Legitimacy, Positioning and Paradigm: Behind the Northern Territory’s whole of government approach to suicide prevention

Submitted in total fulfillment of the requirements of the degree of Doctor of Philosophy

by

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Abstract

The whole of government approach rose to popularity as a means to facilitate coordination and a holistic approach to policy problems that span bureaucratic boundaries. The bulk of the literature considers the approach in terms of these aspirations. In contrast, this research did not assume the reasons why a whole of government approach was adopted but rather openly explored the purposes it actually served and studied how it operated. It presents a single case study of the whole of government approach for suicide prevention in the Australian jurisdiction of the Northern Territory (NT). The case study draws on qualitative data including observation of an interdepartmental committee over more than three years as well as semi-structured interviews with participants and document review. Data were analysed using an inductive exploratory approach.

Examination of how the committee operated revealed that despite its multi-departmental membership, the bulk of the committee’s work was carried out by the lead agency and, particularly, by one individual. Furthermore, the committee was charged with broad responsibilities but its actual prime concerns were to develop and attempt to report on an action plan. There was no funding available for the action plan’s development and it documented largely unaltered activities from the member agencies that had a bearing on suicide prevention. Decisions relating to the allocation of suicide prevention funding were outside the committee’s sphere of influence. There was a disjuncture between this operation of the committee and the formal representation of the process suggesting that the committee was largely symbolic; it was intended to communicate beliefs, feeling and values. The detection of the symbolic dimension of both the committee and the action plan is a key finding of this research and breaks from the largely instrumentalist whole of government literature which assumes the approach is intended to achieve specific ends.

The symbols were used to represent a legitimate approach to suicide prevention; one that was aligned with both the institutional norm and national policy. Additionally, it was hoped that the symbols would help to position suicide onto the NT political agenda and promote the paradigm of joint responsibility for suicide prevention. Whole of government symbols being used for such purposes supports the belief that the approach has become institutionalised and is used for non-technical reasons.
Declaration

I hereby declare that the work herein, now submitted as a thesis for the degree of Doctor of Philosophy of the Charles Darwin University, is the result of my own investigations, and all references to ideas and work of other researchers have been specifically acknowledged. I hereby certify that the work embodied in this thesis has not already been accepted in substance for any degree, and is not being currently submitted in candidature for any other degree.

Megan Lawrance
Acknowledgments

My supervisors - Professor Peter d'Abbs, Dr Richard Chenhall and Dr Penny Mitchell - have guided me on a stimulating and, overall, very satisfying journey. Throughout this PhD I have relied on and valued Peter’s wealth of experience and eye for detail. He often asked the questions that, when I pondered them, opened up critical areas of discovery from within my case study. His advice was always grounded and clear. Richard has taught me much about the precision of language. ‘What do you mean by...?’ was one of his common probes. He has been approachable and available for me from the outset. Penny’s contribution to this thesis is particularly notable because she holds an honorary academic appointment; the time and energy she gave to my research were her own. I was often buoyed by Penny’s faith in, and enthusiasm for, my research and was always grateful for her informed input.

A range of individuals from the Menzies School of Health Research offered support and guidance over the years. Professor Jonathan Carapetis facilitated my research from the outset by supporting my research aspirations and providing me with an informal introduction to the Director of Mental Health. He continued to recognise the importance of my work despite it being outside Menzies’ core research priorities. Dr John Condon assumed a temporary supervisory role for my research in the preliminary stages, prior to Peter joining Menzies. I value the time he made for me and the frank and practical advice he offered during this time. Dr Kate Senior nominally filled a supervisory role for a period enabling me to retain the same panel of supervisors throughout. Moreover, Kate offered on the spot advice for me over the years. I recall walking in with the impossible and walking out believing it was all leg-slappingly-doable. Dr Vanessa Johnston has given me formative guidance and critical time-saving tips. Her friendship both lifted my confidence and tempered my optimism, as required.

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# Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Australian Broadcasting Corporation</td>
</tr>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
</tr>
<tr>
<td>ANAO</td>
<td>Australian National Audit Office</td>
</tr>
<tr>
<td>APSC</td>
<td>Australian Public Service Commission</td>
</tr>
<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td>Aust. Govt</td>
<td>Australian Government</td>
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<tr>
<td>cat. no.</td>
<td>catalogue number</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
</tr>
<tr>
<td>DCM</td>
<td>Northern Territory Department of Chief Minister</td>
</tr>
<tr>
<td>DHCS</td>
<td>Northern Territory Department of Health and Community Services</td>
</tr>
<tr>
<td>DHF</td>
<td>Northern Territory Department of Health and Families</td>
</tr>
<tr>
<td>DoHA</td>
<td>Australian Government Department of Health and Ageing</td>
</tr>
<tr>
<td>DOJ</td>
<td>Northern Territory Department of Justice</td>
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<tr>
<td>e.g.</td>
<td>for example</td>
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<tr>
<td>et al.</td>
<td>and others</td>
</tr>
<tr>
<td>FaHCSIA</td>
<td>Australian Government Department of Family, Housing, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>ICC</td>
<td>Indigenous Coordination Centres</td>
</tr>
<tr>
<td>MAC</td>
<td>Management Advisory Committee</td>
</tr>
<tr>
<td>MLA</td>
<td>Member of Legislative Assembly</td>
</tr>
<tr>
<td>n.d.</td>
<td>no date</td>
</tr>
<tr>
<td>N/A</td>
<td>not applicable</td>
</tr>
<tr>
<td>NACSP</td>
<td>National Advisory Council for Suicide Prevention</td>
</tr>
<tr>
<td>NACYSP</td>
<td>National Advisory Council on Youth Suicide Prevention</td>
</tr>
<tr>
<td>NGO</td>
<td>non-government organisations</td>
</tr>
<tr>
<td>NPM</td>
<td>New Public Management</td>
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<td>NSPS</td>
<td>National Suicide Prevention Strategy</td>
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<tr>
<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>NT</td>
<td>Northern Territory</td>
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<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>NTSPCC</td>
<td>Northern Territory Suicide Prevention Coordinating Committee</td>
</tr>
<tr>
<td>OIP</td>
<td>Office of Indigenous policy</td>
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<tr>
<td>pers. comm.</td>
<td>Personal communication</td>
</tr>
<tr>
<td>PhD</td>
<td>Doctor of Philosophy</td>
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<tr>
<td>PIECYSYP</td>
<td>Permanent Interdepartmental Executive Committee on Youth Suicide Prevention</td>
</tr>
<tr>
<td>SA</td>
<td>South Australia</td>
</tr>
<tr>
<td>SPIDC</td>
<td>Suicide Prevention Interdepartmental Committee</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Chapter 1

Introduction
Chapter 1  Introduction

1.1 The research problem

The whole of government approach involves government agencies working together to address policy problems that cannot be addressed by one department in isolation. Over the last 20 years the approach has become a trend in public administration. However, overall the outcomes from whole of government initiatives in Australia and abroad have been disappointing. Despite this, the trend remains strong in Australia.

Most commonly, whole of government approaches are adopted to address wicked problems (Bogdanor 2005; Management Advisory Committee 2004). Wicked problems not only span the responsibilities of various government departments but they are also ill-defined. They can be understood according to a variety of perspectives and are interconnected to other complex problems. For example, suicide is associated with mental ill-health, the misuse of alcohol and other drugs, a history of physical or sexual abuse, indeed, even the fabric of the society contributes to the rate of suicide. This example shows how the causes of wicked problems (as well as the appropriate policy solutions) can be contested.

Although often not made explicit, the existing literature on the whole of government approach overwhelmingly perceives the approach from an instrumental perspective (Bakvis & Juillet 2004a; Management Advisory Committee 2004; Schulman 2010). From an instrumental perspective a problem is defined and rational steps are plotted out towards pre-identified ends; instrumentally, the whole of government approach is adopted to facilitate coordination and a holistic approach to wicked problems. The approach is a means for these predefined and assumed purposes. However, wicked problems, with their multiple - sometimes conflicting - definitions and interconnectedness to other complex problems, may disturb the rationality that underpins an instrumental understanding of the approach. There are theoretical limitations to an instrumental perspective of the whole of government approach. Moreover, there are indicators it may not be the only important perspective to understanding the approach.

Research on the whole of government approach is built largely on interviews and document review. Thus research had relied heavily on portrayals of what occurs in whole of government work and, in the case of document review, documents developed specifically for public and political consumption. In contrast to this, observational data - which has been used infrequently - could study the day-to-day
activities behind a whole of government approach. Organisational studies that demonstrate a sharp distinction between formal representations of organisational processes and the day-to-day activity (see March & Olsen 1979) highlight the importance of studying this ill-explored domain.

My thesis explores the processes and meanings behind a whole of government approach. The case study, based on ethnographic principles, is the adoption of a whole of government approach for suicide prevention in the Australian jurisdiction of the Northern Territory (NT). It addresses two research questions:

1. How does the whole of government approach operate in this instance?
2. For what purposes - formal, perceived and latent - is the whole of government approach adopted in this instance?

1.2 Thesis structure
The background to the whole of government approach is described in Chapter 2. I outline its history, definitions, typologies and consider the intended outcomes of the approach. I then examine the types of research that have informed our understanding of the approach. Here I make three observations about the literature: (1) the dominance of the instrumental perspective and the underdevelopment of other, potentially important, perspectives, (2) the lack of observational data and (3) the use of high profile case studies. This chapter establishes that an underdeveloped area is research that openly explores the meanings and purposes for which the whole of government approach is adopted and incorporates observational data into the study design to describe the day-to-day activity behind a whole of government approach. This is the niche where my research sits: a study that provides a thick description (Geertz 1973) of the whole of government approach, encompassing not just details of the actions and events but also the import of those actions and events for the participants.

Chapter 3 explains my research design. This research is a single case study of the adoption of a whole of government approach for suicide prevention in the NT. The case study spans from 2005 when the seed funding was announced to December 2011, when the *NT Suicide Prevention Action Plan*, the policy output from the initiative, expired. I offer a social constructionist perspective built on three data sources: participant observation of the interdepartmental committee which was convened between March 2007 and April 2010, semi-structured interviews (including 22 participant interviews) and document review. I have used an open,
inductive, exploratory approach for my analysis and I particularly draw on theories from new institutionalism and interpretative policy analysis. Using my data, and informed by theory, I developed a narrative about the processes and meanings of this example of the whole of government approach.

Chapter 4 serves two purposes. It explores the question of why a whole of government approach for suicide prevention was adopted in the NT and begins the narrative about how the whole of government approach operated in this instance. In order to address the first question I describe the social and political context of the NT. I maintain that in the suicide prevention policy domain there was what the new institutional literature refers to as a myth (DiMaggio & Powell 1983; Meyer & Rowan 1977). The myth - that suicide prevention approaches must be intersectoral - was a taken for granted belief that set what was rational and correct, right and wrong; it guided behaviour in regards to suicide prevention policy. The second part of this chapter begins to address my first research question. I describe the structure of the interdepartmental committee (the NT Suicide Prevention Coordinating Committee) that was established to deliver the whole of government approach. Using the committee’s Terms of Reference, I detail the committee’s formally stated objectives. I also establish important contextual elements of the case study: participation in the committee was by invitation (not statutory requirement) and at the outset the committee had no funding at its disposal. The lack of funding, I believe, is an indicator that suicide prevention was not a high political priority at the time the committee was established.

A focus of this suicide prevention initiative was the development of, and subsequent attempts to report on, the NT Suicide Prevention Action Plan. The launch of the action plan was such a significant milestone that I have used it to structure my narrative of the process. The narrative describing the whole of government process, and therefore addressing my first research question, continues in Chapters 5 and 7. Chapter 5 covers the development of the action plan from the inception of the committee (March 2007) to the action plan’s launch (March 2009). Chapter 7 examines the committee’s activity following the launch of the action plan (March 2009 to December 2011).

Chapter 5 introduces the committee members including the major participants. It describes how committee representatives acted and what the main committee discussions were during the development of the action plan. This chapter introduces a key finding from my thesis: the actions of the committee were incongruent with the formally stated objectives. I argue that this disjuncture is evidence that the
committee was not an instrument for addressing suicide prevention but rather was symbolic of a joint approach for suicide prevention. The committee was used to demonstrate the legitimacy of the NT’s approach; a latent purpose of this initiative. Additionally, the committee educated representatives about and reinforced the paradigm that suicide prevention is beyond the remit of the health department. Promoting this joint responsibility paradigm was a purpose the participants attributed to the initiative. I contend that this purpose was pursued both instrumentally and symbolically. Securing legitimacy and promoting a paradigm are purposes notably different from those often associated with whole of government approaches: coordination and a holistic approach to problem solving.

Chapter 6 moves away from a description of the processes to examine the policy output from this case. The content of the action plan was lacklustre: it contained largely unaltered and unintegrated activities from the member agencies that had a bearing on suicide prevention. However, its launch was well attended and lauded within the committee. Moreover, there was a generally positive perception of the action plan within the committee and external to it. My analysis of the meanings interviewees associated with the action plan reveals that the action plan, like the committee, was not a tool for strategic planning or coordination but rather was expressive. It served two perceived purposes: it was a platform that could be used to secure greater political attention for suicide and contributed to the paradigm that suicide prevention was a joint responsibility.

My thesis is that the committee and the action plan from this whole of government approach were symbols that reflected an institutional myth and communicated beliefs, feeling and values. They communicated that the NT’s approach to suicide prevention was legitimate, that suicide in the NT was an issue worthy of political attention and that suicide prevention is a joint responsibility. This argument is already well established by Chapter 7. Chapter 7, however, describes the committee’s activity and discussions following the launch of the action plan, further developing the description of how the whole of government approach operated in this instance. The chapter strengthens my thesis in two ways. Firstly, while I contend that instrumental and institutional perspectives are not in opposition to each other, I describe apparent tension when representatives paid no heed to, or were unaware of, the symbolic value of the process. Secondly, I examine how the symbols were presented (or not) to different audiences - Australian Government, the NT bureaucracy and the community - to inform an assessment of the symbols’ intended audiences.
Chapter 8 describes activity pertinent to suicide prevention in the NT but removed from the interdepartmental committee which, at this point, was dormant and did not reconvene. This chapter explores how the process was depicted to, and the action plan interpreted by, the NT politicians at a time of political crisis on the issue of suicide. The politicians’ interpretation of the action plan as a substantive response to reduce the suicide rate demonstrates how, as a symbol, the action plan accommodated multiple meanings.

Chapter 9 is my conclusion. Here I demonstrate that, despite there being a dearth of detailed narratives of the whole of government approach, my description of the activities of the lead agency and the committee corroborates existing findings. However, I draw attention to two aspects of my findings that break new ground for the whole of government literature: (1) the disjuncture of the formally stated objectives from the observed action and (2) the adoption of the whole of government approach for reasons of legitimacy, positioning and promoting the joint responsibility paradigm. These purposes are markedly different from the assumed intentions of the approach. These findings support the belief that the whole of government approach has become institutionalised and has value beyond its technical merit. I consider the implications of my research both from a new institutional perspective and, for contrast and comparison, from an instrumental perspective. I address the generalisability of my findings and conclude by reflecting on my research journey.
Chapter 2

Background
Chapter 2  Background

In this chapter I address what the whole of government approach intends to achieve and how the phenomenon has been studied. I outline the history of the whole of government approach, the definitions and typologies. After reflecting on the experiences with whole of government in Australia and abroad, I consider the research on whole of government and make three observations: the dominance of an instrumental understanding of the approach with little development of alternative perspectives, the lack of participant observation of the day-to-day activities involved in a whole of government approach and a bias in the case studies selected towards initiatives that have a high political profile. I discuss these elements in order to demonstrate the undeveloped niche where my research sits.

2.1 Bureaucracies and wicked problems

Establishing coordination within government bureaucracies has been a perennial challenge dating back to empires of the Ottomans, Romans and Chinese (Mulgan 2002; Perri 6 2004). In the middle of last century Waldo (1948) wrote about public administrators needing to reach outside their boundaries to solve problems. However, recently whole of government approaches to coordination have risen to prominence and are now a staple in public administration. Their popularity stems largely from a mismatch between the hierarchical structure of government bureaucracies and nature of the wicked problems on the agenda of modern governments. This section describes the characteristics of both government bureaucracies and wicked problems showing how the functionally specialised hierarchical structure of bureaucracies is ill-suited to accommodate cross-cutting and ill-defined problems.

2.1.1 The traditional hierarchy

Government agencies are structured more or less on the principle of hierarchy. A hierarchy operates by setting and enforcing top-down policies, rules and regulations (Larmour 1997). German sociologist, Max Weber, characterised an ‘ideal-typical’ bureaucracy. His description included five key elements: (1) authority (super and subordination), (2) an organisation bound by rules, (3) spheres of competence, known as departments or portfolios, which insulate technical skills and divide responsibility, (4) recording of administrative acts in writing and (5) administrative staff (for example those involved in policy development) separated from the
operational side, also known as service delivery (Harmon & Mayer 1986, p. 41). Funds are allocated by government to the departments or portfolios for specific ends. The hierarchy is designed to provide tight monitoring, clear lines for accountability and efficiency within the departments or portfolio to ensure funds are appropriately spent (Mulgan 2002).

Key organisational theorists (Max Weber, Fredrick Taylor and Chester Barnard) identify the hierarchy as an efficient and necessary organising mode. The vertical structure of the hierarchy provides stability (O’Toole & Meier 1999), accountability and resource allocation as well as enabling vast amounts of expertise to be organised and, to a considerable degree, coordinated (Lindquist 2004). The structure is particularly suited to addressing problems where the cause is clear and management of the solution can be handled by one department or portfolio alone.

However, the compartmentalisation of function and a structure centred on rules make hierarchies ill-equipped to address problems that span departmental responsibilities. This structural focus on functional specialisation has been described as ‘departmentalism’ (Richards & Kavanagh 2000) and the pools of specialised knowledge have been termed ‘silos’ and ‘stove pipes’ (Peters, BG 2006). Despite the benefits of a structural hierarchy, these terms are generally derogatory terms stemming from a perceived inability of the departmental structure to address problems where the definition of, and/or the solution to, the problem is not located wholly within one functional silo. These types of problems, which include climate change and social disadvantage, are cross-cutting problems and are prominent in contemporary public policy (Peters, BG 1998a).

2.1.2 Wicked problems
Wickedness...is an attribute of those problems with multiple, conflicting definitions and no clear solutions, and whose necessary imperfect solutions beget further problems.

(Harmon & Mayer 1986, p. 391)

Rittel and Webber (1973) defined the notion of wicked problems. A wicked problem is a particular type of cross-cutting problem that is ill-defined and relentless.

2.1.2.1 Ill-defined
Establishing the most appropriate solution to policy problems can be contested. However, in the case of wicked problems the very definition of the problem is contested. Herbet Simon observed that much problem solving is in fact directed at structuring problems: tightly defining them so they can be analysed (Bridgman & Davis 2004, p. 42). Wicked problems have a variety of stakeholders and are linked
to overlapping problems and can therefore be understood from a variety of perspectives. For example, suicide can be framed as a mental health issue, a reflection on social cohesion, a drug and alcohol issue, a result of access to lethal means or a consequence of child abuse or relationship breakdown. All these valid perspectives diversely define suicide and its appropriate policy solution. The various and contested perspectives make a tight definition elusive for wicked problems: they are ill-defined. It has been argued that a classic planning process involving problem definition, goal setting, planning and implementation is redundant in the face of the conflicting definitions and values evoked by wicked problems (Weber & Khademian 2008). An appropriate solution is dependent on how the problem is defined and thus for wicked problems both the solution and the definition are ill-defined.

2.1.2.2 Cross-cutting
Cross-cutting problems involve a number of interrelated factors from multiple policy domains as well as sometimes the responsibilities of different levels of government. They cannot be holistically addressed by one single department or organisation; they cut across the traditional bureaucratic boundaries. Addressing wicked problems requires input from a variety of government agencies. The cross-cutting nature of wicked problems can be seen by returning to the different perspectives on suicide. Suicide crosses the mental health sector, child protection, community development, alcohol and other drugs treatment and support, relationship counselling and the family court to name a few.

Additionally, there are interconnections between wicked problems and other complex problems. This means that policy action in one of the interconnected domains may impact and have consequences in other areas. For example, if there is a family where there is alcohol abuse and suspected child abuse then there is a nexus between alcohol and other drugs workers, child protection workers and potentially relationship counselling and the family court. Decisions made in any one of these sectors could be expected to have implications for the workers from the other sectors. This introduces uncertainty for these different professionals. Moreover, the environment within which wicked problems must be defined and solutions identified is changing: new evidence is generated and political resourcing shifts (Australian Public Service Commission [APSC] 2007b).

2.1.2.3 Relentless
Wicked problems are often intractable and may never be completely solved. The various overlapping problems and stakeholder perspectives give different understandings of the solution to the problem and mean that ‘solutions to wicked
problems are not verifiably right or wrong but rather better or worse’ (APSC 2007b, p. 4). The interconnectedness of wicked problems with other complex problems means cause and effect relationships are difficult to identify and model; it is difficult to determine the impact of policy action taken in one area because the outcomes are influenced by a variety of factors including activity in other policy domains. Problem solving approaches that seek a ‘once and for all’ solution may generate unsafe or unrealistic expectations (APSC 2007b; Weber & Khademian 2008).

Cross-cutting, ill-defined and relentless: wicked problems are ill-suited to hierarchical governance where resources and accountability are tightly linked to the functional specialities in a rigid vertical structure. Hierarchical structures, by their nature, skew government efforts away from activities like prevention where benefits of preventative action might go to another department (Mulgan 2002). Huxham (2000, p. 352) calls it a ‘moral imperative’ that government departments work together to canvas both the diverse perspectives of the problem and the possible solutions. This urging is common (see Harris et al. 1995; Roberts 2000) and the significant driver for the formation of whole of government initiatives.

2.2 Whole of government

The notion of whole of government is underpinned by the rationale that when policy problems cannot be adequately addressed by one government department joint working is appropriate. This section explores the definitions, aspirations and different models of the approach.

2.2.1 Definitions

Whole of government is a phrase with ‘elastic’ and ‘multiple meanings’ (Farland 2004, p. 41). Whole of government is the tag used in Australia where other synonyms include integrated governance, interagency cooperation, collaborative government, intersectoral collaboration and intersectoral action. The notion of whole of government is represented by other terms across the globe including horizontal government, joined-up government and collaborative public management.

The generally accepted definition in Australia comes from the Australian Government’s Management Advisory Committee’s (MAC) report Connecting Government: Whole of government responses to Australia’s priority challenges.

Whole of Government denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They
can focus on policy development, program management and service
delivery.

(MAC 2004, p. 4)

The definition of joined-up government from the Oxford English Dictionary is:

Relating to, or designating a political strategy which seeks to coordinate the
development and implementation of policies across government
departments and agencies, especially with the aim of addressing complex
social problems...in a comprehensive, integrated way.

(cited in Bogdanor 2005, p. 1)

Collaborative public management has been defined as:

...a concept that describes the process of facilitating and operating in
multiorganizational arrangements to solve problems that cannot be solved or
easily be solved by single organizations. Cooperative means to co-labor, to
cooperate to achieve common goals, working across boundaries in
multisector relationships. Cooperation is based on the value of reciprocity.

(O’Leary, Gerard & Bingham 2006, p. 7)

Whole of government has also been defined as an ethos about government being
flexible enough to accommodate the different perspectives and fluid nature of
noted that ‘horizontality’ is used as a noun: a condition, a desired state or a mind-
set. It requires ‘soft changes’ (Lindquist 2004) such as new perceptions and
expectations and new styles of policy-making.

Scholars warn off seeking a scientific or technical definition of the concept because
whole of government approaches vary in the types of practices being coordinated,
objectives pursued and means used (Bakvis & Juillet 2004b; Farland 2004). Rather
than representing a coherent set of ideas or tools, whole of government is an
‘umbrella term’ for different responses to the divisions within the public sector (Ling
2002, p. 616). The looseness of the definition has contributed to the slippery nature
of the term; defining whole of government has been likened to a ‘semantic lucky dip’
into words like coordination, collaboration, integration, cross-cutting and horizontal
management (Farland 2004, p. 42). However, what I want to draw attention to from
these definitions is that, despite the elastic and slippery nature of defining the
notion, whole of government is joined to its intended outcomes: accommodating and
addressing wicked policy problems and achieving shared goals. Whole of
government is defined in terms of what it is intended to do. I return to this
observation later in this chapter (Section 2.5.1) when I analyse the theoretical
perspectives used in whole of government research. In the next section I explore the
aspirations of the whole of government approach further.
2.2.2 Aspirations

Despite the variety of names, structures and purposes, there is widespread agreement on the aspirations of whole of government: coordination and a holistic approach to problem solving.

Whole of government has been described as an expression for a range of forms of coordination (Halligan 2008, p. 5). Coordination involves developing compatible aims, common planning, formal communication (Mattessich, Murray-Close & Monsey 2001) and the sharing of information and maybe resources (Huxham 2000).

Joined up government is a phrase which denotes the aspiration to achieve horizontally and vertically coordinated thinking and action. Through this coordination it is hoped that a number of benefits can be achieved. First, situations in which different policies undermine each other can be eliminated. Second, better use can be made of scarce resources. Third, synergies may be created through the bringing together of different key stakeholders in a particular policy field or network. Fourth, it becomes possible to offer citizens seamless rather than fragmented access to a set of related services.

(Pollitt 2003, pp. 34-5)

Similarly, Mulgan (2002, p. 25) defines whole of government by the aspirations of encouraging agencies, departments and professions to point in the same direction (or at least not undermine each other) and align incentives, cultures and structure of authority to fit critical tasks that cut across boundaries.

The range of departments and organisations brought to bear on the policy problem is hoped to increase the capacity to address the problem. The variety of agencies allows the multiple dimensions of wicked problems to be considered and the problem, therefore, to be addressed in a holistic fashion (Bogdanor 2005, p. 9).

As outlined in Section 2.2.1, whole of government is envisaged as a process whereby participants work together, across departments and levels of government, on shared goals. The aspiration is that the joint working will enable the functional barriers of the hierarchy, or the silo-mentality, to be broken down. This is expected to accommodate the multi-dimensional and multi-causal nature of wicked problems, as well as to deliver a consistent or coherent approach (Stewart 2001, p. 147). The anticipated benefits of coordination include the better use of resources (for example the reduction or removal of duplication) and achieving synergy, that is, outcomes only possible by joint working.

2.2.3 Participants

Whole of government initiatives, while facilitated by government, can involve groups outside of government. These groups can include non-government organisations
(NGOs), particularly NGOs that have government contracts to deliver services (Harris et al. 1995). These NGOs can provide information from the coal-face about service delivery and consumer perceptions. Civic participation that brings a community perspective can also be a component of whole of government initiatives as can academic expertise. Additionally, whole of government work also encompasses public-private partnerships when the private sector is a stakeholder in the policy problem (Hyde 2008; MAC 2004, p. 4).

Whole of government approaches can incorporate not just a variety of departments but also different levels of government. They can be adopted to meld fragmentation between government departments within the same level of government (horizontal coordination) and aid intergovernmental work, both between jurisdictional governments and between different levels of government, for example coordination between national and state governments.

2.2.4 Typologies

Whole of government approaches can be classified according to the mode of organising, the structural arrangement, the type of activities undertaken and the degree of integration and interdependence between the participating organisations.

2.2.4.1 Modality

Hierarchical coordination is the traditional (Stewart 2001) and typical (Peters, BG 1998b) conceptualisation of coordination in public administration. Hierarchical coordination is imposed by authority or law (Peters, BG 2006). Stewart (2001) stated that hierarchical coordination can be used for coordination across government departments. Supporting Stewart’s observation, whole of government approaches in Australia have been ‘incorporated into the [existing] routines of governance’ (Halligan 2008, p. 14); the superior-subordinate arrangements are generally unchanged. Top-down authority rests with government ministers or central agencies, such as the Department of Prime Minister and Cabinet in Australia. Central agencies have been identified as important in establishing and sustaining whole of government initiatives (Bakvis & Juillet 2004a, pp. 51-5; MAC 2004, pp. 23-4). Indeed, Halligan (2008) maintained that much of the drive for horizontal coordination in Australia has come from the urging of central agencies. Centrally controlled initiatives are mandated approaches relying on top-down authority.

However, other modes of coordination have been suggested (Larmour 1997; Peters, BG 2006; Stewart 2001). In contrast to arrangements imposed by authority, whole of government ventures can arise from an identified need at the grass-roots where
individuals are delivering services to clients. In these bottom-up initiatives, there is a pre-existing willingness of the agencies to participate in joint working, something that is not necessarily present in top-down arrangements. Bottom-up approaches are thought to be more successful than imposed top-down initiatives because at their inception they are more likely to have a feeling of shared responsibility and a shared vision (Harris et al. 1995). Mixed models can exist where there is a need for joint working identified at the grass roots and the support is sought from higher levels in the hierarchy (Peters, BG 2006, p. 119).

Coordination by markets is based on the economic theory of markets and relies on exchange and mutual advantage for the participants. Information might be an example of a ‘commodity’ that could be traded in the public sector. Financial incentives for participation might be another means to secure commitment (Bakvis & Juillet 2004b, p. 4).

Another mode of organising is via networks. Networks are formed by patterns of interaction, generally naturally occurring, between organisations and individuals in related policy spheres. They occur in and around traditional structures; they are adjuncts rather than replacements to hierarchical coordination (2001). Network coordination is an informal mode of coordination. It is composed of loose connections based on common interest within and between agencies.

2.2.4.2 Structure

Some coordination efforts are made without structural changes (Pollitt 2003) but most often whole of government approaches result in the creation of a new organisational unit that sits abreast of the traditional bureaucratic structure. Examples include committees, councils, task forces and partnerships (MAC 2004). However, these structures are intended to complement the existing structures rather than replace them and thus, when used in whole of government approaches the bureaucracies continue to work from within the established departments.

Interdepartmental committees and task-forces have long been used for coordination of government services; within Australia the interdepartmental committee is the most common structure of interdepartmental work. These committees are generally convened by ministers or senior officials in order to deal with social and economic problems bigger than the mandates of any of the member agencies (Langford & Edwards 2002).
The minimum expectation from an interdepartmental committee, even on a matter that is contentious, is that they clarify options and established agreed facts clearly and succinctly so that subsequent decision making is facilitated. (MAC 2004, p. 28)

Members of interdepartmental committees are departmental employees who attend as representatives and are expected to speak with the department’s authority. Decision-making is by consensus and records of outcomes are kept. Interdepartmental committees may oversee implementation of policies, be a forum for consultation, coordinate the delivery of services, tackle a particular issue or manage a specific event. However, the Australian Government’s MAC report (2004, pp. 25-9) stated that they have limited capacity in joint problem solving where there is a limited evidence base and where departments are responsive to the views of external stakeholders with conflicting objectives. Although committees encourage interdepartmental interactions, dialogue and exchange of information, the general modus operandi is that agencies do the work independently and bring it to the table (MAC 2004).

Taskforces are time limited and issue specific. They are a stand alone structure for working together. The MAC report (2004) stated that taskforces are less consensual in nature than interdepartmental committees because the head of the taskforce accepts responsibility for its decisions and recommendations. As a consequence taskforces are thought to be less slow. Also in contrast to interdepartmental committees, members of a taskforce bring their skills and experience to the table, putting ‘their departmental interests behind them’ (MAC 2004, p. 30), for the primary purpose of joint problem solving. Members of taskforces can come from outside the public service and members frequently are engaged in the work of the taskforce full-time, making taskforces expensive and implemented only for issues of high government priority. Both taskforces and interdepartmental committees are perceived to be effective for the whole spectrum of joint government decision making: policy development, program design and review, program management and service delivery and crisis management (MAC 2005).

The Australian National Audit Office (ANAO) (2003) stated that when the policy issue is central to one agency, interdepartmental committees and task forces often adopt a lead agency model wherein a single agency leads the project with other agencies filling specific subsidiary roles. In contrast, partnership arrangements have equal responsibility and involvement by the member agencies. Partnerships are thought to be appropriate when core policy and program issues span two or more agencies (ANAO 2003). Interdepartmental partnerships or joint teams are usually
used for program delivery and operate over several years. Joint teams have a
blended structure where members work together in a common management
structure but are also still subject to the management control of their home
department. In joint teams no agency has a lead role and a high level of trust is
required between the participants of the participating departments (MAC 2004).

Joint ventures, also known as special purpose agencies, involve the creation of a
separate entity. These are particularly used to deliver significant new programs
(ANAO 2003) and are established outside the normal departmental structure.

2.2.4.3 Activities
The whole of government approach can be adopted for all or any of the stages in the
policy cycle from selecting strategic goals, policy development and program
implementation (ANAO 2003). The approach has been categorised by some
according to the activity for which it is adopted. Peters (1998b) makes the distinction
between coordination for implementation and coordination at the policy level.
Similarly, Perri 6 and colleagues’ (2002) work on holistic governance differentiates
between coordination (the development of ideas about joint working and the
planning for joint working) and integration (the execution or implementation).

One schema suggested that there could be joined-up activity on four levels: (1) high
level policy formation of government strategy involving ministers, think tanks and
senior departmental advisors, (2) policy and program development within the
bureaucracy, (3) program management within organisations and (4) local service
delivery (Hyde 2008).

2.2.4.4 Integration and interdependence continuums
The public management literature describes how joint working in the public sector
can occur on a continuum with varying levels of integration and dependence
between the member agencies (O’Toole 1997; O’Toole & Meier 1999). This
continuum spans traditional bureaucratic hierarchies at one end to tightly
interdependent arrangements at the other. Along the continuum there are increases
in information exchange and the sharing of resources and risks.

Mandell and Steelman (2003) offer five types of interorganisational arrangements
(including public, private and non-profit groups). They span intermittent coordination
- characterised by mutual adjustments with low levels of interaction and resource
sharing - through to taskforces and regular coordination to coalitions and networks.
Coalitions have a narrow, specific purpose. Network arrangements can include the
activities of the other four types but in addition have a broad mission with members having a strong commitment of both human and financial resources to the goals.

A commonly cited distinction, which is also on a continuum, is between cooperation, coordination and collaboration (see Australian Research Alliance for Children and Youth 2009; Mattessich, Murray-Close & Monsey 2001). Cooperation requires low trust, ad hoc communication, independent goals and no reorganisation of authority. Coordination has structured communication, joint policies and programs and semi-interdependent goals. Collaboration is the most highly integrated and interdependent of the three forms. It encompasses pooled resources, negotiated and shared goals and shared power arrangements.

Lindquist (2001, p. 156) stated that whole of government typologies are problematic because initiatives can include several goals, activities evolve over time, formal structures and processes meld and informal modes of coordination can develop. However, the typologies discussed above demonstrate that whole of government approaches can be used for all stages of the policy cycle, can operate within the hierarchal structures and processes and sometimes with only intermittent communication. What is striking about this examination of the organisational modes and structures is that whole of government approaches can be adopted with very little change to the existing hierarchical-departmental structure and mode of organising.

### 2.3 The ascendancy of whole of government

While addressing problems in a coordinated and coherent manner has long been a concern of governments, the last 20 years has seen a trend towards joint approaches within public administration. As discussed earlier in this chapter, the imperfect fit between important strategic, cross-cutting objectives of government and the bureaucratic structure has been the most significant driver in the rise in popularity of joint approaches. However, the current prevalence of whole of government approaches has also been attributed to other factors. This section discusses these elements in order to provide a more nuanced discussion of the circumstances within which whole of government approaches became popular. I also specifically describe the recent history of the approach in Australia.
2.3.1 More reasons to work together

2.3.1.1 Reaction to previous reform agenda

Public sector reform of the 1970s and 80s in many Anglo-Saxon countries was known as New Public Management (NPM). During this period the public sector responded to a perception that the bureaucracy was inefficient and a demand for greater accountability (Christensen & Lægreid 2007; Kickert, Klijn & Koppenjan 1997). These pressures contributed to a ‘corporatisation’ of the public sector. NPM saw governments adopt approaches focused on efficiency, effectiveness and tight fiscal accountability. Policy and service delivery were separated through privatisation and contracting out. It was a time of decentralisation for government and a focus on small government (Van Gramberg, Teicher & Rusailh 2005). Issues were broken down into their component parts and addressed separately by government and NGOs in a modular fashion organised around funding streams, targets and measures of performance (Mulgan 2002).

These NPM reforms increased fragmentation and exacerbated the silo effect; the funding and accountability structures placed incentives on the aims of single organisations. In some cases this resulted in duplication of programs, complex administrative arrangements for those requiring government services and uncoordinated service delivery (Peters, BG 2006, p. 116). It has been observed that countries adopt methods of coordination to correct the excesses of previous reform programs (Perri 6 2004) and thus the NPM reform agenda is likely to have contributed to the popularity of the whole of government approach that followed it. This can be seen in the United Kingdom (UK), Australia and New Zealand, which in the 80s and 90s shifted towards NPM reforms and then in the late 90s and early 2000s embraced whole of government approaches (Gregory 2006; Richards & Kavanagh 2000).

2.3.1.2 Seeking coordinated service provision

The contracting out of service provision by government resulted in fragmentation and a disconnect between government and government funded service providers (Van Gramberg, Teicher & Rusailh 2005). The formal contractual arrangements led to incomplete information and a range of inefficiencies. This coincided with a time when citizens, influenced by the burgeoning world of consumerism, were bringing their own pressures to bear on the public service (Lindquist 2004). Citizens had greater access to information and high expectations of their rights and entitlements. They sought more integrated services and streamlined approaches such that
government departments could address the gamut of concerns of a given client group, for example the elderly, small business or single mothers (Mulgan 2002).

2.3.1.3 Social thinking

From the late 1970s, social scientists were concerned with systems thinking and were accumulating evidence about the interconnectedness of social problems. One example of this is that only a fraction of health improvements come from health services. The social determinants of health encompass other areas including housing, water quality, diet and working conditions (Perri 6 et al. 2002, pp. 34-5).

There was a shift away from individualism and towards a greater emphasis on the cultural roots of social problems (Lindquist 2004; Mulgan 2002). This paradigm shift in the understanding of social problems demanded a more holistic approach. By the late 1990s, there was political traction on the issue and a shift away from atomistic models that broke problems down into their component parts with each part considered and addressed in isolation. The fragmentation of traditionally bureaucratic structures combined with the structural reforms and emphases of NPM were at odds with the established social theory about the holistic nature of social problems (Bogdanor 2005). Thus societal pressures in the late 1990s sought a more integrated public sector to meld the fragmentation and provide a holistic response to problems (Kickert, Klijn & Koppenjan 1997; McGuire 2006).

2.3.1.4 Globalisation

In the era of globalisation there is a need for governments to develop policies that are not only appropriate nationally but also reflect respected international norms. This is necessary for national governments wishing to ensure their place in the international community (Lindquist 2004). This international dimension tends to require broader consideration of policy problems (Peters, BG 2006, p. 122). Peter’s offers the example of education: it is now recognised as a component of international competitiveness and thus requires links to the areas of labour, industry and foreign affairs to ensure it can fulfil this broader understanding of its purpose.

Additionally, supranational organisations such as the European Union, United Nations and World Health Organization (WHO) can also influence policy trends (Sahlin-Andersson 2001). For countries that are members of the European Union, there is pressure to demonstrate internal policy coherence on the national stage (Peters, BG 1998b). Another example is the WHO. It recognises the social determinants of health (WHO 2012), discussed above, and encourages national governments to accommodate this broad understanding of health.
The combination of factors described above has resulted in public sector reform directed at integrated interdepartmental and intergovernmental responses, both in Australia and abroad. From the late 1990s up until the time this thesis was submitted (2012) the whole of government approach was a trend within public administration.

2.3.2 The trend in Australia

Here I trace the burgeoning whole of government trend in Australia. However, I first provide a brief overview of the structure of government in Australia in order to contextualise the use of the approach.

2.3.2.1 Australia’s federated structure

Australia is a federation of six states and two territories, governed by a parliamentary system based on the Westminster system. Authority is dispersed across three different levels of government: Australian (national), state/territory and local. The Australian Government’s exclusive powers are set out in the Constitution and residual powers are the responsibilities of the states and territories. The vision of those who wrote the Constitution was that the Australian Government would operate in parallel with the state/territory governments but the latter would be distinct governing entities (Painter cited in Van Gramberg, Teicher & Rusailh 2005). However, in practice many functions are shared between the Australian and state/territory governments. Sectors where policy making authority is split and sometimes contested between these two levels of government are education, health, housing and roads (Bridgman & Davis 2004; Van Gramberg, Teicher & Rusailh 2005). Some have argued that federalism has led to considerable confusion in relation to accountability and split responsibilities between the different levels of government (Walsh 1992). In the health arena, this is particularly an issue where the Australian Government funds health services that are provided by the state/territory governments (Lewis 2005, p. 25).

The Australian Government Cabinet, comprised of senior ministers, is the apex of government and is the source of authoritative allocation of government resources. Bureaucrats are part of the executive arm of government and their work is driven by the political priorities of the government of the day.

In the ideal responsible government system...public servants advise governments on policy but do not get involved in direct political questions... Ministers make decisions while public servants offer advice and then implement government choices.

(Bridgman & Davis 2004, p. 12)
Within Australia’s federated structure, coordination can occur between different tiers of government as well as horizontally between the different government departments that have relevance for a particular policy problem. Given this context it is not surprising that the Australia Government’s focus since federation in 1901 has particularly been on coordination between the Australian Government and its states and territories (Van Gramberg, Teicher & Rusailh 2005).

2.3.2.2 The Australian rise of whole of government

Podger (2004, p. 5) stated that public sector reforms in Australia have swung between centralised, hierarchical management and devolved, horizontal approaches. The 1970s saw the prime minister of the day, Gough Whitlam, initiate a Royal Commission with a broad scope encompassing almost all areas of Australian Government administration. Its report, released in 1976 and known as the Coombs Report, maintained that the administration was overly hierarchical and centralised and recommended that authority should be devolved (APSC 2003, p. 45). The recommendations centred on increased flexibility and responsiveness of the Australian Public Service and an emphasis on outcomes and community participation. A major recommendation from the report was implemented when, in 1987, 28 Australian government departments were reduced to 18 with the aim of integrating related functions into larger portfolios (MAC 2004, p. 7). Concurrent with these reforms was the rise of NPM and market orientated reforms.

In the 1990s whole of government approach became a trend in Australian public administration. The Hawke Labor Government established the Council of Australian Governments (COAG) in 1992. COAG provided a forum for the Australian Government to work with the governments of the states and territories. The aim of COAG was to address overlap and duplication of service delivery between jurisdictions (Van Gramberg, Teicher & Rusailh 2005). In 1996 when John Howard’s conservative government was elected, the focus was on horizontal integration and intergovernmental cooperation (Van Gramberg, Teicher & Rusailh 2005).

During Howard’s time as prime minister, Peter Shergold, one of the great believers in the whole of government approach, headed the Department of Prime Minister and Cabinet from 2003 to 2008. Shergold hoped to build a culture of collegiality and creativity within the public service. In 2003 a new Cabinet Implementation Unit was established to support whole of government activities (Christensen & Lægreid 2007). By mid 2000, Halligan (2007), along with others (see Langford & Edwards 2002) identified an emergent trend in public administration in Australia which Halligan called ‘integrated governance’. Integrated governance includes various
types of coordination under the banner of whole of government as well as an increased role of central authority over departments. O’Flynn’s (2009) critique of the inaccurate and excessive use of the term ‘collaboration’ within Australian public service organisations, what she termed the ‘cult of collaboration’, is another indicator of the trend towards joint approaches in Australia.

Indicators are that the trend has remained strong throughout the first decade of this century. The Institute of Public Administration Australia commissioned a project titled *Working Together: Integrated Governance* with the objective of furthering understanding of what the report identified as a ‘a major shift in public administration involving integrated solutions across sectors and tiers of government’ (Success Works 2002, p. iii). In 2004 the MAC released *Connecting Government: Whole of Government Responses to Australia’s Priority Challenges*, a 254 page manifesto. The title alone indicates the importance that the Australian Government placed on the whole of government approach at this time. In 2008 the Australian Research Council funded a four year a project titled *Whole of Government: Evaluating frameworks for integrating policy development, implementation and delivery of public services* (Australian Research Council 2007).

In April 2008, at the Australian Government’s *2020 Summit*, a forum discussing Australia’s future, the notion of whole of government was elevated as a ‘top idea’ (Australian Government 2008, p. 14) suggesting that whole of government is likely to be an ongoing trend in Australia well into the second decade of this century.

### 2.4 Whole of government outcomes

I have described, above, the trend towards whole of government approaches and here I explore the different results and outcomes from adopting the approach. This is not intended to be a comprehensive examination of the whole of government approach in the countries I discuss but rather I am considering the outcomes to demonstrate two points: (1) despite the popularity of the approach, I judge that the outcomes from the whole of government approach in Australia and internationally have been, on the whole, disappointing and (2) that the outcomes of whole of government approaches are varied despite the common aspirations of coordination and a holistic approach to problem solving that I identified earlier (Section 2.2).

The broad definitions of whole of government demanded that I adopt stringent boundaries for this literature review. I have been guided by the substance of this thesis - interdepartmental and intergovernmental working - and included work that contributes to knowledge on these fronts. I have not included research and
evaluation focused on public-private partnerships, community participation in government and joint working between government and non-government service providers. Despite my own specific focus, interdepartmental and intergovernmental working assumes a range of different names in the literature including the gamut of whole of government synonyms, coordination, collaboration and joint working. For transparency, wherever possible, I use the noun from the cited reference.

2.4.1 The international experience

The Australian Connecting Government: Whole of Government Responses to Australia’s Priority Challenges report (MAC 2004, pp. 1-2) stated that developing whole of government responses was a priority for the Australian Public Service. The report identified the aims of the whole of government approach were to achieve goals shared across departments and provide an integrated government response to particular issues. However three years after this report was released the outcomes were limited.

Despite some successes… the overall implementation of the Connecting Government report has been disappointing and the report does not appear to have had a fundamental impact on the approach that the [Australian Public Service] takes to its work.

(APSC 2007a, p. 247)

Although there were some favourable reports about the collaborative culture, the Australian Public Service has struggled to incorporate and give prominence to whole of government concerns within the existing accountability and financial management frameworks as well as within the existing culture (APSC 2007a, p. 3).

Joined-up government was first adopted in the UK in 1997 for intractable policy problems including social exclusion and drug use (Mulgan 2005). The White Paper that followed, Modernising Government, called for a partnership approach to facilitate more integrated and seamless service delivery (Ling 2002) which considered the impact of policy on all groups (Richards & Kavanagh 2000, p. 5). The UK’s joined-up government approach encompassed policy development and service delivery and included the formation of intersectoral units and cross-sector Policy Action Teams (National School of Government n.d.); client focused practices such as one-stop-shops and centrally controlled direction and funding for local partnerships (Ling 2002). It was implemented in an aggressive top-down manner (Stoker 2005). Joined up government was not a radical restructure but rather a focus on coordination; it retained the hierarchical quality from the traditional bureaucratic structure (Perri 6 2005).
There are mixed reports on the success of the UK’s experience with joined-up government. Mulgan (2005), while acknowledging departmental traditions remained strong, offered a fairly optimistic assessment citing the uptake of joint budgets, acceptance of the Strategy Unit - which was separate from, but offered advice to, departments - and culture change on the ground. In contrast to Mulgan’s appraisal other work found that the structural reforms were insufficient to foster collaboration and were not supported by sufficient institutional and cultural reforms (Ling 2002; Richards & Kavanagh 2000). Collaboration occurred in an ad hoc fashion through the Prime Minister and informal associations (Ling 2002) and the reward system undermined collaboration by being aligned with political and personal ambition (Ling 2002). The most successful initiatives have been those with clear objectives, political commitment, viable structures and where the incentives of money, career rewards and targets have been aligned (Mulgan 2005, p. 184).

New Zealand’s efforts have included coordinating departments around the government’s ‘Strategic Priorities and Overarching Goals’ however the impact on the departments has been limited (Ling 2002). Ling suggested that a greater impact would require more tightly defined priorities, for example taking into account the activities of the departments as well as incentives to pursue the strategic priorities set. In 2004 the New Zealand parliament enacted a range of legislation aimed at strengthening whole of government capacity. The changes included greater central government control over single purpose government entities and allowing parliamentary appropriations (that in New Zealand are tied to specified outputs) to nominate multiple outputs as opposed to single outputs, as had previously been the case. Tying government funding to specific outputs is designed to provide clear accountability; allowing more than one output was hoped to provide a greater focus on broader policy outcomes (not just outputs) and thus facilitate joint working between government departments. However, Gregory (2006) claimed that the tight output-based accountability regime and an existing sharp distinction between the political concerns of ministers and the service delivery responsibilities of departmental heads were structural gaps which continued to hamper the pursuit of collaborative policy outcomes in spite of the legislative changes. The legislative changes did not significantly shift the focus from departmental outputs to the government’s joint policy outcomes, rather it ‘paper[ed] over [the two] major structural fissures’ discussed above (Gregory 2006, p. 150).

As with the Australian, UK and New Zealand experiences, traditional accountability frameworks hindered Canada’s horizontal management activities of the mid-1990s. There was a tension between the tradition frameworks that did not encourage focus
on the happenings beyond a department's own programs and the aspirations of horizontal management (2004a, 2004b). Canada's horizontal management, as in the UK and Australia, has been directed at the culture of the public service and not significant structural reforms (Lindquist 2004).

This overview highlights the tensions that arise in whole of government approaches between the established structures - organisational, financial and accountability - and the aspiration to generate a coordinated and integrated response across the existing hierarchy. These tensions have been noted by others:

Almost nothing about the bureaucratic ethos makes it hospitable to interagency collaboration. The collaborative ethos values equality, adaptability, discretion and results - the bureaucratic ethos venerates hierarchy, stability, obedience and procedures.

(Bardach 1998, p. 232)

Sullivan and Skelcher (2002, pp. 218-9) call this a ‘collaborative dilemma’ where powerful and sometimes contradictory forces need to be negotiated. Similarly, Lindquist (2004) is resigned to the fact that vertical structures, incentives and accountability will persist and horizontal ways must work within and supplement these systems. Such difficulties have led scholars to advise that whole of government approaches should be adopted only for specifically selected problems and only after careful consideration (Barrett 2004; Hardy & Phillips 1998; Huxham 2000). Another theme, evident in the above synopsis, is that despite the emphasis governments have placed on establishing whole of government approaches, it appears to have produced limited change.

**2.4.2 Success and its facilitators**

Contrary to the generally glum portrayal of the whole of government approach above there are success stories. These can inform our understanding of when whole of government is likely to yield successful outcomes.

**2.4.2.1 High-level involvement; political commitment**

Meredith Edwards (2001) recounted three cross-portfolio examples of successful and radical social policy reform in Australia. In all three cases the interdepartmental structures were high-level senior structures including ministerial committees and, in another case, a committee comprised of departmental heads and the prime minister’s advisor. The involvement of ministers and ministerial advisors suggests there was a high degree of political commitment from the government in these instances.
In Australia’s adversarial model of government (Perri 2004) bipartisan support can also facilitate whole of government work. Australia’s National Drug Strategic Framework, which aimed to minimise the harmful effects of drug use, had bipartisan support. As with one of Edward’s cases, the framework was supported by a ministerial council. An evaluation of the framework found that the approach was well regarded nationally and internationally and that the associated committees and expert advisory bodies were ‘highly successful’ in leading the framework in an environment where the Australian and state/territory governments wanted to maintain independence (Success Works 2003, p. 3). Bipartisan support was one of the elements that facilitated the creation of an environment for a consistent national approach.

The formation of ministerial councils in these examples is indicative of political attention and political will. Others (Hyde 2008; Mulgan 2005; Peters, BG 1998b; Stewart 2001) have observed that these are important facilitators for joint action.

2.4.2.2 Problem and/or goal clarity

A number of authors claim that having clearly defined goals facilitates whole of government processes (Mulgan 2005; Page 2005; Peters, BG 1998b). One such example is the UK’s Rough Sleepers Program. Funded with £200 million over three years, it aimed to reduce the number of people sleeping rough. A Ministerial Steering Committee and the Rough Sleepers Unit coordinated activities including outreach workers coordinating a tailored combination of services for the clients which encompassed welfare payments, jobs training and mental health care. There was a 62% reduction in the number of people sleeping rough over the three year period (National Audit Office 2001).

However establishing joint and unambiguous goals can be difficult particularly when the initiative involves strategic decision-making. Stakeholders may be ideologically incompatible and hold differing ambitions and priorities (Sullivan & Skelcher 2002, p. 218). Huxham and Vangen (2000, p. 1160) concluded that it is not always possible to establish universally agreed goals and sometimes action must proceed without a clear definition of the end point.

2.4.2.3 Leadership and champions

Canada’s Vancouver Agreement (Bakvis & Juillet 2004a, pp. 40-4) is a lauded example of horizontal management. It sought to address urban poverty and decay. It involved a range of federal and provincial departments as well as several agencies from the City of Vancouver. There was no new money put into this agreement rather
the aim was synergy: to coordinate the separate efforts of the departments and agencies’ for greater impact. As a result of the Vancouver Agreement one of the federal departments contributed funding to the initiative. The Vancouver Agreement broke new ground because it incorporated a population health model in its approach to economic development. This was possible because policy champions from within one of the federal departments argued for the link between economic development and population health. The importance of establishing this link was that it enabled funds assigned for economic development to be spent on population health initiatives. Some improvements noted in Vancouver Downtown Eastside relating to substance abuse, child poverty, crime, homelessness and Aboriginal poverty may be attributed to improved coordination and collaboration (Bakvis & Juillet 2004a).

The collaborative management literature identifies specific skills for those who lead initiatives that cross boundaries (Williams 2002). Champions, who continually nurture joint ventures over the long term, can also facilitate joint action. Indeed, the Canadian Roundtable found that horizontal management, rather than being supported systemically, relied on heroic individual effort (Lindquist 2001, p. 164). Bakvis and Juillet (2004b) concluded that without strong leadership at the highest level horizontal initiatives have limited impact.

### 2.4.2.4 Supportive environment

Elements of the environment, including the social, political and economic climate can impact on intersectoral action (Harris et al. 1995, pp. 58-61). Edwards (2001) acknowledged the role that politics played in implementing cross-sector social policy reform. The environment was also an element in the success of the Northern Territory’s (NT) alcohol reforms between 1991 and 2000, which led to a decrease in the consumption of alcohol and alcohol related mortality (Chikritzhs, Stockwell & Pascal 2005; Stockwell et al. 2001). Its success was attributed to the chance alignment of political will (the commitment of the Chief Minister) and the liquor industry’s promotion of low alcohol content beers (d'Abbs 2004).

### 2.4.2.5 Adequate resourcing

Joined-up government approaches are resource intensive, both of time and money (2002, pp. 633-7). Time is necessary to allow relationships to be formed and information to be shared. Page (2005, p. 143) linked dedicated funding for joint initiatives with greater participation because agencies are unlikely to participate in ventures where they feel they are subsidising the activities of another agency. Additionally, financial arrangements can be used as an incentive to facilitate joint working (Section 2.2.4.1).
The NT’s alcohol reforms included a levy imposed on alcohol sales. This provided strong financial backing - the NT had the highest expenditure on drug and alcohol programs compared to other jurisdictions - and contributed to the positive health outcomes identified (d’Abbs 2004).

Human resource costs are also an important factor. The Australian Government’s whole of government approach to reduce the supply of and demand for illicit drugs included the departments of health, education, police and customs. This case noted the heavy resource requirements of supporting interdepartmental committees as well as developing joint submissions and coordinating policy responses (MAC 2004, pp. 182-9). Bakvis and Julliet’s (2004a, p. 61) case studies also highlighted the human resources that need to be invested in meetings and discussions for horizontal work.

**2.4.2.6 Interpersonal relationships**

From 2002 to 2007 two Australian Government departments formed a joint team to deliver natural resource management programs. It is reported in the MAC report (2004) that this joint team delivered better strategic outcomes - although they are not specified - and generated a stronger and more influential position on natural resource management among the stakeholders. Another indicator of success was that employees from one department were championing the issues of the other department. In this case there were a number of activities were used to create a culture shift to a joint team. The team’s effort at building effective interpersonal relationships was identified as a key factor in the success of the initiative. Other facilitators I have already discussed also contributed to success of the natural resource management programs: clear joint objectives and a high level mandate for integrated outcomes (MAC 2004, pp. 129-36).

Trust, a component in strong interpersonal relationships is identified as an important element (Christensen & Lægreid 2008; Vangen & Huxham 2003). However, developing trust takes time and can make establishing whole of government initiatives a lengthy process.

While the outcomes of whole of government approaches have been generally disappointing there are examples of success in the literature. Many of the facilitators of success are contextual elements: political, social and economic climate, involvement of champions and leaders with specific skills and adequate resourcing. Other more malleable factors that contribute to success include the clarity of goals and the development of interpersonal relationships.
The following section examines the research on the whole of government approach. One of the points I make is that whole of government is often studied as an instrument for achieving predefined goals. In light of this it is important to draw attention to the different definitions of success applied in the cases above. Success included social outcomes (e.g. a reduction in rough sleeping, a reduction in alcohol consumption and an improvement in urban poverty), increased funding, leadership, the implementation of social policy reform and, in the case of the Vancouver Agreement, a changed mind-set acknowledging the link between economic development and public health.

2.5 Research on the approach

Up until now I have used the whole of government literature to define the notion, understand its rise in popularity and examine the outcomes of the approach. In this section I move to examine the research on whole of government. I consider the theoretical lenses used to understand the whole of government approach, the different forms of data used and the types of case studies selected.

2.5.1 Instrumental perspective

2.5.1.1 Dominance

In section 2.2.1 I noted that the whole of government approach is often defined by what it is intended to do. Similarly, research on the whole of government approach overwhelmingly assumes an instrumental perspective, although this is often not made explicit. Whole of government is understood as a means or a tool for a particular ends - most often, coordination and a holistic approach to problem solving. Below, I briefly describe the characteristics of an instrumental perspective to inform my analysis of the literature and facilitate my discussion of alternative perspectives.

Underlying an instrumental perspective are the notions of instrumental rationality and a logic of consequentiality. These notions describe a linear decision-making process governed by rationality: that is, reasonable judgement and analysis of the likely outcomes. The instrument is a means to reach a predefined goal. Alternative solutions are sourced and analysed for their potential consequences or likely outcomes. The chosen solution is selected based on how likely it is to reach the desired ends or goal. Research and evaluation from this perspective are principally concerned with making the tool efficient and effective. From an instrumental perspective there is a predefined or assumed purpose for which the tool is adopted and by which effectiveness is judged.
Pollitt (2003, p. 35) noted that much of the discussion of joined-up government is of a managerial and technical nature. Unsurprisingly, given the definitions of whole of government, coordination is one purpose for which researchers assume whole of government is adopted. Bakvis and Juillet’s (2004b, p. 6) Canadian case studies of interdepartmental working examined what worked well and what did not in relation to ‘coordination, policy coherence and outcomes’. These authors based their judgments on the perceptions and assessments of participants in horizontal initiatives. The research identified the structures, modes of operation and practices that enhanced coordination. The focus of the Australian MAC report (2004, p. 125) was ‘to improve coordination for the Australian Government through a more integrated approach to work which spans more than one agency, resulting in improved policy development, and program and service delivery to Australians’. For these authors, the whole of government approach was synonymous with coordination; it was assumed to be the purpose for which whole of government is adopted. In both the Canadian and Australian publications the central concern was how to develop effective approaches to coordination.

Outputs and outcomes are another assumed purpose for which whole of government is adopted. Give the range of activities that whole of government can be adopted for (Section 2.2.4.3) these outputs and outcomes are diverse. The Australian Research Council funded project assumed the objectives of the whole of government approaches at the outset.

Governments use whole of government approaches to produce integrated service delivery and deal with ‘wicked problems’ across jurisdictions and portfolios. This project will develop a framework for assessing such approaches and generating best practice guidelines to enable effective and efficient government.

(University of Canberra 2008)

In line with an instrumental perspective, the concerns of the researchers quoted above are centered on efficiency and effectiveness and improving practices to reach these assumed ends.

Schulman’s (2010) PhD thesis examined joined-up youth policy and practice using twenty case studies from England and New Zealand. She was exploring what factors enabled bureaucrats to produce different outputs. She ranked the quality of the outputs as high, average and low using the parameters of expectation and credibility; relationships and processes and synergy of outputs. For Schulman the predefined purpose was for joined-up working to produce quality outputs. The focus is again on effectiveness as she sought to know what factors facilitate the production of quality outputs. Similarly, *Working together: Intersectoral action for*
health (Harris et al. 1995) reported on the conditions for successful intersectoral action. These authors predefined the purpose of intersectoral working as either a change in health outcomes or intermediate indicators of change. The evaluation of the whole of government domestic and family violence strategies in the NT (Learning Research Group & Department of the Chief Minister 2006) identified three desired outputs at the outset: efficient and effective governance structures, increased stakeholder capacity and a stronger evidence base about successful initiatives. The evaluation shows a key characteristic of research from an instrumental perspective when it stated that it provided a ‘picture of the...efficiency and effectiveness of the policy’ (Learning Research Group & Department of the Chief Minister 2006, p. v).

The growth of research that seeks to understand how to make whole of government approaches work better may be a product of the pressure on government agencies to work together (Sections 2.1 & 2.3.1) combined with the failure of many whole of government initiatives to achieve the aspirations set for them (Section 2.4).

An instrumental perspective within public administration is common:

Instrumental rationality is at the heart of public administration and virtually all organizational theory. That people treat organisations as a means to an end or that people's actions are measured in an instrumental fashion is neither startling nor necessarily harmful to anyone. The difficulties arise when these are seen as the only ways by which to judge administrative action.

(1986, p. 15)

I concur with Harmon and Mayer - an instrumental perspective to understanding the whole of government approach may not always be appropriate. I believe the characteristics of wicked problems, the problems that whole of government is often adopted to address, may thwart an instrumental process. Cohen, March and Olsen (1972) described organised anarchies where rational and linear decision processes are disturbed by three things: (1) problematic preferences, for example when the appropriate solution is contested, (2) unclear technologies or when it is hard to make causal links between action taken and outcomes seen (March & Olsen 1979, p. 12), for example when there is interconnectedness between policy domains and (3) fluid participation, when participants change and when the time and effort of participants varies over time. Cohen, March and Olsen proposed that within organised anarchies an alternative decision-making model called the garbage can of organisational choice applies. Instead of a sequential and rational decision-making process, in the garbage can model the elements of problems, solutions and decisions are uncoupled and joined by chance alignment, just as if they were thrown in a garbage can. The three characteristics of organised anarchies (problematic preference,
unclear technologies and fluid participation) are indicative of the context government agencies operate in when addressing wicked problems - problems that are ill-defined, cross-cutting and relentless.

Building on their garbage can model of choice, March and Olsen (1979) looked at how organisational choice can be affected by ambiguity. An instrumental perspective requires a measurable goal by which to judge success. One element of organised anarchies is the inability to make causal links between action taken and observed outcomes. Government agencies sometimes operate in situations where measurable outcomes cannot (easily) be identified. One example of this is that outcomes for wicked problems are often seen in the long term rather than as immediate outputs identifiable in evaluations (Sullivan & Skelcher 2002).

I believe that the whole of government approach is largely conceived as a means for predefined goals. This is evident both in the way it is defined and the way it has been researched in the case studies I have described. The work of Cohen, March and Olsen brings into question the appropriateness of assuming an instrumental perspective for understanding the whole of government approach when adopted to address wicked problems. There are alternative, and less explored, perspectives that may also be useful.

2.5.1.2 Less explored perspectives

An important perspective that has been noted, but explored little in the whole of government realm, is whole of government as symbolic action. Rather than focusing on the results and outcomes of whole of government approaches, theoretical perspectives that focus on symbolic action consider what the approach represents; what meanings it holds for stakeholders. Whole of government approaches through such lenses are not designed to solve particular problems but rather to convey beliefs, feelings and values.

Pollitt (2003, pp. 35-6) noted what he called the ‘political dimension’ of the UK’s joined-up government. He postulated that adopting joined-up government may have portrayed New Labour as modern, inclusive and different from the previous government. If joined-up government did communicate such notions then it would have communicated beliefs, feelings and values and had symbolic value.

Whole of government approaches may also represent norms from the institutional environment and be understood as symbols that gain and maintain organisational legitimacy (Briggs & Fisher 2006, p. 2; Christensen & Lægreid 2007, p. 1062). Christensen and colleagues’ (2007) case study of whole of government structural
reforms in Norway noted that actions, when viewed as symbols, may have assisted in securing legitimacy for the process.

Lindquist (2004) speculated that the Canadian Prime Minister used horizontal policy capabilities to move issues, such as national security and Aboriginal affairs, higher on the government agenda. Lindquist’s belief was that the horizontal policy initiatives served as a focal point. Lindquist proposed that the central purpose of the initiatives was to communicate that these were issues of significance to be addressed rather than to address the issues per se.

The presence of symbolic action does not necessarily rule out the potential for instrumental action. This is evident in Australia's MAC report (2004). In the previous section I demonstrated that the report assumed an instrumental perspective on the whole of government approach. It also asserted that whole of government approaches can hold symbolic meaning.

[Special purpose agencies] are structures which symbolise to stakeholders a coherent whole of government approach to a contentious and complex issue.

(MAC 2004, p. 39)

The report gives the example of the Australian Greenhouse Office that was structured to:

...reassure external stakeholders that it is an expert body, neutral between the contending interests of a range of external stakeholders and dedicated to providing dispassionate advice and excellence in program administration.

(MAC 2004, p. 39)

The government hoped the Australian Greenhouse Office would symbolically represent a coherent approach and reassure stakeholders yet the office also simultaneously sought to develop skills and knowledge instrumentally on the topic and effectively administer the programs under its auspice. Australia’s National Oceans Office is another example where, while it served instrumental purposes - gather scientific knowledge, manage marine plans - it was intended to also have a symbolic purpose:

[The National Oceans Office] has not only to act in a whole of government manner but to be seen to do so - its separate structure is part of the symbolic message to stakeholders.

(MAC 2004, p. 40)

The meanings and interpretations of the whole of government approach is a research area that is currently undeveloped. The publications cited above have noted the potential for whole of government approaches to represent abstract ideas including legitimacy, modernity, communicating political priority, difference,
inclusion, neutrality and to be seen to be acting in a coherent manner. The MAC report (2004) stated that the special purpose agencies were designed to be symbolic and the study of the Norwegian structural reforms (Christensen, Fimreite & Lægreid 2007) examined technical and institutional elements to interpret the symbolic meanings of the case. However, all the other publications only note the potential or postulate that whole of government may be interpreted in this fashion. Studying how whole of government approaches are interpreted as symbols is important because it may uncover that the approach is adopted for purposes that have been previously overlooked.

Whole of government approaches have been in vogue for about 20 years now and have become part of the ‘zeitgeist’ in public administration (2008, p. 184). Clegg (1990) claimed that organisational arrangements persist not necessarily because they are efficient but because they are valued in themselves. Similarly, Selznick (1984) argued that organisational arrangements can become institutionalised and infused with value beyond their technical merit. The works of Clegg and Selznick support the need to research what whole of government represents, what meaning it holds for participants and other stakeholders, in such a context.

Organisational culture is a second, less developed, perspective in the whole of government literature. Whole of government has been described as an ethos (Bogdanor 2005, p. 17); a way of thinking and acting that accommodates the complexity of wicked problems. In line with this, organisational culture has been identified as an important element in whole of government work (MAC 2004). An organisational culture perspective considers how norms and values impact on whole of government initiatives. From a cultural perspective, individuals act according to a logic of appropriateness which is determined by the organisational culture (Christensen et al. 2007, p. 40). This differs from the logic of consequentiality that underpins an instrumental understanding of organisational action. Buick’s (2010) work examined how organisational culture impacted whole of government effectiveness. She described two exemplars in the Australian Public Service where there were unique pockets of activity and a culture supportive of achieving whole of government outcomes. Christensen and colleagues’ (2007) study of structural reforms in Norway, in addition to considering the symbolic interpretations, considered organisational culture and found there were competing types of appropriateness and thus the participants identified a need for a common culture.

Models developed from Cohen, March and Olsen’s organised anarchies have been applied to whole of government initiatives. The garbage can model of choice was
modified by Kingdon (2003) to provide a model of policy formation. The model has three, largely independent, streams: problem recognition, policy solutions and the political context. It is the convergence of these three streams that can produce policy change. Two studies have used Kingdon’s model to explain the implementation of whole of government initiatives (d’Abbs 2004; Mannheimer et al. 2007). Another extension of organised anarchies is Brunsson’s (2002) notion of organised hypocrisy. In organised hypocrisy the different stages of talk, decisions and actions are separated and not necessarily congruent with each other. Brunsson’s model was used to explain the double-speak of the New Zealand reforms whereby legislation was amended but little change was observed (Gregory 2006).

Concerns of an instrumental perspective, such as improving organisational processes and achieving outcomes, are undoubtedly important within the public sector. However, the above synopsis indicates that there are other important perspectives that are underdeveloped in the whole of government literature.

2.5.2 Data sources: Interviews and document review

My second observation about the existing research on whole of government is the reliance on interviews and document review. There is a near absence of participant observation as a method to inform our understanding of the approach.

Whole of government approaches have been studied using case studies and evaluations. Overwhelmingly, the bulk of the data has come from interviews and document review (see Bakvis & Juillet 2004a; MAC 2004; Ross et al. 2011) with the supplementary use of surveys (see Christensen & Lægreid 2008; James 2004). An exception is Chris Huxham’s (2003) action research on the practice of interorganisational collaboration. Her research, although not exclusively about interdepartmental and intergovernmental working, has been developed largely in the public and community sector settings. It is designed to develop theory and influence practice and includes participant observation. Another notable exception is Sarah Schulman’s (2010) PhD thesis, discussed earlier (Section 2.5.1.1), that adopted an immersive research methodology and included participant observation.

Interviews and surveys both construct an account of the events retrospectively. The work of Weick (1969, pp. 29-30 & 101-3) highlighted the limitations of retrospective data. He argued that within organisations, rationales for behaviour and actions taken are developed retrospectively; past events are retrospectively used for sense-
making. Thus while retrospective data will yield participants’ construction of the events it is coloured by how the participants have made sense of the events *ex post.*

A consequence of the limited use of participant observation to study the whole of government approach is that there is little information on the day-to-day activities of the actors in the field of action, a gap noted in the literature (Halligan 2008; Hyde 2008; Schulman 2010). Indeed the descriptions of whole of government processes are often parsimonious leaving ambiguity about what role participants assumed in the process and how decisions were made. The importance of this detail was highlighted in the evaluation of Australia’s National Drug Strategic Framework (Success Works 2003, p. 54). While the evaluators claimed that a key feature was the cooperation between levels of government the report frankly admitted that ‘…precisely how these partnerships have been sustained in the public policy process is not clear’.

Another reason why I believe observation of whole of government processes is important is because the observed activity may differ distinctly from the account of the processes provided in an interview or survey; interviews and surveys capture what people tell outsiders about the topic of discussion but this has an unknown relationship to what they are actually doing (Silverman 2010). Empirical studies have demonstrated a sharp distinction between formal organisational structure and actual day-to-day work activities (March & Olsen 1979; Meyer & Rowan 1977), highlighting the importance of participant observation in organisational studies. In public administration the whole of government approach has become a trend. Organisations sometimes ceremonially adopt practices to act in line with what is normal and expected in order to gain and maintain legitimacy (Brunsson 2002; March 1986; Meyer & Rowan 1977). Within the whole of government realm there are indicators that, as Hardy and Philips (1998, p. 217) phrased it in their study on collaboration between organisations, ‘surface dynamics are not necessarily an accurate description of what’s going on beneath’. New organisational arrangements (such as committees and taskforces) are common in whole of government approaches (Mulgan 2005) yet, as I described in Section 2.2.4, whole of government approaches can be adopted without altering either the departmental structure or the superior-subordinate mode of operation. Other work has also noted the limited impact of whole of government approaches on the way government agencies operate (APSC 2007a; Gregory 2006; Schulman 2010; Teisman & Klijn 2002). These studies suggest that the day-to-day activity of the bureaucrats within the whole of government realm is an important area to explore.
Document review is another data source used in whole of government research (see Christensen, Fimreite & Lægreid 2007; 2001; Humpage 2005; MAC 2004). Bureaucratic processes produce a considerable number of documents and policy documents are common outputs from joint initiatives (Schulman 2010) so it is natural that documents have informed our understanding of whole of government processes. However, policy documents are developed for consumption by the political-administrative system and sometimes for the public. They do not necessarily represent the actions of the government. Indeed, the formal representation of an organisation has been shown to sometimes be incongruent with the observed action (Brunsson 2002; March & Olsen 1979). Schulman (2010) supplemented document review with participant observation and revealed that joint policy documents often did not contain an integrated response but rather reflected agency specific thinking and action. Participant observation could answer questions such as how are joint policy documents compiled and what is their impact on the day-to-day activity of bureaucrats? These largely unexplored questions are important in light of Schuman’s (2010) observation on the widespread production of policy documents in joint initiatives.

2.5.3 High profile cases

Many of the case studies from the whole of government realm have been high profile cases. Bakvis and Juillet’s (2004b, p. 6) Canadian case studies were ‘major national issues that loomed large in the government’s policy agenda’. Australian case studies include the activities of the high level intergovernmental body, COAG (MAC 2004, pp. 158-63; Morgan Disney & Associates 2006) and cases led by committees comprised of government ministers rather than bureaucrats (Edwards 2001; Success Works 2003). I contend that issues addressed by COAG and ministerial committees are, like the Canadian examples, high on the government’s agenda and receive considerable political attention. Yet whole of government is not just adopted for issues in the political limelight (see Learning Research Group & Department of the Chief Minister 2006). Indeed, it has been suggested that the number of whole of government initiatives outweighs the capacity of both central authority and the member departments (Lindquist 2004). Other scholars have described the situation where public managers are swamped with requests for joint working as ‘initiativitis’ (Perri 6 et al. 2002, p. 96). The indicators that there are a large number of joint initiatives suggest a bias in the literature towards examining high profile cases of whole of government activity. However, there is a limited number of political issues that can receive political attention at any given time. I
have stated that political will facilitates whole of government work (Section 2.4.2.1) making it important to correct the bias. Currently there is limited information on how lower profile examples of whole of government are sustained.

2.6 My research

2.6.1 Research questions

This chapter notes that whole of government approaches have become popular in the last 20 years and within Australia the trend remains strong. While there have been other drivers of the trend, whole of government approaches are mostly understood as a policy response to wicked problems and the perception that the existing departmental structure produces fragmentation which inhibits addressing such problems. Accordingly, whole of government is often described and studied according to what it is expected to do: provide coordination and a holistic approach to wicked problems. One consequence of the dominance of this instrumental understanding of whole of government is that much of the literature focuses on developing the effective operation of the approach - effective for these assumed ends. I note, however, that there are indicators that whole of government may be used for diverse, non-instrumental purposes - an area that is relatively unexplored.

Thick description (Geertz 1973) of whole of government processes which explores the meanings associated with a whole of government approach is currently lacking. The outcomes of whole of government initiatives have generally been disappointing. Moreover, in a number of cases whole of government processes have not changed the way government agencies operate. However, there is limited data about the actions of the participants that may help to contextualise these findings; the whole of government approach has been studied primarily through the use of interviews and document review and participant observation has been rarely used. One result of this is a lack of detailed description on the activities of the bureaucrats operating within the whole of government realm. I contend that studying the day-to-day activities is important because public representations of a joint process may differ from the actions observed. Additionally, there is a bias in the literature towards high profile examples of whole of government activity and relative neglect of the lower profile cases that may have also burgeoned.

My research shifts the frame on how the notion of whole of government has typically been studied. It moves from the question of how to make it work to a more foundational question: how does it operate? The focus of my research is
interdepartmental and intergovernmental working for suicide prevention in the Australian jurisdiction of the Northern Territory (NT). My case study, based on ethnographic principles, builds our understanding of how bureaucrats operate within the whole of government realm. Participant observation and interviews provide a thick description of the processes involved. My research studies whole of government unshackled from its assumed purposes. It explores the meanings associated with the approach, an area that has been previously neglected in the whole of government literature.

I address two research questions:

1. How does whole of government operate in this instance?
2. What purposes - formal, perceived and latent - is the whole of government approach adopted for in this instance?

2.6.2 Research scope
The scope of my research is limited to intergovernmental and interdepartmental working. I describe the actions of bureaucrats - from both the national and territory levels of government - and NT politicians. I address the actions of the non-government sector only in so far as they impact on the intergovernmental and interdepartmental activity. I am not concerned with activity between the public and private sectors. The activity I describe relates to policy formation; service delivery is outside the bounds of this research.

My description of the processes centres on the interdepartmental committee formed to deliver the whole of government approach. In relation to that committee, I examine the types of actors involved, how they act, why they act in that fashion and their sense-making of the process. I am concerned with the outputs of the initiative only within these parameters; the outputs of the participants and any changes in the activity of the participants are within the bounds of the study. Social outcomes from the whole of government activity are out of bounds for this research.

I study the purposes this initiative served by examining the formally stated objectives, the purposes the participants identify and latent purposes identified through my interpretation of the data. However, I do not seek to evaluate the extent to which these purposes are achieved. My concern is description and interpretation of the events that occurred during the NT’s whole of government approach to suicide prevention.
Chapter 3

Research design
Chapter 3   Research design

3.1 Overview
My research involved a case study of adopting a whole of government approach for suicide prevention in the Australian jurisdiction of the Northern Territory (NT). This chapter describes how I designed and carried out the research.

The case study is based on ethnographic principles and relied on three different types of data: (1) participant observation of the intersectoral committee and associated events including the launch of the *NT Suicide Prevention Action Plan 2009-2011* and a community rally about suicide in the NT, (2) semi-structured interviews with participants exploring their perceptions as well as the meaning they attributed to the process and (3) document analysis. The study data were analysed using an open, inductive, exploratory approach. The narrative consists of a thick description (Geertz 1973) informed by sociological approaches to organisational and public policy analysis. My research did not assume the purposes for which the whole of government approach was adopted but rather I interviewed the participants to understand the meanings they associated with it and inductively analysed the data. This approach, as well as the inclusion of participant observation, means that my research fills two gaps in the literature I noted in the previous chapter.

3.2 My approach

3.2.1 Bounded case study
Case study research has been deemed suitable for organisational analysis (Dopson 2003). This single case study was chosen to develop an in-depth understanding of the whole of government approach. The case study examined the establishment of the NT Suicide Prevention Coordinating Committee (NTSPCC, the committee) and the activities of the committee undertaken as part of the NT whole of government approach to suicide prevention.

The period of study spans from May 2005 when the NT Government announced the allocation of new funds for a whole of government approach to suicide prevention to December 2011 when the *NT Suicide Prevention Action Plan 2009-2011*, itself an output of the committee, expired. While the NT’s whole of government approach to suicide prevention was enmeshed within the contexts of national and NT politics and a history of previous suicide prevention initiatives, it was possible to identify activities that were part of this whole of government approach to suicide prevention.
and those that were not. This means it was bounded and lent itself to being studied
effectively by a case study (Yin 1994).

3.2.2 Suitability of the case
This case study was initiated at a time when the whole of government approach was
popular (Section 2.3). It had the typical features of a whole of government initiative:
it sought to address a wicked social problem, suicide, and the process centred on an
interdepartmental committee that included two levels government: the Australian
and Northern Territory governments. Additionally, it was envisaged at the outset that
the process would also include the community sector. This sector, comprised of
non-government organisations largely funded by government grants, is commonly
included in whole of government activity in Australia (Section 2.2.3). These
similarities with other whole of government initiatives made it a suitable case to
deepen our understanding of whole of government processes.

3.2.3 Social constructionist approach
This research used a social constructionist approach. Social constructionism has its
foundations of the work of earlier scholars (most notably Marx) that described the
dialectic between social reality and individual existence (Berger & Luckmann 2011,
p. 187). Building on this assertion, the key writings on social constructionism (Berger
& Luckmann 2011; Blumer 1969, 1971) offer a theoretical orientation of the social
sciences, drawing attention to the processes that produce and shape ‘common
sense knowledge’ i.e. the everyday understandings people have and use to go
about their daily life or the meanings which underpin society.

Social constructionism is based on the assertion that people act individually and
collectively on the basis of meanings that situations and events have for them.
These meanings are negotiated and constructed through social interaction.
Therefore, from this perspective, meaningful reality is socially constructed or, put
another way, our understandings are ‘historically and culturally effected
interpretations rather than eternal truths of some kind’ (Crotty 1998, p. 64). For
example, social problems cannot be identified and defined objectively, rather they lie
in and are products of a process of collective definition (Blumer 1971). Social
constructionism pays heed to the processes by which social reality is constructed,
and the ongoing process that recasts and reworks the collective reality. It follows,
that in order to describe and explain social events it is necessary to include in
accounts the social meanings of those events for the participants and, where
relevant, the social processes through which meanings are generated in social situations (Blumer 1969).

The social reality of this example of whole of government is shaped by the participants and their actions. Additionally, from a social constructionist perspective, the initiative is interpreted by and subjectively meaningful to each of the participants. There is an ongoing dialectic between these two elements. My research design accommodates this by being emergent and openly exploratory. Emergent design is well established in the qualitative research literature. It allows studies to remain sufficiently open and flexible to permit exploration of different phenomena (Patton 2002, p. 196). Moreover, I openly explored the meanings and understandings that participants ascribed to the whole of government initiative. I did not assume that I could determine these meanings and understandings by only reading the literature or only observing events. Rather I constructed my representation of those meanings using different forms of data: interviews with participants, observation and document review. I had the expectation that there would be multiple meanings and not a common interpretation. The thesis offers a multi-vocal narrative capturing the diverse understandings and interpretations of the participants.

A social constructionist perspective places a focus on socio-historical context. For this reason, my research draws attention to a range of contexts: global (e.g. international discourse), national (e.g. political trends), local (e.g. political developments), organisational (e.g. circumstances within individual departments and the committee room) and individual (e.g. a participant’s professional training and rank in the bureaucratic hierarchy). It is my contention that these elements shaped the participants’ social reality. Additionally, the dialectical relationship between individuals’ common sense knowledge and their social world means that I was also interested in how the actions of participants and the whole of government initiative simultaneously reworked and contributed to the social world or the organisational context.

The theoretical perspectives I drew on most heavily for the interpretation of my findings were the new institutional approach to organisational analysis (DiMaggio & Powell 1983; Meyer & Rowan 1977; Powell & DiMaggio 1991), including March and Olsen’s (1979, 1984, 1989) variant of institutionalism, and Yanow’s (1993, 1996) interpretative policy analysis. New institutionalism and interpretative policy analysis offer sociological perspectives on organisational behaviour and government policy, respectively; both are concerned with the construction and communication of meaning and are therefore compatible with a social constructionist approach.
3.2.4 Theoretical foundations

My theoretical foundations lie in new institutionalism. New institutionalism is not a single and coherent body of theory (Lowndes 1996, p. 182; Peters, BG 1996) rather there are a number of varieties that represent different strands of thinking. These include rational-choice, organisational theory, historical institutionalism and economics (Immergut 1998; Peters, BG 1996). While all new institutional theories stress the significance of institutional arrangements, they differ in how they address formal and informal institutional rules, change and stability within institutions and the role of rational action and norm-governed behaviour in creating and sustaining institutions (Lowndes 1996).

Old and new approaches to institutionalism have much in common. They are both concerned with the way in which organisational forms become 'legitimated' and hold cultural value; neither focuses on instrumental concerns of efficiency and outcomes. However, the 'old' institutional school, beginning with Selznick's 1957 *Leadership in Administration*, focuses on adaptive change and how organisations respond and continually evolve, accommodating changes in their technical environment (e.g. customers, suppliers and competitors). Institutionalism from this perspective was a process of conscious design and intervention; a rational process where the emphasis was on change and uniqueness. Differently, the loci of attention for new institutionalism are institutional templates or myths found in organisational fields. The emphasis is on organisational inertia, persistence and conformity. Importantly, new institutionalism rejects the concept of rationality altogether.

In this thesis I have drawn on two branches of new institutionalism. The first has its roots in the seminal writings of Meyer and Rowan (1977) and DiMaggio and Powell (1983; 1991). New institutionalism in organisational analysis, as it is called, focuses on conformity with social rules and rituals within organisations. It rejects both rational-actor models of organisations and the 'old' institutionalism's adaptive theories of organisation. New institutionalism in organisational analysis emphases the influence of the institutional environment over technical factors (Kraatz & Zajac 1996).

A central tenant of new institutionalism in organisational analysis is a trend towards conformity. Elements of the institutional environment (norms, standards, stakeholder expectations etc.) constrain choices related to organisational change (Kraatz & Zajac 1996). Moreover, this form of new institutionalism asserts that individuals are not free to choose between institutional environments such as customs, social norms and legal procedures, thus institutional arrangements establish the very
criteria by which preferences are determined (DiMaggio & Powell 1991, p. 11). This creates organisational inertia where there is a homogeneity and stability among organisational forms in an institutional environment. The focus is on structure rather than agency; Tolbert and Zucker (1983, p. 22) describe organisations as ‘captives of the institutional environment in which they exist’. The individual is largely a dependant and unimportant variable (Koelble 1995, p. 232).

These organisational theorists focus not on choice but on taken for granted expectations that establish rules of appropriateness. These rules provide a template for organisational action and structure. These rules are absorbed through socialisation, education or acquiescence to convention (DiMaggio & Powell 1991, p. 10). The second variant of new institutionalism that has informed my interpretation of the data is March and Olsen’s (1979, 1984, 1989) new institutional look at political life. This crosses both organisational and political theory (March & Olsen 1984) and, as with the variant discussed above, asserts that actors in institutional settings are governed by rules of appropriateness. March and Olsen’s emphasis on a logic of appropriateness provided a critique to the growing dominance of rational-choice models of politics at the time. The point of departure for this version of new institutionalism is the contention that human rationality is limited or ‘bounded’. First described by Simon (1956), bounded rationality identifies cognitive and practical limits to rational decision making; it is not possible to determine all possibilities and evaluate the every consequence for each decision-making event. A consequence of this is that human action attempts to ‘satisfice’ and fulfil expectations embedded within cultural norms and organisational structures (March & Olsen 1989, pp. 9-19).

March and Olsen focus on normative and collective aspects of choice. Without dismissing the organisational factors, they are particularly concerned with the role of institutions in defining values, norms, interests, identities and beliefs; the deep structure, the taken for granted rules that influence behaviour. From their perspective, political institutions are collections of rules, routines, structures, codes and operating procedures that define appropriate actions for given roles in given situations. Thus institutions establish acceptable behaviour: norms and values define how organisations should and do function. Institutions shape and sometimes determine human behaviour: individuals follow routine and what is expected of them and, in their situation, what is appropriate from them. Like the political behaviour movement that preceded them, March and Olsen focused on observable behaviour; how individuals act within bureaucracies and organisations. The assertion at the core is that: ‘...what we observe in the world is inconsistent with the ways in which
contemporary theories ask us to talk’ (March & Olsen 1984, p. 747) and thus the research interest is to establish what is ‘really’ going on.

March and Olsen’s (1984) new institutional approach brings additional notions of political order. Traditional conceptions of political order include rationality and intentionality, competition and coercion. In this thesis I am chiefly concerned with temporal order, normative order and symbolic order. Temporal order provides an alternative to the consequential linkages that underlie theories of choice: means are linked to appropriate ends, solutions are linked to problems they solve. Within temporal order things are linked by ‘virtue of their simultaneous presence or arrival’ (March & Olsen 1984, p. 743). Behaviour constrained and dictated by cultural and social norms has long been noted in the social sciences, however, March and Olsen’s proposed normative order argues for the development of a theoretical form that describes political behaviour in terms of duties, obligations, roles and rules and the significance of ambiguity and inconsistency in norms. Symbolic order in politics has been brought about through the interpretive coherence of symbols, rituals and ceremonies. A new institutional examination of the symbolic order considers, among other things, the interrelationship between symbolic and instrumental behaviour.

New institutionalism has attracted criticism for not being well conceptualised and for being overly abstract and even arcane. The key authors I draw upon do not shy away from the need for greater theoretical development and more empirical studies of new institutionalism to refine the ideas, concepts and models. They welcome critique that can reform theoretical thinking (DiMaggio & Powell 1991, p. 1; March & Olsen 1984, pp. 742-3). Scott (1987) and Peters (1996) offer comprehensive critiques of new institutional theories and both conclude that while there is considerable work needed to enhance the theories they, never-the-less, offer important intellectual insights. My review of the critique of new institutional perspectives should be read in this light.

A fundamental theoretical issue is the ambiguous definitions of central phenomena: institutions and rules. The definitions of institution are vague to the point that determining the existence of an institution is problematic. The definitions hinder the distinction between institutions and exogenous social, economic and political structures. March and Olsen (1989, p. 21) define institutions as rules of conduct in organisations, routines, governance structures and repertoires of procedures. DiMaggio and Powell’s (1991) definition is broader, encompassing conventions and customs. Peters (1996) highlights the ambiguity of the term ‘rule’ as used within new institutionalism. When is a rule a rule? Does an institution still exist if formal rules
are not obeyed, or not obeyed by all? Vague and broad definitions risk developing a
tautological notion of institution and theories that may not be falsifiable (Peters, BG 1996). Scott (1987) encourages identification of the diverse concepts and arguments under the new institutional umbrella. He believes that explicitly addressing how, why and where institutional elements affect structural characteristics of organisations will enable clearer conceptualisations to develop. Ambiguous definitions mean that there are no means of verifying when behaviours are a function of collective values and no standards to measure the extent of the affect (Immergut 1998; Koelble 1995).

Critics claim it is not entirely clear which methods, theories and research topics comprise an institutional approach; they question how new institutionalism should be applied to empirical studies (Immergut 1998; Lowndes 1996). However the number of empirical studies using new institutionalism is growing: DiMaggio and Powell (1991) dedicated the final section of their book to them and Kraatz and Zajac's (1996) large scale, longitudinal study examined the new institutional propositions of organisational inertia, the legitimacy imperative, the tendency toward isomorphism and the relative importance of the institutional environment over technical influences.

Observations of organisational change and strategic action within an institutional environment were initially largely neglected by the new institutional school. Powell and DiMaggio (1991) acknowledge this conceptual problem and suggest antagonistic elements in the institutional environment as well as extrainstitutional sources contribute to change. There is debate about the extent to which extrainstitutional factors matter (Koelble 1995). Clegg (1990), while acknowledging the influence of institutional templates, argues there is a dynamic between institutional forces and technical conditions. He gives more weight to the contribution of individuals and their response to the environment than Powell, DiMaggio, Meyer and Rowan, asserting that organisational value systems and rules are not adopted as a fait accompli but rather are developed through internal debate and struggle.

New institutionalists accept that institutions arise from human activity but they do not see them as products of conscious design (DiMaggio & Powell 1991, p. 8). Thus the role of intentional, strategic action in the creation of institutions, something Lowndes (1996) argues is a component of an institutional lifecycle, is not addressed. The conceptualisation of the link between individual and organisational behaviour is currently undeveloped within new institutional theories.
There is a strong complementarily between two of the research gaps I identified in the previous chapter and a new institutional perspective. In Section 2.5 I noted (1) the lack of observational studies and (2) the dominance of research from an instrumental perspective and the relative underdevelopment of other, potentially important, theoretical understandings of the whole of government approach.

March and Olsen’s attention to observable behaviour has influenced my work. My research relies on observational data and descriptive vignettes are used throughout this thesis. A case study approach enabled me to observe the events as they unfolded. My methods of data collection were designed to be as unobtrusive as possible because I sought a naturalistic mode of inquiry or to establish what Lee (1999, pp. 24-5) terms, a neutral domain. This enabled me to capture the context and complexity of the case. In my search to understand what was ‘really’ going on I considered how my observations were in conflict with, or concurred with, interview and documentary data.

My theoretical foundation in new institutionalism has, naturally, meant a focus on some aspects of the data while neglecting other potential themes. Firstly, my analysis focuses on the institutional environment; organisational behaviour and the strategic actions of individuals unrelated to this are outside my theoretical frame. New institutionalism posits the question: what is the impact of the institutional environment; it does not assess the level of performance of organisations or individual actors. Thus I eschew judgements about the utility of the initiative. This theoretical foundation precludes the use of some bodies of literature that have traditionally been important in studies of (joint) governmental working such as the policy entrepreneurship and partnership development literatures.

3.2.5 Access to the case

I wanted my PhD research to strengthen mental health policy, thus I approached the NT Government’s Director of Mental Health Branch and asked what research questions would be of value in her work. Evaluating the up-coming whole of government approach for suicide prevention, for which the NT Mental Health Branch was the lead agency, was one of the areas she mentioned. I signed a Memorandum of Understanding with the director and the Suicide Prevention Coordinator: I would undertake a formative process evaluation for the Mental Health Branch (the director and the Suicide Prevention Coordinator formed the reference group) and independently, but closely related, develop a PhD thesis about the whole of government process using the work of the NTSPCC as a case study. Thus the data gathered and analysed for this thesis was also used to produce a separate
evaluation report. While the thesis and the evaluation report describe the same events, the interpretation of the data and exploration of the circumstances that led to the described events is far more detailed in the thesis. The Memorandum of Understanding established that the relationship between the NT Mental Health Branch and me was based on goodwill and the anticipation that the research and evaluation could be mutually beneficial.

I was invited to attend NTSPCC meetings as an observer and invited evaluator and was placed on the committee’s email distribution list. The case, based in my home city of Darwin, was accessible and I understood the local context and observed the case as it unfolded.

I committed to maintain the confidentiality and anonymity of the research participants involved and every participant had the right to refuse to participate. The research and evaluation was approved by the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research (reference number 08/65).

### 3.3 Data collection

My research drew on three kinds of data: observation, interview and examination of documents.

#### 3.3.1 Participant observation

Participant observation techniques in organisational research are well established and have yielded rich results (Lea 2008; Schulman 2010; Schwartzman 1989) particularly in situations that are not well understood and involve interpersonal interactions and interpretations (Lee 1999). Indeed, there has been a call for greater use of participant observation in organisational studies particularly when the research aims to understand how things work in an organisation (Watson 2011), as this research does. It is also believed that participant observation is considerably strengthened when combined with interviews and document analysis (Watson 2011), as it is in this case study.

I attended eight out of the 12 NTSPCC meetings held between March 2007 and April 2010. I did not observe the four meetings between May 2007 and March 2008 while I was on maternity leave. My observations were made according to two categories: what was said by whom and what happened (actions, body language, non-verbal communication). These two categories were recorded in parallel so I could link the statements with the actions I observed. These notes were transcribed
into a Microsoft Word table at the first opportunity following the meeting. At this point a third category was added: my own reflections on what had occurred. My reflections included links to events, other data, preliminary ideas on the perspectives of different participants, themes and relevant literature.

Defamiliarising yourself with the study environment has been identified as a useful tool in participant observation (Charmaz 2006). Although I needed to defamiliarise myself with the meeting environment, the context of the interdepartmental committee meeting was foreign to me as I have never worked for government. In meetings I was looking for two things: commonality between the meetings - the standard routine, mood and atmosphere - and concurrent with this I noted disturbances in this pattern. These disturbances were considered both at an individual level (when people acted unusually for the setting) and at a global level (when the mood shifted or the dynamic varied as a collective). Additionally, I noted things that were unusual for my expectations, which were principally informed by the whole of government literature.

My association with the NTSPCC spanned just over three years. The observational data gathered during this time contributed to my understanding of the setting, informed the semi-structured interviews and assisted me in developing an ‘insider’s’ (Creswell 1998) understanding of the various perspectives held by the participants.

In addition to the committee room I observed three events that were associated with the initiative: Youth Mental Health Forum held in Darwin (October 2008), the launch of the action plan in Alice Springs (March 2009) and a local community rally in Darwin seeking action on Indigenous youth suicide (September 2010). Observation notes for the launch and rally were tabulated as for the committee notes (what was said, non-verbal action and reflections). Unstructured notes were made from the forum. The launch and the forum were also an opportunity to further build my relationships with key participants in the case study. Appendix A is a timeline of events spanning from the inaugural committee meeting to the end of the case study.

3.3.2 Interview

3.3.2.1 Semi-structured interview

At the outset I sought a broader understanding of the whole of government process for suicide prevention by interviewing two individuals who had extensive experience with intersectoral approaches to suicide prevention in Australia but outside of the NT. These informants had acted as advisors and/or evaluators for both national and state governments. In each face-to-face, semi-structured interview I sought the
informant’s understanding of the nature and value of the whole of government approach for suicide prevention. This wider perspective was designed to inform my early participant interviews.

I also interviewed the chair of another Darwin-based cross-government suicide prevention committee that ran concurrently with the NTSPCC. In this interview, I was interested in the activities of the concurrent committee to see if and how they overlapped with the work of the NTSPCC.

I conducted 22 semi-structured interviews of participants in the NT’s whole of government approach to suicide prevention (Table 3.1). The interviewees were either members or attendees of the NTSPCC. All interviews were conducted after the launch of the action plan. Interviewing was carried out in three stages: April to August 2009; July to August 2010 and one interview was conducted in December 2010.

Turnover of representatives on the committee made interviewing all members impractical thus interviewees were purposively selected to ensure my sample had a reasonable variation of the participants in the case study (Marshall & Rossman 1995). Interviewees included at least one representative from each of the member agencies. I interviewed all three expert members.

Interviewees were initially selected based on best attendance record at NTSPCC meetings and notable input as determined by the Suicide Prevention Coordinator. Interviewee selection was then informed by: (1) the committee membership list (Northern Territory Department of Health and Families 2009b, p. 24) which differentiated between members and proxies (or Officers Assisting as they are called in the list), (2) the NTSPCC attendance record and (3) minuted apologies. I ensured that my sample covered NTSPCC non-attendees and attendees as well as members and proxies. This is shown in Table 3.2. Interviewees included current and past members and ranged in level from executive director to policy officer. Interviewees had varying lengths of involvement with the NTSPCC ranging from 14 months to the entire duration of the committee - as calculated by their presence on the committee email distribution list.
<table>
<thead>
<tr>
<th>Department</th>
<th>Division</th>
<th>Branch</th>
<th># of Interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Northern Territory Government</strong>*:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health</td>
<td>Health Services</td>
<td>Mental Health</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Health Protection</td>
<td>Alcohol and Other Drugs</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Health Services</td>
<td>Remote Health</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Acute Care Services</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NT Families and Children</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>NT Families and Children</td>
<td>Youth Services</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sub branch: Office of Youth Affairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Education</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Department of Police</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Department of Natural Resources, Environment, The Arts and Sport</td>
<td>Sport and Recreation</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Department of Justice</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>Court Support and Independent Offices</td>
<td>Coroner’s Office</td>
<td>1</td>
</tr>
<tr>
<td>Department of Housing, Local Government and Regional Services</td>
<td>Office of Indigenous Policy</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Australian Government:</strong>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Health and Ageing</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Department of Families, Housing, Community Services and Indigenous Affairs</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Experts</strong></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

* The names and structures represented in this table reflect how agencies are described in the thesis. The departmental structures were accurate for the bulk of the case study but are different from the structures at the inception of the interdepartmental committee shown in Table 4.2. Section 4.4 details departmental renaming and restructuring during the case study.
Table 3.2 Interviewees: Breakdown by attendance and member/proxy status

<table>
<thead>
<tr>
<th>Attendees and meeting apologies</th>
<th>Total</th>
<th>Number interviewed</th>
<th>Percentage interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attended greater than 5 meetings</strong></td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Member</td>
<td>6</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Proxy</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Attended between 5 and 3 meetings</strong></td>
<td>11</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>Member</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Proxy</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Attended 1 or 2 meetings</strong></td>
<td>36</td>
<td>5</td>
<td>14%</td>
</tr>
<tr>
<td>Member</td>
<td>12</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Proxy</td>
<td>4</td>
<td>1</td>
<td>25%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>20</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Never attended a meeting</strong></td>
<td>6</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>Member</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Proxy</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Unknown*</td>
<td>2</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

* Member status was determined by the membership list in the action plan (Northern Territory Department of Health and Families 2009b, p. 24). It was therefore unclear in the three meetings after the launch of the action plan if new attendees were proxy representation or new members.

Prior to an interview I prepared by familiarising myself with the relevant department’s organisational charts; more than one organisational chart was usually reviewed due to departmental restructures during the course of the committee. I reviewed the interviewee’s NTSPCC meeting attendance record. If they had attended meetings I reviewed the minutes and my observation notes from those meetings. I also reviewed their agency’s commitments in the action plan. These were flagged in a hard copy of the action plan and this was taken to the interview.

The research was explained and written consent obtained prior to all interviews. The semi-structured interviews were conducted using a non-directive form of questioning. I sought to uncover their perceptions of the process and meanings they attributed to it. The content covered the interviewee’s professional training and brief employment history, why they were involved, their expectation and their perception
of the process. In addition to illuminating different perspectives of the initiative the interview data permitted me to obtain details of the initiative I had been unable to observe including the NTSPCC Planning Forum, discussions/decisions outside of the committee room and the opportunistic uncovering of non-public happenings in the suicide prevention arena not discussed in meetings. The interview structure and content was pre-tested on six individuals, unrelated to the NT’s suicide prevention initiative, who had experience in the whole of government domain.

Most interviews were recorded and a transcript generated by a transcription company (Pacific Solutions). Four interviewees declined to be recorded and in one interview the digital recording failed. Notes were made of these five interviews. Two interviews took place over the phone; all others were face-to-face. One occurred at Menzies School of Health Research and the remainder occurred in the work places of the interviewees.

As soon as possible after an interview I would review the audio or notes and reflect on what the participant had said. I looked for the major subject matter in the interview and recorded the broad content of the interview and how it compared with other data. On receipt of the interview transcript I reviewed it while listening to the audio and made corrections using tracked changes in Microsoft Word. I also noted significant aspects of the spoken word, such as long pauses, laughter and other relevant tonal qualities using the comment function. I then set the transcript to ‘Show Final’ thus hiding my notes and corrections and again listened to the audio to ensure the transcript was an accurate record. These procedures immersed me in each interview. All interviewees were sent the notes or transcript - without my notes and corrections - from their interview for approval. Participants had two months to approve the transcript or provide corrections after which time I deemed it approved for use. Five interviewees requested minor changes which were largely clarifications.

3.3.2.2 Cold-calling executive directors

During the course of the research it became apparent that departmental executives (chief executive officers and executive officers) may have been be unaware of this whole of government approach despite their departments/divisions participating in it. I judged that it was important to know to what extent the departmental executives from the participating agencies were aware of this whole of government initiative. In line with emergent design, after I had ethics committee approval, I explored this. I cold-called eight executive directors whose divisions were participating in the NTSPCC (Table 3.3). After obtaining verbal consent I asked if they were aware of
the NT’s whole of government approach to suicide prevention and, if so, how they had learnt about it and what they knew. After the phone call I emailed them an information sheet.

**Table 3.3 Cold-calls to executive directors**

<table>
<thead>
<tr>
<th>Level of Government</th>
<th>Department</th>
<th>Number executive directors called</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT Government</td>
<td>Department of Health</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Department of Justice</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>NT Police Fire and Emergency Services</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Department of Education and Training</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Department of Housing, Local Government and Regional Services</td>
<td>1</td>
</tr>
<tr>
<td>Australian Government</td>
<td>Department of Families, Community Services and Indigenous Affairs</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

3.3.3 **Document review**

Documents came from four broad groups: the NTSPCC, policy documents, other government documents and the media (Table 3.4).

Key documents mentioned in the interviews or in the committee room were selected for review. Documents from the NTSPCC were reviewed in an inductive fashion as outlined in Section 3.4. Other documents were used to understand the historical and social context of the case study or answer specific questions I encountered during analysis of the observational and interview data.
**Table 3.4 Overview of documents analysed**

<table>
<thead>
<tr>
<th>NTSPCC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Terms of Reference</strong></td>
<td>March 2007 &amp; July 2007</td>
</tr>
<tr>
<td><strong>Meeting agendas</strong></td>
<td>March 2007 - April 2010</td>
</tr>
<tr>
<td><strong>Meeting minutes and summaries</strong></td>
<td>March 2007 - November 2009</td>
</tr>
<tr>
<td><strong>PowerPoint presentations from meetings</strong></td>
<td>March, May, November 2007 &amp; March 2008</td>
</tr>
<tr>
<td><strong>PowerPoint presentation the coordinator gave to a suicide</strong></td>
<td>prevention conference on the process</td>
</tr>
<tr>
<td></td>
<td>April 2009</td>
</tr>
<tr>
<td><strong>Committee email correspondence</strong></td>
<td>March 2007 - April 2010</td>
</tr>
<tr>
<td><strong>Personal communication with the lead agency</strong></td>
<td>October 2006 - September 2011</td>
</tr>
<tr>
<td><strong>Draft versions of the NT Suicide Prevention Action Plan</strong></td>
<td>April, July, August 2008 (three different versions distributed in August) &amp; January 2009</td>
</tr>
</tbody>
</table>

**Policy documents**
- NT Government, Department of Health and Community Services
  - 2003 *Northern Territory Suicide Prevention Framework*
- NT Government, Department of Health and Families
  - *Northern Territory Suicide Prevention Action Plan 2009-2011*
- Australian Government National Suicide Prevention Strategy documents
  - 2000-2007
- Suicide prevention policy documents from all Australian states and territories
  - 1997-2010

**Other government documents**
- NT Government and Australian Government departmental annual reports, including departmental organisational charts
  - 2005 - 2009
- NT Department of Health and Families corporate plan
  - 2009
- NT Government and Australian Government departmental websites
- NT Legislative Assembly Hansard
  - August 2011
- NT Public Service Act

*(table continued overleaf)*
### 3.4 Data analysis

The objective of the data analysis process was to transform the large volume of data collected into an accurate and coherent narrative (Green et al. 2007). I used an open, inductive, exploratory approach. Inductive approaches to data analysis facilitate the discovery and examination of unexpected findings (Patton 2002).

Themes from the data were determined through a dynamic process. I immersed myself in the data and considered this data in light of other observations and the literature. I moved iteratively between the data and my developing categories. Initially, I identified broad themes from the data in an open coding process (Ezzy 2002). Open coding aggregated the data into descriptive clusters, for example ‘coordinator’s role’, ‘delegation’ and ‘objectives’. All identified categories were recorded and sorted using mind-mapping software (FreeMind). My own reflections were also recorded in the mind-map. A description of each category was developed in the mind-map including references to both the supporting and conflicting data. Categories evolved and were refined as more data were acquired and reviews of older data made. Simultaneous with this open coding process, I was reading widely in the literature. Concepts and theories from the literature were considered for goodness of fit with the data. Publications that had explanatory value, supported or negated the data were noted in the mind-map.

Following the open coding phase I had broad understanding of the critical aspects of the case study. This global perspective on the case ensured that an integrated and holistic comprehension of the case was retained which has been identified as being important (Stake 2005, p. 453). Moreover, I had identified theories that could inform my interpretation of the findings. With this knowledge, I moved onto more detailed analysis. This second stage of analysis was completed using computer assisted
qualitative data analysis software (NVIVO). All data were reviewed and relevant sections that informed my broad understanding of the case study were categorised into nodes. In this step the analysis moved from description to explanation and interpretation (Green et al. 2007). In some instances the theories that I found had the best explanatory value shaped my focus, as can be seen in nodes such as ‘policy context’ and ‘identifying symbolic value’. In other areas, such as the description of the processes, the nodes did not alter significantly between the two coding stages. For example much of the data relating to the coordinator’s role fell under a ‘governance’ node.

Memos were generated on the major themes including disjunctures and tensions I identified. Memos and nodes were revised as the second stage of coding progressed. Nodes were reviewed using constant comparison allowing commonalities and deviations to be identified according to aspects such as participant’s experience with whole of government, home department and member or proxy status.

In addition to the analysis process described above, data relating to committee meetings - email notifications, meeting agendas, meeting minutes, observation notes - were also coalesced into a table which outlined the key content of each meeting, the local and national context at the time of the meeting and my reflections on the meeting. Colour highlighting of the table was then used to look for patterns and trace developments in areas such as the type of meeting content and input from attendees.

Data relating to NTSPCC representatives’ positions, home departments, attendance at NTSPCC meetings and key events during the course of the case study were recorded in a Microsoft Excel spreadsheet. These data were sorted, filtered and graphed selectively to examine themes identified in the observational and interview data.

3.5 Member checking

This chapter gives a detailed description of the research design providing the basis for the internal validity of this study. The invitation extended to me by the NT Director of Mental Health Branch (who was also the NTSPCC chair) to study the process provided a good basis for the credibility of the data.

Member checking is a feedback process for the researcher that provides the participants with the opportunity to vet the data and sometimes the findings. Two
forms of member checking were used in the development of this thesis. Firstly, after each interview the transcript or notes were provided to the interviewee and any changes requested were made before it was deemed approved for use. Secondly, the findings of this thesis have also been presented at three conferences and two local seminars. Prior to submission, the conference abstracts were approved by the Director of the Mental Health Branch and the Suicide Prevention Coordinator. The Suicide Prevention Coordinator attended one of the conference presentations and an expert member of NTSPCC attended one of the seminars. At these points the case study participants did not challenge my interpretation of the data.

Although the evaluation had a different objective from this thesis it provided an indirect form of member checking. Written interim reports on the progress of the evaluation and preliminary findings were presented to the committee chair and the coordinator in August 2009, February 2010 and August 2010. Despite an open invitation and efforts on my behalf - in person, via email and over the phone - to elicit feedback on each of these reports no feedback was ever received. A final report was presented in September 2011. The NTSPCC chair provided editorial feedback in this instance but she did not challenge the substance of the report.

3.6 My role in the research

My role in this research process had tension at two points: (1) was I an 'insider' or an 'outsider' to this process and (2) was I an independent researcher or a government appointed evaluator? Furthermore, I approached this research with a set of values and preconceptions that I make explicit in this section.

This research involved naturalistic inquiry: I sought to observe the phenomenon of whole of government in its natural setting. In line with this aspiration I attended NTSPCC meetings as a non-participant observer or what Lee terms a ‘complete observer’ (Lee 1999). That is, although I sat at the committee table I did not participate in the discussions. However, contrary to the dichotomy of participant/non-participant observation, Marshall and Rossman (1995, p. 60) suggest that observation is on a continuum of ‘participantness’ from complete observer to full or active participant. I endeavored to strike a balance between limiting my impact on the case while still obtaining an insider’s perspective and fulfilling the spirit of reciprocity that allowed me to observe the process. I provided feedback to the committee when asked and formed professional relationships with some participants. I also notified the Suicide Prevention Coordinator when I uncovered that two of my interviewees had not received a copy of the action plan.
I was on the email distribution list for the committee and notified them of my attendance at meetings as requested. I participated in peripheral activities in the committee room such as pre- and post-meeting chatter and the clearing of mugs and dishes. During introductions at the beginning of the meeting I would introduce myself as an evaluator and researcher. I briefly shared the findings of my evaluation when requested. The informed consent process for observation of the committee, which came around frequently due to the turnover in the NTSPCC membership, was another opportunity where the study and preliminary findings were discussed. I was mindful of the points where my presence influenced the course of events and these are noted in the thesis.

I was at once an independent researcher and an evaluator commissioned by government, albeit an unpaid evaluator. However, this situation did not present any challenges to my academic freedom as the Memorandum of Understanding, signed at the outset, granted me sole intellectual control of academic publications and this thesis.

I embarked on this thesis because of a long held interest in mental health policy. I believe coordination between government agencies can strengthen mental health policy and service provision. I was particularly intrigued by how there could be so many purported instances of joint working within government and such a high degree of public skepticism that it occurs. I hoped that understanding how joint working operated could both illuminate this situation and enhance mental health policy.

### 3.7 Limitations

The chapter outlines my efforts to build a robust and quality piece of research. However, there are limitations in the research design.

This research is predominantly based on the perceptions and actions of the bureaucrats who comprised the NTSPCC. Data from the non-government organisations (NGOs) is largely absent. Input into this process from NGO service providers was limited to a one day planning forum and contact the Suicide Prevention Coordinator made with regional committees. I analysed the documentation from the planning forum, however, the information the coordinator gleaned at regional forums was not relayed to the NTSPCC. For these reasons, I judged that the NGOs intersected very little with this whole of government approach and thus had limited knowledge about the processes. They were therefore not included as interviewees.
I observed the community rally about youth suicide which was a statement of public concern. However, similar to my assessment of NGO involvement in the initiative, there were no processes to garner input from the broader community thus no community representatives were interviewed.

My data relating to the perceptions and actions of the politicians is limited to the NT parliamentary Hansard and media reports. Despite efforts I was unable to secure an interview with the minister who allocated the seed funding for this whole of government approach. Also, I did not interview the minister with oversight of the action plan. There were two reasons behind this decision: (1) during the course of this study there was no communication that I was aware of between the NTSPCC and the minister responsible for the action plan and (2) the action plan report was released by the NT Mental Health Branch (not the committee) to a parliamentary inquiry rather than being generated exclusively for the responsible minister.

All interviews were conducted following the launch of the action plan, two years after the first NTSPCC meeting. In some cases there was a considerable time-lag between some interviewee’s involvement with the initiative and the interview date. Generally this gap was only a few months but in one extreme case the gap was just over two years. This was because I was unable to trace the more recent representative and without interviewing this earlier participant that division’s perspective would have been omitted.

The four NTSPCC meetings that I did not observe all fell in the period before the action plan was launched. As a result there is no observational data for almost half of the meetings when the action plan was being developed. I was, however, able to build up a picture of these meeting through the agendas, meeting minutes and interview content.
Chapter 4

Introducing the case
Chapter 4  Introducing the case

This chapter introduces the case study of this thesis. Principally, I address the question of why the NT Government adopted a whole of government approach to suicide prevention in 2007. To do this I, firstly, explain the social and political context in the Northern Territory (NT) to establish the problem of suicide in the NT. I demonstrate that suicide is a wicked problem and identify what the new institutionalists call a ‘myth’ in the suicide prevention policy arena. I explore the uptake of this myth in Australia and the onus on the NT Government to address suicide. I finish by describing the formal structure and objectives of the Northern Territory Suicide Prevention Coordinating Committee (NTSPCC, the committee) in order to assess the commonalities and peculiarities of this as a case study of adopting whole of government for a wicked problem.

4.1 The context

4.1.1 Suicide and the NT

Suicide is ‘a fatal act that is deliberate and initiated by the person in the knowledge it will be fatal’ (WHO 1993). The isolated jurisdiction of the NT (Figure 4.1), sparsely populated with just over 220,000 people (Australian Bureau of Statistics [ABS] 2011a), has had around double the national rate of suicide since the beginning of this century (ABS 2009; Jones et al. 2005; Measey et al. 2006). The reasons for the NT’s elevated suicide rate are complex but there are specific demographic characteristics that contribute to the NT’s disproportionate suicide rate.
The NT population has an excess of males with the highest sex ratio of all Australian jurisdictions: 107.6 males per 100 females (ABS 2010b). In Australia, male suicide is more common than female suicide. Pridmore and Fujiyama’s (2009) study demonstrated that nationally the male rate of suicide was four times greater than the female rate. However, the same study demonstrated a particularly grim male suicide statistic in the NT at almost seven times greater than the female rate.

Suicide is a leading cause of death in youth (15-24 years). Indeed, in Australia suicide accounted for 19% of all deaths of males aged 15-19 (ABS 2011b). This is particularly pertinent to the NT because it has a young population: a median age of 31.3 compared to a national median of 36.9 years (ABS 2010b) and the smallest proportion of people aged over 65 (Jones et al. 2005).

Defining characteristics of the NT are remoteness and isolation. 44% of the population live in remote or very remote regions (ABS 2010a), with the remainder living in the capital city, Darwin (itself classified as an outer regional centre by the ABS). The northern part has a wet-dry tropical climate with a Wet Season characterised by high humidity, heavy rainfall and tropical cyclones. During the Wet Season some remote settlements become inaccessible. The southern area of the NT is a semi-arid zone with unreliable rainfall and high evaporation (Condon 2001). The high percentage of the Territory’s population living in non-urban areas is pertinent to suicide because non-urban populations in Australia experience a consistently higher suicide rate compared with urban populations (Hirsch 2006).

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1 Source: http://commons.wikimedia.org/wiki/File:NT_in_Australia_map.png
The NT holds some ignominious accolades in relation to alcohol and other drug use. It has the highest per capita consumption of alcohol in Australia, 50% higher than Australia as a whole (Skov et al. 2010). One third of the population smokes tobacco compared to only 21% of the total Australian population (Health Gains 2010). The most common illicit drug used is cannabis and its use, just as with alcohol and tobacco, is significantly higher than the rest of Australia (Australian Institute of Health and Welfare 2008, p. 8). Petrol sniffing is endemic among the remote communities of the NT (Jones et al. 2005). Acute alcohol intoxication and alcohol abuse are associated with suicide attempts (Beautrais et al. 2007). Suicidal behaviour and thoughts have also been associated with the use of other drugs as well as alcohol (Kokkevi et al. 2012).

Indigenous Australians comprise 2.5% of the national population but 30% of the NT population (ABS 2010a), a much greater percentage than any other jurisdiction (Jones et al. 2005). Indeed, almost half of the NT is recognised as Indigenous land. One estimate is that suicide amongst the Indigenous population in Australia is as much as 40% higher than within the non-Indigenous population (Elliott-Farrelly 2004). Between 2001-2005 deaths due to ‘external causes’ (which includes suicide) constituted 6% of all deaths in the non-indigenous population and 16% in the Indigenous population (ABS 2008). It was the second most common form of mortality for Indigenous people. The NT Indigenous suicide rate has increased significantly. Between the 1980s and 1990s the rate of suicide for NT Indigenous men increased eight-fold while the rate for their non-Indigenous counterparts remained relatively stable (Jones et al. 2005, p. 102). From 2001 to 2006 the suicide rate for NT Indigenous people was almost three times higher than non-Indigenous Territorians (Pridmore & Fujiyama 2009). Indigenous males in the NT aged 25-44 have the highest suicide rate of all Indigenous groups (Measey et al. 2006). Suicide has also increased among Indigenous women. Unreported in the 80s and 90s, by early 2000 the rate was double that of NT non-Indigenous women (Jones et al. 2005). Suicide by hanging accounts for 87% of NT Indigenous suicides (Pridmore & Fujiyama 2009).

The NT Indigenous population compared to the non-Indigenous population has a range of suicide risk factors: a younger population distribution (ABS 2011c), a high proportion living in remote and very remote areas, poorer health and social indicators, three times the unemployment rate and twice the rate of high/very high levels of psychological stress (ABS 2008).
This synopsis above establishes both the unique demography of the NT and the extent of the problem of suicide in the NT population.

4.1.2 NT Government

Central to my thesis are the actions and decisions of the NT bureaucracy in relation to suicide and, to a much lesser extent, the NT parliamentarians. Below I outline the political and administrative arrangements within which these individuals worked.

The NT is, as the name suggests, a territory and not a state within the federation of Australia. As such, the NT operates with limited self government and the Australian Government retains a right of veto over Bills passed in the NT Legislative Assembly. However, in the context of this case study it is not the dissimilarity of the system of government in the NT compared to the Australian states but rather the similarities that are pertinent. The NT Government, as with all Australian states, is responsible for providing the day-to-day services that include health, community services, education, transport and maintenance of public order. In order to administer these areas of responsibility the state and territory governments are largely reliant on grants from the Australian Government, the level of government responsible for the collection of income tax (Van Gramberg, Teicher & Rusailh 2005). NT Government is funded by the Australian Government to deliver services locally. This situation means the NT government is likely to be responsive to the directions of the Australian Government to ensure continued funding.

The NT has one house of parliament. Government is formed by the party that holds the majority of seats in the 25 member Legislative Assembly. Customarily, the party’s leader is appointed as the chief minister (Jaensch 2003), a position akin to the states’ premiers. NT has the smallest legislature, despite having similar responsibilities as the states. Consequently, members of parliament are responsible for a large number of portfolios. For example, the NT Government Ministry, effective from 18 May 2011, had the Chief Minister responsible for four portfolio areas in addition to his responsibilities as chief minister and another member of the Cabinet responsible for seven portfolios (Legislative Assembly of the Northern Territory 2011). Moreover, the small number of Territory politicians are encumbered with a large number of intergovernmental forums and often have long travel times associated with attending them (Warhurst 1990). This situation has raised questions about the level of scrutiny NT legislation receives (Jaensch 2003).

NT Government ministers, being elected representatives, define the public interest (APSC 2005) while the bureaucracy is obliged to deliver advice in an ‘objective and
impartial manner, with integrity’ (Northern Territory Government, p. 3). This advice is to be ‘frank, independent [and] based on an accurate representation of the facts’ (Northern Territory Government, p. 8). However, Jaensch (2003) argues that a consequence of the heavy workload of the elected representatives is that the NT bureaucracy and ministerial advisors have a more influential role than in other parts of Australia.

4.1.3 Suicide: a wicked problem
I have demonstrated above that suicide was a significant problem for the NT. In this section I establish that suicide is a wicked problem (Rittel & Webber 1973). While I used suicide to demonstrate the characteristics of a wicked problem in Chapter 2 here I support my claims with the available data. The importance of this is two fold: to demonstrate that suicide is typical of the broad class of problems for which whole of government is adopted and to demonstrate the nature of the information available to governments when considering their approach to suicide prevention.

4.1.3.1 ill-defined
I examine three elements to demonstrate the ill-defined nature of suicide: (1) establishing causality, (2) identifying effective interventions and (3) the population groups at risk.

Suicide is an ill-defined problem because the precise causes are difficult to establish. The ‘threshold and trigger’ or stress-diathesis model juxtaposes external life events with the individual’s predisposing qualities (including genetics, temperament and biochemical factors). The qualities of each individual set the threshold of what an individual can tolerate and other events can be the tipping or trigger point that leads to suicide (International Association of Suicide Prevention 2000). More broadly, the biopsychosocial model frames suicide as a complex phenomenon which has a range of causes such as biological, psychological, social and cultural factors (Mitchell 2000, p. 52). The French sociologist Durkheim (1952), believed that suicide is a reflection of the social fabric of a society including the extent to which members of a society are bound to its collective activity and social purpose.

From these different perspectives suicide can be identified as result of societal factors, stressful events experience by vulnerable individuals, mental illness, a genetic predisposition or a combination of all of these. Each perspective offers a different understanding of the problem and therefore different solutions. Suicide is ill-defined because the question lingers - what exactly is the problem in regards to
suicide? Is it a reflection on our social fabric or culture, deficiencies in the mental health system or failures of the child welfare sector?

The causes of suicide are disputed and so too are the solutions; there is a lack of ‘gold standard’ evidence for effective suicide interventions (Goldney 1998). However, interventions have been ranked on evidence hierarchies (Beautrais et al. 2007; Rodgers et al. 2007; WHO 2010) and Mann and colleagues (2005, p. 2070) identified a number of interventions as ‘most promising’. One of the best evidence bases exists for restricting access to means (e.g. gun control legislation, detoxification of domestic gas, mandatory installation of catalytic convertors) (Beautrais et al. 2007; Gunnell & Frankel 1994; Mann et al. 2005; WHO 2010).

Physician education, to recognise and treat depression and suicide ideation, has been classified as having strong evidence (Beautrais et al. 2007; Mann et al. 2005). Educating gatekeepers (e.g. teachers, pharmacists and clergy) about suicide risk factors, available resources and facilitating access to mental health services is also a promising intervention (Beautrais et al. 2007; Mann et al. 2005; WHO 2010).

Psychotherapy alone and in combination with antidepressants can be effective for suicide ideation and for preventing new attempts after a suicide attempt (Beautrais et al. 2007; Mann et al. 2005). Additionally, after a suicide attempt better coordination between hospitals and community support services to provide follow-up care may decrease new attempts (Beautrais et al. 2007; Mann et al. 2005).

Public awareness and mental health literacy have been classified as promising interventions for suicide prevention (Beautrais et al. 2007; WHO 2010). However modest programs targeting specific sub-groups may be more effective than generic population based programs (Beautrais et al. 2007). Media guidelines on suicide reporting are regarded as a promising population based intervention for suicide prevention (Beautrais et al. 2007; Pirkis et al. 2010).

A population health approach seeks to identify patterns of suicide and suicide related behaviours in groups of the population and aims to change the environment and behaviours that put people at risk of suicide (WHO 2010). The population health approach is prominently advocated in Australia (1995; 2000a) and internationally (WHO 2010). Population health approaches include education, promotion of healthy lifestyles and research for disease and injury prevention. They can operate on different levels including across the whole population (universally) and targeting selective groups identified as being at risk (selective).

Although population-based approaches are widely advocated only two such approaches have a strong or promising evidence base: restricting access to means
and media reporting guidelines. Some selective interventions currently have a stronger evidence base than population-based approaches (Beautrais 2000, 2006; Robinson et al. 2006). Some experts advocate directing suicide prevention efforts at identifying and effectively treating mental illness (Wilkinson 1994) because 90% of those who die by suicide have a psychiatric diagnosis at the time (Bertolote & Fleischmann 2002). Suicide’s strong association with mental ill health creates a tension between the perception that suicidal behaviour is a mental health issue and the promulgated multicausal and public health perspective of suicide.

The third element that demonstrates the ill-defined nature of suicide is the diversity of groups identified as being at risk. They include those with a history of prior suicide attempt (Beautrais 2006; Moscicki 2001), those with mental disorders (Moscicki 2001), people living in rural and remote areas (Caldwell, Jorm & Dear 2004), Indigenous Australians (ABS 2008; Elliott-Farrelly 2004), those incarcerated, those who have experienced recent severe stressful life events, men, individuals with a family history of suicidal behaviour and/or mood or substance abuse disorder and those with a history of physical or sexual abuse (Moscicki 2001). Despite evidence that each of these groups are at increased risk of suicide there is no reliable framework for predicting individuals who will die by suicide. Moreover, each group has its own characteristics requiring different interventions. By example, the very causes of suicide for Indigenous Australian may be different to non-Indigenous Australians (Hunter et al. 2001; Tatz 2001) and, additionally, there is evidence of regional differences between Indigenous communities (Parker & Ben-Tovim 2002). The range of populations at risk of suicide heightens the complexity of identifying appropriate solutions and is a testimony to its multicausal nature.

Little is known about the factors that protect against suicide although connectedness to family and community, resilience, strong spiritual or religious faith as well as good mental and physical health are likely protective factors (De Leo 2002).

Suicide is multifactoral and thus interventions cover a broad range of activities. They can include appropriate medical management of a person with a severe mental illness, schools and sporting clubs fostering resilience in young people, police officers removing a person’s belt before putting them in custody (restricting access to a means of hanging), a child welfare worker removing children from homes where they are at risk of abuse, or a rural general practitioner building relationships with their patients increasing the chance they can identify if a patient becomes suicidal and intervene. Suicide can be framed according to any of its risk factors, any of its high risk groups or indeed any of the accepted models.
4.1.3.2 Cross-cutting

Suicide intersects with other social issues. It can be considered a symptom of Indigenous disadvantage, drug use, as well as a failure of the welfare, justice and/or mental health systems. This cross-cutting quality means that suicide prevention can involve multiple stakeholders with divergent perspectives: prison wardens, police officers, mental health service providers, alcohol and other drugs workers, welfare workers as well as those bereaved by suicide and those who have previously attempted suicide. Moreover, the different domains that suicide crosses have interdependencies. Thus policy decisions made to reduce the incidence of suicide may affect these domains. The interconnectedness can be shown by considering the potential impact of a decision on alcohol regulation that increased the price of alcohol and decreased availability. It could be expected to reduce acute alcohol intoxication and alcohol abuse, risk factors associated with suicide (Beautrais et al. 2007; Kokkevi et al. 2012). However, it might also increase the short term demand for alcohol and other drugs support services (welfare sector), increase presentation at hospital emergency departments by people who have ingested a substitute substance due to the lack of availability of alcohol (health sector) and may reduce the incidence of drink driving offences (police and justice systems). This example shows how there can be ramifications in the interconnected policy areas and, reciprocally, policy decisions in these related areas may have an impact on suicide rates. For governments this means that a holistic policy solution for suicide cannot be generated and coordinated from within one department.

4.1.3.3 Relentless

Suicide rates can be reduced, as the interventions with a strong evidence base indicate (Section 4.1.3.1). However, there are no clear criteria indicating that suicide has been adequately addressed; it is an intractable problem. Indeed, suicide mortality data, as an indicator of success, has inherent problems including underreporting due to difficulties in determining intent (ABS 2007, 2009) and a time lag of years before the data is released (WHO 1999). As Rittel and Weber (1973, p. 162) proposed for wicked problems, efforts to address suicide stop due to a lack of capacity or patience not because the problem has been solved.

Along with the ‘wickedness’ of suicide, a tension exists between the perceptions of suicide. Mental ill-health is one of the greatest risk factors for suicide and yet suicide is a multifactoral phenomenon and national policies have had an explicit focus on universal interventions in spite of the limited number with a strong evidence base (Beautrais 2006). The choices for policy makers are considerable as they select
from universal, selective and targeted approaches as well as targeting specific at
risk groups. These decisions need to be made against a backdrop of little supporting
evidence.

4.2 An institutional perspective on suicide prevention

policy

In this section I discuss the suicide prevention policy environment using a new
institutional perspective. I begin by introducing the theoretical lens and then use it to
explore the policy discourse and institutional environment. In doing so I demonstrate
that - in contrast to the contested nature of the problem of suicide - the policy
environment unanimously advocated a joint approach for suicide prevention. I also
show that suicide prevention was a responsibility of jurisdictional governments in
Australia, including the NT.

4.2.1 New institutionalism

As established in Section 3.2.4, I primarily view my data through an institutional
lens. I focus on the symbolic dimension of the actions and events. The distinction
and overlap between instrumental action and symbolic action is critical to this thesis.
An instrumental perspective views a process as a means, a tool or an instrument for
a predefined end - the outcome is of prime importance. Instrumental actions are
undertaken for a given purpose, the pre-defined end. Central concerns, from an
instrumental perspective, are decision-making and resource allocation. There is a
presumed logic of consequentiality (Christensen et al. 2007, p. 3; March & Olsen
1984) whereby options are evaluated and rational choices made to ensure efficiency
and effectiveness. In contrast, symbolic action is concerned with the development of
meaning through symbols, rituals and ceremonies. In line with this, institutional
theories pay attention to developing a sense of purpose, identity and belonging
(March & Olsen 1984). Institutional theories frame organisations not as merely
technical systems but also social systems where the institutional environment
defines ‘the ends and shape[s] the means by which interests are determined and
pursued’ (Scott 1987, pp. 507-8).

A new institutional perspective pays attention to the pressures and constraints of the
institutional environment as well as the broader meaning systems within
organisations. The perspective ‘stresses the importance of norms and values in
defining how organizations should...function’ (Peters, BG 1996, p. 208).
Organisational arrangements can be adopted in order to behave in a normative
manner and reflect contemporary values and beliefs of the organisation’s
institutional environment. Similarly, Selznick (1984, p. 17) defined structures and processes as institutionalised when they are infused with value beyond their technical utility. While Selznick’s definition comes from ‘old’ institutionalism, it is an enduring one. An example of the ‘value’ Selznick is referring to is the ability to be a symbol; expressive of abstract concepts - beliefs, values and feelings - and concerned with meaning-making.

A symbol is something - usually concrete - that represents something else - usually an abstraction; as in, a dove is a symbol of peace… [Symbols] are historically and culturally specific: at another time, in another place, for another group of people, a dove may be a dinner or simply a grayish white bird. A symbol may accommodate multiple meanings, depending on the context and meaning-maker. The power of symbols lies in the potential to accommodate multiple meanings… Different individuals, different groups may interpret the same symbol differently.

(Yanow 1996, p. 9)

The meaning a symbol represents is dependant on the reader’s past experiences, education and training and culture. As a result, symbols are multi-vocal. In contrast to an instrumental perspective where the outcomes are predefined; symbols have no singular meaning.

From an institutional perspective symbols are ‘instruments of interpretative order’ (March & Olsen 1989, p. 48). Symbols, as I refer to them in this thesis, are not devices wielded by the powerful to confuse the weak - there are neither cheats nor dupes. Symbols are not manipulative tools. An institutional perspective recognises the significance of symbols in politics. It does not denigrate the significance of symbolic action but rather claims that it can be at least as important as substantive consequences (March & Olsen 1989). The phrase ‘empty symbol’ reflects a purely instrumental perspective on organisational action where substantive outputs are the primary concern. Symbols, as used in this thesis, are not hollow because they hold meaning and it is with meaning that we make sense of the world around us. The tendency to identify instrumental action as the only ‘real’ political and policy action is erroneous and misleading (Yanow 1996, p. 12). Public organisations are concerned not only with decision-making but also opinion-formation, discovering identities and discovering goals (Christensen et al. 2007, p. 16). This is the realm of symbolic action.

The theoretical notions of instrumentality and symbolic action are not mutually exclusive. Organisational structures and objects can be at once both instrumental and expressive. I adhere to Scott’s (1987, p. 509) understanding that an institutional perspective is not in opposition to rational and/or efficiency arguments (the concerns
of an instrumental perspective) but is rather used to complement and contextualise them.

### 4.2.2 Suicide prevention myth

The origins of the NT’s whole of government initiative began in 2005. At this time the policy discourse, internationally and nationally, espoused that suicide prevention approaches should be multisectoral, coordinated or aligned across the sectors and involve the community. The United Nations (1996) published guidelines to encourage countries to develop national strategies to reduce suicidal behaviour. The guidelines emphasised, among other things, the need for intersectoral collaboration and multi-disciplinary approaches. The World Health Organization (WHO), through its suicide prevention program, was the principal international organisation that contributed to the discourse on suicide prevention. The website stated:

> ...there is a need to adopt multi-sectoral approaches involving many levels of intervention and activities
> (WHO n.d.)

and

> It is clear that suicide prevention requires intervention also from outside the health sector and calls for an innovative, comprehensive multi-sectoral approach, including both health and non-health sectors, e.g. education, labour, police, justice, religion, law, politics, the media.
> (WHO)

The same sentiments were within Australia’s *National Mental Health Plan 2003-2008*:

> Preventing mental health problems, mental illness and suicide... Most of the risk and protective factors for mental health problems, mental illness and suicide lie outside the ambit of mental health services, in sectors that impact on the daily lives of individuals and communities. Changes to risk and protective factors generally require long-term sustained efforts across multiple sectors of the community and government; these changes cannot be achieved by the mental health sector alone. Instead, the mental health sector must forge partnerships with other sectors in order to develop successful interventions that favourably shift risk and protective factors.
> (Australian Health Ministers 2003, p. 18)

The foundation of the Australian Government’s policy framework for suicide prevention was *Living is for Everyone: A framework for prevention of suicide and self-harm in Australia*, also known as the *LIFE Framework*. The 2000 LIFE Framework stated:
Effective suicide prevention is underpinned by several principles. [including it] is a shared responsibility across the community, professional groups, non-government agencies and the government sectors.


It went on:

There is widespread agreement that suicide prevention should encompass a wide range of activities across a number of programs and sectors. It is useful, in planning activities, to consider... a collaborative approach including relating to others to provide a more integrated and effective approach.

(DoHA 2000a, p. 17)

and

Suicide results most often from the build-up of many risk factors that relate to problems and concerns across our society. Effective action to prevent suicide therefore requires the cooperation of the whole Australian community, including community groups, families and young people, all levels of government, business, and non-government and professional organisations.

(DoHA 2000a, p. 23)

Also in the LIFE Framework, under the title ‘What works and what’s needed’ for promoting well-being, resilience and community capacity, it said:

Influencing broad social factors requires a whole-of-government approach... and a whole-of-community approach, with concerted effort across many sectors and programs.

(DoHA 2000a, p. 30)

A tight definition of a whole of community approach is elusive. It appears to refer to the role of the community in suicide prevention with the aim of increasing public understanding and community capacity to prevent suicide. It places responsibility on community organisations, non-government organisations (NGOs), workplaces and all community members to have a role in suicide prevention. It links in with the idea of addressing suicide across the lifespan, not solely focusing on youth or those experiencing mental ill health (DoHA 2000a, 2007b).

Suicide Prevention Australia, the national advocate for the prevention of suicide and self-harm, stated that one of the core values underpinning their philosophy is a commitment to ‘collaboration and partnership in suicide and self-harm’. One of their nine principles is that suicide prevention is ‘everyone’s business’ (Suicide Prevention Australia).

The policy discourse, described above, unanimously supported whole of government approaches for suicide prevention. The language advocating for a joint approach was unequivocal: ‘It is clear...’ suicide prevention requires a multisectoral approach, ‘There is widespread agreement’ that suicide prevention should
encompass activities from across a number of sectors. Additionally, a joint approach in the discourse - expressed as relating to others and a shared responsibility - was portrayed as an effective approach.

Meyer and Rowan (1977) describe how institutional environments can hold rationalised myths. The word myth holds a variety of meanings including something that is make-believe and not real; a misconception; a story with a purpose, particularly a sacred or religious purpose and, within Jungian psychology, it refers to a narrative that aims to communicate a deep truth about the person’s psyche. In this thesis, however, I am using the term as used within new institutionalism (Christensen et al. 2007; Meyer & Rowan 1977) and interpretative policy analysis (Yanow 1993, 1996). From these theoretical perspectives myths guide behaviour. The myth sets what is rational and correct, right and wrong, normal and deviant. Christensen and colleagues (2007, pp. 57-8) define myths as ‘[s]ocially created norms in institutional environments’ and ‘socially legitimated recipe[s] for how to design part of an organization’. Myths are ‘taken-for granted beliefs and widely promulgated rules that serve as template for organising’ (DiMaggio & Powell 1991, pp. 27-8).

Myths are rationalised. That is, there exists a ‘non-scientifically justified conviction’ (Christensen et al. 2007, p. 58) that the myth is rational.

[Myths] are highly rationalized and thus in some measure beyond the discretion of any individual participant or organization. They must, therefore be taken for granted as legitimate, apart from evaluations of their impact on work outcomes.

(Meyer & Rowan 1977, pp. 343-4)

In other words, myths are deemed as correct and right - an effective and efficient mode of organising - regardless of research and evaluations to the contrary. Myths are not propositions of logic nor arguments of rhetoric but are rather matter-of-fact statements ‘immune from factual attack’ (Cuthbertson cited in Yanow 1996, p. 191).

I contend that the policy discourse of suicide prevention amounted to a myth. The pervading and prevailing belief was that intersectoral approaches for suicide prevention were not only the correct and rational approach, but also the effective approach. The myth was: policy approaches to suicide prevention must be intersectoral.

4.2.3 National intersectoral approaches

Nationally, intersectoral approaches for suicide prevention began in 1995 when Australia developed a National Youth Suicide Prevention Strategy which ran from
1995-1999 (Australian Government Department of Health and Aged Care 1995) administered and coordinated through the Mental Health Branch of the then Australian Government Department of Health and Aged Care. Australia was one of the first countries to develop a comprehensive national suicide prevention strategy (De Leo & Evans 2003) that included a set of multifaceted and integrated activities (Taylor, Kingdom & Jenkins 1997). In 1998, in response to 'unacceptably high rates of youth suicide' (Australian Government 1998), a National Advisory Council on Youth Suicide Prevention (NACYSP) was formed. The council included bureaucrats both from the Australian Government and jurisdictional governments as well as community workers and experts.

The evaluation of the National Youth Suicide Prevention Strategy was released in 2000 (Mitchell). Despite policies advocating for intersectoral collaboration Mitchell found few instances of it. She reported that the strategy focused primarily on projects within the health and education sectors and rarely branched out to the other key sectors that impact on the social risk factors in suicide. Projects that attempted intersectoral collaboration struggled to establish a sustainable structure for the collaboration and reported minimal progress. Individual leaders, often identified as important facilitators of intersectoral collaboration, were impeded by organisational structures such as funding streams. Mitchell maintained that the projects under the strategy were attempting to initiate change in complex organisational and social systems and that the up-take of these changes would take time.

The NACYSP maintained a commitment to youth suicide but recognised the importance of the issue across the lifespan. In keeping with this broader approach the 2000 LIFE Framework was released and the NACYSP was renamed and redeveloped as the National Advisory Council for Suicide Prevention (NACSP) in 2001. NACSP was administered through the same Australian Government department, now known as DoHA, but had a higher proportion of community members compared to the NACYSP. Later a separate Community and Expert Advisory Forum was established to advise the NACSP on issues of community need in suicide prevention. Along with the NACSP DoHA also held committee meetings in each of the states and territories which provided input to the NACSP.

The National Suicide Prevention Strategy (NSPS) was a program under the Council of Australian Governments (COAG) National Action Plan for Mental Health 2006-11 and, although not widely understood (Commonwealth of Australia 2010), it had four components:

1. An overarching strategic framework: the LIFE Framework
2. A work plan: National Suicide Prevention Strategy Action Framework

3. A dedicated funding program

4. Mechanisms that ‘promote alignment with and enhanced state and territory suicide prevention activities’ (Commonwealth of Australia 2010, pp. 129-30) (e.g. COAG action plan and the Fourth National Mental Health Plan 2009-14).

The 2000 LIFE Framework had six priority areas, or action areas:

1. Promoting well-being, resilience and community capacity across Australia.
2. Enhancing protective factors and reducing risk factors for suicide and self-harm across the Australian community.
3. Services and support within the community for groups at increased risk.
4. Services for individuals at high risk.
5. Partnerships with Aboriginal and Torres Strait Islander peoples.
6. Progressing the evidence base for suicide prevention and good practice.

(DoHA 2000a, p. 21)

From 1999 to 2006 the NSPS allocated $10 million annually. This was distributed amongst 22 national initiatives with emphasis on Indigenous and young Australians (WHO 2010, p. 28). The NSPS was evaluated by Urbis Keys Young in 2005 (Martin 2005). Although the report was not made public, the Australian Senate Community Affairs Committee inquiry into suicide reported the NSPS was ‘widely supported and perceived as an appropriate and necessary strategy...[but] stronger evidence regarding the impact and outcomes’ of the funded projects was needed (Commonwealth of Australia 2010, p. 139). The Senate committee inquiry also noted that the strategy was perceived as purely a strategy of the Australian Government’s health department, DoHA, with limited feeling of ownership by the states and territories. Concerns existed over the lack of processes and structures to enable different levels of government to work together including in the area of nationally funded and state delivered service provision (Commonwealth of Australia 2010).

Consultation for a revision of the 2000 LIFE Framework began in 2005. From 2006 to 2011 national suicide prevention expenditure more than doubled compared with the previous funding period to $25.4 million annually (DoHA 2009, p. 27). This funding was particularly directed at programs that targeted high risk groups, whereas the previous LIFE Framework focused on universal and selective approaches (Headey et al. 2006).
Two studies (De Leo & Evans 2003; Matsubayashi & Ueda 2011) indicated that Australia’s suicide rate decreased since the introduction of the national policy, however, neither study could attribute this reduction to the intersectoral nature of the policy. Moreover, in the case of de Leo and Evans study, the reduction was not necessarily a result of the national strategy (Robinson et al. 2006). This lack of evidence did not alter the Australian Government’s belief in intersectoral approaches (DoHA 2007c, p. 50).

4.2.4 Isomorphism among state and territory approaches

In Australia's federated system services are funded nationally and delivered by the state and territory governments. This enables the Australian Government to lead the state and territory governments in particular policy directions. States and territories that match the national policy direction may have an opportunity to secure more resources. The state and territory governments align with national policy approaches in order to secure funding.

National mental health and suicide prevention policies clearly identified a role for the states and territories in suicide prevention. Indeed, a companion document to the 2000 LIFE framework was titled Building Partnerships. The key partners identified were jurisdictional governments, local government and community.

State and Territory Government are partners in the development and delivery of suicide prevention programs... [They] will be intimately involved in the planning, implementation and evaluation of national initiatives

(DoHA 2000b, p. 10).

Similarly, the National Mental Health Plan 2003-08, under the outcome related to suicide prevention, stated that a key direction was to:

Recognise and enhance the synergy between national and State / Territory-based strategies aimed at reducing suicide and enhancing mental health

(Australian Health Ministers 2003, p. 19)

These national policy documents assert that it was within the bounds of state and territory government responsibilities, with the assistance of Australian Government funding, to address suicide.

Suicide strategies put in place by the states and territories in the 1990s were described as ad hoc and uncoordinated (Baume 1994, p. 66). However by 2005 Parham offered a rosier picture arguing that the best examples of intersectoral partnership in mental health promotion in Australia were in suicide prevention. Most state and territory governments had adopted a whole of government approach and many were based on the six action areas of the current LIFE Framework (Table 4.1).
### Table 4.1 Jurisdictional suicide prevention policies

<table>
<thead>
<tr>
<th>State/territory*</th>
<th>Policy document</th>
<th>Date</th>
<th>Whole of government</th>
<th>Whole of community</th>
<th>Aligned to action areas of the current LIFE Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria</td>
<td>Whole of Government Suicide Prevention Strategy</td>
<td>1997</td>
<td>✓</td>
<td>✓</td>
<td>Pre-dates LIFE Framework</td>
</tr>
<tr>
<td>New South Wales (NSW)</td>
<td>NSW Suicide Prevention Strategy Suicide: we can all make a difference</td>
<td>1999</td>
<td>✓</td>
<td>✓</td>
<td>Pre-dates LIFE Framework</td>
</tr>
<tr>
<td>Queensland</td>
<td>Queensland’s Suicide Prevention Strategy</td>
<td>2003-2008</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>NT</td>
<td>Northern Territory Strategic Framework for Suicide Prevention</td>
<td>2003</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Western Australia</td>
<td>WA State Suicide Prevention Strategy 2009-2013: Everyone’s Business</td>
<td>2009-2013</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Australian Capital Territory (ACT)</td>
<td>Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT</td>
<td>2009-2014</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tasmania</td>
<td>Tasmania’s Suicide Prevention Strategy: Strategic Framework and Action Plan</td>
<td>2010-2014</td>
<td>✓</td>
<td>✓</td>
<td>‘developed in line with the LIFE Framework’ (p.15)</td>
</tr>
</tbody>
</table>

*The only jurisdictional government not included in this table is South Australia (SA). At the time of writing SA had a Mental Health and Wellbeing Policy 2010-2015 rather than a specific suicide prevention strategy. Within this policy the development and implementation of a suicide prevention strategy is noted as a priority (p. 50).
While not all of the state and territory policy documents had been developed in 2005 (the year in which the seed funding for the NT’s initiative was allocated), Table 4.1 nevertheless provides a picture of the policy norm for suicide prevention in Australia. The alignment of the state and territory policies with the national policy has been noted:

> Each of the States and Territories has initiated or is planning a suicide prevention strategy and has structures in place for suicide prevention that will provide a vehicle to advance initiatives consistent with the LIFE Framework... States and Territories have primary responsibility for service delivery, and programs and services specific to their jurisdictions, including to ensure that programs and activities are widely implemented and are sustainable in the long term within existing public and community services.

_DoHA 2000a, p. 23_

Interestingly, despite the centrality of the notion of whole of government in the policy documents, the suicide prevention polices were largely publications of the respective health departments (see Australian Capital Territory Health 2009; Australian Government Department of Health and Ageing 2000a; New South Wales Health 1999; Tasmanian Government Department of Health and Human Services 2010; West Australian Department of Health 2009). I believe that this reflects the tension between the multicausal nature of suicide and the significance of mental ill-health as a risk factor (Section 4.1.3).

This section demonstrated the uptake of the myth among the state and territory governments in Australia. It can be explained by DiMaggio and Powell’s (1983) notion of coercive isomorphism. DiMaggio and Powell argued that structural similarity or isomorphism occurs when organisations adopt structures not for the instrumental concerns of efficiency and effectiveness but because the structures are seen as both legitimate and socially acceptable by other organisations in their field. DiMaggio and Powell described three types of isomorphism, one of which is coercive isomorphism. Coercive isomorphism occurs when one organisation is dependent on another and when there are cultural expectations in the society in which the organisations function. Coercive pressures can come from persuasion, invitation or mandate. I believe the state and territory governments’ reliance on Australian Government funding was a coercive pressure. DiMaggio and Powell (1983) also predicted that isomorphism may facilitate interorganisational interactions. In line with this, DoHA (2009, p. 21) reported that the policy alignment in suicide prevention ‘assists [with] inter-jurisdictional discussions about suicide prevention’.
This section described how suicide prevention programs were funded around the country through Australian Government program grants. However, in addition to the funding arrangements described above state and territory governments have their own budgets from which they can allocate money to different policy areas. For example, the Queensland Government allocated $2 million per annum to suicide prevention from 1998 to 2010 (Commonwealth of Australia 2010, p. 132). This is important background for my discussion in the following section about the beginnings of the NT suicide prevention initiative and its funding.

4.3 NT’s approach to suicide prevention

4.3.1 The genesis

4.3.1.1 Previous committees

I begin by describing the previous policy approaches to suicide prevention in the NT. This not only provides some context to the whole of government initiative studied, but also demonstrates that there were striking similarities between the committee at the centre of this case study and the previous NT suicide prevention committees.

In the mid 1990s the NT did not have a suicide prevention policy (Baume 1994), however, the NT Government was part of the national policy discussions about suicide prevention starting in 1998 when the Director of Mental Health in the NT was a member on the NACYSP. When the NACYSP was replaced by the NACSP the only NT representative was a school principal who was in charge of the MindMatters Reference Group (a mental health resource for secondary schools). He also chaired the Community and Expert Advisory Forum, a NACSP advisory sub-group. The NT Government was also included in the jurisdictional meetings DoHA convened which were designed to provide input to the NACSP.

In 1999, after similar groups had been established in the other jurisdictions, the Permanent Interdepartmental Executive Committee on Youth Suicide Prevention (PIECYSP) was convened to oversee the development, implementation and evaluation of the NT Youth Suicide Prevention Strategy and identify new and existing services and programs (NTSPCC 2007a). The NT strategy promised to be ‘congruent’ (DoHA 2000b, p. 13) with the LIFE Framework and be developed through a consultative process including NGOs and community organisations. The membership of this committee included the NT Department of Health (mental health and public health divisions); Office of Youth Affairs, Office of Aboriginal Development; Police and Emergency Services; Education; Housing and Local
Government; Correctional Services (now known as Department of Justice); Treasury and Sport and Recreation. PIECYSP was chaired by an executive from the NT Department of Health.

In February 2001 the scope of PIECYSP was broadened from focusing on youth suicide to the whole life-course, aligning with federal and global trends. The new committee was known as the Suicide Prevention Interdepartmental Committee (SPIDC) and the Terms of Reference were amended to reflect the broader scope. It was comprised of ‘senior representatives’ (Northern Territory Department of Health and Community Services [DHCS] 2003, p. 3) from the Department of Health; Department of Education; Youth Affairs from the Department of the Chief Minister (DCM); Community Development, Sport and Cultural Affairs; Justice; Police Fire and Emergency Services and Australian Government DoHA. The Director of the Mental Health Branch was the chair.

The *Northern Territory Strategic Framework for Suicide Prevention* was developed via a process that included consultation with community groups and ‘considerable assistance from the SPIDC’ (DHCS 2003, p. 3). It stated that the NT Department of Health was a lead agency and, as such, assumed responsibility for coordinating a review of the major achievements and progress by all relevant departments (DHCS 2003). A whole of government and whole of community approach was a central tenet of the strategic framework.

> [The] Strategic Framework...provides a platform to guide planning and development of initiatives with a focus on life promotion and prevention of suicide...It is based on a whole of government and community approach that supports action across all levels of government, covers the entire lifespan, includes a spectrum of interventions and builds on existing services and supports.

(DHCS 2003, p. 4)

The strategic framework’s six action areas were identical to the action areas of the 2000 LIFE Framework outlined in Section 4.2.3 (save for substituting ‘NT’ for ‘Australia’ and changing ‘Aboriginal and Torres Strait Islander peoples’ to ‘Indigenous people’).

It was launched in 2003 but with no additional funding; it was to be implemented within existing resources. It listed five specific programs running in the NT at the time the framework was developed. These highlight the important role Australian Government funding plays in suicide prevention activities in the NT.

- MindMatters, nationally funded
• Applied Suicide Intervention Skills Training (ASIST), funded by the NT Suicide Intervention Training Project which received $270,000 of national funding

• Bereavement support card and pack. This was developed jointly by the Office of the NT Coroner and the NT Life Promotion Program. The Life Promotion Program received $250,000 from the National Youth Suicide Prevention Strategy and $100,000 from the NT Living With Alcohol Program.

• Crisis intervention committees in indigenous communities, funded by the Life Promotion Program (see funding sources above)

• A review of the Health Promotion Strategies effective in improving Indigenous Mental Health, a NT Government initiative.

It was anticipated that following the launch of the strategic framework ongoing reporting on suicide prevention initiatives would continue through the SPIDC for monitoring but this did not occur. The SPIDC was disbanded in 2003 just as the strategic framework was released (NTSPCC 2007a).

Historically, suicide prevention activity in the NT has followed the national policy direction and been led by the Mental Health Branch from the NT Department of Health. This is similar to the approaches of other territory and state governments. The compositions of the two NT suicide prevention committees (PIECYSP and SPIDC) were remarkably similar and the NT Government, despite having one of the highest suicide rates in the country, has not allocated significant funding to the issue.

4.3.1.2 Opportunity for action

In 2004, with no progress on the implementation of the Northern Territory Strategic Framework for Suicide Prevention since the SPIDC disbanded in 2003, the NT Mental Health Branch tagged reinvigorating the whole of government approach to suicide prevention as a priority. The Promotion, Prevention and Early Intervention Officer from the Mental Health Branch attended national suicide prevention forums as part of her role. However, she and the NT Director of Mental Health Branch were mindful that the branch’s role in suicide prevention was limited to treating the mentally ill and to some mental health promotion activities. The Promotion, Prevention and Early Intervention Officer’s reflections on national meetings were two fold. Firstly, her presence there was requiring her to perform two jobs (suicide prevention as well as mental health promotion, prevention and early intervention) and, secondly, she was representing the jurisdiction with the worst suicide rate (ABS 2003, pp. 24-5) but without a coordinated approach to suicide prevention or a
dedicated suicide prevention coordinator position. She felt that in contrast to the other states the NT had ‘nothing’ (2009, pers. comm., 30 June), a glaring omission given the statistics.

In 2005, in preparation for the budget and upcoming NT election (18 June 2005), the NT Minister for Family and Community Services, Marion Scrymgour, announced that agencies under her portfolio could prepare Cabinet submissions for some funding that had become available. The Director of the NT Mental Health Branch put forward a submission prepared by the Promotion, Prevention and Early Intervention Officer around a dedicated suicide prevention coordinator position. The Cabinet submission made two points: the NT had the worst rates of suicide in the country and every other jurisdiction had a ‘committee or something that was driving their response to suicide’ (Suicide Prevention Coordinator 2009, pers. comm., 30 June).

On 7 May 2005, Minister Scrymgour announced a $5.5 million investment over three years for the improvement of mental health services in the NT (Northern Territory Government 2005b). This included a plan to reinvigorate the NT’s cross-government effort in suicide prevention. Eight days later the minister elaborated: for the first time the NT would have a suicide prevention coordinator due to the injection of $250,000 into ‘suicide prevention initiatives’ (Northern Territory Government 2005a, p. 1). The suicide prevention coordinator was charged with re-invigorating the whole of government approach to suicide prevention in the NT. The media release stated that suicide prevention was a ‘priority’ for the NT Government and was being ‘taken seriously both in terms of policy and by committing the dollars to services’ (Northern Territory Government 2005a, p. 1).

2005-06 was a time when there was an increasing focus on the area of mental health policy nationally. The Mental Health Council of Australia released Not for Service Report: Experiences of Injustice and Despair in Mental Health Care in Australia. The release of COAG’s National Action Plan on Mental Health 2006-2011 also spotlighted mental health and outlined implementation plans for each jurisdictional government. Locally, the NT government released an analysis of suicides from 1981-2002, a report that demonstrated suicide rates in the NT had continued to increase despite a declining trend nationally (Measey, Li & Parker 2005).

The NT’s implementation plan for the National Action Plan on Mental Health 2006-2011 stated that one million dollars had been allocated for the duration of the plan to the priority area of promotion, prevention and early intervention. The details state that this funding was for ‘[i]ncreased suicide prevention and response activities
including creation of a Suicide Prevention Coordinator position’ (COAG 2006, p. 38). The composition of these one million dollars is not clear but it may be a combination of the NT suicide prevention programs funded by the Australian Government and the allocation of the $250,000 of new money injected by the NT Government.

There is some disagreement in the interview data from this case study about the impetus for this new $250,000 NT Government commitment. An interviewee from the Australian Government DoHA believed that the COAG mental health funding scheme required financial commitment from the state and territories and this was the trigger for Minister Scrymgour’s announcement. In contrast, interviewees from the NT Mental Health Branch stated that it was driven from within their branch and, as evidence, cite that the Cabinet submission and the minister’s funding announcement predate the COAG’s action plan on mental health. While true, it is reasonable to expect that preparations for the COAG action plan on mental health would have begun well before it was launched. Another reason, given by NT bureaucrats to support their belief that the funding decision came from within the NT Government, was that Minister Scrymgour, an Indigenous woman, was likely to have been particularly sympathetic to the issue of suicide in 2005 due to a cluster of suicides on the Tiwi Islands (Hanssens 2009); which are both her Indigenous homeland and were part of her electorate. The personal and political links of Minister Scrymgour to the Tiwi Islands and their issues with suicide were also alluded to in 2009 when the *Northern Territory Suicide Prevention Action Plan 2009-2011*, the policy output from this initiative, was launched. Despite efforts, I was unable to interview Marion Scrymgour to gain her perspective on the impetus for the new funding.

Supporting my earlier observation of coercive isomorphism (Section 4.2.4), the interview data from this research identified the influence of the national policy (the LIFE Framework) on the type of approach the NT Government adopted for suicide prevention:

> [There are] … national issues such as the National Suicide Prevention Plan [National Suicide Prevention Strategy] and Action Plan [on Mental Health]. [W]e're aware of those issues, we make contribution to those issues, they guide certainly suicide prevention within the Northern Territory.

(expert member 2009, interview, 14 May)

I guess …[the NT’s whole of government initiative] is in response to problems, and so government having its best shot to say we’ve really got to get something happening here, and consulting all the departments…. I presume it is happening in every state and territory. So it’s obviously in response to the LIFE Framework as well.

(non-senior committee member 2009, interview, 5 June)
[The NT’s whole of government initiative came] partly from the urgings, encouragement, of the Commonwealth [Australian] Government to try to get some overall co-ordination of the suicide prevention actions, tasks, activities across both the state government, territory government and the Commonwealth [Australian] Government...[To] make sure that the [Northern] Territory Government had some sort of plan, some sort of aim and that they were working in a way that fitted in with the Commonwealth [Australian] Government’s strategies. The LIFE Framework is a huge overarching strategy of the Commonwealth [Australian] Government. It is very broad and the Commonwealth [Australian] Government would like to see that the states are following that strategy.

(Aust. Govt committee proxy 2009, interview, 23 June)

The press release announcing the $250,000 of seed funding stated:

The Northern Territory will have a suicide prevention coordinator for the first time following the NT Government’s $250 000 injection into suicide prevention initiatives. Family and Community Services Minister Marion Scrymgour said the funding will enable the coordinator to help implement the NT Strategic Framework for Suicide Prevention, and will also help enhance life promotion and suicide prevention activities in the Territory....The coordinator will help develop programs and policies across Government departments and community organisations that focus on life promotion and suicide prevention.

(Northern Territory Government 2005a)

Despite suggesting that this funding could be used by the suicide prevention coordinator to implement the NT’s Strategic Framework as well as an injection into ‘suicide prevention initiatives’ the reality was that the bulk of this funding was consumed by the suicide prevention coordinator position salary and on-costs. The small remaining portion was used to keep the ASIST program running (Suicide Prevention Coordinator 2009, pers. comm., 30 July), leaving little for the activities of implementing the framework and enhancing activities. Effectively this left the suicide prevention coordinator position responsible for these tasks without additional funding.

A NT suicide prevention coordinator was appointed and commenced in 2006. The successful candidate was the Promotion, Prevention and Early Intervention Officer who had, by default, been responsible for suicide prevention in her previous position. Hereafter, this individual is referred to as the coordinator.

In November 2006 the NT Minister for Family and Community Services approved the establishment of a Northern Territory Suicide Prevention Coordinating Committee to progress implementation of the NT’s Strategic Framework and to ‘include those agencies and individuals considered to be key stakeholders in formulating a whole of Government response to suicide prevention and intervention’ (NTSPCC 2007e, p. 1).
There is no evidence that the chosen policy approach came from a cost-benefit analysis of different policy options. A key moment for the adoption of a whole of government approach in the NT was the coordinator's perception that the NT Government had 'nothing' when faced with a room of colleagues who had adopted whole of government approaches. I argue that the establishment of the interdepartmental committee, a recognised structure of a whole of government approach, codified the myth into structure. It was formed not necessarily because it is the most effective means for reducing suicide but rather because it represented the accepted norm.

Notable features of this whole of government approach were evident at the outset. It was initiated out of one department, indeed one branch of the health department and although the NT Mental Health Branch identified the need for a joint approach, and were supported by their minister, there was no evidence that this was a feeling shared throughout the agencies who were to be invited. Agencies, to the best of my knowledge, were invited without them expressing interest and without prior consultation. Also critical is that suicide prevention funding remained minimal; the committee had no funds available for any actions they undertook. The small amount of funding allocated to suicide prevention belies the statement, made at the announcement of the new suicide prevention funding, that suicide prevention was a priority for the NT Government.

4.3.2 The committee

4.3.2.1 Governance

The formal governance arrangements for the committee were stipulated in a letter of invitation from the NT Department of Health Chief Executive Officer (CEO), David Ashbridge, and in the committee’s Terms of Reference. The letter of invitation stated that the Director of NT Mental Health Branch would chair the first meeting and the Terms of Reference enshrined this arrangement for the long term. The Mental Health Branch was responsible for secretariat support (NTSPCC 2007e). Meetings were to be held four times per year, although when the meetings were to be scheduled and who was responsible for this was not stipulated (NTSPCC 2007e). The committee was to report annually to the Minister for Family and Community Services (NTSPCC 2007e), a minister to whom the Mental Health

2 The draft Terms of Reference distributed on 6 July 2007 are regarded as the committee's Terms of Reference in lieu of a final Terms of Reference being generated (Section 5.3.4).
Branch reports. This is a lead agency model with the NT Mental Health Branch acting as the lead agency.

A two-tiered structure was planned: the main committee and a supplementary community/expert reference group (Ashbridge 2007). While the committee was to be comprised of key stakeholders, ‘other agencies who may have less direct involvement in the issue but who may have a particular expertise or interest in some areas of the committee’s work’ were to make up the reference group (Ashbridge 2007, p. 2). These agencies were expected to come from the non-government sector including representatives from the communities in different regions (NTSPCC 2007e). The frequency of meetings for the reference group was not documented however a forum with the reference group was to be held annually (NTSPCC 2007e).

4.3.2.2 Invited agencies
The committee’s Terms of Reference and letter of invitation stated that the committee should be comprised of agencies and individuals deemed to be key stakeholders for a whole of government response to suicide prevention. The criteria for being a key stakeholder were arbitrary and there was no record of why each agency was selected. The judgement on who was initially invited was made within the Mental Health Branch. The coordinator used the membership lists of previous suicide prevention committees in the NT, experience and advice from other jurisdictions as well as her own judgement to decide which agencies and individuals should be invited (coordinator 2010, interview, 17 August).

The Australian Government DoHA and six NT Government departments were invited to join the committee at the outset. The NT Government departments were the Department of Health, Department of Police, Department of Education, Department of Justice, Department of the Chief Minister and the Department of Local Government, Housing and Sport. Each agency had (unspecified) responsibilities pertinent to an intersectoral approach to suicide prevention which I highlight in this section.

NT Department of Health reported to both the Minister for Health and the Minister for Family and Community Services. The department’s responsibilities that intersected with suicide include administering the five public hospitals (including delivery of acute mental health services), some health services in remote communities, child protection services, community services including alcohol and other drugs services, Aboriginal health policy and epidemiological analysis to monitor the population’s health (DHCS 2007).
The NT Department of Police and the NT Department of Education both reported to their eponymous ministers. NT Police were responsible for juvenile diversion programs and crime prevention (Northern Territory Police, Fire and Emergency Services 2007). Also relevant in the realm of suicide prevention was the role of police when people are detained as well as when police attend situations where individuals were threatening to, or have completed, suicide. The Department of Education was responsible for the different types of education: government schools, registration of non-government schools and workplace training. Workplace safety and development of employment initiatives also fell under their auspice (Northern Territory Department of Employment, Education and Training 2007). Their departmental responsibilities for youth and mental health education, including the MindMatters program, are relevant when considering suicide prevention.

The NT Department of Justice (DOJ) reported to the Minister for Justice, the Minister for Racing, Gaming and Licensing and Alcohol Policy as well as to the NT Attorney-General. DOJ was responsible for NT correctional services (the prisons), community corrections (responsible for the monitoring and supervision of people on parole and prisoners recently released back into the community), the family court and alcohol policy. Coinciding with the inaugural committee meeting DOJ became responsible for a new program area, Community Safe NT. This restructure brought together crime prevention (which also remained a responsibility for the Department of Police) and ‘community harmony’ together with alcohol policy within DOJ (DOJ 2007, p. 7). This program was to coordinate alcohol management plans, community safety, anti-social behaviour and crime associated with alcohol misuse and homelessness.

Acute alcohol intoxication and alcohol abuse are associated with suicide attempts, although improved control of alcohol as a means for suicide prevention has limited supporting evidence compared to the other interventions (Beautrais et al. 2007). Australia’s high rate of alcohol consumption makes alcohol control an area of increasing interest in suicide prevention in Australia (De Leo & Evans 2003). Alcohol control was the joint responsibility of DOJ and the NT Licensing Commission, an independent statutory authority that was not part of the committee.

The NT Department of the Chief Minister (DCM) was concerned with the economic and social development of the NT. They had a leadership role across government as well as responsibility for articulating and achieving the NT Government’s priorities, overseeing or coordinating major government strategies as well as positioning the Territory to achieve identified priorities. The department was
responsible for the Office of Indigenous Policy and played a role in community engagement, which at the time of invitation onto the committee, included youth affairs (DCM 2007).

The NT Department of Local Government Housing and Sport reported to both the Minister for Local Government and Housing and the Minister for Sport and Recreation. Their responsibilities included providing sport and recreation opportunities, Aboriginal interpreter services and delivering housing programs (Northern Territory Department of Local Government, Housing and Sport 2007). However, only the Sport and Recreation Division was a member of the committee.

Australian Government Department of Health and Ageing was concerned with population health, medical services (rural health, primary and acute care), pharmaceutical services (including the Australian regulatory authority for pharmaceuticals), mental health, Indigenous health, health protection and aged care (DoHA 2007a).

Member agencies were a mixture of departments, divisions and branches. Some departments were requested to send just one general departmental representative (e.g. Department of Education), while others were asked to send representation from areas of specific departmental responsibility (e.g. representation from both youth affairs and Indigenous policy was requested from DCM). DOJ included a mixture of general departmental representation as well as specific divisional representation. The invited division(s) or branch(s) were specified in the letter of invitation. The agencies initially invited are outlined in Table 4.2.
Table 4.2 NT agencies invited for inaugural meeting

<table>
<thead>
<tr>
<th>Department*</th>
<th>Division</th>
<th>Branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health and Community Services</td>
<td>Community Services</td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Community Services</td>
<td>Alcohol and Other Drugs</td>
</tr>
<tr>
<td></td>
<td>Community Services</td>
<td>Family and Children’s Services</td>
</tr>
<tr>
<td></td>
<td>Health Services</td>
<td>Remote Health</td>
</tr>
<tr>
<td></td>
<td>Acute Care Services</td>
<td>-</td>
</tr>
<tr>
<td>Department of Police Fire and Emergency Services</td>
<td>Police</td>
<td>-</td>
</tr>
<tr>
<td>Department of Employment Education and Training</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Racing, Gaming &amp; Licensing</td>
<td>Office of Alcohol Policy</td>
</tr>
<tr>
<td></td>
<td>Court Support Services</td>
<td>Coroner’s Office</td>
</tr>
<tr>
<td></td>
<td>The representative from the Coroner’s Office acted in their independent judicial role, not as a departmental representative (senior committee member 2009, 8 July)</td>
<td></td>
</tr>
<tr>
<td>Department of Chief Minister</td>
<td>Community Engagement</td>
<td>Office of Youth Affairs</td>
</tr>
<tr>
<td></td>
<td>Indigenous Policy and Regions</td>
<td>Office of Indigenous Policy</td>
</tr>
<tr>
<td>Department Local Government Housing, and Sport (DLGHS)</td>
<td>Sport and Recreation</td>
<td>-</td>
</tr>
</tbody>
</table>

(Ashbridge 2007; NTSPCC 2007e)

* Names and structures accurate for the point of invitation.

The letter of invitation was sent in February 2007 by the Department of Health to the CEOs of the invited agencies. The letter outlined some details of the NT suicide rates and compared them to the national rate, making the point, among others, that the NT rate was more than twice the national average. The myth was evident in the letter:

"Suicide is a complex issue and results from an accumulation of risk factors, which include mental health, drug and alcohol, family issues, employment, cultural identity, law enforcement, criminal justice, education and poverty. Effective suicide prevention approaches are therefore dependent on a collaborative effort across all levels of government and the community."

(Ashbridge 2007)
The letter then invited nominations of ‘appropriate’ (Ashbridge 2007, p. 2) representatives from the departments to attend the first meeting which was scheduled for March 2007. Appropriate representatives were defined as those ‘sufficiently senior level to make decisions and commitments on behalf of the department’ or, as phrased in the Terms of Reference, ‘have sufficient authority to represent the views and make decisions on behalf of their agency’ (NTSPCC 2007e, p. 2). Despite this stipulation, the selection of the representatives ultimately rested with the invited department. Indeed, the letter was an invitation and the Department of Health CEO extended it to other departments with the authority of one of his ministers - a minister that only some of the invited Department of Health agencies reported to. No other formal authority compelled the attendance of the invited agencies.

Three members of the committee were appointed as experts. There were two clinical experts who were psychiatrists, one from Darwin and one from Katherine - a NT regional centre. Although these clinical experts were employees of the NT Government in their interviews they stated that on the committee they were not representing the NT Government but rather acting in an individual capacity. At the formation of the committee, the third expert was a community member representative on the NACSP.

4.3.2.3 Objectives

The formally stated objectives of the committee were outlined in media releases, the letter of invitation and the committee’s Terms of Reference. First and foremost these three sources placed progressing the implementation of the existing 2003 NT Strategic Framework for Suicide Prevention as the overarching aim for both the coordinator (Northern Territory Government 2005a) and the committee (Ashbridge 2007; NTSPCC 2007e).

Another element common across all three documents was the notion of a whole of government/whole of community approach. The letter of invitation elaborated on what a whole of government/whole of community approach might mean:

[A key role of the committee will be to] ensure a whole of government and community approach to the issues of suicide and self-harm by facilitating communication and cooperation between key stakeholders, promoting partnerships and providing assistance in identifying emerging problems and their solutions.

(Ashbridge 2007)
The letter also stated that the committee was to have a role in providing specialist advice to government (Ashbridge 2007). The Terms of Reference identified three objectives and six key tasks for the committee:

**Objectives**
1. Provide leadership for suicide prevention activities for the Northern Territory
2. Provide and promote a whole of government/whole of community approach to suicide prevention
3. Support a sound evidence based approach for the development of programs and future policy directions to address suicide and self-harming behaviours across the Northern Territory.

**Key Tasks**
2. Promote and support the collaborative development of suicide prevention activities in partnership with others with an interest and expertise in the area.
3. Develop the evidence base by improving data collection on suicide and self-harming behavior in the Northern Territory.
4. Promote and support research activity that will contribute to suicide prevention and minimize the adverse effects of suicide and self harming behavior.
5. Advise the Australian Government of specific Northern Territory issues relating to suicide and self harming behavior and its prevention.
6. Work collaboratively with the National Advisory Council on Suicide Prevention (NACSP) Board as appropriate.

(NTSPCC 2007e, p. 1)

These three formally stated objectives relate to strategic policy development. The committee’s responsibility for suicide prevention programs or activities was limited only to enhance, promote and support the development of activities (Northern Territory Government 2005a; NTSPCC 2007e). The key tasks are similar to the coordinator’s responsibility for developing programs and policies across departments and organisations (Section 4.3.2.3). This overlap suggests that the coordinator’s position was important in achieving the key tasks of the committee.

### 4.3.3 Indicative of whole of government?

Whole of government has been defined as:

> ...public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues.  
> (Management Advisory Committee 2004)

In this example the objectives were articulated in the letter of invitation and the committee’s Terms of Reference. Departments that accepted the invitation to participate in this whole of government initiative accepted these objectives and thereby the committee was working towards shared goals. The committee was
known as the NT Suicide Prevention *Coordinating* Committee. Moreover, the letter of invitation said the committee was to facilitate cooperation between the members. Thus the committee was designed to address one of the aspirations of a whole of government approach - to facilitate a coordinated approach to suicide prevention. The letter of invitation stated that whole of government was being adopted to address the multi-faceted nature of suicide prevention which suggests that an objective was to address the problem of suicide in a holistic manner. These objectives are typical for the aspirations of whole of government for wicked problems.

This example, also typically for whole of government approaches, had an interdepartmental committee at the core. The committee, with membership from six NT government departments and two levels of government (Australian and Northern Territory governments), had the potential to work both horizontally across the NT Government departments as well as between the two levels of government. The committee also had expert members and structures for community input to be received. Community input, expert advice, horizontal coordination and inter-governmental working are all elements indicative of a whole of government approach.

The local context of the NT is one distinctive element of this whole of government approach. The NT population is isolated and sparsely distributed. The level of alcohol and other drug use exceeds the national average. Additionally, the NT Government has a small parliament: a single house with only 25 members. Another notable feature is that although endorsed by the NT Government through the Cabinet submission process the case was not spawned by a broader government directive. Rather, it was initiated by one bureaucrat’s response to the institutional environment and perhaps a sympathetic minister.

### 4.4 Terminology

Throughout this thesis, I refer to the phenomenon under study as the whole of government approach because this is the term most commonly used in Australia. Furthermore, and importantly, it was the term used in my case study. However, it should be noted that a literal understanding of ‘whole of government’ is misleading. Whole of government initiatives in Australia do not generally involve every government department nor do they include all three levels of government. Rather participation in whole of government activity, as in this example, is by selected agencies identified as having a potential contribution to the central policy problem.
being addressed. I use the term ‘cross-government’ interchangeably with ‘whole of government’.

As I established in this chapter, for ease of reading, the NT Suicide Prevention Coordinating Committee is referred to as the committee and the Suicide Prevention Coordinator is referred to as the coordinator. All dates of committee minutes apply to the meeting date not the date on which the minutes were generated or distributed. All attendance figures include me (unless otherwise stated). Although I attended as a non-participant observer I acknowledge that I contributed to the milieu of the room, even if only by adding to the number of attendees.

Government hierarchies are complex. For clarity, I have adopted a consistent nomenclature for the hierarchical structure of the departments involved. I refer to the sections that departments are broken into as divisions. Heads of divisions are referred to as executive directors. Departmental divisions are subdivided into program areas referred to as branches. Branches are headed by directors. Branches are broken into programs which are headed by managers. This is depicted below in Figure 4.2. Whenever possible, I identify the organisational unit I am referring to (department, division, branch), however when there is a mix of these units then I use the generic term agency.

While adhering to these identifiers, I acknowledge that some departments had significantly different names for the leadership positions e.g. NT Department of Police. Also, some departments and individuals referred to the different sections of
the department by different names e.g. a branch was sometimes called a program area. The NT offices of the Australian Government involved in this case did not fall into this nomenclature or structure as the jurisdictional offices were nodes within the national departmental structure. In these cases I have treated heads of NT offices of Australian Government departments as equivalent to executive directors.

In this thesis, senior bureaucrats are either in the position of executive director or director (Figure 4.2). I made this distinction because the committee chair and the coordinator deemed that individuals in these positions were ‘sufficiently senior’ (Ashbridge 2007, p. 2) and therefore appropriate to attend committee meetings. Bureaucrats below the level of director are referred to as non-senior. To accommodate promotions categorisation was made based on an individual’s level at the conclusion of their participation in the whole of government initiative, not at the time of interview.

There were a range of restructures and name changes during the course of this case study. For ease of reading, I have detailed these changes and the generic names used in this thesis in Table 4.3. There are two instances where generic names are not used: Table 4.2 because it records the names and structures at the time of invitation onto the committee and Table 3.4 where the departmental names from policy documents are used. In two instances the use of a generic name provides an incomplete picture: (1) the term Department of Health obscures the development of a new department, Children and Families, that was formed in January 2011 by splitting the Department of Health, but at this time the committee had been dormant for eight months and did not convene again so I think it is a fair approximation and (2) Department of Police removes reference to the broader responsibilities of the Department of Police, Fire and Emergency Services, however I believe the generic name is justified because police make up the vast majority of the department and it was the police division that was invited to send a representative.
<table>
<thead>
<tr>
<th>Generic name used throughout thesis</th>
<th>Departmental names</th>
<th>Restructure details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Health</td>
<td>1 Nov 2001 - 31 Jun 2008 Department of Health and Community Services (DHCS)</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 Jul 2008 - 31 Dec 2010 Department of Health and Families (DHF)</td>
<td>Mental Health Branch moved from Community Services Division to Health Services Division&lt;br&gt;Alcohol and Other Drugs Branch moved from Community Services Division to Health Protection Division&lt;br&gt;Families and Children Services Branch (child protection agency) promoted to newly created NT Families and Children (NTFC) Division. Office of Youth Affairs moved into new NTFC Division from DCM and downgraded from a branch to a program under the Youth Services Branch.</td>
</tr>
<tr>
<td></td>
<td>1 Jan 2011 - end of case Department of Health and Department of Children and Families</td>
<td>NTFC Division removed to form the new department</td>
</tr>
<tr>
<td>Department of Justice (DOJ)</td>
<td>N/A</td>
<td>1 July 2007&lt;br&gt;11 Divisions restructured into five. Racing Gaming and Licensing Division dissolved. Two of the new divisions created included Policy Coordination and Licensing and Regulation.</td>
</tr>
<tr>
<td>Department of Education</td>
<td>Start of case - 31 Jun 2008 Department of Employment, Education and Training</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>1 Jul 2008 - end of case Department of Education and Training</td>
<td>Employment division removed&lt;br&gt;(table continued overleaf)</td>
</tr>
</tbody>
</table>
Within this case study there were distinct roles for those from the NT Mental Health Branch compared to representatives from other agencies. I collectively refer to the representatives of the Mental Health Branch as the lead agency. This initially referred to only the coordinator and the committee chair, however from September 2008 it also included a Policy and Program Development Officer and from July 2009 it included a Policy Support Officer.

Individuals who attended meetings are collectively called representatives. Representatives included members, proxies and expert members. Member status was determined by the committee membership list, Appendix B of the *NT Suicide Prevention Action Plan* (DHF 2009b, p. 24). Proxies were listed as Officers Assisting in the same list. Expert members were identified according to the content of their interviews.

The term ‘representative’ obscures the role of expert members who attended in their individual capacity, not as representatives. However, I believe the collective term is warranted because the bulk of this thesis addresses interdepartmental and intergovernmental activity: the realm of the representatives. The input and role of the experts was distinct in nature and is specifically identified when it occurs. NT Government had a greater representation in the committee compared to the Australian Government. For this reason all quotes referenced as committee member and committee proxy refer to NT Government representatives, whereas quotes from Australian Government representatives are specifically labelled as such.
4.5 Conclusion

This chapter has outlined the context in which this initiative began. It draws particular attention to the policy discourse and institutional environment which, I argue, amounted to a suicide prevention policy myth. I contend that the NT Government's decision to establish a whole of government approach was guided by this myth. Meyer and Rowan (1977) made the proposition - critically important at this transition to the next chapter on how the committee functioned - that when organisations incorporate institutional myths these structures can be decoupled or loosely coupled from ongoing activities; a gap can exist between the formal structures and the actual work activities.
Chapter 5

The committee: Interdepartmental effort?
Chapter 5
The committee: Interdepartmental effort?

This chapter is a narrative of how the Northern Territory Suicide Prevention Coordinating Committee (NTSPCC, the committee) operated in the nine meetings held in the first two years. This period spans up until the finalisation of the action plan. The coordinator referred to this phase as the development phase because it was the period where the action plan was being developed. The chapter addresses who were the key contributors to the process, how representatives acted and what the main discussions among the committee were. These three elements are discussed to provide insight into how the committee functioned. They also are used to demonstrate the disparity between the committee’s formal structure and objectives (established in the previous chapter) and the observed operation of the committee. I conclude by exploring how the information gathered contributes to a broader understanding of the purposes of the committee.

5.1 Nominated members

5.1.1 Agency type, seniority and background

Executive director level committee members were initially nominated from the Northern Territory (NT) Department of Justice’s Division of Racing, Gaming and Licensing and the NT Division of Sport and Recreation. Members from all health agencies and the Office of Youth Affairs were at the director level and most had health or allied training (nursing, social work, psychology). The requests for representation from the NT education and police departments were delegated down three levels in each hierarchy and ultimately rested with non-senior bureaucrats, both psychologists: police sent the Manager of Employee Support Services and education sent the Professional Supervisor of the School Counsellors.

The police member, responsible for the mental health of the NT Department of Police staff, had no authority to make decisions on the operational activity of police. Moreover, he was mindful that he had no jurisdiction to make decisions on behalf of his department. He believed his nomination came about because of his involvement and knowledge of mental health issues and the police department’s perception that this was a mental health initiative. An operational police representative did not attend a meeting until almost 18 months later. The education member’s
misapprehension was that she was the division representative as opposed to the departmental representative:

My understanding was that I was the division representative on that committee and that because what I oversaw was going to be affected by the [action] plan, and because we would have some expertise to feed into the [action] plan, that I was seen as a reasonable person to send to that committee. I think that the problem was that I was really new to government myself and so, while I thought I was going along to represent the division, I didn't always quite know...how the division wanted to be represented [but my division] had regular meetings and so I would update the management meeting...about the...work of [the committee].

(Department of Education committee member 2009, interview, 5 June)

The Office of Indigenous Policy also nominated a non-senior member. The decision to delegate was made by the director of the office. There was no apparent objection by the lead agency to the nomination of these non-senior members. In fact, over time the contribution of the education member would be noted by the Suicide Prevention Coordinator (the coordinator) as being exemplary (2009, pers. comm., 19 February).

Members were selected both by self nomination and nomination by a superior. In some instances agencies accommodated individuals’ unwillingness to participate. For example, the committee member from the Acute Care Services Division from the NT Department of Health assumed responsibility because other directors in her division felt they could not represent the entire division. She felt, however, that the true reason was because they did not want to be involved (2010, interview, 22 December). The deputy to the Remote Health Branch committee member, with whom the member usually shared committee responsibilities, asked to have minimal involvement due to personal experiences with suicide (senior member 2009, interview, 11 August).

5.1.2 The key players

Four individuals spoke substantially more than the other attendees at meetings: the coordinator, the chair, the senior Australian Government Department of Health and Ageing (DoHA) member and the clinical expert from Darwin. Here I briefly introduce these four participants.

The coordinator held a social work degree. She had worked for the NT Department of Health for over seven years and was committed to address suicide prevention as a whole of government and community issue (coordinator 2011, email to me, 14 August). Her boss was the chair of the committee.
The committee chair was the Director of the NT Mental Health Branch, a position she had held since 2004. She was a mental health nurse by training and in her role as director was responsible for the funding and delivery of mental health services in the NT. She was involved in the development of the Council for Australian Government’s (COAG) *National Action Plan on Mental Health 2006-2011* but the NT’s suicide prevention initiative was the first whole of government approach she had led. She was a warm and approachable woman. The chair and the coordinator were the representatives for the Mental Health Branch throughout this suicide prevention initiative.

The senior DoHA member was based at the Darwin office of the Australian Government DoHA. (The DoHA head office was in Canberra, the nation’s capital). She was a long-term public servant who had worked in health for almost a decade and was very experienced in the whole of government realm. She was in charge of non-Indigenous health programs across primary care, acute care and community services. She administered all Australian Government grants for suicide prevention programs in the NT.

The clinical expert from Darwin was an established expert on suicide in the NT. An associate professor with James Cook University and NT Clinical School, he was the Director of Psychiatry for Top End Mental Health Services. His boss was the chair of the committee.

Meetings never began without the chair and the coordinator being present and should either the senior DoHA member or the clinical expert arrive late for a meeting they were introduced to the committee, a privilege not accorded to all committee members.

This section demonstrates the domination of health professionals. Despite its interdepartmental membership the committee was predominantly comprised of representatives from either the NT or Australian Government health departments or individuals with a health or allied health training. Half of the member agencies were health agencies. Moreover, the greatest contributors at the meetings (the key players) were from the NT and Australian Government health departments and three out of these four key players had (allied) health backgrounds.

Committee members nominated were largely senior (executive director or director level, Section 4.4), as requested. The exceptions were the members representing police, education and the Office of Indigenous Affairs. In the case of police and education, psychologists were nominated further contributing to the dominant health perspective within the committee structure. The areas that did not nominate a
member at the outset were operational police and a generic Department of Justice representative with knowledge of correctional services. It would take almost two years for the coordinator to obtain input for the action plan from these agencies. The delegation of responsibility within the agencies of police, education and acute care services indicates a level of reluctance from some senior bureaucrats to participate, a theme that is developed further in this chapter (Section 5.4.2)

5.2 Commonalities in the process

Vignette 5.1 Inaugural meeting, 13 March 2007

It is Tuesday morning and bureaucrats slowly and singularly arrive at the Electoral Commission Conference Room on the second floor of a dilapidated Darwin city office building. A week earlier the coordinator sent out a reminder email. The email contained a meeting agenda, a list of committee members and their departments, a draft Terms of Reference for the committee, a three page background information document explaining the policy history of a whole of government approach to suicide prevention in the NT and the latest Australian Bureau of Statistics (ABS) publication on suicide. The email also informed members that item 10 on the agenda (current activities and issues) was an opportunity for members to share their agencies activities and issues relating to suicide prevention.

Thirteen people sit around the table and the chair begins by welcoming everyone. Attendees are invited to introduce themselves. Just over half are senior bureaucrats. Shortly, another senior bureaucrat enters late. The coordinator gives a PowerPoint presentation on suicide and suicide prevention which she tags ‘10 years in 10 minutes’. This presentation highlights that there is increased national funding for suicide prevention at this time, a situation that triggers discussion amongst the representatives. The coordinator explains that in the latest round of national funding the NT did poorly, getting only one program funded. An expert member, who is also a member of the National Advisory Council for Suicide Prevention (NACSP), explains how the council operates and the qualities of the programs that received national funding. He also explains that he is part of the NACSP as a community member and not an NT representative and thus he is not an appropriate individual to take NT concerns to the NACSP. Furthermore, his term on the council expires in three months. The Australian Government DoHA representative informs the committee about an upcoming conference on Indigenous suicide prevention and the revision of the national suicide prevention policy framework (Living is for Everyone: A framework for prevention of suicide and self-harm in Australia, also known as the
2000 LIFE Framework) that is underway. The revised LIFE Framework is expected to be released at the end of June.

The coordinator leads the meeting once more to discuss the direction of the NT suicide prevention strategy. Despite earlier in her presentation stating that one of the new initiatives in the NT is the development of an action plan (its development is also detailed in the draft Terms of Reference circulated before the meeting) the coordinator now frames a choice for the representatives to consider: should the 2003 NT Strategic Framework for Suicide Prevention be revised or a new NT action plan developed? She explains that the strategic framework is out of date and will require updating following the revision of the LIFE Framework. Representatives conclude that a decision cannot be made until the new LIFE Framework is released.

The next item on the agenda is the committee’s Terms of Reference. A selection of the drafted key tasks is discussed. The coordinator explains that they are looking to improve local data collection on suicide and states that the NT health department does not have access to the Coroner’s database. The chair places the focus on the collaborative development of suicide prevention strategies and the need to recognise that it is a whole of community issue. The representatives have a lengthy discussion, with no resolution, on how to fulfil the key task of advising the Australian Government of specific NT issues relating to suicide.

Discussion then moves onto funding. The Office of Youth Affairs representative, who has been on the two preceding NT cross-government committees for suicide, explains that the former initiative ground to a halt because of lack of funding and an inability to influence Cabinet decisions. The chair replies that this is unlikely to be an issue this time because the activities of the committee are expected to come from existing capacity. She acknowledges that there are no other avenues for securing funding because only non-government organisations (NGOs) can apply for national funding. Despite these reassurances the lack of funding is a key discussion point for the meeting. Another suggestion for a key task, given that the NT Government cannot apply for National Suicide Prevention Strategy (NSPS) funding, is that the committee could assist NT NGOs and community groups to apply for funding. This is readily dismissed by the chair who feels that the committee should be working to have reach across the NT rather than on targeted community projects. Moreover, she feels that NT departments are not qualified to assist NGOs and community groups as they do not know what the Australian Government wants in this regard.

A suggestion is made to invite the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and their
Indigenous Coordination Centres (ICC) as members of the committee. The acute care services representative notes that the Terms of Reference do not have a lifespan for the committee and she queries this. The chair replies that it will be reviewed each year for appropriateness and adds that all initiatives in the (as yet unconfirmed) action plan will have timeframes on them.

The structure of the proposed reference group also triggers considerable discussion particularly about determining appropriate members and the functional operation of such a group. The coordinator explains that the reference group will offer on the ground advice on the development of the (unconfirmed) action plan. The reporting process stipulated in the tabled Terms of Reference is an annual report to the Minister for Families and Community Services, a minister the lead agency is accountable to. It is recommended that Chief Executive Officers (CEOs) of the member departments be included in the reporting process with reports tabled at the CEO coordinating committee meetings (a periodic executive meeting of all NT Government department CEOs). The final piece of input on the Terms of Reference is that they should be more action orientated and include a communication strategy to influence funding and achieve change.

Agenda item nine, development of the action plan, amounts to the coordinator informing the members to consider developing an NT suicide prevention action plan, similar to Tasmania and Victoria. She promises to share these states’ plans with the membership. She also commits to organising a one day Northern Territory Suicide Prevention Coordinating Committee Planning Forum to assist with the development of the action plan. Members are invited to nominate invitees for the planning forum.

The next agenda item requires the contribution of the members. It is the current suicide prevention activities and issues within the agencies that was alluded to in the coordinator’s email a week earlier. Despite the invitation and opportunity, no details are provided by the members and it is resolved that the coordinator will contact members individually to collate the current suicide prevention activities from all agencies for presentation at the planning forum.

The next meeting date is set to coincide with the planning forum in about two month’s time. This closes the two hour long meeting.

The minutes from this meeting were prepared by the coordinator and distributed by her on email two months later, two days prior to the next meeting. The coordinator was responsible for all but one of the actions documented in the minutes; the DoHA representative was responsible for the other.
5.2.1 Centrality of health

Broad features of this meeting are characteristic of how things continued for the first two years. All meetings dates, although often provisionally scoped by the coordinator and the chair at the preceding meeting, were called and on two occasions cancelled exclusively by the coordinator. The meetings were scheduled for two hours with the exception of a one hour meeting. Meetings had between nine and 15 attendees and they all began with a round of introductions. The meeting agendas were prepared by the coordinator and emailed together with the previous meeting minutes prior to the upcoming meeting. Almost all agenda items were assigned as the responsibility of either the coordinator or the chair. An exception was a standing item for Australian Government DoHA to update the committee on ‘national developments’. Accordingly, the great majority of committee discussion was lead by representatives from the health departments, despite the broader cross-government nature of the initiative. The overwhelming majority of the assigned tasks in the minutes were the responsibility of the coordinator who was also the largest contributor to the meetings.

Even at this early stage of my portrayal, a dissonance is evident. In the previous chapter I described the formal structure of the interdepartmental committee formed to provide the intersectoral approach to suicide prevention, recognising that suicide prevention is beyond the remit of the health department. Despite this the health sector was dominant in the process, through both greater participation and greater representation in the process.

5.2.2 Objective: A NT action plan

Apparent in Vignette 5.1 is that an output from this whole of government process desired by the lead agency was the development of an action plan. Although at one point the development of the action plan was framed as a choice for the committee, it was a preordained output. It was referenced in the coordinator's PowerPoint presentation, listed in the meeting agenda, listed in the committee’s draft Terms of Reference and discussed as though its development were a certainty by the chair and the coordinator during the meeting. The committee deferred the ‘choice’ until the content of the LIFE Framework was released but this did not alter the predetermined output.

The imperative to develop an action plan was understood by the representatives.

[The] committee was established for a purpose, and the purpose was to bring together all the key stakeholders for the purpose of the preparing the policy.

(senior committee member 2009, interview, 30 April)
I wasn’t seeing [the committee] as...an action group. I was more seeing it as a coordinating committee that would present an action plan.

(non-senior committee member 2009, interview, 5 June)

It was also cited in the invitation to the action plan launch:

A cross Government Co-ordinating Committee for Suicide Prevention, chaired by the Director [of] Mental Health was established to develop an (sic) NT Action Plan for Suicide Prevention

(Hendry 2009)

Representatives were asked by the lead agency to provide details of current suicide prevention activities occurring within their agency, a request that became increasingly persistent in the first two years of the committee. This was initially ‘an opportunity to share current activities and issues relating to their particular agency area’ (coordinator 2007, email to committee, 7 March). It was then minuted that this information would be used to provide an ‘overview of current suicide prevention activities taking place across Departments for presentation at the planning forum’ (NTSPCC 2007b, p. 4). However, after the planning forum the coordinator continued to request this information. At this stage the information was requested for the development of the action plan.

5.2.3 Funding

The committee had no funds at their disposal and thus there was no funding available for the development of the whole of government action plan. Not only was there the absence of new NT funding available to the committee but also the NT government (the great majority of the committee’s membership) was unable to apply for funding from the NSPS because it was for allocation to NGOs. Vignette 5.1 captures the committee’s discussion about this situation. The minutes document the discussion as follows:

Members discussed limitations of funding currently available for additional suicide prevention activities. There were some concerns that without additional funding it would not be possible to sufficiently progress areas identified for action. However it was also recognised that action areas identified may include such areas as providing better access for training and developing a more collaboration (sic) process between services so that initiatives may not necessarily incur substantial additional costs.

(NTSPCC 2007b, p. 3)

The line communicated by the lead agency to the committee was that the actions of this whole of government process needed to come from within existing departmental capacity. The representatives, however, were concerned that activities such as better access for training and collaborative processes between services could not be achieved without additional funding. The more optimistic alternative perspective
recorded in the minutes was expressed by the lead agency alone. Moreover, the chair’s response to the senior Office of Youth Affairs member’s concerns, based on the collapse of the previous committees due to lack of funding (Vignette 5.1), alluded to the fact that the lead agency did not intend to apply for additional funding for suicide prevention through the NT Cabinet submission process. The lack of funding limited the type of activities the committee could undertake.

It is also notable that the structure of the committee, and most of its members, sat apart from national suicide prevention funding decisions and, as shown in Vignette 5.1, the committee did not identify a channel whereby the NT could influence the national funding decisions, a situation I return to in Section 5.3.5.

5.2.4 Thought bubbles

In Vignette 5.1 representatives sought specifics on the future without funding, on communicating with the NACSP and the lifespan of the committee. Despite these inquiries none of these questions was answered. The response to the member’s inquiry about the lifespan of the committee was that it would be reviewed for appropriateness on an annual basis. Similarly, the committee’s key tasks, according to its Terms of Reference, included working collaboratively with the NACSP and advising the Australian Government of suicide issues pertinent to the NT yet there was no dedicated NT representative on the NACSP and the committee did not have a channel whereby they could influence the national funding of suicide prevention activities in the NT.

Sometimes discussions were held about items where there was considerable uncertainty. For example, the committee was tasked with developing an action plan ‘in line with the…National LIFE Framework’ (NTSPCC 2007e, p. 1), however the LIFE Framework was being revised and the future direction of the national suicide prevention policy was unknown. The development of the action plan had to stall or progress without the knowledge of what the revised LIFE Framework would contain. This uncertainty remained for a further seven months until the 2007 Living is for everybody: A framework for prevention of suicide in Australia or the 2007 LIFE Framework was released. A similar situation existed when the membership and structure of the reference group were discussed. These ponderings were had without knowing the preferences of the individuals who would form this group - a problem that became evident when the notion of a reference group was rejected at the up-coming planning forum.
Discussions without resolutions were common in the committee room. In some instances the lack of resolution was due to the context of uncertainty that the committee operated in, sometimes because no immediate solution could be identified within the means of the committee. The member quoted below speaks about throwing ideas up and another interviewee spoke about contributing ‘thought bubbles’ in meetings.

I got the impression that [the coordinator] would beaver away in the background and do a lot of work and then we’d all come together in this big group and throw all these ideas up and all these tasks at her. I remember thinking this poor woman has got to go away and try and make sense of everything that everyone’s saying from all different directions. If she's just by herself it’s going to be too much for her.

(non-senior committee member 2011, interview, 22 March)

The prevalence of questions without answers indicates an important point that I develop throughout this chapter. It suggests that the committee was not making collective decisions but rather contributions of the representatives were taken up at the discretion of the lead agency and may have had limited impact on the outcomes from this process.

5.3 Contextualising suicide, understanding joint responsibility

This section focuses on an activity I identify as key in the first year of this process: contextualising suicide and its prevention. Contextualising, as I use it in this thesis, involved education of the representatives by the key players (particularly the coordinator) about suicide and the associated policy environment. The representatives were educated about the epidemiology of suicide as well as the risk and protective factors for suicide. These elements establish the multifactoral and multicausal nature of suicide and the joint responsibility paradigm, a paradigm that underpins the rationale for a whole of government approach for suicide prevention. They indicate the role the member agencies can/do play in suicide prevention. Representatives were informed about two aspects of the policy environment: that whole of government approaches were an established norm in the suicide prevention realm and national suicide prevention funding opportunities and decisions. The committee was also frequently reminded of the funding situation locally - essentially that the committee had no funds at its disposal and activities must come from within existing capacity. Contextual information was important for one of the perceived purposes of this whole of government initiative: promoting the
belief that suicide prevention is not solely the responsibility of the health department or the NT Mental Health Branch.

Contextualising, as I have defined it, has two important differences to information sharing. Firstly contextualising is unidirectional whereas ‘sharing’ can imply a two way flow that was largely absent in this committee. Rather than ‘sharing’, contextualising focused on education, the coordinator was instructive towards the representatives about suicide. Secondly, information sharing is commonly associated with current events - such as newly funded initiatives. While representatives were, to some degree, informed about current events, contextualising focused on historic and foundational aspects of suicide: what have been the previous policy approaches in the NT, what are the risk factors associated with suicide.

Contextualising occurred inside and outside the meeting room. In meetings the coordinator delivered PowerPoint presentations. Four out of the first five meetings had PowerPoint presentations about suicide epidemiology (which demonstrated suicide’s complex and cross-cutting characteristics) and/or the history of suicide prevention policies (local, national and from other jurisdictions). The Australian Government DoHA representative updated the committee on funding opportunities and funded suicide prevention programs. Outside the meeting room the coordinator worked with representatives one-on-one explaining the relevance of the agencies’ activities to suicide prevention. The latest ABS’s suicide publication was shared over email by the coordinator providing further epidemiological information on suicide.

5.3.1 Working one-on-one

The commitment from the coordinator in Vignette 5.1, that she would contact members individually to gather the details of the suicide prevention activities from all departments, indicates an important aspect of how the coordinator operated. The coordinator phoned and met NT Government representatives one-on-one throughout the development phase. A conference presentation the coordinator gave lists the questions she used to guide the development of the action plan:

- What do you do currently that contributes to sp [suicide prevention]?
- How could you enhance these activities?
- What new activities could you contribute to?
- Identify your current partners? (sic)
- Who could you work better with?

(O'Regan 2009)

During these one-on-one meetings the coordinator explained how particular activities of the member agency had relevance in the realm of suicide prevention
In doing so the coordinator wanted to demonstrate the role the agency played - or could play - in suicide prevention. She sought to demonstrate that suicide prevention was already - or could be incorporated into - part of its core business. The coordinator took to these meetings the background information document, a template for recording the agency’s current activities relevant to suicide prevention as well as suicide prevention strategies from other jurisdictions. The coordinator felt the other strategies, that held examples of what comparable departments in other jurisdictions had committed, provided ‘comfort’ (2009, pers. comm., 30 June) to the members. This comfort presumably came from the evidence that the coordinator’s requests were within the norm in the suicide prevention realm. This is further evidence of how the lead agency, as Meyer and Rowan (1977) postulated could happen, used the institutional environment as a resource.

In the quote below, the coordinator describes how the one-on-one meetings were a valuable component of the whole of government process. She highlights how she used these discussions to contextualise the relevance of each agency to suicide prevention.

I think [the one-on-one meetings] were quite good... [T]hey were probably the best way of people really understanding what their role was on the committee and why they were there. I think a lot of people really struggled with that at the beginning; they didn't know what the point of them being there was, they didn't know why they'd been picked as opposed to someone else...I think there was a lot of education that went into that for people...to see what their role was and why it was important that they were part of it and why their area was a risk factor. What their contribution was really or what opportunities they had within their work area to contribute to something like this. What prevention actually was, what promotion actually was. Often it was something they were already doing, but they didn't realise it. So it was a lot of helping people to understand what their role was and the fact that it wasn't necessarily hard to incorporate some additional stuff into stuff that they were already doing and things like that too.

(coordinator 2010, interview, 17 August)

The personal contact with the coordinator was highly influential. Both non-senior representatives as well as senior members with extensive whole of government experience gained an understanding of the role their agency could play in this process from the coordinator - not their departmental colleagues or superiors.

Megan: How do you gain a perception about what [your department's] role might be in something like this?

Interviewee: I don't know. Just sit and listen... I always felt as though I could ask [the coordinator]...stupid questions and she...would be quite forthcoming with an explanation...I think she pointed out that...we had...some valuable contributions to make. So I think it was from [the coordinator] probably. I think too...at some of those first meetings [the chair] and [the coordinator]
would give a big picture explanation of what was happening...basically it was quite a positive experience for me to be involved in that committee.

(non-senior committee member 2009, interview, 5 June)

The coordinator's hard work and commitment to the process earned her repeated praise both in interviews as well as spontaneous eruptions of praise at the meetings from both her boss (the chair) and other representatives. Although the coordinator repeatedly shied away from this praise she was described as enthusiastic, hard working and driving the process with a lot of passion.

[The coordinator], who's the key person I've dealt with, is extremely responsive, very genuine about the work that she does - very committed to the work that she does and has a true desire to make things happen. As I said, I can actually empathise because like all of us [she is] hamstrung by bureaucracy and the limitations of budget and other priorities and mental health's a huge area.

(senior committee member 2009, interview, 30 April)

Some recognised that the coordinator's hard work also meant that she had considerable influence.

I did get the impression that [the coordinator] was beavering away in the background and doing a lot of work. So it might be a bit of a guided democracy which it probably needed to be.

(non-senior committee member 2011, interview, 22 March)

This section demonstrates that instead of committee representatives bringing multiple (and possibly conflicting) perspectives to bear on suicide prevention the process was framed according to the coordinator's perspective. One-on-one meetings contextualised suicide in order to educate and/or persuade representatives that their agency had a role in suicide prevention, promoting the joint responsibility paradigm. The out of session discussions with the coordinator further cemented her as pivotal in this initiative. The coordinator hoped that what was termed 'buy-in' on suicide could be fostered across government agencies by explaining and contextualising the role each member agency played in suicide prevention.

5.3.2 Seeking buy-in

A key priority for the coordinator in this whole of government process was to foster 'ownership' of suicide prevention in the member departments. Ownership was akin to member agencies including and considering suicide prevention as part of their agency's business. A synonym for ownership, used by the representatives in interviews, was 'buy-in'. Buy-in was defined as commitment and engagement on the issue. Agencies and individuals committing resources - human and/or financial - to the issue were described as high level buy-in. But agencies and individuals
championing the issue without contributing resources was also buy-in. Ownership, buy-in and engagement - all synonyms from the bureaucratic vernacular - were identified both by the lead agency and by representatives as important elements for establishing a cross-government approach to suicide prevention.

I identify two elements to buy-in: an agency’s recognition that the issue has relevance to the actions of their agency and recognition that the issue is worthy of attention. I believe contextualising was used for these ends. It demonstrated the validity of the joint responsibility paradigm and highlighted the worthiness of suicide prevention by describing the extent of the problem of suicide in the NT. While the myth was upheld by Australian DoHA and the NT Mental Health Branch (Sections 4.2 & 4.3) it was not promulgated by other government sectors. Thus, the onus was on the coordinator, who instigated this whole of government approach without prior consultation with the member agencies, to rally support for the cause of suicide prevention and specifically this whole of government initiative. One interviewee described her as an active lobbyist. The senior DoHA member said that the committee meetings were about the NT Government roping their own people in, getting commitment to suicide prevention from across government agencies and ensuring that departments were accountable for their own programs which were pertinent to suicide prevention.

The need to achieve buy-in demonstrates another critical element of this initiative: the lead agency’s lack of statutory authority over the member agencies. The Mental Health Branch assumed the mantle of lead agency unopposed presumably because they initiated the Cabinet submission process that secured the funding for the suicide prevention coordinator position and because this position sat within their agency. The only authority the lead agency possessed were ‘soft powers’ (Bakvis & Juillet 2004b). Soft powers include moral suasion and the ability to convene meetings. As a result, as the chair explained below, the lead agency could only invite participation.

People have to voluntarily engage in this. There’s no way of actually really forcing them to. You might have a mandate for a cross-government committee but if departments aren’t engaged, there are plenty of other things they can spend their time doing and they don’t have to outright refuse but they just wouldn’t send people to meetings. It does really require a level of engagement on a voluntary basis. We do want to make people believe that it is - convince them that it is part of their everyday work, that they can actually have an impact on this...however diffuse or however small they might view their role in that. It’s really more of a persuasive engaging role I think primarily.

(committee chair 2010, interview, 6 August)
Some members stated that seeking buy-in was indicative of the early stage of this whole of government initiative. Establishing why agencies must work together for suicide prevention is undoubtedly an early and foundational step, providing the rationale and motivation for a joint approach. This was particularly important given the lack of authority the lead agency had over the members as well as the absence of any financial incentive. However, although it was the early stages of this example of whole of government, the initiative sits within a broader context: this was the third whole of government initiative for suicide prevention in the NT in less than a decade (Permanent Interdepartmental Executive Committee on Youth Suicide Prevention from 1999 and Suicide Prevention Interdepartmental Committee from 2001-2003). The member agencies of this committee were largely members of these previous committees (Section 4.3.1.1). From this perspective, it was not the early days for a joint approach for suicide prevention in the NT but rather another peak in almost a decade of effort.

The representatives also stated that one of the objectives of the process was to achieve buy-in.

I got the impression they were trying to...get people just interested. So it wasn’t necessary what the committee achieved - [the committee] was to motivate the individual departments to go off and do something about suicide in their individual departments, which I think is a reasonable purpose of the committee.

(senior committee member 2009, interview, 8 July)

They were definitely seeking to ensure that the...key agencies in government were engaged in the process, were aware of it and were willing to...commit and to see the plan implemented. So in that sense I think that the strategic aim was to get maximum engagement across government to ensure...or to encourage implementation of the strategy.

(non-senior committee member 2011, interview 22 March)

However, as the expert member discusses below, there was a tension between the purpose of obtaining cross-government buy-in and the operation of the committee. Despite the whole of government process, suicide prevention during this initiative was still very much the remit of the health department.

The Territory's...overriding temptation is still to lump [suicide] in with the...mental illness side of thing...I mean it's still being run by health bureaucrats. You've still got people like [the Darwin clinical expert] coming along who's got a particular set of views about the way the world should be. [The representatives] still defer to the health professionals, so even though you've got coppers there who know a lot more about [suicide. And] education does not take it seriously at all in terms of their position because they send exceptionally low level people [to the committee].

(expert member 2009, interview, 23 April)
The efforts to disseminate the joint responsibility paradigm among the member agencies and seek buy-in on the issue of suicide are important because they differ from aspirations contained in the whole of government literature. The literature assumes that whole of government processes are implemented for a holistic approach to problem solving and a coordinated approach to cross-cutting issues (see Bakvis & Juillet 2004a; MAC 2004; Schulman 2010). These were not the concerns of this example.

5.3.3 Planning forum and the role of community

Providing a whole of community approach to suicide prevention was one of the four broad goals of the national 2000 LIFE Framework (DoHA 2000a, p. 16). In the NT, a reference group comprised of experts and community members was envisaged to be a formal and ongoing structure that would report to the committee and thereby enable community input to the committee. It was to ‘ensure broad representation from both Government and the community and in particular ensure that local areas are represented’ (NTSPCC 2007e, p. 2). The reference group was to provide on the ground advice from different sectors and regions and offer advice on the action plan. The idea was the coordinator’s creation, inspired by how other Australian jurisdictions garnered community input into their intersectoral committees.

A one-off event, the Northern Territory Suicide Prevention Coordinating Committee Planning Forum, was an opportunity for community input to the process. The NT Mental Health Branch invited a range of key stakeholders from government (including committee members) and the non-government sector. Originally planned for May or June 2007, it was deferred due to a clash with the Alice Springs Aboriginal Suicide Prevention and Capacity Building Workshop. The planning forum was held in September 2007, six months after the NTSPCC’s inaugural meeting.

The planning forum, according its discussion paper, had two aims: (1) identify key issues and action areas to address suicide prevention across the NT and (2) consider options for non-government and community input to the committee. The coordinator informed the committee that the underlying aim of the planning forum was to inform the development of the action plan. Indeed, it was referred to as the ‘NT Action Plan Forum’ in the minutes (NTSPCC 2007c, p. 3; 2007d, p. 2).

On 18 September 2007 the Committee invited over 90 key stakeholders from a wide range of areas across Government, non-Government organisations and the community to participate in a planning forum to inform the development of the NT Action Plan for Suicide Prevention and to identify a model of ongoing participation by these stakeholders in the future development of NT suicide prevention activities.

(NTSPCC 2007f, p. 2)
Regional input for the planning forum was gathered by the coordinator who made trips to Katherine, Alice Springs, Tennant Creek and Nhulunbuy. An external facilitator from interstate was employed for the day. Committee members who attended facilitated discussion tables on a number of topics. The tables were grouped into themes including Indigenous/remote, alcohol and other drugs, young people and children, non-Indigenous population and workforce development. Each themed group was asked to identify what the key issues were for that group around suicide and self-harm and what actions could be taken to address these issues. These were recorded as dot-points in a forum summary document distributed after the event.

An outcome of the planning forum was that Indigenous youth and non-Indigenous males aged over 25 were the two priority groups in relation to suicide prevention in the NT. The planning forum participants generally felt the six action areas of the 2003 *NT Strategic Framework for Suicide Prevention* were still relevant (the same action areas of the 2000 LIFE Framework, Section 4.3.1.1). However, action area 5 (Partnership with Aboriginal and Torres Strait Islander people) was debated and the attendees were divided. Some believed that this should be removed and embedded within all priority areas; others felt that it should remain as a stand-alone item to ensure it retained a focus. Another group felt it should be removed to ensure that suicide prevention in the NT was not identified as an Indigenous issue. Despite this diversity of opinion the coordinator later presented that an outcome of the planning forum was ‘general consensus that priority areas of NT Strategic Framework still relevant (particularly area 5)’ (O'Regan 2009).

A critical outcome from the planning forum was that the establishment of a reference group was not supported. Despite the committee’s initial background paper which stated that a two-tiered structure had been developed, the planning forum participants rejected this proposal because they were already over-committed and did not have the capacity for another committee (NTSPCC 2007f, p. 13). A range of alternative approaches were suggested: the coordinator attending existing local committees for regional input, facilitating an annual forum for feedback, developing an electronic newsletter to provide the stakeholders with national and NT developments and establishing expert groups and sub-committees on an as-needs basis.

After the planning forum the coordinator was tasked with progressing the link to regional committees and investigating an email newsletter. It became the responsibility of the coordinator to identify and attend appropriate existing
committees in the regions. This was difficult on two fronts. Firstly, it was not possible in all regions to identify a committee that would be appropriate for the coordinator to attend and, secondly, this approach introduced a considerable amount of travel for the coordinator. In Alice Springs the coordinator attended the quarterly Life Promotion meetings of the Mental Health Association Central Australia. In East Arnhem Land and Tennant Creek the coordinator attended some meetings of their respective interagency groups and received their minutes when she did not attend. However, in Katherine no appropriate group was ever identified. Feedback to the NTSPCC on details of these meetings was not evident. The coordinator deemed that the input from the regions was, with the exception of Alice Springs, too ad hoc to allow for regular reports from the regions to the committee (2010, interview, 17 August).

The lack of support for developing a reference group removed the structure intended to provide the whole of community approach. Input from the community into the NT Government’s response to suicide prevention was limited to the one day planning forum and an ad hoc approach to garnering and sharing information from the regions that was coordinator-centric and not disseminated to the committee. Despite this, reference to the reference group was retained in the committee’s Terms of Reference. The existence of a ‘whole of community’ response to suicide in the NT was noted in the invitation to the action plan launch (Hendry 2009) and the action plan (DHF 2009b, p. 4). I believe that references to the non-existent reference group and the whole of community approach were retained because a whole of community approach was part of the institutional norm that compelled the NT government’s approach to suicide prevention.

5.3.4 Establishing the committee’s Terms of Reference

The development of the committee’s Terms of Reference is useful to demonstrate how the formal structure and objectives of this whole of government process were established and maintained by the lead agency. A range of suggestions for changes to the draft Terms of Reference were raised in Vignette 5.1. More suggestions were noted at the subsequent meeting in May and the planning forum. Table 5.1 (below) lists the suggestions and their uptake. It demonstrates that the uptake and incorporation of the stakeholders’ proposals was incomplete. It was at the discretion of the coordinator who prepared the original draft Terms of Reference and generated and distributed the revised Terms of Reference. The elements altered were the member agencies, the reporting requirements and the review process. The
Terms of Reference sections about background, objectives, key tasks, working parties, meeting frequency and secretariat support remained unaltered.

Table 5.1 Amending the Terms of Reference

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Suggestion</th>
<th>Result of suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2007</td>
<td>New key task: committee to assist NT NGOs and community groups to access funding.</td>
<td>Not taken up</td>
</tr>
<tr>
<td></td>
<td>Invite the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs and their Indigenous Coordination Centres (ICC) to join the committee</td>
<td>Partially FaHCSIA noted as a member but no specific mention made of ICC representation</td>
</tr>
<tr>
<td></td>
<td>Include the lifespan of the committee</td>
<td>Tangentially Committee to be reviewed annually</td>
</tr>
<tr>
<td></td>
<td>Reporting process to go to CEOs of the member departments with reports tabled at the CEO coordinating committee meeting</td>
<td>Not taken up Added ‘Action Plan to be endorsed by CEOs’ (p. 2)</td>
</tr>
<tr>
<td></td>
<td>Make more action orientated and include a communication strategy to influence funding and achieve change.</td>
<td>Not taken up</td>
</tr>
<tr>
<td>May 2007</td>
<td>Invite Vietnam Veterans Association to join the committee</td>
<td>Not taken up</td>
</tr>
<tr>
<td></td>
<td>Develop six monthly reports on the progress of the action plan</td>
<td>Not taken up</td>
</tr>
<tr>
<td></td>
<td>Provision for proxy representation should be included</td>
<td>Not taken up</td>
</tr>
<tr>
<td>Sept 2007</td>
<td>Participants did not support the development of a reference group</td>
<td>Not taken up Removal of details about structure and membership only</td>
</tr>
<tr>
<td>Planning forum</td>
<td>Change existing ‘unbalanced’ committee structure to include more Indigenous, non-government and regional input.</td>
<td>Not taken up</td>
</tr>
</tbody>
</table>

The endorsed Terms of Reference retained reference to the unsupported notion of a reference group and only removed the specifics of the structure. To the best of my knowledge, no representative alerted the coordinator to this inconsistency. Indeed, although the committee minutes recorded that the decision on ‘the most appropriate
format for the [reference group] would be deferred until community input had been sought at the [planning] forum’ (NTSPCC 2007c, p. 3) at the following meeting, prior to the planning forum, the Terms of Reference were considered endorsed assuming no further comments were received within one week (NTSPCC 2007d).

An updated Terms of Reference, titled Northern Territory Suicide Prevention Coordinating Committee Draft Terms of Reference, was distributed for the first time after the July meeting. These Terms of Reference were considered endorsed at the following meeting in November 2007 and a final Terms of Reference was not distributed. In lieu of a final Terms of Reference I refer in this thesis to this document, sent on 6 July 2007 and endorsed at the November meeting, as the committee’s Terms of Reference.

It appears that the coordinator developed the Terms of Reference (and therefore the formal structure and purpose of the committee) with limited critique from the representatives. Stakeholders gave input to the development of the Terms of Reference but their inclusion was at the coordinator’s discretion. The coordinator’s attention to detail for the task of finalisation of the Terms of Reference may have been reduced because it coincided with the lead up to the planning forum, a time of considerable work for the coordinator. However, the retention of the unsupported reference group in the endorsed Terms of Reference suggests that representatives paid limited attention to the document or did not review it. Additionally, the coordinator used the absence of further comment as an indicator of endorsement. Silence as assent was a process used at a number of critical points in this initiative, an approach that circumvents critical review processes when representatives are not actively engaged.

5.3.5 NT suicide prevention priorities

The previous sections have addressed the concerns of the committee over the first year: understanding suicide, understanding their agency’s role in suicide prevention, establishing the committee’s Terms of Reference and seeking community input. Notably absent from the concerns of the committee was the act of collective decision-making in relation to the issue of suicide in the NT. There was one exception to this in July 2007. This meeting was scheduled to ‘consider priority issues for the next Australian Government round of National Suicide Prevention funding’ (coordinator 2007, email to committee, 8 June). One of the key activities in the committee’s Terms of Reference was to ‘advise the Australian Government of specific Northern Territory issues relating to suicide and self harming behavior’ (NTSPCC 2007e, p. 1) and a list of priorities may have been an important starting
point for this activity. While NT Government departments were unable to apply for
the funding themselves, I believe the priorities were discussed in the hope of
influencing the types of NGO programs funded nationally in the NT.

Despite the specific purpose of the meeting, the agenda and the meeting adhered to
the same pre-programmed sequence as the previous meetings. Accordingly,
DoHA's update on national suicide prevention strategy projects funded and
upcoming funding opportunities, feedback from the Aboriginal Suicide Prevention
and Capacity Building Workshop, plans for the planning forum and the already
familiar request for departments to provide details of their suicide prevention
activities were all discussed before a list of NT funding priorities was considered.

The only record of the priorities discussed was a list in the minutes where some of
the suggested priorities identified were minuted:

- Peer support training within workplaces
- More ASIST [Applied Suicide Intervention Skills Training] and MH
  [Mental Health] First Aid Training
- Improving access to gender specific support services such as MENS
  Line
- Programs that involve corporate partners ie mining
- Programs that target family & relationship breakdown
- Programs that focus on a range of self-harming behaviour in young
  people
- Education for parents and caregivers on supporting young people at risk

(NTSPCC 2007d, p. 3)

Despite the assembled priorities potentially contributing to one of the committee's
'key activities', no record was made of how they would be communicated to the
Australian Government. The NACSP's term expired the previous month and no new
council had been established. The senior DoHA member, who administered all
Australian Government grants for suicide prevention programs in the NT, was
present at the meeting but there was no evidence in her interview or the meeting
minutes that she assumed responsibility for progressing these priorities further.

An alternative path to translate these priorities would be to raise them with local
NGOs who could apply for national funding. However, the committee's priorities sit
somewhat askew from the priorities which the NGOs, together with government
representatives, established at the planning forum (NTSPCC 2007f, pp. 5-6).
Attendees at the planning forum identified two main priority groups: Indigenous
youth and non-Indigenous males aged 20-40. The committee's priority list does not
specifically include Indigenous Australians. The planning forum summary paper lists
four settings which require more focus - remote/rural communities; socially isolated
communities e.g. military and construction, correctional settings and hospital
emergency departments - that perhaps, aside from the committee's programs that involve corporate partners, have limited cross over with the committee's priorities. Additionally, the planning forum identified individuals with alcohol and other drug issues as a group requiring greater focus, a group not listed in the committee's minutes. There is, however, some overlap between the planning forum’s priority for youth and men. Regardless, I am not aware that the NGO sector was informed of the committee's priorities.

The apparent lack of action on these priorities is reminiscent of the questions without answers (Section 5.2.4) and is another example where committee's decisions and deliberations may have had limited or no impact.

5.4 Members: Perceptions and decisions

5.4.1 Representative's roles

I did not witness how the list of priorities was compiled but an examination of the interview data about the representatives’ roles on the committee serves as an informative substitute. Most commonly representatives described themselves as linkers or conduits that sought information from their agency requested by the coordinator and provided information shared at the meetings with their agency. This perspective was common amongst health and non-health representatives, senior and non-senior representatives, those with considerable whole of government experience and those inexperienced in the whole of government domain. Even the senior DoHA member, an individual I have identified as a key player, identified as a linker. She stated that the action plan was a NT Government document and, as an Australian Government employee, she did not have a lot of influence over its content. In line with this member’s perception, the lead agency stated that the Australian Government was a partner in this whole of government process but was not reporting to the NT Government. In her interview the senior DoHA member explained that her agency attends to show support or, as she put it, to fly the flag. DoHA makes an instrumental contribution to the committee through the national updates but the member’s comment demonstrates that there is also a symbolic element to their involvement, something I develop further in Chapter 7.

In interviews the committee was identified as a valuable information sharing forum. However, in meetings the representatives did not generally comment on other agencies’ contributions. In interviews they said they felt they had no expertise or authority to offer a critique. Representatives, with the exception of those from the NT
Mental Health Branch and the Australian Government DoHA, did not report that suicide prevention was part of their core business. Representatives, including those from health agencies, described their agency as add-ons to the whole of government process; suicide prevention was separate to the existing priorities of their agencies. Three representatives reported that attempts to feedback the committee’s activities to member agencies at executive and management meetings were given low priority and little attention (non-senior committee members 2009, interviews, 5 June & 9 June; non-senior committee member 2010, interview, 2 July). However, contrary to this, the coordinator informed me (2009, pers. comm., 19 February) that the non-senior education member was being well supported in the suicide initiative by the member’s superior. The role representatives assumed in the process suggests that the suicide prevention priorities identified in the previous section may have been heavily influenced by the coordinator and the chair with representatives, given their lack of expertise in suicide and perceived role in the process, unlikely to boldly contribute.

I think [the coordinator and the chair] are obviously the main drivers of [the decision making processes in the committee room], stimulators of it. [The senior DoHA member] is obviously a significant contributor, but she’s obviously a major player because of the money...in [Australian Government] initiatives... I think the other guys...do see some relevance but it’s a bit peripheral. They’re there because they’re involved with the policy but it’s not really central to what they’re doing. They’re politely there... and then there are others that don’t turn up at all – from a cast thousands, they just obviously see no relevance of it [and] dropped off. So there’s direct relevance, there’s partial relevance and there’s no relevance.

(expert committee member 2009, interview, 14 May)

Critical decisions were made outside of the committee room. Details about agencies’ activities to be contributed to the action plan were negotiated or established between the coordinator and the representatives bilaterally. The minutes from the March meeting (NTSPCC 2008) record that the coordinator had (scheduled) meetings with Acute Care Services Division, Families and Community Services Branch and Remote Health Branch to obtain details of initiatives that could be included in the action plan. The coordinator appears to have been highly directive in her discussions with the representatives, including outlining what an agency’s involvement would be.

[My director] and I met [the coordinator]. Which was great. She was available to meet...[and my director] came with me to go and ... discuss it all, originally what our involvement would be and what we had to do, so I think that was very important, that initial sit down with each person, saying this is what we require, this is what we want to do.

(non-senior committee proxy 2009, interview, 10 July)
In the case of the Coroner’s Office, the lead agency had a specific request for inclusion in the action plan: they wanted access to the database that contained the Coroner’s suicide findings. The coordinator explained to me (2009, pers. comm., 9 July) that when she met with agencies one-on-one she tried to make representatives feel like they had come up with the suggested initiatives themselves. However, the lead agency’s dominance in the items assembled for the action plan did not go unnoticed.

After a while I started to wonder whether there wasn’t a merging effect... I just was a bit concerned about seeing some things replicated in every department...some of the flavour I think perhaps come a little bit from who was the lead agency... [T]here were little inferences that perhaps...if the police officers were a little more social worky then that might help to prevent some things. I think that’s kind of like a bit of a misnomer of what, (a) what you’re ever going to get consistently from police service anywhere and (b) what their role is... What I noticed as it got closer to the end of the time...was that there was this sort of desire or implied action towards sameness, as opposed to [saying]...these guys do this, they do that, they do this, and they do this and together they all link in.

(non-senior police member 2009, interview, 9 June)

Thus information was first shared with the coordinator and not the committee. It was not only decisions relating to the agencies’ contributions to the action plan, or action items, that were made outside of the committee room. The senior DoHA member said that she consulted with the chair and the coordinator on suicide prevention funding decisions but, again, these discussions and negotiations were not conducted in the meetings (2009, interview, 22 May). Another senior member, quoted below, described discussing significant strategic decisions with the chair outside of the committee room.

[The chair and I were] sitting down and doing a bit of brainstorming between meetings, to say which way are you going and which way are you going with that? Because at the meetings, you know, there’s a lot of people at that meeting and you hear them all say their bits...so there is a lot of work done outside of those meetings to bring information to those meetings. There is also a tremendous amount of work done by [the coordinator] as well. She is a very active lobbyist between meetings... So I think there was...far more work done outside of those than there was at the meetings, and then at the meetings consensus was reached.

(senior committee member 2009, interview, 11 August)

Representatives were largely passive in the process and provided input as sought by the coordinator. The dominance of the health departments in this whole of government initiative is described in Sections 5.1, 5.2.1, and 5.3.1. The section above contributes to a portrayal of a unilateral process driven by the NT Mental Health Branch and, particularly, the coordinator. Importantly, it illustrates how the committee was outside the decision-making sphere and only presented conclusions
from bilateral discussions. This manner of working did not require the agencies to work jointly across departmental boundaries.

5.4.2 Delegation

5.4.2.1 Nominating subordinates

Turnover in the membership during the development phase was over 200\(^\%\)^. During this phase every invited agency, with the exception of the NT Mental Health Branch (the lead agency), had a representative attend one or more meetings and not return; six representatives from the Department of Justice did not return to the committee after attending at least one meeting. Non-senior representatives attended meetings because they were requested to by their superiors. Senior bureaucrats however, with greater control over prioritising their requests for interdepartmental work, required a reason to motivate them to attend the meetings. Listening to the contextualisation of suicide and its prevention and the goal of developing an action plan were insufficient to command the ongoing attendance of the senior bureaucrats.

Unless you make the committee actually do something it is not one designed to keep people coming to a committee meeting. They are not going to come and spend six hours being lobbied in there, but it’s not an unreasonable thing to have. I mean awareness raising of things is important the trouble is everyone has got so many demands on their time. It’s always a difficult question of how you raise awareness of a particular problem.

(senior committee member 2009, interview, 8 July)

Delegation was a dominant theme within the data with senior members delegating responsibility to subordinates. The executive directors of the Sport and Recreation Division and the justice department’s Racing, Gaming and Licensing Division attended just one meeting and the planning forum before delegating responsibility and sending proxy representation. Similar to the decisions of some of the NT Government agencies described in Section 5.1.1, the Australian Government department FaHCSIA delegated responsibility to non-senior representatives at the point of invitation.

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3 Percentage turnover = \(\frac{\text{number of ‘departures’}}{\text{average number of attendees}}\) * 100

‘departure’ defined as attending at least one meeting between March 2007 and March 2009 then discontinuing meeting attendance; average number of attendees calculated on attendance between March 2007 and March 2009
5.4.2.2 Competition for attention

March and Olsen’s (1979) work highlights that participation is a choice opportunity that must compete for attention. Senior members all reported caring about reducing suicide however there were competing demands on their time. Senior members reported being overstretched with both departmental and cross-government obligations. The annual report from the NT Department of Chief Minister (2008) demonstrates the situation: the NTSPCC is listed together with over 150 other committees and forums to which the department sends representation and the department has an executive - CEO or executive director level - of only nine individuals! The number of whole of government initiatives within the NT bureaucracy contributed to the priority and time that senior members allocated to this joint initiative.

One of the…general issues is that there are so many of these initiatives going on around government it is very hard to keep up with them. At one level or another every initiative is seeking a whole of government perspective, and for me it’s really a matter of working out which ones that we can really add the most value to.

(senior committee member 2009, interview, 30 June)

[The dynamic of the committee] waxed and waned according to the variations in the membership… We had various members, some more committed than others. I think the disappointing part for me and probably for [the coordinator and the chair] too is what they really wanted to achieve was to have people on there…that enabled some decisions to be made. So they were quite specific about nominating senior managers…and requested that no proxies be allowed… These things are hard to sustain too because people want to see value for money - time's precious, everyone’s on a hundred different committee[s], they want to be getting something out of it.

(senior committee member 2009, interview, 30 April)

Everyone would be running as far away as they possibly could [from a request to be on a committee] probably because they're already on so many committees generally. That's generally the problem across the board… I get one request a week nearly to be on some committee or some steering committee for something or other. Whether it's national or local or whatever, I just say no most of the time, unless it’s something I specifically think I need to be there for. I’m sure it's the same for everybody else. There's so many and some of it's just short term stuff, but really you just don't have time.

(coordinator 2009, interview, 17 August)

A common theme from the quotes above is that senior representatives want to either be significantly contributing at committee meetings or getting something of value from the meeting. The content of the meetings did not provide this. Senior members were initially requested because of their authority to make commitments and decisions on behalf of their agencies in the committee room. However, they judged that attending the meetings was not the best use of their time because the committee’s discussions did not require their authority. They also assessed how
suicide prevention aligned with the contemporary priorities and concerns of their agency and determined there was insufficient overlap to warrant attendance.

Delegation was self-reinforcing. Invited senior bureaucrats examined the growing email distribution list, which included members and proxies, to assess the level of seniority of the committee. One senior bureaucrat who never attended a meeting told me the committee email list was a jumble of doers and decision-makers. She used this as an indicator that, despite the lead agency’s appeals to the contrary, her decision-making authority was not required for the committee’s activities.

5.4.2.3 Difficulties encountered

Delegation was to non-senior members with, often, little experience in the whole of government arena. Their selection was deemed by their superior as an opportunity for the non-senior representative’s professional development. Even so, I detected no preferential treatment of senior members in the meeting room. A problem, that has been observed before (Christensen et al. 2007, p. 109), was that delegation to subordinates meant committee representatives did not have knowledge about - and certainly no authority over - the breadth of programs within their agency. This hampered their ability to gather their agencies’ contributions for the action plan, and later, as I discuss in Chapter 7, to collect the data for reporting on the action plan.

It was a really tough committee to work through,...to get information from. It’s hard to get information from [my agency] as it is. I think everyone’s fairly conscious of...the different agencies we have here, but getting the information back that was required, that the committee needed, was really tough. It was like three or four times sending emails out and getting a little bit back and then, getting actually [my director] to contact people directly to give a bit more weight behind it as a director... It was quite tough getting information back.

(non-senior committee proxy 2009, interview, 10 July)

However, difficulty in extracting contributions for the action plan from the member agencies was not limited to those agencies represented by proxies. It included agencies represented by proxies, senior and non-senior members. It included both agencies from within and outside of the NT health department. Solicitations for input were made by the coordinator at meetings, over email, by phone and at one-on-one meetings. Two representatives - the acute care services member and a Department of Justice proxy - convened intra-agency meetings to attempt to gain input from their agencies. In spite of the meeting in the justice department, the division responsible for alcohol policy deemed that it had nothing to contribute and almost all the Department of Justice contributions ultimately came from the Correctional Services Division.
Despite the widespread delegation, throughout the entire process no senior member openly withdrew their support for the initiative. They remained involved because of the professional development opportunity it offered their staff and to foster goodwill with the lead agency generally and also in case their agency should need the lead agency’s support for their own cross-government venture.

All representatives were cognisant of delegation and there was a pervading belief expressed in the interviews that interdepartmental committees were something to generally be avoided when possible. One non-senior member, for whom this was the first whole of government experience, said in future he would be wary about accepting an invitation to another whole of government initiative.

I could sense a certain frustration with...the committee not getting to a point in time adequately. Because of this, I don’t think I’m unique in...not necessarily being the right voice at the table. I kind of got a sense that perhaps other people were there kind of shoved onto the committee because whoever should have been there didn’t want to or couldn’t attend, for whatever reason.

(non-senior committee member 2009, interview, 9 June)

Because directors are too busy - they’ve got so many other things going on and that’s about it. They’re too busy and then they say...you’re next in line - I know you’re busy but, sorry, you’ve got to take this over. People tend to think it’s more of a hindrance, more of a nightmare getting an [interdepartmental] committee...than actually saying that’s great, [I] want to be on that. It doesn’t happen like that.

(non-senior committee proxy 2009, interview, 10 July)

Contrary to this perspective, two non-senior Australian Government representatives felt that the information sharing and networking was valuable and such committees should be initiated more often. This difference of perception of the process may be because Australian Government agencies were not required to contribute to the action plan thus they did not experience some of the frustration expressed above by the NT representatives.

The coordinator would periodically ask on email and at meetings to be notified of the person she should liaise with in the member agencies. However, there was no record of any senior member openly abdicating responsibility for this whole of government process - except in instances where they changed positions. Senior members who did not attend or delegated responsibility remained nominally involved in the development process and were, in due course, listed as members in the action plan.

Widespread delegation indicates a capacity problem for such multisectoral initiatives, one that has been noted before (Lindquist 2001, p. 168). Overstretched senior bureaucrats did not prioritise this whole of government initiative because
being educated on the joint responsibility paradigm and developing an action plan were not activities that captured their attention in comparison with their other obligations.

5.4.2.4  **Enduring support for suicide prevention**

An important distinction must be made at this point. Although there was little sustained commitment for the whole of government process this was not indicative of a lack concern for suicide amongst the bureaucracy. A senior member who never attended a committee meeting and an executive director from within the Department of Justice whom I cold-called - a department whose high representative turnover was notable (Section 5.4.2.1) - spoke in an informed and sincere manner about suicide in the NT and the roles their respective agencies have in suicide prevention. This was a quirk of the process. The lead agency struggled to sustain a senior committee but within the senior levels there was concern about suicide in the NT and an understanding within agencies of the joint responsibility paradigm. The delegation and turnover was indicative of how the bureaucracy responded to yet another request for joint working and the operation of the committee, not a reflection on how they viewed suicide and its prevention.

5.4.3  **Role of the expert**

The experts said that their role was to provide a broader perspective, both from outside the bureaucracy and nationally, to the committee.

> I suppose [my role is] to provide a broad expert overview to try and tie some of the strands together…. But I suppose my role is a bit of a wise head to basically draw some of the more lateral issues and concepts in and to remind the committee of that in their deliberations.

(Darwin clinical expert 2009, interview, 14 May)

However, the role of the expert was never made explicitly clear. Both expert and departmental representatives alerted me in interviews to the lack of clarity in the expert role. Indeed, the expert member who was initially invited primarily because of his membership of NACSP remained a member of the committee even after the NACSP had been disbanded. He remained out of good will and because of his interest in the topic as well as a request to stay from the coordinator.

The committee’s operation - an overwhelming focus on the development of the action plan, decisions being made outside of the committee room and having no resources to allocate for strategic and programmatic purposes - may have contributed to the ambiguous role of the experts. This context removed, or at least greatly limited, avenues where their expert knowledge could be applied. One
interviewee said the presence of the experts stopped the committee falling into ‘bureaucratic process’. Although my observations do not support this belief, one expert said that when he offered an outsider’s perspective he felt it ‘crawl[ed] right up the [chair’s] nose!’.

One representative felt there was frustration between the Darwin clinical expert and the representatives because the bureaucrats accepted the long departmental process and the expert wanted things to move faster. However, contrary to this observation, after the committee had been working on developing an action plan for almost a year and a half, the Darwin clinical expert alerted the committee to rumblings that the Australian Government was going to make a significant announcement about suicide prevention. He felt that the committee should hold off on developing the action plan until the announcement. This suggestion was dismissed by the chair and the coordinator who felt it was important to push on, particularly in the hope of attracting more money for suicide prevention (2008, committee meeting, 7 July).

Contributions of the experts included alerting the committee to pre-existing programs and research including studies showing the importance of appropriate management at points of transition of care, identifying the opportunity to evaluate the long-standing school-based mental health promotion program (MindMatters) and providing information on Indigenous suicide. Inputs of the experts were generally not written down by the chair or the coordinator and were largely not recorded in the minutes.

Experts may have been brought onto the committee because their topic knowledge could assist in appropriately directing the process. However, largely they could not exercise their expert knowledge because the committee was not a forum for making collective decisions. Despite this, I believe their presence was important because it represented ‘professional knowledge-based steering’ (Christensen et al. 2007, p. 92). Expert representation further legitimised the process because any decisions the committee made were potentially guided by expert knowledge.

### 5.5 Indigenous suicide

This section describes, among other things, the development of another interdepartmental committee for suicide prevention in the NT. For clarity, in Section 5.5 I refer to the interdepartmental committee at the centre of this thesis as the NTSPCC and to the newly developed committee as the concurrent suicide prevention committee.
5.5.1 Another cross-government committee for suicide in the NT

In mid-2009, during the development phase, a prominent female elder of a remote NT Aboriginal community raised concerns with the State Manager of the Australian Government Department of FaHCSIA about youth suicide and suicidal ideation in her community. As a result FaHCSIA established a concurrent interdepartmental committee for suicide prevention in the NT. The representatives on the concurrent committee were bureaucrats from Australian Government and NT Government departments. There was no participation from NGOs. Four member agencies of this concurrent committee were also represented on NTSPCC: DoHA and FaHCSIA from the Australian Government and the NT Government departments of health and police. At least three individuals - the chair, the coordinator and a NTSPCC member from FaHCSIA - attended meetings of both committees.

The focus of the concurrent committee was to respond to the elder’s concern of increasing suicide and self-harm in her community. The chair of the concurrent committee visited the community and reported back to the concurrent committee. On his advice, the concurrent committee arranged for more youth workers to be sent to the community and steps were taken to alleviate youth boredom. In partnership with the NT Licensing Commission, community and police concerns relating to alcohol regulation in the community were also addressed (concurrent committee chair 2010, interview, 6 October).

I asked the chair of the concurrent committee if the NTSPCC was mentioned in his meetings:

Once. [The NTSPCC] wasn’t seen as a resource to help with this problem [of suicide and self-harm in the Aboriginal community]... It was a very slight reference...no more than one sentence and no one pursued it.

(concurrent committee chair 2010, interview, 6 October)

When I asked the NTSPCC chair about the intersection between the two committees she replied that there was no ‘formal relationship’ between them (2010, interview, 6 August).

The profile of the concurrent committee was small. It was not reported in the media nor did I hear about it from my colleagues working in Indigenous health. I serendipitously uncovered its existence in a post-meeting chat with the NTSPCC chair over four months after its inception. Its existence provides context pertinent to suicide prevention in the NT. However, more important for my thesis, is the disconnect between the two committees. The NTSPCC was a coordinating committee established to provide leadership for suicide prevention in the NT.
(NTSPCC 2007e) and yet its members were not informed about the existence and actions of the concurrent committee. The concurrent committee is also an opportunity to consider the NTSPCC’s response to Indigenous suicide, a theme I examine below.

5.5.2 Indigenous-specific action area

Over the first nine months discussions inside and outside the committee room progressed uneventfully. However the release of the revised national suicide prevention framework, Living is for Everyone: A framework for the prevention of suicide in Australia or the 2007 LIFE Framework (DoHA), produced a conundrum. Indigenous suicide ceased to be a focus in the national policy. Despite this the committee determined to specifically retain a focus on Indigenous suicide in the NT action plan. Here I explore the ramifications of this decision and consider the extent to which the committee’s actions reflect a prioritisation of Indigenous suicide.

The revised LIFE Framework was released, after a considerable delay, in October 2007. Copies of the policy were neither distributed at the November meeting nor on email to the membership when it was released. However, shortly after the policy’s release there were two significant political developments. The Australian Labor Party won a national election on 24 November 2007, unseating the conservative government that had been in power for 11 years. Two days later the Chief Minister of the NT and her deputy resigned. Clare Martin, who had been chief minister for six and a half years was replaced by Paul Henderson. There was a committee meeting held the following day which, unsurprisingly, had the lowest attendance yet with only 10 representatives.

The 2000 and 2007 LIFE Frameworks - the two national suicide prevention frameworks - both had a set of six numbered action areas. These action areas were the Australian Government’s prioritised areas in relation to suicide prevention. Table 5.2 shows the two different sets of action areas. All of the action areas were changed between the 2000 and 2007 versions of the LIFE Framework. Some changes were a rewording while others were substantially changed, for example taking a coordinated approach to suicide prevention was a new addition in the 2007 set. The order of the action areas was also significantly altered, improving the evidence base for suicide prevention was the top priority in the 2007 set whereas previously it was listed last. However in the context of the NT suicide prevention initiative, the most significant change in the set of action areas was that action area five (Partnerships with Aboriginal and Torres Strait Islander peoples) from the old LIFE Framework was omitted in the 2007 set of action areas.
### Table 5.2 The paired action areas

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<tbody>
<tr>
<td>1</td>
<td>Promoting wellbeing, resilience and community capacity across the NT</td>
<td>Action Area 2 - Building individual resilience and the capacity for self-help</td>
</tr>
<tr>
<td>2</td>
<td>Enhancing protecting factors and reducing risk factors for suicide and self-harm across the NT</td>
<td>Action Area 3 - Improving community strength, resilience and capacity in suicide prevention</td>
</tr>
<tr>
<td>3</td>
<td>Services and support within the community for groups at increased risk</td>
<td>Action Area 4 - Taking a coordinated approach to suicide prevention</td>
</tr>
<tr>
<td>4</td>
<td>Services for individuals at high risk</td>
<td>Action Area 5 - Providing targeted suicide prevention activities</td>
</tr>
<tr>
<td>5</td>
<td>Partnerships with Indigenous people</td>
<td>All Action Areas</td>
</tr>
<tr>
<td>6</td>
<td>Progressing the evidence base for suicide prevention and good practice.</td>
<td>Action Area 1 - Improving the evidence base and understanding of suicide prevention and Action Area 6 - Implementing standards and quality in suicide prevention</td>
</tr>
</tbody>
</table>

The removal of the Indigenous-specific action area produced one of the few contested issues in this whole of government process. The question was: should the NT suicide prevention action plan under development retain an Indigenous-specific action area or omit it in line with the latest national framework? The pressure for the NT policy to be inline with the national policy was described in Chapter 4. Alignment was expected to facilitate applications for national funding. However, the NT population has the largest proportion of Indigenous Australians compared to any jurisdiction and Indigenous Australians have a higher rate of suicide (Section 4.1.1). These were reasons for the NT to retain an Indigenous-specific action area in the action plan the committee was developing.

At the planning forum there was debate, but no consensus, as to whether the Indigenous-specific action area should be a stand-alone item or embedded within all action areas (Section 5.3.3). Within the committee, however, there was strong support for retaining the Indigenous-specific action area; the chair and the senior Office of Indigenous Policy member claimed that it needed to be visible to get resources and get evaluated and one expert member thought the action area was important because of the unique demography of the NT. The next quandary was: how should the NT action plan retain the Indigenous-specific action area? If the set
of action areas from the 2000 LIFE Framework was used then the NT action plan would appear out of line with the current national priorities. The coordinator’s solution was that she paired what she viewed as compatible action areas of the 2007 LIFE Framework and the 2000 LIFE Framework (which had the same set of action areas as the NT Strategic Framework for Suicide Prevention) (Table 5.2). Ten months after the 2007 LIFE Framework was released the chair suggested another alternative: the action areas of the 2007 LIFE Framework could be used in the NT action plan together with an additional, Indigenous-specific, action area (2008, committee meeting, 18 August). However, by this stage the coordinator’s paired action areas provided the structure of the existing draft action plan and the chair acceded to this arrangement.

5.5.3 A priority for the committee?
The committee’s decision to retain the Indigenous-specific action area is important because it was one of the few decisions made in the meeting room. Moreover the decision suggests that Indigenous suicide is a priority for the committee; it did not fully adopt the national policy direction in the action plan order to recognise the significance of the issue for the NT. In this section I describe some circumstances and events related to Indigenous suicide to demonstrate that, despite this decision, the committee took little action in relation to Indigenous suicide.

Some NTSPCC representatives were Indigenous and the Office of Indigenous Policy was a member agency. However no Indigenous organisations were represented and no one was on the NTSPCC in the capacity of an Indigenous representative. Despite the absence of Indigenous representation on the NTSPCC being noted at the planning forum (Table 5.1) no steps were taken to rectify this situation.

The NTSPCC deliberated the priorities for suicide prevention in the NT and Indigenous suicide did not make the list of suggested priorities minuted (Section 5.3.5). Indigenous suicide did not make the list of priorities recorded despite the Office of Indigenous Policy member being present and the NTSPCC being briefed about the Aboriginal Suicide Prevention and Capacity Building Workshop at the same meeting.

There were NTSPCC members who attended the concurrent committee (Section 5.5.1) formed as a result of community concern about Aboriginal self-harm. These members did not inform the NTSPCC about the situation in the community or about the existence and actions of the concurrent NT suicide prevention committee.
The final example where Indigenous suicide was overlooked by the NTSPCC comes from after the action plan had been developed. In the monitoring and reporting phase a coronial report on the suicide of an Indigenous girl in a NT remote Aboriginal community was released (Darwin Coroner's Court 2009). The report detailed the failure of agencies to work together effectively. The report was not discussed amongst the NTSPCC.

My argument is despite retaining the Indigenous-specific action area the committee did not prioritise Indigenous suicide in any substantive fashion; the lack of action from the committee is at odds with its administrative decision. The lack of action suggests that the retention of the Indigenous-specific action area was to ensure the action plan remained proper within the NT context; it contributed to a legitimate approach to suicide prevention. I describe in the next chapter how the action areas of the *NT Suicide Prevention Action Plan* were an administrative technicality. The paired action areas served a legitimising function: they acknowledged the local context and retained alignment with the national policy direction.

### 5.6 An action plan draft

One year after the formation of the committee, for the first time, details of departmental activities relevant to suicide prevention that had been shared with the coordinator were shared with the committee. At the same meeting the coordinator continued to contextualise suicide using a PowerPoint presentation on recent Australian and NT suicide rates and an analysis of demographics such as age, location and ethnicity. The coordinator hoped that this would enable the representatives to contribute initiatives to the action plan that targeted the groups that the coordinator identified were most at risk of suicide (remote and urban young Indigenous males and older non-Indigenous males residing in the Darwin urban region).

While guiding the committee on population groups where suicide prevention initiatives were most needed the coordinator, according to the minutes, did not refer the committee to the action areas of either the *NT Strategic Framework for Suicide Prevention* or the newly released national LIFE Framework. No attempt was made to tie the population groups identified to be most at risk into the discussion from the meeting eight months earlier (Section 5.3.5). Also, although the list roughly aligns with the priority groups identified at the planning forum, there was no suggestion that the groups identified at this point were built on the output of the planning forum.
5.7 Hounding and silence

After extensive contextualising, the second half of the development phase was overwhelmingly focused on finalising the action plan in spite of the broader objectives in the committee’s Terms of Reference. I have labelled this period ‘Hounding and Silence’. During this period the coordinator continued her requests, sometimes at high frequency - one participant described being bombed with emails and phone calls - for the representatives to provide input into the action plan. This was the hounding component. In contrast to this passion and intensity, there was a period of prolonged and unexplained silence where there was no communication from the coordinator or the representatives.

5.7.1 Pushing on to an action plan

Vignette 5.2 Repackaging what is being done, 29 April 2008

This meeting is the second in as many months. It has been called because the action plan is due for completion by the end of June 2008. The committee is not informed about how or why this deadline has been set. The objective for the meeting, established at the previous meeting, is to progress the draft action plan. Accordingly ‘development of action plan’ is the first agenda item after the starting formalities (welcome, apologies and acceptance of the minutes), unseating the usual agenda frontrunner, ‘national developments’. The coordinator, who has been synthesising the contributions of the member agencies into a draft action plan, distributed the first draft on email at eight o’clock this morning. This meeting is scheduled to start at nine. The attendance is the best yet with 15 attendees, including five senior members. However six attendees are attending for the first time. The agenda sets out areas of the action plan for discussion: feedback on the content, areas where further information is required and evaluation.

The coordinator begins, explaining that the committee might be surprised by some of the content in the action plan draft and feel that ideas attributed to their agency are not commitments the representatives have made. The coordinator explains that she generated them just to have ideas and suggestions on the page and she welcomes feedback on these. She also outlines a significant change on the horizon: the new Chief Minister has flagged a significant NT departmental restructure. It is decided that the new departmental structure must be reflected in the action plan. The government ownership of the action plan is discussed and the coordinator informs the membership that it will be a NT Government document and not a joint policy document between the NT and Australian Governments. Someone asks if the
action plan will also be put to the COAG NT’s Mental Health Group (a group responsible for overseeing the implementation of the national Mental Health Action Plan). This suggestion is supported by the chair.

The senior Office of Indigenous Affairs member expresses her desire to see cultural safety being incorporated into the action plan. One of the experts reminds the committee about the importance of transition points in suicide prevention (for example support for individuals transitioning between acute care offered by the hospital and supported assistance in the community) and the need to address this area in the action plan. Another attendee raises concerns that NGOs who conduct assessments of suicide risk felt nervous because they have no services to refer them onto. Without resolution for these inputs, the discussion moves on.

The coordinator, realistic about the committee’s lack of opportunity to read the draft action plan, invites members to review it after the meeting and she commits to call them to get their feedback on the document.

A non-senior proxy from the Office of Youth Affairs, attending her first committee meeting, expresses some disquiet about the action plan and its content. She feels that instead of making the focus activities that are currently happening in the different departments it should be an opportunity to get new initiatives up and running. She recommends that items in the action plan should be concrete, including details of who is responsible, when they will be delivered, how much it will cost and where the funds will come from. The coordinator and the chair explain that this is not possible because there is no additional funding and it would result in an action plan that lists unfunded initiatives, one the minister would not sign off on. The chair and the coordinator say that ideas about such initiatives are important and may be able to be compiled in a separate implementation plan. Supporting the youth affairs representative the senior Alcohol and Other Drugs Branch representative, who is also attending his first meeting, questions if the committee is ‘repackaging what we are already doing’. In response, the senior DoHA member suggests there should be a balance between the ‘quick wins’ (current departmental activities) and targets which people can sign on for. She said that Australian Government funding for health is difficult to secure and it would be even harder if the health initiatives are in the education or justice departments.

The administrative details of the frequency of reporting, format and the timeframe on the action plan are then discussed. The coordinator recommends, and it is accepted, that the action plan will finish in 2011 fitting in with the national appropriation cycle as well as end of the National Action Plan for Mental Health.
There is a brief discussion about the difficulties of measuring suicide including the lag time for the release of the ABS data. No update from DoHA is provided because funding and the NACSP structure are still under review following the change in national government.

The meeting closes after two and a half hours.

The primary purpose of this meeting was to progress the draft action plan. The relegation of the national update may reflect this priority. (However this meeting also coincided with a change in the national situation: no NACSP or equivalent replacement and no new funding rounds announced while the new national government found its feet.) Progression of the action plan was significantly hampered by the draft’s late distribution. As a result there was no discussion about the content of the draft relating to suicide prevention. There was, however, input from representatives about areas of suicide prevention that they felt were important - cultural safety, adequate care at transition points, the need for services for those at risk. These were not recorded in the Summary of Key Issues distributed by the coordinator following the meeting. The summary, substituting for the previously detailed minutes of earlier meetings, was a bullet list of administrative concerns of the action plan - timeframe, action areas, including only funded initiatives, reflecting the new departmental structure, reporting process. Ultimately the action plan did not contain details on cultural safety or care at transition points. Again, the inputs from the representatives appear to be ineffectual and any uptake of their input was at the coordinator’s discretion.

There were other examples where the representatives’ suggestions had no impact on the process. The suggestion to table the action plan at COAG NT Mental Health Group was never implemented and the chair in her interview was unable to recall the recommendation. Additionally, the committee’s Terms of Reference, after input by one of the members, stipulated that its ongoing relevance would be reviewed annually (Table 5.1) but this review did not occur.

In Vignette 5.2 tension occurred when the Office of Youth Affairs and Alcohol and Other Drug representatives, who had not previously listened to the contextualisation offered to the committee, questioned the value of compiling existing departmental activities in the action plan. These two representatives assumed a purely instrumental perspective: the committee and action plan were tools to strategically address suicide in the NT. They did not consider the other purposes I have identified such as demonstrating alignment with the national policy and fostering the joint
responsibility paradigm for suicide. Similar tensions were also evident in the next phase of the process (Section 7.4.1).

The revelation in Vignette 5.2 that the coordinator wrote some draft suggestions for agencies over which she has no jurisdiction in order to assist member agencies to make a contribution to the action plan is an important one. It further establishes the unilateral and coordinator-centric governance of this process. It further develops the extent of the coordinator’s influence in the process: the member agencies’ contributions for the action plan were solicited by the coordinator, on some occasions suggested by the coordinator, synthesised by the coordinator and any feedback on the action plan was made to the coordinator.

5.7.2 Deadlines, deadlines, deadlines

A range of deadlines were set between July and October 2008 (Table 5.3) in an effort to finalise the action plan. These were generally suggested by the coordinator at meetings and then recorded in emails or the meeting minutes. The objectives stipulated by the deadlines were largely not met by the committee.

The coordinator pushed the committee to finalise the action plan using the deadlines as well as email and phone contact. However, even as the second deadline passed with input from only one agency, in an email the coordinator (2008, email to committee, 31 July) shouldered responsibility to follow-up the agencies individually ‘to provide them with any further assistance in completing this task’. She concluded her email, as she had for the previous two emails, with ‘I would like to thank you all for your continued commitment to this process’. The coordinator’s conciliatory tone, despite the unmet deadlines, indicates the importance of maintaining cordial relationships with the member agencies in order to continue the process given her limited authority over them. While the coordinator pushed on towards finishing the action plan, an eruption of spontaneous praise for her occurred at a meeting (2008, committee meeting, 18 August). She was described as persistent, helpful and pleasant when harassing. It was also noted that she offered to do most of the work for the committee representatives! The coordinator may have thought the less onerous participation was the less likely representatives were to flee. The coordinator, with her passion to develop an action plan, continued towards that goal carrying the committee - the evidence of a legitimate process.
Table 5.3 Deadlines to finalise the action plan

<table>
<thead>
<tr>
<th>Objective / Request</th>
<th>Deadline</th>
<th>Deadline Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finalise the Action Plan</td>
<td>July 2008</td>
<td>Not met</td>
</tr>
<tr>
<td>Feed back on July’s draft action plan due</td>
<td>22 July 2008</td>
<td>Not met</td>
</tr>
<tr>
<td></td>
<td></td>
<td>On 31 July 2008 the coordinator had received</td>
</tr>
<tr>
<td></td>
<td></td>
<td>input from only one agency. Some agencies had still</td>
</tr>
<tr>
<td></td>
<td></td>
<td>given no contribution to the action plan.</td>
</tr>
<tr>
<td>Committee to endorse action plan before sent to minister</td>
<td>mid-August</td>
<td>Not met</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Draft action plan almost complete except for lack of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>feedback on the coordinator’s suggested action items</td>
</tr>
<tr>
<td></td>
<td></td>
<td>for the police and justice departments.</td>
</tr>
<tr>
<td>Feedback on August’s draft action plan due</td>
<td>22 August 2008</td>
<td>Unknown</td>
</tr>
<tr>
<td>August’s draft still contained the coordinator’s</td>
<td></td>
<td>A extended silence followed</td>
</tr>
<tr>
<td>suggestions for the police and justice departments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>However, if there was no feedback it was to be</td>
</tr>
<tr>
<td></td>
<td></td>
<td>considered by the coordinator to be endorsed.</td>
</tr>
<tr>
<td>Agencies to provide ideas for initiatives that could be</td>
<td>29 August 2008</td>
<td>Unknown</td>
</tr>
<tr>
<td>undertaken if further funding becomes available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launch action plan at proposed Youth Suicide</td>
<td>14 October 2008</td>
<td>Not met</td>
</tr>
<tr>
<td>Prevention Forum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Similar to the coordinator’s conciliatory tone, the chair adopted a very gentle and inclusive approach to presiding over the meetings. I think this was not only reflective of the chair’s nature but also part of her approach to secure buy-in on suicide prevention from the membership. However, it also had the unintended consequence of representatives not attending because the meetings were long. Meetings were also described as very staid, very professional and having a lot of chat without a lot of movement. In spite of the chair’s inclusive approach, health agency representatives and health professionals were dominant in the discussions.

The dominance of the health agency representatives and health professionals coupled with the directed nature of the process makes it difficult to determine the extent to which representatives were actively engaged in the process. However,
representatives did not contest the points at which their input went unheeded (see, particularly, the development of the Terms of Reference, Section 5.3.4) and, as described above, did not readily respond to the coordinator's requests for input. Thus I contend that the representatives were, on the whole, only passively engaged in the process.

The passivity of the representatives is important given the coordinator's announcement that August's draft action plan would be endorsed by the committee if there was no further feedback. For a year and a half the coordinator had repeatedly sought, requested and pleaded for input from the committee and, now, representatives' lack of response would equate to a green light. This approach also abandoned any reference to the process whereby the action plan was to be endorsed by the CEOs of the represented departments (Table 5.1). When I cold-called executive directors whose divisions were participating in this initiative to ask about their knowledge of the action plan I uncovered that three out of eight did not know about the action plan and another only found out about it after the finalised document was delivered to his in-tray. This demonstrates that approval procedures for the action plan varied between the agencies. Given that some executive directors did not know about the action plan it is likely that their CEOs did not endorse the action plan prior to its release.

Silence was assent in a context where non-senior representatives were commonplace, representatives - apart from the key players - were largely passive, the coordinator had assumed command over the process and the CEO approval process may not have been followed. This cocktail circumvented critical review and quite possibly, agency approval procedures, the consequences of which are explored in Chapter 7. However, the coordinator reported to me (2009, pers. comm., 19 February) that there was a flurry of activity prior to the action plan being finalised, indicating that within some agencies the commitments in the action plan were reviewed before it was released.

On 9 August 2008 NT general elections were held. Although Paul Henderson's Labor government retained power there was a significant swing against them and it retained only a two seat majority. A week after this election the committee met as planned. It was the shortest meeting ever held. The committee was informed about reporting requirements for the action plan and formatting changes of the action plan were discussed. The action plan was to be launched at a proposed Youth Mental Health Forum that the Mental Health Branch was organising in the week following Mental Health Week (5-11 October 2008). The forum would run for three days and
be free with sessions for both youth and service providers. It would showcase initiatives and offer training. Discussion about the Youth Mental Health Forum transformed an enervated mood in the meeting room and had the representatives humming in agreement, nodding and enthusiastic. I believe this response was due to the opportunity to plan and implement a substantive output to address suicide in the NT, meeting the desire to contribute more immediately to suicide prevention - a stark contrast to the concerns of policy alignment, the joint responsibility paradigm and the layout of the action plan.

5.7.3 Gaping silence

At the August meeting it was planned that a short meeting would be held in four week’s time to discuss the Youth Mental Health Forum. Although never formally cancelled there was no further notification about this meeting and it did not go ahead. When I enquired about the status of the meeting the coordinator said there was ‘nothing to report’ (2008, pers. comm., 12 September), an extraordinary statement given the deadlines and the ongoing planning for the Youth Mental Health Forum. While previously considerable energy had been directed at finalising the action plan the process fell into an unexplained abyss for almost half a year with no communication from the coordinator or the committee. This silence was never explained to me or to the membership. During the gaping silence the national Minister for Health announced the new Australian Suicide Prevention Advisory Council and the Youth Mental Health Forum was held without reference to the progress or status of the action plan that was to be launched at the same event.

Why the Action Plan was not launched in October 2008 as planned was unclear. Certainly, some agencies had not been responsive to the coordinator’s requests for input and the coordinator’s other professional responsibilities - including organising the Youth Mental Health Forum, preparing bureaucratic responses to suicides and analysis of suicides by clients of the NT mental health services - had also reduced the time she had available for this whole of government initiative. However, when I asked the coordinator why the action plan was not launched in 2008 she said that it was not the right time (2008, telephone call, 8 November). Another senior committee member said a few machinery of government changes had stalled it (2009, interview, 30 April). These evasive responses suggest that something external to this process derailed the launch.
5.7.4 Finalising the action plan
The silence was broken in January 2009 by an email from the coordinator notifying members that the action plan had been sent to the minister for approval. The time period the action plan covered had been changed from 2008-2011 to 2009-2011 because of the delay in its release. Members were, once more, requested to review their input in the final draft action plan including checking the currency of their commitments over this new period.

Two months after the final draft was distributed the coordinator emailed the committee informing them that the action plan had been signed off by the Minister for Children and Families and was in its final stages of production. There were no significant changes to the content of the action plan between the draft distributed in January and the final document.

The last meeting in the development phase was short, just over an hour. The lead agency confidentially informed the members that $330,000 for suicide prevention would be announced at the action plan launch in Alice Springs in a week’s time. The funding was for Applied Suicide Intervention Skills Training in Alice Springs, workshops for service providers to learn how to better assist self-harming youth, new resources on suicide, self-harm and bereavement and funding to complete the Central Australian Life Promotion Program’s Indigenous-specific resource ‘Suicide Story’. The money was not generated from across the member agencies but rather was a reallocation of funds from within the NT health department. Furthermore, although members had been requested to submit ideas that could be initiated with additional funding, to the best of my knowledge the committee was not consulted on the activities funded. Just as the function of the committee had no bearing or influence over national funding of suicide prevention activities in the NT, this decision indicates that the committee’s role was outside suicide prevention funding decisions of NT Government.

5.8 Discussion
5.8.1 Operation of the committee
This chapter provides important insights into how the committee operated. It was driven through one agency and primarily by one individual. While the coordinator drove this process with passion, the lead agency had no statutory authority over the member agencies. Meanwhile, the representatives were passively supportive but offered little critical review of decisions and did not collectively meet the deadlines
Representatives’ input in meetings, while welcomed, was largely ineffectual and its uptake was at the discretion of the coordinator. Decisions were generally not made collectively in the meeting room but rather outside, bilaterally, with the coordinator. Moreover, funding decisions in relation to suicide were outside the committee’s sphere of influence. Despite the passivity of the representatives the coordinator used silence as a signal of assent, potentially bypassing review processes within member agencies. Although formal purposes of the committee included advising the Australian Government of specific NT issues relating to suicide prevention and working collaboratively with the NACSP (NTSPCC 2007e), the committee did not identify an avenue to communicate NT concerns to the Australian Government.

Schulman’s (2010) qualitative, grounded and participatory research studying the behaviours and outputs of bureaucrats working on joined-up youth policies found that the intersectoral committees focused on procedure and not substance. Similarly, my findings are that suicide was rarely a topic of discussion for the committee apart from for the coordinator’s presentations to contextualise the issue. The committee’s deliberations centred on administrative concerns relating to the action plan - frequency of reporting, format and the timeframe - rather than the substance of the action plan. A directed process with preordained outputs, as seen in the NT’s initiative, were characteristics also identified in Schulman’s work.

The action plan was the chief output from the initiative. In my interviews I initially asked interviewees to identify key activities of the committee and, with the exception of developing the action plan, interviewees struggled to name any. As a result I changed the question to a far more productive question about their impressions of the meeting room. The lack of outputs from interdepartmental meetings has been noted by other researchers (Bakvis & Juillet 2004a; Schulman 2010). This raises the question: how should the committee’s relative lack of activity be understood?

5.8.2 Disjunctures

...observations [of symbolic behaviour] are often reported as anomalies, paradoxes... the appearance of [these, however]...is a product of our theoretical presumption that the main point of political process is action.

(March & Olsen 1989, p. 49)

The uncovering of disjunctures between the formal representation of the committee, described in the previous chapter, and the observed actions is a key finding in this chapter. The committee had representation from two levels of government and six NT Government departments. Despite this, the process was driven and sustained by only the NT Mental Health Branch and the coordinator, in particular. The
interdepartmental membership remained largely passive. Moreover, the whole of government process did not require the member agencies to operate in a different fashion; save for sharing program details with the coordinator the representatives did not have to work across bureaucratic boundaries.

Formally, the committee was to provide leadership for suicide prevention in the NT, including advising the Australian Government on the NT’s suicide prevention priorities (NTSPCC 2007e). However, the committee was not consulted on either NT or Australian Government funding decisions and it did not identify an avenue to communicate NT concerns to the Australian Government. Additionally, when the national suicide prevention priorities were revised in the 2007 LIFE Framework, the policy was not distributed to the committee (Section 5.5). The committee was not informed about the existence or actions of the concurrent NT suicide prevention committee (Section 5.5.1), potentially important contextual information for any leadership decisions the NTSPCC might seek to make.

The institutional policy norm in Australia for suicide prevention was a whole of government and whole of community approach (Table 4.1). In the NT NGOs and community groups chose not to form a reference group whereby they could have input into the committee. Despite this decision the NT claimed that it had adopted a whole of community approach (Hendry 2009; DHF 2009b), indeed the notion of a reference group was retained in the committee’s Terms of Reference. Similarly, the committee chose to retain the Indigenous-specific action area yet did not prioritise Indigenous suicide in a substantive fashion (Section 5.5).

There is a dissonance between the observed action and the organisational structure and formally stated objectives of the initiative. Decoupling has been described by Weick (1969), and Meyer and Rowan (1977). It allows institutional norms to be incorporated into organisations without altering the day-to-day activities. Organisations can have both formal and informal organisations and there can be a sharp distinction between them. In this example the formal organisation demonstrated an intersectoral approach. The observed informal processes were removed from this formal representation enabling these apparent paradoxes to coexist.

Brunsson (2002) described how the decoupling of the formal structure from the action can enable organisations to satisfy competing demands of the institutional environment and the political and administrative context. In this instance the myth within the suicide prevention arena required an intersectoral approach yet this whole of government approach had no funding at its disposal and was implemented at a
time when suicide prevention was not a high political priority in the NT. The committee was symbolic of an interdepartmental effort on suicide prevention in the NT, providing a look of action and deflecting from the passively engaged agencies and lack of funding.

This chapter supports my contention that the activities of the committee did not relate to collective choice for the reduction of suicide; the whole of government process was not adopted to provide coordination and a holistic approach to problem solving. Below I consider what purposes it did serve.

5.8.3 Legitimacy
In the previous chapter I discussed the suicide prevention policy myth. This myth identified a joint approach as the correct and proper action for the NT Government. In light of the disjuncture uncovered in this chapter, I believe the NT’s whole of government approach served a latent purpose: it secured legitimacy for the NT’s approach to suicide prevention. Legitimacy can be defined:

..as generalized perception or assumption that the actions of an entity are desirable, proper or appropriate within some socially constructed system of norms, values, beliefs and definitions.

(Suchman cited in Rocha & Granerud 2011, p. 262)

DiMaggio and Powell (1983) postulated that organisations tend to conform with predominant norms and social influences, either ceremonially or actually, to establish or maintain legitimacy. I claim that the NT Mental Health Branch’s decision to establish a whole of government approach to suicide prevention was to ensure that it was seen to have a proper and appropriate policy response to suicide, that is, a legitimate approach. Meyer and Rowan (1977) argued that myths can be used by organisations as a resource. While the myth was used as a template for organising by the NT Government, it was also a resource. The uptake of the myth by the NT Government and the decoupling of the actions from the formal representation of the process enabled the lead agency to maintain a legitimate approach (with minimal funding) and thereby also increase its prospects to secure funding from the national government for suicide prevention.

There are two reasons why, for the Australian Government, the NT’s approach was legitimate. Firstly, it complied with the policy direction of the national government. Secondly, I believe the establishment of a whole of government approach may have been interpreted by the Australian Government as representing a commitment by the NT government to address suicide, something the national policy sought to do. This is supported by a WHO monograph on suicide prevention that states ‘the
establishment of a national policy reflects a commitment by the local government to deal with the challenges’ (WHO 2010, p. 8).

5.8.4 Joint responsibility paradigm
The purposes perceived by the participants discussed in this chapter were the development of an action plan and seeking interdepartmental buy-in or engagement on the issue of suicide. The action plan is discussed in the next chapter. In this section I seek to unpack the notion of buy-in, as it has been described in this chapter.

I identified two elements to buy-in: an agency’s recognition that the issue has relevance to the actions of their agency and recognition that the issue is worthy of attention. Contextualising suicide and asking agencies what activities within their core business contribute to the prevention of suicide were instrumental actions to develop buy-in. The epidemiology and risk and protective factors of suicide presented to the committee illustrated the joint responsibility paradigm. The instrumental role that interdepartmental interaction can play in promoting dialogue, information exchange, development of shared world views and thereby enhancement of coordination and buy-in have been noted previously (Bakvis & Juillet 2004b, p. 4; Huxham & Vangen 2000). In line with this perspective, interviewees from this whole of government example stated that the committee was a useful forum for networking and information sharing.

Additionally, I believe that the committee also symbolically contributed to the joint responsibility paradigm. Organisational anthropologist, Helen Schwartzman (1989, pp. 39-41), described how meetings can be social validators. Once a meeting is constructed it can be a vehicle for the reading and validation of social relations; they can create social identity. The acceptance of the meeting form, at least in part, conveys acceptance of the social order it represents. Meetings can be sense-makers for organisations because meetings can define, represent and reproduce social relationships.

...a meeting is a powerful and ongoing social symbol because it assembles a variety of individuals and groups together and labels the assembly as organizational...action.

(Schwartzman 1989, p. 39)

Membership of the suicide prevention committee contributed to the identity of the member agencies, namely, that they have a role in suicide prevention. This occurred in spite of the way the committee operated - for example the representatives largely acted as passive conduits and the coordinator did the bulk of the work. The very
existence of the committee contributed to the belief that suicide prevention is an issue in which many government departments have a role. While in the previous section I considered the symbolic function of the committee in terms of the legitimacy it communicated to the Australian Government, the representation of the joint responsibility paradigm is targeted at the NT Government departments.

The desertion of the senior bureaucrats indicates their awareness that the substantive outputs from this process would be limited. However, they remained at least nominally involved and sent proxy representation. In doing so they were complicit in the symbolic discourse that their agency had a role in suicide prevention. The continued agency support may also, as some representatives stated, be to secure future reciprocal support should they establish their own intersectoral committee. However, I believe it was also indicative of their acceptance of the symbolic function of the committee.

This chapter demonstrates that the actions of the committee were incongruent with the objectives described in the previous chapter. This cannot be explained using an instrumental understanding of the committee’s purpose. The disjuncture is the backbone to my argument that the committee was symbolic. The NT Mental Health Branch, by promulgating the myth, produced symbolic action. The symbolic purposes the initiative served were securing legitimacy and promoting the joint responsibility paradigm for suicide prevention - the latter was also achieved instrumentally. These are notably different from the traditional, instrumental objectives associated with the whole of government approach. In the following chapter I focus on the other perceived purpose of this whole of government initiative - the development of the action plan.
Chapter 6

The action plan:
Something to wave about
Chapter 6
The action plan: Something to wave about

The Northern Territory Suicide Prevention Action Plan 2009-2011, two years in the making, was the only tangible output from this whole of government initiative and central to much of the Northern Territory Suicide Prevention Coordinating Committee's (NTSPCC, the committee) activity making it an important source of data for analysis. In this chapter I consider what purposes the action plan served. I address three aspects: (1) the document including its layout and content, (2) the fanfare of its launch and (3) its creators' knowledge and perceptions of the action plan. These aspects are used to explore a key anomaly of this whole of government process: the action plan was a collection of largely unaltered and unintegrated departmental activities yet it was generally viewed positively by its creators. I argue that the content of the action plan was of secondary importance to the beliefs and values that it represented - the promotion of the joint responsibility paradigm and a claim for political attention to the issue of suicide.

6.1 Description of the action plan
The following section describes the content of the action plan. I address the commitments of the member agencies it contained, the plan's timeline and the language used in the document. I also note elements absent from the document: funding details, measures of performance and its intended audiences.

6.1.1 Format
The cover of the action plan is shown below (Figure 6.1). The principal role of the lead agency was upheld on the cover of the action plan. Despite the foreword thanking current and past committee members for their 'time, knowledge, experience and personal commitment to [its] development' (p 3), the cover of the action plan contained only the name of the Northern Territory (NT) Department of Health. Moreover, it was coloured blue and white, in line with the health department's branding. This presentation is inconsistent with the importance of the intersectoral nature of the document and may be indicative of policy development norms and accountability frameworks (i.e. policies are generally owned by a department and report to a minister). The foreword was signed by the Minister for Children and Families, a minister the NT Mental Health Branch reported to, and the action plan was available from NT Mental Health Branch’s domain on the internet.
The introduction provided the policy history that preceded the action plan’s development while the following section gave a brief synopsis on Australian and NT suicide rates. Just under half of the 26 page document was dedicated to recording the agencies’ contributions - known as action items - gathered over the preceding two years. Each action item was briefly described, normally in two or three lines and organised under the six paired action areas (Table 5.2). The consequence of this was that ostensibly the action plan was aligned to both the 2007 LIFE Framework (the national policy framework) and the 2003 *Northern Territory Strategic Framework for Suicide Prevention* (the NT policy framework). The content within the action areas was classified as either ‘Enhancing Existing Initiatives’ or ‘New Initiatives’. Under each of these headings the action items were listed under the responsible NT Government departments. The action plan contained a total of four examples of joint initiatives between NT Government departments. In these instances the name of the partner department was in bold in the explanatory text. Additionally, six NT health department activities and one contribution from the NT Department of the Chief Minister listed the Australian Government as a partner, although the specific Australian Government department was not identified.

Action items were described in a vague language. Representatives used imprecise language when they provided their contributions to the Suicide Prevention Coordinator (the coordinator). Examples of the vague language in the action plan are below.
New Initiatives, Department of Health and Families
Will improve links between existing services and developing services and mental health and other service providers to ensure young people at risk are linked into services that can support them.

(DHF 2009b, p. 17)

Enhancing Existing Initiatives, Department of Health and Families
Will work in partnership with the Australian Government and other agencies to continue to support the development of programs that increase community capacity to deal with the issue of suicide and self-harming behaviour at a local level.

(DHF 2009b, p. 20)

Enhancing Existing Initiatives, Department of the Chief Minister
Will continue to investigate and develop with the Australian Government future investment strategies targeting Indigenous disadvantage.

(DHF 2009b, p. 21)

One senior member came back from leave to discover the commitments of her agency. She described the wording of the action items as ‘very fluffed’.

So some of them...are almost meaningless because they talk about continuing to think about engaging in a maybe process.

(senior committee member 2010, interview, 15 July)

In reaction to this situation (and others the member had experienced) she vowed to include only nouns in strategies to ensure the meaning was clear! The loose wording of the action plan introduced considerable uncertainty about what the action items referred to, a situation I explore in the next chapter.

The only timeline cited in the action plan was its overall duration: the calendar years of 2009 to 2011. No timelines were assigned to the action items, further contributing to the ambiguity of the commitments contained in the plan. In the meeting before the action plan launch the coordinator reassured the representatives that the commitments had been ‘left broad’, citing the absence of time constraints other than the three year timeframe of the action plan. While the chair stated at the outset that all initiatives in the action plan would have timelines (2007, committee meeting, 17 March), this did not occur. The reason this was not upheld may be due to difficulties in assigning timelines to an agency’s core business and/or because gaining broad information from the member agencies, let alone specifics, was hard fought.

The only funding detail in the action plan was in Appendix A. The appendix listed five NT organisations funded under the Australian Government National Suicide
Prevention Strategy (NSPS). It did not, however, list the amount of each funding grant. The commitments from the NT member agencies listed neither the source of the funding nor the amount of funding tied to the action item. Also omitted was the total NT Government funding for suicide prevention and the activities funded by the $330,000 that was to be announced at the launch of the action plan. Although the coordinator had suggested to the committee that the action plan could outline activities possible with more funding and list the funding required these details were not included.

The target audience for the action plan was not clear. Distribution of the plan included all committee members and representatives were able to nominate individuals or organisations they felt should also receive a copy. In the introduction it stated that the action plan was ‘to guide future direction in suicide prevention over the next three years’ (p. 4) which would suggest that the target audiences may be Australian and NT Governments as well as non-government organisation (NGO) service providers. However, despite a suggestion one should be developed (Table 5.1), there was no accompanying communication strategy that specified the intended audience(s).

The action plan purported to convert the 2003 NT Strategic Framework into ‘assessable actions and initiatives’ (DHF p. 4). Despite this claim the action plan contained no measures of performance. Detail of the proposed evaluation of the action plan was limited to one sentence which assigned responsibility for the ‘ongoing monitoring, reporting and evaluation’ (p. 5) of the action plan to the committee.

6.1.2 Content

One expert member described the action plan as a ‘grab bag of ideas’. The quote below gives an equivalent assessment.

[The strategic aim or ..] the intent [was] to have all of the departments to come together to put everything in one sock so to speak. You know, each department bringing in their initiatives and putting it into one area where it was able to be collated.

(Aust. Govt non-senior committee member 2010, interview 2 July)

The action plan reflected the processes of its development. Agencies contributed largely unaltered activities of their agency and this demarcation of agency responsibility was upheld in the action plan. Each action item stood alone and there was no attempt to integrate them with actions from other agencies. A large number of the action items related to the development of mental health information resources and mental health training.
6.1.2.1 Unaltered activities

It is unsurprising, given the lack of funding available for its development, that many of the action items were unaltered activities of the member agencies.

I don’t think there’s going to be anything whiz bang new in here. I’ll be quite surprised if it’s not just a slight tailoring of something or a recognition that something they’re already doing is relevant to this area. But that’s okay. I think that’s a good start.

(committee chair 2010, interview, 6 August)

For example, the Office of Indigenous Policy tabled its responsibility for overseeing the implementation of over $280 million worth of projects from NT’s 2007 *Closing the Gap of Indigenous Disadvantage: A Generational Plan for Action*. This strategy’s initiatives sought to improve the wellbeing of Indigenous Territorians by addressing child protection, housing, policing and education but the impetus for the strategy was independent of the whole of government approach to suicide prevention. Similarly, a review of the Memorandum of Understanding between NT Mental Health Branch and the NT Department of Police, which outlined the agencies’ responsibilities in cases of threats of suicide and self-harm was included. This review was triggered in response to changes in legislation and operating procedures and commenced prior to this whole of government initiative.

The Department of Education’s contribution provided details about ongoing activities (education department personnel such as school counsellors, health promoting school nurses and home liaison officers and mental health promoting programs including the health promoting schools element in the curriculum). The education department’s initial contribution was, however, unique because it allocated the items to the designated action areas. No other representatives noted the action areas in what they tabled to the committee.

6.1.2.2 Mental health training and resources

The most common activities put forward for the action plan were training and information resources about mental health and suicide prevention. NT Mental Health Branch committed to developing a range of resources on suicide and self-harming behaviours and increasing training opportunities. The Sport and Recreation Division tabled that regional and remote sports’ coordinators would be trained in mental health and suicide prevention. The NT Families and Children Services Branch (the child protection agency) also committed to disseminate mental health and suicide prevention messages by providing training on the subjects to government employees, NGO workers and foster carers. The Office of Youth Affairs contribution related to mental health resources for youth.
Training and resources for mental health promotion and suicide prevention were within the remit of the NT Mental Health Branch to deliver. I believe the prevalence of such items is indicative of the pivotal role of the lead agency and particularly the coordinator in development of the contributions. The Office of Youth Affairs’ contribution was an exception to this. It stemmed from the Youth Round Table - a forum that links young Territorians with government.

Just as the central role of the coordinator was likely to have influenced the content of the action plan, other action items were indicative of the responsibilities of the committee representatives. For example, the action plan included a rather incongruous addition: the pornography classification education scheme. This program was the responsibility of a proxy from the justice department. Similarly, police primarily contributed items relating to staff welfare - peer support, mentoring and debriefing procedures - the remit of one of the police members. An operational police member attended only one meeting before the action plan was finalised. The two operational police action items were joint initiatives with the NT Mental Health Branch (review of the Mental Health Branch-police Memorandum of Understanding and review training of its members in the management of people at risk of suicide). Other activities and procedures adopted by operational police pertinent to suicide prevention, including the removal of belts of people before they are incarcerated, were absent from the action plan.

6.1.2.3 New initiatives?

The above analysis of the action plan content demonstrates that items under the heading ‘New Initiatives’ were largely recently commenced activities, as opposed to actions triggered by the joint policy development process. The interview data supported this analysis.

Megan: I wondered if you saw the strategy influencing policy and direction within policing at all?
Interviewee: No. No. No
(operational police member 2009, interview, 27 May)

Really, I mean genuinely, the real things that we’ve done have probably been to keep going with our dual diagnosis training. That’s our accredited training program. Every year, it threatens to fall over, but we really fight to keep it going. And then the only other genuine thing we’ve done is ensure that we [continue to] have a structured process of ensuring...as part of our orientation that all of our staff do Applied Suicide Intervention Skills Training. The other things have really been at the very pointy end again, some very specific protocol work being developed between our clinical service and mental health's clinical service.

(Alcohol and Other Drugs Branch member 2010, interview 15 July)
This distinction was, however, muddy. The coordinator (2009, pers. comm., 9 July) was adamant that in three instances the origin of the action items was triggered by the whole of government process. These were incorporating mental health and suicide prevention training within the actions of the Sport and Recreation Division and the NT Families and Children Services Branch as well as an initiative from the education department to encourage all schools to develop critical incident and response to self-harm plans. The interview data do not support the coordinator’s claims: not a single participant interviewed stated that the whole of government process and resultant action plan influenced the activities of their agency.

Really [developing the action plan] was breezy, it was nice simple, doesn’t have a big impact on our workload or our business, doesn’t change any of our values, so it has had nil impact from both ends, during the [development] phase and after the action plan was developed.

(sport and recreation committee proxy 2009, interview, 2 June)

The coordinator suggested action items for the police and justice departments (2008, committee meeting, 29 April). These were in red text in the various drafts of the action plan. The Department of Justice incorporated three out of five of these suggestions unchanged: (1) suicide minimisations design principles to be incorporated into the design of the new correctional facilities, (2) training for prison staff and community corrections in suicide prevention and mental health first aid and (3) a commitment to regularly review at risk procedures in correctional settings.

When interviewing the senior justice department committee member I uncovered that her department was indeed currently undertaking an internal review of suicide and self harm although she was unsure of the reasons why this was initiated. Despite approaching the Department of Justice employees responsible for this review I was unable to ascertain the impetus for it. The coordinator’s suggestion for the justice department to include projects that target risk and protective factors for people in custody and/or on parole or probation was altered to reference a peer support program designed for prisoners. Despite the coordinator’s recommendation that the police and justice departments provide details of diversionary projects this did not occur.

6.1.2.4 Australian Government commitments

The Australian Government departments’ contributions were treated differently to the NT Government agencies. Australian Government representatives explained that this was because the NT and Australian Governments were separate entities and the action plan was a NT Government document. The Australian Government Department of Health and Ageing (DoHA) provided the details of the five NT
organisations funded by the NSPS. I noted previously (Section 6.1.1) that there was no indication about how much funding these organisations received. Additionally, the NSPS funding round that financed these programs expired on 30 June 2009, three months after the action plan was launched. This meant that the listed projects were all near completion and obsolete for much of the duration of the action plan. Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) did not provide a contribution to the action plan.

It is notable that DoHA’s contribution, on the advice of the chair (2008, committee meeting, 18 August), did not contain the details of the social and emotional wellbeing items from their Office of Aboriginal and Torres Strait Island Health. In the committee meeting the chair explained that the NT Mental Health Branch had included only its programs that specifically related to suicide prevention and not all its mental health promotion activities. She advised DoHA to do likewise. The criteria for other agencies, where suicide prevention was not a significant element in the work of the agency, were different to the advice offered to DoHA. These other agencies were given broader scope about the types of items that should be included.

Another notable omission, that became apparent through my interviews, was a NT specific FaHCSIA program called Youth in Communities. The program aimed to deliver a comprehensive youth strategy targeting youth at risk of suicide or intentional self-harm, alcohol and other drug use and (re)entering the criminal justice system through engagement, diversion and improved services for youth. Run in remote aboriginal communities, it was spawned (at least partly) out of the other, unmentioned, concurrent cross-government committee on suicide prevention in the NT (concurrent committee chair 2010, interview, 6 October), discussed in Section 5.5.3. The value of Youth in Communities initiatives that began in 2009 (the same starting year as the action plan) was over $25 million (FaHCSIA 2011), an amount many magnitudes greater that the $330,000 that the NT health department allocated to suicide prevention at the launch of the action plan.

6.2 The launch

Vignette 6.1 The launch, Alice Springs, 24 March 2009

The Andy McNeil Room of the Alice Springs Town Council is set up like a school hall waiting for assembly. A lectern is out front on a small stage framed by two banners. One has the crisp blue branding of the health department and proclaims ‘Our health and family services are too broad to squeeze into this banner’. The other
has an Indigenous lady with a smile chock-full of brilliant white teeth. The banner’s text reports on the superior lifestyle and geography of the Territory, with a health service available when needed. Chairs in the room are arranged in six orderly rows of ten. Malamndiri McCarthy, the Minister for Children and Families, chose Alice Springs for the launch of the action plan to coincide with a Community Cabinet meeting held in the town today. It is Tuesday and the launch is set to start at 1:30pm.

Six young Indigenous men from a Santa Teresa rock band stand around their drum kit. The lead signer and acoustic guitar player wears a heavily studded belt, torn jeans, cap and dark sunglasses. He takes the microphone and a muffled ‘Testing, Testing’ is amplified through the room. Another band member, in a slightly grimy t-shirt and tracksuit pants thumps out a rhythm on the drums. Behind the drum kit is a white screen from where a feather from the head-dress or painted face of an Indigenous dancer occasionally emerges. The coordinator, chair and a policy officer from the NT Mental Health Branch are in a group near the door. With the backdrop of the drumming, an air of nervous anticipation exudes from their small group.

Through the door people are entering for the event. There are individuals in office attire, women with babies, Indigenous and non-Indigenous people, police officers in uniform, casually dressed members of the community and government employees with name tags affixed to their breast. The lead agency is expecting no more than 60 people from the RSVPs but the flow from the street continues. The room fills so considerably that some people choose to stand at the back of the room. The coordinator and policy officer hurriedly put out some more chairs.

The starting time of the event passes but the minister has not arrived. The coordinator calls the minister’s keeper’s mobile just as the minister and her small entourage walk into the room. After the minister greets some in the front row the coordinator takes to the lectern as master of ceremonies and the event begins.

Against the clattering of cups from the kitchen at the back of the room, the coordinator acknowledges the traditional owners of the land and then speaks briefly about how suicide affects us all. She says she is overwhelmed by the response to today’s event and acknowledges the attendance of David Ashbridge (Chief Executive Officer (CEO) from the NT Department of Health); the Lord Mayor and Deputy Lord Mayor of Alice Springs; Jenny Cleary (Executive Director of Health Services Division, the division of the health department within which the Mental Health Branch sits) and the Director of NT Mental Health Branch (the chair). She then invites an Indigenous dance group to perform.
A group of women, each with a vertical white feather attached to a headband and white painted lines stretching from their collar bones to the beginning of their strapless black tops, arrange themselves on the stage and begin to talk amongst themselves in their language. Ultimately one woman announces that items must be moved to make room for the performance. The lectern and microphones are duly moved and the women dance.

Next the chair addresses the audience and informs them that many people who suicide are not known to the NT Mental Health Branch. She, while discussing risk factors, makes the point that suicide is beyond the remit of the NT Mental Health Branch and beyond the responsibilities of the health department. Three times in a short address she says either ‘we can all make a difference’ or ‘together we can make a difference’. She informs the audience that the aim is to halve the NT rate of suicide over the next 10 years, but this will require a whole of government and whole of community effort. She then thanks her own boss (the Executive Director of Health Services) and then the coordinator for her hard work.

The following address is by Felix Myer. A man of about 30, he has a mop of curly brown hair. He is dressed with colourful mismatched socks, shirt and shorts. He is instantly likable. He personifies his sadness as he speaks, without hyperbole and with a gentle sincerity, about the effect of his brother’s suicide on his life. As he speaks the Indigenous dancers leave the room. My tears stream. I am not alone in being moved by his words even the minister must recompose herself as she prepares to speak next.

On a table beside the lectern pamphlets about local initiatives (Applied Suicide Intervention Skills Training, Safetalk, Mental Health Carers) are in plain stacks. On the adjoining table three copies of the action plan are propped up on display with others decoratively fanned out. The minister speaks personally to Felix thanking him for sharing his story. She then goes on to eloquently read a speech that the coordinator has prepared. The speech details how there is no easy answer to suicide but rather there are a range of risk factors such as alcohol and other drugs, unemployment, abuse, legal and mental health issues. She says that the action plan has translated the framework into ‘measurable actions’. It is about improving partnerships and core activities within departments. She announces $330,000 worth of funding for new initiatives over the next 18 months and briefly details how it will be spent. The contribution of Marion Scrymgour (the minister who allocated the initial seed funding for this whole of government approach) is acknowledged noting her connections to the Tiwi Islands and their effort to address suicide.
The minister then stops reading. She moves from the official to the personal, folding her arms on the lectern and leaning forward to the audience. She speaks about making time for each other, even how she and her colleagues in parliament need to make time for each other. She thanks the coordinator for her work.

The coordinator takes the stage for the last time. She says the whole of government approach has been a labour of love for her for a number of reasons although she does not share the reasons. She thanks the audience for making suicide their business. On closing she invites people to grab something to eat and drink and listen to the band.

The band begins to play. The volume is that of a rock concert in a small room. People smile awkwardly at each other and then they begin to exit the room en mass, with the front few rows leaving first. The NT health department CEO covers his ears and pretends to thrash his head against his hands. The coordinator turns to the woman near her and raises her up-turned palms and shoulders in disbelief. Repeated efforts are made to quieten the noise (at the conclusion of a song the policy officer invites them for a drink or something to eat and later directly asks them to lower the volume). But the band does not stop playing and the volume remains loud. Although scheduled for two hours the launch is over in half an hour.

After the event there are two main topics of conversation amongst those from the lead agency: the turnout and the band. The coordinator and her colleague estimate the number of attendees and ultimately it is reported that over 100 people attended.

The coordinator accepts an invitation from the NT health department CEO and the Executive Director of Health Services to go for a celebratory drink. This afternoon she also gives two radio interviews. The chair, policy officer and I take a taxi to the airport. En route the chair says to the policy officer, ‘We need to try and proof our acts better.’ The policy officer replies that the demo CD sounded much softer.

This launch was striking because the salience of suicide prevention and the human element of the issue were palpable - a stark contrast to the graphs on PowerPoint slides and tête-à-têtes about departmental activities. It was a community event with many sections of society represented - police, mothers, Indigenous people and professionals. The speakers, with personal anecdotes, identified themselves as individuals from that community. The launch was a juncture between the public health problem of suicide and the bureaucratic process of policy development.
I think [the launch] personalised [suicide]. It was made very real by - there was a young man who spoke, [Felix]...And I would've just loved to have been there... It just marries up the policy with the reality, brings it to life. It just personalises it... I think they did, from what I gather, they did a fantastic job.

(senior committee member 2009, interview, 30 April)

The launch and the committee meeting held four months later had a celebratory mood. At the committee meeting (2009, 14 July) the launch was described as ‘fantastic’ (apart from the band that cleared the room) and one of the best launches the minister’s office had attended. The turnout was repeatedly mentioned and the coordinator said it was ‘two-to-a-chair’. The chair was apologetic to the representatives about the minister’s decision to hold the launch in Alice Springs, one and a half thousand kilometres away from Darwin where the bulk of the committee members lived.

6.3 Perceptions of the action plan

In this section I explore the representatives’ knowledge of the action plan as well as their different perceptions of the plan including the praise and criticism it attracted and its instrumental and symbolic purposes.

6.3.1 Lack of familiarity

My interviews with the committee representatives revealed a general lack of familiarity with the action plan. Aside from the coordinator, no one spoke about the content in detail and some statements of the interviewees were incorrect. One senior committee member said the document reflected what was required but the action plan actually itemised existing activities rather than identifying areas of need. An Australian Government representative told me that the action plan enabled a reader to determine the amount of funding coming from different sources, however there were no funding amounts detailed in the plan. One senior member, when asked about the impact of the action plan, expressed doubt about whether it contained actions from his division when he said ‘...if there are actions attributable to us...’. Others made comments like ‘Sorry, I’d have to refresh my memory’ and ‘I’d need to quickly read the executive summary’. Even the chair, when I asked for examples of what she described as ‘concrete actions’ from the action plan, listed mental health training and a mental health initiative in schools but then she hesitated and said she was trying the think but could not remember.

This lack of familiarity may be indicative of the lack of impact representatives felt the action plan made within their agency as there was no imperative to be familiar with a document that had no impact. Two senior committee members had never seen a
copy of the action plan until I took one with me to the interview. On these occasions I stepped from my role of being a non-participant observer to informing the coordinator so she could send them a copy. One possibility is that the representatives’ patchy knowledge could have been due to attempts to conceal from me the lack of new activities within the action plan. However, given how candid my interviewees were generally - for example being explicit that the action plan made no impact in their agency - I believe that there was a genuine lack of familiarity with the content of the action plan.

Two NT executive directors I cold-called had no knowledge of the whole of government approach to suicide prevention or the action plan despite their divisions participating in the committee. Employees from three different agencies were surprised at the commitments listed for their agency in the action plan. I was informed about this situation by committee representatives (Alcohol and Other Drugs Branch member 2010, interview, 15 July; Sport and Recreation Division proxy 2009, committee meeting, 14 July) as well as by an executive director I cold-called. The executive director was startled to see his agency’s commitments when the action plan landed on his desk. He informed me that approval of the action plan had not been discussed at the CEO/executive director level within his department.

The participants’ lack of knowledge about the action plan I believe is indicative of the relative lack of investment of time and energy that the participants contributed to its development and the instructive role of the coordinator; representatives did not need to engage deeply to develop the action plan because the coordinator did the bulk of the work.

6.3.2 Positive perceptions
An interesting paradox was that beyond the lack of new action and the lack of familiarity with the action plan’s content there was an underlying feeling of pride at finalising the document. The senior member who needed to refresh her memory about the action plan felt a sense of achievement in having generated something of value. Another senior member felt developing it was something good. Both she and the coordinator judged that the committee liked the action plan. The senior DoHA member thought the action plan was a great initiative and she reported that her interstate colleagues thought it was exciting when they saw it. Her proxy also expressed satisfaction at having finalised the action plan. The coordinator publicised the development of the document at a national mental health conference (O’Regan 2009) and she reported back to me that people really liked what the NT was doing including having a variety of hand picked health agencies and the fact that it was
‘action based’ thereby generating an accountability framework for each agency (2009, pers. comm., 20 May). The chair saw the action plan as an achievement for a similar reason.

For something to have any impact really it does need to get down to an actual doing thing rather than just describing what might be helpful in terms of an overarching framework. In that sense I think... [the action plan's] become more concrete and people may be getting a view about how you can actually achieve something through activities. I think that [compared to the 2003 Strategic Framework for Suicide Prevention] it's improved on that.

(committee chair 2010, interview, 6 August)

6.3.3 Critique

Although dissent was limited, pride was not felt universally. For example, there was the senior member’s disdain at the vague language (Section 6.1.1). Another senior member - who never attended a meeting - said that she valued activity and action and the action plan gave no sense of what was emerging. Moreover, she felt it was not being communicated through appropriate channels. Her litmus test for the quality of a policy document was seeing if a reader could determine if the items could have been used to address a specific suicide. She used this test in the interview: she read an action item from the action plan and tried to identify if the activity would have helped the girl whose death was the subject of the coronial investigation (Section 5.5.3). The action plan failed the litmus test because she was unable to identify if the action item was being delivered in the remote community where the girl lived.

I do not believe the development of the action plan was a deliberate ploy on the part of the lead agency to mask the lack of new action in the suicide prevention realm. (Indeed, as I discuss in Section 6.3.5.2, I believe their objective was to demonstrate existing and diverse suicide prevention activities). However, another reproving perception, expressed by a member, was that the action plan was a substitute for action.

[The strategic objective of this whole of government strategy was for] people to think that they’ve done something. Primarily, a politician. To potentially look at, and this is where it gets lofty in my view, where you might be looking at better resource allocation or better use of existing resources, and hopefully to prevent duplication, but I didn’t see a lot of that.

(non-senior committee member 2009, interview, 9 June)

No senior bureaucrats said that the action plan was a substitute for action. Again, my interview data leads me to believe that this was not because of any cover-up but rather was due to their greater familiarity with the meanings ministers and other senior bureaucrats attribute to joint policy documents, something I explore in Section 6.3.5.
The question that needs to be unpacked, given the lack of familiarity with the document and the lack of novel action it contained, is why was there generally pride attached to the action plan? From the perspective of the committee, what purposes did the action plan serve? In the following two sections I examine the action plan as an instrument for strategic planning and coordination (Section 6.3.4) and then as a symbol (Section 6.3.5).

### 6.3.4 Strategic planning and coordination

A classical instrumental perspective on policy describes it as a plan to steer direction of investment and action (Cheung, Mirzaei & Leeder 2010, p. 406). The perceived objectives of the action plan included this classical perspective.

[The action plan] does guide resources...[it] does draw resources to it and guides the development of resources, placement of resources.

(expert committee member 2009, interview, 14 May)

The action plan also provided baseline or a snapshot of the current suicide prevention activities. In interviews representatives explained that this would be valuable for government decision makers for the further development of the activities and for creative ideas to spawn. Strategic planning between the NT and Australian Governments was also a perceived use.

[The action plan] assists in forward planning around those very serious issues. You have to have some sort of plan before you can even start to look at government policy. In that sense...[the Australian Government]...need[s] input from the states to find out what the issues are in all the states to then develop their policy. It helps to have things like that action plan so they can gauge what the issues are in the states and territories.

(Aust. Govt non-senior committee member 2009, interview, 23 June)

The action plan, by sharing pertinent information, was thought by some to assist with service provision by the government and the NGO sectors. The action items were thought to facilitate the coordination of actions within the member agencies including identifying opportunities for working together. Indeed, this was how the minister promoted the action plan in the media at the time of its launch.

What [the action plan is] there to do is to obviously give those people who work with youth and with those who are at risk of suicide to have something that they can go to in terms of a tool or a procedure where they know what steps they can take in terms of looking for support.

(Minister McCarthy cited in ABC News Online 2009)

It’s getting the processes in place for the other agencies and support services to come in. So it’s really just to get that working now. It would be too early to tell whether this plan’s going to actually achieve that and get the agencies working together in respect to that. Sharing the information and knowledge is really quite important. They just can’t operate in isolation.

(senior committee member 2009, interview, 27 May)
I think that that’s the importance of it, it is sort of capturing information that other local service providers can use because it’s a policy action plan but it’s got some useful pointers in there about what you can do, as well.  

(senior committee member 2009, interview, 11 August)

Although there was a perception that the action plan was developed to facilitate decisions related to strategic planning and coordinated service delivery, I dispute that it could be an effective tool for these purposes. Firstly, the action plan was an incomplete assemblage of the suicide prevention activities within the NT (Section 6.1.2). Furthermore, its content lacked the details of timeframes, funding arrangements and sometimes even localities to facilitate decision making. The ambiguity of its content was increased by the use of vague language. Finally, the action plan did not illuminate the areas of need for future planning of suicide prevention activities. For these reasons it is unlikely that the action plan was a useful tool in decision-making for bureaucrats and NGO service providers.

6.3.5 Expressive of beliefs and values

In this section, I argue that the action plan, instead of being an instrumental, goal-orientated statement, held meaning. The action plan, when considered as a symbol, represented two beliefs: suicide is a joint responsibility and an issue worthy of political attention.

6.3.5.1 Increase the profile of suicide

The action plan was identified by representatives as a call to increase the political profile of suicide prevention. This reflects the origin of this initiative: it stemmed from within the bureaucracy rather than a government directive in a context where suicide and its prevention were not high political priorities (Chapter 4).

The belief that the profile of suicide should be increased was targeted at three audiences: NT politicians, the public and NT bureaucrats. A number of, mainly senior, representatives stated that the public nature of the action plan was important for informing the public and influencing the politicians. Increased public concern and political awareness could translate into elevating suicide as a political priority.

Government has articulated its commitment. They have signed up to it. It's a public document. They have espoused it in parliament. It's got a number of key directions. It gives a basis for what they're doing both politically and also in a policy sense. And it's a basis on evidence... [My agency] link[s] everything back to those key policy directions and we continually remind government that this is actually what you signed up to. This is a key direction...so it just enables them to put a context around it and it's also a good leverage factor, particularly when these things are public documents and they've already made a very public commitment.

(senior committee member 2009, interview, 30 April)
So it’s really to bring [suicide] on the front foot and get that awareness and coordination because it is an issue. Suicide, in the main, isn’t reported in the media. Police don’t report it and the media doesn’t publish it, with mutual understandings for not bringing attention to it. So it’s not really in the public eye and generally to get things done in government, it really needs to be in the public eye and linked to outcomes where politicians look at the bottom line and the old, what’s in it for me.

(senior committee member 2009, interview, 27 May)

For the coordinator the establishment of the committee and production of the action plan was akin to what March and Olsen (1979, p. 195) described as an ‘administrative test of will’. The action plan demonstrated the commitment of NT Mental Health Branch and the member agencies to the issue of suicide prevention which was hoped to establish the importance of suicide as a political problem. This was for the consumption of senior bureaucrats and Members of the Legislative Assembly.

Raising awareness of suicide among bureaucrats and politicians was also important for securing additional funding.

I mean there’s dozens of action plans and strategies and project plans produced every day in government and very few of them get funded. The only way to get them funded is to make sure that they operate in the context of how government’s thinking... I think things like [the 2003 Strategic Framework] should be updated... [It] maintains currency in other people’s minds...unless it’s kind of in your face and being updated and there’s someone running around pushing it, you do forget.

(non-senior committee member 2011, interview, 22 March)

Using the action plan to elevate suicide as a political priority and gain funding was known as leverage.

I mean, it is astounding really given the high [suicide] rate that [suicide prevention] doesn’t have more resources attached to it, more recognition that we need to do something about it. But hopefully this process will be part of improving that recognition at the more senior level.

(committee chair 2010, interview, 6 August)

I’d like to see a lot of really good substantial youth initiatives fall out of the [action plan]...and the [action plan] used as a platform within government to generate some funding. So put your money where your mouth is, and let’s build on it. We’ve got a platform now, let’s utilise that.

(Office of Youth Affairs committee member 2009, interview, 30 April)

Strategic aim is to raise awareness...and get a holistic support behind - everybody goes, yeah, we’ve been a part of this. Instead of saying health has driven this and it’s a health initiative, well, you can turn around and say we’ve all put in for this, we’re all behind it and hopefully get some funding to...get something up... I mean it always go[es] back to funding. The strategy’s out but it’s always a strategy to get funding, or an agency or something like that. That’s the benefit of having whole of government support.

(non-senior committee member 2009, interview, 10 July)
Conversely, an expert member did not support the belief that the action plan helped to position suicide as a significant issue in the NT.

[The action plan is] more a grab bag of ideas that people can live with that are safe, that are sanitised for the minister's needs... [The action plan does not] say look suicide is a really significant issue in the Territory and we recognise that in fact major contributors are alcohol, drugs, housing and all the risk factors.

(expert committee member 2009, interview, 23 April)

His perspective may be indicative of his lack of awareness about how meanings are communicated between government departments and the Legislative Assembly. Alternatively, it may reflect his perception of the administrative shortcomings of the process including the general lack of promotion of the action plan that I cover in the next chapter.

Yanow (1996, p. 22) noted that a policy can be 'a claim for [the government's] attention' and also possibly for a material response. The action plan, when considered as a claim for attention, did get a response: the minister signed off on it and endorsed a public launch and the health department reallocated some funds for suicide prevention (Section 5.7.4). This response, while arguably inadequate for the extent of the problem in the NT, validated the legitimacy of the claim. The action plan can be understood as part of the 'cycle of value inculcation and status validation' (Yanow 1996, p. 23).

6.3.5.2 Reframing the action items

The action items, by being compiled in the action plan, were divorced from their original context and form (the member agency's core business, action related to another policy) and their meaning was recreated - they became legitimate suicide prevention activities. This change in the meaning of the action items is reframing. By example, the Memorandum of Understanding between police and Mental Health Branch was transformed from being a response to changes in legislation to being action to prevent suicide and the employment of school counsellors, standard members of staff in Australian schools, was reframed as a suicide prevention initiative. The action plan made government activity from the member departments visible in the realm of suicide prevention. These activities may have been unnoticed without the action plan.

(In) the end it becomes a document that is promoting government work and just amplifying what we’re doing and its connectedness to the issue. [People] in government are actually really good at amplifying their work and saying it’s important and saying that we’re doing something about it. It doesn’t actually mean things on the ground are changing... There could be some cynicism about that. But no, all of this stuff was happening. That’s
good, but a lot of it was sort of happening and then, because we had to put it in this package, then I suppose it gave it another place to be noticed.

(non-senior committee member 2009, interview, 5 June)

[The action plan] is actually informing government of policy. Our politicians supported the development of something like this, but they didn’t have a clear picture in their minds and we gave them the picture.

(senior committee member 2009, interview, 11 August)

Representatives spoke about the reframing of the action items in terms of talking-up the effort around suicide prevention, quantifying and capturing it and putting a focus on it.

The action plan was understood by members, but not the proxies, in terms of the accountability framework, namely agencies’ reporting obligations. The annual reporting on the action plan for senior members was a mechanism to ensure that all agencies were accountable for their commitments. For the lead agency the annual reporting component of the action plan was a significant element for reinforcing the understanding that the member agencies have a role in suicide prevention, particularly in cases of staff turnover. The chair and the coordinator believed that the reporting process had the potential to contribute to the reframing of the member departments’ perceptions of their own departmental activities. Moreover, from the lead agency’s perspective, implementing those commitments, irrespective of their origin, secured a contribution to suicide prevention from all agencies. The fact that proxies did not identify accountability as a purpose of the action plan may be indicative of a programmatic focus compared to the agency wide perspective of the senior members.

Reframing was important for promoting the joint responsibility paradigm because it highlighted the agencies’ contributions to suicide prevention. The reporting process (along with participation in the committee) was an opportunity to secure and maintain member agencies’ buy-in on the issue of suicide.

The coordinator’s perspective on accountability, also expressed by the Darwin clinical expert, went beyond renewing buy-in to being able to influence its translation.

[Because] you’ve got [the action plan] there that says you’re part of this, we're part of this...it gives you a little bit more push with other departments to say you're signed up to this plan too and in this plan said that we're going to improve training between you and us and you're going to do this, or you're going to do that, so we need you to come to the party on it because it's [a] commitment that's there [that] your department has committed to it.

(coordinator 2010, interview, 17 August)
An instrumental approach to the content of the action plan associates the unaltered action items with an unchanged status quo. Conversely, Espeland (1993) argued that meaning is intimately linked to form. The action plan was evidence that suicide prevention activities were happening outside of the Mental Health Branch. It translated, demonstrated by the action items from multiple agencies and planned subsequent reports, the belief that suicide prevention was an interdepartmental concern into something tangible. Texts can be ‘repositories of interests [and provide]…a vehicle for preserving and sustaining an idea over time’ (Espeland 1993, p. 315). I claim the action plan and its associated reporting process did this.

Although not generally made explicit in the interviews from this initiative, an experienced suicide prevention evaluator and advisor - not related to this whole of government initiative - clearly linked the development of similar policy documents with bolstering the joint responsibility paradigm in the suicide policy domain.

I think [departments agreeing to continue to do what they are doing]...just helps to cement that mindset that there are a whole range of activities that may be useful in suicide prevention. Maybe it doesn’t always require whole new initiatives to be started particularly because individual sectors have particular expertise and are quite good at doing what they do. So tailoring things a bit more, maybe, might be the way to go, not trying to create whole new multi-sector initiatives.

(suicide prevention evaluator and advisor 2009, interview, 10 March)

The perception that the action plan reframes the departments’ activities and could strategically position suicide as a political priority provides two examples of the symbolic nature of the action plan. The action plan was expressive of two beliefs: (1) that suicide was a problem worthy of political attention and (2) responsibility and concern for it spanned across the government agencies. The barely-able-to-be-recalled content was of secondary importance to the beliefs and values that the action plan represented.

[The action plan] gives me something to wave about, you know, and sort of use the words loosely, it's sort of an evidence base, or something to base our future activities on in relation to this.

(senior committee member 2009, interview, 11 August)

Waving a flag communicates the team the waver supports. So too this action plan, when waved about, represented the waver's belief in a set of values and beliefs. It stood as a concrete reference to abstract values and beliefs and, in Yanow's (1993, p. 47) words, was a 'shorthand way of communicating' them. There was no need to open the document or to know its content intimately because it was the *prima facie* existence of the document that mattered.
Tension was evident between those who accepted (and valued) the symbolic nature of the action plan and those who felt it was an empty document.

In a way [action plans such as this] can be construed by some agencies, particularly the non-government sector as toothless tiger, it's just words, it's just rhetoric, it doesn't actually mean anything. Where’s the change, how is this going to make a difference? So that's a hard sell at times. It can be a wee frustrating. But as I said, if you’ve got a point of reference and you can use it to go back to budget Cabinet to say we’ve identified this as a key issue, a key action, a key strategy backed up by evidence. You now need X number of dollars to implement a tangible initiative under this. It's not ideal, but as I said, that's the reality that we’re working within.

(senior committee member 2009, interview 30 April)

Part of the reality of the bureaucracy is that legitimacy, common paradigms and political profile are important factors for getting the job done. Symbols can be used to communicate these abstract notions.

6.4 Discussion

The action plan was a policy document from the NT Mental Health Branch however it was put forward as a whole of government output. Inputs from the NT Government member agencies and Australian Government DoHA were evident. Indeed action items were grouped not just under the paired action areas but also under the headings of the different NT Government departments. The action plan captured largely unaltered activities of these departments but in doing so reframed them as suicide prevention initiatives. It was not, however, perceived to impact on the actions of the member agencies, aside from the annual reporting requirements. The activities in the action plan were described vaguely and pertinent details were omitted. Despite the little known and lacklustre content, the action plan was lauded; criticism was the exception. It was launched with pride and ceremony at an event that was well attended and well regarded amongst the bureaucrats.

In this chapter, I argued that the pride stemmed from a perception that the action plan encapsulated respected beliefs and values. Government activities related to suicide prevention were squirreled away in numerous departments but the action plan assembled them, established them as suicide prevention initiatives (even if their origin was unrelated to suicide prevention) and laid them out to be acknowledged and applauded. Thus the action plan demonstrated the NT Government’s multi-sector action on suicide prevention. Additionally, the presence of the action plan enshrined suicide as a problem worthy of political attention. I identify two ways that this occurred: (1) the action plan as a claim for the government’s attention was validated (Section 6.3.5.1) and (2) the action plan
demonstrated a commitment from a range of government agencies: it was no longer just the Mental Health Branch that said suicide was important. The action plan indicated that concern about suicide was felt by all the member agencies. A government can only address a finite number of issues at any one time and any indicator of widespread concern may act as leverage in the jostle for political priority and resources.

Just like my description of the committee's processes in the previous chapter, the formal representation of the action plan - a joint policy focused on planning action - was decoupled from the findings of my analysis presented in this chapter. March and Olsen (1979) described academic policy in American universities. They cautioned that ‘policy’ is a misleading term because rather than being derived from collective decision-making the academic policy was determined within individual departments.

Academic “policy” is the accretion of hundreds of largely autonomous actions taken for different reasons at different times, under different conditions, by different people in the college. This collection of actions is periodically codified into what is presented as an educational program by the college catalog or a student or faculty handbook.

(March & Olsen 1979, p. 186)

March and Olsen (1979) found that the policy was not useful in decision-making. One reason for this, identical to the member’s litmus test (Section 6.3.3), was that the content made no connection to any decisions that anyone might be called upon to make. My assessment of the action plan is similar to this description of academic policy: it was an accretion of unintegrated and largely unaltered departmental activities and was not the result of collective decision-making. It, too, was unlikely to be useful in decision-making for bureaucrats or service providers.

The content of the action plan is another example of decoupling. The education member was the only representative to assign her department’s commitments to the areas of suicide prevention priority - the action areas. Although the NT’s action areas demonstrate alignment with the national policy and acknowledge the unique context of the NT (Section 5.5), they appear to have had little, if any, impact on the contributions of the member agencies. The content of the action plan was largely driven by the agencies’ pre-existing activities and not the identified strategic priorities. While all NT Government agency commitments in the action plan were categorised under the strategic action areas I contend that this was purely an administrative task that had little, if any, bearing on the content of the action plan.
6.4.1 Joint responsibility paradigm

The ‘work of any bureaucracy consists of constructing a documentary basis for action’ (Espeland 1993, p. 314). A perceived purpose of the action plan was to act as a platform to enable the politicians to take action on suicide prevention.

“[Documents] demonstrate the power associated with form, how defining procedure can determine where attention will be focused, what will be noticed, what can be talked about and how.”

(Espeland 1993, p. 315)

Not only did the action plan seek to plead that suicide was a political problem but the action plan defined ‘how’ it should be spoken about. It sensitised (Weick 1976, p. 2) viewers to the perspective that suicide was a concern to agencies outside of the health department. I believe a purpose of the action plan was to represent, maintain and sustain this joint responsibility paradigm. The Head of Planning for Royal Dutch Shell said:

“...the real purpose of effective planning is not to make plans but to change the...mental models that...decision makers carry in their heads.”

(cited in Mintzberg 1994a, p. 113)

Any increase in the profile of suicide was not generic but rather the ‘mental model’ or the ‘picture’ (senior committee member 2009, interview, 11 August) presented was one of suicide as a whole of government concern. Thus the action plan contributed to the contemporary value and belief, the paradigm of suicide prevention being beyond the remit of the health department. The action plan communicated a desired strategic direction. It sought to gain support of politicians as well as member agencies for the paradigm.

Plans, according to Mintzberg (1994a), not only communicate but they can also control. Smith (1984) argued that power within bureaucracies can be enacted and mediated textually and similarly, Espeland (1993) points to how text can legitimate power. The action plan may have been an attempt to exert power. The coordinator felt that the action plan legitimated her power to influence the activities of the member departments. Similarly, the action plan and its proposed annual reports obligated the member department to account for their activities in the realm of suicide prevention, something that had not occurred previously.

The notion of sustaining the paradigm is useful to explain how the 2003 Northern Territory Strategic Framework for Suicide Prevention was described at one meeting as outdated (2007, committee meeting, 13 March) and then at another moment there was fear that it should be redundant if its action areas were not retained (Section 5.5.1). I contend that the need was not so much to update the strategic
framework but to ensure there was a fresh document that could command attention to the issue of suicide and sustain the idea that suicide prevention was a whole of government concern.

Underling the promotion of the paradigm was the base desire of actors in agencies to seek larger budgets (Scott 1987, p. 508). This action plan tangibly represented the alignment of the NT approach to suicide prevention with that of the major funding body, the Australian Government. Moreover, in any increase in the political priority of suicide within the NT, it was hoped that the government would also open its coffers for suicide prevention initiatives.

6.4.2 Target Audiences

The committee’s formal objectives included providing leadership and a whole of government approach. There are no measurable outcomes for such objectives. Moreover, I have described the interconnectedness of suicide with other policy domains (Section 4.1.3) making causality of any changes in the suicide rate difficult to attribute to a particular intervention. March and Olsen (1979, p. 195) noted that although obeisance is paid to planning, an instrumental understanding of planning is infrequently found in organisations that work with ill-defined goals and in environments where the connections between action and consequences are unclear. These are the circumstances of this initiative. In such situations March and Olsen proposed that plans can send messages to the environment about what organisations are doing, be advertisements to attract investment and/or engage in ‘games’ such as the coordinator’s administrative test of will. All of these were identified purposes of the action plan. This multiplicity of meanings is further evidence that the action plan was a symbol. As such its meaning was interpreted differently by the various interviewees. Senior bureaucrats generally upheld the action plan’s development as a worthwhile initiative while some non-senior representatives and expert members and perhaps - as one committee member postulated - NGOs felt it was an empty document. For this reason, I believe that the action plan was primarily for the consumption of senior bureaucrats in the NT and Australian Government departments and, as I demonstrate in the following chapter, the NT Government ministers.

I have presented the perceived purposes of the action plan evident in the data. What this categorical approach conceals is the doubt and hesitation many interviewees demonstrated when asked about the value of the action plan and the strategic purposes behind the whole of government approach. It may be that many of these
responses were the interviewees *post factum* constructions to maintain face and explain, as required by my interview questions, an ill-understood document.

Another aspect of the interviewing process that has impacted on these data was my naïve and imprecise use of the phrase the ‘NT suicide prevention strategy’. With hindsight and a much better understanding of the plethora of terms used for government policy documents - policies, frameworks, strategies, action plans to name a few - I have tried, not always successfully, to untangle the interviewees' impressions of the whole of government process (strategy, as in an approach) from the action plan document (a paper strategy). The distinction was additionally tricky because the action plan was the sole output from the case study and for some was synonymous with the whole of government process.

In this chapter I have argued that the action plan, as with the committee, is best understood as a symbol rather than as an instrument for strategic planning and cross-government coordination. The contributions from multiple agencies were hoped to demonstrate cross-government commitment. It was hoped that this would communicate the need to prioritise suicide as a political priority in the NT and promote the joint responsibility paradigm. Symbols must be noticed in order to disseminate their meaning and the generally passive representatives, unsure about the strategic objectives of the plan, were unlikely to fuel the action plan with vigour. How this combination played out is described in the next chapter.
Chapter 7

Drawing the curtain
Chapter 7  Drawing the curtain

The launch of the *Northern Territory Suicide Prevention Action Plan 2009-2011* in March 2009 marked the transition into what the Suicide Prevention Coordinator (the coordinator) termed the monitoring and reporting phase. This phase ran until the action plan expired in December 2011. This chapter addresses the objectives, activities and events pertinent to the whole of government approach to suicide prevention during this phase (other significant developments relating more generally to suicide in the Northern Territory (NT) that occurred in this period are discussed in Chapter 8). The narrative demonstrates the continuing disjuncture between the formally stated objectives and the observed operation of the committee. It also highlights the tension between the instrumental and institutional perspectives; the representatives questioned the process using an instrumental perspective while the lead agency sought to maintain the symbols. I conclude by considering the target audiences of the symbols by examining the use of the symbols in three different contexts.

7.1 The scene

7.1.1 Difficulties of the phase

In interviews and in meetings of the Northern Territory Suicide Prevention Coordinating Committee (NTSPCC, the committee) the coordinator, chair and the senior Australian Government Department of Health and Ageing (DoHA) member correctly predicted that keeping commitment and involvement of the committee during the monitoring and reporting phase was going to be difficult. The lead agency was wary because, as it informed the committee (coordinator 2009, committee meeting, 17 March), the previous whole of government committee for suicide prevention disbanded just as the policy document was launched. The coordinator also explained to me that when a committee works towards something tangible, such as the action plan, then the focus is apparent, but in this new phase the objectives were less clear. The representatives, who previously understood their role in terms of compiling the action plan, had to re-orientate themselves to a new role now the action plan had been launched.

... it seemed to me that a lot of the things that [the committee] said [they would] do have been done and theoretically we don't have to do anything more.

(senior member 2010, interview, 15 July)
Moreover, the monitoring and reporting phase began two years after the formation of the committee thus the ongoing committee required long-term commitment by the representatives to the process.

7.1.2 Scoping the phase

The vignette below comes from the meeting just prior to the commencement of this phase when the final action plan was shared with the representatives for the first time. This meeting was the first meeting in seven months and had nine attendees, the smallest number in the life of the committee. The coordinator discussed the reporting responsibilities of the representatives now the action plan was finalised. The representatives took this opportunity to question their role in an ongoing committee.

Vignette 7.1 Scoping the monitoring and reporting phase, 17 March 2009

The coordinator declares to the representatives present that ‘commitments have been made’ in the action plan. It is a ‘public document’ and the committee is in charge to monitor the process to its end. After this she reassures the representatives that the commitments have been ‘left broad’ and agencies have three years to fulfil their commitments. While she is speaking the chair leaves the room to answer a mobile phone call. The coordinator continues. The committee’s Terms of Reference require the committee to meet four times per year. Despite this, the frequency now appears to be negotiable. The coordinator advocates for a ‘reasonable frequency’ of meetings because she feels otherwise people ‘lose touch with the process’ and suggests meeting three times per annum. The senior member from the Office of Youth Affairs, taking the initiative to speak on a different topic, suggests that the membership should be examined to increase participation. The chair, who has returned to the room, is uncharacteristically snappy, ‘What do you mean?’ The member, presumably judging on the level of attendance at this meeting, cites that there has been poor attendance. The chair replies with a synopsis on the extensive work the coordinator has done behind the scenes to secure and re-secure commitment from the agencies. Seeking to explain today’s poor attendance she then recounts the significant contribution of the education member (who is absent) to be minuted. She informs the committee about the establishment of a new representative from NT Families and Children (the child protection agency) who is also not present at the meeting. Taking a different tack, the non-senior Sport and Recreation proxy suggests that it might be timely to consider the scope and membership of the committee because they are moving into
an ‘operational phase’. The chair’s response is that the committee representatives must remain senior otherwise there is a risk of losing the ‘whole of department focus’.

At this point through the open door comes considerable noise from outside the meeting room. The chair and coordinator turn to the noise. The Darwin clinical expert leaves his seat, presumably to shut the door, which he does but he remains on the outside!

The senior police member suggests that the commitments of each agency should be pulled out so that agencies know what they are reporting against. He recommends that reporting could then be done electronically. The coordinator states curtly that this breakdown is in the action plan.

The question initially posed relates to meeting frequency but the senior Office of Indigenous Policy (OIP) member, attending her second meeting, takes the discussion in yet another direction. She cites her experience directing a coordinating branch and states that in her experience departments do not act in whole of government initiatives unless it is a priority for their Chief Executive Officer (CEO). The chair concurs and concludes this digression by talking about how the reporting process will work through the CEO to the Minister for Children and Families and that this path will ensure that any ‘issues’ are addressed before the report gets to the minister.

Returning to the original question of meeting frequency, the chair suggests meeting twice a year. The first would be a progress meeting to address any hurdles so that the committee does not reach the end of a year needing to develop a report to discover nothing has been done. The senior OIP member enquires on the role of the committee. The chair explains that the committee is to oversee the implementation of the action plan, keep things on track and identify if things are not happening as they should. The senior DoHA member adds that when suicide prevention is your core business - as it is for the coordinator, the chair and herself - then it is possible to stay on a strategic level, but others may easily ‘lose the threads’; particularly when staff turnover is added to the mix. This committee, she claims, is to remove the barriers.

The coordinator returns to her original argument stating, ‘we said we would [meet]’. referring to how the committee’s role is enshrined in the action plan. The coordinator voices concerns that ‘if we don’t meet, it won’t happen’, ‘it goes nowhere’ and ‘no one is behind it’. She then claims that the committee’s Terms of Reference, which she does not have at hand, make clear the role of the representatives.
The OIP member questions the role of her agency on the committee. She is clear with her role in whole of government approaches but because this is not an Indigenous-specific policy she queries if the appropriate representative would be a policy coordination person. Shortly after this she answers her mobile phone and remains in the room while she has the conversation.

In spite of the senior DoHA member's earlier comments, the Sport and Recreation proxy claimed that her division is special because suicide prevention is not a core business for the division. She goes on that only two directors are involved in her division's commitments and it is therefore easy to coordinate. The chair states that each agency can identify who is best to attend. The Sport and Recreation proxy concludes by saying that the directors concerned are currently not focused on the action plan.

For the third time the chair tries to direct discussion to the question of meeting frequency: two or three times per annum. No comments are made to resolve this issue. The coordinator states that the presence of DoHA on the committee enables representatives to learn about upcoming funding opportunities, raise ideas and provide feedback, an idea raised by the chair earlier in the meeting. The conversation has again strayed and the chair cuts in, 'Alright'. She declares that the next meeting will be in July and because no resolution has been found, the frequency of the meetings can be determined then.

The Darwin clinical expert, who has returned to the room, leads yet another divergence by discussing the input Darwin-based DoHA employees have within their Australian Government department head office in Canberra. He also asks about NT representation on the Australian Suicide Prevention Advisory Council. After a while the coordinator cuts him off to inform the group that the Australian Bureau of Statistics (ABS) suicide data will be released tomorrow. The chair moves onto the next agenda item.

Here is how the events were minuted:

All Departments and Agencies have confirmed their commitment to the [committee]. Members were asked to consider the ongoing purpose and role of the committee. The Action plan is a three year plan and the committee are responsible for monitoring its ongoing implementation and evaluation. Ongoing meeting times were discussed and members agreed that the committee would meet three times a year with a primary focus on the progress and outcomes of the action plan. Members agreed that meetings could also provide an opportunity for occasional information sessions on issues such as updated suicide statistics and, examples of current training programs such as the new SAFETalk program.

(NTSPCC 2009a)
Vignette 7.1 captures a moment of unusually persistent and vocal input from the committee. Without invitation a range of representatives questioned the need for an ongoing committee or sought a different committee composition. This contrasts with the position of the lead agency and the senior DoHA member that ardently supported maintaining the committee. The vignette illustrates different understandings of the objectives of this phase (discussed in section 7.2.2) and the process more generally (discussed in section 7.3). The excerpt from the committee’s minutes demonstrates how the lead agency used its power as secretariat to generate a presentable but altered record of events (discussed in section 7.4.3).

**7.1.3 Turnover of representatives**

There were only three meetings in the monitoring and reporting phase. At the first meeting of this phase no less than 40%\(^4\) of representatives were attending their first meeting. This flux continued. In the following two meetings the percentage of representatives attending for the first time remained high: 36% and 33% respectively (Table 7.1). Representatives largely disregarded the lead agency’s request to keep committee representation at the senior level: of the 12 representatives who attended a meeting for the first time in this phase only one was senior.

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\(^4\) Percentages are based on committee representatives only, they do not include me or an invited attendee from the meeting on 14 April 2010.
Table 7.1 Representative turnover: Number of meetings previously attended

<table>
<thead>
<tr>
<th>Member Agencies</th>
<th>Meeting Date</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14 July 2009</td>
<td>3 November 2009</td>
<td>14 April 2010</td>
</tr>
<tr>
<td>NT Government Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Branch</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>coordinator</td>
<td>9</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Policy Support Officer</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Health (other)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care Services</td>
<td>0*</td>
<td>Did not attend</td>
<td>Did not attend</td>
</tr>
<tr>
<td>Remote Health</td>
<td>1</td>
<td>Did not attend</td>
<td>Did not attend</td>
</tr>
<tr>
<td>Alcohol and Other Drugs</td>
<td>1</td>
<td>Did not attend</td>
<td>2</td>
</tr>
<tr>
<td>NT Families and Children</td>
<td>Did not attend</td>
<td>Did not attend</td>
<td>0</td>
</tr>
<tr>
<td>Office of Youth Affairs</td>
<td>0</td>
<td>0</td>
<td>Did not attend</td>
</tr>
<tr>
<td>Police</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Education</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Department of Justice</td>
<td>Did not attend</td>
<td>Did not attend</td>
<td>0</td>
</tr>
<tr>
<td>Sport and Recreation</td>
<td>1</td>
<td>0</td>
<td>Did not attend</td>
</tr>
<tr>
<td>Office of Indigenous Policy</td>
<td>Did not attend</td>
<td>Did not attend</td>
<td>Did not attend</td>
</tr>
<tr>
<td><strong>Australian Government</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior DoHA member</td>
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<td>Did not attend</td>
<td>Did not attend</td>
</tr>
<tr>
<td>DoHA_B</td>
<td>0</td>
<td>1</td>
<td>Did not attend</td>
</tr>
<tr>
<td>DoHA_C</td>
<td>Did not attend</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Families, Housing, Community Services and Indigenous Affairs</td>
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<td>2</td>
<td>Did not attend</td>
</tr>
<tr>
<td><strong>Expert</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Darwin clinical expert</td>
<td>5</td>
<td>6</td>
<td>Did not attend</td>
</tr>
<tr>
<td>Expert_B</td>
<td>5</td>
<td>Did not attend</td>
<td>Did not attend</td>
</tr>
</tbody>
</table>

Zero denotes a person attending for the first time. The only new senior representative is marked with an asterisk (*).

Most agencies sent only one representative to each meeting and thus rows denote representatives from that agency but not necessarily the same individual.

The exceptions to this are shown in italics: NT Mental Health Branch and Australian Government DoHA and expert members. In these cases rows denote an individual.
Table 7.1 documents a revolving door of representatives during this phase of the committee with three notable exceptions: the representatives from the lead agency, the committed senior DoHA member and the experts. Every agency, with the exception of Alcohol and Other Drugs, had at least one representative attend for the first time. Indeed, DoHA and the Office of Youth Affairs each had two first timers attend in this phase. The lack of turnover among the experts may be because they attended as individuals and not representatives, thereby eliminating the possibility of delegation. Additionally, both experts listed in Table 7.1 indicated in their interviews that they had a personal interest in suicide prevention which fuelled their continued interest in this process.

The NT Mental Health Branch sent a dedicated minute taker (the Policy Support Officer) for the first time in this phase, relieving the coordinator of one of her responsibilities. Previous representatives from the agencies of education, acute care services and DoHA moved onto new positions. However, largely turnover was due to delegation.

Despite the flux, the coordinator was not readily informed about membership changes.

> Generally every now and then I would... especially at the end of the year or something - send something out to people saying can you let me know whether you're still the appropriate representative and confirm that you are. People have done that. That's when I've usually found out that people are no longer there, or have left, or have handed over to someone else.

(coordinator 2010, interview, 17 August)

This situation is further evidence of the passive engagement most representatives demonstrated in the process.

The turnover resulted in two groups: representatives who had a two year association with the committee and those new to the initiative. Despite this, the customary introductions that began a meeting remained curt. Representatives usually provided only their name and agency, leaving those unfamiliar with the process no indication of which attendees had an established association with the committee. A representative’s status (member or proxy) was often not made explicit during the introductions.

In this phase, aside from the chair, only four senior NT Government members attended. The only one of those who attended more than one meeting was the Alcohol and Other Drugs Branch member. In our interview (2010, 15 July) she described her close professional relationship with the chair and how she attended out of consideration for her. Additionally, this member was on leave for much of the
development phase and therefore may have been less fatigued by the process compared to other representatives who had participated throughout the preceding two years. The pattern of delegation and non-senior attendance is a reflection of the ongoing (Section 5.4.2) failure of this whole of government process, in spite of the action plan, to secure the attention of senior bureaucrats and their agencies. While the committee membership list was mostly senior (DHF 2009b, p. 24) and the lead agency continued to seek senior representation the committee processes in this phase were largely upheld by non-senior representatives.

7.2 The phase for reporting

In the monitoring and reporting phase, reporting against the commitments contained in the action plan was both a formally stated purpose and a purpose perceived by the representatives. The action plan provided scant details on its implementation, monitoring and review. This is the entirety of the information given:

> Responsibility for the ongoing monitoring, reporting and evaluation of the Suicide Prevention action plan will remain with the NT Suicide Prevention committee. Members will report annually to Government and the wider community on the progress of the implementation of key actions identified in the Plan. In addition ongoing feedback and input will be sought from a number of established regional advisory groups and participants at yearly forums. A formal review of the plan will take place at the end of 2011 and will involve consultation with a wide range of stakeholders.

(NT Department of Health and Families 2009b, p. 5)

The annual reports to government were to be to the Minister for Children and Families (coordinator 2009, pers. comm., 30 June). The regional advisory groups were the meetings the coordinator had been attending in lieu of a whole of community approach (Section 5.3.3). The yearly forums were free events Mental Health Branch had convened previously (Youth Mental Health Forum 2008, Workplace Mental Health Forum 2009).

The action plan jointly charged committee representatives with oversight of its implementation and responsibility for the associated reporting process. The minutes cited in Section 7.1.2 state that the primary focus of this phase was to monitor the progress and outcomes of the action plan.

Interview data revealed that the reporting obligations were widely understood by the representatives. Just as the development of the action plan was the primary, and ultimately sole, focus of the development phase, in this phase the compilation of the reports was the focus. The coordinator told the attendees at the first meeting in this
phase that the committee was ‘here for the long haul’ because they needed to report their progress over the three years of the action plan.

### 7.2.1 Reporting formats and planned process

At the meeting on 7 July 2008, even before the action plan was launched, representatives expressed concern over a reporting process that would require the specifics of numbers. The lead agency reassured them that it would be a ‘high-level’ report: the report for government based on input from all the agencies would be detailed but the individual reports need not be unless there was something significant to report (NTSPCC 2009b). A brief summary report of about two pages would to be made available to the public with the ‘key achievements and highlights’ (NTSPCC 2009b, p. 2).

The lead agency distributed a reporting template to each member agency with the actions they committed to in the action plan. Agencies were expected to report against these by adding details of the current status and estimated end date.

Although not mentioned in the committee’s Terms of Reference or action plan, the reporting process was to involve the CEOs of the member departments (see Vignette 7.1). The health department CEO would be briefed by the coordinator about suicide and the action plan annual report. This CEO would then table the report at the CEO Coordinating Committee, a periodic executive meeting of all NT Government department CEOs. The CEO Coordinating Committee would then approve the annual report before it was sent to the Minister for Children and Families (NTSPCC 2009b). The NTSPCC meeting minutes (NTSPCC 2009b) recorded that the minister would present the report to the parliament, however, according to the coordinator (2009, pers. comm., 30 June), there was some doubt as to whether reports would be tabled in parliament.

If, as I have argued, one of the functions of this process was to position suicide onto the political agenda, why did the coordinator suggest that the reports may not go to the parliament? One possible explanation is that she felt that informing the Minister for Children and Families was sufficient. After all, in spite of the cross-government process, the bulk of dedicated suicide prevention funding nationally (Section 4.2.4) and within the NT (Section 5.7.4) came from the health portfolio rather than across all portfolios. An alternative explanation is that the action plan and reports were more intended for the consumption of the bureaucracy and not the politicians, although my analysis of the promotion of the action plan to different audiences (Section 7.6.1) does not support this.
7.2.2 Objectives

7.2.2.1 Accountability

The reporting process was to serve a number of functions. Agencies, in having to complete the reporting template and report against their commitments in the action plan, would carry out an accountability process to assess if they had done, or were doing, what they promised. The representatives identified in interviews that reporting and the accountability process were key components of this phase. This was particularly clear in my interviews with senior committee members, however most of these individuals declined to have their interview recorded and thus my supporting evidence is from non-senior committee proxies.

[The action plan] is something that I will certainly be asking everyone to report against and they will be reminded at [my agency’s] next monthly meeting … don’t forget, you better get on with it, we are going to have to report soon.

(non-senior committee proxy 2009, interview, 2 June)

…the action plan now…is going to be an ongoing thing so [member agencies] reported once [in developing the plan, but] they can’t just forget about it…in another 12 months or whatever time it is looked at again to make sure that it is continued. I think that is an important part of it.

(Aust. Govt non-senior committee proxy 2009, interview, 23 June)

One representative thought that ongoing meetings also formed part of the accountability process.

Theoretically, [the committee meetings] make me accountable to the commitments that we’ve made. So we’ve made commitments in the beginning to do certain things. So they’re reporting against the document and the participation in the meetings keeps me engaged in it and keeps our program engaged in it…[because] every couple of months or so, you have to rethink about what you’ve done against that strategy and it reinvigorates the ‘Oh yes, we were going to do that’… It forces me to then go back and talk to the people that…had tasks or actions nominated for them, to keep them accountable for doing it.

(senior committee member 2010, interview, 15 July)

7.2.2.2 Raise awareness among CEOs and government

The lead agency believed that tabling the action plan’s annual reports at the CEO Coordinating Committee meetings would stimulate discussion and interest around suicide prevention.
The report will go up [to the CEO Coordinating Committee] with explanatory briefs which will give really the hard hitting facts about the extent of the problem and something about the process and what we’re trying to achieve... I think [it] will be a really good opportunity to outline how significant the problem is in the NT. It will also, I think, hopefully be illuminating for them in terms of they wouldn’t necessarily see their department as having a role in this but it will be quite clear from the brief and... the report that their department has contributed significantly to this.

(committee chair 2010, interview, 6 August)

For the lead agency this reporting process was an avenue whereby CEOs of the member departments might become aware of the high number of suicides in the NT. It was a second opportunity to re-engage the senior NT bureaucracy around the issue of suicide prevention - something that, due to (and evidenced by) delegation, had largely not occurred to this point in the process. However, contrary to the hope the lead agency placed in the CEO’s meetings, one representative told me that the CEO Coordinating Committee agendas were so crowded that a report that did not identify failings of the departments would be given the ‘tick and flick’ (non-senior member 2011, interview, 23 March). Although the lead agency had a vision that the reporting process would assist in engaging the CEOs, this was not widely reported by the representatives in interviews.

In addition to raising awareness about the extent of suicide in the NT the annual reports to CEOs were also expected, as the chair explained above, to inform and/or reinforce the connection between the agencies' work and suicide prevention thereby demonstrating a role in suicide prevention. This understanding would promote the paradigm that suicide prevention is not only the responsibility of the health department.

One question about this approach is why the lead agency should want to engage the CEOs on the issue of suicide? One possible explanation is that CEOs are responsible for the budgets of their departments and thus having a number of departmental CEOs aware and sympathetic to the problem of suicide could potentially increase the funding allocated to the issue from across the government departments. While political priority is, theoretically, determined by the government and not the bureaucracy, CEOs work closely with their ministers and could be expected to influence political action. Thus CEOs were an avenue to potentially inform the NT Government, beyond the Minister for Children and Families, about the initiative.

7.2.2.3 Legitimate power

As discussed in the previous chapter (Section 6.4.1), the action plan was a bureaucratic apparatus that the coordinator believed legitimised her authority. From
having only soft powers in the development phase, she and the Darwin clinical expert perceived that the action plan increased her authority to hold the member agencies to account for their public commitments within the action plan.

We’ve got the policy and it’s a guiding thing for [the coordinator] to work towards and she can ring people up and say have you provided your report for this and done that. It helps.

(Darwin clinical expert 2009, interview, 14 May)

The action plan, by the very nature of being a public commitment, was an instrument of authority. When faced with the potential desertion from the committee, the coordinator attempted to use this: ‘we said we would [meet]’ (2009, committee meeting, 17 March).

However, the lead agency’s power, even when augmented by the action plan, was still limited and thus, by involving the minister and departmental CEOs in the reporting process the lead agency simultaneously used the bureaucracy’s superior-subordinate authority structure. The lead agency and the senior DoHA member believed that reports to the CEOs and minister would compel commitment and action from representatives to the whole of government process, from fear that underperformance would be made public at these senior levels.

7.2.3 Other objectives of the phase

The committee, but more specifically agencies within the committee, were charged with implementing the action plan (NTSPCC 2009a). However, this was rarely spoken about in interviews, most likely because the bulk of the action items were unaltered departmental activities and thus the work lay in the more often discussed task of reporting.

The committee was also charged with responsibility for evaluating the action plan (DHF 2009b, p. 5). This was to be discussed at the meeting on 14 July 2009:

Members will also be requested to consider…the evaluation process and will be asked to contribute potential performance indicators toward this process.

(coordinator 2009, email to committee, 9 July)

However, this item was ‘held over until the next meeting’ (NTSPCC 2009b, p. 4) and only discussed between the coordinator and one of the experts after the meeting. They discussed establishing a small party to conduct an evaluation. Despite the minuted intention, evaluation of the action plan was never discussed in a committee meeting.

Monitoring and review of the action plan were also stated objectives of this phase (DHF 2009b, p. 5). A conference presentation the coordinator gave a month after
the action plan was launched specified that the committee was to ‘monitor suicide rates and any changes in priority groups’ and ‘review the initiatives funded in 2009’ (O'Regan 2009). This public representation of the committee’s responsibilities suggested it had broad responsibilities for the oversight of suicide and suicide prevention initiatives within the NT including considering and responding to trends and recent evidence around suicide as well as taking responsibility for the oversight of implementing suicide prevention activities. However, the excerpt of the minutes following Vignette 7.1 (Section 7.1.2) records a much more passive and narrow role for the committee: to receive information sessions on the suicide statistics and suicide prevention training programs.

The conference presentation contributed to a formal representation of the process wherein the representatives were actively involved in and responding to suicide in the NT. It concealed the exceedingly narrow action plan/reporting focus of the process. I believe the coordinator relieved the representatives of obligations as far as possible in order to maintain their involvement. Representatives did not attend the conference and therefore would only have been exposed to the minutes and directions the coordinator provided. The passive role of the committee left active oversight, if it occurred, presumably as the responsibility of the coordinator.

7.3 The committee’s purpose

7.3.1 Instrumental

My first set of interviews, conducted in the five months following the action plan launch, revealed that there was uncertainty amongst the representatives as to whether the committee was still active.

The present [role of the committee] I’m not clear about. My understanding of the...committee was to get it to the point of the plan and implement the plan, reviewing the plan. I haven’t heard anything from the committee chair since the launch of the plan so I’m not sure whether I’m a participant in an ongoing committee or not. It’s not clear to me.

(senior committee member 2009, interview, 27 May)

While I did not clarify the situation for representatives during interviews, I resolved that this was a point where ethically, and as an evaluator conducting a formative process evaluation, I needed to inform the coordinator of the uncertainty amongst the membership. Ultimately, I did not need to act because shortly after I made my decision a meeting was called. I regarded the calling of a meeting as demonstration that the process was ongoing and it provided the representatives with an opportunity to question the lead agency on their ongoing role.
Formally, the committee’s purpose in this phase was linked to the action plan reporting process and similar sentiments were voiced in the meeting room where it was envisaged that committee meetings would be convened to (1) identify and solve any problems agencies encountered with meeting their commitments in the action plan and (2) finalise the annual reports (Vignette 7.1). The chair and the coordinator also stated that the committee in this period served an ongoing opportunity for the representatives to gain information about upcoming funding and suicide statics. These purposes furnished the committee with instrumental value.

The committee meetings were potentially a forum where the joint responsibility paradigm could be promoted among the representatives, as it was in the development phase. The senior DoHA member said ongoing committee meetings ensured that representatives from agencies where suicide was not their core business did not ‘lose the threads’ (2009, committee meeting, 17 March). I believe she was referring to the opportunity in meetings for representatives to be reminded of the role they play in suicide prevention. However, I believe that the suicide statistics presented and details of national funding rounds shared during this phase did little to help promote the belief among the member agencies that they had a contribution to make and a responsibility for suicide prevention.

The representatives, also using an instrumental perspective, challenged the logic that the committee or the current representatives needed to meet to fulfil the reporting obligations (Vignette 7.1). For example, if the central role of the committee was to report on operational issues then the managers responsible for those actions were the appropriate individuals to attend. Or, each action item was within the responsibilities of a designated agency thus reporting could happen electronically, independently from committee meetings.

The chair said she wanted senior representation to ‘maintain a whole of department focus’ (2009, committee meeting, 17 March) meaning that senior committee representatives would have an umbrella view of their agencies’ activities and how suicide prevention sat within those. A non-senior justice department proxy (2009, interview, 10 July) said that the authority of senior representatives facilitated the delivery of information from his agencies to the committee. The senior DoHA committee member (2009, interview, 22 May) believed that new perspectives and understandings gained through participation in the committee were more likely to be translated within member agencies if participation was by senior bureaucrats rather than non-senior representatives. The literature also supports the belief that senior bureaucrats are more potent than non-senior ones at influencing change (Peters, TJ
1978). However, as I discuss in the next section, senior representation also had symbolic value.

7.3.2 Symbolic

Although the committee was perceived by some and, at times, framed by the lead agency as having instrumental value I believe its symbolic purposes were of paramount importance. The committee’s latent purpose, I suggest, was to legitimate the NT government’s approach to suicide prevention. Initially this was to represent to the Australian Government that the NT had a legitimate approach for suicide prevention (Chapter 4). However, in this final phase, I believe that the lead agency was also trying to hold onto the committee to add credence to the action plan. The coordinator alluded to this purpose when she said that without the committee ‘no one is behind it’ (2009, committee meeting, 17 March).

Both the selection of the agencies and the level of the representatives on the committee served symbolic purposes.

[The Department of the Chief Minister] is often seen as being a key driver for this sort of thing... If you can get [the Department of the Chief Minister] involved...there's a lot more impetus; a lot more power behind the strategy and you might get a better implementation. So I think [the lead agency was] keen to get someone from [the Department of the Chief Minister] and someone as high up in [the Department of the Chief Minister] as possible; which is a good strategy. Also having the Director of [the Office of Indigenous Policy] would have lent some status to the action plan... just having a high level of expertise involved would have looked good and might have served to give the [action plan] a bit more credence, a bit more credibility.

(non-senior committee member 2011, interview, 22 March)

The senior DoHA member demonstrated a similar perspective on the committee membership in her interview when she explained that the Australian Government DoHA had little influence over the development of the action plan because it was an NT Government document; DoHA attended to demonstrate support, or in her words, ‘It's a lot about flying the flag’. The senior DoHA member's description of her agency's participation is not in terms of instrumental rationality but rather in terms of symbolic action. Similarly, although there were instrumental reasons for the request to have senior representation I concur with the member above - the lead agency sought high-level representation because the latter's status could add further

5 The Office of the Indigenous Policy was initially in the Department of the Chief Minister (Table 4.3)
credence. A senior cross-government committee buttressed the symbol of the action plan and strengthened its legitimacy.

The committee, as described in Chapter 5, also represented the joint responsibility paradigm for suicide. The committee, with its interdepartmental and intergovernmental membership, represented a shared commitment to suicide prevention: it was imbued with the meaning that the member agencies acknowledged that suicide was part of their business. This was articulated by the coordinator:

The launch of this cross Government approach to suicide prevention demonstrates a significant commitment by all Departments to this issue and has been well received at both a local and national level.

(coordinator 2009, email to committee, 11 December)

Despite the directed and unilateral process described in Chapter 5 and Section 6.1.2 the existence of the committee represented joint working for suicide prevention. The NT’s response to suicide, a process with little new substantive action, was cloaked with legitimacy because it was aligned with the myth. This is likely to be why, according to the coordinator, it was ‘well received’ locally and nationally.

The committee in this phase was, again (Section 5.7.4), not consulted or informed about suicide prevention funding decisions: $200,000 of NT health department funding was allocated to continue the commitments the NT Mental Health Branch made in the action plan (Northern Territory Hansard 2011). While I think this demonstrates the symbolic nature of the committee I acknowledge that it is also standard bureaucratic process: the Mental Health Branch was allocated departmental funding to deliver suicide prevention programs.

### 7.4 Committee processes

#### 7.4.1 Tensions between the perspectives

Instrumental and institutional perspectives are not in opposition to each other, they can coexist. However, tension can result when the initiative is seen as only an instrumental endeavour. This occurred when a justice proxy, attending her first meeting, disturbed the mood by raising her concern about the lack of funding details in the action plan. This exchange was the most tense I witnessed in the committee room. Representatives from the lead agency discussed and debriefed about it following the meeting. Below (Vignette 7.2) is an account of the committee room discussion.
Vignette 7.2 Funding Details, 14 April 2010

The chair explains that the aim of the whole of government process, although difficult to get your head around, is to incorporate suicide prevention into agencies’ core businesses. The justice proxy responds coldly, ‘It would be good to know where the buckets of money are’. To which the chair replies, ‘There are none.’ The justice proxy believes this should be stated. The chair does not respond directly to this input but rather explains that she would be happy to receive funding details from the member agencies but she is privy only to health department funding and thus cannot provide the details. The chair and the justice proxy discuss Appendix A of the action plan that lists suicide prevention initiatives funded by the Australian Government. It does not, however, list the amount of funding each project receives. The chair explains there is no funding from the NT Government for suicide prevention initiatives, aside from the $330,000 announced at the launch. The coordinator looks on earnestly from behind a pile of papers, her fingers across her closed mouth. The justice proxy twice asks for the Australian Government funding details, claiming that it would be routine for other reports. The education representative’s brow is furrowed. The chair explains that although the Australian Government is a ‘partner’ in this whole of government approach it is not reporting to the NT Government. In other words, this committee has no jurisdiction to obtain those details. The non-senior DoHA representative offers to inquire about the desired funding details, but they may not be able to be made public. The justice proxy retorts, ‘That’s unusual’. The coordinator opposes this, ‘It’s not unusual’. The justice proxy talks about her lengthy experience and explains that the Department of Justice is also funding a program in a community listed in Appendix A and thus it would be good to know what else is funded there. The chair suggests that the action plan enables agencies to find out information and then go to the agencies directly to have a conversation about items of mutual relevance. The justice proxy says the funding information is important so that there can be discussions about whether or not different programs are complementary. The chair acknowledges the concern about some communities being funded twice. The justice proxy pushes on seeking information about the grants and funding rounds. The representative from the NT Alcohol and Other Drugs Branch together with the chair explain that there are no funding rounds. This heated exchange lasts over 10 nail-biting minutes of a two hour meeting. The justice proxy’s concerns were no longer spoken of when the conversation is taken in a new direction.

I contend that the tension arose because the lead agency saw the symbolic value of the action plan whereas the justice proxy adopted only an instrumental approach:
the inclusion of funding details in the action plan would facilitate strategic planning and coordination of suicide prevention initiatives.

Another example of a representative demonstrating an instrumental perspective occurred when the police representative, also at the first meeting he attended, questioned, ‘Are we targeting the right audience?’ (2009, committee meeting, 3 November). This triggered a lengthy discussion involving the coordinator, the chair, the Darwin clinical expert and the police representative which covered Indigenous and non-Indigenous suicide rates, the need for better data and initiatives in East Arnhem Land. However, along with other examples I have discussed (Section 5.2.4), the representative’s question remained unanswered. The Police representative assumed that the committee and the action plan were instruments to reduce suicide in the NT and were therefore ‘targeting’ an audience.

Interestingly, in both these examples where the representatives demonstrate an instrumental understanding of the process, neither the chair nor the coordinator explained to the committee that identifying target audiences was irrelevant in this case because this initiative generated few suicide prevention activities or that funding details in the action plan were superfluous to their needs because the action plan had symbolic value without them. Instead a discussion ensued about target audiences and suicide prevention programs and the chair gave technical reasons why funding details could not be included. While the chair, the coordinator, the Darwin clinical expert and the senior DoHA member spoke about or, alluded to, the symbolic value of the process in their interviews it was never made explicit to the committee. One reason for this may be that the key players judged that adopting a whole of government process for symbolic purposes would be unpalatable for the representatives. The prevalence of delegation could suggest that the representatives did have a preference for action and thus openly discussing the symbolic nature of the initiative may have further decreased participation. Additionally, although I have argued for the importance of the symbolic elements, there were instrumental elements to the process, for example information sharing and contextualising suicide to secure engagement from the member agencies.

Brunsson (2002) described how talk, decisions and actions can be separated in organisations. In this instance the symbolic functions of the committee and the action plan were possible because the meeting discussions were separated from the suicide prevention activity which was understood to be happening in the member agencies.
In Vignette 7.1 and 7.2 the chair, the more senior bureaucrat than the coordinator, led the discussions when tension arose between the perspectives. The organisational literature asserts that management, not concerned with the production of goods or services, is involved in the use and promotion of symbols (Peters, TJ 1978). Reputation, values and culture are central issues for managers, concerns that can be influenced by the use of symbols. It is therefore appropriate that the chair, with management experience and presumably greater familiarity with the use of symbols, assumed responsibility for defending the symbols generated in this whole of government approach.

7.4.2 Ghosts of processes past

Interpretation of the agencies’ commitments in the action plan was hampered by the use of imprecise language and the representatives’ lack of familiarity with its content. This posed problems in the monitoring and reporting phase and ultimately the authenticity of the document was questioned.

The action plan was a loosely worded document; action items were imprecisely described (Section 6.1.1). Imprecise wording in policy documents is common, providing flexibility and allowing multiple interpretations (Yanow 1996, p. 129). In this example, however, it contributed to a significant stumbling block in the monitoring and reporting phase: the committee was no longer composed of the same individuals who developed the action plan and the loosely termed action items needed to be interpreted for reporting purposes. In some instances representatives were unable to elucidate what programs or initiatives the action items referred to.

The coordinator initially recommended that representatives should speak to their agency head or their predecessor on the committee to clarify their agency’s commitments (NTSPCC 2009b). However, possibly due to the failure of this path, at the next meeting representatives were told to seek guidance from the coordinator herself!

It was acknowledged that new members who were not involved in the development of the Plan may need additional information to assist them in completing the reporting template. The coordinator encouraged members to contact her if they require further clarification of any items that relate to their program area.

(NTSPCC 2009c)

I expect there was little knowledge of the action plan and the commitments among member agencies beyond those involved with the committee. Five things support this belief. (1) Action items were developed one-on-one between the coordinator and the responsible representatives in the development phase (Section 5.3.1 & 5.7).
However, these representatives had limited recall of their agencies’ commitments (Section 6.3.1) thus making it unlikely that they could inform their agency colleagues about their commitments. (2) Executive directors, and therefore also presumably their superiors (the CEOs) were in some cases unaware of the whole of government process and their agency’s commitments (Section 6.3.1). Additionally, the commitments from each agency may not have been signed off at these executive levels (Section 6.3.1). (3) In situations where the whole of government process was discussed within member agencies there was little interest (Section 5.4.1) and therefore I expect there was limited uptake of the information. (4) Dissemination of the action plan was limited. Although the lead agency reported that they had distributed action plans to all the members (coordinator 2009, email to me, 28 May) two of my interviewees had not seen the final document. Without a copy themselves, the representatives could not disseminate the document within their agency. (5) There was no communication plan for the action plan. One interviewee was waiting for direction from the lead agency on if, when and how the action plan should be disseminated (senior member 2009, interview, 27 May). Two weeks after our interview this member sent the coordinator and me an excerpt from his agency's intranet magazine: three sentences that gave information about the committee and a web-link to the action plan. My inclusion as a recipient of this email suggests that his action was prompted by our interview.

These elements meant that, despite the coordinator saying that this whole of government approach ‘demonstrates a significant commitment by all departments’ (Section 7.3.2), any commitment that was achieved through this process was on an individual and not agency-wide level. Thus, unsurprising, newly appointed representatives were unfamiliar with their agencies’ obligations under the action plan.

The lack of familiarity representatives had with their agencies’ commitments and the loosely worded action plan seeded doubt among the new representatives as to whether the development of the action plan had followed due process and ultimately they questioned its authenticity. In response to this scepticism the coordinator offered reassurances of the authenticity of the action plan to the representatives.

We didn’t make it [the action plan] up.
(coordinator 2009, committee meeting, 11 November)

[The coordinator] advised new members that all action areas included in the plan were provided and approved by each Program and Department represented on the [committee].

(NTSPCC 2009c, p. 2)
One of the symbolic aspirations I identified for the action plan and its reports was that they might convey and strengthen the belief that suicide is a shared responsibility among the government departments. I believe the breakdown of the process depicted above is reflective of administrative shortcomings of the process and a poorly conceived action plan. It does not diminish my argument that the action plan was a symbol intended to promote the paradigm of joint responsibility.

7.4.3 Sculpting the minutes
The process floundered in this phase but the lead agency used its powers as secretariat to sculpt the minutes. The minutes, a standard administrative process for committees, were used to not only propagate the lead agency’s desired portrayal of events but also to sustain the appearance of a functioning joint committee process.

The excerpt from the minutes that captured the events from Vignette 7.1 (Section 7.1.2) concealed the disquiet amongst the representatives about the committee continuing or, at least, continuing in its present form. In stark contrast to this ominous attempt at abandonment the minutes documented commitment and consensus amongst the representatives. Moreover, the minutes included decisions on meeting frequency and the inclusion of ‘information sessions’, elements that were absent from my observations. The lead agency used the minutes to portray a committee that was engaged and making decisions, a functioning and legitimate cross-agency apparatus. Similarly, when the authenticity of the action plan was challenged the minutes assured the representatives that all the commitments had been provided and approved by their agencies (Section 7.4.2).

The minutes throughout this case study have been used to communicate the message that the lead agency deemed most important and to assist it in reaching its goals. In the first half of the development phase the minutes were detailed and captured diversity of opinion in the room. In the second half, when the imperative shifted to finalising the action plan and diverse concerns of the committee were no longer of importance for the lead agency, the meeting minutes were a bullet-point list or replaced by an email of deadlines.

The lead agency’s ability to portray the process as it deemed fit was supported by a number of factors. The massive turnover of membership, particularly in this phase, meant that few individuals outside of the lead agency could critique the content of the minutes. During this phase there was no evidence that the representatives held the secretariat to account for errors. For example the altered description of the meeting discussed in Section 7.1.2 went unmentioned. Additionally, minutes were
distributed when the next meeting was imminent, so there was a time lag of months between the meeting and the distribution of its minutes, making any remaining memories of the meeting woolly. The low level of engagement of the representatives may have also impacted on the strength of the initial memories and with months passing until the minutes were distributed the representatives recall would be very low, a situation I repeatedly encountered when interviewing. These elements are captured in Vignette 7.3.

Vignette 7.3 Accepting the meeting minutes, 14 July 2009

It is the first meeting of the monitoring and reporting phase. There is a small pile of papers in front of each high-backed-swivel chair around the oval table. Included in the pile is a hard copy of the minutes from the previous meeting. This is the first time the committee has had a chance to see these minutes because they were not distributed on email prior to the meeting as was customary. In the centre of the table sits a speaker-telephone. The attendees are informed that a committee member from Tennant Creek has linked in by phone. He, however, does not have copies of the documents. As was routine for all previous meetings and outlined in the meeting agenda, following the welcome and the apologies the chair asks those present for any changes to the minutes. The attendees’ eyes are down-cast on the papers in front of them. The room is silent. Apart from the chair, the coordinator and me there are only two other people present in the room who attended the previous meeting. The representatives sighted the minutes for the first time when they took their place at the table. The silence continues until the chair invites those who attended the meeting to send on any changes. The minutes are not formally accepted. Despite this when the minutes from this meeting are distributed three and a half months later they record that the tabled minutes have been accepted.

The committee adhered to elements that maintained the formal presentation of a functioning interdepartmental forum. The production and formal acceptance of the minutes were elements that bolstered the legitimacy of the committee process, both within the committee and external to it. Other elements that added credence to the symbol of the committee were the (disused) Terms of Reference and the attempts to maintain a membership of senior bureaucrats.

A natural question is whether the content of the minutes matter. The minutes from committee meetings were distributed by one senior member to her colleagues as part of her information sharing procedure about this whole of government approach (senior member 2009, interview, 30 April) and in the absence of a planned induction pack the coordinator sometimes distributed minutes to new representatives to
familiarise them with the process (coordinator 2010, interview, 17 August). In both cases the meeting minutes were used as a resource for information sharing, thereby disseminating the minuted representation of the process.

The literature calls attention to the power of written documents (Espeland 1993; Smith 1984) as well as to the mundane aspects of organisational processes (Peters, TJ 1978).

By articulating a particular version of events, the leader can alter people's perception of what has been happening; whoever writes the minutes influences the outcome.

(Peters, TJ 1978, p. 6 based on work of Cohen and March)

Similarly, Smith (1984) argued that documentary practices become interpretative schema that impose a particular order on situations. Bureaucratic documents can absorb uncertainty, reinforce the impression of neutrality and incontrovertibility (March & Simon 1993). These qualities of the committee minutes may have assisted in disguising a flagging committee process.

7.5 Reporting

7.5.1 Process

Throughout the monitoring and reporting phase the onus rested with the lead agency, rather than jointly, to gather the update on the commitments of the agencies. Continuing the trend of the preceding two years, the reporting process was initially led by the coordinator. She developed and distributed the reporting template. Responsibility later shifted to the Policy Support Officer.

At the meeting in November 2009 the coordinator, after some discussion, set a deadline for all reporting templates to be submitted to her. As this date was decreed it was the only moment in over three years observing the committee that I recall seeing most attendees writing. While in my interviews it was mainly senior members who cited their responsibilities in the reporting process, in this meeting the chair was the only senior member present thus it was non-senior representatives taking note of the reporting deadline. The coordinator predicted that the agencies would heed reporting obligations (2009, pers. comm., 30 June). Another possible indicator that reporting was taken seriously was the large number of representatives who attended the first meeting of the monitoring and reporting phase; at 16 it was the largest number in the course of the initiative. However, the chair offered an alternative suggestion for this strong attendance figure. The chair suggested activities of the concurrent NT suicide prevention committee (Section 5.5), although not specifically
mentioned at the NTSPCC meetings, may have spurred interest among the representatives involved (2009, pers. comm., 3 November). Despite the initially promising attendance the reporting process struggled.

The events that ensued after this deadline was set are captured in Table 7.2. The pattern is one of the lead agency repeatedly calling for input and the proposed deadlines - both for representatives' input and for the lead agency to finalise the report - not being met. It is likely that the two failures were linked: the lead agency was unable to produce the reports because it did not receive the details from the member agencies. A senior member said the Policy Support Officer had been ‘persistent but nice’ (2010, committee meeting, 14 April) in her efforts to get the membership to return their templates.
<table>
<thead>
<tr>
<th>Objective / Request</th>
<th>Date and setting objective / request made</th>
<th>Deadline / Expected Date</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>All reporting templates to be with coordinator</td>
<td>Committee meeting 3 November 2009</td>
<td>4 December 2009</td>
<td>Not met</td>
</tr>
<tr>
<td>Mental Health Branch to collate completed templates into draft report Draft report to be presented at January meeting</td>
<td>Committee meeting 3 November 2009</td>
<td>January 2010</td>
<td>No draft report distributed No meeting held I am unaware of the membership being offered an explanation for this situation.</td>
</tr>
<tr>
<td>First draft report complete</td>
<td>Coordinator emailed me but not the committee 12 February 2010</td>
<td>Mid February 2010</td>
<td>Not met</td>
</tr>
<tr>
<td>A meeting would be held to coincide with the release of the latest ABS suicide data</td>
<td>Coordinator emailed me but not the committee 12 February 2010</td>
<td>Late March 2010</td>
<td>Not met</td>
</tr>
<tr>
<td>First draft report complete and distributed by email</td>
<td>Coordinator emailed the committee 18 March 2010</td>
<td>24 March 2010</td>
<td>Not met</td>
</tr>
<tr>
<td>Committee to provide final details for report</td>
<td>Mental Health Branch Policy Support Officer emailed the committee 8 April 2010</td>
<td>9 April 2010</td>
<td>Not known</td>
</tr>
<tr>
<td>Final report complete ready for sign off at meeting</td>
<td>Coordinator emailed the committee 18 March 2010</td>
<td>14 April 2010</td>
<td>Not met Meeting held but no report presented.</td>
</tr>
<tr>
<td>Distribute first draft report</td>
<td>Committee meeting 14 April 2010</td>
<td>23 April 2010</td>
<td>Not met</td>
</tr>
</tbody>
</table>

I gleaned insight into the departmental reporting process when I interviewed a senior past committee member (2010, 22 December) who had changed jobs since her involvement with the committee. In preparation for the interview she returned to the branch she used to head and opened the file she had started for this whole of government initiative. Nine months after the first annual report was due she found no completed report and the draft report annotated with ‘What’s this status? Where
did this come from? Who’s doing this? Someone find this out.’ The interviewee reported that the branch was currently understaffed and had experienced considerable turnover. Even so, this anecdote provides further evidence of the uncertainty that member agencies experienced in this phase as well as the difficulties the lead agency would have been up against to obtain the details for the report.

On 12 February 2010, the coordinator spontaneously emailed me (but not the committee) to update me on the plans for the coming months including the report. This is one of the few occasions where there is evidence that a participant in this process was mindful of my presence, most likely of my role as an invited evaluator.

The first annual report was due in February/March 2010 (NTSPCC 2009c) so for much of the time that there were attempts to compile the first annual report it was overdue but this was never mentioned. The lead agency was unapologetic on email and at the meeting in April 2010 about the delay and offered no explanation for it other than a statement that it had taken ‘a little longer than originally anticipated to obtain and collate [the] information’ (coordinator 2010, email to committee, 18 March). This situation was accepted by the representatives without consternation.

At the conclusion of the April meeting the chair said that she looked forward to hearing the representatives’ feedback on the final draft report once it was released. However, as with the final stages of the action plan, she indicated to the representatives that if they felt the report was complete then they should not feel obligated to respond. Silence became assent once more.

The reporting process from this phase has the same hallmarks I observed when the action plan was developed.

1. A deadline was set by the coordinator. Agreement to the deadline was assumed due to the lack of objection, not consensus.

2. Collating the input and generating the document was the responsibility of the lead agency.

3. Member agencies were ‘hounded’ for their input but in a manner that maintained the genial mood between the lead agency and the representatives.

4. The development of the document was prioritised and discussed first at meetings; other agenda items (Australian Government update, suicide statistics) were relegated to the end of the meeting.
5. The appearance of the final document was drawn out, well beyond the date of the first deadline.

6. A period of silence followed the missed deadline (in the case of the first action plan annual report: 3 November 2009 until 18 March 2010). This situation was never fully explained to the representatives.

7. A new deadline was set for final input.

8. Agencies were not required to offer formal or written support of the document (if it was distributed); silence was assent.

To the best of my knowledge no report, draft or otherwise, has ever been sent to the committee.

7.5.2 The coordinator’s disenchantment

Another reason for the failure of the reporting process was likely to be the disenchantment of the coordinator with the whole of government process. The suicide prevention coordinator position was newly created when the coordinator took on the role. Over the years she became responsible, by default, for all things relating to suicide, including the enormous task of critical reviews of all suicide deaths that occurred in the NT mental health services as well as preparation for coronial inquiries. She also assumed responsibility for garnering input from four regional advisory groups (Section 5.3.3) which required considerable travel. Moreover, the commitments of NT Mental Health Branch within the action plan were largely her responsibility. These included running educational workshops on self harming across the NT and an e-newsletter (DHF 2009b, p. 15 & 22).

At the outset of the committee process in 2007 the coordinator had vigour and vision. She discussed with me key performance indicators and a clear action plan which would indicate what would be established in what timeframe (telephone call, 18 February). In November 2010 she was disillusioned and bitter. I abandoned a meeting discussing an interim evaluation report with her because she was unable to listen to and discuss my feedback. ‘You can’t do anything without funding’, she repeated in response to my evaluative feedback. She said the process was one to ‘say you are doing something when you are not doing anything’. Helping representatives understand their role in suicide prevention had previously been an adequate purpose for her (Section 5.3.2) but in 2010 she felt there had to be substantive outputs.
I have nothing to offer the invitees [to the committee]: no programs, no resources.

(coordinator 2010, pers. comm., 30 November).

The coordinator’s disillusionment stemmed, at least partly, from the failure of the action plan to attract significant funding for suicide prevention. In 2010 the coordinator’s budget for suicide prevention activities was allocated less funding than in the previous year (coordinator 2010, interview, 17 August). Her administrative test of will (March & Olsen 1979, p. 195) did not reap the rewards she expected. A paltry $330,000 was provided at the time of the launch and in 2010-11 another small amount of money, $200,000, was allocated to continue the commitments Mental Health Branch made in the action plan (Northern Territory Hansard 2011).

The situation of the committed and passionate coordinator ultimately followed what many other representatives adopted months or years earlier: she became overburdened and this whole of government initiative no longer received priority against competing responsibilities.

[T]his year [2010] [the impact of the whole of government process] is probably a lot less because we haven't progressed a great deal of the stuff that needs to be progressed beyond the first year. I haven't had the same connection with people that I had last year at all. So it's probably had a lot less impact this year.

(coordinator 2010, interview, 17 August)

The coordinator’s disenchantment is also likely to have contributed to the absence of annual mental health forums. In 2008 and 2009 the coordinator had been the principal organiser of the forums that were ordained as avenues for feedback and input on the action plan (DHF 2009b, p. 5). However, after the launch of the action plan, although an Indigenous mental health forum was planned for 2010 (DHF 2009c, p. 12), there were no further forums to be best of my knowledge.

7.6 Use of the symbols
A symbol must be visible to communicate its meaning with the intended audiences. This phase presented the opportunity to consider how and when the symbols from this initiative were used. I examine this for three different audiences: the NT bureaucracy, the Australian Government and the community.

7.6.1 Low profile locally
A strong theme throughout the interview data was that the profile of the action plan within the NT bureaucracy was small, if indeed it had a profile.
Maybe it is more obvious in other departments that have more of a focus but even then I have not seen anything promoted around the place other than the opening when [Minister] McCarthy opened it in Alice Springs and even then it was a bit- not high up on the promotional scale. I don’t think it is something that is high up on the agenda or hasn’t been promoted...strongly...I have not seen it, have not heard about it, no-one has talked about it, no-one has come and said what’s [my division] doing...

(non-senior proxy 2009, interview, 2 July)

A senior member (2010, interview, 6 July) noted the absence of reference to the action plan in the Community Safety Working Group, another contemporary cross-agency group as well as in the Corporate Planning discussions within the health department. This member felt this was indicative of an action plan that was not strategically connected. However, contrary to this member’s recollection, the action plan was mentioned in the Department of Health’s Corporate Plan 2009-2012 under priority action area 1: promoting and protecting good health and wellbeing and preventing injury (DHF p. 9).

One interviewee questioned why the action plan had not gone through the Cabinet submission process (non-senior member, interview, 22 March). A Cabinet submission would have been an alternative path to secure the attention of senior bureaucrats from the member agencies because it requires a response from all agencies. It also, importantly, triggers the Treasury process which can enable funds to be allocated from the range of government departments. I asked the coordinator in our interview why there was no Cabinet submission for the action plan:

We can apply under a Cabinet submission for more money for suicide, given what we've done, but that's quite a complicated process in doing that. You have to get approval to do that...or you might put it under a Cabinet submission for something that was already going up...you'd have to put a case up and then you'd have to be told you could do that then...Obviously there's only so much money and everybody wants it and everybody's got as good a claim to it as anybody else, really.

(coordinator 2010, interview, 17 August)

The coordinator’s response suggests that getting approval to submit the action plan to Cabinet, even from within her department, would be hard fought. Preparing a Cabinet submission for the action plan was never seen as part of the process (Section 5.2.3). It was never discussed in meetings or proposed by the membership. The lead agency’s decision not to attempt to prepare a Cabinet submission may indicate that it believed it was unlikely to be successful. This situation supports my belief that suicide prevention was not a political priority for the NT government.
7.6.2 Parade of the symbols nationally

In stark contrast to the situation locally, the symbols of this whole of government process were at the forefront of the NT Government’s written submission to the Australian Government’s 2009 Senate inquiry into suicide in Australia (DHF 2009c). The submission outlined the formal representation of the process I have described in this thesis. It included the formation of the committee ‘which recognises that effective suicide prevention requires a shared ownership of suicide prevention across Government Departments’ (p. 9), giving special mention (remembering that this is an Australia Government inquiry) to the membership of Australian Government agencies (p. 12). It recorded how the committee undertook ‘consultations with a wide range of stakeholders from across the NT to identify issues and areas for action to inform the development of ongoing suicide prevention activity’ (p. 9), which presumably alludes to the planning forum. The submission also drew attention to the action plan (and included it in full) and how it provided ‘a whole of Government response to guide directions in suicide prevention over the next three years’ (p. 9), converting the 2003 Strategic Framework ‘into assessable actions and initiatives to reduce self harming behaviour and enhance the resilience and capacity of the NT Community’ (p 9). The ‘links between the major directions of...the NT and Australian Suicide Prevention Frameworks’ (p. 12) were noted, presumably evidenced by having the same action areas. The committee’s ongoing role in not only the implementation of the action plan but also in providing specialist advice to government and ensuring a whole of government and community approach to the issues of suicide and self harm (pp. 8-9) were also mentioned.

It was not only the formal representation of the committee and the action plan that were used to legitimate the NT Government’s response to suicide prevention. The evaluation that I was conducting as auxiliary to this research was also used for the same purpose.

In addition, an evaluation of the cross government processes involved in the NTSPCC is also being undertaken by a researcher from Menzies School of Health (sic) in Darwin.

(DHF 2009c, p. 9)

The inquiry also held a public hearing at which the chair, coordinator and Darwin clinical expert gave evidence (Senate Community Affairs References Committee 2010). The chair began, again putting the whole of government process at the forefront for the attention of the panel responsible for the inquiry.

I thank the [Senate Community Affairs References Committee] for its invitation to attend the hearing and to make an opening statement on behalf of the Northern Territory government. I make this statement both as the
After she had outlined the significance of the problem of suicide in the NT the committee and the action plan were spoken about again. The symbols were prominent at the beginning of her address (p. CA 28).

The use of the symbols during this inquiry succinctly shows how this case has all the hallmarks of a legitimate process: it includes an ongoing committee with appropriate membership that advises the government, consultation with stakeholders and a policy document with ‘accessible actions’ that is in line with national policy directions. It even has a process evaluation!

Although the formal representation of the committee was as a body for oversight (Section 7.2.3) and to provide leadership on suicide prevention in the NT (Section 4.3.2.3) the committee did not fulfil this role at the time of this national inquiry. The committee was invited to contribute to this process (coordinator 2009, email to committee, 14 October; coordinator 2009, committee meeting, 3 November). However, in the meeting in November 2009 it was not given status - the national inquiry was the last item on the agenda. The disjuncture between the symbols and the observed action described in Chapter 5 was ongoing in this phase. The submission was prepared and submitted solely by the NT health department while the symbols of a joint process were paraded to showcase to the Australian Government the NT’s legitimate approach to suicide prevention.

7.6.3 Absent in response to community concern

In September 2010 two youth workers from an Indigenous organisation organised a rally outside parliament house in Darwin. In the NT there had been eight suicides in the past month, seven of these people were Indigenous and seven of these eight were teenagers, one was as young as 14. The flier did not specifically mention Indigenous suicide but had the following text:

SAVE OUR CHILDREN FROM SUICIDE!!!

... ENOUGH IS ENOUGH
what about the rights of the child (sic)
NO MORE TALK
WE WANT ACTION

(Balulu Foundation 2010)

Over 100 people attended the rally. Speeches were made by a former Indigenous politician, a mother bereaved by suicide and Kon Vatskalis, Minister for the
portfolios of Health and Children and Families. Minister Vatskalis said he came not just as a member of the Legislative Assembly but also as a parent and community member. He said, ‘Money will not solve the problem but family and community will.’

The event created a small flurry about suicide in the NT, in the press and on TV. The day after the rally the Darwin clinical expert was interviewed on Stateline, a local in-depth current affairs TV program (Australian Broadcasting Corporation News Online 2010). When the expert was asked if the minister’s suggestion that the solution to suicide lay in the home the expert was mostly supportive, not taking the interviewer’s proposition that this was a political cop-out. He cited research on the importance of emotional nurturing of young people and of education. Importantly, from the perspective of this research, both the minister (the very minister that the action plan was reporting to) and the Darwin clinical expert (a committee member) did not mention the action plan or the committee in their public appearances.

After the rally the coordinator was busy responding to the media attention suicide was receiving (coordinator 2010, email to me, 7 October). The committee, however, was not convened in response to this situation. Again it failed to be a body for leadership. I do not know if the coordinator consulted some representatives individually and nor do I know how the coordinator used the action plan and the existence of the committee in her preparation of responses to the media interest. I do know, though, that the action plan and the committee were not mentioned in the media. The symbols of the committee and the action plan were notably absent in the response to community and media attention on the issue on suicide.

7.6.4 Target audiences

The difference in the profiles of the symbols, discussed above, offers an excellent opportunity to analyse their intended audiences.

The absence of reference to the committee and action plan in response to community concern about suicide can be explained in a number of ways. It may be that promotion of a symbolic document containing largely unaltered departmental activity at this politically sensitive time was deemed too risky. A detailed examination of the action plan might expose the lack of change documented by the document - particularly problematic given the ‘No more talk. We want action’ slogan of the rally. Or perhaps more dangerously given the Indigenous suicides that prompted the rally, was the scant regard the action plan and the process gave to Indigenous suicide (Section 5.5) and its different aetiology (Tatz 2001). It is also possible that the omission of the symbols was due to poor administrative practices that failed to
adequately promote them. I believe, however, that the absence of the symbols at
the time of the rally was because the public was not an intended audience. This is
supported by their prominence at the Australian Government inquiry.

The action plan and the committee as symbols served bureaucratic functions. This
corroborates with my argument in Chapter 5 that the committee was established to
signify to the Australian Government that the NT had a legitimate approach to
suicide prevention. At the inquiry the symbols continued to represent a legitimate
approach to suicide prevention in the NT.

The lead agency clearly indicated that the NT bureaucracy was an intended
audience for the symbols. It hoped that this whole of government process would
position suicide as a political priority in the NT and promote the belief that
responsibility for suicide lay in many departments. The reporting process, designed
to include NT department CEOs, also demonstrates that the bureaucracy was a
target audience. However the profile of the symbols within this arena remained small
(if existent). This may be due to the poor design of the process which failed to
capture the attention of the senior bureaucrats, poor administrative practice (for
example the lack of a communication plan for the action plan) and/or because of the
coordinator’s disenchantment with the process after the action plan was launched.

7.7 Out without a whimper

When I interviewed the coordinator, four months after the meeting in April 2010, she
explained the preparation required to hold a meeting.

> I haven't held a meeting since April. I don't have time at the moment to offer
> - I think if I'm going to hold a meeting, there has to be a point to it; there has
> to be something - I can't just say we'll hold a meeting because we haven't
> had one since April - there has to be something in it, there has to be some
> preparation and we need to come up with a reason for people being there. I
> just don't have the time at the moment to do that.
>
> (coordinator 2010, interview, 17 August)

The committee meeting held on 14 April 2010, 13 months after the launch of the
action plan was, although this was not apparent at the time, the last. The final
agenda item for that meeting, as always, was for the chair to set the next meeting
date. No date was set. Following this meeting there was no further email
communication from the lead agency to the committee. No minutes were distributed
from this meeting. The quote from the coordinator indicates that this end was
unscripted.
7.8 Discussion

The committee floundered during this phase: the representatives' commitment continued to wane, they struggled to understand the purpose of this whole of government initiative and turnover was significant. Additionally, the action plan was poorly promoted within the NT bureaucracy, little-known beyond the committee and, indeed, poorly understood by some representatives. Ultimately the coordinator was disillusioned and no longer prioritised this initiative above her other professional obligations. The process faded in an inglorious and unspoken end.

Authority is one of the pins that can maintain a whole of government process (Bakvis & Juillet 2004b). In the development phase of the committee, there was considerable effort placed on seeking engagement and fostering a willingness to participate while in this phase coercion, command and control (Ryde 2010) were more evident. The action plan served as an instrument of authority. Members were bound, to some extent, to their agencies’ commitments in the action plan. The lead agency, by designing a reporting process that included the CEOs, also intended to use the authority of the established hierarchy. They hoped this would pressure agencies to report and therefore, by connection, maintain their commitment to the process. However, in this instance it was insufficient to hold the members to account.

Reporting was identified as the main purpose of this phase. Bakvis and Juillet (2004b, p. 4) maintained that reporting mechanisms can instrumentally connect agencies by the opportunity for dialogue and information exchange which can result in the development of trust and shared world views. However, despite efforts to produce a report, none was generated while the committee was still active. There was no resulting consternation about this situation.

Most pronounced in this phase was the tension between the symbolic and instrumental purposes of this case study. I believe the committee served latent symbolic purposes of galvanising the action plan and providing evidence of joint working for suicide prevention in the NT. Although the symbolic dimension of the initiative was identified by some interviewees it was not made explicit to the committee. While instrumental and institutional perspectives are not in opposition to each other, tension resulted when some representatives, particularly those new to the initiative, paid no heed to (or were unaware of) the symbolic value the initiative held and conceived the initiative only from an instrumental perspective.

Formally the committee was comprised of senior members, had an agreed Terms of Reference (that included joint responsibilities for committee representatives) and a
standardised system of recording and accepting the meeting minutes. However, this was decoupled from the observed actions wherein senior membership delegated responsibility, the committee’s Terms of Reference was largely neglected and minutes purposively crafted. The formal representation and the decoupling enabled a floundering and unilateral process to retain the appearance of a legitimate joint approach to suicide prevention. That is why, despite reasoned arguments to the contrary, the lead agency ardently maintained that the committee should be ongoing.

The prominent use of the symbols on the national stage seen during this phase provides a strong rebuttal to any suggestion that this case study represents only an example of dismal administrative action. The symbols produced in this case, with very little funding or political attention for suicide prevention from the NT Government, enabled the lead agency to accept accolades on the national stage for its approach (Section 7.3.2) and contribute to a national inquiry without fear of admonishment due to inaction.

Just after the launch of the action plan, the coordinator presented details of the whole of government process and action plan at a suicide prevention conference (O'Regan 2009). In presenting at this point she contributed to the belief that there was a whole of government approach for suicide prevention in the NT. She reported to me how well her presentation was received. Yet this whole of government approach faded, without a whimper, and this chapter offers a narrative about an untold period of the initiative. The action plan, while prominently paraded on the national stage, was disregarded by its creators and largely unknown to the wider NT bureaucracy and community. The driving force - the coordinator - became disenchanted; the committee was no longer called to meet and silently ceased.

Long after the committee’s last meeting, but while the action plan was still an active policy document, a political crisis on the issue of suicide in the NT unfolded and one of the perceived purposes of this whole of government approach, the positioning of suicide onto the political agenda, occurred. I describe these events in the next chapter.
Chapter 8

Suicide in the political spotlight
Chapter 8  Suicide in the political spotlight

In 2011 there were significant developments around the issue of suicide in the Northern Territory (NT). The events I describe here come after the Northern Territory Suicide Prevention Coordinating Committee (NTSPCC, the committee) had been dormant for over one year and none of the required action plan annual reports (2010 and 2011) had been produced. Thus the activity in this chapter is distinctive compared to the narrative of the activities of the committee I described in Chapters 5 and 7. Nevertheless, the events of this chapter are important and relevant to my thesis for two reasons. Firstly, the policy output from this whole of government initiative, the *Northern Territory Suicide Prevention Action Plan 2009-2011*, was the active policy document at the time and thus it is within the bounds of my case study to consider these events. Secondly, it presents an opportunity to see how the process was depicted to NT politicians who formed a parliamentary committee of inquiry and, I believe, more importantly, to explore how the action plan was interpreted by some NT politicians.

For clarity, in this chapter I refer to the committee at the centre of this case study as the NTSPCC and the NT Parliamentary Select Committee on Youth Suicide as the select committee.

8.1 Suicide: Into the political limelight

In August 2011 the Suicide Prevention Coordinator (the coordinator) left the NT after living here for over 20 years and working for the NT health department for 11 years. This decision was unsurprising given the disenchantment I have described (Section 7.5.2). Just as she was making her decision to leave suicide appeared to gain traction as a political issue in the NT following a series of suicides in the previous year.

In October 2010, one month after the public rally (Section 7.6.3), a briefing note from the NT Police Commissioner to the Chief Minister (who also had responsibility for the ministerial portfolio of Police, Fire and Emergency Services) stated that 23 people committed suicide in the NT between July 1 and October 20 (Betts 2011). This included 15 Aboriginal people who took their lives in a 16 week period the NT. In response to this information the Chief Minister asked for a brief from Minister
Vatskalis\(^6\) on the status of the suicide prevention strategy. These statistics and the commissioner’s briefing note were made public almost a year later (‘NT grapples with reality of indigenous suicide’ 2011).

After the Chief Minister was briefed on these statistics, but before they were made public, the NT Government announced a dramatic increase in suicide prevention funding. In April, Minister Vatskalis announced that $7.8 million over the next three years would be spent on suicide prevention strategies and enhanced child and adolescent health services (NT Government 2011). The details were provided in May when the budget was released: suicide prevention in the NT received funding of $2.4 million over the next three years and after that period $1 million per annum in recurrent funding (NT Hansard 2011). The funds were to be spent on training for frontline workers, increased education in schools, targeted interventions for young people at risk, improved data collection, research in communities and with at risk groups (N Fyles 2011, email to me, 22 September).

The NT Mental Health Branch had hoped that the whole of government approach to suicide prevention would assist in getting political traction and funding on the issue. I do not know how the symbols of the NTSPCC and action plan were used among the ministers at this time. I do not have information about the exchange between Minister Vatskalis and the Chief Minister after he was informed about the 2010 suicides. However, the politicians were presented with an immediate concern relating to suicide and in this context the paltry investments of $330,000 and $200,000 over the three year lifespan of the action plan may have spoken for themselves. At this time the first action plan annual report was more than six months overdue. I would expect this situation was uncovered by the minister and may have provided an indication about how suicide was prioritised by the NT bureaucracy.

However, I believe that the response of the NT Government on the issue of suicide was driven by the external crisis they faced and not the whole of government process that I have studied. In addition to the police briefing that was made public, the coordinator informed me (2011, telephone call, 21 September) that on each ministerial briefing she prepared she recorded the deaths by suicide in the NT in the past month, including the ages of the deceased. Moreover, in the same phone call, she told me that some Aboriginal community members had been alerting politicians

\(^6\) Minister Vatskalis was responsible for the portfolios of both health and children and families thus the *NT Suicide Prevention Action Plan* reported to him.
to their concerns about suicide and self-harm in their communities. Indeed the day before suicide was discussed in the NT parliament, a senior Aboriginal woman spoke to politicians about the problem of suicide in her community (NT Hansard 2011). This was the same lady whose concern triggered the development of the concurrent cross-government suicide prevention committee (Section 5.5.3).

Other avenues whereby the politicians were informed about suicide in the NT were the public rally (Section 7.6.3) and the Child Death Review and Prevention Committee which reported in its second annual report particular concern about the high rate and frequency of child deaths by suicide, particularly hanging (Northern Territory Child Deaths Review and Prevention Committee 2010, p. 47). In the following section I describe the parliamentary speeches relating to suicide made three months after the increased funding was announced. Judging on their content, the politicians’ personal experiences with the grief after someone suicides also played a significant role in suicide gaining political traction.

8.2 NT inquiry into youth suicide called

This section describes the NT Government’s decision to conduct an inquiry into youth suicide. The parliamentary discussion described is important to my thesis because the action plan was understood by the politicians to be evidence of action to reduce suicide. A symbol can accommodate multiple meanings and in this context the interpretation of the action plan is different from the meanings discussed in the thesis so far.

8.2.1 Formation of the select committee

In the NT parliament on 11 August 2011 Independent Member of the Legislative Assembly (MLA), Gerry Wood, moved that the parliament note:

9. the alarming number of youths suicides in the NT
10. all 25 members of this parliament show true leadership in working to consider solutions to achieve a significant reduction in these numbers

There was bipartisan agreement that suicide would be a topic of discussion in parliament on this day and bipartisan support for the motion: the speeches that followed were planned and researched. Nine MLAs spoke to this motion including the Chief Minister and the Leader of the Opposition. The politicians spoke at length about suicide grappling with many related issues including meaningful employment
and supportive environments for youth. The Chief Minister included sobering statistics (232 suicides in the Territory in the last five years: 121 Indigenous, 111 non-Indigenous).

Gerry Wood cited that there had been an 800% increase in male Aboriginal suicides from 1981 to 2002 and that 72% of Aboriginal people who committed suicide were unemployed. Mr Wood, taking a purely instrumental perspective, questioned if the government could give a report on the action plan, asking if it was a success or failure and if all six action areas had been actioned? He asked the government to explain its strategies, programs and budgets stating that outcomes were needed to reduce suicides not reports and strategies (NT Hansard 2011).

Minister Vatskalis, the Minister for Health and Children and Families, acknowledged that in the last 18 months there had been an increase in youth suicides. In response to Mr Wood’s questions he cited the action plan, the $330,000 and $200,000 of funding allocated and the programs funded with this money. He did not answer the questions of success or failure or if the action areas had been actioned. However, his reference to the need for a whole of government and community approach was strong.

Effective suicide prevention needs to combine a range of strategies and approaches targeting the whole population, specific groups and individuals at risk. This means a whole-of-government and community approach is needed to respond to this tragedy.

Kon Vatskalis, Minister for Health (NT Hansard 2011)

The minister added another item to Mr Wood’s motion: a select committee of the Legislative Assembly would be established to inquire into youth suicide in the NT (NT Hansard 2011).

Karl Hampton, a NT Government minister, when reflecting on the role of the proposed select committee also made the assumption that the action plan was an instrumental response to suicide:

...we are reviewing the Suicide Action Prevention Plan (sic). We need to ask serious questions on why it is not working. If the statistics of suicide rates are getting worse, then the [select] committee needs to show leadership and really ask the hard questions.

Karl Hampton, Labor MLA (NT Hansard 2011)

Many NT politicians, including two Indigenous MLAs, Marion Scrymgour and Alison Anderson, spoke about how suicide had touched them personally. Marion Scrymgour (the MLA who allocated the seed funding for the whole of government suicide prevention initiative) was now not a minister but a backbencher. She spoke about supporting her own son through particularly dark moments in his life, about
the grief of her friend whose son committed suicide and receiving phone calls from Aboriginal communities within her electorate - at all hours of the night - after someone has committed suicide. She took one of those calls just a week earlier (NT Hansard 2011) when an 11 year old girl in her electorate committed suicide. This fortified Ms Scrymgour’s belief that a inquiry was required (Gibson 2011). Concurring with this, the coordinator informed me that Ms Scrymgour was pressuring the Chief Minister to take action on suicide prevention in the week before the inquiry was announced (2011, telephone call, 21 September). Ms Scrymgour had also, only three days earlier, attended the Youth Round Table at which youth suicide was a topic of discussion.

Alison Anderson spoke about the suicide of her nephew only three weeks earlier. Another MLA spoke about the death of his brother-in-law as well as a young man from an aboriginal community.

The discussion in the Legislative Assembly demonstrated how little attention suicide had previously received in the parliament. It was also a watershed moment for the NT parliament because it elevated suicide and its prevention not only as a priority but one that was above party politics. Expressions of united and heartfelt support for the issue in the Legislative Assembly made it a unique day in parliament.

I have been in this place...for 11 years now. I cannot recall having had this debate, specifically like this, before. I urge honourable members to put forward their thoughts for a way forward and see if we, as a parliament, can find a way forward on this issue.

Paul Henderson, Chief Minister (NT Hansard 2011)

Few of us in this House contemplated when we decided to run for public office that we would be talking to a motion dealing with the terrible issue of suicide. In my five years in parliament, this is an issue that has not been given the attention or come before the House and members in the way of a motion we have before us tonight.

Karl Hampton, Labor MLA (NT Hansard 2011)

In the history of this place, it is meant to be adversarial, I understand that. However, this issue is bringing people together who have issues, sometimes, politically. In this case, the issue is far greater than politics; it is far more important. It is great to hear that people will come together on this [select] committee to come up with a solution.

Gerry Wood, Independent MLA (NT Hansard 2011)

The Chief Minister said he would appeal to the Australian Government for more funding for the issue.

8.2.2 Submission

In this section I discuss the NT health department’s submission to the select committee which also contained the action plan’s first annual report. The portrayal of
the whole of government process shows how the symbols I have identified were used to demonstrate a legitimate process.

Despite the NTSPCC having ongoing responsibility for the current suicide prevention policy (the action plan), the NTSPCC was not convened in response to this inquiry. Indeed, to the best of my knowledge the NTSPCC was not informed that the select committee had been established and I am unaware if the NTSPCC was consulted on the NT health department’s submission. The NT Department of Health prepared and lodged a submission with the inquiry. In the health department’s submission the NTSPCC’s membership and the action plan were described in ways familiar to readers of this thesis:

The Action Plan was developed as a whole-of-Government response representing the specific actions and initiatives aimed at reducing suicide and fostering individual and community resilience and capacity. It effectively translated the NT Strategic Framework for Suicide Prevention into measurable actions...the fundamental principles underpinning this plan are well established: whole of government, whole of community responses including broad-scale and targeted programs... As can be seen from the Action Plan, the existing stakeholders encompass a wide range of government departments, all of whom have direct input into factors that contribute to suicide prevention. However, there was no dedicated funding allocated to commit to new initiatives under the Action Plan in any other Department.

(NT Department of Health 2011b, pp. 6-7)

This last sentence is new in the public portrayal of this whole of government approach. MLAs, some of whom assist in establishing the NT Government budget, comprised the select committee. I expect the lead agency judged that this audience provided an opportunity to gently - cushioned by the assurances of the NTSPCC, action plan and listed suicide prevention activities - bring attention to the lack of funding the whole of government approach received.

The inquiry prompted the completion of the first action plan annual report. While it was submitted to the inquiry in September 2011 it was dated December 2010 (NT Department of Health 2011a). Thus it appeared there had been no delay in the first annual report. In the annual report the chair thanked the NTSPCC and made special mention of the coordinator ‘for her dedication to the [action plan] and for her commitment to reducing rate (sic) of suicide in the NT’ (p. 3).

In my interview with the chair (2010, 6 August), she stated it was her intention that the action plan annual reports would make clear the role of each agency in preventing suicide. However, contrary to her intention the layout of the annual report did not present the updates on the action items according to the agencies (as the action plan had) rather the report listed the updates under thematic areas such as
training and health promotion. It was therefore exceedingly difficult to tell if all agencies contributed to the report. The report states that the first year of the action plan had focused on training and lists highlights in this area as the development of a four day module to train police cadets on mental health and suicide prevention, workshops for professionals who work with self-harming youth, the roll out of Department of Education staff training for mandatory reporting in relation to child protection issues and the development of the Indigenous specific training resource to increase understanding about suicide. Interestingly, the annual report also included details of Youth in Communities, one of the significant national initiatives that had been omitted from the action plan (Section 6.1.2.4).

While my research and evaluation was not specifically youth focused, with the support of the chair my final evaluation report was submitted to the select committee to provide insight into the effectiveness, role, responsibility and co-operative co-ordination of government agencies in responding to people at risk of suicide. My report discussed the operation of the NTSPCC and its challenging context. Despite having previously provided the chair and coordinator with three interim evaluation reports this was the first time that there was feedback and input on my report. The feedback was editorial and did not alter the substance of my report.

The select committee’s report and recommendations were released in March 2012 (Select Committee on Youth Suicides in the NT 2012). My submission was given special mention in the report:

Ms Lawrence’s (sic) submission to the inquiry provides a number of invaluable insights into the operation of [the NTSPCC] and the reasons it failed to achieve its stated objectives.

(p 184)

Recommendation 23 in the report is largely based on my submission.

8.3 Development of another action plan

The NT’s action plan expired in December 2011. Although a formal review of the action plan was to occur in ‘consultation with a wide range of stakeholders’ (DHF 2009b, p. 5) I am not aware that this has occurred. The action plan stated that its evaluation was the responsibility of the NTSPCC but did not elaborate further (p. 5). Despite intentions to discuss the action plan’s evaluation at NTSPCC meetings this did not occur (Section 7.2.3). The NT Department of Health stated in their submission to the select committee that a report on the progress over the three
years of the action plan was being compiled (2011b, p. 6) but none was available at the time this thesis was submitted.

Despite the difficulties the Mental Health Branch encountered in the reporting process and the absence of any evaluation, the NT Department of Health planned to produce a revised action plan in 2012.

> Consultation has commenced with stakeholders and it is anticipated a revised Action Plan for 2012-2014 will be developed. The findings and recommendations of the Northern Territory Select Committee on Youth Suicide will be used to inform the development of the revised Action Plan.
> (NT Department of Health 2011b, p. 7)

This indicates the circularity of the bureaucratic processes I have described.

### 8.4 National developments

The Australian Government continued the combination of committee and policy document to address suicide. On 10 September 2011, World Suicide Prevention Day, it announced that it would continue the Australian Suicide Prevention Advisory Council and expand its membership. Indigenous suicide appeared to become a priority for the Australian Government as it committed to develop Australia’s first Indigenous suicide prevention strategy and establish a new Indigenous Suicide Prevention Advisory Group. In line with this $6 million of federal funding was allocated for community based prevention services in Indigenous communities around the country (Scrymgour & Mares 2011).

### 8.5 A symbol of action

This chapter demonstrates a change of political heart: suicide was declared a priority for the NT Parliament. It is beyond the scope of this research to answer what role the whole of government approach and its action plan played in elevating suicide as a political issue. However, it appears from the tragic statistics and parliamentary discussion that a range of pressures from the community, MLAs’ personal experiences and demands from their constituents coincided to grant suicide political traction. These pressures were external to the whole of government process and suggest that it is unlikely that the NTSPCC and the action plan contributed to this change in political priority.

Importantly for this research, this chapter provides an opportunity to see how the politicians interpreted the action plan. The action plan featured in the parliamentary discussion in the guise of an instrument to reduce suicide. Gerry Wood MLA asked if
the action plan was a success or a failure and questioned if all six action areas had been actioned. Following on from this, Karl Hampton MLA and government minister, asked why the action plan was not ‘working’. These questions exhibit an instrumental understanding of the action plan. It is understandable, at a time of political crisis, that the government would want a symbol that demonstrated a concerted effort to address suicide in the preceding years; no government MLA would want to expose the absence of original or new action in the action plan at this time. Thus I expect their interpretation of the action plan was a reflection of what they wanted and needed politically and not necessarily what they thought. However, the unaltered and unintegrated departmental activity contained in the action plan was not exposed by the media or the opposition. It appears to have been disguised by the action plan. The action plan may have saved the health minister and NT Government from pillory because it could be successfully used as evidence that there was action on the issue of suicide prevention in the NT. The action plan also matched the institutional norm and, according to Meyer and Rowan (1977, p. 349), when this is the case there is less scrutiny.

The meanings symbols hold are not static (Yanow 1996, p. 21). Throughout this whole of government initiative the NTSPCC and the action plan represented the legitimacy of the approach, the significance of the problem underlying it (used to try and position suicide) and the promotion of the joint responsibility paradigm; the (presumed) action for suicide prevention was a background concern. However, the events described in the chapter occurred when the context was significantly different: there was political attention on suicide. In this new context the symbolic action plan accommodated an altered meaning - substantive action aimed to reduce the NT suicide rate.
Chapter 9

Conclusion
Chapter 9  Conclusion

In conclusion I consider how my descriptive findings compare and develop themes from the existing literature. I then explore the major findings of my work: there was a disjuncture between the formal organisational structure and the observed processes and the whole of government approach served non-instrumental organisational functions which suggest that the approach has become institutionalised. Using the purposes I identified - legitimacy, positioning and promoting a paradigm - I examine how this work extends our knowledge about the whole of government approach. I address my study’s generalisability, limitations and implications and finish by reflecting on my own research journey.

9.1 How does it operate?

My first research question was how a whole of government approach operates in this instance. The processes I described in Chapters 4, 5 and 7 offer thick description (Geertz 1973) of the day-to-day practices of a whole of government approach, filling a largely neglected space in the literature. My findings most closely parallel those of Schulman’s (2010) immersive and participatory study of 20 cases of joined up youth policy and practice in England and New Zealand, and Huxham’s (2003) action research of interorganisational collaboration aimed at addressing social issues. Together with the work of these two authors, my research is one of the few studies to have used participant observation data in the study of the whole of government approach. Despite this, my description of the processes largely corroborates the findings of other work based on retrospective data methods such as interviews, surveys and document review (particularly Bakvis & Juillet 2004a; 2004b).

9.1.1 Governance

This whole of government initiative did not stem from a government directive. Rather its origins lay in a Cabinet submission from the Northern Territory (NT) Mental Health Branch within the Department of Health. This generated the seed funding to establish a suicide prevention coordinator position and the NT’s whole of government approach to suicide prevention. However, I argue in Chapter 4 that the actions of Mental Health Branch were greatly influenced by the institutional environment for suicide prevention which held a myth: policy approaches to suicide prevention must be intersectoral.
The subject of this case study was a lead agency model; the NT Mental Health Branch was the lead agency for the Northern Territory Suicide Prevention Coordinating Committee (NTSPCC or the committee). The committee was established with the authority of lead agency’s minister and member agencies were invited to participate without prior consultation.

The limited funding that this initiative attracted and the fact that it stemmed from a branch of the health department, and not a government directive, led me to conclude that at the outset there was not high level political commitment to the issue of suicide. My perception was supported by the way NT politicians described the watershed moment of discussing suicide in parliament towards the end of the initiative. This context makes my case study different from much of the other whole of government research which has examined issues central to the political agenda of the day (see Bakvis & Juillet 2004a; Edwards 2001). This difference is important because political will is known to facilitate whole of government initiatives (Chapter 2).

In Chapter 2, I discussed the need for adequate resourcing of whole of government initiatives. In this instance no funding, aside from the Suicide Prevention Coordinator’s salary, was available to the committee at the outset. This eliminated the possibility of using financial incentives as a mode of interdepartmental coordination. However, the title of lead agency affords a certain legitimacy enabling individuals from the lead agency to assume a leadership role over the member organisations (Huxham & Vangen 2000, p. 1168). In line with this I noted the soft powers of the NT Mental Health Branch: the ability to call meetings and moral suasion. It was within this authority structure that the coordinator, the key driver of this initiative, operated. Principally, she sought to gather details of existing activities within the member agencies that had a bearing on suicide prevention. Once these details were recorded in a policy document called the *Northern Territory Suicide Prevention Action Plan 2009-2011*, a process that took two years, the lead agency’s authority was somewhat bolstered. This was because the action plan was a formal bureaucratic document that outlined the obligation on member agencies to report on the commitments it contained, allowing the lead agency to follow up the agencies for this end.

The lead agency’s soft powers (and the committee’s discussions) were inadequate to command the attention of senior bureaucrats. Many bureaucrats from my case study participated not because of any pre-existing willingness to collaborate on the issue but rather because they were told to. These observations, which echo Bakvis
and Juillet’s (2004b, p. 14 & 22), were exemplified by the considerable amount of proxy representation sent to the committee; senior bureaucrats delegated responsibility to subordinates. Delegation was also evident at the point of invitation; although membership was requested at the executive director or director level some agencies passed the invitation down four levels in the hierarchy until responsibility rested with a non-senior bureaucrat.

The lack of willingness to participate at the senior levels was not due to a lack of interest in or concern about suicide and its prevention but rather due to this process not being prioritised in comparison with competing obligations. This was partly due to what Bakvis and Julliet (2004a, p. 66) describe as the gravitational pull of agency responsibilities within the established hierarchy which focuses attention on agency specific business. It was also due to a capacity issue for senior bureaucrats, previously noted (Huxham 2003, p. 411; Lindquist 2001), who were unable to attend to the burgeoning number of joint initiatives. My interview data supports other work arguing that whole of government initiatives receive greater bureaucratic attention when the central issue is high on the political agenda (Lindquist 2004, p. 169). This case, however, was not one of those.

Although there was a common opinion among those I interviewed that participating in joint initiatives should be avoided when possible (Section 5.4.2.2), senior committee members did not abdicate their agencies from the process because it was an opportunity to garner support for their future joint initiatives and to provide professional development in the whole of government realm to their subordinates.

The lead agency sought to maintain the representatives’ commitment by minimising the obligations placed on them and being pleasant and agreeable in meetings and in written communication. Simultaneously, however, there were elements in its leadership that resonate with Huxham’s (2003, pp. 415-6) description of ‘collaborative thuggery’. The lead agency determined the agenda and the output of the process, steered the content of the action plan and purposively crafted the minutes. Also noted by other scholars (Huxham & Vangen 2000) was the lead agency’s use of the meetings and its leadership role to present and reinforce the paradigm - ostensibly underpinning the need for the whole of government approach - that suicide was a responsibility for all the member agencies and not just the Mental Health Branch.
9.1.2 Committee processes

The meetings in this initiative, as Schulman (2010, p. 237) has also observed, proceeded in a formal preset fashion dictated by a meeting agenda which was established by the lead agency. The coordinator was the individual who spoke the most at meetings. The content of the meetings was initially focused on the rationale for the whole of government approach to suicide prevention. There were two elements to this: (1) the gravity of the issue of suicide in the NT, supported by statistics and (2) the multicausal and multifactoral nature of suicide which provided the justification for the member agencies' participation. The latter was important because the committee had been formed without prior consultation. Later on, the focus of the meetings shifted to administrative and procedural concerns: deadlines to finalise the action plan, action plan format and layout, reporting processes for the action plan. Notably absent from this content was interdepartmental discussion about suicide and how to prevent it in the NT. This is similar to Schulman’s (2010) observation that discussions in intersectoral meetings focused on procedure rather than content and Bakvis and Julliet’s work (2004a, p. 55) that found central agencies in joint initiatives were ‘too traction-based in their outlook’ and did not give serious consideration to interdepartmental strategies to deliver on government objectives.

Others (MAC 2004, p. 185; Schulman 2010, p. 237) have noted that work from joint initiatives has not been shared throughout the group but rather rested with the lead agency and this was certainly true in this case. Moreover, a central theme in both the interviews and my observation of the committee was the immense and dominant role of one individual - the coordinator - in the process. This situation was not only accepted by the members, but the coordinator’s hard work was lauded. While this case had membership from eight departments (from two levels of government), the overwhelming bulk of the work was carried out by one individual. Lindquist (2004, p. 164), using Canada’s 2001 Round Table report on horizontal management, draws our attention to the reliance on heroic individual effort rather than systemic support which he believes would be preferable.

A recognised mechanism to get agreement in the leader’s desired direction and make things happen in collaborative settings is manoeuvring in the background (Huxham 2003, pp. 415-6). This occurred in this case. The coordinator's work was not limited to the committee room but also included contacting and liaising with representatives one-on-one outside of the meetings.
9.1.3 Output
The output from this initiative was the *NT Suicide Prevention Action Plan 2009-2011*. Stories abound (see Huxham 2003, p. 403) about the difficulties of getting outputs from joint work. The narrative of this thesis tells a similar story where the coordinator struggled to get contributions and timely responses from the representatives in order to produce an output. Indeed her individual ‘heroic’ efforts, working against ‘collaborative inertia’ (Huxham 2003), are likely to have contributed to her eventual disenchantment with the process. However, the production of the action plan was seen as a triumph perhaps partly because this initiative did manage to produce an output. There was an air of celebration at the time of its launch and in the meeting that followed.

Policy documents being an output from a joint process is common.

...central-level joined-up initiatives...can be so distant from the populations and issues they seek to influence...that policy processes and products are the only visible phenomena to emerge within a short time frame.

(Schulman 2010, p. 250)

The action plan was a record of unintegrated departmental activities. Just as Schulman (2010, p. 343) observed from her case studies, the action plan was an output ‘more reflective of individual agency thinking and separate analysis’. Moreover, it contained very few altered activities but rather largely captured the existing departmental activities. This was unsurprising because there was not funding available to the committee at the time of the action plan’s development for new programs and projects. The action plan did not build system change around suicide prevention. It was what has been called a ‘pointable activity’ (Morgan Disney & Associates 2006, p. 43); it was a demonstration that there had been a joint process.

It was intended that there would be annual reports against the commitments in the action plan. The lead agency attempted to prepare the first report. However, one was not released until there was a NT Government inquiry into youth suicide. At this time the committee had been dormant for almost 18 months and it was not reconvened to produce the report.

9.2 Objectives: Perceived and latent
My second research question was for what purposes the whole of government approach was adopted in this instance? This included the formally stated purposes, purposes perceived by the participants and latent purposes. My analysis of this situation was informed by organisational analysis from a new institutional
perspective: the work of DiMaggio and Powell (1983), Meyer and Rowan (1977) as well as the work of March and Olsen (1979) and Brunsson (2002).

At the outset I did not assume the reasons why a whole of government approach was adopted, rather I openly explored the purposes it served. This is quite different to the research and commentary that has examined the approach as an instrument for assumed purposes. Instrumentally, the whole of government approach is often imagined as a tool for coordinating policy development and service delivery in areas that cross bureaucratic boundaries.

My use of participant observation enabled me to uncover a significant disjuncture between the formal representation of the process (the action plan and the structure and objectives of the committee) and the actions I observed. Yanow’s work (1993, 1996) on interpretive policy analysis stresses that policies and actions (such as convening a committee) can be symbolic; expressive of beliefs and values. The disjuncture between the formal representation of the whole of government approach from the activities indicates that the committee and the action plan were symbols of a whole of government process rather than substantive contributions to reduce the incidence of suicide in the NT.

9.2.1 Legitimacy

The theme of legitimacy presents itself in a number of places in the data and analysis. While some participants spoke about legitimacy in their interviews it was largely the lead agency’s latent purpose. My interpretation of this purpose was particularly informed by Meyer and Rowan (1977) and Scott (1987).

The international and national discourse as well as the institutional environment, wherein all jurisdictional governments in Australia had a joint approach for suicide prevention, amounted to an institutional myth in the suicide prevention arena (Chapter 4). Institutional myths guide behaviour, setting out what is rational and correct, right and wrong, moral and deviant (Meyer & Rowan 1977). The myth was that policy approaches to suicide must be intersectoral. The NT bureaucracy conformed, not because they believed it would produce the most significant reduction in suicide - indeed there was no evidence of the NT Government making an assessment of the costs, benefits and alternatives - but rather because it was the only ‘real option’ (Bakvis & Juillet 2004b, p. 14) given the context. Or, as Harmon and Mayer (1986, p. 3) describe, the response was ‘socially mandated’.

The myth was used by the lead agency as platform or a resource to secure external legitimacy. This, I argue, was particularly for the consumption of the Australian
Government, the major funders of suicide prevention activities in Australia. Despite poor funding and limited political attention for suicide prevention within the NT, the whole of government process produced symbols that demonstrated the NT was operating within the accepted norm.

The elements of this case that indicated it was a legitimate process were made clear in the NT Government’s submission to the national inquiry into suicide prevention (Section 7.6.2): the community consultation, the interdepartmental committee, the action plan and a process evaluation. The perceived legitimacy of this process enabled the NT health department to contribute to the national and NT inquiries into suicide without fear of rebuke for their lack of action on the issue.

The committee bolstered the action plan; it added credence to a document that had little, if any, impact on the activities of the contributing agencies. The lead agency, against the wishes of the representatives, sought to maintain the committee after the launch of the action plan because of the legitimacy it afforded the document. However, the lead agency did not on the whole heed the input of the representatives (Section 5.2.4, 5.3.4 & 5.7.1). Indeed it did not seek the committee’s advice on how the two suicide prevention funding allocations associated with the action plan should be spent (Sections 5.7.4 & 7.3.2). This anomaly supports my argument that the committee was symbolic.

For the committee to effectively legitimise the action plan the committee itself was also required to have the semblance of being legitimate, both internally and externally. This was achieved through a published list of generally senior members (DHF 2009b, p. 24), an established Terms of Reference as well as the productions and acceptance of meeting minutes. In contrast to this representation my observations included widespread delegation of responsibility away from senior bureaucrats, the coordinator carrying out the bulk of the work and representatives being largely passive in the process.

The action plan contained very little action that was a product of this whole of government approach but rather the commitments it documented were largely unaltered activities from the member agencies. However, in another example of the decoupling in this initiative, the action plan was purported to provide ‘assessable actions’ (DHF 2009b, p. 4) to prevent suicide in the NT. The action plan was legitimate on three levels. First, the action plan had multi-agency input which demonstrated it was in line with the myth. The action plan also retained the action areas of the national policy signalling to the Australian Government that the NT’s approach was aligned with the national direction. It was anticipated that this would
ensure the NT could secure maximal national funding. Finally, the action plan was a policy document signed off by a NT minister and thus demonstrated a legitimate bureaucratic process. The action plan satisfying all these elements is likely to be why, anecdotally, it was well received locally and nationally.

The creation of the action plan had two perceived consequences: it increased the authority of the lead agency to make requests and demands of the member agencies relating to the commitments they made and transformed the unaltered departmental activities it recorded into legitimate suicide prevention initiatives by their very inclusion in the document.

9.2.2 Positioning

Positioning suicide onto the political agenda was a perceived purpose of this whole of government initiative. The circumstance, wherein very little political attention or funding from the NT Government was being directed at suicide at the outset, was behind the approach being used for this purpose. The lead agency felt that if senior bureaucrats and the NT Government were made more aware of the dire suicide statistics in the NT, they would be compelled to take greater action on the issue.

The very presence of a (joint) policy document, even without associated substantive changes, within the bureaucracy may raise the salience of the issue, as others have identified (Bakvis & Juillet 2004b, p. 9). Ross’ case study (2011, p. 137) in the family violence sector claimed that whole of government processes generated ‘high level political engagement’ and mobilised political capital. These were the desired effects the lead agency sought from this whole of government approach.

From a rational perspective this is most perplexing to explain: the bureaucracy produces a policy response to an issue in order to generate a political response. It appears to be putting the cart before the horse and is a logic that I struggled to comprehend throughout my association with the committee. The literature offers three ways this can be understood. There is March and Olsen’s (1979, p. 195) ‘administrative test of will’ wherein the action plan demonstrated that there was commitment and energy for the issue within the bureaucracy. I could imagine that a joint policy was particularly potent because it demonstrated a commitment across a range of agencies or, as Ross et al. (2011, p. 138) identified in their case, it demonstrated ‘political ownership and consensus’. Alternatively, Rocha and Granerd (2011) described a process whereby those cognisant of the decoupling agitate for change to add substance to the symbol, to bridge the disjuncture. For example, NT Government ministers might question how there can be an action plan
without funding for its development and allocate funding for suicide prevention programs. One of the downfalls in this case in facilitating such a process was that the action plan was poorly promoted within the NT Government and senior bureaucracy. The final explanation comes from the work of Milewa (1997). He observed that community participation in setting health care priorities had elements of theatre: the exercise raised public awareness of the issues but the leading authority did little to respond to the issues raised by the community. Similarly, this process hoped to raise awareness of the issue of suicide among senior bureaucrats; informing them about the sombre situation of suicide in the NT. As with the study of community participation, the key element to the process was not whether there was an impact from the senior bureaucrats’ participation in the exercise but rather the heightened awareness these individuals might gain by their participation. Awareness amongst executive directors and departmental CEOs might make them sympathetic to suicide prevention initiatives in their budget allocations. However, theoretically political priority in Australia is determined by the government and not the bureaucracy and it is less clear how this case was using or intended to use the symbols of the process to communicate with government beyond the Minister for Children and Families.

It is my contention that both March and Olsen’s (1979, p. 195) ‘administrative test of will’ and Milewa’s (1997) model of raising awareness were at play in this initiative. The coordinator certainly expected there would be a political response to the committee’s output of the action plan but additionally the effort that the coordinator put into contextualising suicide to the committee also indicates an emphasis on awareness raising about suicide amongst the committee representatives.

9.2.3 Paradigm

The lead agency wanted to disseminate, promote and develop the idea that suicide was not a concern solely for the Mental Health Branch, or the NT Department of Health, but that all member agencies had a role in preventing suicide. They sought engagement from the member agencies on the issue of suicide prevention or what they termed ‘buy-in’. Seeking engagement can be understood as a preliminary step to establish joint working and, indeed, some interviewees explained it this way. However, this whole of government approach for suicide prevention followed two other such examples in the NT with nearly identical representation which suggests that rather than being a preliminary stage of the process this committee is another peak in a decade long effort. Moreover, for the lead agency promoting understanding of this paradigm was a desired goal rather than a necessary
transition step. Interviewees also stated that the initiative sought to promote the joint responsibility paradigm.

This notion resonates with the idea that the whole of government approach is not a structure or a process but rather an ethos, a mind-set about how government bureaucracies should address complex problems (Bogdanor 2005, p. 17; Lindquist 2004, p. 153). Similarly, Ross’ work (2011, p. 137) speaks about how the whole of government approach enabled the development of a common philosophical (and policy) framework. In the NT initiative contextualising was used by the lead agency to instrumentally establish a common paradigm. However, I contend that the symbols also represented the joint responsibility paradigm. Schwartzman (1989, pp. 39-41) described how meetings can contribute to the identity of the members and the validation of social relations; they can create social identity. Even though fewer efforts were made to instrumentally develop the joint responsibility paradigm after the first year, the committee and the action plan continued to represent it because as symbols they joined the member agencies to the issue of suicide prevention and, in this way, shaped their identity.

9.2.4 Institutionalised

It has been speculated that the whole of government approach has become institutionalised (Briggs & Fisher 2006; Christensen & Lægreid 2007, p. 1062). Selznick wrote:

\[
\text{In what is perhaps its most significant meaning, “to institutionalize” is to infuse with value beyond the technical requirements of the tasks at hand.}
\]

(1984, p. 17)

Thus organisational forms that are institutionalised are not only (or necessarily) a means to an end, but rather are worthy in themselves because of the meanings and values they hold. My thesis has argued that this example of the whole of government approach was adopted to communicate beliefs and values: legitimacy, the worthiness of suicide to be a political issue in the NT and the joint responsibility paradigm for suicide. After the whole of government process had been dormant for over 18 months, and in the face of a political crisis in relation to suicide, the meaning of the action plan shifted to represent a substantive response to suicide prevention in the NT (Chapter 8). These are shown in Table 9.1.
Table 9.1 Target audiences and intended meanings of the symbols

<table>
<thead>
<tr>
<th>Audience</th>
<th>Desired interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Government</td>
<td>Legitimacy: The NT Government’s approach to suicide is legitimate, aligned with the myth and the national policy.</td>
</tr>
<tr>
<td>Senior bureaucracy and NT Government</td>
<td>Positioning: Suicide is a significant problem within the NT and deserves political attention (and funding).</td>
</tr>
<tr>
<td>Member agencies</td>
<td>Paradigm: Suicide prevention is a joint responsibility.</td>
</tr>
<tr>
<td>NT parliament in 2011</td>
<td>Substantive action: Action plan only - There have been suicide prevention activities in the NT between 2009 and 2011.</td>
</tr>
</tbody>
</table>

These meanings are different to the conventional aspirations and assumed purposes in much of the whole of government literature which has an instrumentalist focus (Chapter 2) and represent a key finding of this research. My study strongly suggests that the whole of government approach has become institutionalised because in this instance it was not adopted primarily for reasons of technical merit.

The meanings that the symbols were expected to communicate demonstrate how symbols can accommodate multiple meanings. The meanings varied according to both the audience and the circumstance. The symbols could satisfy multiple stakeholders with competing priorities. By example, the action plan with its paired action areas was able to simultaneously demonstrate alignment with national suicide prevention policy direction and pay heed to the high proportion of Indigenous Australians in the NT. With very little funding the NT developed an approach that was lauded. The symbols of this case also offered hope: hope that there was considered suicide prevention action, hope that other agencies were addressing suicide prevention in one form or another and hope that a holistic approach to suicide prevention was, or at least could be, implemented in the NT. Brunsson (2002, p. 235) stresses the significance of producing hope stating that it is as significant as producing organised action.

9.3 Formal purposes: Ambiguous and unfeasible

The committee’s Terms of Reference outlined the formally stated purposes of this whole of government approach.
Objectives
1. Provide leadership for suicide prevention activities for the Northern Territory
2. Provide and promote a whole of government/whole of community approach to suicide prevention
3. Support a sound evidence based approach for the development of programs and future policy directions to address suicide and self-harming behaviours across the Northern Territory.

(NTSPCC 2007e, p. 1)

These formally stated objectives were both unrealistic and ambiguous. I deal with each of these characteristics in turn.

March and Olsen’s (1979) work on organisational decision-making in the context of ambiguity highlights the significance of the absence of measurable outcomes. The committee’s objectives, particularly the first two, were shrouded in ambiguity: what outcomes or outputs could demonstrate leadership and a whole of government and whole of community approach? It is difficult for an outsider to discern if the committee fulfilled these objectives. This ambiguity facilitated the separation of the formal representation of the process and the activities behind it. Similarly, Selznick (1984, p. 16) noted that when goals are imprecisely defined there is greater leeway for institutionalisation to develop.

The expectations were unrealistic from the outset. This, largely unfunded whole of government initiative, sat abreast with representatives’ ongoing obligations to deliver their agencies’ core business and offered them no incentive for their participation. Additionally, the selected member agencies were charged with considerable responsibilities relating to suicide prevention without them having shown prior interest in it and many individuals felt they did not have any expert topic knowledge. The lack of funds at the committee’s disposal significantly curtailed (or eliminated) the possibility that they could develop suicide prevention programs. Yanow (1993, p. 52) wrote about how rituals, such as intersectoral committee processes, can divert attention away from substantive difficulties posed by the goals themselves. In line with this, the participants allowed the process to continue and rarely dwelt on the host of possible difficulties of the situation. Similarly, it has also been noted that when the expectations of reforms are inflated it is more likely that the symbols of the reform will be decoupled from the observed action and the symbolic character of the venture intensifies (Christensen & Lægreid 2003).

The formally stated objectives being ambiguous and unfeasible increased the potential and likelihood that the committee and the action plan would have a symbolic dimension. It did not, however, prohibit instrumental processes or processes directed at reducing suicide. Instrumental and institutional perspectives
can coexist. Despite this, there was tension when participants were unaware of, or paid no heed to, the symbolic aspect (Chapter 7). At these points the lead agency did not discuss with the committee the symbolic value of the process.

One question that the observed decoupling presents is the extent to which the separation of the symbols from the action was deliberate on the part of the participants. The data suggest that the participants were cognisant of this situation. The lead agency, or at least the coordinator, had predetermined that an action plan would be the committee’s output even though there was no funding to fuel the ‘action’ that would be recorded in the document. It is possible that the coordinator naively (but genuinely) thought at the outset that agencies would create suicide prevention initiatives or activities from within their existing capacity. This would explain why she spoke to me about key performance indicators before the committee had even been convened, a sign that she thought there would be measurable change within the member agencies. However, I contend that an action plan developed without funding is bound to more symbolic than instrumental. I therefore believe that the lead agency was aware that the action plan would be symbolic. It follows that a committee whose primary task is to develop such an action plan might also be symbolic. Senior bureaucrats were cognisant of the inaction of the committee but did not expose this or derail the process but rather used it to foster goodwill and as a professional development opportunity for their subordinates. For these reasons, I believe that within the lead agency and at the senior levels there was an understanding, not always articulated or well developed, that the initiative was about the production of symbols and not substantive action for suicide prevention. The participants’ awareness and acceptance, even if only by lack of objection, of the production of symbols suggests the decoupling of the symbols from the action was intentional.

### 9.4 Generalisability

#### 9.4.1 Analytic generalisation

The use of theory in case study research is characterised by Yin (1994, p. 30) as ‘analytic generalisation’. Yin stated that this as the main vehicle for generalising results beyond the case study. The new institutional perspective used in this study focuses on ‘taken-for-granted beliefs and widely promulgated rules that serve as templates for organizing’ (DiMaggio & Powell 1991, pp. 27-8). The institutional environment for suicide prevention exemplified the myth that policy approaches to suicide prevention must be intersectoral. The NT bureaucracy was able to use this
as its template for organising. The findings from this case can only be generalised to other settings where the institutional environment defines or dictates that the legitimate response is a whole of government approach.

March and Olsen’s (1979, p. 12) variant of new institutionalism is applicable to organisations operating in the context of ambiguity. This can be ambiguity of goals and intention, including inconsistent or ill-defined goals; ambiguity of understanding (i.e. the difficulty of making causal connections between organisational action and outcomes or what March and Olsen term ‘unclear technologies’); ambiguity of history where past events cannot be easily interpreted thus allowing them to be twisted or reconstructed; and organisational ambiguity which relates to the changing and uncertain pattern of individuals’ participation and attention. Thus findings similar to what I have described could be expected when the adoption of the whole of government approach is shrouded in ambiguity by any one of these factors.

9.4.2 The wicked problem

Suicide sits within a bureaucratic context that is very common: there are finite resources and countless political problems that could be addressed at any given time. Governments must prioritise the problems and government agencies, each with their pet concerns, must position their problems for the attention of government. Additionally, government agencies need to balance the pressures of their institutional environment with the public desire for rational action.

In Chapter 4, I maintained that a case study addressing suicide was deemed suitable because it has the characteristics of wicked problems for which whole of government approaches are often adopted. However, suicide is universally regarded as an undesirable outcome created by human action and for this reason is unlikely to be a divisive issue when compared to, for example, climate change. I expect bureaucrats, irrespective of their department, would be supportive of reducing the rate of suicide in the NT and they may be mindful not to be seen to derail a process addressing suicide.

Also in Chapter 4 I detailed the very small number of evidence based approaches to suicide prevention. It is possible this situation could have increased the paralysis on identifying effective action and thereby making a symbolic response more attractive. However, this situation is not unique to suicide; other wicked problems, such as social and economic disadvantage among Indigenous Australians, present an equally sticky problem when considering where to start.
In Section 9.1 I established that my findings are similar to other studies of whole of government approaches from quite different contexts. For this reason I believe that my findings can be generalised quite broadly to other situations where a whole of government approach is adopted for wicked problems, where the objectives are unable to be evaluated by measurable outcomes and where there is an institutional myth that can be used as a template for organising.

9.5 Limitations and areas for further research

The vast majority of my interviewees were bureaucrats and thus my interpretation has been greatly shaped by their perspectives. The meanings ministers and other elected government representatives attributed to this whole of government approach were, to some degree, gauged through my analysis of the parliamentary discussion and media reports; however, no politicians were interviewed. Politicians set the political agenda and this initiative hoped to increase the political priority given to suicide so a greater exploration of their perspectives could be important. What was their awareness of the whole of government symbols? Did they read the symbols as the bureaucrats in this case presumed? Specifically, it would be interesting to know how (or if) the symbols from this initiative were used or considered by the NT Government when they were faced with the suicide crisis described in Chapter 8.

Aside from the community’s public statement on suicide made at the rally, this case study was unable to explore community members’ perspectives due to their relative absence from the process. Non-government organisations (NGOs) were another group whose perspectives were not explored in interviews because of their lack of involvement in this initiative. However, input at the NTSPCC Planning Forum from NGO representatives was analysed. The intersection between the symbolic value of the whole of government approach I identified and the role of NGOs in service provision - in substantive action - suggest that the NGO perceptions of the approach would be interesting. Does engaged participation by community members and NGO representatives limit the production of bureaucratic symbols or only further legitimise the symbols of the process?

This initiative was a lead agency model where participation from most government agencies was invited without prior consultation or demonstration of a pre-existing interest in the topic. Although a common model, in Chapter 2 I discussed more collaborative modalities such as bottom-up approaches. I would expect that processes and outcomes would differ from my findings when stakeholders are independently motivated by joint concern for an issue as opposed to a lead agency
governing a process to reach preordained outputs. This case was also driven from within the bureaucracy and not from a government directive. The NT Mental Health Branch was trying to position suicide and encourage government action on suicide prevention. One question this raises is how would the processes and its meanings vary when the situation is reversed: the government establishes a whole of government approach to drive the bureaucracy to act.

I believe my involvement in the case study had little bearing on the events that unfolded. In the context of my argument, the most significant point when my presence potentially had an impact was when the process evaluation I was conducting in parallel with this research was noted in the NT Government submission to the Australian Senate inquiry thereby adding further legitimacy to the NT’s whole of government approach. Participants were sometimes mindful of my presence: on one occasion the coordinator emailed me exclusively with an update on the reporting process and one interview was likely to have prompted a senior committee member to disseminate a short snippet of information about the committee and action plan among his agency. I stepped from my role as a non-participant observer when I informed the coordinator that some representatives had never received a copy of the action plan. All these moments are discussed in Chapter 7. Most commonly, though, I was another email address on a large committee distribution list and another face at the table in a committee with significant turnover.

9.6 Research implications

9.6.1 ‘So, did it work?’

At pre-conference drinks for a public administration conference I spoke with a senior Victorian bureaucrat. She enquired about my case study, ‘So, did it work?’ This seemingly simple and banal question captures much of the importance of this research. It assumes that success of whole of government initiatives can be easily identified and described, presumably along the lines of collaborative effort, coordination and a holistic approach to problem solving. The dominant instrumental perspective neglects the elements highlighted in my thesis that are foundational for getting things done in a bureaucracy: establishing and maintaining legitimacy, the need for (at least some) political attention, an agreed paradigm and communicating with a range of stakeholders. While in the policy and public administration literature credible and important alternatives to the instrumental perspective are well established (Bridgman & Davis 2004, p. 47; Harmon & Mayer 1986, p. 381;
Lindblom 1959) my research breaks new ground for the whole of government literature.

The processes I described at the beginning of this chapter have been, on the whole, documented before, although often without the thick description. What is particularly important about my research is the lens I have used to explain those observations. This thesis illuminates how government agencies operate within their contextual pressures and constraints. With the exception of Christensen and colleagues (2007), scholars have previously only postulated or noted the potential for whole of government approaches to be used as symbols (Briggs & Fisher 2006; Pollitt 2003). This thesis exposes the decoupling of the symbols from the action and provides the data to support an alternative perspective that is undeveloped in the whole of government literature.

9.6.2 Implications from a new institutional perspective

The fresh perspective offered has the potential to explain apparent paradoxes and tensions within the whole of government realm. This thesis was written at a time when whole of government initiatives were widespread yet anecdotally there is skepticism that government agencies work together. I describe tensions between the instrumental and new institutional perspectives in Chapter 7. The tension was felt not just by the participants of this case study; I was also acutely aware of it for the first two years when I was unable to meld the literature with my observations. This tension is real for those working in and for government. My research improves our understanding of this situation.

My research has implications for evaluators, researchers and those involved in cross-government initiatives. Evaluators and researchers need to be mindful of the decoupling I have described. The formally stated objectives may provide a distorted representation of the aims of the initiative and may neglect perceived and latent goals when symbols are used. Participants in cross-government initiatives may be unaware of the potential legitimising function their representation serves, even if only by association. Understanding how one might be used to meet another’s objectives is important for assessing if and how to participate.

Governments cannot deliver substantive action on every issue all the time: resources are finite and public attention, which they require for votes, is fickle. Despite this, public agencies are expected to address the gamut of problems. This situation highlights the ongoing role symbols have within the bureaucracy.
Parkinson spoke about the science of committees:

The first and most elementary principle of this science is that a committee is organic rather than mechanical in its nature; it is not a structure but a plant. It takes root and grows, it flowers, wilts and dies, scattering the seeds from which other committees will bloom in their turn.  

(cited in Schwartzman 1989, p. 145)

Similarly, a new institutional perspective in organisational analysis highlights the social reproduction of processes. This was the third example of a whole of government approach for suicide prevention in the NT. They have, in the past, taken root and grown in spite of obvious shortcomings such as one committee disbanding after the launch of the policy document it generated. This initiative has ‘wilted and died’ and the coordinator has moved on but her successor will no doubt look at the remnants, particularly the committee’s composition and the action plan, and know that these elements were credible in the eyes of her minister. This is important because hierarchical approval and ministerial sign-off are marks of success within the bureaucracy (Schulman 2010, p. 288). Evidence of new, isomorphic shoots were already seen in the NT health department’s submission to the Select Committee on youth suicide in the NT which signalled the planned development of a revised action plan in 2012 (Northern Territory Department of Health 2011b, p. 7).

The actions described in this case study were not only a response to the institutional environment; they, as described by Weick (1969, pp. 27-9), simultaneously contributed to it. The NT’s approach further cemented the suicide prevention norm in Australia. It contributed to perpetuating the myth because, when jurisdictional governments revise their policy approach to suicide, the institutional norm for a joint approach in Australia remains evident. Moreover, the NT’s whole of government approach has been showcased at a national suicide prevention conference (O’Regan 2009) and during national and NT Government inquiries into suicide (Chapters 7 and 8).

The production of the symbols was not without cost. Chapter 2 noted that whole of government approaches are resource intensive and this example consumed considerable human resources. The coordinator’s disenchantment and eventual resignation is an example of the personal cost leaders of such initiatives may bear. Additionally, the process generated an overload of information: a committee was convened to collate and report on largely pre-existing activities of member agencies; minutes of these discussions were made and sometimes circulated; a policy document of the existing activities was developed; agencies are asked to report on these activities annually and these reports were to be disseminated. At each step in
this cycle bureaucrats were consumed with the production and maintenance of the symbols requiring considerable human resources.

9.6.3 Rational-instrumental responses

Clearly, my central thesis is not about instrumental action. However it is the dominant paradigm in the whole of government literature and was a perspective held by some representatives. For these reasons I think it is worthwhile to consider instrumental responses to the processes I observed and show how they differ from the new institutional insights I have discussed above.

The whole of government and collaboration literature would suggest that this case was bound to struggle because it had so few of the identified facilitators I discussed in Chapter 2. Despite a government minister allocating the seed funding, I judged that suicide was not a high political priority for the NT Government. The initiative was poorly funded and there was not genuine cooperation at the outset. From this perspective the literature that advises the judicious use of joint approaches (Huxham 2003; Management Advisory Committee 2004) would suggest that it was ill-advised to initiate this whole of government approach in the first instance.

I described in the previous section the considerable human resources required to maintain the symbols. *Health in all Policies* (WHO & Government of South Australia 2010), a bilateral approach recently advocated by the World Health Organization, may be a more efficient approach than joint committee approaches. *Health in all Policies*, based on the social determinants of health model, advocates that bureaucrats from the health departments liaise with other departments providing health expertise on the issues on the non-health agencies’ agendas.

Section 9.3 considered the ambiguity of the objectives of the committee. An instrumental perspective would argue the need for clearly defined goals to facilitate the process (Chapter 2). Keating (2001, p. 178) noted that when the Terms of Reference for whole of government initiatives are extremely broad then there is enormous scope for debate about what ought to be done. In this case the preordained course set by the coordinator largely eliminated this problem. Nevertheless, it must be a daunting task for a representative to consider how they are to contribute to, for example, an evidenced based approach to suicide prevention. How are they to remedy the appalling suicide statistics in the NT?

March and Simon highlighted the importance of specificity for getting things done:
The routines of attention allocation tend to give priority to those things that are immediate, specific, operational and doable; they tend to ignore things that are distant, general and difficult to translate into action. (March & Olsen 1979, p. 50, based on March and Simon's work)

Thomas Peters' (1978, p. 5) 'theory of the small win' similarly states that managerial activity that is consistent, moderate in size and has clear cut outcomes is beneficial for achieving change. The work of these scholars advocates for specific and achievable tasks.

In my work, and that of Schulman (2010), the policy outputs from whole of government initiatives did not integrate or alter designated departmental responsibility. Mintzberg (1994b, p. 14) notes that the planning processes preserve the existing categories, such as departmental boundaries. Mintzberg's suggested remedy lies in innovation and creativity.

Strategic planning is not strategic thinking and the most successful strategies are visions not plans

(Mintzberg 1994a, p. 107)

Similarly, Schulman (2011) advocates a design approach which also addresses goal specificity. She tags the approach 'Working Backwards' wherein the desired outcomes are specified first and suitable approaches to reach those goals are then created considering design parameters such as usefulness and usability.

The recommendations above, while appearing sound and functional, neglect the worth of the findings of this research. If there was no process or a process that did not produce symbols (as would result from a more judicious use of joint approaches or the adoption of the Health in all Policies approach) then the Australian Government's perception (the major funder of suicide prevention initiatives in the NT) of the NT's legitimacy is likely to have been diminished. A government that fails to address significant problems within its remit should be accountable. However, in this instance the action plan enabled the NT Government to confidently and volubly participate in the national inquiry on suicide and discuss the issue in the NT parliament without attracting criticism for their inaction.

Specific achievable tasks and a design approach encounter the same problem in the context of this case study: at the outset there was no funding at the committee's disposal with which to fund specific tasks or goals. Such approaches, while limiting the opportunity for decoupling and channelling action towards substantive outputs, would greatly increase the chance that there were no outputs at all. Previously, I described the benefits of having the symbolic products for the NT Government. Even if there were funding the design approach presents another problem: the risk
that the outputs may be outside the established moral frame, an uncomfortable place for government agencies to dwell.

9.7 Reflections on my research journey

This research was a profoundly stimulating and intriguing journey for me. Early on in my interviews I was utterly bewildered when a senior bureaucrat (2009, interview, 30 April) informed me that the initiative was about ‘maximising outcomes’; I felt that she had deceived me. I look back on her interview now and I can see that she had profound faith in the whole of government symbols and has, in the past, initiated her own whole of government initiative without funding. The revelations the new institutional and interpretative policy perspectives provided me in this research, and more broadly, fueled me to the end.

I believe that the informal and relaxed NT culture enabled me to capture candid and distinctive data. It afforded me some intimacy with my participants from the outset. On a more practical level it also contributed to me being able to cold-call executive directors: not only did the government switchboard transfer me directly, by-passing gatekeepers, but the individuals made time for me and sometimes even returned my calls. These executive directors spoke openly of their concerns and the situation within their agency.

My professional relationships with some of the participants fortified my determination to understand this initiative. I knew the bureaucrats were hard working and well meaning. Therefore I could not dismiss the case as a vacuous venture; I knew there was meaning behind their actions. Once I had a handle on those meanings I was irritated when, in social situations, people would jest that they knew the outcome of my thesis. Social discussions about symbols within government often saw my companions assume a pejorative definition of symbol that focused on the absence of action and not the presence of meaning. This narrow and negative understanding of symbols belies their importance in government and therefore also their importance for people who want to engage with the bureaucracy and with government.

One area where I feel my inexperience and naivety at the outset impinged on best-practice was the line between participant observation and a case study founded on ethnographic principles. My information sheet for observing the committee stated that I was a non-participant observer, observing the items discussed, resolutions achieved and members’ participation. However, as I progressed with my analysis I uncovered that the glue that melded my observation notes and the meeting minutes
came from the ethnographic data: the group emails distributed to the committee, my phone calls with the coordinator and personal meetings with the chair and the coordinator. I had not considered or included these elements in my information sheet.

I embarked on the PhD because of a long standing interest in mental health policy. I established the topic after consultation with Director of the NT Mental Health Branch (the chair) because I wanted a topic that was pertinent to the concerns of her branch. What I uncovered is strikingly relevant to policy but not in the manner I expected nor, I suspect, what the chair was seeking. This suggests that the machinery of government and policy making is ill-understood and underlines the importance of ethnographic research in this field.
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Appendix
Appendix A: Timeline of the whole of government activities and pertinent external events: March 2007 to December 2011