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supporting community action

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Suicide Prevention Champions: Strengthening the role of the voluntary sector in suicide prevention.

Who we are

The **Sheffield Autism Partnership Network** (SAPN) is a group made up of different organisations from various sectors, including charities, social enterprises, local authority, private companies, and statutory services. We work together to support Autistic people and their families, friends, and caregivers. Everyone in the network shares a common goal: creating a city where Autistic people can succeed and live well.

SAPN is chaired by the Autism Partnership Lead at **Voluntary Action Sheffield** (VAS), an organisation focussed on making a positive difference in people's lives and supporting communities and local groups to create meaningful change that truly benefits people now and in the future.

The **Mental Health Partnership Network** (MHPN) brought together over 60 Voluntary, Community, Faith and Social Enterprise sector (VCFSE) organisations across Sheffield with a shared focus on mental health. The network enabled partners to share learning, advocate for city-wide policy and commissioning improvements, and influence cross-sector collaboration across the VCFSE, public, and private sectors to strengthen mental health support for communities and organisations in Sheffield.

Rebecca Lawson chaired the MHPN until its funding ended in May 2026. Due to her knowledge of this project and its partners, and the learning generated, Rebecca has continued to support the end-of-project learning and reflection activities as a freelance consultant.

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Background

What we did

SAPN and the MHPN worked together on creating a new suicide prevention programme led by the VCFSE sector. Our networks provided us with access to specialist VCFSE providers, trusted cross-sector relationships, community insights, and lived experience perspectives that statutory partners often find hard to reach. This allowed us to have open conversations and discover the challenges and unmet needs of high-risk groups, helping us design programmes together from the ground up.

By collaborating directly with VCFSE groups and people with lived experience, we identified gaps in support, highlighted the barriers faced by those at higher risk of suicide, and recognised where capacity needed a boost. This way, the programme was shaped by the real expertise and insights of organisations that are closest to the communities most at risk.

We collaborated with individuals and organisations to create a pilot programme where organisations could nominate a staff member to attend free Suicide Prevention training and join an ongoing support network.

Why we did it

The National Suicide Prevention Strategy[1] had highlighted several priority groups at elevated risk of suicide, including Autistic people, children and young people (CYP), people in contact with mental health services, people who had self-harmed, and middle-aged men.

[1] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy#providing-tailored-and-targeted-support-to-priority-groups

For the first time, the national strategy included Autistic people as a high-risk group, with some figures showing that between 11-66% of Autistic adults have thought about suicide at some point in their lives, and up to 35% have planned or attempted it[2]. Investigations into the deaths of Autistic individuals pointing to a higher rate of suicide, and more first responders mentioning Autism diagnoses or waiting lists as factors in suicide attempts. Sheffield has a unique and well-placed resource through SAPN to help explore the best ways to support Autistic people.

Alongside this, there is a lack of services in the city for children and young people affected by suicidal thoughts, other than formal mental health services. In particular, there are gaps in support for children or young people who are not accessing dedicated mental health organisations.

How we did it

Consultation workshops and surveys

We created targeted surveys to share with individuals with lived experience and the VCFSE sector in Sheffield, to better understand what was missing for these groups and the voluntary sector services that support them. The feedback helped us to put together focused workshops based on the most common findings and concerns about suicide prevention. These were:

- Lack of awareness of existing services;
- The sustainability of current services;
- Developing new approaches without duplication;
- Supporting service users more directly, instead of just directing them elsewhere.

We carried out targeted engagement workshops with people with lived experience, voluntary sector organisations, and local health and social care representatives to get a better understanding of the following questions:

[2] https://www.autism.org.uk/learn/knowledge-hub/professional-practice/suicide-research

    - Are there any suicide awareness and prevention services and activities that you are aware of already? Are they appropriate for the target audience/s?
    - Has there historically been any suicide awareness and prevention services and activities that you think were appropriate for these target groups, but that no longer exist or have been changed so that they're no longer suitable?
    - Is there anything you'd especially like to see from suicide awareness and prevention support?

Following this consultation with individuals and VCFSE organisations, it was agreed that the biggest need for the sector was appropriate and in-depth training around suicide prevention, especially for high-risk groups who weren't being targeted by existing support and projects: children and young people, and Autistic people. VCFSE organisations also wanted to better understand how to support people beyond just directing them towards healthcare services. Autistic people and CYP were seen as the groups this project could have the biggest impact on because:

- The most-accessible suicide prevention training models have a focus on working-age adults;
    - All voluntary sector providers reported more Autistic people using their services, but staff hadn't received any specialised training to better support their specific needs;
    - The organisations that saw the biggest rise in referrals for Autistic people were CYP providers, meaning there was significant overlap between these two at-risk groups;
- National and local suicide prevention strategies had added Autistic people for the first time, meaning that this was a particularly under-served group;
- Autistic people's communication and mental health needs are not being met by training, services and interventions designed around neurotypical needs.

We used the findings from this outreach and consultation to help us understand what we could offer that would have the most impact on the VCFSE sector's ability to support Autistic people and CYP with suicide prevention.

Initial findings and next steps

It became clear that the biggest gap in Suicide Prevention wasn't a lack of services, but the limited confidence, skills, and support systems for staff having tough conversations about suicide with the people they support. This also highlighted another issue - frontline workers were taking on high-risk, emotionally demanding cases without regular training, time to reflect, or sufficient organisational support.

"went off sick last year and realised I was probably experiencing some vicarious trauma and burnout had not been looking after myself"

When considering what a practical solution might look like, it was decided that the most effective approach would be to offer training centred on conversational skills with specific at-risk groups, along with a frontline worker network to offer peer support for staff. This reflected the success of the existing frontline worker network VAS had built for staff undertaking Mental Health First Aid training, and provided a model that could be adapted for Suicide Prevention.

"Confidence to adjust what I do for each person feeling this way"

These ideas were later reflected back by the training and network cohort at the project's Learning Event.

Why did people get involved?

- Personal experience with suicide and suicidal ideations;
- Concern around incidence of suicide, and how they can help;
- Wanting to develop specific skills when supporting Children & Young People and Autistic people with suicidal ideation;
- To gain a better understanding of how specific groups are impacted;
- Bolstering accessibility, signposting and experience for people seeking support from the VCFSE;
- Improving well-being support for VCFSE staff.

"It's also personal, having experienced that suicidal mindset (which can still seem alien to me), I empathise with those I work with who are experiencing that. I know what it's like and wouldn't wish it on anybody, it's more to me than simply being part of my job role."

Model development

Using these consultation findings, we worked with SCC Public Health to put together a pilot programme to help VCSFE staff involved in suicide prevention efforts. We focused on targeted training to boost their conversational skills with at-risk groups (CYP and Autism) and offered ongoing support for staff.

We looked into existing models for the training programme by researching courses from a range of suicide prevention training providers, and we also worked with colleagues at VAS to explore what they've learned and the successes of an existing staff-support network model used in VAS' Mental Health First Aid programme.

The flexibility we were allowed by the commissioner gave us the opportunity to spend a significant amount of time engaging, developing, and refining this model before delivery started. This meant the end result was truly reflective of the needs of the sector, and had been carefully and meaningfully designed.

Training

We worked with training providers to explore how we could adapt their existing training offers to best meet the needs of the cohort. This included:

- More conversational skills around suicide prevention when talking to members of the identified target groups;
- Specific tools to help identify and mitigate risk (such as safety plans);
- Better understanding of local services who can support with suicide prevention.

"As youth workers, supporting Young People affected by suicide/suicidal ideation feels really hard and scary - with less and less Mental Health support available… supporting youth workers to feel confident and competent in this area is really important"

Network model

The staff-support network model was created based on an existing VAS approach, where staff who completed Mental Health First Aid training were invited to a monthly session led by a trainer. These sessions gave staff the chance to share how they were putting their training into practice at work, and offered peer support for those who were regularly handling difficult mental health conversations.

Building on the success of this model, we adapted the approach to suit the specific needs of staff attending Suicide Prevention training.

"Whilst suicide is an incredibly difficult topic to discuss, it is incredibly important that professionals engage in this work to feel able to speak with our service users about it"

We engaged a facilitator for the network, as it was felt that staff would benefit from sessions being led by someone with strong local knowledge who could confidently guide conversations around both CYP and Autism, and was comfortable holding space for the complex, sensitive conversations that frontline workers regularly face.

We also agreed that the support group shouldn't be run by a counsellor, since our aim was to create a supportive learning environment rather than a therapeutic one, which could shift the focus onto personal emotions instead of reflective practice.

Developing a learning event

As this was a new approach to suicide prevention work in Sheffield, we sought to ensure that the model included a learning event at the end of the one-year pilot. This would enable us to assess the model's effectiveness, both in terms of how well it supported staff and how efficiently it used SCC Suicide Prevention funding within the voluntary sector. We planned the learning event to bring together the group, partners, and decision-makers to reflect on what worked, identify areas for improvement, and consider how the model could be strengthened or expanded in the future.

Attendees were asked four main questions to help us understand the impact of the pilot project and its outcomes:

- What does good support look like to you? Why is this important?
- What have we missed/not accounted for in this project?
- What are the sustainable elements of this project?
- How do we take this forward? Who do we influence?

Recommendations and learnings can be found in the next section.

Findings

What we found out

We carried out regular monitoring sessions with the network facilitator, who provided us with broad themes from the reflections of the cohort. We used these conversations, along with the discussions held at the learning event, to inform our findings and recommendations.

Staff need a supportive internal workplace culture. This includes:

- *Consistent wellbeing support;*
- *Protected time for reflection and peer support;*
- *Use of learning sets;*
- *Addressing limitations in work policies;*
- *Proactive approaches to suicide prevention*

Staff pointed out several key issues affecting their ability to support people at risk of suicide. They emphasised the need for **a more supportive workplace culture**, highlighting that high-risk situations often felt emotionally demanding without consistent support from their organisation. Staff also stressed the importance of **consistent wellbeing support**, noting that current approaches differ across teams and organisations, and aren't always sustained.

Some ideas for what good wellbeing support might look like include a staff 'buddy system', where two people from an organisation (instead of just one) attend training and networks to share the responsibility, taking the pressure off one person to lead tricky conversations.

They also appreciated the **protected time for reflection and peer support** that the network provided, with the facilitator mentioning that the network was reflective and supportive, and acted as a "healthy learning space". Participants found this to be a good chance to network, find links between their services, share resources, and get a better understanding of key themes in suicide prevention work that they could take back to their own roles - especially when leading the development of specific suicide prevention tools in the sector.

The **use of *Learning Sets**** was also seen as a valuable tool by staff, giving them a way to share challenges, build confidence, and lessen the isolation that can come with suicide prevention work - without feeling like they always have to 'fix' problems.

The cohort also talked about the **limitations of existing work policies**, saying that strict rules or inconsistent interpretations often left them feeling restricted at times when they needed to be sensitive and flexible. In their day-to-day work with people in serious distress, these policies didn't always fit the real-life complexities, and staff found themselves dealing with procedures that felt out of sync with what the person in front of them actually needed.

They felt it more important for organisations to take **proactive approaches to suicide prevention** by keeping suicide prevention at the heart of what they do by offering trauma-informed approaches, asking about suicidal ideations early on, and making suitable referrals, rather than only focusing on policies and procedures once someone is in a crisis.

Learning Sets:
A Learning Set is an approach that encourages people to explore challenges by having the group ask open, non-leading questions to help an individual understand the issue and identify the action they will take forward, rather than trying to find and offer solutions.

Staff want better collaboration and partnership between organisations and sectors. This would entail:

- *Knowing what support people will get after signposting;*
- *Knowing the outcome of referred cases;*
- *Clear understanding of support pathways;*
- *Knowledge of other organisations;*
- *Better peer and service connections;*
- *More opportunities to attend training;*
- *Better conversational skills*

The group discussed their challenges with not **knowing what support people will get after signposting**, saying how hard it can be to feel confident in their decisions when they don't have information about what happens next. They talked about the uncertainty of referring someone to another service without clear details on waiting times, eligibility, or what kind of support the person might

actually get, if any. This lack of clarity and not **knowing the outcome of referred cases** made some workers feel uncomfortable, especially when helping individuals at higher risk of suicide, because they couldn't be sure if the person would be seen quickly or get the level of care they needed.

They felt that their confidence in signposting could be increased through:

- **Clearer understanding of support pathways:** clearer, more coherent referral pathways that outline where people can go and what each service provides. Current pathways can feel fragmented, making it difficult to guide someone confidently through the system during moments of crisis;
- **Knowledge of other organisations:** better cross-sector knowledge would help staff make informed decisions, and reduce the trial-and-error approach that people sometimes experience when navigating local services;
- **Better peer and service connections:** Stronger, more consistent links between services and workers, along with better communication and joint working, would help create a smoother, more coordinated response, making sure that people at risk of suicide don't slip through the cracks.

Staff identified that they would benefit from having **more opportunities to attend training**, especially sessions that helped them build specific skills for working with a wider range of at-risk groups and understand how different demographics intersect to shape people's experiences. They felt that deeper insight into how these traits overlap would help them to respond more confidently and tailor their support to the diverse needs of the people they work with.

Although the cohort found the Children & Young People's suicide prevention training to be helpful and well-targeted, staff told us that they would have benefited from more conversational skills to use with young people - especially as they had found that young people seemed to be more likely to share thoughts of *passive suicidal ideation**, which often require more gentle, exploratory conversations whilst still remaining safety-focused. During the network meetings, staff also raised concerns about not fully understanding how young people use modern language, slang and emojis online, and how this can signal distress or risk. They felt that better insight into digital communication would help them identify risk more confidently and respond in ways that feel relevant and supportive to young people.

Passive suicidal ideation:
Passive suicidal ideation describes thoughts focused on dying or wishing you were dead, without any active plan to end your life. It's different from active suicidal ideation, where someone has specific thoughts or plans about how they might end their life.

People are struggling with their personal and professional boundaries. They need help with:

- *Feeling of holding responsibility;*
- *More access to peer support*

Staff talked about the heavy burden they often feel when supporting people at risk of suicide, and the **feeling of holding responsibility** that comes with this. Even when working within a wider system, many felt personally responsible for making sure someone stayed safe, which can be emotionally draining and sometimes makes it hard to tell where professional duty ends and personal worry begins. This was made worse by the internal pressure they felt to 'fix' the problem for someone at risk, and the guilt if they couldn't do this.

Through the Learning Set approach, staff began to feel more confident with not focussing on solutions for the people they worked with, and instead aiming to empower the people they worked with to take an active role in their own recovery, trusting the wider support system, and ultimately maintaining healthier boundaries.

They also emphasised how vital peer support is in achieving this mindset, and how **more access to peer support** could only benefit them further. They told us that being able to talk openly with colleagues about difficult cases helped them process emotional pressure, share the load, and recognise when they were carrying more responsibility than was sustainable. Peer spaces also offered reassurance, perspective, and a reminder that suicide prevention work is a shared responsibility, and not solely on their shoulders.

The VCSFE wants a better working relationship with the statutory sector. This would improve:

- *Enhanced development time in projects;*
- *Access to training, and on a broader range of subjects;*
- *Delivery partners being part of the commissioning process;*

- *Connections between statutory services and VCFSE*

Staff emphasised throughout the project that they could really see and appreciate that plenty of planning and development time had been built in. This resulted in a programme that was genuinely useful and well-suited to their needs around suicide prevention and ongoing staff support.

In the past, Sheffield City Council ran suicide prevention activities in the VCFSE sector through a small grants fund, which led to some valuable but scattered activity across the city, and resulted in providers competing over small pots of money without consideration of sustainability or collaboration. By working directly with VCFSE partners to understand the sector's needs and those of the people they support, we were able to create a project that was co-designed, better targeted, and equipped staff with the skills they needed on the frontline. This approach helped partners develop a support model that felt consistent and sustainable, showing how valuable **enhanced development time in projects** and genuine cross-sector collaboration can be.

Staff talked about how valuable it is when statutory services fund or develop training programmes where the VCFSE sector can **access training on a broader range of subjects**, especially since many voluntary organisations often don't have the resources to provide this themselves. They said shared, cross-sector training helps build a common understanding of risk, strengthens confidence across the workforce, and creates a sense that everyone is working to the same standard. Staff also felt that statutory partners often underestimate the amount of specialist relational work that staff in the voluntary sector undertake, and that joint training is one of the best ways to bridge that gap and build trust.

They also emphasised the ongoing difficulties neurodivergent people face when trying to access mental health services. They described how people are often bounced between teams, and particularly how often patients are sent from mental health services back to neurodivergent-specific services, even when those services aren't equipped to support more complex mental health needs. Staff said this cycle can be exhausting and disheartening for the individuals involved, and they pointed out the need for clearer, more coordinated support, plus better training for staff to help neurodivergent people in mental health settings.

A common concern from the cohort was that statutory partners don't always recognise the depth of support VCFSE organisations provide, or the level of risk they manage day-to-day. Staff talked about how good the voluntary sector is at handling and managing risk, and how willing they are to do this kind of work, but often without the support, training, or funding. They felt this gap exists partly because commissioners believe such risk shouldn't sit within the voluntary sector, even though it inevitably does because VCFSE organisations are trusted by the communities they work with. By allowing **delivery partners to be part of the commissioning process,** organisations feel that this would help to eliminate such misunderstandings and improve overall programme design.

Staff also felt that, given their strong understanding of mental health issues and risk, there should be better **connections between statutory services and VCFSE** based on more trust and understanding. They believed that both sectors having access to training to improve their understanding of what risk is being held where, and what the criteria are for things like assessment referrals, would make sure people get the right support at the right time, rather than being bounced back to voluntary-sector providers when clinically focused support is needed.

What we recommend

Based on what we heard from people during the development, delivery, monitoring and learning event of this project, we have several recommendations for services and decision makers in Sheffield, to better help people who are experiencing suicidal ideations and the voluntary sector who support them.

For Health and Social Care decision makers, such as the South Yorkshire ICB, Sheffield Partnership University Trust, and the Sheffield Teaching Hospitals Trust, as well as local authority, such as Sheffield City Council and Local Area Committees

- **Development time should be built in** to project grants and contracts, to allow for sufficient engagement, outreach, review, and planning, so the end result can be **truly representative of people's needs** and **mindfully produced** for the best possible outcomes.

- Project grants and contracts should also include **reflective well-being time and support** for staff, to take the pressure off the VCFSE whilst **protecting staff from burnout** and vicarious trauma.

- NHS services need to **commit to better connectivity and co-working**, especially between services working in **mental health and neurodivergence**.

- Primary and secondary care need a **better understanding of what the VCFSE do**, and the **risk they carry**, and provide **appropriate support and responsibilities**.

- VCFSE and primary and secondary care need to work together to **develop partnership approaches**, so staff can get **updates on cases** they have referred elsewhere.

- There is a need for **clear, consistent training** on **understanding support pathways** so VCFSE staff can better understand **how to signpost people**, and the options available to them.

- Support the VAS Worker Wellbeing Workstream to ensure that **staff wellbeing and reflective support is a priority** in establishing **new standards of practice** for projects, grants and programmes of work.

- More work of this nature should be carried out with a **focus on intersection** of the priority areas, especially regarding racially marginalised groups.

For Voluntary Action Sheffield, and the VCFSE sector

- Proactive **action is needed across the sector** to raise awareness of **how to be inclusive of people who've experienced suicidal ideations**, to ensure that their needs are **actively and purposely considered and embedded** when designing and delivering support and activities.

- **Experts by experience should be included** in every step of the development of projects and programmes which affect them, and **paid for their contributions** wherever possible.

- The sector at large needs **more access to trauma-informed training** and development, and **trauma-informed practices need to be implemented** in all levels.

Suicide prevention should be a **default part of any training or discussions** around mental health support, rather than being considered as a specialist or niche subject matter - further embedding the stigma around these conversations.

Commitments

We invited attendees at the learning event to share what commitments they would take forward, including the learning they planned to embed in their organisations and the practical changes they intended to make in their day-to-day practice.

"Keeping suicide prevention at the forefront"

"Everyone can help with suicide prevention in some 'small' way"

"The skills and knowledge I've learned to help me support staff in my organisation when supporting young people affected by suicide/suicidal thoughts"

"Empowering my team to know that we have the skills and competence to support these young people"

"Going to try running our own learning sets - with different themes, as found these a really useful way to explore topics as a group and to facilitate reflection and group learning"

"Increased knowledge of other support and services available"

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With thanks to Sheffield City Council's Public Health team for funding this work, and for giving us the trust and freedom to develop and refine in our own time, and create something entirely new.

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- Citizens Advice Sheffield
- Dimensions UK
- Heeley Trust
- Manor and Castle Development Trust
- Mental Health Matters
- Sheffield Mind
- No Panic
- Share Psychotherapy
- Sheffield Futures
- Sheffield Young Carers
- Sheffield Partnership University Trust
- SYEDA
- The Corner

The VCFSE sector is stretched extremely thin, and we recognise that being part of this project will have further impacted your capacity, and we thank you for investing in your frontline workers and believing in this pilot.

Finally, thank you to everyone who took time out of their schedules to complete engagement surveys, attend workshops and join the learning event. We could not have done this without your insights.