



LGBTIQ+ SUICIDE PREVENTION TRIAL

The Shannon Company – Speaking
Up Speaks Volumes Campaign I
Evaluation Report

IMPACT
— **CO.**

Disclaimer

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ACKNOWLEDGEMENT

We wish to acknowledge Aboriginal and Torres Strait Islander Peoples as Traditional Custodians of the lands, waters and winds across Australia and pay our respects to Elders past and present, and emerging young leaders.

We acknowledge the sorrow of the Stolen Generations and the impact of colonisation on Aboriginal and Torres Strait Islander Peoples. We recognise the ongoing pain and trauma inflicted to this day on Aboriginal and Torres Strait Islander Peoples.

We also would like to pay our respects to those amongst the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse communities who have contributed towards promoting equality and improving the health and wellbeing of their peers, children, families, friends, and Country. We honour the Elders in the diverse communities of which we are a part of and we celebrate the extraordinary diversity of people's bodies, genders, sexualities, relationships and other forms of identities that they represent.

Finally, we would like to acknowledge and recognise the contributions from individuals and communities who have generously shared their lived experience, knowledge, and wisdom to inform this evaluation.



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GLOSSARY OF TERMS

Bisexual	A person who is romantically and or/sexually attracted to more than one sex or gender. Sometimes termed multi-gender attraction.
Gay	A person who primarily experiences romantic and/or sexual attraction to people of the same sex and/or gender. Historically gay has been a term used to describe men who are attracted to other men, but some women and gender-diverse people choose to describe themselves as gay.
Gender identity	One's personal sense of their own gender. The physical features one is born with (sex assigned at birth) does not necessarily define their gender. Gender is complex and there are a diverse range of gender identities.
Intersectionality	Intersectionality is a framework that recognises the multi-dimensional nature of human existence. It recognises that people can have multiple, co-existing identities that shape how they perceive and relate with the world around them and at its core, fosters inclusion and promotes diversity. ¹
Intersex	People who are born with a broad range of physical or biological sex characteristics that do not fit medical norms determined for female and male bodies. There are many different variations of sex characteristics, for some these include chromosomes, hormones and anatomy. There are many different terms used by individuals that help to describe their identities and bodies.
Lesbian	A woman who primarily experiences romantic and/or sexual attraction to other women.
LGBTIQ+	Abbreviation of Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals. Other acronyms such as LGBTIQ and LGBTIQA+ are used throughout this evaluation with the same intent where it forms part of the name of an organisation, service or resource.
Mental ill-health/mental illness	A clinically diagnosed health problem affects how a person feels, thinks, behaves, and interacts with other people

¹ Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: <http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/>

Peer support	Peer support refers to support that is delivered based on shared lived experience to provide care and support others. Peer workers in the mental health space can use their own experiences of mental illness and recovery to engage and support people accessing mental health care. In the context of peer LGBTIQ+ workers, the specific experiences that one can have due to their sexuality and/or gender identity can help to provide a safer, more open environment for other LGBTIQ+ individuals. Due to these common life experiences, peer workers can foster authenticity, safety, advocacy, inclusion and community within their work.
Postvention	Activities and intervention related to supporting and helping people bereaved by suicide. This may include counselling, support groups, support from medical professionals etc. This aims to reduce the heightened risk of those bereaved by suicide and promote healing.
Queer	A term to broadly describe diverse gender identities and sexual orientations, particularly where someone feels other terms do not fully encapsulate all parts of their own gender and/or sexual identity. In the past 'queer' was used as a derisive term and for some, particularly among older LGBTIQA+ people, may still conjure hurtful associations.
Sexual orientation	Describes the romantic and/or sexual attraction that a person feels toward other people.
Suicidal ideation	A state of extreme anxiety or pain in which a person is seriously contemplating or planning to end their life.

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background

The National Suicide Prevention Trial is a suicide prevention initiative funded by the Commonwealth Government across 12 different sites (referred to as ‘trial sites’) across Australia over a 4-year timeframe. Each of the trial sites are led by a local Primary Health Network (**PHN**) and aims to improve the current evidence base around effective suicide prevention strategies. The trial site led by North Western Melbourne PHN (**NWMPHN**) has now concluded and was focused on LGBTIQ+ communities in the North West of Melbourne. The trial site led by NWMPHN comprised of 8 individual interventions.

One of these interventions is the ‘Speaking Up Speaks Volumes’ Campaign (the **Campaign**), in which The Shannon Company (**TSC**) was commissioned by NWMPHN to deliver a behaviour change campaign to address discrimination towards LGBTIQ+ communities by non-LGBTIQ+ individuals that contributes to poor mental health outcomes. The primary output of the Campaign was social and outdoor media advertising delivered over two months, and the creation of a microsite (a website that is the subset of NWMPHN’s primary website) to host campaign materials (which is ongoing).

The Campaign drew on the insights of a range of people drawn from LGBTIQ+ communities, as well as members of the broader public as illustrated in the figure below:


	8	50	1000
 <p>Insights drawn from the public and LGBTIQ+ communities in developing the Campaign:</p>	<p>Interviews with subject matter experts including Taskforce members, healthcare professionals, parents /</p>	<p>Online survey respondents to baseline understanding of target audience (teachers, healthcare professionals, frontline staff and others)</p>	<p>Online survey respondents tested campaign concepts</p>

Table 1 - Insights from the public and LGBTIQ+ communities

Evaluation Findings

Impact Co. was engaged to undertake an evaluation of the Campaign (and the other interventions that were implemented as part of the overall Trial). This evaluation, which was conducted from May to July 2021, identified a range of positive outcomes (both intended and unintended), together with a number of opportunities to improve the way similar campaigns are commissioned and delivered in the future, as well as inherent limitations associated with achieving behaviour change within a short period of time.

Program delivery

As noted above, NWMPHN commissioned TSC to deliver the Campaign. However, in doing so, NWMPHN played a key role in the design and delivery of the Campaign, including specifically

managing a variety of stakeholders, including the Taskforce, influencers, and a broader network of individuals who were invited to share Campaign material and content.

The evaluation revealed that NWMPHN and many of the stakeholders involved in the design and delivery of the Campaign had enhanced their understanding of the needs of LGBTIQ+ communities. Specifically, the evaluation revealed that NWMPHN had gained greater insight into the best methods for information dissemination and safety approaches to engagement when working with LGBTIQ+ communities.

The evaluation also concluded that a number of opportunities exist to improve the effectiveness of stakeholder management to ensure:

- The value of these stakeholders is maximised; and
- Campaign messaging is consistent and is effectively tied into like-activities (in this case, the broader Trial).

Similarly, the expertise of the Taskforce was underutilised overall throughout design and delivery.

Overall, this evaluation revealed that behaviour change campaigns require considerably more investment, over an extended period of time, to make an impact as compared to what was possible within the confines of the Trial. More investment (financial and people) should be provided in future campaigns of this type, particularly in evaluation and risk management, as well as delivery. Additional opportunities to improve safety and elevate the role of community-controlled organisations were also identified.

Program impact

This evaluation concluded that anecdotal evidence of behaviour change through comments passed on to NWMPHN, on social media, and through concept testing, must be balanced against limited objective evidence of behaviour change amongst the target audience. The impact of paid (social media) and unpaid (media coverage) media was unclear and consisted of both negative and positive articles. A limited budget meant that tracking of perceptions of the public over time was also not possible.

The timing of this evaluation also limited the ability to evaluate the impact achieved through the Campaign. Campaign materials, and the supporting microsite, are designed to have a significantly longer life than the paid media campaign of two months. The timing of this evaluation (conducted shortly after the Campaign had concluded) meant that it was not possible to assess the medium to long term impact of the Campaign and its component parts.

Evaluation recommendations

The recommendations of this evaluation are summarised according to the following categories:

- *Stakeholder management* i.e. leveraging and maximising the input of stakeholders
- *Procurement* i.e. informing future commissioning efforts for NWMPHN
- *Program sustainability and reach* i.e. extending the longevity and reach of the Program's impact.

Category	Recommendation
Stakeholder Management	Recommendation 1: Ensure networks are effectively leveraged, maintained and evaluated where a network approach is taken to improve the value these networks bring and enable effective evaluation of their impact
	Recommendation 2: Include more stakeholders in the design of the Campaign to maximise opportunities to connect it to other initiatives and increase system-wide efficiency, impact and knowledge sharing
	Recommendation 3: Apply better practice frameworks to risk management and other elements to ensure the safety of participants and those who may be indirectly impacted by the campaign
Procurement	Recommendation 4: Utilise the procurement process to affirm the importance of community-led organisations and promote collaboration and capacity building
Program sustainability and reach	Recommendation 5: Ensure each element of a campaign is articulated at the outset to ensure each anticipated benefit is defined, monitored, and measured for efficacy.

INTRODUCTION

1. PURPOSE

The purpose of this document is to outline the evaluation findings and recommendations for future consideration from Impact Co.'s evaluation of the Campaign, as delivered by TSC and Benedictus Media (**Benedictus**). This Campaign was funded as part of the LGBTIQ+ Suicide Prevention Trials being implemented by the NWMPPHN.

2. CONTEXT

LGBTIQ+ people are at a higher risk of self-harm and suicidality compared to the general population.² There are significant limitations that exist in Australia to determine how many LGBTIQ+ people die by suicide each year. However, a large survey of Trans and Gender Diverse (**TGD**) young people in Australia, aged 14-25, found that almost half (48.1%) had attempted suicide and 79.7% had self-harmed.³ This compares to a rate of attempted suicide within the general population of approximately 3.6%.⁴ In addition, recently published data from the US reports that LGBTIQ+ young people aged 12-29 accounted for 24% of all people nationally who died by suicide.⁵ This rate is more than seven times the estimated proportion of the population who are LGBTIQ+ in the US. These rates have been attributed to everyday and systemic and institutionalised experiences of discrimination, violence and harassment.^{6,7,8,9} The higher rates of suicide among LGBTIQ+ communities discussed above is exacerbated by a higher prevalence of mental ill-health and psychological distress. According to the Private Lives 3 survey, bisexual and pansexual participants had poorer mental health and higher levels of psychological distress compared to lesbian or gay participants. Conversely, cis-gendered participants had overall better mental health than those who identify as trans or non-binary.¹⁰

Having a sexual orientation, gender identity or intersex status that goes beyond the cis-gendered and heteronormative narrative in itself is not a risk of suicide or poorer mental health.¹¹ The drivers behind the increased risk relate to societal factors including stigma, prejudice, and discrimination.¹² In a healthcare setting, LGBTIQ+ people face significant barriers when accessing services, which may lead to delays in seeking medical help and decreased use of services. A recent mixed methods study was conducted by Australian Research Centre in Sex, Health and Society (**ARCSHS**) in partnership with Lifeline Australia to explore the needs of LGBTIQ+ people during a time of personal or mental health

² QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

³ Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A. Associations Between Negative Life Experiences and the Mental Health of Trans and Gender Diverse Young People in Australia: Findings from Trans Pathways. *Psychol Med*. 2019;1-10.

⁴ Johnston AK, Pirkis JE, Burgess PM. Suicidal Thoughts and Behaviours Among Australian Adults: Findings from the 2007 National Survey of Mental Health and Wellbeing. *Australian & New Zealand Journal of Psychiatry*. 2009;43(7):635-43.

⁵ Ream GL. What's Unique About Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth and Young Adult Suicides? Findings From the National Violent Death Reporting System. *J Adolesc Health*. 2019;64(5):602-7.

⁶ Leonard W, Pitts M, Mitchell A, Lyons A, Smith A, Patel S, et al. Private Lives 2: The second national survey the health and wellbeing of GLBT Australians. Melbourne, VIC: Australian Research Centre in Sex, Health & Society & La Trobe University; 2012.

⁷ Leonard W, Lyons A, Bariola E. A Closer Look at Private Lives 2: Addressing the mental health and well-being of lesbian, gay, bisexual and transgender (LGBT) Australians. Melbourne, VIC: Australian Research Centre in Sex, Health & Society & La Trobe University; 2015.

⁸ Perales F. The health and wellbeing of Australian lesbian, gay and bisexual people: a systematic assessment using a longitudinal national sample. *Aust N Z J Public Health*. 2019;43(3):281-7.

⁹ Kay B. Lesbian, gay, bisexual, and transgender health issues, disparities, and information resources. *Med Ref Serv Q*. 2011;30(4):393-401.

¹⁰ Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtqi People in Australia. Melbourne: La Trobe University; 2020.

¹¹ QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

¹² QLife. Suicide prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

crisis. This research (which included 472 participants) highlighted key barriers to accessing safe crisis support services as well as counselling and mental health support services. These barriers primarily revolved around experiences of discrimination and perceptions of lack of safety, as a result of widespread ‘heterosexism’ that is common within healthcare practices.¹³ The environment (the institutional micro-climate) of mainstream healthcare delivery, where medical models of sex and gender prevail and assumptions regarding sexual orientation are founded on heteronormative paradigms, increase the reluctance of LGBTIQ+ patients to disclose their sexual or gender identities and reduce help-seeking behaviour.¹⁴ Consequently, failures to screen, diagnose and treat important medical problems may arise and the inhibition of providing whole-of-person care, in itself a form of discrimination, perpetuate the discrepancies in health outcomes and general wellbeing.¹⁵ Overall, mainstream medical services were the most frequently type of health service visited by LGBTIQ+ people.¹⁶ However, this type of service was associated with lowest proportions of people who felt that their sexual orientation or gender identity was ‘very or extremely’ respected. This was compared to other forms of health services including those that cater exclusively for LGBTIQ+ communities and mental health services. It is worth noting that the experience of discrimination and safety concerns varied substantially between different gender identities, sexual orientations and individuals with an intersex variation within LGBTIQ+ communities. Overall, gender identity was less respected in mainstream health services than sexual orientation; people who identified as transgender or intersex reported higher incidences of unconscious and unintentional bias and discrimination and fewer reports of acceptance.¹⁷

It is important to recognise that experiences of discrimination and lack of safety in healthcare settings, may also be influenced by other factors including (but not limited to) patient age, race, location, and whether they have a disability.¹⁸ Intersectionality is a framework that recognises the multi-dimensional nature of human existence.¹⁹ It recognises that people can have multiple, co-existing identities that shape how they perceive and relate with the world around them and at its core, fosters inclusion and promotes diversity. It allows for understanding that a person may experience multiple forms of overlapping oppression or challenges and how these may vary across different contexts such as in healthcare or workplace settings.²⁰ LGBTIQ+ people who also identify as youth, culturally or linguistically diverse, Aboriginal and Torres Strait Islander as well as those who have a disability, live in remote or rural areas, or are experiencing homelessness are some examples where concurrent identities shape the experience of being a LGBTIQ+ person in Australia.²¹ People at

¹³ Victorian Department of Health. Community health pride: A toolkit to support LGBTIQ+ inclusive practice in Victorian community health services. Melbourne: Victorian Government; 2021. Available from: https://www.vgls.vic.gov.au/client/en_AU/search/asset/1301510/0.

¹⁴ Gay and Lesbian Rights Lobby. In their own words: Lesbian, gay, bisexual, trans* and intersex Australians speak about discrimination. Department of Prime Minister and Cabinet; 2013.

¹⁵ Australian Medical Association. AMA Position statement: Sexual diversity and gender identity [Internet]; 2002. Available from: <https://www.ama.com.au/media/ama-position-statement-sexual-diversity-and-gender-identity>.

¹⁶ Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.

¹⁷ Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.

¹⁸ Hughes M. Health and well being of lesbian, gay, bisexual, transgender and intersex people aged 50 years and over. *Australian Health Review*. 2018;42(2):146.

¹⁹ Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: <http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/>

²⁰ Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.

²¹ Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.

the nexus of multiple identities have higher risks of psychological distress and discrimination may require extra support protect their mental and physical health and wellbeing.²²

Developmental stressors including the disclosure of identity are also known to contribute to a higher suicide risk, particularly in younger LGBTIQ+ people. Research has highlighted that young LGBTIQ+ people aged 16-27 years are more than five times more likely to report attempting suicide.²³ This age group encompasses the late adolescent and early adulthood period where the development of multiple identities arise and distress surrounding 'coming out' occurs.²⁴ At this time, young LGBTIQ+ people may experience feelings of low self-worth, isolation, shame and internalise homophobia.²⁵ It is important to recognise that many young people have a history of attempting suicide prior to disclosure.²⁶

Compounding the impact of a higher prevalence of psychological distress and history of suicide attempts by people within LGBTIQ+ communities, a majority of people do not seek help in a crisis.²⁷ The reasons for this are complex and multifaceted. Low rates of help seeking behaviour may reflect systemic issues relating to service access, which includes the anticipation of discrimination, as well as the impact of prior experiences with crisis or non-crisis support services (mainstream and LGBTIQ+ inclusive), and other physical, financial and technological factors. According to an Australian-based survey of LGBTIQ+ people, perceptions around being 'queer enough' and concerns about safety, confidentiality, and difficulties regarding seeking support from someone with a similar background or lived experience are additional contributors to low crisis support use.²⁸

²² Victorian Government. Intersectionality [Internet]. Delivering the reform for Victoria's diverse communities. Victorian Government; 2020. Available from: <https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/reform-principles/intersectionality>

²³ Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: <https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf>

²⁴ Skerret DM, Kolves K & De Leo D. Suicidal behaviours in LGB populations: A literature review of research trends. Brisbane: Australian Institute for Suicide Research and Prevention; 2012.

²⁵ LGBTIQ+ Health Australia. A snapshot of mental health and suicide prevention strategies for LGBTIQ+ people [Internet]; 2021. Available from: https://d3n8a8pro7vhm.cloudfront.net/lgbtihealth/pages/549/attachments/original/1620871703/2021_Snapshot_of_Mental_Health2.pdf?1620871703

²⁶ QLife. Suicide Prevention: A QLife guide for health professionals [Internet]. Suicide prevention and LGBTI people. Available from: <https://qlife.org.au/uploads/17-Suicide-Prevention.pdf>

²⁷ Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: <https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf>

²⁸ Waling A, Lim G, Dhalla S, Lyons A & Bourne A. Understanding LGBTI+ lives in crisis. Australian Research Centre in Sex, Health & Society Lifeline Research Foundation. La Trobe University & Lifeline Australia; 2019.

3. TRIAL OVERVIEW

The Commonwealth Government has funded the implementation of twelve suicide prevention trial sites across Australia as part of the National Suicide Prevention Trial, which spanned a 4-year period (2016-17 – 2019-20). Each trial site was led by the local Primary Health Network (**PHN**) and aimed to improve the current evidence base around effective suicide prevention strategies for the general population and priority population groups.

NWMPHN was leading the only trial site in Victoria, which focused on LGBTIQ+ communities. The objectives of the Trial were to:

- Understand and address the factors that contribute to suicide within LGBTIQ+ communities;
- Increase the available evidence base on effective suicide prevention strategies for LGBTIQ+ communities; and
- Share relevant insights and information gathered from the trial with other community organisations and commissioning agents to enable them to better support local LGBTIQ+ communities.

NWMPHN worked closely with a LGBTIQ+ people, people with a lived experience of mental ill-health and suicide and representatives from the mental health and suicide prevention service system (referred to as the ‘**Taskforce**’) to co-design the Trial in order to meet the objectives above and designed the individual interventions that collectively make up the Trial.

The trial comprises a total of 8 interventions, which are identified below along with the organisation that has been commissioned by NWMPHN to deliver the intervention:

Intervention	Commissioned organisation
Aftercare – Providing support to a person after a suicide attempt or someone who is experiencing suicidal ideation	Mind Australia
Postvention – Developing a Suicide Postvention Response Plan for LGBTIQ+ communities to support the broader community and/or organisations that have experienced the loss of an LGBTIQ+ person to suicide	Switchboard
LGBTIQ+ Mentoring Projects – Providing mentoring and peer support to LGBTIQ+ individuals, groups and their families	drummond street services
Capacity Building – Delivering LivingWorks Start, safeTALK and ASIST training to individuals across the North Western Melbourne region that play a role in suicide prevention and intervention for people who are LGBTIQ+	LivingWorks
LGBTIQ+ Affirmative Practice – Delivering training to first responders and frontline health and social service providers to build their capacity in providing gender affirming care	Thorne Harbour Health

<p>Peer and Community Leaders – Researching the role of peer and community leaders in providing mental health crisis support to LGBTIQ+ communities and identifying ways to better support them</p>	<p>Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University</p>
<p>Campaign – Conducting a marketing campaign within the North Western region of Melbourne to encourage the mainstream community to take action against discrimination towards LGBTIQ+ communities</p>	<p>The Shannon Company</p>
<p>Wellness Grants – Offering small grants to encourage local organisations to implement initiatives that (i) support greater inclusion for LGBTIQ+ communities, (ii) address stigma/discrimination and (iii) raise the awareness of effective suicide prevention initiatives</p>	<p>Various*</p> <p>Note: * 9 separate organisations have been awarded grants as part of this intervention.</p>

Figure 1 - Description of Trial interventions

Impact Co. was engaged to undertake an evaluation of the 8 interventions that are part of the trial. This evaluation report specifically relates to the delivery of the Campaign.

PROGRAM OVERVIEW

4. CAMPAIGN OVERVIEW

Information on the Campaign is outlined below:

Commissioned organisation

TSC was commissioned by NWMPHN to deliver the Campaign. TSC is a specialist behaviour change organisation with 27 years' experience delivering communication campaigns.

Target cohort

The Campaign targeted individuals across the North Western Melbourne region that play a role in suicide prevention and intervention for people who are LGBTIQ+, including:

- Mainstream community in North Western Melbourne – individuals who do not have regular contact with LGBTIQ+ people and may be causing unintentional and unconscious discrimination due to their 'tolerance' and 'indifference', thereby enforcing heteronormativity, or cisnormativity
- Community Influencers in North Western Melbourne suburbs (growth corridor) – Individuals who work with the mainstream community on a daily or weekly basis. They are on the front line of the community; their role and responsibility are to contribute to the happiness and support of the community. These influencers may not identify as members of the LGBTIQ+ communities but could be considered as 'allies'.

Campaign objectives

The objectives of the Campaign were to promote supportive and responsive communities by reducing stigma towards and improving understanding of LGBTIQ+ communities' poorer mental health and suicidality compared to the mainstream community. Ultimately, by doing so, the Campaign was intended to address discrimination towards LGBTIQ+ communities that contributes to poor mental health outcomes.

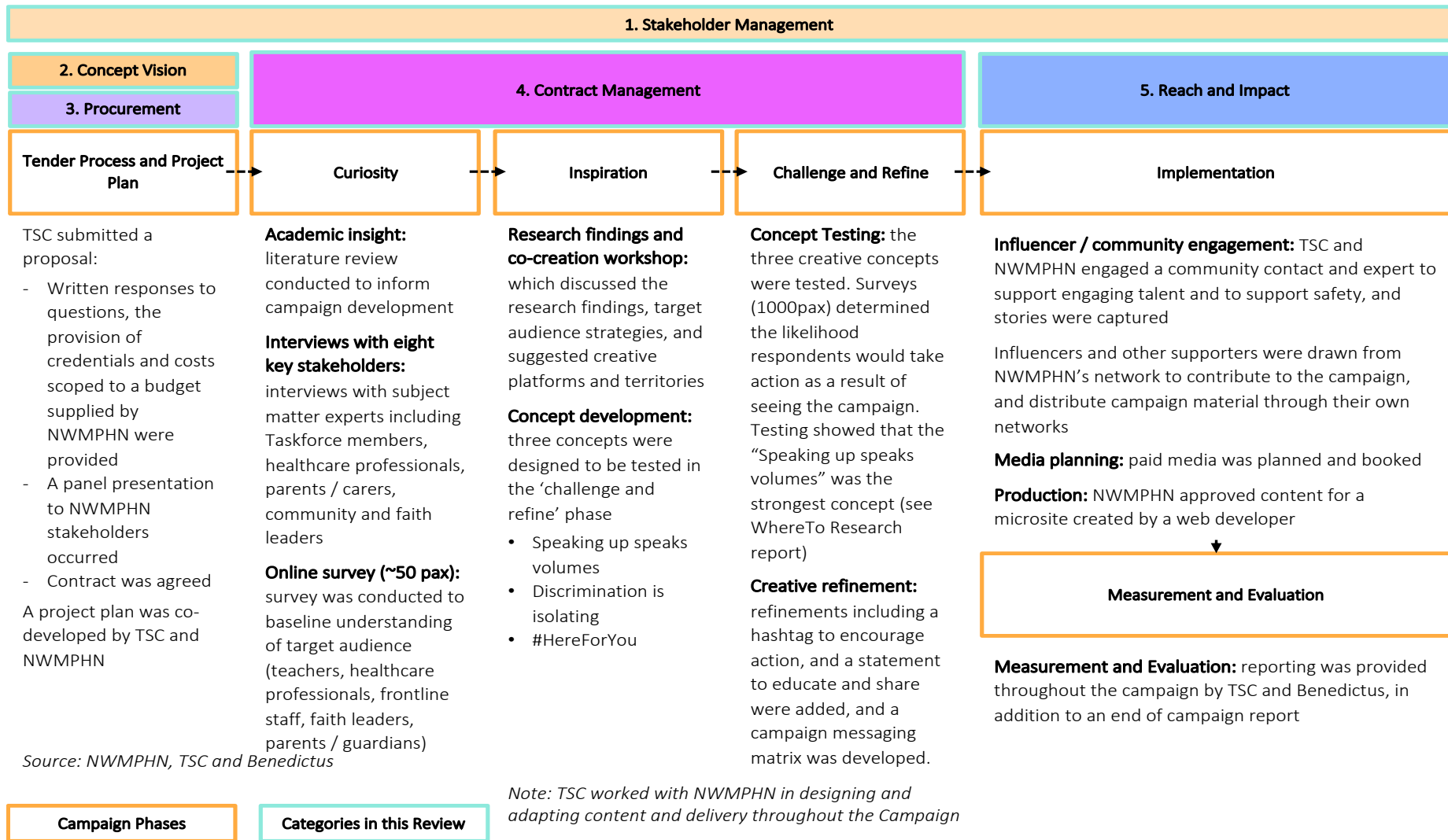
Timeframe

NWMPHN issued a tender for the project in January 2020 and it was awarded in February 2020. The Campaign ran from 21 February to 2 April 2021. Final reporting from TSC (including additional reporting provided by Benedictus) occurred in May and June 2021. Data gathering (interviews and review of reporting) by Impact Co. was conducted in May and June 2021.

Campaign design and deliverables

The process by which the Campaign was designed and delivered, and associated outputs, is described in Figure 2 (below).

Campaign Overview and Output



TSC submitted a proposal:

- Written responses to questions, the provision of credentials and costs scoped to a budget supplied by NWMPHN were provided
- A panel presentation to NWMPHN stakeholders occurred
- Contract was agreed

A project plan was co-developed by TSC and NWMPHN

Academic insight: literature review conducted to inform campaign development

Interviews with eight key stakeholders: interviews with subject matter experts including Taskforce members, healthcare professionals, parents / carers, community and faith leaders

Online survey (~50 pax): survey was conducted to baseline understanding of target audience (teachers, healthcare professionals, frontline staff, faith leaders, parents / guardians)

Research findings and co-creation workshop: which discussed the research findings, target audience strategies, and suggested creative platforms and territories

Concept development: three concepts were designed to be tested in the 'challenge and refine' phase

- Speaking up speaks volumes
- Discrimination is isolating
- #HereForYou

Concept Testing: the three creative concepts were tested. Surveys (1000pax) determined the likelihood respondents would take action as a result of seeing the campaign. Testing showed that the "Speaking up speaks volumes" was the strongest concept (see WhereTo Research report)

Creative refinement: refinements including a hashtag to encourage action, and a statement to educate and share were added, and a campaign messaging matrix was developed.

Influencer / community engagement: TSC and NWMPHN engaged a community contact and expert to support engaging talent and to support safety, and stories were captured

Influencers and other supporters were drawn from NWMPHN's network to contribute to the campaign, and distribute campaign material through their own networks

Media planning: paid media was planned and booked

Production: NWMPHN approved content for a microsite created by a web developer

Measurement and Evaluation: reporting was provided throughout the campaign by TSC and Benedictus, in addition to an end of campaign report

Figure 2: Campaign Overview and Output

EVALUATION CONTEXT AND CONSTRAINTS

5. EVALUATION CONTEXT AND CONSTRAINTS

Evaluation Context

There was an outbreak of the COVID-19 virus in Victoria in early 2020, which ultimately led to stringent social and economic restrictions being put in place in March 2020 to slow down the spread of the virus. This was then followed by a second outbreak in June 2020 and second round of restrictions being enforced. The impacts of these restrictions are explored further below:



The COVID-19 pandemic impacted the way the NWMPHN could engage with a wide range of individuals and organisations that supported the Campaign, from TSC to community members. All collaboration (excluding on-site photography) was completed virtually / remotely throughout the project following TSC's engagement by NWMPHN.

Constraints

This intervention, unlike others in the broader Trial, is targeted at the general public and was aimed at changing behaviour that contributes to poorer mental health outcomes for LGBTIQ+ communities..

This report is subject to a number of limitations which result from the nature of the Campaign, and the nature of the evaluation. These limitations are noted in turn below:

- The reach (e.g., number of views and clicks) and impact (e.g., likelihood of the Campaign to lead to action) of the Campaign were monitored and / or estimated by TSC and Benedictus and provided to NWMPHN in separate reporting referred to throughout this report. This evaluation does not purport to validate or separately assess data provided in these reports.
- The following documentation has been reviewed to inform this report:
 - TSC: *National Suicide Prevention Trial, LGBTIQ Community Campaign Curiosity Findings and Wrap-up* (August 2020)
 - Where To Research: *LGBTIQ Community Campaign, Topline Report* (19 October 2020)
 - TSC: *NWMPHN LGBTIQ+ Suicide Prevention Campaign Summary and Evaluation Report* (May 2021)
 - Benedictus: *Post Campaign Review* (2020)
 - Benedictus: *Weekly reporting during campaign period*
 - *Speaking Up Speaks Volumes: Published Media* (Undated)
 - NWMPHN: Commissioning Proposal – Community Campaign Project (24/02/2020)
 - NWMPHN: Analysis & Recommendation Report - LGBTIQ Suicide Prevention Trial Community Campaign (31/03/2020)
- Where Impact Co. has commented on the overall effectiveness of the Campaign, this has been informed by interviews conducted with a range of stakeholders, documents reviewed and its understanding of the Trial as a whole, as well as the scope of the Campaign (i.e., it's likely impact given the length of time and budget). In doing so, the findings set out in this report do not purport to comment on the performance of TSC, Benedictus or any other organisation that were engaged to deliver the Campaign. Both TSC and Benedictus, when interviewed by Impact Co. and through written feedback on this report, indicated that while they were satisfied with the performance of the Campaign, it was inherently limited by the budget allocated to it.
- Evaluating the effectiveness of a behaviour change campaign requires, among other elements, a longitudinal, mixed-methods approach to evaluation (which has not been undertaken). Should NWMPHN (or another group) seek to replicate the 'Speaking Up Speaks Volumes' Campaign, an evaluation method that aligns with the intervention should be considered at the earliest stages of planning where possible.²⁹
- This evaluation was undertaken 1-2 months following the conclusion of the Campaign. Consequently, the evaluation focused primarily on assessing the short-term outcomes of the Campaign

²⁹ Bailey, T.J, & Wundersitz, L. N. (2019, June). *Evaluating behaviour change communication campaigns in health and safety: A literature review* (No. CASR159). The University of Adelaide.

6. EVALUATION METHODOLOGY

The methodology used for the evaluation is detailed further in Appendix A.

EVALUATION FINDINGS

7. EVALUATION FINDINGS

The insights for the evaluation of the Campaign are segmented into five categories, with each category containing its own insights. Each insight is detailed on the following pages.

The table below illustrates how the five categories align with TSC’s 6 phases (as set out in its project plan):

TSC Phases	Categories in this Review	Insights
N/A	1: Stakeholder management	Insight 1.1: The role and effectiveness of influencers or networks was not consistent or structured
		Insight 1.2: Different stakeholders interpreted the Campaign and its objectives differently
		Insight 1.3: Opportunities to connect the Campaign to the broader Trial were missed
Tender Process and Project Plan	2: Concept Vision	Insight 2.1: The experience of the Taskforce was not fully maximised in the concept-utilisation and design of the Campaign
		Insight 2.2: Taskforce members (including LGBTQ+ organisations and individuals) were unsure of their role in the Campaign
		Insight 2.3: NWMPHN worked collaboratively to support TSC with the design of the campaign
	3: Procurement	Insight 3.1: The duration of the Campaign was not well suited to change ingrained behaviours
		Insight 3.2: There was insufficient focus on understanding the impact of the Campaign
		Insight 3.3: LGBTQ+ Risk management was considered throughout the process, but opportunities to improve capability and safety have been identified
		Insight 3.4: NWMPHN was constrained by the responses to the request for tender
Curiosity	4: Contract Management	Insight 4.1: NWMPHN worked effectively with TSC
Inspiration		Insight 4.2: NWMPHN was required to provide resources effort beyond what it anticipated to support the Campaign
Challenge and Refine		
Implementation	5: Reach and impact	Insight 5.1: The Campaign adopted a strengths-based and empowering approach, which was designed not to trigger

		vulnerable people. However, it may have limited the impact of the Campaign
Measurement and Evaluation		Insight 5.2: There were mixed responses relating to the usefulness of the Campaign materials
		Insight 5.3: Anecdotal evidence indicates the Campaign and its resources benefitted some groups and people, and builds on existing knowledge of how to run community campaigns
		Insight 5.4: The Campaign was reported to have had a broad reach on social media
		Insight 5.5: The Campaign attracted an unexpected amount of media attention
		Insight 5.6: Safety and risk management must be prioritised when working with vulnerable and at-risk communities
		Insight 5.7: The Campaign incorporated elements that would last beyond paid media advertising
		Insight 5.8: It is unclear whether the Campaign achieved its objectives

Table 2 - Summary of evaluation findings

Category 1: Stakeholder Management

This category explores how stakeholders from the community and NWMPHN’s network contributed to the Campaign

Insight	Detail
<p>Insight 1.1: The role and effectiveness of influencers or networks was not consistent or structured</p>	<p>NWMPHN used various networks to engage with as many people from the LGBTIQ+ community in the North West of Melbourne as possible when developing the Campaign, including seeking contributions to its design.</p> <p>In particular, networks were used to identify ‘influencers’ from around the community, including from the following segments of the community:</p> <ul style="list-style-type: none"> • CALD / religious organisations; • government departments; • emergency services; • teachers; • GPs; • sporting organisations; • council representatives; and • NGOs / community organisations. <p>In addition to influencers, NWMPHN leveraged people and organisations from their network, as well as the networks of councils and others.</p> <p><i>Influencers, and others who were engaged to support, contribute to, or distribute materials of, the Campaign will be referred to as ‘stakeholders’ in this category.</i></p> <p>Impact Co. spoke to six stakeholders who volunteered to be interviewed as part of this evaluation to understand how they contributed to the Campaign and their thoughts on how they were engaged. Overall, participants were supportive of the objectives of the Campaign and its content (e.g. message and collateral). However, the stakeholders engaged had mixed views on the model of engagement and the degree to which their input was valued.</p> <p>Leveraging existing networks enabled the Campaign messages to be distributed quickly and broadly, as each stakeholder could utilise their own channels to distribute information and Campaign information (e.g. through a disabled-focussed medium, or carers network).</p> <p>In the absence of clear governance or ‘tracking’ of where information was going and how it was received, and effective ‘two-way’ communication between network contacts and NWMPHN, the effectiveness (or otherwise) of certain channels was not measurable.</p> <p>Influencers (i.e. aligned for-purpose organisations) interviewed by Impact Co. indicated that they had received information about the Campaign directly or indirectly from NWMPHN and then shared it with their own networks. They noted that communication from NWMPHN was not ongoing, and whilst they received and shared the content in good faith (and believed in the Campaign) little effort was made to understand whether or not the channels through which content was shared were effective. For example, information was shared in a bulletin or via</p>

Insight	Detail
	<p>email to a group of individuals, however, there was no follow-up by those who distributed the material to understand whether this was worthwhile.</p> <p>Understanding whether the channels used by stakeholders were effective at the time would have benefitted the delivery of the Campaign, as well setting up future interventions using these same networks for success.</p> <p>Based on a range of interviews conducted for evaluations across the LGBTIQ+ Suicide Prevention Trial there appears to be no shortage of interventions, trials and programs in this space. Many stakeholders describe themselves as time-poor and over consulted. Given this, capturing which of the networks (and the corresponding channels for information dissemination) were effective (or not), and taking the opportunity to deepen relationships with individuals, is even more valuable.</p> <p>It is also worth noting that the ability to engage effectively with networks would have been impacted significantly by COVID-19 restrictions, both in terms of building new interpersonal relationships remotely, as well as stakeholders having the capacity to fully support the Campaign and the Trial as a whole.</p>
<p>Insight 1.2 Different stakeholders interpreted the Campaign and its objectives differently</p>	<p>In the absence of clear communication, certain stakeholders interpreted the Campaign in ways that would align to their needs, rather than the stated objectives of the Campaign. For example, one community sports coach (an ‘influencer’) spoke extensively to Impact Co. about how the campaign should have been more targeted to local and national sport. The coach appeared to believe a person he connected to a local council was linked directly to the Campaign despite this person not being a formal influencer. The coach was very passionate about LGBTIQ+ mental health and stigma reduction issues and was disappointed in how he felt he and his contact were treated. In this case, clearer communication about how the story of the contact was being used, and the stated objective of the Campaign (i.e. the target audience being the general population not specific groups) would have provided him with a more appropriate context.</p> <p>Managing different expectations is often a challenge amongst a group of passionate stakeholders. Wherever possible, however, the risk that stakeholders will develop negative sentiment towards the process, the Campaign, or NWMPHN, could be mitigated by clear communication about roles and effective stakeholder management.</p>

Insight	Detail
<p>Insight 1.3 Opportunities to connect the Campaign to the broader Trial were missed</p>	<p>Related to the above items 1.1 and 1.2, a lack of tracking of networks, and clear two-way communication between NWMPHN and stakeholders meant that opportunities to better integrate the Campaign into a broader system of related interventions and organisations that already existed were not maximised. This is especially the case given the Campaign was directed broadly to the public. For example, an individual interviewed by Impact Co. referenced an opportunity missed to plug-in the Campaign to a similar intervention in another area. Further, another stakeholder interviewed thought the Campaign could be effectively tied into her work with LGBTIQ+ youth.</p> <p>Wherever possible, any new intervention (such as the Campaign) should seek to leverage existing interventions and approaches already present in the community. Failing to do so may frustrate key contacts who have flagged concerns (in other interventions within the Trial) that organisations are repeating work or working in silos to the detriment of the Community (by not maximising impact for money).</p>

Category 2: Concept vision

This category explores how the NWMPHN, the Taskforce and TSC worked with each other to design the Campaign.

Insight	Detail
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<p>Insight 2.1: The experience of the Taskforce was not maximised in the design of the Campaign</p>	<p>When interviewed by Impact Co., TSC noted that while it did interview selected Taskforce members during the ‘curiosity’ phase, it did not engage with them continuously throughout the design and delivery of the Campaign. TSC noted its role was primarily designing and delivering the creative and that NWMPHN provided feedback from the community and Taskforce to it.</p> <p>TSC believed that this was an effective model for a number of reasons:</p> <ul style="list-style-type: none"> • Multiple voices can create confusion in developing a single campaign; • Having a single authority and contact maximises efficiency of decision-making; and • Having creatives absent can enable a freer exchange of ideas, especially when being critical of proposed campaign content. <p>Whilst TSC viewed the separation between it and the Taskforce as advantageous given the constraints of the budget and timelines, it is possible some opportunities were missed as a result of the separation. For example, one member of the Taskforce noted that, in their view, there was an opportunity to better empower the community of experts to engage with the design and content, and to ‘own’ the Campaign. Furthermore, direct contact between the Taskforce (made up of some leading members of LGBTIQ+ communities and organisations) would have provided an opportunity for TSC to improve their practice and be educated by experts with lived experience and practical, evidence-based, knowledge.</p> <p>It is possible that more direct engagement with members of the Taskforce (or the working group) and TSC may have ensured that stakeholders were engaged with appropriately, improved the Campaign content, and improved the impact of the Campaign, while giving more ownership to the community.</p>
<p>Insight 2.2: Taskforce members (including LGBTIQ+ organisations and individuals) were unsure of their role in the Campaign</p>	<p>Taskforce members interviewed by Impact Co. were not certain on how much input they were asked for, or able, to provide in the context of the working group meetings with NWMPHN. These meetings were described as a presentation of materials as opposed to workshopping them. Interviews with NWMPHN revealed that the intention was to inform the Taskforce of progress, and get some feedback on materials along the way, rather than taking a co-design approach with the Taskforce. This approach was taken as it was felt that TSC had distinct, but robust, approaches to consultations and development.</p> <p>Once again, more effective and clear communication to Taskforce members about the Campaign and how it was to be developed, and why, may have minimised the feeling that certain stakeholders weren’t able to contribute more.</p> <p>Notwithstanding the above, no stakeholders interviewed by Impact Co. considered themselves totally excluded from the process, nor did they criticise the content of the campaign. Going forward, an opportunity exists to clearly establish the degree of community-ownership of such public-facing Campaigns (even when directed towards mainstream audiences) to ensure LGBTIQ+ communities are fully empowered and engaged.</p>

<p>Insight 2.3: NWMPHN worked collaboratively to support TSC with the design of the campaign</p>	<p>Interviews conducted by Impact Co. indicated that whilst the Taskforce agreed that a public campaign of the type eventually delivered was needed, the Campaign itself was not intended to be ‘co-designed’ by the Taskforce. This approach was welcomed by TSC which pointed to the efficiencies associated with this approach (whilst maintaining that the Taskforce’s feedback was provided by NWMPHN).</p> <p>To inform the Campaign (which included, and was directed towards, ‘mainstream’ members of the community) TSC conducted a range of consultations with community influencers (38 people) and surveyed 1,004 people to understand their perceptions of discrimination and test campaign responses. In addition to this, TSC conducted 8 one-on-one conversations with subject matter experts, including Taskforce members (who are from LGBTIQ+ communities) about the challenges faced by LGBTIQ+ communities and their families. This input guided the development of key messaging including the use of language, use of community influencers and the educational message around ‘unknowingly causing harm’.</p> <p>Testing of design concepts through a survey undertaken by Where To gave direct evidence of how the Campaign might be interpreted by members of the public.</p> <p><i>“Being silent is being complicit. Poor actions need to be called out. Not just for the point of telling someone that what they said is inappropriate and hurtful, but to show that anyone in the firing line is supported. Silence is just as painful to someone as the words.” – survey respondent</i></p> <p><i>‘It really made me reflect on the message - that by standing by and sitting silent, and not taking action or actually speaking up, you are not helping the situation and may be enabling it. It really made me think.’ – survey respondent</i></p> <p>Throughout the design of the campaign, NWMPHN provided input and guidance about the campaign, and the Taskforce was kept apprised of progress (noting that not all of them felt sure of their role in the Campaign).</p> <p><i>For more information about the approach taken by TSC in developing the Campaign, see National Suicide Prevention Trial, LGBTIQ Community Campaign Curiosity Findings and Wrap-up (August 2020) and Where To: LGBTIQ Community Campaign Topline Report</i></p>
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Category 3: Procurement

This category explores the scope of the engagement between NWMPHN and TSC (noting that Benedictus was engaged by TSC, and not NWMPHN – this meant that Benedictus’ scope of work was determined by TSC).

Insight	Detail
<p>Insight 3.1: The duration of the Campaign was not well suited to change ingrained behaviours</p>	<p>TSC noted to Impact Co. that many behaviour change campaigns last for years, allowing for campaigns to evolve and change over time, and more effectively deliver impact. While acknowledging that TSC indicated that it was an effective campaign for its agreed scope, the scope of the Campaign was driven in a large part by the timeframe and budget available (which was driven to a by the parameters set by the Commonwealth to NWMPHN). This comparatively limited budget and timeframe meant that a two-month behaviour change campaign was not well suited to permanently change ingrained behaviours of the general public (which were the target audience).</p> <p>It was noted by TSC that an opportunity may exist in the future to target campaigns to GPs, who can be very effectively targeted. Considering this, and the comparative effectiveness of LGBTIQ+ awareness and affirmative healthcare training delivered as part of the broader Trial, an opportunity may have been missed to create a synergy between a more targeted campaign and other elements of the Trial, even where the total amount of time of a Campaign could not be extended due to cost.</p>
<p>Insight 3.2: There was insufficient focus on understanding the impact of the Campaign</p>	<p>Although it is arguable that any behaviour change campaign lasting two months will deliver substantial, long-term impacts, a robust evaluation of that Campaign would need to be undertaken to determine effectiveness and capture insights to contribute to the body of evidence that informs better practice.</p> <p>A robust, academically rigorous, evaluation of the impact of the campaign was not funded by the Trial. Concept research did indicate that the Campaign would change some behaviour, but reporting by TSC and Benedictus focussed on metrics such as ‘click through’. This evaluation report is focussed on the process of the Campaign and its contribution to the Trial given the limitations in measuring impact within the available timeframe.</p> <p>Representatives from Benedictus (who were engaged to manage the social media strategy and execution for the Campaign by TSC), noted that the budget for the Campaign, and the approach, limited the ability to measure the effectiveness or impact of the campaign in the following ways:</p> <ul style="list-style-type: none"> • A new website was created for the Campaign, which meant Benedictus were unable to baseline interest / clicks prior to the Campaign; and • Additional activities and measures which can be used to improve impact measurements were not funded. <p>As a result of this, Benedictus was not able to gather metrics relating to the impact of the Campaign; instead the data that it did gather focused purely on reach and exposure.</p>

	<p>Evaluating the effectiveness of a behaviour change campaign requires, among other elements, a longitudinal, mixed-methods approach to evaluation (which has not been undertaken). Should NWMPHN (or another group) seek to replicate the ‘Speaking Up Speaks Volumes’ Campaign, a better practice evaluation method should be considered at the earliest stages of planning where possible.³⁰</p>
<p>Insight 3.3: LGBTIQ+ Risk management was considered throughout the process, but opportunities to improve capability and safety have been identified</p>	<p>The tender document provided by NWMPHN provided an opportunity for respondents to describe their experience with the LGBTIQ+ community and suicide prevention (although experience and approach towards ensuring vulnerable participants were safe was not an element of the tender). TSC did describe experience, which was recognised as a strength during evaluations. In interviews with NWMPHN following the Campaign, however, it was noted that using an agency that was not used to working with LGBTIQ+ communities required additional risk and resource effort that was unexpected.</p> <p>Opportunities to improve the way TSC engages with members of LGBTIQ+ communities were also raised in its final report:</p> <p><i>“It is important to ensure talent’s psychological safety throughout the process by seeking advice from people who are LGBTIQ+ where possible and educating / upskilling the creative and production teams where necessary (e.g. training around the correct and respectful use of pronouns)” – ‘NWMPHN LGBTIQ+ Suicide Prevention Campaign Summary and Evaluation Report (May 2021), page 32 Learnings: Implementation’</i></p> <p>The comments above by TSC were further contextualised in interviews conducted by Impact Co. NWMPHN indicated that it could have more closely worked with TSC to ensure the Campaign was designed and developed in a safe way, and TSC agreed that it had more to learn about engaging safety with members of LGBTIQ+ communities.</p> <p>During the course of developing the Campaign, the Taskforce indicated a preference to include real people and their stories to ensure the Campaign was authentic. Given the limited number of individuals whose stories would be included, the advantage of this approach was that whilst the Campaign couldn’t show the full diversity of LGBTIQ+ communities, it would show ‘real stories’.</p> <p>Recognising the potential risks, NWMPHN engaged a consultant, a prominent member of the LGBTIQ+ community with experience in media and campaigns to ensure participants were engaged safely. This person had extensive experience interviewing community members about their stories and was engaged to do so for the campaign – Interviewing each individual and being their primary contact person. Because this approach was not part of the original design, risks associated with it were not considered in the earliest stages of the process (e.g. in risk analysis undertaken when evaluating tenders)</p> <p>Impact Co. interviewed this person to receive feedback on the process. Whilst this person did not indicate that TSC were unsuitable to deliver the Campaign, they did flag that their presence did fill a gap (in relation to safety) that was otherwise unfilled – that of a person from the LGBTIQ+ community who has the experience</p>

³⁰ Bailey, T.J, & Wundersitz, L. N. (2019, June). *Evaluating behaviour change communication campaigns in health and safety: A literature review* (No. CASR159). The University of Adelaide.

	<p>and capability to support individuals who (though volunteers) were going through a challenging process.</p> <p><i>“Procuring stories from the community is risky” – consultant</i></p> <p><i>“... there were lots of misgendering that was going on” – consultant</i></p> <p><i>“There were a couple of instances where I had to act as counsellor on the day of the shoot ... if I wasn't there on that day ... then the Campaign would have ended up the same ... but it would have had collateral damage [to the community]” – consultant</i></p> <p>In addition to ensuring a community member led interviews and photography, an experienced NWMPHN staff member with appropriate mental health qualifications was on site at each shoot. Rainbow door was also briefed on the project and was available to all talent during the course of the shoot, and after should they require support.</p> <p>Going forward, an opportunity exists to ensure tenders are effectively adapted for activities of this type by asking specific questions about safety, as well as connecting businesses with appropriate training organisations (or NWMPHN providing this training directly). It should be noted that having direct experience in providing safe environments for individuals identifying as LGBTIQ+ should not be determinative (as this may still be uncommon in the market), rather, such a requirement at the procurement stage can act as a trigger for having a conversation about safety, supporting potential collaboration between mainstream and community-controlled (i.e. LGBTIQ+-led) organisations, and the development and application of appropriate safety protocols and approaches.</p> <p>Significant research has been undertaken, and progress made, in ensuring activities of this nature are engage LGBTIQ+ communities safely. Future Campaigns of this type (and any engagement with LGBTIQ+ communities) should leverage better practice, such as the Rainbow Tick Cultural Competency Framework to inform approaches to LGBTIQ+ safety.</p>
<p>Insight 3.4: NWMPHN was constrained by the responses to the request for tender</p>	<p>When interviewed by Impact Co., NWMPHN indicated that whilst they hoped for responses from LGBTIQ+-led organisations, or partnerships between these organisations and mainstream organisations, this did not occur. In the absence of the Campaign being delivered by such an organisation, NWMPHN selected an organisation which had experience in family violence campaigns (including violence towards LGBTIQ+ people), co-designing campaigns with community, and was supported by partners with relevant experience (Benedictus ran the social media campaign for Marriage Equality, and has worked with Beyond Blue) and academic credentials (BehaviourWorks Australia is a research institution based at Monash University).</p>

	<p>There is an additional opportunity to, where possible, incentivise mainstream organisations to partner with LGBTIQ+-led organisations by making it a condition of tender (or demonstrating its connections with these organisations).</p> <p><i>For more information, please see TSC response to tender</i></p>
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Category 4: Contract Management

This category explores how NWMPHN worked with TSC

Insight	Detail
<p>Insight 4.1: NWMPHN worked effectively with TSC</p>	<p>When interviewed by Impact Co., TSC noted that NWMPHN collaborated effectively and efficiently, providing valuable input and feedback from the Taskforce, while also treating TSC as the experts in the field of campaign delivery. This approach ensured that resource effort of TSC was directed towards creative design and delivery, rather than stakeholder management. Given NWMPHN’s expertise is not in delivering projects of this type, this approach appeared appropriate.</p> <p>It is worth noting that given the risk factors and potential opportunities missed described in this report (see insight 1.3 and category 2), an opportunity may exist to adapt this approach slightly to ensure TSC are more directly connected to the community (Taskforce, working group, or selected members of).</p> <p>The depth of engagement between NWMPHN was impacted by COVID-19 restrictions. All engagement between the parties was completed through email and phone after the tender was awarded.</p>
<p>Insight 4.2: NWMPHN was required to provide resources effort beyond what it anticipated to support the Campaign</p>	<p>During the ‘curiosity’ stage of the Campaign design, a strategy to use community influencers to spread the message of the Campaign was developed. These influencers would be key members of the community that would act as key allies in implementing the change that the Campaign sought to promote. NWMPHN was unexpectedly called upon to leverage its own networks to implement this strategy, leading to a number of issues identified in this report at Insight 1.1.</p> <p>Whilst the importance of leveraging ‘influencers’ was not denied by NWMPHN, the task of identifying and managing these influencers added significant and unexpected resource effort. A limited pool of resources at NWMPHN prevented these networks from being optimised, and potentially created miscommunication about the campaign (as described above).</p>

Category 5: Reach and Impact

This category explores how the Campaign was received by certain stakeholders and some high-level indicators of impact.

This report is subject to a number of limitations which result from the nature of the Campaign, and this evaluation – please see *Evaluation Methodology* (above) for more details.

Insight	Detail
<p>Insight 5.1: The Campaign adopted a strengths-based and empowering approach, which was designed not to trigger vulnerable people. However, it may have limited the impact of the Campaign</p>	<p>As noted in the Campaign Overview (set out in Section 4 above), TSC adopted an exploratory approach to developing the Campaign that was informed by extensive community input. In doing so, TSC gained an understanding of the potential benefits of the Campaign and how it might best position the Campaign’s design and implementation to meet the needs of the LGBTIQ+ community.</p> <p>From the <i>NWMPHN LGBTIQ+ Suicide Prevention Campaign Summary and Evaluation Report</i> (May 2021) that was provided by TSC, those consulted in focus groups that were engaged in the ‘Inspiration’, ‘Challenge’ and ‘Refine’ stages of the process noted that the Campaign should be designed to align to achieve the following objective: <i>“To promote supportive and responsive communities by reducing stigma towards and improving understanding of LGBTIQ+ communities poorer mental health and suicidality compared to the mainstream community”</i> (page 2).</p> <p>Key takeaways from the ‘curiosity’ phase were:</p> <ul style="list-style-type: none"> • Community influencers are in the perfect position to influence change; • The actions they take are based on ‘leading by example’; • Community influencers are aware of the problem (recognised LGBTIQ+ cohort as high risk of suicide); • Recognise the need to create an inclusive and supportive society; • Feel equipped and comfortable to take action; • The campaign should not have just one voice – combination of LGBTIQ+, community, family and friends; and • Success = acceptance and support (‘allyship’). <p><i>Source: NWMPHN LGBTIQ+ Suicide Prevention Campaign Summary and Evaluation Report</i> (May 2021) page 9</p> <p>Informed by this research and feedback, TSC designed the Campaign content to avoid triggering members from the LGBTIQ+ community with mental-ill health or lived experience of suicide. By doing so, TSC prioritised safety of those who may come across that Campaign.</p> <p>Impact Co. tested many aspects of the Campaign materials – from the outdoor advertising to the website materials and resources, to the videos – with approximately 35 individuals from the general public (focus group members). The intent of this was to test the core elements of the Campaign with the target audience to gain an understanding of its efficacy. Through this process, there were mixed responses about the tone and approach used in the Campaign. In support of</p>

Insight	Detail
	<p>the strengths-based and empowering approach, focus group participants noted the following:</p> <p><i>“The facts and statistics used were very useful to raise awareness and to draw attention to the key issues” – Focus Group Member</i></p> <p><i>“The information was informative and new, and has definitely allowed me to have a better understanding of the issues” – Focus Group Member</i></p> <p><i>“The material engaged me ... I wanted to start to speak up for them” – Focus Group Member</i></p> <p>In contrast, other focus group participants shared the views that the messaging was too “soft” and “wouldn’t cause me to change by behaviours”. This is demonstrated via the following statements that were shared by focus group participants:</p> <p><i>“The message was too soft – if you want people to change their attitudes and behaviours you need to understand the negative consequences that could occur” – Focus Group Member</i></p> <p><i>“If you compare the material to that which is produced by the TAC, these are very weak ... seeing the real-life consequences of people’s actions and behaviours has a much higher likelihood of changing people’s behaviour” – Focus Group Member</i></p> <p><i>“I can’t relate to the material, as I don’t understand the consequences of not knowing the facts or saying the wrong things ... I just can’t connect.” – Focus Group Member</i></p>
<p>Insight 5.2: There were mixed responses relating to the usefulness of the Campaign materials</p>	<p>As indicated in Insights 5.1 and 5.2, there were mixed responses to the impact of the material usefulness of the Campaign materials.</p> <p>The differing views about the usefulness and materials is highlighted by the feedback that was received from the focus group participants engaged. Examples of the feedback that focus group participants provided about the usefulness of the Campaign material included:</p> <p><i>“The statistics jump out at you – they really make you question your own behaviours” – Focus Group Member</i></p>

Insight	Detail
	<p data-bbox="523 309 1481 454"><i>“I was very surprised by the figures – seeing that people from the LGBTIQ+ community may be 11 times more likely to self-harm was confronting and inspired me to learn more” – Focus Group Member</i></p> <p data-bbox="523 510 1481 622"><i>“The resources identified on the website were a good start – it made the challenge of finding where to look easy” – Focus Group Member</i></p> <p data-bbox="507 678 1497 745">Contrastingly, other focus group participants noted that the Campaign material had limited use:</p> <p data-bbox="523 824 1481 936"><i>“None of the figures were a surprise – they’ve been known for a long time” – Focus Group Member</i></p> <p data-bbox="523 992 1481 1104"><i>“The language and the content were too high-level and was not presented in a way that was easily digestible” – Focus Group Member</i></p> <p data-bbox="507 1160 1481 1384">In addition to the above feedback, other focus group participants noted that the Campaign material was “not inclusive” and was “not representative of their communities and families” (i.e. different skin tone, backgrounds). The same focus group participants also noted that “the language was too complex at times for people with lower literacy levels to be able to engage”. As a result of this, these individuals noted that the material would have had limited benefit and use.</p>
<p data-bbox="204 1417 475 1765">Insight 5.3 Anecdotal evidence indicates the Campaign and its resources benefitted some groups and people, and builds on existing knowledge of how to run community campaigns</p>	<p data-bbox="507 1417 1497 1485">NWMPHN reported to Impact Co. that the Microsite and Campaign resources were used by various groups to support LGBTIQ+-inclusivity:</p> <ul data-bbox="563 1507 1481 1709" style="list-style-type: none"> • Odyssey House to capacity building across its 10 sites; • Brimbank City Council to support its LGBTIQ+ youth group’s film project; • A secondary school’s IDAHOBIT event (NWMPHN attended the event and brought campaign materials); and • Various councils that NWMPHN engages with. <p data-bbox="507 1731 1497 1843">5 individuals (including one person involved in the design of the Campaign) commented on the microsite messages of support for the campaign and the people involved</p> <p data-bbox="523 1877 1481 1989"><i>“Wonderful Campaign and strong message. It is so important that we speak out when discrimination occurs. Speaking Up Speaks Volumes!” – Ged [via microsite comments]</i></p>

Insight	Detail
	<p data-bbox="517 322 1437 398"><i>"I need to do more to speak up when something isn't right. This campaign has really inspired me to do this!" – Brendan [via microsite comments]</i></p> <p data-bbox="504 477 1481 663">In addition, NWMPHN indicated to Impact Co. that they received multiple reports of the Campaign's impact on individuals and their families, as well as their own colleagues at NWMPHN. The Where To research is also understood to have been distributed widely across the organisation to inform the way that NWMPHN works with LGBTIQ+ communities.</p>
<p data-bbox="204 689 464 875">Insight 5.4: The Campaign was reported to have had a broad reach on social media</p>	<p data-bbox="504 689 1485 757">Benedictus Media reported to NWMPHN that the Campaign outperformed against benchmarks in a number of areas.</p> <p data-bbox="504 786 1114 815">High level statistics reported by Benedictus include:</p> <ul data-bbox="555 842 1225 1032" style="list-style-type: none"> • 2.3m impressions driving 5.7k users to the microsite; • 28 asset downloads; • 365 people reading any of the individual stories; • 127 shares on social posts across the platform; and • 77 people clicking on the main 'read their stories'. <p data-bbox="504 1059 1394 1126">It is unclear from data provided what impact (if any) the unexpected media attention (described below) had on these statistics.</p> <p data-bbox="504 1153 1315 1182"><i>For more information, see Benedictus: Post Campaign Review (2020)</i></p>
<p data-bbox="204 1209 443 1395">Insight 5.5: The Campaign attracted an unexpected amount of media attention</p>	<p data-bbox="504 1209 1485 1357">NWMPHN, its PR partner (Good Talent), and TSC were surprised by the amount of media attention the Campaign attracted. A conflation of the Campaign with trends in sex-education by conservative and tabloid media triggered a wave of media and social media reactions generating global headlines.</p> <p data-bbox="517 1397 1430 1545"><i>"North Western Melbourne Primary Health Network's Push to Make Schools More Inclusive: Unisex bathrooms, non-gendered playing teams and rainbow flags could be brought into Victorian schools in a bid to be more inclusive." – news.com.au</i></p> <p data-bbox="517 1641 1390 1709"><i>"Melbourne schools are urged to stop saying 'mum or dad' in a push to be more 'gender inclusive'" – DailyMail.co.uk</i></p> <p data-bbox="504 1794 1490 1980">A summary report provided to NWMPHN lists 26 separate 'negative' articles which reference the Campaign. In addition to these, syndicated articles were published in 'German, Chinese, Spanish and other language news sites.' Most of these articles were amended at the request of NWMPHN to include context of the campaign – distinguishing it from other campaigns – and including a statement from NWMPHN</p>

Insight	Detail
	<p><i>“The Herald Sun reports that the material suggests avoiding “gendered terms” such as husband and girlfriend instead of the non-gendered partner, and mum and dad rather than parent. Students are also encouraged to ask others which pronouns they use. But [NWMPHN] denied it was about banning terms like mum and dad.</i></p> <p><i>“To be very clear, the #SpeakingUpSpeaksVolumes campaign is not about mandating the use of pronouns or terms like mum and dad, but is focused on addressing the very serious impacts that bullying and discrimination has on LGBTQ+ people, children, and young people in particular,” the statement said.</i></p> <p><i>The network’s CEO, Chris Carter, said the campaign “encouraged people to speak up and actively support LGBTQI+ kids, when someone is experiencing bullying, silence often feels like indifference, which can create a terrible sense of isolation,” he told the Herald Sun.” – News.com.au</i></p> <p>This negative reaction extended to social media, and in turn, complaints directly to hospitals. NWMPHN reports that although it does not generally engage with mainstream media (given its role as a health services provider) the response of its PR partner, crisis management measures, and social media moderation (delivered internally) were effective at minimising the impact to the Campaign and to people as much as possible.</p> <p>The negative reaction to the Campaign, whilst not expected or intended by NWMPHN, attracted focus to it, and encouraged positive coverage including a segment on Channel 10’s ‘The Project’, The Age, and popular satirical news website ‘the Betoota Advocate’. This coverage attempted to correct the record on the purpose of the Campaign, and highlighted the genuine purpose of the Campaign.</p> <p><i>“Media beat-up’: Herald Sun, Daily Mail and Seven hijack campaign with fake pronoun debate- #SpeakingUpSpeaksVolumes falsely reported as campaign to ban use of ‘mum’ and ‘dad’” – The Guardian Australia</i></p> <p><i>“In the most recent manufactured outrage, NewsCorp and Channel 7 are today working tirelessly to bang a ‘culture wars’ drum...” – The Betoota Advocate</i></p> <p>Whilst NWMPHN pivoted the Campaign to use media to promote it, as well as moderate content on social media, the impact of negative (or positive) media is unclear. This reaction (positive and negative) likely will have driven traffic to the microsite, potentially undermining the value of some of the metrics reported to NWMPHN. When interviewed by Impact Co., TSC and Benedictus emphasised the</p>

Insight	Detail
	<p>positive impact of media coverage (e.g. a segment on commercial television) without speaking to the possible harm caused by the negative coverage.</p> <p>In any future Campaign of this type, the likelihood of certain groups or organisations misinterpreting content should be closely considered, and planning put in place to manage its impact and ensure the safety of participants.</p>
<p>Insight 5.6: Safety and risk management must be prioritised when working with vulnerable and at-risk communities</p>	<p>The Campaign attracted negative sentiment when picked up by certain media outlets, as well as criticism online (particularly Facebook). This negative sentiment translated into the non-digital world, with receptionists at NWMPHN receiving angry calls from the public. Key stakeholders, including those at the TSC, indicated that predicting and mitigating this negative sentiment represents a key learning for any future activities of a similar nature.</p> <p>Given the experience of this Campaign, any future work undertaken should contemplate these risks and have in place effective risk mitigation and safety measures. Including the Taskforce in identifying potential risks may have been one avenue to ensure all risks and mitigations were captured as soon as possible.</p>
<p>Insight 5.7 The Campaign developed a number of assets that have the potential to have life beyond the Campaign itself</p>	<p>The microsite was developed in parallel with the Campaign as a place for Campaign materials and resources. In this way, Campaign materials can be accessed by any member of the public, and the site can be adapted and used for future campaigns of a similar nature. This approach is intended to enable ongoing education beyond the life of the Campaign.</p>
<p>Insight 5.8: It is unclear whether the Campaign achieved its objectives</p>	<p>Behaviour change campaigns, particularly for those that are trying to change ingrained culture and prejudice, require an extended period in the market to have the desired effect (this point has been well-made across various literature reviews that have analysed behaviour change campaigns, including mental health and suicide related Campaigns that have been referenced earlier in this report). This point was emphasised during discussions with TSC personnel when the Campaign was compared to campaigns for another client. In both instances, the campaigns were intending to change the long-standing prejudices and behaviours.</p> <p>In the case of the other campaign, this had been running for 5 years and was continually being updated and refined to meet the evolving needs of the community and to reflect the dynamic social context of the time. Given the very limited duration of the Campaign and the softer messaging employed (as noted in Insight 5.1), the ability for the Campaign to meaningfully bring about behaviour change was very limited.</p> <p>In addition to the Campaign’s duration, as noted in Insights 3.1 and 3.2, the lack of budget allocated to creating pre-and-post ‘impact’ measures for the Campaign meant that it is not possible to objectively determine the changes (if any) that have resulted from the Campaign. This point was made by members of the Benedictus team who noted that: “we got our frequency, we got are awareness, we got our reach” however, no investment was made in a “measurement study” that would</p>

Insight	Detail
	<p>have identified a baseline and any potential movements from this as a result of the Campaign (see reporting by Benedictus and TSC noted above for full details).</p> <p>Throughout the Campaign, there were both positive and negative sentiments expressed about the Campaign. From a positive perspective, there was extensive reach (2.5k conversions, 2.4m impressions) as well as some positive media coverage by mainstream media (the Project) which indicated that the Campaign messages were resonating. However, there were also negative press and reactions online to the Campaign, indicating that the education and strength-based approach did not resonate with all who reviewed the material.</p> <p>A unique element of this campaign was its focus on community ‘influencers’ who would be powerful allies that promoted the campaign and lead behaviour change efforts. A significant amount of effort was dedicated to building a network of influencers and promoters which, based on the limited interviews by Impact Co., made some impact on spreading the message of the Campaign. However, as this network was not monitored and a specific evaluation was not conducted of the impact of this group of influencers, the success of this element is unclear.</p> <p>Overall, it must be noted that given the intent of the Campaign was to change entrenched behaviours, the fact that no measurement study was conducted, and the variable responses provided by focus group participants, there is no clear evidence that the Campaign will achieve its overall objectives.</p>

EVALUATION RECOMMENDATIONS

8. RECOMMENDATIONS

A Campaign directed towards the general public to reduce the incidence of discrimination against LGBTIQ+ individuals was conceived by the Taskforce. Throughout its design and delivery, it drew on experiences of people with lived experience and leveraged networks and influencers to spread its message. The Campaign contained a number of unique elements, each of which showed some level of impact anecdotally or indirectly. Given its broad objectives, and layered methods of achieving them (social media, influencers, microsite, campaign materials, networks), a campaign of this type required significant evaluation and stakeholder management resources to ensure outcomes could be measured, and lessons learned captured. More investment in the design / conception phase would have also enabled evaluation approaches to be confirmed, and a wider variety of stakeholders to contribute their expertise in mental health, and LGBTIQ+ safety. This approach would have also identified opportunities to align the Campaign to other initiatives.

The following recommendations should be considered to improve the outcomes of a similar campaign in the future. These have been grouped into categories to align with the following categories:

- **Stakeholder management** i.e. leveraging and maximising the input of stakeholders
- **Procurement** i.e. informing future commissioning efforts for NWMPHN
- **Program sustainability and reach** i.e. extending the longevity and reach of the Program’s impact.

Category	Recommendation
Stakeholder Management	<p>Recommendation 1: Ensure networks are effectively leveraged, maintained and evaluated where a network approach is taken</p> <p>The Campaign relied on networks of individuals to support the Campaign and spread its message – community influencers, and the Taskforce (and their networks).</p> <p>The Campaign took an innovative approach to spreading the message of the Campaign through the use of community influencers. These influencers were drawn from NWMPHN networks, with NWMPHN reaching out to councils, sports organisations and community groups directly or indirectly.</p> <p>Should a future effort be made to leverage networks and influencers, these networks should be managed to optimise their impact, and ensure messaging is consistent as the Campaign spreads amongst the ‘grassroots’. For example, communications should be tracked and coordinated in the first instance and monitored on an ongoing basis to support people spreading the message (as these groups will likely be doing so on the basis of goodwill).</p> <p>Taking greater care to cultivate a community of supporters will improve the reach and impact of any campaign, as well as build a network for the central organisation to leverage for future activities. A more structured approach will also enable better evaluation of the effectiveness of the network, and identification of opportunities to improve.</p>
	<p>Recommendation 2: Include more stakeholders in the design of the Campaign to maximise opportunities to connect it to other initiatives</p> <p>Leveraging networks effectively could also improve the design and delivery of a similar campaign in the future.</p>

Members of the Taskforce included individuals and organisations with substantial expertise in the mental health of LGBTIQ+ communities. These individuals and organisations, and their networks, could have contributed more to the Campaign if a co-design approach was taken throughout the Campaign (including procurement). Even where co-design is not pursued, proactive invitations for the contribution in specific areas (e.g. risk management and reaching out to community-led organisations during procurement) may have improved the Campaign as a whole.

This evaluation describes why NWMPHN worked directly with TSC to design and deliver the Campaign (as opposed to co-design with the Taskforce and community-controlled organisations). Whilst this approach was considered to be more efficient for the purposes of the Campaign, involving more stakeholders in the design and delivery of the Campaign may have identified opportunities to connect the Campaign with other initiatives within and outside the Trial.

For example, a broader group of stakeholders being involved in the design of the Campaign may have flagged potential synergies with other public awareness campaigns, materials to leverage, and other opportunities.

Wherever possible, activities within the Trial should be mutually reinforcing and build upon one another. For more insights on this subject, see Trial-wide evaluation.

Recommendation 3: Apply existing better practice frameworks to risk management and other elements

Commissioning organisations and funders should leverage existing guidance on working with LGBTIQ+ communities wherever possible, for example, the Rainbow Tick Quality Framework. The Rainbow Tick Quality Framework gives guidance about how to deliver services in a safe way and is considered best practice in Victoria.

Even though NWMPHN put lived experience at the centre of the Trial and the Campaign, applying a well-researched framework from the outset of the process could have supplemented the work done to ensure the safety measures that were adopted were well-documented and could be validated against best practice frameworks already in existence. Existing frameworks, and organisations which specialise in educating organisations in LGBTIQ+ safety, could have also been used to educate mainstream organisations and inform risk management approaches. Doing so may have improved the way the Campaign was designed and delivered, as well as built capacity within mainstream organisations.

<p>Procurement</p>	<p>Recommendation 4: Utilise the procurement process to affirm the importance of community-led organisations</p> <p>Whilst NWMPHN had hoped for community-controlled organisations to tender for the Campaign (or to partner with mainstream organisations in a tender) this did not occur. Although it may not be possible (or even desirable given the target audience) for a campaign of this type to be led by a community-controlled organisation, a commissioning organisation has a number of options available to it when seeking an outcome that is aligned to its objectives. For example, it is possible for a commissioning organisation to directly require a tender respondent to partner with a community-controlled organisation, or to nominate an appropriate organisation which will play a significant role in the delivery of the project once a tender is awarded. By taking a more direct approach, the commissioning organisation can send a signal to the market that lived experience is important, as well as embed it into any contract entered into.</p>
<p>Program sustainability and reach</p>	<p>Recommendation 5: Ensure each element of a Campaign are articulated upfront to ensure each anticipated benefit can be effectively understood, interrogated, and measured for efficacy</p> <p>The Campaign had several distinct components including new research, the use of the Trial Taskforce, the use of influencers, the use of networks, and the direct use of people with lived experience (as opposed to actors). Ideally, each of these separate elements should have its own specific objectives and evaluation approach to ensure impact and lessons learned can be captured (e.g. why did we use real people, and what do we now know are the strengths and weaknesses of this approach? how effective was the influencer approach?). Each objective should also be reasonably achievable.</p> <p>The concept of the Campaign was to instil behaviour change amongst a cohort within the geographic area of North Western Melbourne. Interviews conducted to support this evaluation indicated that behaviour change of the kind intended was unlikely to occur following two months of digital advertising (the primary means of communication of the Campaign). This does not mean the Campaign as a whole was unsuccessful, but a more considered and planned approach may have revealed that focussing just on networks to distribute campaign messaging and materials (e.g. through sports clubs and schools) may have been more economical, impactful and less prone to hijacking by media organisations.</p>

APPENDICES

APPENDIX A: EVALUATION SCOPE AND METHODOLOGY

Evaluation questions

The agreed evaluation questions that form the focus of this evaluation are identified below. They have been grouped according to questions that relate to the process of designing and implementing the Program and questions that relate to the outcomes achieved.

Element	Evaluation questions
Process	<ol style="list-style-type: none"> 1. Is the campaign appropriate? <ul style="list-style-type: none"> ○ Does it target the right people? ○ Is the message appropriate? ○ Was it designed appropriately in consultation with appropriate stakeholders? ○ Were the key risks addressed?
Outcomes	<ol style="list-style-type: none"> 2. Is the campaign effective? <ul style="list-style-type: none"> ○ Does it reach the target audience? ○ Does it achieve the intended changes in attitudes? ○ Will it likely achieve the intended changes in behaviour?

Data gathering

Approach

To support this evaluation, Impact Co. developed a mixed-methods approach to data collection. The matrix below highlights the various methods utilised to address each of the evaluation questions outlined previously.

Approach	Number of stakeholders consulted	Evaluation question	
		Q1	Q2
Semi-structured interviews with the Shannon Company, key NWMPHN stakeholders and key service providers to the LGBTIQ community	3 consultations were held with NWMPHN, TSC and Benedictus	X	
Semi-structured interviews with Community Influencers (as per Phase 1 of campaign)	A total of 6 people who were invited to distribute material, promote the campaign and / or were members of the taskforce were interviewed	X	X
Campaign analytics	N/A		X
Focus group with mainstream community members (as per Phase 2 of campaign)	16 people were involved in two separate focus groups	X	X

Note: 'X' indicates the data gathering approaches that seeks to address the respective evaluation questions

Timeframe

The timeframe of the data gathering occurred between May and July 2021.

The program logic below describes the potential long-term, medium-term, and short-term outcomes that Program could achieve and identifies the corresponding outputs, activities, and inputs of the Program. It provides the framework that underpins the design of this evaluation.

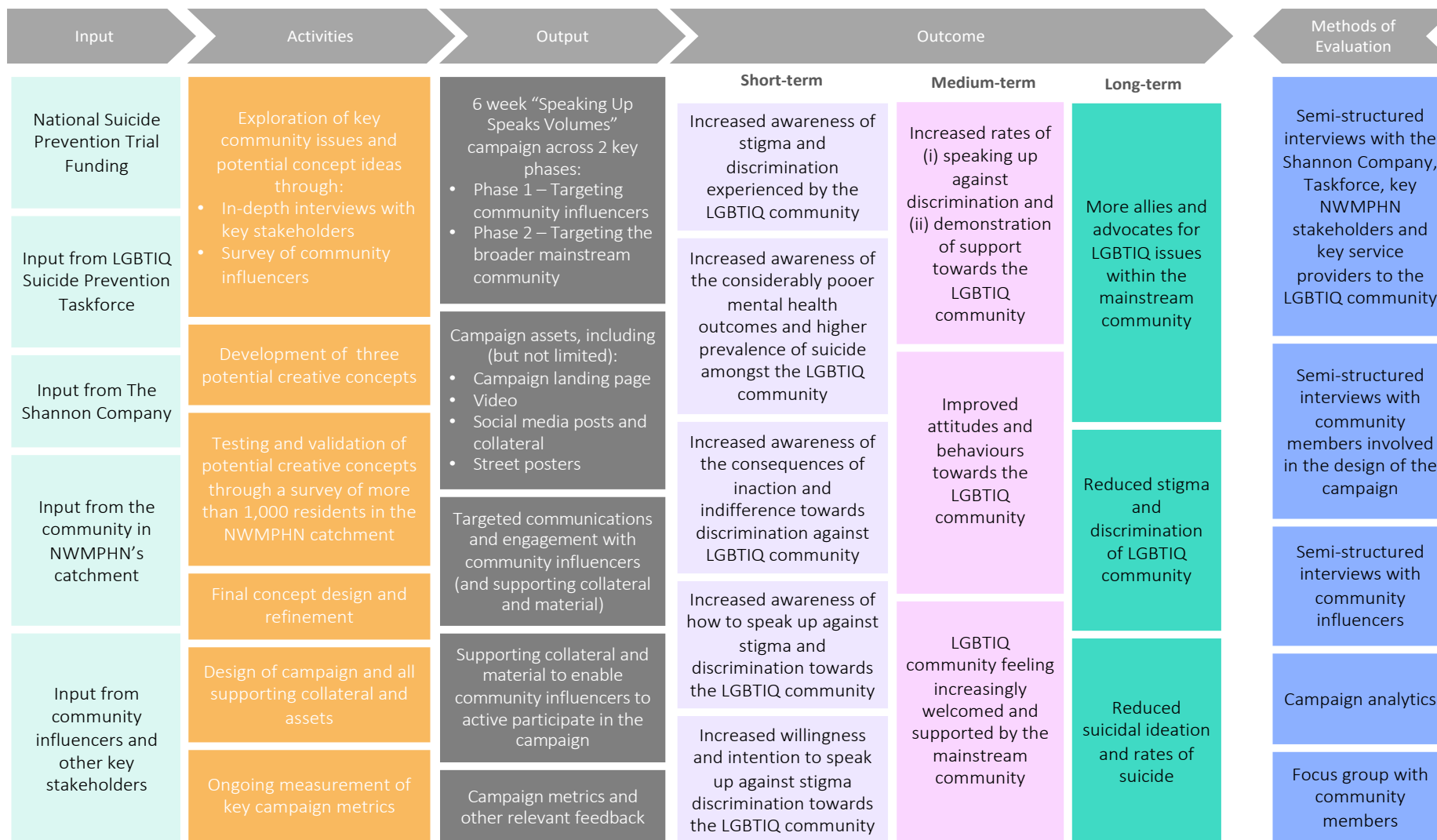


Figure 3 - Program logic

Data analysis

Interview

All interviews were transcribed, and a thematic framework was developed using inductive analysis to identify evaluation findings.

Insight validation

A draft copy of this evaluation report was then circulated to TSC and NWMPHN for their review and feedback before being finalised.