



## FINAL REPORT

2 October 2020

Post-Evaluation Audit of the  
National Indigenous Critical  
Response Service:

Progress against key  
evaluation findings



**HUMANCAPITAL**

Alliance

*Creating workforce solutions*

## Report submission to Thirrili Ltd.

### Acknowledgements

*We pay our respects to the Aboriginal and Torres Strait Islander Elders, past present and future, on the Lands throughout Australia that the National Incident Critical Response Service (NICRS) is tasked to support. We acknowledge the trauma that suicide and its aftermath bring to individuals, families and communities and recognise the power of Culture in the prevention and healing process.*

*The team members for the evaluation included Aboriginal people belonging to the Dhungutti and Palawa Nations and this report was prepared on Eora (Guringai and Gadigal), Darkinjung, and Bundjalung Country.*

*We thank Thirrili Ltd., its Board and staff members for their contributions to this audit process.*

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## Acronyms and abbreviations

CEO	Chief Executive Officer
CRSA	Critical Response Service Advocates
ERF	Emergency Relief Funding
HCA	Human Capital Alliance
HR	Human resources
IAS	Indigenous Advancement Strategy
KPI	Key performance indicator
NICRS	National Incident Critical Response Service
NIPA	National Indigenous Postvention Advocates
NIPS	National Indigenous Postvention Service
NT	Northern Territory
ORS	Online Reporting System
PD	Professional Development
QLD	Queensland
WHO	World Health Organization
WA	Western Australia

## Overview of Audit Findings

After completing a comprehensive and independent summative evaluation of the operation of the first three years of operation of the National Indigenous Critical Response Service (NICRS) in late 2019 for Thirrili Ltd., Human Capital Alliance was invited back by the Board of Management to audit Thirrili's progress against the evaluation findings. That audit has been undertaken over the course of one month, commencing in August 2020, and was guided by an audit tool that reflected the key findings from the evaluation report.

In addition to the major challenges faced by all service provision organisations due to the COVID-19 pandemic, particularly for those supporting Aboriginal and Torres Strait Islander communities, Thirrili Ltd. and the NICRS have faced great organisational challenges. This has included the departure of the inaugural Chief Executive Officer (CEO) (Ms Adele Cox), the appointment of an Interim CEO (Professor Kerry Arabena) for the period April-May 2020, and the subsequent permanent appointment of a new CEO (Ms Jacqueline McGowan-Jones) in early June 2020. Through this period there has also been major uncertainty over the future of funding for the NICRS (which has been renamed as the National Indigenous Postvention Service – NIPS). Funding had been due to cease in June 2020, was extended to December 2020 and recently has been extended again to June 2021. The funding body has advised that they will be undertaking an approach to market for the services post-June 2021 and this is expected to occur before the cessation of the current funding arrangement.

In the face of these major disruptions, the audit has found that the Thirrili Board, management and staff members have nevertheless made major progress against almost all of the key evaluation findings and recommendations. Where significant progress could not be demonstrated, it was clear to the audit team that serious consideration of potential changes had commenced in all cases. It was reassuring to note that, despite the relatively brief and disrupted period of a few months only (i.e. the evaluation report was only delivered in May 2020), primary attention and positive action had been given to the following key issues:

- organisational and service governance and management arrangements
- procedures to ensure full implementation of the agreed service model
- more structured and comprehensive support arrangements for service staff
- recruitment of new staff with the recommended skill base to undertake the complex roles required
- active consideration of how best to locate staff members to achieve the required service coverage in ways that address known areas of need and allow for effective staff support within budgetary constraints
- stronger engagement with local communities in which staff are operating
- more comprehensive and targeted relationship-building with key national and state/territory agencies and peak organisations.

It is therefore clear to the audit team that there has been a strong commitment to addressing the feedback received as a result of the evaluation and that the Board, management and staff have embraced the evaluation's recommendations for improved practice.

The recent evaluation pointed to many strengths in the formal NICRS service model, the strong support for this type of postvention service from clients, and the value of having an alternative option for community members to turn to if they did not choose to seek support from local services. Many clients reported the value they placed on confidentiality when they were experiencing completed suicide-related trauma and the opportunity to choose a degree of separation from familiar services if desired at that time. However, the challenge of providing this service through this time of transition has come at an emotional cost for some staff members. Going forward, the Board and management team will need to pay attention to the wellbeing of all in the organisation, including themselves.

The audit team had comprehensive access to speak with new and longer-term staff members, managers and Board representatives (foundation member and newly appointed member) and it is clear that the new CEO is working well with the Board and staff members to build and grow a strong Aboriginal and Torres Strait Islander-led organisation.

Those staff and board members that have remained with the organisation throughout this period of change have worked hard to keep service provision underway. In their interviews with remaining staff members, the audit team observed a strong sense of hope that their roles would be made somewhat easier with the introduction of tighter and clearer procedures and that this could provide the best chance for sustainability of what they perceive as a much-needed service within the Aboriginal and Torres Strait Islander communities. These staff members will benefit from close support in coming months, particularly where they have continued to provide direct service provision in relative isolation during the period of change. A similar message of support is probably also necessary for new staff members. During the first three years of its existence, Thirrili Ltd. underwent a steep establishment learning curve as a new national Aboriginal and Torres Strait Islander-led organisation whose key focus of operations was to deliver a sensitive and culturally-oriented service. The evaluation noted the extent of establishment activity that had been undertaken.

The most recent round of organisational review and procedural refinement has been timely as most policies and procedures had only been in existence for between one and two years. The inclusion of two new Board members with extensive experience in developing and managing organisational governance, combined with a deep understanding of the health system and its funding structures and dynamics, is likely to provide a boost for the members who have invested significant effort during the establishment phase. Striving for optimal corporate governance arrangements and practice is an ongoing challenge for all organisations - further investment in refining the governance frameworks and continuing to

build the governance skills of Board members would represent a valuable investment at this point in time. The Board has recently approved expenditure to engage a specialist consultant to work with them and the CEO to build their skills and to further build and embed strong governance frameworks.

The continuous quality improvement tools that have been recently set in place by the CEO to assist with managing the organisation, such as the revised delegation framework and the regular 'pulse checks' to seek staff feedback on their roles and the operation of the organisation, should stand Thirrili in good stead in coming months and years. The challenges that will require further attention and clarification, all of which have been acknowledged by the CEO and Board members, are:

- achieving consistent, routine data collection that supports strategic service pattern and outcome monitoring
- how to deliver a national service without leaving some staff members in isolated, unsupported or unsafe situations
- making both clinical and cultural supervision available that is flexible enough to meet the specific development and cultural support needs of each staff member
- skill-building for all staff members to engage with local communities and support community capacity-building
- establishing and managing partnership arrangements that can create opportunities to deliver postvention services in third party formats without losing control of critical elements of the Service Model, and
- moving service provision more fully into postvention support strategies that integrate cultural strengthening and healing elements.

## Background

In December 2016, through the Safety and Wellbeing Program of the Indigenous Advancement Strategy (IAS), the Australian Government funded a new Aboriginal and Torres Strait Islander-led organisation (Thirrili Ltd.) to develop and deliver the National Indigenous Critical Response Service (NICRS) – a suicide postvention service for Aboriginal and Torres Strait Islander communities across Australia. The primary aim of this three-year funding investment was to set up a new postvention service with national reach.

Development of the NICRS program was based on the work undertaken through the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (Dudgeon et al., 2017) and, more broadly, the World Health Organization (WHO) definition of postvention:

*“Intervention efforts for individuals bereaved or affected by suicide [that] are implemented in order to support the grieving process and reduce the possibility of imitative suicidal behaviour.”*  
(WHO, 2014: pg. 37)

The three key areas of NICRS program activity funded were:

- *Postvention & bereavement support services* for Aboriginal & Torres Strait Islander families & communities
- *Building community resilience & capacity* to support prevention & provide postvention response services in Aboriginal & Torres Strait Islander communities
- *Systems change* to undertake stakeholder engagement at the national, State and Regional level.

In 2019 an evaluation of the first three years (2017-20) of development and implementation of the NICRS was commissioned to answer the following broad evaluation questions:

- 1) Relevance – is the program relevant to the needs of families and communities?
- 2) Effectiveness – are objectives of the Program being met (in particular, the effectiveness of family and community interactions and the relationships with service providers)?
- 3) Efficiency – are resources being used efficiently?
- 4) Impact – what difference does the service make? Can the effects be attributed to the service or would they have occurred anyway (although not in a comparative framework using a no-intervention control group or other normative benchmark, which would have allowed causality to be determined more precisely)?
- 5) Sustainability – are the observed outcomes likely to produce ongoing results?

The evaluation, undertaken by Human Capital Alliance (HCA), submitted a Final Evaluation Report in May 2020 (Ridoutt, et. al., 2020). The summative evaluation of the first three years (2017-20) of development and implementation of the NICRS found that the service is providing **valuable postvention support** to individuals and families (clients) who have recently experienced a suicide. The evaluation found that there was support for the service.

However, all stakeholder groups agreed that there was **scope for improvement** in the way the NICRS is managed and delivered. Areas of potential improvement identified included:

- Location of staff resources to better align with suicide 'hotspots'
- Establishing stronger governance and accountability arrangements
- Achieving greater consistency and clarity in the program's core guiding documents
- Systematic professional and emotional support for frontline workers
- Connection with and referrals to other services and community organisations
- Planning, documenting and implementing throughcare plans
- Stronger and more explicit Aboriginal and Torres Strait Islander cultural and social and emotional wellbeing improvement practices.

Following the submission and acceptance of the Evaluation Report, and presentations to the Thirrili Board, NICRS Executive and other stakeholders (including NIAA), a significant effort was undertaken to respond to the Evaluation findings and recommendations.

In September 2020 HCA was again commissioned to undertake an audit of this activity. The overall aim of the audit was to formally assess how Thirrili had responded to the findings and recommendations from the Summative Evaluation.

## Method

HCA undertook the audit in three simple steps:

- Step 1: Develop an audit tool
- Step 2: Conduct the audit using the agreed audit tool
- Step 3: Analysis and reporting

In the following sections, the audit actions and data analysis are briefly described.

### *Step 1: Develop an audit tool*

The HCA Team, consisting of Justin Noel, Carla Cowles, Kate Kelleher, Lee Ridoutt and Debbie Stanford, reviewed the final report, the Summative Evaluation of the NICRS, and made explicit all recommendations in the report (whether couched as suggestions or more definitive recommendations). This included all the evaluation findings that needed be acted on to improve service delivery and governance of the NICRS.

The review provided the basis for the drafting of an audit tool. The draft tool consisted of six main areas of improvement to be assessed, each area having several sub-areas of improvement to be explored (indicating a total of 17 program and organisational elements to be audited).

This draft tool was discussed (and then slightly modified) with the Thirrili executive for approval prior to being administered. The final audit tool used by HCA is provided as Appendix A. In completing the tool, the audit team found some minor repetition across topics and headings and content were changed accordingly to avoid repetition.

### *Step 2: Conduct the audit*

The audit tool was used as the basis for data collection. Each audit area / sub-area was examined through reflection on data from a range of sources (see below) and allocated a rating. Each audit topic was assessed according to the following rating scale of five outcomes:

- Comprehensively addressed
- Substantial activity undertaken
- Review process initiated
- No change
- Unable to comment (data insufficient to make a judgement).

The data sources drawn upon to make rating judgements included:

- a) Interviews with the Thirrili senior managers (including the current CEO), Board members, and frontline staff (new and existing). A list of persons interviewed throughout the audit (n=14) is provided in Appendix C. Each interview was undertaken by at least one Aboriginal HCA audit team member facilitating discussion as per the audit tool while another team member took notes. Concise notes from each interview, highlighting the main issues, were drafted and circulated to all audit team members.
- b) A review of relevant documents created since the Evaluation report was submitted. This included documents related to issues such as governance, planning, organisation development, operations support, the model of care, service delivery, and workplace safety and wellbeing.
- c) A review of data extracted from the Online Reporting System (ORS) to assess data quality and program activity since January 2020.

### *Step 3: Analysis and rating*

Data / findings from the three data sources were used to make rating assessments. After a group team discussion of the overall findings, ratings (and reasoning for ratings) were then developed for each area of improvement. Rating assessments were undertaken in all cases by at least two consultants in order to validate the ratings and ensure consistency between reviewers. Ratings (and associated reasoning descriptions) were then checked by the whole team.

The Draft Audit Report below reports on each of the areas of audit enquiry as per the agreed audit tool. A Final Audit Report, incorporating feedback from the Board, will be prepared by HCA and submitted to the Thirrili CEO.

## Findings

1. Achieving greater consistency and clarity in the program's core guiding documents (i.e. the Model of Care and the Program Logic), integration of Aboriginal and Torres Strait Islander cultural elements and in the corresponding application of organisational policies, including the use of Emergency Relief Funding (ERF).

### a. Preparation of strategic plan for the NICRS in the context of broader Thirrili postvention-related activities

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** It was evidenced through interviews with the CEO and Board members along with producing a copy of the strategic plan, that the Board has demonstrated considerable time and focus to the organisation's strategic direction.

A decision has been made to re-badge the National Indigenous Crisis Response Service (NICRS) as the National Indigenous Postvention Service (NIPS) to reflect the re-focus of the service onto core postvention business.

An underpinning business plan is now what is required along with revised KPI's for the CEO. Both the CEO and the Board Chair confirmed that this business plan is considered a priority and will be prepared shortly. The CEO provided an example weekly workplan that she had already developed to keep the Board informed of her own activities.

### b. Updated Model of Care and/or its implementation to reflect evaluation findings

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** In response to the evaluation commentary about low levels of adherence to the agreed service model, particularly in relation to the initial assessment of locally available service and community supports available to clients and a structured process of throughcare, the Interim CEO initiated a Service Redesign project which resulted in a detailed report. The audit team has reviewed this report and note that it actively addresses all of the evaluation findings about the operation of the model.

The report endorses the workability of the original model but provides management direction on how operations could be redesigned to implement it in a more coherent and consistent manner. Specific attention was given to the need for focussed attention to the development of culture-specific support strategies and the need for deliberate development work within the organisation to build capacity for the delivery of such strategies.

It should be noted that, faced with budget constraints compared to the budget that would have been required to implement the Service Redesign report's proposed organisational structure, management decisions have resulted in prioritisation of funding for direct service delivery staffing (i.e. the NIPA team) rather than to fund the Practice Manager position that was proposed to hold key responsibility for developing this capacity. Elements of that proposed role are instead now embedded in the roles of Executive Manager (Programs and

Policy) and the Regional Implementation Manager positions. The organisation is also working closely with an Indigenous psychologist (on a contracted fee for service basis), and has engaged qualified Indigenous social workers to ensure focus on this component is not lost.

#### **c. Revisions to governance arrangements to achieve stronger strategic focus for the program and management of risk and worker safety**

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** Clearly the Board has responded to the evaluation report's concerns around governance, leadership and management. There was immediate action with placing an experienced strategic academic into the Interim CEO position whilst permanent recruitment took place. The permanent CEO, Ms Jacqueline McGowan-Jones, who commenced in early June 2020 is an extremely experienced Aboriginal woman who has extensive senior executive experience in relevant government agencies and an Executive Masters of Public Administration qualification. Ms McGowan-Jones is perceived by both the Board and staff members as highly competent, committed and a very hard worker. Her knowledge and connections through a wide range of Aboriginal service sectors will clearly be an asset to the organisation and its aim to build stronger linkages with other sectors. All original staff who were interviewed clearly recognise the forward momentum of the organisation. So while there has been a churn of leadership and pain associated with a restructure, the overall effect has been to give hope for the sustainability of the organisation. This has been affirmed in real time, with the extension of funding until June next year.

There has been a shift in Board membership with the recruitment of two Aboriginal leaders with experience in running National Aboriginal organisations. Both of the new Directors are CEOs of high profile peak organisations in Aboriginal and Torres Strait Islander health sector. They have strong governance skills and experience and also have extensive professional networks in the health care sector, which bodes well for the organisation.

The Board is now reported to be meeting regularly with accountability measures in place through KPIs with the CEO and acknowledging their own responsibilities through the establishment and active monitoring of a comprehensive Risk Management Framework.

#### **d. Revised Program Logic to clarify key activity and outcome linkages and associated data collection**

**Audit Rating:** *Review process initiated*

**Commentary:** As part of the service redesign process, an initial re-draft of the program logic was developed, with a stronger focus on outcomes and proposed intent that this tool should guide a clearer understanding of the intended outcomes associated with the work of all NIPS staff members. The content of this re-drafted program logic appears appropriate, with inputs, activities, outputs, outcomes and impacts reflecting a focus on key aspects of

service delivery, staff support, community engagement and orderly closure of cases as needed.

Interviews with board members, the CEO, line managers and NIPA staff members reflect a renewed organisational focus on implementing the service model as originally intended. However, it should be noted that the current CEO has only been employed since early June 2020 (i.e. just over 3 months) and there has been an active recruitment process in place to fill vacant and newly created NIPS positions. No further editing of the program logic has occurred during the recent recruitment phase but new and existing staff members have recently participated in a structured induction process that provided detailed introduction to the service model and associated data collection processes (evidenced by the written induction program and interviews with the CEO, Executive Manager (Policy and Programs), and inductees.

#### **e. Actions undertaken to clarify ERF policy and practice**

**Audit Rating:** *Comprehensively addressed*

**Commentary:** The ERF policy has been reviewed and approved by the Board. It was evident from speaking with staff at all levels that there is now both a clear and consistent process and application of the ERF fund, including refinement of delegation arrangements for approval of funding and clear guidance on what is not in scope. This has required some adjustment on the part of existing staff but all would agree that this is an appropriate and very important change.

#### **f. Review of organisational arrangements for continuous quality improvement**

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** The Board has approved a revised organisational structure that is largely based on the service redesign model but does not include the full complement of staffing proposed due to budget constraints. However, the structure of the Executive and the planned leadership group provides a good management framework and addresses the key strategic elements of the redesigned model whilst promoting tight governance, comprehensive support for staff and maximum service provision.

The CEO has conducted one full staff survey round (July 2020) and commenced a process of regular 'pulse checks' (first one undertaken in August 2020 and planned for monthly repetition) to seek staff feedback on a range of issues, including the organisational structure. Interviews with the CEO and Board members indicated that the organisational structure will be monitored closely for some time as staff members settle into their positions and an assessment can be made of its fitness for purpose over time.

2. Providing comprehensive, regular and systematic professional and emotional support, clinical supervision and cultural supervision for frontline workers (CRSAs and Coordinators), including by enlisting additional options to assist those staff in responding to 24/7 enquiries or calls for assistance and by strengthening the workforce's capabilities and capacity.

**a. Clinical supervision arrangements currently in place and/or planned**

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** The restructure has provided clear supervisory lines of control. Along with the defining of the service as a postvention service, the requirement for all NIPAs to undertake community engagement in and of itself provides clarity of roles and boundaries.

In addition, a range of meetings are held regularly including development of weekly work plans followed by one on one hourly weekly meetings with their line-supervisor. Structure, consistency and regularity provide an improved safety net for staff.

A structure has been set up within the fortnightly meeting but the consensus from the CEO and staff members is that this is still being bedded down and may require a dedicated time of its own. NIPAs reported that they would appreciate the opportunity to discuss aspects of cases on a one to one basis with their manager as appropriate.

There are two key initiatives that bring improvement in this area:

- (1) the new Executive Manager (Policy and Programs) role filled by Rachael Schmerl. Rachael herself exemplifies what is needed in the NIPA role. With her promotion to this National role and now being part of the Executive team, she is well placed to influence management practice and role model to the network of NIPAs, and
- (2) developing capacity in a place-based approach through:
  - the scholarship program, one of which has been conducted already with another one being run in the near future, and
  - the development of partnerships with other services in the area i.e. Wellways in Wagga Wagga and Standby in Darwin.

The audit process found that there was a high level of satisfaction expressed by staff in relation to type of support that is provided by the currently contracted Aboriginal psychologist. The audit team's initial concern about the potential risk that this responsibility rests fully with one contracted individual has recently been addressed through increased engagement with Indigenous Allied Health Association membership, seeking additional expressions of interest for sessional and contract work in order to build the cohort available for clinical supervision. This planned expansion could allow Thirrili to consider the inclusion of clinical supervisors in other geographic zones, providing a network of support options and allowing some flexibility as to choice of supervisor if this is desired by individuals.

b. Cultural supervision<sup>1</sup> and mentoring arrangements currently in place and/or planned

**Audit Rating:** Review process initiated

**Commentary:** With the decision to step away from the previous model of paid 'cultural advisors', the Thirrili Board and CEO are taking the opportunity to reflect on how best to ensure that NIPS services are provided in culturally place-based ways and that the cultural safety of Thirrili workers is assured, including providing them with the individualised cultural supervision that they may need. In terms of strengthening this place-based approach, the Board and executive team are actively working to collaborate with organisations such as Land Councils and Elder groups throughout its service locations to build a network of cultural advisors, specifically relating to developing the right cultural approach in specific communities. This network is intended to provide a flexible pool of advice and input on an 'as needs' basis for Thirrili staff members.

Although Thirrili is an organisation that is primarily led by Aboriginal and Torres Strait Islander people and employs a predominantly Aboriginal and Torres Strait Islander workforce, it cannot be assumed that each individual's needs for cultural supervision will be met within the parameters of clinical supervision processes.. Workers and managers have spoken to the audit team about the culturally complex nature of the services that they are providing, both in terms of navigating the differing cultural approaches of specific communities as well as how these complexities interact with their own cultural identity, sometimes in challenging ways. The purpose of individualised cultural supervision practice is to allow space for these personal experiences to be reflected upon and processed in an ongoing, strengths-based way.

c. Revisions to worker safety policy and procedures (e.g. travel to remote communities/home visits; 24/7 on-call duty; solo home visits)

**Audit Rating:** Substantial activity undertaken

**Commentary:** The risks associated with solo NIPA practice continue to be a source of concern and strategising for the Thirrili Board and CEO as they try to balance the demands of providing a NIPS service in every jurisdiction with the value and security offered by the availability of a co-located staff member. The audit team notes the funding constraints that make this a difficult challenge and that, although it has not necessarily been possible to physically provide in person support from other geographic locations during the COVID-19

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<sup>1</sup> 'In the Maori context, cultural supervision is usually conducted by those of like ethnicity e.g. by Maori for Maori and is aimed at building the knowledge of Maori cultural values, attitudes and behaviours whilst providing a supportive environment to address complex cultural issues' (Scerra, 2011).

'It is imperative that Maori nurses who are currently employed are supported, nurtured and encouraged to continue to develop and integrate their clinical and cultural skills. For Maori nurses it is often difficult to differentiate between clinical and cultural dilemmas as both are intertwined.' (McKenna, et al., 2008).

pandemic, staff have been encouraged to utilise technology to seek and provide support during the course of their work and to more strongly assess and mitigate risks.

For example, the executive team has been very heavily focused on designing and implementing a procedure that ensures all staff have completed a Home Visit request form for their supervisor – this enables discussion of the risks and informs a decision on whether or not to approve, or to arrange to meet in a safer, more controlled environment. This procedure also includes the need for staff to text their manager when leaving for the visit; when arriving; and when leaving. If a text is not received within 15 minutes of the expected departure time, an action for the supervisor will be to text the staff member; if no reply, call the police. This procedure is currently being finalised and is expected to be embedded before any more home visits are approved. With regard to car travel, similar procedures are being implemented, involving use of agreed contact arrangements, such as texting upon departure, contact mid-trip, and confirmation of safe arrival.

The executive team is currently looking into providing all staff with the Duress App on their phones (including satellite phones for remote locations), partnering with other visiting services for visits to remote communities so as to avoid solo visits, and making decisions not to visit sites in person if the safety of staff cannot be assured by these or other suitable risk management arrangements.

#### **d. Revisions to relevant HR policies**

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** There has been considerable review of a range of key HR policies, as outlined in the list of policies that were reviewed for this audit at Appendix C. These revised policies have been formally reviewed and approved by the Board, which has met five times in the past 5 months, in addition to several special purpose meetings and strategic planning sessions. The recent induction program for new and existing staff members had a strong emphasis on raising staff awareness of the existence of key policies to support safe practice and financial probity in particular. An external agency (Hall Chadwick Melbourne) have been assisting the CEO and Board in this review process.

#### **e. Revisions to Position Descriptions and associated recruitment actions, with specific focus on relevant competencies and associated development plans for recruited staff**

**Audit Rating:** *Comprehensively addressed*

**Commentary:** All key staff positions now have explicit position descriptions that more clearly than before outline the roles and responsibilities of the position. Recruitment of new NIPAs was undertaken by the Executive Manager (Policy and Programs) and a formal induction took place with new staff recently. All existing staff facilitated sessions that matched their skills sets, covering relevant subjects such as grief and loss; working with children and adolescents; ORS. Several existing staff used the descriptor of “professionalising their workforce” to describe a shift in emphasis in the organisation.

The CEO has a performance agreement and associated Key Performance Indicators (KPIs) agreed with the Board. The CEO also indicated that all staff members now have professional development (PD) plans that will be regularly reviewed, including to reflect any relevant changes in her own performance agreement. The revised position descriptions now set out more detail of the skills and experience that is called for in each job and are closer now to a competence-based approach to describing the job requirements. A PD Guide and PD Template have been developed to support these processes. In addition, a formal probation period has been initiated for new staff in order to trigger early review of new staff members' practice and suitability for permanent employment. These formal elements of staff employment processes are also embedded into a comprehensive program a regular staff meetings at both the executive and all staff levels.

The CEO and managers reported a high degree of difficulty associated with recruiting new staff during the COVID-19 pandemic, a factor that was further complicated by the relatively short period of employment that could be offered during the period when the NIPS funding contract ended in December 2020. This set of circumstances may have resulted in recruitment selections that did not fully capture all required skills and competencies but, if the case, does not have appeared to have had any significant impact.

The CEO described this recruitment challenge as a balancing process in her aim to achieve the right workforce for the NIPS; namely, a workforce that may need to be balanced between achieving a 'professionally qualified' workforce (e.g. social workers, psychologists, qualified mental health workers) and recruiting workers with deep cultural expertise and who may have excellent relevant experience but not yet have formally assessed skills. The CEO's reported aim, therefore, has been to obtain the best mix of skills and experience as possible at the time of recruitment, with an overall incremental aim of achieving a competent professional organisational workforce with the capability to support and promote 'community capacity restoration'<sup>2</sup>. By developing this capability, the aim of NIPS workers would be to support community members to recognise distress signs in themselves and their communities and to rebuild their capacity for taking the lead in their own cultural healing.

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<sup>2</sup> The term 'community capacity restoration' is a strengths-based term attributed to Uncle Richie Ah Mat, Chairperson of the Cape York Land Council.

### 3. Strategic location of NICRS staff members and services

a. Actual and planned locations of workers e.g. compared to suicide hotspot early warning signs indicated via national monitoring arrangements outside and within the NICRS, to reduce solo worker activity, to build local postvention capacity

**Audit Rating:** *Substantial activity undertaken*

**Commentary:** The CEO outlined an approach to this issue that comprehensively addresses the issues raised in the evaluation report around the need for NICRS service provision to be cognisant of the location and extent of suicide or major trauma events in Aboriginal and Torres Strait Islander communities. She demonstrated an active awareness of recent events, using formal and informal networks for accessing this information, and outlined the strategic process of analysis that she and the Board have undertaken in deciding where staff should be based geographically. This network of regional service bases can then be supplemented through the use of additional support by temporarily moving staff (e.g. for a week or fortnight at a time, as required by the case circumstances) to those locations where there a significant increase in incidents has been identified.

This type of flexible approach is likely to be necessary in order for the organisation to provide a service in all jurisdictions within the existing budget. However, the evaluation findings pointed to the service being strongly perceived by some local community members as having a 'fly in, fly out' service model and that this was an undermining factor in the service achieving credibility in those areas. That negative perception lends support to the importance of an ongoing regional presence for the service, with flexible staff arrangements providing supplementary responsiveness.

This strategic approach to service provision arrangements will undoubtedly provide additional support for the regionally-based NIPA and the families/communities in that area. Thirrili's current commitment to ensuring that NIPA staff members will receive regular clinical supervision, regular weekly case reviews, and have well-advertised access to an independent Employee Assistance Program (run by CRANAPlus) should also alleviate many of the safety concerns raised by the evaluation team. The CEO noted that all of these staff support arrangements are being emphasised in her weekly emails to all staff.

The CEO also described other active strategies that are being pursued to create further service reach, such as partnership opportunities to amplify service provision, and an increased focus on partnership and capacity-building within local communities to increase the availability of postvention support for their own community members. She expressed her belief that, as the service becomes increasingly focussed on the use of throughcare plans, this will result in NIPA staff operating and being seen as 'case coordinators' rather than case workers/managers. By definition, this more intensive focus on throughcare planning activity will result in a stronger focus service efforts on building connections of

individuals, families and communities to appropriate services and supports within the location of the incident.

#### **b. Review of service data from 2020**

**Audit Rating:** *Review process initiated/Substantial progress underway*

**Commentary:** The ORS remains largely untouched since the evaluation. This is to be expected since this was a purpose-designed database and to modify it, or replace it altogether, would be quite expensive. The Board and CEO confirm that there is no dedicated funding in their agreement with the Department for such a revision at this point in time.

Despite being unchanged, there seems to be now (1) a stronger understanding of the database limitations including the lack of certain fields (pointed out in the evaluation) and poor definition of some variables and (2) the need to both support and control better data entry by front line workers. The importance of data entry has been included in the induction program and is communicated frequently by management through more regular staff meetings. The importance of accurate data entry has been emphasised increasingly to field staff for service monitoring, service quality review and continuous quality improvement.

There is no evidence still that 'throughcare' plans are being completed and tracked through the ORS. This deficiency has been recognised by the CEO but she noted that new processes are now in place for all staff in how to develop throughcare plans and the associated process for documenting plans in the ORS, including milestones, activities, and other planning information, was also seen as essential. A newly recruited NIPA with social work qualifications and experience has been allocated the informal role of leading the training of the NIPA team to build their skills in throughcare planning. As part of the weekly case review team meetings, she is using one client per week as an example, using the principles of the child protection exit planning approach which requires that exit planning commence from the point of first contact.

Analysis of the incident data from January 2020 to September 2020 (part of the month) was not able to be undertaken in the time available as completely as for the evaluation. Some key variables were not able to be provided. Analysis below is from the weekly reports provided to the NIAA.

During the analysis period there were a total of 140 incidents notified to the NICRS and recorded in the ORS. The distribution of incidents by the month of notification is provided in Figure 1 below. The monthly figures are similar in size to the evaluation period data, although the incident notifications in June are much higher than for previous years.

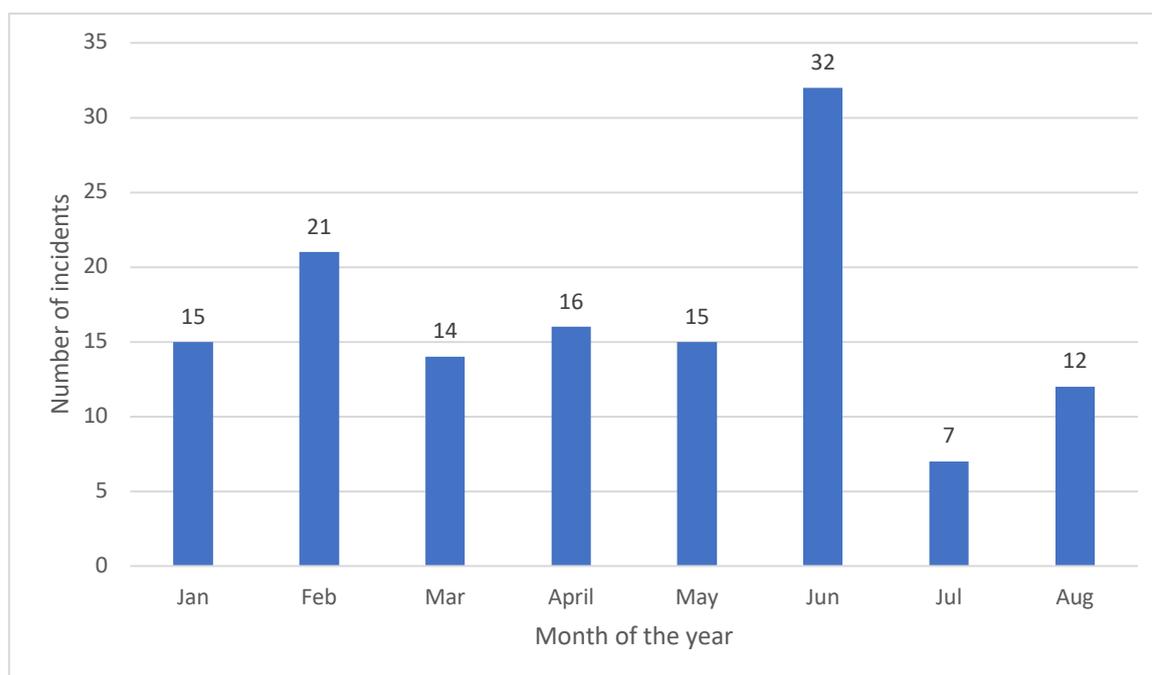


Figure 1: Distribution of incidents by month of notification (n = 132, date of notification for some cases missing)

Table 1 shows a focus of notified incidents on completed suicides in the 2020 period. Compared with the evaluation period (2017-2019) period there has been a slightly greater proportion of committed suicides being notified, but less other forms of traumatic death. The notifications of trauma not involving death have increased significantly (see footnote below for CEO comment on the likely reason for this result).

Table 1: Distribution of incidents by type of incident (n = 140)

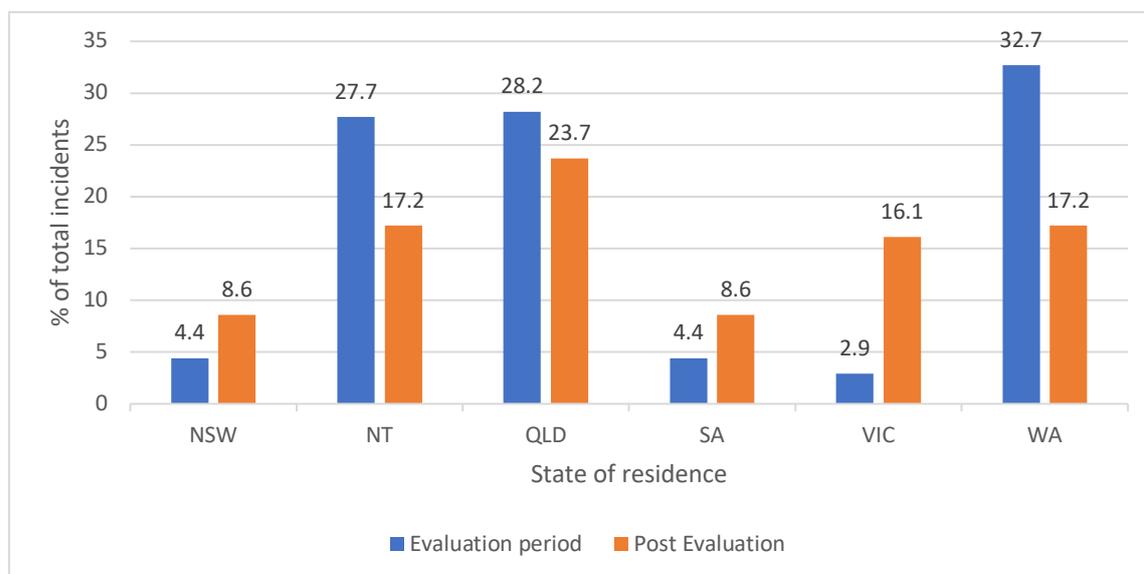
Incident type	Count of Incident type	% of total incidents (post evaluation)	% of total incidents (evaluation period)
Attempted suicide	13	9.3	15.8
Completed suicide	85	60.7	56.9
Other trauma involving a death	15	10.7	17.4
Other trauma not involving a death <sup>3</sup>	25	19.3	9.8

Most incidents (62.9%) are still associated with males (during the evaluation period this was 65%), with 35% of incidents where a female is the source of incident (2% unknown). Most of the persons (almost three quarters) involved in an incident were young (23% less than 19, 21% between 19 and 25, 28% between 26 and 35 years old). Compared with the Evaluation period, the latest analysis period shows a quite similar distribution.

<sup>3</sup> The CEO reports that this higher figure is due to a unique (i.e. not followed in other regions of WA nor other jurisdictions) incident reporting protocol in the Kimberley that provides Incident Reports on all incidents of suspected self-harm and attempted suicides. ORS data capture procedures have now been changed to cease recording these incidents.

The distribution of incidents by state/territory of residence of 2020 incidences of completed suicide is shown in Figure 2. The main jurisdictions of suicide incidents notified are QLD (almost one quarter of the total), Northern Territory and Western Australia (17%) and Victoria (16%).

Figure 2: Distribution of incidences by state/territory of person's home address (suicides only)



Compared to the data analysed during the evaluation, there has been a shift in the source of incidences from a strong WA focus to more even distribution of notified incidences across Australia. The evaluation period data (first 3 years of NICRS operation) was no doubt skewed by the history of the program starting in WA. Increased incidences reported in Victoria, NSW and South Australia are noticeable, suggesting a strengthening of relationships in those jurisdictions.

The CEO reported that she had recently written to all relevant Ministers and coroners in all jurisdictions, seeking better access to notification information. As a result of that, she reported being currently in negotiation with most jurisdictions about how to formalise a notification process and to agree on a structure for the referral for service process. However, the CEO also reported that most jurisdictional responses have indicated a lack of willingness to provide de-identified notifications of incidents, despite being willing to engage in service referral in some instances. The resulting incompleteness of incident data impedes the NIPS's ability to map potential 'hot spots' and to follow up about the possibility of a referral accordingly. Notifications therefore continue often to be made via personal networks and contacts, with two recent incidences not having been notified to the local mental health team by the coroner before NIPS staff made contact with that service to gather additional information about the need for a referral.

The audit team notes that further discussion about the relative value of pursuing more complete notification data versus a stronger focus on referrals data and associated trends would be beneficial. This was an issue contemplated by the evaluation team, though not highlighted in the original evaluation report, with data on referrals likely to provide better

information for service planning and operations. Estimates of service reach can still be developed from AIHW and respective coroner databases.

So-called 'hot spots' are difficult to identify in this ORS dataset. Most postcodes have only one 'completed suicide' incident (or at worst two). The postcodes with three or more 'completed suicide' incidents are:

Alice Springs (3)

Adelaide (3)

Melbourne (4)

Cherbourg (5).

The CEO's current approach is to monitor these numbers closely and take them into account in planning for location of new staff and/or provision of 'top up' support in worst affected regions represents an appropriate way forward.

#### 4. Increasing efforts to build an understanding of, connection with and referrals to other services and community organisations in the client's local community and surrounding area

##### a. Evidence of increased program activity in relation to community engagement

**Audit Rating:** *Review process initiated*

**Commentary:** The Executive Manager (Policy and Programs) advised that set targets have been given to the NIPAs in regard to community engagement with other stakeholders. The NIPA role is now more strongly considered to be more of a facilitation role, providing warm referrals to services as appropriate to the clients' needs. There is some evidence of identification of existing cases that are now considered to be out of scope (after the recent tightening of eligibility requirements) and those cases are being 'handed' on to other service providers.

The audit team is conscious that there are particular skills required for effective community engagement and capacity-building. For example, the NT Standby Coordinator advised that Standby has a new training program titled 'You, Me, Which Way' that aims to build skills in community engagement and capacity-building. The revised position descriptions for service delivery staff roles are now more explicit about the need for position applicants to possess some previous skills and experience in this type of role and activity.

Another related aspect of the issue of engagement and connection with local communities and organisations is the issue of partnership between Thirrili Ltd. and other organisations. The strategy can be a powerful potential way to build impetus in widening the NIPS program's reach cost-effectively and anecdotally has worked very well in some places (e.g. Standby in the NT). However, the governance of these arrangements and monitoring of their impact in terms of service reach, impact of any adaptations to the service model to accommodate the organisational requirements of a partner organisation requires careful thought and planning in order to be able to assess their success or otherwise.

5. Planning, documenting and implementing throughcare plans that are co-designed with clients and developed in consultation with relevant local service providers and trusted (by the client) community Elders

a. Revisions to the Service Model and its implementation to include procedures for care planning in inclusive, strengths-based ways (clients, families, local community members)

**Audit Rating:** *Review process initiated*

**Commentary:** These issues were addressed in the Service Redesign report and emphasised in the recent induction training conducted with all new and existing service delivery managers and staff members. The CEO acknowledges that this component of work is complex and requires specific competencies that cannot be assumed and may need to be developed on both an individual staff member and collective basis.

A relevant supporting activity that has been established by the CEO as a 'first step' priority for all service delivery staff members is that a comprehensive resource package of information is developed in each service area. That resource package is intended for sharing within the organisation and should outline the relevant services and contact details so that case plans can draw upon local resources that may be acceptable to clients as part of the care planning process. In addition, the CEO has indicated that the content of care plans will increasingly incorporate culture-based support and healing strategies as outlined in the attachment to the Service Model document.

b. Evidence of throughcare plans being developed for existing and new clients

**Audit Rating:** *Review process initiated/ Substantial activity undertaken*

**Commentary:** Despite throughcare planning now having been established as a priority as part of NIPA implementation of the NIPS Service Model, staffing patterns are only now being bedded down after a significant period of change. So despite indications from interviews and the induction program structure that throughcare plans will be an important aspect of NIPS service provision and that training has commenced, there is as yet little substantive evidence of completed throughcare plans at this point in the organisation's restructuring process. However, the resource package preparation process outlined above was an important enabling element in the delivery of effective throughcare planning that was identified in the evaluation findings.

One aspect of the throughcare support process as outlined in the Service Model – namely, 'aftercare', or the period that follows warm referrals to other service providers after NIPS service provision – has also been more clearly defined. Specifically, the procedures for drawing a case to a close are now more clearly specified and the scope and eligibility for aftercare support has been more clearly defined.

6. Stronger and more explicit Aboriginal and Torres Strait Islander cultural and social and emotional wellbeing improvement practices built in service delivery patterns to provide leadership and modelling for best practice in the mental health sector more broadly.

a. Updated Model of Care and associated policies, training and procedures to reflect evaluation findings that indicated little evidence of explicit focus on culturally-based support, wellbeing and healing practices

**Audit Rating:** *Review process initiated*

**Commentary:** The Service Redesign report indicates that these issues have been the subject of review and reflection but that the strategies already included in the Service Model documentation remain relevant and desirable to work toward as more commonly utilised activities. The audit team acknowledges the best practice nature of many of the recommended approaches for integrating culture into postvention support and healing interventions (whether led by NIPS service staff, local Elders, peers and family, or partner organisations). Ongoing work will be required to train and support NIPS service staff to implement and/or partner with local communities to incorporate these culturally-based support strategies. It is an area of practice that should increasingly provide an opportunity for the NIPS to build awareness of best practice and the improved outcomes that are likely to arise from the incorporation of culture in postvention service provision.

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## Appendix A: Audit Tool

	<b>Audit focus</b>	<b>Type of audit data<sup>4</sup></b>
1.	<b>Achieving greater consistency and clarity in the program’s core guiding documents (i.e. the Model of Care and the Program Logic), integration of Aboriginal and Torres Strait Islander cultural elements and in the corresponding application of organisational policies, including the use of Emergency Relief Funding (ERF)</b>	
	Preparation of strategic plan for the NICRS in the context of broader Thirrili postvention-related activities	DR (Board minutes, org chart, strategic plan) IV (B, CEO, Exec)
	Updated Model of Care to reflect evaluation findings	DR (relevant consultant report, revised Service Model, Board minutes) IV (B, CEO, Exec)
	Revisions to governance arrangements to achieve stronger strategic focus for the program and management of risk and worker safety	DR (relevant consultant report, revised Service Model, Board minutes, org chart, strategic plan, relevant policies) IV (B, CEO, Exec)
	Revised Program Logic to clarify key activity and outcome linkages and associated data collection	DR (revised program logic) IV (B, CEO)
	Actions undertaken to clarify ERF policy and practice	DR (ERF policy) IV (B, CEO, Exec, RIM, NIPAs) DA
	Review of organisational arrangements for continuous quality improvement	DR (consultant report, revised Service Model, Board minutes, org chart, strat plan, relevant policies) IV (B, CEO)
2.	<b>Providing comprehensive, regular and systematic professional and emotional support, clinical supervision and cultural supervision for frontline workers (CRSAs and Coordinators), including by enlisting</b>	

<sup>4</sup> Data type: DR – Document Review; IV – Interview; DA – Database Analysis

Interviewee type: B – Board member/s; CEO – Chief Executive Officer; Exec – Executive team staff; RIM – Regional Implementation Manager – Coordinator; NIPA – National Indigenous Postvention Advocates

	<b>Audit focus</b>	<b>Type of audit data<sup>4</sup></b>
	<b>additional options to assist those staff in responding to 24/7 enquiries or calls for assistance and by strengthening the workforce's capabilities and capacity</b>	
	Clinical supervision arrangements currently in place and/or planned	DR (relevant policies) IV (B, CEO, RIM, NIPAs)
	Cultural supervision and mentoring arrangements currently in place and/or planned	DR (relevant policies) IV (B, CEO, RIM, NIPAs)
	Revisions to worker safety policy and procedures (e.g. travel to remote communities/home visits; 24/7 on-call duty; solo home visits)	DR (relevant policies) IV (B, CEO, RIM, NIPAs)
	Revisions to relevant HR policies (all revised policies to be provided for review – audit to examine those that are relevant in more detail after initial review)	DR (relevant policies) IV (B, CEO, RIM, NIPAs)
	Revisions to organisational structure, Position Descriptions and associated recruitment actions, with specific focus on relevant competencies and associated development plans for recruited staff	DR (relevant policies) IV (B, CEO, RIM, NIPAs)
<b>3.</b>	<b>Strategic location of NICRS staff members and services</b>	
	Actual and planned locations of workers e.g. compared to suicide hotspot early warning signs indicated via national monitoring arrangements outside and within the NICRS, to reduce solo worker activity, to build local postvention capacity	DR (strategic plan; Board minutes) IV (B, CEO)
	Review of service data and patterns from July 2019 to June 2020	DA
<b>4.</b>	<b>Increasing efforts to build an understanding of, connection with and referrals to other services and community organisations in the client's local community and surrounding area</b>	
	Evidence of increased program activity in relation to community engagement	DR (service model) IV (B, CEO, RIM, NIPAs) DA
<b>5.</b>	<b>Planning, documenting and implementing throughcare plans that are co-designed with clients and developed in consultation with relevant local service providers and trusted (by the client) community Elders</b>	
	Revisions to the Service Model and procedures for care planning in co-designed ways (clients, families, local community members)	DR (Service Model, relevant policies) IV (B, CEO, RIM, NIPAs) DA
	Evidence of throughcare plans being developed for existing and new clients	DR (de-identified plans and any associated guidance documents for their preparation) DA

	<b>Audit focus</b>	<b>Type of audit data<sup>4</sup></b>
6.	<b>Stronger and more explicit Aboriginal and Torres Strait Islander cultural and social and emotional wellbeing improvement practices built in service delivery patterns to provide leadership and modelling for best practice in the mental health sector more broadly</b>	
	Updated Model of Care and associated policies, training and procedures to reflect evaluation findings	DR (consultant report, revised Service Model, Board minutes, relevant policies, staff development activities) IV (B, CEO, RIM, NIPAs)

## Appendix B: Thirrili Progress Audit Interviews

Name	Position	Interviewed
<b>Board</b>		
Tim Goodwin	Chairperson	Yes
Mark Wenitong	Deputy Chair	Unable to within timeframe
Donna Murray	new Director	Yes
Janine Mohamed	new Director	Unable to within timeframe
<b>Executive</b>		
Jacqueline McGown-Jones	CEO	Yes
Rachael Schmerl	Executive Manager – Program and Policy	Yes
Catherine Elvins	Executive Manager - Corporate Services	Yes
<b>Staff</b>		
New employee Group		
. Vickie Hill	Regional Implementation	Yes
. Robert Binsiar	Manager, Perth	Yes
. Christine Elliott	NIPA Meekatharra	Yes
. Amanda (Mandy) Collie	NIPA Kununurra	Yes
. Karen Dodd	NIPA Melbourne	Yes
. Cheryl (Shelley) Trappett	NIPA Townsville	Not available
Angela Threlfall	Manager Corporate Relationships and Systems, Cairns	Yes
Chenoa Dowling	NIPA Brisbane	Yes
Joan Washington	NIPA Darwin	Yes
<b>Contractor</b>		
Tanja Hirvonen	Psychologist	Yes

## Appendix C: Thirrili documents reviewed

### **Strategic documents**

Strategic Plan

Work Plan

Service Redesign report

Organisational chart

Risk Management Plan

Risk register

### **Staff management**

Personal Development (PD) Plan Guide

PD Plan Template

Staff survey July 2020

Pulse Check August 2020

5 Day Staff induction program

Bullying and Harassment Policy

Covid-19 Risk Management Plan

Time attendance – Employees

### **Financial management**

Updated delegations Schedule

Travel Policy

Business Credit Card Policy

Client confidentiality Policy

Code of Conduct Policy

IT Electronic Devices Policy

Probity – Employees

Access and Eligibility Policy

Emergency Relief Funds Policy

Response Assessment Policy

### **Position descriptions**

CEO

Executive Manager Corporate

Executive Manager Programs and Policy

Regional Implementation Manager

Practice Manager

Relationships and Systems Manager

Communications Coordinator

Administration Officer

National Indigenous Postvention Advocates (NIPAs)