastern NSW PHN)

as part of the

Black Dog Institute's Systems Approach to Suicide Prevention

Regional leadership in suicide prevention:
The Illlawarra Shoalhaven Suicide Prevention Collaborative

Suicide rates within the Illawarra Shoalhaven remain higher than NSW averages, with more than 40 suicides reported in the region in 2013. Previously, suicide prevention efforts had been fragmented until the need for a multi-sectorial, evidence-based approach was recognised.

The Illawarra Shoalhaven Suicide Prevention Collaborative was established in 2015 to tackle the region's high rates of suicide.

Representatives of more than 20 significant organisations, as well as lived experience advocates, have come together to form the Collaborative in order to develop a systemic approach to suicide prevention in our region.

Image #1: Members of the Illawarra Shoalhaven Suicide Prevention Collaborative

The Collaborative's capabilities and commitment to working together in an integrated fashion, encouraging local ownership of suicide prevention activities, will ensure successful implementation of the systems approach within the Illawarra Shoalhaven.

SECTION 1 – CONDITIONS OF PARTICIPATION

Conditions of Participation		Yes/No
The EOI is complete in Part D Section 3 (in English).		Yes
The Declaration at Part D Section 5 is signed.		Yes
Region is eligible to be considered as project site The EOI is for a NSW region, is geographically discrete and meets relevant population and suicide incidence criteria to be a pilot site, as confirmed with the Contact Officer.		Yes
Applicant Organisational Type	☐ Non-government health and welfare service provider ☐ Non-profit/charitable organisation ☐ For profit organisation ☐ Local community group X Primary Health Network ☐ Local Health District ☐ Other (provide details):	
Applicant Legal Entity Type	☐ Body Corporate created by legislation or other legislative authority X Company under Corporations Act 2001 ☐ Other entity type (provide details): .... The Applicant should attach to this EOI: ☐ one (1) copy of the previous financial year's audited financial statements, or if the Applicant is newly incorporated and previous financial year audited financial statements are not available, provide suitable evidence of your financial management capability.	

SECTION 2 - APPLICANT DETAILS

Applicant Organisational Details

Organisational Details	
Applicant Name	Illawarra Shoalhaven Suicide Prevention Collaborative (lead agency: COORDINARE – South Eastern NSW Primary Health Network)
Australian Business Number (ABN)	27 603 799 088
Australian Company Number (ACN)	603 799 088
Registered Business Name	COORDINARE LTD
Registered Business Address	iC Central, Innovation Campus, Squires Way, North Wollongong NSW 2500
Address for Notices	PO Box 325, Fairy Meadow NSW 2517
Insurance Confirm current insurance levels are consistent with Part A Section 10: • Workers Compensation to an amount required by law in your state or territory; and • $20,000,000.00 Public Liability; and • $10,000,00.00 Professional Indemnity. Please provide a copy of certificates of currency for the required insurances. *OR* Confirm willingness to obtain and maintain required levels of insurance before signing the funding agreement.	See Appendix A for insurance certificates
GST Is your organisation registered for GST?	Yes

Authorised Contacts

	Preferred Contact	Alternative Contact
Name:	Linda Livingstone	Prof Brin Grenyer
Position/Title:	Regional Director, Engagement and Coordination (Illawarra Shoalhaven) – COORDINARE	Professor of Psychology, University of Wollongong, Exec Member, Illawarra Shoalhaven Suicide Prevention Collaborative
Postal Address:	PO Box 325, Fairy Meadow NSW 2517	Building 41, School of Psychology, Faculty of Social Sciences, University of Wollongong, Northfields Ave Wollongong, 2522
Street Address:	iC Central, Innovation Campus, Squires Way, North Wollongong NSW 2500	As above
Phone Numbers (office/mobile):	1300 069 002	02 4221 3474
Fax Number:	02 4225 4344	02 4221 4163
Email:	llivingstone@coordinare.org.au	grenyer@uow.edu.au

EOIs for a Collaboration, Consortium or Other Joint Arrangement

Detail required	Applicant's response
Is this an EOI made by a lead organisation which will include other organisation(s) as part of a collaboration, consortium or other joint arrangement?	Yes
List the other organisation(s) involved in the collaboration, consortium or other joint arrangement (include their name, location, and ABN or ACN).	See Appendix B Please also note that recent activities of the Collaborative have generated support and interest from other organisations, community groups and individuals who will likely be involved in the Collaborative in future.
Confirm that you have attached to this EOI a letter of support from each member of the collaboration, consortium or other joint arrangement which contains the required information specified in Part C and confirm the EOI form has been signed by an authorised and senior representative of the lead organisation.	Yes See Appendix C for letters of support

Regional Planning, Consultation and Partnership Building Process

Approach to regional networking, planning and consultation processes and partnership building activities…

The Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) was established in August 2015 to address the unacceptably high rates of suicide in the region. The Collaborative consists of the following members:

- Illawarra Shoalhaven Local Health District (ISLHD)
- Grand Pacific Health (GPH)
- Illawarra Health and Medical Research Institute (IHMRI)
- Lived experience of suicide advocates
- University of Wollongong – Global Challenges Program, and School of Medicine
- Lifeline South Coast
- Salvation Army
- Department of Education
- Association of Independent Schools
- Catholic Education
- headspace
- Illawarra Shoalhaven Partners in Recovery (ISPIR)
- Waminda – South Coast Women's Health and Welfare Aboriginal Corporation
- Illawarra Aboriginal Medical Service (IAMS)
- South Coast Medical Service Aboriginal Corporation (SCMSAC)
- Shoalhaven Suicide Prevention and Awareness Network (SSPAN)
- Illawarra Suicide Prevention and Awareness Network (ISPAN)
- Illawarra Mercury – local media outlet
- Gordon Bradbery – Wollongong City Lord Mayor
- Illawarra Business Chamber
- Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) advocate
- COORDINARE – South Eastern NSW Primary Health Network

Planning and consultation taken place

The Collaborative has been meeting monthly since September 2015, demonstrating a high level of readiness from local organisations and community groups to work together and adopt a systems approach.

In fact, significant progress has already been made with a *Statement of Purpose* established to highlight the need for a systemic approach to suicide prevention. It identifies three key aims:

1. improving the experience of those at risk of suicide and their carers (ie. the experience of seeking and receiving support from services and the general community)
2. encouraging system change through collaboration
3. utilising evidence-based strategies and incorporating robust evaluation frameworks to ensure that what we are doing locally works (see Appendix D).

Terms of Reference have also been established to document the agreed membership profile and decision making processes of the Collaborative, and emphasise the importance of confidentiality and intellectual property to encourage open communication between all the relevant services (see Appendix E).

The Systems Approach to Suicide Prevention has been discussed by the Collaborative since our inaugural meeting, with the *Proposed Suicide Prevention Framework for NSW* used as part of our service mapping, gap analysis, and activity planning. To this end, the Collaborative held a full-day Planning Workshop in April 2016 with more than 70 attendees representing over 20 organisations and community groups from across the region. As part of the

workshop, representatives from the various sectors including health and community services, emergency services, non-government organisations, and education were able to discuss the range of suicide prevention activities available and identify some gaps which currently exist (see Appendix F for summary of discussions at the workshop). All participants were made aware that discussions at the Planning Workshop would contribute to this application.

Importantly, 23% of attendees at the Planning Workshop were people with lived experience of suicide. From its inception, the Collaborative has been committed to ensuring people with lived experience of suicide have significant input into shaping the region's suicide prevention activities. A *Consumer and Carer Input Form* has also been distributed to encourage people with lived experience. To date, feedback highlights the value of respectful and compassionate interpersonal responses for both those at risk of suicide and their carers, as well as the importance of a timely response (see Figure #1 below).

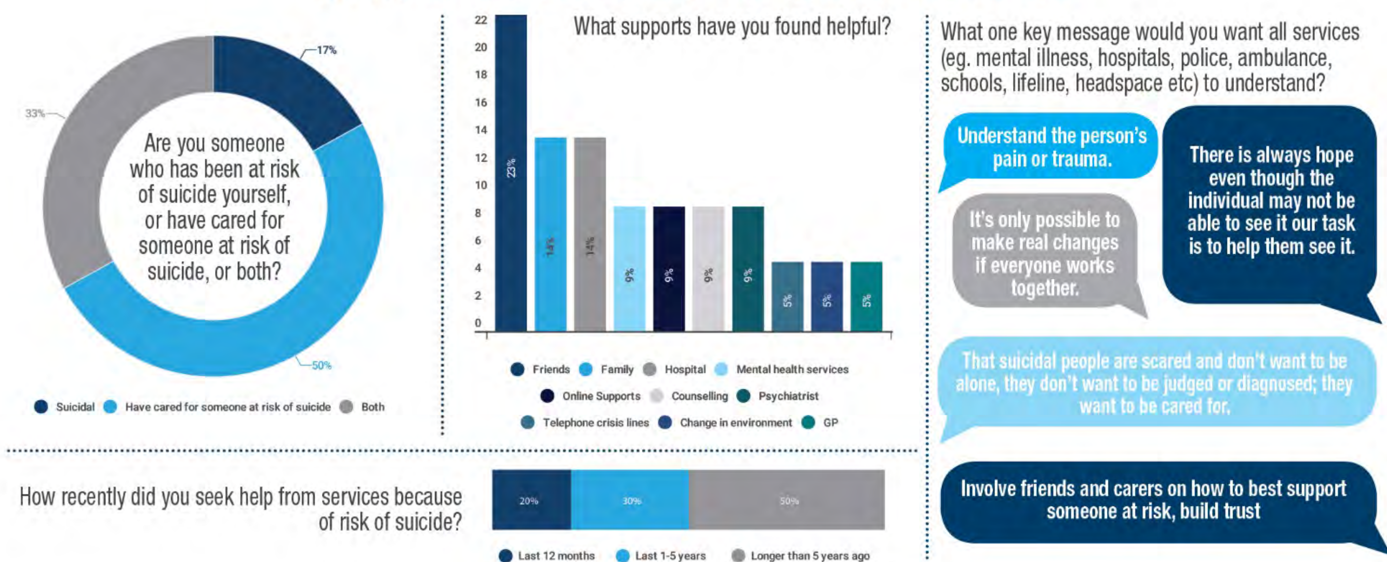

Figure #1: Consumer and carer input for suicide prevention

Lead agency

The Systems Approach *Invitation to Submit an Expression of Interest* document was discussed at the Collaborative's April meeting where it was agreed that the Collaborative would submit an application on behalf of the Illawarra Shoalhaven region. Furthermore, it was agreed that COORDINARE would be the most appropriate lead agency. COORDINARE is the South Eastern NSW Primary Health Network (PHN) and has strategic reach across the community at all levels, from collaborative work with State funded health services, oversight of Commonwealth funded services,

close ties to grass roots and community initiatives, and capacity to drive the Collaborative's plans. All Collaborative members fully support these administrative arrangements.

Stakeholder involvement

All Collaborative members have had opportunity to contribute to this Expression of Interest (EOI). Those not directly involved in writing the EOI have been kept up-to-date with regular information about this application and the Collaborative's activity more broadly. Additional conversations related to this application have been had directly with the Chief Executive of the ISLHD and representatives from other relevant organisations.

Regional overview and snapshot of existing suicide prevention activities

Demographics and key issues for the population

With a population of close to 400,000 people, the Illawarra Shoalhaven extends from Helensburgh in the north to Bawley Point in the south.

The population comprises a significant number of young families with dependent children; young people (19.5%); and a higher than average number of older people (18.5%) who have relocated to the region in their retirement. There are approximately 13,000 people (3.5%) who identify as Aboriginal or Torres Strait Islanders, meanwhile 18.4% of the population were born overseas. Higher density urban areas exist in Wollongong, Nowra, Shellharbour, Vincentia and Kiama, with smaller rural communities such as Gerringong, Milton, Sussex Inlet and Wreck Bay having limited access to public transport and other services. There are also approximately 500 people who live permanently in caravan parks.

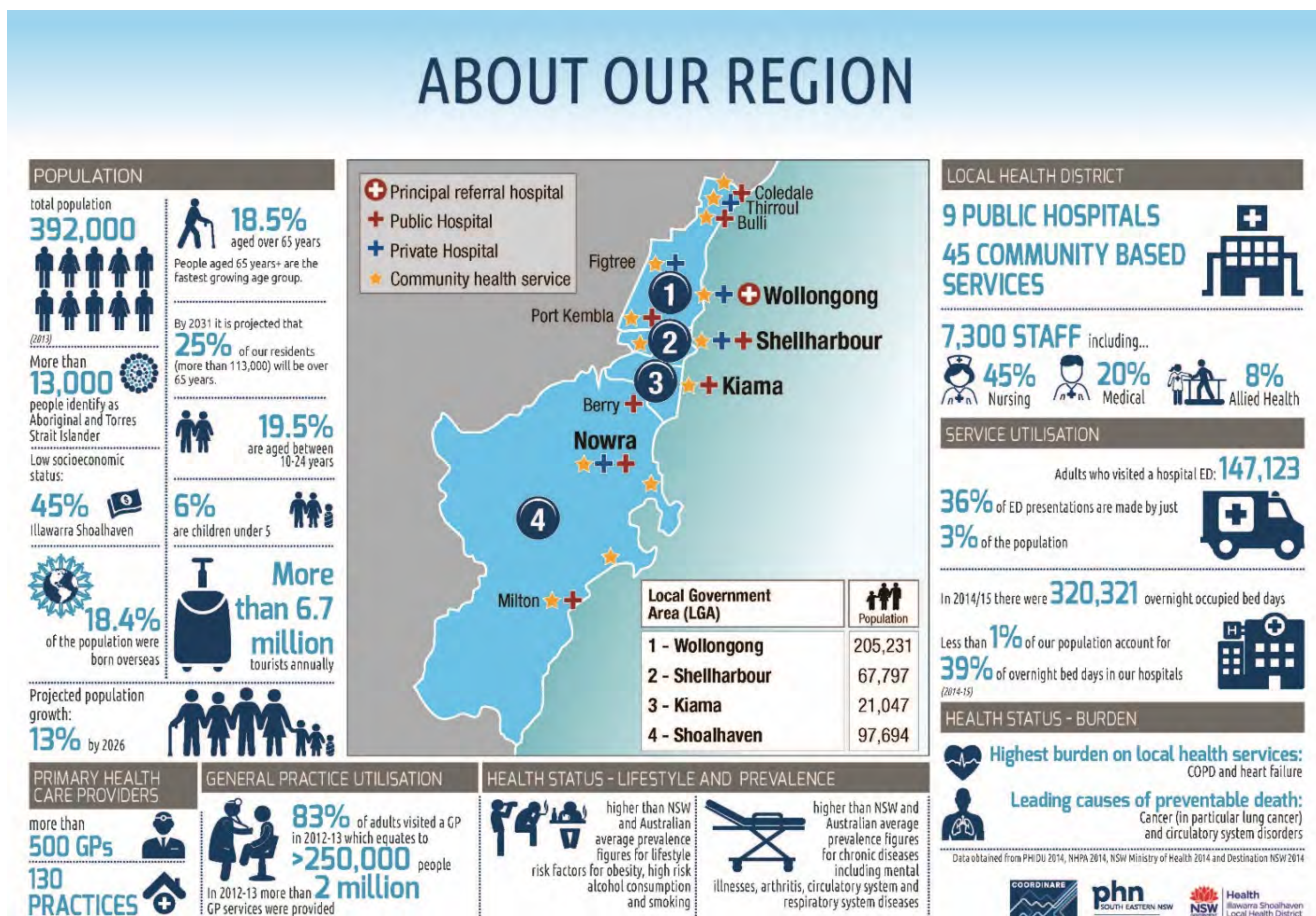

Figure #2: About the Illawarra Shoalhaven

Across the region, there are 45% of the population who have low socio-economic status. In a number of suburbs such as Berkeley, Shellharbour and Worrigee, many are experiencing long-term social and economic disadvantage as there is a higher than average rate of unemployment and housing stress. Some of this entrenched disadvantage can be attributed to the decline of the steel manufacturing industry across the region over the last 20 years or more.

The region also houses up to 600 prisoners in a Correctional Facility in South Nowra, with this population expected to grow significantly as the prison is currently undergoing an expansion.

There is a growing number of people in our community who identify as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) who are also vulnerable to suicide.

Unfortunately suicide rates in the Illawarra Shoalhaven are higher than the state average, with 10.6 deaths per 100,000 population compared to 8.9 deaths for NSW. 'Injury and poisoning' was the 5th leading cause of deaths in the Illawarra Shoalhaven, accounting for 4.8% of all deaths in the region in 2012-13. Further analysis of this data over 2009-2013 shows that with an estimated 44.4 deaths per year, suicide remains the predominant cause of death within this category, accounting for 29.3%. Figures were higher for males than females, showing an estimated 33 suicides per year for males, compared to 11.4 suicides per year for females. In 2013, a total of 40 suicides were reported for the Illawarra Shoalhaven region (see Appendix I for more details).

Known existing suicide prevention activities

Current local suicide prevention activities have been mapped against the evidence-based strategies identified in the *Proposed Suicide Prevention Framework for NSW* (see Table #1 over page). This highlights areas that have a high level of activity but require better coordination (e.g. gatekeeper training); and areas that have effective evidence-based activity that could be scaled up to improve its impact (e.g. psychosocial treatments). It also highlights areas where there is currently insufficient activity (e.g. training of General Practitioners (GPs)); training of frontline staff; and post-discharge follow-up).

Service/Initiative	Organisation	Target group	Funding source
High quality treatment (CBT and DBT) including online treatments			
Suicide Prevention program	GPH & headspace	12-25yo	ATAPS
13 11 14 crisis line	Lifeline	All	Lifeline Foundation
Online Crisis Support Chat	Lifeline	All	Lifeline Foundation
Gatekeeper training in workplaces and community organisations			
Suicide Risk Assessment Training	Department of Education	District Guidance Officers and School Counsellors within public schools	NSW Education
Suicide Postvention Planning	Department of Education	High School Executives and School Counsellors	headspace School Support
Straight Talking: Suicide Intervention with Young People	Department of Education	High School staff	TAFE
etc… Suicide Bereavement Support Group	Salvation Army	People bereaved by suicide	Salvation Army
LivingWorks suicideTALK	Lifeline	All	Lifeline Foundation
safeTALK	Lifeline	All	Lifeline Foundation
ASIST	Lifeline	All	Lifeline Foundation
Mental Health First Aid	GPH, SSPAN	All	Multiple organisations
Blue Card	SSPAN	Young people	SSPAN
Intervention and Postvention Packs	SSPAN, ISPAN	People at risk of suicide and their carers, as well as people bereaved by suicide	Volunteers
Seasons for Healing	South Coast AMS	Aboriginal people bereaved	
Healing Houses	Oolong, Waminda	Aboriginal people	
Project Air	IHMRI	Repeat presenters to ED	NSW Health
Men's Sheds	Multiple organisations	Men with MH issues	Volunteers
Gold Card Clinic	ISLHD	People with ongoing MH issues	
Community suicide prevention awareness programs			
Out of the Shadows Walk	Lifeline	All	Lifeline South Coast
Suicide Prevention Trivia Night	SSPAN	All	Community fundraising
R U OK? Day	Multiple organisations	All	
Mental Health Month	Multiple organisations	All	
Reducing access to lethal means			
Lifeline Suicide Hot Spot emergency telephone service	Lifeline	All	Lifeline Foundation
Responsible suicide reporting by media			
Mindframe training	Hunter Mental Health Institute	Media	
School-based peer support and mental health literacy programs			
Resilience initiatives (in development)	Department of Education	High School students	NSW Education
Healthy Minds - Youth Health and Wellbeing	SSPAN	High School students	Multiple funders
Koori Kids Wellbeing	South Coast AMS	School students	PHN (Federal)
Sugarland	ISPAN	School students	
Mind Matters	Department of Education	School staff	NSW Education
General Practitioners Capacity Building and Support			
Black Dog training	Black Dog Institute	GPs	
HealthPathways	COORDINARE	GPs and Practice Nurses	PHN
Training of front line staff			
PTSD workshop	Behind the Scene	Police, Ambulance, Fire, SES	SSPAN
Mental health training	NSW Police	All Police officers (but only after 7-8 years of service)	NSW Police
Appropriate and continuing care after leaving ED			
Safe Journey Home	SSPAN, GPH	People discharged from hospitals	ISPIR, Transport NSW
Family & Carer Support Services	Anglicare, ARAFMI, ISLHD	Family of people with mental health issues	
Mental Health Nurse Incentive Program (MHNIP)	GPH, private providers	People at risk of hospitalisation due to mental health issues	PHN (Federal)

Table #1: Current local suicide prevention activities mapped against evidence-based strategies identified in the Proposed Suicide Prevention Framework for NSW

Existing Lead Agency suicide prevention funding

COORDINARE currently receives approximately $385K from the Department of Health to commission suitably qualified services related to suicide prevention activities. COORDINARE does not provide any direct services itself. While NSW Health contributes significant funding to community mental health services across the region, none of this is dedicated solely to suicide prevention activity. There are also a number of organisations that provide suicide prevention services that receive considerable donations from members of the public such as Lifeline South Coast.

Conflict of interest

There is no actual, potential, or perceived conflict of interest in the process to develop the EOI, or that would exist if the EOI is successful.

Referees

	Referee 1	**Referee 2**
Name:	Margot Mains	Marion Wands
Company/Organisation:	Illawarra Shoalhaven Local Health District (ISLHD)	ConNetica
Position/Title:	Chief Executive Officer	Director
Phone Number:	02 4221 6899	07 5491 5456
Email:	margot.mains@health.nsw.gov.au	mwands@connetica.com.au
Applicant's relationship to the referee:	Margot is the Chief Executive of ISLHD, and has responsibility for the provision of public Mental Health Services across the region and has approved allocation of funding to the Coordinator Suicide Prevention Position.	Director of Mental Health Consultancy that has worked within the region over the last 3 years and who recently facilitated the Suicide Prevention Planning Workshop organised by the Collaborative.

SECTION 3 – RESPONSES TO ASSESSMENT CRITERIA

ASSESSMENT CRITERION 1 – Capability and Capacity of the Lead Agency and partnership or consortium

COORDINARE has agreed to be the Lead Agency and is a company limited by guarantee, established in 2015 by Grand Pacific Health, University of Wollongong (UOW), Peoplecare and IRT, as a joint initiative to be the South Eastern NSW Primary Health Network.

COORDINARE works in collaboration with consumers, local health and social care providers to focus on the flow of people across the whole health system, from being well and living independently through to those who are ageing. With its partners it aims to stop, slow, reverse or divert the flow of patients across the risk continuum. It seeks to deliver more healthy people staying well, more people free of risk factors such as suicide, more people with well-coordinated care, and consequently fewer visits to hospital. COORDINARE's vision is for a coordinated regional health system which provides exceptional care, promotes healthy choices and supports resilient communities.

COORDINARE has a particular focus on the four national health priorities of:

- mental health treatment rates
- increasing childhood immunisation rates
- reducing avoidable hospital admissions
- increasing cancer screening rates.

The diagram below provides an overview of its organisational structure.

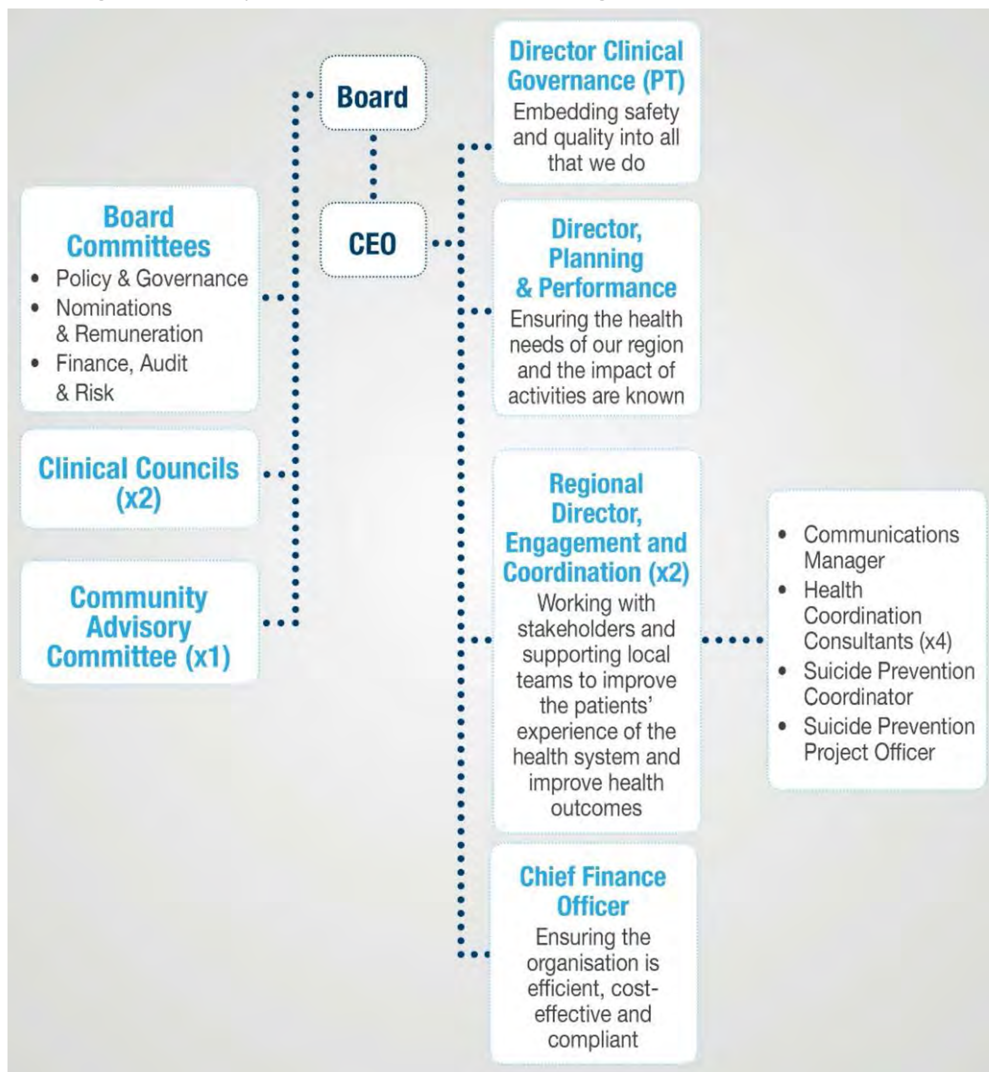

Figure #3: COORDINARE organisation structure

1.1 Human resources to support the project

To support the activity of the Collaborative, COORDINARE and the Illawarra Shoalhaven Local Health District (ISLHD) have made an equal contribution to the cost of employing a full-time Suicide Prevention Collaborative Coordinator (see Appendix G for Position Description). In addition, the Illawarra Health and Medical Research Institute (IHMRI) has committed to provide the administration associated with organising regular Collaborative meetings.

The Collaborative is seeking additional resources from the Black Dog Institute to assist in:

- managing specific priority projects within a Regional Suicide Prevention Action Plan, such as inter-sector reviews of suicide attempts, service redesign initiatives, and coordination of local data collection for evaluation
- the support of learning and development opportunities for staff and carers providing suicide prevention services
- support with technical system improvements, particularly in the collection and collation of minimum data sets from service providers.

Additional specialist technical expertise will be contracted as required, as well as a Project Officer to manage specific local projects. The key attributes of the Project Officer will be:

- relevant tertiary qualifications or industry experience in community development, change management, mental health, health administration, health planning, or relevant field
- demonstrated experience in developing and leading integrated service delivery initiatives aimed at accelerating transformation within the health and community care system
- proven project management skills in complex, specialised environments
- demonstrated experience influencing behaviour change in organisations and/or systems
- results focused and experience as a decision maker accountable for deliverables
- a demonstrated capacity to build, maintain and balance relationships with diverse internal and external stakeholders.

The Collaborative will actively encourage people with lived experience of mental ill health and/or suicide to apply. Lived experience will be listed as a desirable attribute in the position description (see Appendix H for Position Description).

The diversity in membership of the Collaborative and the commitment of all to share skills, knowledge and experience regarding suicide prevention, means we are able to draw on a range of expertise. Some examples include: data management and analysis from IHMRI and the University of Wollongong; the delivery of evidence-based psychosocial treatments from Grand Pacific Health and headspace; the engagement of Aboriginal communities from the two Aboriginal Medical Services (AMSs) in the region and Waminda Aboriginal Women's Health and Welfare Service; and crisis support from Lifeline and emergency services. In addition, representatives from education, media, business, and community groups will provide invaluable insight into how suicide prevention could be improved across other sectors. Staff who work with these groups have already offered to support and resource the Collaborative via expertise, leverage of their professional networks, and active participation.

This region also has a strong history of innovative initiatives in suicide prevention such as: the recently announced *Mind the Gap Facility* which will focus on new models of care for suicide prevention; *Project Air Strategy* (Prof Brin Grenyer); and a considerable body of work on factors related to help seeking in young people (Dr Coralie Wilson, Prof Frank Deane); consumer-led recovery models of service redesign (Dr Trevor Crowe, Prof Lindsay Oades); better health outcomes studies in collaboration with Aboriginal groups (Dr Peter Kelly); involving families and carers in the treatment of young people at risk of suicide or self-harm (Dr Alex Hains). These individuals have committed their knowledge and expertise to supporting the Collaborative.

Potential challenges to effectively resourcing the project

The Collaborative has every confidence that it will be able to effectively resource the project. This can be demonstrated by its recent success in securing funding and recruiting a full-time Suicide Prevention Coordinator in which a total of 18 applications were received, and a successful applicant selected and appointed, within six weeks of advertising.

Lead organisation's capacity to support the management of the Systems Approach

Since the day of the official launch of the Systems Approach at the *National Suicide Prevention Summit* held in Canberra in August 2015, COORDINARE has demonstrated a strong commitment to exploring what the implementation of this approach would mean for the Illawarra Shoalhaven. Its staff have been actively participating in the Collaborative since its inception and played a major role in organising the Planning Workshop.

Recognising the need for the Collaborative to be sufficiently resourced, COORDINARE facilitated the agreement with the ISLHD to joint-fund in equal share the costs of employing a full-time Suicide Prevention Coordinator. This position was recruited in March 2016 and the successful candidate has already commenced work. This position is supported by the Executive of the Collaborative, which includes senior staff from ISLHD, IHMRI, GPH and a local consumer representative, and reports directly to the Regional Director Engagement and Coordination at COORDINARE.

COORDINARE is able to draw on both its own expertise in implementing significant system reform within the primary health care workforce as well draw on that of the other 20 member organisations of the Collaborative. Whilst COORDINARE is a very young organisation (formed in July 2015), it continues to build on the strength and experience of 21 years of both the Division of General Practice and the Illawarra Shoalhaven Medicare Local in engaging with local service providers to implement practice improvements in relation to significant health issues. Specific examples of work it has drawn on include the establishment of the Illawarra Shoalhaven Partners in Recovery Program (ISPIR) which also adopts a collaborative approach to improving care coordination for people with a severe and persistent mental illness; and the development of the Health Collaborations Project Report in 2014 which provided a summary of extensive stakeholder and community consultations to identify the primary health care service needs. These have since been prioritised for action by COORDINARE in its role as the South Eastern NSW Primary Health Network.

1.2 Stakeholder Management and collaboration

Evidence of relevant expertise in working collaboratively across sectors

The Collaborative recognises that effective stakeholder engagement is critical to finding solutions and achieving the change required across healthcare and community in relation to suicide prevention. Key elements of our approach include:

- a dedicated Suicide Prevention Collaborative Team (including the Collaborative Executive, Coordinator and Project Officer)
- targeted strategies to identify and engage stakeholders
- a stakeholder relationship management (SRM) system to support, track and report on activities.

Our engagement strategies are informed by the International Association for Public Participation's *Public Participation Spectrum*, which identifies different levels of engagement from informing, consulting, involving, collaborating, through to empowering (IAP2, 2014). It recognises that different projects require different approaches and that stakeholder needs may change over time. Also, that stakeholders may need to be engaged in different ways depending on the issues that have been identified.

The following examples demonstrate a strong track record of Collaborative members working effectively together to meet the needs of stakeholders:

- Grand Pacific Health (GPH) and Lifeline have collaborated to proactively shape the messages regarding suicide and self-harm in the local media. The two organisations developed a joint media release to coincide with the release of new ABS causes of death statistics, and then undertook interviews with ABC radio and WIN News which focused on promoting help-seeking and local initiatives available.
- GPH, ISLHD and the Department of Education have submitted a joint application for the NSW Mental Health Innovation Funding in 2016. This application proposed the development of improved communication protocols between health services and education, particularly when health services are working with school-age young people at risk of suicide. Outcomes of this funding round are yet to be announced.
- ISPIR and SSPAN have worked together on an initiative to support people discharged from psychiatric wards or Emergency Departments to travel safely home. This initiative is called the *Safe Journey Home* project and provides people with Opal cards to pay for public transport or taxi fares.
- headspace and Lifeline organise the local *Out of the Shadows and Into the Light Walk* each year, which is a community awareness campaign that brings almost 100 people together to remember those lost to suicide.

1.3 Prior work

Capacity the applicant brings to the project

Organisations in the Illawarra Shoalhaven have a long history of working collaboratively across the region. The Collaborative has demonstrated its capacity through:

- proactively forming a group with broad representation in a relatively short period of time
- undertaking a number of significant tasks, including compiling a report summarising up-to-date data on suicide and self-harm within the region
- conducting an initial mapping of suicide prevention activity against the nine evidence-based strategies outlined in the *Proposed Framework for Suicide Prevention in NSW*
- establishing a joint-funded Coordinator position to support the activity of the Collaborative, and recruiting to this role
- facilitating strong representation from people with lived experience in the planning of regional suicide prevention activities
- organising the Planning Workshop, which involved more than 70 people from over 20 organisations.

The Collaborative's broad representation from key agencies in the region means we have the capacity to address and implement simultaneously evidence-based strategies across all categories of the Systems Approach. The Collaborative also links in with existing lived experience groups (e.g. The Salvation Army's 'etc…' Suicide Bereavement Support Group, ISPIR Consumer and Carer Consortium, headspace Youth Reference Groups, and the ISLHD Consumer and Carer Collaborative Committee) to ensure that local people with lived experience have significant input on suicide prevention activity within the region.

The work of the Collaborative will also inform the development of the *Regional Mental Health Strategy* which is expected to be completed by COORDINARE in December 2016. Service delivery gaps in suicide prevention identified as part of this process will be included in the plan and given priority for the commissioning of mental health services utilising Commonwealth funding in the future.

ASSESSMENT CRITERION 2 - Proposed Model, partnerships and project plan

2.1 Proposed Model Summary

Service integration and stakeholder engagement are key to the Collaborative's proposed model. The strength of the Collaborative membership will provide the engagement, expertise, leadership and authority to implement the nine elements of the Systems Approach simultaneously. Working collaboratively, a Suicide Audit and a Suicide Prevention Action Plan will be developed. Priority projects identified in the audit and planning phases will then be coordinated to deliver specific outcomes that contribute to an overall reduction of suicide rates across the region. Each initiative will have a project plan with project management support provided to ensure outcomes are achieved. Progress on these projects will be supported, monitored and evaluated by the Collaborative.

A small amount of capacity building funding will be available each year for non-recurrent activity that enables improved service integration in the delivery of suicide prevention activities.

Each Collaborative member is committed to contributing their time and organisational resources as required. This adds to capacity and ensures ongoing engagement within the Collaborative.

In addition, the Collaborative will link in with existing Consumer and Carer Groups to further ensure that people with lived experience have input into, and receive regular communication about, the Collaborative's activities (see Figure #4).

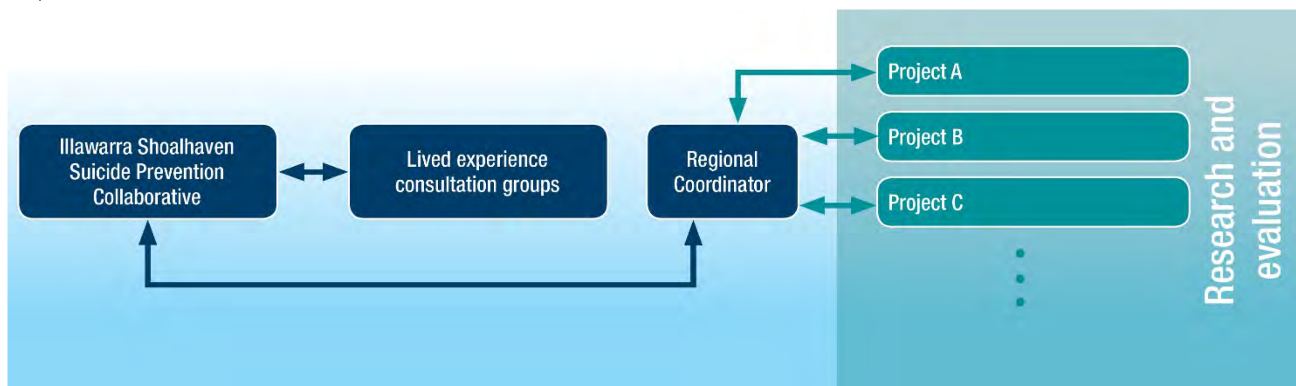

Figure #4: Proposed model

The fact that the Collaborative began meeting in September 2015 and has already been actively following the *Proposed Suicide Prevention Framework for NSW* illustrates the region's readiness to work in a way that is aligned with the objectives of the Black Dog Institute.

The Collaborative has identified that, regardless of the specific element of suicide prevention focused on, the successful implementation of the nine strategies within the Systems Approach simultaneously will require skills in:

1. change management, education and quality improvement (to ensure existing services are aligned to evidence-based practices)
2. project management (service redesign, or implementation of new local initiatives)
3. service integration and coordination (of both existing and new activities)
4. data collection and management (to ensure reliable data collection and management that cultivates an evaluation culture within services).

2.2 Model Detail

The Illawarra Shoalhaven region matches the boundaries of the ISLHD and represents the northern part of the South Eastern NSW Primary Health Network catchment. The Illawarra Shoalhaven meets the minimum population size required for the Systems Approach (with approximately 400,000 people), and has suicide and self-harm rates consistently above the NSW State average (suicide mortality rate of 82-128 per 100,000). This region represents a

mix of rural and urban communities, and has specific areas with high proportions of Aboriginal and Torres Strait Islander Peoples, recently arrived refugees and migrants, low socio-economic neighbourhoods, and prison populations.

Model that will best achieve the objectives of the Systems Approach

The Collaborative was founded on a culture of local organisations and community groups wanting to combine efforts to improve suicide rates in the Illawarra Shoalhaven. The Collaborative itself does not 'own' or provide any services, but aims to ensure people are aware of local suicide prevention activities and that these activities complement each other. We adopt a *Collective Impact* approach which focuses members on our common agenda of reducing suicides, utilises reliable data to inform discussions and decisions, ensures all activities are likely to be of benefit to all, and has regular, open and transparent communication.

The Collaborative members meet monthly to discuss objectives, strategies and progress. The Collaborative members nominated an Executive team, consisting of five members whose role it is to coordinate, monitor work plans, liaise, advise and facilitate the work of the Collaborative. The Executive includes representatives from COORDINARE, ISLHD, IHMRI, GPH and a lived experience advocate. The fact that the Collaborative has already been established enables the Systems Approach project to benefit from the existing momentum.

As the Lead Agency, COORDINARE will support and facilitate the work of the Collaborative, and ensure that the implementation of the Systems Approach project adheres to strict governance procedures.

The recently appointed full-time Coordinator for the Collaborative is responsible for coordinating activities according to the *Proposed Suicide Prevention Framework for NSW* in the region and assisting the Collaborative in meeting its objectives. This position will play a central role in the implementation of the Systems Approach project.

The Collaborative structure allows flexibility to respond to changing demands and outcomes, and sufficient independence from existing bureaucracies to create new alignments and working models as required. Specific project working groups will be formed as required to support implementation of each of the nine strategies in accordance with the agreed regional priorities.

The Illawarra Shoalhaven has demonstrated local expertise for systemic evaluation, and smaller scale local evaluation of services and system reform through locally managed data. We propose that data related to specific services will be managed by Collaborative members to support timely service improvements and the development of an evidence-based evaluation culture within local services.

Plans to work with and augment existing suicide prevention activities

The Collaborative is aware of many local initiatives and suicide prevention activities that are effective and well-received by the community. The Collaborative members are often involved in these activities directly which enables the Collaborative to have a genuine influence on local practices.

When these local practices warrant changing, the Collaborative will ensure change management processes are sensitive to local barriers including any organisational or community resistance to system improvements. All change management processes will involve consultation with the relevant communities and services, and incorporate strong input from people with lived experience. For example, any changes to suicide prevention activities in the Nowra area would likely involve input from local Aboriginal communities, key staff from the local prison and schools, as well as broad community representation.

Change management processes will aim to improve care coordination, ensuring that people at risk of suicide always have at least one agency responsible for their care. Communication protocols will be improved to overcome existing barriers to the sharing of important information, particularly between sectors, and to enable workers to involve family/carers and other relevant supports. For example, the Collaborative will look to support integrated care initiatives such as inter-sector reviews of suicide attempts which will highlight where system improvements could prevent future deaths.

The Collaborative has already started to map priority projects for the region including a focus on better integration of follow-up care on discharge from Emergency Departments and psychiatric wards. There are a number of local, innovative developments that have a growing evidence-base, including the *Project Air Strategy* for personality disorders which implements training and service redesign initiatives within public mental health services. The Collaborative has a strong interest in improving the linkages between this existing psychosocial treatment, and emerging community prevention programs which are coordinated by Collaborative member organisations. This will be for specific groups such as LGBTI, men and Aboriginal people.

In addition, there is interest in growing these models to further explore early intervention projects between schools and health care services, including training initiatives and strengthening existing suicide prevention programs through headspace, and other child and youth services. Central to this will be GP training and other initiatives which utilise people with lived experience. The Collaborative will seek to ensure more peer workers are employed across the region to improve engagement for diverse groups at risk.

Other project ideas include the co-production of a First Aid course that incorporates Mental Health First Aid and the promotion of the *Rainbow Tick* amongst local service providers to ensure all services are Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) friendly.

COORDINARE, as the Primary Health Network for the region, will ensure existing services remain aligned with evidence-based practices or facilitate and support redesign where necessary. This will be an expectation of all service delivery funded through the Primary Health Network and reporting will incorporate this as a priority.

Hopeful and recovery-oriented culture and promote inclusion of people with lived experience

The Collaborative will build on the work already done by the Illawarra Shoalhaven Partners in Recovery (ISPIR) initiative which has facilitated multiple training forums focused on recovery oriented service delivery and the development of a peer workforce, utilising the expertise of internationally acclaimed consultants Helen Glover and Mary O'Hagan amongst others.

Changes to the way suicide prevention services and supports are delivered will build a sense of agency within consumers by actively facilitating the voice of people with lived experience. Their experiences will shape the local quality and practice frameworks that support an improved systems approach to suicide. Their voice has already been effective in breaking through local inter-sector barriers, demonstrated by their participation in the Collaborative's Planning Workshop and the prioritisation of initiatives which provide greater support to carers and consumers.

As mentioned earlier, recruitment will actively encourage applications from people with lived experience, and we will seek out their input in every aspect of the Systems Approach project more broadly. In addition, the Collaborative will promote increased opportunities for involving a peer workforce when addressing local gaps in suicide prevention services, as well as the coaching of managers to better support a peer workforce.

The Collaborative will promote recovery-oriented practice within general practices and specialist medical practitioners such as psychiatrists to cultivate a consistently hopeful experience across the system. COORDINARE has already established strong networks to support this.

COORDINARE is also committed to developing policies and procedures which enable services to build consumer involvement into all aspects of service delivery. In fact, COORDINARE and a number of other Collaborative member organisations (e.g. GPH, ISLHD) have consistently paid consumers and carers for their input based on the National Mental Health Commission's *Paid Participation Policy* (August 2014).

Staffing, governance structure and operational protocols

The Collaborative has established *Terms of Reference* in December 2015 regarding governance and decision making processes. Specifically, this document details membership representation requirements, decision making processes, and notes the importance of confidentiality and intellectual property to promote the sharing of important information.

COORDINARE and the ISLHD have agreed to joint-fund a Coordinator position to support the activity of the Collaborative and the Systems Approach specifically (see Appendix J for position description). This position has been recruited to and the incumbent commenced work in April 2016. This role is guided by the Collaborative Executive and operationally reports to COORDINARE. Specific project objectives will be facilitated by a Project Officer.

The Collaborative commits to reviewing the governance documents and Executive membership every six months, at least during the initial year, as the membership stabilises and activity priorities are established.

High level project plan outline

The Collaborative has already established governance documents and recruited to a Coordinator position. The available data on suicide and self-harm in the region has been collated (see Appendix I) and an initial suicide prevention activity audit has been completed. Furthermore, the Collaborative has held a Planning Workshop to highlight current gaps and establish regional priorities. As a result, the Collaborative is ready to begin work on developing a Regional Suicide Prevention Action Plan.

The initial scoping work of the Collaborative, guided by the *Framework*, has highlighted that there are numerous suicide prevention activities already available in the region. However, these activities are not necessarily well coordinated across sectors, some warrant scaling up to improve accessibility, and others may need adjusting to ensure they align with the evidence-base. In addition, some gaps in service provision have been identified such as the lack of access to 24 hour psychosocial support. A possible solution could involve combining an already strong mental health nurse workforce with an emerging local peer workforce, and connecting this with a scaled-up version of an already successful integrated phone support service. Another example which was raised at the Collaborative Planning Workshop was for Mental Health First Aid (with specific content relating to suicide prevention) to be incorporated within the standard mandatory First Aid training that is often provided within health services and community organisations.

A more detailed project plan is attached in Attachment B.

Foster new partnerships with key stakeholders and strengthen existing relationships

Part of the Coordinator's role is to actively establish and maintain strong relationships with the relevant partner organisations and community groups. To a large extent, this work is well underway given the Collaborative has been meeting monthly since September 2015 with strong representation across sectors at every meeting. Consistent with

the *Collective Impact Approach*, these relationships will be maintained by focusing conversations on our common agenda to reduce suicides.

To maintain the engagement of all representatives, everyone will be charged with contributing to tasks, and they will be responsible for reporting back to the Collaborative on their progress. The Coordinator will have multiple follow-up contacts with each member to monitor their engagement with the Collaborative and ensure they are confident to deliver the tasks allocated to them.

Experience in developing partnerships and influencing change in partner organisations

Strategic partnerships are key to all of COORDINARE's current work. These have been developed by utilising the organisation's governance structure which comprises a Clinical Council for the Illawarra Shoalhaven, Community Advisory Committee and Board. All of these draw on the expertise of representatives from key stakeholder groups such as local GPs, allied health practitioners, practice nurses, University of Wollongong, ISLHD, carers and consumers, Aboriginal Medical Services and other major health and social service providers.

As the Lead Agency, COORDINARE is also accustomed to influencing change. COORDINARE is currently developing a *Mental Health Regional Plan* and *Drug and Alcohol Regional Plan* in partnership with local service providers and consumers. The Collaborative will support the preparation of these plans, which will in turn inform the commissioning of services in response to recommendations from the National Mental Health Commission Review of Mental Health Services.

Given the significant changes associated with this reform, COORDINARE has begun consulting organisations currently in receipt of Commonwealth funding about the best way to manage the transition to a regional commissioning environment. It has resolved to prioritise service continuity for consumers, whilst clearly articulating timeframes for its intention to go to market so that service providers have sufficient time to prepare for a changed funding environment.

COORDINARE also has experience establishing partnerships with partners around specific projects. For example, the *eas-e referral* project with the ISLHD diabetes clinic reduced waiting times from referral to appointment by 30% and improved the quality of information included on referrals by 40%. To achieve this, a working party comprising COORDINARE and ISLHD staff was established and met regularly, and focus groups were conducted with people living with diabetes to help inform the development of the project. Barriers experienced in implementing this project include some initial resistance from ISLHD staff to changes in the referral process, as well as some technical difficulties in trying to achieve inter-operability of different software systems. Through regular communication with ISLHD staff teams about the case for change, the needs of consumers and GPs, and by providing feedback on key performance measures, these issues were overcome, inter-operability issues were also resolved and have now paved the way for project expansion.

Managing possible barriers to service integration

Possible barriers to service integration, once identified, will be discussed with key stakeholders. In the first instance, it will be important for the Collaborative to understand the reasons for the barriers, clearly communicate the need to overcome them, and then work alongside relevant parties to address them. For example, it is possible that some service providers do not effectively communicate with other service providers due to concerns about confidentiality. However, developing protocols that support staff to more effectively negotiate consent to release information may overcome this issue. The Coordinator will support providers to review their protocols and identify opportunities for improvement, or where they might be able to obtain additional resources such as training, coaching, or improved technology. Throughout this process, it will be critical to continue to emphasise our common goal of reducing

suicides and have input from people with lived experience. We have found these elements are often helpful in maintaining momentum towards system improvements.

The region's readiness to implement the proposed model

The Illawarra Shoalhaven region has demonstrated its readiness to implement a Systems Approach to suicide prevention through the proactive establishment of a multi-sectorial suicide prevention Collaborative. It has also been demonstrated through the Collaborative's use of the *Proposed Suicide Prevention Framework for NSW* to guide activity and the Planning Workshop.

In addition, the fact that COORDINARE and the ISLHD have committed to resourcing the Collaborative through a joint-funded Coordinator position further demonstrates this region's readiness. IHMRI continues to financially support the monthly Collaborative meetings, and ISPIR funded the Collaborative's Planning Workshop. These actions illustrate that the Illawarra Shoalhaven is absolutely committed to the Systems Approach, and is already gaining significant momentum and community support.

2.3 Involvement of the relevant Primary Health Network and Local Health District

Both organisations are active members of the Collaborative and COORDINARE is the Lead Agency for this bid.

2.4 Letters of Support

See Appendix C.

ASSESSMENT CRITERION 3 – Risk Management

The table below provides a summary of the five top risks identified by the Collaborative, as well as the strategies we plan to mitigate these risks.

Risk	Strategy to Mitigate
1. Disengagement of key members of Collaborative over time, in particular those with a lived experience and those who represent high risk groups in our population such as Aboriginal and Torres Strait Islanders, those who identify as being Lesbian, Gay, Bisexual, Transgender or Intersex	• Coordinator to ensure meetings are well planned with engaging agendas that enable all to participate and share responsibility for monitoring progress against desired outcomes • Actively involve Collaborative members in co-design of activities and initiatives, particularly those that focus on population groups at high risk of suicide • Ensure regular communication through meetings, emails, newsletters etc • Regular acknowledgement of achievements • Demonstrate willingness to discuss opportunities and challenges openly with a view to developing practical responses • Organise individual meetings with key stakeholders as required outside of larger collaborative meetings to have more specific discussions about issues relevant to their interest
2. Reluctance of Collaborative members to implement evidence-based practice if	• Regular discussion and tabling of evidence-based practices being utilised in the systems approach

changes required are considered too challenging or unviable	• Provision of training, where appropriate, regarding relevant evidence-based approaches • Provision of support and resources for implementation from Coordinator and the Black Dog Institute • Encouraging collaborative approach to solution focused problem solving • Regular communication with the Black Dog Institute and service provider funding bodies regarding any issues or challenges identified with implementation of evidence-base
3. Risk of information and data shared at Collaborative meetings being used inappropriately by funding bodies or by agencies who are members of the Collaborative and may be competing for funding in the future	• The Collaborative will develop a data sharing protocol that clarifies what data will be shared for what purpose, and how it will be governed
4. Loss of momentum if Illawarra Shoalhaven region chosen to be one of the projects to start implementation later	• Utilise evidence of existing momentum within the region, e.g. regular meetings of Collaborative and early development of *Suicide Prevention Action Plan* to advocate for the Illawarra Shoalhaven to be chosen as one of the first sites to commence operations
5. No improvement in suicide rates, or worse, an increase	• Ensure data collection is comprehensive and is able to monitor all aspects of suicide prevention activity including improvements in service delivery as well as the number of deaths and attempts • Promote realistic expectations given that improvements in system implementation may result in increased accuracy of data, thereby looking like an increase in suicides • Negotiate with the Black Dog Institute about ongoing application of a particular evidence-based practice should it become clear that a the intervention is causing harm or not working

Table #2: Top five risks identified by the Collaborative

ASSESSMENT CRITERION 4 – Community Engagement and Communication Plan

4.1 Community engagement and lived experience

Key target populations within the local region

The Illawarra Shoalhaven population has a number of groups known to have high rates of suicide. These include men, Aboriginal and Torres Strait Islander peoples, recently arrived migrants and refugees, those who identify as LGBTI, prison populations, local areas with high proportions of young people and others with high proportions of older people, people experiencing inter-generational unemployment and violence, and people affected by the downturn in steel manufacturing and coal mining. The Collaborative has recognised the importance of these people being represented when planning suicide prevention activities for the region, particularly those who also have experience of being suicidal themselves or caring for someone who is suicidal.

Proposed approach to meaningfully engage people who have a lived experience of suicidality

To ensure these groups are represented and meaningfully engaged, people with lived experience have been actively encouraged to participate in monthly Collaborative meetings. A person with lived experience is also on the Collaborative Executive. The Collaborative will continue to link in with existing consumer and carer groups in the region, such as the ISPIR Consumer and Carer Forum, the ISLHD Consumer and Carer Collaborative Committee, the two headspace Youth Reference Groups, and the Salvation Army's 'etc…' Suicide Bereavement Support Group.

People with lived experience have also been invited to have input into the Collaborative via the *Consumer and Carer Input for Suicide Prevention Form*, and a strong lived experience representation participated in the Collaborative's Planning Workshop (23% of total attendance).

Proposed approach to meaningfully engage with Aboriginal and Torres Strait Islander people

Senior representatives from the Aboriginal and Torres Strait Islander communities have attended Collaborative events and meetings, and have responded enthusiastically to information about the Systems Approach project over recent months. The South Coast AMS was represented at the Planning Workshop and the Collaborative was invited to take part in the recent Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Roundtable held in Nowra.

Existing suicide prevention activities shown to be effective for local Aboriginal communities have been identified, such as the *Koori Kids* program which provides social and emotional wellbeing education for Aboriginal school children and promotes help-seeking. Specific local gaps in relation to suicide prevention for Aboriginal communities have also been identified, such as insufficient supports currently available for Aboriginal people transitioning back into their local communities after a period of incarceration, as well as a lack of culturally appropriate crisis response services.

Proposed approach to engage Culturally and Linguistically Diverse people

The Collaborative is currently in the process of attracting a representative for recently arrived refugees who have experienced torture and trauma. We expect that they will join the Collaborative and be present from the June 2016 meeting onwards.

Proposed approach to meaningfully engage Lesbian, Gay, Bisexual, Transgender or Intersex people

The Collaborative has a LGBTI representative who attends the monthly meetings and was present at the Planning Workshop. This representative actively disseminates communications through their relevant networks so that the local LGBTI communities are aware of the Collaborative and how to have input.

In addition, the ISPIR Consumer and Carer Forum and headspace Youth Reference Groups have CALD and LGBTI representation, which provides another avenue for these populations' views to be reflected and captured.

Proposed approach to ensure people of all ages are included

It is recognised that young people are over-represented in suicide and self-harm data for the region, and that engaging with young people as early as possible is critical to reducing the region's suicide rates. The Collaborative has strong involvement from the two headspace centres in the region as well as from young people on their Youth Reference Groups. Furthermore, school-age young people are represented via the senior staff from all three arms of the education sector. Through these staff, the Collaborative is organising small focus groups with students from various schools to enable the direct input of a broader range of young people.

The Collaborative has also identified suicide prevention activities focused on older people, particularly older men, as an area that warrants greater attention in the Illawarra Shoalhaven. Potential access points have been identified including Men's Sheds, service clubs, Meals on Wheels, Rotary Clubs, and community aged care service providers. COORDINARE has existing relationships with a number of these organisations through its work on chronic diseases, and commits to facilitating greater involvement from them in the Collaborative.

Proposed approach to include targeting suicide prevention activities to prison populations

The Nowra Correctional Facility is currently undergoing a significant expansion which will double its capacity. The Collaborative is aware that the prison population has high rates of suicide and that the transition period from prison to the community is a particularly high risk time for these people.

The needs of the prison population was a focus of discussions at the ATSISPEP Roundtable event held in Nowra in April 2016, and initial discussions with Aboriginal workers from Justice Health are looking at the potential to promote engagement in traditional culture for Aboriginal people being transitioned back into the community as a way of increasing their supports and reasons for living. The Collaborative has already begun exploring the potential for new initiatives in this area as well as scaling up existing initiatives to meet this need.

4.2 Approach that will be taken to develop and deliver a high-level local communication plan and potential communication mechanisms

Communication and engagement is critical to the Collaborative's successful delivery of the nine evidence-based strategies within the region. Members of the Collaborative come into daily contact with its stakeholders, whether it be a General Practitioner, local Council, Local Area Command, school or community group. To achieve meaningful engagement, the Collaborative will work to form and maintain inclusive relationships with stakeholders. Encouraging participation from stakeholders with diverse experience, knowledge and opinions will deliver strong outcomes for the Collaborative that will extend beyond what can be achieved in isolation.

To do this, the Collaborative will develop a localised communication plan that will set out its communication and engagement approach with key stakeholders. This plan will be implemented by the Coordinator in conjunction with COORDINARE's Communications Manager.

The communication plan will:

- develop strong and consistent key messages
- determine how we will respond to any media or other enquiries
- prioritise our external stakeholders and target groups
- identify the most effective communication channels
- provide regular communication for distribution through member networks

We acknowledge that in order to deliver on this plan, we must:

- be open, accountable and transparent
- encourage feedback at all levels
- be consistent, considered and accurate
- be focused and planned, timely and targeted

Key stakeholders

The Collaborative has a wide range of stakeholders with diverse needs and interests in the outcome of this project. Our key stakeholder groups, include, but are not limited to:

- people with lived experience of suicide (including carers), particularly people who are currently at risk of suicide

- general practice staff (e.g. GPs, nurses, administration, allied health)
- public and non-Government schools (staff, students, families)
- emergency services staff (e.g. Police, Ambulance, Emergency Departments)
- Illawarra Shoalhaven Local Health District staff
- staff working in NGO suicide prevention and mental health sector
- community and health services staff, public and private
- identified community leaders
- Aboriginal and Torres Strait Islander communities
- LGBTI communities
- academic experts in mental health

Key messages

It is important that we consider the key messages we are communicating to stakeholders to ensure:

- the systems approach, its rationale and intended aims are understood
- incorporates centrally developed messages about suicide prevention
- promotes awareness about the initiative and includes relevant suicide prevention messages

While messaging may be tailored depending on the specific audience and/or communication vehicle, the main messages we will use are:

- there are evidence-based suicide prevention services and supports available in the region
- we encourage carers or those who are supporting people at risk of suicide to be involved in the Systems Approach project so as to maximise our collective impact
- working together will improve outcomes – after all, we are all working towards the same goal (i.e. reducing suicides)
- stories of those with lived experience of suicide will help us to cut through sector-specific barriers to change.

Communication channels

A variety of communication tools will be used by the Collaborative to disseminate information and encourage active participation from our stakeholders including:

- Internal communication: There will be clear, concise and consistent communication amongst the Collaborative. A range of communication channels will be used including Collaborative meetings which are held monthly, email correspondence and occasional events. It is essential that all members receive timely and consistent messaging on all areas which they can share, as appropriate, through their own communication channels including website, social media, and newsletters. Feedback will also be encouraged. Involvement at Collaborative meetings is enhanced through the use of video-conferencing enabling members from more rural and regional areas to actively participate.
- Website: A new website will be established for the Collaborative and this will be updated regularly by the Coordinator with important information and resources regarding suicide prevention and the Systems Approach initiatives. It will be a key communication channel in which all members of the Collaborative will be able to link back to via their own websites, newsletters, and social media.
- Social media: Many of the organisations which make up the Collaborative have a presence on social media through platforms such as Facebook, Twitter and Google+. These accounts will be used to share information released by the Collaborative in media releases/statements or provide important updates to health professionals and consumers. These platforms will be closely monitored for any negative comments or complaints about the Collaborative and its work, and any issues will be handled appropriately by the relevant Communications Manager in conjunction with the Coordinator of the Collaborative.

- Media relations: Strong media relationships with particular local and regional journalists are paramount. It is critical that media is engaged and that they understand the importance of responsible suicide reporting. This will be done via their involvement in the Collaborative and through a series of education events. We will work with local media to share stories from those with lived experience of recovery, and provide media releases which will be used to generate publicity regarding the project and promote help-seeking. Some good examples of media coverage for the Collaborative to date include Illawarra Mercury (7 September 2015), 2ST (11 September 2015), Illawarra Mercury (22 April 2016) and Merimbula News Weekly (22 April 2016). We also need to be responsive to their requests for statements or comments. All media liaison will be managed by the COORDINARE Communications Manager in conjunction with the Coordinator and the role of spokesperson will be delegated to the Executive.
- Newsletters: Many of the organisations which make up the Collaborative have regular newsletters which are distributed to key stakeholders across the region. The Collaborative will be able to take advantage this and provide regular updates on the project, encourage feedback and participation. Some examples of this include IHMRI Newsletter (Summer 2015), IHMRI Newsletter (Winter 2016), and COORDINARE eNewsletter (6 May 2016).
- Mass communications: Will be sent by the Collaborative to health professionals and other key stakeholders including schools, community groups, local Councils etc, to keep them abreast on the latest happenings with the project.
- Face-to-face meetings: Regular updates will be provided on behalf of the Collaborative to GPs via regular local meetings and education events. Key stakeholders will be encouraged to be actively involved in regular meetings or planning workshops. Face-to-face meetings will also be held with the ISLHD, Police and Ambulance Services. These will also provide an opportunity to disseminate information and shape local suicide prevention activities.
- Resources and support tools: A range of resources may be developed by the Collaborative and the Black Dog Institute. In addition, the Collaborative will work with COORDINARE to facilitate a focus on mental health and suicide prevention via its HealthPathways project with the ISLHD, seeking input from carers and consumers as to which referral pathways are working well, and those that need improvement and then incorporating this feedback into the redesign of more improved service delivery.

ASSESSMENT CRITERION 5 – Indicative Budget

Budget Item	2016/17	17/18	18/19	19/20
Recurrent				
Project Officer (1.0 FTE) including on costs	$100K	$103K	$107K	$111K
Learning and development support for key stakeholders regarding suicide prevention and service integration, establishment of learning circles etc, including payment of people with lived experience to co-present training to gatekeepers, service providers and GPs (training of front line staff)	$60K	$65K	$70K	$75K
Purchase of technical expertise to assist with data collection and data management	$30K	$33K	$36K	$39K
Annual Planning Forum includes facilitator, venue hire, catering, promotion	$20K	$22K	$24K	$26K

Reimbursement of people with lived experience in planning, co design and service redesign (approx. $250 for 2-3 hours)	$20K	$22K	$24K	$26K
Website maintenance and hosting		$3K	$4K	$5K
Stationery		$3K	$3K	$3K
Establishment				
Development of website, logo and promotional material for the Collaborative	$10K	$3K	$4K	$5K
Purchase of computer, stationery	$5K			
Capacity Building Funding: Funds available to implement local initiatives that build capacity to implement nine strategies, for example in Year 1 Co-production of First Aid Course incorporating Mental Health First Aid (Gatekeeper training)	$50K	$50K	$50K	$50K
Total	**$295K**	**$304K**	**$322K**	**$340K**

COORDINARE and ISLHD will continue to fund the full-time Coordinator position, with IHMRI providing secretariat support to the Collaborative. Other members of the Collaborative will continue to contribute staff time and infrastructure support in-Kind.

Attachment B – PROJECT PLAN

Strategic Objective: To support Illawarra Shoalhaven Suicide Prevention Collaborative to deliver nine evidence based strategies simultaneously.

Activities / Tasks	Timeline	Who is responsible?	Who else will be involved?	Risks and mitigations	Outcome measure
Key Element 1: Suicide Audit					
Further develop work undertaken in initial suicide audit to increase understanding of high risk demographic groups such as Aboriginal and Torres Strait Islander Community, Older men, people who identify as Lesbian, Gay, Bisexual, Transgender and Intersex, Nowra Correctional Facility population and newly arrived refugees	May to August 2016	Suicide Prevention Coordinator, (already recruited)	Key Collaborative members including: Illawarra Shoalhaven Aboriginal Medical Service, South Coast Aboriginal Medical Service, Waminda, local community members, Men 4 Life, Men's Sheds, Justice Health, STARTTS (Refugee Torture and Trauma Support), ISLHD and South Coast Lifeline	*Risk:* Reluctance to share information and data given its sensitive nature. *Mitigation:* Continue to encourage active participation in the Collaborative of these groups in order to build trust. Development of Data Sharing protocol to clarify what data will be shared and for what purpose.	Collation and analysis of available data and information to provide deeper understanding of the needs of these groups completed
Key Element 2: Support and Resource Illawarra Shoalhaven Suicide Prevention Collaborative to deliver nine evidence based strategies simultaneously					
Recruit Collaborative Project Officer	Within 2 months of receipt of funding	Executive of Illawarra Shoalhaven Suicide Prevention Collaborative	Suicide Prevention Coordinator	*Risk:* limited number of suitably qualified applicants *Mitigation:* ensure extensive advertising of position through existing networks of Collaborative members as well as mainstream employment websites, and broaden traditional position criteria to encourage recruitment of people with lived experience where possible	Project Officer recruited within first 2 months of project
Continue to resource and support Collaborative Meetings	Ongoing – monthly and as required	Suicide Prevention Coordinator	Executive of Illawarra Shoalhaven Suicide Prevention Collaborative, IMHRI (Collaborative member), administration staff	*Risk*: Disengagement with key members of Collaborative over time. In particular those with a lived experience and those who represent high risk groups in our population such as Aboriginal and Torres Strait Islanders, those who identify as being Lesbian, Gay, Bisexual, Transgender and Intersex. *Mitigation:* - Coordinator to ensure meetings are well planned with engaging agendas that enable all to participate and share responsibility for monitoring progress against desired outcomes.	Engaged Collaborative, with regular meetings and measurable progress against agreed actions

				- Actively involve Collaborative members in co design of activities and initiatives, particularly those that focus on particular population groups. - Ensure regular communication through meetings, emails, newsletters etc - Regular celebration of achievements. - Demonstrate willingness to discuss opportunities and challenges openly with a view to developing practical responses. - Organise individual meetings with key stakeholders as required outside of larger Collaborative meetings to have more specific discussions about issues relevant to their interest.	
Development of Collaborative Governance Procedures	Ongoing	Executive of Illawarra Shoalhaven Suicide Prevention Collaborative	All members of Collaborative	*Risks:* Lack of clarity re roles and responsibilities leading to confusion and conflict *Mitigation*: Development of data sharing protocol and other relevant policies and procedures; review of governance structure to ensure it meets requirements for successful functioning of Collaborative.	Data sharing protocols developed and in use Regular reviews of governance structure completed Policies and procedures for allocation of Capacity Building Funds developed and utilised
Develop and Implement Communications and Community Engagement Plan: - Develop website - Utilisation of Social media - Formation of strong media partnerships - Regular newsletter articles	Ongoing	Communications Manager, COORDINARE in partnership with Suicide Prevention Coordinator	All members of Collaborative, with additional input sought from interested people with a lived experience, existing community groups.	*Risks:* Limited access to information that leads to misinformation, confusion and reduced trust in the activities of the Collaborative *Mitigation:* Development of Communication Infrastructure eg website, regular newsletters, meetings, development of resource and support tools, monitoring of social media	Website operational Regular use of social media re Collaborative initiatives Regular newsletter articles and stories appearing in mainstream media Resource and support tools readily available

- Development of resources and support tools - Engagement of key community groups					Key community groups actively engaged in informing and implementing suicide prevention activities
Key Element 3: Develop and Implement Suicide Prevention Action Plan					
Develop Collaborative Strategic Plan, utilising information from recent Planning Day, identifying priority actions particularly in relation to: - Pyschosocial treatment - Coordinated or assertive aftercare - Gatekeeper training - GP Capacity Building and Support	Ongoing until September 2016	Suicide Prevention Coordinator and Project Officer	All members of Collaborative, with additional input sought from people with a lived experience who have a particular interest in certain priority projects	*Risks:* Disengagement with key members of Collaborative over time. In particular, those with a lived experience and those who represent high risk groups in our population such as Aboriginal and Torres Strait Islanders, those who identify as being Lesbian, Gay, Bisexual, Transgender and Intersex. *Mitigation:* - Coordinator to ensure meetings are well planned with engaging agendas that enable all to participate and share responsibility for monitoring progress against desired outcomes. - Actively involve collaborative members in co design of activities and initiatives, particularly those that focus on particular population groups. - Ensure regular communication through meetings, emails, newsletters etc - Regular celebration of achievements. - Demonstrate willingness to discuss opportunities and challenges openly with a view to developing practical responses. - Organise individual meetings with key stakeholders as required outside of larger collaborative meetings to have more specific discussions about issues relevant to their interest.	Strategic Plan finalised, with actions, timeframes and responsibilities clearly articulated
Develop and establish Evaluation Framework	Within 6 months of receipt of funding	Suicide Prevention Coordinator and Project Officer	Black Dog Institute Staff, Executive of Collaborative and others as required	*Risk:* difficulty in obtaining data and information required *Mitigation*: Consult with service providers to ensure data requirements are realistic, support them in establishment of improved data collection systems	Evaluation Framework completed that provides useful information to enable regular monitoring of activity and meets the

				where required, facilitate culture of evaluation of services to ensure evidence-based practices	requirements of Black Dog Institute overall strategy
Implement priority projects simultaneously including: - Ensuring 24 hour follow up from discharge is in place across the region - Co-production of First Aid course that incorporates Mental Health First Aid - Developing stronger link of Project Air, Gold Card Initiative with consumer and community groups - Increase access to GP training re suicide prevention, utilising people with a lived experience - Promotion of the value of peer workforce to Collaborative members - Promotion of 'rainbow tick' amongst Collaborative members - Ensuring mental health professionals are adhering to evidence based practice and have the opportunity to upskill	From July 2016 – ongoing with regular quarterly reviews	Suicide Prevention Coordinator (already recruited) and Project Officer	All members of Collaborative, including those with a lived experience as well as other services as required for example, St Johns Ambulance, Black Dog Institute, Peer Workers	*Risk:* length of time taken to implement and observe measurable change Reluctance of some service providers to adapt their service models in line with evidence and to commit to additional staffing costs if required. *Mitigation:* Regular discussion and tabling of evidence based practices being utilised in the systems approach. Provision of training, where appropriate, regarding relevant evidence based approaches. Provision of support and resources for implementation from Suicide Prevention Coordinator and Black Dog Institute for those requiring it. Encouraging collaborative approach to solution focused problem solving. Regular communication with Black Dog Institute and service provider funding bodies re any issues or challenges identified with implementation of evidence base	Projects achieving key milestones and outcomes within agreed timeframes
Distribute capacity building funds annually	Jan 2017	Project Officer	All members of the Collaborative	*Risk:* Some initiatives unable to progress for lack of small amount of project support funding. *Mitigation:* Distribution of Capacity Building Funds, to provide non recurrent support to service improvement and redesign initiatives that enhance Systems Approach activities	Annual distribution of funding Reports on outcomes of funded activity.

SECTION 4 - ACKNOWLEDGEMENTS

If this EOI for funding is successful, the Applicant acknowledges and agrees:

- that the project name, brief project description, the amount of the funding and name of the Applicant's organisation may be:
  - included in the Black Dog Institute's reporting on the internet and in publications;
  - used by the Black Dog Institute or Paul Ramsay Foundation in media releases and other publications (such as Annual Reports); and/or
  - used to compile a consolidated report;
- that it will be required to acknowledge the funding source in any publications, communications and reports;
- that it will be required to provide proof that it has sufficient insurance cover to conduct the proposed activities specified in this EOI Form; and
- The successful Applicants will be required to sign a Standard Funding Agreement ('funding agreement') with the Black Dog Institute, before receiving any funding. Standard terms and conditions outlined in the funding agreement can be modified with the inclusion of supplementary conditions agreed upon during contract negotiation. [Please circle to indicate whether the Applicant makes the above acknowledgements] YES / NO

If NO, please explain why the Applicant has not made the above acknowledgements.

....

....

....

....

SECTION 5 - DECLARATION

<u>Guidance for completing this Declaration</u>

This Declaration must be signed by an authorised representative of the Applicant. The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

An EOI which does not provide all required information or which contains false or misleading information may be excluded from consideration.

I hereby apply to deliver the Systems Approach to Suicide Prevention.

I certify that the information given in this EOI is complete and correct.

Signature:	
Name (BLOCK LETTERS):	Dianne Kitcher
Position of Applicant:	Chief Executive Officer
Date:	20 May 2016

APPENDIX A

Insurance Certificates

CarePlus RISK SOLUTIONS

insure my pharmacy

Insurance Marketing Group of Australia Pty Ltd
11a 44 Station Rd, Yeerongpilly Q 4105 | Po Box 6013, Fairfield Q 4103
Ph: 07 3426 0400 | Fax: 07 3426 0444 | Email: admin@imga.com.au
ABN: 74 088 790 327 | AFSL: 234421

1999 - 2014 Celebrating 15 years of Insurance solutions for the Healthcare & Community Services sectors

CERTIFICATE OF CURRENCY

From: MEDIPROTECT

We hereby confirm that we have arranged the insurance cover mentioned below:

COORDINARE LIMITED
PO Box 325
FAIRY MEADOW NSW 2519

Date: 11/05/2016
Our Reference: COORDINARE
RENEWAL

Class of Policy: Primary Health and Community Care
Insurer: QBE PROFESSIONAL LIABILITY ABN 78 003 191 035
PROFESSIONAL LIABILITY DIVISION
ABN: 78 003 191 035
The Insured: COORDINARE LIMITED

Policy No: AO7773469ASL-310
Invoice No: 92076
Period of Cover:
From 15/05/2016
to 15/05/2017 at 4:00 pm

Details:

See attached schedule for a description of the risk insured

IMPORTANT INFORMATION

The Proposal/Declaration:

- ☐ is to be received and accepted by the Insurer
- ☑ has been received and accepted by the Insurer

The total premium as at the above date is:

- ☐ to be paid by the Insured
- ☐ part paid by the Insured
- ☑ paid in full by the Insured
- ☐ paid by Monthly Direct Debit

Premium Funding

- ☐ This policy is Premium Funded

Please note that the policy defined above is subject to the receipt of the Proposal Declaration and acceptance by the Insurer (if not already completed and accepted) and subject to the full receipt and clearance of the total premium payable by the insured.

Signature: [signature]

On behalf of: **Insurance Marketing Group Of Australia Pty Ltd**

Class of Policy:	Primary Health and Community Care	**Policy No:**	AO7773469ASL-310
The Insured:	COORDINARE LIMITED	**Invoice No:**	92076
		Our Ref:	COORDINARE

This policy has been placed with

Medisure Indemnity Australia Pty Ltd
ABN 29 116 319 567
PO Box 6013 Fairfield QLD 4103

Medisure Indemnity Australia Pty Ltd is underwritten by

QBE PROFESSIONAL LIABILITY ABN 78 003 191 035
ABN 78 003 191 035
PROFESSIONAL LIABILITY DIVISION

Primary Health & Community Care
INSURANCE PROGRAM
Helping you put the pieces together...

Not-for-Profit Organisation:

Coordinare Ltd

Clarification:
*Please refer to the clarification details noted at the end of this Schedule for the definition of '**Not-For-Profit Organisation**'*

Limit of indemnity:

$20,000,000 Any One Claim
$40,000,000 in the Aggregate

Fines and Penalties Sub-Limit of Indemnity:

$5,000,000 Any One Claim and in the Aggregate

Official Investigations and Enquiries – Costs and Expenses:

$250,000 Any One Claim and in the Aggregate

Deductible: $2,000

Period of Insurance:

From 4.00pm: 15/05/2016
To 4.00pm: 15/05/2017

Retroactive Date:

Unlimited excluding known Claims and Circumstances

Class of Policy:	Primary Health and Community Care	Policy No:	AO7773469ASL-310
The Insured:	COORDINARE LIMITED	Invoice No:	92076
		Our Ref:	COORDINARE

Policy Wording:

QBE IMGA/MEDIPROTECT Primary & Community Healthcare Not-For-Profit Liability Policy **QM979-0216**.

Section 1: Insuring Clauses

1.1 Directors' & Officers' Insuring Clause
1.2 Professional Indemnity Insuring Clause
1.3 Retroactive Date

Insuring Clarification Clauses

1.4 Australian Consumer Law
1.5 Breach of Contract
1.6 Defamation
1.7 Intellectual Property

Section 2: Automatic Extensions

2.1 Advance Payment of Defence Costs
2.2 Committees
2.3 Continuous Cover
2.4 Estates and Legal Representatives
2.5 Fidelity – *Sub-Limit of $750,000 (Including Defence Costs) Any One Claim And In The Aggregate*
2.6 Fraud and Dishonesty
2.7 Increased Aggregate Limit of Indemnity
2.8 Information and Communication Technology – *Sub-Limit Of $1,000,000 (Including Defence Costs) Any One Claim and in the Aggregate*
2.9 Insured versus Insured
2.10 Loss of Documents
2.11 Medical Practitioners Training Activities
2.12 Molestation – *Sub-Limit of $100,000 (Including Defence Costs) Any One Claim and in the Aggregate*
2.13 Not-For-Profit Organisation Crisis Cover – *Sub-Limit Of $100,000 (Including Defence Costs) Any One Claim and in the Aggregate*
2.14 Occupational or Workplace Health and Safety
2.15 Severability and Non-Imputation
2.16 Vicarious Liability
2.17 Official Investigations and Enquiries – Costs and Expenses – *Sub Limit of $250,000 Any One Claim and in the Aggregate*

Clarification:
Employment Practices Liability coverage is provided via Automatic extension 2.9 (b) *to the full Indemnity of indemnity of $20,000,000*

Clarification:
2.16 Vicarious liability. *We agree to indemnify the insured in respect of any claim made against such insured arising from any act, error or omission committed or alleged to have been committed by an allied health professional, a dentist, a nurse or a qualified medical practitioner (each referred to in this clause as a 'medical practitioner') or any third party for whose acts, errors or omissions the insured is legally liable, provided that such coverage will not extend to any medical practitioner or third party.*

Class of Policy:	Primary Health and Community Care	Policy No:	AO7773469ASL-310
The Insured:	COORDINARE LIMITED	Invoice No:	92076
		Our Ref:	COORDINARE

Section 3: Optional Extensions

3.1	Not-For-Profit Organisation Fines And Penalties	Included – Sub-Limit $5,000,000
3.2	Outside Directorship - Blanket Cover	Not Included
3.3	Outside Directorship - Run-Off Cover	Not Included
3.4	Trusteeship - Blanket Cover	Not Included
3.5	Trusteeship - Run-Off Cover	Not Included

Clarification:
Malpractice cover is provided under Section 4: Exclusion 4.2, part (a) 'Bodily injury and property damage', where cover for Loss is provided 'as a direct result of Malpractice, subject to the terms and conditions of the policy wording.

Section 4: Exclusions

4.1 Asbestos
4.2 Bodily Injury and Property Damage
4.3 Fraud and Dishonesty
4.4 Molestation
4.5 Nuclear Risk
4.6 Obstetrics and Other Services
4.7 Pollution Risk
4.8 Prior or Pending
4.9 Products Liability
4.10 Punitive and Other Damages
4.11 Qualified Medical Practitioners
4.12 Sanctions
4.13 Terrorism
4.14 War

Allied Health Professionals Declared:

Full Time Equivalent number declared: None Declared

Clarification:
Allied Health Professional means the allied health workforce performing allied health professions as defined by the Allied Health Professional Australia (AHPA). Examples include, but are not limited to the below:

Aboriginal Health Worker • Aboriginal Mental Health Worker • Aboriginal Community Officer And Counselling • Aged Care Nurse • Alcohol And Drug Worker • Asthma Educator • Audiologists • Cardiac Rehabilitation & Rehabilitation Nurse • Care Coordinator • Case Managers • Chiropodist • Chronic Care Registered Nurse • Clinical Psychologist Clinical Nurse	• Diabetes Counsellors • Diabetes Educators • Dieticians • Drug And Alcohol Workers • EEG Technician • Endocrinologists • Exercise Physiologists • Family Support Workers • Family Therapists • GP Liaison Officers • Immunization Coordinators • Indigenous Cultural Liaison Officers • Indigenous Primary Health Service Development Program Managers	• Mental Health - Shared Care Clinicians • Mental Health Social Workers • Narrative Therapists • Neurologists • Nurses • Nutritionists • Occupational Therapists • Outreach Workers • Pharmacists • Physiotherapists • Podiatrists • Post Natal Support Workers • Practice Support Officers • Primary Health Care Managers • Psychologists

Class of Policy:	Primary Health and Community Care	**Policy No:**	AO7773469ASL-310
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		Our Ref:	COORDINARE

• Clinical Psychologist • Community Care Workers • Community Support Workers • Counsellors • CPR Trainers • Dementia Advisers • Dermatologist	• Indigenous Sexual Health & Reproductive Health Workers • Lactation Consultants • Life Style Educators • Mental Health Clinicians • Mental Health Practitioners	• QUM/HMR Facilitators • Rehabilitation Consultants • Social Workers • Speech Pathologists • Speech Therapists • Youth Workers

Medical Practitioners Declared:

Full Time Equivalent number declared: None Declared

Clarification:

*'**Not-For-Profit Organisation**' means:*

the medical local, general practice network or registered health training not-for-profit organisation named in the Policy Schedule that are either not-for-profit organisations incorporated or companies limited by guarantee including any not-for-profit committee and/or health not-for-profit organisation that forms part of the entity specified in the Policy Schedule.

***'Insured's Business'** means the following professional services provided by the insured:*

(a) advocacy and promotion of the insured's objectives and area of focus or interest, including publication of information in any media type.
(b) events to promote the insured's area of focus or interest.
(c) fundraising activities.
(d) the provision of information and communication technology consulting services to health care practices.
(e) the training and ongoing education of general practitioners, allied health professionals, dentists and nurses.
(f) provision of health care.
(g) support for health care practices and promotion of primary health care to the community.
(h) delivery of private, institutional and government funded primary health care programs and initiatives through general practice and allied health professionals to the community.
(i) community health advocacy.
(j) supporting the delivery of health care programs provided by institutional and not-for-profit organisations.
(k) operation of after hour medical clinics and primary and allied health care clinics.
(l) co-ordination from primary to secondary health care of some secondary care programs in remote areas or 'areas of need' with visiting specialists.
(m) the provision of accreditation assistance to health care practices and general practitioners.
(n) the provision of management consulting services to health care practices.
(o) the provision of community health and disability services.

Insured's business **does not mean** any of the following professional services:

(i) registration or accreditation of professionals or taking disciplinary action against professionals;
(ii) the provision of financial or investment advice; or
(iii) publication of professional or technical standards.

Other Endorsements:

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The Insured:	COORDINARE LIMITED	Invoice No:	92076
		Our Ref:	COORDINARE

Other Exclusions:

IMPORTANT INFORMATION RELATING TO YOUR INSURANCE PROGRAM

The following list details the insurance policies that are available to you and may be needed to ensure a complete risk program. Some or all may suitable for your circumstances. You should read the list and contact us on 1800 177 163 to discuss which insurance policies are appropriate for you.

COMMERCIAL BUSINESS CLASSES OF INSURANCE:

Public and Products Liability (Broardform Liability)
Property Insurance (Building/Contents/Money/General Property)
Business Interruption Insurance
Burglary and/or Theft
Fidelity Guarantee / Employee Dishonesty
Workers' Compensation
Transit Insurance
Fleet Motor or Commercial Motor Insurance
Commercial Landlord Insurance
Cyber & Computer Crime Insurance
Advertising Injury Insurance
Flood Cover
Electronic Equipment & Machinery breakdown Insurance
Tax Audit or Tax Probe Insurance
Glass and Money
Journey Cover for Staff
Trade Credit Risk
Event Insurance
Commercial Strata Title Insurance

PROFESSIONAL RISK OR CORPORATE CLASSES OF INSURANCE:

Directors & Officers Liability / Management Liability
Association Liability
Statutory Liability Insurance (Fines and Penalties)
Directors Group Accident Insurance
Professional Indemnity
Key Person Insurance
Employment Practices Liability
Corporate Travel

PERSONAL CLASSES OF INSURANCE:

Farm Insurance
Home and Contents
Boat / Pleasure Craft Insurance
Farm Motor Insurance
Personal Motor Insurance
Landlords / Strata Title Insurance

TRAVEL AND LIFE INSURANCE CLASSES:

Salary Continuance
Accident / Illness / Disability
Travel and Accident
Group Personal Accident
Individual Travel Policy
Superannuation
Medical Crisis / Trauma
Corporate Travel
Voluntary Group Accident

YOUR DUTY OF DISCLOSURE

Before you enter into a Contract of general insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know, is relevant to the Insurer's decision to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a Contract of General Insurance. Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows, or in the ordinary course of business, ought to know
- as to which the compliance with your duty is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce the liability under the contract in respect to a claim or may cancel the Contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the Contract from its beginning.

DISPUTES RESOLUTION

Clients who are not fully satisfied with our services should contact our customer relations/complaints officer. Insurance Marketing

Group of Australia Pty Ltd also subscribe to the Insurance Brokers Disputes Ltd (IBDL), a free customer service and the General Insurance Brokers Code of Practice.. Further information is available from this office.

IMPORTANT PRIVACY NOTICE AND CONSENT
This statement tells you how Insurance Marketing Group Pty Ltd ABN 74 088 790 327 collects, uses and discloses personal information.

OUR PRIVACY POLICY - VERSION 2

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. This Privacy Policy describes our current policies and practices in relation to the collection, handling, use and disclosure of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

WHAT INFORMATION DO WE COLLECT AND HOW DO WE USE IT?
When we arrange insurance on your behalf, we ask you for the information we need to advise you about your insurance needs and management of your risks. This can include a broad range of information ranging from your name, address, contact details, age to other information about your personal affairs including your assets, personal belongings, financial situation, health and wellbeing. We provide any information that the insurers or intermediaries who we ask to quote for your insurances and premium funding require to enable them to decide whether to insure you and on what terms or to fund your premium and on what terms.

Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. For example, if we seek insurance terms from an overseas insurer (e.g. Lloyd's of London), your personal information may be disclosed to the insurer. If this is likely to happen, we inform you of where the insurer is located, if it is possible to do so.

When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, eg loss adjusters, medical brokers etc) to enable it to consider your claim. Again this information may be passed on to reinsurers.

From time to time, we will use your contact details to send you direct marketing communications including offers, updates and newsletters that are relevant to the services we provide. We always give you the option of electing not to receive these communications in the future. You can unsubscribe by notifying us and we will no longer send this information to you.

WHAT IF YOU DON'T PROVIDE SOME INFORMATION TO US?
We can only fully advise you and assist in arranging your insurance or with a claim, if we have all relevant information. The insurance laws also require you to provide your insurers with the information they need in order to be able to decide whether to insure you and on what terms. You have a duty to disclose the information which relevant to the insurer's decision to insure you.

WHEN DO WE DISCLOSE YOUR INFORMATION OVERSEAS?
If you ask us to seek insurance terms and we recommend an overseas insurer, we may be required to disclose the information to the insurer located outside Australia. For example, if we recommend a policy provided by Lloyd's of London, your information may be given to the Lloyd's broker and underwriters at Lloyd's of London to make a decision about whether to insure you.

We will tell you at time of advising on your insurance if they are overseas and in which country the insurer is located. If the insurer is not regulated by laws which protects your information in a way that is similar to the Privacy Act, we will seek your consent before disclosing your information to that insurer.

Australian and overseas insurers acquire reinsurance from reinsurance companies that are located throughout the world so in some cases your information may be disclosed to them for assessment of risks and in order to provide reinsurance to your insurer. We do not make this disclosure, this made by the insurer (if necessary) for the placement for their reinsurance program.

HOW DO WE HOLD AND PROTECT YOUR INFORMATION?
We strive to maintain the reliability, accuracy, completeness and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements.

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The Insured:	COORDINARE LIMITED	**Invoice No:**	92076
		Our Ref:	COORDINARE

We hold the information we collect from you initially in a working file, which when completed is electronically imaged and stored, after which any paper is destroyed in our onsite shredder. In some cases, your file is archived and sent to an external data storage provider for a period of time. We only use storage providers located in Australia who are also regulated by the Privacy Act.

We ensure that your information is safe by protecting it from unauthorised access, modification and disclosure. We maintain physical security over our paper and electronic data and premises, by using locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems where your information is stored.

WILL WE DISCLOSE THE INFORMATION WE COLLECT TO ANYONE?
We do not sell, trade, or rent your personal information to others.

We may need to provide your information to contractors who supply services to us, e.g. to handle mailings on our behalf, external data storage providers or to other companies in the event of a corporate sale, merger, re-organisation, dissolution or similar event. However, we will take reasonable measures to ensure that they protect your information as required under the Privacy Act.

We may provide your information to others if we are required to do so by law, you consent to the disclosure or under some unusual other circumstances which the Privacy Act permits.

HOW CAN YOU CHECK, UPDATE OR CHANGE THE INFORMATION WE ARE HOLDING?
Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate, irrelevant, out of date or incomplete.

If you wish to access or correct your personal information please write to our managing director Mike Sullivan at Insurance Marketing Group of Australia - Po Box 6013, Fairfield Gardens Q 4103.

We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time then a charge will need to be confirmed for responding to the request for the information.

In some limited cases, we may need to refuse access to your information or refuse a request for correction. We will advise you as soon as possible after your request if this is the case and the reasons for our refusal.

WHAT HAPPENS IF YOU WANT TO COMPLAIN?
If you have concerns about whether we have complied with the Privacy Act or this privacy Policy when collecting or handling your personal information, please write to our managing director Mike Sullivan at Insurance Marketing Group of Australia - Po Box 6013, Fairfield Gardens Q 4103.

Your complaint will be considered by us through our internal complaints resolution process and we will try to respond with a decision within 45 days of you making the complaint.

YOUR CONSENT
By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

OTHER DOCUMENTS
We refer you to our Financial Services Guide, Statement of Advice and Insurers Product Disclosure Statement.

FINANCIAL SERVICES GUIDE - VERSION 7

FROM WHEN DOES THIS FSG APPLY?
This FSG applies from 22nd April , 2014 and remains valid unless a further FSG is issued to replace it. We may give you a supplementary FSG. It will not replace this FSG but will cover services not covered by this FSG.
How can I instruct you? You can contact us to give us instructions by post, phone, fax or email on the contact number or details mentioned above on this FSG.

Class of Policy:	Primary Health and Community Care	**Policy No:**	AO7773469ASL-310
The Insured:	COORDINARE LIMITED	**Invoice No:**	92076
		Our Ref:	COORDINARE

WHO IS RESPONSIBLE FOR THE FINANCIAL SERVICES PROVIDED?
Insurance Marketing Group of Australia Pty Ltd is responsible for the financial services that will be provided to you, or through you to your family members, including the distribution of this FSG.

Insurance Marketing Group of Australia Pty Ltd holds a current Australian Financial Services Licensee no: 234421. The contact details for Insurance Marketing Group of Australia Pty Ltd are at the top of this FSG.
What kinds of financial services are you authorised to provide to me and what kinds of financial product/s do those services relate to?
Insurance Marketing Group of Australia Pty Ltd is authorised to advise and deal in general insurance products to wholesale and /or retail clients. We will do this for you as your broker unless we tell you otherwise.

Sometimes we will act under a binder or agency from the insurer. When we act under a binder or agency we will be acting as the agent of the insurer. This means that we represent and act for the insurer, not for you. We will tell you when we act under a binder or agency to arrange your insurance or advise you about your insurance needs.

WILL I RECEIVE TAILORED ADVICE
Maybe not in all cases. However, we may need information about your personal objectives, details of your current financial situation and any relevant information, so that we can arrange insurance policies for you, or issue insurance policies to you, or to give you advice about your insurance needs. We will ask you for the details that we need to know. In some cases we will not ask for any of this information. If we do not ask, or if you do not give us all of the information we ask for, any advice you receive may not be appropriate to your needs, objectives and financial situation.

You should read the warnings contained in any SOA, or any other warnings that we give you, carefully before making any decision about an insurance policy.

Where we provide you with advice about your insurance arrangements, that advice is current at the time that we give it. We will review your insurance arrangements when you inform us about changes in your circumstances, or upon renewal of your insurances.

CONTRACTUAL LIABILITY AND YOUR INSURANCE COVER
Many commercial or business contracts contain clauses dealing with your liability (including indemnities or hold harmless clauses). Such clauses may entitle your insurers to reduce cover, or in some cases, refuse to indemnify you at all. You should seek legal advice before signing and accepting contracts. You should inform us of any clauses of this nature before you enter into them.

WHAT INFORMATION DO YOU MAINTAIN IN MY FILE AND CAN I EXAMINE MY FILE?
We maintain a record of your personal profile, including details of insurance policies that we arrange or issue for you. We may also maintain records of any recommendations or advice given to you. We will retain this FSG and any other FSG given to you as well as any SOA or PDS that we give or pass on to you for the period required by law.

We are committed to implementing and promoting a privacy policy, which will ensure the privacy and security of your personal information. A copy of our privacy policy is available on request. If you wish to look at your file please ask us. We will make arrangements for you to do so.

HOW WILL I PAY FOR THE SERVICES PROVIDED?
For each insurance product the insurer will charge a premium that includes any relevant taxes, charges and levies. We often receive a payment based on a percentage of this premium (excluding relevant taxes, charges and levies) called commission, which is paid to us by the insurers. However, in some cases we will also charge you a fee. This fee will be shown on the invoice that we send you. You can choose to pay by any of the payment methods set out in the invoice.

You are required to pay us on, or before the policy inception date.

If there is a refund or reduction of your premium as a result of a cancellation or alteration to a policy, or based on a term of your policy (such as a premium adjustment provision), we will retain any fee we have charged you. We will also retain commission depending on our arrangements with the insurer, or charge you a cancellation fee equal to the reduction in our commission.

When you pay us your premium it will be banked into our trust account. We retain the commission from the premium you pay us and remit the balance to the insurer in accordance with our arrangements with the insurer. We will earn interest on the premium while it is in our trust account or we may invest the premium and earn a return. We will retain any interest or return on investment earned on the premium.

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How are any commissions, fees or other benefits calculated for providing the financial services? Our commission will be calculated based on the following formula: X = Y% x P

In this formula: X = our commission, Y% = the percentage commission paid to us by the insurer. Our commission varies between 5% and 25% P = the amount you pay for any insurance policy (less any government fees or charges included in that amount).

We do not often pay any commissions, fees or benefits to others who refer you to us or refer us to an insurer. If we do, we will pay commissions to those people out of our commission or fees (not in addition to those amounts), in the range of 1% to 25% of our commission or fees.

Our employees that will assist you with your insurance needs will be paid a market salary. Some of these employees are also paid a % of our commission.

If we give you personal advice, we will inform you of any fees, commission or other payments we, our associates or anyone referring you to us (or us to any insurer) will receive in relation to the policies that are the subject of the advice. See below for information on the Steadfast association and commission.

DO YOU HAVE ANY RELATIONSHIPS OR ASSOCIATIONS WITH THE INSURERS WHO ISSUE THE INSURANCE POLICIES OR ANY OTHER MATERIAL RELATIONSHIPS?
Insurance Marketing Group of Australia Pty Ltd is a Steadfast Group Limited (Steadfast) Network Broker. Steadfast has exclusive arrangements with some insurers and premium funders (Partners) under which Steadfast will receive between 0.5 - 2% commission for each product arranged by us with those Partners. Steadfast is also a shareholder of some Partners. We may receive a proportion of that commission from Steadfast at the end of each financial year (or other agreed period).

As a Steadfast Network Broker we have access to member services including model operating and compliance tools, procedures, manuals and training, legal, technical, banking and recruitment advice and assistance, group insurance arrangements, product comparison and placement support, claims support and group purchasing arrangements. These member services are either funded by Steadfast, subsidised by Steadfast or available exclusively to Steadfast Network Brokers for a fee. You can obtain a copy of Steadfast's FSG at www.steadfast.com.au

If we arrange premium funding for you we may be paid a commission by the premium funder. We may also charge you a fee (or both). The commission that we are paid by the premium funder is usually calculated as a percentage of your insurance premium (including government fees or changes). If you instruct us to arrange or issue a product, this is when we become entitled to the commission.

Our commission rates for premium funding are in the range of 0% to 2% of funded premium. When we arrange premium funding for you, you can ask us what commission rates we are paid for that funding arrangement compared to the other arrangements that were available to you.

WHAT SHOULD I DO IF I HAVE A COMPLAINT?
Contact us and tell us about your complaint. We will do our best to resolve it quickly. If your complaint is not satisfactorily resolved within 20 days, please contact Mike Sullivan on 07 3426 0400 or put your complaint in writing and send it to Po Box 6013, Fairfield Q 4103. We will try and resolve your complaint quickly and fairly.

Insurance Marketing Group of Australia Pty Ltd is a member of the Financial Ombudsman Service (FOS). If your complaint cannot be resolved to your satisfaction by us you have the right to refer the matter to the FOS. The FOS can be contacted at:

Street Address: Financial Ombudsman Service, Level 12, 717 Bourke Street, Docklands 3008
Mailing address - Financial Ombudsman Service, GPO Box 3, Melbourne, VIC 3001
Ph - 1300 780 808 Fax - 03 9613 6399
Email - info@fos.org.au Website - www.fos.org.au

WHAT ARRANGEMENTS DO YOU HAVE IN PLACE TO COMPENSATE CLIENTS FOR LOSSES?
Insurance Marketing Group of Australia Pty Ltd has a professional indemnity insurance policy (PI policy) in place.
The PI policy covers us and our representatives (including our authorised representatives) for claims made against us and our representatives by clients as a result of the conduct of us, our employees or representatives in the provision of financial services. Our PI policy will cover us for claims relating to the conduct of representatives who no longer work for us.

ANY QUESTIONS?

Class of Policy:	Primary Health and Community Care	Policy No:	AO7773469ASL-310
The Insured:	COORDINARE LIMITED	Invoice No:	92076
		Our Ref:	COORDINARE

If you have any further questions about the financial services Insurance Marketing Group of Australia Pty Ltd provides, please contact us. Please retain this document for your reference and any future dealings with Insurance Marketing Group of Australia Pty Ltd

GENERAL ADVICE WARNING

The advice contained in this renewal is general advice. This means the insurers terms are provided on the basis of the information which you have given us contained in our records. This information may have changed or may be incomplete and may not reflect your current circumstances. We suggest before you decide on this policy that you consider if the insurance cover is appropriate for your circumstances. We suggest you contact us to review your policy cover and the information to ensure the policy coverage is suitable to your current circumstances.

PLEASE CHECK THAT THE ABOVE COVER REFLECTS YOUR INSURANCE REQUIREMENTS AND THAT THE INFORMATION SET OUT ABOVE IS CORRECT.

Thankyou for allowing us the opportunity to provide terms for your insurance needs Using MEDIPROTECT for your insurance requirements ensures your organisation has access to a wide range of insurance products and services specifically for the Healthcare Industry and access to a wide range of insurers.

Your Account Manager is Mike Sullivan

Email: mike@imga.com.au
Claims Lodgement: claims@imga.com.au

Toll Free: 1800 177 163 Ph: 07 3426 0400 Fax: 07 3426 0444
www.mediprotect.com.au

To ensure placement & continuity of cover, please confirm your instructions by email. Payment would be appreciated before the renewal or within 7 days.

NOTE: If there is a refund of premium owed to you as a result of a cancellation or alteration to a policy, we will retain any fee we have charged you. We may also retain commission depending on our arrangements with the insurer.

APPENDIX B

List of Collaborative Members

APPENDIX B – List of Collaborative members

Organisation	Location	ABN/ACN
COORDINARE – South Eastern NSW PHN	PO Box 325, Fairy Meadow NSW 2517	27 603 799 088
Illawarra Shoalhaven Local Health District (ISLHD)	PO Box 239, Port Kembla NSW 255	13 567 011 035
Grand Pacific Health (GPH)	PO Box 1198, Wollongong NSW 2500	49 062 587 071
Illawarra Health & Medical Research Institute (IHMRI)	Building 32, University of Wollongong Campus, NSW 2522	77 130 692 849
Live Experience Advocates	n/a	n/a
University of Wollongong	Building 22, Northfields Ave, University of Wollongong, Wollongong NSW 2522	61 060 567 868
Lifeline South Coast	PO Box 404, Wollongong NSW 2520	16 968 890 469
Department of Education	Oldfield Ave, PO Box 118, Warilla NSW 2528	40 300 173 822
Salvation Army	PO Box 1185, Wollongong NSW 2500	46 891 896 885
Association of Independent Schools	Level 12, 99 York St, Sydney NSW 2000	96 003 509 073
Catholic Education Office	Locked Bag 8802, Wollongong NSW 2500	25 175 058 859
Waminda (South Coast Women's Health and Welfare Aboriginal Corporation)	47 Worrigee St, Nowra NSW 2541	97 639 372 729
Illawarra Aboriginal Medical Service (Illawarra AMS)	PO Box 1161, Wollongong DC NSW 2500	23 886 179 327
South Coast Aboriginal Medical Service (South Coast AMS)	PO Box 548, Nowra NSW 2541	46 897 866 758
Shoalhaven Suicide Prevention & Awareness Network (SSPAN)	PO Box 421, Nowra NSW 2541	83 028 665 255
Illawarra Suicide Prevention Awareness Network (ISPAN)	PO Box 61, Coniston NSW 2500	63 496 067 242
Illawarra Mercury	PO Box 1215, Wollongong NSW 2500	95 000 075 025
Gordon Bradbery (Lord Mayor, Wollongong)	Locked Bag 8821, Wollongong DC NSW 2500	63 139 525 939
Illawarra Business Chamber (IBC)	Level 1, 87-89 Market St, Wollongong NSW 2500	63 000 014 504
LGBTI Advocates	n/a	n/a

APPENDIX C

Letters of Support

Health
Illawarra Shoalhaven
Local Health District

DT16/41946

13 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

I am writing to confirm that the Illawarra Shoalhaven Local Health District (ISLHD) supports the application made by the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to include the Illawarra Shoalhaven as a pilot site in the 'Systems Approach to Suicide Prevention' project.

The ISLHD is committed to addressing the unacceptable rates of suicide in this region. As such, we understand the imperative of working closely with all relevant organisations, stakeholders and those with lived experience in order to promote and evaluate evidence based models of care. The ISLHD has committed its support to the Collaborative through its representation on the Collaborative of emergency departments, mental health and peer support services, and via its 50% funding contribution to a full-time co-ordinator position for the Collaborative.

The ISLHD agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

The ISLHD commits to attending monthly meetings of the Collaborative to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. We are open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Paula Hakesley, Director of Mental Health Services, has been nominated as the contact person from the ISLHD for the Collaborative.

The ISLHD agree to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that COORDINARE are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards,

Margot Mains

CE, Illawarra Shoalhaven Local Health District

Illawarra Shoalhaven Local Health District
ABN 13 567 011 035
PO Box 239 Port Kembla NSW 2505
Suite 2 Level 2 67-71 King Street Warrawong
Tel (02) 4221 6899 Fax (02) 4221 6868
ISLHD-TRIM@sesiahs.health.nsw.gov.au

13 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green,

Re: Letter of support

I am writing to confirm that Grand Pacific Health is delighted to support the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

Grand Pacific Health is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

Grand Pacific Health's Suicide Prevention Program assist those aged 12 to 25 to get through a crisis period in their lives, teaching strategies in coping with emotional stress. The program is available via the headspace centres located in Wollongong and Nowra. The program incorporates a highly sophisticated evaluation system that monitors an individual's progress and feeds into a research databank that contributes to leading suicide and self-harm research. Grand Pacific Health will bring this capability to the efforts of the Collaborative. Grand Pacific Health supports the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

Grand Pacific Health supports COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region.

Kind regards,

Ron de Jongh
CEO
Grand Pacific Health

336 Keira Street
PO Box 1198
Wollongong NSW 2500
T 02 4220 7600
F 02 4226 9485

104a Auckland Street
PO Box 513
Bega NSW 2550
T 02 6494 8800
F 02 6494 8855

www.gph.org.au

Other offices:
Nowra, Shell Cove, Moruya, Goulburn

ihmri
illawarra health and
medical research institute

Building 32 University of Wollongong Campus NSW 2522
t: +61 2 4221 4333 f: +61 2 4221 8130
e: ihmri@uow.edu.au w: ihmri.uow.edu.au

5 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute, Prince of Wales Hospital
Hospital Road
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

The Illawarra Health and Medical Research Institute (IHMRI) supports and endorses the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project. IHMRI is committed to uniting with the relevant services and stakeholders in the Illawarra Shoalhaven region to address this mental health crisis in our community and reduce the number of suicides.

Mental Health research is a fundamental component of IHMRI's research strategy; recognising the burden of mental illness and neurodegenerative diseases so keenly felt in the Illawarra region, nationally, and in much of the developed world. Exploring the mechanisms, causes, prevention and treatment of a wide range of chronic and complex psychiatric illnesses is key to IHMRI's Mental Health and Ageing Brain theme, one of IHMRI's three core research themes. This theme brings together basic, translational and clinical researchers, spanning fundamental research through to epidemiological studies of mental health risk factors. In particular, this theme puts particular emphasis on the translation of mental health research findings into clinical practice.

The large multidisciplinary cohort of IHMRI researchers in this theme will provide significant research skills and experience to the Collaborative. In particular, IHMRI researchers have demonstrated experience in suicide prevention research. Many of our researchers are involved in large longitudinal and observational studies to better understand long-term mental health behaviours of local residents and intervention studies to identify effective population-based approaches that promote better mental health and prevent and/or better manage lifestyle-related conditions. Many of these projects are focussed on young families, youth and Aboriginal communities. Such data sets provide fundamental baseline data for determining mental health profiles and identifying key areas of need in our community. Further, IHMRI's involvement in this project will further strengthen translation of IHMRI's research. Many of our researchers are involved in projects which target, and directly engage, Illawarra residents, translating research findings into health and service improvement interventions.

We believe IHMRI's strong and established research base in mental health will provide this project with critical expertise which will contribute to the collaborative drive to advance innovation in mental health therapies targeting suicide prevention in our community. IHMRI recognises the utility

of evidence-based strategies consistent with the Systems Approach to reduce suicide deaths and critical to its success, the need for intra- and inter-sector collaboration.

As a member of the Illawarra Suicide Prevention Collaborative, IHMRI commits to attending the Collaborative' s monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. IHMRI is open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Sally McNeill, Professional Officer, Research Development, has been nominated to be the contact person from IHMRI for the Collaborative.

IHMRI agrees to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards

Professor David Adams
Executive Director

19 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Rachel

Re: Letter of support

I am writing as Chair of the NSW Consumer Workers Committee and as a mental health consumer in support of the application from the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

NSW Public Mental Health consumer workers and mental health consumers in the Illawarra and Shoalhaven are absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

My own involvement in the Collaborative and in the recent suicide prevention forum has convinced me of the essential need for strong lived experience leadership and involvement in all suicide prevention systems. On behalf of consumer workers in NSW I agree to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

I have already committed to attending the Collaborative's monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. NSW Public Mental Health Consumer Workers, and especially those working in the Illawarra and Shoalhaven are open to sharing information and reviewing current practices to improve system responses to people at risk of suicide and their carers.

As Chair of the NSW Public Mental Health Consumer Workers Committee I agree to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. I believe that they are most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards

Tim Heffernan

Chair, NSW Public Mental Health Consumer Workers Committee

0419 833 206

University of Wollongong

29th April 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

I am writing to confirm that the Illawarra Institute for Mental Health (iiMH) at the University of Wollongong supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

The iiMH is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

The iiMH is predominantly a research organisation but also conducts clinically relevant training. Researchers at iiMH have conducted research related to suicide prevention with a focus on better understanding what promotes or prevents individuals experiencing suicidal ideation from seeking appropriate help. The focus of this work has been on better understanding the help negation process in relation to suicidal ideation. We have trialled several universal interventions aimed at promoting help seeking particularly in young people. We will be able to bring this research expertise and resources to the System Approach supported by the Collaboration. The iiMH agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

As Director of iiMH I have consistently attended the meetings of the Collaborative since its inception and I am committed to continuing to attend the Collaborative's monthly meetings as well as any other meetings or events when relevant. The Illawarra Institute for Mental Health is keen to share information and expertise to help improve the system responses to people at risk of suicide and their carers. As Director of iiMH I will be the contact person from iiMH for the Collaborative.

I support COORDINARE, as the lead agency for this application and believe they are the most suitably placed to fulfil the role of lead agency for the Systems Approach proposed as part of the project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards,

Professor Frank Deane

Director of Illawarra Institute for Mental Health

School of Psychology

University of Wollongong

Lifeline
Saving Lives
Crisis Support. Suicide Prevention.

6 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Lifeline South Coast letter of support for collaborative

I want to formally advise that Lifeline South Coast wholeheartedly supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

Lifeline South Coast is steadfastly committed to working with all the services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

Lifeline South coast has been working in the Illawarra Shoalhaven for over 45 years providing 24 hour telephone crisis support, gatekeeper suicide intervention education and self-help material. We are committed to the use of evidence-based strategies in line with the Systems Approach and want to be part of a structured reflection and change of practice with all organisations who have a role to play in reducing death by suicide.

We will review our service delivery, relationships and the way we relate to other organisations as part of this process.

Lifeline South Coast will attend the Collaborative's monthly meetings to support the implementation of the Systems Approach project, and additionally other meetings as required.

I will be the contact person from Lifeline South Coast for the Collaborative.

Lifeline South Coast agrees to support COORDINARE, as the lead agency for this application. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project. Furthermore, we have an existing constructive relationship with COORDINARE.

I would be delighted to discuss this with you on 0409 912 391.

Yours sincerely

Grahame Gould

Executive Director

PO Box 404 Wollongong NSW 2520 P 02 4228 1311 F 02 4228 0203
E admin@llsc.org.au W www.lifelinesouthcoast.org.au ABN 16 968 890 469

Lifeline South Coast NSW

Supported by the NSW Health Department

Community Partner SOUTHERN . IML PATHOLOGY

The Salvation Army
Australia Eastern Territory

April 29, 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green,

re: Letter of support

I am writing to confirm that The Salvation Army First Floor Program supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project and is committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region. The First Floor Program also agrees to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region, as they are most suitably placed to fulfil the role.

The Salvation Army First Floor Program, a community-based drug and alcohol service supporting and empowering families and individuals in their recovery from substance abuse, mental health issues, trauma, grief and loss, has hosted Mental Health First Aid, suicide prevention and postvention training programs over the past 15 years. In 2010 the ***etc …*** suicide bereavement support group was established, which continues, as an act of "paying forward", to compile suicide prevention and postvention packs for distribution through the Illawarra Suicide Prevention & Awareness Network (iSPAN). The ***etc …*** group brings to the table voices of those with lived experience, who aim to reduce the incidence of suicide and support families impacted by the loss of their loved ones.

The First Floor Program's stated objective is to deliver evidence-based, best practice programs, particularly in family recovery and empowerment, peer leadership, and suicide and bereavement. First Floor and the ***etc …*** group are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths. The First Floor Program commits to attending the Collaborative's monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. First Floor is open to sharing information and reviewing current practices to improve system responses to people at risk of suicide and their carers. Marilyn Dunn, First Floor Program Coordinator, has been nominated as contact person.

If you would like further information regarding this matter, please do not hesitate to contact Marilyn by email marilyn.dunn@aue.salvationarmy.org or by telephoning (02) 4229 1079.

Kind regards,

Phil Inglis
Captain

First Floor Program
11-13 Burelli Street, WOLLONGONG
Telephone 02 4229 1079 Fax 02 4227 6457

Wollongong Corps
P.O. Box 1185, WOLLONGONG 2500
Telephone 02 4227 2994 Fax 02 4229 2590

salvos.org.au

Education
Public Schools

4 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

DOC16/404423

Dear Ms Green

Re: Letter of support

I am writing to confirm that the Department of Education Warilla Office Educational Services team supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

The Department of Education Warilla Office Educational Services team is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

The Department of Education Warilla Office Educational Services team support schools across the Illawarra and Shoalhaven areas to implement wellbeing initiatives to develop students' resilience and help-seeking skills. The Senior Psychologists, Education and school counsellors are key members of the school-based team who assist schools to implement evidence based wellbeing initiatives and they all have been trained in conducting assessments with at-risk students and supporting schools with suicide postvention plans. The Department of Education Warilla Office Educational Services team agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

The Department of Education Warilla Office Educational Services team commits to attending the Collaborative' s monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. The Department of Education Warilla Office Educational Services team is open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Greg Hand, Learning and Wellbeing Coordinator, has been nominated to be the contact person from the Department of Education Warilla Office Educational Services team for the Collaborative.

Warilla Office
30 Oldfield Street Warilla NSW 2528 PO Box 118 Warilla NSW 2528
Telephone: 02 4267 6100 Fax: 02 4267 6111 www.schools.nsw.edu.au

The Department of Education Warilla Office Educational Services team agrees to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Yours sincerely,

Greg Hand
Learning and Wellbeing Coordinator
Department of Education
Warilla Office
5 May 2016

Address
NSW Department of Education
Warilla Office
Oldfield Avenue
PO Box 118
WARILLA NSW 2528

ABN - 403 0017 3822

CATHOLIC EDUCATION
DIOCESE OF WOLLONGONG
Serving Catholic systemic school communities in the
Illawarra, Macarthur, Shoalhaven & Southern Highlands

19 May 2016

Ms Rachel Green
Project Director - Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

I am writing to confirm that Catholic Education, Diocese of Wollongong (CEDoW) supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

The CEDoW is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

We have placed a significant focus during the past couple of years on supporting mental health issues in our schools, and in particular we have developed a Suicide Prevention, Intervention and Postvention Resource for schools and would be willing to share this resource with other parties and organisations. The CEDoW agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

The CEDoW commits to attending the Collaborative's monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. As indicated above CEDoW is open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Paul McCann, Head of School Improvement Services Specialist Support and Cynthia McCammon, Senior Professional Officer, School Improvement Services Specialist Support have been nominated to be the contact persons from the CEDoW for the Collaborative.

DIRECTOR OF SCHOOLS

Catholic Education Office, Diocese of Wollongong
86 - 88 Market Street (Locked Mail Bag 8802) Wollongong NSW 2500
PH 02 4253 0925 | WEB www.dow.catholic.edu.au
ABN 67 786 923 621

The CEDoW agrees to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact Paul McCann (Email: paul.mccann@dow.catholic.edu.au Phone: (02) 4253 0833) and/or Cynthia McCammon (Email: cynthia.mccammon@dow.catholic.edu.au Mobile: 0439 887 978).

Yours sincerely

Peter Turner
Director of Schools
Diocese of Wollongong

Enc.

cc: Paul McCann, Cynthia McCammon

ILLAWARRA ABORIGINAL MEDICAL SERVICE
Aboriginal & Torres Strait Islander Corporation
ABN 23 886 179 327 ICN: 274
www.illawarraams.com.au

Wollongong
150 Church Street, Wollongong 2500
Phone: (02) 4229 9495 Dental: (02) 4229 9755
Medical Fax: (02) 4228 6153 Admin Fax: (02) 4226 3566
PO Box 1161, Wollongong DC 2500

Dapto
2/130 Princes Highway, Dapto 2530
Phone: (02) 4262 8777 Fax: (02) 4262 8788
PO Box 425, Dapto 2530

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

I am writing to confirm that Illawarra Aboriginal Medical Service (IAMS) supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

IAMS is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

The IAMS is an Aboriginal Community Controlled organisation catering to the health needs of the local community. Current programs implemented here at the service are the Social Health and Wellbeing Program along with a weekly Psychology service (supplied via Grand pacific Health) to clients suffering with mental health issues. The IAMS is a holistic service and referrals are carried out internally through our General Practitioners. It is envisaged that the IAMS could bring to the table a cultural perspective to the Suicide Prevention project whilst also enabling patients and clients to have options for their care. IAMS agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

IAMS commits to attending the Collaborative's monthly meetings (pending availability) to support the implementation of the Systems Approach project, as well as other meetings or events when relevant.

IAMS is open to sharing information (with appropriate acknowledgement) and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Leanne Lawrence, CST Manager, has been nominated to be the contact person from IAMS for the Collaborative.

IAMS agree to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards,

Julie Booker

C.E.O.

Illawarra Aboriginal Medical Service

13/05/2016

6th May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

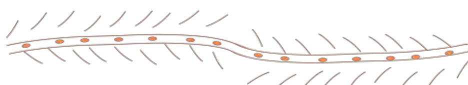
Re: Letter of support

I am writing to confirm that the South Coast Medical Service Aboriginal Corporation supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

South Coast Medical Service Aboriginal Corporation is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

South Coast Medical Service Aboriginal Corporation has a significant role in the Aboriginal community to address suicide and suicidal behaviour. We provide services to the Aboriginal communities across the Shoalhaven and South Coast regions. These include; Primary Health, Out of Home Care, Child Family and Disability and Social Health Services incorporating Substance Use and Mental health and Wellbeing programs and services. We are currently funded by the Department of Health, through the National Suicide Prevention Program to deliver the Koori Kids Wellbeing Program which consists of a project team and a counsellor to services that address the LIFE Action areas such as building resilience and promote help seeking behaviour. In addition to this, we currently have 2 Psychologist positions and 3 Mental Health Workers and recently co hosted the Shoalhaven Regional Roundtable for the National Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project in collaboration with the School of Indigenous Studies of the University of Western Australia. Our experience in providing programs and services directly to Aboriginal people and communities will be beneficial to the Collaboration and Systems Approach to Suicide Prevention project.

The South Coast Medical Service Aboriginal Corporation agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.



T: (02) 4448 0200
ABN: 46 897 866 758
PO BOX: 548 Nowra NSW 2541
Website: www.southcoastams.org.au

South Coast Medical Service Aboriginal Corporation commits to attending the Collaborative's monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. We are open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers.

Nathan Deaves, Senior Manager of Social Health services has been nominated to be the contact person from South Coast Medical Service Aboriginal Corporation for the Collaborative.

South Coast Medical Service Aboriginal Corporation agrees to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards,

Craig Ardler

Chief Executive Officer

South Coast Medical Service Aboriginal Corporation

Friday, 6 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

I am writing to confirm that the Shoalhaven Suicide Prevention and Awareness Network (Inc) supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

The Shoalhaven Suicide Prevention and Awareness Network is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

The Shoalhaven Suicide Prevention and Awareness Network meets monthly to develop grass roots, community based suicide prevention activities. We are an indorsed charity that raises money and applies for funding to provide local strategies along the continuum of broad universal to selected and indicated prevention activity types. We act as a nexus between government, not for profit and community (club) organisations with representatives from each sector, in a networking capacity to enhance partnership opportunities. Our programs have foundations in the group's values of 'promoting COMPASSION', 'improving CONNECTEDNESS' and 'fostering KINDNESS'. These values underpin our philosophy and approach to our suicide prevention activities. More information may be found via our website www.sspan.org.au. The Shoalhaven Suicide Prevention and Awareness Network agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

The Shoalhaven Suicide Prevention and Awareness Network commits to attending the Collaborative's monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. The Shoalhaven Suicide Prevention and Awareness Network is open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Tim Hudman, Vice Chair has been nominated to be the contact person from The Shoalhaven Suicide Prevention and Awareness Network for the Collaborative.

The Shoalhaven Suicide Prevention and Awareness Network agree to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards,

Tim Hudman
Vice Chair
Shoalhaven Suicide Prevention and Awareness Network

Illawarra Suicide Prevention and Awareness Network Inc.

Illawarra Suicide Prevention
and Awareness Network (iSPAN)

Chairperson: Peter Brown
Deputy Chair: David Bunder

Sec: Yvonne Topher
Asst. Sec. Sandra Bolack

Public Officer: Paul Whitelaw
Treasurer: Paul Whitelaw

PO Box 61, Coniston NSW 2500
Committee meets 1st Tuesday of month at Illawarra ITEC,
Cnr Fox & Miller Sts, Coniston:

ABN: 63 496 067 242
E-mail: ispanetwork@gmail.com

12 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Re: Letter of support

I am writing to confirm that the Illawarra Suicide Prevention and Awareness Network (iSPAN) supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to the Suicide Prevention project.

The Illawarra Suicide Prevention and Awareness Network is absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

Our organisation has been operational in the Illawarra Area for many years, meeting with local stakeholders, gathering statistics relevant to the Illawarra area and attempting to identify trends and ways to assist people in need. As a result, iSPAN now supplies Family Support Packs to Police and Ambulance when they attend deaths from suicide or incidents of attempted suicide. A more recent initiative is the distribution of Save a Mate cards to many local Clubs, Hotels and community organisations. The cards which identify Emergency numbers are also displayed at every local Lions Club event in the Illawarra. The network is also currently exploring the use of targeted Help cards within local schools and with some relevant businesses i.e. the local Taxi Cab company.

iSPAN agrees to promote the use of evidence-based strategies consistent with the Systems Approach and we are keen to contribute to discussions about intra- and inter-sector collaboration to reduce suicide deaths.

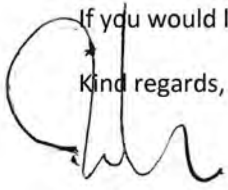
Whenever possible iSPAN will commit to attending the Collaborative's monthly meetings to support the implementation of the Systems Approach project, as well as other meetings or events when relevant. iSPAN is open to sharing information and reviewing current practices to improve the system responses to people at risk of suicide and their carers. Peter Brown, current iSPAN Chairperson will be the contact person for the Collaborative.

The Illawarra Suicide Prevention and Awareness Network agree to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We

agree that they are the most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you would like further information regarding this matter, please do not hesitate to contact me.

Kind regards,



Peter Brown

Chairperson iSPAN

wollongong
city of innovation

WOLLONGONG CITY COUNCIL
Office of the Lord Mayor

Address 41 Burelli Street Wollongong **Post** Locked Bag 8821 Wollongong DC NSW 2500
Phone (02) 4227 7111 **Email** council@wollongong.nsw.gov.au **Web** www.wollongong.nsw.gov.au
ABN 63 139 525 939 - GST Registered

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Our Ref: Z16/104967
Date: 11 May 2016

Dear ~~Ms Green~~ Rachel

LETTER OF SUPPORT

I am writing to confirm my support for the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

I am absolutely committed to working with all the relevant services and stakeholders to reduce the number of suicides in the Illawarra Shoalhaven region.

As Lord Mayor of Wollongong and Chair of the Illawarra Pilot Joint Organisation covering Wollongong, Shellharbour, Kiama and Shoalhaven Council's I am very aware of the impact suicide has on our communities. In this respect we are keen to contribute to discussions about intra and inter-sector collaboration to reduce suicide deaths.

Please contact me should you require further information.

Yours sincerely,

Cr Gordon Bradbery OAM
Lord Mayor
Wollongong City Council
Telephone (02) 4227 7111

13 May 2016

Ms Rachel Green
Project Director
Systems Approach to Suicide Prevention
Black Dog Institute
Hospital Road
Prince of Wales Hospital
RANDWICK NSW 2031

Dear Ms Green

Letter of support

I am writing to confirm that the Illawarra Business Chamber supports the application of the Illawarra Shoalhaven Suicide Prevention Collaborative (the Collaborative) to be a pilot site for the Systems Approach to Suicide Prevention project.

The Illawarra Business Chamber is a not for profit membership organisation, with 1,400 business members in the region. Mental health has been a concern of our members and we have assisted raising the profile of how to deal with mental health in the workplace in the past.

I am personally committed to working with all the relevant stakeholders to assist the communication efforts between the services and stakeholders with the business community to reduce the number of suicides in the Illawarra Shoalhaven region.

I will commit to attending the Collaborative's monthly meetings to support the Systems Approach project, as well as other meetings or events when relevant. Illawarra Business Chamber is open to sharing information to improve the system responses to people at risk of suicide and their carers.

Illawarra Business Chamber agree to support COORDINARE, as the lead agency for this application, to successfully implement the Systems Approach within the region. We agree that they are most suitably placed to fulfil the role of lead agency for the Systems Approach project.

If you require any further information, please don't hesitate to contact me directly.

Yours sincerely

Debra Murphy
Chief Executive Officer

Illawarra-Shoalhaven Suicide Prevention Collaborative

Statement of Purpose

1. Background

Suicide is the leading cause of death for Australians aged 15-44 years of age, accounting for more deaths than motor vehicle accidents, assaults and substance use combined. Put another way, every day in Australia, 7 people die by suicide and another 170 attempt to suicide.

The Illawarra-Shoalhaven is far from immune, with suicide rates for this region higher than the NSW average. Despite a number of services being available to help those at risk of suicide, suicide rates have remained relatively stable over the past 10 years. Therefore, a more systematic and coordinated approach is warranted.

2. Vision

The Illawarra-Shoalhaven Suicide Prevention Collaborative (the Collaborative) was founded on the common ambition of multiple government and non-government agencies to reduce the impact of suicide in the Illawarra-Shoalhaven region. This incorporates reducing the number of people who die by suicide, and improving the service experience of those at risk of suicide and those who care for them.

The Collaborative aims to reduce the impact of suicide by:

2.1. Improving the supports available to people at risk of suicide as well as improving people's experience of those supports

The Collaborative aims to improve the efficiency and effectiveness of suicide prevention services available in the Illawarra-Shoalhaven. In acknowledgement that there are many people at risk of suicide who do not engage with traditional health services, the Collaborative will not be restricted to clinical interventions when considering suicide prevention activities.

The Collaborative is committed to learning from those with lived experience so as to improve the supports and services available to people at risk of suicide as well as those who care for them.

2.2. Encouraging systems change through collaboration

The Collaborative understands that when a person's care is transferred from one service/sector to another can be a particularly high risk time for suicide. Therefore, a significant and sustainable reduction in the number of suicide deaths will only be achieved by working together in a systematic and coordinated way. This will be achieved through encouraging innovative solutions, cross-sectorial collaboration, and whole-of-community involvement.

2.3. Ensuring that suicide prevention efforts are effective

It is crucial that we focus our suicide prevention efforts on strategies that are evidence-based. Furthermore, suicide prevention activity should continue to be subject to thoughtful and well-designed evaluation to ensure such activity effectively addresses local needs. Any innovations

should also be evaluated, and the findings be made available to the community to contribute the emerging evidence-base. The Collaborative commits to systematic evaluation of all suicide prevention activities it undertakes, and actively creating opportunities to build upon the evidence-base in the literature.

3. Guiding Principles

The Collaborative believes that suicide prevention is everyone's business, and not exclusive to any one service or sector. People at risk of suicide and those who care for them often access support from various services and sectors, and so any successful approach will require a collaborative cross-sectorial approach.

The Collaborative values those with lived experience, and is committed to actively ensuring that these people are encouraged to contribute to the development, evaluation and governance of suicide prevention activities in the region.

4. Membership

Membership of the Collaborative includes key representatives from all the major services involved in supporting those at risk of suicide, including health, education, research, emergency services, community groups, Aboriginal & Torres Strait Islander community organisations, media, council, and lived experience representatives.

APPENDIX E

Terms of Reference

Illawarra-Shoalhaven Suicide Prevention Collaborative

Terms of Reference

1. Background

The Illawarra-Shoalhaven Suicide Prevention Collaborative (the Collaborative) formed in September 2015 following the expressed commitment from multiple government and non-government agencies to reduce the impact of suicide in the Illawarra-Shoalhaven region.

The Collaborative aims to achieve this by:

- improving the supports available to people at risk of suicide as well as improving people's experience of these supports;
- encouraging systems change through collaboration; and
- ensuring that suicide prevention efforts are effective.

The Collaborative's vision and guiding principles are further outlined in the Collaborative's *Statement of Purpose*.

Priorities are to be reviewed regularly and as prompted by research, funding announcements and political decisions likely to impact the Collaborative's activities.

2. Role of Collaborative

The Collaborative has responsibility for:

- influencing strategic directions and outcomes
- overseeing any allocated budget (regardless of the organisation(s) responsible for auspicing any associated funds)
- supporting and implementing agreed suicide prevention activities
- monitoring and management of risks
- developing necessary policies and protocols
- taking responsibility for the activities, their implementation and achievement of outcomes
- ensuring the activities align with stakeholder interests and relevant requirements
- communicating and addressing any issues that may have implications for the Collaborative
- promoting the achievements of the Collaborative.

3. Membership

Ongoing membership of the Collaborative will include representatives from the key stakeholders as required to contribute to the activities of the Collaborative. Members may come from multiple different sectors and industries including but not limited to: COORDINARE – South Eastern NSW PHN, University of Wollongong, Illawarra-Shoalhaven Local Health District, Lifeline, Grand Pacific Health, Government and non-Government education, Salvation Army, media, council, business, service providers, people with a lived experience of suicide, Aboriginal & Torres Strait Islander Communities, LGBTI communities, and relevant community groups.

The Collaborative will select Executive members responsible for the oversight and progress of the Collaborative. The Executive members will be comprised by representative from the following sectors:

- Academia/Research (e.g. University of Wollongong, Illawarra Health and Medical Research Institute)

- Public health system (i.e. Illawarra-Shoalhaven Local Health District)
- Non-government service provider (e.g. Lifeline, Grand Pacific Health, headspace)
- Primary Health (e.g. COORDINARE – South Eastern NSW PHN)
- Lived experience of recovery from suicide

The Collaborative is also committed to involving representatives from key organisations and community groups, including but not limited to:

- Aboriginal and Torres Strait Islander organisations
- Lived Experience (including carer) groups
- Community groups
- Mental health service providers
- Phone support providers
- Education
- Emergency service providers (e.g. Police, Ambulance)
- Non-Government organisations (who support people at risk of suicide and those who care for them)
- Media
- LGBTI community
- Multicultural community
- Railways
- Justice Health
- Local government and council

All members of the Collaborative are required to actively support the Collaborative activities and act as advocates for its outcomes.

Collaborative members who are representative of an organisation or service should remain constant. All people participating in meetings should hold appropriate positions within their organisations so as to actively contribute to decisions made without needing to confer with other management or executive staff.

3.1. Cessation of membership

A Collaborative member will cease to be a member if they:

- resign from the Collaborative;
- do not attend 3 consecutive meetings without providing apologies;
- resign from employment at the represented organisation/service;
- breach confidentiality; or
- their organisation fails to deliver on their contracted obligations as determined by annual review.

3.2. Chair arrangements

Responsibility for facilitation of the Collaborative meetings will be the shared responsibility of the Executive members.

The Executive members will also ensure that issues raised within the meeting are tracked, reported and resolved in a timely manner.

Executive members may submit a vote when reaching decisions.

3.3. Invitees

From time to time, the Collaborative may wish to invite external persons to provide advice and assistance. This can be done by the Executive at the request of any member of the Collaborative.

4. Operations

4.1. Decision making

Decisions are made by consensus. However, when consensus cannot be reached by the Collaborative, the Executive will make a decision on behalf of the Collaborative. For a decision to be made within a Collaborative meeting, a majority of members present and a majority of Executive members must be in agreement.

To support activity progress and meet deadlines, the Executive are able to make decisions external to meetings where unanimous agreement is reached. Decisions made between meetings will be communicated to Collaborative members and recorded in the minutes of the next scheduled meeting.

4.2. Conflict resolution and disputes

In the event of a dispute, the Executive members will be called upon to assist in the resolution of the disputes. Disputes which are unable to be resolved within the meeting may be deferred to a process external to the meeting.

4.3. Conflict of interests

The Collaborative acknowledges that when discussing and deciding upon some elements of the development and implementation of the Collaborative's activities, members may possess a conflict of interest relating to their own personal or organisation's interests.

When discussing and deciding upon topics where Collaborative members may have a conflict of interest, the steps below will be followed:

- The Collaborative member declares their conflict to the meeting and it will be noted in the minutes.
- Depending on the point for discussion, the Collaborative member may or may not be permitted to participate in the discussion. This decision will be made by majority agreement of the other members and led by the executive members.
- The Collaborative member with the conflict will not be able to participate in voting for the decision.

If other members believe another person has a possible conflict of interest that has not been declared, they are required to raise this with the meeting prior to a vote being cast. In this instance, the above steps will be followed and similarly be noted in the minutes.

4.4. Frequency and duration of meetings

The Collaborative will meet every month for approximately 1-2 hours. A review of these arrangements will be conducted every six months.

4.5. Quorum

At least two Executive members and a further five members of the Collaborative must be present for any decisions to be made.

4.6. Proxies

Proxies shall have voting rights at the meeting and can act on behalf of Executive or other members. Proxies are also able to provide relevant comments/feedback to the Collaborative and report back to the member for whom they are representing.

A proxy must be employed by the same organisation (or participate in the same community group) as the member for whom they are representing.

4.7. Communication

The meeting agenda will be prepared and distributed by the Executive members (or representative organisation) in the week prior to the next scheduled meeting. Any additions or changes to the agenda must be submitted to the Executive or designated officer no less than two days prior to the next scheduled meeting.

The Executive are responsible for the quality of the minutes, ensuring they are an accurate record of proceedings. Executive members will arrange for an appropriate person to attend each meeting for the purpose of taking and typing the minutes and distributing to all members.

Full copies of the minutes, including any related attachments, will be forwarded to all Collaborative members prior to the next meeting.

All Collaborative members will report to the management of the organisation that they represent.

As outlined in the *Statement of Purpose*, the Collaborative commits to actively creating opportunities for people with lived experience contributing to the activities of the Collaborative. The Collaborative also commits to providing timely feedback to those who have provided such input.

4.8. Confidentiality and intellectual property

Each member or member organisation shall keep confidential any information that it receives from another member or member organisation that is marked confidential or that another member has stated is confidential.

Intellectual property owned by a member or member organisation remains vested in that member or member organisation. Participating in Collaborative activities does not transfer ownership of any intellectual property rights or constitute consent for anyone else to use that intellectual property in a manner that suggests they has any ownership, unless agreed in writing.

As a guiding principle, intellectual property that is newly developed during the course of the Collaborative's activities would be jointly owned in such proportions relative to member contributions to its development. It is also the intention that members or member organisations would be freely able to use such newly developed intellectual property for their own purposes and at no cost.

4.9. Reimbursement

Members will not be reimbursed for their participation in the Collaborative. Attendance and involvement in Collaborative activities is considered part of the members' current roles for their employer (or community group). All contributions are considered to be in kind given the goal of reducing the impact of suicide in the Illawarra-Shoalhaven is important for all organisations and community groups involved.

APPENDIX F

Planning Workshop Summary

ConNetica

CREATING BETTER FUTURES

Acknowledgements

The comprehensive nature of the data gathered in this workshop would not have been possible without the preparatory work undertaken by members of the Illawarra Shoalhaven Suicide Prevention Collaborative and the good will and active engagement of the 70 people who attended the workshop. The broad cross section of attendees including the Lord Mayor Councillor Gordon Bradbery OAM, people with a lived experience and carers, senior executives from Community Mental Health, academics, media, Partners in Recovery, community service providers, clinicians and police, demonstrates strong community engagement and interest in suicide prevention initiatives.

ConNetica wishes to acknowledge these individuals and commend this region for its strong commitment to addressing and reducing suicide in the Illawarra Shoalhaven region. Your combined good will, insight, expertise and determination will prove invaluable in designing suicide prevention initiatives that are tailored to the unique context and needs of your community.

Consulting Team

ConNetica Consulting Pty Ltd

Director: Marion Wands

Trainee Analyst: Dan Mendoza

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3.5 Support People discharged from emergency departments or hospital wards 11
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1. Introduction

The Illawarra Shoalhaven Suicide Prevention Collaborative Workshop was conducted at Kiama on Thursday 21 April. Over 70 people attended the workshop. The broad cross section of attendees included the Lord Mayor Councillor Gordon Bradbery OAM, people with a lived experience and carers, senior executives from Community Mental Health, academics, police, clinicians, media personnel and staff from Aboriginal services, Partners in Recovery and community services.

Workshop Objectives

1. Highlight the needs of people at most risk of suicide in Illawarra Shoalhaven (e.g. Aboriginal & Torres Strait Islander, LGBTI, people with a mental illness discharged from hospital)
2. Identify what's working well in suicide prevention within the Illawarra Shoalhaven, and what could we do better? (i.e. what gaps exist?)
3. Discuss opportunities for intra- and cross-sector improvements, prioritise these, and commit to collaboratively acting on plans for improvement.

Workshop Guidelines

The purpose of sharing the following attributes with attendees was to create a comfortable and safe working environment so ass to maximise people's confidence and willingness to participate. Attributes included:

1. R – Respect
2. O – Open to new ideas
3. E - Encourage one another to share
4. S – Share ideas, knowledge and experiences

5. T -Time – work within agreed time frames

2. Key Improvement Priorities Per Intervention Category

The following priorities were identified by each working group and the scores indicate all attendees views relating to the importance of each priority.

2.1 Emergency Services (including Police, Ambulance, ED Staff)

1. 24/7 psychosocial crisis support (face to face) – note this is different services to Mental Health Services (Score – 40)
2. Increased involvement and support for carers (Score – 17)

2.2 School based strategies

3. Training/ education- staff and students (Score – 4)
4. Appropriate interventions for level of need/ support required – for example internet/online and more intensive wrap round services (Score – 9)
5. Resources, people and skills (Score – 2)
6. Cohort specific – LGBTI (Score – 10)
7. Parents – skills/ education / support (Score – 17)
8. Cross sector involvement (Score – 12)

General comment – all interventions are to be evidence based

2.3 Psychosocial treatments – better coordination, stepped care, flexile delivery

1. Improve service design (Score – 16)

    1. More holistic
    2. No wrong door

2. We need specific strategies for particular groups (Score – 24)

    1. Men
    2. Aboriginal/ TSI
    3. LGBTI community
    4. Older people
    5. Young people
    6. Refugees from war zone areas

3. Improved communication (Score – 16)

    1. With members of the public
    2. Amongst some providers

4. More case conferencing (Score – 11)

2.4 Role of General Practice and GP education

1. Developing HealthPathways; mental health component with input from consumers and inter operability with IT referral systems (Score – 7)
2. Developing viable service models using MBS
3. Education of GP's as to how to work more effectively with certain groups (Score – 2)

    3. Men
    4. Aboriginal/ TSI people
    5. Members of LGBTI communities
    6. Refugees

4. Utilising opportunities through professional development and dialogue
5. Engage with GP's around genuine desire to work better with people who have a mental illness (Score – 12)
6. Invest more in training about team based care with general practice for all staff, managers, practice nurses, receptionists (Score – 5)

2.5 Supporting people discharged from emergency departments or hospital wards

1. Linking any male who is discharged into a Men's Health Service (Score – 8)
2. Develop peer workforce to support people discharged (Score – 17)
3. Overlaying an assertive follow up program focusing on a sense of connection and support to other services (Score – 29)
4. Explore options to identify and flag people at risk (Score – 9)

2.6 Community Awareness campaigns and training programs

1. First aid training should include (mandatory) mental health first aid (especially suicide prevention) (Score – 37)
2. Ongoing funding and resources for local initiatives of awareness and support, for example suicide prevention gate keeper training (Score – 9)
3. Broader media campaigns addressing mental health issues (Score – 9)
4. Pressure on government to put mental health and suicided awareness on the agenda (Score – 10)
5. Suicide awareness training for all staff in health and human services (Score – 29)

2.7 Additional Priorities

These additional priorities were identified at the conclusion of the day, after presentations per category.

1. Be vocal to government – advocate for better services and required funding
2. Reinforce the value of volunteers – "for every $1 spent on volunteers there's is a $7.30 return"
3. Provide access to education for everyone/age group

4. Better equip the general community to assist one another -
5. Focus on the data to make informed decisions relating to where to focus current and future services – e.g. youth and older men, men in general
6. Be ambitious with our goals

3. Additional Information Per Intervention Category

The following information details all information that was gathered during the small group work.

3.1 Emergency Services (including Police, Ambulance, ED Staff)

What is happening and working well

1. Lifeline – contact police when a caller is choosing death
2. 1800 – hospital
3. 1800 CAMS
4. 1800 – includes children but no child and adolescent specialist (GAP)
5. more youth are presenting at Emergency in Shoalhaven, has a clinical nurse consultant but not after hours (GAP)
6. headspace Nowra consult with clinical nurse consultant
7. MOU meetings happen and give opportunity to collaborate
8. Review of Mental Health presentations to ED (Shoalhaven)
9. Local area Command have MOU meetings and keep records
10. Shoalhaven Suicide Prevention Network has useful monthly meetings – information is provided by and to Emergency Services
11. Packs are developed for suicide prevention and bereavement (Illawarra and Shoalhaven)
12. Emergency Services respond well
13. Have the forensic counsellor in Wollongong- sends packs to family (postvention support) after 2 months
14. Relationships with clients can be strong and they will call to discuss
15. When people are not wanting help, police will attend and this is great
16. CEO of Health has prioritised the need to follow up within 7 days (KPI)
17. There are good examples of sharing information between headspace and police
18. Police inspector has mental health as a portfolio

Opportunities for improvement and identified gaps

1. More after hours service providers
2. Improved continuity of care
3. Would like to better understand the reasons for suicide
4. Bringing data together from different Emergency Services
5. Improve follow up with family after death from suicide
6. Not all Emergency Services are aware of the packs to give out (self harm, bereavement)
7. Self harm – Blue Card – supports health seeking behaviours, has gone to other areas
8. 1800 follow up calls are useful
9. Called 000 who did a welfare call – have rung back
10. The need that brought the person to Emergency is not addressed
11. Information from Emergency Services to primary health provider – there is an opportunity to share an understanding of service methods and protocols, which currently seem hard to understand
12. Blurring of responsibility between 1800 and police
13. Come together to develop a road map of how to work together between Emergency Services and Primary Care
14. Emergency psycho social support for people who are considering suicide – face to face mental health services can only do so much
15. How to work with people who don't have a diagnosable disorder
16. CAMS is developing a work review framework
17. Need a multi sectorial review
18. Review of near misses – but more needs to be done

19. Protocol for questions asked by police attending Family Violence - do not ask about self harm/suicide
20. After hours support – 5pm – 7am is when "it all happens" but limited services are available
21. Build community capacity like Neighbourhood Watch to support someone who is not "traveling well" e.g. RUOK, school based support, buddy program, community support network
22. After death by suicide families feel ill informed and disempowered
23. In relation to services sharing with other services – GPs, client and families, friends, NGOs – concerns over privacy impede sharing information
24. Have the discussion with clients so that privacy is not a block so that useful information can be shared
25. People present to ED in a distressed state and leave before being seen or have been triaged
26. People in a crisis often do not want to go to hospital if there is a viable alternative to hospital
27. The mobile treatment team was regarded as useful by many people – are there other ways to gain these positive outcomes
28. Patient experience - journey mapping project is happening at Mirrabrook (ISLHD)
29. Police once they have worked for 7-8 years attend 1 week training in mental health
30. Difficult for police to hand out packs as it would be difficult to carry all different types of packs
31. Mental health training is generally not given to ED staff
32. Staff attend training during work time
33. Have groups of staff who can specialise in Mental Health and share cross policies.

3.2 School based Services

What is happening

1. Suicide Prevention programs – headspace, community engagement officer visits schools and provides information – these sessions are dependent upon headspace being invited by the school to attend – the aim is Yr. 11 -12 students
2. Shoalhaven Mental Health Fellowship – Art Competition (not currently happening) involvement is voluntary – needs money, time and resources
3. Shoalhaven City Art Centre- movie
4. Healthy Minds in Schools Project – Mind Blank – used transport that was funded (SSPAN)
5. Sugarlands (SSPAN) – needs drivers within schools to motivate/champion, welfare officers in schools is where this works best
6. SSPAN – Parents surviving HSC – support
7. SSPAN – Blue Cards and wrist bands "How to ask for help" – funded through Rotary
8. Headspace Ulladulla – Youth Drop in Centre
9. Kids Matter and Mind Matters – not consistently adopted across schools
10. All school Counsellors/Principals and Executives trained in Suicide Prevention
11. All schools have a suicide postvention strategy
12. Training new teachers at TAFE
13. Student welfare programs – resilience
14. Mental Health First Aid courses
15. University
    1. -LGBTI "welcoming" posters/ "rainbow doorways"
    2. student counselling
    3. mental health first aid training for students and staff
16. 2016 Mental Health Week – "Learn and Grow"
17. Schizophrenic Awareness week
18. AMS Shoalhaven – social and emotional well being unit funded by SPA
19. School counsellors are highly trained in SP, increase in trained staff post July
20. Postvention – headspace, SP Shoalhaven, Council – come together to set up parent clinics
21. Albatross – children come to Shoalhaven schools
22. Technology – Apps – Smiling Minds/Recharge/Mood Tools, Young and Well Collaborative
23. Guest Speakers – lived experience
24. Synergy Trial Pilot– connected with headspace, digital platform providing tailored digital solutions to young people's identified needs – early intervention
25. My Compass – Black Dog Institute

26. Regular opportunities for CAMHS and schools to to meet – SP forum and student engagement strategies
27. Headspace provides suicide prevention support to schools
28. When people do engage in discussions they can be laughed at
29. Organisations are often risk adverse and hand over difficult issues to other organisations rather than address them

What is needed and opportunities

1. Educate school hierarchy on what is needed
2. Champions in schools to drive various MH /SP initiatives – allocated time to perform these tasks
3. Shortage of trainers to deliver Mental Health First Aid – more MH First Aid Courses
4. Investigate benefit of other training programs such as Conversations for life
5. Use apps such as Conversations for life (http://www.conversations4life.com) and other digital solutions such as Synergy (Young and Well CRC - http://www.youngandwellcrc.org.au) to enable early intervention that is tailored to individual needs – currently being trailed
6. Build resilience in our young people/deliver school resilience programs – debunk what it means to be normal, better support young people to manage the normal ups and downs of everyday life
7. More open conversations about self harm – cutting
8. Better understand the impact of youth unemployment and other social determinants on young people's mental health
9. Identify when people need help and be proactive in responding
10. Most kids with mental health are too scared to admit it – they are often accused of attention seeking – need to educate people to de stigmatise thoughts and behaviours relating to mental health
11. Include high school students in these discussions re service needs and experiences
12. Social media – don't ban it find out its value and use it appropriately
13. Educate the parents – help parents better understand what is and is not normal, parenting skills and how to say NO, how to build their children's resilience
14. Grief and loss programs in schools – in our society this is often a no go area
15. Reduce pressures young people feel around body image
16. Address and minimise hero worshiping of people who die by suicide – people need to understand the finality of suicide
17. Need a whole of school approach – whole personal development program, one off programs can sometimes be more damaging
18. Positive psychology approach could be helpful – recognise strengths, values and inner strength – reinforce and build resilience skills for everyday life
19. Help young people to better manage their emotions and to realise that being sad all the time is not normal
20. Review the design of schools to investigate the impact on well being
21. Educate young people on available services/supports

What could we do - summary

Key categories – training, appropriate interventions for level of support required, resources – people and skills and cohort specific support/interventions

1. More training and knowledge around mental health
2. MH programs to be student driven
3. MH Schools led training programs
4. First Aid training to support what to do once a person discloses depression etc.
5. Conversations for life training – having the difficult conversations
6. Straight talking program with TAFE
7. Grief and loss training and support
8. Have a conversation not labels
9. Exposure – balance between giving or not giving information
10. Practical Student Support Workers in all schools
11. Do we have enough school counsellors – bad psychology does damage
12. Wrap round services for students identified at risk - appropriate intervention for level of support required

13. Encourage strong social connections with family and friends
14. Address the needs of LGBTI students

3.3 Psychosocial treatments – better coordination, stepped care, flexible delivery

What is already happening?

1. Quit 4 new life- will be defunded in July, program 4 smoking cessation, home visits/community/family connections
2. South Coast Aboriginal Medical Services
    1. Koori Kids Well Being – 2 workers, 5 primary schools – culture, identity, resilience, help seeking
    2. Mental health month, NAIDOC E&E – public awareness events
    3. Groups (men and women) – health and well being
    4. GPs
    5. Holistic approach to health and well being
    6. Counselling
3. Habitat – Aboriginal Employment Services
4. Socio Media/IT
5. Headspace
    1. Access to allied health psychological services (ATAPS) – up to 2-3 months
    2. Self harm and suicide
    3. After hours telephone support – outside MH Care Plan requirements, works with VANN service to reduce risk
6. Suicide Call Back Service for carers and individuals at risk
7. E-headspace – online and telephone counselling
8. Headspace youth support - go into schools following a suicide to support staff and teachers
9. Feedback – flexibility around communication where help inquiries cross services, intake policies
10. Healing Houses – Oolong and Waminda
11. Richmond Fellowship – no wrong door across programs, support to access appropriate services – inside and outside of organisations
12. Day to day living programs – safe places connecting people
13. HASI program – intensive support up to 30 hours per week for people with complex mental health needs
14. Neighbourhood Centres, Women's Health Centres, Homelessness Services
15. Gambling services
16. Boys are back in town
17. PIR – Partners in Recovery
18. Project Air Strategy – step down model of care, diverting into psychological supports as well as physical health responses – Illawarra and Shoalhaven
19. Telephone Information Service
20. Men4Life – these are all self funded
    1. Non mental health assessment method
    2. Men's camps
    3. Weekly focus groups – dinners and talks
21. After Care Faces, Partners in Depression
22. Men's Sheds – activity based
23. Child and Adolescent Mental Health (P.E.T.)
    1. Over up to 18 years of age
    2. Multi disciplinary team
    3. DBP and counselling
    4. Inpatient unit
24. Gold Card Group
25. E.T.C (Salvation Army)

    1. Monthly groups for bereaving individuals – Wollongong
    2. Not sure if this is available in Shoalhaven

26. Local advertisement of services availability was helpful (S.C.A.R. F, and S.TA.R.T. S)
27. Informal social groups resulting from suicide loss
28. Private practitioners

Opportunities to value add

1. Specialist nurses at GPs and psychiatrists to link bereaved to available support services
2. Good quality identification and follow up
3. Wider focus of risk identification, face to face assessments – thoughtful design
    1. Injury
    2. Alcohol
    3. Psychosocial issues
4. Home visits

Opportunities for Improvement

1. Mental health well being - better informed and linking to other community services
2. Improvement in post crisis responses. Breaking down health silos
3. Open inter agency meetings to the general public
4. Target group of highest needs – adult men. Programs and approaches in the highest risk areas – adult men, Aboriginal people, people in the justice system, elderly isolated people, refugee populations with trauma, LGBTIQ
5. Address and reduce stigma – "not weak to speak"

3.4 Role of GPs and GP Education

What is already happening?

1. Black Dog Institute training – webinars
2. GP Training re mental health U of W etc.
3. Providing services to those who present with health concerns
4. Consultation regarding development of stepped care service models – incorporating general practice
5. Consultation about to commence i.e. health pathways – inputs from consumers, GP staff and how to improve referral pathways and document

Identified Gaps

1. Concern about insufficient focus on men who don't have a mental illness but are experiencing a range of detrimental social issues
2. Limited understanding of social determinants of health
3. GPs not aware of the broad range of support services available and how to best link people to them
4. GP needs to know the range of options available – online support is not always appropriate
5. GPs have limited knowledge of recovery orientated practice, evidence based practices, and the impact of poor attitudes towards people who are vulnerable
6. Limited times in which GPs provide service and appointments are too short
7. Families and carers are not included in information about the side effects of medication and how to support loved ones
8. People who maybe too sick to get support from GP and not sick enough for people to go to hospital
9. Effective, affordable transport to appointments

Opportunities to value add

1. Value of the relationship with GP built over time
2. Longer appointment times
3. Improving team care within General Practice
4. Improving the capacity of health pathways, re resources and services for GPs and consumers
5. Co-location of services with GPs e.g. headspace

6. GPs improve their attitude towards people with a mental illness
7. Finding GP champions to lead reform in service delivery
8. Providing more support to families and carers – checking in regularly
9. Clarifying knowledge, skills and behaviours GPs need to coordinate/lead stepped care models
10. Ensure follow up is built into service delivery – improving reminder and recall systems

Identifying Improvements

1. Better link to psychological services
2. Improve quality of service delivery - more compassionate
3. Improve the quality of reception when first entering the practice
4. Improve quality of communication in General Practices
5. Ensure surgeries are designed with quiet spaces
6. Build the capacity of GPs to effectively engage carers and family members
7. Create opportunities for consumers to train GPs
8. Develop strategies to raise the awareness of GPs as to how MBS can enable them to provide more compassionate care
9. Build education re services into GP CPD events
10. Promote Conversations for Life App http://www.conversations4life.com
11. Promote tools to people that can support them in their own care
12. Increase the awareness of effectiveness of online tools where appropriate
13. Education to debunk myths re legal liabilities and referrals to online resources
14. Develop more accessible and affordable transport to services

3.5 Support People discharged from emergency departments or hospital wards

What are we doing that is effective?

1. People being referred by ED to other services such as headspace
2. 7 day follow up post discharge
3. transfer of care policy (LHD) – transferring care back to the community/discharge planning
   Opal cards/taxi vouchers distributed to people when discharged (Shoalhaven and Illawarra) PIR project
4. Services working with people while they are still in hospital re accommodation and other needs
5. Sub acute unit step down from high level inpatient unties and step up (18+)
6. Social workers on inpatient units- can put services in place while the person is still in hospital
7. On call social workers ED (Wollongong) and trial in Shoalhaven to commence June 2016
8. PIR can work with people in inpatient if they meet the PIR eligibility criteria
9. Consumer and peer advocates in units and follow up people post discharge
10. TRISS telephone information and referral services (9-5pm) Schizophrenic Fellowship phone call regularly
11. Family and carer support services and Aftercare (F&C), Anglicare Family Support, ARAFMI and LHD F&C program
12. HASI – JSO support
13. Day to day living and social support and D2D living support with hospital support get to know service while in inpatient – e.g. clubhouse
14. Primary physician linkages – discharge paperwork sent
15. Helping hands
16. Sub acute forum services come in regularly to talk with consumers
17. Yearly follow up post discharge
18. Being invited to discharge planning meetings (NGOs)

Gaps – What are the barriers to doing a better job?

1. Contact NGO on day of discharge advising them that person would be discharged that day
2. Referrals to support services not done in a timely manner to support early engagement with the consumer

3. Need 2 way collaboration between LHDs and NGOs not just one way. NGOs cold come to units more regularly, not just to invited meetings
4. Discharge summary may not include S/W tasks etc. Needs more information about psychosocial interventions
5. Identification of people who do not have MI but who may come to ED/Hospital suicidal
6. Challenge to meet face to face 7 day follow up requirements for a variety of reasons such as geographical isolation or distance to services
7. Some consumers may not want LHD involvement post discharge
8. No other assertive options are available
9. Gaps - to assertively follow up or provide support or linkage to other services e.g. GP
10. Need a way to identify concern around self harm preventions
11. Assessments for possible at risk then follow up when they are not clearly suicidal
12. ED self harm is a scatter gun approach. Would be good to speak with family
13. ED not sharing information from presentation with services such as headspace when referring there
14. Schools don't always know about discharge or presentation to ED

Ideas – How could the system work better?

1. Expand TRISS after hours
2. Services to go into inpatient units to engage
3. Employ more staff
4. Match resources to policy
5. Prioritise higher risk within 7 days follow up by LHD
6. Involving psychosocial supports within 28 days follow up time frame
7. Peer support post discharge regularly for period of time
8. Refer early in admission to psychological supports – follow through with referrals/supports
9. Assertive follow up by NGO peer worker
10. Engaging person to link between services – peer worker
11. Referral service with a face to it
12. Incorporating technology – Apps, SMS messages, mood diary
13. Wrapping services around person transitioning from hospital
14. Red Cross program for aged – replicate to arrange p/c for people on a daily basis to check post discharge
15. Volunteer services when ready have this functionality
16. Application in Shoalhaven through PIR funding to do this
17. Shared resourcing between services to deliver strategies such as peer workers
18. 24 hour social worker
19. Ensure we include people discharged without MI diagnosis to 3rd party intervention/support
20. Accurate and up to date consumer contact details for follow up
21. Identify strategies to work with target group – men 35 -50 such as in clubs, value connections of men to clubs / sporting groups

3.6 Community Awareness campaigns and training programs

What is currently happening?

1. Police training package in post/ prevention
2. Salvation army bereavement group
3. Funeral directors offer packages
4. R U OK? Day/ mental health campaigns
5. Mental health first aid (needs to be regulated, mandatory certificate)
6. Mates in Construction
7. Heads up
8. Campaigns by Black Dog, beyond blue, reach out
9. Local and informal projects

What is effective

1. Localised events are effective
2. Celebrity ambassadors – help to open conversation

3. Empirical/ evidence based practice
4. Consistent, on going campaigning with funding and government backing
5. KKWB
6. Seasons for Healing – successful grief and loss support for indigenous communities
7. Maintaining results is difficult

What are the gaps?

1. Media conversation
2. Funding for the right programs
3. Sporting groups
4. How to measure effectiveness of interventions
5. Local government support (funding), suicide and mental health should be a government priority
6. Could be broadly integrated in health, school curriculum, throughout the community
7. Workers in community supporting individuals
8. More literature available in health spaces
9. Mental health workers more engaged and vigilant - community engagement
10. Training should be mandatory involving mental health first aid and support
11. Employment incentives for mental health
12. Education for young people about their health
13. Resources on the ground
14. Community ignorance/stigma including for older people

Opportunities for Improvement

1. First aid training should include (mandatory) mental health first aid (especially suicide prevention)
2. Ongoing funding and resources for local initiatives of awareness and support, for example suicide prevention gate keeper training
3. Broader media campaigns addressing mental health issues
4. Pressure on government to put mental health and suicided awareness on the agenda
5. Suicide awareness training for all staff in health and human services

Priorities

1. Provide psychosocial crisis 24-hour support available to consumers and carers. Face to face for people who were at risk of suicide.
2. Knowledge of local services and building on partnerships
3. Or - Expand existing services to provide the above

APPENDIX G

Job Description for Suicide Prevention Collaborative Coordinator

Position Description

Position Title:	Regional Coordinator, **Illawarra Shoalhaven Suicide Prevention Collaborative** (ISSPC)
Responsible to:	Day-to-day accountability to the Regional Director, Engagement and Coordination, COORDINARE. For deliverables and milestones to the ISSPC Executive
Responsible for:	TBA
Location:	Office locations – Wollongong or Nowra
Status:	Full time with a willingness to work after hours as required
Hours:	38 hours per week
Salary Range:	$103,000 - $117,000 commensurate with skills and experience
Conditions:	National Employment Standards Employment Contract Company policies and procedures
Remuneration & Benefits:	Base salary plus superannuation at statutory rate Salary packaging up to $15,900 per annum Professional development opportunities Flexible work practices
Probity Checks:	Reference Checks National Criminal Record Check 100 points of Identification including Drivers Licence Qualifications / Certifications required for position
Level of Delegation:	As outlined in Delegations Policy

Organisational Context

COORDINARE has been established by Grand Pacific Health, IRT, Peoplecare and the University of Wollongong, to take up the challenge of delivering the Primary Health Network for South Eastern NSW. COORDINARE provides a unique blend of private and public perspectives and innovative thinking which aims to transform the health of people in the region.

COORDINARE has adopted a business model that is data-driven, using epidemiological information, practice-based evidence and local knowledge to set clear priorities for improving health outcomes, achieving better patient experiences and reducing costs. Seeking input from our GP-led Clinical Councils, our Community Advisory Committee and through our strategic alliances with the Local Health Districts, we will set clear local priorities as well as identify strategies to implement the national priorities locally.

COORDINARE works at three levels within the health system:

1. **Supporting general practice** through: helping GPs better understand their own patient populations by unlocking the potential in their own patient data; working with GPs to improve the quality of care; and supporting GPs to help patients make necessary lifestyle changes and manage their own conditions
2. **Working within local communities** by: commissioning services for people who are at risk of poor outcomes; partnering with other agencies to reach people who are at risk but not accessing care; and working with GPs to consider the people in the wider population of the communities in which they practice
3. **System improvement** by: bringing together general practice, hospitals and other providers to develop better ways to coordinate the care of patients who receive care from multiple providers; and working with Local Hospital Networks (LHNs) to use benchmarking and other performance data to focus system improvement efforts.

COORDINARE commissions services, focusing on those most at risk of poor outcomes, rather than providing services directly. Commissioning involves a strategic approach to purchasing services from providers, using information gathered from our needs assessments and an analysis of local provider markets. Our approach to commissioning also involves an ongoing and collaborative relationship with service providers: we work together to make sure that contracted deliverables and quality standards are met.

Purpose

In response to the unacceptable rates of attempted and completed suicides in the Illawarra Shoalhaven region a collaborative of local agencies formed in 2015 in order to address this issue using evidence based systemic approaches.

The ISSPC includes representatives from key agencies, including ISLHD, IHMRI, COORDINARE (Primary Health Network), Grand Pacific Health, Lifeline, Salvation Army, local government and non-government schools, Local Government, university, Police, NSW Ambulance, media and consumers. A Statement of Purpose and Terms of Reference have been agreed.

The formation of the ISSPC models the *Proposed Suicide Prevention Framework for NSW* (August 2015) developed by the NHMRC Centre for Research Excellence in Suicide Prevention and the Black Dog Institute for the NSW Mental Health Commission. The framework aims to ensure that, "*Health and community providers implement evidence-based, best practice strategies at the local area at the same time: A systems approach*." A core principle of the framework is local communities developing local approaches within the evidence based framework.

The *Proposed Suicide Prevention Framework for NSW* has four components:

- The implementation of nine evidence based best practice strategies operating simultaneously across medical, government, health and community agencies; working along the continuum of universal, selective and indicated suicide prevention interventions.
- Use of a common evaluation framework.
- Ownership and cooperation across multiple agencies to ensure sophisticated community and health system engagement and implementation strategies.
- Flexible but responsible governance arrangements.

This project is being funded by key partners involved in the ISSPC, with COORDINARE and ISLHD sharing the costs.

Decision Making

Decisions are made in consultation with the ISSPC Executive and the relevant subject matter experts for the nominated activity.

The decision making process required for the ISSPC will be developed in consultation with the ISSPC Executive and relevant ISLHD and COORDINARE representatives.

Decisions surrounding ISSPC Working Groups will need to be made collaboratively with the ISSPC Regional Coordinator.

Key Accountabilities

- Undertake and manage all aspects of ISSPC components including project management, planning, monitoring, reporting and implementation
- Work collaboratively with ISLHD, COORDINARE and all other stakeholders to provide a high level of program support to appropriate ISSPC stakeholders and committees
- Contribute significantly to the preparation of project briefs, including identifying and coordinating resources, stakeholder consultation, developing budgets, identifying key milestones, negotiating reporting requirements and completion time frames.
- Ensure an optimum communication strategy is in place to promote effective communication between all stakeholders of the ISSPC
- Work collaboratively with relevant senior staff and champions of the ISSPC activity to facilitate smooth implementation of initiatives across sectors
- Maintain strong partnership with COORDINARE and ISLHD to ensure relevant strategies are adopted.
- Collaborate with other regions implementing coordinated suicide prevention strategies to encourage knowledge sharing and troubleshooting.
- Position the Illawarra-Shoalhaven region well for relevant future funding opportunities, and actively support any applications for such funding
- Facilitate the development of a broad external communication strategy to create awareness and an understanding of the ISSPC initiatives, ultimately to ensure these initiatives are supported

- Develop and oversee program of work to maintain, develop and improve suicide prevention activities and ensure it remains relevant and useful to stakeholders across all relevant sectors.
- Report regularly on progress to the ISSPC Executive, COORDINARE Regional Director of Engagement and Coordination, as well as through the respective ISLHD and COORDINARE Governance frameworks.
- Provide timely advice and support to COORDINARE's Regional Director of Engagement and Coordination and ISSPC Executive on the delivery of the ISSPC activities ensuring they meet agreed timeframes, objectives and budget.
- Facilitate the development of an evaluation framework of the ISSPC activities and work collaboratively with the relevant organisations (e.g. University of Wollongong, IHMRI) to promote suicide prevention research meeting NHMRC standards

Key Relationships

This position will work closely with the ISSPC Executive, COORDINARE's Regional Director of Engagement and Coordination, Director Mental Health, and other members of the Collaborative. The position is required to communicate progress and issues to the ISSPC Executive, and governance structures of COORDINARE and ISLHD.

Other stakeholders include, but are not limited to:

- People with Lived Experience and Recovery, including those who have experience caring for people at risk of suicide
- Lifeline South Coast
- Grand Pacific Health (including Managers of PIR and headspace programs)
- Education (government and non-government schools)
- Aboriginal Community Controlled Health Organisations
- IHMRI Mental Health and the Ageing Brain Research Theme Leaders
- Appropriate groups such as Emergency Department staff, Emergency Services (e.g. Police, Ambulance), Aboriginal and Torres Strait Islander representatives, Local Government, and CALD representatives
- Other health professionals involved in the care of people that may be involved in ISSPC activities (e.g. NGOs, affiliated health organisations and community groups etc.)
- Other meetings/forums as required
- COORDINARE Clinical Council
- ISLHD Clinical Council
- Other groups as required

Key Challenges

- Maintaining personal resilience and commitment to outcomes whilst developing and maintaining strategic relationships with key stakeholders and interest groups
- Ensuring ISSPC Working Groups operate within the desired timeframes and are provided adequate support
- Having oversight of multiple ISSPC Working Groups simultaneously and ensuring that they remain on track and achieve desired objectives
- The incumbent will need to establish effective working relationships across multiple internal and external stakeholder groups regarding a number of different issues related to suicide prevention.
- Completing the work required to a high standard in the time allocated, with close attention to project milestones, and meeting deadlines in a high volume and complex work environment.

Key Outcomes

In the first 6 months key outcomes will be:

- All members of the Collaborative committed to its purpose statement, and actively engaged in delivering key outcomes
- Development of Business Plan for ISSPC
- Prepare funding applications to support the ongoing work of the Collaborative

Once additional funding is secured;

- Successful implementation of the Business Plan in line with agreed time frames and outcome measures

Selection Criteria

1. Relevant tertiary qualifications and demonstrated knowledge and experience of one or more of the following; mental health service delivery, community development, care coordination, project management, change management, clinical redesign
2. Proven stakeholder management experience working with diverse groups of people and managing competing demands
3. Strong analytical, data analysis and report writing skills and the ability to use data to communicate opportunities for quality and system improvement
4. Demonstrated high level organisational skills, the capacity to successfully complete several tasks concurrently and to achieve competing deadlines.
5. Highly developed interpersonal, communication, facilitation and relationship management skills including the ability to influence and negotiate outcomes
6. Excellent written skills with ability to communicate complex issues clearly and prepare reports and submissions.
7. Demonstrated skills and proven track record in project management in a complex, specialised environment
8. Demonstrated knowledge of contemporary issues relating to mental health reform within Australia and internationally
9. Highly developed computer skills including proficiency in MS Office applications, the ability to understand and use clinical information systems and learn new computer applications
10. Demonstrated ability to work autonomously, exercise independent judgment and make decisions whilst recognising the importance of maintaining open lines of communication and escalating issues as required
11. Personal qualities include integrity, flexibility and adaptability, results focus and a commitment to work collaboratively to achieve innovative and practical solutions
12. Current NSW driver’s licence, access to a comprehensively insured motor vehicle and a willingness to travel as part of this role

As the incumbent of this position, I confirm I have read the Position Description, understand its content and agree to work in accordance with the requirements of the position.

Employee Name: Employee Signature: Date:

Manager's Name: Manager's Signature: Date:

Date	Version No.	Author	Approved by	Reason for update
February 2016	1	Regional Director, Engagement and Coordination		New

APPENDIX H

Job Description for Suicide Prevention Collaborative Project Officer

Position Description

Position Title:	Project Officer, **Illawarra Shoalhaven Suicide Prevention Collaborative** (ISSPC)
Responsible to:	Day-to-day accountability to the Regional Coordinator, Illawarra Shoalhaven Suicide Prevention Collaborative. For deliverables and milestones to the ISSPC Executive
Responsible for:	TBA
Location:	Office locations – Wollongong or Nowra
Status:	Full time with a willingness to work after hours as required
Hours:	38 hours per week
Salary Range:	Up to $80,000 commensurate with skills and experience
Conditions:	National Employment Standards Employment Contract Company policies and procedures
Remuneration & Benefits:	Base salary plus superannuation at statutory rate Salary packaging up to $15,900 per annum Professional development opportunities Flexible work practices
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COORDINARE has adopted a business model that is data-driven, using epidemiological information, practice-based evidence and local knowledge to set clear priorities for improving health outcomes, achieving better patient experiences and reducing costs. Seeking input from our GP-led Clinical Councils, our Community Advisory Committee and through our strategic alliances with the Local Health Districts, we will set clear local priorities as well as identify strategies to implement the national priorities locally.

COORDINARE works at three levels within the health system:

1. **Supporting general practice** through: helping GPs better understand their own patient populations by unlocking the potential in their own patient data; working with GPs to improve the quality of care; and supporting GPs to help patients make necessary lifestyle changes and manage their own conditions
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3. **System improvement** by: bringing together general practice, hospitals and other providers to develop better ways to coordinate the care of patients who receive care from multiple providers; and working with Local Hospital Networks (LHNs) to use benchmarking and other performance data to focus system improvement efforts.

COORDINARE commissions services, focusing on those most at risk of poor outcomes, rather than providing services directly. Commissioning involves a strategic approach to purchasing services from providers, using information gathered from our needs assessments and an analysis of local provider markets. Our approach to commissioning also involves an ongoing and collaborative relationship with service providers: we work together to make sure that contracted deliverables and quality standards are met.

Purpose

In response to the unacceptable rates of attempted and completed suicides in the Illawarra Shoalhaven region, a Collaborative of local agencies formed in 2015 in order to address this issue using evidence based systemic approaches.

The ISSPC includes representatives from key agencies, including ISLHD, IHMRI, COORDINARE (Primary Health Network), Grand Pacific Health, Lifeline, Salvation Army, local government and non-government schools, Local Government, university, Police, NSW Ambulance, media and consumers. A Statement of Purpose and Terms of Reference have been agreed.

The formation of the ISSPC models the *Proposed Suicide Prevention Framework for NSW* (August 2015) developed by the NHMRC Centre for Research Excellence in Suicide Prevention and the Black Dog Institute for the NSW Mental Health Commission. The framework aims to ensure that, "*Health and community providers implement evidence-based, best practice strategies at the local area at the same time: A systems approach.*" A core principle of the framework is local communities developing local approaches within the evidence based framework.

The *Proposed Suicide Prevention Framework for NSW* has four components:

- The implementation of nine evidence based best practice strategies operating simultaneously across medical, government, health and community agencies; working along the continuum of universal, selective and indicated suicide prevention interventions.
- Use of a common evaluation framework.
- Ownership and cooperation across multiple agencies to ensure sophisticated community and health system engagement and implementation strategies.
- Flexible but responsible governance arrangements.

This position is being funded by the Black Dog Institute's *Systems Approach to Suicide Prevention Project*.

Decision Making

Decisions are made in consultation with the Regional Coordinator and ISSPC Executive and the relevant subject matter experts for the nominated activity.

The decision making process required for the ISSPC will be developed in consultation with the ISSPC Executive and relevant ISLHD and COORDINARE representatives.

Decisions surrounding ISSPC Working Groups will need to be made collaboratively with the ISSPC Regional Coordinator.

Key Accountabilities

- Undertake and manage all aspects of the delegated project, including project management, planning, monitoring, reporting and implementation
- Work collaboratively with all stakeholders to provide a high level of program support to appropriate ISSPC stakeholders and committees
- Contribute significantly to the preparation of project briefs, including identifying and coordinating resources, stakeholder consultation, developing budgets, identifying key milestones, negotiating reporting requirements and completion time frames.
- Ensure an optimum communication strategy is in place to promote effective communication between all stakeholders of the ISSPC
- Work collaboratively with relevant senior staff and champions of the ISSPC activity to facilitate smooth implementation of initiatives across sectors
- Maintain strong partnership with relevant agencies to ensure strategies are adopted.
- Support the broad external communication strategy to create awareness and an understanding of the ISSPC initiatives, ultimately to ensure these initiatives are supported
- Report regularly on progress to the Regional Coordinator and ISSPC Executive
- Provide timely advice and support to the Regional Coordinator and ISSPC Executive on the delivery of the ISSPC activities ensuring they meet agreed timeframes and objectives.

- Facilitate the development of an evaluation framework of the ISSPC activities and work collaboratively with the relevant organisations (e.g. University of Wollongong, IHMRI) to promote suicide prevention research meeting NHMRC standards

Key Relationships

This position will work closely with the Regional Coordinator and ISSPC Executive, and other members of the Collaborative. The position is required to communicate progress and issues to the Regional Coordinator and ISSPC Executive.

Other stakeholders include, but are not limited to:

- People with Lived Experience and Recovery, including those who have experience caring for people at risk of suicide
- Lifeline South Coast
- Grand Pacific Health (including Managers of PIR and headspace programs)
- Education (government and non-government schools)
- Aboriginal Community Controlled Health Organisations
- IHMRI Mental Health and the Ageing Brain Research Theme Leaders
- Appropriate groups such as Emergency Department staff, Emergency Services (e.g. Police, Ambulance), Aboriginal and Torres Strait Islander representatives, Local Government, and CALD representatives
- Other health professionals involved in the care of people that may be involved in ISSPC activities (e.g. NGOs, affiliated health organisations and community groups etc.)
- Other meetings/forums as required
- COORDINARE Clinical Council
- ISLHD Clinical Council
- Other groups as required

Key Challenges

- Maintaining personal resilience and commitment to outcomes whilst developing and maintaining strategic relationships with key stakeholders and interest groups
- Ensuring ISSPC Working Groups operate within the desired timeframes and are provided adequate support
- Having oversight of ISSPC Working Group and ensuring that they remain on track and achieve desired objectives
- The incumbent will need to establish effective working relationships across multiple internal and external stakeholder groups regarding a number of different issues related to suicide prevention.
- Completing the work required to a high standard in the time allocated, with close attention to project milestones, and meeting deadlines in a high volume and complex work environment.

Key Outcomes

- Successful implementation of the Regional Suicide Prevention Plan in line with agreed time frames and outcome measures

Selection Criteria

Essential:

1. Relevant tertiary qualifications and demonstrated knowledge and experience of one or more of the following; mental health service delivery, health informatics, information management, community development, care coordination, project management, change management, clinical redesign
2. Proven stakeholder management experience working with diverse groups of people and managing competing demands
3. Demonstrated experience in developing and leading integrated service delivery initiatives aimed at accelerating transformation within the healthcare system
4. Proven project management skills in complex, specialised environments
5. Demonstrated experience influencing behaviour change in organisations and/or systems

6. Demonstrated high level organisational skills, the capacity to successfully complete several tasks concurrently and to achieve competing deadlines.
7. Highly developed interpersonal, communication, facilitation and relationship management skills including the ability to influence and negotiate outcomes
8. Excellent written skills with ability to communicate complex issues clearly and prepare reports and submissions.
9. Demonstrated knowledge of contemporary issues relating to mental health reform within Australia and internationally
10. Highly developed computer skills including proficiency in MS Office applications, the ability to understand and use clinical information systems and learn new computer applications
11. Demonstrated ability to work autonomously, exercise independent judgment and make decisions whilst recognising the importance of maintaining open lines of communication and escalating issues as required
12. Personal qualities include integrity, flexibility and adaptability, results focus and a commitment to work collaboratively to achieve innovative and practical solutions
13. Current NSW driver's licence, access to a comprehensively insured motor vehicle and a willingness to travel as part of this role

Desirable:

14. Lived experience of recovering from suicide risk, bereaved by suicide, or caring for someone who is or has been suicidal.

As the incumbent of this position, I confirm I have read the Position Description, understand its content and agree to work in accordance with the requirements of the position.

Employee Name: Employee Signature: Date:

Manager's Name: Manager's Signature: Date:

Date	Version No.	Author	Approved by	Reason for update
May 2016	1	Regional Coordinator, Illawarra Shoalhaven Suicide Prevention Collaborative		New

APPENDIX I

Suicide and Self Harm Data, April 2016

COORDINARE

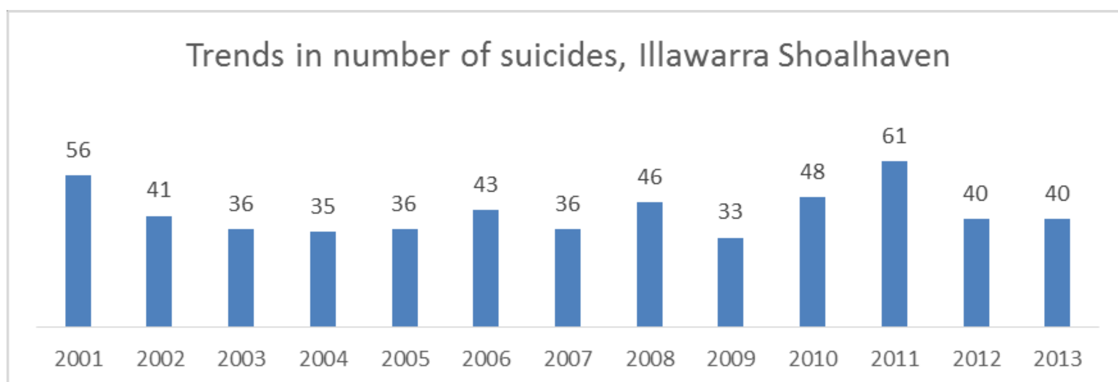
phn SOUTH EASTERN NSW

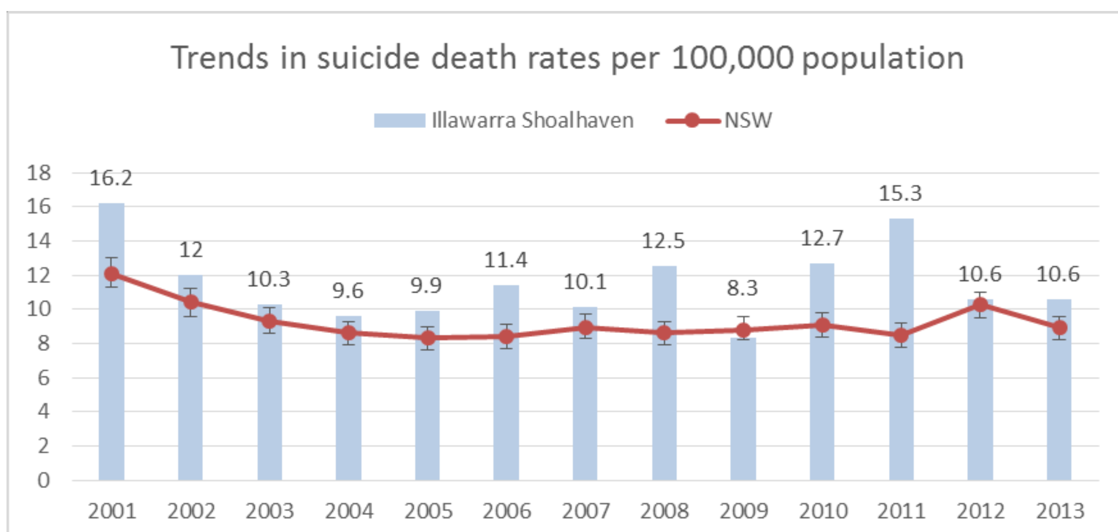
An Australian Government Initiative

Suicide Snapshot of the Illawarra Shoalhaven

Suicide: -

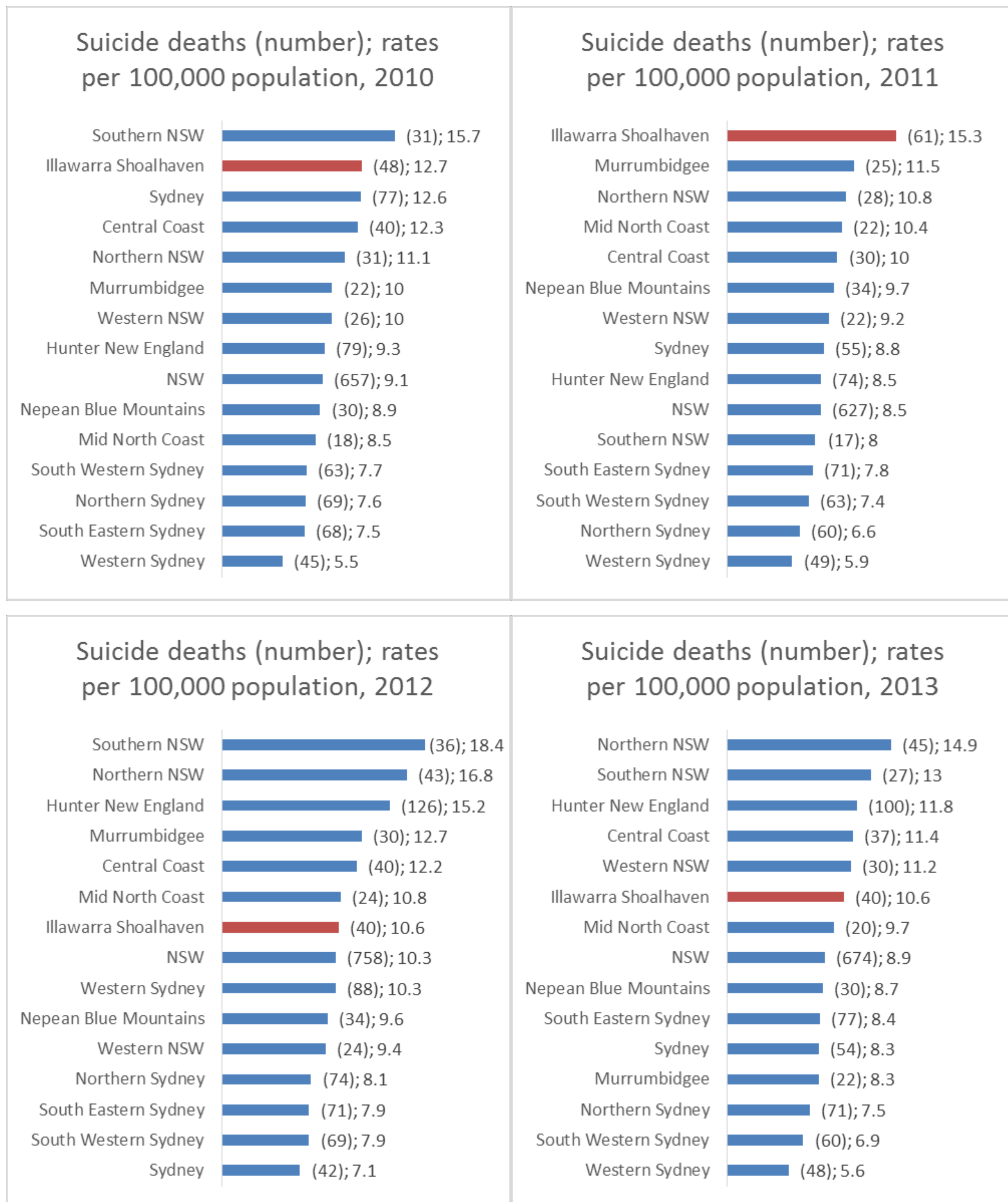
- As per 2012-13 estimates, 'injury and poisoning' was the 5th leading category of cause of deaths[1] in the Illawarra Shoalhaven accounting for 4.8% of all deaths in the region
- Analysis of all major causes of death within the category of 'injury and poisoning' for all deaths within the Illawarra Shoalhaven in the period of 2009-13 shows that with an estimated 44.4 deaths per year, suicide remains the predominant cause of death within this category accounting for 29.3% of all injury and poisoning deaths in the Illawarra Shoalhaven region
- Figures were higher for males than females. The 2009-13 figures for the Illawarra Shoalhaven region show an estimated 33 suicides per year for males compared to 11.4 suicides per year for females
- In 2013 a total of 40 suicides were reported for the Illawarra Shoalhaven region resulting in an estimated suicide mortality rate[2] of 10.6 deaths per 100,000 persons. This rate was higher than the all NSW state rate of 8.9 deaths per 100,000 population. Yearly trends[3] are shown below: -



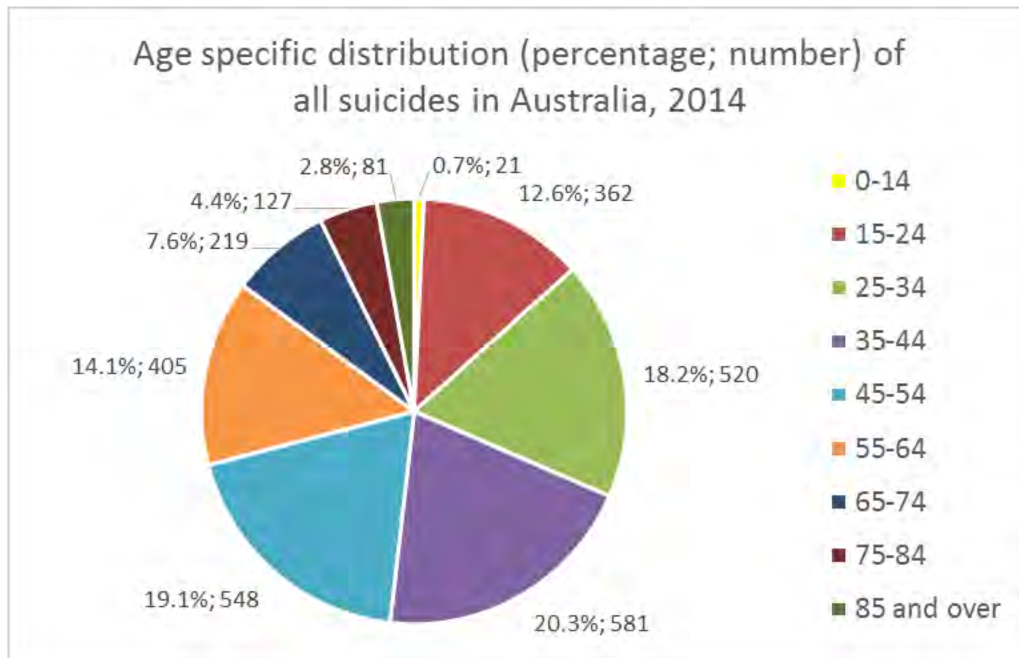


Dated: Tuesday, 19 April 2016
Population Health Information Services
Planning & Performance, COORDINARE – South Eastern NSW PHN
For details contact: ABHIJEET GHOSH – Senior Consultant, Epidemiology & Evidence at aghosh@coordinare.org.au

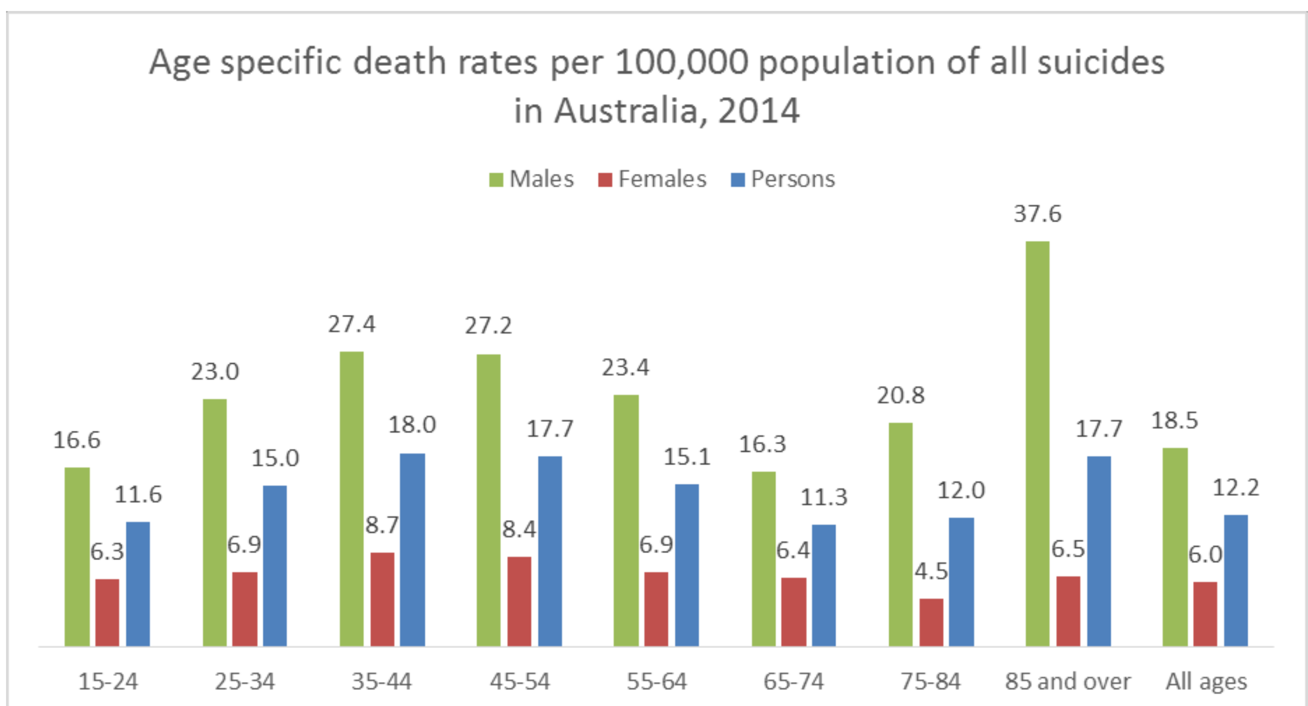
- A comparison of number of suicides and the corresponding suicide rates for recent years by health administrative boundaries of NSW is shown below. Similar to some health administrative catchments of NSW, the figures for the Illawarra Shoalhaven region have been quite volatile and therefore its comparative ranking relative to the other regions has been quite variable: -



- While Illawarra Shoalhaven specific age and gender or ethnicity based data is not available for suicide; a ***brief analysis of the recently released preliminary 2014 Australian suicide data*** is shown below: -
    - There were 2,864 deaths from suicide in 2014, resulting in a ranking as the 13th leading cause of all deaths

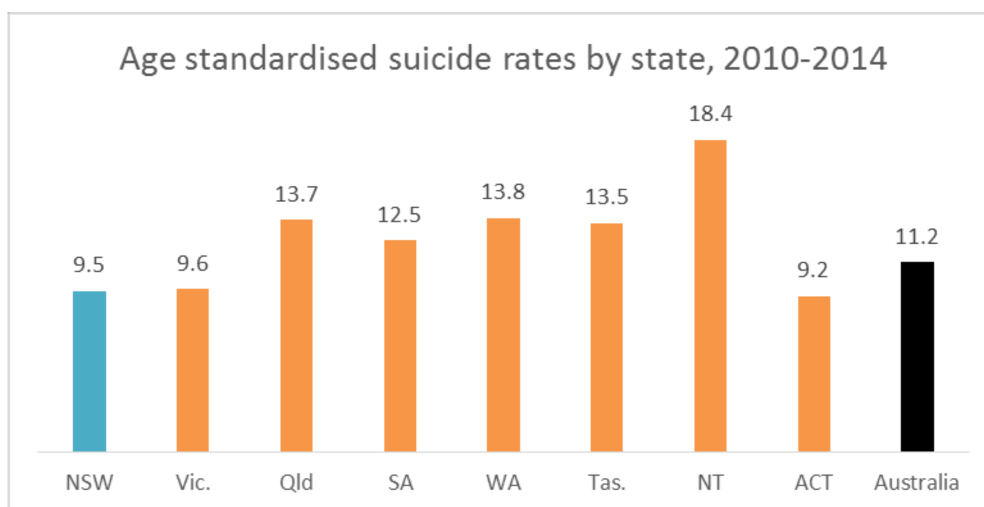


-
    - The 35-44 year old age group accounted for the highest proportion of all suicide deaths in Australia in 2014
    - In terms of rates of suicide middle aged persons (35-44 and 45-54 years old persons) along with persons aged 85 years and over had the some of the highest estimated crude age-specific rates per 100,000 persons of the respective ages in Australia for 2014



- Additionally except for the 0-14 years old age group, for all ages 15 years and above, males had substantially higher suicide rates than females
- About three-quarters (75.4%) of people who died in Australia by suicide in 2014 were male, making suicide the 10th leading cause of death for males. The difference was the greatest in the 85 years and over age group where males had a 5.8 times higher suicide rate than females of the same age group
- For the 0-14 years old age group females accounted for 71.4% of all suicides in 2014

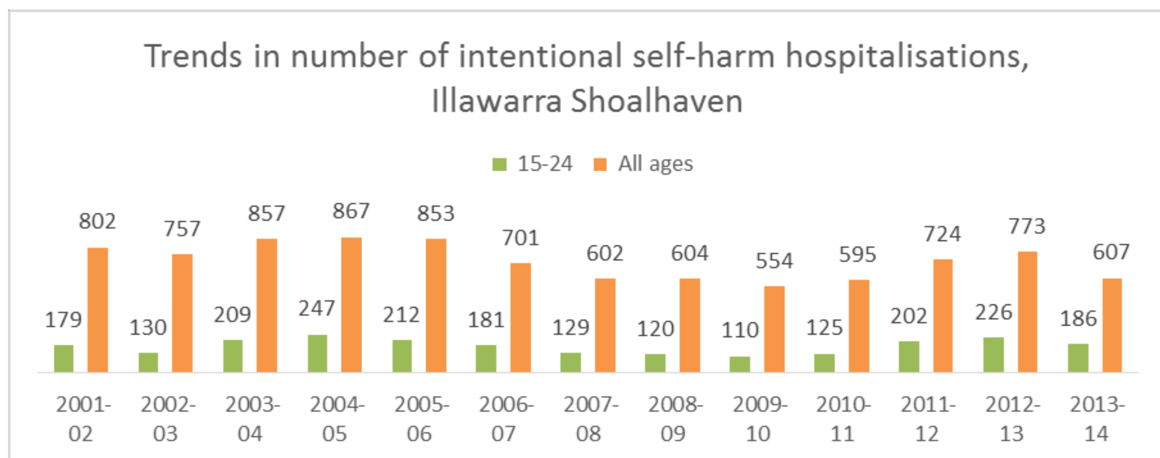
- Analysis of age-standardised death rates for the period of 2010-2014 for all states in Australia show NSW to have lower than Australian rates

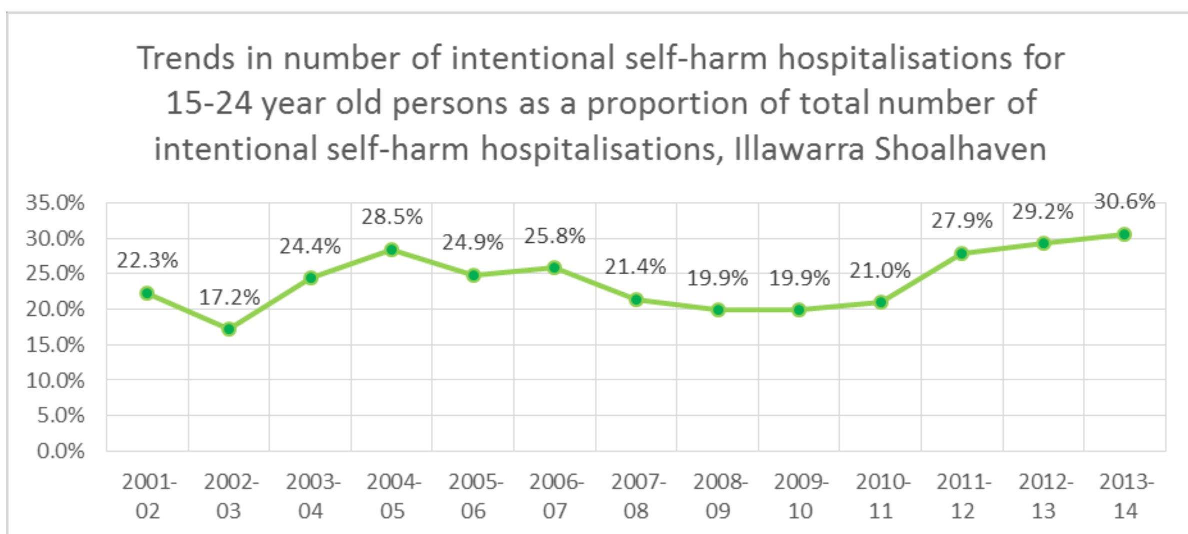


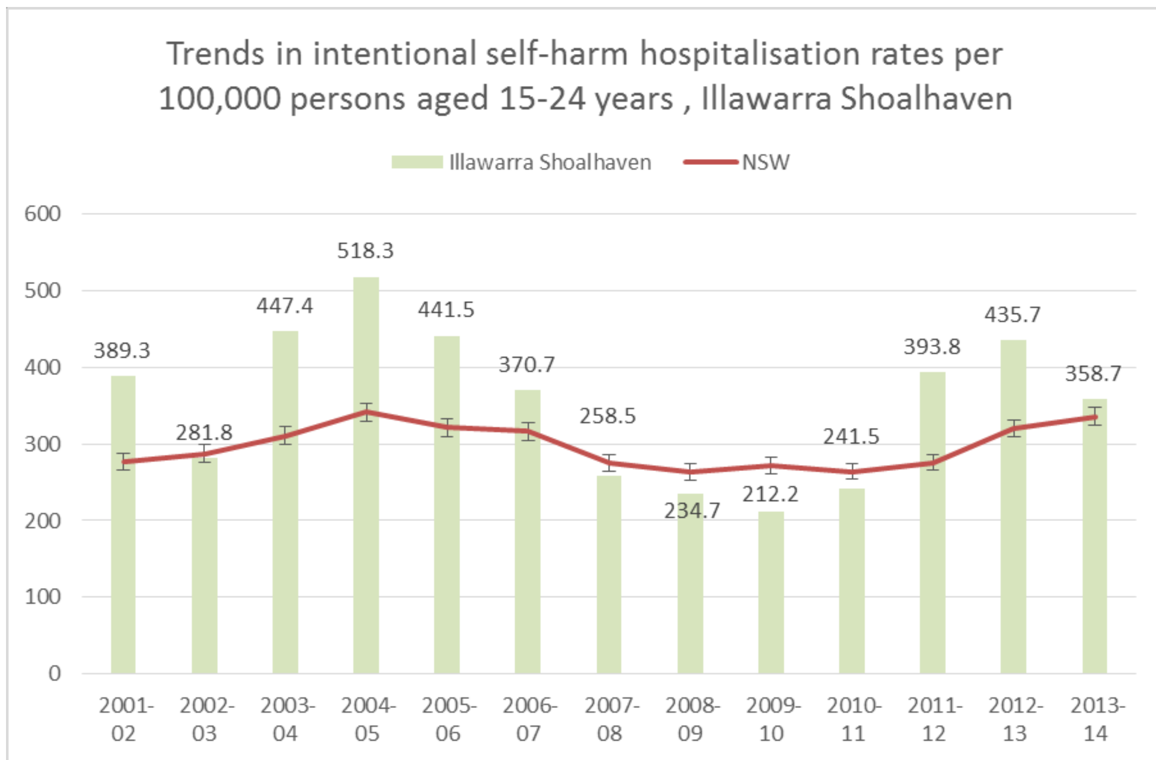
- Analysis of suicide deaths in the period of 2009-13 in NSW shows that suicide rates per 100,000 persons for Aboriginal[4] persons was 1.4 times higher that of Non-Aboriginal persons of all ages. The rates were 1.6 times higher for Aboriginal persons of the 15-24 year old age group compared to the suicide rates of Non-Aboriginal persons of the same age group

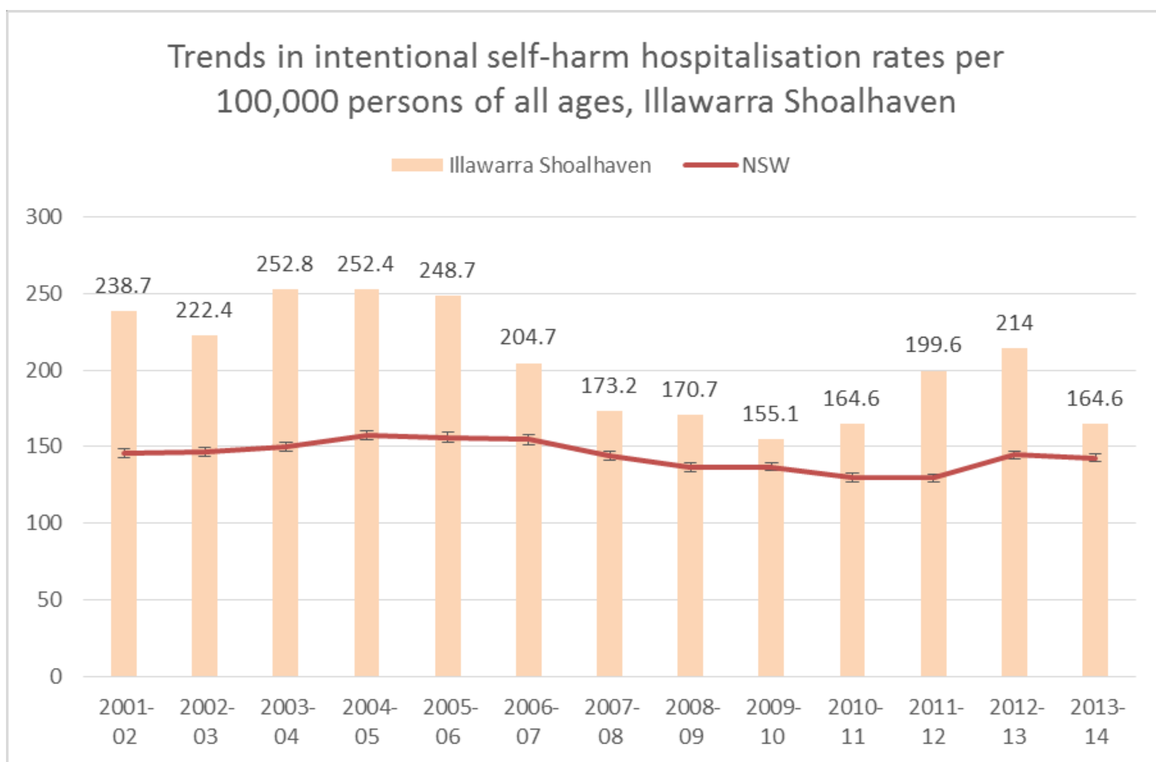
Intentional Self-Harm Hospitalisations: -

- As per 2013-14 estimates, 'injury and poisoning' was the 4th leading category of cause of hospitalisation[5] in the Illawarra Shoalhaven accounting for 7.2% of all hospitalisations in the region
- Analysis of all major causes of hospitalisation within the category of 'injury and poisoning' for all hospitalisations within the Illawarra Shoalhaven in 2013-14 shows that 'intentional self-harm'[6] was the 5th leading cause of hospitalisation within this category accounting for 4.9% of all injury and poisoning hospitalisations in the Illawarra Shoalhaven region in 2013-14
- In 2013-14 a total of 607 intentional self-harm hospitalisations were reported for the Illawarra Shoalhaven region resulting in an estimated hospitalisation rate of 164.6 hospitalisations per 100,000 persons. This rate was significantly[7] higher than the all NSW state rate of 142.7 hospitalisations per 100,000 population
- Close to 31% of all intentional self-harm hospitalisations were for the 15-24 year old age group resulting in an estimated hospitalisation rate of 358.7 hospitalisations per 100,000 persons for this age group. Yearly trends are shown below: -



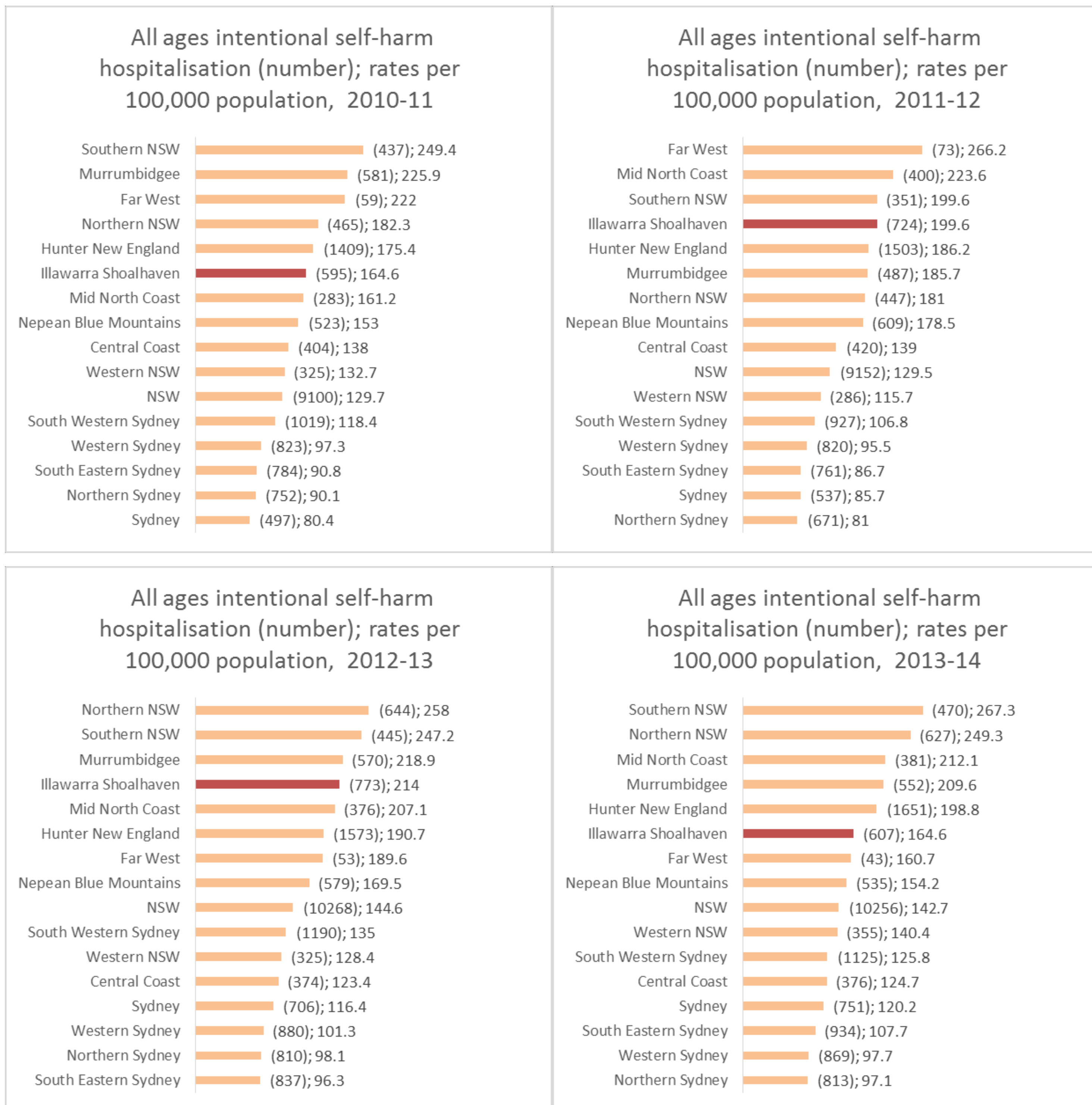




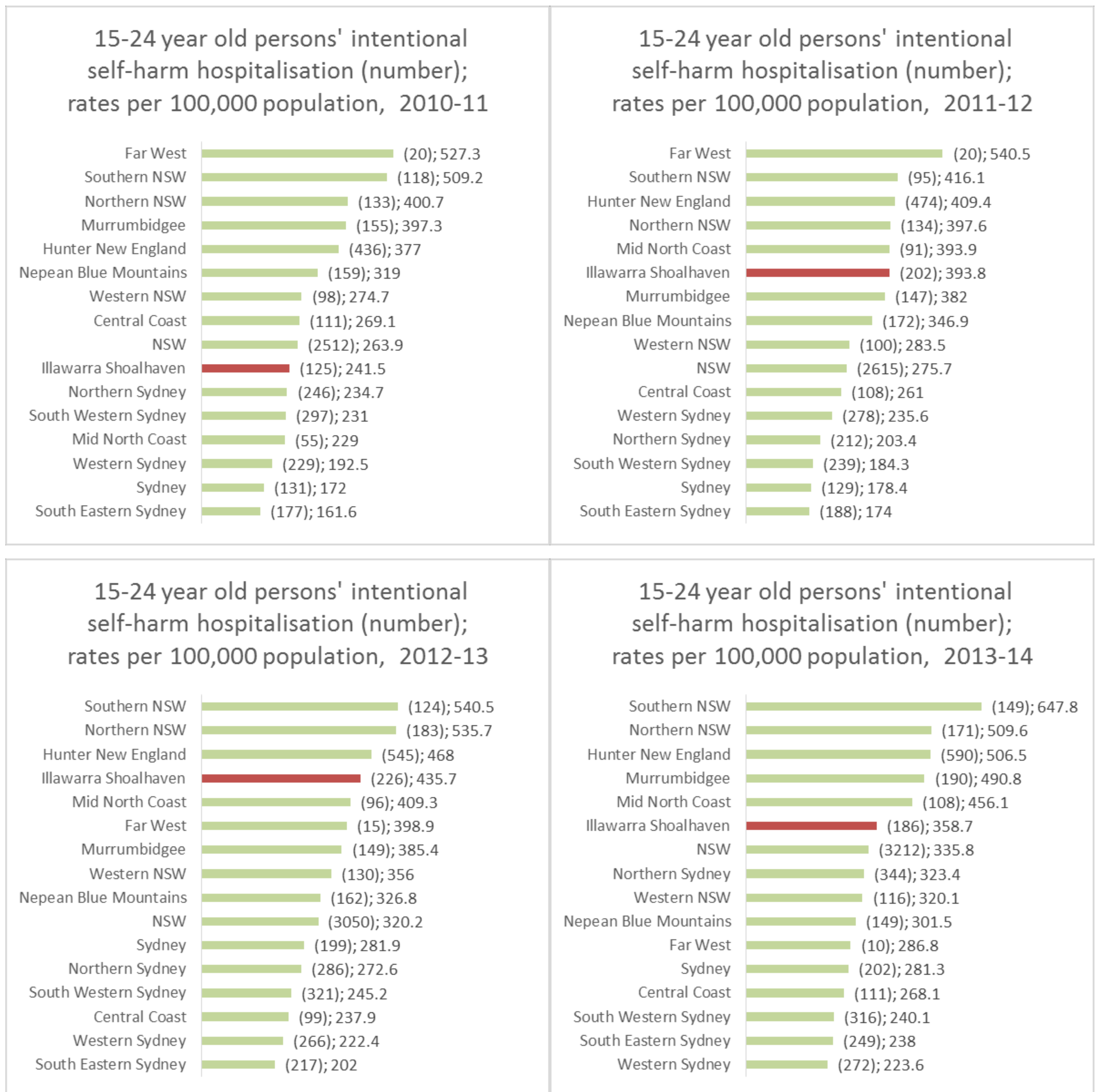


- Consistent with NSW state level figures, the 2013-14 intentional self-harm hospitalisations in the Illawarra-Shoalhaven were significantly[8] higher in females compared to males. A total of 366 intentional self-harm hospitalisations were reported for females (including 128 for the 15-24 year old females) compared to 241 for males (including 58 for the 15-24 year old males) in 2013-14 for the Illawarra Shoalhaven

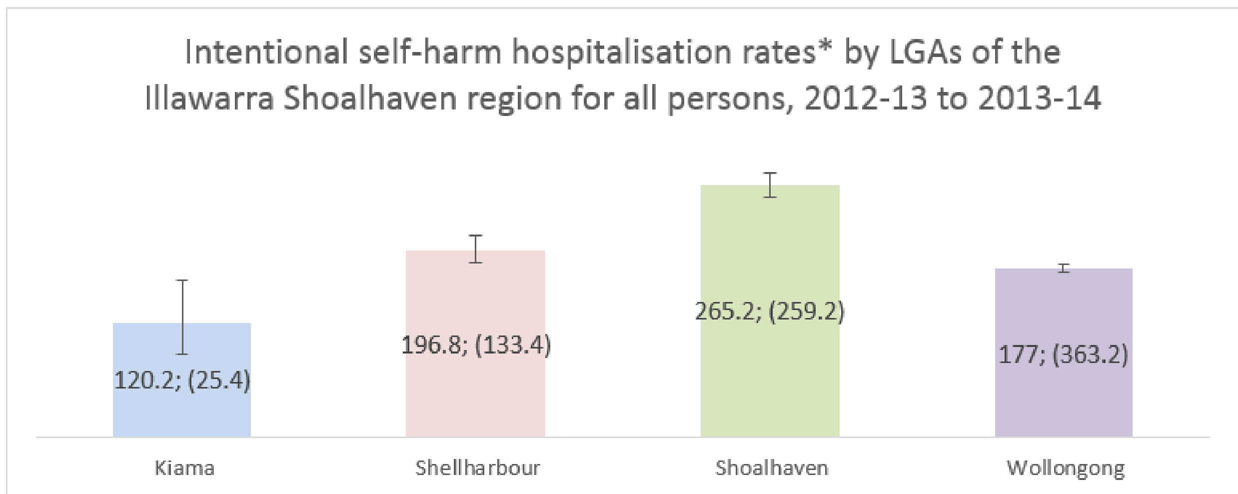
- A comparison of number of intentional self-harm hospitalisations and the corresponding hospitalisation rates for recent years for all ages by health administrative boundaries of NSW is shown below. Compared to suicide figures, there is relatively less volatility in the self-harm hospitalisation figures for all ages in the Illawarra Shoalhaven region that has consistently had the 4th-6th highest figures in NSW across the recent years for all ages: -



- A comparison of number of intentional self-harm hospitalisations and the corresponding hospitalisation rates for recent years for persons aged 15-24 years by health administrative boundaries of NSW is shown below. Compared to the all age figures, there is relatively greater volatility in the self-harm hospitalisation figures for persons aged 15-24 years for the Illawarra Shoalhaven region: -

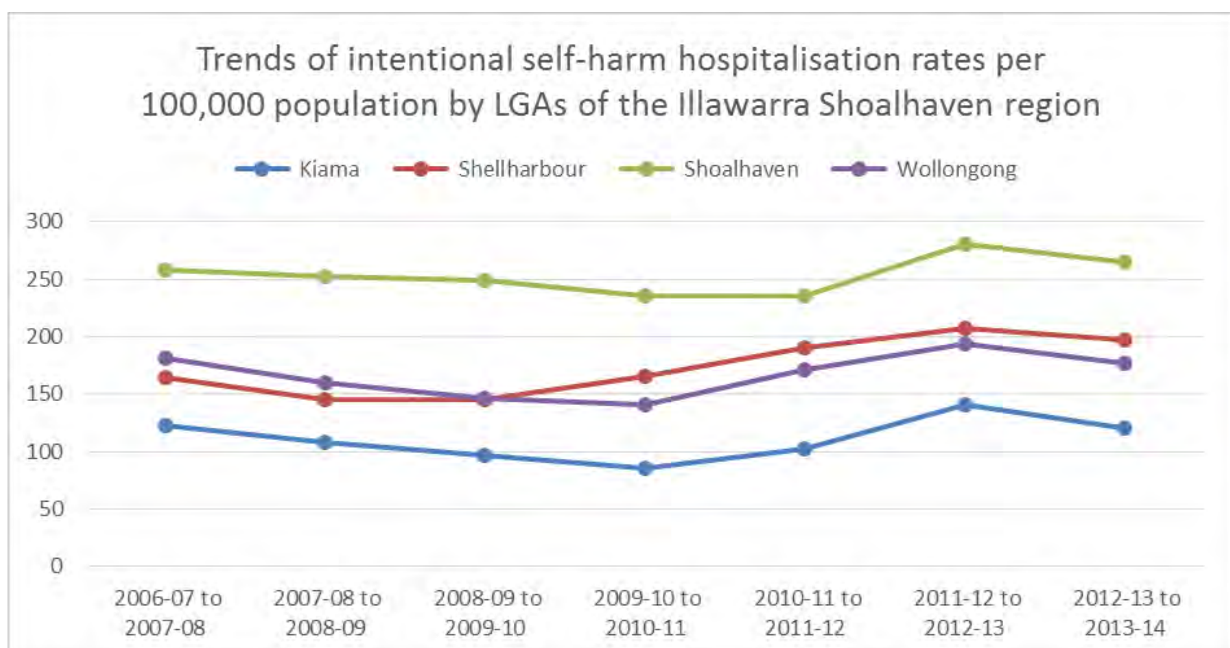


- While Illawarra Shoalhaven specific ethnicity based data is not available for self-harm hospitalisation figures; at the NSW state level the 2013-14 intentional self-harm hospitalisation rates for Aboriginal persons was 2.8 times higher than that of Non-Aboriginal persons. The rates were 2.2 times higher for Aboriginal persons for the 15-24 years old age group compared to Non-Aboriginal persons of the same age group
- At the local government area (LGA) level, an analysis of the intentional self-harm hospitalisation rates for the latest reporting period of 2012-13 to 2013-14 indicates that the Shoalhaven LGA had the highest rates[9]; while the Wollongong LGA had the highest estimated number[10] of intentional self-harm hospitalisations within the Illawarra Shoalhaven region. However it should be noted that except the Kiama LGA all the other LGAs of the Illawarra Shoalhaven region were estimated to have a significantly[11] higher rates compared to NSW state average figures

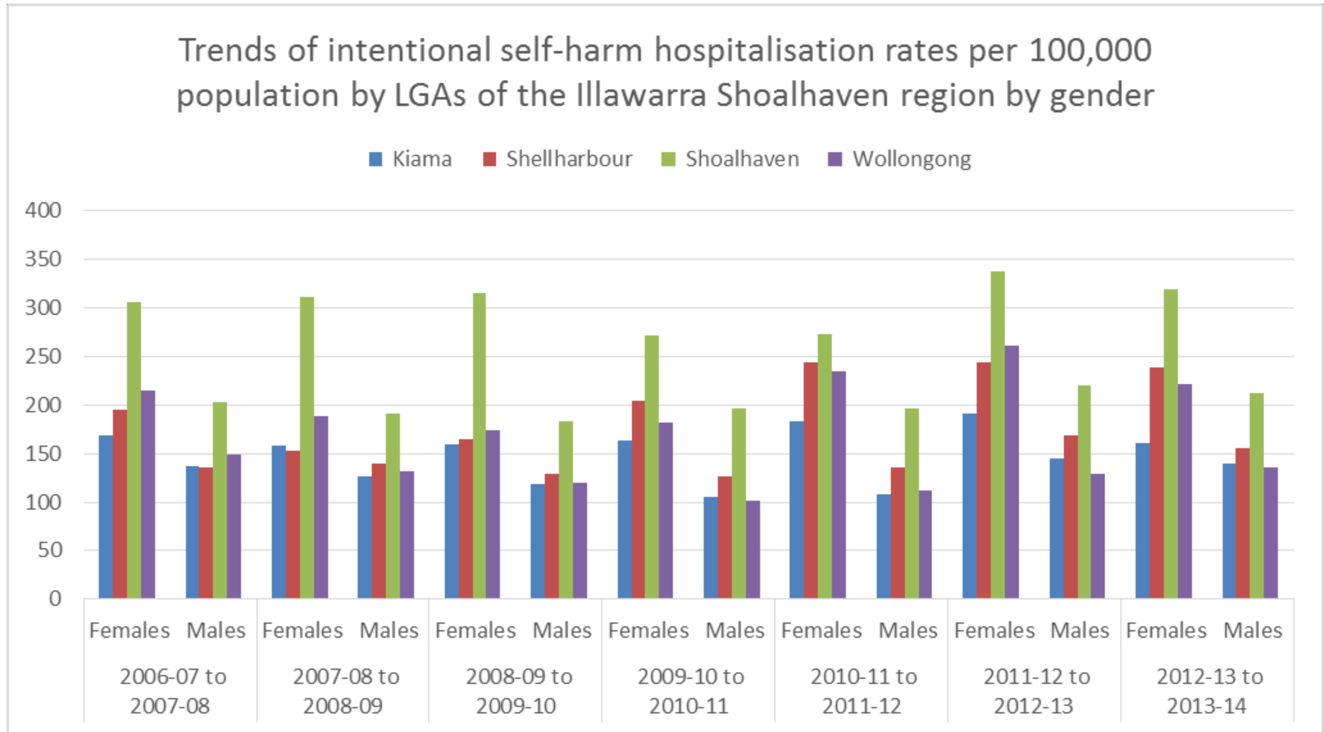


* The text labels show spatially adjusted age standardised rate per 100,000 population; (spatially adjusted number of separations per year)

- Analysis of recent trends indicate that the Shoalhaven LGA has had consistently very high rates of intentional self-harm hospitalisations. Rates for the Shellharbour LGA have also been increasing somewhat steadily since 2008-09



- Gender based analysis of the intentional self-harm hospitalisation rates for the LGAs within the Illawarra Shoalhaven region indicate a significantly higher rate for females compared to males



REFERENCE AND TECHNICAL NOTES: -

This *Population Health Information Snapshot*: -

- ✓ is intended to be brief and precise while being sufficiently comprehensive at the same time,
- ✓ is aimed to be a discussion starter for stakeholder and community consultation of any planning and/or needs assessment process,
- ✓ is also aimed to be the initiator of further research and analysis.

Readers should read the *References and Technical Notes* section of this report carefully prior to secondary use of any and all information included in it. Secondary use and further reporting of the information contained in this report requires appropriate citation/acknowledgement of this document and its affiliated personnel and organisation. Suggested citation: - Ghosh A, 2016. *Suicide Snapshot of the Illawarra Shoalhaven*, COORDINARE – South Eastern NSW PHN.

All the information presented in this report is based on the secondary analysis of data conducted by Ghosh A (2016) for COORDINARE – South Eastern NSW PHN. The data sources for the information presented in this report include: -

- Data provided by the Australian Coordinating Registry, Cause of Death Unit Record File collated and reported by SAPHaRI, Centre for Epidemiology and Evidence, NSW Ministry of Health
- Australian Bureau of Statistics (ABS), *Causes of Death, Australia, 2014*, Accessed March 12 2016

[1] Out of the 16 major categories of cause as classified by the ICD-10 AM classifications

[2] All rates used in this report are age standardised rates per 100,000 population except for crude and/or age specific rates

[3] the data for the most 2 recent years are preliminary

[4] In this report the term 'Aboriginal' has been used to represent all persons identified as Aboriginal and/or Torres Strait Islander

[5] Out of the 19 major categories of cause as classified by the ICD-10 AM classifications

[6] Intentional self-harm is intended to mean suicide (attempted) and purposely self-inflicted poisoning or injury

[7] Statistically significant at 95% confidence level

[8] Statistically significant at 95% confidence level

[9] Spatially adjusted age standardised rate per 100,000 population

[10] Spatially adjusted number of separations per year

[11] Statistically significant at 95% confidence level

COORDINARE Limited

ABN 27 603 799 088

Financial Statements

For the period 21 January 2015 to 30 June 2015

COORDINARE Limited

ABN 27 603 799 088

Financial Statements

For the period 21 January 2015 to 30 June 2015

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Directors' Report
30 June 2015

The directors present their report on COORDINARE Limited for the financial period from incorporation, being 21 January 2015, through to 30 June 2015.

Information on directors

The names of each person who has been a director during the period and to the date of this report are:

Richard Spencer

Appointed	22 September 2015
Experience	Chief Executive NFP sector, lawyer, community and social services, Company Director
Special responsibilities	Independent Chair

John Petty

Appointed	21 January 2015
Experience	Accountant, Lecturer in management accounting and small business UTS, Company Director, Strategic Planning
Special responsibilities	Interim Chair, Company Secretary

Michael Bassingthwaighte

Appointed	21 January 2015
Experience	Member of the Order of Australia (AM), Health Insurance Executive, Company Director, AICD Fellow

Dr Vicki McCartney

Appointed	21 January 2015
Experience	Medical Practitioner, GP Registrar Supervisor, Company Director, MAICD member
Special responsibilities	Chair of IS Clinical Council

Nieves Murray

Appointed	30 January 2015
Experience	Chief Executive Aged Care sector, Company Director, MAICD member, Local Government

Professor Alison Jones

Appointed	22 January 2015
Experience	Executive Dean of the Faculty of Science, Medicine and Health UOW, Toxicology, General Medicine, Company Director

Directors' Report
30 June 2015

Information on directors (Continued)

Dr Max Alexander

Appointed	3 August 2015
Experience	Acute health services, executive management, GP, Company Director

Dr Susanne Storrier

Appointed	22 October 2015
Experience	Clinical governance, medical educator/supervisor
Special responsibilities	Chair of Southern NSW Clinical Council

Leanne Wells

Appointed	13 November 2015
Experience	Health service executive, health and social care, consumer engagement, MAICD

Directors have been in office since the start of the financial period to the date of this report unless otherwise stated.

Principal activities

The principal activity of COORDINARE Limited during the financial period is the establishment of a Primary Health Network which will work in collaboration with local health providers to focus on the flow of people across the whole health system, from being well and living independently through to those at the end of their lives.

Short term objectives

The Company's short term objectives are to:

- Establish organisational governance structures and relevant frameworks and policies;
- Recruit and induct staff;
- Develop effective stakeholder engagement strategy and build relationships;
- Establish infrastructure and business systems at four locations across the region;
- Effective transfer of activities from Medicare Locals including maintaining service continuity; and
- Development of HealthPathways online health information portal.

Directors' Report
30 June 2015

Long term objectives

The Company's long term objectives are to:

- Increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

Strategies for achieving the objectives

To achieve these objectives, the Company has adopted the following strategies:

Short term

- Implement PHN Establishment and Transition Plan.

Long term

The scope and timing of longer term strategies is referenced in the Company's Three Year Strategic Plan 2015-18 with particular focus on:

- Supporting general practices to better understand their patient populations and assist patients to manage their own conditions;
- Working within local communities to commission required services and partner with other agencies to reduce the risk of poor health outcomes; and
- Initiating health system improvement by liaising with GPs, hospitals and other providers to improve coordination of patient care.

How strategies assisted in achieving the objectives

COORDINARE did not commence activities until 1 July 2015. At the date of this report, the Establishment and Transition Plan has been successfully implemented to achieve the short term objectives including acquittal of Establishment and Transition funding through the Department of Health.

Strategies to support longer term objectives are being rolled out according to the timetable set out in the Strategic Plan 2015-18.

Performance measures

The following measures are, or will be, used within the Company to monitor performance against four key performance areas:

- improved health outcomes;
- better patient experience;
- reduced costs; and
- enhanced organisational capacity.

Directors' Report
30 June 2015

Members guarantee

COORDINARE Limited is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each members and any person or association who ceased to be a member in the period prior to the winding up, is limited to $ 5 subject to the provisions of the company's constitution.

At 30 June 2015 the collective liability of members was $ 20.

Meetings of directors

During the financial period, five meetings of directors (including committees of directors) were held. Attendances by each director during the period were as follows:

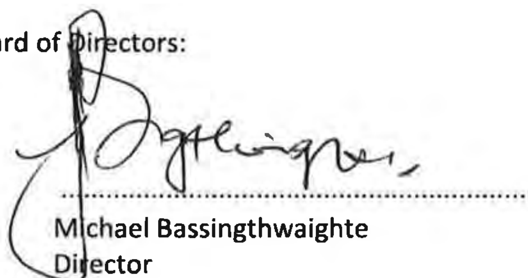
	Directors' Meetings	
	Number attended	Number eligible to attend
Richard Spencer	-	-
John Petty	4	5
Michael Bassingthwaighte	5	5
Dr Vicki McCartney	4	5
Nieves Murray	3	5
Professor Alison Jones	4	5
Dr Max Alexander	-	-
Dr Susanne Storrier	-	-
Leanne Wells	-	-

Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* , for the period ended 30 June 2015 has been received and can be found on page 5 of the financial report.

Signed in accordance with a resolution of the Board of Directors:

John Petty
Director



Michael Bassingthwaighte
Director

Dated 20 November 2015

Daley&Co
chartered accountants | *Integrated Financial Solutions*

Auditors Independence Declaration under Section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 to the Directors of COORDINARE Limited

I declare that, to the best of my knowledge and belief, during the period ended 30 June 2015, there have been:

(i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Act 2012* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Daley & Co
Chartered Accountants

Michael Mundt
Partner

20 November 2015

Wollongong

Liability limited by a scheme approved under Professional Standards Legislation.

Statement of Profit or Loss and Other Comprehensive Income
For the period from 21 January 2015 to 30 June 2015

	Note	2015 $
Operating grant revenue	4	**170,039**
Transition and formation costs		**(153,333)**
Board fees		**(16,667)**
Other expenses		**(39)**
Result for the period		**-**
Other comprehensive income for the year		**-**
Total comprehensive income for the year		**-**

The accompanying notes form part of these financial statements.

Balance Sheet
As at 30 June 2015

	Note	2015 $
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	5	1,678,932
Trade and other receivables	6	2,596
Other assets		13,678
TOTAL CURRENT ASSETS		1,695,206
NON-CURRENT ASSETS		
Property, plant and equipment	7	15,060
TOTAL NON-CURRENT ASSETS		15,060
TOTAL ASSETS		1,710,266
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	8	1,710,266
TOTAL CURRENT LIABILITIES		1,710,266
TOTAL NON-CURRENT LIABILITIES		-
TOTAL LIABILITIES		1,710,266
NET ASSETS		-
EQUITY		
Retained earnings		-
TOTAL EQUITY		-

The accompanying notes form part of these financial statements.

Statement of Changes in Equity
For the period 21 January 2015 to 30 June 2015

	Retained Earnings $
Balance at 21 January 2015	-
Result for the period	-
Balance at 30 June 2015	-

The accompanying notes form part of these financial statements.

Statement of Cash Flows
For the period 21 January 2015 to 30 June 2015

	Note	2015 $
CASH FLOWS FROM OPERATING ACTIVITIES:		
Receipts from grants		1,704,664
Payments to suppliers		(22,740)
Net cash provided by operating activities	12	1,681,924
CASH FLOWS FROM INVESTING ACTIVITIES:		
Payments for property, plant and equipment		(2,992)
Net cash used by investing activities		(2,992)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Net cash used by financing activities		-
Net increase in cash and cash equivalents held		1,678,932
Cash and cash equivalents at beginning of period		-
Cash and cash equivalents at end of the period	5	1,678,932

The accompanying notes form part of these financial statements.

Notes to the Financial Statements
For the Year Ended 30 June 2015

The financial report covers COORDINARE Limited as an individual entity. COORDINARE Limited is a not-for-for profit Company limited by guarantee, incorporated and domiciled in Australia.

The functional and presentation currency of COORDINARE Limited is Australian dollars.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Australian Charities and Not-for-profits Commission Act 2012.*

The financials statements have been prepared for the period from incorporation, being 21 January 2015, through to 30 June 2015.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Significant accounting policies adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

2 Summary of Significant Accounting Policies

(a) Income Tax

The Company is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

2 Summary of Significant Accounting Policies (Continued)

(c) Revenue and other income

Grant revenue

Government grants are recognised at fair value where there is reasonable assurance that the grant will be received and all grant conditions will be met. Grants relating to expense items are recognised as income over the periods necessary to match the grant to the costs they are compensating. Grants relating to assets are credited to deferred income at fair value and are credited to income over the expected useful life of the asset on a straight-line basis.

The Company has elected to early adopt the requirements AASB 120 *Accounting for Government Grants and Disclosure of Government Assistance* for the period covered by this financial report.

(d) Goods and Services Tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

The net amount of GST recoverable from, or payable to, the ATO is included as part of receivables or payables in the balance sheet.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(e) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost, where applicable, any accumulated depreciation and impairment of losses.

Under the cost model, the asset is carried at its cost less any accumulated depreciation and any impairment losses. Costs include purchase price, other directly attributable costs and the initial estimate of the costs of dismantling and restoring the asset, where applicable.

Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the assets useful life to the Company, commencing when the asset is ready for use.

2 Summary of Significant Accounting Policies (Continued)

(e) Property, Plant and Equipment (Continued)

Depreciation (Continued)

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

(f) Financial instruments

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Impairment of financial assets

At the end of the reporting period the Company assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance accounts, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

3 Critical Accounting Estimates and Judgments

The directors make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

3 Critical Accounting Estimates and Judgments (Continued)

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - impairment of property, plant and equipment

The Company assesses impairment at the end of each reporting period by evaluating conditions specific to the Company that may be indicative of impairment triggers.

Key estimates - provisions

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

4 Revenue and Other Income

	2015
	$
Operating grants	**170,039**

5 Cash and cash equivalents

Cash at bank	**1,678,932**

6 Trade and other receivables

Other receivables	**2,596**

The carrying value of trade receivables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

Notes to the Financial Statements
For the Year Ended 30 June 2015

7 Property, plant and equipment

	2015 $
Furniture, fixtures and fittings	
At cost	3,023
Accumulated depreciation	-
	3,023
Leashold improvements	
At cost	12,037
Accumulated depreciation	-
	12,037
Total property, plant and equipment	15,060

(a) Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial period:

	Furniture, Fixtures and Fittings $	Leasehold Improvements $	Total $
Period ended 30 June 2015			
Balance at the beginning of period	-	-	-
Additions	3,023	12,037	15,060
Depreciation expense	-	-	-
Balance at the end of the period	3,023	12,037	15,060

Notes to the Financial Statements
For the Year Ended 30 June 2015

8 Trade and other payables

	Note	2015 $
Sundry payables and accrued expenses		177,979
GST payable		152,631
Deferred income from government grants		1,379,656
		1,710,266

9 Financial Risk Management

Objectives, policies and processes

The main risks COORDINARE Limited is exposed to through its financial instruments are credit risk, liquidity risk and market risk consisting of interest rate risk.

The Company's financial instruments consist mainly of deposits with banks, accounts receivable and payable and leases.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2015 $
Financial Assets		
Cash and cash equivalents	5	1,678,932
Trade and other receivables	6	2,596
Total financial assets		1,681,528
Financial Liabilities		
Financial liabilities at amortised cost		
Sundry payables and accrued expenses	8	177,979

10 Key Management Personnel Disclosures

The total remuneration paid and payable to key management personnel of the Company was $ 16,667.

11 Contingencies

In the opinion of the Directors, the Company did not have any contingencies at 30 June 2015.

Notes to the Financial Statements
For the Year Ended 30 June 2015

12 Cash Flow Information

Reconciliation of result for the year to cashflows from operating activities

	2015
	$
Result for the period	-
Changes in assets and liabilities:	
- increase in trade and other receivables	(2,596)
- increase in other assets	(13,678)
- increase in trade and other payables	1,698,198
Cashflow from operations	1,681,924

13 Events Occurring After the Reporting Date

The financial report was authorised for issue on 20 November 2015 by the Board of Directors.

The Company commenced formal operations on 1 July 2015, with forecast revenue of $14 million for the year ended 30 June 2016.

Except for the above, no other matters or circumstances have arisen since the end of the financial period which significantly affected or could significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

Directors' Declaration

The directors of the Company declare that:

1. The financial statements and notes, as set out on pages 7 to 16, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:

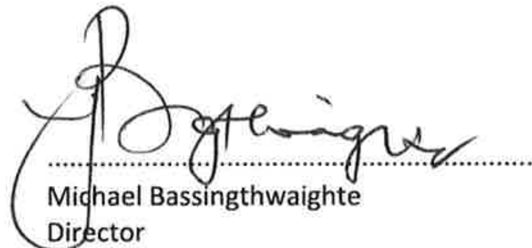
    a. comply with Accounting Standards - Reduced Disclosure Requirements; and

    b. give a true and fair view of the financial position as at 30 June 2015 and of the performance for the period ended on that date of the Company.

2. In the directors' opinion, there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

John Petty
Director


Michael Bassingthwaighte
Director

Dated 20 November 2015

Independent Audit Report to the members of COORDINARE Limited

Report on the Financial Report

We have audited the accompanying financial report of COORDINARE Limited, which comprises the balance sheet as at 30 June 2015, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the period then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Daley&Co
chartered accountants

Integrated Financial Solutions

Independent Audit Report to the members of COORDINARE Limited

Opinion

In our opinion the financial report of COORDINARE Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(a) giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance for the period ended on that date; and

(b) complying with Australian Accounting Standards - Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulations 2013.*

Daley & Co
Chartered Accountants

Michael Mundt
Partner

Wollongong

20 November 2015

Liability limited by a scheme approved under Professional Standards Legislation.

Certificate of Registration of a Company

This is to certify that

COORDINARE LIMITED

Australian Company Number 603 799 088

is a registered company under the Corporations Act 2001 and is taken to be registered in New South Wales.

The company **is limited by guarantee.**

The company is a **public** company.

The day of commencement of registration is **the twenty-first day of January 2015.**

Issued by the
Australian Securities and Investments Commission
on this twenty-first day of January, 2015.

Greg Medcraft
Chairman

CERTIFICATE