



Recruiting, supporting, and sustaining Lived Experience workforces who respond to suicidality

Reflections from a journey to a majority
Lived Experience service

May 2024



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Acknowledgments

The authors of this report and the LifeConnect team acknowledge the Traditional custodians of the Wurundjeri lands which sustain our work, play, and lives. We pay respect to Elders past and present. Sovereignty was never ceded.

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We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging. We recognise that their sovereignty was never ceded. Neami celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

Language

LifeConnect increasingly identifies itself as a suicide awareness service. The frame ‘suicide prevention’ implies suicide is a problem to be prevented, but for many people, suicide is a solution. It’s an avenue out of pain. The actions (often well-meaning) people take to ‘prevent’ suicide can exacerbate a lack of agency or felt burdensomeness. LifeConnect works to reduce suicide deaths and harms, using a frame of awareness to invite responses of curiosity and connection rather than intervention.

If we use the word ‘should’, it’s probably because we’ve done the ‘should not’. We’re not trying to be directive but rather affirm approaches we’ve found to be better practice.

“We create a space where people can question, be curious, and dig deep into themselves about their own bias or stigma... because most people have never had the opportunity to talk about suicide in this way”



LifeConnect provides compassionate support to people who have been impacted by suicide, as well as build capacity and understanding for all to play their part in responding with connection, curiosity, and empathy. We are a community engagement program who support people to respond to suicidal distress in more humane ways.

Over 4½ years of operation, we’ve learned a lot – not least about the value and power of centring Lived Experience perspectives when responding to suicidality. The following pages outline some of these learnings. They are grounded in our experience of expanding a Lived Experience workforce, who design and facilitate group workshops, in a suicide awareness community engagement program.

Whilst we speak from a specific context which may not mirror yours, we hope you can learn from our learnings. We hope they resonate, affirm, challenge, and extend you, as they did us. Some of these things are embedded in how we work, and others we’re still figuring out. We’re excited to be on this learning journey with you.

Importantly, this is not intended as a recruitment guide - these are learnings from our context. The limitations of our context mean that sometimes we haven’t been able to adopt best practice recommendations as outlined in *Roses in the Ocean’s* suite of Lived Experience of Suicide Informed and Inclusive Culture Change resources (2022), and the National Lived Experience (Peer) Workforce Development Guidelines (2021). These resources offer a more comprehensive overview of robust recruitment – especially regarding organisational readiness to employ a LE workforce which is not explored in this resource - and we encourage readers to immerse themselves in them.

Planning to recruit

LifeConnect grew into becoming a majority Lived Experience (LE) service. The lived experiences of staff were always valued, but how we employ people to work from a LE perspective has evolved over time. Here are some important things we've learned about getting the practice frame closer to right.

There are distinct LE perspectives in workforces that respond to suicidality. The LE workforce at LifeConnect includes people with:



All of these perspectives are vital. LifeConnect draws on these diverse expertises, whilst always holding central space for the experiences of people with suicidal distress. We use the term 'lived experience' but acknowledge experiences and impacts of suicidality can be current and ongoing.

Even though some staff will have more than one of these experiences, we've learned that working from one practice perspective can bring clarity and focus. Different cohorts often have different, potentially conflicting, needs. Working from a singular perspective reduces the burden on individual staff to straddle differences within workshops, and ensures the unique priorities of that perspective aren't blurred. Individual and group reflective practice have supported staff to refine key messages and discuss any tensions raised by working from a singular perspective.

Recruiting a diverse team means teams can learn and benefit from different practice approaches, and this is extended to workshop attendees through facilitators with different LE perspectives.

“Such an important part of the work we do is that we all have such different lived experiences... [it shows people] that suicide touches people in such different ways... it's not one thing leads to suicidality and it's not one thing that's gonna help it either.”

Having a lived experience is not the same as Lived Experience Practice

There is a difference between having a lived experience and being a LE worker. LE work is a practice grounded in collective experiences and learnings. This infuses practice with rigour, integrity, diversity, and the power of solidarity. Holding LE perspective honours that “my story isn’t the only story to be told” and doesn’t assume that what works for one person works for others, because “one size fits one”.

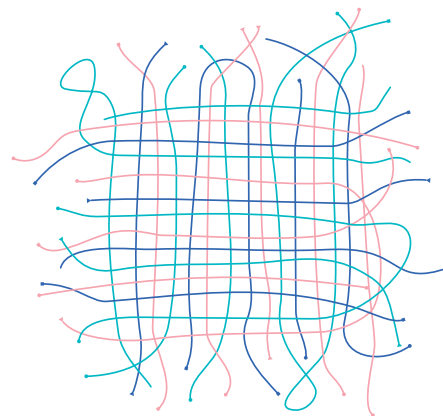
“I did have questions about what would be the ethics of me kind of going off of gut instinct without having it sort of clarified through a broader community or people who were really experienced in that space”

Whilst valuing lived experience is not the same as embedding LE practice, for us it laid important foundations that benefitted all staff. Given the prevalence of stigma about suicide, non-designated roles may offer a gentler pathway into suicide prevention LE work – however they aren’t a substitute for a LE workforce. Position descriptions must reflect clear points of practice difference between designated and non-designated roles.

Lived Experience



Lived Experience Practice



Suicidal distress and mental health challenge may overlap but they are not the same

Whilst mental health challenge can co-occur with suicidality, situational distress is increasingly understood as a key driver of suicidality. Drawing from LE and psychosocial models of distress provides opportunities to explore distress and trauma in less medicalised – and potentially less stigmatised – ways.

We’ve found this particularly helpful in suicide awareness work. Conversations about wellbeing, gratitude, and stress have offered gentler and more culturally appropriate avenues into conversations about suicidality and enabled connection with more people.

A focus on situational distress invites in awareness of context. It encouraged us to be more aware and responsive to how stigma and taboo, as well as socio-political factors such as racism, colonialism, homophobia, transphobia, classism, gender, and ableism impact how people think and talk about suicidality.

Recruitment

Here are some learnings from how LE recruitment evolved at LifeConnect. The National Lived Experience Workforce Guidelines outline that LE recruitment should be led by people in LE roles. A non-designated manager and a lack of resourced LE staff meant we weren't able to uphold this position.

Designing the role

Clear program and role descriptions

LifeConnect was a new program that grew into its purpose. Naming the service phase in position descriptions may be helpful and should be considered when creating role responsibilities. Required competencies such as navigating uncertainty and creating and testing solutions will likely be more pronounced early on.

LE work includes direct practice (e.g., peer support work, facilitation) as well as designated roles in policy, strategy, and research (to name but a few). Clarifying what LE practice means and involves in your service context can reduce confusion, misinterpretation, and inappropriate applications.

LifeConnect's workshop-based, community engagement program involved key role responsibilities including:

- Safely sharing learnings from individual and collective LE of suicide
- Using LE perspective to identify and address stigma surrounding suicide
- Holding space for others' experiences of suicidality (both within and outside sessions)
- Holding space for people having deep realisations about what it means to be present during suicidal distress with someone
- Self-care / restorative practices

“I think we tackle stigma so much because we're lived experience workers. Sometimes I'll say... ‘Yeah, I recently have had suicidal thoughts.’ And [you can see workshop participants] are like, ‘Not you, though. But it wouldn't be you. You're the one standing up there’ and that's my favourite thing because it... immediately debunks so much stigma.”

We found it helpful to consider what mix of LE perspectives we needed to deliver our mission most effectively. If a particular form of LE perspective is being sought, this can be clearly articulated in the position description.

Clarity on required experience

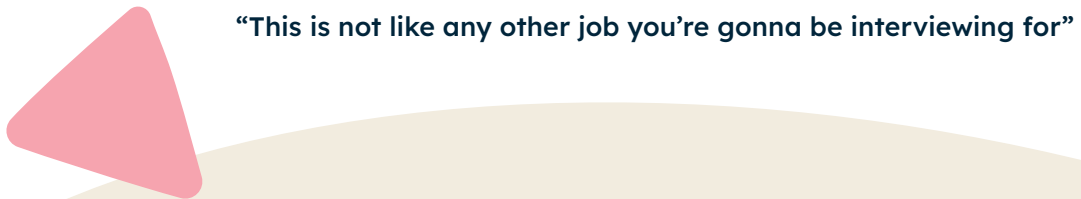
At LifeConnect, the focus was less about formal qualifications and more about skills in creating felt relational safety, trust, and interpersonal ease – with a solid grounding in LE principles and practice. Some funders may stipulate required qualifications, e.g., Intentional Peer Support, Cert IV in Peer Work, but these were not required at LifeConnect.

The recruitment process

Considered recruitment processes

LE suicide awareness interviews require unique care. Job interviews are stressful at the best of times, let alone when you're asking someone to be vulnerable with strangers and connect to some of the most painful passages of their life, all with social and financial pressures at play.

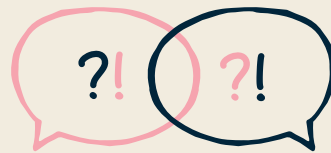
LE suicide awareness roles are likely to connect with grief and loss in different ways to other LE / Peer Support roles, and deep care is required to not activate people's trauma in the recruitment process.



“This is not like any other job you're gonna be interviewing for”

The hirer has a responsibility for creating a 'safe enough' process. This can look like:

Clarity in all communications that people do not need to overt the details of their story.



Pre-interview screening process to explore readiness for a LE suicide awareness role, clarify role expectations (safely and sustainably drawing on LE), and reinforce LE practice frame (LE movement and collective voice). Listen for how people hold space and how they understand LE practice.



If people seem unsure about the role, we offered **reflective questions to consider if a LE role is right** for them at this time, e.g.,

- Why do I want to be a LE worker?
- What personal / professional supports might I need? Are these available to me?
- Have I considered what parts of my experience feel safe enough to draw on?
- Am I ready to hold vulnerable space with strangers?
- Have I considered what it means to be 'out' as having LE in experiences of suicidality?

Sharing interview questions 15-60 minutes in advance can ease anxiety and enable richer responses.

We've found it helpful to name that the role will tap into discomfort, and **normalise that it isn't a role for everyone** and that it might not be possible to do this work right now and that's ok.

Giving the process the gravitas it deserves, showing gratitude for sharing, and giving time for breaks.



Honouring that LE work is deeply personal. A withdrawn or unsuccessful application might make people question the value of their experiences, but we emphasise that “you're not less, nor is your lived experience” if they don't get the role.

“I go to great lengths to assure [interviewees] that I’m not wanting to commodify what is more often than not some of the worst times of their life. I don’t want to commodify a person’s trauma.”

Interview

Instead of a rigid ‘Q&A’, we try to set up a dialogue which enables someone’s passion and authenticity to shine through. Transparency about some of the tensions in the role means difficult realities can be discussed. This fosters respect and trust, and sets the conditions for ethical, mutual dialogue to occur.

Knowing that the service does not want to commodify trauma (whilst holding awareness that it can be a tension that goes along with LE roles) can ease applicant expectations that they have to prove they have ‘enough’ or ‘the right’ LE.

We grew into our responsibility to clarify at all times that LE practice involves safe, bounded sharing and using LE perspective, not overting details of people’s stories. We developed interview questions that have enabled safer sharing:

Tell us about why you applied for the job?

A good place to start and explore core values and hopes for the work.

How does your own LE shape your attitude towards suicide?

This can show how LE will influence the types of conversations the person can have.

If you had 5 minutes to talk about suicide, who would you speak to and what would you say?

People’s passion and motivation will inevitably come through in all their messaging.

We’ve learnt to never ask applicants to “tell your suicide story.” Not only does it invite unsafe sharing, it requires people to go deep into that experience only to have to come out of it to talk about their skills – the dissonance is jarring.

As we’ve been refining our interview questions, we’ve also been building the knowledge and skill to interpret answers in line with LE practice. This helps us bring respect, rigour, and accountability to the process – for experienced candidates, but also for people who may be applying for their first LE role and have limited LE practice knowledge.

When recruiting, we consider our resources and capacity to nurture new and/or less experienced staff. If there is no team or organisational capacity to support or upskill, this informed our recruitment approach and decision.

All applicants deserve an individualised response, within a reasonable timeframe, if they are unsuccessful in the role. Online recruitment processes can be impersonal, so we’ve tried to imbue as much humanity as possible in our responses and thank people for their vulnerability in connecting to some of their darkest times. We hope this recognition, alongside care throughout the whole process, minimises the chance of people feeling exposed, invalidated, or unworthy.

“I don’t know how to prove my worth. Do you trauma dump? What’s appropriate? How far do you go? You don’t know what to say or not – you’re so nery and you feel heaps of pressure to get your story right to prove yourself”

Welcoming new staff

Consistency across recruitment and induction can help to make new staff feel at home in the service. We aim to build on the foundations of transparency, choice, and respect established in the recruitment process throughout induction (and beyond).

Promoting choice (where possible)

In recognition of the significance of what suicide awareness LE practice entails, the manager is deliberate in ensuring that staff understand that they have options in terms of what and where they share. Staff can choose what, if any, individual experience they share, noting that drawing on collective LE perspectives is enough. Staff are encouraged to think about how they refer to themselves outside of work, as stigma means LE worker “is quite a tough label to carry”.

“As soon as you say, ‘I’m a lived experience practitioner, I work in a suicide prevention service,’ people have a story about you already, and they’re filling in the gaps.”

Clarifying the work

Workshop facilitation is an important part of what LifeConnect does, but we’ve found it’s only possible if staff have the time to debrief, decompress, and restore after a session – in ways that are uniquely meaningful for them. The manager clarifies that these activities are all considered work and promotes staff liberty to choose and do their own restorative processes – without manager surveillance.

The team also acknowledges that some days will be harder than others, and that this is an inevitable challenge of the work, not a personal failing. As we’ll describe in the next section, ongoing spaces for reflection and learning show a commitment to practice growth, not acculturating people to hardship.

A team approach to induction

At LifeConnect, each team member is responsible for introducing a different part of the service to the new member. As a result, everyone spends time and gets to know each other from the start. Newer staff feel supported by the whole team and can go to them for different things, rather than relying on the manager, which can feel exposing in a new job!

Training

Training and practice frameworks are crucial for any role, but “especially in lived experience where it’s so personal. There’s so many blurry lines. It’s so rife for confusion.” We acknowledge our duty of care to train staff in LE practice and hold gentle accountability so rogue practice is less likely.

Neami’s LE training *Embodying Recovery* introduces the values and foundations of LE practice to build staff understanding in “how to use my story to talk to people, and understanding what being a Lived Experience Worker means... I learned so much about myself and how to do the work in a safer way.”

Like many other LE trainings, *Embodying Recovery* is tailored to direct service roles. We would love more learning spaces to explore LE approaches to roles like facilitation and community engagement. In the meantime, we’ve been contextualising learnings from different LE practices, such as *Intentional Peer Support* and *Alternatives to Suicide*.

We encourage ongoing attendance at learning spaces within and beyond the organisation as it supports cross-pollination, deepens LE community connection, and refreshes and develops skills and perspectives.

“I think there’s always an opportunity to clarify how to share your story because stories change.”

Supporting and sustaining each other

LifeConnect invests in a range of spaces and processes to support the team and nurture practice. Daily, ongoing spaces for connection foster trust and relational safety. From this basis, it's possible to be vulnerable, share different opinions, disagree, and ask clarifying questions.

LE Supervision is an important support. It can foster role clarity, LE practice authenticity, help staff make sense of practice at a useful distance, and utilise and share learnings in a way that feels intentional, safer, and scaffolded. Not all LifeConnect staff are funded to access LE Supervision, although in line with National Lived Experience (Peer) Workforce Development Guidelines, we would review this so that all staff in designated LE roles are supported to access it.

Here's some of what we do:

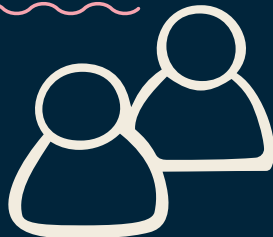
Daily 30-minute morning check-ins – informal spaces for sharing how people are feeling that day, showing people are valued as people, not just as workers.



Timely and genuine **post-workshop check-ins** (how did it go? What was challenging?)

“so you don't have to carry [the heaviness] for long.”

Having two staff facilitate workshops



Active Microsoft Teams chat for debriefing (or reaching out to request a private space to debrief), saying have a great day, sharing resources, memes, silliness, and pet photos.



Formal and informal team spaces for reflective practice, to work through ideas and differences in dialogue, to consider content against collective LE perspectives, and to explore boundaries when stories inevitably change. New experiences and/or healing through old ones can inspire questions like what should I share? Why share? Is it necessary? What can be shared safely?

Regular practice wisdom sessions, so we upskill in relevant theories, concepts, and skills including suicide awareness, learning design, facilitation, and cultural humility.



Regular, quality line management

“[The manager is] really good at asking the right questions that really pull things out of you. So, you have to be honest with yourself, which I love”

Ongoing practice review and growth

LE suicide awareness practice is evolving – we’ve certainly learned a lot over 4½ years! Creating spaces to review and renew practice – both within and beyond the organisation – can clarify role expectations, distil the essence of the work, and help staff wrangle with practice challenges.

Our shared collective vision has held us through hard times.

“[The team meetings] were always opened with a reading of [LifeConnect’s] mission statement. It always drew us back to what our purpose was for this work.”

Staff immersion in LE suicide awareness communities – communities of practice, reading, conversations with LE leaders (internally and externally) – has facilitated practice growth through cross-pollination, and exposed the team to the evolution and diverse application of LE principles. We’ve found networking, keeping up to date with literature, and connecting with different groups is as important and valued as delivering trainings:

“You can’t do this work without knowing who the people are that you’re involved with and that you’re serving”

Practice growth has also been enabled through:

- Welcoming constructive critique as something that “is really healthy for the team”. Having someone model this practice was helpful because offering a different perspective can be nerve-wracking at first!
- Proximity to LE Leaders – LifeConnect work alongside a Neami LE leader with a “wonderful wealth of knowledge, who is incredibly clued in, knows what’s up to date, is really across the sector, what’s available and that gentle challenging and those open big curious questions – we get exposed to that”
- Honouring the expertise of the people who attend workshops and the communities they come from. Not only does this extend practice, it makes participants feel part of a community who is learning from each other about how to respond to suicidality.

“They took our existing training and enhanced it, and it was magical”.

Empathetic management

Staff value the humble leadership at LifeConnect. Leadership which genuinely recognises the demands of LE roles and creates space for individual and collective needs to be met. Staff value honest, transparent, authentic leadership, which holds external pressures with care, doesn’t pretend to have all the answers, and fosters camaraderie and collective ownership of the service.

Staff value how they are seen and supported through imposter syndrome. The recognition, patience, and belief shown by the manager as they work through discomfort into confidence has had profound impacts:

“To have someone saying that you’re here because I see something in you and it’s worthwhile, was really empowering and really reassuring... And it gave me the confidence to step into the role and to make a space for myself, to have a sense of ownership alongside everybody else.”

Whilst the LifeConnect Manager is a non-designated role, there is a commitment to meet staff, as much as possible, with reciprocity, considered openness, and vulnerability, in a deep personal investment in the work (whilst not assuming equivalency across their experiences). They recognise the weight of the work and support people to restore from it in personally relevant ways.

We’ve found it important that managers not working from a LE practice lens should continually upskill in LE approaches and priorities to ensure they offer appropriate line management and reduce education burden for LE staff.

Some challenges common to Lived Experience work

When held with care and respect, majority LE teams can provide a safe haven for staff. This can sustain teams as they navigate stigma, diverse practice paradigms, and trauma organised systems.

“It feels safe and non-judgmental, and like you don’t have to prove yourself or like ‘look at my lived experience’ or ‘I deserve to be here because of my lived experience.’ You just show up as a human and it’s just appreciated.”

Vulnerability of speaking truth to power

LifeConnect workshops involve unpicking the stigma associated with suicide. They invite a different type of responsibility: being with people in distress rather than relying on risk management and emergency services. They unearth tensions between LE-informed approaches and the status quo and draw on individual and collective experiences of system harms to invite reflection within audiences about if/how their policies and practices might lead to similar harms. Inviting vulnerable reflection might evoke shame, regret, disbelief, or denial, and requires delicate, curious, courageous, and compassionate facilitation.

Workshops should be carefully scheduled, considering who is delivering what content

to what audience and where. The number of workshops is capped per week. An openness to flexibility means that staff can fill in for others if it’s not feeling possible to facilitate a session, and wellbeing leave is available to staff. Staff can choose not to share personal LE in a workshop. Drawing on collective LE perspective and evidence and the expertise of co-facilitators can minimise isolation during workshops, and timely debriefing and space to restore afterwards can sustain staff in this difficult and generous work. Additionally, reading the team mission at every team meeting keeps the long-term goal and purpose of the service in mind.

“I think always coming at it with grace and respect and being like for so many - and we never say all - but for so many, going to the hospital or these things have been more devastating, and these are the reasons why.”

Working in trauma uninformed systems

A lot of community and non-government sector work is funded through short-medium term contracts or grants. Short-term contracts can decrease staff morale and sense of stability, satisfaction, and worth.

“It’s a heavy investment from staff with what feels like a low investment from funders”.

Uncertain organisational and funding contexts can ripple through teams, and may spark uncertainty, restlessness, and angst. This is

especially the case as service quality doesn’t always equal funding longevity and that can create a sense of powerlessness and disaffection.

There’s no easy fix for this, but transparent conversations within a team about the impacts of funding uncertainty can be helpful. They won’t be able to create certainty but can generate a sense of solidarity in shared experience.

Working in an emerging practice

People caring for each other through suicidal distress is not new, but employing LE perspective in system responses is. LE workforces are rapidly expanding in mental health, domestic/family violence, and responding to suicidality and practice support structures are still catching up.

LE-led learning and community connection are crucial for rich and accountable practice. Limited access to foundational and context

specific LE training and supports such as LE supervision can leave staff undertrained and unsupported. Encouraging participation in communities of practice, connecting to LE Leaders, and investing in team-based support structures such as check-ins, reflective practice, and practice development, can promote learning and growth whilst other formal supports are limited or unavailable.

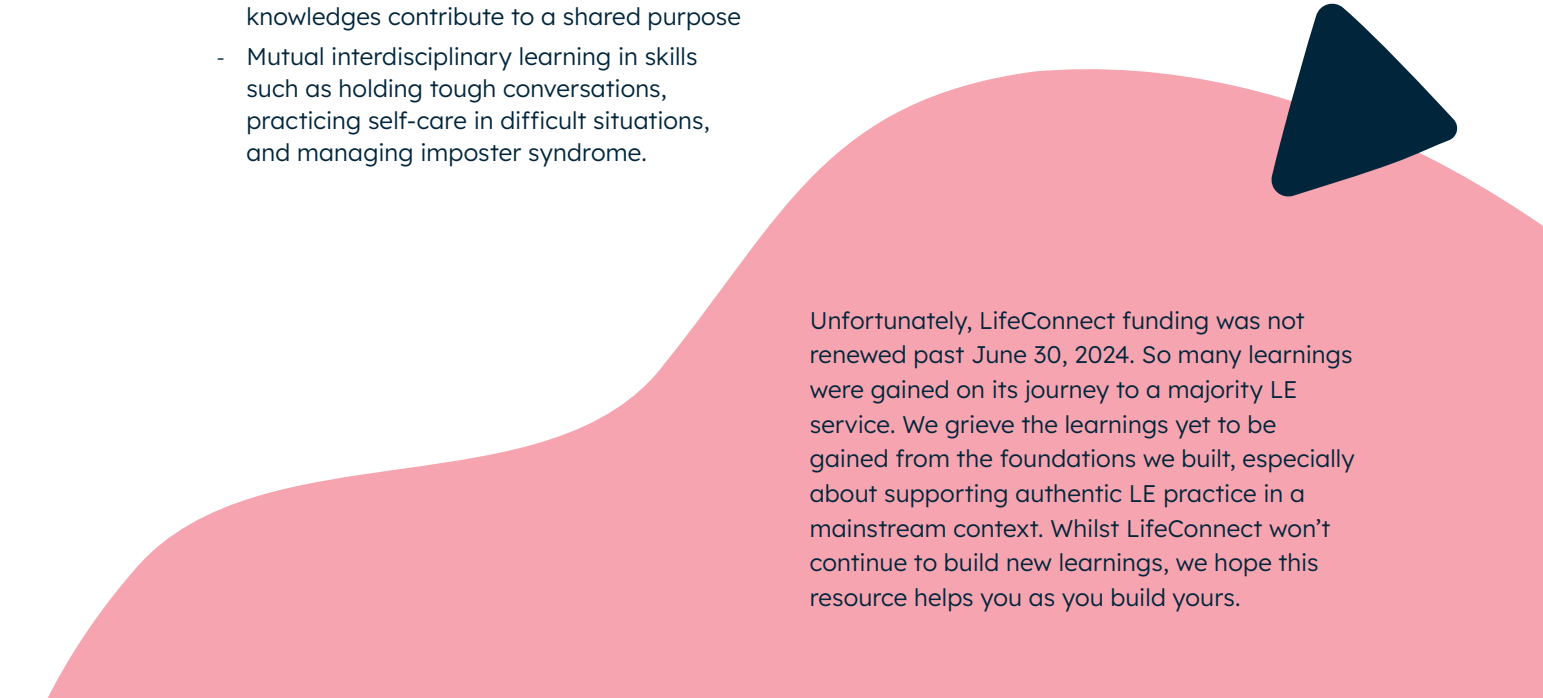
Working alongside other disciplines

LifeConnect began with a clinical workforce delivering bereavement counselling, and a psychosocial and LE workforce delivering community workshops. Connection and collaboration across these streams were sustained through shared spaces to discuss and explore the work from different perspectives, including team meetings, reflective practice, and morning and afternoon check-ins. Shared spaces fostered:

- Shared understanding of one's own and others' work
- Opportunities to understand things from a different perspective
- Deep recognition and respect for each other – especially when grounded in the team mission which showed how different knowledges contribute to a shared purpose
- Mutual interdisciplinary learning in skills such as holding tough conversations, practicing self-care in difficult situations, and managing imposter syndrome.

- Increased awareness of LE Practice and clarifying the distinctions between having a lived experience and working from a LE perspective “to acknowledge everyone’s humanity without blurring those practice boundaries.”

Shared spaces help staff acknowledge points of commonality and difference across disciplines and team functions. This can help all staff remember that whilst their work looks different, everyone is working hard, and you can't make simple comparisons, such as numbers of appointments and volume of case notes, vs number of workshops facilitated, etc.



Unfortunately, LifeConnect funding was not renewed past June 30, 2024. So many learnings were gained on its journey to a majority LE service. We grieve the learnings yet to be gained from the foundations we built, especially about supporting authentic LE practice in a mainstream context. Whilst LifeConnect won't continue to build new learnings, we hope this resource helps you as you build yours.



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