LGBTIQ+ SUICIDE PREVENTION TRIAL

Thorne Harbour Health – LGBTIQ+ Affirmative Practice Training

Evaluation Report

IMPACT — CO.

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

Term	Definition
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 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

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[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 was a suicide prevention initiative funded by the Commonwealth Government across 12 different sites across Australia over a 4-year timeframe. Each of the trials sites were led by a local Primary Health Network (**PHN**) and aimed to improve the current evidence base around effective suicide prevention strategies for priority population groups and the broader population.

The trial site led by the North Western Melbourne PHN (**NWMPHN**) was focused on LGBTIQ+ communities in the North West of Melbourne and comprised of 8 individual interventions. One of these interventions was the LGBTIQ+ Affirmative Practice Training (**Program**) that was delivered by Thorne Harbour Health. The Program involved the following activities:

- Designing and delivering a LGBTIQ+ Affirmative Practice training package to mainstream service providers, with a focus on first responders and frontline health and social support workers who work with LGBTIQ+ people experiencing poor mental health and/or suicidal crisis; and
- The Program also involved developing the following resources to support the sustainability of outcomes achieved:
  - Designing and delivering a Train-the-Trainer (**TTT**) training, which was offered to staff/LGBTIQ+ champions within partner organisations who participated in the Program; and
  - Developing an online module for the LGBTIQ+ Affirmative Practice training, which was offered to partner organisations.

The Program delivered the following output:

LGBTIQ+ Affirmative Practice Training:	**79** Individual training sessions	**1,687** Unique participants (noting that some participants attended more than one training session)
Train-the-Trainer Training (TTT):	**4** Train-the-Trainer (TTT) sessions	**45** Trainers trained

Online module:

8

Organisations that have
received the online modules

(as of 30 June 3021)

Figure 1 - Program output

Evaluation findings

This evaluation has identified that the Program was delivered effectively and was able to achieve a range of significant outcomes as described below in more detail:

Program delivery
Participants of the Program found it to be safe and inclusive, allowing them to engage openly in discussions during the training sessions. This was attributed in a large part to the facilitators of the training, who actively shared their own lived experience and role modelled vulnerability.

Participants also found the training to be:

- *Engaging* – The facilitators were competent and capable. The training also made good use of different approaches to encourage engagement and interaction (e.g. role play, small group discussions, plenary activities) without 'pushing' participants too far out of their comfort zone; and
- *Accessible* - The training was delivered without the use of excessive jargon and that complex themes were effectively explained.

Another key strength of the Program was its adaptability. Different formats of the training were created to take into consideration the needs of different units/teams and organisations who participated in the training. In addition to having different formats, the training was also delivering using multiple modalities (i.e. in-person and virtually) to adapt to the COVID-19 pandemic and the needs of different organisations. Collectively, the flexibility in terms of format and modality of the training helped to maximise the accessibility and participation in the training.

The evaluation also highlighted that the following enablers contributed to the success of the Program:

1. Fully subsidised training – The training was offered at no cost to the participants;
2. Thorne Harbour Health's reputation and credibility in the sector and community;
3. Internal organisational champions to encourage participation in the training and the integration of key learnings from the training within the organisation; and
4. Open endorsement and encouragement to participate in the Program from key organisational leaders in participating organisations.

Program outcomes

For the training participants, the Program helped to:

- Increase their knowledge in LGBTIQ+ issues;

- Increase their knowledge in gender identities, intersex variation and sexual identities;
- Increase their knowledge in Affirmative Practice and their confidence in applying it in practice;
- Increase and normalise conversations around suicide and LGBTIQ+ topics/issues within organisations; and
- Reaffirm existing practice in organisations.

For the trainers who participated in the train-the-trainer training, the Program effectively equipped them to deliver the Affirmative Practice training independently, enabling organisations to continue strengthening their ability to deliver safe and inclusive care to people who are LGBTIQ+.

Evaluation recommendations

The LGBTIQ+ Affirmative Practice Training was very well received by the participants and organisations that took part in the training as evidenced by the overwhelmingly positive feedback received. It has also been able to achieve a number of critical outcomes for the first responder and frontline health and social workers by equipping them with the necessary knowledge and skills to work with LGBTIQ+ people in a safe and more affirming manner.

The recommendations following this evaluation have been grouped into 3 categories:

- *Program design and delivery* i.e. enhancing the design and delivery of the Program to improve the experience and outcomes achieved for participants;
- *Organisational enablers* i.e. ensuring that key supporting enablers are in place to ensure that the Program is better positioned to deliver positive experiences and outcomes for participants;
- *Program sustainability and reach* i.e. extending the longevity and reach of the Program's impact

Category	Recommendation
Program design and delivery	**Recommendation 1:** Trainers to be individuals who are LGBTIQ+
	Recommendation 2: Trainers to be from the same sector or have sufficient knowledge of the sector(s) that the participants are from
	Recommendation 3: Training to incorporate more case studies and group discussions
	Recommendation 4: Training to incorporate pre-reading or pre-workshop activities to (i) reduce the time required for the actual training; or (ii) maximise the use of training time for group activities or discussions
	Recommendation 5: Maintain the flexibility of the program structure and delivery approach to maximise accessibility and participation
	Recommendation 6: Make the link between Affirmative Practice and suicide prevention more explicit in the training content
	Recommendation 7: Deliver follow-up reflective practice sessions for training participants to further embed Affirmative Practice
	Recommendation 8: Establish a community of practice for the trainers

	Recommendation 9: Target trainers who have prior training delivery or workshop facilitation experience
Organisational enablers	**Recommendation 10:** Ensure that the project is appropriately resourced, particularly ensuring that there is adequate project management/logistics support
Program sustainability and reach	**Recommendation 11:** Ensure that internal champions are nominated in organisations that participate in the training
	Recommendation 12: Expand the reach of the Program beyond the North West of Melbourne

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 Affirmative Practice Training Program delivered by Thorne Harbour Health. This was funded as part of the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and other gender and sexually diverse individuals (**LGBTIQ+**) Suicide Prevention Trials being implemented by the North Western Melbourne Primary Health Network (**NWMPHN**).

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 crisis. This research (which included 472 participants) highlighted key barriers to accessing safe crisis

[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 Lgbtiq 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

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 identity 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 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]

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[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.
[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

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]

[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://d3n8a8pro7vhmx.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 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
LGBTIQA+ 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

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	Australian Research Centre in Sex, Health and Society (**ARCSHS**) at La Trobe University
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	The Shannon Company
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	Various* *Note:* * 9 separate organisations have been awarded grants as part of this intervention.

Table 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 LGBTIQ+ Affirmative Practice Training Program (also referred to as '**the Program**') by Thorne Harbour Health.

PROGRAM OVERVIEW

4. PROGRAM OVERVIEW

Information on the Program is outlined below:

Commissioned organisation

Thorne Harbour Health (formerly the Victorian AIDS Council) is the commissioned organisation for this intervention. It is a community-controlled organisation working to improve the health and wellbeing of LGBTIQ+ communities and people living with HIV (PLHIV). It has sites in Melbourne, Bendigo and Adelaide and offers a range of services including:

- Counselling;
- HIV Testing & Prevention;
- Alcohol & Other Drug Support;
- Trans and Gender Diverse Health;
- Health Promotion;
- Family Violence Support;
- General Practice; and
- Support for People Living with HIV.

Target cohort

The Program targeted (i) first responders and (ii) frontline health and social support workers who work with LGBTIQ+ people experiencing poor mental health and/or suicidal crisis

Program objectives

The objectives of the Program are to:

- Increase awareness of LGBTIQ+ lived experience, stigma and discrimination and impacts of these among first responders and frontline health and social support workers;
- Increase awareness and skill development of first responders and frontline health and social support workers in responding appropriately, supportively, and therapeutically to suicidal presentations among LGBTIQ+ communities; and
- Build the confidence and skills of first responders and frontline health workers in working therapeutically with people who are LGBTIQ+ to reduce the risk of suicide.

Program description

In order to achieve the objectives above, Thorne Harbour Health undertook the following activities:

- Designing and delivering a LGBTIQ+ Affirmative Practice training package to mainstream service providers, with a focus on first responders and frontline health and social support workers who work with LGBTIQ+ people experiencing poor mental health and/or suicidal crisis.
- The Program also involved developing the following resources to support the sustainability of outcomes achieved:
  - Designing and delivering a Train-the-Trainer (TTT) training, which was offered to staff/LGBTIQ+ champions within partner organisations who have participated in the LGBTIQ+ Affirmative Practice Training workshops and hope to deliver the training within their own organisations.

o   Developing an online module for the LGBTIQ+ Affirmative Practice training, which was offered to partner organisations.

The design of the LGBTIQ+ Affirmative Practice training was underpinned by lived experience of LGBTIQ+ individuals who have poor mental health, used mental health services in the past and experienced a suicidal crisis. This was done through a number of focus groups that was conducted in collaboration with Mind Australia (another service provider that has been funded as part of the LGBTIQ+ Suicide Prevention Trials).

Program timeframe

The Program commenced in April 2019 and concluded in June 2021.

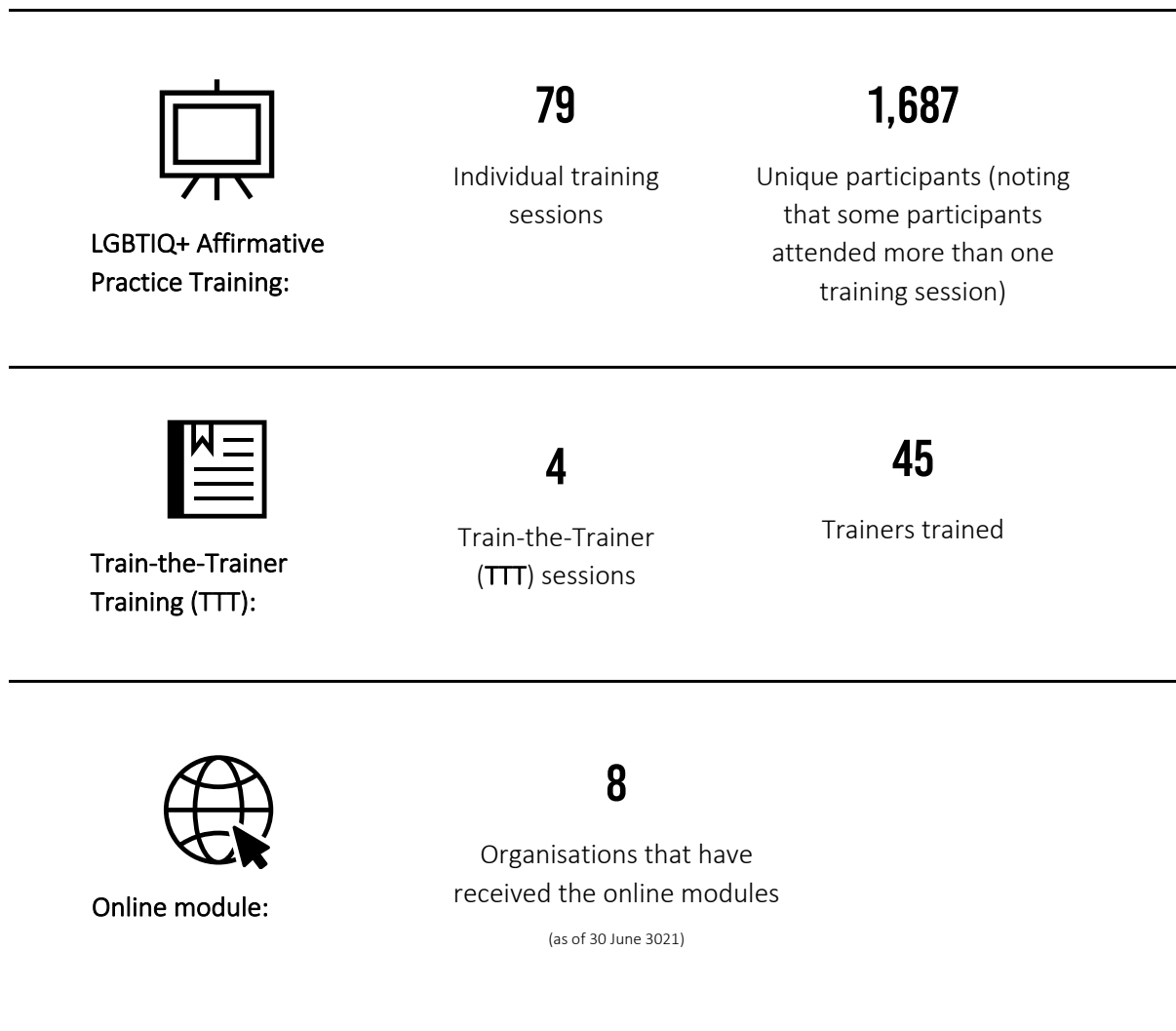## Program output

The Program delivered the following output:

LGBTIQ+ Affirmative Practice Training:

79

Individual training sessions

1,687

Unique participants (noting that some participants attended more than one training session)

Train-the-Trainer Training (TTT):

4

Train-the-Trainer (TTT) sessions

45

Trainers trained

Online module:

8

Organisations that have received the online modules
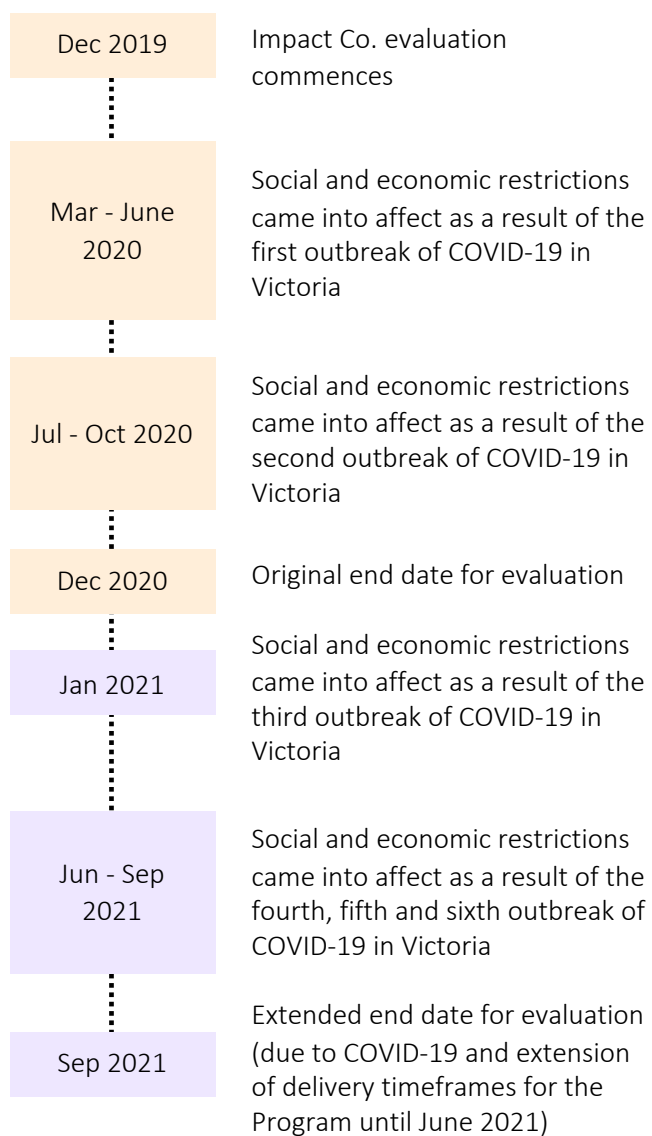
(as of 30 June 3021)

Figure 2 - Program output

EVALUATION CONTEXT AND APPROACH

5. EVALUATION CONTEXT

There are a number of external contextual factors that have impacted this evaluation. These are identified below and should be noted when considering the findings of the evaluation outlined in Section 7 of this report:

- **COVID-19 pandemic**

Dec 2019	Impact Co. evaluation commences
Mar - June 2020	Social and economic restrictions came into affect as a result of the first outbreak of COVID-19 in Victoria
Jul - Oct 2020	Social and economic restrictions came into affect as a result of the second outbreak of COVID-19 in Victoria
Dec 2020	Original end date for evaluation
Jan 2021	Social and economic restrictions came into affect as a result of the third outbreak of COVID-19 in Victoria
Jun - Sep 2021	Social and economic restrictions came into affect as a result of the fourth, fifth and sixth outbreak of COVID-19 in Victoria
Sep 2021	Extended end date for evaluation (due to COVID-19 and extension of delivery timeframes for the Program until June 2021)

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:

Figure 3 - Timeline for evaluation

- *Delays to the delivery of the Program* - The restrictions put in place as a result of COVID-19 meant that in-person interactions had to be limited as much as possible. This forced Thorne Harbour Health and Impact Co. to adapt the design of the Program and evaluation respectively to take place in a virtual environment, where engagements were primarily conducted via teleconference or phone. There were significant implementation challenges with this, particularly during the early stages of the transition process where new processes and systems had to be developed and established in a very short time. This resulted in a period of hiatus for both the Program and the evaluation as workarounds to the restrictions were being put in place, limiting the amount of information gathered within the timeframe for this

evaluation. In addition, the target cohort of the Program (i.e. first responders and frontline health and social workers) were heavily involved in supporting the broader community to get through the pandemic (from a physical, social, emotional and mental health perspective), making it extremely difficult for them to allocate time to participate in the Program. This also contributed to the delays in implementing the Program and difficulties in gaining participation;

- o *Delay of evaluation* – The Program was extended until 30 June 2021 and the completion of this evaluation was extended to 30 September 2021 to take in consideration the impacts of COVID-19; and

- o *Limited ability to engage* – Social interaction, community access and business activity were severely limited between March 2020 and December 2020 due to the COVID-19 restrictions. This had a significant impact on the general mental health and wellbeing of the broader community and made it very challenging to participants of the Program. As a result, only a limited amount of consultation and data gathering was able to be conducted to inform the findings of this evaluation.

- **Timeframe of evaluation**
  This evaluation was contracted to be completed less than 3 months after the end date of the Program. Consequently, the evaluation focused primarily on assessing the short-term outcomes of the Program as it was not possible to observe and measure any of the medium or long term outcomes within the timeframe of this evaluation.

- **Trial and system-wide initiatives impacts**
  There were a number of other initiatives within and outside the National Suicide Prevention Trial targeting LGBTIQ+ communities in the North West of Melbourne during the same time as this Program. It is likely that these other initiatives would have had some impact on the participants of the Program, and consequently the findings of this evaluation. Due to the broad nature of these initiatives (and most other programs and services delivered in the health and social services sector), it was difficult to assess the extent to which these other initiatives have impacted the Program. As such, it should be noted the outcomes identified through this evaluation may not be fully attributed to the activities of this Program only.

- **Deaths by suicide within LGBTIQ+ communities**
  There were a number of unfortunate deaths by suicide in LGBTIQ+ communities in late 2020, resulting in a significant outpouring of grief and support from LGBTIQ+ communities. In respect and recognition of the difficult news, the data gathering activities as part of this evaluation were put on hold during the month of December 2020 and resumed again in late January 2021 to allow the community sufficient time to grieve and the local LGBTIQ+-specific service providers, such as Thorne Harbour Health to focus on supporting the community.

6. EVALUATION METHODOLOGY

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

EVALUATION FINDINGS

7. EVALUATION FINDINGS

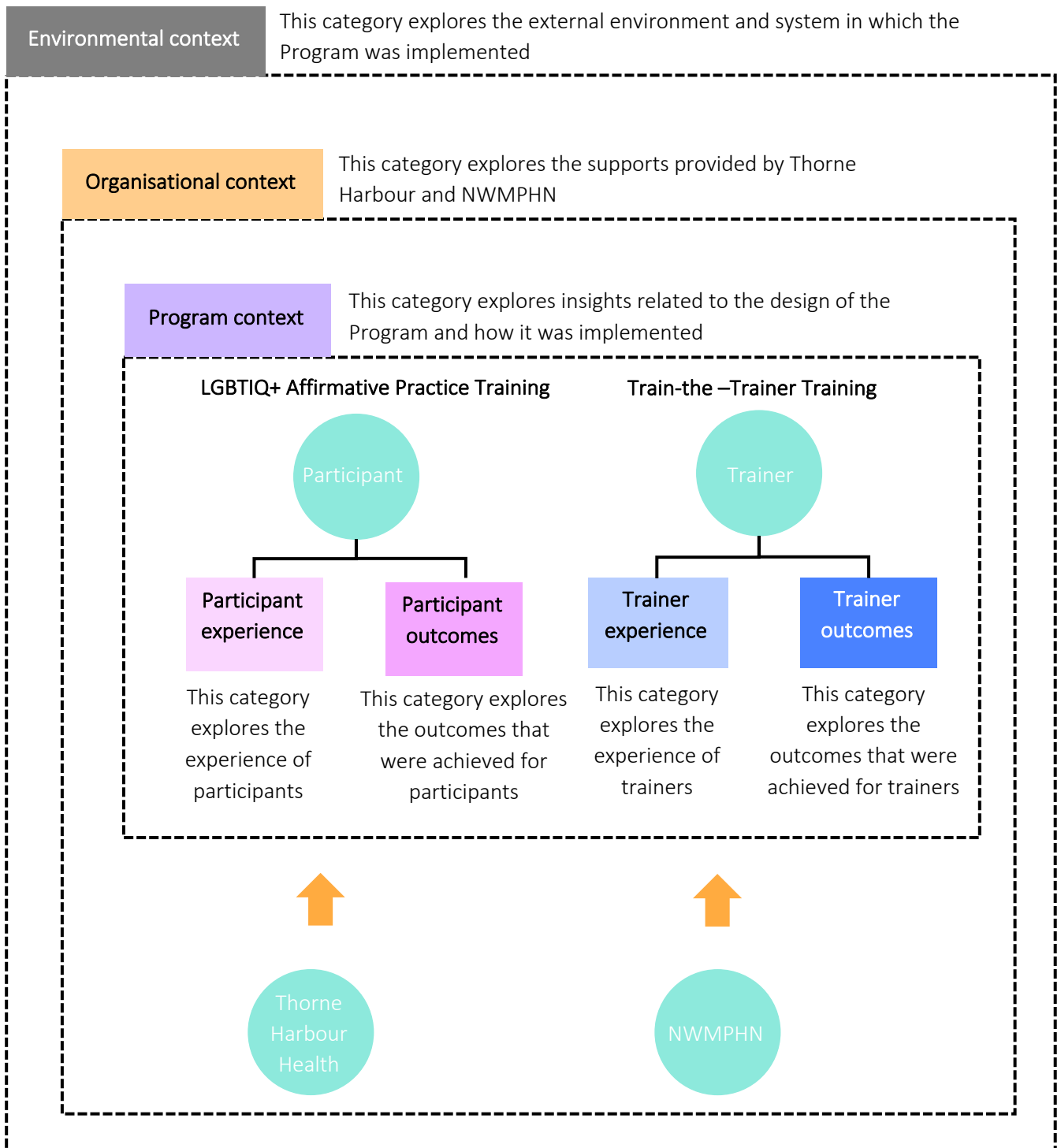The insights for the evaluation of this Program are segmented in the following categories:

| Environmental context | This category explores the external environment and system in which the Program was implemented |

| Organisational context | This category explores the supports provided by Thorne Harbour and NWMPHN |

| Program context | This category explores insights related to the design of the Program and how it was implemented |

LGBTIQ+ Affirmative Practice Training

Participant

| Participant experience | Participant outcomes |

This category explores the experience of participants

This category explores the outcomes that were achieved for participants

Train-the –Trainer Training

Trainer

| Trainer experience | Trainer outcomes |

This category explores the experience of trainers

This category explores the outcomes that were achieved for trainers

Thorne Harbour Health

NWMPHN

Figure 4 - Key categories for evaluation insights

Legend:

⬤ Stakeholder group	Insight Category 3	Insight Category 6
Insight Category 1	Insight Category 4	Insight Category 7
Insight Category 2	Insight Category 5	

A summary of key evaluating findings are outlined in the table below. Each of these are outlined in more detail on the following pages.

Category	Insight
Category 1: Participant experience	**Insight 1.1:** Training facilitators facilitated a safe environment, enabling open and engaged conversations during the training sessions
	Insight 1.2: Participants found the training effective and informative, regardless of their level of experience or backgrounds
	Insight 1.3: Participants found the training to be delivered in an engaging manner
	Insight 1.4: Participants found the content of the training easy to understand
Category 2: Participant outcomes	**Insight 2.1**: The training was of a high quality
	Insight 2.2: The training helped to increase participants' knowledge in LGBTIQ+ issues
	Insight 2.3: The training helped to increase participants' knowledge in gender identities, intersex variation and sexual identities
	Insight 2.4: The training helped to increase participants' knowledge in Affirmative Practice
	Insight 2.5: The training helped to increase participants' confidence in applying Affirmative Practice in the work that they do
	Insight 2.6: The training has helped to increase and normalise conversations around suicide and LGBTIQ+ topics/issues within organisations
	Insight 2.7: The training has helped to reaffirm existing practice in organisations
	Insight 2.8: The training has led to tangible changes within organisations to create more affirming environments for clients and staff
	Insight 2.9: Participation in the training has helped to reinforce that LGBTIQ+ - safe environments/ practice is a priority for organisations
	Insight 2.10: There was strong appetite for further training
	Insight 2.11: The sustainability of the outcomes achieved through this project will be supported by the train-the-trainer training and online training modules developed
Category 3: Trainer experience	**Insight 3.1:** Trainers echoed the comments provided by participants
	Insight 3.2: Trainers found the resources included as part of the training to be beneficial
	Insight 3.3: The train-the-trainer training could have been improved by having more small group discussions
Category 4: Trainer outcomes	**Insight 4.1:** Trainers felt that the TTT training effectively equipped them to deliver the training
	Insight 4.2: The train-the-trainer training has enabled organisations to continue delivering the LGBTIQ+ Affirmative Practice training

Category 5: Program context	**Insight 5.1:** A key strength of the training was its adaptability
	Insight 5.2: A key strength of the training facilitators was their background in health
	Insight 5.3: Participants sought more information and resources to support them to further embed the learnings from the training
	Insight 5.4: More group discussions during the training would have been valuable
	Insight 5.5: Additional case studies would improve the training
	Insight 5.6: Because the training was free, it was more accessible to organisations
	Insight 5.7: The framing of the training session needs to be more reflective of the content
	Insight 5.8: Key enablers to increase uptake of this training was identified to be: • Credibility of the training organisation • An authorising environment and buy-in from key organisational leaders • Internal organisational champions
Category 6: Organisational context	**Insight 6.1:** The Program was under-resourced initially
Category 7: Environmental context	**Insight 7.1:** COVID-19 presented a challenging environment for the training to be delivered
	Insight 7.2: The end of the trial will limit the impact of the Program

Table 2 - Description of Trial interventions

Category 1: Participant experience

This category explores the experience of participants.

Insight	Detail
Insight 1.1: Training facilitators facilitated a safe environment, enabling open and engaged conversations during the training sessions	**The facilitation approach helped to foster a sense of safety and comfort among participants** The training facilitators actively created a warm, respectful and non-judgemental environment and, actively and explicitly encouraged engagement. The training was also delivered in a light-hearted, casual manner that did not feel overly formal. As a result, many participants felt safe and comfortable to engage openly and ask questions despite the sensitive nature of the topics covered. *"I have walked away from the training smiling, even though it was a kind of tough topic to talk about with the increase suicide rates etc. I just felt that we approached the topic in such an open and positive way that I really got a lot out of it." – Participant* *"It felt like such a safe space to discuss topics and learn." – Participant* *"Amelia was so welcoming and open when educating us." – Participant* *"Trainer made me feel comfortable and I felt I was able to ask any questions I had without feeling silly" – Participant* *"The training was amazingly presented both in a professional and friendly manner. I feel Amelia is an excellent presenter." – Participant* *"It's great, I learnt so much and the space was very safe and inclusive. Thank you!" – Participant* **Training facilitators sharing their lived experience contributed to creating a sense of safety** Participants identified that by sharing their lived experiences, and those of their loved ones (which they had permission to do), training facilitators made the content of the training more relatable. In addition, by role modelling vulnerability and sharing personal experiences of when mistakes were made, the training facilitators contributed to creating a safe and engaging environment for participants to engage openly. *"Amelia was an engaging facilitator and managed to maintain energy and enthusiasm during the entire virtual session, no easy feat! The personal*

Insight	Detail
	examples and reflections she used really help bring the concepts to life. Really valuable session – thank you!" – Participant
	"I really appreciate both Amelia and Julian sharing their lived experiences, as this makes the training genuine and relatable." – Participant
	"Amazing!!! I really appreciated her sharing her personal experiences and those of her partner." – Participant
	"So both Amelia and Julian are very generous around using their own lived experience. I think they role model vulnerability, they role model getting things wrong. And they give permission for people. I think extremely generously, they give permission for people to ask questions that they may feel uncomfortable to ask." – Participant
	A small number of participants found the training divisive
	However, it should be noted that a small number of participants did report that the training created an 'us' versus 'them' dynamic, particularly as they felt that content of the training directed blame towards cisgender or straight people.
	"I really enjoyed the training (I have completed it a few times now) and so grateful for having you come out. I do worry that there was a bit of an "us vs them" tone which I worry may create a divide rather than a connection. Trainers were great and really knowledgeable and loved the content." – Participant
	"Allow for queries, especially from our cisgender heterosexual colleagues. Allow us to be part of the discussion. Adopt less of a 'lecturing' tone. People shouldn't come away from the session feeling bad about themselves and even more alienated from LGBTQI+ community" – Participant
Insight 1.2: Participants found the training effective and informative, regardless of their level of experience or backgrounds	Participants found the training useful, regardless of their prior knowledge going into the training, or their professional roles. The training facilitators were able to adapt the content delivered to ensure that it balanced the needs of different experience-levels and roles.
	"Very valuable, informative & well presented." – Participant
	"It was very informative" – Participant
	"The education was pitched perfectly to health professionals." – Participant

Insight	Detail
	"I don't have a lot of personal experience with LGBTIQ+ community so learning about pronouns and ways of asking people what they like to be called, how to have that convo without making people uncomfortable was a key learning for me" – Participant
Insight 1.3: Participants found the training to be delivered in an engaging manner	Participants felt that the training made good use of different approaches to encourage engagement and interaction (e.g. role play, small group discussions, plenary activities) without 'pushing' participants too far out of their comfort zone. A variety of communication tools (including slide shows and videos) was also used to communicate content in an interesting way.
	The sense of engagement extended to include participants who participated in the training virtually. Given that virtual trainings are often more laborious and less engaging for participants, this feedback is a testament to the capabilities of the training facilitators involved.
	"Amelia was an engaging trainer and managed to maintain energy and enthusiasm during the entire virtual session, no easy feat! The personal examples and reflections she used really help bring the concepts to life. Really valuable session – thank you!" – participant
	"I couldn't fault the training. It felt like such a safe space to discuss topics and learn." – participant
	"Amelia was so welcoming and open when educating us. It was hard for myself to focus on the online setting as I very rarely use this setting, but Amelia was able to keep it so engaging and interesting despite having the barriers of online learning." – participant
	"I know that in-person training is ideal, but [online] as a backup for people who are [...] doing community work it would've helped bridge that potential gap [...]" – Participant
	"Amelia and Julian were both amazing! Kept me engaged and interested. It's not easy conducting education over zoom but I think they both did an amazing job" – participant
	"Even with tech difficulties it was still great" – participant
	"There was a good balance of interactivity and teaching [...] The set out for the day and the balance with breaks was perfect. This is one of the best, most

Insight	Detail
	engaging professional development days I have done. Thank you." – participant
Insight 1.4: Participants found the content of the training easy to understand	Participants identified that the training was delivered without the use of excessive jargon and that complex themes were effectively explained. Where content was not well understood, the training facilitators took the time to answer questions effectively. *"The content is easy to understand and suitable for people with a range of experiences, both in terms of our clinical as well as recovery workforce" – participant* *"I think she hits really complex themes beautifully and makes sure that that's easy for folks. She will also check to make sure that people understand and spend a bit more extra time if need be" – participant* *"It wasn't too much jargon. I'm sure some of the words were new to some people but accessible in as much as people who don't have high literacy in this area would still be able to understand. There were not lots of acronyms and lots of terminologies that would alienate someone from getting their head around this topic area" – participant*

Category 2: Client outcomes

This category explores the outcomes that were achieved for participants.

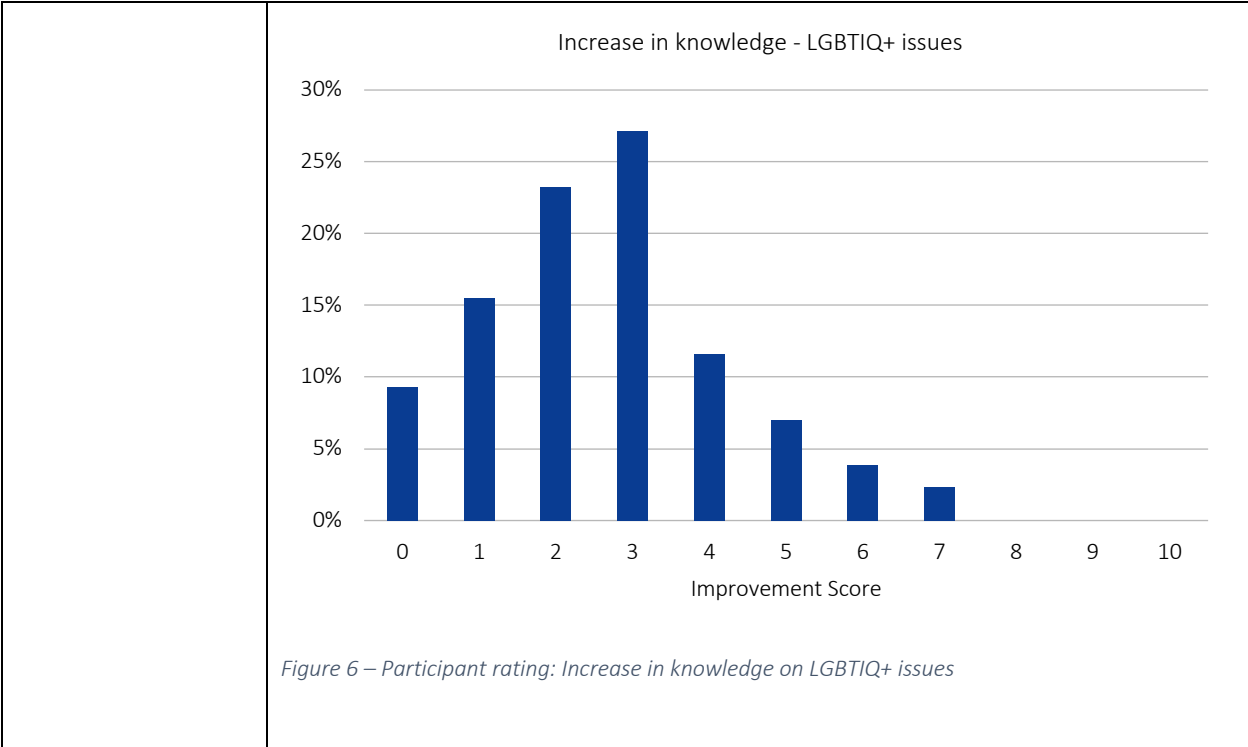| Insight	Detail
Insight 2.1: The training was of a high quality	Participants were surveyed on the quality and impact of the training – overall the responses were highly positive. A key reason for the high ratings was identified to be the quality of the content (as identified in *Insight 2.2 – Insight 2.5* below) and facilitation approach (as identified in *Insight 1.1 – Insight 1.2* previously) It is worth noting that those who received training online rated the quality of the training, the training overall, and the learning activities, slightly lower than those who attended in-person. This is further explored in *Insight 7.1* below on the impacts of COVID-19 on this Program. *Figure 5 – Rating of training quality* **Note:** participants who did not select modality (in-person or online) excluded from above graph.
Insight 2.2: The training helped to increase participants' knowledge in LGBTIQ+ issues	When surveyed, participants were asked to rate their knowledge of the issues before and after the training. Most (91%) of participants' knowledge increased as a result of the training. In the graph below, it can be seen that less than 10% of participants believed they learned nothing (0 improvement score), whereas 75% of participants knowledge increased by 2 points (out of 10) or more.

Increase in knowledge - LGBTIQ+ issues

Figure 6 – Participant rating: Increase in knowledge on LGBTIQ+ issues

Insight 2.3:
The training helped to increase participants' knowledge in gender identities, intersex variation and sexual identities

When surveyed, participants were asked to rate their knowledge of sexual identities before and after the training. Most (81%) of participants' knowledge increased as a result of the training. In the graph below, it can be seen that less than 20% of participants believed they learned nothing (0 improvement score), whereas 61% of participants knowledge increased by 2 points (out of 10) or more.
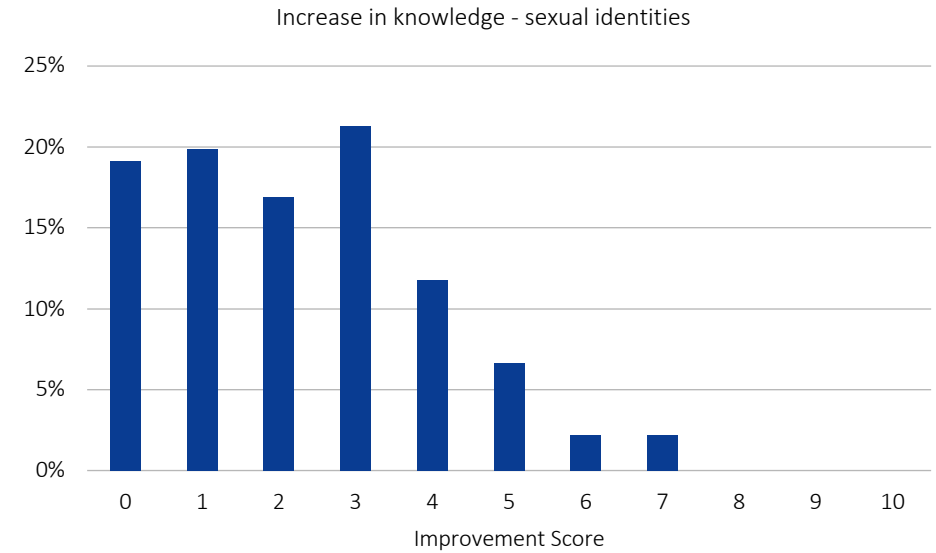
Increase in knowledge - sexual identities

Figure 7 – Participant rating: Increase in knowledge on sexual identities

When surveyed, participants were asked to rate their knowledge of gender diversity issues before and after the training. Most (88%) of participants' knowledge increased as a result of the training. In the graph below, it can be seen that less than 15% of participants believed they learned nothing (0

improvement score), whereas more than 72% of participants knowledge increased by 2 points (out of 10) or more.
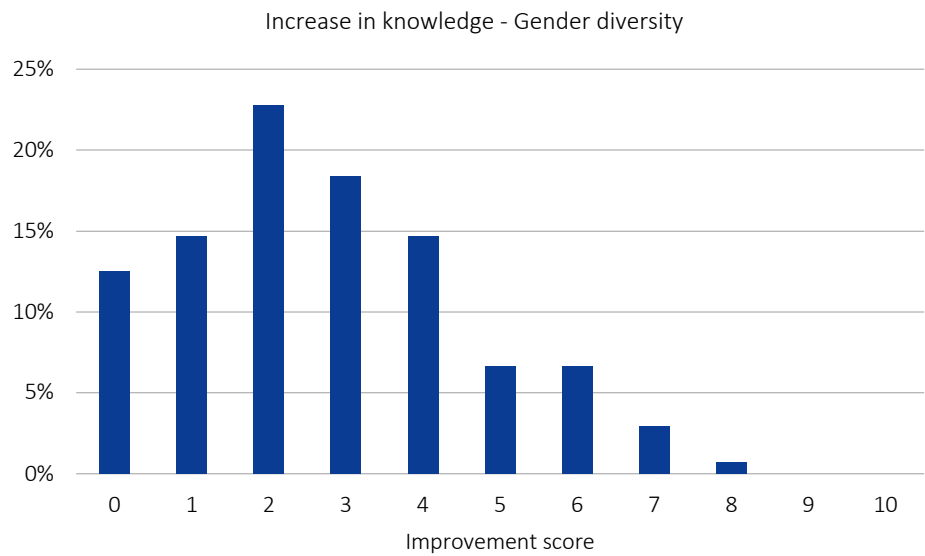
Increase in knowledge - Gender diversity

Figure 8 – Participant rating: Increase in knowledge on gender diversity

When surveyed, participants were asked to rate their knowledge of intersex variations before and after the training. Most (91%) of participants' knowledge increased as a result of the training. In the graph below, it can be seen that less than 10% of participants believed they learned nothing (0 improvement score), whereas 80% of participants knowledge increased by 2 points (out of 10) or more.
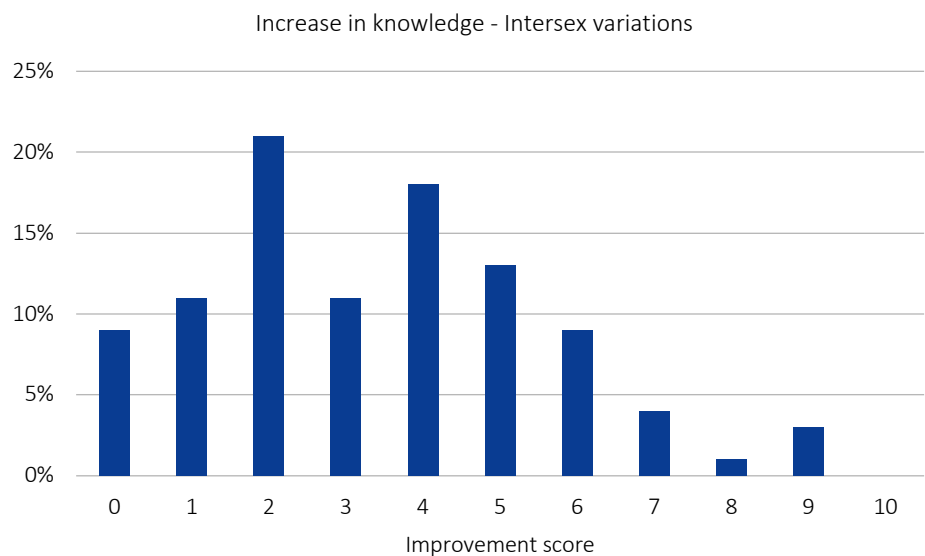
Increase in knowledge - Intersex variations

Figure 9 – Participant rating: Increase in knowledge on intersex variation

| Insight 2.4: | When surveyed, participants were asked to rate their knowledge of Affirmative Practice before and after the training. Most (92%) of participants' knowledge |

The training helped to increase participants' knowledge in Affirmative Practice	increased as a result of the training. In the graph below, it can be seen that less than 10% of participants believed they learned nothing (0 improvement score), whereas 83% of participants knowledge increased by 2 points (out of 10) or more.
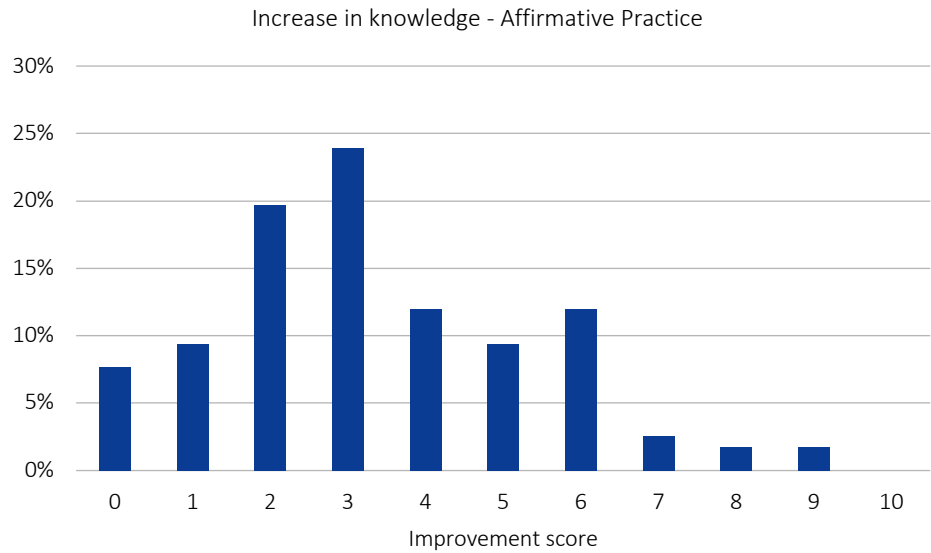
Increase in knowledge - Affirmative Practice

Figure 10 – Participant rating: Increase in knowledge on Affirmative Practice |
| Insight 2.5: The training helped to increase participants' confidence in applying Affirmative Practice in the work that they do | When surveyed, participants were asked to rate their confidence in applying Affirmative Practice before and after the training. Most (81%) of participants' knowledge increased as a result of the training. In the graph below, it can be seen that less than 20% of participants believed they learned nothing (0 improvement score), whereas 58% of participants knowledge increased by 2 points (out of 10) or more.
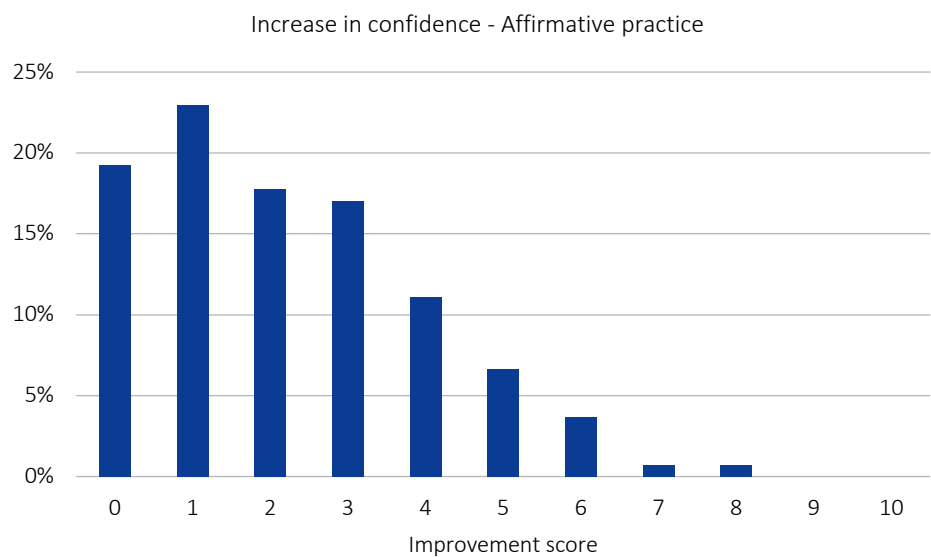
Increase in confidence - Affirmative practice

Figure 11 – Participant rating: Increase in confidence in applying Affirmative Practice |

	"It threaded in the principles and the foundations of cultural sensitivity but I think it actually elevated the conversation by encouraging us to think critically about steps to take - practical, pragmatic steps to take to create affirming environment and change the focus from one that is, "here's what to do if you've got someone who identifies in a certain way within your service" to "what are all the steps you can take before they even reach the door to ensure that they are comfortable when they get there?" - Participant
Insight 2.6: The training has helped to increase and normalise conversations around suicide and LGBTIQ+ topics/issues within organisations	Participants reported that the training helped people to feel more comfortable in talking about suicide and LGTBIQ+ issues such as sexuality and gender identity, further normalising and raising awareness on these topic areas. *"Staff have reported feeling more comfortable talking to people about their sexuality and their gender identity. There is a greater understanding, so we invested in pronoun badges. So staff identified their pronouns first and upfront within the environment are able to explain why they have used their pronouns and introduced with their pronouns. What was an important aspect that we learned was also around how you create safety around identifying with you come from a position of allyship or a member of the community"* - Participant *"Amelia's training has created more of a conversation around the topic of suicide"* - Participant
Insight 2.7: The training has helped to reaffirm existing practice in organisations	The training has helped to reaffirm and validate existing practices, as well as support continuous improvement within organisations. It helped to reassure participants that their ways of working are aligned with good practice, giving them greater confidence to continue the impactful work that they do within the LGBTIQ+ communities. In addition, it has also helped to highlight potential improvement areas in organisational practice. *"It validates existing knowledge, they know they are on the right track but also gives you new content and new ways to improve current practice"* - Participant *"I think Amelia has instilled even more confidence in folks that already had an existing understanding of things a little bit already. And certainly for folks that might not have felt so confident before the training, it was really beautiful to have them as part of it to further build their awareness and confidence in this space"* - Participant
Insight 2.8: The training has led to tangible changes within organisations to create more	Participants have started to apply learnings from the training to their roles and organisations, including: • Displaying their gender pronouns, as well as flags, in name badges and other spaces; • Reviewing internal processes and systems to identify opportunities to be more affirming;

affirming environments for clients and staff	• Embedding affirming practice training into standard induction processes; and • Revising approaches to co-design to appropriately consider and reflect the intersection between LGBTIQ+ needs and mental health needs *"One of the unintended benefits was hearing some of midwives learnings and how they were going to apply [the training] we could see just how people were hearing the content and applying it in real time" - Participant* *" I think the discussion has continued, so that in itself is a positive, it's become a focus for each of our teams and it's something that is now flowing through into their team meetings [...] we've got some working groups that have been up across the region, so I think the conversation has sustained, which is a really positive outcome" - Participant* *"[the training] highlighted the diversity within the community and nuance about language which really helps us when thinking about how we engage safely and work from a cultural sensitivity lens" - Participant* *"I think it has mobilized people, I think the feedback I've had is that people felt motivated and mobilised afterwards to do more, think differently or to challenge - which was really positive." - Participant* *"Pronouns on work name bag (plus my selection of flags - like Aboriginal flag!)" - Participant* *"Pronoun badges, LGBTQI+ badges and signage/flags, common anatomy/terminology resources" - Participant*
Insight 2.9: Participation in the training has helped to reinforce that LGBTIQ+ - safe environments/ practice is a priority for organisations	Participants highlighted that the training has helped to promote positive cultural change and LGBTIQ+ awareness within organisations as participation in the training itself sends a strong message that creating safe and affirming environments for people who are LGBTIQ+ is an organisational priority. This strengthens the sense of safety and inclusion that staff (particularly LGBTIQ+ staff) feel. *"At the organisational level, it also creates a culture shift, where we are explicitly saying that we will become a safer and more inclusive organisation for staff" - Participant*
Insight 2.10: There was strong appetite for further training	A number of participants expressed interest in participating in further Affirmative Practice training. This is a reflection of the quality of training (as highlighted in *Insight 2.1*) and the knowledge and learning gained from the training (as highlighted in *Insight 2.2 – Insight 2.5*). *"Regular training sessions like this are excellent and they would be good to do yearly." - Participant*

	"Increased frequency of training, lived experience stories are extremely powerful and such a valued/generous learning opportunity for me" - *Participant*
	"Ongoing training and resource sharing; support to develop train the trainers within our own organisation to continue the work" - Participant
	"More ongoing training" - Participant
	"This training should be mandatory for every health worker" - Participant
	"Train the Trainer is allowing people to be the representatives within their organizations so they can actually make that change happen rather than attending a training, you go back, you might fall into old practices. At least you're going to have someone there reminding you within your organisation to pull back and educate yourself again about what has happened because it's easy enough to attend a training to get what you've learnt and just go back to your job." - Participant
Insight 2.11: The sustainability of the outcomes achieved through this project will be supported by the train-the-trainer training and online training modules developed	In addition to the delivery of Affirmative Practice training, this Program also includes: • The design and delivery of Affirmative Practice train-the-trainer sessions; and • The design of an Affirmative Practice online module. These two elements of the project will help to sustain the outcomes achieved through the direct delivery of Affirmative Practice training by enabling organisations to continue the delivery of Affirmative Practice training independently and an ongoing basis.

Category 3: Trainer experience

This category explores the experience of trainers.

Insight	Detail
Insight 3.1: Trainers echoed the comments provided by participants	The train-the-trainer training received very positive feedback, with trainers scoring the quality of the train-the-trainer training on average 9.9 out of 10. Trainers were similarly positive about their experience during the train-the-trainer training, echoing the sentiments provided by participants (as outlined in *Insight 1.1 – Insight 1.4).* They thought that the train-the-trainer training was delivered in a safe, engaging and easy-to-follow manner. *"There was ample opportunity to engage and ask questions. It didn't feel like a lecture or rout learning" - Participant* *"Person X shared their lived experience during the training (train-the-trainer training) which really helped to set the scene." - Participant* *"The training (train-the-trainer training) was able to engage and respect different learning styles by using different modalities during the training (e.g. plenary presentation, group discussions, handouts etc) " - Participant*
Insight 3.2: Trainers found the resources included as part of the training to be beneficial	In addition to the training itself, trainers were also supplied with a facilitation guide and the training slides (which can be modified) to enable them to deliver the LGBTIQ+ Affirmative Practice training more readily. This was identified to be particularly helpful by trainers. *"The toolkit is really helpful" - Trainer* *"The resources are very detailed that you don't feel that you would be doing the training a disservice. It can feel intimidating in terms of how I am going to replicate this. But the resources gives you confidence and is a brilliant safety net." - Trainer*
Insight 3.3: The train-the-trainer training could have been improved by having more small group discussions	Trainers identified that more small group discussions during the train-the-trainer training would have helped to further equip them to deliver the training themselves (particularly for individuals with limited training delivery/workshop facilitation experience, who would be able to take the opportunity to discuss approaches to delivering the training content). *"Would have been great to get into small group discussions to build on our facilitation skills and how we can deliver the training" - Trainer*

Category 4: Trainer outcomes

This category explores the outcomes that were achieved for trainers.

Insight	Detail
Insight 4.1: Trainers felt that the TTT training effectively equipped them to deliver the training	Trainers highlighted that they felt confident in being able to deliver the content of the LGBTIQ+ Affirmative Practice training effectively. Trainers scored their confidence to deliver the Affirmative Practice training an average 8.5 out of 10 However, it should be noted that the trainers who were interviewed identified that they all had past experiences in facilitating workshops. It was emphasised that without this experience, it would have been significantly more challenging for the trainers to deliver the content of the training effectively. *"I feel confident delivering the training, but a lot of this is dependent on the person's facilitation experience"* - Trainer *"This training has definitely helped to give me more confidence to deliver the Affirmative Practice training. We all have our own styles and the training (train-the-trainer training) give us scope to insert our own approach."* - Participant
Insight 4.2: The train-the-trainer training has enabled organisations to continue delivering the LGBTIQ+ Affirmative Practice training	Organisations that participated in the train-the-trainer training have expressed a commitment to continue delivering the LGBTIQ+ Affirmative Practice training internally on an ongoing basis. *"We will be delivering this training internally in 2 weeks' time"* - Trainer *"This training has given us a whole program that we can now deliver that we couldn't before. This is a great outcome"* - Trainer *"There are 4 sessions planned internally for our organisation. This will also be part of our internal recommended list of trainings for people to undertake."* - Trainer

Category 5: Program context

This category explores insights related to the design of the program and how it was implemented.

Insight	Detail
Insight 5.1: A key strength of the training was its adaptability	**The Program was able to adapt effectively to the COVID-19 pandemic** The COVID-19 pandemic had a significant impact on the Program (as discussed in *Insight 7.1*). A key challenge during the early days of the pandemic was a need to work virtually. This forced the Program to transition rapidly to be delivered online. Despite the initial reluctance from many participants to engage in virtual training (due to them being used to/more comfortable with in-person training delivery and a lack of understanding around the last impacts of the pandemic on people movement and social interaction), the Program was able to make this change successfully to create a virtual training that was engaging and effective (as previously highlighted in *Insight 1.3*). *"We had a very short amount of time to learn to deliver training online" – Training Facilitator* **The Program was able to adapt to the needs of specific units/teams and organisations (in addition to the varying levels of knowledge and experience of participants as per *Insight 1.2*)** Different formats of the training were created to take into consideration the needs of different units/teams and organisations who participated in the training. The two main formats of the training were: <table><tr><th>Format</th><th>Description</th></tr><tr><td>Full day</td><td>Full day training session covering the following topics: - LGBTIQ+ awareness - Trans and gender diverse communities - Affirmative practice</td></tr><tr><td>Modules</td><td>3 x 2-hour modules: - Module 1: LGBTIQ+ awareness - Module 2: Trans and gender diverse communities - Module 3: Affirmative practice</td></tr></table> *Table 3 – Training formats* Ad-hoc adaptation of the following formats were also undertaken on an as needs basis. For example – Clinicians at the Emergency Department of a hospital only had very limited availability to participate in the training. Based on this, a tailored 30 min training session was designed and delivered by the facilitator. In addition to having different formats, the training was also delivering using multiple modalities (i.e. in-person and virtually) to adapt to the COVID-19 pandemic and the needs of different organisations.

Insight	Detail
	Collectively, the flexibility in terms of format and modality of the training has helped to maximise the accessibility and participation in the training.
	"Our workforce is diverse; we have some people with lots of experience in LGBTIQ+ space and some with none and we're at the front face so we all have to do better. Amelia was great in that we had discussions and the offering was able to be tailored to suit our diverse workforce." - Participant
	"Amelia understood the challenges from our organisations perspective including lack of time, different levels of knowledge and suggested a three-part training series with different modes of delivery to support all teams having the opportunity to attend. So pre-COVID we actually had a 1-Day session which was really popular for midwives and nurses and the 2-hour online sessions also got traction from those groups but also the administrative and more operational staff" - Participant
	"Time is a challenge. As a hospital, we have a lot of training requirements, and we struggle to deliver on all of them so the flexibility from Thorne Harbour was really helpful for us to still offer and provide opportunities for upskilling in this space" - Participant
	"Thorne Harbour offered a great range of times for sessions to overcome barriers from our end with logistics" - Participant
	"Duration of sessions was quite good for us to, its hard-to-get people to lock into training for full days or long periods of time" - Participant
Insight 5.2: A key strength of the training facilitators was their background in health	Participants indicated that a key strength of the training was that it was delivered by training facilitators with clinical experience. This professional background meant that the training facilitators were able to able to use clinical language and share relevant examples of how the training can be applied in a clinical setting, which resonated effectively with the participants (who were mainly first responders and health and social frontline workers).
	Note: It is worth noting, the other strengths of the training facilitators identified included:
	- Their lived experience (as discussed previously in *Insight 1.1*) - Their skills in facilitation (as discussed previously in *Insight 1.1 and Insight 1.3*) - Their flexibility to adapt to the varying needs of individuals (as discussed previously in *Insight 1.2*)
	"Amelia was a clinician – she had the street credibility and willing to bring that into the classroom made it really relatable and engaging" - Participant
	"Health professionals like talking to their own so I think the fact that Amelia had that and could speak to that was great" - Participant

Insight	Detail
	"Amelia's background in health meant that she could speak to the ways we do things and really identify areas for improvement, that was great and helpful" - Participant
	"Both facilitators have health backgrounds and health professionals like information from health professionals, there was credibility there straight away" - Participant
Insight 5.3: Participants sought more information and resources to support them to further embed the learnings from the training	**More resources and information about how to practically apply the training would improve the quality of the training**
	Participants indicated that further support and advice on how to embed the learnings would be helpful. This feedback is highly aligned with a desire for more resources and additional training (explored in *Insight 2.9*) – reflecting that participants were highly engaged and actively seek additional opportunities to embed better practice into their services.
	"We need to have an opportunity to reflect on our work and approaches with the view to identify how we can improve our approach in supporting people who identify within the rainbow." - Participant
	"[We would like] organisational level resources - what [organisations] can do to show affirmative and not just inclusive practice at all levels. Practical tips or guidance on how to approach asking someone about their gender or intersex status (for our third-party Support Coordinators doing client intake/data collection)." - Participant
	Participants sought more information about other services that they can refer clients to
	A significant number of participants sought more information about appropriate service providers and groups they can refer clients to.
	"Posters, brochures [should be provided] to clients about referral/assistance/support for them for any future issues." - Participant
	"Succinct one pagers [that] can be easily disseminated that have practical tips for engaging with LGBTIQ+ consumers, carers and colleagues. List of services to refer to." - Participant
	"a list of resources that the community can access to receive more support" - Participant
	"Linkages with appropriate services" - Participant
	"[Information] about referral process and costs etc" - Participant
	"Further training, secondary consultation and referrals" - Participant

Insight	Detail
	Participants valued videos as a training tool and believed more videos would improve the training Participants commented that videos were a valuable element of the training and that more videos may be a beneficial resource for participants to continue learning after the completion of the training. *"I really liked the videos" - Participant* *"Tip sheets, short videos to distribute to teams or for staff to watch in their own time. Would be helpful if it's related to clinical care issues" - Participant* *"Videos are good and posters" - Participant* *"Up to date info and videos ongoing or links to them" - Participant* *"Videos that demonstrate how to discuss issues respectfully and using affirming language" - Participant* *"Video links and further information/training to understand and practice inclusive language" - Participant* *"All the video links etc were helpful" - Participant* *"Case studies, [videos] of [affirmative] practices." - Participant*
Insight 5.4: More group discussions during the training would have been valuable	Participants and trainers identified that having more small group discussions and interactivity would have made the training more valuable. They believe that more breakout groups would provide greater opportunity to discuss the training content and encourage conversations between participants. This comment was common even amongst those who had a positive training experience and more likely to occur (although not exclusively) from those who participated in the training virtually. *"More group work or individual work. There was a lot of talk. A lot of new terminology and phrases used throughout the session that I wasn't used to yet" - Participant* *"Maybe a bit more interactive activities? But really it was very good" - Participant* *"I think they could've been spaced for more breakout rooms and smaller discussions. The content was so much to go through and I think potentially the settling in of everyone at the start of every session and the wrapping up at the end would eat into the content and therefore the content had to be sped up a lot [...] both the speed in which the content was delivered and the*

Insight	Detail
	lack of ability to then go to those smaller groups meant that you didn't really get as much opportunities and people to raise questions or have discussions in a safe space." - Participant
	"More discussions/small group activities" - Trainer
Insight 5.5: Additional case studies would improve the training	Participants also thought that more case studies would be helpful and instructive. In particular, participants sought personal stories from members of LGBTIQ+ communities about their experiences in the health care system, and examples of the application of Affirmative Practice to those examples.
	This is highly consistent with feedback identifying that the lived experience of the training facilitators was highly impactful (as explored in *Insight 1.1*).
	"[more] personal stories from trans, bisexual and intersex people about their mental health, suicidality and unique strengths." - Participant
	"More experiences/ [case-based] training" - Participant
	"This training has been incredibly valuable - other ideas: Personal stories from trans, bisexual and intersex people about their mental health, suicidality and unique strengths[...]"- Participant
	"Strong focus on language. Would be better to have more cases + modelling of how to approach. Cases in an appropriate & affirmative way." - Participant
	"I would have preferred more lived exercises and for the session to be more interactive." - Trainer
Insight 5.6: Because the training was free, it was more accessible to organisations	Participants and trainer highlighted that a key advantage of the training was that it was provided free of charge (as a result of funding provided by NWMPHN), which made the training more accessible. Without this, the barriers to participating in the training would be significantly higher as organisations (particularly those with first responders and frontline workers), would have had to bear the added training costs on top of costs associated with backfilling staff to enable participants to attend the training.
	"It makes a significant difference that the fact that there was free training available at the quality and level that it was available. So I think that made it accessible" – Participant
	"The fact that the training was free was a game changer. It meant that I could persuade our Executive Team to participate in the training and allow a number of us to participate in the train-the-trainer." - Trainer
Insight 5.7: The framing of the training session needs to be more	The positioning of the training was identified to be misaligned with the actual content of the training as it was framed as an "LGBTIQ+ cultural sensitivity and suicide prevention training". Despite the usefulness of the training, it was

Insight	Detail
reflective of the content	highlighted that there was not a strong focus on suicide prevention during the Affirmative Practice training.
	"The training was positioned as a LGBTIQA+ cultural sensitivity and suicide prevention training, but there wasn't a strong focus on suicide prevention, which was surprising to some of the participants." - Participant
Insight 5.8: Key enablers to increase uptake of this training was identified to be: - Credibility of the training organisation; - An authorising environment and buy-in from key organisational leaders; and - Internal organisational champions	**Thorne Harbour Health's strong reputation gave the training and its content greater credibility** Participants felt that Thorne Harbour Health's reputation in the sector and community helped to strengthen the credibility of the training, further encouraging participants to attend the training. *"I trust it because it was developed and delivered by Thorne Harbour Health" - Participant* **An authorising environment and buy-in from key organisational leaders was critical to engagement in the training** By investing and committing to the Affirmative Practice training (through active promotion and providing the financial resources to back-fill roles), organisational leaders sent a clear signal that LGBTIQ+ inclusion and safety is a priority for the organisation, encouraging attendance. It was also particularly important to have the endorsement from organisational leaders considering the time and resource commitment required for staff to participate in the training. *"Having buy-in from senior leaders and Executives within an organisation is critical. What you are doing with training is taking people away from their day-to-day jobs, which means a significant investment from a time and resource perspective from an organisation." – Training Facilitator* *"St V's was committed to the program So, having that high executive-level sponsorship for the project made it no longer just grassroots, it made it bureaucratically endorsed and that's a necessary part of organisational change, I think... and cultural change." - Participant* *"I think first and foremost, the fact that that training was being adopted within the hospital sends a message to the staff that this is an area of value and worth and importance. So it helps people to understand the position of the organization about this and that it's a priority." - Participant* *"I think it sends a message to everybody and managers who are the ones helping to organize and invite in the trainer, for them to be a part of that process and be a part of the steering committees that I'd organized for Amelia, that you've got senior people realizing that this is a healthcare topic that requires upskilling in. So from a management perspective, or from a team-leader perspective, it helps them to focus, that actually, this is important too." - Participant*

Insight	Detail
	Internal organisational champions helped to encourage participation in the training and the integration of key learnings from the training within the organisation
	Key operational staff acted as champions for the training and actively encouraged their peers to attend. These internal champions were also critical in term of providing (i) logistical support to help with coordinating the various training session and (ii) supporting to embed learnings from the LGBTIQ+ Affirmative Practice training within the organisations.
	"There were a number of organisations with the ideal champions. It would feel like a collaborative partnership with the organisation where they would share the workload and burden in helping to get the training organised and would not rely on Thorne Harbour for everything." – Training Facilitator
	"It is difficult to create culture change within an organisation as an external. This is where the internal champions come in to help drive the implementation of learnings from the training." – Training Facilitator
	"We have clinical champions, people from management who have increased buy-in and an appetite for this" - Participant
	"It was critical having people who are willing to drive things internally and ensuring that ongoing commitment by the organisation" - Participant

Category 6: Organisational context

This category explores the supports provided by NWMPHN and Thorne Harbour Health

Insight	Detail

Insight 6.1:
 	
 The Program was under-resourced initially
	The Program was only staffed by one employee from Thorne Harbour Health initially which made it challenging for it to be implemented effectively. This was due to the following reasons:
	
	 • The Program required many different skillsets that was difficult for just one individual to manage. These skillsets include:
	     o Project management and coordination skills to organise the large number of training sessions required
	     o Training design skills to design the LGBTIQ+ Affirmative Practice training, train-the-trainer training and online modules
	     o Facilitation skills to deliver the training
	 • Delivery of the Program was dependent on just one staff member, making it difficult to sustain over consecutive days. This was further complicated by the context of the Program which was around high rates of suicide and poor mental health outcomes among LGBTIQ+ communities, which added further 'emotional and mental weight' to the delivery of the training
	 • A sense of isolation as a result of not having the support of a formal team. This was further exacerbated during the COVID-19 pandemic when most people were forced to work from home
	
	 Additional resources (in the form of another training facilitator and a project support officer) were eventually brought onto the Program, which supported the delivery of the training.
	
	 "Being the only person running the program for a long time was challenging. This was further exacerbated by COVID-19" – Training Facilitator
	
	 "The amount of energy you need to deliver an engaging training virtually is significant more. This took a lot more effort and was also much more tiring." – Training Facilitator

Category 7: Environmental context

This category explores the external environment and system in which the program was implemented

Insight	Detail
Insight 7.1: COVID-19 presented a challenging environment for the training to be delivered	The COVID-19 pandemic was highlighted as a key challenge to both the ability to deliver the training, as well as the availability of participants. **Delivery of training** Despite the engaging nature of the training facilitators (as explored in *Insight 1.3*), there were still limitations with delivering the training virtually. Limitations, according to participants, included: • Limiting the ability for group brainstorming and engagement between participants; • Difficulties in maintaining attention; and • More time spent in introductions / opening of sessions and wrapping up, reducing the time allocated for content. However, it is worth clarifying that participants also understood that this was due to the COVID-19 restrictions and outside the control of the training facilitators and Thorne Harbour Health. *"Running 3 two hour sessions and running a whole day session online, it does make it a lot less engaging an environment, it's a lot harder to keep people's attention online for an entire day […]"- Participant* *"I think this training was fantastic. In a non-covid time I think this session would be best delivered face to face and that would assist in our learning as being on the computer all day was a challenge." - Participant* *"Full training day over Zoom was quite long. By the final session I had hit a wall. This is not related to the content at all - it was all very interesting." - Participant* *"[Face to face is] always better" - Participant* *"Face to face, but [that is] out of our control at the moment" - Participant* *"Cure COVID so we can do it in person" - Participant* **Availability of participants** The organisations which participated in training (including the clients that they support) were severely impacted by COVID-19 and had to prioritise their response to the pandemic. The training was also perceived by some organisations as being 'not-essential', which made it difficult to gain the internal buy-in that it needed for it be implemented. These factors led to the training being de-prioritised by a number of organisation during the early days of the COVID-19 pandemic.

	"My sense is that so much attention and focus went on to service response for COVID-19 and a lot of resources went to some of the staff outbreaks that we had. So I think that it's been quite a roadblock for Thorne Harbour." - Participant *"A lot of the participants had to prioritise COVID-19 related training" – Training Facilitator* **Headspace of participants** In addition to having to provide additional supports to their clients, the lives of first responders and frontline health and social workers were significantly disrupted during the COVID-19 pandemic (e.g. transitioning to working from home; home-schooling and lack of necessary IT equipment to work from home effectively). This limited the headspace of participants to engage in any form training, making it difficult for the training to gain significant traction for most of 2020. *"There was a lot going in everyone's own lives then. On top of that, we weren't sure that pandemic was going to look like in Victoria which added a lot of uncertainty and stress" – Training Facilitator* *" I think another barrier is that a lot of our team started to transition to working from home and I think because of all of that happening quite quickly for a large proportion of the workforce, it was significant change for us, which meant that a lot of attention was directed to that and away from the training." - Participant*
Insight 7.2: The end of the trial will limit the impact of the Program	Despite the success and outcomes achieved through this Program, it was recognised by participants that much more is needed to create systemic and society/sector-wide culture change to ensure safe, non-judgemental and affirming practices when working with LGBTIQ+ communities. This project has contributed significantly towards achieving this through: • Building the knowledge base and capacity of participants (as identified in *Insight 2.2 – Insight 2.5*); • Creating positive changes in organisational culture and practice (as identified in *Insight 2.8* and *Insight 2.9*); and • Laying the foundation for Affirmative Practice training to be delivered on an ongoing basis once the trial ends (as identified in *Insight 2.11*). However, the reach and impact of this project is still limited to the specific organisations who participated in the training (and in some instances specific teams within larger organisations). Once funding for the LGBTIQ+ Suicide Prevention Trials (and hence this project) comes to an end, there is a risk that the outcomes achieved for LGBTIQ+ communities might be undermined as there will no longer be a sustained effort to promote and spread the incorporation of Affirmative Practice within service delivery. Organisations who are fortunate enough to participate in the Affirmative Practice train-the trainer training will be better off that those who have not participated, but this is only a small proportion of the mainstream organisations regularly involved in supporting LGBTIQ+ communities.

	"[The training] can't just be a trend, it has to be sustained to see sustained outcomes, because these are peoples' lives, these are families, these are people committing suicide because of the way society treats them and their inability to access appropriate care when they need it." - Participant *"With the recommendations from the Royal Commission about just how much we're [going to] need to invest in this new generation of workers who really do need to be considering what are the essential elements for them to be trained up in and what is important to us. So I would hate to see it begin and end here with this trial." - Participant* *"So previously, we always had an out together programme that was with an LGBTIQ community member who would be matched with say, a participant in our history, either was questioning, exploring, so the LGBTIQ community, and there was some funding that went with that, and then that died down and it was almost like. Well, I just lost my mentor. So we're trying to be a bit more sustainable. [stopping the training] means that it's harder to engage and get that trust again. So how do we make things sustainable?" - Participant*

EVALUATION RECOMMENDATIONS

8. RECOMMENDATIONS

The LGBTIQ+ Affirmative Practice Training was very well received by the participants and organisations that took part in the training as evidenced by the overwhelmingly positive feedback received. It has also been able to achieve a number of critical outcomes for the first responder and frontline health and social workers by equipping them with the necessary knowledge and skills to work with LGBTIQ+ people in a safer and more affirming manner. The outcomes achieved will likely be sustained beyond the timeframe of the Trial due to the train-the-trainer training and the online modules that supplemented the actual delivery of the training. Ultimately, however, the outcomes achieved will be limited in their impact due to lack of ongoing funding and resources. If this Program is continued moving forward, the following recommendations should be considered. These have been grouped into 3 categories:

- **Program design and delivery** i.e. enhancing the design and delivery of the Program to improve the experience and outcomes achieved for participants;
- **Organisational enablers** i.e. ensuring that key supporting enablers are in place to ensure that the Program is better positioned to deliver positive experiences and outcomes for participants; and
- **Program sustainability and reach** i.e. extending the longevity and reach of the Program's impact.

Category	Recommendation
Program design and delivery	**Recommendation 1: Trainers to be individuals who are LGBTIQ+** Having trainers who are LGBTIQ+ was identified to add significant credibility to the content of the training. In addition, trainers who are LGBTIQ+ are able to share their own lived experience which helps to make the content of the training more relatable.
	Recommendation 2: Trainers to be from the same sector or have sufficient knowledge of the sector(s) that the participants are from As the trainers in the Trial had clinical experience, they were able to empathise with the participants (who were mostly working in clinical settings) and were able to provide tangible examples of how Affirmative Practice could be applied within a service delivery context that is relatable to the participants. Future training facilitators should ideally also share similar backgrounds/experience to the participants to ensure that they will also be able to do the same.
	Recommendation 3: Incorporate more case studies and group discussions Participants in the evaluation highlighted that the parts of the training that they found most valuable were the case studies and group discussions. These should form a more significant part of the training moving forward - See Recommendation 4 for how the training might be restructured to free up time for this to take place.
	Recommendation 4: Incorporate pre-reading or pre-workshop activities to (i) reduce the time required for the actual training; or (ii) maximise the use of training time for group activities or discussions

	The use of the online modules should be more readily leveraged to supplement the actual training by providing content that can be reviewed/digested beforehand, enabling participants to come to the actual training session(s) having a level of understanding of LGBTIQ+ communities and/or delivering services in an affirming manner. Note: Any pre-training work will need to be manageable to ensure that participants will take the time to complete it beforehand. This will either allow the training sessions to be shorter, increasing accessibility for future participants or for more time to be allocated to additional case studies or group discussions (as per Recommendation 3).
	Recommendation 5: Maintain the flexibility of the program structure and delivery approach to maximise accessibility The flexibility of the Program was identified to be a key strength allowing the training to be accessible by different organisations with different operational parameters/constraints. This should be maintained moving forward to continue allowing the training to be accessible to as many individuals as possible.
	Recommendation 6: Make the link between Affirmative Practice and suicide prevention more explicit Participants in the evaluation identified that it wasn't often clear how the Affirmative Practice Training was linked to suicide prevention for LGBTIQ+ communities. The focus and link to suicide prevention will need to be strengthen so that participants are able to more readily recognise how the training can support suicide prevention among LGBTIQ+ communities. It is understood that there was supposed to be a partnership between Mind Australia and Thorne Harbour Health in the design and delivery of the LGBTIQ+ Affirmative Practice Training, which may have provided a clearer link between the training and suicide prevention. This partnership should be revisited in the future if possible.
	Recommendation 7: Establish a community of practice for the trainers It is recommended that a community of practice be established for trainers who participated in the train-the-trainer training to ensure that they have a support network that they can access to enhance the sustainability of the Program and provide a structured opportunity for trainers to learn from each other.
	Recommendation 8: Target trainers who have training delivery or workshop facilitation experience As the train-the-trainer training focuses on equipping trainers with the content and techniques to deliver the LGBTIQ+ Affirmative Practice Training (rather than general training delivery or workshop facilitation skills) trainers with prior training delivery/workshop facilitation experience should be targeted for future train-the-trainer trainings.

	Recommendation 9: Deliver follow-up reflective practice sessions for training participants Follow-up sessions with participants who participated in the training should be considered to further embed the learnings gained. This can either be delivered by an in-house training facilitator (i.e. individuals who participated in the train-the-trainer training) or an external training facilitator. The focus of these follow-up sessions should be to engage participants in reflective practice to think about how the insights from the LGBTIQ+ Affirmative Practice Training has been and can be incorporate into day-to-day interactions with clients and colleagues.
Organisational enablers	**Recommendation 10: Ensure that the project is appropriately resourced, particularly ensuring that there is adequate project management/logistics support** A key challenge identified during the evaluation was the limited resources allocated to the Program, resulting in the need for a single Program staff to perform multiple roles, from training design to training facilitation and project management/coordination. It is critical that if the Program is extended, that it is resourced appropriately to minimise the unnecessary strain placed on Program staff. Training delivery should be ideally shared between multiple training facilitators to ensure that the workload is sustainable and to allow the time and space for training facilitators to take care of their own mental health and wellbeing (considering the complex and emotive context of the training).
Program sustainability and reach	**Recommendation 11: Nominate Internal Champions with organisations that participate in the training** All organisation who receive this training at no cost in the future should at least be expected to nominate Internal Champions to support with the planning and coordination of the training. Not only will this minimise the workload around project logistics/management, it will also ensure that there are individuals within those organisations who can support with embedding the learnings from the training in an ongoing way.
	Recommendation 12: Expand the reach of the Program The reach of this Program should be expanded beyond the NWMPHN catchment to benefit other people who are LGBTIQ+ living in other jurisdictions. The Victorian State Government and other Primary Health Network across the state should have role in providing the necessary resources for this occur and to work towards creating safer service systems and responses for LGBTIQ+ communities across Victoria.

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	1. Was the Program experienced as safe, accessible and inclusive? 2. Was the Program design and implemented effectively?
Outcomes	3. Did the Program achieve its intended outcomes?

Data gathering

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	Q3
Online survey of Program participants	A total of 139 Program participants were surveyed.	X	X	X
Semi-structured interviews with Program participants	A total of 10 Program participants were interviewed.		X	X
Semi-structured interviews with Throne Harbour Health staff	A total of 3 staff members were consulted	X	X	X

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

The timeframe of the data gathering occurred between August 2020 and May 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.

IMPACT CO.

Input	Activities	Output	Outcome		
			Short-term	**Medium-term**	**Long-term**
Thorne Harbour Health staff	**Literature review**	Provision of face-to-face LGBTIQ+ Affirmative Practice training to 500 first responders to mental health	Increased empathy of first responders and frontline staff to the experiences of LGTBIQ + people in suicidal crisis	Affirmative Practice is embedded in first responders training	Reduced stigma and discrimination against the LGBTIQ+ community
First responder and frontline health and social workers	Consultation with LGBTIQ+ community members who have accessed mental health services	Development of tailored and targeted LGBTIQ+ Affirmative Practice training packages	Increased awareness of affirming practice when supporting LGBTIQ+ people in suicidal crisis among first responders and frontline staff	Increased organisational capacity to provide ongoing training	Safe and affirming healthcare providers
Relevant literature & research	Promotion of training (including conferences)	Development of resources to support training		Provision of accessible and safe services for LGBTIQ+ community experiencing suicidal crisis due to change in practice/ behaviour	
Funding	Needs analysis of organisational capability to implement Affirmative Practice training	Train the trainer affirmative Practice training modules and resources	Increased confidence of first responders and frontline staff to provide safe and inclusive services for LGTBI communities accessing services		Reduced suicidal ideation and suicidal rates
Input from LGBTIQ+ Suicide Prevention Taskforce	Development of tailored and targeted affirmative practice' training	Affirmative Practice Training principles and guidelines online report to support a scalable and transferable model		Improved awareness of safe and accessible services within LGBTI community	More resourced and resilient individuals and communities
Communities of Practice including Mind Australia, Drummond St and Switchboard	Delivery of training to service providers and train the trainer	Online Affirmative Practice training modules	Understanding of organisational capability (e.g barriers/enablers) for LGBTIQ+ suicide prevention Affirmative Practice Training	Increased rates of service access by LGBTIQ+ community experiencing suicidal crisis due to improve service experience	Stronger and more effective suicide prevention system
	Evaluation of Training including relevant data				

Data analysis

Survey

A digital feedback form was circulated following the completion of each training session. Responses to the feedback form was then collated in Microsoft Excel for further analysis to be conducted.

Interview

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

Insight validation

The evaluation findings were validated with Thorne Harbour Health via a series of validation workshops. A draft copy of this evaluation report was then circulated to Throne Harbour Health and NWMPHN for their review and feedback before being finalised.

APPENDIX B: SURVEY QUESTIONS – PARTICIPANTS

1. What is your professional role?
2. Please select your sexuality
3. Please select your gender
4. How much knowledge did you feel you had about LGBTI+ issues before this training? (0 = no knowledge, 10 = a lot of knowledge)
5. How much knowledge do you feel you have about LGBTI+ issues after this training? (0 = no knowledge, 10 = a lot of knowledge)
6. How much did you know about sexual diversity (gay, lesbian, bisexual, asexual, queer) before this training? (0 = no knowledge, 10 = a lot of knowledge)
7. How much do you feel you know about sexual diversity (gay, lesbian, bisexual, asexual, queer) after this training? (0 = no knowledge, 10 = a lot of knowledge)
8. How much did you know about gender diversity (transgender, gender diverse and non-binary identity) before this training? (0 = no knowledge, 10 = a lot of knowledge)
9. How much do you feel you know about gender diversity (transgender, gender diverse and non-binary identity) after this training? (0 = no knowledge, 10 = a lot of knowledge)
10. How much did you know about people with intersex variations before this training? (0 = no knowledge, 10 = a lot of knowledge)
11. How much do you feel you know about people with intersex variations after this training? (0 = no knowledge, 10 = a lot of knowledge)
12. How much did you know about creating LGBTI+ affirming environments before this training? (0 = no knowledge, 10 = a lot of knowledge)
13. How much do you know about creating LGBTI+ affirming environments after this training? (0 = no knowledge, 10 = a lot of knowledge)
14. How confident did you feel working with LGBTI+ people before this training? (0 = not at all confident, 10 = very confident)
15. How confident do you feel about working with LGBTI+ people after this training? (0 = not at all confident, 10 = very confident)
16. How was the quality of the training? [Open-ended]
17. How would you rate the training session overall? [Open-ended]
18. How would you rate the quality of the learning activities? [Open-ended]
19. What would you say is your key area of concern when working with LGBTI+ people? [Open-ended]
20. What barriers do you perceive to being able to work with LGBTI+ people? [Open-ended]

APPENDIX C: INTERVIEW QUESTIONS – PARTICIPANTS

Overview

1. What is your position?
2. How long have you been in the role?

Process

1. How did you find out about the training?
2. What was your experience like organising the training?
3. What was the format of your training with Thorne Harbour Health?

Experience/outcomes

1. Was the training delivered online or in-person? What was this experience like?
2. Did you find the training effective? What do you think contributed to this?
3. Do you feel that the program was delivered in safe way for staff to engage openly?
4. What changes, if any, have you observed at a staff level after attending Thorne Harbour Affirmative Practice training? – Explore the following if necessary
   o Increased understanding of the needs of the LGBTIQ+ community
   o Increased confidence of staff to provide safe and inclusive services for LGBTIQ communities accessing services
   o Increased awareness of affirming practice when supporting LGBTIQ people in suicidal crisis among first responders and frontline staff
5. What changes, if any, have you observed at an organisational level? – Explore the following if necessary
   o Increased awareness of the needs of the LGBTIQ community
   o Increased awareness of the barriers facing the LGBTIQ community
   o Understanding of organisational capability (e.g. barriers/enablers) for LGBTIQ suicide prevention Affirmative Practice Training - How are u spreading?
6. What do you think could be done differently with this program?
7. Were there any barriers to staff engaging with the program? What could be done differently to make it easier for staff to engage?
8. Were there any enablers to encourage staff to engage with the program?
9. Would you recommend someone access this training in the future and why?
10. Do you think the outcomes achieved through this training is enduring?

APPENDIX D: INTERVIEW QUESTIONS – STAFF

Overview

1. What is your position?
2. How long have you been in the role?

Process

1. What was your experience like designing and delivering this training program?
2. What were some of the challenges that you encountered?
3. What helped to enable to design and delivery of this training program?
4. What circumstances or external contextual factors have enabled or constrained the efforts of the program, and/or its outcomes? How might these be addressed should the program continue?

Outcomes

1. What have been your key learnings?
2. What do you think are some of the strengths of this training?
3. What have been some of the barriers or challenges you have encountered?
4. What would you recommend someone needs to consider if they are wanting to replicate this program?
5. What would you do differently?
6. What change, if any, have you observed in the participants of the training?
7. What change, if any, have you observed in the organisations that participated in this training?
8. Do you think the outcomes achieved through this training is enduring?