

# Collating Good Practice Protocol

## What is the aim of this protocol?

To provide those who would like to contribute examples of good practice in suicide prevention to the 'One Voice, One Hope' (OVOH) **Good Practice Hub** with guidance on what constitutes 'Good Practice' for OVOH purposes, particularly (although not exclusively) those examples which demonstrate collaboration.

## Purpose

To ensure consistency in how good practice information is collated and shared, so that it can be easily determined if submitted examples of good practice meet the required criteria. This protocol will also ensure the ease of transferring information once a long-term platform is identified to host the collected examples of good practice in the OVOH Good Practice Hub.

## Tiers of Good Practice

### A. Established Good Practice

Meets most or all of the seven identified key criteria under the 'what is good practice' section, including some formal evaluation and supporting qualitative and/or quantitative data.

### B. Emerging Promising Practice

May lack formal evaluation, but shows:

- Clear intent and values alignment
- Informal or lived experience feedback
- Innovation or early impact

**Reasons to include emerging promising practice:**

#### 1. Support for Innovation

Innovative practices often emerge at a small scale or in highly localised contexts and should not be excluded simply due to their early-stage status or lack of formal evaluation.

#### 2. Strengthen Links Between Practice and Research

OVOH is well-positioned to act as a bridge between research and frontline practice. There is enthusiasm for connecting researchers with pilot-ready organisations to support evaluation and scale-up.

## What is ‘good practice’?

Each example added to the OVOH Good Practice Hub should meet most or all of the following seven key criteria:

	Good Practice Criteria	Notes
1	Has a specific overarching goal/aim.	
2	It is ethical and aligned with the values and principles of OVOH, which include respect, humility, trust, and compassion.	Please refer to the <a href="#">Vision Statement OVOH 080425</a>
3	Impact - the example has or is making a positive contribution to raising awareness about, reducing the stigma around, or preventing deaths by suicide – it stands out against other examples of standard practice.	The impact of the example should be clearly described and explained.
4	Can point to evidence that substantiates the success indicated in Criteria 3 above. Different types of evidence, e.g. research, data evaluation, testimonials, and lived experience, should be accepted.	<b>Need to balance rigour with inclusivity</b> Formal evaluation is valuable, but it should not be a barrier to recognising early-stage or grassroots-led initiatives, as well as informal and qualitative evidence. Including feedback from those with lived experience should be considered valid and credible. This protocol must allow for contributions from a diverse range of voices and contexts.
5	It is replicable in many situations, whilst recognising that a suicide prevention initiative in one location will not necessarily work in another area. This criterion should invite reflection on potential transferability.	<b>Nuanced replicability</b> Rather than expecting full replicability, OVOH will focus on identifying transferable principles or adaptable elements that can be applied across different contexts. Localised success can still generate valuable insights for broader application.
6	Shows evidence of sustainability – it continues to demonstrate its effectiveness.	Describe how the initiative is sustained, and how it stands out from standard practice, e.g. in terms of effectiveness.
7	Demonstrates evidence of collaboration with other individuals, organisations or services to achieve its outcomes: this is not an absolute requirement but is a desired trait. Those who collaborated should be identified in this section.	<b>Broader and inclusive collaboration</b> Collaboration should be interpreted broadly, explicitly including co-production with lived experience as a valid example of this. Rigid definitions could unintentionally exclude significant, community-led or grassroots efforts. Multiple forms of collaboration will be selectable (e.g., lived experience and cross-sector).

## Recording and collating examples

Google Forms will be utilised to collect examples of Good Practice for both tiers.

### Primary Information

- Title of good practice example (brief description)
- Implementing organisation or service name
- Current initiative dates from/to, or period of activity
- Key outcomes (what makes this a good practice)
- Aspect of suicide prevention: Prevention / Intervention / Postvention
- Collaboration Type: Lived experience / Cross-sector / Cross-organisation / None / Other
- Emerging Practice?: Yes / No

### Key Tags and Categorisation

Primarily multiple-choice from preset options (to improve consistency of data input). This will enable OVOH to tag and categorise examples, aiding in filtering and mapping for future reference. There will also be an 'Other' option (where applicable).

- **Puzzle Piece/Sector(s):** These are outlined in a separate section below.
- **KPI Area(s):** Choose from evidence-based KPIs for suicide prevention, KPI categories outlined in a separate section below.
- **Geographical location:** to enable future searches
- **Format:** to differentiate between the different format examples, e.g. campaigns, physical spaces, toolkits, etc.
- **Audience:** free text entry to identify the target audience or beneficiaries of a particular example.
- **Evidence or Feedback Type:** to differentiate what type of evidence the example is backed up by.
- **Sustainability Evidence Type:** to identify what evidence there is to demonstrate the example is sustainable.

### In-depth explanation for a good practice example

This will form the main substantive section, which will gather more in-depth details of how the good practice example being submitted meets each (or most) of the seven key criteria listed under the "What is 'good practice'?" section above.

### Relevant Files and Links

Space to upload up to 5 files, and up to 3 weblinks, which provide information or evidence to complement the submission.

### Declarations

Confirming the person entering the data has permission to share, and that permission is granted to OVOH to utilise the data provided.

## The ‘Puzzle Pieces’ (sectors) of moving towards a Zero Suicide Society

The ‘Jigsaw Picture-Puzzle’ developed and referred to in the Moving Towards a Zero Suicide Society reports aimed to be representative of looking at the ‘big picture’ of all the key characteristics of a Zero Suicide Society and all the key actions we need to take to be able to move towards a Zero Suicide Society. Without having all, or most, of these ‘pieces in the puzzle’, we can’t get to see that big picture or deliver our vision of “a society that is willing and able to do all it can to prevent all preventable suicides”.

Title/Sector	Areas of focus
At Risk Groups	LGBTQ+, neurodivergent, men, marginalised communities
Community Spaces	Safe and supported, community-led, non-clinical
Designing Out Suicide	Infrastructure and environmental design
Digital and Online Safety	Safer digital spaces, harnessing tech for prevention & connection
Education Sector	Schools, colleges and universities, including staff wellbeing
Government and Policy	Driving change via policy, legislation & public campaigns
Local Partnerships	Enabling local networks to implement actions, not just plans
NHS Healthcare	Trauma-informed care, safe prescribing, holistic mental & physical health
Postvention Trauma & Loss	Support for those bereaved or impacted by suicide
Public Education	Enabling suicide prevention awareness in the general population
Socio-Economic Drivers	Addressing poverty, abuse, isolation, bullying etc.
Systemic Injustice	Tackling harms caused by institutions and tackling systemic inequality
Workplace Suicide Prevention	In employment settings, the new BSI standard
Missing Piece(s)	Any significant sector that you feel is missing from the above list

These key pieces are all necessary for ‘moving towards zero’. We can’t just pick a few ‘priority’ pieces. Missing Pieces in the Puzzle? In the graphic summary of the puzzle in the report, you’ll see a ‘missing piece’. This is symbolic of the fact that we don’t pretend to imagine this is comprehensive. Indeed, this is simply part of a bigger jigsaw puzzle, with more pieces. See The Jordan Legacy [‘Moving Towards a Zero Suicide Society - Edition 2 Report’](#) for further details on the ‘puzzle pieces’.

## KPI Categories: Evidence-Based Suicide Prevention Themes

To strengthen the evidence-informed nature of submissions, contributors should be invited to indicate which areas the practice addresses. These can also be used to categorise entries.

	KPI Main Categories	KPI Sub Categories
<b>A</b>	<b>Social Determinants</b>	<ul style="list-style-type: none"> <li>• Economy, employment, and personal debt</li> <li>• Addiction, gambling</li> <li>• Housing, family breakdown</li> <li>• Loneliness and isolation</li> <li>• Bereavement (especially suicide-related)</li> </ul>
<b>B</b>	<b>Reaching the Problem</b>	<ul style="list-style-type: none"> <li>• Reducing stigma, especially around mental health and suicide</li> <li>• Addressing gender- and culture-specific barriers</li> <li>• Supporting high-risk groups (e.g. autistic people, LGBTQ+)</li> <li>• Workplace-focused interventions (e.g. construction)</li> <li>• Creating safer environments (e.g. addressing hotspots)</li> <li>• Enhancing personal networks and shared responsibility</li> </ul>
<b>C</b>	<b>Alleviating Distress</b>	<ul style="list-style-type: none"> <li>• Access to effective mental health care</li> <li>• Avoiding iatrogenic harm (e.g. safe prescribing)</li> <li>• Supporting carers and families</li> <li>• Taking all self-harm seriously</li> <li>• Building on personal strengths and resources</li> </ul>
<b>D</b>	<b>Safety Planning</b>	<ul style="list-style-type: none"> <li>• Equipping at-risk individuals with meaningful safety plans</li> <li>• Ensuring those plans are accessible, personalised, and understood</li> <li>• Providing training and adjustments to support plan creation</li> <li>• Gathering feedback on usefulness and sense of safety</li> </ul>
<b>E</b>	<b>Fostering Hope</b>	<ul style="list-style-type: none"> <li>• Creating hope-enhancing experiences (e.g. peer friendship groups)</li> </ul>
<b>F</b>	<b>Mitigating Means</b>	<ul style="list-style-type: none"> <li>• Restricting access to means (e.g. alcohol, medication, high places)</li> <li>• Working directly with individuals to reduce environmental risks</li> </ul>

## Review Checklist

**Before starting the Google Form, consider the following to check that your example will meet our Good Practice Protocol criteria detailed above.**

	<b>Good Practice Review Checklist</b>	<b>Yes</b>	<b>Maybe</b>	<b>No</b>
1	Does this align with OVOH values?			
2	Is there evidence or feedback?			
3	Is there potential for wider learning?			
4	Is it replicable or transferable in some form?			
5	Is it innovative, new, or underrepresented?			

If you have five ticks in the Yes column, then you're ready to proceed to the OVOH Good Practice Submission Form input.

If you have mostly ticks in the Yes column, but some ticks in the Maybe column, consider whether you need to gather further information before proceeding to enter the details on the Google Form.

If you have any ticks in 'No', then this example may not be suitable for the OVOH Good Practice Hub, or it needs to wait until these criteria are met.

## Acceptance into the OVOH Good Practice Hub

OVOH will review all entries submitted to determine that the example meets the protocol requirements and that sufficient information has been provided. Additional information may be requested, or clarifying questions asked.

## Version history and review date

<b>Version</b>	<b>Lead Member</b>	<b>Main changes</b>	<b>Date Created</b>	<b>Date Approved</b>	<b>Date Review By</b>
2	Joanne Feaster / Steve Phillip	Adapting for the external audience	August 2025		