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Strengthening support for young people

A cross-sector approach to suicide prevention

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We thank the 60 participants (18 young people with lived or living experience of self-harm or suicide, 20 professionals from the statutory sector, and 22 professionals from the VCSE sector) across the West Midlands and South West Peninsula who took part in in-depth interviews and a Delphi consensus study. Their insights and contributions were central to the development of these recommendations.

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Disclaimer

These recommendations are based on the findings of the ATTUNE study and reflect the views and experiences of the participants and the interpretation of the research team. They do not necessarily represent the views of the NIHR, the Department of Health and Social Care, or any participating organisations.

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Executive summary

Suicide is a leading cause of mortality among young people aged 10-24 years in the UK. Self-harm is one of the strongest predictors of suicide, with around half of young people who die by suicide having previously self-harmed.

Suicide and self-harm do not affect all young people equally. Those from marginalised groups, including those who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ+), care-experienced young people, ethnic minorities, and those living in rural or deprived areas face significantly higher rates of suicide and self-harm. Despite this heightened vulnerability, these young people are less likely to seek help from statutory services and when they do, they often face long waiting lists due to capacity and workforce pressures. However, they report feeling more able and willing to access support from voluntary, community and social enterprise (VCSE) organisations.

Yet our understanding of how, why, and when young people turn to the VCSE sector remains limited. Further, little is known about the ways in which VCSE organisations respond to young people's needs, or how they interact with statutory services. This lack of clarity constrains efforts to strengthen collaborative care across sectors.

The ATTUNE study addressed this gap through three objectives:

- To understand young people's experiences of seeking and receiving support from the VCSE when facing self-harm or suicidal thoughts and behaviours, across diverse regional contexts.
- To examine how the VCSE and statutory sectors interface, including how they work alongside each other, and barriers and facilitators to collaborative care.
- To co-produce best practice recommendations for strengthening collaborative care between the VCSE and statutory sectors in youth suicide prevention.

ATTUNE was conducted in the West Midlands and the South West Peninsula and involved in-depth interviews with 60 participants: 18 young people with lived or living experience of self-harm or suicidal thoughts and behaviours; 20 statutory sector professionals; 22 VCSE professionals. Working in partnership with these stakeholders, we co-produced 29 best practice recommendations, organised into five priority areas with nine associated actions, that translate the recommendations into practical steps for strengthening collaboration between the VCSE and statutory sectors.

1. Embed young people's lived experience in service design and delivery to ensure services are responsive to their needs

Young people told us that services often fail to reflect their realities, particularly around technology, social media, help-seeking pathways, and the experiences of marginalised groups such as LGBTQ+ and care-experienced young people.

Adult assumptions about what support should look like can leave young people feeling unheard and misunderstood.

> These grown-ups don't understand me because no one would ask me what I wanted from my support. They'd just tell me because I think there's an understanding that, 'these doctors and counsellors know better than you.' I knew that they didn't because they didn't know what was going on.

– Young person, South West Peninsula

Meaningful participation needs to be at key points across the process from exploring what to fund (called commissioning in England) right through to the delivery of services.

> I think full participation from start of commissioning, so formulating what do they want, what ideas do they want, what works for them? Do they want a text service, or do they want drop-in groups in a community hub? Do they want somebody to be running a group in school? I think from commissioning, I think from the brainstorming and formulation of it all.

– Statutory sector professional, West Midlands

Actions

Statutory and VCSE services should **actively involve young people with lived experience in all stages of service design, commissioning, and delivery.** Meaningful involvement ensures support is relevant, accessible and responsive to young people's needs, particularly for those whose experiences are often overlooked or marginalised in traditional service design.

2. Strengthen collaborative practice between VCSE and statutory services to improve access and consistency of care for young people

Young people, VCSE and statutory sector professionals described a wide range of barriers that prevent services from working together effectively.

Two issues consistently surfaced: unclear and complex referral pathways that leave young people without timely, coordinated support; and limited suicide prevention support in schools, which reduces opportunities for early identification and joint working with VCSE and statutory services. These issues may be especially pronounced in rural and coastal areas, where sparse provision, long travel distances and fragmented services make coordinated care even harder to sustain.

> “It felt like I was very passed around the system. I saw five different therapists ...you'd have to re-explain yourself every time, which was quite traumatic, to have to explain to someone what you've been through and what's affecting you now and what they can do for you, and what you want to improve on...it was very repetitive... it made you feel more broken... 'We can't fix you, here's another person.'
>
> *– Young person, South West Peninsula*

Actions

- Integrated Care Boards (ICBs) and local authorities should **establish and commission dedicated cross sector coordinator roles** (such as community link workers, liaison officers) to strengthen connections between VCSE, statutory services, and educational settings.
- Statutory services should work with VCSE partners to **co-design flexible transition pathways** that include collaborative handovers and consistent VCSE 'anchor' support, particularly for young people from marginalised groups (e.g. care experienced young people).

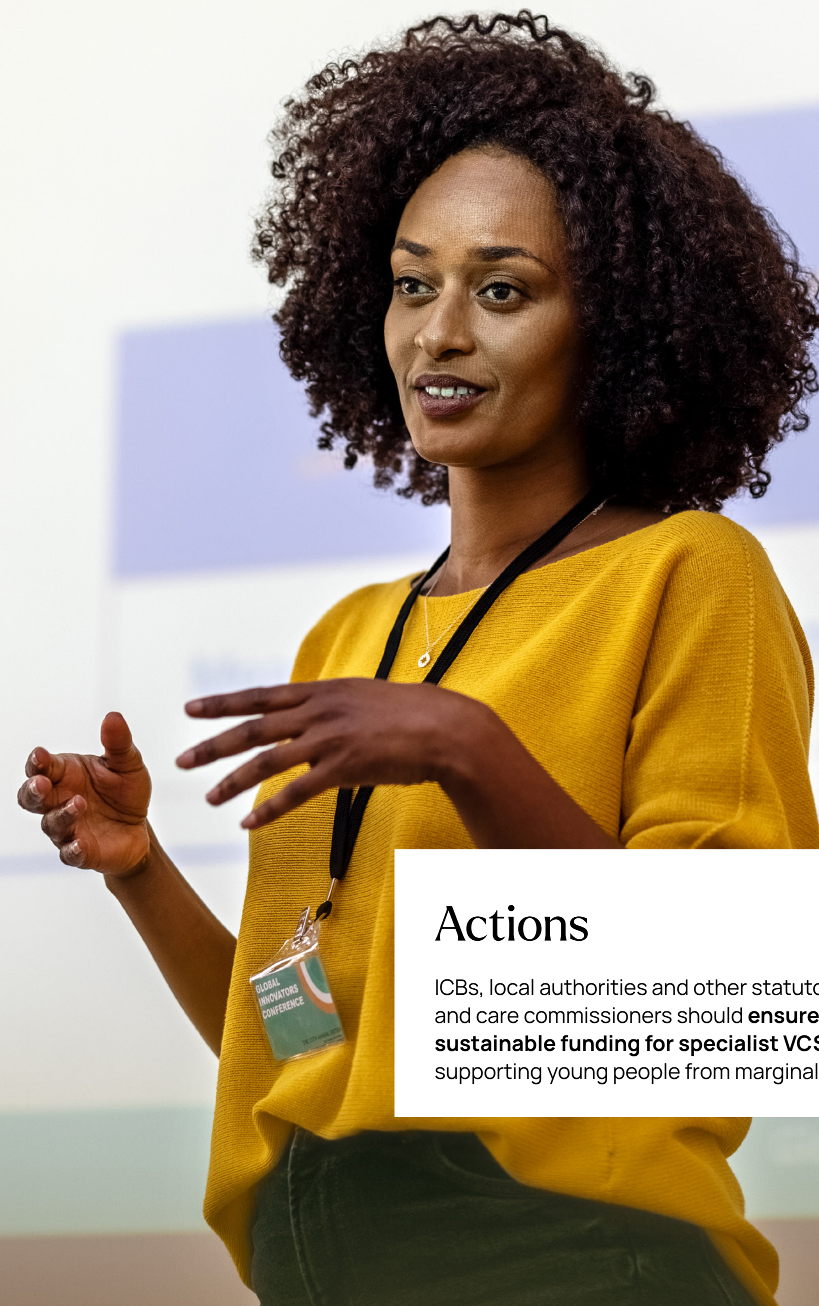
  For example, embedding VCSE led signposting roles in GP surgeries, could provide young people with a familiar access point for rapid connection to community-based support.
- Local authorities, NHS services and VCSE organisations should **work with schools to deliver regular, structured suicide prevention outreach** (e.g., workshops and awareness activities), ensure timely, expert-informed support after a suicide, and help schools strengthen their internal provision and help-seeking routes (e.g., self-referral options).

3. Strengthen VCSE capacity and ensure equitable commissioning that recognises the sector's specialist expertise

Young people from marginalised groups (e.g. neurodiverse, care experienced, LGBTQ+), who experience elevated suicide risk, often rely on specialist VCSE organisations for culturally competent support. These organisations provide continuity, relational safety and identity-affirming care that statutory services are not always positioned to offer.

However, the ability of VCSE organisations to deliver this support is undermined by short-term, insecure funding that disrupts continuity, weakens trust with young people and between professionals, and limits meaningful collaboration with and between statutory services.

> **"So, um, it's shaky, because, yeah, they have...They have limited funding a lot of the time, so they're under constant pressure to find funding, to continue providing the service that they're providing, and sometimes we find a really good service, and we think, oh, brilliant, you know, this is wonderful. But they can't find funding, and it goes. So that leaves the other person in a position where they're disappointed again, and it just... It, for them, it can sometimes be re-traumatising, because they've already had services taken away from them, in their words. And this feels like that's happening all over again through no fault of their own.'**
>
> *– Statutory sector professional, West Midlands*



Actions

ICBs, local authorities and other statutory health and care commissioners should **ensure targeted, sustainable funding for specialist VCSE organisations** supporting young people from marginalised groups.

4. Strengthen local suicide prevention systems and information-sharing infrastructure

Professionals across statutory, VCSE and education settings described **fragmented communication and inconsistent information-sharing** across agencies. Statutory services were frequently perceived as reluctant to share information about young people who might be at elevated risk of suicide with other agencies directly involved in a young person's care (e.g., schools and VCSE staff), creating gaps that undermined coordinated support and placed additional pressure on the young person and the services around them. Schools remain insufficiently embedded within local mental health and suicide prevention systems, despite being central to early intervention and prevention.

> I think our communication with health professionals and the voluntary sector needs to be a lot better. To ensure that when we're responsible for young people, that we're making sure that all the professionals involved all know the same information. I think sometimes that can be quite lacking, and it does impact, obviously, it impacts the young person, but it also impacts the services that are offered to them and the level of support that they can get, because it's all based on our reporting a lot of the time.
>
> *– Statutory sector professional, South West Peninsula*

Actions

- ICBs, local authorities and statutory services should **put in place formal data sharing agreements and clear expectations about the minimum information that must be shared** with VCSE partners and schools at key points, such as referral and discharge. This will enable timely, secure information flow, and support coordinated, safe care.
- Local authorities and school governance bodies should **ensure schools are embedded as core partners within local suicide prevention systems,** with clear routes for working with statutory and VCSE services.

5. Strengthen cross-sector training and capacity development

Statutory sector professionals told us that limited confidence and skills in supporting the unique needs of young people from marginalised groups (e.g., neurodiverse, care-experienced and LGBTQ+) contributes to inconsistent care.

> I guess thinking about the neurodiversity that I work with, it can mean a lot of inconsistency. You know, if I say this within one setting, this happens. If I say this within a different setting, this happens, and I don't know what to expect. You know, I'm walking on eggshells and that makes me feel anxious and uncomfortable. And so, having more shared agreements about how people are supported.
>
> *– Statutory sector professional, South West Peninsula*

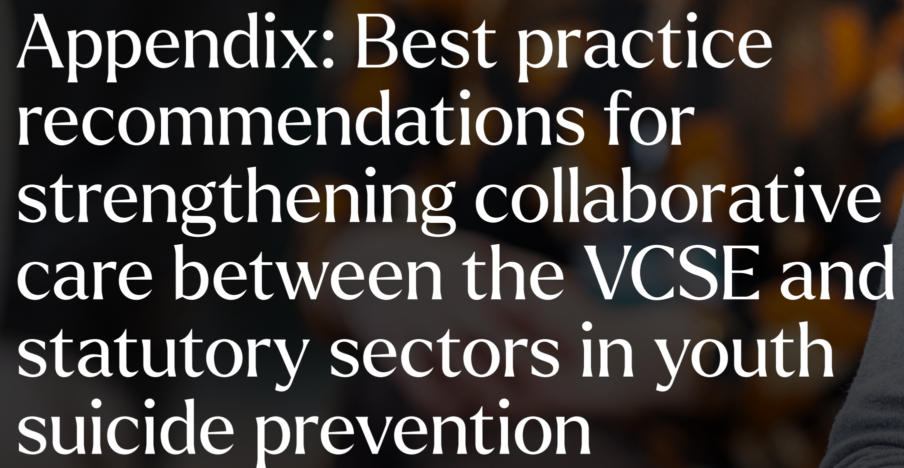
Statutory sector professionals also highlighted the decline in joint, cross-sector training opportunities that once enabled shared learning across services:

> I think joint training and joint working, we don't do that again anymore as well. Years ago, that's me going back, we used to train with CPNs, the doctors, with the voluntary sectors. So if we had to run a training course, anyone would be invited. We don't do that anymore. We just do social work training. We rarely ever train with other colleagues now and I think that's such a shame because it's on those sorts of things that different dilemmas and people coming at it from their different points.
>
> *– Statutory sector professional, West Midlands*

Actions

- ICBs, local authorities and statutory services should **commission a trauma informed, skills based workforce development programme,** co-designed with VCSE organisations and young people with lived experience. This programme should include ongoing, specialist VCSE led training to build confidence and skills, deepen understanding of the complex factors that shape young people's experiences of distress, and strengthen identity-affirming, culturally-competent practice. Training should also focus on responding safely and compassionately during crises, ensuring safety plans are adapted in culturally appropriate ways, and promoting person-centred approaches that reflect young people's identities and lived experiences.
- Statutory and VCSE employers should **provide protected time and regular opportunities for cross-sector learning on youth suicide prevention.** Protected time enables practitioners to build shared skills, understand each other's roles, and coordinate effectively, strengthening the quality and consistency of support for young people.

Appendix: Best practice recommendations for strengthening collaborative care between the VCSE and statutory sectors in youth suicide prevention



1. Embed young people's lived experience in service design and delivery to ensure services are responsive to their needs

Recommendations

1. All services (statutory and VCSE) should actively involve young people with lived experience of self-harm or suicidal thoughts and behaviours (with particular attention to marginalised groups) in the planning, design, commissioning and delivery of services providing suicide prevention support.

2. Statutory and VCSE services should create structured, paid, and well-supported pathways (e.g., training, safeguarding, supervision and progression routes) to enable young people with lived experience of self-harm or suicidal thoughts and behaviours to participate meaningfully in the planning, design, commissioning and delivery of suicide prevention support.

2. Strengthen collaborative practice between VCSE and statutory services to improve access and consistency of care for young people

Recommendations

3. Young people seeking support for self-harm or suicidal thoughts and behaviours, regardless of which organisation they reach out to first, should be able to access the appropriate support, whether that is acute medical care or community-based support (this is often known as the "no wrong door" approach).

4. Statutory services (such as local authorities) should establish formal, sustained partnerships with trusted VCSE organisations to better reach and understand young people from underserved communities.

5. Integrated Care Boards (ICBs) and local authorities should establish and commission dedicated cross-sector coordinator roles (such as community link workers, liaison officers) to strengthen connections between VCSE organisations, statutory services, and schools.

6. Primary care should work with VCSE partners to embed VCSE-led signposting roles in GP surgeries providing young people with a familiar access point for rapid connection community-based support.

7. Local service planners, local authorities and NHS services should ensure accessible and meaningful VCSE involvement in multi-agency meetings relating to the young people they are directly supporting, with clear opportunities for VCSE staff to participate.

8. Statutory services should work with VCSE organisations to strengthen trauma-informed practice for young people with self-harm or suicidal thoughts and behaviours, drawing on VCSE's relational and compassionate approaches to supporting young people.

9. Statutory services should work with VCSE partners to co-design flexible transition pathways that include collaborative handovers, clear roles, and consistent VCSE 'anchor' support, ensuring continuity of care for young people, particularly those facing multiple vulnerabilities (e.g. care-experienced young people).

10. ICBs should work with local authorities, NHS providers, and VCSE organisations to develop clear, streamlined routes (triage pathways) for assessing needs and directing young people to the right support quickly, reducing repeated assessments.

11. Statutory and VCSE services should work with schools to establish regular, structured suicide prevention outreach (e.g., workshops and awareness activities), so young people know what support is available and how to access it.

12. Local authorities, NHS services, and VCSE organisations should support schools to strengthen their internal mental health provision and develop help-seeking routes (e.g., self-referrals options).

13. Local authorities should ensure schools have access to timely, expert-informed support after a suicide, working with VCSE organisations to help education settings prepare for and respond safely to a student death by suicide.

14. Local authorities, NHS services, and VCSE organisations should establish clear and reliable communication routes between social workers and VCSE services, with agreed expectations for responding to urgent concerns and accessible contact points.

15. Statutory services and VCSE organisations should agree clear, shared approaches for responding when a young person is experiencing suicidal distress, including joint crisis plans, so that responses are coordinated and consistent across services.

16. National and local NHS bodies should ensure that all NHS-commissioned services implement the Staying Safe from Suicide guidance, establishing a consistent standard of care across the NHS.

17. National and local NHS bodies should promote the Staying Safe from Suicide guidance across private and VCSE providers to support more consistent and coordinated care for young people.

3. Strengthen VCSE capacity and ensure equitable commissioning that recognises the sector's specialist expertise

Recommendations

18. Statutory bodies and professional organisations should recognise the professional, lived, and community expertise within the VCSE sector and involve VCSE partners meaningfully in the design and delivery of suicide prevention support.

19. ICBs, local authorities, and other statutory commissioners should ensure commissioning processes are accessible and fair for smaller VCSE organisations, so they can participate fully in local suicide prevention support.

20. ICBs, local authorities and other statutory health and care commissioners should provide targeted, sustainable funding to specialist VCSE organisations supporting neurodiverse young people, care-experienced young people, and others with multiple needs.

21. Statutory commissioners and service leads should work with VCSE organisations to develop fair, feasible approaches to evaluating VCSE services for young people who self-harm or experience suicidal thoughts and behaviours and use shared learning to guide improvement.

4. Strengthen local suicide prevention systems and information-sharing infrastructure

Recommendations

22. ICBs, local authorities and statutory providers should work with VCSE organisations to put in place lawful, practical information-sharing arrangements, with the necessary formal agreements in place to enable timely and secure sharing of suicide-related information.
23. ICBs, statutory services, and VCSE organisations should agree the minimum information that must be shared at key stages (e.g., referral, discharge), so young people do not have to repeat their story, and services can coordinate care safely.
24. Local authorities, working with ICBs, Health and Wellbeing Boards, and VCSE partners, should maintain and adequately resource multi-agency suicide prevention partnerships to support the co-development and delivery of local suicide prevention action plans.
25. Local authorities and school governance bodies should ensure schools are embedded as core partners within local suicide prevention systems, with clear routes for working with statutory and VCSE services.
26. Statutory and VCSE partners should work together to ensure accessible out-of-hours support (e.g., late-night helplines, messaging services, or safe spaces), is available so young people can get help when routine statutory and clinical services are closed.

5. Strengthen cross-sector training and capacity development

Recommendations

27. Statutory sector practitioners should receive ongoing, specialist training led by VCSE organisations to strengthen understanding of the needs of marginalised young people with lived or living experience of self-harm or suicidal thoughts and behaviours and support inclusive, culturally-sensitive care.
28. Statutory and VCSE employers should provide staff with protected time and opportunities for cross-sector learning on youth self-harm and suicide prevention, enabling staff to build shared skills and support coordinated practice.
29. ICBs and local authorities should commission a trauma-informed, skills-based workforce programme, co-designed with VCSE organisations and young people with lived experience, to strengthen staff skills and confidence in supporting young people safely.

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