

Co-production case studies

Barnardo's, Hospice UK and The Suicide Prevention Consortium

To find out a little more about what co-production and lived experience engagement looks like in practice we interviewed staff from Barnardo's, Hospice UK and Samaritans (part of the Suicide Prevention Consortium). We wanted to find out why co-production is important to them, what they see as the value of lived experience engagement and what challenges they face. We also examined specific projects each organisation had undertaken to see what we could learn.

We noted that there were a number of common themes across each organisation but also that each organisation has to adapt their approach based on circumstance.

It is clear that your client group has a significant effect on how you engage people with lived experience. For some organisations, and in some situations, different flexibilities are needed to co-produce. Adapting to the needs and desires of your client group is essential. For example, Hospice UK, working with people affected by death and dying, have to be very sensitive to the needs of the people they are involving and this includes adapting their approaches to reflect how the people they are working with want to share their insights and time. A more traditional approach is unlikely to meet these needs and so Hospice UK adapts.

All three organisations place a high value on ensuring that the voices of those with lived experience are a fundamental part of the work that they do, recognising the power of first hand experience for policy and project development and for influencing those in positions of power.

Building trust was also a common theme across all three organisations. As national organisations building trust with communities can be more difficult which is why all three value the partnerships that they develop with local organisations, recognising that they are often in a much better position to build connections. Building trust is also about communicating to the people you are working with about how they are influencing decision making and outcomes, and managing expectations at an early stage. Barnardo's raised an important point about how

co-producing services or resources will often show a tangible result of the work you have done, whereas co-production on policy work may not show results that are immediately obvious. This has the potential to erode trust where people don't feel like they are making a difference.

Another common theme was around the language that we use around lived experience engagement. The term co-production can mean very little to the people you are working with or can even be seen as a loaded term. It is important to talk to the people you are working with to find out what terms they are comfortable with. It is also important that whatever terms you are using that you are clear early in the process what they mean and therefore what people can expect from their engagement.

Barnardo's

Engaging with children and young people

Barnardo's engaged with more than 300 children and young people across three ICS regions, as part of the Children and Young People's Health Equity Collaborative. The information gathered gave insight into what health means to them by sharing their lived experience and the factors which influence their lives and wellbeing. This has been collated into the **Children and Young People's Insights Report** which focuses on three key areas of home, community, and education.

Children and Young People's Health Equity Collaborative

Children and young people from throughout England have shared their views on healthcare policy and practice to inform and influence Barnardo's flagship Children and Young People's Health Equity Collaborative.

The Children and Young People's Health Equity Collaborative (CHEC) brings together Barnardo's, the UCL Institute of Health Equity (IHE) and Integrated Care Systems (ICSs) from Birmingham and Solihull, South Yorkshire and Cheshire and Merseyside.

The Collaborative recognises that health systems across the UK are facing significant challenges to meet the needs of children, young people and families and that there are wide disparities in health outcomes and inequalities. Their ambition is to strengthen partnerships between health care, public health, local authorities and the community and voluntary sector, so they can work effectively together to take action on the social determinants of health.

The collaborative has three key workstreams, which will be delivered by the end of 2025: **The Child Health Equity Framework**, which describes the social determinants that influence health equity for children and young people, informed by children and young people; **data analysis and collation**, to develop a core set of indicators to measure and form an assessment of child health equity in the three ICS areas; and **pilot interventions in each ICS area**, using the Child Health Equity Framework to support the development of pilot interventions.

In February 2024 the CHEC launched the Child Health Equity Framework and the accompanying report 'The Child Health Equity Framework for the Drivers of Health Inequalities'. A Children and Young People's Insights Report was also published, which collated the feedback from children and young people, collected as part of engagement workshops that took place in 2023.

The Child Health Equity Framework has been developed specifically for the CHEC. It is adapted from the 2008 Commission on the Social Determinants of Health (CSDH) framework and based on global evidence and expertise on the main drivers of health among children and young people. The framework was then adapted following the input from children and young people.

To ensure the voice and experiences of children and young people were included in the development of the framework, Barnardo's undertook a consultation with children and young people to get their views on the framework, to try to understand what the most important social determinants of health were to them. This meant that the programme had both qualitative data and direct input about what is important to children and young people. As a result of the consultation the framework changed and evolved to take their views into account.

Barnardo's developed an engagement approach with a range of materials to support ICS partners to deliver workshops with children and young people. These were adapted for delivery by voluntary sector organisations with established ways of working in the three ICS areas including, Birmingham Voluntary Sector Council, CHILYPEP, and Youth Focus North West. This involved five workshops in Birmingham and Solihull, eight workshops in Cheshire and Merseyside and seven workshops in South Yorkshire which set out to discover the drivers that children and young people identify as having an impact on their health. Barnardo's set a target of engaging with 50 children and young people in each ICS area but doubled their expected numbers and spoke to over 300.

Working with local partners who already had established community rapport and were familiar to a lot of children and young people in the area was considered key to the success of the engagement work. Participants in the workshops were mostly between the ages of 11-18. Not all underserved

communities will have been reached as part of this engagement piece, as this was not initially the intended purpose of the work, though is something that will be strengthened as the programme develops.

The insights gathered from the engagement exercises have been integral to shaping the framework. Adding the voice of children and young people to ensure that their lived experience is represented in the conceptual framework has enhanced the work and identified key factors important to children and young people.

Many of the issues highlighted by children and young people are not captured by routine data and surveys do not always incorporate the views of children and young people directly. The absence of data means that the areas children and young people see as key important areas contributing to health and wellbeing are often overlooked. In particular, children and young people brought up issues around spending good quality time with their families and also showed great concern over their physical and mental safety. Children and young people highlighted the importance of clean, well looked after, warm and well-lit homes which felt safe and repeatedly highlighted the importance of having their own space and not living in overcrowded housing. Feelings of safety and security, both at home and in the community, were some of the themes that emerged most consistently across all the children and young people we spoke to during our engagement exercises. Some children and young people emphasised a widespread fear of knife crime, which prevented them from going into public spaces and using public transport. Children and young people also stated that they were very concerned about their safety at home and in schools, as well as in communities and reporting feeling unsafe and exposed to verbal attack and bullying, racism and sexual abuse. They felt that being worried about or experiencing such hostility and discrimination was a key feature in their mental, emotional and physical health and wellbeing.

Barnardo's hopes the insights will be of interest to ICSs, Local Authorities, or voluntary sector partners who wish to understand the importance of health equity to children and young people, and who wish to make health and care decisions with the voice of children and young people in mind.

An important element to enable the voice and influence of children and young people through the CHEC programme, is the Health Equity Champions role.

Each ICS area has recruited children and young people that will provide voice and influence expertise to the programme as a whole. This will be especially valuable during the process of planning interventions in each local area.

The Champions' role is not to speak for entire communities or age groups, but instead to provide insight into how the programme can evolve to ensure that the pilots produced are accessible and appealing to children and young people. The Champions' role is intended to be developmental for the children and young people involved, with support to grow and develop in their role as Health Equity Champions, within the programme and beyond.

Barnardo's developed an induction process for the Health Equity Champions, where they could get to know the team, get a better understanding of the programme and the framework, and get a better understanding of their role. We at Barnardo's, recognise that it is a child's right to have opportunities to have their voices heard and taken seriously in decisions that affect them, as outlined in the UN Convention on the Rights of the Child (Articles 12 and 13).

Listening and responding to the voices and experiences of children and young people is fundamental to better decision-making and improving services at their core. When this works well, this has the potential to help close the gap on health inequalities because it ensures that the specific needs, challenges, and perspectives of young people are addressed, leading to more tailored and effective interventions that promote equitable health outcomes for all children and young people. Our commitment to this is embedded in the DNA of the Child Health Equity Collaborative, delivered through safe, ethical, inclusive and meaningful opportunities; clear accountability and commitment from decision-makers, and enabled through existing structures and trusted relationships.

This programme will have the advantage of showing action at a local level. The interventions that will be developed and delivered as part of the programme will happen locally so the children and young people they have worked with will be able to see the action taking place, based on their input. The Child Health Equity Framework will be further shaped by the ongoing activity over the next 12 – 18 months of the programme. This work will continue to be informed and shaped by children and young people. As such it will be an interesting programme to follow and learn from as it evolves.

Follow the progress of the programme here:

<https://www.barnardos.org.uk/health-equity-collaborative>

The Children and Young People's Health Equity Collaborative – Framework for the Drivers of Health Inequalities here:

[CHEC: Framework for the Drivers of Health Inequalities | Barnardo's \(barnardos.org.uk\)](#)

The Children and Young People's Health Equity Collaborative – Children and Young People's Insights report here: **[CHEC: Children and Young People's Insights Report | Barnardo's \(barnardos.org.uk\)](#)**

Hospice UK

Working with people with lived experience poses unique challenges for Hospice UK and their members. Hospice UK work for the benefit of people affected by death and dying, collaborating with their hospice members and other partners who work in end of life and palliative care. Their work cuts across all of our communities with Hospice UK advocating for people from a wide range of backgrounds including people who are coming to the end of their life, family and friends dealing with bereavement and the staff that work in the sector. Ensuring that the voices of people with lived experience are heard requires planning and sensitivity. It requires them to rely on the expertise of their members and on the expertise of organisations close to the communities they want to reach out to.

We spoke to Liv Warnes, Senior Public and Policy Affairs Officer to talk about how Hospice UK meet the challenges that they face when involving people with lived experience in the work that they do. She also talked to us about the Hospice UK project that focused on the experiences of the trans and gender diverse community, *'I just want to be me': End of life care for trans and gender diverse communities*.

Why is co-production and lived experience engagement important?

We asked Liv why co-production and lived experience engagement was important to Hospice UK. She told us that Hospice UK recognises that you need a deeper understanding of what the experiences of end of life and palliative care are and that you cannot get this without the involvement of the people with lived experience (including the staff that work in this field). She felt that it had inherent value. They need lived experience engagement to ensure that the work that they do is relevant and useful. Without it there is a risk that they will not adequately address the things that need addressing.

She told us that at Hospice UK they are very conscious of the role and importance of lived experience in the work that they do. However, they are conscious that there is room for improvement in how they engage people with lived experience as they develop a deeper understanding of what co-production means for people with lived experience. Liv pointed out that co-production is more ingrained in the work of their members and that Hospice UK is often guided by them in involving people with lived experience more effectively.

They have increasingly recognised the importance of planning this involvement at an early stage of a project while recognising that longer-term involvement of individuals in a project may not always be possible as participants are likely to be nearing the end of life. Given the challenges they face they are developing their own bespoke approaches to co-production and lived experience engagement to reflect the unique needs of the people they work with.

The benefits of co-production to the individual

Ensuring that individuals benefit from their engagement is a really important part of how organisations should co-produce. We often assume that this would be via financial payments. However, Hospice UK need to be more flexible in what they can offer. Similarly to many other organisations, great care needs to be taken to ensure that payments do not affect someone's benefit payments. For many, being able to share a story or to be able to share experiences with politicians and policy makers has a great deal of value. For some people it is about leaving a mark and making sure that it has an impact. They don't want their experience to be lost. Liv felt that it was important to have options but to be led by the individual and to try to facilitate what they want from the process, 'being open to what is driving someone to share their experience, particularly when it is such a particular sensitive experience.'

One individual Hospice UK worked with had cared for both her parents at home while they were dying, but wasn't provided with timely information or support. She didn't know her parents were at the end of life until they were discharged from hospital and she wasn't guided on how best to care for them. Hospice UK worked with her for a sustained period of time because they knew her experience was similar to many others in the wake of the pandemic. 'We wanted to get her story in front of parliamentarians, so we ran a public campaign calling on MPs to look at the issue of excess deaths at home, and held a parliamentary event where her story could be shared.'

The challenges of co-production

We asked Liv about the challenges that Hospice UK faces in doing effective co-production and lived experience engagement. Liv told us that death and dying, understandably, is not something that everyone will want to talk about. There can also be challenges for those that are willing to talk about their experiences.

Their health may play a part in how much and how often they can contribute so arranging the time to talk to someone experiencing end of life care can be difficult. You can make a plan to meet someone, but their health may dictate whether this can go ahead. To help overcome this Hospice UK have found that online meetings offer a greater degree of flexibility. They can enable people to talk from a variety of different places, for example a care home, hospice or hospital, meetings that would not likely have taken place face-to-face. They also make it easier for the individual to pause or stop a meeting if they begin to feel unwell.

Another challenge faced by Hospice UK in working with people with lived experience is the language that is used, specifically that language people are comfortable with. Some people (whether an individual in end of life care, family member or friend) are uncomfortable with using language such as 'death' or 'dying' whereas others are ok with it. Hospice UK have to take steps to make sure they are led by the individuals concerned as to what kind of language they prefer.

The Hospice UK trans and gender diverse work presented different challenges. Barriers were less related to death and dying and more about how you reach these specific communities. Hospice UK recognised that grassroots organisations could help them to reach people. Hospice UK worked with Gires (Gender Identity Research & Education Society, a UK-wide organisation whose purpose is to improve the lives of trans and gender diverse people). Gires helped the project to build connections and trust in communities they needed to speak to. The input of Gires to the project was invaluable and helps to show how building equal and respectful relationships with these kinds of organisations can hugely support the engagement of people with lived experience. As a national organisation Liv felt that Hospice UK may seem more remote to people than an organisation like Gires or their hospice members, who have often already built up a degree of trust. However, as a national organisation Liv felt it was vitally important to think sensitively about what the needs of partner organisations are and what their capacity is. Some organisations may be fully staffed by volunteers, so you have to factor into your plans what is reasonable and practical to them. Working with and through these organisations can help individuals to feel comfortable contributing, 'I think it's absolutely been the most important thing for our projects. We wouldn't have anywhere close to the kind of meaningful lived experience and involvement we had if we weren't working with those organisations.'

Project: 'I just want to be me': End of life care for trans and gender diverse communities

Hospice UK work to ensure trans and gender diverse people are able to access appropriate, safe and inclusive end of life care. They recognised that trans and gender diverse people face significant barriers and inequity in healthcare as a whole and that hospices are aware of this but don't necessarily have the knowledge they need to be able to address this.

In February 2023 they published the report, *'I just want to be me': Trans and gender diverse communities' access to and experiences of palliative and end of life care*, which shows that in many instances, the end of life care that trans and gender diverse people receive is not inclusive of them, and despite best intentions and a willingness to learn, staff feel they lack the knowledge and training needed.

Hospice UK worked with people in the trans and gender diverse communities' and the people close to them, and professionals working in death, dying and bereavement, with the aim of providing a platform for trans and gender diverse people to share their experiences and their perspective on their end of life care; to highlight the palliative and end of life care needs of trans and gender diverse people; to highlight examples of good practice in end of life care that support trans and gender diverse people; and to establish what stakeholders can do to improve the end of life care received by trans and gender diverse people and their access to end of life care – and support stakeholders to make these changes.

The report makes a number of recommendations based on what they found out. These include but are not limited to, that education providers and those who have responsibility for developing staff training curricula should ensure health and care staff receive pre-registration training on gender; that after receiving training and developing comprehensive policies, palliative care and end of life providers should take steps to actively promote that they are a trans inclusive service provider; that all NHS and hospice IT and patient information systems should be updated, following consultation with trans and gender diverse communities, to ensure people's name, title, gender and trans status are captured and recorded accurately; that palliative and end of life care providers should develop clear workplace policies on protecting patients, visitors and volunteers who are trans or gender diverse; that health and social care regulators should consider how

well a service meets the needs of trans and gender diverse communities in their assessments of services; that palliative and end of life care services should ensure that intake and referral forms capture an individual's preferred name and pronouns; that relevant public health bodies should fund awareness campaigns to help trans and gender diverse people to have confidence to disclose their gender status to palliative and end of life care providers; and that national movements, such as Dying Matters, should platform trans and gender diverse communities' experience of death, dying and grief.

Hospice UK worked in partnership with GIRES and Stonewall on the Being Ready Project, which was set up to address the needs of trans and gender diverse people during all stages of dying, death, and bereavement. GIRES is a UK charity promoting research and education on trans and gender diversity issues.

Working with GIRES they produced two surveys, one targeted at members of trans and gender diverse communities and the people close to them, to better understand access to, and experiences of, end of life care. The other was aimed at professionals working in death, dying and bereavement, to understand their perspectives and their current knowledge base.

The project is a great example of a national organisation recognising the needs of an under-represented group to try to affect positive change and provide a space for people to talk about their experiences. It is also a great example of a large organisation being mindful of their limitations in reaching out to an under-represented group and recognising the value that organisations with the experience, trust and close links to a community can bring to a piece of work.

To view the report "I just want to be me" – Trans and Gender Diverse Communities' Access to and Experiences of Palliative and End of Life Care, go to the following link.

<https://www.hospiceuk.org/latest-from-hospice-uk/i-just-want-be-me-end-life-care-trans-and-gender-diverse-communities>

The Suicide Prevention Consortium

We spoke to Eva Bell, Participation Officer at Samaritans and David, a Lived Experience Influencer with the National Suicide Prevention Alliance (NSPA) about the challenges that they face when involving people with lived experience in the work that they do and about the benefits of being a lived experience voice within the sector.

Samaritans lead the Suicide Prevention Consortium as part of the Health and Wellbeing Alliance. The Consortium consists of Samaritans, the National Suicide Prevention Alliance (NSPA), Support After Suicide Partnership (SASP) and WithYou. We spoke to Eva and David about their experiences of co-production and lived experience involvement within the Suicide Prevention Consortium and about the National Suicide Prevention Alliance's (NSPA) Lived Experience Network.

The term 'co-production'

We asked whether the term 'co-production' was one that they used. Eva stated that Samaritans had asked their lived experience panel about the kinds of language Samaritans should be using, and that the group felt that the word 'co-production' was a very specific type of engagement. They were much more comfortable using terms like 'involving people with lived experience' to describe their engagement. Eva shared that co-production can be intimidating for some and can be a loaded term that is seen as a gold standard, when involvement can be meaningful and impactful at different levels. Samaritans are gradually embedding ideas around co-production and lived experience engagement into their work, but the term co-production is only really used when they feel they have met a clear definition of it; a methodology where all stakeholders (staff, volunteers, people with lived experience) work together in equal partnership to design, deliver and evaluate a product, research, policy strategy or event.

The value of co-production and lived experience engagement

Both Eva and David see great value in co-production and lived experience engagement. Eva stated that, 'the best way to work out what policy recommendations need to take place is to work with the people who have experienced those policies firsthand...It gives such confidence to know that what

we are saying comes from a place of people who have experienced it. It adds huge value to what we do'. David added, 'When you hear people's experiences, that should really move those in power, those with decision-making capabilities to change and improve services...You need the voice of lived experience there, next to the person making the decision to get things done. It is the emotion and body language that you hear in the voice of people with lived experience when they talk about their experiences that I believe is much added value (rather than sometimes hearing it second-hand).' Eva adds, 'People in power, like MPs, would much rather hear from someone with direct experience. Me sharing those experiences doesn't have the same impact.'

Adapting to needs

Eva recognises that the Consortium is more familiar with working with some groups than others as suicide prevention can often focus on particular risk factors and at-risk groups. However, they are adapting project approaches based on different community needs. For example, in working with Gypsies, Roma people, Showmen and New Travellers they have drawn on the experience and knowledge of grassroots partners to help ensure that the project was accessible for people in these communities to engage with. This meant that their project responded to the needs of the community such as considering how people like to refer to themselves and their community and what language needs people might have.

Challenges of co-production

Both Eva and David recognise that co-production brings challenges. They recognise that it is organisational and structural and that it takes resources to do it well. There can be a lot that goes on behind the scenes to make sure people with lived experience have the proper support. It is something that you need to put resource into. David stated, 'There are more and more people these days doing this kind of work. There are networks that you can be part of...I see it changing from when I first started ten years ago...Organisations need to see it as a challenge. They need to recognise the need to be a little more adaptable, and not be scared, get some advice.'

Both Eva and David recognise that, even with pre-planning you may still experience challenges. For example, David feels that organisations need to accept

that people's personal situation may mean that they are not able to input at every stage and may even need to pull out. 'From my perspective, as long as you ask me, or it is very clear what input you are looking for, that is fine for me.'

Speaking about how Samaritans work Eva noted that funding and time constraints can impact how people with lived experience are engaged with. However, they take a flexible approach and adapt how they engage to suit the situation. Part of the initial discussions they have will focus on the most appropriate way to engage people with lived experience as a Consortium which includes the Lived Experience Influencers. For example, for their housing insecurity and homelessness project it was felt that a workshop setting was a good way for people to bounce ideas off each other and that it wasn't a high-risk topic to bring people together. However, when undertaking a project on alcohol and suicide, specifically with LGBTQ+ communities a workshop did not seem appropriate as they can be very personal intersecting experiences, where for some people, they may be exploring them for the first time. Therefore, it was felt that interviews would be a better way to proceed. Eva states that it is important that consideration is given to the needs of the people you work with to ensure that their experiences are positive ones.

David is of the view that it is important for organisations to define what they mean by co-production when working with people with lived experience and check that they are comfortable with your definition and that it meets their expectations. He stated that some people will want to be involved from the very beginning while others are happy to be involved later in the process. He also felt that it was important that organisations are open about their own needs, for example, timelines or budgetary restrictions as this will help people to decide whether it aligns with how they want to contribute. It has to be adaptable to the people you are working with. You need to ask them how they want to be involved.

Lived Experience Influencers

David has used his lived experience in previous roles with Mind and as a Lived Experience Influencer with the NSPA. His role provides him with a variety of varied opportunities to use his lived experience to support people in different areas of work. Some activities can be short term, such as providing lived experience views for an organisation at a workshop session. Through his role as a Lived Experience Influencer David joined the Suicide Prevention Consortium on

the Health and Wellbeing Alliance (HWA). David and two other Lived Experience Influencers join the monthly Suicide Prevention Consortium meetings to discuss ongoing work and it provides an opportunity for people with lived experience to provide ongoing advice into its activities. The Lived Experience Influencers are also involved in helping set yearly objectives and identify what the core projects will be for the Health and Wellbeing Alliance programme.

Eva stated that the views of Lived Experience Influencers are considered equally to organisational members. Having their perspectives means the Consortium can ensure they are making the right decisions about the direction they are travelling. She also stated that the Suicide Prevention Consortium set aside a specific part of their budget to support lived experience activity and to ensure that people with lived experience are paid for their time. Eva also stated that Samaritans is currently developing an Influencing Department Advisory Group that will sit strategically in the department so the work will be better guided by people with lived experience.

National Suicide Prevention Alliance (NSPA)

The National Suicide Prevention Alliance (NSPA) is an England-wide, cross-sector member network of over 2,000 individuals and organisations who care about suicide prevention and take individual and collective action to reduce suicide and self-harm, and support those affected. It includes a leading Lived Experience Network, striving to ensure that suicide prevention activity across the country is underpinned by lived experience; and that lived experience is valued, respected and seen as legitimate. Members include large national organisations, local authorities, VSCE and statutory services through to grassroots community groups.

The vision of the NSPA is that fewer lives are lost to suicide and anyone affected by suicide receives the best possible support. Its mission is to get all parts of society working together to take action. It works with members to share learning and good practice, facilitate collaboration and influence policy and practice.

National Suicide Prevention Alliance Lived Experience Network

NSPA's Lived Experience Network is striving for the voices of people with lived experience to be embedded in suicide prevention work across the country. Two of the ways that they work with people with lived experience include their Lived Experience Influencer programme, and their wider Online Lived Experience Panel.

The Online Panel is a large lived experience panel for people who have lived experience of suicide and suicidal behaviour. Members of the panel are invited to share their views and insights through surveys, focus groups, and other opportunities that inform and influence the development of suicide prevention policy and practice, locally, regionally and nationally. The NSPA ensure that the panel is informed about how they are using their insights and the impacts they are having.

Additionally, NSPA works with a group of Lived Experience Influencers, who are provided with training and regular support to draw on their lived experience in influencing roles and opportunities in order to influence suicide prevention policy and practice in a range of settings.

The aim of the training is to equip the Lived Experience Influencers to safely, effectively and meaningfully use their lived experience to inform and influence suicide prevention policy and practice in a range of settings. Lived Experience Influencers attend a 'meet and greet' session, followed by seven group training sessions, and some short one-to-one sessions with staff.

The training has numerous aims including:

- Supporting Lived Experience Influencers to understand the aims, objectives and practices of the NSPA;
- Understand suicide prevention activity and how national and local policy and practice works to help prevent suicide and support people bereaved by suicide;
- Understand how they can be involved and develop knowledge and skills, access resources and explore and develop personal self-care, wellbeing and resilience strategies.

The training also aims to support Lived Experience Influencers to develop an awareness around safe and effective messaging, exploring and understanding ethics and boundaries, understanding the value and challenges of participation work, exploring, reflecting on and practicing how people can use their lived experience to effectively influence suicide prevention policy and practice , appreciate the range and diversity of the lived experience of others, and the development of communication skills and confidence to influence conversations about suicide.

The NSPA also provide ongoing support to their Influencer group. The support includes reflective learning spaces, regular information about how the group is influencing suicide prevention policy and practice, identification of development needs and signposting to ongoing learning opportunities. There are currently over 35 Lived Experience Influencers.

As a more formalised approach, the Lived Experience Network shows how the NSPA values the input and engagement of people with lived experience. They have also recognised that a process of training and support for Lived Experience Influencers is important to ensure that individuals are developing the skills and confidence to be able to get their knowledge and experience across and to influence approaches.