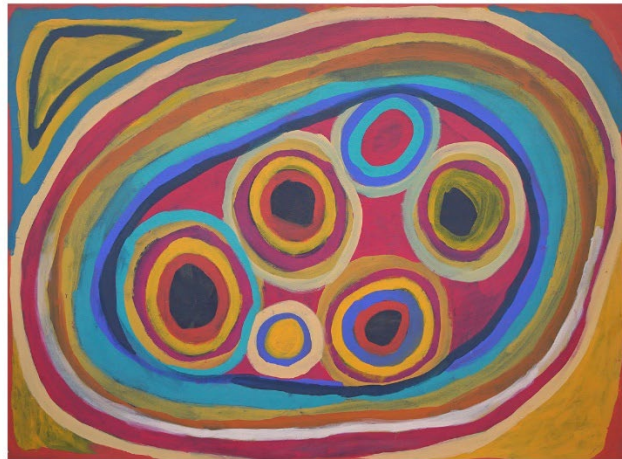


Thirri Strategic Plan: 2023–2026



T H I R R I L I

Who we are

Thirrili is a proud Aboriginal and Torres Strait Islander organisation that is led by Aboriginal and Torres Strait Islander ways of knowing, being and doing. As an Aboriginal and Torres Strait Islander Community Controlled Organisation, we recognise the strengths of our communities and our strong responsibility to support communities in the aftermath of suicide or unexpected fatal incidents. We uphold protective boundaries for individuals, families and communities that allow self-determination in their ways of bereavement and healing.

Our vision

That Aboriginal and Torres Strait Islander families and communities are thriving and flourishing for future generations to be free from the traumatic impacts of suicide.

Our purpose

To provide crucial and timely support to Aboriginal and Torres Strait Islander peoples with the acknowledgement of shared, collective, continuous ancestral connections, by drawing on cultural ways of knowing, being, and doing. To achieve this purpose, we:

- Support communities in the aftermath of suicide or other fatal critical incidents.
- Work collectively with communities to build self-determined lives free from the impacts of suicide.
- Inform systems change at all levels.

Our Cultural Values

Our cultural values are embedded into all aspects of our organisation. We are:

- Collective, working with communities by invitation to support community led decision making,
- Respectful, working with communities under their protocols, at their direction,
- Reciprocal, ensuring we provide support and service when communities grant us their trust,
- Relationship based: we understand, and respect that our relationship with individuals, families and communities is based on a continuum of care which reaches beyond any one incident or event, and is founded in our shared identity as Aboriginal and Torres Strait Islander peoples,
- Diverse, our organisation reflects the complex composition of Aboriginal and Torres Strait Islander communities in Australia, is inclusive and accessible to all.

Our organisation is immersed in Aboriginal and Torres Strait Islander community values. By our actions we demonstrate that all are welcome, everyone belongs, and everyone has a positive contribution to make. We invite communities to hold us accountable to these cultural values.



Our strategic framework

The Strategic Plan is informed and framed by Aboriginal and Torres Strait Islander knowledges as well as priorities and targets set in the current policy environment, and evidence informed best practice. The framework is reflected in four main priorities:

1. Postvention Practices – Supporting and strengthening individuals, families, and communities.
2. Collective Action - Strong and culturally safe Aboriginal and Torres Strait Islander controlled community organisation.
3. Transformational Leadership - Providing expert, evidence-informed research advice to drive systems change and influence policy development and program design leading to improvements in the social and emotional wellbeing of Aboriginal and Torres Strait Islander families and communities.
4. Self-Determination - Aboriginal and Torres Strait Islander communities being supported to design sustainable solutions that suit their communities to reduce the impacts of suicide.

Our Strategic Framework Priorities 2023–2026

Priority One: Postvention Practices –		
– Supporting and strengthening individuals, families and communities.		
Outcomes We Seek	How We Will Get There	How We Will Measure Success
Using change agency, services, and outreach to mitigate the traumatic impact of suicide	Provide culturally led healing and trauma informed care through timely and responsive case management	Number of active cases
	Work with communities to build postvention plans to mitigate future suicides	Effectiveness of delivery/ implementation of the plans. Number of active postvention plans
	Participate, influence and/or facilitate collective impact activities and initiatives for a minimum of 6 months where communities are building a postvention plan	Worked in a community for a minimum of 6 months. A community postvention plan has been completed. The postvention plan is under community control
	Provide expert advice to Government, peak bodies, and relevant organisations on best practice postvention services and support in Aboriginal and Torres Strait Islander communities	Inclusion and participation in key government advisory bodies and other networks Community scorecard
	Establish a consultative committee to seek investment in research on effective Aboriginal and Torres Strait Islander postvention practices	Quarterly research consultative committee meetings Development of an evidence-based model of postvention care
	On an evidence basis, strengthen place-based service delivery capacity with the guidance of affected communities.	Inclusion and participation in regional coalitions Increased alignment and responsiveness of service delivery providers Reduced gaps in throughcare plans

Priority Two: Collective Action –

Strong and culturally safe Aboriginal and Torres Strait Islander controlled community organisation

Outcomes We Seek	How We Will Get There	How We Will Measure Success
Strong, mutually supportive partnerships	Increase membership of Thirrili with organisations that have reciprocal value.	Membership increases each year.
	Identify and develop key relationships with organisations that undertake research in ethical and culturally safe ways.	Developing a protocol for identifying research organisations that align with our strategic framework. Participation and collaboration with potential research partners.
	Manage and maintain mutually beneficial partnerships / relationships with organisations that have aligned and/or complementary goals and values	Participation in national coalitions, partnerships, and committees aligned with our purpose and values. Partnerships actively contributing to our strategic goals and aligned with our values
	Establish partnerships with organisations that work with the lived experience of community members to have direct input into development of public policy focussed on suicide prevention.	Partnerships increase annually
	Establish philanthropic / corporate relationships to contribute to our strategic goals	Quality of relationships
	Engage and recruit community partners to support our work	Quality of community partners
Robust Cultural Governance practices	All Board members identify as Aboriginal and/or Torres Strait Islander	100% Aboriginal and/or Torres Strait Islander Board members
	Develop a Cultural Governance framework	Completed a robust cultural governance framework

	All executive positions are identified as special measures and can only be occupied by Aboriginal and/or Torres Strait Islander candidates.	All executive positions are filled with Aboriginal and/or Torres Strait Islander people
	Engaged and active membership	Members attending AGM and regular communication
Thirrili has a strong and representative Aboriginal and or Torres Strait Islander workforce	Identify opportunities for Aboriginal and/or Torres Strait Islander students to undertake professional practice placements.	Creation of an operating environment to support student placements
	Invest in our people to grow our workforce, recognising the value of both formal qualifications and cultural and lived experience.	Thirrili staff have the skills, tools and resources required and are confident in their role.
	Aboriginal and Torres Strait Islander communities are aware of Thirrili's services and confident to access support as required.	Communications Strategy Client, community, and stakeholder engagement measures.
	Inclusive Aboriginal and Torres Strait Islander workforce	Workforce is representative of diversity and intersectionality

Priority Three: Transformational Leadership –

Providing expert, evidence-informed research advice to drive systems change and influence policy development and program design leading to improvements in the social and emotional wellbeing of Aboriginal and Torres Strait Islander families and communities.

Outcomes We Seek	How We Will Get There	How We Will Measure Success
Influencing Public Policy	Provide timely, expert input into key strategic policy developments that have a direct link to the work of postvention services in Aboriginal and Torres Strait Islander communities.	<p>Number of policy submissions to Aboriginal, Torres Strait Islander and mainstream organisations</p> <p>Linking with policy focussed place-based organisations to identify mutual and reciprocal positions which further Thirrili’s goals of mitigating the trauma of suicide.</p>
Publication and dissemination of Aboriginal and Torres Strait Islander postvention research	Identify and define relevant research projects.	Identify relevant projects.
	Develop a Thirrili research strategy.	Implementation of a research strategy.
	Develop a projects strategy which aligns with community priorities, stakeholder priorities and a Thirrili research strategy.	Development of a research projects strategy.

Priority Four: Self-Determination –

Aboriginal and Torres Strait Islander communities being supported to design sustainable solutions that suit their communities to reduce the impacts of suicide

Outcomes We Seek	How We Will Get There	How We Will Measure Success
Thirrili operates under a framework of Quality Community engagement framework	Develop the Quality Community engagement framework with Aboriginal and Torres Strait Islander communities.	Annual reviews. Feedback from community and stakeholders.
	Postvention plans will be developed, supporting communities to self-determine the actions to mitigate future suicides and protect the cultural and intellectual property of those communities.	Number of community plans developed. Effectiveness of the plans to deliver successful outcomes. Ability to communicate these outcomes with community and stakeholders to demonstrate impact.
	Obtain ethical, diversified, and sustainable investment in self-determining communities to support and further resilience restoration.	Operationalised postvention plans to support meet community needs.

Policy Context

The Strategic Plan is informed and framed by priorities and targets set in the current policy environment:

- National Agreement on Closing the Gap (July 2022)
 - Priority Reform 2: There is a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country
 - Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.
- The National Aboriginal and Torres Strait Islander Health Plan (2021–2031)
 - Priority 10: Mental health is addressed in a sustained and holistic way that is trauma-aware and healing informed, recognising the impacts of the social determinants of health, and embracing the strength that Aboriginal and Torres Strait Islander people have from culture and language.
 - Objective 10.3: Embed integrated models of suicide prevention and mental health for continuity of care Integrated, cross-sectoral care must be embedded to ensure that Aboriginal and Torres Strait Islander people have greater access to culturally safe and inclusive care pathways through early intervention, aftercare and postvention services, no matter where they live.
 - Objective 10.4: Ensure Aboriginal and Torres Strait Islander people with lived experience are at the centre of the development and delivery of mental health and suicide prevention services
- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS; 2013)
 - Six actions: Building strengths and capacity in communities; Building strengths and resilience in individuals and families; Targeted suicide prevention services; Coordinating approaches to prevention; Building the evidence base and disseminating information; Standards and quality in suicide prevention
 - Outcome 1.6: Mental health services and community organisations are able to provide appropriate postvention responses to support individuals and families affected by suicide.
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017-2023)
 - Outcome 1.1: An effective and empowered mental health and social and emotional wellbeing workforce.
 - Outcome 1.3: Effective integration and partnerships between Primary Health Networks and Aboriginal Community Controlled Health Services and other health services
- Gayaa Dhuwi (Proud Spirit) Australia (2020; GDSPA)
 - Five Pillars: cultural strength, best practice, best evidence, presence and leadership, and influence. Emphasises how Aboriginal and Torres Strait Islander concepts of mental health, suicide prevention and social and emotional wellbeing (SEWB) should inform practice in combination with clinical perspectives.
- Vision 2030 Blueprint and Roadmap for Mental Health and Suicide Prevention
 - Identifies the leadership of Aboriginal and Torres Strait Islander people in the planning, delivery, evaluation, and measurement of emotional and social wellbeing

programs as critical in fostering greater trust, connectivity, culturally appropriate care, and effective outcomes.

- Cultural healing is recognised as a resilience and protective factor in addressing the intergenerational and community trauma and, as such, should be a core component of care.
- In addition to specific services, when Aboriginal and Torres Strait Islander people choose to access mainstream services, those services should be culturally competent and safe.

Aligned Reports

The strategic plan is aligned with the recommendations from important foundational inquiries and reports:

- The Royal Commission into Aboriginal deaths in custody (RCIADIC, 1991) recommends:
 - Steps need to be taken to enhance the level of self-determination among Aboriginal and Torres Strait Islander people.
 - The self-determination principle be applied in the design and implementation of any policy or program or the substantial modification of any policy or program which will particularly affect Aboriginal people.
 - Health services needed to be more culturally sensitive, and the development of health frameworks for Aboriginal and Torres Strait Islander communities needed to be based on evidence.
 - Recommendation 146: That police should take all reasonable steps to both encourage and facilitate the visits by family and friends of persons detained in police custody to reduce incidents of suicide.
- The Commonwealth Bringing them Home Report (1997; Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families):
 - Recognition that separation and institutionalisation can amount to traumas. The negative health impact of past laws and practices have resulted in a range of mental health problems associated with the trauma, including grief and severe depression and self-damaging behaviour, including self-mutilation, alcohol and substance abuse and suicide.
 - The effects of removal are increasingly recognised and include loss and grief, reduced parenting skills, child and youth behavioural problems and youth suicide.
 - Recommendation 43: Endorses national legislation establishing a framework for negotiations at community and regional levels for the implementation of self-determination in relation to the well-being of Indigenous children and young people.
 - That all State and Territory Governments institute Indigenous mental health worker training through Indigenous-run programs to ensure cultural and social appropriateness.

Evidence Base

The Strategic Plan is informed and framed by research findings that speak to effective suicide prevention and postvention practices among Aboriginal and Torres Strait Islander peoples:

- Communities in First Nations in Canada that have a measure of self-government, have supported the construction of facilities for the preservation of culture, and have worked to gain control over their own civic lives (i.e., control over health, education, policing, and child welfare services) have no youth suicides and low to zero rates among adults (Chandler & Lalonde, 2008)
- Five themes of helpful postvention supports: healing self, social supports, formal community supports, wider world supports, and culture. Culture was found to aid healing across all levels (Campbell et al., 2021)
- Community interventions lead to lower rates of suicide and suicide ideation and increased knowledge and confidence in how to identify individuals at risk of suicide, and their intention to help those at risk of suicide (Clifford et al., 2013)
- The key themes found to influence discussions about suicide in Aboriginal communities include the sense that suicide is a whole of community issue, the ripple effect of suicide deaths, silence about suicide and the impact of this silence, and being powerless to act (Heard et al., 2022)
- Developing suicide prevention programs requires a community-led approach to identify gaps in models developed for mainstream populations and to identify key elements that would make the program specific to Aboriginal and Torres Strait Islander communities (Nasir et al., 2017)
- Key themes in suicide prevention: (1) engaging culture and strengthening connectedness; (2) integrating Aboriginal and Torres Strait Islander knowledge; (3) Aboriginal and Torres Strait Islander self-determination; and (4) employing decolonial approaches (Sjoblom et al., 2022)
- Suicide Story workshop led to (1) Increased awareness and knowledge about warning signs and risks; (2) Knowing where to go to for help and how to help people; (3) Opening a conversation about suicide; (4) Greater confidence for those who are looking out for people; (5) Mutual support – people helping people to prevent suicide; and (6) personal empowerment, self-awareness and strength (Guenther et al, 2022).
- Strategies for suicide alleviation must have separate Aboriginal and non-Aboriginal ‘wings’. There are no universal strategies which apply to all Aboriginal and Torres Strait Islander, even within one state: the only path is the difficult one, region by region, sometimes community by community (Tatz, 1999, who suggests the term alleviation rather than prevention “The best we can do is alleviate or mitigate what look like trends, or movements, towards suicide. We can’t prevent it”).