you said

Review and lived experience recommendations for the Suffolk County Council Adult Social Care documents titled:
Nearest Relative Rights • Endings in Social Work • Approved Mental Health Practitioner (AMHP) Resource

Suffolk User Forum Coproduction Report:
My Voice Champions & Lived Experience Group (LEG) Meetings March 2026

my voice champions

Lived Experience Group

Suffolk user forum

your voice for emotional and mental health
nothing about us, without us

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Report version: v2.0

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Executive Summary

This report summarises lived experience feedback on three Suffolk County Council (SCC) Adult Social Care (ASC) draft documents. It highlights what people found helpful, and where small changes could make the documents clearer, more usable in practice, and more supportive for individuals and family/parent carers.

Headline themes

- People valued clear, practical information they can use when under stress (including "what happens next", checklists, and contact routes).
- A consistent ask was for visible implementation and accountability—who to contact, how to escalate concerns, and how guidance will be checked in practice.
- Participants highlighted the importance of trauma-informed language, especially around endings/discharge, and clearer routes back into support if someone becomes unwell again.
- There was strong emphasis on making family/parent carers visible across documents (with appropriate consent), even when they are not the legal Nearest Relative (NR).
- Accessibility improvements (plain language, minimal acronyms, readable formatting, and public-facing links) were seen as practical steps that help everyone.

Priority recommendations (summary)

- Add clear "who to contact" and escalation/complaints routes in each document, plus a short note on how guidance will be implemented and monitored.
- Standardise terminology and acronyms and add brief plain-English definitions for key legal terms where needed.

- Strengthen practical, step-by-step “how to” sections (e.g., requesting an AMHP assessment, delegating NR responsibilities, Tribunal and IMHA access).
- Update endings/discharge guidance to be more trauma-informed, include carers/family explicitly, and set out clearer re-entry (“back in”) routes and crisis/contingency information.
- Apply accessibility standards consistently (readable fonts, screen-reader friendly layouts, and only public-facing links in public documents).

1. Purpose

This report brings together feedback shared across two Suffolk User Forum (SUF) meetings, the My Voice Champions meeting on 23 March 2026 and the Lived Experience Group on 26 March 2026.

It captures what people said about the Suffolk County Council (SCC) documents titled Nearest Relative Rights (for people who are undertaking the Nearest Relative role), Approved Mental Health Practitioner (AMHP) resource and Endings in Social Work guidance for staff.

2. Coproduction / Engagement Methodology

Format: Facilitated discussion against the draft documents in both meetings, together with specific comments added to the documents using track changes and the comments function.

How feedback was captured: Meeting minutes were recorded by SUF, and anonymised quotations are included where they were captured in the meetings or in comments on Word documents.

How themes were identified: Key points from both meetings were reviewed and merged, grouping recurring issues into shared themes.

Limitations: Feedback reflects the views and experiences of people who attended these meetings and is not intended to be statistically

representative. They captured what was said in discussion but may not include every individual perspective shared on the day.

3. Who Took Part

My Voice Champions (23 March 2026): Three people with lived experience as someone who has or is using mental health services or who is a family/parent carer of someone who has used or is using mental health services.

Lived Experience Group (26 March 2026): Four people with lived experience as someone who has or is using mental health services or who is a family/parent carer of someone who has used or is using mental health services.

Additional written feedback received was received from: Two people with lived experience returned updated documents using track changes and the comments tool functionality. They are returned as updated versions.

- ***Nearest Relative Rights*** – now version 4
- ***Endings in Social Work***– now version 3
- ***Approved Mental Health Practitioner (AMHP) Resource*** – now version 2

4. Nearest Relative Rights Document – Lived experience feedback and recommendations

4.1 Summary of recommendations from tracked changes and comments

- **Audience and terminology:** It may help to keep the wording consistent as this leaflet is for Nearest Relative (NR) and may also be helpful for family/parent carers who are not given this role, but who might want to understand more about it. We recommend making

references to the person detained clearer by using phrasing such as "your relative (the patient)".

- **Requesting an AMHP assessment (Section 13(4)):** A helpful improvement would be to include clear, practical instructions on how to request an AMHP assessment from Suffolk County Council (including the correct phone number(s) and/or access route). It may also help to explain that the AMHP should respond in writing.
- **Delegating the Nearest Relative (NR) role (Regulation 24):** People felt it would be clearer if the heading was framed as "How to delegate your Nearest Relative role", with the steps set out more explicitly. This could include noting that delegation is only valid if you also inform the patient and the relevant bodies (hospital managers/local authority/responsible hospital, as applicable). It may also help to add plain-language explanations of who you *cannot* delegate to (the patient, a minor (defined as under 18) and what "legally disqualified" means).
- **Template / embedded documents:** It may help to add a short explanation that a template letter is inserted and can be opened by clicking the icon/image. Where possible, offering an alternative way to access the template online could also support people who find embedded documents difficult to use.
- **Appeals and advocacy support:** A helpful addition would be some practical "how to" guidance (including contact details/phone numbers where appropriate) for the Mental Health Tribunal process and for accessing Independent Mental Health Advocate (IMHA) support, alongside advising people to ask the ward/care team.
- **Resources section:** If the leaflet is provided in print, it may help to note that people can type the web addresses into a browser search bar. Presenting the web addresses consistently (as plain text) and removing any duplicate/older versions where needed could also make this section easier to use.
- **Contact details:** Completing the "Approved Mental Health Practitioner Service" contact block (for example, adding the telephone number and any relevant email/contact route) would make it easier for people to act on the information quickly.

- **Key statutory time limits:** It may help to include how long Sections 2, 3 and 37 can last (or to signpost clearly to where this information sits in the leaflet) so readers have a clearer sense of the relevant timeframes.

4.2 Summary of discussion and recommendations from both groups

- **Define roles, rights and boundaries clearly.** People welcomed the intent of the draft document and suggested that a clearer "who does what" section would make it easier to use in the moment. For example, SCC could include a simple summary of what the Nearest Relative can and cannot do, what information can be shared, and what options are available if there is disagreement about involvement or contact so expectations are clear for everyone involved.
- **Make legal language plain English and practical.** A helpful way to make the Nearest Relative document more user-friendly would be to add short, plain-English definitions (and a few examples) that explain the difference between Nearest Relative, Next of Kin and Power of Attorney. This would directly respond to questions people raised, such as: *"What's the difference between next of kin and nearest relative?"* and *"If you don't know the system, you don't know what you're asking for."*
- **Focus on implementation and accountability.** A consistent theme was that people benefit from knowing exactly where to go for help, if and when things go wrong, and what to do if things are not working as described. It was suggested that SCC could make the documents more user-friendly by including a clear "who to contact" box, providing a clear escalation/complaints route, and a brief note on how the guidance will be implemented and checked in practice. This was expressed very practically as: *"All I want to know is who the person is I can phone to complain…"* and also as a wider point about confidence and trust: *"If there's no accountability, it's just words on a page."*

5. Endings in Social Work – Lived experience feedback and recommendations

5.1 Summary of recommendations from tracked changes and comments

- **Planning endings early (and revisiting them) may help people feel more prepared.** People highlighted the value of being included from the beginning—agreeing discharge/ending arrangements (including likely timeframes) and returning to these conversations more than once.
- **A phased approach may be helpful where appropriate.** Where possible, reducing support gradually rather than closing suddenly was felt to be safer and easier to manage.
- **Reviewing progress and confirming ongoing support can add clarity.** This includes reviewing progress against agreed goals, identifying what support remains in place, and confirming what the person can draw on after the ending.
- **Clear "what happens next" and crisis support information was seen as important.** People emphasised the need for practical next steps, including what to do and who to contact if someone's mental health changes or deteriorates, and clear signposting to crisis support and suicide prevention information (for example, local "listen" guidance if available).
- **Using a trauma-informed approach may make the guidance feel more supportive.** Prioritising safety, choice, collaboration, empowerment and trustworthiness can help, recognising that endings may trigger past loss or attachment trauma.
- **Confirming the ending respectfully, alongside support for practitioners, may strengthen consistency.** This could include respectful written confirmation, alongside reflective supervision to support boundaries and promote healthy work–life balance.

5.2 Summary of discussion and recommendations from both groups

- **Recognise the emotional impact of endings.** The group offered a clear steer on how SCC can make endings guidance feel more supportive and trauma-informed: acknowledge that endings can be hard, set expectations for a planned ending where possible, and signpost what support is available afterwards (including how to get help if someone deteriorates). This aligns with the lived-experience description that *"Endings can feel like being dropped."*
- **Create a smoother re-entry ("back in") route.** People described a specific point where the system could feel easier to navigate: when someone becomes unwell again after an ending/discharge. SCC could use the guidance to clearly explain how to re-access support (including who to contact) and consider a defined 'back in' route for people previously known to services to reduce unnecessary repetition. People were mindful that they can relapse "*a number of months down the road"* and then "*you have to go back to the beginning"*.

6. AMHP Resource – Lived experience feedback and recommendations

6.1 Summary of recommendations from tracked changes and comments

- **Using terminology and abbreviations consistently would help readability.** A helpful improvement would be to introduce abbreviations once and then use them consistently throughout (for example, adding "(NR)" after Nearest Relative in headings, and writing "Mental Health Act (MHA)" the first time it is referenced). This supports quicker understanding, especially for people who are less familiar with the system.
- **Small wording tweaks could make legal statements easier to follow.** Participants noted that a few minor edits can make it clearer who a sentence refers to and what duty applies (for example: "If the

NR is temporarily abroad…"). This kind of clarity can reduce the risk of different interpretations in practice.

- **It may help to make the information-sharing section more explicit about proactive safety planning.** The group suggested clarifying that carers and families (where involved and with appropriate consent) could be supported to understand early warning signs and what these might look like (for example, relapse indicators or an increase in psychosis symptoms). People also felt it would be helpful to emphasise early and preventative interventions, not only what happens after escalation.
- **Clarifying governance and accountability may make the process easier to navigate in practice.** Where SCC delegates the Nearest Relative function, it would be helpful to name (or describe) the role of the responsible individual (for example, a team manager/group manager). This helps make ownership clear and supports people to know who is accountable.

7. Recommendations for inclusion in all documents

7.1 Summary of discussion and recommendations from both groups

- **Include family/parent carers explicitly in all documents, even where they are not the "Nearest Relative".** People asked for the involvement of family/parent carers and to be made more visible throughout all of the documents, including when they are not the legal Nearest Relative. SCC could add prompts like "who supports you?" and "who should be involved?" and a short section on how carers/family can be included (with appropriate consent).
- **Accessibility and format matter.** People also highlighted inclusive design as a practical way to improve usability for everyone (especially in distress): plain language, minimal acronyms, clear headings, and versions that work well in print and with screen readers. When writing public-facing documents, always follow Royal National Institute of Blind People (RNIB) guidance—font 14, Arial or similar—to support readability and help people quickly find the information they need. It

was also noted that any links in public-facing documents need to be public links and not from internal intranet pages.

- **Make the documents usable in practice.** People were clear about what would help: practical, step-by-step information they can follow when under stress—e.g., "what happens next" sections, short checklists, and clear statements of what support people can expect. Building these in would help the documents feel more supportive and less process led.

8. Recommended Actions for Suffolk County Council (SCC) Adult Social Care (ASC) leaders supporting development of these documents.

The feedback from individuals and the two coproduction groups in Suffolk User Forum (SUF) is intended to support SCC to review and develop these helpful documents for staff and family/parent carers, alongside the Nearest Relative (as identified by law).

SCC ASC leaders for this workstream may wish to consolidate the feedback into an agreed set of changes, update the drafts, and then share a short update on what has changed (and why), so people can see how their involvement has shaped the final documents.

9. Next Steps / 'We Did' Commitments

SUF will share this report with relevant leads in SCC and request a written response, so people involved in these sessions can understand what decisions are being made and why.

Where possible, SCC and SUF will aim to provide an update on next steps and expected timelines once the feedback has been reviewed.

Appendix A: SUF's coproduction principles

Introduction

Coproduction is central to SUF's identity and purpose. Our commitment to "nothing about us, without us" shapes every part of our work, ensuring that people with lived experience of severe and enduring mental ill health are not only involved, but fully empowered as equal partners in shaping mental health services, influencing policy, and guiding organisational development.

Coproduction Principles:

- We actively listen to understand. We respect each other's views, experiences and opinions. We value people with lived experience who take part in our coproduction activities.
- We involve people who use services, including people with lived experience of mental illness and their family/parent carers, working alongside those who work in services. We are all equal partners working together to influence positive change.
- We ensure time for coproduction. As people with lived experience, we in turn are clear about the time we can give to this role, ensuring we can take a break from coproduction to keep ourselves well.
- We are committed to equality and inclusion, ensuring people can share their views in the way they prefer. We reach out to diverse communities and evaluate all feedback.
- We are always clear what our next steps are. We regularly check that coproduction is happening and that we are working to our coproduced and agreed principles.

Suffolk user forum

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