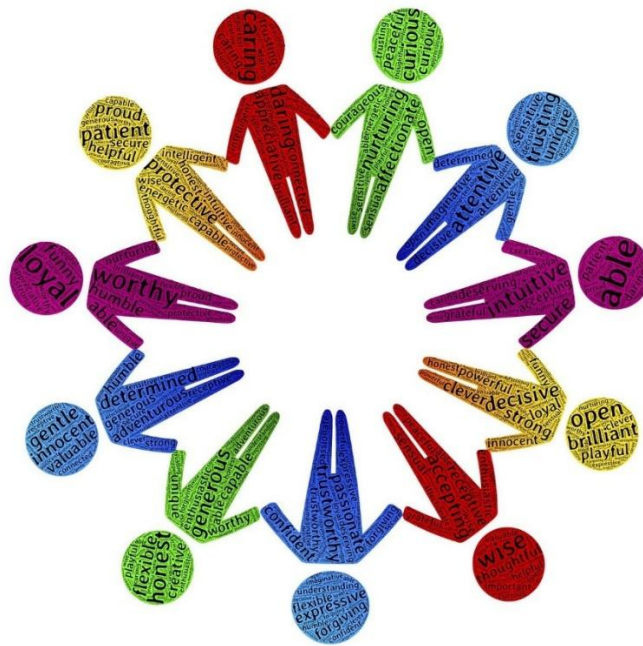# One Voice, One Hope

"In a world full of adversity, we must still dare to dream" - Rob Burrow

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The Jordan Legacy CIC – Harrogate United Kingdom – Company number 12784768
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Executive Summary

This report outlines the pressing need for a new collaborative framework to address suicide prevention in the UK. Despite significant efforts by numerous organisations, the suicide rate has stagnated for over 16 years, with recent data indicating a troubling increase in suicides from 2022 to 2023. The fragmentation and competitive nature of the current landscape underscore the importance of a unified approach to effectively reduce the over 6,000 annual suicides in the UK.

The Current Landscape

Existing Organisations and Efforts

- Over 3,400 active registered charities in the UK focus on mental health, engaging in advocacy, counselling and raising awareness.
- Government funding supports these initiatives, with notable allocations in 2022 (£5.4 million) and 2024 (£10 million). However, these contributions represent only a fraction of the broader suicide prevention landscape.

Challenges

1. **Fragmentation**: Efforts are often localised, with limited coordination across organisations.
2. **Competition**: Larger entities sometimes prioritise visibility and funding over collaboration, creating silos and hindering collective progress.
3. **Stagnation**: Despite widespread activities, the suicide rate remains unchanged.

A Vision for Transformation: "One Voice, One Hope"

Concept

This initiative envisions a national collaborative network uniting organisations, sectors, and individuals to address suicide prevention collectively. The initiative's goals include fostering inclusion, amplifying the reach of suicide prevention projects, and creating systemic change.

Development

The concept originated in early 2024 through discussions between advocates in suicide prevention, culminating in a series of workshops and a public webinar in September 2024.

Feedback from diverse stakeholders shaped the initiative, emphasising collaboration, inclusion, and community-driven leadership.

Framework for Change

The initiative's development is guided by the COM-B Model for Behaviour Change, which addresses four key areas:

Capability

- Knowledge, experience, technical skills, and collaborative practices.
- Empathy, adaptability, and respect as core values.
- Inclusive representation, ensuring diverse voices guide decisions.

Opportunity

- Digital platforms and in-person facilities to support collaboration.
- Comprehensive mapping of resources to reduce duplication
- Clear governance structures to ensure transparency and equity.

Motivation

- Shared goals to drive collective action.
- Strategies to address competitive dynamics, foster trust, and resolve conflicts constructively.

Behaviour

- Building resilience through mutual support.
- Commitment to shared goals and innovative solutions.

Key Recommendations

1. Establish a centralised platform to coordinate resources and share knowledge.

2. Foster an inclusive and accessible network, engaging underrepresented communities.

3. Promote transparency in funding and equitable resource allocation.

4. Develop measurable outcomes to evaluate impact and sustain engagement.

Conclusion

"One Voice, One Hope" represents a transformative opportunity to reshape suicide prevention efforts in the UK. By uniting diverse stakeholders under a shared mission, this initiative seeks to break down silos, promote collaboration, and inspire systemic change. Through collective action and a commitment to inclusivity, the initiative aspires to significantly reduce suicide rates and build a compassionate, supportive society.

One Voice, One Hope aims to be more than a formal membership organisation and instead, create a unified community of strength in numbers, all coming together to make change happen.
What follows are the views provided by all those who have had input into the process of shaping the vision for One Voice, One Hope and what is required to ensure this initiative creates sustainable and meaningful change.

The History of One Voice, One Hope So Far

A vision for change

The vision for One Voice, One Hope began in March 2024 as a conversation between Jake Mills, Founder of [Chasing the Stigma](#) and the [Hub of Hope](#) and Steve Phillip, Founder of [The Jordan Legacy CIC](#). Reflecting on the success, to date, of the Hub of Hope website in enabling professional mental health services, third sector organisations and members of the public to quickly locate support services in their communities, via a postal code search, Jake explained about an idea he'd had for creating a support network for those working in the voluntary and third sector, which would enable those who are often working alone to have a safe space to open up and talk about what issues and challenges they are regularly facing. Jake suggested that for many working in this space, especially those with lived experience, their 'charity work' is often driven by pain, hurt, fear and anger and having a space to release these pent-up emotions might be useful.

In July 2023, The Jordan Legacy published, what several suicide prevention leads in the UK described as a ground-breaking report, Moving Towards a Zero Suicide Society. Edition 2 of the report can be [viewed here](#).

The report, co-authored with our then collaborative partner, Paul Vittles, summarised what was emerging from The Jordan Legacy's ongoing action research project, which began in January 2023, as well as our wider, ongoing action learning initiatives, focusing on how we can reduce the number of suicides in the UK and how far we can go.

In the Action Research Project, we carried out semi-structured, in-depth one-to-one interviews (in the main, some with more than one person, e.g. the 3 Dads Walking).

These interviews were with senior leaders from some of the main suicide prevention charities in the UK; Suicide Prevention Leads; some people working in public services (e.g. NHS Trusts, police); coaches & counsellors; people who've authored books on this subject; people who've given talks on suicide prevention, including at TEDx events; people from a range of professional disciplines & sectors, including change management, technology, law, and the Construction sector; and many people with diverse lived/living experiences of suicide.

By the summer of 2024, Steve began exploring Jake's idea further and shared this with a small group of fathers, also bereaved by suicide, including Douglas Cave, Evan Grant, Ian Russell and James Murray - the vision for what could become One Voice, One Hope began to take shape.

The first public sharing of the vision

On September 23rd, more than 300 people registered (approximately half this number attended) to attend a live Zoom webinar, hosted by The Jordan Legacy, to present, as a concept, a vision for One Voice, One Hope, a new collaborative for suicide prevention in the UK.

The concept presented One Voice, One Hope as:
- A national network community, providing a psychologically safe space for those impacted by suicide to work collaboratively on different areas of suicide prevention.
- Creating strength in numbers, to increase the reach and visibility of individual and collective suicide prevention projects and campaigns, providing a voice for many of those who don't usually have their voices heard, particularly in relation to campaigning.

- A diverse network community. with lived experience stakeholder engagement at the foundation, including those who have been bereaved, those who have attempted suicide and survived and those who have witnessed a suicide or suicide attempt.
- A national network made up of numerous Individual Community Network Groups (ICNG's), working collaboratively on different areas of suicide prevention, feeding into the central national network.
- A new network community which embraces, honours and applies evidence-based successes achieved by other existing and previous collaborative groups.
- An opportunity to potentially drive change more quickly, through action-centred community leadership.

From the outset, it was important that the voices of those attending the webinar on September 23rd were heard. Transcripts of the webinar Chat and Q&A platforms were reviewed and on October 9th, a short article summarising the key points discussed during the webinar and some of the feedback reviewed following the event was published on The Jordan Legacy's website - view the article via this link.

Attendance at the webinar, on September 23rd, was by open invitation. Personal invitations were also sent to The Jordan Legacy's extensive network of followers, including key contacts at some of the larger mental health and suicide prevention charities. Many of these larger charities, however, were noticeable by their absence during the webinar.

Early in the process, it became evident that the strongest desire for the creation of a national community network for suicide prevention was being felt by many smaller, grassroots organisations who attended the event.

Building the framework

On November 20th and 26th, two online workshops were held and private invitations sent to many of those who had provided feedback during September's webinar, as well as others operating in the suicide prevention space - the goal was to invite as diverse an audience as possible. Those who received invitations were from various backgrounds including by ethnicity, by geographical locations (including those from rural and more isolated locations), by age (including those representing young people), by profession, those with experiences of neurodiversity and other criteria, including those with lived experience of suicide.

NB: At this early stage we understood that we didn't have the capacity to make these events as diverse as we would like but we had to start somewhere.

The November workshops were known as Framework Builder sessions and those invited to attend were known as Framework Builders. During the sessions, the remit was to discuss the pros and cons of establishing a new national community network for suicide prevention, whilst keeping the following questions in mind:

1. Is there a need for a new national collaborative community network - as Jacqui Morrisey, from Samaritans and the National Suicide Prevention Alliance asked; 'What is it that people want that they don't feel they can do for themselves?'
2. Do such communities already exist, and do we simply need to make better use of these?
3. Could a new national community network for suicide prevention drive change more quickly?

30 invitations to attend either of the Framework Builder sessions were sent out and over the two days 25 were able to attend.

Following the workshops, each Framework Builder was invited to further contribute to the vision for One Voice, One Hope by responding to a framework template known as the The COM-B Model for Behaviour Change, which is explained in the Executive Summary section of this report. The framework asked each participant to consider the vision for One Voice, One Hope and provide their responses against each aspect of the COM-B framework:

NB: At each step of the process, fewer individuals attended sessions or responded to requests for feedback than agreed at the outset. It is important to note that this was often due to pressures of commitments each had relating to their own personal mental health or suicide prevention activities.

What follows, is a collaborative view on how One Voice, One Hope can play a significant role in helping reduce the 6000+ deaths by suicides each year in the UK and by doing so, ensure that we move ever closer to the vision of a Zero Suicide Society, which by The Jordan Legacy's definition is one that is willing and able to do all it can to prevent all preventable suicides.

The Com-B model framework responses

Capability: the skills, abilities and attitudes required to develop One Voice, One Hope

One Voice, One Hope is a visionary initiative to create a united, national network dedicated to preventing suicides across the UK. This collaborative effort will bring together diverse sectors, organisations, and individuals under a shared goal of reducing suicide rates and providing compassionate support to those working in suicide prevention. Achieving this vision will require a range of skills, attitudes, and behaviours, as well as structural and cultural commitments to collaboration and inclusion.
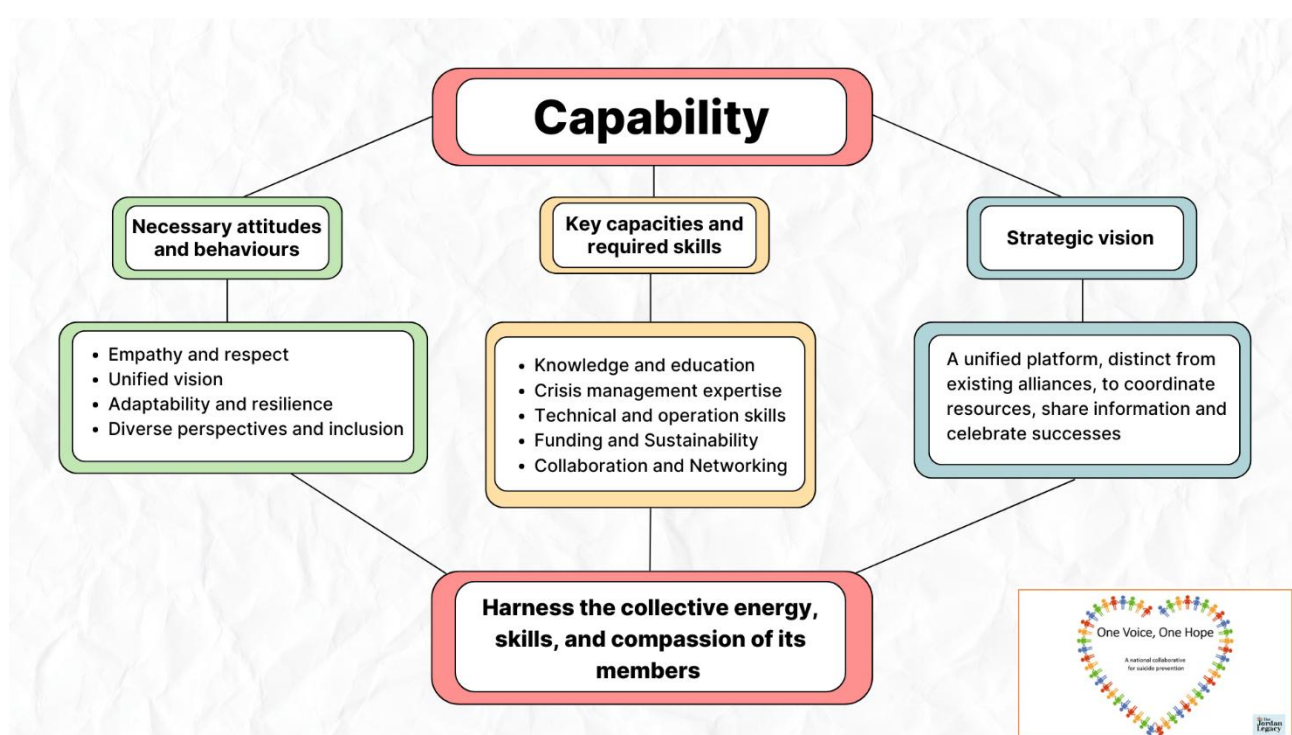
Key Capacities and Required Skills

1. **Knowledge and Education**
   - Ongoing training in suicide prevention techniques, intervention, postvention, and mental health care.
   - Sharing insights from research, lived experiences, and best practices.
   - Cross-disciplinary learning to integrate diverse perspectives.

2. **Crisis Management Expertise**
   - The capacity within the network for certain members to provide timely and evidence-based responses to crises.
   - Regular training and scenario planning for crisis intervention to ensure all members (who wish to) feel confident in being able to support someone in a crisis.

3. **Technical and Operational Skills**
   - The network will require individuals with IT proficiency for managing online platforms, cybersecurity, and virtual events.

- Event management and logistical coordination for in-person and online gatherings.
- A mapping exercise is required to understand the existing suicide prevention landscape and an information portal developed to improve access to resources.

4. **Funding and Sustainability**
   - Expertise in securing diverse funding sources, including private sector engagement.
   - Business development skills to create a sustainable operational model.

5. **Collaboration and Networking**
   - Building long-term, cooperative relationships.
   - Promoting a non-competitive, inclusive environment.
   - Navigating legal and constitutional challenges to ensure smooth partnerships.

Necessary Attitudes and Behaviours

1. **Empathy and Respect**
   - Compassionate understanding of diverse experiences, including those of individuals with disabilities, chronic illnesses, or socio-economic vulnerabilities.
   - Valuing lived experiences and fostering mutual respect among all stakeholders.

2. **Unified Vision**
   - Commitment to collective goals above individual organisational interests.
   - A belief in the power of collaboration: "Together we are stronger."

3. **Adaptability and Resilience**
   - Accepting imperfections and learning from mistakes.
   - Maintaining open, honest communication and resolving conflicts constructively.

4. **Diverse Perspectives and Inclusion**
   - Representation from all demographics and experiences, particularly youth, families, and carers, different cultural backgrounds, neurodiverse experience, rural communities, gender differences etc, etc and the inclusion of other drivers for suicide such as addictions, homelessness, financial issues etc.
   - Incorporating voices from underrepresented groups and sectors for comprehensive solutions.

Strategic Vision

Central to One Voice, One Hope's success is the creation of a unified platform, distinct from existing alliances, to coordinate resources, share information, and celebrate successes. This approach will enable the network to avoid unnecessary duplication of effort and focus on addressing resource gaps. Setting ambitious but achievable collective goals will galvanise stakeholders and drive systemic change.

By fostering a culture of trust, mutual respect, and shared responsibility, the network can inspire long-term commitment from individuals and organisations alike. A decision-making framework and clear governance structure will support these efforts, ensuring accountability and transparency.

Conclusion for this section on Capability

One Voice, One Hope aims to harness the collective energy, skills, and compassion of its members to address one of the UK's most pressing public health challenges. By working together with determination and respect, the network can transform the way suicide prevention is approached, delivering hope and saving lives.

Opportunity: the infrastructure required to develop One Voice, One Hope

One Voice, One Hope aims to create a robust *and* collaborative national network to prevent suicides in the UK. This vision requires a foundation of infrastructure, behaviours, and opportunities to ensure the initiative's long-term success. By combining physical and digital resources with inclusive, accessible systems, this network will bring together diverse stakeholders and amplify collective efforts to save lives.
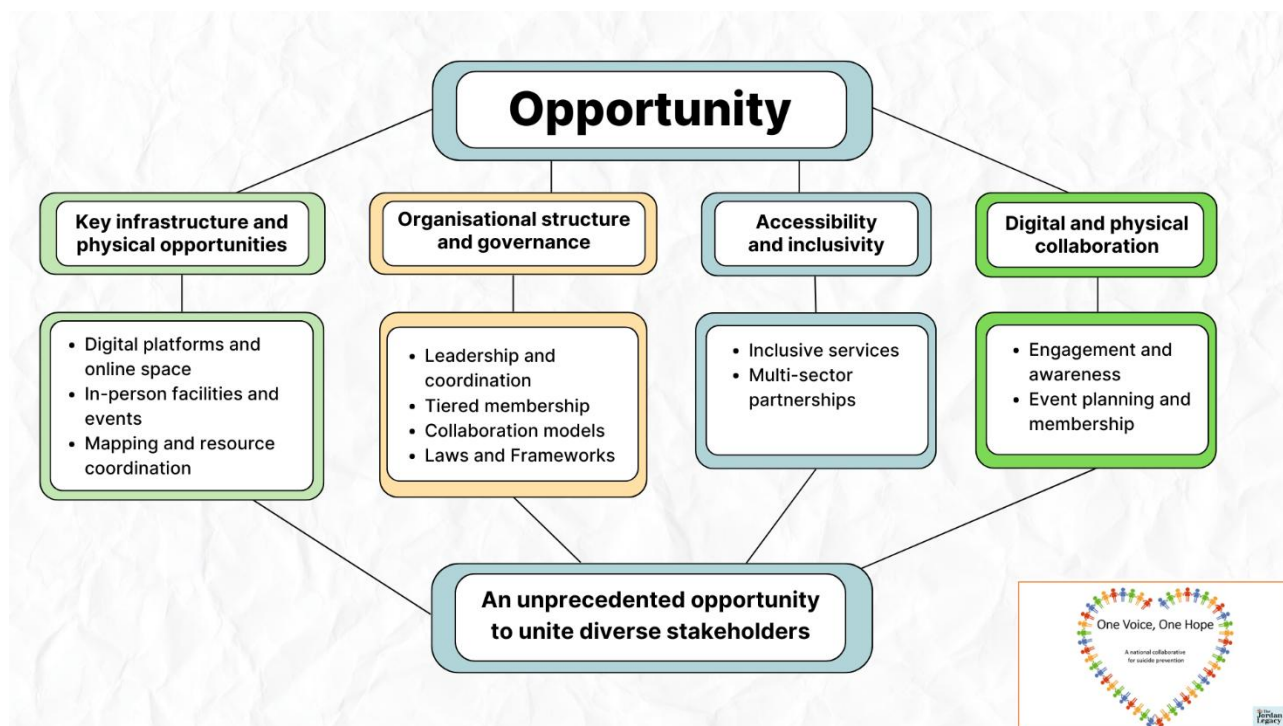
Key Infrastructure and Physical Opportunities

1. **Digital Platforms and Online Space**
   - **Centralised Website**: A comprehensive platform to share resources, news, academic research, and campaign updates while providing opportunities for engagement and dialogue.
   - **Social media** - an active presence on main platforms, plus training support for members to learn how to maximise their own online voice.
   - **Virtual Meeting Facilities**: Tools for webinars, online support groups, and virtual training, ensuring seamless collaboration across regions.
   - **Data and CRM Systems**: Robust IT systems to store and manage data securely, support member communication, and track progress.
   - **Telehealth and Mobile Outreach**: Access to online platforms to access crisis support, training, and awareness campaigns, particularly in rural or underserved areas.

2. **In-Person Facilities and Events**
   - Accessible venues such as community centres, libraries, and organisation offices for low-cost regional and national meetings.
   - Hybrid event models to ensure integration between physical and virtual gatherings.
   - Mobile outreach programmes to extend the network's reach to support members in isolated or rural communities, as well as providing them with the necessary tools and resources to offer support to their communities.

Mapping and Resource Coordination
- Comprehensive mapping of existing support systems to identify gaps and reduce duplication.
- Creation of a "Hub of Suicide Prevention" to unify resources and connect local and regional networks.

Organisational Structure and Governance

1. **Leadership and Coordination**
   - A governing board or committee to oversee operations and set strategic direction.
   - Ambassadors and volunteer activists to build grassroots communities and expand the network's influence.

2. **Tiered Membership**
   - An opportunity to join the network community at different levels i.e. simply to feel part of a community and access resources or to be more actively involved e.g. Individual Network Community Groups, working on specific projects or taking on an ambassador/leadership role.

3. **Collaboration Models**
   - Flexible structures such as Community Action Group (CAG) models for low-cost, adaptable implementation.
   - Consideration of bottom-up vs. top-down approaches to balance local autonomy with national coherence.

4. **Laws and Frameworks**
   - Establishing clear decision-making frameworks and legal structures to ensure sustainability and fairness.

Accessibility and Inclusivity

1. **Inclusive Services**
   - Provision of resources in multiple languages and accessible formats to reduce disparities.
   - Outreach to underserved and marginalised communities (e.g. Rural, Gipsy Roma, Traveller etc), creating safe spaces for dialogue.

2. **Multi-Sector Partnerships**
   - Collaborations with schools, workplaces, healthcare providers, and community organisations.
   - Engaging sectors such as primary and secondary care, recognising the critical role of General Practitioners (GPs) and mental health professionals.

Digital and Physical Collaboration

1. **Engagement and Awareness**
   - Leveraging digital tools like social media to promote mental health awareness and encourage participation.
   - Facilitating training for professionals in crisis response, including primary care providers, educators, and mental health practitioners.

2. **Event Planning and Membership**
   - Hosting regular in-person and virtual events to foster engagement.
   - Potential introduction of a paid membership model to demonstrate commitment and sustain operations.

Conclusion for this section on Opportunity

One Voice, One Hope represents an unprecedented opportunity to unite diverse stakeholders in the fight against suicide. By establishing an inclusive, accessible, and sustainable infrastructure that combines digital and physical resources, this network will amplify collaboration, bridge gaps in care, and provide hope to communities across the UK. With a shared commitment to learning, respect, and action, we can build a future where every voice contributes to a common goal: saving lives.

DREAM BIG

Motivation: Motivating Behaviours and Addressing Demotivators to develop One Voice, One Hope

One Voice, One Hope aims to build a unified, collaborative network community to prevent suicides across the UK. Success relies on fostering motivating behaviours, addressing demotivators, and creating an environment of trust, respect, and shared purpose. This summary highlights key factors essential for driving collaboration, maintaining inclusivity, and ensuring long-term sustainability.
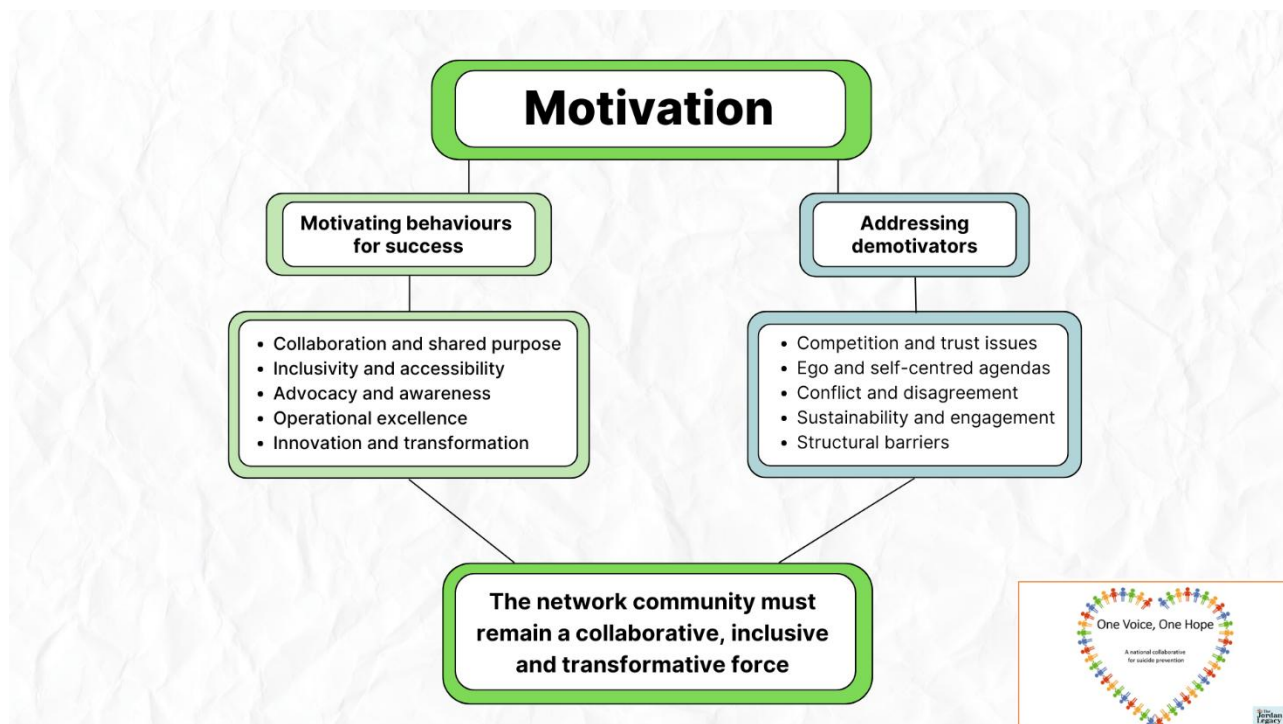
Motivating Behaviours for Success

1. **Collaboration and Shared Purpose**
   - Encourage members to work together to reduce suicide rates, share resources, and avoid duplication of efforts.
   - Promote an outward-looking approach that prioritises collective impact over individual achievements.
   - Foster resilience through mutual support, sharing challenges, and celebrating small victories.

2. **Inclusivity and Accessibility**
   - Ensure the network is open to all, avoiding silos or a narrow focus on specific demographics or triggers.
   - Create a welcoming and non-judgmental environment for diverse voices, including grassroots organisations, individuals with lived experience, and professionals.
   - Use inclusive branding, language, and outreach to engage underserved communities.

3. **Advocacy and Awareness**
   - Organise awareness campaigns, engage with policymakers, and encourage open conversations about suicide and mental health.
   - Challenge harmful stereotypes and language to reduce stigma and foster empathy.

4. **Operational Excellence**
   - Establish clear procedures for conflict resolution to maintain trust and collaboration.
   - Provide up-to-date information and resources to keep members engaged and informed.
   - Record measurable outcomes to demonstrate impact and inspire continued participation.

5. **Innovation and Transformation**
   - Seek bold solutions rather than settling for incremental changes.
   - Balance action with thoughtful exploration to include diverse perspectives in decision-making.

Addressing Demotivators

1. **Competition and Trust Issues**
   - Address concerns about funding competition by promoting transparency and equitable resource sharing.
   - Avoid the perception of a clique or dominance by larger organisations by ensuring equal opportunities for all voices.

2. **Ego and Self-Centred Agendas**
   - Mitigate individual egos and self-interest by aligning all members to the network's overarching goal of reducing suicides.
   - Emphasise collaboration over individual recognition to foster a sense of unity.

3. **Conflict and Disagreement**
   - Develop clear processes to manage and resolve conflicts between participants or organisations.
   - Build a "just culture" where clinicians, grassroots organisations, and people with lived experience work side by side with mutual respect and trust.

4. **Sustainability and Engagement**
   - Plan for leadership succession and continuous recruitment to maintain momentum as initial interest may wane.
   - Address burnout by allowing members to share workloads and take breaks, ensuring sustainability.

5. **Structural Barriers**
   - Break down divides between sectors, such as NHS, voluntary community services (VCS), and social care, by fostering partnerships and shared goals.
   - Challenge procurement and funding systems that exacerbate mistrust and competition.

Conclusion for this section on Motivation

The network community must remain a collaborative, inclusive, and transformative force, as its name suggests. Success depends on uniting diverse voices under a shared purpose, creating a platform for innovation, and ensuring that all members feel valued and motivated to contribute. Through resilience, advocacy, and respect, One Voice, One Hope can foster meaningful collaboration to prevent suicides and bring hope to communities across the UK.

Key Behaviours and Values required to develop One Voice, One Hope

One Voice, One Hope aspires to establish a national, collaborative community network to unite individuals, organisations, and professionals in the shared mission of preventing suicides across the UK. The success of this initiative depends on the behaviours and ethos of its members, fostering inclusivity, collaboration, and a shared vision of hope. This summary outlines the key behaviours and cultural values essential to building and sustaining a network that is impactful, supportive, and transformative.
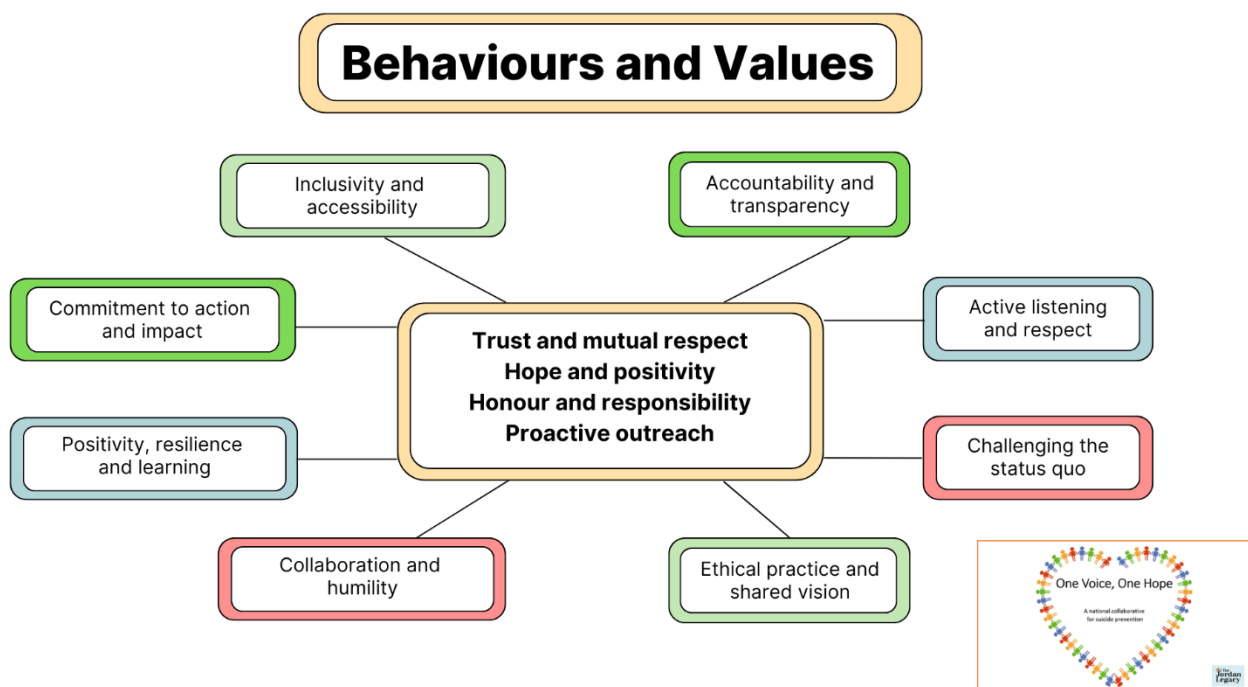
1. Inclusivity and Accessibility
- Membership must be open and welcoming to everyone, regardless of background, lived experience, or professional expertise.
- Proactively include underrepresented voices to enhance diversity, ensuring all perspectives are heard and valued.
- Avoid competition or dominance by larger organisations or individuals; leave egos at the door to create a safe and collaborative space.

2. Collaboration and Humility
- Work alongside existing organisations such as the Zero Suicide Alliance, National Suicide Prevention Alliance and the Baton of Hope UK to maximise resources and expertise.
- Embrace humility, recognising that no one has all the answers, and value both professional expertise and lived experience.
- Share knowledge, tools, and resources to fill gaps, avoid duplication, and create an efficient safety net for those at risk.

3. Active Listening and Respect
- Listen actively and without judgment, ensuring all voices feel heard and supported.
- Respect the personal motivations and lived experiences of members, avoiding a culture of competition or exclusion.

- Encourage open-mindedness, curiosity, and constructive dialogue, even when disagreements arise.

4. **Accountability and Transparency**
   - Establish clear behaviour and conduct guidelines, informed by shared values, to set expectations for interactions and decision-making.
   - Promote transparency in resource allocation, decision-making, and partnerships to maintain trust within the network.
   - Acknowledge mistakes openly and view them as opportunities for learning and growth.

5. **Commitment to Action and Impact**
   - Avoid becoming a "talking shop." Members must commit to tangible actions and systemic change, capturing progress in ways that are manageable and meaningful.
   - Influence national suicide prevention policies and strategies while engaging with new audiences to expand the reach and impact of the network.
   - Promote hope by delivering real-world solutions that reduce stigma, raise awareness, and save lives.

6. **Positivity, Resilience, and Learning**
   - Celebrate small and big wins to maintain morale and motivation.
   - Foster a culture of continuous learning, embracing a "no failure, only learning" philosophy.
   - Recognise the emotional toll of this work and provide mutual support to prevent burnout and sustain long-term efforts.

7. **Challenging the Status Quo**
   - Be bold in questioning existing systems and approaches, addressing why suicide rates are not decreasing.
   - Embrace innovation and adopt new methods, even when they are difficult to implement.
   - Engage with social media and other platforms to reach broader audiences and share knowledge widely.

8. **Ethical Practice and Shared Vision**
   - Commit to ethical conduct, upholding confidentiality and maintaining trust within the network.
   - Build a shared vision of hope, ensuring that behaviours reflect the collective purpose of preventing suicides and honouring those who have been lost.

Conclusion of this section on Behaviours and Values

- **Trust and Mutual Respect**: create a culture where members feel seen, supported, and guided in their contributions.
- **Hope and Positivity**: focus on building hope and inspiring belief in change through collaboration and action.
- **Honour and Responsibility**: honour those lost to suicide by conducting the work with integrity and dedication.
- **Proactive Outreach**: address distress where it occurs, including primary care, job centres, food banks, schools, and universities, by fostering partnerships between the NHS, charities, and community organisations.

COM-B Framework Feedback Conclusion

> One Voice, One Hope must be more than a network; it must be a movement. By fostering inclusive, respectful, and action-oriented behaviours, this network can provide a united voice for suicide prevention across the UK. Together, members can create a culture of hope, collaboration, and transformation, saving lives and building a future where no one feels alone.

Summary and next steps

This report encapsulates all ideas, suggestions and recommendations input as part of the framework building process so far for One Voice, One Hope. It is clearly an ambitious initiative, but most would probably agree that significantly reducing the annual number of deaths by suicide in the UK requires us to be ambitious, fully committed and to move forward with hope.

It would be easy to feel overwhelmed by what is laid out in this report and to question how we can possibly achieve such a vision? Perhaps we need to ask a better question – where do we start? The old proverb: 'How do you eat an elephant? Answer, one bite at a time' holds true for One Voice, One Hope. With this in mind, I have included 3 actions:

1. Commence suggested mapping exercise to understand the existing suicide prevention landscape.
2. Arrange a pilot to prove the concept of the Individual Collaborative (project) Network Groups by inviting a number of people to come together and share ideas, knowledge and resources in a particular area of suicide prevention i.e education, construction, workplace, etc, etc.
3. Explore the creation of a central website/resource hub and how funds can be raised to build this and source expertise required.

What are your thoughts? You've now heard everyone else's views and I hope you recognise your contribution in the pages of this report – what inspires you, what do you like, what don't you like, what is missing, where are there missing pieces which could be added? Nothing is ever perfect, certainly not at the beginning.

This began as a collaborative initiative, and it must continue as such. Your views and input are not only welcome but vital if, together, we are going to begin to reverse the current trend of increasing deaths by suicide in the UK and create more hope for the creation of a society where such deaths become rarer and rarer occurrences.

To all of you who have contributed to this process so far, thank you. You have added enormous value. I would particularly like to thank Joanne Feaster, who has spent time during the festive period, helping me create this published version of the report, including its accessibility from a neurodiverse perspective.

Steve Phillip – Founder of The Jordan Legacy CIC