LGBTIQ+ SUICIDE PREVENTION TRIAL

drummond street services - LGBTIQA+ Mentoring Projects

Evaluation Report

IMPACT — CO.

Disclaimer

Impact Co. is committed to delivering quality service to its clients and makes every attempt to ensure accuracy and currency of the data contained in this document. However, changes in circumstances during and after time of publication may impact the reliability of the information provided.

ACKNOWLEDGEMENT

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

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

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

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

.

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GLOSSARY OF TERMS

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

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

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

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Background

The National Suicide Prevention Trial 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+ Mentoring Projects (**Program**) that was delivered by drummond street. The Program provided peer and mentoring support to LGBTIQ+ individuals and families, where they were matched with a volunteer mentor.

The objectives of the Program were to:

- Address contributing factors to LGBTIQ+ suicide (such as building resilience, enhancing social connectedness , skills-building to navigate services and reducing internalised stigma);
- Provide support through tailored mentoring supports to LGBTIQ+ people and families in vulnerable and high-risk life stages, ensuring inclusion of LGBTIQ+ people and families of multi-cultural or multi faith backgrounds; and
- Improve cohesion in the LGBTIQ+ health sector and the promote available services.

The Program delivered the following output between January 2019 and April 2021:

People supported:	**237** Mentees supported	**102** Mentors involved
Hours of support provided:	**446 HOURS** Mentoring sessions delivered	
Groups/events organised:	**172** Groups & events delivered	

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 in more detail below:

Program delivery

Mentors and mentees who participated in the Program identified that the Program was safe and inclusive. Whilst mentors were overwhelmingly positive about their experience in the Program, the experience was mixed for mentees. The inconsistency of experiences in mentees was attributed to a range of factors, including:

- The impact of COVID-19 which forced the program to transition to a virtual environment. This approach wasn't the preferred modality of interaction for a number of mentees as it made the interactions feel less personal;
- The time it took for to be matched with a mentor
- Changes in mentors; and
- Poor fit between the mentor and mentee.

Note: It should be noted that the Program staff have been identified to be very supportive in Iwhere there wasn't a compatible match between mentor and mentees, and also in instances where the matching process took longer than expected.

Both mentors and mentees did however agree that the Program was delivered in a safe and inclusive manner.

Program staff were also highlighted as key strength of the Program. The following aspects were particularly highlighted by mentees and mentors:

- Their knowledge and expertise;
- Their caring, empathic and casual manner;
- Their lived experience of being part of LGBTIQ+ communities (which enabled mentees and mentors to feel safe to engage with the program because the Program staff would understand their needs);
- The effort that they invest into building trust and relationships with mentees and mentors;
- The support and regular contact/check-ins provided by them throughout the program; and
- Their empowering and nurturing approach, which was positively received by mentees as a form of peer support

Program outcomes

The Program was able to achieve a number of positive outcomes.

For mentees, the Program was able to help them to:

- Feel more comfortable in meeting other people;
- Feel more confident in their own identity;
- Increase their awareness of health and wellbeing services that are available to them;
- Feel more confident in accessing health and wellbeing services;

- Reduce the feeling of isolation (noting that this outcome was particularly important to mentees as the Program was conducted during the COVID-19 pandemic, where people were physically isolated from their support network); and
- Be more inclusive of others.

For mentors, the Program was able to:

- Provide them with a sense of satisfaction from being able to help someone else in a meaningful way;
- Help them form stronger connections with LGBTIQ+ communities and provide them with the ability to meet new people;
- Improve their self-confidence (as a result from being able to help others), including confidence and comfort in their own identity; and
- Increase their knowledge and skills (as a result of being able to share and learn from other mentors, mentees and the Program staff through the Program)

Evaluation recommendations

The recommendations following this evaluation are summarised according to the following 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:** Retain and build on the existing pool of mentors to allow greater flexibility and more effective mentor-mentee matching if the Program is continued
	Recommendation 2: Refine the mentor-mentee matching process to maximise the likelihood of compatible matches between mentors and mentees
	Recommendation 3: Retain the flexible nature of the Program to ensure that it is accessible to as many people as possible
	Recommendation 4: Provide greater clarity on the overall process of the Program to provide visibility around next steps and timelines.
	Recommendation 5: Design a 'core' structure for mentoring sessions to provide a set of consistent parameters/guidelines that can underpin all mentoring sessions (within which mentors are able to adapt the sessions to their individual style and the needs of their mentees)

	Recommendation 6: Actively target under-represented community groups to further increase the diversity of participants in the Program
	Recommendation 7: Increase the supports provided to mentors to enable them to support mentees more effectively
	Recommendation 8: Explore the provision of peer support and learning between mentees in a group setting
Organisational enablers	**Recommendation 9:** Ensure that the Program is adequately resourced
	Recommendation 10: Maintain the level of autonomy provided to the Program staff
Program sustainability and reach	**Recommendation 11:** Expand the reach of the Program to other jurisdictions to benefit other people who are LGBTIQ+

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 LGBTIQA+ Mentoring Projects delivered by drummond street services. 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

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[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

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 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

[13] Victorian Department of Health. Community health pride: A toolkit to support LGBTIQ+ inclusive practice in Victorian community health services. Melbourne: Victorian Government; 2021. Available from: https://www.vgls.vic.gov.au/client/en_AU/search/asset/1301510/0.
[14] Gay and Lesbian Rights Lobby. In their own words: Lesbian, gay, bisexual, trans* and intersex Australians speak about discrimination. Department of Prime Minister and Cabinet; 2013.
[15] Australian Medical Association. AMA Position statement: Sexual diversity and gender identity [Internet]; 2002. Available from: https://www.ama.com.au/media/ama-position-statement-sexual-diversity-and-gender-identity.
[16] Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.
[17] Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.
[18] Hughes M. Health and well being of lesbian, gay, bisexual, transgender and intersex people aged 50 years and over. *Australian Health Review*. 2018;42(2):146.
[19] Reynolds V. Intersectionality [Internet]. Intersect; 2010. Available from: http://www.lgbtiqintersect.org.au/learning-modules/intersectionality/
[20] Palotta-Chiarolli M, Sudarto B & Tang J. Navigating intersectionality: Multicultural and multifaith LGBTIQ+ Victorians talk about discrimination and affirmation. Melbourne: AGMC/MASC/DPC; 2021.
[21] Hill A, Bourne A, McNair R, Carman M, Lyons A. Private Lives 3 The health and wellbeing Of Lgbtiq people in Australia. Melbourne: La Trobe University; 2020.

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

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

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

[22] Victorian Government. Intersectionality [Internet]. Delivering the reform for Victoria's diverse communities. Victorian Government; 2020. Available from: https://www.vic.gov.au/family-violence-reform-rolling-action-plan-2020-2023/reform-principles/intersectionality
[23] Suicide Prevention Australia. Fact Sheet: LGBTIQ+ suicide prevention [Internet]; 2021. Available from: https://www.suicidepreventionaust.org/wp-content/uploads/2021/02/Fact-Sheet-LGBTIQ-Populations.pdf
[24] Skerret DM, Kolves K & De Leo D. Suicidal behaviours in LGB populations: A literature review of research trends. Brisbane: Australian Institute for Suicide Research and Prevention; 2012.
[25] LGBTIQ+ Health Australia. A snapshot of mental health and suicide prevention strategies for LGBTIQ+ people [Internet]; 2021. Available from: https://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 LGBTIQA+ Mentoring Projects (also referred to as '**the Program**') by drummond street services.

PROGRAM OVERVIEW

4. PROGRAM OVERVIEW

Information on the Program is outlined below:

Commissioned organisation

drummond street services was commissioned to deliver the LGBTIQA+ Mentoring Projects. The organisation has a longstanding history of supporting LGBTIQ+ communities, with the establishment of queerspace, a LGBTIQ+ health and wellbeing support service in 2009. Services offered by queerspace include the following:

- Counselling (including individual, relationship and family counselling)
- Case management
- Advocacy
- Peer support including groups and seminars
- Professional development and training
- Consulting and support for organisations who work with LGBTIQ+ people and their families

Target cohort

The Program targeted individuals identifying as LGBTIQ+ and their families.

Note: As the Program was designed to focus on preventing suicide and enabling more effective early intervention, a broad target cohort was adopted.

Program objectives

The objectives of the Program are to:

- Address contributing factors to LGBTIQ+ suicide (such as building resilience, enhancing social connectedness , skills-building to navigate services and reducing internalised stigma);
- Provide support through tailored mentoring supports to LGBTIQ+ people and families in vulnerable and high-risk life stages, ensuring inclusion of LGBTIQ+ people and families of multi-cultural or multi faith backgrounds; and
- Improve cohesion in the LGBTIQ+ health sector and the promote available services.

Note: The Program was initially designed to include two separate components, an individual stream – Polaris, which supports individuals identifying as LGBTIQ, and a family stream – A Place at the Table, which supports family members of people identifying as LGBTIQ. Upon roll out of the Program, it was identified that there were significant synergies between Polaris and A Place at the Table, which led to the merger of both streams.

Program description

The Program was designed following an extensive process of co-design with key service providers, and community stakeholders. Information and insights from the sources below were used to inform the overall design of the Program

- *Literature* – The design of the Program sits within the drummond street services Practice Framework, which is underpinned by a number of key theoretical frameworks:
    - Public Health Approach
    - Proportionate Universalism
    - Intersectionality
    - Risk and Protective Factors and an Ecological Approach
    - Focus on Connectedness
    - Recovery-Oriented and Trauma-Informed Practice
    - Lived Experience and the Co-Production of Work

  Each of these are described in more detail in the figure below:

Figure 2 - drummond street Practice Framework

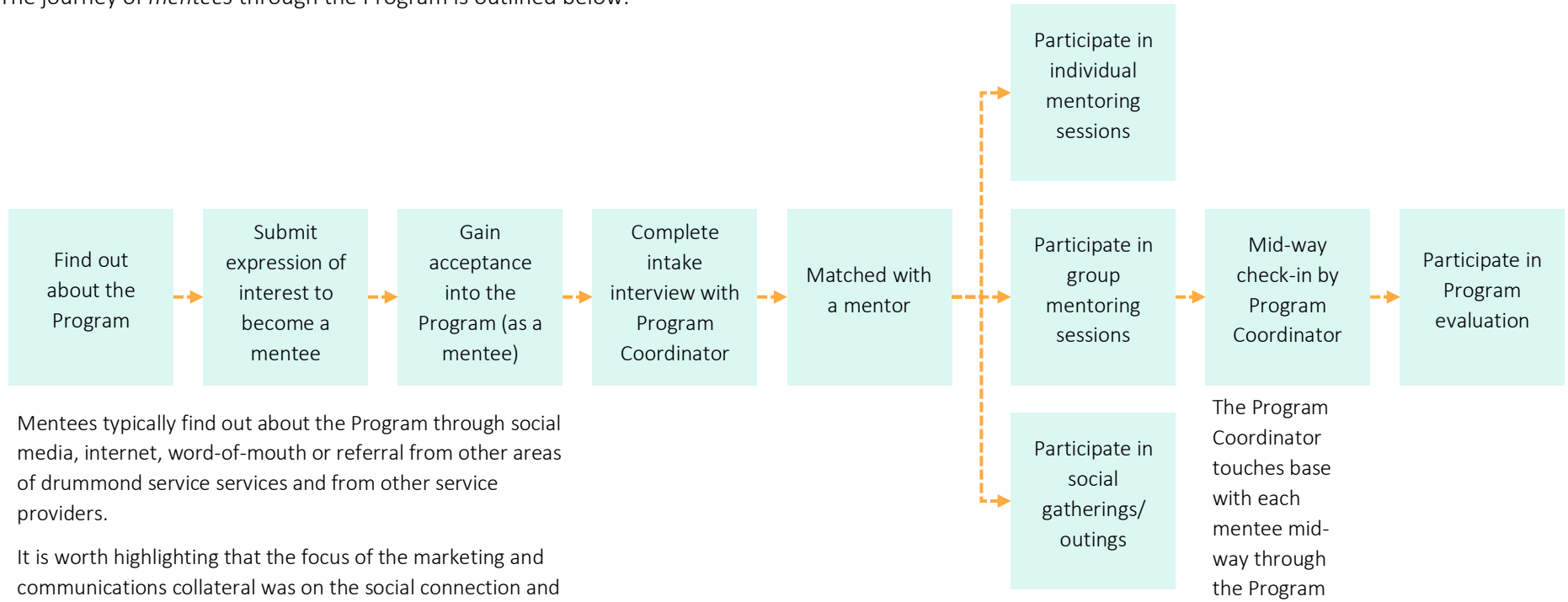
- *Lived experience* – Extensive consultation was undertaken with the LGTIQ Suicide Prevention Taskforce to inform the initial concept of the Program. More detailed co-design was then conducted with a number of specific Partner Groups to develop the mentoring model for the Program (including corresponding program logics and practice

framework). These Partner Groups included an LGBTIQ+ sector stakeholder group, a First Nations Advisory Group and a Youth Advisory Group

- *Practice* – The Program was also heavily influenced by drummond street services' experience and expertise in working with and supporting LGBTIQ+ communities. This builds on the insights gained from the organisation's previous work with LGBTIQ+ communities.

User journey

The journey of *mentees* through the Program is outlined below:



Mentees typically find out about the Program through social media, internet, word-of-mouth or referral from other areas of drummond service services and from other service providers.

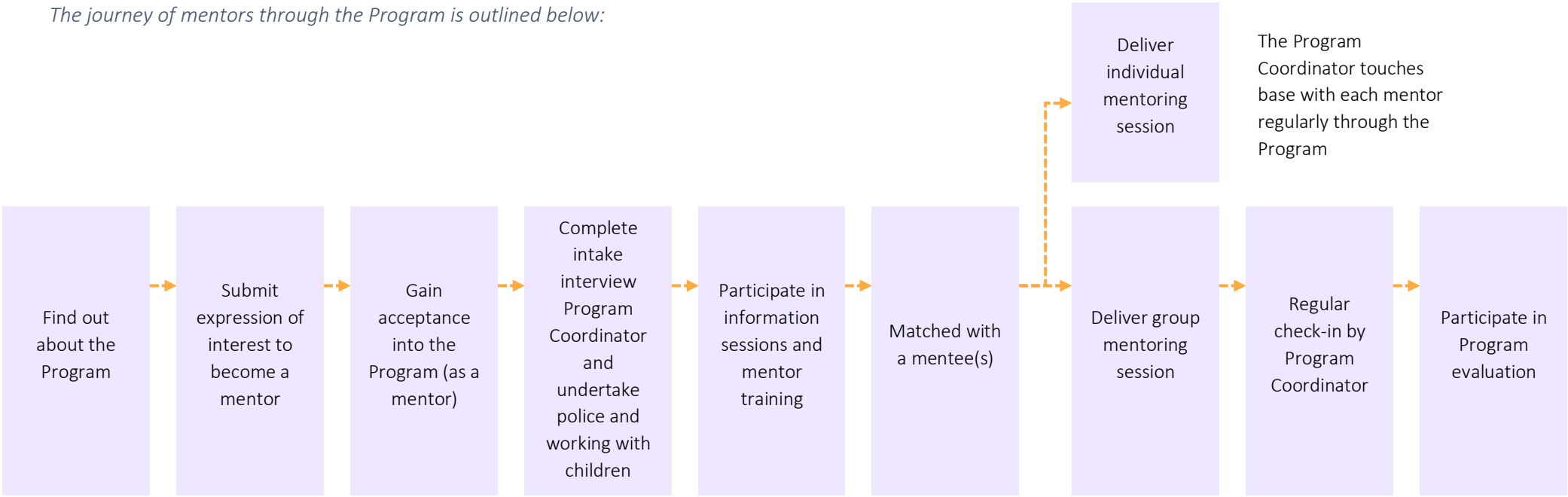
It is worth highlighting that the focus of the marketing and communications collateral was on the social connection and community building aspect of the Program, rather than suicide prevention as the Program was intended to support primary prevention/early intervention; and not act as a form of crisis support. However, in the interest of transparency, more detailed program information provided to participants (upon the initial expression of interests) did include the fact that the program was funded as a suicide prevention initiative.

The Program Coordinator touches base with each mentee mid-way through the Program

The Program was underpinned by a flexible mentoring model and was not limited to just one-on-one mentoring. Mentees had the option of participating in one-on-one mentoring sessions and/or group mentoring sessions (where a mentor is matched with multiple mentees with the same interests/goals). Social gathering/outings are also organised regularly to enable mentors and mentees to engage in more informal ways. Meetings between mentors and mentees often took place in the community, with drummond street services providing the necessary meeting spaces where necessary (e.g. larger group mentoring sessions). However, this changed in March 2020 due to the COVID-19 pandemic, where all interactions between mentors and mentees were done virtually or over the phone.

Figure 3 - User journey for mentees

The journey of mentors through the Program is outlined below:



Mentors typically find out about the Program through social media, internet, word-of-mouth or referral from other areas of drummond service and from other service providers.

It is worth highlighting that the focus of the marketing and communications collateral was on the social connection and community building aspect of the Program, rather than suicide prevention as the Program was intended to support primary prevention/early intervention; and not act as a form of crisis support. However, in the interest of transparency, more detailed program information provided to participants (upon the initial expression of interest) did include the fact that the program was funded as a suicide prevention initiative.

Figure 4 - User journey for mentors

The Program was underpinned by a flexible mentoring model and was not limited to just one-on-one mentoring. Mentors are empowered to determine the focus and direction of the mentoring sessions based on the needs of the mentee, ensuring that their specific needs are met through the Program.

Meetings between mentors and mentees often took place in the community, with drummond street providing the necessary meeting spaces where necessary (e.g. larger group mentoring sessions). However, this changed in March 2020 due to the COVID-19 pandemic, where all interactions between mentors and mentees were done virtually or over the phone,

Timeframe

The Program was designed to go for 12 months for mentees. However, the exact timeframe was dependent on the needs and circumstances of each individual mentee.

Program output

The Program delivered the following output between January 2019 and April 2021:

People supported:	**237** Mentees supported	**102** Mentors involved
Hours of support provided:	**446 HOURS** Mentoring sessions delivered	
Groups/events organised:	**172** Groups & events delivered	

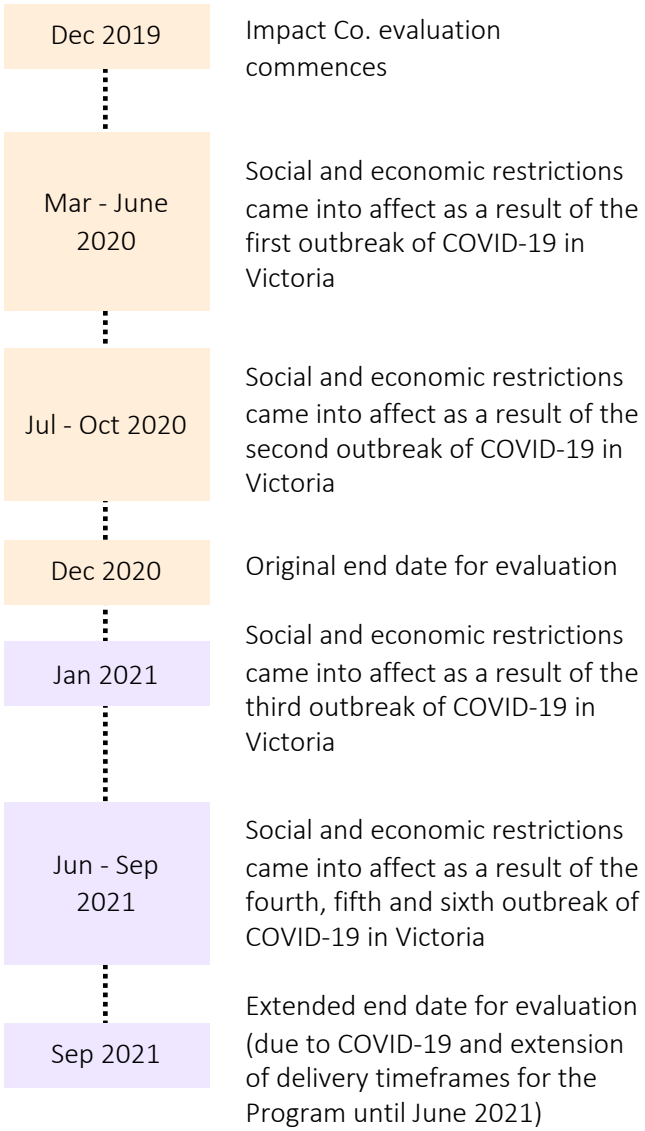
Figure 5 - Program output

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



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 6 - Timeline of 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 drummond street services 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.
    - *Delay of evaluation* – This completion of this evaluation was extended to 30 September 2021 to take in consideration the impacts of COVID-19
    - *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 approximately 6 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 drummond street services 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:

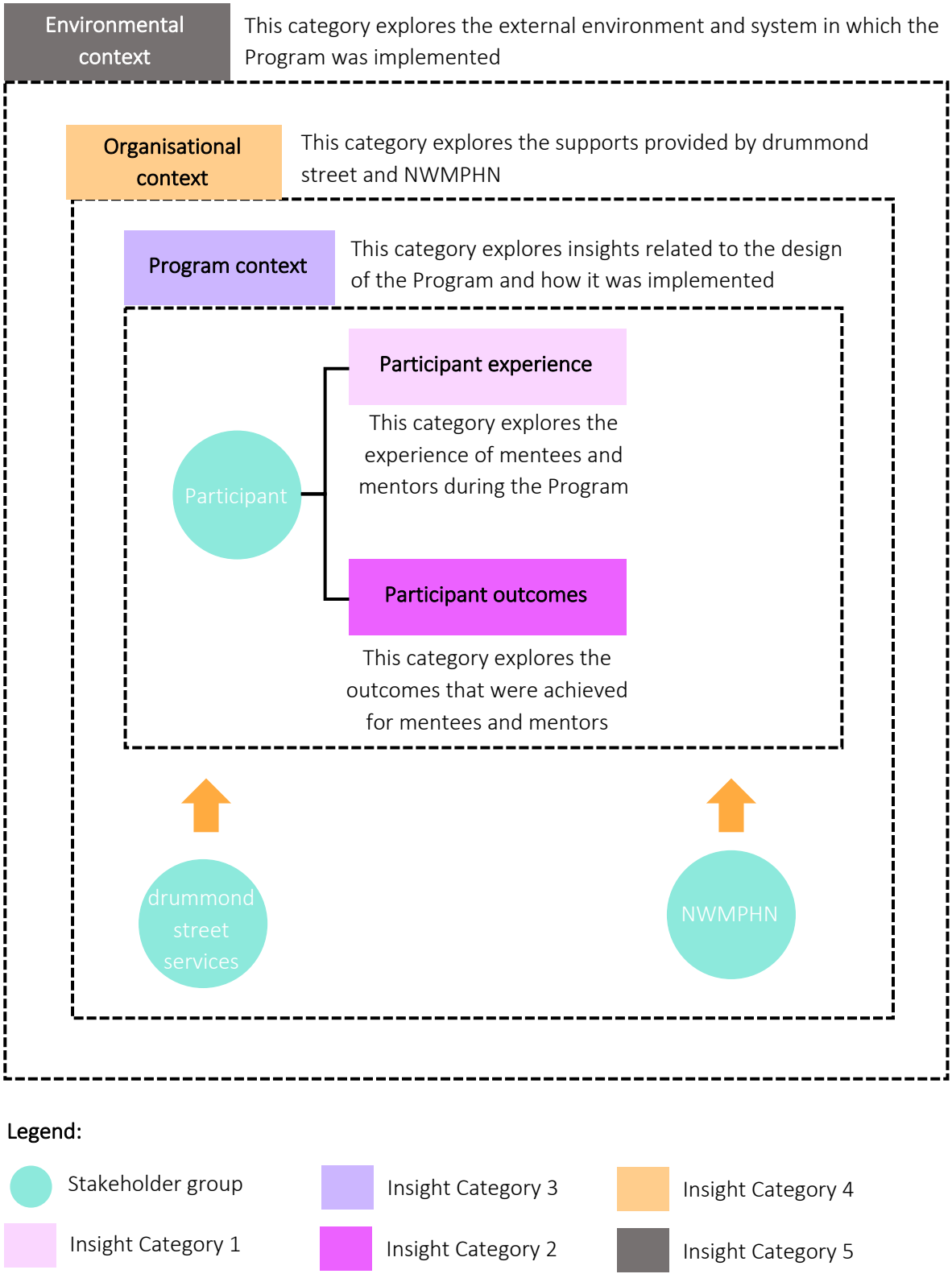


Figure 7 - Key categories for evaluation findings

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**: There was a mixture of experiences from mentees who have participated in the program
	Insight 1.2: This mixture in experiences also extended to the experience of mentees of the social events and groups
	Insight 1.3: Mentors had a very positive experience of the program
	Insight 1.4: Mentees felt that the program was safe and inclusive
	Insight 1.5: Mentors also felt that the program was safe and inclusive
Category 2: Participant outcomes	**Insight 2.1**: Mentees derived different outcomes from the program
	Insight 2.2: The program has helped to increase the mentees' connection to LGBTIQ+ communities
	Insight 2.3: The program has enabled mentees to feel more comfortable in meeting other people
	Insight 2.4: The program has enabled mentees to feel more confident in their own identity
	Insight 2.5: The program has helped to increase mentees' awareness of health and wellbeing services that are available to them
	Insight 2.6: The program has enabled mentees to feel more confident in accessing health and wellbeing services
	Insight 2.7: The program has helped to reduce the feeling of isolation
	Insight 2.8: The program has helped mentees to be more inclusive of others
	Insight 2.9: Mentees found the experience of meeting someone else with shared experiences to be very beneficial
	Insight 2.10 The outcomes achieved through the Program will endure beyond the duration of the Trial
	Insight 2.11: The program has helped mentors to gain a sense of satisfaction from undertaking meaningful work, feel more connected to LGBTIQ+ communities, gain self-confidence and increase their knowledge and skills in supporting others
Category 3: Program context	**Insight 3.1**: The marketing of the program was identified to be effective
	Insight 3.2: The Program staff were highlighted as a key strength by mentees and mentors
	Insight 3.3: Mentors found the training helpful in enabling them to provide mentoring support to mentees
	Insight 3.4: Mentors felt supported and empowered by the Program staff
	Insight 3.5: The program has continuously improved since its commencement
	Insight 3.6: There was a strong link between the experience of mentees and the mentor that they have been matched to

	Insight 3.7: Both mentors and mentees have had a mixed experience of the matching process
	Insight 3.8: The program was flexible enough to adapt to the unique needs of mentees. However, it also meant the program (particularly the mentoring sessions themselves) was sometimes perceived as lacking structure.
	Insight 3.9: Effective co-design needs to take into consideration intersectionality
Category 4: Organisational context	**Insight 4.1**: Being part of a community-controlled organisation was identified as a key enabler for the program
	Insight 4.2: The short-term nature of the funding was highlighted as a significant challenge
	Insight 4.3: The rigid parameters and milestones of the contract made genuine co-design challenging
Category 5: Environmental context	**Insight 5.1**: COVID-19 had an adverse impact on the experience of mentees and mentors.
	Insight 5.2: There is a lack of social groups specifically for people who are LGBTIQ+ across Melbourne

Table 2 - Summary of evaluation findings

Category 1 – Participant experience

This category explores the experience of mentees and mentors while they were participating in the Program

Insight	Detail
Insight 1.1: There was a mixture of experiences from mentees who have participated in the Program	Mentees who responded to the evaluation survey were asked to rate their experience of the Program out of 10. The average score across the 10 responses received was 6.7.

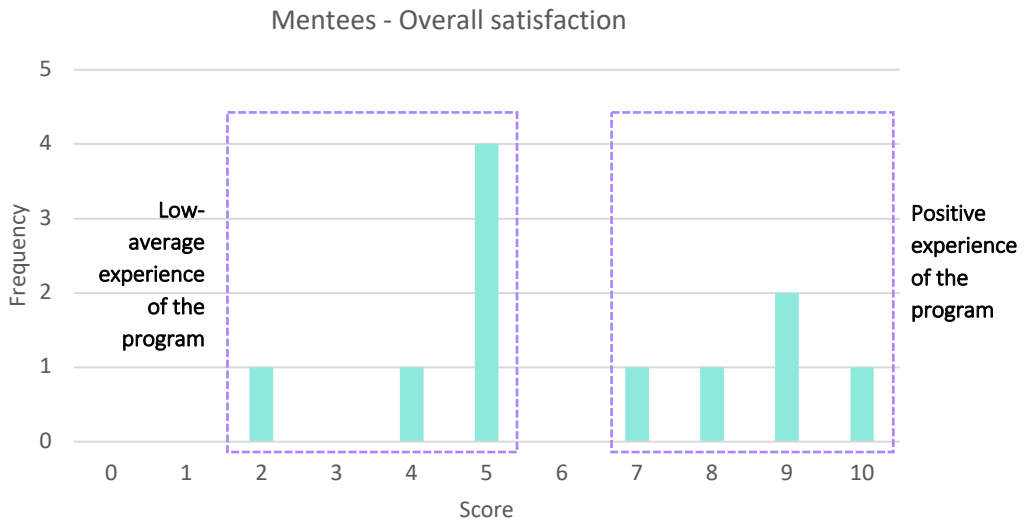


Figure 8 – Program satisfaction scores from mentees

The scores provided by mentees could be grouped into 2 broad categories:

1. Very positive [survey scores of 7 and above] – 50% of respondents

> *"Just been exactly what I needed during COVID" - Mentee*

> *"This is an awesome program!" - Mentee*

> *"The whole mentor programme has so many benefits, ii trust it can keep growing" - Mentee*

2. Average [survey scores of 4 – 6] – 50% of respondents. For those mentees who had an average experience of the program, this was attributed to the following reasons:
    - The impact of COVID-19 which forced the program to transition to a virtual environment. This approach wasn't the preferred modality of interaction for a number of mentees as it made the interactions feel less personal

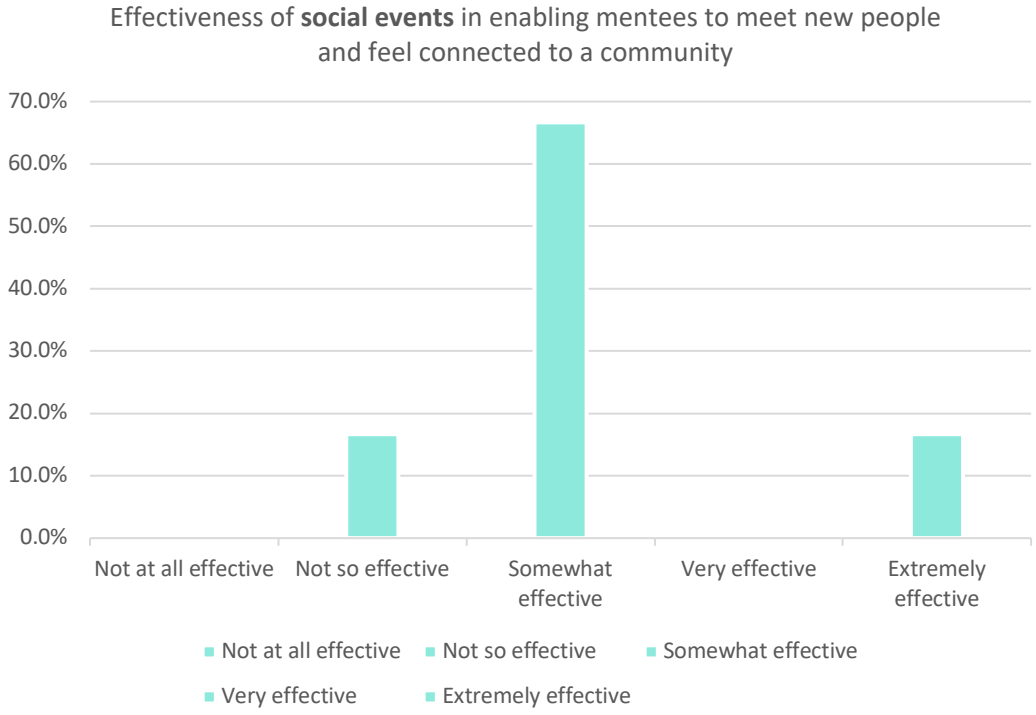
	"Meeting a mentor in person is great! However, the zoom meetings are far less personal." - Mentee • The time it took for to be matched with a mentor; *"I am just a very anxious person and it took a while for a mentor to be found for me and in that time I was very nervous" - Mentee* • Changes in mentors (with one mentee going through 3 mentors during their time in the Program); and *"It's tough finding mentors that can go the distance. I have had three mentors" - Mentee* • Poor fit between the mentor and mentee. *"The assigned mentor who was significantly younger than me and lived in the urban area of Melbourne, was a slightly odd match for me as I was hoping to get some insights from somebody of a more mature age, living somewhat further away from the gay scene who might share some personal insights in term networking as the dynamics are very different." - Mentee*
Insight 1.2: This mixture in experiences among mentees also extended to the experience that they had of the social events and groups	 *Figure 9 – Effectiveness of social events in enabling mentees to meet new people and feel connected to a community*

Figure 10 – Effectiveness of group sessions in enabling mentees to meet new people and feel connected to a community

As identified in the figures above, there was a wide range of experiences of the social events and group sessions. Mentees who had a positive experience of the social events and group sessions identified that it enabled them to meet new people and that it was a fun experience.

> *"These (groups and events) are great to hear about others experiences across various topics" - Mentee*

> *"(The group sessions were) really good with fun games and nice snacks" - Mentee*

The restrictions imposed by COVID-19 played a significant role in detracting from the experiences of mentees. In addition, mentees also identified the following challenges with the social events and group sessions:

- Inconsistent timing of the sessions;
- Lack of or changes in attendance; and
- Conversations during the social events and group sessions can sometimes make mentees feel uncomfortable due to the open nature of those discussions.

> *"There's been a lot of changes in my group" - Mentee*

> *"The group times seems inconsistent and few and far in between, there is not many members and the conversation is not super engaging all the time" - Mentee*

	"I know some topics can be emotionally draining for me, and I find it difficult when the zoom meeting just ends and there is no kind of debrief or option to talk with the other mentees on more casual topics" - Mentee *"Regular email reminders of when the series would be on would be good! I attend an interstate peer group and each week on the day of the group they send an email with all the zoom codes and times to remind us that it's on for the night, which I find helpful as I kept forgetting to check when Talking Points would be on"- Mentee*
Insight 1.3: Mentors had a very positive experience of the program	 *Figure 11 – Program satisfaction scores from mentors* Mentors had an overwhelming positive experience of the Program with nearly 80% of survey respondents scoring their experience 8 and above (out of a total score of 10). The average score across the 9 responses received was 8.3. Mentors highlighted the experience as being "rewarding", "enjoyable", "supportive" and "great" *"Really enjoyed my experience" - Mentor* *"The group sessions I facilitate very clearly are bringing a much needed social activity for the men involved, but I also find them very rewarding for me" - Mentor* *"There are small things that could be tweaked but overall the model is exciting and I've enjoyed being part of it so far" - Mentor*

	"This program has been amazing and I am really glad I have been able to be a part of it" - Mentor Mentors did however also provide some suggestions in terms of how their experience of the program could be further enhanced. These are identified below: a. A need to provide greater structure around the Program to help set expectations around timing, roles and responsibilities more appropriately among mentors. A number of mentors have identified instances of 'feeling unsure' at various points throughout their participation in the Program; and *"I think some clearer guidelines would be good. I know this is hard, wanting people to feel welcome and in charge but the fear of being a burden means I didn't ask for support when maybe I would have liked some" - Mentor* b. More opportunities to provide feedback throughout the Program and participate in evaluation. *"More follow-up on how it is going and what kind of support is available to make sure a mentorship is working would have been helpful" - Mentor* *"Some more opportunities for evaluation and feedback during a mentor/mentee relationship between the mentor and the support team" - Mentor*
Insight 1.4: Mentees felt that the program was safe and inclusive	100% of mentees engaged as part of the evaluation felt that the program was safe and inclusive. It was highlighted that this was due to the following reasons: • Mentors and Program staff identified as being part of LGBTIQ+ communities; • Mentors and Program staff were engaging in a safe way with mentees (e.g. being mindful of pronouns); • There was a diverse range of mentees participating in the groups; and • Mentees were all treated equally. *"It's great to see people who identity as trans and non-binary in the groups" - Mentee* *"Quite inclusive. Pronouns and names are respected, I've seen nobody be treated differently for the way they behave, look, or for their ethnicity" - Mentee*

	"Very inclusive!!" - Mentee This sense of safety was aided by the casual nature of the conversations between mentees and mentors which allowed mentees to feel more comfortable during the mentoring sessions, supporting a more effective relationship/trust building process. *"The casual nature of conversations was a real strength as it allowed us to engage in a less formal way" - Mentee* There were, however, some areas for improvement identified. The Program was identified to be inclusive in terms of different gender and sexual identities, but could be more inclusive in terms of: • Cultures and ethnicities; • Aboriginal and Torres Strait Islanders; • People with disabilities; and • Ages (particularly people who are older in age) – Older mentees have highlighted the over-representation of younger mentees and mentors in the program as being a challenge as it makes them feel out of place and makes it challenging to connect on similar topics. *"Targeting more POC, Indigenous, and people with a disability mentors and staff, a that would encourage more people from diverse backgrounds and identities to engage in the program" - Mentee* *"I did not see any other people of colour in the group apart from myself so i feel like it's not as inclusive as it could be" - Mentee* *"*Have more variety in ages*" - Mentee*
Insight 1.5: Mentors also felt that the program was safe and inclusive	100% of mentors who participated in the evaluation felt that the program has been inclusive of all identities and were not aware of any barriers to participation. This was largely a result of the Program's recognition of the value of lived experience and ethos that "everyone has something to contribute" *"Staff work hard to meet mentees and mentors where they're at and make sure that the program is accessible" - Mentor* *"That anyone can be involved and their capacity to participate is respected" – Mentor*

	"I love the support and clarity around the program, and how inclusive it was (this aspect was extraordinary and a big contrast to all other areas of my life)" – Mentor *"I think the program and activities have been very inclusive" - Mentor*

Category 2 – Participant outcomes

This category explores the outcomes that were achieved for mentees and mentors.

Insight 2.1: Mentees derived different outcomes from the program

The figure below highlights the improvement in self-identified scores across the different domains for mentees since participating in the Program, highlighting the flexibility of the program to adapt to the specific goals of individual mentees.

Changes in self-identified score - *After* participating in the Program (out of 10)					
Participant	Connection to LGBTIQ+ communi-ties	Comfort level in meeting new people	Confidence in exploring/ navigating self-identity	Awareness of health and wellbeing services	Confidence in accessing health and wellbeing services
1	0	+1	+3	+2	+1
2	+3	0	+3	0	+3
3	0	+1	0	+1	+1
4	+3	+4	+2	+3	+3
5	+4	+5	+3	+5	+2
6	0	n/a	+1	+2	0
7	+4	+3	+1	+1	+1
8	+3	+2	n/a	+7	+4
9	+2	+2	+3	+1	+3
10	+1	+2	+3	+2	+3
11	+2	+4	0	+3	+5

Figure 12 – Changes in self-identified scores after participating in the Program

Note:

- Some of the score identified as 'n/a' were not provided by participants

Insight 2.2: The program has helped to increase the mentees' connection to LGBTIQ+ communities

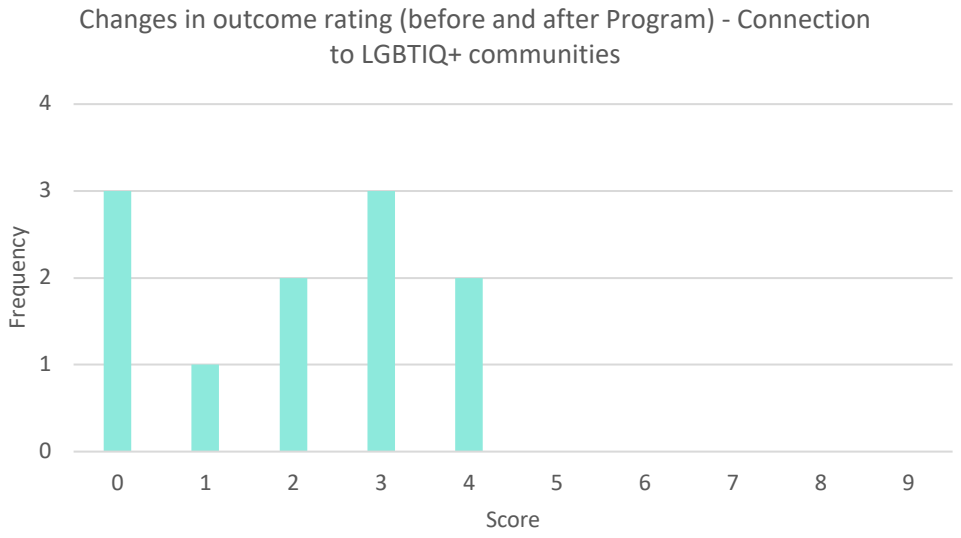


Figure 13 – Changes in outcome rating (before and after Program) - Connection to LGBTIQ+ communities

70% of mentees surveyed identified an increase in their connection to LGBTIQ+ communities since participating in the Program. The average shift in scores since participating in the Program was 2 out of 10, noting that some participants have been part of the program longer than others. This represents an average increase of 52% of self-identified outcomes scores from when mentees first participated in the Program.

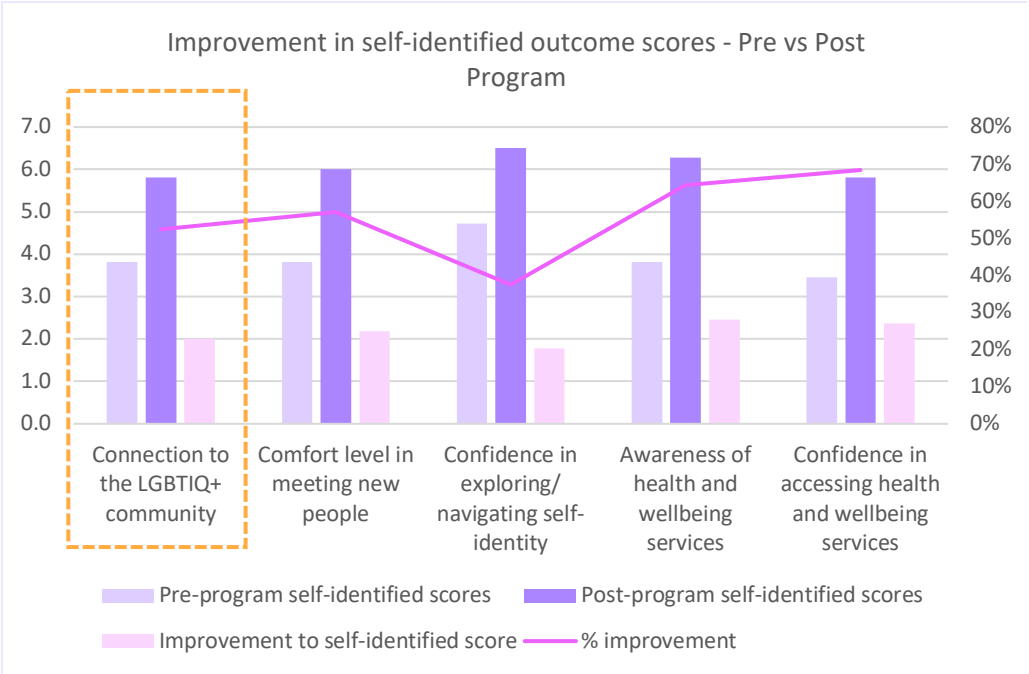
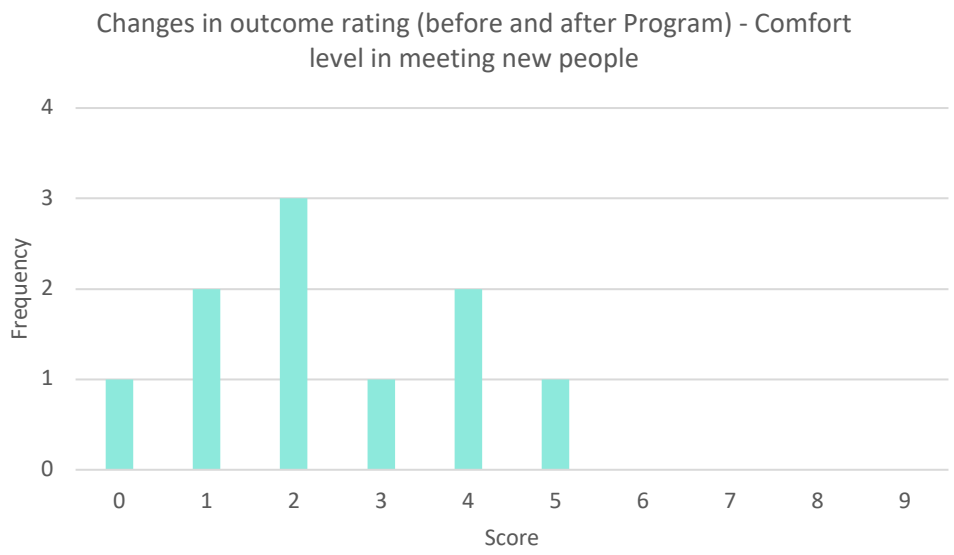


Figure 14 – Improvement in self-identified outcome scores - Pre vs Post Program

	In some instances, it was also identified the program has helped to expose mentees to other individuals that would not have typically engaged with. *"*Meeting older trans and gender diverse people has been extremely interesting*"* - *Mentee* *"I am not the most social person but I do feel a part now whereas I was mostly 'window shopping' before" - Mentee* *"Having knowledge that there are trans and GD people out in VIC that I haven't met before has been really reassuring to me in terms of connecting with the queer community. I was feeling like it was just my bubble of friends and I wanted to know more about people of different ages and backgrounds in the same community." - Mentee* *"I got to meet other queer people." - Mentee*
Insight 2.3: The Program has enabled mentees to feel more comfortable in meeting other people	 *Figure 15 – Changes in outcome rating (before and after Program) - Comfort level in meeting new people* 90% of mentees surveyed identified an increase in their comfort levels to meet new people and build social connections since participating in the Program. The average shift in scores since participating in the Program was 2.4 out of 10, noting that some participants have been part of the Program longer than others. This represents an average increase of 57% of self-identified outcomes scores from when mentees first participated in the Program.

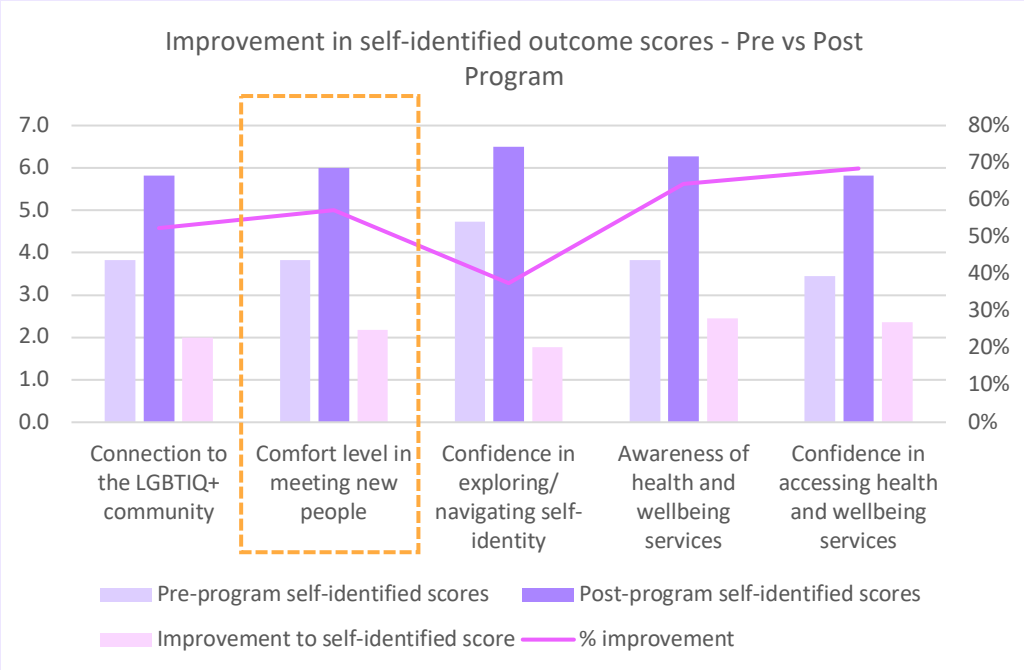


Figure 16 – Improvement in self-identified outcome scores - Pre vs Post Program

> *"*I can be quite anxious meeting new people, but over time that seems to lessen.*"* - *Mentee*

> *"*This gives me the focus to know more gay guys" - *Mentee*

> *"*I feel that I trust my own voice now and am more confident. Before this program, I was always cautious with what and how I say things. With anxiety and challenges with mental health, it's hard to trust your own voice" - *Mentee*

In addition, it was also highlighted that participating in the program during the COVID-19 pandemic and getting to know/engaging with other people virtually has made some of the mentees more comfortable in engaging with others in a virtual setting.

> *"It was one of the first groups that I sarted doing on Zoom and also the first group where I didn't know anyone in the group. I didn't know anyone and it was all new people" - Mentee*

Insight 2.4: The Program has enabled mentees to feel more confident in their own identity

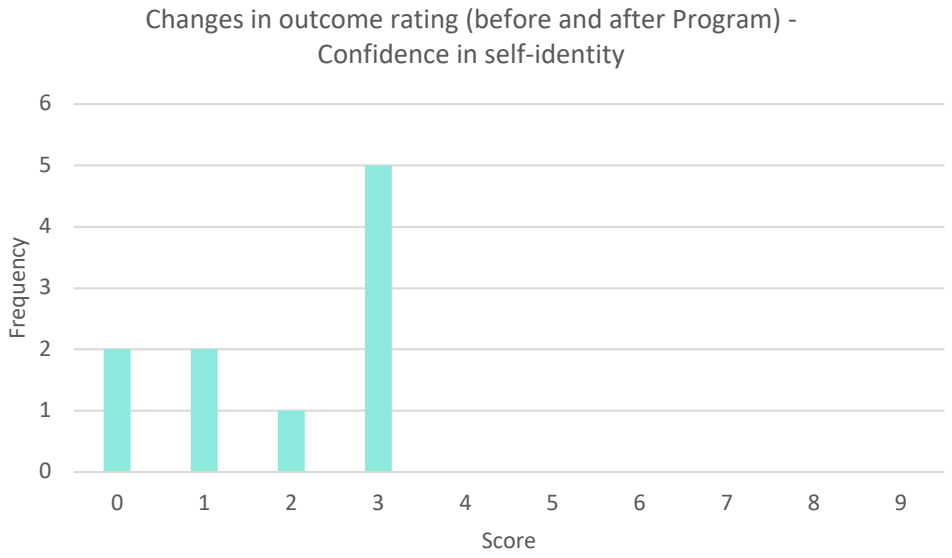


Figure 17 – Changes in outcome rating (before and after Program) - Confidence in self-identity

90% of mentees surveyed identified an increase in their confidence in their own identity since participating in the Program. The average shift in scores since participating in the Program was 1.9 out of 10, noting that some participants have been part of the Program longer than others. This represents an average increase of 38% of self-identified outcomes scores from when mentees first participated in the Program.

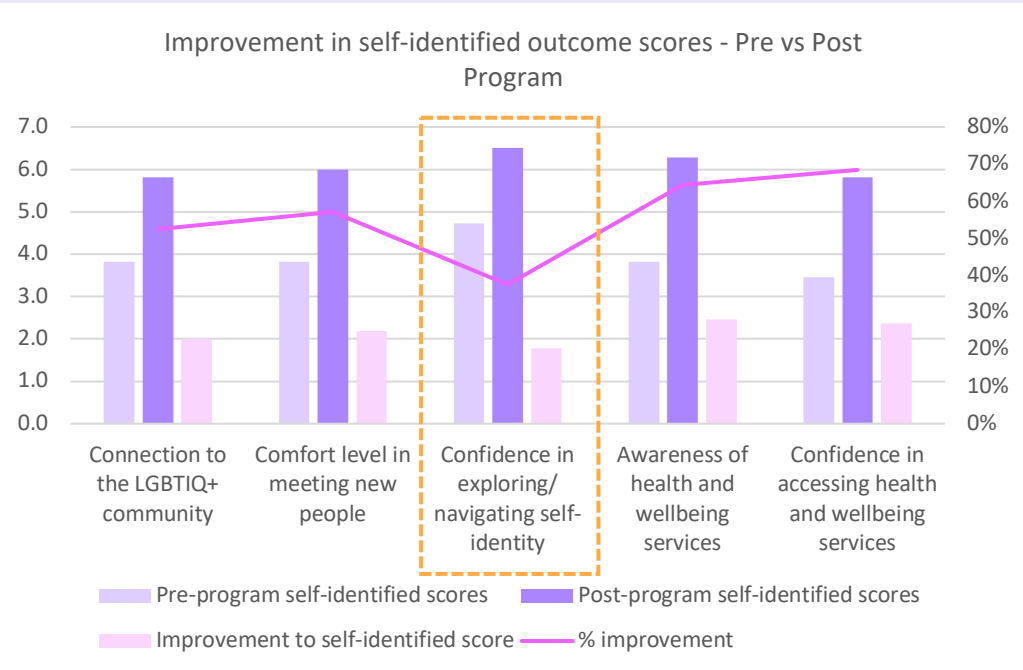
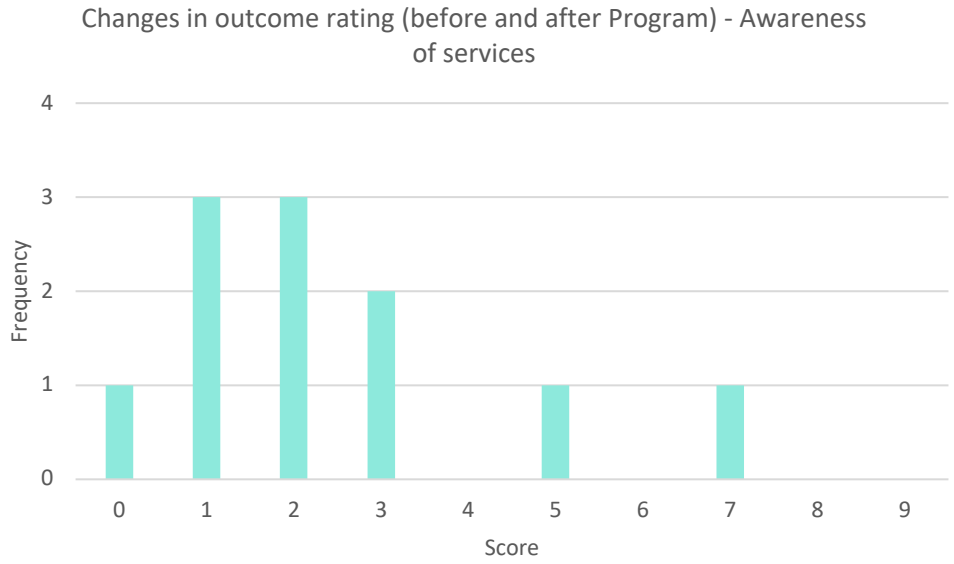


Figure 18 – Improvement in self-identified outcome scores - Pre vs Post Program

"Just more confidence with my gender literacy and feeling like I am not alone. Feeling safe and supported through a really difficult time" - Mentee

	"My sense of identity has developed through this program and through my interactions with my mentor" - Mentee A significant contribution to this were mentees being able to be themselves during the Program and have their experiences validated by their mentors. *"I was able to be myself in group settings" - Mentee* *"It was good to be able to share my experiences with my mentor and get affirmation and validation" - Mentee*
Insight 2.5: The Program has helped to increase mentees' awareness of health and wellbeing services that are available to them	 *Figure 19 – Changes in outcome rating (before and after Program) - Awareness of services* 90% of mentees surveyed identified an increase in their awareness of the health and wellbeing (particularly LGBTIQ+ - specific services) that are available to them since participating in the Program. The average shift in scores since participating in the Program was 2.4 out of 10, noting that some participants have been part of the Program longer than others. This represents an average increase of 64% of self-identified outcomes scores from when mentees first participated in the Program.

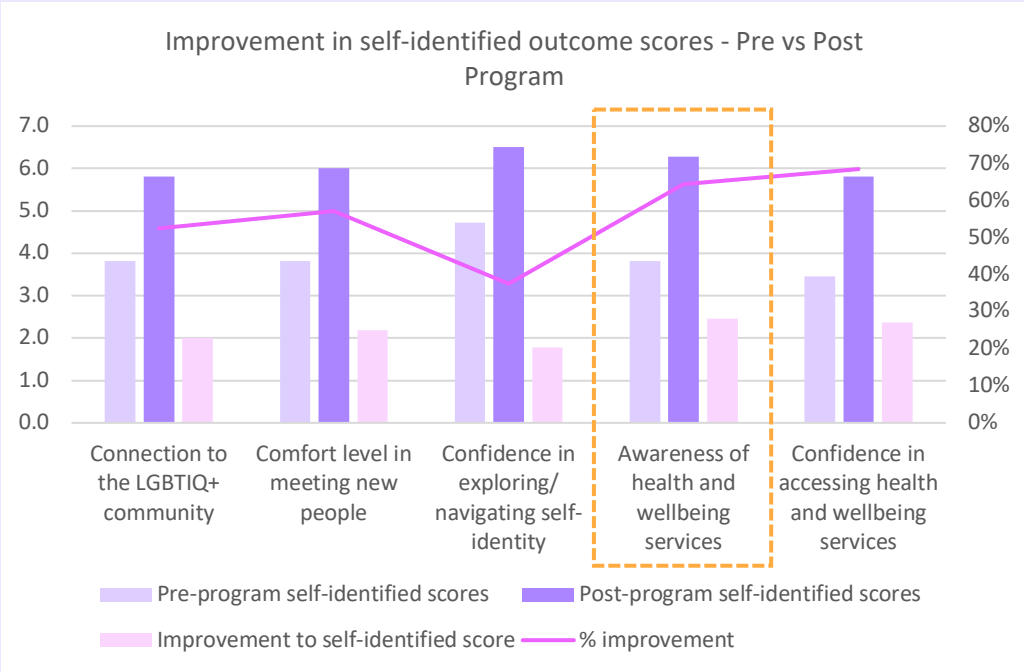


Figure 20 – Improvement in self-identified outcome scores - Pre vs Post Program

"Pretty aware of most general ones, but now know of a lot more queer-specific services/helplines." - *Mentee*

"I now know that there are places to go, people to talk to, ways to get advice and help if needed, that are outside my family and outside my town" - Mentee

Insight 2.6: The Program has enabled mentees to feel more confident in accessing health and wellbeing services

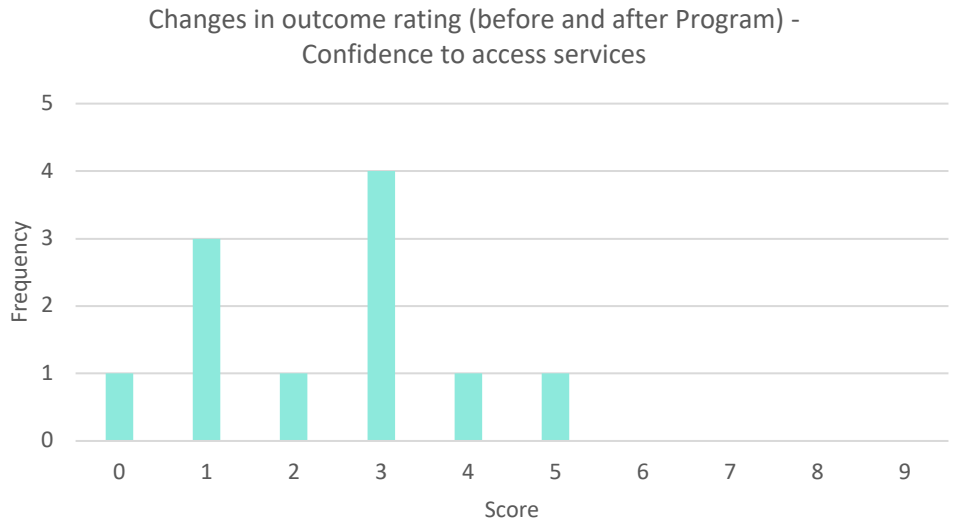
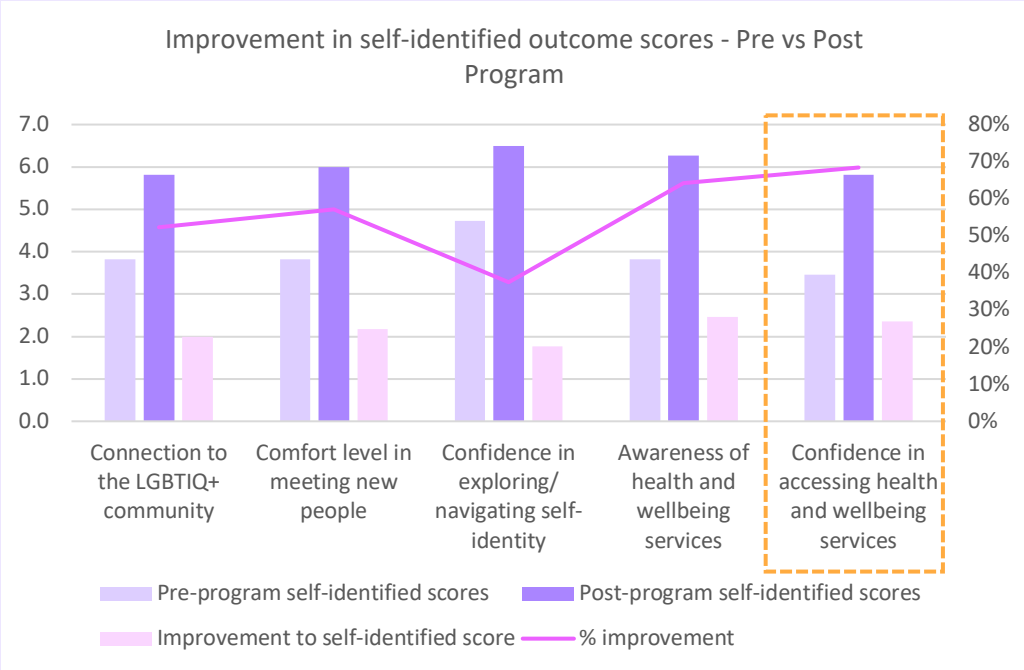


Figure 21 – Changes in outcome rating (before and after Program) - Confidence to access services

	90% of mentees surveyed identified an increase in their confidence in their own identity since participating in the Program. The average shift in scores since participating in the Program was 2.1 out of 10, noting that some participants have been part of the Program longer than others. This represents an average increase of 68% of self-identified outcomes scores from when mentees first participated in the Program.  *Figure 22 – Improvement in self-identified outcome scores - Pre vs Post Program* The positive experience that mentees had during the Program contributed to giving them greater confidence to access other health and wellbeing services. "I feel more comfortable accessing other services now because I had such a good experience with this program. This has given me hope that I would have a similar experience elsewhere" - *Mentee*
Insight 2.7: The Program has helped to reduce the feeling of isolation	A number of mentees identified that the Program has helped to expand their social network and provided people that they can connect and engage with. A number of mentees highlighted that it was particularly helpful when there was a connection to someone (either a mentor or another mentee) who has had a similar experience in life. "I got to meet other queer people" - *Mentee* *"Feeling like I am not alone" - Mentee* "The ability to connect with someone with similar experiences who truly understand what I've been through" - *Mentee*

	"It's great to be able to develop a friendship and be able to share things" - Mentee *"The pandemic has been so isolating as I just moved to Melbourne. I didn't have any friends and this program provided me with a community and helped to connect me with local services" - Mentee*
Insight 2.8: The Program has helped mentees to be more inclusive of others	Interacting with such a diverse range of individuals through the program and observing how the Program staff engage with mentees and mentors has helped to build the capacity of mentees to be conscious of the way they perceived and interact with others, ensuring that they do not contribute to systemic discrimination themselves. "The more people get exposed to diversity the more literate people are about responding to discrimination" - *Mentee* *"The diversity of the group has made me think about how I judge and interact others" - Mentee*
Insight 2.9: Mentees found the experience of meeting someone else with shared experiences to be very beneficial	Mentees found the experience of engaging with other individuals who have had similar life experiences to be affirming and helpful in terms of being able to share and talk to someone else with a common understanding of the challenges that they are going through. This connection and shared lived experience provided a strong foundation for friendships and connections established. *"Just found it really helpful to talk to others about shared experiences as a an autistic ENBY person. Just been exactly what I needed during COVID" - Mentee* *"(A key strength of the program is) feeling supported and having someone to talk to who was queer and neurodiverse" - Mentee* *"It's great to be able to develop a friendship and be able to share things" - Mentee* *"It's a very inclusive, positive and...for lack of a better word, nurturing environment" - Mentee* Some mentees also reported finding a role model in their mentor who has shared similar experiences *"Having a mentor and being able to see what other people in similar situations may become in the future provided a strong role model for me" - Mentee*
Insight 2.10: The outcomes	The relationships established (and hence outcomes achieved) through this Program will endure beyond the duration of this Trial. A number of the mentees and mentors

<table>
<tr><td>achieved through the Program will endure beyond the duration of the Trial</td><td>engaged in the evaluation process commented that they will likely continue to engage with their respective mentor/mentee after the completion of the Program and maintain an ongoing relationship with one another.

“I now have a support system that is enduring. It is now a friendship with my mentor that is not time limited” – Mentee</td></tr>
<tr><td>Insight 2.10: The Program has helped mentors to gain a sense of satisfaction from undertaking meaningful work, feel more connected to LGBTIQ+ communities, gain self-confidence and increase their knowledge and skills in supporting others</td><td>Mentors identified that they achieved the following outcomes/benefits through their participation in the program:

1. Sense of satisfaction from being able to help someone else in a meaningful way (particularly during the COVID-19 outbreak which was an especially challenging time for a number of the mentees and the broader LGBTIQ+ communities);
2. Stronger connection with LGBTIQ+ communities and the ability to meet new people;
3. Improved self-confidence (as a result from being able to help others), including confidence and comfort in their own identity; and
4. Increased knowledge and skills (as a result of being able to share and learn from other mentors, mentees and the Program Coordinators through the Program).

The figure below outlines the frequency of each outcome/benefit as mentioned by each of the mentors who participated in the survey:

<table>
<tr><th>Outcome/benefit</th><th>Frequency</th></tr>
<tr><td>Sense of satisfaction</td><td>33%</td></tr>
<tr><td>Stronger connection with LGBTIQ+ communities and the ability to meet new people</td><td>78%</td></tr>
<tr><td>Improved self-confidence</td><td>56%</td></tr>
<tr><td>Increased knowledge and skills in supporting others</td><td>22%</td></tr>
</table>
Table 3 - Frequency of reported outcomes among mentors</td></tr>
</table>

Category 3 – Program context

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

<table>
<tr><th>Insight</th><th>Detail</th></tr>
<tr><td>Insight 3.1: The marketing of the program was identified to be effective</td><td>
Between January 2019 and April 2021, there were:
<table>
<tr><th>Cohort</th><th>Expressions of interest</th><th>Accepted</th></tr>
<tr><td>Mentee</td><td>273</td><td>237</td></tr>
<tr><td>Mentor</td><td>244</td><td>102</td></tr>
</table>
Table 4 – Number of expressions of interests from mentees and mentors and number of accepted mentees and mentors

The mentees who responded to the survey found the marketing of the Program to be generally effective, with 60% identifying that the material used to promote the Program was very effective. This similarly applies to mentors, with 66% identifying that the material used to promote the Program and recruit mentors was very or extremely effective.

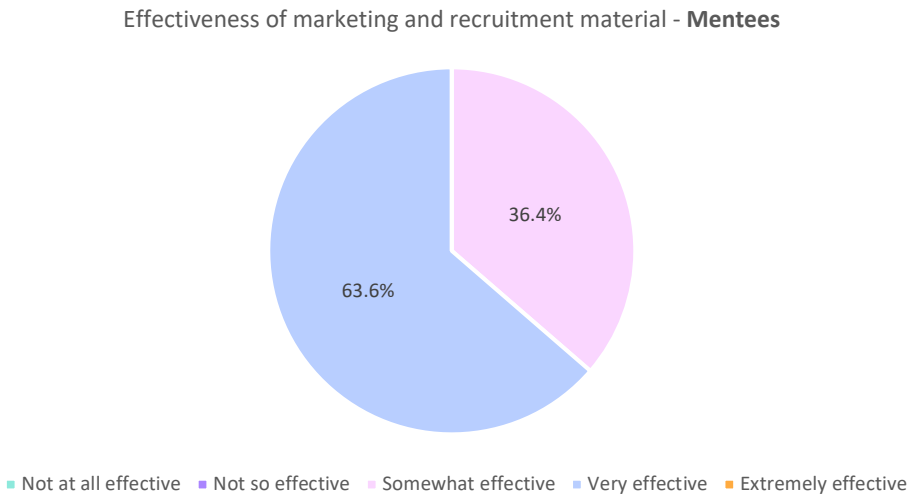


Figure 23 - Effectiveness of marketing and recruitment material - Mentees
</td></tr>
</table>

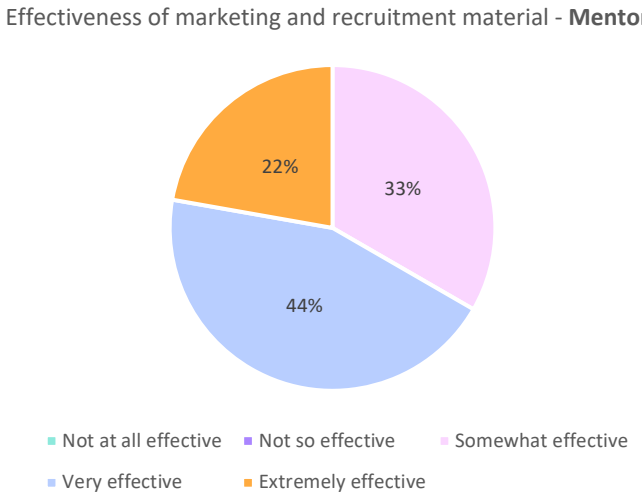


Figure 24 - Effectiveness of marketing and recruitment material - Mentors

The information provided in the materials was identified to be informative and sufficient for mentees and mentors to determine whether the program would be of interest to them. The mix of channels adopted (e.g. events, word-of-mouth, social media, direct referrals), particularly the use of digital and non-digital marketing channels (as identified in the figure below) was also identified to be critical to the success of the marketing efforts.

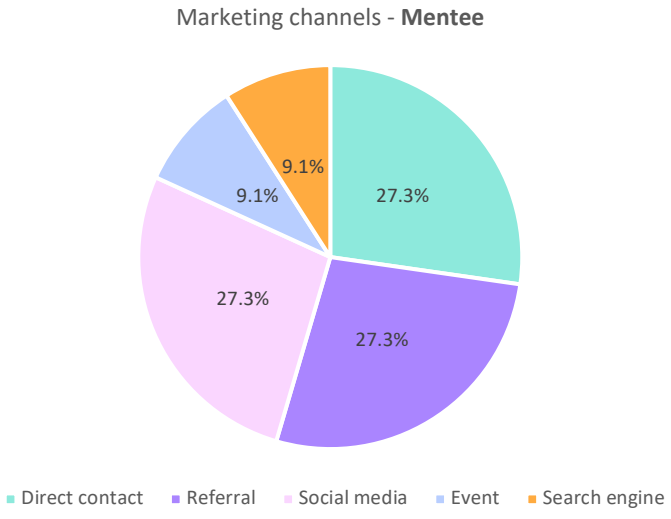


Figure 25 - Marketing channels - Mentees

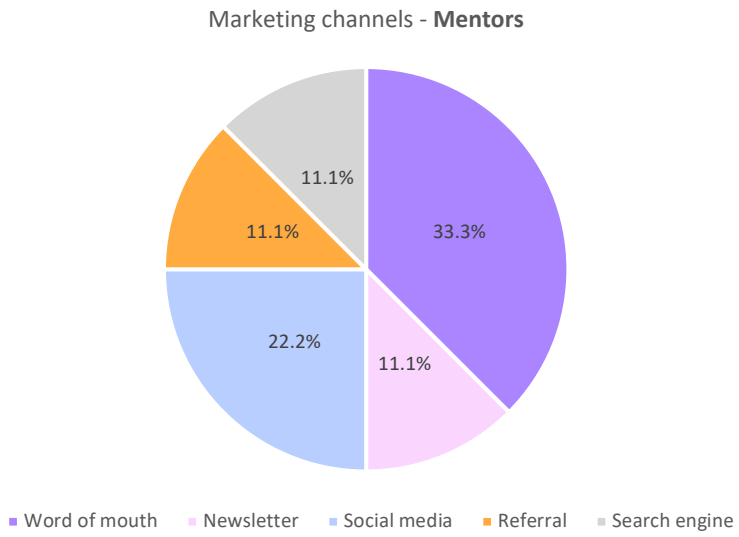


Figure 26 - Marketing channels - Mentors

"I found the process to be wonderful" – *Mentee*

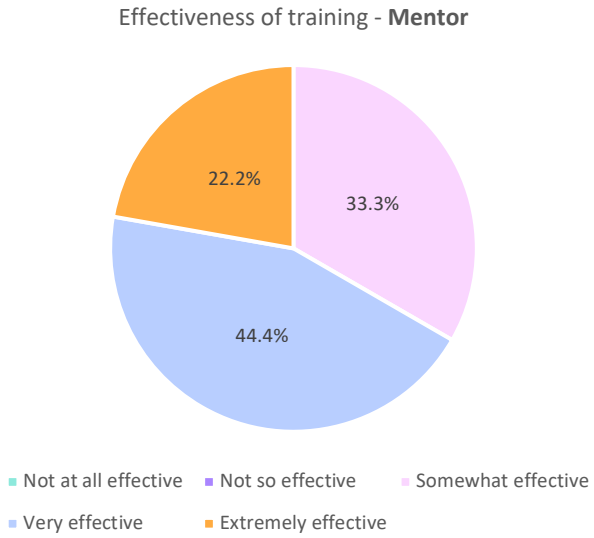
"I think they were effective and did not need to be changed. They were informative and led to me becoming involved" - *Mentor*

A number of suggestions to further enhance the marketing of the program were identified. These include:

- Leveraging the social media channels of other LGBTIQ+ specific organisations; and
- Ensuring consistent follow-ups after presenting the Program at key events (where possible, recognising that this can be difficult to achieve in terms of accessing the contact details of attendees at events and for events with a large number of attendees).

Insight 3.2: The Program staff were highlighted as a key strength by mentees and mentors	The Program staff were identified as key strengths of the program. The following aspects were particularly highlighted by mentees and mentors: • Their knowledge and expertise; • Their caring, empathic and casual manner; • Their lived experience of being part of LGBTIQ+ communities (which enabled mentees and mentors to feel safe to engage with the program because the Program staff would understand their needs); • The effort that they invest into building trust and relationships with mentees and mentors; • The support and regular contact/check-ins provided by them throughout the program; and

	• Their empowering and nurturing approach, which was positively received by mentees as a form of peer support. *"Good! Person A and Person B are awesome" - Mentee* *"The facilitators themselves are a diverse representation of the queer community. The offer a lot of peer-style support and mentorship from their perspective as members of the community" - Mentee* *"Definitely Person A, fabulous person, maintained regular contact, communicated clearly about the program and what it provides every step of the way, offered helpful information they thought were relevant to me and did a great job of finding out about me and matching me up with someone" - Mentee* *"Speaking to a mentor coordinator regularly has been fantastic, they are really supportive and I think in that sense they have been my mentor and have helped me through hard times by listening and making regular contact with me" - Mentee* *"The language that the facilitators used have been very inclusive. They really are walking the talk and speaking in a way that is empowering" - Mentee* "A strength is that we all identify as being part of the community and work within an organisation that identifies as *being* LGBTIQ-specific" - *Mentee* *"*It makes such a big difference when you're working with someone with lived experience and in some instances, even more so that vocational or professional experience. Everyone's voices are valued" - *Staff* *"Staff have lived experience of LGBTIQA+ identity" - Mentor* *"Program leaders displayed strong empathy with mentees and mentors" – Mentor* *"Caring and well-informed staff" - Mentor*

Insight 3.3: Mentors found the training helpful in enabling them to provide mentoring support to mentees	 *Figure 27 - Effectiveness of training - Mentor* 78% of mentors found the training provided (including the provision of the ASIST training to enable them to provide suicide prevention and intervention supports where necessary) to be very or extremely effective in preparing them for the program *"They provide a good level of training and ongoing support" - Mentor* *"The training offered was wonderful and greatly appreciated" – Mentor* However, the following areas for improvement in relation to training were noted: • Mentors would have benefited from general mental health training (noting the circumstances and needs for the mentees of the program); • Mentors would have also benefited from having access to a video of the mentor training to remind themselves of the content and techniques covered in the session; and • ASIST training could have been more inclusive in terms of how different identities are represented in the material (although it was acknowledged that this falls outside the remit of the Program). *"ASIST training could have been more inclusive, but this was not due to the mentoring program (the provider was at fault in this case). ASIST training could be made more inclusive of LGBTIQA+ people and people of colour (especially First Nations people) in an Australian context " - Mentor* *"It would be awesome to have access to a mentor training refresher video or similar" – Mentor*

Insight 3.4: Mentors felt supported and empowered by the Program staff	The ongoing support (particularly the regular check-ins and communications from Program staff) provided throughout the program was very effective and appreciated by the mentors. This enabled mentors to feel: • Included and involved in the Program (noting some areas of improvement identified above and later on); • Empowered to contribute actively to the Program; and • Supported, particularly when the COVID-19 outbreak occurred in Victoria. *"The team's communications have also been good, and I think they put in place great mechanisms to ensure participants feel comfortable with their level and mode of involvement in the program" - Mentor* *"I have felt emotionally supported at every step of the journey, and felt like I was able to be involved in anything I wanted to be, especially when covid hit. The people involved are all very lovely, easy to talk to, supportive of my ideas and concerns, and have created some really relevant and supportive groups and spaces" – Mentor* *"The team are all doing a stellar job and I have definitely felt cared-for and supported in my time as a mentor!" – Mentor*
Insight 3.5: The Program was flexible in adapting to the needs of mentees/mentors and continuously improved	Flexibility and ongoing improvement/refinement was highlighted as a strength and strong focus of the Program. This is evident from how the: • Program adapted to the COVID-19 restrictions, including: a. Transitioning to a virtual mode of service delivery; and b. Providing more group sessions in recognition of the increased sense of isolation that mentees were experiencing. • Barriers to participating in the program were actively and flexibly addressed by Program staff. An example of this was the provision of taxi vouchers to allow mentees to travel to and from events after-hours; and • Design, structure and supporting processes have been refined since commencement of the Program to improve the experience for mentors and mentees. *"It's well organised, they had vouchers for me to be able to get home via taxi (buses to my town stop at a certain time at night) so I could still attend group and not worry about being stranded in the city" – Mentee* *"The flexibility of the sessions has been a real strength" – Mentee* *"They have adapted admirably to online delivery" - Mentor*

"(A strength of the program is its) persistence in making things better and more accessible as things go on" – Mentor

"I think that the process for putting mentor-mentee relationships in place has become clearer and more structured as the program has developed over time" – Mentor

"The program was lacking some structure at the start but have definitely improved as the program has gone on" – Mentor

"We created more group as we saw a need in the community during COVID" – Staff

Insight 3.6: There was a strong link between the experience of mentees and the mentee-mentor 'fit'

Mentees who rated their experience during the program more positively, also commented positively on the match between them and their mentor. The inverse was the case for the mentees who had a less positive experience during the Program.

Mentee	Program experience score (out of 10)	Commentary related to mentors
1	2	*"The mentor was not appropriate for me"*
2	9	*"It's a very inclusive, positive and...for lack of a better word, nurturing environment they have whether in person, online or via phone"*
3	9	*"(A key strength of the program is) feeling supported and having someone to talk to who was queer and neurodiverse"*
4	10	*"The facilitator of the program matched me with someone exactly like I wanted"*

Table 5 - Correlation of program experience and fit of mentors

Insight 3.7: Both mentees and mentors have had a mixed experience of the matching process

Mentees:

There were mixed responses from mentees about their 'fit' with their respective mentors. Some identified that they were happy with the matching process and found a mentor that met their needs

"My mentor was lovely" – Mentee

*"*The facilitator of the program matched me with someone exactly like I wanted*" – Mentee*

*"*I was really well matched up with my mentor. We were both studying and working in the same field and also people of colour, which allowed her to really empathise with what I was going through. *" – Mentee*

Others identified struggling to connect with the mentor that they were matched with – often this was a result of having a significant difference in age and/or life experiences.

"My Mentor is a lot younger than i expected and i was hoping for someone who was older and more experienced" – Mentee

"On paper we were very well matched in terms of interests and the things I need help with, but overall on first meeting I think the vibe wasn't quite right because of the Zoom situation. I felt I had to kind of push to get this person to talk whereas I was hoping they would take the lead as a mentor" – Mentee

"Because their life circumstance is so different to mine… It meant that their experience wasn't directly relevant to my own" – Mentee

"One thing that stands out, is how the "mentors" are very young, while all the "mentees" are well into middle age. Instinctively, my sense of "mentoring" is that it implies a transfer of life experience from older to younger people" – Mentee

A number of mentees also raised the issue of the matching process taking a long time (e.g. one participant had to wait for a couple of months for a suitable mentor to be identified)

"I am just a very anxious person and it took a while for a mentor to be found for me and in that time I was very nervous" – Mentee

"My matching process took a little while" – Mentee

However, it should be noted that the Program staff have been identified to be very supportive in instances where there wasn't a compatible match between mentor and mentees was, and also in instances where the matching process took longer than expected.

"I talked to a coordinator who was really helpful and understanding about this not quite feeling right with this mentor. The coordinator who helped has really just been

the best, very communicative and thorough all the way through, maintaining regular contact so I wouldn't forget during the wait that a mentor was on the way to being matched to me. They coordinator has been extremely supportive!" – Mentee

"I didn't mind not being 'matched' for months because I had the Mentoring Projects team to chat to either during group itself, or via email or phone in that interim, and still have that support which has been great" – Mentee

"Speaking to a mentor coordinator regularly has been fantastic, they are really supportive and I think in that sense they have been my mentor and have helped me through hard times by listening and making regular contact with me" – Mentee

Mentors:

Similar to mentees, there was a mix in experiences of mentors with the matching process. There were mentors who had a very positive experience with the matching process.

"Matching process worked well from my perspective" – Mentor

"The matching process was great! I've been matched with two different mentees over the course of the project and I think that the process for putting mentor-mentee relationships in place has become clearer and more structured as the program has developed over time" – Mentor

"Can't think of any specific changes, found the process good" – Mentor

There were however other mentors who had a less positive experience and identified a number of areas for improvement. A key point highlighted was around a lack of structure with the matching process, particularly related to a lack of clarity around what the matching process would involve (i.e. steps taken and timing between steps).

Not dissimilar from the experience of some mentees, the matching process also took a long time for some of the mentors. This was identified as leading to a sense of uncertainty and a feeling of being 'in limbo', which was further exacerbated by insufficient communication from the Program around the status of the matching process.

"It took a long time to be matched. That is ok but I felt in limbo for extended periods of time. I think it would be useful to provide mentors an easy way to check the status of the matching process, such as online" – Mentor

	"When I didn't have a mentee yet I didn't know if I was still part of the program or not as no-one checked in on a regular basis and found that unsettling" – Mentor A number of mentors also highlighted the desire to be more involved in the matching process and collaboratively work with the Program staff (and potentially the mentees) to identify a suitable match. *"I also think it would be useful to be provided structured information about the potential mentee to the mentor and vice versa (with consent of course) so each person can make an informed decision themselves, rather than relying solely on the coordinator's representation of the mentee or mentor" – Mentor* Noting *Insight 1.1* and there being a strong link between a person's experience of the Program and 'fit' between the mentees and mentors, the mixed experience around the matching process described in this insight is likely a key reason for the difference in the overall Program experience identified previously in *Insight 1.1*.
Insight 3.8: The Program was flexible enough to adapt to the unique needs of mentees. However, it also meant the program (particularly the mentoring sessions themselves) was sometimes perceived as lacking structure	The flexible nature of the Program allowed the focus of mentoring sessions to be tailored to the needs of mentees (as evident from *Insight 3.5*). However, this flexibility also meant that mentees did not know what to expect. It also made interactions between mentees and mentors feel 'aimless' at times, without clear objectives. *"Sometimes it is not really clear what the plan is. They've been very flexible which is great, but sometimes too flexible" – Mentee* *"I don't think the mentors were provided with any specific guidance as to their role and perhaps what mentees would hope to get out of the program. Rather than guided discussions, we ended having very informal chats" – Mentee*
Insight 3.9: Effective co-design needs to take into consideration intersectionality	The Program staff proactively considered ways to maximise the opportunities for LGBTIQ+ communities to drive the design of the program. This included: • Drawing on the initial input provided by the LGBTIQ+ Suicide Prevention Trial Taskforce (Taskforce), which helped to design the overall LGBTIQ+ Suicide Prevention Trial (including the design of the LGBTIQA+ Mentoring Projects); and • Establishing Partner Groups (which consisted of LGBTIQ+ people) to provide ongoing input and validation into the design of the program.

	A key observation and learning by Program staff during the co-design process was the need to actively consider intersectionality in the design of any program. The Taskforce and the initial Partner Group mainly consisted of LGBTIQ+ people who had professional backgrounds and/or were already actively involved in the service system, rather than individuals who will be likely participants of the Program. It was identified that whilst the input from the Taskforce and initial Partner Group was helpful, the composition of both those groups was mainly focused on reflecting the LGBTIQ+ aspect of participants but failed to adequately represent the marginalisation, disadvantage and other forms of identities, abilities, faiths and cultures of the participants. *"At the very original Taskforce meeting when they were conceptualising this trial, it was very organisational heavy. There wasn't very many community members that were already involved in the sector. As much as those individuals are also part of the community, it was very professionals" – Staff* *"Those community lived experience voices are the ones that we want to hear. Not just the voices of organisation" – Staff* *"They're layers and intersectionality in the community and we've only captured a layer"– Staff* *"The definition of community is very broad and the way that we have always approached this project is through an intersectional lens. If we are going to work in suicide prevention, we want to work with the most marginalised and disadvantaged. We want to hear from the people we will be working with, rather than the organisations"– Staff* Additional Partner Groups were established to address the challenges identified above, including one that was targeted at youths and another that was targeted at Aboriginal and Torres Strait Islanders. *"We recognised that that was a very professional environment that wasn't particularly inviting or safe for a whole bunch of other people. So we started a few other Partner Groups" – Staff* There was also active consideration to ensure that other identifies, abilities and cultures were recognised and factored into the design of the Program. *"We also talked about if we need other PG spaces that reflect different identities. We also talked about disability and whether we needed another specific PG. But that was quite well represented in the existing PG and there was enough conversations around disability generated" – Staff*

	The efforts of the Program staff above translated into a strong sense of safety and inclusion by both mentees and mentors of program (as indicated in *Insight 1.3* and *Insight 1.4* above)

Category 4 - Organisational context

This category explores the supports provided by NWMPHN and drummond street services.

Insight	Detail
Insight 4.1: Being part of a community-controlled organisation was identified as a key enabler for the Program	Working within a community-controlled organisation provided a strong sense of safety for Program staff, where they felt understood and supported. There was a strong sense of trust from drummond street services, which provided Program staff with the autonomy needed to design and implement the Program in a way that best met the needs of mentees and mentors. This also enabled Program staff to dedicate more of their attention and resources to delivering the best possible experience/outcomes for mentees and mentors, rather than: • Having to spend time and effort educating other staff within the organisation about what is safe and appropriate for LGBTIQ+ communities; and • Feeling concerned about their own mental health and emotional wellbeing (which might be adversely impacted in an organisation that does not have a similar understanding of LGBTIQ+ communities). *"I don't think we could have done anything that we did in a mainstream org. Our contract would be gospel. They would not have understood the detail and intricacies of how we need to change things in the program and why. We would be questioned a lot more about the decisions that we have made that was in the best interests of the community. That was so fundamental to us being able to do anything" – Staff* *"We would not have felt safe to work within a mainstream org. So even having a mainstream organisation hire a bunch of queers to roll out of the program. On top of that challenge of having to get them onboard with whatever direction that we are heading, there something very important for us to being able to go to work and having our names, pronouns, identities and experiences recognised. It means that we don't have to battle that out as much" – Staff* *"drummond street is not perfect, the organisation needs to work on a lot of things, but our safety was certainly much higher than it would have been in a mainstream organisation. Listening to stories about violence against someone because of their gender and sexuality would have been compounded if we weren't in a community-controlled organisation." – Staff*
Insight 4.2: The short-term nature of the funding was highlighted as	The temporary nature of the program was highlighted by staff to the Program as being a significant challenge. In particular this is due to the following reasons: • The establishment and then winding down of the Program creates further changes and uncertainty in terms of the available supports for people who are LGBTIQ+, making it difficult for individuals to navigate an already complex service system; and

a significant challenge	• Building trust within LGBTIQ+ communities takes significant time and resources. This Program has succeeded in doing so and is starting to gain momentum in the community – only for funding to end when trust and engagement with the community is established. The lack of continuity in funding was also highlighted as a barrier for long-term capacity building within LGBTIQ+ communities. *"It is such a struggle for the sector. You're given this (tender) and you have to work within those specifications, and then you jump onto another tender. This makes it untenable for the main thing that we do which is to support people" – Staff* *"What is now really devastating, is that we could probably tell you a 100 things we would love to differently if we had more funding, and how the program can continue to evolve and how the project could better involve community voices, but we can't do that because that's it. Now we've done all this work and we're disappearing" – Staff* *"When do we as a community get to grow and continue to learn?" – Staff*
Insight 4.3: The rigid parameters and milestones of the contract made genuine co-design challenging	The co-design element of the Program was constrained by the contractual obligations. Staff highlighted difficulties in undertaking a co-design process that was genuinely driven by the needs and preferences of service users when a number of the key parameters of the Program had already been determined before its commencement. This placed staff in a challenging position, where they had to reconcile the differences in what they were hearing from LGBTIQ+ communities and what was stipulated in the Program contract. *"The co-design process became about trying to fit into the specifications outlined in the tender, rather that would organically happen had this not been the case" – Staff* *"When we started the project, there were already so many decisions as to what the program should be, which made for us that it made it difficult to conduct co-design when that was already set in some ways" – Staff*

Category 5 - External context

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

Insight	Detail
Insight 5.1: COVID-19 had an adverse impact on the experience of mentees and mentors	COVID-19 detracted from the experience of mentees and mentors during the program. Considering that one of the key objectives of the program was to enable mentees to meet new people and increase their connection to LGBTIQ+ communities, the restrictions imposed as a result of COVID-19 made that significantly harder to achieve through video chat platforms such as Zoom. Mentees highlighted finding it challenging to form deeper connections and build relationships with their mentors and one another. COVID-19 also had a significant impact on the personal lives (including the health and wellbeing) of mentees and mentors, making it difficult for them to prioritise participation and full engagement with this Program. *"Meeting a mentor in person is great the covid zoom meeting are far less personal" – Mentee* *"I wish there were more opportunities to attend mentoring events as I feel I kind of missed out a lot on what mentoring is about because of COVID-19 and because I haven't had the opportunity to meet other mentees and their mentors" – Mentee* *"There were a lot of real-life impacts of COVID-19 on the people that participated in this program" – Staff* it is worth noting that despite the challenges arising due to COVID-19 identified above: • A large number of mentees and mentors still found the program to be engaging and beneficial (as identified in *Insight 3.2 – Insight 3.8* above).This reflects the agility of Program staff in being able to adapt and redesign the structure of the program; and • Some mentees highlighted that engaging in a virtual manner with their mentors did not impact their experience of the program and in some cases, even improved their experience by eliminating the need for travel and allowing individuals who may experience sensory overload to manage the amount of stimulation they receive (e.g. by turning off their camera and muting conversations). *"They've done a good job given the fact that everyone has been at home and that we've been doing this online" – Mentee*

	"Online groups are great where we can mute the mic or turn off our cameras and not have to deal with social shaming for doing so." – Mentee *"Doing it online made the program more accessible. I have missed very few sessions as it has been so easy to join" – Mentee*
Insight 5.2: There is a lack of social groups specifically for LGBTIQ+ across Melbourne	One of the primary reasons for mentees participating in the program was to build social connections with other LGBTIQ+ individuals with similar life experiences or to seek advice from other LGBTIQ+ people. A number of mentees have identified a significant lack of social groups for LGBTIQ+ people across Melbourne, further highlighting the need for this Program. *"I've always been disappointed that there isn't as many LGBTIQ+ groups that is focused on supporting people or social in Melbourne" – Mentee* *"I've wanted to be involved in groups like this for the last 10-15 years. There's just nothing like this… I don't know of any other LGBTIQ+ groups that are around mentoring or connecting around mentorship" – Mentee*

EVALUATION RECOMMENDATIONS

8. RECOMMENDATIONS

The LGBTIQA+ Mentoring Projects was able to achieve a number of positive outcomes for mentees and mentors as evidence in the insights above. A key enabler which has had a significant impact on the experience of participants is the 'fit' between mentors and mentees, which will need to be a significant focus of the Program if it is continued moving forward. This and a number of other recommendations are outlined below according to the following 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: Retain and build on the existing pool of mentors** It will be critical to retain the current pool of mentors and further build on it to allow greater flexibility and more effective mentor-mentee matching if the Program is continued (as a result of having a larger pool of mentors to match mentees with.
	Recommendation 2: Refine the mentor-mentee matching process A key insight from the evaluation was the link between the experience of mentees and the 'fit' between them and their mentor. The matching process between mentors and mentees should be refined if the Program is continued to maximise the likelihood of compatible matches between mentors and mentees, noting that for programs of this nature (i.e. programs which involves connecting strangers together), it is very challenging to get the 'fit' right all the time as there are so many factors that influence the outcome. A number of suggestions to refine the mentor-mentee matching process are identified below: • Allowing mentors and mentees to be more involved in the matching process (e.g. through receiving anonymous profiles of each other before they are matched); • Asking mentees to be more explicit about the desired outcomes that they want to achieve through the Program and connecting them with a mentor with the relevant capabilities/expertise to support them to do so ; • Implementing mandatory and regular check-ins with mentees and mentors throughout the duration of the Program, particularly during the initial stages to allow Program staff to understand the 'fit' between mentors and mentees early on and intervene if necessary; and • Engaging with mentors and mentees that have completed the Program to understand elements that worked or didn't work with the matching process and using the insights gained to refine the matching process moving forward.

	Recommendation 3: Retain the flexible nature of the Program The flexible nature of the Program was highlighted as a key strength. Moving forward this should be retained to ensure that the Program is accessible to as many people as possible and that the Program can be adapted (where necessary) to meet the needs of mentees and mentors.
	Recommendation 4: Provide greater clarity on the process of the Program It will be important that greater clarity is provided to future mentors and mentees on the overall process of the Program (from expressing interests through to being matched with a mentee/mentors and commencing the mentoring sessions) in a way that is detailed enough to provide visibility around next steps and timelines. Where it is difficult to provide certainty around next steps and timelines, it is recommended that this is explicitly and clearly highlighted to mentees and mentors to set expectations accordingly and avoid any misunderstanding.
	Recommendation 5: Design a 'core' structure for mentoring sessions It is recommended that a 'core' structure for mentoring sessions be designed. This 'core' structure should provide mentors with guidance around the key elements of a mentoring session. The purpose of this is not to be restrictive and not to standardise all mentoring sessions. Instead, the 'core' structure should be positioned as a resource for less experienced mentors to refer to if they are unclear around what the mentoring process should look like. It will also provide a set of consistent parameters for all mentoring sessions, within which mentors are able to adapt the sessions to their individual style and the needs of their mentees. This will help to address the lack of structure experienced by some mentees during the mentoring sessions.
	Recommendation 6: Actively target under-represented community groups Based on the mentees and mentors who participated in the Program during the Trial, identify and actively recruit for under-represented community groups to further increase the diversity of the Program.
	Recommendation 7: Increase supports provided to mentors The training for mentors should be expanded to include general mental health training. This is based on the comments from mentors which identified mental health as a consistent need among mentees. Equipping mentors with this additional training will enable them to better support and respond to the needs of their mentees.
	Recommendation 8: Explore the provision of peer support through groups Building on the benefit that mentees gain by having mentors who share a similar lived experience, social groups should be redesigned to incorporate peer mentoring (i.e. peer support between mentees) to maximise the number of extent of support that can be provided to mentees.
Organisational enablers	**Recommendation 9: Ensure that the Program is adequately resourced** The recommendations outlined in this section of the report have significant resource implications for the Program. If they were to be implemented, a commensurable

	increase in resources will need to be provided to the Program to allow it to be delivered in a feasible manner.
	Recommendation 10: Maintain a level of autonomy provided to the Program staff The Program staff should continue be given the autonomy to design and deliver the Program in a way that leverages their expertise and experience in working with LGBTIQ+ communities to the fullest extent.
Program sustainability and reach	**Recommendation 11: 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.

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 surveys with mentees	A total of 11 mentees participated in the online survey	X	X	X
Semi-structured interviews with mentees	A total of 2 mentees were consulted	X	X	X
Online surveys with mentors	A total of 9 mentors participated in the online survey	X	X	X
Semi-structured interviews with mentors	A total of 2 mentors were consulted	X	X	X
Semi-structured interviews with Program staff	A total of 5 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 October 2020 and February 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.

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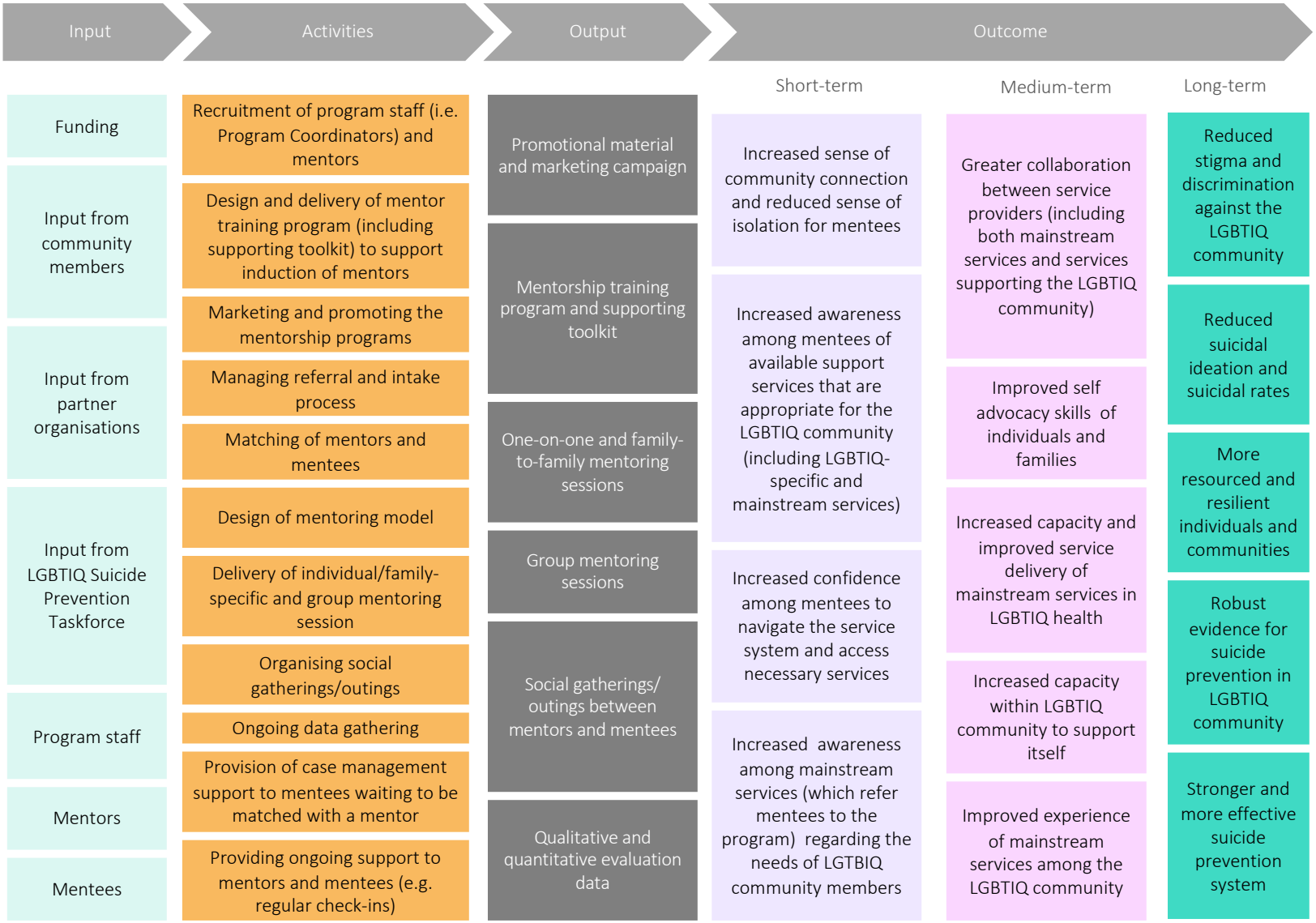
Input
Activities
Output
Outcome
Short-term
Medium-term
Long-term
Funding
Input from community members
Input from partner organisations
Input from LGBTIQ Suicide Prevention Taskforce
Program staff
Mentors
Mentees
Recruitment of program staff (i.e. Program Coordinators) and mentors
Design and delivery of mentor training program (including supporting toolkit) to support induction of mentors
Marketing and promoting the mentorship programs
Managing referral and intake process
Matching of mentors and mentees
Design of mentoring model
Delivery of individual/family-specific and group mentoring session
Organising social gatherings/outings
Ongoing data gathering
Provision of case management support to mentees waiting to be matched with a mentor
Providing ongoing support to mentors and mentees (e.g. regular check-ins)
Promotional material and marketing campaign
Mentorship training program and supporting toolkit
One-on-one and family-to-family mentoring sessions
Group mentoring sessions
Social gatherings/ outings between mentors and mentees
Qualitative and quantitative evaluation data
Increased sense of community connection and reduced sense of isolation for mentees
Increased awareness among mentees of available support services that are appropriate for the LGBTIQ community (including LGBTIQ-specific and mainstream services)
Increased confidence among mentees to navigate the service system and access necessary services
Increased awareness among mainstream services (which refer mentees to the program) regarding the needs of LGTBIQ community members
Greater collaboration between service providers (including both mainstream services and services supporting the LGBTIQ community)
Improved self advocacy skills of individuals and families
Increased capacity and improved service delivery of mainstream services in LGBTIQ health
Increased capacity within LGBTIQ community to support itself
Improved experience of mainstream services among the LGBTIQ community
Reduced stigma and discrimination against the LGBTIQ community
Reduced suicidal ideation and suicidal rates
More resourced and resilient individuals and communities
Robust evidence for suicide prevention in LGBTIQ community
Stronger and more effective suicide prevention system

Data analysis

Survey

Responses to the survey was 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 drummond street services via a series of validation workshops. A draft copy of this evaluation report was then circulated to drummond street services and NWMPHN for their review and feedback before being finalised.

APPENDIX B: EXPRESSION OF INTEREST FLYER

DRUMMOND STREET LGBTIQA+ MENTORING PROJECT EVALUATION

WE WANT YOUR FEEDBACK!

Impact Co. is working with drummond street to undertake an evaluation of the LGBTIQA+ Mentoring Project.

As part of this we are inviting mentors and mentees of the program to participate in the evaluation to share their experiences of the LGBTIQA+ Mentoring Project. You can do this via one of 2 options

Option 1

Participating in an online survey which takes about 15-25 minutes to complete – You will be given a $20 Woolworths voucher (either digital or hardcopy) for your time.

For **mentors**, please click on the link below to access the survey:

Mentor survey link

For **mentees**, please click on the link below to access the survey:

Mentee survey link

OR

Option 2

Participating in a 45 – 60 mins interview - You will be given a $40 Woolworths voucher (either digital or hardcopy) for your time

Please click on the link below to express your interest in participating in an interview:

Interview expression of interest link

If you have any questions, please contact (i) Ming at ming.low@impactco.com.au or 0425 561 244; or the (ii) drummond street Mentoring Coordinators at mentoringprojects@ds.org.au

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POLARIS X A PLACE AT THE TABLE

drummond street service wellbeing for life

APPENDIX C: SURVEY QUESTIONS – MENTEES

Background

1. Age – Optional: [FREE TEXT]
2. Gender – Optional: [FREE TEXT]
3. Sexuality - Optional: [FREE TEXT]
4. Faith - Optional: [FREE TEXT]
5. Culture - Optional: [FREE TEXT]
6. Which Mentoring Program are you involved in?
    a. Polaris Individual Mentoring Program
    b. A Place at the Table Family Mentoring Program
    c. The Mentoring Project
    d. Not sure yet

7. How long ago did you finish participating in the Mentoring Program?
    a. Still participating in the program
    b. Finished less than 1 month ago
    c. Finished 1 – 3 months ago
    d. Finished more than 3 months ago

Process

1. How did you find out about the Mentoring Program/s? *[FREE TEXT]*

2. How effective did you find the advertising/information/recruitment materials for the Mentoring Program?

Not effective at all	1	2	3	4	5	Very effective

3. How might this be improved? *[FREE TEXT]*

4. Have you attended a mentor/mentee social or matching event?
    a. Yes
    b. No

5. If applicable, how would you rate the effectiveness of the social events as a way for people to meet each other and make connections?

Not effective at all	1	2	3	4	5	Very effective

6. Please share a bit about what was good and what could be improved about any mentor/mentee social events you may have attended.
Please also let us know which event/s you are commenting on. Skip this if you haven't attended any. [FREE TEXT]

7. Have you attended a group?

a. Yes
b. No – But I am interested in attending a group
c. No – And I am not interested in attending one

8. If so, how would you rate the effectiveness of the group as a way to become more connected with others in your communities?

Not effective at all 1 2 3 4 5 Very effective

9. Please share a bit about what was good, and what could be improved about any of the groups you may have attended.
Please also let us know which group you are commenting on (e.g. QTPoC, The Hang Out, etc.) [FREE TEXT]

10. Have you been matched with a Mentor?
    a. Yes
    b. No – But I am interested in being matched with a Mentor
    c. No – And I am not interested in being matched with a Mentor

11. If applicable, how supported have you felt in the matching and engagement process by the program coordinators?
    a. Not supported at all
    b. Supported a bit
    c. Moderately supported
    d. Well supported
    e. Very well supported

12. What might you change about the matching process? *[FREE TEXT]*

Overall experience

13. How satisfied are you with the Mentoring Program?

Not satisfied at all 1 2 3 4 5 6 7 8 9 10 Very satisfied

14. Can you please elaborate on the rating you provided to the previous question? *[FREE TEXT]*
15. What are some of the strengths of the Mentoring Program? *[FREE TEXT]*
16. What areas can the Mentoring Program do better in? *[FREE TEXT]*

Community connection

17. How connected to the LGBTIQA+ community did you feel **before** participating in the Mentoring Program?

Very little 1 2 3 4 5 6 7 8 9 10 A great deal

18. How connected to the LGBTIQA+ community do you feel **after** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

19. How comfortable do you feel in meeting and getting to know new people and groups **before** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

20. How comfortable do you feel in meeting and getting to know new people and groups **after** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

Identity

21. How confident were you in exploring/navigating your own identity **before** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

22. How confident are you in exploring/navigating your own identity **after** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

Service awareness

23. How aware were you of the available health and wellbeing services **before** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

24. How aware are you of the available health and wellbeing services **after** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

Service access

25. How confident were you in accessing health and wellbeing supports **before** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

26. How confident are you in accessing health and wellbeing supports **after** participating in the Mentoring Program?

Very little	1	2	3	4	5	6	7	8	9	10	A great deal

Inclusion

27. Thinking about the Mentoring Program as a whole, how inclusive of diverse identities have program content and activities been? *[FREE TEXT]*
28. How could inclusivity in the Mentoring Program be improved? *[FREE TEXT]*

Other

29. What other benefits have you gained from the Mentoring Program? *[FREE TEXT]*
30. Is there anything else you would like to add or to tell us? *[FREE TEXT]*

APPENDIX D: INTERVIEW QUESTIONS – MENTEES

Process

1. How did you find out about the program?
2. What has involvement in the program looked like for you? (groups, individual hangouts, attending events, etc.)
3. Are there aspects or components of the program you find more, or less, valuable?
4. How inclusive of diverse identities do you feel the program has been? How heard and included have you felt in being involved yourself?
5. What circumstances or contextual factors have made it easier or more difficult for you to be involved?

Experience

1. Describe your experience in the Mentoring Program?
2. What are some of the strengths of the Mentoring Program?
3. What are areas of the Mentoring Program that can be improved?
4. How supported have you felt by the coordinators? [If not mentioned previously]

Outcomes

1. Are there any services you're aware of now, that you weren't before you got involved in this program? Are you using any new services? If so, could you tell us a bit about how this shift happened for you?
2. Do you feel any more, or less comfortable reaching out to services now than before getting involved with the Mentoring Program? Could you tell us a bit more about that?
3. Has there been a change in how connected you feel to others since you got involved with the Mentoring Program? Is so, how do you feel that's come about?
4. Have you noticed a change in how you feel about your identity, or about yourself in general, since getting involved in the Mentoring Program? What has that looked like?
5. How do you respond to or deal with discrimination you might experience or notice around you? Has this shifted over the course of program engagement? What has that looked like?
6. How comfortable do you feel in meeting and getting to know new people and groups? Has this shifted at all over the course of your involvement in the Mentoring Program?
7. Were there other benefits that you gained from the Mentoring Program?
8. Do you think the benefits (including learnings, skills, connections) gained from the Mentoring Program are enduring?

APPENDIX E: SURVEY QUESTIONS – MENTORS

Background

1. Age – Optional: [FREE TEXT]
2. Gender – Optional: [FREE TEXT]
3. Sexuality - Optional: [FREE TEXT]
4. Faith - Optional: [FREE TEXT]
5. Culture - Optional: [FREE TEXT]
6. Which Mentoring Program are you involved in?
    e. Polaris Individual Mentoring Program
    f. A Place at the Table Family Mentoring Program
    g. The Mentoring Project
    h. Not sure yet

7. How long ago did you finish participating in the Mentoring Program?
    e. Still participating in the program
    f. Finished less than 1 month ago
    g. Finished 1 – 3 months ago
    h. Finished more than 3 months ago

Process

1. How did you find out about the Mentoring Program/s? *[FREE TEXT]*
2. How effective did you find the advertising/information/recruitment materials for the Mentoring Program?

Not effective at all	1	2	3	4	5	Very effective

3. How might this be improved? *[FREE TEXT]*

4. Did you attend a mentor training session?
    a. Yes
    b. No

5. If so, how effective was this in preparing you for participation in the Mentoring Program?

Not effective at all	1	2	3	4	5	Very effective

6. Have you attended a mentor/mentee social event or group?
    a. Yes
    b. No – But I am interested in attending a mentor/mentee social event or group
    c. No – And I am not interested in attending a mentor/mentee social event or group

7. If applicable, how would you rate the effectiveness of the social events as a way for people to meet each other and make connections?

Not effective at all 1 2 3 4 5 Very effective

8. Please share a bit about what was good and what could be improved about any mentor/mentee social events or groups you may have attended.
   Please also let us know which event/s you are commenting on. Skip this if you haven't attended any. [FREE TEXT]
9. Have you been matched with a Mentee?
   a. Yes
   b. No – But I am interested in being matched with a Mentee
   c. No – And I am not interested in being matched with a Mentee

10. If applicable, how supported have you felt in the matching and engagement process by the program coordinators?
    a. Not supported at all
    b. Supported a bit
    c. Moderately supported
    d. Well supported
    e. Very well supported

11. What might you change about the matching process? *[FREE TEXT]*

Overall

12. How satisfied are you with the Mentoring Program?

Not satisfied at all 1 2 3 4 5 6 7 8 9 10 Very satisfied

13. Can you please elaborate on the rating you provided to the previous question? *[FREE TEXT]*
14. What are some of the strengths of the Mentoring Program? *[FREE TEXT]*
15. What areas can the Mentoring Program do better in?*[FREE TEXT]*
16. What are some of the benefits that you gained from the Mentoring Program? *[FREE TEXT]*

Inclusion

17. Thinking about the Mentoring Program as a whole, how inclusive of diverse identities have program content and activities been? *[FREE TEXT]*
18. How could inclusivity in the Mentoring Program be improved?*[FREE TEXT]*

Other

19. Is there anything else you would like to add or to tell us? *[FREE TEXT]*

APPENDIX F: INTERVIEW QUESTIONS – MENTORS

Process

1. How did you find out about the program?
2. What has involvement in the program looked like for you? (groups, individual hangouts, attending events, etc.)
3. How inclusive of diverse identities do you feel the program has been? How heard and included have you felt in being involved yourself?
4. What circumstances or contextual factors have made it easier or more difficult for you to be involved?

Experience

1. Describe your experience in the Mentoring Program?
2. What are some of the strengths of the Mentoring Program?
3. What are areas of the Mentoring Program that can be improved?
4. How supported did you feel by the coordinators? [If not already discussed previously]
5. How prepared did you feel to provide mentoring supporting during the Mentoring Program? [If not already discussed previously]
6. What are some of the benefits that you gained from the Mentoring Program?
    a. Are there any services you're aware of now, that you weren't before you got involved in this program? Are you using any new services? If so, could you tell us a bit about how this shift happened for you?
    b. Do you feel any more, or less comfortable reaching out to services now than before getting involved with the mentoring program? Could you tell us a bit more about that?
    c. Has there been a change in how connected you feel to others since you got involved with the mentoring program? Is so, how do you feel that's come about?
    d. Have you noticed a change in how you feel about your identity, or about yourself in general, since getting involved in the program? What has that looked like?