The Suicide Prevention Collaborative intends to produce a Report Card that will provide a regular gauge of how the Illawarra Shoalhaven is going in relation to suicide prevention. In the context of the LifeSpan project, this will serve as useful feedback as to whether our efforts are having the intended effect.

To aid the initial development of barometers of success for this Report Card, Collaborative members were asked the following question:

Through your involvement (and that of your organisation/group) in the SP Collaborative, what are you hoping to see achieved?

Responses, grouped into themes:

Theme	Responses
Reduced deaths & attempts	• Reduction in number of young people suicide attempts and deaths • Reduction of school age death by suicide and suicide attempts • Overall reduction in deaths by suicide • Decrease in suicide deaths and attempts • Reduction in suicide deaths and attempts, particularly by males over 65 years of age

Improved information	• Accurate information around suicide
	    • Will lead to reduction of stigma
	    • May lead to increases in help seeking
	    • Safe reporting by media
	• Having local information on the issue and being able to respond as required
	• Clinical impact/understanding of client needs
	• Greater understanding of what contributes to people taking their lives
	• Clear feedback from community members about new learning
	• Narrative from people with lived experience specifying actions that have been developed that were effective in terms of intervention and safety
	• The collection of data is very important in determining the causes of suicide
	• Mapping services/initiatives according to LifeSpan model
	• Mapping of current 'activities' leading to assessment of gaps
	• Suicide attempts/deaths demographics
	• Research projects associated with activities
	• At risk groups, at risk geographical hotspots – what are we doing?

System change	• Development of formal and informal partnerships that create easier access to services and responses for people • Mechanism to address systemic issues that arise when delivering effective services • System that is responsive to people's needs • Increase in communication around aftercare between health and education • Need contemporaneous oversight of suicides • Need oversight of RCAs and their learnings • Increase in communication with the Justice Sector around aftercare for newly released prisoners
Community awareness	• Community education • How community development can play a role in reducing isolation and stigma • Everyone in the community to know what their role is in suicide prevention, and feel confident to play that role • School staff (whole school staff) / gatekeepers being clearer about best

	practice/intervention • Community knows how to keep someone safe from suicide • Increase in help-seeking behaviour
Improved services/supports	• Interventions with primary school aged children and awareness in schools • Gaps to be 'addressed' by targeted collaboratives of SP Collaborative members to coordinate/streamline/bid for funds • Number of GPs feeling confident on how to manage and where to refer people who are at risk of suicide • Improved client/carer satisfaction with ED service when presenting with suicidal ideation or attempted suicide • Greater skill/capacity within the health/sexual services system to respond appropriately to risk, particularly within marginalised groups, e.g. disability, indigenous • Need to understand 7 day follow up rates and their success/barriers • Changes in responses on the ground (very hard to measure!) • Improved/actual follow up of presentations of suicidal ideation/attempts from ED and new service • Reduced rate of those presentations leaving ED without seeking MH professional or new service • Involvement of those with Lived Experience • Positive facebook/media reporting • Good support for those impacted by suicide • How culture is going to play a part in healing
Other	• Expand regional response to include rural • How racism is going to be addressed • How school "bullying" (particularly social media) contributes to self-harm and suicidal ideation